

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

| 23<br>24               |   | ST. NO.<br>31155398  | FOLLOW- UP () YES REQUIRED NO   |  |  |
|------------------------|---|--|---|--|--|
|                        |   | 31133330   |   |  |  |
|                        |   |  |   |  |  |
|                        |   |  |   |  |  |
|                        |   | BEDDING, FUR   | ENITURE   |  |  |
|                        |   |  |   |  |  |
|                        | Catal City  |  |   |  |  |
| - 25                   | 25. Bed spacing   |  |   |  |  |
|                        |   | LIGHTING   |   |  |  |
| 26                     | 26. Adequate  |  |   |  |  |
| 27                     | 7.  | THE PROPERTY OF THE PROPERTY O |   |  |  |
| HEATING, VENTILATION   |   |  |   |  |  |
| 28                     | 8.  |  |   |  |  |
| 29                     | 9.  | Noxious odors eliminated   |   |  |  |
| 30                     | 0.  | Heating and ventilation units clean, good repair   |   |  |  |
| INSECT, RODENT CONTROL |   |  |   |  |  |
| * 31                   | L   | . Infestation  |   |  |  |
| 32                     | 2.  | Harborage, control   |   |  |  |
| 33                     | 3.  |  |   |  |  |
|                        |   |  |   |  |  |
| * 34.                  | 5.  |  | ling medicines) stored and labeled  |  |  |
|                        | -   |  |   |  |  |
| 35                     | 5.  | Glass in hazardous locations shielded unless safety glass used   |   |  |  |
| * 36                   | 5.  |  | building or on playgrounds  |  |  |
| 37                     | 7.  | Playgrounds free of  | f hazards likely to cause falls   |  |  |
| 38                     | 3.  | Furniture safe   |   |  |  |
| 39                     |   | Safety rails as required, bathtubs have safety strips or non-  |   |  |  |
| - 50                   | 9   |  | 5,000   |  |  |
| * 40                   | ).  |  | vater pipes, other heated objects<br>de electrical hazards. Electrical outlets  |  |  |
|                        |   | protected.   |   |  |  |
| * 41                   | .   | Buildings and grounds free of unprotected, abandoned we  |   |  |  |
|                        |   | Name and Address of the Owner, where the Party of the Owner, where the Owner, which is t |   |  |  |
|                        | _   | The second secon | provided on grounds as necessary  |  |  |
|                        |   |  |   |  |  |
|                        | ANIMAL CONTROL  |  |   |  |  |
| 44                     | . 1   | Cages clean  | ROL   |  |  |
|                        | 22<br>22<br>33<br>* 3<br>* 34<br>33<br>* 34<br>33<br>* 34<br>44<br>* 44 | 28.<br>29.<br>30.<br>* 31.<br>32.<br>33.<br>* 34.<br>35.<br>* 36.<br>37.<br>38.<br>39.<br>* 40.  | 27. Fixtures, shades, bli HEATING, VEN  28. Adequate temperate 29. Noxious odors elim 30. Heating and ventila INSECT, RODE  * 31. Infestation  32. Harborage, control 33. Adequate drainage SAFETY  * 34. Toxic items (includ properly  35. Glass in hazardous used  * 36. No broken glass in 37. Playgrounds free of 38. Furniture safe  39. Safety rails as requisilipmats  Heating units, hot we protected. No visib protected.  * 40. Buildings and groun cistern, refrigerator,  * 42. Barriers or fencing to the safe and |  |  |

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.

Signature of Person in Charge

Date of Signature

07/19/2021

Not required for programs serving children five (5) years of

age and above in school-age care programs.

By

11:25 AA

EHS

Time in/out 11:25 AM 11:45 AM

45. Pets controlled, no turtles

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



| Establishment Information     |   |  |  |  |  |  |
|-------------------------------|---|--|--|--|--|--|
| Establishment Name: Mo        | ckendree United Methodist Ccc   |  |  |  |  |  |
| Establishment Number :        | 631155398   |  |  |  |  |  |
|                               |   |  |  |  |  |  |
| Observed Violations           |   |  |  |  |  |  |
| Total # 1                     |   |  |  |  |  |  |
| -24: Diaper changing stati    | on in room discovery room has rips in it.                                 |  |  |  |  |  |
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| Additional Comments           |   |  |  |  |  |  |
| 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 Nur | ne: Mckendree United<br>nber: 631155398  |  |  |
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|                  | STATE OF THE PARTY |  |  |
| Observed Viola   | tions (cont'd)   |  |  |
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Establishment Information