

95 S. DRAKE ROAD 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 724, Indiana Retail Food

Establishment name Break - O - Way Elementary Establishment address Whiteland, IN 900 Sawmill Rd. 46184	Telephone Number () Establishment () Owner Purpose:	Date of Inspection 10/28/25 Follow-up Release	ID# 4/4 se Date
Owner CPCSC Owner address Person in charge Responsible person's email	1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	No 11 7 25 Summary of Violations: P Pf Core	
· CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATI	IVE COLUMNS MARKED "Q" P		
• VIOLATION(S) REJEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN T	the second of th	IN THE NARRATIVE BELOW	To Be Corrected by
Section # C/XC R No violations inspections	Narrative noted per	this	To be Corrected by
		this	To be Corrected by



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

Listabilisiiii	CIII Ouiii	cation a	requirements. The time mint for correction	ii or enem mountain to openine	III - III - I	
Establishmen Establishmen 2 4 5 6	nt name N CV nt addres	rove	Elementerny School nform Rd. Lal & 6143 Community School Corp	Telephone Number () Establishment () Owner	Date of Inspection	
Owner	s. mo	rga	nform Rd. IN 46143	Purpose: 1. Routine	Follow-up Release	se Date
Center	Cin	VI 1	Community School Corp	2. Follow-up	Summary of Viola	tions:
	beer su	Bellige exists	rooked or pagered to oxfor. Read food	Complaint Pre-Operational	COYL & PF	818
Person in ch	arge	1150	foods is restricted to single mediscodes; or 2 potentially basedons fords.	5. Temporary6. HACCP	@NC_	prit case soone
Responsible	Responsible person's email		7. Other (list)	Menu Type (See	back of page)	
Certified foo	od handle	r			12_V_3	45
			TIFIED IN THE CHECKLIST AND NARRATIVE M PREVIOUS INSPECTIONS ARE DENOTED IN THE		N THE NARRATIVE BELOW	AS "R"
Section #	C/NC	R		Narrative	managhi wa sa sa sa sa	To Be Corrected by
Received by	che	11	ng of potentially hazardous foods shoot progetar. Solders on the second progetar second proget	Inspect		d): U Ells
cc:	Kac	hel	Dubeis cc:	g/G cd:	W Betiter	



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Establishment	Sanitation	Requirements. The time limit for correction	n of each violation is specified i	ii tile narrative portion c	itins report.
Establishment n	name (ove then selved	Telephone Number () Establishment	Date of Inspection	ID#
Establishment a	ddress	gantown Rd Cy 46142 se Community Short Corp) Owner	10/24/25	407
27175	Mor	gantown Rd DN 46143	Purpose:	Follow-up Release	Date
Conter	Cim	e Community Short Cord	1. Routine 2. Follow-up	Summary of Violation	ons:
Owner address	enouses	To Book there it was a second or broken	3. Complaint 4. Pre-Operational	COYS D PT &	
Person in charge	е повыще	foods is refused to slock med screens Process Process Special Arts and the second screens and the second screens are second seco	5. Temporary	€N€	<u>R</u>
Responsible per	son's email		6. HACCP 7. Other (list)	Menu Type (See ba	ck of page)
Certified food h	nandler N Ly	Lawson 9/8/27		123	45
• CRITICAL ITE		ENTIFIED IN THE CHECKLIST AND NARRATIVE	COLUMNS MARKED "C"		
• VIOLATION(S) R	REPEATED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	"SUMMARY OF VIOLATIONS" AND IN	THE NARRATIVE BELOW AS	"R"
Section # C,	/NC R		Narrative 0		To Be Corrected by
		There are no WE	Pations duma	inspection	
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		NO if: Electroical pu	ower is out la	n the	
		Cotchen upsto	rivs.		
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		Ditchen Show	eld be pully	operated a	1
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necesved by visigo	mumo).		Man	d by (signature):	
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cei		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.

