



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 <b>CANARY CREEK HEAD START</b>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <b>10/18/22</b>	ID# <b>1095</b>
Establishment address <b>486 N MORTON FRANKLIN, IL</b>	Purpose:  <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>10/28/22</b>
Owner <b>HUMAN SERVICES INC.</b>	Summary of Violations:		
Owner address			
Person in charge <b>CHARSTY SUGGETT</b>	C <b>0</b> NC <b>0</b> R <b>—</b>		
Responsible person's email	Menu Type (See back of page)		
Certified food handler <b>CHARSTY SUGGETT (SERVSAFE EXP 10/19/24)</b>	1 <b>2</b> <b>3</b> 4 5		

- 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):

Received by (name and title printed):  
# Chastity Suggett Cook

Received by (signature)

Received by (signature):  
Chastity Suggs

cc:

Inspected by (name and title printed):

BOB SMITH EHS

Inspected by (signature):

Inspected by (signature):  
Bul Smth

cc:



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
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460 N. MORTON ST. STE A

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

10/28

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Establishment name <b>Center Grove ES</b>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <b>10/26/22</b>	ID# <b>408</b>
Establishment address <b>2455 S. Morgantown Rd Greenwood, IN 46142</b>	Purpose: <ol style="list-style-type: none"> <li><b>1. Routine</b></li> <li>2. Follow-up</li> <li>3. Complaint</li> <li>4. Pre-Operational</li> <li>5. Temporary</li> <li>6. HACCP</li> <li>7. Other (list)</li> </ol>	Follow-up <b>—</b>	Release Date
Owner address	Summary of Violations:		
Person in charge	C <b>D</b> NC <b>D</b> R <b>D</b>		
Responsible person's email	Menu Type (See back of page)		
Certified food handler <b>Courtney Larson</b>	1 <b>2</b> <b>3</b> 4 5		
9/8/27			

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Received by (name and title printed):

3 Courtney Lawson

Received by (signature):

CC: *Matthew Sausser* CC:

cc:

cc:

Inspected by (name and title printed):

Paul Béthiv & fils

Inspected by (signature):

Paul Béthke

cc:



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Bekan  
A 10/28

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 Hs</i>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <i>10/26/22 407</i>	ID#
Establishment address <i>2217 S. Morgantown rd Greenwood IN 46143</i>	Purpose: <ul style="list-style-type: none"><li>1. Routine</li><li>2. Follow-up</li><li>3. Complaint</li><li>4. Pre-Operational</li><li>5. Temporary</li><li>6. HACCP</li><li>7. Other (list) _____</li></ul>	Follow-up <i>C</i>	Release Date
Owner address	Summary of Violations:		
Person in charge	<i>C P NC P R P</i>		
Responsible person's email	Menu Type (See back of page)		
Certified food handler <i>Aficia Smoyer 4/10/23</i>	1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		

- 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):

Alicia Snyder Manager  
Received by (signature):

Received by (signature):

Received by (signature): Alicia D

cc:

CC:

Inspected by (name and title printed):

Paul Betts  
Signed by (signature):

Inspected by (signature):

pected by (signature):  
Paul Belter

CD



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Bekah  
10/28

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.

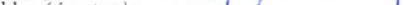
Establishment name <i>Center Grove Middle School</i>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <i>10/26/22</i>	ID# <i>1040</i>
Establishment address <i>4900 W. stones Crossing rd Copenhagen Dr, 46143</i>	Purpose: <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> 1. Routine</li><li><input type="checkbox"/> 2. Follow-up</li><li><input type="checkbox"/> 3. Complaint</li><li><input type="checkbox"/> 4. Pre-Operational</li><li><input type="checkbox"/> 5. Temporary</li><li><input type="checkbox"/> 6. HACCP</li><li><input type="checkbox"/> 7. Other (list)</li></ul>	Follow-up <i>—</i>	Release Date
Owner	Summary of Violations:		
Owner address	<i>C</i> <i>Ø</i> <i>NC</i> <i>1</i> <i>R</i> <i>Ø</i>		
Person in charge			
Responsible person's email			
Certified food handler <i>Tenni Fer Herrington 10/16/25</i>	Menu Type (See back of page) <i>1 2 V 3 4 5</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"

Received by (name and title printed):

Received by (name and date printed): Jennifer Herrington  
Received by (signature): JH

Received by (signature):

Received by (signature): 

Inspected by (name and title printed):

Paul Belitsky ETS

Inspected by (signature):

Inspected by (signature):  
Paul Betsch

cc;

CC3

CC



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RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

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

Establishment name <b>Maple Grove ES</b>	Telephone Number	Date of Inspection	ID#
Establishment address <b>3623 W. Whiteland rd</b>	( <input type="checkbox"/> ) Establishment ( <input type="checkbox"/> ) Owner	<b>10/26/22</b>	<b>409</b>
Owner <b>Bongersville</b> <b>Ind 46106</b>	Purpose:  <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  <hr/>	Follow-up <b>—</b>	Release Date
Owner address	Summary of Violations:		
Person in charge	C <b>Ø</b> NC <b>Ø</b> R <b>Ø</b>		
Responsible person's email	Menu Type (See back of page)		
Certified food handler <b>Melissa Oliveneva</b> <b>9/7/26</b>	1 <b>2</b> <b>V</b> 3 <b>4</b> <b>5</b>		

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Received by (name and title printed):

• Melissa Oliveria

Received by (signature):

Received by (signature): *Melissa Oliveria*

CC:

CC:

Inspected by (name and title printed):

Paul Béthune Etts

Inspected by (signature):

Paul Bettis

1/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.

Establishment name <i>North Grove ES</i>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <i>10/7/22</i>	ID# <i>797</i>
Establishment address <i>3280 N. Fairview Rd. Greenwood IN 46142</i>	Purpose: <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> 1. Routine</li><li><input type="checkbox"/> 2. Follow-up</li><li><input type="checkbox"/> 3. Complaint</li><li><input type="checkbox"/> 4. Pre-Operational</li><li><input type="checkbox"/> 5. Temporary</li><li><input type="checkbox"/> 6. HACCP</li><li><input type="checkbox"/> 7. Other (list) <hr/></li></ul>	Follow-up <i>NO</i>	Release Date
Owner	Summary of Violations:		
Owner address			
Person in charge	C <i>0</i> NC <i>0</i> R <i>0</i>		
Responsible person's email	Menu Type (See back of page)		
Certified food handler <i>Becky Ross</i>	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Employee ID <i>ENR 410123</i>			

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Received by (name and title printed): <i>Davy Ross</i>	Inspected by (name and title printed): <i>Paul Belter EHS</i>
Received by (signature): <i>DECK, Ross</i>	Inspected by (signature): <i>Paul Belter</i>
cc:	cc:



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10/10

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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 name <i>Pleasant Grove Es</i>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <i>10/7/23</i>	ID# <i>454</i>
Establishment address <i>5199 W. fairview rd Greenwood</i>	Purpose: <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> 1. Routine</li><li><input type="checkbox"/> 2. Follow-up</li><li><input type="checkbox"/> 3. Complaint</li><li><input type="checkbox"/> 4. Pre-Operational</li><li><input type="checkbox"/> 5. Temporary</li><li><input type="checkbox"/> 6. HACCP</li><li><input type="checkbox"/> 7. Other (list) <hr/></li></ul>	Follow-up <i>NO</i>	Release Date
Owner	Summary of Violations:  <i>C D NC D R D</i>		
Owner address			
Person in charge			
Responsible person's email			
Certified food handler <i>YVONNE COOK exp. 4/10/23</i>	Menu Type (See back of page)  <i>1 2 3 4 5</i>		

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Received by (name and title printed):

Received by (name and title printed):

Inspected by (name and title printed):

Paul Bettis 815

Received by (signature):

Received by (signature): *Chomie Cork*

Inspected by (signature):

pected by (signature):  
*Paul Beeson*

cc:

CC:

CC2



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- 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):

ceived by (name and title printed):  
Kimberly Brown

Received by (signature):

Received by (signature): 

Inspected by (name and title printed):

Inspected by (name and title printed):  
*Paul Betker Ets*

Inspected by (signature):

Inspected by (signature):  
*Paul Betts*

cc:

CC:

CC:



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RETAIL FOOD ESTABLISHMENT  
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Establishment name <b>Walnut Grove ES</b>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <b>10/26/22</b>	ID# <b>2286</b>
Establishment address <b>4079 N. 500 W. Bangersville</b>	Purpose:  <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  <i>Server safe</i>	Follow-up <b>—</b>	Release Date
Owner	Summary of Violations:		
Owner address			
Person in charge	C <b>D</b> NC <b>D</b> R <b>D</b>		
Responsible person's email	Menu Type (See back of page)		
Certified food handler <b>Tracie</b>	1 <b>2</b> <b>✓</b> 3 4 5		

- 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):

TERESA MITCHELL

Received by (signature):

• *Christy Mitchell*  
cc: \_\_\_\_\_ cc: \_\_\_\_\_

CC:

CC

Inspected by (name and title printed):

plain Betiku Etts

Inspected by (signature):

Paul Betiku

cc:



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

86 WEST COURT STREET  
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 <b>Clark Elementary</b>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <b>10/25/22</b>	ID# <b>412</b>
Establishment address <b>5764 E. 700 N. Franklin, IN 46131</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>ServSafe Exp: 9/25/23</i>	Follow-up <b>No</b>	Release Date <b>10/4/22</b>
Owner <b>C PCSC</b>	Summary of Violations:		
Owner address			
Person in charge <b>Tina Mekkes</b>	C <b>0</b> NC <b>0</b> R <b>0</b>		
Responsible person's email	Menu Type (See back of page)		
Certified food handler <b>Tina Mekkes</b>	1 <b>2</b> ✓ 3 <b>4</b> <b>5</b>		

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



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

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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 name <b>Clark Pleasant Middle School</b>	Telephone Number <b>(317) 535-3175</b>	Date of Inspection <b>10/25/22</b>	ID# <b>1618</b>
Establishment address <b>1354 E. Worthsville Rd N 46143</b>	( ) Owner		
Owner <b>CPCSC</b>	Purpose: <b>1. Routine</b>	Follow-up <b>No</b>	Release Date <b>10/4/22</b>
Owner address	2. Follow-up	Summary of Violations:	
Person in charge <b>Carol Sexton</b>	3. Complaint		
Responsible person's email <b>Carol.Sexton@cpsc.k12.in.us</b>	4. Pre-Operational		
Certified food handler <b>Carol Sexton</b>	5. Temporary		
	6. HACCP		
	7. Other (list) <b>ServSafe Exp: 3/2/26</b>		
		C <b>0</b>	NC <b>0</b>
		R <b>0</b>	
Menu Type (See back of page)			
1 <b>2</b> ✓ 3 4 5			

- 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):

Carol Sexton

Received by (signature):

Received by (signature):  CC:

CC:

CC:

Inspected by (name and title printed):

Andrew Miller, EHS

Inspected by (signature):

Inspected by (signature): *Andrew Miller*

cc:



JOHNSON COUNTY HEALTH DEPARTMENT  
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Bekm  
A (0)28

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 (317) 535-2989	Date of Inspection 10/24/22	ID# 1100
Establishment address 2111 Sheek Rd., Greenwood, IN 46143	( ) Owner		
Owner CPS CS	Purpose: 1. Routine	Follow-up No	Release Date 10/4/22
Owner address	2. Follow-up	Summary of Violations:	
Person in charge <i>Randy Dotle</i> AFSC	3. Complaint	C 0 NC 0 R 0	
Responsible person's email <i>SensSafe.com Exp. 9/10/27</i>	4. Pre-Operational		
Certified food handler <i>Randy Dotle</i>	5. Temporary		
	6. HACCP		
	7. Other (list)		
		Menu Type (See back of page)	
		1 2 <input checked="" type="checkbox"/> 3 4 5	

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- 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):

Kandy K. Doyle

Received by (signature):

Received by (signature): Kandy K. Doore

cc:

cc:

Inspected by (name and title printed):

Andrew Miller, EAS

Inspected by *(signature)*:

Andrew Miller

cc:



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Bethany  
10/28

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Establishment name <b>Pleasant Crossing Elementary</b>	Telephone Number <b>(317) 535-3885</b>	Date of Inspection <b>10/27/22</b>	ID# <b>1318</b>
Establishment address <b>1318 N. 750 W. Whitehall, IN 46184</b>	( ) Owner		
Owner <b>CPC SC</b>	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) <b>SenSafe Exp:</b>	Follow-up <b>No</b>	Release Date <b>10/06/22</b>
Owner address	Summary of Violations:		
Person in charge <b>Sue Shrum</b>	C <b>0</b> NC <b>0</b> R <b>0</b>		
Responsible person's email	Menu Type (See back of page)		
Certified food handler <b>Sue Shrum</b>	1 <b>2</b> <input checked="" type="checkbox"/> 3 <b>4</b> <b>5</b>		
	5/8/24		

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Received by (name and title printed):

Inspected by (name and title printed):

Andrew Miller, EHS

Received by (signature):

Inspected by (signature):

spected by (signature): *Andrew Miller*

cc:

CC:

cc:



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ice 317-346-4365 Fax 317-736-5264

Benton  
TEA 10/28

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Establishment name <b>Ray Crowe Elementary</b>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <b>10/24/22</b>	ID# <b>2496</b>
Establishment address <b>1300 Ray Crowe Way IN 46143</b>	Greenwood		
Owner <b>CP CSC</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  <b>James Beck</b>	Follow-up <b>No</b>	Release Date <b>11/4/22</b>
Owner address		Summary of Violations:	
Person in charge <b>James Beck</b>		C <b>0</b>	NC <b>0</b>
Responsible person's email <b>SenSafe Exp:</b>		R <b>0</b>	
Certified food handler <b>James Beck</b>	6/10/26	Menu Type (See back of page)	
		1 <b>2</b> ✓ 3 <b>4</b> 5	

- 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):

Jane Beck mgr.

Received by (signature):

for Ben

Inspected by (name and title printed):

Andrew Miller, EHS

Inspected by (signature):

Andrew Miller

cc:

cc:

CCS