

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



BA 4/16/25

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 Center Grove Elem. E-School	Telephone Number () Establishment () Owner	Date of Inspection 4/15/25	ID# 408
Establishment address 2455 S. Morgantown Rd Greenwood, IN 46143	Purpose: 1. Routine	Follow-up —	Release Date
Owner Center Grove Community School Corp.	2. Follow-up	Summary of Violations: C <u>D</u> NC <u>D</u> R	
Owner address	3. Complaint		
Person in charge	4. Pre-Operational	Menu Type (See back of page) 1 ___ 2 <u>✓</u> 3 ___ 4 ___ 5 ___	
Responsible person's email	5. Temporary		
Certified food handler Courtney Lawson 9/8/27	6. HACCP		
	7. Other (list)		

- 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"

[illegible]

Received by (name and title printed): 	Inspected by (name and title printed): Paul Betiku EHS
Received by (signature): Courtney Lawson	Inspected by (signature): 
cc:	cc:




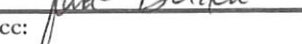


Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Center Grove middle school</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4/15/25</i>	ID# <i>406</i>
Establishment address <i>4900 W. Stones Crossing 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>—</i>	Release Date
Owner <i>Center Grove Community School Corp</i>		Summary of Violations: <i>C</i> <i>0</i> <i>NC</i> <i>0</i> <i>R</i> <i>—</i>	
Owner address		Menu Type (See back of page) <i>1</i> <i>2</i> <i>✓</i> <i>3</i> <i>4</i> <i>5</i>	
Person in charge			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): Jennifer L Herrington Manager	Inspected by (name and title printed): Paul Belieu CCH
Received by (signature): 	Inspected by (signature): 
cc: 	cc: 



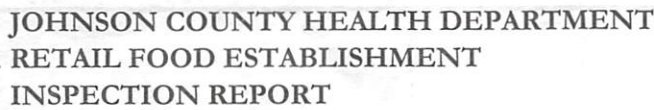
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Establishment name Center Grove Middle School North	Telephone Number) Establishment) Owner	Date of Inspection 4/17/25	ID# 1040
Establishment address 202 N Morgantown Rd Greenwood Ind 46143	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date
Owner Center Grove Community School Corp		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>0</u> 2 <u>1</u> 3 <u>0</u> 4 <u>0</u> 5 <u>0</u>	
Person in charge			
Responsible person's email			
Certified food handler			

- [illegible]

Inspected by (name and title printed):
Paul Beltracchi EHS

Inspected by (signature): Paul Beltracchi
cc:



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

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Received by (name and title printed): <i>Hinda D. Lutz</i>	Inspected by (name and title printed): <i>Andrew Miller, EHS</i>
Received by (signature): <i>Hinda D. Lutz</i>	Inspected by (signature): <i>Andrew Miller</i>
cc:	cc:



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

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Establishment name Clark Pleasant Middle School	Telephone Number () Establishment () Owner	Date of Inspection 4-16-25	ID# 1618
Establishment address 1354 E. Worthsville Rd Greenwood	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up No	Release Date 4-26-25
Owner CPCSC		Summary of Violations:	
Owner address		C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Certified food handler Carol Sexton			

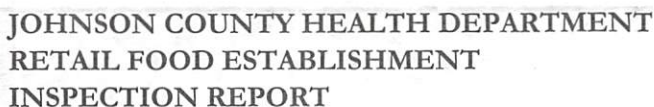
- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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[illegible]

Inspected by (name and title printed):

Inspected by (signature):

cc:



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

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.

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Received by (name and title printed): Kandy Doyle	Inspected by (name and title printed): Andrew Miller, EMS
Received by (signature): Kandy Doyle	Inspected by (signature): Andrew Miller
cc:	cc:



Bevan
4/22

x 317-73

- 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"

Received by (name and title printed): + Alisha Pinto		Inspected by (name and title printed): Terry D. Bayless
Received by (signature): Alisha Pinto		Inspected by (signature): Terry D. Bayless
cc:	cc:	cc:



95 S. DRAKE ROAD
FRANKLIN IN 46131
Office 317-346-4365 Fax 317-736-5264

Establishment name Greenwood middle school	Telephone Number () Establishment () Owner	Date of Inspection 4/11/25	ID# 2084
Establishment address 1584 Averitt Rd. Greenwood TN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up Yes	Release Date
Owner		Summary of Violations: C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>	
Owner address			
Person in charge			
Responsible person's email			
Certified food handler x Tina Ginfantini		Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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[illegible]

Received by (name and title printed): x Tina Goufiantini	Inspected by (name and title printed): Terry D. Payless
Received by (signature): x Tina Goufiantini	Inspected by (signature): Terry D. Payless
cc:	cc:

