Connecticut Office of Early Childhood

DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
Email: oec.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	APRIL M WOJCIK	**License Number**	DCFH.53279	**Date of Inspection**	02/26/2024
		Expiration Date	10/31/2025	**Time of Inspection**	11:14 AM
Address	185 BLACK HILL RD PLAINFIELD CT 06374-1444	**Telephone**	(860) 933-3178	**Regular Capacity**	6
		Days and Hours	M-F 6:30 AM - 5:00 PM	**School Age Capacity**	3
Is this a Change of Address?	**Yes?**		**No?** X	**Summer Care**	Open
New Address		**Type of Inspection**	UNANNOUNCED INSPECTION - FULL		
# of Infants - Toddlers Present	0	**# of Total Children Present**	4	**Inspector's Name**	Evelyn Vicente-Quinones
Provider's Email	aprilwojcik@hotmail.com			**Inspector's Email**	evelyn.vicente-quinones@ct.gov

Key:
Compliant = X
Non-Compliant = O

***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).* April Wojcik

Signature of Provider/Substitute/Applicant

TERMS OF REGISTRATION 19a-87b-5

X	**4. Capacity**		
X	**5. Non-transferability of license**	**Pending?**	
X	**6. Infant/Toddler Restriction**		
X	**7. License Posted**		
X	**8. Parent Access to OEC Phone Number**		
X	**9. Photo ID**		
X	**10. Requests for Information**		
X	**11. Notification of Change**		

QUALIFICATION OF PROVIDER 19a-87b-6

X	**12. Awareness of, Understanding of Regulations**	
X	**13. Medical statement** **Expiration date:** **02/21/2027**	
X	**14. First Aid Certificate** **Expiration date:** 03/21/2025	

X	**15. CPR Certificate** **Expiration date:** 03/21/2025		
O	**16. Judgment**		Failed to demonstrate good judgment about supervision and safety when she took child to bus stop which arrives at the end of her driveway and left her daughter caring for 3 children in the home.

MEMBERS OF THE HOUSEHOLD 19a-87b-7

X	**17. Medical Statement**		
X	**18. Household Environment**		

QUALIFICATIONS OF STAFF 19a-87b-8

O	**19. Substitute or Assistant** **Type of Staff :**	**Y/N** N	Failed to utilize agency approved assistant when teen daughter supervised 3 children when provider took 1 child to bus stop.
X	**20. Emergency Caregiver**		

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

O	**21. Background Check(s)**	Failed to ensure comprehensive background check(s) have been conducted for provider; has not done background check for daughter who turned 18 years old in September 2023.

PHYSICAL ENVIRONMENT 19a-87b-9

X	**22. Clean/Sanitary Environment**		
X	**23. Freedom of Hazards**		
X	**24. Harmful Substances/Materials Inaccessible**		
X	**25. Bio-contaminants Disposed Safely**		
X	**26. Safe Storage of Flammables**		
X	**27. Safe Door Fasteners**		
X	**28. Electrical Safety**		
X	**29. Safe Exits**		
X	**30. Basement Supervision** **Used for Care ?**	**Y/N** Y **Y/N** N	
X	**31. Stairways - Protected, Handrails**		
O	**32. Emergency Plan**		

O	**33. Emergency Evacuation Drills - Quarterly/Log**	Failed to maintain a written log of the practices drills since June 2023
O	**34. Smoke Detectors**	Failed to maintain operable smoke detectors in the lower level of home that is used for providers sister living area.
O	**35. Carbon Monoxide Detector**	Failed to maintain operable carbon monoxide detectors on each occupied level of the home
X	**36. Fire Extinguisher- 5 lb. ABC/Installed**	
X	**37. Auxiliary Heating System** N **Type?**	**Appvd?**
X	**38. Safe Storage of Weapons and Ammunition**	
X	**39. Safe Space- Sufficient** **Indoors** Y / **Outdoors**	
X	**40. Body of Water- Type:** **Barrier?**	**Y/N** N
X	**41. Hot Tubs- Locked - Inaccessible**	**Y/N** N
X	**42. Ventilation, Light and Temperature- 65°**	
X	**43. Window Safety**	
X	**44. Washing Toileting, Sewage Garbage Facilities**	
X	**45. Adequate and Safe Water -** **Type of System:** Private Well	
X	**46. Water Temperature- 60°-120°**	
X	**47. Pasteurization of Milk Supply**	
X	**48. Working Phone, Emergency Numbers Posted**	
X	**49. Safe Transportation** Registered, Insured, Restraints	
O	**50. First Aid supplies**	Failed to maintain a complete first aid kit provider unable to provide first aid kit at time of visit; provider stated she will be getting a new one soon.
X	**51. Pet protection** **Pets?** Y **Rabies Certs?**	**Type:** 3 cats
X	**52. Smoking Prohibited**	

RESPONSIBILITIES OF PROVIDER 19a-87b-10

X	**53. Enrollment Form**	

O	**54. Child Health Record**	Failed to maintain child health record(s) for 3 children enrolled
O	**55. Immunizations**	Failed to maintain immunization record(s) for flu vaccines for 4 children enrolled
X	**56. Emergency Permission**	
X	**57. Authorized Release**	
X	**58. Field Trip and Transportation Permission- To/From School**	
X	**59. Swimming Permission**	
X	**60. Incident Log**	
X	**61. Confidentiality**	
X	**62. Meeting the Child's Needs**	
X	**63. Sufficient Play Equipment**	
X	**64. Good Nutrition- Meals/Snacks, Water Available**	
X	**65. Handwashing**	
X	**66. Flexible and Balanced Written Schedule**	
X	**67. Personal Articles- Blanket, Towel, Toilet Articles**	
X	**68. Proper Rest Provisions – Safe Cribs**	
X	**69. Individual Plan for Care (Written if Applicable)**	
X	**70. Cultural Differences, Sp. Needs, Dev. Appr. Activities**	
X	**71. Infant Care, Indiv Attention, Held for Bottle Feedings**	
X	**72. Infants Placed on Back for Sleeping**	
X	**73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet**	

X	**74. Crib or Other Provision Free from Observable Hazards**	
X	**75. Infants not Swaddled**	
X	**76. Infants Supervised – minimum every 15 minutes**	
X	**77. Req. for Sleep Arrangements Posted/Discussed**	
X	**78. Diaper Changing-** **Frequent, Sanitary, Handwashing, Waste Disposal**	
X	**79. Parent Information and Access**	
X	**80. Developmental Milestones – Posted**	
O	**81. Supervision- at all Times, Indoors, Outdoors**	Failed to be either indoors or outdoors with all children in care when leaving 3 children indoors with daughter while she took 1 child to bus stop outdoors
X	**82. Personal Schedule- Alert, Competent Attention**	
X	**83. Full Attention - Distractions, Employment, Socialization**	
X	**84. Immediate Attention**	
O	**85. Substitute – Emergency Caregiver Present**	Failed to ensure an approved substitute was present when leaving daughter with 3 children while taking 1 additional child to bus stop
X	**86. Appr. Discipline, Behavior Management**	
X	**87. Discuss Beh. Management Methods w/Staff and Parents**	
X	**88. Child Protection- Abuse/Neglect**	
X	**89. Notify OEC within 24 hrs. - Death or Serious Injury**	
X	**90. Mandated Reporting Abuse or Neglect to DCF**	
	SICK CHILD CARE 19a-87b-11	
X	**91. Sick Child Care**	
IS NIGHT CARE PROVIDED?	N	**NIGHT CARE 19a-87b-12** **(10pm to 5am)**
X	**92. Separate Bed- Location of Bed - Appropriate Sleepwear**	

OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

X	93. Access- Immediate, Entire or Part of Facility and Records	

Are Medications Administered? N

ADMINISTRATION OF MEDICATIONS 19a-87b-17

X	94. Policies and Procedures for Admin of Meds	
X	95. Parent Permission for Nonprescription Topical Meds	
X	96. Notification - Documentation of Med Error(s)	
X	97. Nonprescription Topical Meds- Stored/Labeled	
X	98. Unused - Expired Nonprescription Meds	
X	99. Documented Medication Trained Staff	
X	100. Written Auth Prescriber/Parent Permission	
X	101. MAR Maintained	
X	102. Prescription Meds – Stored/Labeled	
X	103. Unused/Expired Prescription Meds	
X	104. Emergency Meds- Equip. Labeled/Current	
X	105. Self-Admin. Of Meds	
X	106. Petition for Special Medication Authorization	

Child with diabetes enrolled? N

MONITORING OF DIABETES 19a-87b-18

X	108. Policies for Finger Stick Blood Glucose Testing	
X	109. Finger Stick Blood Glucose Testing - Staff Trained	
X	110. Self Admin of Finger Stick Blood Glucose Testing	
X	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed	
X	112. Finger Stick Blood Glucose Testing Records	

X	**113. Parent Notification of Test Results**	

ADDITIONAL VIOLATIONS

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

YES or NO?	**WERE VIOLATIONS CITED DURING THIS VISIT?**
Yes	

DISCUSSIONS:

~ Provider stated she is planning on installing pool for Summer 2024; Provider will be required to submit Notification of change within 5 working days and an inspection will need to take place. Discussed regulations related to pool (read regulation verbatim)
~ Children with no documentation of flu vaccines on file during today's visit; can only return with documentation of most current flu vaccines (administered on or after 8/1/23).
~ Provider stated appointment for fingerprinting is scheduled for 3/3/24.
~ OEC specialist provided provider with BCIS flyer, adult medical statement and emergency plan documents via text. OEC specialist will also email adult medical statement and emergency plan by end of business day today.
~ Provider posted developmental milestones during visit; discussed all required posted documentations.

COMMENTS:

NOTE: Any 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.

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)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	(Signature of Provider/Applicant/Substitute)
Evelyn Vicente-Quinones		03/11/2024	APRIL M WOJCIK
(Printed Name)	(Printed Name)		(Printed Name)