

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 13-48-1872081  
 Name of Facility: Highly Inquisitive & Versatile Education (HIVE) Preparatory School  
 Address: 5855 NW 171 Street  
 City, Zip: Hialeah 33015  
  
 Type: School (more than 9 months)  
 Owner: Gonzalez, Carlos - Highly Inquisitive & Versatile Education (HIV)  
 Person In Charge: Highly Inquisitive & Versatile Education (HIVE) Preparatory School      Phone:  
 (305) 231-4888  
 PIC Email: Yxsuarez@hiveprep.com

**Inspection Information**

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 12:00 PM
Inspection Date: 10/7/2020	Number of Repeat Violations (1-57 R): 0	End Time: 01:00 PM
Correct By: None	Facility Grade: N/A	
<b>Re-Inspection Date: None</b>	Stop Sale: No	

*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**

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

Inspector Signature:

CM

Client Signature:

emailed to Yocelyn Suarez 10/07/20

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### Good Retail Practices

#### SAFE FOOD AND WATER

- IN** 30. Pasteurized eggs used where required
- IN** 31. Water & ice from approved source
- NA** 32. Variance obtained for special processing

#### FOOD TEMPERATURE CONTROL

- IN** 33. Proper cooling methods; adequate equipment
- IN** 34. Plant food properly cooked for hot holding
- IN** 35. Approved thawing methods
- IN** 36. Thermometers provided & accurate

#### FOOD IDENTIFICATION

- IN** 37. Food properly labeled; original container

#### PREVENTION OF FOOD CONTAMINATION

- IN** 38. Insects, rodents, & animals not present
- IN** 39. No Contamination (preparation, storage, display)
- IN** 40. Personal cleanliness
- IN** 41. Wiping cloths: properly used & stored
- IN** 42. Washing fruits & vegetables

#### PROPER USE OF UTENSILS

- IN** 43. In-use utensils: properly stored
- IN** 44. Equipment & linens: stored, dried, & handled
- IN** 45. Single-use/single-service articles: stored & used

- IN** 46. Slash resistant/cloth gloves used properly

#### UTENSILS, EQUIPMENT AND VENDING

- IN** 47. Food & non-food contact surfaces
- IN** 48. Ware washing: installed, maintained, & used; test strips
- IN** 49. Non-food contact surfaces clean

#### PHYSICAL FACILITIES

- IN** 50. Hot & cold water available; adequate pressure
- IN** 51. Plumbing installed; proper backflow devices
- IN** 52. Sewage & waste water properly disposed
- IN** 53. Toilet facilities: supplied, & cleaned
- IN** 54. Garbage & refuse disposal
- IN** 55. Facilities installed, maintained, & clean
- IN** 56. Ventilation & lighting
- IN** 57. Permit; Fees; Application; Plans

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

### General Comments

Inspection report emailed to Yocelyn Suarez on 10/07/2020.

No violations found at the time of inspection.

Temperature taken:  
Handwash/sink: 122°F.  
Refrigerator: 36°F.  
Milk: 40°F.

Email Address(es): cvgonzalez@hiveprep.com;  
yxsuarez@hiveprep.com

Inspection Conducted By: Cesar Martinez (085423)  
Inspector Contact Number: Work: (305) 623-3500 ex.  
Print Client Name:  
Date: 10/7/2020

Inspector Signature:

CM

Client Signature:

emailed to Yocelyn Suarez 10/07/20

Form Number: DH 4023 03/18

13-48-1872081 Highly Inquisitive & Versatile Education (HIVE) Preparatory School

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