

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kristin Baush Date: 7/14/21 Time: 2:31 pm
Location Address: 630 West St., Southington 06489 Telephone #: 860 989 8411
e-mail address: klefty44@gmail.com License #: 54786 Expiration Date: 10/31/24
Capacity: 6+3 # of Children Present: 4 # of Staff Present: 1

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.

Provider/Applicant/Substitute's Signature

Purpose of visit: Follow Up to Full Inspection where Safe Space was cited due to
fence separating play space from neighbors pool measuring less
Observations/Corrections needed: than 48 inches on 5/26/21.

Observed fence height increased
Observed violation corrected at follow up visit

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: [Signature]
(OEC Representative)
Print Name: Patricia H. Jourski
Signature: [Signature]
(Person in Charge)
Print Name: Kristin Baush