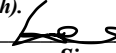




DIVISION OF LICENSING
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oc.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

PROVIDER	KRISTIN BAUSH			LICENSE NUMBER	DCFH.54786	DATE OF INSPECTION	03/06/2026
				EXPIRATION DATE	10/31/2028	TIME OF INSPECTION	02:12 PM
ADDRESS	630 WEST ST SOUTHINGTON CT 06489-2358			TELEPHONE	(860)	REGULAR CAPACITY	6
				HOURS OF OPERATION	7:00 AM - 5:00 PM	SCHOOL AGE CAPACITY	3
				DAYS OF OPERATION	Mon-Fri	SUMMER HOURS	Open
IS THIS A CHANGE OF ADDRESS?	YES	NO	NEW ADDRESS	# UNDER 18 MTHS PRESENT	1	WEEKEND HOURS	No
		X		TOTAL CHILDREN PRESENT	6	NIGHT HOURS	No
TYPE OF INSPECTION	UNANNOUNCED INSPECTION - FULL			INSPECTOR'S NAME	Melissa Lohr		
PROVIDER'S EMAIL	KLEFTY44@GMAIL.COM			INSPECTOR'S EMAIL	melissa.lohr@ct.gov		
KEY:	<i>Consent to Inspect: I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h).</i>						
COMPLIANT = X	 <i>Signature of Provider/Substitute/Applicant</i>						
NON-COMPLIANT = O							

TERMS OF THE LICENSE 19a-87b-5

X	4. 5(d)(10(a)) CAPACITY	
X	5. 5(c) NON-TRANSFERABILITY OF LICENSE	Pending?
X	6. 5(e) INFANT/TODDLER RESTRICTION	
X	7. 5(f)(2) LICENSE POSTED	
X	8. 5(g) PARENT ACCESS TO OEC PHONE NUMBER	
X	9. 5(h) PHOTO ID	
X	10. 5(i) REQUESTS FOR INFORMATION	
X	11. 5(j) NOTIFICATION OF CHANGE	

QUALIFICATION OF PROVIDER 19a-87b-6

X	12. 6(a) AWARENESS OF, UNDERSTANDING OF REGULATIONS	
X	13. 6(b) MEDICAL STATEMENT	
	EXPIRATION DATE:	03/29/2027

X	14. 6(c)(1) FIRST AID CERTIFICATE	
	EXPIRATION DATE: 02/08/2026	
X	15. 6(c)(2) CPR CERTIFICATE	
	EXPIRATION DATE: 02/08/2026	
X	16. 6(e) JUDGMENT	

MEMBERS OF THE HOUSEHOLD 19a-87b-7

O	17. 7(a) MEDICAL STATEMENT	Provider not in compliance with maintaining medical statements when one adult household member did not have an adult medical statement on file.
X	18. 7(b) HOUSEHOLD ENVIRONMENT	

QUALIFICATIONS OF STAFF 19a-87b-8

X	19. 8(a)-(b) SUBSTITUTE - ASSISTANT	Y/N	NAME:	Tamira Remsen	Appvl #	90903
		Y	NAME:		Appvl #	
	PRESENT AT VISIT? N					
X	20. 8(c) EMERGENCY CAREGIVER					

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

O	21. 8a(a)-(f) BACKGROUND CHECK(S)	Provider not in compliance with ensuring comprehensive background check(s) have been conducted when one adult household member needs to submit fingerprints for a background check.
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PHYSICAL ENVIRONMENT 19a-87b-9

X	22. 9(a) CLEAN/SANITARY ENVIRONMENT	
X	23. 9(b) FREEDOM OF HAZARDS	
O	24. 9(c) HARMFUL SUBSTANCES and MATERIALS INACCESSIBLE	Provider not in compliance with ensuring harmful substances and materials are inaccessible to children when cleaning supplies were observed under the bathroom sink and on the bathroom closet floor & toothpastes, an electric razor, and medical creams were observed in the unlocked bathroom drawer.
X	25. 9(c) BIO- CONTAMINANTS DISPOSED SAFELY	
X	26. 9(d)(1) SAFE STORAGE OF FLAMMABLES	
X	27. 9(d)(2) SAFE DOOR FASTENERS	
X	28. 9(d)(3) ELECTRICAL SAFETY	

