



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

ESTABLISHMENT Let Them Shine #2		DATE 03/07/2024	<h1>Approval</h1>
LOCATION 3521 Lebanon Rd	STAFF Paige Bass	EST. NO. 631303391	
CITY, STATE, ZIP Lebanon TN 37087	PURPOSE Routine		
		FOLLOW-UP REQUIRED	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO

**WATER SUPPLY, ICE**

--*	1.	Source, adequate
	2.	Drinking facilities, approved types, clean, good repair, adjusted

**SEWAGE DISPOSAL / PLUMBING**

*	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 clean, good repair
	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**

	20.	Clean, good repair
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**WALLS AND CEILINGS**

	21.	Clean, good repair
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**DOORS AND WINDOWS**

	22.	Clean, good repair
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- \* Identifies critical items
- Not required for programs serving children five (5) years of age and above in school-age care programs.

**BEDDING, FURNITURE**

--	23.	Adequate
--	24.	Clean, good repair
--	25.	Bed spacing

**LIGHTING**

	26.	Adequate
	27.	Fixtures, shades, blinds clean, good repair

**HEATING, VENTILATION**

	28.	Adequate temperature
	29.	Noxious odors eliminated
	30.	Heating and ventilation units clean, good repair

**INSECT, RODENT CONTROL**

*	31.	Infestation
	32.	Harborage, control
	33.	Adequate drainage

**SAFETY**

*	34.	Toxic items (including medicines) stored and labeled properly
	35.	Glass in hazardous locations shielded unless safety glass used
*	36.	No broken glass in building or on playgrounds
	37.	Playgrounds free of hazards likely to cause falls
	38.	Furniture safe
	39.	Safety rails as required, bathtubs have safety strips or non-slip mats
*	40.	Heating units, hot water pipes, other heated objects protected. No visible electrical hazards. Electrical outlets protected.
*	41.	Buildings and grounds free of unprotected, abandoned well, cistern, refrigerator, or similar hazards
*	42.	Barriers or fencing provided on grounds as necessary
	43.	Play equipment safe, good repair

**ANIMAL CONTROL**

	44.	Cages clean
	45.	Pets controlled, no turtles

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 03/07/2024

By  EHS  
Time in/out 11:22 AM 12:06 PM



***Establishment Information***

Establishment Name: Let Them Shine #2

Establishment Number : 631303391

***Observed Violations***

Total # 0

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

***Additional Comments***

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Establishment Name: Let Them Shine #2

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**Observed Violations (cont'd)**

**Additional Comments (cont'd)**

Source Type: Water

Source: City