

RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT
Clinton County Health Dept.
1234 Rossville Ave.
Frankfort, IN 46041

10 days
Release Date
No. of Risk Factor/Intervention Violations
No. of Repeat Risk Factor/Intervention Violations

Date 9/17/2025
Time In 11:35 AM
Time Out 12:25 PM

Establishment <i>Suncast Elementary School</i>	Address <i>1608 E. Kyger St.</i>	City/State <i>FRANKFORT, IN 46041</i>	Zip Code <i>659-6265</i>	Telephone <i>765</i>
License/Permit #	Permit Holder <i>FRANKFORT COMMUNITY SCHOOL CORP</i>	Purpose of Inspection <i>ROUTINE</i>	Est. Type <i>RFE</i>	Risk Category <i>3</i>

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

Mark "X" in appropriate box for COS and/or R
COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R
Supervision			
1 <input checked="" type="checkbox"/> IN OUT N/A N/O	Person in charge present, demonstrates knowledge, and performs duties		
2 <input checked="" type="checkbox"/> IN OUT N/A N/O	Certified Food Protection Manager		
Employee Health			
3 <input checked="" type="checkbox"/> IN OUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting		
4 <input checked="" type="checkbox"/> IN OUT N/A N/O	Proper use of restriction and exclusion		
5 <input checked="" type="checkbox"/> IN OUT N/A N/O	Procedures for responding to vomiting and diarrheal events		
Good Hygienic Practices			
6 <input checked="" type="checkbox"/> IN OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use		
7 <input checked="" type="checkbox"/> IN OUT N/A N/O	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands			
8 <input checked="" type="checkbox"/> IN OUT N/A N/O	Hands clean & properly washed		
9 <input checked="" type="checkbox"/> IN OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
10 <input checked="" type="checkbox"/> IN OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible		
Approved Source			
11 <input checked="" type="checkbox"/> IN OUT N/A N/O	Food obtained from approved source		
12 <input checked="" type="checkbox"/> IN OUT N/A N/O	Food received at proper temperature		
13 <input checked="" type="checkbox"/> IN OUT N/A N/O	Food in good condition, safe, & unadulterated		
14 <input checked="" type="checkbox"/> IN OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction		
Protection from Contamination			
15 <input checked="" type="checkbox"/> IN OUT N/A N/O	Food separated and protected		
16 <input checked="" type="checkbox"/> IN OUT N/A N/O	Food-contact surfaces; cleaned & sanitized		

Compliance Status		COS	R
17 <input checked="" type="checkbox"/> IN OUT N/A N/O	Proper disposition of returned, previously served, reconditioned & unsafe food		
Time/Temperature Control for Safety			
18 <input checked="" type="checkbox"/> IN OUT N/A N/O	Proper cooking time & temperatures		
19 <input checked="" type="checkbox"/> IN OUT N/A N/O	Proper reheating procedures for hot holding		
20 <input checked="" type="checkbox"/> IN OUT N/A N/O	Proper cooling time and temperature		
21 <input checked="" type="checkbox"/> IN OUT N/A N/O	Proper hot holding temperatures		
22 <input checked="" type="checkbox"/> IN OUT N/A N/O	Proper cold holding temperatures		
23 <input checked="" type="checkbox"/> IN OUT N/A N/O	Proper date marking and disposition		
24 <input checked="" type="checkbox"/> IN OUT N/A N/O	Time as a Public Health Control; procedures & records		
Consumer Advisory			
25 <input checked="" type="checkbox"/> IN OUT N/A N/O	Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations			
26 <input checked="" type="checkbox"/> IN OUT N/A N/O	Pasteurized foods used; prohibited foods not offered		
Food/Color Additives and Toxic Substances			
27 <input checked="" type="checkbox"/> IN OUT N/A N/O	Food additives: approved & properly used		
28 <input checked="" type="checkbox"/> IN OUT N/A N/O	Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures			
29 <input checked="" type="checkbox"/> IN OUT N/A N/O	Compliance with variance/specialized process/HACCP		

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R
Safe Food and Water			
30	Pasteurized eggs used where required		
31	Water & ice from approved source		
32	Variance obtained for specialized processing methods		
Food Temperature Control			
33	Proper cooling methods used; adequate equipment for temperature control		
34	Plant food properly cooked for hot holding		
35	Approved thawing methods used		
36	Thermometers provided & accurate		
Food Identification			
37	Food properly labeled; original container		
Prevention of Food Contamination			
38	Insects, rodents, & animals not present		
39	Contamination prevented during food preparation, storage & display		
40	Personal cleanliness		
41	Wiping cloths: properly used & stored		
42	Washing fruits & vegetables		
Proper Use of Utensils			
43	In-use utensils: properly stored		
44	Utensils, equipment & linens: properly stored, dried, & handled		
45	Single-use/single-service articles: properly stored & used		
46	Gloves used properly		
Utensils, Equipment and Vending			
47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	Warewashing facilities: installed, maintained, & used; test strips		
49	Non-food contact surfaces clean		
Physical Facilities			
50	Hot & cold water available; adequate pressure		
51	Plumbing installed; proper backflow devices		
52	Sewage & wastewater properly disposed		
53	Toilet facilities: properly constructed, supplied, & cleaned		
54	Garbage & refuse properly disposed; facilities maintained		
55	Physical facilities installed, maintained, & clean		
56	Adequate ventilation & lighting; designated areas used		

Person In Charge (Signature) *Mandy Barnes*

Date:

Inspector (Signature) *Karen F. Dunn*

Follow-up: YES NO (Circle one) Follow-up Date:

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Clinton County Health Dept.
1234 Rossville Ave.
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License/Permit #

Date

9/17/2025

Establishment

Address

City/State

Zip Code

Telephone

OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

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Compliance Status

57 | IN OUT N/A N/O | Outdoor Food Operation

COS

R

Compliance Status

COS

R

58 | IN OUT N/A N/O | Mobile Retail Food Establishment

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
DECK-IN WARMER	180°	chicken nuggets			
DECK-IN COOLER	39°	yellow grape juice			
MILK COOLER	38°	white milk			
WALK-IN FREEZER	0°	shelf items			
" COOLER	38°	shelf items apples			
SCALING LINE HOT	140°	mashed potatoes	139°	GREEN BEANS	
" " cold	N/A				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Section 475 and 476 of the Indiana Retail Food Establishment Food Code.

Complete by Date:

No violations noted @ time of inspection. All in compliance

Person In Charge (Signature)

Date:

Inspector (Signature)

Rodney F. Wahn

Date:

9/17/2025

