



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

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2/23

- | Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|---|--------------------|
| | | | ② MECHANICAL DISINFECTANT HOT WATER
SANITIZATION TEMPERATURE ADEQUATE
160°F OR MORE ON PLATE/UTENSIL
SURFACE (WAS 178°F) | CK |
| 228 | NC | ② | CHEST FREEZER AND UPRIGHT REFRIGERATOR/
FREEZER NOT EASILY MOVABLE / NOT
ON CASTERS | 5/1/22 |

Page 1 of 1

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

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 ES</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>2/25/22</i>	ID# <i>408</i>
Establishment address <i>2455 S. Morgantown rd / TN 46143</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		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 <i>Lonice Miller (ServSafe 1/22/24)</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"

[illegible]

Received by (name and title printed): Eunice Muller - Manager		Inspected by (name and title printed): Paul Beticus EHS
Received by (signature): Eunice Muller		Inspected by (signature): Paul Beticus
cc:	cc:	cc:



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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 Center grove Hs.	Telephone Number () Establishment () Owner	Date of Inspection D2/25/22	ID# 407
Establishment address 2717 S. Margamtown Rd.	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner Greenwood, IN 46143		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 _____ 2 <input checked="" type="checkbox"/> 3 _____ 4 _____ 5 _____	
Certified food handler Alicia Snyder (Servesafe Exp. 4/10/23)			

- 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): - Alicia Snyder Manager -		Inspected by (name and title printed): Paul Betkov fts
Received by (signature): Alicia Snyder		Inspected by (signature): Paul Betkov
cc:	cc:	cc:

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

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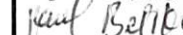
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

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

Establishment name <i>Center grove MS</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>02/25/22</i>	ID# <i>1040</i>
Establishment address <i>4900 W Stones Crossing Rd.</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>Chickadee, Inc.</i> <i>46143</i>		Summary of Violations:	
Owner address		C <i>0</i> NC <i>0</i> R <i>0</i>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <i>—</i> 2 <i>✓</i> 3 <i>—</i> 4 <i>—</i> 5 <i>—</i>	
Certified food handler <i>Jennifer Hemington</i> (<i>ServSafe</i>) <i>10/16/25</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"

[illegible]

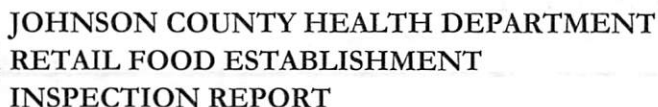
Received by (name and title printed): Jennifer Herrington Manager		Inspected by (name and title printed): Paul Belikov EHS
Received by (signature): 		Inspected by (signature): 
cc:	cc:	cc:



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

Page 1 of 2



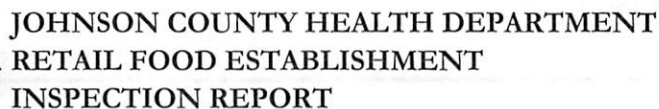
460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Establishment name Clark Pleasant Middle School	Telephone Number (317) 535-3175	Date of Inspection 2/17/22	ID# 1618
Establishment address 1354 E. Worthsville Rd IN 46143 Greenwood	() Owner	Follow-up No	Release Date 2/27/22
Owner CPCSC	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	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 Carol Sexton			
Responsible person's email			
Certified food handler Carol Sexton (Serv Safe EXP: 3/3/26)			

- 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): X Carol Sexton		Inspected by (name and title printed): Andrew Miller, EHS	
Received by (signature): X Carol Sexton		Inspected by (signature): Andrew Miller	
cc:	cc:	cc:	



460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Establishment name <i>Grassy Creek Elementary</i>	Telephone Number <i>(317) 535-2989</i>	Date of Inspection <i>2/17/22</i>	ID# <i>1100</i>
Establishment address <i>2111 Sheek Rd Greenwood, IN 46143</i>	() Owner	Follow-up <i>NO</i>	Release Date <i>2/27/22</i>
Owner <i>CPSCS</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	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> <i>(See Safe EXP: 5/8/22)</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"

[illegible]

Received by (name and title printed): KANDY K. DOYLE, FSM

Received by (signature): Andy Doyle

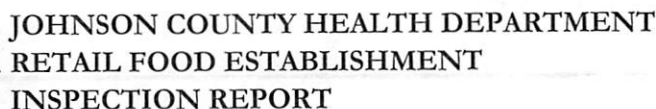
Inspected by (name and title printed):
Andrew Miller, EHS

Inspected by (signature): Andrew Miller

CC:

CC:

CC:



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

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- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Received by (name and title printed): Sue Shrum		Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): Sue Shrum		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 <i>Ray Crowe Elementary</i>	Telephone Number () Establishment () Owner	Date of Inspection <i>2/17/22</i>	ID#
Establishment address <i>1300 Ray Crowe Way Greenwood IN 46143</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>2/27/22</i>
Owner <i>CPCSC</i>		Summary of Violations:	
Owner address		C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in charge <i>James Beck</i>		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler <i>James Beck</i> (SenSafe) <i>EXP: 6/10/26</i>			

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

Received by (name and title printed): X James Beck mgr.		Inspected by (name and title printed): Andrew Miller, EHS
Received by (signature): X J Beck		Inspected by (signature): Andrew Miller
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A
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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

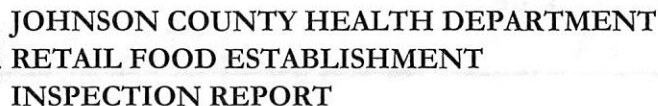
Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <i>Whiteland Elementary</i>	Telephone Number <i>(317) 535-3206</i>	Date of Inspection <i>2/24/22</i>	ID# <i>415</i>
Establishment address <i>120 Center St. Whiteland, IN 46184</i>	() Owner	Follow-up <i>No</i>	Release Date <i>3/6/22</i>
Owner <i>CPCSC</i>	Purpose: 1. <u><i>Routine</i></u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 0 NC 0 R 0</i>	
Owner address		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>(SentSafe)</i>			
Certified food handler <i>(Jennifer Flodder) EXP: 11/6/23</i>			

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

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



460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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Received by (name and title printed): Paula Weber		Inspected by (name and title printed): Cassi Hall
Received by (signature): Paula Weber		Inspected by (signature): Cassi Hall
cc:	cc:	cc:



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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): Holly Britton		Inspected by (name and title printed): Cassi Hall
Received by (signature): Holly Britton		Inspected by (signature): Cassi Hall
cc:	cc:	cc:

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

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 CREEKSIDE ELEMENTARY SCHOOL	Telephone Number () Establishment () Owner	Date of Inspection 2/14/22	ID# 788
Establishment address 700 E ST 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 2/24/22
Owner F.C.S.C.		Summary of Violations:	
Owner address		C <u>0</u> NC <u>0</u> R <u> </u>	
Person in charge DIANA PORTER FIELD		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 2 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler DIANA PORTER FIELD			

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

Received by (name and title printed): Diana Porterfield Manager		Inspected by (name and title printed): Bob Smith ETS
Received by (signature): Diana Porterfield		Inspected by (signature): Bob Smith
cc:	cc:	cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
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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 CUSTER BAKER INTERMEDIATE SCHOOL	Telephone Number () Establishment () Owner	Date of Inspection 2/14/22	ID# 400
Establishment address 101 W ST 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 2/24/22
Owner FCSC		Summary of Violations: C 0 NC 1 R	
Owner address		Menu Type (See back of page) 1 2 3 4 5	
Person in charge MEGAN FORD			
Responsible person's email			
Certified food handler KATIE ERNST (5/13/24)			

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

Received by (name and title printed): Megan Ford - Manager		Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Megan Ford		Inspected by (signature): Bob Smith
cc:	cc:	cc:



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

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- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A
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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

