



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

11/10

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>Central 9</i>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <i>11/15/23</i>	ID# <i>391</i>
Establishment address <i>1999 S. US Greenwood, IN</i>	Purpose:  <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <i>11/25/23</i>
Owner	Summary of Violations:		
Owner address			
Person in charge	C <u>0</u> NC <u>3</u> R _____		
Responsible person's email	Menu Type (See back of page)		
Certified food handler <i>[Signature]</i>	1 <u>  </u> 2 <u>  </u> 3 <u>X</u> 4 <u>  </u> 5 <u>  </u>		

- 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):

\* Brian Mendenhall

Received by (signature):

cc:

CC:

Inspected by (name and title printed):

Terry D Bayless

Inspected by (signature):

ted by (signature): 

CC



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

60 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 Elementary School</i>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <i>11/15/23</i>	ID# <i>408</i>
Establishment address <i>2455 S. Morgantown rd Greenwood IN 46143</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <hr/>	Follow-up <i>✓</i>	Release Date
Owner	Summary of Violations:		
Owner address			
Person in charge	C <i>✓</i> NC <i>✓</i> R _____		
Responsible person's email	Menu Type (See back of page)		
Certified food handler	1 <i>✓</i> 2 <i>✓</i> 3 <i>✓</i> 4 <i>✓</i> 5 _____		

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Received by (name and title printed):

Courtney Lawson (manager)  
Received by (signature):

Inspected by (name and title printed):

Paul Betiku

Received by (signature):

*John S. Goss*  
John S. Goss

Inspected by (signature):

CC:

CC2

cc:



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
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460 N. MORTON ST. STE A  
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Bexton  
A 11/15

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>Center grove tfs</i>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <i>11/15/23</i>	ID# <i>407</i>
Establishment address <i>2717 S. morgan farm rd</i>	Purpose: <ul style="list-style-type: none"> <li><input checked="" type="radio"/> 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>✓</i>	Release Date
Owner	Summary of Violations:		
Owner address	<i>C ✓ NC ✓ R</i>		
Person in charge	Menu Type (See back of page)		
Responsible person's email			
Certified food handler <i>Alyra Snyder 12/10/27</i>	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		

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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):

Alicia Snyder Manager

Received by *(signature)*:

John

CC:

CC:

Inspected by (name and title printed):

Paul Beton etc

Inspected by (signature):

Paul Bettan

CC:



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

60 N. MORTON ST. STE A

FRANKLIN, IN 46131

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

Belvoir  
11/15

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>Center grove Ms</i>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <i>11/15/23</i>	ID# <i>406</i>
Establishment address <i>4900 W. stones Crossing rd</i>	Purpose:  <ul style="list-style-type: none"><li><input checked="" type="radio"/> 1. Routine</li><li><input type="radio"/> 2. Follow-up</li><li><input type="radio"/> 3. Complaint</li><li><input type="radio"/> 4. Pre-Operational</li><li><input type="radio"/> 5. Temporary</li><li><input type="radio"/> 6. HACCP</li><li><input type="radio"/> 7. Other (list) <hr/></li></ul>	Follow-up	Release Date
Owner	Summary of Violations:		
Owner address	<i>C D NC D R</i>		
Person in charge	Menu Type (See back of page)		
Responsible person's email	<i>1 2 V 3 4 5</i>		
Certified food handler <i>Jennifer Herrington 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"

Received by (name and title printed):

Received by (name and title printed): Valarie Miller Food Service Director

Inspected by (name and title printed):

Paul Bettis

Received by (signature):

Received by (signature):

Inspected by (signature):

Paul Betzke

CC:

CC:

cd



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A Befest  
11/10

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>Center Grove MS N.</i>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <i>11/16/23</i>	ID# <i>1040</i>
Establishment address <i>202 Naorgantown rd</i>	Purpose: <ul style="list-style-type: none"><li><input checked="" type="radio"/> 1. Routine</li><li><input type="radio"/> 2. Follow-up</li><li><input type="radio"/> 3. Complaint</li><li><input type="radio"/> 4. Pre-Operational</li><li><input type="radio"/> 5. Temporary</li><li><input type="radio"/> 6. HACCP</li><li><input type="radio"/> 7. Other (list) <hr/></li></ul>	Follow-up <input checked="" type="checkbox"/>	Release Date
Owner	Summary of Violations:  <i>C O NC O R</i>		
Owner address			
Person in charge			
Responsible person's email			
Certified food handler <i>Melody Wray 6/26/24</i>	Menu Type (See back of page)  <i>1 2 ✓ 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 (signature): Melody Wray

Inspected by (name and title printed):

Paul Belknap LHS  
Inspected by (signature):  
Paul Belknap

Received by (signature):

Received by (signature): *Melody Wray*  
cc: *Melody Wray* cc:

Inspected by (signature):

Paul Belloc

ce:



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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 <b>Clark Pleasant Middle School</b>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <b>11/20/23</b>	ID# <b>1618</b>
Establishment address <b>1354 E. Worthsville Rd Greenwood IN 46143</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>No</b>	Release Date <b>11/30/23</b>
Owner <b>CPCSC</b>	Summary of Violations:		
Owner address			
Person in charge <b>Carol Sexton</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>Carol Sexton</b>	3/2/26	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):

Carol Sexton

Received by (signature):  
*Carol Sexton*

CC:

CC:

Inspected by (name and title printed):

Andrew Miller, EHJ

Inspected by (signature): Andrew Miller

CC



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betw  
A 112a

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>Grassy Creek Elementary</b>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <b>11/20/23</b>	ID# <b>1100</b>
Establishment address <b>2111 Sheek Rd Greenwood, IN 46143</b>	Purpose:  <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  <b>AFSC Exp: 9/10/27</b>	Follow-up <b>No</b>	Release Date <b>11/30/23</b>
Owner <b>C PCSC</b>	Summary of Violations:  <b>C 0 NC 0 R 0</b>		
Owner address			
Person in charge <b>Kandy Dole</b>			
Responsible person's email	Menu Type (See back of page)		
Certified food handler <b>Kandy Dole</b>	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): <u>Kandy K Doyle</u>	Inspected by (name and title printed): <u>Andrew Miller, EH</u>
Received by (signature): <u>Kandy K Doyle</u>	Inspected by (signature): <u>Andrew Miller</u>
cc:	cc:



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Establishment name <i>Maple grove ES.</i>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection	ID#
Establishment address <i>3623 W. Whiteland rd Bldg 46 loc</i>		<i>11/15/23</i>	<i>409</i>
Owner	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)  <i>Melissa Olivencia 9/7/26</i>	Follow-up <input checked="" type="checkbox"/>	Release Date
Owner address	Summary of Violations:		
Person in charge	<i>C D NC D R</i>		
Responsible person's email	Menu Type (See back of page)		
Certified food handler	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):

Received by (name and title): Melissa Olivencia manager  
Received by (signature): M. Olivencia

Received by (signature):

Received by (signature):  
*Melissa Olivencia*

CC:

cc:

Inspected by (name and title printed):

Paul Belknap Letts

Inspected by (signature):

Paul Betts

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 <i>North Grove ES</i>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <i>11/16/23</i>	ID# <i>797</i>
Establishment address <i>3286 W. 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)</li></ul>	Follow-up	Release Date
Owner	Summary of Violations:		
Owner address			
Person in charge	C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R _____		
Responsible person's email	Menu Type (See back of page)		
Certified food handler <i>Hannah Ceilker</i>	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
	5/31/24		

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Received by (name and title printed):

Heather Geilker

Received by (signature):

Death De

cc:

CC

Inspected by (name and title printed):

Paul Bélier

Inspected by (signature):

Raul Belica

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>Pleasant Crossing Elementary</b>	Telephone Number Establishment Owner	Date of Inspection	ID#
Establishment address <b>Whiteland</b> <b>3030 N. 125 W. IN 46184</b>		<b>12/8/23</b>	<b>1318</b>
Owner <b>C PCSC</b>	Purpose:  1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)  <b>Sue Shrum</b> (ServSafe EXP 5/8/24)	Follow-up <b>No</b>	Release Date <b>12/8/23</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> (5/8/24)	1 <b>✓</b> 2 <b>3</b> 4 <b>5</b>		

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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Received by (name and title printed): <u>Sue Shrum</u>	Inspected by (name and title printed): <u>Andrew Miller, EHS</u>
Received by (signature): <u>Sue Shrum</u>	Inspected by (signature): <u>Andrew Miller</u>
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 <b>Pleasant Grove ES</b>	Telephone Number <b>406-248-4100</b>	Date of Inspection <b>11/16/23</b>	ID# <b>454</b>
Establishment address <b>5199 W. Fairview rd Greenwood Dal 46142</b>	( <input type="checkbox"/> ) Establishment ( <input type="checkbox"/> ) Owner		
Owner <b></b>	Purpose:  <b>1. Routine</b>	Follow-up <b>✓</b>	Release Date <b></b>
Owner address <b></b>	2. Follow-up	Summary of Violations:	
Person in charge <b></b>	3. Complaint	<b>C ✓ NC ✓ R</b>	
Responsible person's email <b></b>	4. Pre-Operational		
Certified Food Handler <b>Katrina Cook</b>	5. Temporary		
	6. HACCP		
	7. Other (list) <b></b>		
		Menu Type (See back of page) <b>1 2 ✓ 3 4 5</b>	
11/29/23			

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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):

Yvonne Cook FS. Mang.

Received by (signature)

Yonie Crow

Inspected by (name and title printed):

Paul Belknap Esq.  
spected by (signature):

Inspected by (signature):

Paul Belifa

cc:

CC:

CC2



JOHNSON COUNTY HEALTH DEPARTMENT  
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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 <b>Ray Crowe Elementary</b>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <b>11/20/23</b>	ID# <b>2496</b>
Establishment address <b>1300 Ray Crowe Way IN 46143</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <b>SenSafe</b>	Follow-up <b>No</b>	Release Date <b>11/30/23</b>
Owner <b>CPCSC</b>	Summary of Violations:  <b>C      Ø      NC      Ø      R      Ø</b>		
Owner address			
Person in charge <b>Jim Beck</b>			
Responsible person's email <b>SenSafe</b>			
Certified food handler <b>Jim Beck</b>			
Exp 6/10/26			
Menu Type (See back of page)  <b>1      2      ✓      3      4      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):

James Beck

Received by (signature):

*[Signature]*

cc:

CC:

Inspected by (name and title printed):

Andrew Miller, ERS

Inspected by (signature):

(Andrew Miller)

CC



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Better  
A 11/20

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>Sugar Grove Elementary</i>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <i>11/16/23</i>	ID# <i>705</i>
Establishment address <i>4135 W. Smith Valley rd, Caledon</i>	Purpose: <ul style="list-style-type: none"> <li><input checked="" type="radio"/> 1. Routine</li> <li><input type="radio"/> 2. Follow-up</li> <li><input type="radio"/> 3. Complaint</li> <li><input type="radio"/> 4. Pre-Operational</li> <li><input type="radio"/> 5. Temporary</li> <li><input type="radio"/> 6. HACCP</li> <li><input type="radio"/> 7. Other (list) _____</li> </ul>	Follow-up <i>-</i>	Release Date
Owner	Summary of Violations:  <i>C D NC D R</i>		
Owner address			
Person in charge			
Responsible person's email			
Certified food handler <i>Kimberly Brown 3/22/28</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):

ived by (name and title printed):  
Kimberly Brown

Received by (signature):

ived by (signature):

CC:

CC:

Inspected by (name and title printed):

Paul Betiku Ellis

Inspected by (signature):

inspected by (signature)  
Paul Befort

CC:



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RETAIL FOOD ESTABLISHMENT  
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ce 317-346-4365 Fax 317-736-5264

Bethel  
EA 11/16

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>Walnut Curve Es</i>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection <i>11/15/23</i>	ID# <i>2286</i>
Establishment address <i>4079 N. 500 W. Bongersville</i>	Purpose:  <ul style="list-style-type: none"><li><input checked="" type="radio"/> 1. Routine</li><li><input type="radio"/> 2. Follow-up</li><li><input type="radio"/> 3. Complaint</li><li><input type="radio"/> 4. Pre-Operational</li><li><input type="radio"/> 5. Temporary</li><li><input type="radio"/> 6. HACCP</li><li><input type="radio"/> 7. Other (list) _____</li></ul>	Follow-up <i>-</i>	Release Date
Owner	Summary of Violations:		
Owner address			
Person in charge	<i>C O NC O R</i>		
Responsible person's email			
Certified food handler <i>Teresa Mitchell u/29/27</i>	Menu Type (See back of page)  <i>1 2 ✓ 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)

ed by (name and title printed):  
*Teresa J. Mitchell*  
ed by (signature):

Inspected by (name and title printed):

Paul Setiou gets

Received by (signature):

Inspected by (signature):

681

221

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