

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kristin Baush Date: 9.23.22 Time: 12:27 PM

Location Address: 630 West St., Southington 06489-2358 Telephone #: 860 989 8411

e-mail address: Klefty44@gmail.com License #: 54786 Expiration Date: 10.31.24

Capacity: 603 # of Children Present: 3 # 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: [Signature]

Purpose of visit: Partial Inspection for Body of Water violation at Full Inspection on 7.6.22

Observations/Corrections needed:

19a-87b-9(40)
Partial Inspection completed and compliance
was found at this time - Pool was locked

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: Pamela A. Zyburski

Signature: [Signature]
(Person in Charge)
Print Name: Kristin Baush