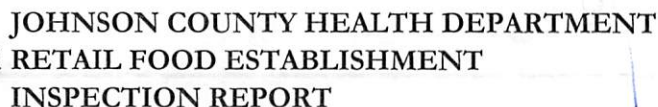
Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name FRANKLIN MIDDLE SCHOOL	Telephone Number () Establishment () Owner	Date of Inspection 2/17/22	ID# 1385
Establishment address 625 GRIZZLY CUB AR	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 2/27/22
Owner RCS 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 MELINDA SCOTT			
Responsible person's email			
Certified food handler MELINDA SCOTT (SERUSAFP 5/13/24)			

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

Received by (name and title printed): Melinda Scott		Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Melinda Scott		Inspected by (signature): Bob Smith
cc:	cc:	cc:





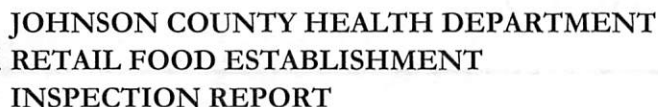
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[illegible]

Received by (name and title printed): <i>Kristine Grott, Manager</i>	Inspected by (name and title printed): <i>Bob Smith BHS</i>
Received by (signature): 	Inspected by (signature): 
cc:	cc:



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[illegible]

Received by (name and title printed): Melinda Patton		Inspected by (name and title printed): Bob J. ITA / Paul Betten	
Received by (signature): Melinda Patton		Inspected by (signature): Bob J. ITA / Paul Betten	
cc:	cc:	cc:	



460 N. MORTON ST. STE A 2
FRANKLIN, IN 46131
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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.

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Received by (name and title printed): Peggy Riggles Manager	Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Peggy Riggles	Inspected by (signature): Bob Smith
cc:	cc:

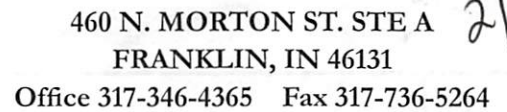
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

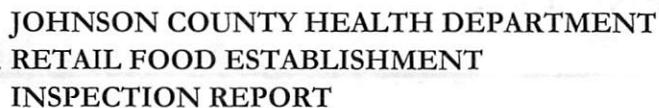
Establishment name WEBB ELEMENTARY School	Telephone Number () Establishment () Owner	Date of Inspection 2/18/22	ID# 405
Establishment address 1400 WEBB CT FRANKLIN, IN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up —	Release Date 2/28/22
Owner FCSC		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>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Person in charge BELINDA WILLIAMS			
Responsible person's email			
Certified food handler BELINDA WILLIAMS			

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[illegible]

Received by (name and title printed): Belinda Williams, Manager		Inspected by (name and title printed): Bob Smith EHS
Received by (signature): Belinda Williams		Inspected by (signature): Bob Smith
cc:	cc:	cc:



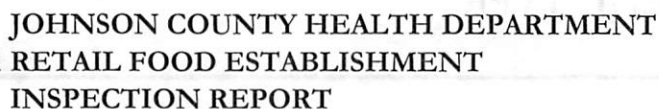


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Received by (name and title printed): X Chandra Murtlow		Inspected by (name and title printed): Cassi Hall
Received by (signature): X [Signature]		Inspected by (signature): Cassi Hall
cc:	cc:	cc:



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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 ST ROSE OF LIMA SCHOOL	Telephone Number () Establishment () Owner	Date of Inspection 2/22/22	ID# 879
Establishment address 114 LANCELOT DR. FRANKLIN, TN	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up -	Release Date 3/2/22
Owner ST. ROSE OF LIMA		Summary of Violations:	
Owner address		C <u> 0 </u> NC <u> 0 </u> R <u> </u>	
Person in charge DANA PAPPAS		Menu Type (See back of page)	
Responsible person's email		1 <u> </u> 2 <u> X </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Certified food handler DANA PAPPAS (SERVSAFE EXP 7/6/26)			

- 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): Dana L Pappas (manager)	Inspected by (name and title printed): Bob Smith ENS
Received by (signature): Dana L Pappas	Inspected by (signature): Bob Smith
cc:	cc: