

Connecticut Office of Early Childhood

Division of Licensing

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

Provider: Cristiane M. Micik	License Number: 57044 Expiration Date: 7/30/26	Date of Inspection: 6/10/22 Time of Inspection: 9:00am
Address: 171 Kensington Ave	Capacity: 6+3	Days/Hours: M-F 24 hrs
Town: New Britain	Telephone: 845-489-4461	Summer: <input checked="" type="checkbox"/> Open/ <input type="checkbox"/> Closed
State/Zip Code: CT 06051-3906	Email: cris_mc@me.com	

Instructions: = Compliance/No violation found = 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).

Cristiane m. micik
 Signature of Provider/Applicant/Substitute/Emergency Caregiver

Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: 13
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: 0 + 1 @ 9:00am
- 7. License Posted
- 8. Parent Access to OEC Phone Number (RC)
- 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 3/3/2023
- 14. First Aid Certificate-Exp. Date 11/13/2023
- 15. CPR Certificate- Exp. Date 11/13/2023
- 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: Aboveground Barrier/Fence (4ft)
- 41. Hot Tubs- Locked/Inaccessible pool
- 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: Dog Rabies Certificate(s) Rabbit
- 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) <u>Rebecca Cruelles</u>	Date Corrections Due By: <u>6/24/22</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <u>Cristiane m. micik</u>
(Printed Name) <u>Rebecca Cruelles</u>		(Printed Name) <u>Cristiane Martins Micik</u>

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FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

Provider: <u>Cristiane M. Micik</u>	License Number: <u>57044</u>	Date of Inspection: <u>6/10/22</u>
Responsibilities of Provider 19a-87b-10 (continued) <input checked="" type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles <input checked="" type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs <input checked="" type="checkbox"/> 69. Individual Plan for Care (Written if Applicable) <input checked="" type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities <input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings <input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping <input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet <input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards <input checked="" type="checkbox"/> 75. Infants not Swaddled <input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes <input checked="" type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed <input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp. <input checked="" type="checkbox"/> 79. Parent Information and Access <input checked="" type="checkbox"/> 80. Developmental Milestones-Posted <input checked="" type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors <input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention <input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization <input checked="" type="checkbox"/> 84. Immediate Attention <input checked="" type="checkbox"/> 85. Substitute/Emergency Caregiver Present <input checked="" type="checkbox"/> 86. Appropriate Discipline/Behavior Management <input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents <input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect <input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury <input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF	Office Access, Inspections and Investigations 19a-87b-13 <input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records Administration of Medications 19a-87b-17 <input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds <input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds <input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s) <input checked="" type="checkbox"/> 97. Nonprescription Topical Meds - Stored/Labeled <input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds <input checked="" type="checkbox"/> 99. Documented Medication Trained Staff <input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> 101. MAR Maintained <input checked="" type="checkbox"/> 102. Prescription Meds - Stored/Labeled <input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds <input checked="" type="checkbox"/> 104. Emergency Meds - Equip Labeled/Current <input checked="" type="checkbox"/> 105. Self-Administration of Meds <input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization <input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing - Staff Trained <input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed <input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records <input checked="" type="checkbox"/> 113. Parent Notification of Test Results	
Sick Child Care 19a-87b-11 <input checked="" type="checkbox"/> 91. Sick Child Care	Additional Violations <input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan <u>N/A</u>	
Night Care 19a-87b-12 (Y/N) (10pm to 5am) <input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear		
Discussions/Comments: <p><u>Discussed capacity regarding provider's own school age children during the summer months. Discussed background check for Provider and 1 household member 5 years old as of 4/27/17 - submit new background check.</u></p> <p><u>#54 Observed 1 child without a current health record; observed 1 child with an incomplete health record as rescue meds left blank on health</u></p>		
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(Signature of OEC Representative) <u>Rebecca Cuvelles</u>	Date Corrections Due By: <u>6/24/22</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <u>Cristiane m. micik</u>
(Printed Name) <u>Rebecca Cuvelles</u>		(Printed Name) <u>Cristiane martinis Micik</u>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cristiane M Micik License # 57044 Date: 6/10/22

Observations/Corrections needed:

#54 Cont'd - record of child with diagnosed with asthma.

#55 observed ① child without current immunizations.

#56 observed ① child without emergency permission

#57 observed ① child without authorized release.

#100 observed written authorized prescriber/parent permission form to be incomplete as parent signature and provider signatures left blank.

#102 observed asthma inhaler and epi-pen to not be stored or labeled properly. meds were stored in a backpack accessible to children and not pharmacy label/packaging for the meds were available.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Rebecca Guelles
(OEC Representative)
Print Name: Rebecca Guelles

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 6/24/22

Signature: Cristiane M. Micik
(Person in Charge)
Print Name: Cristiane Martins Micik