



**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 <b>JUVENILE DETENTION CENTER</b>	Telephone Number <b>(765) 662-9864</b>	Date of Inspection (mm/dd/yr) <b>3-10-2020</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>501 S ADAMS ST. MARION</b>	( ) Owner	Follow-up <b>NO</b>	Release Date <b>3-20-2020</b>
Owner <b>GRANT COUNTY GOVERNMENT</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <b>C2 NC- R1</b>	
Owner's Address <b>SAME</b>		Menu Type (See back of page) <b>1 2 3 X 4 5</b>	
Person in Charge <b>SHELIA WOFFORD</b>			
Responsible Person's E-mail <b>N/A</b>			
Certified Food Handler <b>SHELIA WOFFORD</b>			

- 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
295	C	X	THE CAN OPENER BLADE/ BASE IS SOILED WITH FOOD / OTHER DEBRIS STORED AS CLEAN ALSO: SERVING SPOON SOILED WITH FOOD DEBRIS STORED AS CLEAN IN A DRAWER <del>WEST</del> EAST END OF prep table	TODAY
173	C		PERSONAL FOOD ITEMS IN UPRIGHT STAINLESS REFRIGERATOR ABOVE FOOD ITEMS USED FOR THIS FACILITY ONLY	

Received by (name and title printed): <b>X Shelia Wofford</b>	Inspected by (name and title printed): <b>Walden - FSD</b>
Received by (signature): <b>X Shelia Wofford</b>	Inspected by (signature): <b>Walden - FSD</b>
cc:	cc:

## GRANT COUNTY HEALTH DEPARTMENT

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Phone 765-651-2401  
Fax 765-651-2419  
e-mail foods@grantcounty.gov.

**DATE:** \_\_\_\_\_

**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 Dale Carr / Dean Small from the Grant Co. Health Department on 3-10-2020.

**DATE:**

**Action Taken:**

3-10-2020  
Section #295 - Can opener blade was cleaned and corrected.  
Serving Spoon was cleaned and corrected.  
Section #173 - Personal Food Items stored in upright refrigerator  
was corrected and a sign put up.

**Name of Respondent:** Shelia Wofford **Title:** Food Service Manager

**Establishment Name:** Grant County Juvenile Detention Center

**Address:** 501 South Adams, Marion, IN 46952