



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

| | | | | | | | | |
|-------------------------------------|--|--|-----|---|--------------------------------|---------------------|----------------------------|------------|
| Provider | CRISTIANE M MICIK | | | | License Number | DCFH.57044 | Date of Inspection | 03/23/2026 |
| | | | | | Expiration Date | 4/30/2026 | Time of Inspection | 09:21 AM |
| Address | 171 KENSINGTON AVE NEW BRITAIN CT 06051-3906 | | | | Telephone | (845) 489-4461 | Regular Capacity | 6 |
| | | | | | Hours of Operation | 24 HOURS – 24 HOURS | School Age Capacity | 3 |
| Is this a Change of Address? | Yes? | | No? | X | Days of Operation | Mon-Sun | Summer Hours | Open |
| New Address | | | | | # Under 18 mths present | 2 | Weekend Hours | Yes |
| | | | | | Total children present | 3 | Night Hours | Yes |
| Type of Inspection | Follow-up to monitor yard | | | | Inspector's Name | Melissa Lohr | | |
| Provider's Email | sunshinenewbritain@gmail.com | | | | Inspector's Email | melissa.lohr@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).

Cristiane Micik - Signer

Signature of Provider/Applicant/Substitute/Emergency Caregiver

REGULATORY VIOLATIONS

| | | | |
|--|----------------------|---------------------|------------------------------------|
| Statute and/or Regulation: | [19a-87b-9(d)(4)(D)] | Description: | 031-Stairways: Protected/Handrails |
| <p>Provider not in compliance with ensuring a gate or other structure is in place at the entry of stairways accessible to children when the staircase leading to the downstairs of the home is accessible when children have to wash their hands in the kitchen.</p> | | | |
| 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: |
| | |
| 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: |
| | |
| Statute and/or Regulation: | Description: |
| | |
| Statute and/or Regulation: | Description: |
| | |
| 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-5(j)] | Description: 011-Notification of Change |
|---|---|

| | |
|--|---|
| Statute and/or Regulation: [19a-87b-9(f)(1-2)] | Description: 039-Indoor/Outdoor Space-Safe and Sufficient |
|--|---|

| | |
|----------------------------|--------------|
| Statute and/or Regulation: | Description: |
|----------------------------|--------------|

| | |
|----------------------------|--------------|
| Statute and/or Regulation: | Description: |
|----------------------------|--------------|



| | |
|--|--------------------|
| WERE VIOLATIONS CITED DURING THIS VISIT? | <u>YES/NO:</u> Yes |
|--|--------------------|

DISCUSSIONS/COMMENTS

Provider submitted a notification of change form to notify the OEC that she changed her last name and that there is a new adult household member. Discussed with provider that she needs to follow manufacturer guidelines for products & reviewed infant safe sleep policies. Also discussed procedures for adding-on staff. Outdoor play space was monitored. A new sturdy fence was installed to protect children from having access to the street.

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.**

| | | | |
|---|---------------------------------------|--|---|
|  (Signature of OEC Representative) | (Signature of OEC Representative) | DATE CORRECTIONS DUE BY: 04/06/2026 |  (Signature of Provider/Substitute/Applicant) |
| Melissa Lohr (Printed Name) | (Printed Name) | | CRISTIANE M MICIK (Printed Name) |