



# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

99

Establishment Name Cambridge Early Learning Center Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile  
Address 2325 Hickory Highlands Drive ☐ Temporary ☐ Seasonal  
City Antioch Time in 10:45 AM AM / PM Time out 11:20 AM AM / PM  
Inspection Date 04/08/2024 Establishment # 605250444 Embargoed 0  
Purpose of Inspection ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other  
Risk Category ☐ 1 ☒ 2 ☐ 3 ☐ 4 Follow-up Required ☐ Yes ☒ No Number of Seats 160

**Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention 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

(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

IN=in compliance					OUT=not in compliance					NA=not applicable					NO=not observed					COS=corrected on-site during inspection					R=repeat (violation of the same code provision)																			
Compliance Status										COS			R		WT		Compliance Status										COS			R		WT												
	IN	OUT	NA	NO	Supervision													IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods																						
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Person in charge present, demonstrates knowledge, and performs duties					<input type="checkbox"/>	<input type="checkbox"/>		5	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time and temperatures					<input type="checkbox"/>	<input type="checkbox"/>		5	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding					<input type="checkbox"/>	<input type="checkbox"/>					
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Management and food employee awareness, reporting					<input type="checkbox"/>	<input type="checkbox"/>		5		IN	OUT	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control																									
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Proper use of restriction and exclusion					<input type="checkbox"/>	<input type="checkbox"/>		5		IN	OUT	NA	NO	Proper cooling time and temperature					<input type="checkbox"/>	<input type="checkbox"/>			18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures					<input type="checkbox"/>	<input type="checkbox"/>					
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use				<input type="checkbox"/>	<input type="checkbox"/>		5	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures					<input type="checkbox"/>	<input type="checkbox"/>			20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Proper date marking and disposition					<input type="checkbox"/>	<input type="checkbox"/>					
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	No discharge from eyes, nose, and mouth				<input type="checkbox"/>	<input type="checkbox"/>		5	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records					<input type="checkbox"/>	<input type="checkbox"/>			22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory											
	IN	OUT	NA	NO	Preventing Contamination by Hands													IN	OUT	NA	NO	Highly Susceptible Populations																						
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Hands clean and properly washed				<input type="checkbox"/>	<input type="checkbox"/>		5	23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Consumer advisory provided for raw and undercooked food					<input type="checkbox"/>	<input type="checkbox"/>		4		IN	OUT	NA	NO	Pasteurized foods used; prohibited foods not offered					<input type="checkbox"/>	<input type="checkbox"/>		5			
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with ready-to-eat foods or approved alternate procedures followed					<input type="checkbox"/>	<input type="checkbox"/>		5		IN	OUT	NA	NO	Chemicals																									
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Handwashing sinks properly supplied and accessible					<input type="checkbox"/>	<input type="checkbox"/>		2	24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Food additives: approved and properly used					<input type="checkbox"/>	<input type="checkbox"/>		5	25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Toxic substances properly identified, stored, used					<input type="checkbox"/>	<input type="checkbox"/>						
	IN	OUT	NA	NO	Approved Source													IN	OUT	NA	NO	Conformance with Approved Procedures																						
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Food obtained from approved source					<input type="checkbox"/>	<input type="checkbox"/>		5	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Compliance with variance, specialized process, and HACCP plan					<input type="checkbox"/>	<input type="checkbox"/>		5	27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>						
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature					<input type="checkbox"/>	<input type="checkbox"/>		5		IN	OUT	NA	NO																										
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Food in good condition, safe, and unadulterated					<input type="checkbox"/>	<input type="checkbox"/>		5		IN	OUT	NA	NO																										
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: shell stock tags, parasite destruction					<input type="checkbox"/>	<input type="checkbox"/>		5		IN	OUT	NA	NO																										
	IN	OUT	NA	NO	Protection from Contamination													IN	OUT	NA	NO																							
13	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Food separated and protected					<input type="checkbox"/>	<input type="checkbox"/>		4		IN	OUT	NA	NO																										
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Food-contact surfaces: cleaned and sanitized					<input type="checkbox"/>	<input type="checkbox"/>		5		IN	OUT	NA	NO																										
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Proper disposition of unsafe food, returned food not re-served					<input type="checkbox"/>	<input type="checkbox"/>		2		IN	OUT	NA	NO																										

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DIVISION OF ENVIRONMENTAL HEALTH  
FOOD INSPECTION DATA**



<b>Establishment Information</b>	
Establishment Name:	Cambridge Early Learning Center
Establishment Number #:	605250444

<b>NSPA Survey – To be completed if #57 is "No"</b>	
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.	

<b>Warewashing Info</b>			
<b>Machine Name</b>	<b>Sanitizer Type</b>	<b>PPM</b>	<b>Temperature ( Fahrenheit)</b>
3 compartment sink	Quaternary	300	

<b>Equipment Temperature</b>	
<b>Description</b>	<b>Temperature ( Fahrenheit)</b>
Cold holding cabinet	38
Hot holding cabinet	159
Hot holding cabinet	194
Walk-in cooler	33

<b>Food Temperature</b>		
<b>Description</b>	<b>State of Food</b>	<b>Temperature ( Fahrenheit)</b>
Chicken tenders in hot holding cabinet	Hot Holding	170
Green beans in hot holding cabinet	Hot Holding	150
Chef salad in cold holding cabinet	Cold Holding	42
Turkey ham in walk-in cooler	Cold Holding	36
Milk from milk cooler	Cold Holding	32

**Observed Violations**

Total # 1

Repeated # 0

47: Inside of ice machine is dirty.

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**Comments/Other Observations**

- 1: (IN): ANSI Certified Manager present.
- 2: An employee health policy is posted on-site. Staff is aware of reportable symptoms and illnesses.
- 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: Observed employees washing their hands at appropriate times and with correct technique.
- 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 source information.
- 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: No raw animal foods
- 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: Proper cooking time and temperatures were not observed during the time of inspection.
- 17: (IN) All TCS foods are properly reheated for hot holding.
- 18: No TCS food being actively cooled during inspection
- 19: Observed proper hot holding. Temperatures recorded on report.
- 20: Observed proper cold holding temperatures. Temperatures recorded on report.
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 22: Observed proper TPHC procedures.
- 23: (NA) Establishment does not serve animal food that is raw or undercooked.
- 24: (NA) A highly susceptible population is not served.
- 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.***

\*\*\*See page at the end of this document for any extra Additional Comments that could not be displayed in this space.



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**Comments/Other Observations (cont'd)****Additional Comments (cont'd)*****See last page for additional comments.***

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### ***Additional Comments***