Connecticut Office of Early Childhood

DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
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Email: oec.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	APRIL M WOJCIK			License Number	DCFH.53279	Date of Inspection	06/13/2024
				Expiration Date	10/31/2025	Time of Inspection	11:54 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
# Children Present	4	# Under 18 months present	0			Summer Care	Open
Purpose of Inspection	Partial for unapproved staff/supervision and Notification of change - new pool			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

Regulatory Violations

Statute and/or Regulation:	Description:
[-]	000 No Violations

No violations were cited during this inspection

Statute and/or Regulation:	Description:

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Statute and/or Regulation:	Description:

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Statute and/or Regulation:	Description:

Other Findings-Regulations In Compliance

Statute and/or Regulation: [19a-87b-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

Provider notified OEC pool was being installed during the weekend

Statute and/or Regulation:	[19a-87b-8, 19a-87b-8(d) and/or 19a-87b-8(e)]	Description:	019-Substitute/Assistant

Provider's approved staff is present and assisting with care of children.

Statute and/or Regulation:	[19a-87b-9(f)(2) and/or 19a-87b-9(f)(4)]	Description:	040-Body of Water

Pool itself measures more than 48" in height.

Statute and/or Regulation:	[19a-87b-10(i)]	Description:	081-Supervision-At All Times, Indoors/Outdoors

Supervision in compliance at time of today's visit.

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

DISCUSSIONS/COMMENTS

~ Provider's sister has moved out
~ Provider stated pool is only for household members use only.

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)