Retail Food Establishment Inspection Report

Floyd County Health Department
Telephone:812-948-4726

Based on an inspection this day, the item(s) noted below identify violations 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 Name LITTLE ANGEL CREATIONS	**Telephone Number** 812-697-3200	**Date of Inspection (mm/dd/yr)** 5/8/25	**PERMIT #** 25-193
Establishment Address (number and street, city, state, zip code) 800 E. 8TH ST			
Owner CHRISTY BOONE	**Purpose:** ☑ 1. Routine ☐ 2. Follow-up ☐ 3. Complaint ☐ 4. Pre-Operational ☐ 5. Temporary ☐ 6. HACCP ☐ 7. Other (list) _____	**Follow-up** no	Release Date
Owner's Address 2399 TWO MILE LN New Albany, IN 47150		Summary of Violations: P 0 Pf 0 CORE 0	
Person in Charge Jane Byrd			
Responsible Person's E-mail		Menu Type *(See back of page)* 1 ☑ 2 ☑ 3 ☐ 4 ☐ 5 ☐	
Certified Food Manager n/a			

- **PRIORITY ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "P"**
- **VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"**

Section#	P/Pf/Co	R	Narrative	To Be Corrected By
			No violations	
Notes:			Discussed Written Allergen declarations and handwashing signage.	

Received by (name and title printed): Jane Byrd	Inspected by (name and title printed): Thomas Snider, Chief Food Specialist
Received by (signature):	Inspected by (signature): Thomas Snider

cc:	cc:	cc: