TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

No. of Concession, Name																					
MiMi's Home Away From Home			ome Dayc	R Permanent O Mobile																	
Address					1412 Wrightford Dr Dr Demograny O Seasonal									/							
City				Lebanon Time in 10:39 AM AM / PM Time out 11:03: AM AM / PM																	
					09/19/2023 Establishment # 605318489 Embargoed 0																
	Purpose of Inspection Reportion Report OF						unangeou -								_						
Ris	k Ca	rtec	ory.			01	322	03			04							🕱 No Number of S	ieats	7	
Г			Ria														to the Centers for Dise	ase Control and Preven		_	
	as contributing factors in foodborne illness outbreaks. Public Health Interventions are control measures to prevent illness or injury. FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																				
	luin r		ich na Iplian		signa		(IN, OUT, NA, NO) for eac NA=not applicable	NO=not observe		ltem							ach Itom as applicable. Deduct spection Recepcet (vi	points for entropy or subcett olation of the same code provisi			
Ë	_	_		_			liance Status	10 10 00011	COS	R		Ē	1			-g	Compliance Stat	18	cos	R	WT
	_	-	-	NA	NO	Person in charge pr	Supervision esent, demonstrates kno	wiedge, and	_				IN	OUT	NA	NO	Cooking and Reheating Control For Safe	· · · · · · · · · · · · · · · · · · ·			
1	窓 IN		D UT I	NA	NO	performs duties	Employee Health		0	0	5		道 0				Proper cooking time and temp Proper reheating procedures		0	8	5
23	XX	_	2			Management and fo Proper use of restric	od employee awareness	s; reporting	0	0	5		IN	оυт		NO	Cooling and Holding, Dat	e Marking, and Time as			
Ļ	IN IN	-	UTI	NA	NO	,	d Hygienic Practices		-	-		18	0	0	0	X	a Public Hea Proper cooling time and temp		0	0	_
4	XX	2	3		0		g. drinking, or tobacco u ryes, nose, and mouth	150	0	0	5	19 20	0	0		×	Proper hot holding temperatur Proper cold holding temperatur		0	0	5
6		0	UT I D	NA	NO		g Contamination by	Hands	0		—	21	0	0	0		Proper date marking and disp	osition	0	0	°
7	×	-		0	0		ct with ready-to-eat food	s or approved	0	0	5	22	0 IN	0	O NA		Time as a public health contro Consumer		0	0	_
8	N IN			NA	NO	Handwashing sinks	properly supplied and ac Approved Source	coessible	0	0	2	23	_	0	23		Consumer advisory provided food		0	0	4
9 10	黨	1	D I			Food obtained from Food received at pr	approved source		0	0			IN		NA	NO	Highly Susceptil	le Populations		_	
11	X		2	_		Food in good condit	ion, safe, and unadultera vailable: shell stock tags,		0	0	5	24	-	0	0		Pasteurized foods used; proh		0	0	5
12	O			NA NA	O NO	destruction	tion from Contaminat		0	0		25		OUT	NA	NO	Chem Food additives: approved and		0	0	_
13	12	7	2	0		Food separated and				8		26	説 IN	0	NA		Toxic substances properly ide Conformance with A	intified, stored, used	ŏ	ŏ	5
	12			_		Proper disposition of	f unsafe food, returned fi	-	0	0	2	27	0	0	20		Compliance with variance, sp		0	0	5
				_	_	served											HACCP plan				
					Goo	d Retail Practice	is are preventive m									gens	s, chemicals, and physics	al objects into foods.			
					00	Tenot in compliance		COS=corre	cted o					IGB	3		R-repeat (violatio	n of the same code provision)	006		
E			UT			Safe F	iance Status ood and Water						0	UT			Utensils and Equip	ment	cos	~ 1	
	28 19	7	D V	Vate	er and	d eggs used where ice from approved s	ource		0	0	2	4	5				nfood-contact surfaces cleana and used	ble, properly designed,	0	٥	1
E	0	-	UT UT	ania	nce		ed processing methods perature Control		0	0	1		_	-			g facilities, installed, maintaine	d, used, test strips	0	٥	1
:	н	4		rop ontr		oling methods used;	adequate equipment for	temperature	0	0	2	4	_	0 N UT	lonfoo	d-cor	htact surfaces clean Physical Faciliti	05	0	0	1
	12	-	_	_		properly cocked for thawing methods us			0	8			_	_			water available; adequate pre stalled; proper backflow device		8	8	2
	4		_			eters provided and a	courate		ŏ		1	5	0	0 8	Sewag	and	waste water properly dispose	đ	0	0	2
E	5	F	_	000	prop		container, required reco	rds available	0	0	1	-	_				 properly constructed, suppl use properly disposed; facilities 		0	0	1
		0	UT				Food Contamination						_	-			lities installed, maintained, and			0	1
Ŀ	6	4) r	1580	ts, ro	dents, and animals r	ot present		0	0	2	5	4	0 /	\dequa	de ve	ntilation and lighting; designat	ed areas used	0	٥	1
	7		_				g food preparation, stora	ige & display	0	0	1			UT			Administrative it	oms			
<u> </u>	18 19	_	-			the properly used a	nd stored		0	0	1		_				nit posted inspection posted		0	0	0
F	0	-	V C UT	Vas	hing f	ruits and vegetables Proper	Use of Utensils		0	0	1	E	_		_	_	Compliance Stat Non-Smokers Pr		YES	NO	WT
	1	7	D Ir			nsils; properly stored		handlad		8			7				with TN Non-Smoker Protection ducts offered for sale		80	읭	•
Þ	3	7) s	ingi	e-use		es; properly stored, used		0	ĕ	1	5	š				oducts are sold, NSPA survey	completed	ŏ		Ů
1		-					ms within ten (90) days ma	y result in suspen				servic	te est	ablish	ment p	ermit.	Repeated violation of an identica	I risk factor may result in revoc	ation o	of you	r food
ser	Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit, items identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous manner and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this																				
rep	POOR T.C.A summing to 14-702, 68-14-708, 68-14-708, 68-14-719, 68-14-716, 4-5-328.																				
Sin	Signature of Person In Charge 09/19/2023 Date Signature of Environmental Health Specialist 09/19/2023																				
-019	**** Additional food safety information can be found on our website, http://tn.gov/health/article/eh-foodservice ****									Late											
PH	2267	(R	ev. 6	-15)			Free food safety tr	raining classes	s are	ava	ilable	eac	h m		at the	cou	inty health department.			RD	A 629
L		Please call () 6154445325 to sign-up for a class.						10.	445	<u>52</u>		jn-u	pior a class.								

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: MiMi's Home Away From Home Daycare Food Establishment Number #: 605318489

NSPA Survey – To be completed if #57 is "No"	
Age-restricted venue does not affirmatively restrict access to its buildings or facilities at all times to persons who are twenty-one (21) years of age or older.	
Age-restricted venue does not require each person attempting to gain entry to submit acceptable form of identification.	
"No Smoking" signs or the international "Non-Smoking" symbol are not conspicuously posted at every entrance.	
Garage type doors in non-enclosed areas are not completely open.	
Tents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.	
Smoke from non-enclosed areas is infiltrating into areas where smoking is prohibited.	
Smoking observed where smoking is prohibited by the Act.	

Warewashing Info			
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)
Three comp sink	Chlorine		

Equipment Temperature					
Description	Temperature (Fahrenheit)				
Samsung RIC	34				

Cooking Cooking Cold Holding Cold Holding	192 162 59 39
Cold Holding	59
-	
Cold Holding	39

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Establishment Information

Establishment Name: MiMi's Home Away From Home Daycare Food

Establishment Number : 605318489

Comments/Other Observations

1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.

2: Establishment has employee illness policy

3: (IN) There are no food workers observed working with specific reportable symptoms or illnesses.

4: (IN) Employee isn't drinking, eating, or using tobacco in a food preparation area.

5: (IN) No employees exhibiting persistent coughing, sneezing, runny nose, or watery eyes.

6:

7: (IN) Employees are observed using suitable utensils or gloves to prevent bare hand (or arm) contact with ready-to-eat foods.

8: (IN): All handsinks are properly equipped and conveniently located for food employee use.

9: See sources

10: (NO): No food received during inspection.

11: (IN) All food was in good, sound condition at time of inspection.

- 12: (NA) Shell stock not used and parasite destruction not required at this establishment.
- 13: (IN) All raw animal food is separated and protected as required.
- 14: (IN) All food contact surfaces of equipment and utensils cleaned and sanitized using approved methods.
- 15: (IN) No unsafe, returned or previously served food served.

16: See temps

- 17: (NO) No TCS foods reheated during inspection.
- 18: No foods observed being cooled or in cooling during inspection
- 19: (NO) TCS food is not being held hot during inspection.

20: See temps

- 21: (NO) There are no foods requiring date marking in the facility at the time of the inspection.
- 22: (NO) Time as a public health control is not being used during the inspection.
- 23: (NA) Establishment does not serve animal food that is raw or undercooked.

24:

- 25: (NA) Establishment does not use any additives or sulfites on the premises.
- 26: (IN) All poisonous or toxic items are properly identified, stored, and used.

27: (NA) Establishment is not required to have a variance or HACCP plan, performs no special processes.

57: 58:

***See page at the end of this document for any violations that could not be displayed in this space.

Additional Comments See last page for additional comments.

Establishment Information

Establishment Name: MiMi's Home Away From Home Daycare Food Establishment Number : 605318489

Comments/Other Observations (cont'd)

Additional Comments (cont'd) See last page for additional comments.

Establishment Information

Establishment Name: MiMi's Home Away From Home Daycare Food Establishment Number # 605318489

Sources			
Source Type:	Water	Source:	City
Source Type:	Food	Source:	Publix Walmart Kroger Sams Aldi
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	
Additional Comme	ents		

Three comp sink not set up during inspection