



**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

*Butym
5/10*

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 <i>Break-o-Day Elementary</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/2/23</i>	ID# <i>414</i>
Establishment address <i>900 Sawmill Rd Whiteland IN 46184</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>5/12/23</i>
Owner <i>CPCSC</i>		Summary of Violations: <i>C <u>0</u> NC <u>0</u> R <u>0</u></i>	
Owner address		Menu Type (See back of page) <i>1 <u> </u> 2 <u>✓</u> 3 <u> </u> 4 <u> </u> 5 <u> </u></i>	
Person in charge <i>Denise Rice</i>			
Responsible person's email <i>(SenSafe)</i>			
Certified food handler <i>Denise Rice (1/15/27)</i>			

- 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
			<i>No violations noted per this inspection</i>	

Received by (name and title printed): <i>Denise Rice</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Denise Rice</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



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Becky 5/19

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 <i>Clark, Elementary</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/18/23</i>	ID# <i>412</i>
Establishment address <i>5764 E. 700 N. Franklin, IN 46131</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>5/28/23</i>
Owner <i>CPCSC</i>		Summary of Violations: <i>C 0 NC 0 R 0</i>	
Owner address		Menu Type (See back of page) <i>1 2 <input checked="" type="checkbox"/> 3 4 5</i>	
Person in charge <i>Jana Mekkes</i>			
Responsible person's email			
Certified food handler <i>Jana Mekkes</i>	<i>(SenSafe Exp: 9/25/23)</i>		

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No violations noted per this inspection</i>	

Received by (name and title printed): <i>Jana Mekkes, Jana Mekkes</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Jana Mekkes</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



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Baker
5/19

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Establishment name <i>Clark Pleasant Middle School</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/10/23</i>	ID# <i>1618</i>
Establishment address <i>1354 E. Worthsville Rd Greenwood IN 46143</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>5/20/23</i>
Owner <i>CPCSC</i>		Summary of Violations: <i>C</i> <input type="checkbox"/> <i>NC</i> <input type="checkbox"/> <i>R</i> <input type="checkbox"/>	
Owner address		Menu Type (See back of page) <i>1</i> <input type="checkbox"/> <i>2</i> <input checked="" type="checkbox"/> <i>3</i> <input type="checkbox"/> <i>4</i> <input type="checkbox"/> <i>5</i> <input type="checkbox"/>	
Person in charge <i>Carol Sexton</i>			
Responsible person's email			
Certified food handler <i>Carol Sexton</i>	<i>(ServSafe Exp: 3/2/26)</i>		

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No violations noted ^{per} this inspection</i>	

Received by (name and title printed): <i>Carol Sexton</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Carol Sexton</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



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Bekem
5/18

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 <i>Grassy Creek Elementary</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/10/23</i>	ID# <i>1100</i>
Establishment address <i>2111 Sheek Rd Greenwood, IN 46143</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>5/20/23</i>
Owner <i>CPSCS</i>		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>	
Owner address		Menu Type (See back of page) 1 <u>✓</u> 2 <u>✓</u> 3 <u>✓</u> 4 <u>✓</u> 5 <u>✓</u>	
Person in charge <i>Kandy Dole</i>			
Responsible person's email			
Certified food handler <i>Kandy Dole</i>			

(AFSC
EXP:
9/18/27)

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No violations noted per this inspection</i>	

Received by (name and title printed): <i>Kandy K. Doyle FSM.AT: GCE</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Kandy Doyle</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



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*Be AM
5/15*

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 <i>Pleasant Crossing Elementary</i>		Telephone Number Establishment	Date of Inspection <i>5/12/23</i>	ID# <i>1318</i>
Establishment address <i>1318 N. 750 W. Whiteland IN 46184</i>		Owner	Follow-up <i>No</i>	Release Date <i>5/22/23</i>
Owner <i>CPCSC</i>		Purpose: 1. <u>Routine</u>	Summary of Violations:	
Owner address		2. Follow-up	C <input type="radio"/> NC <input type="radio"/> R <input type="radio"/>	
Person in charge <i>Cecilia Combs</i>		3. Complaint	Menu Type (See back of page)	
Responsible person's email <i>ServSafe Exp</i>		4. Pre-Operational	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Certified food handler <i>Sue Shrum</i>		5. Temporary		
		6. HACCP		
		7. Other (list)		

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No violations noted per this inspection</i>	

Received by (name and title printed): <i>Cecilia Combs</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Cecilia Combs</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



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Bekm
5/18

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 <i>Ray Crowe Elementary</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/10/23</i>	ID# <i>2496</i>
Establishment address <i>1308 Ray Crowe Way Greenwood IN 46143</i>	Purpose: 1. Routine <u> </u> 2. Follow-up <u> </u> 3. Complaint <u> </u> 4. Pre-Operational <u> </u> 5. Temporary <u> </u> 6. HACCP <u> </u> 7. Other (list) <u> </u>	Follow-up <i>No</i>	Release Date <i>5/20/23</i>
Owner <i>CACSC</i>		Summary of Violations: <i>C 0 NC 0 R 0</i>	
Owner address 		Menu Type (See back of page) <i>1 2 <u>√</u> 3 4 5</i>	
Person in charge <i>James Beck</i>			
Responsible person's email 			
Certified food handler <i>James Beck</i> <i>(SenSafe exp: 6/10/26)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No violations noted per this inspection</i>	

Received by (name and title printed): <i>James Beck</i>	Inspected by (name and title printed): <i>Andrew Miller, ERS</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



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Betsy
5/8

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Establishment name <i>Whiteland Elementary School</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/2/23</i>	ID# <i>415</i>
Establishment address <i>120 Center St. Whiteland IN 46184</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>May 12, 23</i>
Owner <i>CPCSC</i>		Summary of Violations: <i>C 0 NC 0 R 0</i>	
Owner address		Menu Type (See back of page) 1 2 <input checked="" type="checkbox"/> 3 4 5	
Person in charge <i>Jennifer Flodder</i>			
Responsible person's email			
Certified food handler <i>Jennifer Flodder</i> (Exp: <i>11/6/23</i>)			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No violations noted per this inspection</i>	

Received by (name and title printed): <i>Jennifer L. Flodder</i>	Inspected by (name and title printed): <i>Andrew Miller, EPHS</i>
Received by (signature): <i>Jennifer L. Flodder</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



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Bet
5/18

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Establishment name <i>Whiteland Community High</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>5/2/23</i>	ID# <i>416</i>
Establishment address <i>300 Main St Whiteland School IN 46184</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>No</i>	Release Date <i>5/12/23</i>
Owner <i>CPCSC</i>		Summary of Violations: <i>No Score</i>	
Owner address		C <i>/</i> NC <i>/</i> R <i>/</i>	
Person in charge <i>Donna Magness</i>		Menu Type (See back of page)	
Responsible person's email <i>Sensafe Exp:</i>		1 <u> </u> 2 <u> </u> 3 <i>✓</i> 4 <u> </u> 5 <u> </u>	
Certified food handler <i>Donna Magness</i> <i>(5/3/24)</i>			

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Section #	C/NC	R	Narrative	To Be Corrected by
			<i>No violations noted per this inspection</i>	

Received by (name and title printed): <i>x Donna Magness</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>x Donna Magness</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc: