

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



Facility Information

RESULT: Satisfactory

Permit Number: 14-48-00011
Name of Facility: Desoto Memorial Elementary School
Address: 851 E Hickory Street
City, Zip: Arcadia 34266

Type: School (more than 9 months)
Owner: Price, Jessica - DeSoto County School Board
Person In Charge: DeSoto County School Board Phone: (863) 494-4222
PIC Email:

Inspection Information

Purpose: Routine
Inspection Date: 5/6/2026
Correct By: None
Re-Inspection Date: None

Number of Risk Factors (Items 1-29): 0
Number of Repeat Violations (1-57 R): 0
Facility Grade: N/A
Stop Sale: No

Begin Time: 10:10 AM
End Time: 11:00 AM

Marking Key: *IN*=the act or item was observed to be in compliance; *OUT*=the act or item was observed to be out of compliance; *NO*=the act or item was not observed to be occurring at the time of inspection; *NA*=the act or item is not performed by the facility; *COS*=violation corrected on site; *R*=repeat violation from previous inspection

FoodBorne Illness Risk Factors And Public Health Interventions

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|---|---|
| <p>SUPERVISION</p> <p><i>IN</i> 1. Demonstration of Knowledge/Training</p> <p><i>IN</i> 2. Certified Manager/Person in charge present</p> <p>EMPLOYEE HEALTH</p> <p><i>IN</i> 3. Knowledge, responsibilities and reporting</p> <p><i>IN</i> 4. Proper use of restriction and exclusion</p> <p><i>IN</i> 5. Responding to vomiting & diarrheal events</p> <p>GOOD HYGIENIC PRACTICES</p> <p><i>IN</i> 6. Proper eating, tasting, drinking, or tobacco use</p> <p><i>IN</i> 7. No discharge from eyes, nose, and mouth</p> <p>PREVENTING CONTAMINATION BY HANDS</p> <p><i>IN</i> 8. Hands clean & properly washed</p> <p><i>IN</i> 9. No bare hand contact with RTE food</p> <p><i>IN</i> 10. Handwashing sinks, accessible & supplies</p> <p>APPROVED SOURCE</p> <p><i>IN</i> 11. Food obtained from approved source</p> <p><i>NO</i> 12. Food received at proper temperature</p> <p><i>IN</i> 13. Food in good condition, safe, & unadulterated</p> <p><i>NA</i> 14. Shellstock tags & parasite destruction</p> <p>PROTECTION FROM CONTAMINATION</p> <p><i>IN</i> 15. Food separated & protected; Single-use gloves</p> | <p><i>IN</i> 16. Food-contact surfaces; cleaned & sanitized</p> <p><i>IN</i> 17. Proper disposal of unsafe food</p> <p>TIME/TEMPERATURE CONTROL FOR SAFETY</p> <p><i>IN</i> 18. Cooking time & temperatures</p> <p><i>NO</i> 19. Reheating procedures for hot holding</p> <p><i>IN</i> 20. Cooling time and temperature</p> <p><i>IN</i> 21. Hot holding temperatures</p> <p><i>IN</i> 22. Cold holding temperatures</p> <p><i>IN</i> 23. Date marking and disposition</p> <p><i>NA</i> 24. Time as PHC, procedures & records</p> <p>CONSUMER ADVISORY</p> <p><i>IN</i> 25. Advisory for raw/undercooked food</p> <p>HIGHLY SUSCEPTIBLE POPULATIONS</p> <p><i>NA</i> 26. Pasteurized foods used; No prohibited foods</p> <p>ADDITIVES AND TOXIC SUBSTANCES</p> <p><i>NA</i> 27. Food additives; approved & properly used</p> <p><i>IN</i> 28. Toxic substances identified, stored, & used</p> <p>APPROVED PROCEDURES</p> <p><i>NA</i> 29. Variance/specialized process/HACCP</p> |
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Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18 14-48-00011 Desoto Memorial Elementary School

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Good Retail Practices

<p>SAFE FOOD AND WATER</p> <p>NA 30. Pasteurized eggs used where required</p> <p>IN 31. Water & ice from approved source</p> <p>NA 32. Variance obtained for special processing</p> <p>FOOD TEMPERATURE CONTROL</p> <p>IN 33. Proper cooling methods; adequate equipment</p> <p>IN 34. Plant food properly cooked for hot holding</p> <p>IN 35. Approved thawing methods</p> <p>IN 36. Thermometers provided & accurate</p> <p>FOOD IDENTIFICATION</p> <p>IN 37. Food properly labeled; original container</p> <p>PREVENTION OF FOOD CONTAMINATION</p> <p>IN 38. Insects, rodents, & animals not present</p> <p>IN 39. No Contamination (preparation, storage, display)</p> <p>IN 40. Personal cleanliness</p> <p>IN 41. Wiping cloths: properly used & stored</p> <p>NO 42. Washing fruits & vegetables</p> <p>PROPER USE OF UTENSILS</p> <p>IN 43. In-use utensils: properly stored</p> <p>IN 44. Equipment & linens: stored, dried, & handled</p> <p>IN 45. Single-use/single-service articles: stored & used</p>	<p>NA 46. Slash resistant/cloth gloves used properly</p> <p>UTENSILS, EQUIPMENT AND VENDING</p> <p>IN 47. Food & non-food contact surfaces</p> <p>IN 48. Ware washing: installed, maintained, & used; test strips</p> <p>IN 49. Non-food contact surfaces clean</p> <p>PHYSICAL FACILITIES</p> <p>IN 50. Hot & cold water available; adequate pressure</p> <p>IN 51. Plumbing installed; proper backflow devices</p> <p>IN 52. Sewage & waste water properly disposed</p> <p>IN 53. Toilet facilities: supplied, & cleaned</p> <p>IN 54. Garbage & refuse disposal</p> <p>IN 55. Facilities installed, maintained, & clean</p> <p>IN 56. Ventilation & lighting</p> <p>IN 57. Permit; Fees; Application; Plans</p>
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This form serves as a "Notice of Non-Compliance" pursuant to section 120.695, Florida Statutes. Items marked as "out" violate one or more of the requirements of Chapter 64E-11, the Florida Administrative Code or Chapter 381.0072, Florida Statutes. Violations must be corrected within the time period indicated above. Continued operation of this facility without making these corrections is a violation. Failure to correct violations in the time frame specified may result in enforcement action being initiated by the Department of Health.

Violations Comments

No Violation Comments Available

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

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General Comments

Satisfactory
Oven: Mac N Cheese 168 degrees F
Hot Holding: Steamed Broccoli 156 degrees F
Mac N Cheese 145 degrees F

Cold Holding: Salad 34 degrees F
Fruit Medley 36 degrees F
Broccoli 37 degrees F
Milk 32 degrees F
Walk In Ambient: Cooler 38 degrees F
Freezer -10 degrees F

Email Address(es): No Email Addresses Available

Inspection Conducted By: Daniel Morris (027075)
Inspector Contact Number: Work: (863) 231-6481 ex.
Print Client Name:
Date: 5/6/2026

Inspector Signature:

Handwritten signature of Daniel Morris.

Client Signature:

Handwritten initials MB.

Form Number: DH 4023 03/18

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