CONNECTICUT Early Childhood

DIVISION OF LICENSING

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FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	MICHELLE KYNARD			**License Number**	DCFH.56345	**Date of Inspection**	04/21/2026
				Expiration Date	6/30/2027	**Time of Inspection**	01:00 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**	0	**Weekend Hours**	No
				Total children present	2	**Night Hours**	No
Type of Inspection	Follow up for 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:**

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

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

To request an accessible version of this report, please contact OEC.Licensing@ct.gov

Statute and/or Regulation:	Description:

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OTHER FINDINGS-REGULATIONS IN COMPLIANCE

Statute and/or Regulation: [19a-87b-5(d) and/or 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)(1-2)]	Description:	039-Indoor/Outdoor Space-Safe and Sufficient
Statute and/or Regulation:	**[19a-87b-9(f)(2) and/or 19a-87b-9(f)(4)]**	**Description:**	**040-Body of Water**
Statute and/or Regulation:		**Description:**	
Statute and/or Regulation:		**Description:**	

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

DISCUSSIONS/COMMENTS

Pool is fenced in and locked. Outdoor area is in compliance.

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)