

460 N. MORTON ST. STE A FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264

Establishment name	Telephone Number	Date of Inspection	ID#
CARARY CREEK HOAD START	( ) Establishment	2/15/23	1095
2 101	( ) Owner ·	0115	1012
HS6 N MORTON FRANKLIN, IN	Purpose	Follow-up Release	
Owner	1. Routine	1 - 2/8	75/23
HSI - HERDSTART	2. Follow-up	Summary of Violati	ons:
Owner address	3. Complaint		
	4. Pre-Operational		
Person in charge	5. Temporary	CO NC	R
CHASTETY SUGGETT	6. HACCP	armiton to the	
Responsible person's email	7. Other (list)	Menu Type (See b	ack of page)
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Certified food handler OHASTAY SUGGETT (56/9/24) See	D. SAGO	1 2 3	_45
CIANS 1711 3099811 4019127)361	COVAC		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVI		THE STATE OF	o unu
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI	Narrative	THE NARRATIVE BELOW A	To Be Corrected by
		OF THE PROPERTY	3/1/23
411 NC 20 (1) COTLING LIGHT F	HITEL OUT AND F	0102 11010 1109	3/1109
IN PITCHES		april about	Johnsen - C
me HANTER DEHT	MAZHIND HAT U	NATOR	ib izote
MECHANICAZ DISHT	mperature Ade	PRUATO	OK
NO 160°F OR MORE	ON PLATE /UTO	ONSIT SURPA	0
Temp▶Rite, §			
Date: Fecha			
Empleado PASS WHEN BLUE PASS WHEN BLUE			
BAR TUNNS SCHOOL BARK RIT CAMBRA COLOR MARKA		gu zu a , ell n. de	
160°F/71°C		Los Hepp of Lafford a	inface it
all is a large street and a large street	<u> </u>	axas udamitisad	n marie de la companya de la company
		<u> </u>	III CONTANA I
Received by (name and title printed):	Inspected	d by (name and title printed)	: 576
Chastity Suggett Cook	6	MITM do	t ID
Received by (signature):	Inspecte	d by (signature);	pack sam
Creeding Lings	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	el)no	
ce: cc:	cc:		
			D1-C



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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 corre	ection of each violation is specifie	d in the narrative portion	of this report.
Establishment name CUSTER BAKER DUTER MEDATY S	Telephone Number  (**) Establishment	Date of Inspection	ID#
Establishment address	( ) 0	2/14/2	3 400
101 W 3T Rd 44 FTANKIN, DW		Follow-up Releas	Date 122
FCSC	2. Follow-up	Summary of Violati	
Owner address	3. Complaint		
	4. Pre-Operational		2
Person in charge RANDI LYNN SPARKS	5. Temporary	C_ONC_	7 R
Responsible person's email	6. HACCP 7. Other (list)	Menu Type (See b	ack of page)
Considerational transfer of the Constant of th		appliero amemoj.	
Certified food handler  MEGAN FORD (EXH 126/2)	7	1_273_	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN Section # C/NC R	Narrative	IN THE NARRATIVE BELOW A	To Be Corrected by
411 NC & CELLING LIGHT	OUT IN KETZ	Hen	2/24/3
- American California, se instantante i di se	Milani Kasary a amin.	a a militari na Suma e fili	VISOUREL F
295 NL & INSTOR TOP OF (EDGES)	ITE MAKER	OBT ECENTO	2/18
		25.	
SANITIZATION	SHMAZHINE A	HOT WATER	(V)
NOTE 160°F OR MORE	ON PLATE JU	PNSIL	60
SUPPRO			
diamental and the second of th	a fraince	bee line	ularo, a M
Service of Least Business and Illians again	Ten	np▶Rite, g	Johnson de la Principal
and the second of the second o	Date Fecha Emple		
	PASS BAR T ISACPI AMI CA	WHEN BLUE URNS ORANGE ABBLE CUANDO LA BARRA ABBLA A COLOR HARANIA	
	10	60°F/71°C	
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Randilynn Sparks	Parametra de la Companya del Companya de la Companya del Companya de la Companya	Rob SmIVI	+ FITS/KR
Acceived by (signature)	Inspec	etted by (signature):	VP4
cc: cc:	cc:	w on of	2
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			Page 1 of



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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 Telephone Number Date of Inspection FRANKLIN BMMUNITY HIGH SCHOOL Establishment Establishment address 2600 COMBORLAND DR FRANKLIM, SW Owner Purpose: Follow-up Release, Date Owner FCSC Summary of Violations: 2. Follow-up Owner address 3. Complaint

				4. Pre-Operational		
Person in charge RPZHAPEL WIFEELER				5. Temporary 6. HACCP	c_\_Nc_Z_R	
Responsible person's email			ten la game u bar aren a daset an	7. Other (list)	Menu Type (See back of page)	
Certified foo			WHEELER (SERVSAFE	EXP4117123)	1_2 3	45
CRITICAL     VIOLATION			ENTIFIED IN THE CHECKLIST AND NARRATI ROM PREVIOUS INSPECTIONS ARE DENOTED IN T		N THE NARRATIVE BELO	W AS "R"
Section #	C/NC	B		Narrative		To Be Corrected by
363	C	2	mechanizant dish	AND SANT		2/14/23
	The full's	ENT.	Remperature No		ORE ON	at March 19 1
TO COM	la lett	TV()A	PEATO /V TROUSTL	STRFAT / 0	NASH	Temp>Rite, g
			JE MPETATURE 1	440F NOT A	T 1600F	Fecha Emp: Emplesd
			OR MORO			PASS WHEN BLUE BAR TURNS ORANGE
						ATUI CAMBIA A COLOR NARANIA
218	NC	-	2.TM 3 URRIGHT	REFRIGERATION	H 665	7/71°C
1			door GASKET	WORN		3 110
256	NC		ITM 3 SMAZL	2 OVOR RUAZ THERMOMETER	H-IN	
			REFRISORATOR	THERMOMETES	2 NOT	2/16
	4. 66	lan.	OBSPRIS	Indiana and a second	La codina	t Court of
	SAKESO	les 1		Li Della La Legge e	a a comparable	d stable to i
	OTO	2	TRAY MAZHINA	10T IN USO	1215 TOL 15	11.700
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7 . 1:		7	6	T	11	itad)
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1 Place	cho	20	Wheeler Manag	20	0 01/1/1/	

the same that th		
Received by (name and title printed):	reler Manager	Inspected by (name and title printed):  Bob Im 1774 EAS
Received by (finature); Hachal Hlu	li	Inspected by (signature):
ce:	cc:	cc:



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Establishmen	nt name		January Sheeral all grown at the fire sing	Telephone Number	Date of Inspection	ID#
Fran	IVIT	70 /	Smm. MIDDLO School	( ) Establishment	) )	
Establishmen	nt addres	is .	SMIN, MISON & SCHOOL	Owner	7 /13 /23	1385
625	GR	122	LY CUB OR FRANKLIR, IN	Purpose:	Eallow up Polos	Data A
Owner	Ort		-7 COO 101 C 1766 / 102   4	I. Routine	Follow-up Release	23/23
	C.	50		2. Follow-up	Summary of Viola	
Owner addre		_		- ·	Cummary or viola	101101
Owner addit	.33			3. Complaint		
D : 1				4. Pre-Operational	c_O_NC_0	2 -
Person in ch	arge	nin	4 SCOTT	5. Temporary	C_C_NC_	7 · R
The second secon				6. HACCP	ne majab bennes no s	1 6
Responsible	person's	emai		7. Other (list)	Menu Type (See	back of page)
Certified foo	d handle	1.	600,000,000	The same same same same same same same sam	1	
mel	TAIK	TA	SCOTT (SERUSAFES/13/2)	4)	12_X3	45
• CRITICAL	ITEMS A	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIV	E COLUMNS MARKED "C"	1	
• VIOLATION	(S) REPEA	TED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN TH		IN THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative		To Be Corrected by
218	nc	R	WALK- IN COOLER	door SASKE	7	
	(1) 750		WORN/SPLIT	Super Super Hill House	de energia de desendada	saisinsix (
006	at draff	-	no, boot unblace control temperatu	it play tills till and till a say	1 11100	STORESTED I
295	No	0	PAN COVER OUSTY	PEI-RESERVITION C	ONORISER	
			FITTO COVER OUSIG	NOT CLEAN		
		0	me CHANTERE dis	Am AZHTONE H	OT WATER	<del>                                     </del>
		0	CANITIZATION TOM	POCATURO AND	DOUATE	B
			SANITIZATION TEM 160°F OR MORE ON	PLATE /UE PAS	the SURFACE	
	ulai-u		(WAS 172°F)	M. Andrewson	▶Rite, Ē	dage of
elorde				Date:	Linnay	
			of subsection in the section of the	Empleado PASS VIP	HEN BLUE	page out to
				ES ACEPTABLE AZUL CAMBIA	OF/71°C	11 120
				100	°F/71°C	-
	-	-				
		-				
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1	101.	di	2. Scott (afe Ma	rager (	Bob SmITT	4 8/D
Received by	(signature	):,		Inspec	cted by (signature)	grant ad
Mo	lein	do	2004		El SW	
cc:			cc:	cc:		
						1
						Page 1 of