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 Maple Grove Elementary school	Telephone Number () Establishment	Date of Inspection 4/15/25	ID# 409
Establishment address 3628 W. Whiteland rd Bargersville Ind 46106	() Owner	Follow-up -	Release Date
Owner Center Grove Community school corp	Purpose: 1. Routine	Summary of Violations:	
Owner address	2. Follow-up	C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>	
Person in charge	3. Complaint	Menu Type (See back of page)	
Responsible person's email	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	5. Temporary		
	6. HACCP		
	7. Other (list)		

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[illegible]

Received by (name and title printed): Melissa Olivencia		Inspected by (name and title printed): Paul Betts	
Received by (signature): Melissa Olivencia		Inspected by (signature): Paul Betts	
cc:	cc:	cc:	





JOHNSON COUNTY HEALTH DEPARTMENT
95 S DRAKE RD
FRANKLIN, IN 46131
PHONE: 317-345-4365 FAX: 317-736-5264

Establishment name North Grove Elementary	Telephone Number () Establishment () Owner	Date of Inspection 4/17/25	ID# 797
Establishment address 3280 W Fairview Rd Greenwood IN 46142	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date
Owner Center Grove Community School Corp		Summary of Violations: C <u> X </u> NC <u> P </u> R <u> </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			
Responsible person's email			
Certified food handler			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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[illegible]

Received by (name and title printed): Heather Geilker		Inspected by (name and title printed): Paul Belton EHS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:



95 S. DRAKE ROAD
FRANKLIN IN 46131
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Received by (name and title printed): Christine Crowe Manager	Inspected by (name and title printed): Terry D. Bayless
Received by (signature): Christine Crowe	Inspected by (signature): Terry D. Bayless
cc:	cc:



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




NT *betm*
5/1

Establishment name <i>Pleasant Grove Elementary</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4/17/25</i>	ID# <i>454</i>
Establishment address <i>5199 W Fairview Rd Greenwood IN</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>-</i>	Release Date
Owner <i>Center Grove Community School Corp</i>		Summary of Violations:	
Owner address <i>46142</i>		<i>C</i> <u>0</u> <i>NC</i> <u>0</u> <i>R</i> <u> </u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		<i>1</i> <u> </u> <i>2</i> <u>✓</u> <i>3</i> <u> </u> <i>4</i> <u> </u> <i>5</i> <u> </u>	
Certified food handler			

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[illegible]

- Jennifer Sink

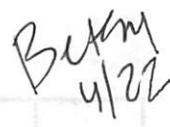
received by (signature): 

CC:

Paul Bluku Efts

Inspected by (signature):
Karl Betik

He





Barney
5/1

736-5264

- 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"

Received by (name and title printed):	Inspected by (name and title printed): Paul Betiku eds
Received by (signature): Virginia Hodge	Inspected by (signature): Paul Betiku
cc: Virginia Hodge	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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Establishment name Walnut Grove E.S.	Telephone Number () Establishment () Owner	Date of Inspection 4/15/25	ID# 2286
Establishment address 4079 N. 500 W. Bargersville IN 46106	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date
Owner Center Grove Community School Corp.		Summary of Violations: C <u>0</u> NC <u>0</u> R <u> </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			
Responsible person's email			
Certified food handler			

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[illegible]

Received by (name and title printed): TERESA MITCHELL		Inspected by (name and title printed): paul Betiku Ets
Received by (signature): Teresa Mitchell		Inspected by (signature): paul Betiku.
cc:	cc:	cc:

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>Whiteland Elementary</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>4-16-25</i>	ID# <i>415</i>
Establishment address <i>Whiteland 120 Center St. 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>4-26-25</i>
Owner <i>CPCSC</i>		Summary of Violations: <i>C 0 NC 0 R 0</i>	
Owner address <i>Whiteland Elementary School 120 Center St. Whiteland, IN 46184</i>		Menu Type (See back of page) <i>1 2 ✓ 3 4 5</i>	
Person in charge <i>Jennifer Flodder</i>			
Responsible person's email <i>servs@k12.in.gov</i>			
Certified food handler <i>Jennifer Flodder 9/6/28</i>			

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[illegible]

Received by (name and title printed): Jennifer L. Flodder		Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): Jennifer L. Flodder		Inspected by (signature): Andrew Miller
cc:	cc:	cc:

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 Whiteland High School	Telephone Number () Establishment () Owner	Date of Inspection 4-16-25	ID# 416
Establishment address 300 Main St. Whiteland IN 46184	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up Yes	Release Date 4-26-25
Owner CRSC		Summary of Violations: C 0 NC 0 R 0	
Owner address		Menu Type (See back of page) 1 2 ✓ 3 4 5	
Person in charge Donna Magness			
Responsible person's email			
Certified food handler Donna Magness 11/1/28			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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[illegible]

Received by (name and title printed): Donna Magness		Inspected by (name and title printed): Andrew Miller EHS	
Received by (signature): D. Magness		Inspected by (signature): Andrew Miller	
cc:	cc:	cc:	