☐ Initial ☐ Unannounced Full/Partial ☒ Follow-up ☐ Location Change ☐ Investigation ☐ Other _____

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: April Wojcik Date: 5/08/26 Time: 11:14am

Location Address: 185 Black Hill Road Plainfield, CT. Telephone #: 860 933-3178

e-mail address: aprilwojcik@hotmail.com License #: 53279 Expiration Date: 10/31/29

Capacity: 6+3 # of Children Present: 7+2 11:50am # of Staff Present: 2 Provider approved Assist #95719

0 under 8 months

Consent to Inspect Family Child Care Home	*I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.* ***Provider/Applicant/Substitute's Signature*** April Marie Wojcik

Purpose of visit: Follow-up Inspection to observe outdoor playspace that was snow covered during the full Inspection on 3/02/26

Observations/Corrections needed:

39. The outdoor backyard playspace was observed safe and sufficient during the follow-up Inspection

The Above ground pool measured 48-51 inches.

S = Substantiated **NS = Not Substantiated** **P = Pending (if applicable)**

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: No Cap Required

Signature: _____ *(OEC Representative)*

Print Name: Stef Adams

Signature: April Marie Wojcik *(Person in Charge)*

Print Name: April Marie Wojcik