

# Connecticut Office of Early Childhood

## Division of Licensing

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
 Phone (800)282-6063 [www.ctoec.org](http://www.ctoec.org) Fax (860)326-0552

### FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL    UNANNOUNCED FULL/PARTIAL    FOLLOW UP    LOCATION CHANGE    OTHER

<b>Provider:</b> <i>Kiki Karistinas</i>	License Number: <i>36590</i>	Date of Inspection: <i>3/14/22</i>
<b>Address:</b> <i>8 Moonlight Circle</i>	Expiration Date: <i>9/30/22</i>	Time of Inspection: <i>12:40</i>
	Capacity: <i>603</i>	Days/Hours: <i>700-500</i>
<b>Town:</b> <i>Naugatuck</i>	Telephone: <i>203-720-1033</i>	Summer: <input checked="" type="checkbox"/> Open / <input type="checkbox"/> Closed
<b>State/Zip Code:</b> <i>CT</i>	Email:	

Instructions: ✓ = Compliance/No violation found      0 = Non-compliance/Violation found      N/A = Not applicable at this time

**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).  
*Kiki Karistinas*  
 Signature of Provider/Applicant/Substitute/Emergency Caregiver

**Terms of License 19a-87b-5**

4 Capacity: Total # Children Present: 4

5 Nontransferability of License

6 Infant/Toddler Restriction- # Present: 2

7 License Posted

8 Parent Access to OEC Phone Number

9 Photo ID

10 Requests for Information

11 Notification of Change

**Qualifications of Applicant and Provider 19a-87b-6**

12 Awareness of/Understanding of Regulations

13 Medical Statement-Exp. Date 8/28/23

14 First Aid Certificate-Exp. Date 8/23/22

15 CPR Certificate- Exp. Date 8/22/22

16 Judgment

**Members of the Household 19a-87b-7**

17 Medical Statement

18 Household Environment

**Qualifications of Staff 19a-87b-8**

19 Substitute/Assistant (Y/N)

20 Emergency Caregiver

**Comprehensive Background Check 19a-87b-8a**

21 Background Check(s)

**Physical Environment 19a-87b-9**

22 Clean/Sanitary Environment

23 Freedom of Hazards

24 Harmful Substances/Materials Inaccessible

25 Bio-contaminants Disposed Safely

26 Safe Storage of Flammables

27 Safe Door Fasteners

28 Electrical Safety

29 Safe Exits

30 Basement Supervision (Y/N)

31 Stairways: Protected/Handrails

32 Emergency Plan

33 Emergency Evacuation Drills-Quarterly/Log

34 Smoke Detectors

35 Carbon Monoxide Detector

36 Fire Extinguisher- at least 5 lb. ABC/Installed

37 Auxiliary Heating System (Y/N) Type:  Approved (Y/N)

38 Safe Storage of Weapons and Ammunition

39 Safe Space - Sufficient  
 Indoor \_\_\_\_\_ Outdoor

40 Body of Water (Y/N) Type: none Barrier/Fence (4ft)

41 Hot Tubs- Locked/Inaccessible

42 Ventilation/Light - Temperature- 65°F

43 Window Safety

44 Washing/Toileting/Sewage/Garbage Facilities

45 Adequate and Safe Water Public Approved

46 Water Temperature 60°-120°F

47 Pasteurization of Milk Supply

48 Working Telephone/Emergency Numbers Posted

49 Safe Transportation-Registered/Insured/Restraints

50 First Aid Supplies

51 Pets: (Y/N) -Type: none Rabies Certificate(s)

52 Smoking Prohibited

**Responsibilities of Provider 19a-87b-10**

53 Enrollment Form

54 Child Health Record

55 Immunizations

56 Emergency Permission

57 Authorized Release

58 Field Trips/Transportation Permission- To/From School

59 Swimming Permission

60 Incident Log

61 Confidentiality

62 Meeting the Child's Needs

63 Sufficient Play Equipment

64 Good Nutrition: Meals/Snacks/Water Available

65 Handwashing

66 Flexible and Balanced Written Schedule

**APPLICANTS- PLEASE NOTE:** You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

(Signature of OEC Representative) <i>Jennie Thorston</i>	Date Corrections Due By: <i>3/28/22</i>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Kiki Karistinas</i>
(Printed Name) <i>Jennie Thorston</i>		(Printed Name) ( <i>KIKI KARISTINOS</i> )