LISTERDITOTITIE	ciic omiii	ation .	requirements. The time mint for confection	ii or each violation is specified	in the name portion	or time report.	
Establishme	nt name	nve	Middle servord Crossing Rd Circenwood Crossing Rd Circenwood	Telephone Number () Establishment	Date of Inspection		
Establishme	nt address	3	2 0 Circenwood	Owner	10/24/25	406	
4900 n	1. Sto	nes	Crossing Rd TN 46143	Purpose:	Follow-up Release	Follow-up Release Date	
				1. Routine	Summary of Violati		
Owner addre	an	in C	community School corp	2. Follow-up			
			cooled or prepare to oater. Read food	3. Complaint 4. Pre-Operational	COVE PF)	800	
Person in ch			na assemble. Most emissione assemble Toods is vegnessing on his man service.	5. Temporary	e	Re	
			or 8 sabout automated vilationated 9 to	6. HACCP	aguating cooling, coolin	of mumoring	
Responsible	desponsible person's email			7. Other (list)	Menu Type (See b	ack of page)	
Certified foo	d handle	12_√_3			_45		
Control of the Contro			ITIFIED IN THE CHECKLIST AND NARRATIVE		N THE NARRATIVE BELOW A	S "R"	
Section #	C/NC	R		Varrative		To Be Corrected by	
R O Page			there are no	wolation dum	as in santina		
			Mure one no	Modern Juni	ig mequerion	15 15 15	
				2 . 79	THE WATER		
		fisht u	s the cooksig, eaching and aghesting of per	 Empresa princes include 	nos de regul svan io gallbia	Lenguage Company	
	by/fancs	actor co	de of perceptibility has a dealer from the original and the first of the control	istori bio i and cold motion	ode, A vanetr propore	r head of a	
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D : 11			S. Market and S. Sandara and S. Sand	Transmitted in Control of the Contro	11 . (
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Received by	(signature,	- 4	LHSE	Idspect	red by (signature): Betiou.		
cc:	\bigcirc		сс:	cc:			



95 S. DRAKE ROAD FRANKLIN IN 46131

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

7-26
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 con-	rrection of each violation is specifie	d in the narrative portion	of this report.
Establishment name Center Corre M.s North. Establishment address 202 N.	Telephone Number () Establishment () Owner	Date of Inspection	
Establishment address 202 M. Naorgantown Rd Tal 4619 Owner Carler Corove Community School Cor Owner address	Purpose: 1. Routine 2. Follow-up 3. Complaint	Follow-up Release Date Summary of Violations: Cove P F B P E Ne R Menu Type (See back of page) 1 2 3 4 5	
Person in charge	4. Pre-Operational 5. Temporary 6. HACCP		
Responsible person's email Certified food handler Melody Wray 5/22/29	7. Other (list)		
	RATIVE COLUMNS MARKED "C"		
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED	IN THE "SUMMARY OF VIOLATIONS" AND	IN THE NARRATIVE BELOW	
Section # C/NC R	Narrative Notations dum		To Be Corrected by
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Received by (name and title printed): Melopy WRay Received by (inverting)		ated by sname and title printed Bet Gu	etts
Received by (signature): Pelody Way	na	tted by (signature): Betiliu	
сс:	/cc:		



Johnson County Health Department 95 S Drake Rd., Franklin, IN 46131 Phone: (317) 346-4365, Fax: (317)736-5264

Retail Food Establishment Inspection Report

Based on an inspection this day, the item(s) noted below identify violation(s) of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the parretive portion of this report

Establishment	1-3_10 33-0	telephone	Date of Inspection	
Greenwood Comn	nunity High School		10/3/2025	
Establishment address		•		
315 W. Smith Valley Rd. Greenwood, In			The second state of the se	1 core
Owner).		Follow-up No	Release Date 10/3/2025
Person - in - Charge		Certified Food Handler Alisa Ponto		Menu Type 4-Extensive handling
Establishment Identification # 392	County Johnson	District D5	Routine	

- Critical Items are Identified in the Checklist & Narrative Columns Marked "P"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	P/PF/C	R?	Violation Observed:	To be Corrected by:
363	core		Milk cooler drain is not proper (condensation drain is going into a bucket)	
		0		
			for a section to the	

othelf sai

tbayless@co.johnson.in.us

Establishment Representative



Johnson County Health Department 95 S Drake Rd., Franklin, IN 46131 Phone: (317) 346-4365, Fax: (317)736-5264



