



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

|                                               |                      |                       |                                                                  |
|-----------------------------------------------|----------------------|-----------------------|------------------------------------------------------------------|
| ESTABLISHMENT<br>Portland Monterssori Academy |                      | DATE<br>02/09/2024    | RECOMMENDATION<br><br><b>Approval</b>                            |
| LOCATION<br>613 College St.                   | STAFF<br>John Hewitt | EST. NO.<br>631167177 |                                                                  |
| CITY, STATE, ZIP<br>Portland TN 37148         | PURPOSE<br>Routine   |                       |                                                                  |
|                                               |                      | FOLLOW-UP<br>REQUIRED | <input type="radio"/> YES<br><input checked="" type="radio"/> 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 |
|-----|--------------------|

**WALLS AND CEILINGS**

|     |                    |
|-----|--------------------|
| 21. | Clean, good repair |
|-----|--------------------|

**DOORS AND WINDOWS**

|     |                    |
|-----|--------------------|
| 22. | Clean, good repair |
|-----|--------------------|

- \* 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

*[Signature]*

Date of Signature

02/09/2024

By

*[Signature]*

Time in/out

02:30 PM

03:05 PM

EHS

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TENNESSEE DEPARTMENT OF HEALTH  
DIVISION OF ENVIRONMENTAL HEALTH



**Establishment Information**

Establishment Name: Portland Monterssori Academy

Establishment Number : 631167177

**Observed Violations**

Total # 1

21: Wood paneling on wall by kitchen damaged.

\*\*\*See page at the end of this document 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.

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**Observed Violations (cont'd)****Additional Comments (cont'd)**

Source Type: Water

Source: City