



Texas Department of Family and Protective Services
Child-Care Inspection Form

Starting Point
#843199

Arrival Date and Time 05/01/2013 10:55 AM
Departure Date and Time 05/01/2013 01:15 PM

Part I: OPERATION INFORMATION

Location: 712 31th St N, Temple, TX 76502
Permit Type: License
Type: Child Care Program
Status: Full
Director/Administrator: Laurinda Paine
Director/Administrator:
Type of Inspection: Unannounced Monitoring

Phone: (254) 770-1774
Capacity:77 Infant Capacity: 21
Designee/Registrant: Annette Donaldson

Licensing Staff: SHARRON PENDER
Address: 2500 N MAIN BLDG A , BELTON, TX 76513

Phone: (254) 939-4107

Licensing Supervisor: SHAYLA REED
Address: 14000 SUMMIT DR , AUSTIN, TX 78728

Phone: (512) 834-3230

Part II: NOTIFICATION

- Controlling Persons have been verified.
The following items regarding risk to children were evaluated:
The Supervision of Children
Child/Caregiver Ratio
Obvious Fire, Safety, and/or Sanitation Deficiencies
A Sampling of Serious Incidents Reports (RCCL only)
Children in Care: 71
Director Present
Dir Qual Eval
Conditions of any Waiver/Variance, if applicable
Director and/or Caregiver Responsibilities
Restrictions and/or Conditions of the Permit
Background Checks

All or part of the following laws, administrative rules or Minimum Standard rules have been inspected:

- Standard x Standard
Administration
Record Keeping
Personnel
Ratios and Group Sizes
Activities
Infants
Toddlers
Pre-K Children
School Age Children
Discipline
Naptime
Field Trips
Get Well Care (Centers only)
Nighttime Care
Nutrition and Food Services
Health Practices
Safety Practices
Physical Facilities
Outdoor Safety
Pools
Fire Safety
Transportation

Inspection results from another state agency or political subdivision were used in the evaluation of some standards.

Others: 746.3703(a), 746.2415(6)



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**Failure to maintain compliance on an ongoing basis may result in remedial actions**

In an effort to improve our inspection process, we are soliciting your feedback about this licensing inspection at your operation. Please provide responses to the questions posed in the online survey. The survey will take approximately 5-10 minutes to complete. Go to [www.CCLinspectionfeedback.org](http://www.CCLinspectionfeedback.org). Your answers and comments are greatly appreciated.

**ACKNOWLEDGEMENT OF RECEIPT**

An inspection was conducted at my operation on the date below. Deficiencies and, where applicable, technical assistance were discussed with me during the exit conference. Failure to comply within the specified time limit or repetition of deficiencies may result in remedial action without further opportunity to correct the deficiencies. I understand that if the results of this inspection were not given to me on this date, they will be sent through a supplemental letter within ten days of this inspection.

A handwritten signature in cursive script, appearing to read 'Haine'.

05/01/2013

A handwritten signature in cursive script, appearing to read 'Sharon Parker'.

05/01/2013

Signature (Person Signing for Operation)

Date

Signature (Licensing Staff)

Date

Signed By: Director



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Part III: INSPECTION INFORMATION

Records Evaluated:

Number of Children's Records:

Number of Staff Records:

Number of Children Enrolled:

Number of Staff Employed:

Inspection Dates:

Fire Inspection: 09/28/2012

Gas Pipe Pressure Test: 10/18/2011

Health Inspection: 10/01/2012

RR Commision Report: 10/18/2011

Liability Insurance (exp.date) 11/08/2013

The Technical Assistance provided for these standards described below:

Table with 2 columns: Standard/Rule Description and Technical Assistance Given. It lists specific standards and the corresponding technical assistance provided during the inspection.

Notification Date: 05/01/2013

If you disagree with the actions or decisions of the licensing staff, you may request an administrative review within 15 days of the receipt of this inspection report by writing the Licensing Supervisor.



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Providers may comment on the findings of the inspection in the space below.

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