



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

State Form 48669 (R2/2-05)
SDH Form 51-0001

**GRANT COUNTY HEALTH DEPT.
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46953**

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, 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 <i>Juvenile Detention Center</i>	Telephone Number <i>763</i> Establishment	Date of Inspection (mm/dd/yr) <i>10-9-00</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>501 S ADAMS ST MARION</i>	Owner <i>602-9764</i>	Follow-up <i>NO</i>	
Owner <i>GRANT COUNTY GOV</i>	Purpose: <u>1. Routine</u>	Release Date <i>days</i>	Summary of Violations: <i>C - NC 3 R -</i>
Owner's Address <i>same</i>	2. Follow-up	Menu Type (See back of page)	
Person in Charge <i>Sheila</i>	3. Complaint	1 <u> </u> 2 <u> </u> 3 <u>X</u> 4 <u> </u> 5 <u> </u>	
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler <i>Sheila</i>	5. Temporary		
	6. HACCP		
	7. Other (list)		

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

Section#	C/NC	R	Narrative	To Be Corrected By
<i>210</i>	<i>NC</i>		<i>HVAC Units in ceiling have dust and debris on and around them</i>	<i>Today</i>
<i>298</i>	<i>NC</i>		<i>Microwave has dried food debris inside</i>	}
<i>295</i>	<i>NC</i>		<i>Flu Fan sitting on metal cart has debris on it</i>	

Received by (name and title printed): <i>Jessica Scott</i>	Inspected by (name and title printed): <i>Stacy Hildner / Dawn Scott</i>
Received by (signature): <i>Jessica Scott</i>	Inspected by (signature): <i>Stacy Hildner / Dawn Scott</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111

Fax 765-651-2419

DATE: 10-16-20

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Scott Kikendall from the Grant Co. Health Department on _____.

DATE: Action Taken:

Section 310 HVAC Ceiling Vents - Maintenance was notified on 10-14-20

Section 298 Microwave has been cleaned and corrected

Section 295 Fan has been cleaned and removed from cert.

(PLEASE FORWARD THIS FORM TO GRANT COUNTY HEALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS)

Name of Respondent: Shelia Wafford Title: Kitchen Manager

Establishment Name: Grant County Juvenile Detention Center

Address: 501 South Adams St Marion, IN 46952