



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

Establishment name <b>Center Crave H.S.</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>9/18/24</b>	ID# <b>2007</b>
Establishment address <b>2717 S Morgan town rd.</b>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>0</u> R <u>   </u>	
Person in charge		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 <b>Alicia Snyder 12/12/27</b>			

- 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 Betton EHS
Received by (signature): Alicia Snyder		Inspected by (signature): Paul Betton
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 <i>Center Grove M.S. N.</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>04/18/24</i>	ID# <i>1040</i>
Establishment address <i>202 Morgantown ocl</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		<i>C</i> <u><i>0</i></u> <i>NC</i> <u><i>0</i></u> <i>R</i> _____	
Person in charge		Menu Type (See back of page)	
Responsible person's email		<i>1</i> _____ <i>2</i> <u><i>✓</i></u> <i>3</i> _____ <i>4</i> _____ <i>5</i> _____	
Certified food handler			

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[illegible]

Received by (name and title printed): <i>Melody Way Manager</i>	Inspected by (name and title printed): <i>Paul Belton EHS</i>
Received by (signature): <i>Melody Way</i>	Inspected by (signature): <i>Paul Belton</i>
cc:	cc:



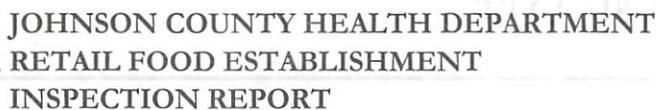
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment name <b>Mapple Grove E.S.</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>4/17/24</b>	ID# <b>409</b>
Establishment address <b>3623 W. Whiteland Bangersville Ind, 46006</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <input checked="" type="checkbox"/>	Release Date
Owner		Summary of Violations:	
Owner address		C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input 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			

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[illegible]

Received by (name and title printed): Melissa Oliveira		Inspected by (name and title printed): Paul Belton Esq
Received by (signature): Melissa Oliveira		Inspected by (signature): Paul Belton
cc:	cc:	cc:



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Establishment name <b>North Grove E.S.</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>4/17/24</b>	ID# <b>797</b>
Establishment address <b>3280 W. Fairview Greenwood IN 46142</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
Owner		Summary of Violations:	
Owner address		C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input 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 <b>Heather Pfeiffer 5/31/24</b>			

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[illegible]

Received by (name and title printed): Heather Geilker		Inspected by (name and title printed): Paul Bethe LHS	
Received by (signature): Heather Geilker		Inspected by (signature): Paul Bethe	
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>Pleasant Grove L.S.</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>7/18/24</i>	ID# <i>454</i>
Establishment address <i>5199 W-Fairview rd Greenwood Ind 46142</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:  <i>C</i> <u><i>0</i></u> <i>NC</i> <u><i>0</i></u> <i>R</i> <u>    </u>	
Owner address		Menu Type (See back of page)  <i>1</i> <u>    </u> <i>2</i> <u><i>✓</i></u> <i>3</i> <u>    </u> <i>4</i> <u>    </u> <i>5</i> <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): Yvonne Cook		Inspected by (name and title printed): Paul Blum
Received by (signature): Yvonne Cook		Inspected by (signature): Paul Blum
cc:	cc:	cc:

# JOHNSON COUNTY HEALTH DEPARTMENT

## RETAIL FOOD ESTABLISHMENT

### INSPECTION REPORT

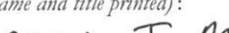
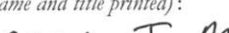
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Establishment name <b>Walnut Grove ES</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>4/17/24</b>	ID# <b>2286</b>
Establishment address <b>4079 N 500 W Bangersville, IN 46606</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date
Owner		Summary of Violations:	
Owner address		C <b>0</b> NC <b>0</b> R <b>—</b>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <b>—</b> 2 <b>✓</b> 3 <b>—</b> 4 <b>—</b> 5 <b>—</b>	
Certified food handler			

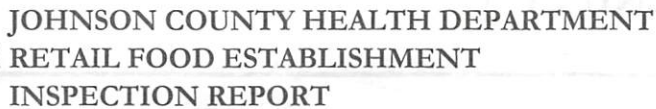
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[illegible]

Received by (name and title printed): TERESA J. Mitchell	Inspected by (name and title printed): Paul Betrou
Received by (signature): 	Inspected by (signature): 
cc:	cc:







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 <b>Clark Elementary</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>4/22/24</b>	ID# <b>412</b>
Establishment address <b>5764 E. 700N. Franklin, IN 44131</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>5/2/24</b>
Owner <b>CPCSC</b>		Summary of Violations:  C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/>	
Owner address		Menu Type (See back of page)  1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Person in charge <b>Lina Mekkes</b>			
Responsible person's email <b>SemiSafe Exp</b>			
Certified food handler <b>Susann Davis</b>			

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

Received by (name and title printed): Tina Mekkes		Inspected by (name and title printed): Andrew Miller, EHS	
Received by (signature): Tina Mekkes		Inspected by (signature): Andrew Miller	
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

BA 4/26



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>Indian Creek Intermediate / Elementary</b>	Telephone Number <b>( ) Owner</b>	Date of Inspection <b>4-26-24</b>	ID# <b>678</b>
Establishment address <b>1000 S. Indian Creek Dr.</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>—</b>	Release Date <b>5-6-24</b>
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>0</u> R <u>—</u>	
Person in charge		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 <b>Chandia Murtlaw</b> <b>Exp 5/16/27</b>			

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[illegible]

Received by (name and title printed): Chandra Murtlow Cafe Manager		Inspected by (name and title printed): Mia George / Paul Bebb	
Received by (signature): 		Inspected by (signature): 	
cc:	cc:	cc:	



