



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

Institutions  
Inspection Form



Name of Institution MONTGOMERY COUNTY JUVENILE DETENTION			Date 06/01/2023	
Address 380 W SECOND ST DAYTON OH 45422		Category/Descriptive Institutions	Reinspection Date	
Person in charge CASANDRA BURRELL WILLIAMS	Phone # (937) 225-3333	Capacity 144	Inspection time (min) 150	Travel time (min) 4

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

01 Building

	01.1	Surroundings
X	01.2	Structure
	01.3	Maintenance

02 Construction

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

03 Facilities

X	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
--	------	-----------------------------

07 Administration

	07.1	Staff
	07.2	Polices

	08	Miscellaneous (See Comments)
--	----	------------------------------

Violation(s)/Comment(s)

H-DMC-IN-01.2 Building Structure

OBSERVED SHOWER IN NEED OF RECAULKING IN ROOM 2X-20  
OBSERVED BLACK/BROWN STAINING ON CEILING IN ROOM 3W-18

PH-DMC-IN-03.1 Facilities Toilet

OBSERVED TOILETS NOT FLUSHING IN ROOMS 4X-08 AND 4Y-08

PH-DMC-IN-05.1 Pest Control Evidence

OBSERVED PEST IN SINK OF BATHROOM 4Y-04 ACCORDING TO PIC PEST CONTROL COMPANY IS SCHEDULED TO TREAT FACILITY ON 6/2

AREAS INSPECTED GYM , ART ROOM , KITCHEN, ROOMS:  
2Y-01,2Y-02,2X-05,2X-17 SHOWER ,2X-20 UNIT RESTROOM ,3W06,3W18 SHOWER,3W10,3X-20 SHOWER ,3X-17,3X-04,4Y-04,4Y-08,4X-17,4X-20 SHOWER,4X-10

NOTES:

PER PIC WORK ORDERS HAVE BEEN SUMMITED FOR ISSUES ABOVE

Inspected by Jeniece Lyons (937) 225-5911	R.S./SIT # REHS II #3478	Health District Public Health - Dayton & Montgomery County
Received by <i>emailed to PIC</i>	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 20230908	Date 06/01/2023
Address 380 W SECOND ST		City/State/Zip Code DAYTON OH 45422			
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 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	
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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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>Good Hygienic 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O    No discharge from eyes, nose, and mouth <b>Preventing Contamination by Hands</b> 8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O    Hands clean and properly washed 9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O    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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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>Conformance with Approved Procedure</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 Juice Production 31 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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

  

**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 06/01/2023
--	--------------------------------	--------------------

## 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 Vending	
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
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
Food Temperature Control		Physical Facilities	
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	56
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
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used	58
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate	59
Food Identification		Administrative	
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	60
Prevention of Food Contamination		Physical Facilities	
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	61
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	62
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Personal cleanliness	63
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	64
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Washing fruits and vegetables	65
Proper Use of Utensils		Physical Facilities	
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	66
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Utensils, equipment and linens: properly stored, dried, handled	67
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Single-use/single-service articles: properly stored, used	68
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	69

## 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 THE TIME OF INSPECTION

DISCUSSED HOW BAGGED APPLES ARE CLEANED AND STORED  
DISCUSSED NOT TO USE POROUS SIDE OF SPONGE WHEN WASHING DISHES  
OBSERVED THERMOMETERS AND LOG BOOKED WITH FOOD TEMPS  
OBSERVED EXPIRED QUAT TEST KIT AT TIME OF INSPECTION

Person in Charge  <div style="text-align: right; font-size: small; color: blue;">email to PIC</div>	Date: 06/01/2023
Sanitarian Jeniece Lyons REHS II #3478 (937) 225-5911 <div style="text-align: right; font-size: small; color: blue;">J Lyons</div>	Licensor: Public Health - Dayton & Montgomery County

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL