

Name of Institution MONTGOMERY COUNTY JUVENILE DETENTION			Date 07/22/2022	
Address 380 W SECOND ST DAYTON OH 45422			Category/Descriptive Institutions	Reinspection Date
Person in charge CARLTON FOX	Phone # (937) 225-3333	Capacity 144	Inspection time (min) 70	Travel time (min) 1

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

01 Building

	01.1	Surroundings
	01.2	Structure
	01.3	Maintenance

02 Construction

X	02.1	Heating and Ventilation
	02.2	Electricity and Lighting
X	02.3	Plumbing
	02.4	Water Supply
	02.5	Sewage

03 Facilities

	03.1	Toilet
	03.2	Bed and Bedding
	03.3	Solid Waste
	03.4	Laundry
	03.5	Storage
	03.6	Recreation
	03.7	Space

04 Safety

	04.1	Fire Protection
	04.2	First Aid
	04.3	Emergency Medical
	04.4	Miscellaneous

05 Pest Control

X	05.1	Evidence
	05.2	Control Measures

06 Food Service/Vending

	06.1	Compliance with Regulations
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07 Administration

	07.1	Staff
	07.2	Polices
	08	Miscellaneous (See Comments)

Violation(s)/Comment(s)

PH-DMC-IN-02.1 Construction Heating and Ventilation

Condensation is causing growth on the ceiling in the 3X-20 bathroom. Proper ventilation should be provided to prevent condensation.

PH-DMC-IN-02.3 Construction Plumbing

Observed water leaking from sink in 3X-20 bathroom.



Observed missing faucet handle in 315 bathroom.

Plumbing shall be kept in good repair.

PH-DMC-IN-05.1 Pest Control Evidence

Observed live roach in 4X bathroom. Continue to work with your pest control operation. There shall be no evidence of any pests on the premise.

Areas inspected at time of visit: laundry room, health bay, gymnasium (indoor and outdoor), indoor fitness room, shower/bathroom and select rooms in units (2Z, 2Y, 3X, 4W, and 4X), and classrooms (social studies, science, and art rooms).

Inspected by Rian Lawrence (937) 224-8802		R.S./SIT # REHS-IT #22-4944	Health District Public Health - Dayton & Montgomery County
Received by 	Title	Phone	

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 20220621	Date 07/22/2022
Address 380 W SECOND ST		City/State/Zip Code DAYTON OH 45422			
License Holder MARTA NOOKS		Inspection Time 60	Travel Time 15		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 date/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																																																																																																							
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Risk factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.

Public health interventions are control measures to prevent foodborne illness or injury

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 07/22/2022
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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		
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
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Water and ice from approved source
Food Temperature Control		
40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling methods used; adequate equipment for temperature control
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Plant food properly cooked for hot holding
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate
Food Identification		
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container
Prevention of Food Contamination		
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness
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
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Washing fruits and vegetables
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
Utensils, Equipment and Vending		
54	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
55	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Warewashing facilities: installed, maintained, used; test strips
56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Nonfood-contact surfaces clean
Physical Facilities		
57	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Hot and cold water available; adequate pressure
58	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plumbing installed; proper backflow devices
59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Sewage and waste water properly disposed
60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toilet facilities: properly constructed, supplied, cleaned
61	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Garbage/refuse properly disposed; facilities maintained
62	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate ventilation and lighting; designated areas used
64	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Existing Equipment and Facilities
Administrative		
65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	901:3-4 OAC
66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	3701-21 OAC

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

Coolers are at proper temp (41°F or below), and freezers kept goods frozen. PIC stated single use items in receiving area will be moved up off floor and onto pallets.

Person in Charge <div style="text-align: right; margin-top: 10px;"> </div>	Date: 07/22/2022
Sanitarian Rian Lawrence REHS-IT #22-4944 (937) 224-8802	Licensor: Public Health - Dayton & Montgomery County

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL