



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

94

Establishment Name Pride And Joy Group Daycare Home Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile
Address 1310 Meridian St. ☐ Temporary ☐ Seasonal
City Nashville Time in 11:08 AM AM / PM Time out 11:30 AM AM / PM
Inspection Date 03/19/2024 Establishment # 605114000 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 12

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 checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures										<input type="checkbox"/>	<input type="checkbox"/>	5																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
	IN	OUT	NA	NO	Employee Health													17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>		18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperature										<input type="checkbox"/>	<input type="checkbox"/>	5																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
	IN	OUT	NA	NO	Good Hygienic Practices													19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures										<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"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition										<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
	IN	OUT	NA	NO	Preventing Contamination by Hands													22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records										<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Hands clean and properly washed										<input type="checkbox"/>	<input type="checkbox"/>	5		IN	OUT	NA	NO	Consumer Advisory																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
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"/>		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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Handwashing sinks properly supplied and accessible										<input type="checkbox"/>	<input type="checkbox"/>	2		IN	OUT	NA	NO	Highly Susceptible Populations																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
	IN	OUT	NA	NO	Approved Source													24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Pasteurized foods used; prohibited foods not offered										<input type="checkbox"/>	<input type="checkbox"/>	5																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Food obtained from approved source										<input type="checkbox"/>	<input type="checkbox"/>	5		IN	OUT	NA	NO	Chemicals																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
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"/>		25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Food additives: approved and properly used										<input type="checkbox"/>	<input type="checkbox"/>	5																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Food in good condition, safe, and unadulterated										<input type="checkbox"/>	<input type="checkbox"/>		26	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Toxic substances properly identified, stored, used										<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
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"/>			IN	OUT	NA	NO	Conformance with Approved Procedures																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
	IN	OUT	NA	NO	Protection from Contamination													27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Compliance with variance, specialized process, and HACCP plan										<input type="checkbox"/>	<input type="checkbox"/>	5																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Food separated and protected										<input type="checkbox"/>	<input type="checkbox"/>	4																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES															
OUT=not in compliance					COS=corrected on-site during inspection					R=repeat (violation of the same code provision)					
Compliance Status					COS	R	WT	Compliance Status					COS	R	WT
Safe Food and Water					Utensils and Equipment										
28	OUT	<input type="radio"/>	Pasteurized eggs used where required	<input type="radio"/>	<input type="radio"/>	1	45	OUT	<input type="radio"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	<input type="radio"/>	<input type="radio"/>	1		
29	<input type="radio"/>	Water and ice from approved source	<input type="radio"/>	<input type="radio"/>	2	46	<input checked="" type="radio"/>	Warewashing facilities, installed, maintained, used, test strips	<input type="radio"/>	<input type="radio"/>	1				
30	<input type="radio"/>	Variance obtained for specialized processing methods	<input type="radio"/>	<input type="radio"/>	1	47	<input checked="" type="radio"/>	Nonfood-contact surfaces clean	<input type="radio"/>	<input type="radio"/>	1				
Food Temperature Control					Physical Facilities										
31	OUT	<input type="radio"/>	Proper cooling methods used; adequate equipment for temperature control	<input type="radio"/>	<input type="radio"/>	2	48	OUT	<input type="radio"/>	Hot and cold water available; adequate pressure	<input type="radio"/>	<input type="radio"/>	2		
32	<input type="radio"/>	Plant food properly cooked for hot holding	<input type="radio"/>	<input type="radio"/>	1	49	<input type="radio"/>	Plumbing installed; proper backflow devices	<input type="radio"/>	<input type="radio"/>	2				
33	<input type="radio"/>	Approved thawing methods used	<input type="radio"/>	<input type="radio"/>	1	50	<input type="radio"/>	Sewage and waste water properly disposed	<input type="radio"/>	<input type="radio"/>	2				
34	<input type="radio"/>	Thermometers provided and accurate	<input type="radio"/>	<input type="radio"/>	1	51	<input type="radio"/>	Toilet facilities: properly constructed, supplied, cleaned	<input type="radio"/>	<input type="radio"/>	1				
Food Identification					Administrative Items										
35	OUT	<input type="radio"/>	Food properly labeled; original container; required records available	<input type="radio"/>	<input type="radio"/>	1	52	<input type="radio"/>	Current permit posted	<input type="radio"/>	<input type="radio"/>	0			
Prevention of Food Contamination					Compliance Status										
36	OUT	<input checked="" type="radio"/>	Insects, rodents, and animals not present	<input type="radio"/>	<input type="radio"/>	2	53	<input checked="" type="radio"/>	Most recent inspection posted	<input type="radio"/>	<input type="radio"/>				
37	<input checked="" type="radio"/>	Contamination prevented during food preparation, storage & display	<input type="radio"/>	<input type="radio"/>	1	Non-Smokers Protection Act									
38	<input type="radio"/>	Personal cleanliness	<input type="radio"/>	<input type="radio"/>	1	54	OUT	<input type="radio"/>	Compliance with TN Non-Smoker Protection Act	<input checked="" type="radio"/>	<input type="radio"/>	0			
39	<input type="radio"/>	Wiping cloths: properly used and stored	<input type="radio"/>	<input type="radio"/>	1	55	<input type="radio"/>	Tobacco products offered for sale	<input type="radio"/>	<input type="radio"/>					
40	<input type="radio"/>	Washing fruits and vegetables	<input type="radio"/>	<input type="radio"/>	1	56	<input type="radio"/>	If tobacco products are sold, NSPA survey completed	<input type="radio"/>	<input type="radio"/>					
Proper Use of Utensils					Compliance Status										
41	OUT	<input type="radio"/>	In-use utensils; properly stored	<input type="radio"/>	<input type="radio"/>	1	57	<input type="radio"/>	Compliance with TN Non-Smoker Protection Act	<input checked="" type="radio"/>	<input type="radio"/>	0			
42	<input type="radio"/>	Utensils, equipment and linens; properly stored, dried, handled	<input type="radio"/>	<input type="radio"/>	1	58	<input type="radio"/>	Tobacco products offered for sale	<input type="radio"/>	<input type="radio"/>					
43	<input type="radio"/>	Single-use/single-service articles; properly stored, used	<input type="radio"/>	<input type="radio"/>	1	59	<input type="radio"/>	If tobacco products are sold, NSPA survey completed	<input type="radio"/>	<input type="radio"/>					
44	<input type="radio"/>	Gloves used properly	<input type="radio"/>	<input type="radio"/>	1										

**TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
FOOD INSPECTION DATA**



Establishment Information	
Establishment Name:	Pride And Joy Group Daycare Home
Establishment Number #:	605114000

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)

Equipment Temperature	
Description	Temperature (Fahrenheit)

Food Temperature		
Description	State of Food	Temperature (Fahrenheit)

Observed Violations**Total #** 5**Repeated #** 0

36:

37:

46:

47:

53:

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
FOOD INSPECTION DATA



Establishment Information

Establishment Name: Pride And Joy Group Daycare Home

Establishment Number : 605114000

Comments/Other Observations

1:
2:
3:
4:
5:
6:
7:
8:
9:
10:
11:
12:
13:
14:
15:
16:
17:
18:
19:
20:
21:
22:
23:
24:
25:
26:
27:
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.

Establishment Information

Establishment Name: Pride And Joy Group Daycare Home

Establishment Number : 605114000

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

Establishment Information

Establishment Name: Pride And Joy Group Daycare Home

Establishment Number #: 605114000

Sources

Source Type:	Source:
Source Type:	Source:
Source Type:	Source:
Source Type:	Source:
Source Type:	Source:

Additional Comments