

## CHILD CARE FACILITY INSPECTION REPORT FOR TENNESSEE DEPARTMENT OF HUMAN SERVICES DEPARTMENT OF HEALTH

11.35 Carthage Hwy, Lebanon, TN, USA Paige Bass  CITY, STATE, ZIP Lebanon  WATER SUPPLY, ICE  * 1. Source, adequate 2. Drinking facilities, approved types, clean, good repair, adjusted * 3. Operating properly * 4. Cross connection * 5. Visible sewage leaks  SOLID WASTE 6. Containers adequate, clean 7. Storage area, grounds clean 8. Collection, disposal  TOILETS, HANDWASHING, AND BATHING 9. Fixtures adequate 10. Fixtures adequate 11. Hygienic practices, adult supervision 12. Soap, individual towels 13. Toilet tissue provided on holder 14. Water temperature (90°F-120° F) 15. Covered container(s)  BUILDING  16. Visible cracks, sealed openings 17. Exterior clean, painted 18. Gutters, down spouts, clean good repair 19. Materials, asbestos control meets Standard FLOORS  FLOORS  FOLLOW-UP REQUIRED  FOLLOW-UP REQUIRED  631.323372   FOLLOW-UP REQUIRED  62. Adequate  - 24. Clean, good repair - 25. Bed spacing  LIGHTING  28. Adequate temperature 29. Noxious odors eliminated 31. Infestition 31. Infestition 32. Harborage, control 33. Adequate drainage  SAFETY 34. Toxic items (including medicines) stored and labely properly 35. Glass in hazardous locations shielded unless safety used 37. Playgrounds free of hazards likely to cause falls 38. Furniture safe 39. Safety rails as required, bathtubs have safety strips slip mats 40. No broken glass in building or on playgrounds 41. Heating units, hot water pipes, other heated objects protected. No visible electrical hazards. Electrical protected.	112F Corthogo Lluny Lobonon TN LICA						Approval			
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Critical items shall be corrected within a time frame not to exceed thirty (30) days. Approval indicates no critical item violations of the Department of Human Services standards. Disapproval indicates critical item violations were not corrected as required. Pending indicates disapproval pending correction of critical items.

Time in/out

Signature of Person in Charge 03/13/2024

age and above in school-age care programs.

Date of Signature

11:01 AM

11:24 AM

EHS

## CHILDCARE FACILITY INSPECTION REPORT TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH



Establishment Informa	tion
Establishment Name: Bus	y Bee Academy
	631323372
Observed Violations	
Total # 0	
- 0-40/A-11	
***See page at the end of this	document for any violations that could not be displayed in this space.
A -1-11411-0	
Additional Comments	

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

stablishment Number : 631323	372		
bserved Violations (cont'd)			
bserved violations (cont d)			
dditional Comments (cont'd)			
urce Type: Water	Source	: City	

Establishment Information