Retail Food Establishment Inspection Report

Based on an inspection this day, the item(s) noted below identify violation(s) of 110 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment				Date of Inspection
Greenwood Middle School 317-			174-8565	10/7/2025
Establishment address	Summary of Violations	s		
1548 Averitt Rd. Greenwood, In			1	0
Owner			Follow-up No	Release Date 10/7/2025
Person - in - Charge	ALTERNATION AND AND AND AND AND AND AND AND AND AN	Certified Food Handler Tina Gonfiantini		Menu Type 4-Extensive handling
Establishment Identification # 2084	County Johnson	District D5	Routine	

- Critical Items are Identified in the Checklist & Narrative Columns Marked "P"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	P/PF/C	R?	Violation Observed:	To be Corrected by:
		- 5-14	No violations noted today!	
		1		
			Note: 1 overhead light is out in the walk-in cooler	

Din	a Yo	orfre	utin
ange	MX	.Bl.	<u>ش</u>
Establishment R br	esentative		

Inspected by: Dry Bayless, EHS

tbayless@co.johnson.in.us

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

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 724, Indiana Retail Food

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

Establishment address

3623 W Whiteland Rol IN 4610Ce

Owner

Clutter Ctrove Community School Corp.) Establishment 10/22/25 409) Owner 1. Routine Summary of Violations: 2. Follow-up 3. Complaint out & bt & b & 4. Pre-Operational Person in charge 5. Temporary 6. HACCP Responsible person's email Menu Type (See back of page) 7. Other (list) Certified food handler Olivenera 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" To Be Corrected by Narrative Section # C/NC R Fan vent motele walt-in Couler is soiled. Received by (name and title printed,



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Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 724, 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 North Curre Elementomy Establishment address 3280 W Fairwen Rol In 4614; Owner Center Curre Community School Owner address Person in charge Responsible person's email	4. Pre-Operational 5. Temporary	Follow-up Release Summary of Violati C P PE	e Date ons:
Certified food handler Heathvar Culker 5/8/29		12_√_3	_45
 CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRA' VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN 		IN THE NARRATIVE BELOW A	s "R" To Be Corrected by
Section # C/NC R	Narrative Volations during	9 inspletion	is policinated to be a policinate of the policin
Received by (name and title printed): Health Color Sell Received by (signature):		sted by (name and title printed) MU BLN (KU sted by (signature): MU BLN (KU	Etts
сс:	c:		



95 S. DRAKE ROAD FRANKLIN IN 46131

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7-26

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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
Plasent Crove Elementory

Establishment address

5 199 W Farry I Rd Creen wood

Owner

1. Telephone Number Date of Inspection) Establishment) Owner Purpose: Follow-up Release Date 1. Routine Center Cirove Community School Corp. 2. Follow-up Summary of Violations: Owner address 3. Complaint COVED PF O PR 4. Pre-Operational Person in charge 5. Temporary 6. HACCP Menu Type (See back of page) Responsible person's email 7. Other (list) Certified food handler SIMK ennicer 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" To Be Corrected by Section # C/NC R Narrative Manager cc:



Johnson County Health Department 95 S Drake Rd., Franklin, IN 46131

Phone: (317) 346-4365, Fax: (317)736-5264 Retail Food Establishment Inspection Report 1

Based on an inspection this day, the item(s) noted below identify violation(s) of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the parrative portion of this report.

Establishment		telephone		Date of Inspection	
Southwest Eleme	Southwest Elementary			10/2/2025	
Establishment address	Summary of Violations	s			
619 W. Smith Valley Rd. Greenwood, In			0		
Owner			Follow-up No	Release Date 10/2/2025	
Person - in - Charge	Certified Food Handler Jennifer W	Certified Food Handler Jennifer Wrigley 2030		Menu Type 4-Extensive handling	
Establishment Identification # 390	County Johnson	District D5	Routine		

- Critical Items are Identified in the Checklist & Narrative Columns Marked "P"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	P/PF/C	R2	Violation Observed:	To be Corrected by:
inequipment.				
			No violations observed today!	
		-		
		-		
				3

