



Dayton & Montgomery County

Public Health Dayton & Montgomery County  
117 South Main Street  
Dayton, OH 45422

Institutions  
Inspection Form



Name of Institution MONTGOMERY COUNTY JUVENILE DETENTION		License number	Date 12/12/2019
Address 380 W SECOND STREET DAYTON OH 45422		Category/Description C1	Reinspection Date
Person in charge CARROLLTON FOX	Phone #	Capacity 144	Travel and Insp. time 5 60

Items marked by (X) are explained below with recommendations.

- |  |   |
|--|---|
| <input type="checkbox"/> 01 Building                   | <input type="checkbox"/> 04 Safety                        |
| <input type="checkbox"/> 01.1 Surroundings             | <input type="checkbox"/> 04.1 Fire Protection             |
| <input type="checkbox"/> 01.2 Structure                | <input type="checkbox"/> 04.2 First Aid                   |
| <input type="checkbox"/> 01.3 Maintenance              | <input type="checkbox"/> 04.3 Emergency Medical           |
| <input type="checkbox"/> 02 Construction               | <input type="checkbox"/> 04.4 Miscellaneous               |
| <input type="checkbox"/> 02.1 Heating and Ventilation  | <input type="checkbox"/> 05 Pest Control                  |
| <input type="checkbox"/> 02.2 Electricity and Lighting | <input type="checkbox"/> 05.1 Evidence                    |
| <input type="checkbox"/> 02.3 Plumbing                 | <input type="checkbox"/> 05.2 Control Measures            |
| <input type="checkbox"/> 02.4 Water Supply             | <input type="checkbox"/> 06 Food Service/Vending          |
| <input type="checkbox"/> 02.5 Sewage                   | <input type="checkbox"/> 06.1 Compliance with Regulations |
| <input type="checkbox"/> 03 Facilities                 | <input type="checkbox"/> 07 Administration                |
| <input type="checkbox"/> 03.1 Toilet                   | <input type="checkbox"/> 07.1 Staff                       |
| <input type="checkbox"/> 03.2 Bed and Bedding          | <input type="checkbox"/> 07.2 Policies                    |
| <input type="checkbox"/> 03.3 Solid Waste              | <input type="checkbox"/> 08 Miscellaneous (See Comments)  |
| <input type="checkbox"/> 03.4 Laundry                  |   |
| <input type="checkbox"/> 03.5 Storage                  |   |
| <input type="checkbox"/> 03.6 Recreation               |   |
| <input type="checkbox"/> 03.7 Space                    |   |

Violation(s).Comments(s)

Rooms and areas observed: PODs 4Y (rooms 1,4,5, and 11), 4X (rooms 1,4,7,10), and 3Y (5, 8, and 10), POD showers, computer room, library, classroom 408, gymnasium, nurses office, and intake/receiving.

Notes:

- Observed missing carpet strips in the common areas of PODs 4Y, 4X, and 3Y. Recommend repairing/replacing the carpet strips to prevent a tripping hazard.
- Observed a handsink with extremely low pressure in the common area's bathroom in POD 4X. Highly recommend repairing the sink to ensure hands can be washed in the sink.
- \* Ensure all residents have access to hand soap.
- \* Continue to ensure all medications are secure and locked away.
- \* Continue to monitor the growth of mold in the showers.

Inspected by <i>Emily R Warren</i> Emily Warren Public Health Dayton & Montgomery County	R.S./SIT # REGISTERED SANITARIAN #3815	Licensors PH-DMC 496-7204
Reviewed by <i>Matthew S. Hooker</i>	Title Program Manager	Phone (937) 225-4371

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility MONTGOMERY COUNTY DETENTION HOME	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 20192041	Date 12/12/2019
Address 380 W SECOND STREET	City/State/Zip Code DAYTON OH 45402		
License holder MARTA NOOKS	Inspection Time 30	Travel Time 1	Category/Descriptive N2S
Type of inspection (check all that apply) <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input type="checkbox"/> Follow up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation		Follow up date (if required)	Water sample data/result (if required)

### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Mark 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

