



**JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

*Betsy
2/22*

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name CANARY CREEK HEAD START	Telephone Number () Establishment () Owner	Date of Inspection 2/15/23	ID# 1095
Establishment address 486 N MORTON FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 2/25/23
Owner HFI - HEADSTART		Summary of Violations: C <u>0</u> NC <u>1</u> R <u> </u>	
Owner address		Menu Type (See back of page)	
Person in charge CHASTITY SUGGETT		1 <u> </u> 2 <u> 3 </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible person's email			
Certified food handler CHASTITY SUGGETT (Exp 10/19/24) SERWARE			

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section #	C/NC	R	Narrative	To Be Corrected by
411	NC		(1) ceiling LIGHT PANEL OUT/NOT FUNCTIONING IN KITCHEN	3/1/23
			NOTE → mechanical disarming hot water sanitization temperature adequate 160°F or more on plate/utensil surface	OK



Received by (name and title printed): Chastity Suggett Cook	Inspected by (name and title printed): Bob Smith EPH
Received by (signature): <i>Chastity Suggett</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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Beltm
2/16

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Establishment name CUSTER BAKER INTERMEDIATE SCHOOL	Telephone Number () Establishment () Owner	Date of Inspection 2/14/23	ID# 400
Establishment address 100 W 31ST RD 44 FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 2/24/23
Owner FCSC		Summary of Violations: C 0 NC 2 R	
Owner address		Menu Type (See back of page)	
Person in charge RANDI LYNN SPARKS		1 2A 3 4 5	
Responsible person's email			
Certified food handler MORGAN FORD (SERVISAFE EXPI/26/27)			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Section #	C/NC	R	Narrative	To Be Corrected by
411	NC	*	CEILING LIGHT OUT IN KITCHEN	2/24/23
295	NC	*	INSIDE TOP OF ICE MAKER NOT CLEAN (EDGES)	2/18
		*	MECHANICAL DISH MACHINE HOT WATER SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE	OK



Received by (name and title printed): Randi Lynn Sparks	Inspected by (name and title printed): Bob Smith EHS/KRP
Received by (signature): <i>Randi Lynn Sparks</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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Belton
2/16
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Establishment name FRANKLIN COMMUNITY HIGH SCHOOL	Telephone Number () Establishment () Owner	Date of Inspection 2/13/23	ID# 2402
Establishment address 2600 CUMBERLAND DR FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up (yes)	Release Date 2/23/23
Owner FCSC		Summary of Violations: C 1 NC 2 R	
Owner address		Menu Type (See back of page)	
Person in charge RACHAEL WHEELER		1 <u>2</u> <u>3</u> 4 5	
Responsible person's email			
Certified food handler RACHAEL WHEELER (SERUSATE) (EXP 4/17/23)			

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Section #	C/NC	Narrative	To Be Corrected by
303	C	MECHANICAL DISINFECTANT SANITIZATION TEMPERATURE NOT 180°F OR MORE ON PLATE / UTENSIL SURFACE / WASH TEMPERATURE 144°F NOT AT 160°F OR MORE	2/14/23
218	NC	TEMP 3 UPRIGHT REFRIGERATOR #665 DOOR GASKET WORN	3/13
256	NC	TEMP 3 SMALL 2 DOOR REACH-IN REFRIGERATOR THERMOMETER NOT OBSERVED	2/16
		NOTE TRAY MACHINES NOT IN USE	



Received by (name and title printed): Rachael Wheeler Manager	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): <i>Rachael Wheeler</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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*Betsy
2/11/23*

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Establishment name FRANKLIN Comm. Middle School	Telephone Number () Establishment () Owner	Date of Inspection 2/13/23	ID# 1385
Establishment address 625 GRIZZLY CUB DR FRANKLIN, IN	Purpose: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 2/23/23
Owner FCSC		Summary of Violations: C 0 NC 2 R	
Owner address		Menu Type (See back of page) 1 2 X 3 4 5	
Person in charge MELINDA SCOTT			
Responsible person's email			
Certified food handler MELINDA SCOTT (SERVSAFE EXP 5/13/24)			

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Section #	C/NC	R	Narrative	To Be Corrected by
218	NC	Ⓟ	WALK-IN COOLER DOOR GASKET WORN/SPLIT	
295	NC	Ⓟ	SERVING LINE (1) REFRIGERATOR CONDENSER FAN COVER DUSTY / NOT CLEAN	
		Ⓟ	MECHANICAL DISINFECTING HOT WATER SANITIZATION TEMPERATURE ADOQUATE 160°F OR MORE ON PLATE/UPONITE SURFACE (WAS 172°F)	OK



Received by (name and title printed): Melinda Scott Cafe Manager	Inspected by (name and title printed): Bob Smith ETS
Received by (signature): <i>Melinda Scott</i>	Inspected by (signature): <i>Bob Smith</i>
cc:	cc:



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Betsy
2/13/23

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Establishment name NEEDHAM ELEMENTARY SCHOOL	Telephone Number () Establishment	Date of Inspection 2/18/23	ID# 401
Establishment address 1399 UPPER SHELBYVILLE FRANKLIN, IN	(#) Owner	Follow-up —	Release Date 2/18/23
Owner FCSC	Purpose: 1. Routine	Summary of Violations: C 0 NC 2 R	
Owner address	2. Follow-up		
Person in charge KRISTINA GOTT	3. Complaint	Menu Type (See back of page) 1 2 3 4 5	
Responsible person's email	4. Pre-Operational		
Certified food handler KRISTINA GOTT	5. Temporary		
	6. HACCP		
	7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
431	NC	C	RESTROOM CEILING EXHAUST FAN	
309	NC		COVERS NOT CLEAN EXHAUST FANS NOT FUNCTIONING	
		R	Mechanical Dishwashing Hot Water Sanitization Rinse Adequate 160°F OR MORE ON PLATE WYNSTE SURFACE	OK
NOTE				

Received by (name and title printed): Kristine Gott, Cafeteria Manager	Inspected by (name and title printed): Bob Smith EMS
Received by (signature): 	Inspected by (signature):
cc:	cc:



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Establishment name NORTHWOOD ELEMENTARY SCHOOL	Telephone Number () Establishment () Owner	Date of Inspection 2/15/23	ID# 403
Establishment address 965 GRIZZLY CUB DR. FRANKLIN IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 2/25/23
Owner F.C.S.C.		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner address		Menu Type (See back of page)	
Person in charge MELINDA PATTON		1 <u>2</u> 3 <u>4</u> 5	
Responsible person's email			
Certified food handler MELINDA PATTON			

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Section #	C/NC	R	Narrative	To Be Corrected by
			NO VIOLATIONS OBSERVED	
			MECHANICAL DISHWASHER HOT WATER SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE	OK

NOTE



Received by (name and title printed): Melinda Patton	Inspected by (name and title printed): Bob Smith Eats
Received by (signature): Melinda Patton	Inspected by (signature): Bob Smith
cc:	cc:



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Establishment name UNION ELEMENTARY	Telephone Number () Establishment () Owner	Date of Inspection 2/14/23	ID# 404
Establishment address 3990 W DIVISION RD FRANKLIN BARGERSVILLE, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 2/24/23
Owner F.C.S.C.		Summary of Violations: C 0 NC 2 R	
Owner address		Menu Type (See back of page) 1 2 X 3 4 5	
Person in charge Peggy Riggles			
Responsible person's email			
Certified food handler PEGGY RIGGLES (SERVSAFE EXP 10/6/26)			

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Section #	C/NC	R	Narrative	To Be Corrected by
411	NC	R	(1) LIGHT OUT IN KITCHEN	3/4/23
399	NC	—	CEILING PAINT PEELING ABOVE 3 COMPARTMENT SINK	4/1
		*	MECHANICAL DISTRIBUTING HOT WATER SANITIZATION TEMPERATURE ADEQUATE 160°F OR MORE ON PLATE/UTENSIL SURFACE	OK

(note)



Received by (name and title printed): Peggy Riggles	Inspected by (name and title printed): Bob Smith / Kevin R. Paulin
Received by (signature): Peggy Riggles	Inspected by (signature): Bob Smith / KR Paulin
cc:	cc:

