CONNECTICUT
Early Childhood

DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
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FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	MICHELLE KYNARD			**License Number**	DCFH.56345	**Date of Inspection**	04/23/2025
				Expiration Date	6/30/2027	**Time of Inspection**	12:30 PM
Address	89 COLD SPRING LN SUFFIELD CT 06078-1238			**Telephone**	(860) 938-1588	**Regular Capacity**	6
				Hours of Operation	7:30 AM 5:00 PM	**School Age Capacity**	3
Is this a Change of Address?	**Yes?**		**No?** X	**Days of Operation**	Mon-Fri	**Summer Hours**	Open
New Address				**# Under 18 mths present**	2	**Weekend Hours**	No
				Total children present	7	**Night Hours**	No
Type of Inspection	Follow up check previously snow covered outdoor area.			**Inspector's Name**	Jannie Thornton		
Provider's Email	MICHELLEKYNARD@GMAIL.COM			**Inspector's Email**	jannie.thornton@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 Kynard

Signature of Provider/Applicant/Substitute/Emergency Caregiver

REGULATORY VIOLATIONS

Statute and/or Regulation: [-]	**Description:** 000 No Violations

No violations were cited during this inspection

Statute and/or Regulation:	**Description:**

Statute and/or Regulation:	**Description:**

Statute and/or Regulation:	**Description:**

Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:

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Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:

OTHER FINDINGS-REGULATIONS IN COMPLIANCE

Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity

Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-9(f)(1)]	Description: 039-Safe Space-Sufficient
Statute and/or Regulation:	**Description:**
Statute and/or Regulation:	**Description:**
Statute and/or Regulation:	**Description:**

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

DISCUSSIONS/COMMENTS

Discussed staff in detail. Staff is present today.
Follow up to check previously snow covered outdoor area. Outdoor area is completely fenced in. Inground pool is completely fenced in with a 4ft fence.
No violations cited at this follow up.

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.*
- *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. Providers are required by statutes and regulations to be in compliance at all times.*
- *APPLICANTS – You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.*

Jannie Thornton (Signature of OEC Representative)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	Michelle Kynard (Signature of Provider/Substitute/Applicant)
Jannie Thornton (Printed Name)	(Printed Name)		MICHELLE KYNARD (Printed Name)