X	29. 9(d)(4)-(A) SAFE EXITS		
X	30. 9(d)(4)(A) BASEMENT SUPERVISION USED FOR CARE ?	Y/N Y Y/N Y	
O	31. 9(d)(4)(D) STAIRWAYS - PROTECTED, HANDRAILS	Provider not in compliance with ensuring a gate or other structure is in place at the entry of stairways accessible to children when the staircase that leads from the first floor to the second floor was observed as accessible.	
X	32. 9(d)(4)(E)-(5) EMERGENCY PLAN		
O	33. 9(d)(5) EMERGENCY EVACUATION DRILLS - QUARTERLY/LOG	Provider not in compliance with maintaining a written log of the drills for one year when a current log was not on site.	
O	34. 9(d)(6) SMOKE DETECTORS	Provider not in compliance with maintaining operable smoke detectors on each level of the home when smoke detectors on the second floor and basement level of the home were not operable.	
O	35. 9(d)(7) CARBON MONOXIDE DETECTOR	Provider not in compliance with maintaining operable carbon monoxide detectors on each occupied level of the home when carbon monoxide detectors on the second floor and basement level of the home were not on site.	
X	36. 9(d)(8) FIRE EXTINGUISHER- 5 LB. ABC/INSTALLED		
X	37. 9(d)(9) N/A? Y AUXILIARY HEATING SYSTEM	TYPE:	APPROVED?
X	38. 9(e) SAFE STORAGE OF WEAPONS AND AMMUNITION		
X	39. 9(f)(1)-(2) SAFE SPACE- SUFFICIENT INDOORS OUTDOORS Yes Pending	Snow Covered outdoor space- not monitored - compliance pending follow up visit.	
	40. 9(f)(2) N/A? BODY OF WATER- 4 FT. STURDY FENCE OR BARRIER-LOCKED	TYPE: Pool	BARRIER:
X	41. 9(f)(3) N/A? Y HOT TUBS- LOCKED -INACCESSIBLE		
X	42. 9(g) VENTILATION, LIGHT AND TEMPERATURE- 65°		
X	43. 9(g) WINDOW SAFETY		
X	44. 9(h) WASHING TOILETING, SEWAGE GARBAGE FACILITIES		
X	45. 9(i) ADEQUATE AND SAFE WATER - TYPE OF SYSTEM: Public Water		
X	46. 9(h) WATER TEMPERATURE- 60°-120°		

X	47. 9(j) PASTEURIZATION OF MILK SUPPLY	
X	48. 9(k) WORKING PHONE, EMERGENCY NUMBERS POSTED	
X	49. 9(l) SAFE TRANSPORTATION REGISTERED, INSURED, RESTRAINTS	
X	50. 9(m)-(n) FIRST AID KIT and SUPPLIES	
X	51. 9(o) PET PROTECTION	TYPE of PETS: 1 dog
	PETS? Y/N Y	
	RABIES CERTS? Y/N Y	
X	52. 9(p) Smoking Prohibited	

RESPONSIBILITIES OF PROVIDER 19a-87b-10

O	53. 10(b)(1) ENROLLMENT FORM	Provider not in compliance with maintaining child enrollment form(s) when an enrollment form was not on site for one child.
O	54. 10(b)(2) CHILD HEALTH RECORD	Provider not in compliance with maintaining current child health record(s) when current health records were not on file for 4 children.
O	55. 10(b)(2)(v)(I) IMMUNIZATIONS	Provider not in compliance with maintaining immunization record(s) when records for 5 children were not up to date.
O	56. 10(b)(3)(B) EMERGENCY PERMISSION	Provider not in compliance with maintaining written parent permission for emergency medical care when permission was missing from one child's file.
O	57. 10(b)(3)(A) AUTHORIZED RELEASE	Provider not in compliance with maintaining written parent permission to authorize removal of child(ren) when permission was missing from one child's file.
X	58. 10(b)(3)(C)-(D)-(F) FIELD TRIP AND TRANSPORTATION PERMISSION- TO/FROM SCHOOL	
X	59. 10(b)(3)(E) SWIMMING PERMISSION	
O	60.10(b)(4) INCIDENT LOG	Provider not in compliance with maintaining an incident log for each child when incident logs were not on file for 2 children.
X	61. 10(b)(5) CONFIDENTIALITY	
X	62. 10(c) MEETING THE CHILD'S NEEDS	
X	63.10(c)(1) SUFFICIENT PLAY EQUIPMENT	

X	64. 10(c)(2) GOOD NUTRITION- MEALS/SNACKS, WATER AVAILABLE	
O	65. 10(c)(3) HANDWASHING	Provider not in compliance with ensuring children's hands are washed with soap and water before eating when children were observed eating a snack without washing their hands beforehand.
X	66. 10(c)(4) FLEXIBLE AND BALANCED WRITTEN SCHEDULE	
X	67. 10(c)(6) PERSONAL ARTICLES- BLANKET, TOWEL, TOILET ARTICLES	
X	68. 10(c)(5) PROPER REST PROVISIONS – SAFE CRIBS	
X	69. 10(d) INDIVIDUAL PLAN FOR CARE	
X	70. 10(d)(1-2) CULTURAL DIFFERENCES, SP. NEEDS, DEV. APPR. ACTIVITIES	
X	71. 10(e) INFANT CARE, INDIV ATTENTION, HELD FOR BOTTLE FEEDINGS	
X	72. 10(f)(1) INFANTS PLACED ON BACK FOR SLEEPING	
X	73. 10(f)(1) INFANTS PLACED IN CRIB, WELL CONSTRUCTED, SNUG MATTRESS, TIGHT SHEET	
X	74. 10(f)(3)-(4)/(7) CRIB OR OTHER PROVISION FREE FROM OBSERVABLE HAZARDS	
X	75. 10(f)(5) INFANTS NOT SWADDLED	
X	76. 10(f)(6) INFANTS SUPERVISED – MINIMUM EVERY 15 MINUTES	
X	77. 10(f)(8) REQ. FOR SLEEP ARRANGEMENTS POSTED/DISCUSSED	
X	78. 10(g) DIAPER CHANGING- FREQUENT, SANITARY, HANDWASHING, WASTE DISPOSAL	
X	79. 10(h)(1)-(9)-(11) PARENT INFORMATION AND ACCESS	
X	80. 10(h)(10) DEVELOPMENTAL MILESTONES – POSTED	

X	81. 10(i) SUPERVISION- AT ALL TIMES, INDOORS and OUTDOORS	
X	82. 10(i)(1) PERSONAL SCHEDULE- ALERT, COMPETENT ATTENTION	
X	83. 10(i)(2) FULL ATTENTION - DISTRACTIONS, EMPLOYMENT, SOCIALIZATION	
X	84. 10(i)(3) IMMEDIATE ATTENTION	
X	85. 10(i)(4) SUBSTITUTE – EMERGENCY CAREGIVER PRESENT	
X	86. 10(j) APPR. DISCIPLINE, BEHAVIOR MANAGEMENT	
X	87. 10(j)(2) DISCUSS BEH. MANAGEMENT METHODS W/STAFF AND PARENTS	
X	88. 10(k)(1) CHILD PROTECTION- ABUSE/NEGLECT	
X	89. 10(k)(2)(A-B) NOTIFY OEC WITHIN 24 HRS. - DEATH OR SERIOUS INJURY	
X	90. 10(k)(3) MANDATED REPORTING ABUSE OR NEGLECT TO DCF	

SICK CHILD CARE 19a-87b-11

X	91. 11(a)(1)-(3) SICK CHILD CARE	
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NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N

X	92. 12(a)(1)-(3) SEPARATE BED- LOCATION OF BED - APPROPRIATE SLEEPWEAR	
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OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

X	93. 13(a)-(f) ACCESS- IMMEDIATE, ENTIRE OR PART OF FACILITY AND RECORDS	
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ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N

X	94. 17 POLICIES AND PROCEDURES FOR ADMIN OF MEDS	
X	95. (a)(2) PARENT PERMISSION FOR NONPRESCRIPTION TOPICAL MEDS	
X	96. (a)(2)(b)(3)(D) NOTIFICATION - DOCUMENTATION OF MED ERROR(S)	
X	97. (a)(3) NONPRESCRIPTION TOPICAL MEDS- STORED/LABELED	
X	98. (a)(3)(C) UNUSED -EXPIRED NONPRESCRIPTION MEDS	
X	99. (b)(1)(2) DOCUMENTED MEDICATION TRAINED STAFF	
X	100. (b)(3) WRITTEN AUTH PRESCRIBER, PARENT PERMISSION	
X	101. (b)(4)(A-B) MAR MAINTAINED	
X	102. (b)(5)(A-B) PRESCRIPTION MEDS - STORED/LABELED	
X	103. (b)(5)(D) UNUSED/EXPIRED PRESCRIPTION MEDS	
X	104. (b)(5)(C)(E) EMERGENCY MEDS- EQUIPMENT LABELED/CURRENT	
X	105. (b)(6) SELF - ADMIN. OF MEDS	
X	106. (b)(7) PETITION FOR SPECIAL MEDICATION AUTHORIZATION	
X	107. (d) POTASSIUM IODIDE (KI)	
	N/A	

MONITORING OF DIABETES 19a-87b-18 Child with diabetes enrolled? N

X	108. (a) POLICIES FOR FINGER STICK BLOOD GLUCOSE TESTING	
X	109. (b) FINGER STICK BLOOD GLUCOSE TESTING - STAFF TRAINED	

X	110. (c)(3) SELF ADMIN OF FINGER STICK BLOOD GLUCOSE TESTING	
X	111. (d) TESTING EQUIP. & SUPPLIES- MAINTAIN, LABELED, LOCKED, DISPOSED	
X	112. (e)(1-2) FINGER STICK BLOOD GLUCOSE TESTING RECORDS	
X	113. (e)(3) PARENT NOTIFICATION OF TEST RESULTS	

ADDITIONAL VIOLATIONS

	114. CONSENT ORDER - NEGOTIATED CORRECTIVE ACTION PLAN	N/A?	
		Y	



WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	14 out of 109
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DISCUSSIONS/COMMENTS

Discussed keeping the thermostat set at 65°F or higher. A follow up visit will occur when weather permits to monitor the snow covered outdoor play area.

IMPORTANT NOTES

* It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.
 * Only the regulations marked as compliant or non-compliant were monitored or discussed.

Signature of OEC Representative			Signature of Provider/ Substitute
Printed Name	Melissa Lohr	KRISTIN BAUSH	Printed Name
2 nd OEC Representative		APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.	
Printed Name		THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.	



Written Corrective Action Plan due by:
03/20/2026

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OEC Representative's Email: **melissa.lohr@ct.gov**

CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>