**FAMILY CHILD CARE HOME INSPECTION FORM - Page 2**

<b>Provider:</b> <i>Kiki Karistinos</i>	<b>License Number:</b> <i>36590</i>	<b>Date of Inspection:</b> <i>3/14/22</i>
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**Responsibilities of Provider 19a-87b-10 (continued)**

- 67. Personal Articles: Blanket/Towel/Toilet Articles
- 68. Proper Rest Provisions/Safe Cribs
- 69. Individual Plan for Care (Written if Applicable)
- 70. Cultural Differences/Special Needs/Dev. Appr. Activities
- 71. Infant Care- Individual Attention/Held for Bottle Feedings
- 72. Infants Placed on Back for Sleeping
- 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet
- 74. Crib or other Provision Free from Observable Hazards
- 75. Infants not Swaddled
- 76. Infants Supervised- observed minimum every 15 minutes
- 77. Req. for Sleep Arrangements Posted/Discussed
- 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp.
- 79. Parent Information and Access
- 80. Developmental Milestones-Posted
- 81. Supervision-At all Times- Indoors/Outdoors
- 82. Personal Schedule-Alert/Competent Attention
- 83. Full Attention-Distractions/Employment/Socialization
- 84. Immediate Attention
- 85. Substitute/Emergency Caregiver Present
- 86. Appropriate Discipline/Behavior Management
- 87. Discuss Behavior Management Methods w/Staff/Parents
- 88. Child Protection: Abuse/Neglect
- 89. Notify OEC within 24 hrs.: Death/Serious Injury
- 90. Mandated Reporting of Abuse/Neglect to DCF

**Sick Child Care 19a-87b-11**

91. Sick Child Care

**Night Care 19a-87b-12 (Y/N) (10pm to 5am)**

92. Separate Bed/Location of Bed/Appropriate Sleepwear

**Office Access, Inspections and Investigations 19a-87b-13**

93. Access- Immediate/Entire or Part of Facility/Records

**Administration of Medications 19a-87b-17**

- 94. Policies and Procedures for Admin of Meds
- 95. Parent Permission for Nonprescription Topical Meds
- 96. Notification and Documentation of Medication Error(s)
- 97. Nonprescription Topical Meds - Stored/Labeled
- 98. Unused/Expired Nonprescription Meds
- 99. Documented Medication Trained Staff
- 100. Written Authorized Prescriber/Parent Permission
- 101. MAR Maintained
- 102. Prescription Meds - Stored/Labeled
- 103. Unused/Expired Prescription Meds
- 104. Emergency Meds - Equip Labeled/Current
- 105. Self-Administration of Meds
- 106. Petition for Special Medication Authorization
- 108. Policies for Finger Stick Blood Glucose Testing
- 109. Finger Stick Blood Glucose Testing - Staff Trained
- 110. Self Admin of Finger Stick Blood Glucose Testing
- 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed
- 112. Finger Stick Blood Glucose Testing Records
- 113. Parent Notification of Test Results

**Additional Violations**

114. Consent Order/Negotiated Corrective Action Plan *N/A*

**Discussions/Comments:** *Discussed changes to the Regulations.*  
*Discussed new postings*  
*#35 - No carbon monoxide detectors on site*  
*#66 - No written schedule*  
  
*Note: Provider will get an email address*

**APPLICANTS- PLEASE NOTE:** You **MAY NOT OPERATE** until all requirements have been met and a license has been issued by the Agency.

(Signature of OEC Representative) <i>Jannie Thornton</i>	Date Corrections Due By: <i>3/28/22</i>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Kiki Karistinos</i>
(Printed Name) <i>Jannie Thornton</i>		(Printed Name) <i>KIKI KARISTINOS</i>