Compliance Status		Compliance Status	
<b>Supervision</b>			
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Person in charge present, demonstrates knowledge, and performs duties	
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Certified Food Protection Manager	
<b>Employee Health</b>			
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Management, food employees and conditional employees; knowledge, responsibilities and reporting	
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper use of restriction and exclusion	
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Procedures for responding to vomiting and diarrheal events	
<b>Food Handling Practices</b>			
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Proper eating, tasting, drinking, or tobacco use	
7	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	No discharge from eyes, nose, and mouth	
<b>Preventing Contamination by Hands</b>			
8	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Hands clean and properly washed	
9	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	No bare hand contact with ready-to-eat foods or approved alternate method properly followed	
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Adequate handwashing facilities supplied & accessible	
<b>Approved Source</b>			
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source	
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Food received at proper temperature	
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe, and unadulterated	
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Required records available: shellstock tags, parasite destruction	
<b>Protection from Contamination</b>			
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food separated and protected	
16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food-contact surfaces: cleaned and sanitized	
17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food	
<b>Time/Temperature Controlled for Safety Food (TCS Food)</b>			
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Proper cooking time and temperatures	
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Proper reheating procedures for hot holding	
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Proper cooling time and temperatures	
21	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Proper hot holding temperatures	
22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cold holding temperatures	
<b>Time/Temperature Controlled for Safety Food (TCS Food)</b>			
23	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Proper date marking and disposition	
24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Time as a public health control; procedures & records	
<b>Consumer Advisory</b>			
25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked foods	
<b>Highly Susceptible Populations</b>			
26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	
<b>Chemical</b>			
27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food additives: approved and properly used	
28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toxic substances properly identified, stored, used	
<b>Compliance with Approved Procedures</b>			
29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan	
30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Fresh Juices Production	
31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Heat Treatment Dispensing Freezers	
32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Custom Processing	
33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Bulk Water Machine Criteria	
34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Acidified White Rice Preparation Criteria	
35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Critical Control Point Inspection	
36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Process Review	
37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Variance	
<p>Risk factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p>Public health interventions are control measures to prevent foodborne illness or injury</p>			

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility MONTGOMERY COUNTY DETENTION HOME	Type of Inspection Standard	Date 12/12/2019
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GOOD RETAIL PRACTICES					
Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods. Mark 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					
Safe Food and Water		Utensils, Equipment and Ventilation			
38 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Pasteurized eggs used where required	54 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
39 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Water and ice from approved source	55 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Handwashing facilities: installed, maintained, used; test strips		
Food Temperature Control		56 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Nonfood-contact surfaces clean		
40 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Proper cooling methods used; adequate equipment for temperature control	Physical Facilities			
41 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Plant food properly cooked for hot holding	57 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Hot and cold water available; adequate pressure		
42 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Approved thawing methods used	58 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Plumbing installed; proper backflow devices		
43 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate	59 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Sewage and waste water properly disposed		
Food Identification		60 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toilet facilities: properly constructed, supplied, cleaned		
44 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	61 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Garbage/refuse properly disposed; facilities maintained		
Prevention of Food Contamination		62 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Physical facilities installed, maintained, and clean; dogs in outdoor dining areas		
45 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	63 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate ventilation and lighting; designated areas used		
46 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	64 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Existing Equipment and Facilities		
47 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	Administrative			
48 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Wiping cloths; properly used and stored	65 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	901:3-4 OAC		
49 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Washing fruits and vegetables	66 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	3701-21 OAC		
Proper Use of Utensils					
50 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	In-use utensils; properly stored				
51 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens; properly stored, dried, handled				
52 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Single-use/single-service articles; properly stored, used				
53 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Slash-resistant, cloth, and latex glove use				
Observations and Corrective Actions					
Mark "X" in appropriate box for COS and R. COS=corrected on-site during inspection R=repeat violation					
Item No.	Code Section	Priority Level	Comment	COS	R

Operation satisfactory at time of inspection.

Notes:

- Discussed the Employee Illness Reporting Policy and Norovirus Clean Up Procedure with PIC.
- Continue to ensure all fruits, such as apples, are washed prior to service.

Person in Charge <i>Margaret S. Hooker</i>	Date: 12-12-19
Sanitarian Emily Warren REGISTERED SANITARIAN #3815 <i>Emily Warren</i>	Licensors: Public Health - Dayton & Montgomery County 408-7204

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL  
as per HEA 5302B PHDMC (11/19)  
as per AGR 126B PHDMC (11/19)

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Printed 12/12/2019 1:06:10PM