BEA *Beth*  
4/24

**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): Lisa V. Davis	Inspected by (name and title printed): Mia Papageorge / Paul Betton
Received by (signature): Lisa V. Davis	Inspected by (signature): Mia Papageorge / Paul Betton
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 <b>Eastside Elementary School</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>4-11-24</b>	ID# <b>6004</b>
Establishment address <b>810 E main CROSS St.</b>	Purpose: <b>1. Routine</b>	Follow-up <b>—</b>	Release Date <b>4-21-24</b>
Owner	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <b>10:20 a.m.</b>  C <b>0</b> NC <b>0</b> R <b>0</b>	
Owner address		Menu Type (See back of page)	
Person in charge		1 <b>—</b> 2 <b>X</b> 3 <b>—</b> 4 <b>—</b> 5 <b>—</b>	
Responsible person's email			
Certified food handler <b>Chianne Woodall (2/2/28)</b>			

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[illegible]

Received by (name and title printed): Hacy Chime Cook / COOK	Inspected by (name and title printed): Cass Hall
Received by (signature): Hacy Chime	Inspected by (signature): Cass Hall
cc:	cc:



JOHNSON COUNTY HEALTH DEPARTMENT  
RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT

460 N. MORTON ST. STE A  
FRANKLIN, IN 46131  
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Betsy  
4/11

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>Edinburgh High/Middle School</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>4-11-24</b>	ID# <b>397</b>
Establishment address <b>300 S. Keeley St.</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>4-21-24</b>
Owner		Summary of Violations:  <b>C 0 NC 0 R</b>	
Owner address		Menu Type (See back of page)  <b>1 2 X 3 4 5</b>	
Person in charge			
Responsible person's email			
Certified food handler <b>Laura White (exp 11/28/28)</b>			

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

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Section #	C/NC	R	Narrative	To Be Corrected by
			<b>NO items noted @ time of inspection</b>	
			<b>Dish machine final rinse was observed in adequate range 5/160°F or more</b>	
			<b>Notes:</b> <b>① Red quat sanitizer bucket solution shall be 200 ppm.</b> <b>② Wet wiping cloths shall be stored in sanitizer solution between uses.</b>	

Received by (name and title printed): <b>Missy Hollenbeck</b>	Inspected by (name and title printed): <b>Cassi Hall</b>
Received by (signature): <b>Missy Hollenbeck</b>	Inspected by (signature): <b>Cassi Hall</b>
cc:	cc:





Belam  
4/30

Establishment name <b>Greenwood High School</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>7/24/24</b>	ID# <b>392</b>
Establishment address <b>315 W. Smith Valley Rd Greenwood, IN</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner		Summary of Violations:  C <input type="radio"/> NC <input type="radio"/> R <input type="radio"/>	
Owner address		Menu Type (See back of page)  1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Person in charge			
Responsible person's email			
Certified food handler <b>Alicia Pardo</b>			

- [illegible]

Page 1 of \_\_\_\_\_

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Establishment name <b>Greenwood Middle School</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>4/25/24</b>	ID# <b>2084</b>
Establishment address <b>1548 Averitt Rd Greenwood, IN</b>	Purpose: <b>1. Routine</b> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <b>5/5/24</b>
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>0</u> R <u>0</u>	
Person in charge		Menu Type (See back of page)	
Responsible person's email		1 <u>0</u> 2 <u>X</u> 3 <u>0</u> 4 <u>0</u> 5 <u>0</u>	
Certified food handler <b>Tina Gonfiantini 317-709-1982</b>			

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[illegible]

Received by (name and title printed): ✓ Tina Gorfiantini	Inspected by (name and title printed): Terry J. Bayless
Received by (signature): * Tina Gorfiantini	Inspected by (signature): Terry J. Bayless
cc:	cc:





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

6-5264

Establishment name <i>Isom Elementary</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <i>4/22/24</i>	ID# <i>393</i>
Establishment address <i>50 E. Broadway Greenwood, IN</i>	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		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>X</u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
Person in charge			
Responsible person's email			
Certified food handler <i>Dianne Gard</i>			

- [illegible]

Received by (name and title printed): * Dawn Gard		Inspected by (name and title printed): Nancy Bayless
Received by (signature): * Dawn Gard		Inspected by (signature): Nancy Bayless
cc:	cc:	cc:



BEA 4/17/00

Establishment name <b>North east Elementary</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <b>4/21/24</b>	ID# <b>395</b>
Establishment address <b>99 Crestview Dr. Greenwood, IN</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner		Summary of Violations:	
Owner address		C <u>0</u> NC <u>0</u> R <u>    </u>	
Person in charge		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 <b>Teri Shinn</b>			

- [illegible]



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Establishment name <u>Ow Lady of Greenwood</u>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection <u>7/22/24</u>	ID# <u>396</u>
Establishment address <u>335 S. meridian Greenwood, IN</u>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date <u>      </u>
Owner <u>      </u>		Summary of Violations:	
Owner address <u>      </u>		C <u>0</u> NC <u>0</u> R <u>      </u>	
Person in charge <u>      </u>		Menu Type (See back of page)	
Responsible person's email <u>      </u>		1 <u>      </u> 2 <u>X</u> 3 <u>      </u> 4 <u>      </u> 5 <u>      </u>	
Certified food handler <u>John Jester</u>			

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- 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): ✓ Christine D Crowe		Inspected by (name and title printed): Terry Boyles
Received by (signature): ✓ Christine D Crowe		Inspected by (signature): Terry Boyles
cc:	cc:	cc: