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

## Facility Information

**RESULT: Satisfactory**

Permit Number: 55-48-00029
Name of Facility: GAMBLE ROGERS MIDDLE SCHOOL
Address: 6250 US Highway 1 S
City, Zip: Saint Augustine 32086

Type: School (9 months or less)
Owner: GAMBLE ROGERS MIDDLE SCHOOL
Person In Charge: GAMBLE ROGERS MIDDLE SCHOOL Phone: (904) 547-3963
PIC Email:

## Inspection Information

Purpose: Routine
Inspection Date: 8/17/2026
Correct By: None
**Re-Inspection Date: None**

Number of Risk Factors (Items 1-29): 0
Number of Repeat Violations (1-57 R): 0
FacilityGrade: N/A
StopSale: No

Begin Time: 10:30 AM
End Time: 10:45 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

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

**Inspector Signature:**

**Client Signature:**

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

## Good Retail Practices

**SAFE FOOD AND WATER**
NA 30. Pasteurized eggs used where required
IN 31. Water & ice from approved source
IN 32. Variance obtained for special processing
**FOOD TEMPERATURE CONTROL**
IN 33. Proper cooling methods; adequate equipment
NO 34. Plant food properly cooked for hot holding
NO 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
NO 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

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## Violations Comments

No Violation Comments Available

## General Comments

No violations observed during inspection.

Email Address(es): lisa.kilbride@stjohns.k12.fl.us;
Michael.Holmes@stjohns.k12.fl.us;
ethan.gumble@stjohns.k12.fl.us

Inspection Conducted By: Darren Guffey (54792)
Inspector Contact Number: Work: (904) 506-6081 ex. 6124
Print Client Name:
Date: 8/17/2026

**Inspector Signature:**

**Client Signature:**

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

## Facility Information

**RESULT: Satisfactory**

Permit Number: 55-48-1904275
Name of Facility: Palm Valley Academy
Address: 700 Bobcat Lane
City, Zip: Ponte Vedra 32081

Type: School (9 months or less)
Owner: St. Johns County School District
Person In Charge: KAREN NATOLI Phone: (904) 547-4207
PIC Email: KAREN.NATOLI@STJOHNS.K12.FL.US

## Inspection Information

Purpose: Routine
Inspection Date: 8/31/2026
Correct By: None
**Re-Inspection Date: None**

Number of Risk Factors (Items 1-29): 0
Number of Repeat Violations (1-57 R): 0
FacilityGrade: N/A
StopSale: No

Begin Time: 09:00 AM
End Time: 09:34 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

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

**Inspector Signature:**

**Client Signature:**

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

## Good Retail Practices

**SAFE FOOD AND WATER**
IN 30. Pasteurized eggs used where required
IN 31. Water & ice from approved source
IN 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
NO 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
NA 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
NO 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

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## Violations Comments

No Violation Comments Available

## General Comments

No violations observed during inspection.

Email Address(es): Michael.Holmes@stjohns.k12.fl.us;
KAREN.NATOLI@STJOHNS.K12.FL.US

Inspection Conducted By: Darren Guffey (54792)
Inspector Contact Number: Work: (904) 506-6081 ex. 6124
Print Client Name:
Date: 8/31/2026

**Inspector Signature:**

**Client Signature:**

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

## Facility Information

**RESULT: Satisfactory**

Permit Number: 55-48-00409
Name of Facility: PONTE VEDRA HIGH SCHOOL
Address: 460 DAVIS PARK Road
City, Zip: Ponte Vedra 32081

Type: School (9 months or less)
Owner: PONTE VEDRA HIGH SCHOOL
Person In Charge: jill franzio Phone: (904) 547-7371
PIC Email: jill.franzoi@stjohns.k12.fl.us

## Inspection Information

Purpose: Routine
Inspection Date: 8/31/2026
Correct By: Next Inspection
**Re-Inspection Date: None**

Number of Risk Factors (Items 1-29): 0
Number of Repeat Violations (1-57 R): 0
FacilityGrade: N/A
StopSale: No

Begin Time: 09:40 AM
End Time: 10:12 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

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

**Inspector Signature:**

**Client Signature:**

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

## Good Retail Practices

**SAFE FOOD AND WATER**
NA 30. Pasteurized eggs used where required
IN 31. Water & ice from approved source
IN 32. Variance obtained for special processing
**FOOD TEMPERATURE CONTROL**
IN 33. Proper cooling methods; adequate equipment
NO 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
NO 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
NA 46. Slash resistant/cloth gloves used properly
**UTENSILS, EQUIPMENT AND VENDING**
OUT 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

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## Violations Comments

Violation #47. Food & non-food contact surfaces
Microwaves in the dining area have food particles stuck inside. Keep clean the student self service microwaves clean.
CODE REFERENCE: 64E-11.003(4). Equipment and utensils must be properly designed, constructed, and in good repair.

## General Comments

No General Comments Available

Email Address(es): jill.franzoi@stjohns.k12.fl.us;
Michael.Holmes@stjohns.k12.fl.us;
ethan.gumble@stjohns.k12.fl.us

Inspection Conducted By: Darren Guffey (54792)
Inspector Contact Number: Work: (904) 506-6081 ex. 6124
Print Client Name:
Date: 8/31/2026

**Inspector Signature:**

**Client Signature:**

**Form Number: DH 4023 03/18** **55-48-00409 PONTE VEDRA HIGH SCHOOL**

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

## Facility Information

**RESULT: Satisfactory**

Permit Number: 55-48-00017
Name of Facility: PONTE VEDRA-PALM VALLEY ELEMEMTARY SCHOOL
Address: 630 AIA N
City, Zip: Ponte Vedra Beach 32082

Type: School (9 months or less)
Owner: PONTE VEDRA-PALM VALLEY ELEMENTARY SCHOOL
Person In Charge: rebecca anderson Phone: (904) 547-8576
PIC Email: rebecca.anderson@stjohns.k12.fl.us

## Inspection Information

Purpose: Routine
Inspection Date: 8/31/2026
Correct By: None
**Re-Inspection Date: None**

Number of Risk Factors (Items 1-29): 0
Number of Repeat Violations (1-57 R): 0
FacilityGrade: N/A
StopSale: No

Begin Time: 12:11 PM
End Time: 12:28 PM

*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

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

**Inspector Signature:**

**Client Signature:**

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

## Good Retail Practices

**SAFE FOOD AND WATER**
NA 30. Pasteurized eggs used where required
IN 31. Water & ice from approved source
IN 32. Variance obtained for special processing
**FOOD TEMPERATURE CONTROL**
IN 33. Proper cooling methods; adequate equipment
NO 34. Plant food properly cooked for hot holding
NO 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
NA 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
NA 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
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IN 56. Ventilation & lighting
IN 57. Permit; Fees; Application; Plans

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## Violations Comments

No Violation Comments Available

## General Comments

No violations observed during inspection.

Email Address(es): rebecca.anderson@stjohns.k12.fl.us;
Michael.Holmes@stjohns.k12.fl.us;
ethan.gumble@stjohns.k12.fl.us;

Inspection Conducted By: Darren Guffey (54792)
Inspector Contact Number: Work: (904) 506-6081 ex. 6124
Print Client Name:
Date: 8/31/2026

**Inspector Signature:**

**Client Signature:**

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

## Facility Information

**RESULT: Satisfactory**

Permit Number: 55-48-00027
Name of Facility: RAWLINGS ELEMENTARY SCHOOL
Address: 610 AIA N
City, Zip: Ponte Vedra 32082

Type: School (9 months or less)
Owner: RAWLINGS ELEMENTARY SCHOOL
Person In Charge: Rebecca Anderson-mgr Phone: (904) 547-3963
PIC Email: rebecca.anderson@stjohns.k12.fl.us

## Inspection Information

Purpose: Routine
Inspection Date: 8/31/2026
Correct By: None
**Re-Inspection Date: None**

Number of Risk Factors (Items 1-29): 0
Number of Repeat Violations (1-57 R): 0
FacilityGrade: N/A
StopSale: No

Begin Time: 12:30 PM
End Time: 12:45 PM

*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

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

**Inspector Signature:**

**Client Signature:**

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

## Good Retail Practices

**SAFE FOOD AND WATER**
NA 30. Pasteurized eggs used where required
IN 31. Water & ice from approved source
IN 32. Variance obtained for special processing
**FOOD TEMPERATURE CONTROL**
NO 33. Proper cooling methods; adequate equipment
NO 34. Plant food properly cooked for hot holding
NO 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
NO 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
NA 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

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## Violations Comments

No Violation Comments Available

## General Comments

No violations observed during inspection.

Email Address(es): rebecca.anderson@stjohns.k12.fl.us;
Michael.Holmes@stjohns.k12.fl.us;
ethan.gumble@stjohns.k12.fl.us

Inspection Conducted By: Darren Guffey (54792)
Inspector Contact Number: Work: (904) 506-6081 ex. 6124
Print Client Name:
Date: 8/31/2026

**Inspector Signature:**

**Client Signature:**

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

## Facility Information

**RESULT: Satisfactory**

Permit Number: 55-48-1552604
Name of Facility: VALLEY RIDGE ACADEMY
Address: 105 GREENLEAF Drive
City, Zip: Ponte Vedra 32081

Type: School (9 months or less)
Owner: ST JOHNS COUNTY SCHOOL DISTRCIT
Person In Charge: ST JOHNS COUNTY SCHOOL DISTRCIT Phone: (904) 547-3963
PIC Email:

## Inspection Information

Purpose: Routine
Inspection Date: 8/31/2026
Correct By: None
**Re-Inspection Date: None**

Number of Risk Factors (Items 1-29): 0
Number of Repeat Violations (1-57 R): 0
FacilityGrade: N/A
StopSale: No

Begin Time: 10:30 AM
End Time: 10:49 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

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

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## Good Retail Practices

**SAFE FOOD AND WATER**
NA 30. Pasteurized eggs used where required
IN 31. Water & ice from approved source
NA 32. Variance obtained for special processing
**FOOD TEMPERATURE CONTROL**
NO 33. Proper cooling methods; adequate equipment
NO 34. Plant food properly cooked for hot holding
NO 35. Approved thawing methods
IN 36. Thermometers provided & accurate
**FOOD IDENTIFICATION**
NO 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
NO 41. Wiping cloths: properly used & stored
NO 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
NA 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

No violations observed during inspection.

Email Address(es): daisy.morales@stjohns.k12.fl.us;
Michael.Holmes@stjohns.k12.fl.us;
ethan.gumble@stjohns.k12.fl.us;

Inspection Conducted By: Darren Guffey (54792)
Inspector Contact Number: Work: (904) 506-6081 ex. 6124
Print Client Name:
Date: 8/31/2026

**Inspector Signature:**

**Client Signature:**