

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

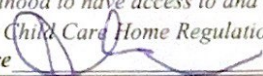
SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kristin Baush Date: 7-19-22 Time: 9:25 AM

Location Address: 630 West St. Southington Telephone #: 860 989 8411

e-mail address: kbaush44@gmail.com License #: 54786 Expiration Date: 10-31-24

Capacity: 643 # of Children Present: 6 # 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 child care records as required by Family Child Care Home Regulations.*
Family Child Care Home *Provider/Applicant/Substitute's Signature* 

Purpose of visit: Follow-up for Body of Water Violation cited at full inspection on 7-6-22

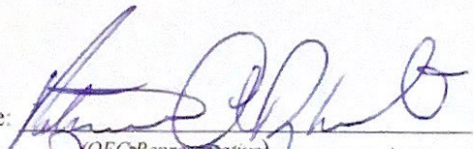
Observations/Corrections needed:

19a-87b-9(40) Observed Pool with key lock now in place denying access to the pool.

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: 
(OEC Representative)

Print Name: Patricia H. Gowerski

Signature: 
(Person in Charge)

Print Name: Kristin Baush