



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	MICHELLE P KANIECKI		License Number	DCFH.51139	Date of Inspection	01/22/2024
			Expiration Date	12/31/2024	Time of Inspection	09:20 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	3	# Under 18 months present	1	Summer Care	Open	
Purpose of Inspection	Partial to 10/24/23 I/T Capacity		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).

Michelle Kaniecki

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	

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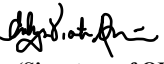

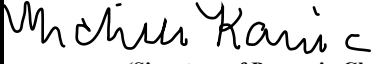
YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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Discussions:

Provider in compliance with infant/toddler capacity at today's visit.

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)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Evelyn Vicente-Quinones (Printed Name)	(Printed Name)		MICHELLE P KANIECKI (Printed Name)