

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

Approval				
• •				
OW- UP () YES				
INLED GOVERNO				
Adequate Fixtures, shades, blinds clean, good repair				
HEATING, VENTILATION				
28. Adequate temperature				
Noxious odors eliminated				
30. Heating and ventilation units clean, good repair INSECT, RODENT CONTROL				
ROL				
Infestation				
Harborage, control				
33. Adequate drainage SAFETY				
Toxic items (including medicines) stored and labeled properly				
lous locations shielded unless safety glass				
No broken aloes in building or on planarounds			lo broken glass in building or on playgrounds	
grounds free of hazards likely to cause falls				
t. The same of the				
Furniture safe				
Safety rails as required, bathtubs have safety strips or non- slip mats				
Heating units, hot water pipes, other heated objects				
protected. No visible electrical hazards. Electrical outlets protected.				
Buildings and grounds free of unprotected, abandoned well cistern, refrigerator, or similar hazards Barriers or fencing provided on grounds as necessary				
			The second secon	
Play equipment safe, good repair ANIMAL CONTROL				
Cages clean				

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

02/09/2022

age and above in school-age care programs.

11:30 AM

Time in/out

EHS

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



Establishment Informat	ion
Establishment Name: First	
Establishment Number : 6	31172410
Observed Violations	
Total # 0	
***See page at the end of this of	ocument for any violations that could not be displayed in this space.
Additional Comments	

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

Establishment Na Establishment Nu	me: First United Metho mber: 631172410	odist Preschool		
	NAME OF THE OWNER O			
Observed Viola	ations (cont'd)			
dditional Con	nments (cont'd)			

Establishment Information