Connecticut Office of Early Childhood

DIVISION OF LICENSING
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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).*

April Wojcik

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Violations

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

Other Findings-In Compliance

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.

YES/NO: No	**WERE VIOLATIONS CITED DURING THIS VISIT?**

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.

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