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Establishment name  NEODHAM ETOMNTARY SCHOOL  Establishment address  1399 UPPER SHUBYVITTO FANK  Owner  FCSC  Owner address  Person in charge  RRISTIM GOTT  Responsible person's email		Follow-up Releas Summary of Violati  C NC  Menu Type (See b	Date   83   Sons:
Certified food handler  KRISTIN C GUTT  CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA	on the state of th	1	_45
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN		N THE NARRATIVE BELOW A	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P
Section # C/NC & RESTROOM CON  309 NC COVERS NOT F  FANS NOT F  NACHTARACIPE OF  WATER SANITION  SURFACE	in Transmisting one in the Samuel Contract Samuel	MUST	OK
Received by (name and title printed):  Received by (signature):  CC:  CC:	whaged	ted by (name and title printed Bob SMIN ted by (signature):	Page 1 of

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Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Samtation Requirements. The time mint for concent	on or enem violation to openine	m me marative portion	or time reporti
Establishment name NORTHWOOD ETEMENTART SCHOOL Establishment address	Telephone Number  ( ) Establishment  O ) Owner	Date of Inspection  2/15/23	3 403
Establishment address 965 GRTZZLY (VB DR. FRANKLIA) Owner	Purpose: 1. Routine	Follow-up Release	
Owner address	Follow-up     Complaint	ons:	
Person in charge  MOLINDA PATTON  Responsible person's email	<ul><li>4. Pre-Operational</li><li>5. Temporary</li><li>6. HACCP</li><li>7. Other (list)</li></ul>	C R  Menu Type (See back of page)	
Certified food handler A PATTON		1(2_\( \) \( \) \( \) \( \)	_45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE     VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	E "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW A	S "R"
Section # C/NC R P NO VIOLATIONS O	Narrative		To Be Corrected by
MECHANITAL JASK  SANITIZATION REM  160°F UR MORE O  SURFACE  PASS WHEN BULE  P	tomachine 14	OF WATER	OK 1
Received by (name and title printed):  Received by (signature):  CC:  CC:		gd by (name and title printed)  OB Sm 1 D+  ed by (signature):  BU SmA	EXT
37 1			Page 1 of



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Establishment name  UNTON ELEM WTARY  Establishment address  3990 W PAULTON PJ PARTIES, INTO WONNER  Owner  FCSC.  Owner address  Person in charge  Peggy Riggles  Responsible person's email  Certified food handler  PEGGY RIGHES SORWSAFE 10/	Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  1 Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)	Follow-up Release 2/2 Summary of Violate C_O_NC_6	le of Inspection ID#    H	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT  • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TO Section # C/NC R	THE "SUMMARY OF VIOLATIONS" AND I Narrative  TO KITCHE N  PECLING ABOVE  SINK  SHMAZHZNO HOTE  EMPECATURE	WATER DEVITE	To Be Corrected by 3/4/23	
Received by (name and title printed);  Y. I. G. Signature):  Peggy Riggles  cc: cc:	an attained to the B	ed by (name and title printed  SWITH KE  ed by (signature)	DE PAUL	

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Establishment name  WPBB PLANOWTHRY SCHOOL  Establishment address  1400 WPBB CT FINKCTY IV  Owner  F C S C  Owner address  Person in charge  B PUNTA WILLIAMS  Responsible person's email  Certified food handler  BUINDA WILLIAMS	Telephone Number  ( ) Establishment  ( ) Owner  Purpose:  1 Routine  2. Follow-up  3. Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)	Date of Inspection  2/8/23  Follow-up Releas  2 Summary of Violate  C NC  Menu Type (See b)  1 2 J 3	R
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE		THE NARRATIVE BELOW A	.s "R"
Section # C/NC R	Varrative		To Be Corrected by
WOND SANITTZATION FEMALES SUCCESSED	DECATURO, AJE PLATRO / UTVA	WATER	The state of the s
Received by (name and title printed):  - Belinda Williams; Manages  Received by (signature):  - Bulyda William  cc:   cc:	dinging the B	d by (name and title printed)  of m 17H  d by (gignature)	Page 1 of



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Establishment name

Telephone Number

Date of Inspection

ID#

ST ROSE OF LAMA Section

(a) Establishment

Establishment address  144 LANCELOT DR. FRANKLIN, IN  Owner  ST ROSE OF LAMA SCHOOL  Owner address  Person in charge  JEFFNER HE WITT  Responsible person's email		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	2 (15 189	/25/23 tions:		
	Re	4	HEWITT SERVEARE 11/29/27 EXP NTIFIED IN THE CHECKLIST AND NARRATIVE	E COLUMNS MARKED "C"	11	45
		-	OM PREVIOUS INSPECTIONS ARE DENOTED IN THI	E "SUMMARY OF VIOLATIONS" A	AND IN THE NARRATIVE BELOW	To Be Corrected by
Section # C	/NC	*	NO VIOLATIONS O			10 Be Coffected by
24	ABITT	ig i	TALLER SELECTION OF THE PROPERTY OF THE PROPER	Office Service (Both Manyor	modernger ver 10 gedonen	
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Received by sig	nature):		Juna		spected by (signature):	packaging
cc:			cc:	C	c:	Page 1 of