



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 narrative portion of this report.

Establishment C-9 Career Center	telephone	Date of Inspection 11/25/2025
Establishment address 1999 South US 31 Greenwood, IN	Summary of Violations 1 pf 3 core	
Owner	Follow-up No	Release Date 12/5/2025
Person - in - Charge Brian Mendenhall	Purpose: Routine	Menu Type 4-Extensive handling
Establishment Identification # 391	County Johnson	District 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”

Establishment Representative

Inspected by: Terry Bayless, EHS

thayless@co.johnson.in.us



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

95 S. DRAKE ROAD
FRANKLIN IN 46131

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

Beth
12/11

7-26 AM

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 Clark Elementary	Telephone Number () Establishment () Owner	Date of Inspection 11/24/25	ID# 412	
Establishment address 5764 E. 700 N. Franklin, IN 46131	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Linda Lutz (ServSafe Exp: 11/1/28)	Follow-up No	Release Date 12/4/25	
Owner CPCSC	Summary of Violations: P PF Core S O NC O R O			
Owner address	Menu Type (See back of page)			
Person in charge Linda Lutz	1 2 <input checked="" type="checkbox"/> 3 4 5			
Responsible person's email pjl/ptl/core				
Certified food handler Linda Lutz				
<p>• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</p> <p>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</p>				
Section #	C/NC	R	Narrative	To Be Corrected by
No violations noted per this inspection				
Received by (name and title printed): Linda D. Lutz			Inspected by (name and title printed): Andrew Miller, EH8	
Received by (signature): Linda D. Lutz			Inspected by (signature): Andrew Miller	
cc:		cc:	cc:	

Received by (name and title printed):

Linda D. Lutz

Received by (signature):

Linda D. Lutz

cc:

cc:

Inspected by (name and title printed):

Andrew Miller, EH8

Inspected by (signature):

Andrew Miller

cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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

Bekah
11/21

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.

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

o/pf/core VIOLATION(S) RELETED 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)
Carol Sexton

Received by (sign name):

Received by (signature): Carol Sexton

Inspected by (name and title printed):

Andrew Miller, EHS

Inspected by (signature):

Endren Miller
cc:

CC:

cc:

CC:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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95 S. DRAKE ROAD
FRANKLIN IN 46131

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

7-26 AM

11/2

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 Grassy Creek Elementary	Telephone Number () Establishment () Owner	Date of Inspection 11/20/25	ID# 1100
Establishment address 2111 Sheek Rd Greenwood, IN 46143	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Kandy Doyle AFSC Exp: 9/18/27	Follow-up No	Release Date 11/30/25
Owner CPCSC	Summary of Violations: P pf Core K O NC O X O		
Owner address			
Person in charge Kandy Doyle			
Responsible person's email			
Certified food handler Kandy Doyle	Menu Type (See back of page) 1 2 ✓ 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 VIOLATION" COLUMNS AS **PIPT/Corr**

Received by (name and title printed):

(name and title printed): Randy K Doyle

Received by (signature):

e): Kandy Doyle
CC:

cc:

1/20

Inspected by (name and title printed):

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

Inspected by (signature):

inspected by (signature):
Andrew Miller
cc:

cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
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7-26 (Am)

Beth
11/21

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 Ray Crowe Elementary	Telephone Number () Establishment () Owner	Date of Inspection 11/20/25	ID# 2496			
Establishment address 1300 Ray Crowe Way IN 46143	Purpose: 1. Routine	Follow-up No	Release Date 11/30/25			
Owner CPCSC	2. Follow-up	Summary of Violations:				
Owner address	3. Complaint	P pf Core				
Person in charge Veronica Gauthier	4. Pre-Operational	C O NC O K O				
Responsible person's email	5. Temporary					
Certified food handler Jina Mekkes	6. HACCP					
	7. Other (list)					
		Menu Type (See back of page)				
		1	2 <input checked="" type="checkbox"/>	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):

Received by (name and title, if applicable):
Veronica K Gauthier

Received by (signature):

Received by (signature) Veronica Dank

cc:

CCS

Inspected by (name and title printed):

Andrew Miller, EHS

Inspected by (signature):

Andrew Miller

cc:



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

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7-26 Am

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Received by (name and title printed):

Received by (name and title printed):
Lauren Jones, Director

Inspected by (name and title printed):

Andrew Miller, EHS

Received by (signature):

Received by (signature): Daren Jones cc:

Inspected by (signature):

Andrew Miller

CC:

CC:

CC: