



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

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FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	APRIL M WOJCIK		License Number	DCFH.53279	Date of Inspection	03/14/2024
			Expiration Date	10/31/2025	Time of Inspection	01:50 PM
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
# Children Present	5	# Under 18 months present	1		Summer Care	Open
Purpose of Inspection	Follow up to 2/26/24 visit		Name of Inspector	Evelyn Vicente-Quinones		
Provider's Email	aprilwojcik@hotmail.com		Inspector's Email	evelyn.vicente-quinones@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).

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Violations

Statute and/or Regulation	Description	Comments
[-]	000 No Violations	No violations were cited during this inspection

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Other Findings-In Compliance		
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Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	
[19a-87b-5(e)]	006-Infant/Toddler Restriction	
[19a-87b-6(e)]	016-Judgment	
[19a-87b-8, 19a-87b-8(d) and/or 19a-87b-8(e)]	019-Substitute/Assistant	Provider did not use unapproved staff to care for children during today's visit and stated she has not used unapproved staff. Additionally, she is waiting for her daughter to be approved staff.
[19a-87b-9(d)(5)]	033-Emergency Evacuation Drills-Quarterly	Provider practiced and documented emergency evacuation drill

[19a-87b-9(d)(6)]	034-Smoke Detectors	Provider installed new and working smoke detectors on each level of the home
[19a-87b-9(d)(7)]	035-Carbon Monoxide Detector	Provider installed new and working carbon monoxide detectors on each level of the home
[19a-87b-9(m) and/or 19a-87b-9(n)]	050-First Aid Supplies	Provider purchased required regulatory first aid kit items.

<u>YES/NO:</u> No	WERE VIOLATIONS CITED DURING THIS VISIT?
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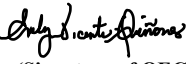
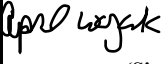
Discussions:

Provided 2 sleep sacks during visit (1 small and 1 medium)
All previously cited items in compliance.

Comments:

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

		DATE	
(Signature of OEC Representative)	(Signature of OEC Representative)	CORRECTIONS	(Signature of Person in Charge)
		DUE BY:	
Evelyn Vicente-Quinones			APRIL M WOJCIK
(Printed Name)	(Printed Name)		(Printed Name)