

State of Ohio
Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility HEART OF THE VALLEY HEAD START - BRAD.	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number 23	Date 12/18/2025
Address 39105 BRADBURY ROAD	City/State/Zip Code MIDDLEPORT OH 45760		
License holder ATHENS-MEIGS E.S.C.	Inspection Time 70	Travel Time 8	Category/Descriptive CLASS 4 <25,000 SQ. FT.
Type of inspection (check all that apply)	<input checked="" type="checkbox"/> Standard <input checked="" 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) //
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	
Supervision		Time/Temperature Controlled for Safety Food (TCS food)	
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	
Employee Health			
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	
Good Hygienic Practices			
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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	
Preventing Contamination by Hands			
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	
Approved Source			
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 type="checkbox"/> N/A <input type="checkbox"/> N/O	Required records available: shellstock tags, parasite destruction	
Protection from Contamination			
15	<input type="checkbox"/> IN <input checked="" 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	
Time/Temperature Controlled for Safety Food (TCS food)			
18	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input 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	
Consumer Advisory			
25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked foods	
Highly Susceptible Populations			
26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	
Chemical			
27	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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	
Conformance with Approved Procedures			
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 checked="" type="checkbox"/> OUT <input 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.			

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Name of Facility HEART OF THE VALLEY HEAD START - BRAD.	Type of Inspection sta ccp	Date 12/18/2025
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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.

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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
39	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A		Water and ice from approved source
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
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 type="checkbox"/> N/A	<input checked="" 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				Administrative	
44	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			Food properly labeled; original container
Prevention of Food Contamination				<input type="checkbox"/> IN	<input type="checkbox"/> OUT
45	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT		<input type="checkbox"/> N/A	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				<input type="checkbox"/> IN	<input type="checkbox"/> OUT
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 type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input checked="" 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
	Comment/ Obs		CCP POSITIVE COMMENT: ALL TEMPS WERE GOOD!	<input type="checkbox"/>	<input type="checkbox"/>
15	3717-1-03.2(C)	C	Packaged and unpackaged food - preventing contamination by separation, packaging, and segregation. OBSERVED BOX OF RAW SHELL EGGS STORED ON THE SHELF DIRECTLY ABOVE READY-TO-EAT SALADS AND HEADS OF CABBAGE. SALADS WERE REMOVED TO BE SERVED AT THIS TIME, AND CABBAGE WAS MOVED TO HIGHER SHELF AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35	CCP-VII.0001		Protection from Contamination: Observed food that was not properly protected from contamination by separation, packaging, and segregation. OBSERVED BOX OF RAW SHELL EGGS STORED ABOVE READY-TO-EAT SALADS AND HEADS OF CABBAGES IN THE UPRIGHT FRIDGE. SALADS WERE REMOVED TO BE SERVED AT THIS TIME, AND HEADS OF CABBAGE WERE MOVED TO THE SHELF ABOVE THE EGGS. FOOD ITEMS SHOULD BE STORED IN ORDER OF COOK TEMPERATURE, WITH RTE FOODS STORED ABOVE RAW FOOD ITEMS TO ENSURE CONTAMINATION OF RTE FOOD ITEMS DOES NOT OCCUR, LEADING TO A POSSIBLE FOODBORNE ILLNESS.	<input type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(D)	NC	Nonfood-contact surfaces - cleaning frequency. OBSERVED DRY STORAGE ROOM SHELVING WITH DEBRIS ACCUMULATION, RESULTING IN DEBRIS GETTING ON TOPS OF CANS OF FOOD. INCREASE CLEANING FREQUENCY IN THESE AREAS. OBSERVED ICE ACCUMULATION ON THE TOP SHELF OF THE UPRIGHT FREEZER THAT IS BETWEEN THE TWO MILK COOLERS IN THE KITCHEN AREA. OBSERVED CALCIUM AND DEBRIS ACCUMULATION ON TOP OF THE DISHWASHER. INCREASE CLEANING FREQUENCY IN THIS AREA.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Cindy Aguayo</i>	Date 12/18/2025
Environmental Health Specialist ELIZABETH FISHER RS/SM # REHS #4130	Licensor: Meigs County Health Department

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL

As per MEC 5302B The Baldwin Group, Inc. (11/19)

As per AGR 1268 The Baldwin Group, Inc. (11/19)