



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552

Email: oeclicensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME – FOLLOW UP/PARTIAL

Provider	MICHELLE P KANIECKI			License Number	DCFH.51139	Date of Inspection	11/27/2023
				Expiration Date	12/31/2024	Time of Inspection	09:28 AM
Address	113 BLUEBERRY HILL RD GROTON CT 06340-4454			Telephone	(860) 867-6066	Regular Capacity	6
				Days and Hours	M-F 6:45 AM TO 4:45 PM	School Age Capacity	3
# Children Present	0	# Under 18 months present	0			Summer Care	Open
Purpose of Inspection	Follow up 11/1/23			Name of Inspector	Evelyn Vicente-Quinones		
Provider's Email	michkan13@gmail.com			Inspector's Email	evelyn.vicente-quinones@ct.gov		

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).

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Violations

Statute and/or Regulation	Description	Comments
[-]	000 No Violations	No violations were cited during this inspection

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Other Findings-In Compliance		
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Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	
[19a-87b-5(e)]	006-Infant/Toddler Restriction	In compliance at todays visit

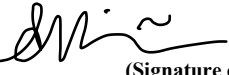

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YES/NO: No **WERE VIOLATIONS CITED DURING THIS VISIT?**

Discussions:

Comments:

NOTE: Items left blank on this form were not monitored during this visit.
Only the regulations marked as compliant or non-compliant were monitored or discussed.
APPLICANTS: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Provider/Applicant/Substitute/Emergency Caregiver)
Evelyn Vicente-Quinones (Printed Name)		 (Printed Name)