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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: KRISTIN BAUSH Date 3-27-24 Time: 1 PM

Location Address: 630 WEST ST. SOUTHINGTON Telephone #: 860 989 8411

e-mail address: klefty44@gmail.com License #: 54786 Expiration Date: ~~5-9-24~~ 10-29-24 PT.

Capacity: 6+3 # of Children Present: 9 # of Staff Present: 2

Consent to Inspect Family Child Care Home	*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.* ***Provider/Applicant/Substitute's Signature***

Purpose of visit: FOLLOW-UP FOR SAFE SLEEP

Observations/Corrections needed:

(73) OBSERVED TIGHT MATTRESS NOW FOR INFANTS

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 TRBURSKI

Signature: *(Person in Charge)*

Print Name: KRISTIN BAUSH