Establishment epresentative

Inspected by: Terry Byless, EHS

tbayless@co.johnson.in.us



95 S. DRAKE ROAD FRANKLIN IN 46131

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

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Establishment name	Telephone Number () Establishment	Date of Inspection	ID#	
Establishment address Cross wor	Owner	10/22/25	705	
Establishment name Sugar and Elementary Establishment address 4135 W smith valley kd Jol 46142 Owner Center Grove Community School Corp. Owner address	Purpose:	Follow-up Release		
Owner Common Asian (b. Call and Common	1. Routine	-		
Center grove community server corp.	2. Follow-up	Summary of Violations:		
Owner address	3. Complaint 4. Pre-Operational			
Person in charge	5. Temporary	cove & lf & P ®		
2 potentially hazandous taouls	6. HACCP			
Responsible person's email	7. Other (list)	Menu Type (See back of page)		
Certified food handler House 9/18/29		12345		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRAT. VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE CHECKLIST AND NARRAT.	IVE COLUMNS MARKED "C"	IN THE NARRATIVE BELOW AS	"R"	
Section # C/NC R	Narrative	o rios get via le sontan	To Be Corrected by	
there and no via	Presente norses includes di security accessive della della include di security accessive della della include di security accessive acces	adance avangredient ods. A variety of week parenon for next day of	Extensive a successive a succes	
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Received by (signature):	Inspec	ted by (signature): What Blt if U.		
cc: Cc:	fc:			



95 S. DRAKE ROAD FRANKLIN IN 46131

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

1-26

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Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of whis report. Telephone Number Date of Inspection Establishment address

Low gersville

Owner

Owner

Centler Cirore Community Sensol Corp

2. Follow-up) Establishment 2286 Summary of Violations: 3. Complaint 4. Pre-Operational Person in charge 5. Temporary Teresa Mitchell
Responsible person's email 6. HACCP Menu Type (See back of page) 7. Other (list) Certified food handler · 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" To Be Corrected by Narrative Section # C/NC R magerian cc:



Johnson County Health Department 95 S Drake Rd., Franklin, IN 46131 Phone: (317) 346-4365, Fax: (317)736-5264 Retail Food Establishment Inspection Report

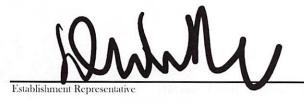


Based on an inspection this day, the item(s) noted below identify violation(s) of 110 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment	telephone		Date of Inspection	
Westwood Ele			10/7/2025	
Establishment address		Summary of Violations	5	
Switzer out on the second	Rd Greenwood	0		
In				
Owner		Follow-up	Release Date	
			No	10/7/2025
Person - in - Charge Certified Food		er	Purpose:	Menu Type
	ına Wikle	D.	4-Extensive handling	
Establishment Identification #	County	District	Routine	
712	Johnson	D5		

- Critical Items are Identified in the Checklist & Narrative Columns Marked "P"
- Violation(s) repeated from previous inspections are denoted in the "summary of violations" & in the narrative below as "R"

Sec#	P/PF/C	R?	Violation Observed:	To be Corrected by
			No violations observed today!	



IRM Bayless
Inspected by: Terry Byless, EHS

tbayless@co.johnson.in.us



95 S. DRAKE ROAD FRANKLIN IN 46131

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

7.26 Am
Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 724, Indiana Retail Food

Establishment name Whiteland Hugh School Establishment address Whiteland, IN 300 Main St. 46184 Owner C PC SC Owner address Person in charge Dona Magness Responsible person's email Serv Safe Exp	Telephone Number () Establishment () Owner Purpose: 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection ID# 10/28/25 416 Follow-up Release Date No 11/7/25 Summary of Violations: P PF Core L O NC O K O Menu Type (See back of page)	
Certified food handler Norma Mamess 11/1/28		123	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE	VE COLUMNS MARKED """ P HE "SUMMARY OF VIOLATIONS" AND I	N THE NARRATIVE BELOW	AS "R"
Section # C/NC R	Narrative		To Be Corrected by
the cooling, cooling and coleaning of piece will a big pour male by an arrange from the cooling as a cooling and the coolings where according population is a point.	s A Preparation process includes sees espaint his and color holdes were carry would also incu	ensiberent ver to seith morte to gotter Assib g mission volumentag	u dipinesesetti si, si kasulinasedi si fiponavosi si silongi natali
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