

**CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING**



Type of Inspection: Initial Unannounced Full Announced Full Partial Follow-Up Change of Location

Whiz Kids Daycare		4/24/25	8:00am
815 Pine St		Pending	—
Bristol, CT 06010		0-584-8687	Open
Whiz Kids Daycare Inc	# of Staff Present:	# over 3 Present:	# under 3 Present:
whizkidsdaycare1@gmail.com	Total Capacity:	Total Under 3 capacity:	Ages Served: 12
Sienna White	M-F 6:30am - 5:00pm		

Endorsements: Under Three (6wks - 36m) Preschool (3y - 5y) School Age (5y & up) Night Care (6wks & up)

<input checked="" type="checkbox"/> 1.	(c)(8)	Local Health Inspection-Date: 1/21/25	<input checked="" type="checkbox"/> 19.	(a)(1)	Staff health records
<input checked="" type="checkbox"/> 2.	(a)	Ensuring health & safety of children	<input checked="" type="checkbox"/> 20.	(a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 3.	(b)	Overall management of program	<input checked="" type="checkbox"/> 21.	(b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 4.	(b)(6)	Employee orientation for new program staff	<input checked="" type="checkbox"/> 21a.	(b)(2)	Past employment history
<input checked="" type="checkbox"/> 5.	(b)(6)	Annual policy training for program staff	<input checked="" type="checkbox"/> 22.	(b)(4)	Evidence of compliance with bknd cks/history
<input checked="" type="checkbox"/> 6.	(b)(7)(A)	Child behavior management	<input checked="" type="checkbox"/> 23.	(d)	Adequate staffing
<input checked="" type="checkbox"/> 7.	(b)(7)(B)	Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 24.	(d)(1)-(e)(2)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 8.	(b)(7)(C)	Child Protection	<input checked="" type="checkbox"/> 25.	(d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 9.	(b)(7)(E)	Mandated Reporting	<input checked="" type="checkbox"/> 26.	(d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 10.	(c)(1-4)	Notification of Change	<input checked="" type="checkbox"/> 27.	(d)(4)(A)	RATIOS
<input checked="" type="checkbox"/> 11.	(d)(2)(A)	POLICIES-COMplete/IMPLEMENTED	<input checked="" type="checkbox"/> 28.	(d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> 12.	(d)(2)(B)(C)	Discipline policy	<input checked="" type="checkbox"/> 29.	(d)(6)	Mixed age group
<input checked="" type="checkbox"/> 13.	(d)(3)	Child Protection policy	<input checked="" type="checkbox"/> 30.	(d)(4)(D)	Nap time ratio
<input checked="" type="checkbox"/> 14.	(d)(4)(A)	Closing time policy	<input checked="" type="checkbox"/> 31.	(d)(5)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 15.	(d)(4)(B)	Medical emergency policy	<input checked="" type="checkbox"/> 32.	(d)(5)(A)	GROUP SIZE
<input checked="" type="checkbox"/> 16.	(d)(4)(B)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 33.	(d)(5)(B)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> 17.	(d)(5)	Supervision policy	<input checked="" type="checkbox"/> 34.	(e)(1)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> 18.	(d)(6)	General Operating policies	<input checked="" type="checkbox"/> 35.	(f)(1)	Mixed age group-group size
<input checked="" type="checkbox"/> 19.	(d)(6)(C)	Administrative Oversight policy		(f)(2)	Designated director-training
<input checked="" type="checkbox"/> 20.	(d)(7)	Personnel policies			CPR certified program staff
<input checked="" type="checkbox"/> 21.	(d)(1)	Daily attendance-children/staff- keep 1 yr.		<input checked="" type="checkbox"/> (a)(2)	First aid certified program staff
<input checked="" type="checkbox"/> 22.	(f)	ACCESS		<input checked="" type="checkbox"/> (b)(1)	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> 23.	(h)	Immediate access by parents		<input checked="" type="checkbox"/> (h)(2)	Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> 24.	(l)	Immediate access by OEC-facility/records		<input checked="" type="checkbox"/> (4)(C)(ii-v)	Health & Safety training
<input checked="" type="checkbox"/> 25.	(m)	2.8 yr olds in prek-authorization		<input checked="" type="checkbox"/> (4)(C)(i)	1% annual hours
<input checked="" type="checkbox"/> 26.	(n)	Motor vehicle laws-transportation		<input checked="" type="checkbox"/> (e)(6)	SWIMMING ACTIVITIES - Y/N
<input checked="" type="checkbox"/> 27.	(o)	Capacity		<input checked="" type="checkbox"/> (e)(6)	Swimming-Ratios
<input checked="" type="checkbox"/> 28.	(o)	Respond to OEC-no false, misleading statements or documents		<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Non-swimmers identified
<input checked="" type="checkbox"/> 29.	3a(e)(1)	POSTINGS		<input checked="" type="checkbox"/> (i)(2)(A-H)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> 30.	3a(e)(2)	License posted		<input checked="" type="checkbox"/> (F)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 31.	3a(d)(6)(C)	OEC Complaint Procedure posted		<input checked="" type="checkbox"/> (i)(2)	CONSULTANTS
<input checked="" type="checkbox"/> 32.	3a(e)(3)	Administrative Oversight policy		<input checked="" type="checkbox"/> (H)(i)-(I)(i)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> 33.	3a(e)(4)	Menus posted			Consultant agreements-signed annually-agreements complete w/required services
<input checked="" type="checkbox"/> 34.	3a(e)(5)	No Smoking posted signs at entrances			Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> 35.	3a(e)(6)	OEC Inspection report posted or available			Consultant visits- Education/Health
<input checked="" type="checkbox"/> 36.	3a(e)(17)	Dev. Milestones posted			Contracts
<input checked="" type="checkbox"/> 37.	7a(e)(17)	Radon Test posted			Logs
<input checked="" type="checkbox"/> 38.	10((g)(8)	Safe Sleep policy posted (Schls-N/A)			Visits

Whiz Kids Daycare

Pending

DATE OF INSPECTION

4/24/25

PHYSICAL PLANT 19-78 cont.

36. (a)(1)(A-C) Children's Enrollment information

37. (a)(1)(D)(i) PARENT PERMISSIONS
 (a)(1)(D)(ii) Emergency medical permission
 (a)(1)(D)(iii) Authorized release permission
 (a)(1)(D)(iv) Field trip permission

38. (a)(2)(A-B) Transportation permission

39. (a)(2)(C) Child Health Records

40. (a)(2)(E) Immunization records

41. (a)(3)(A) Individual care plan-signed by parents/staff

42. (a)(3)(B) Injury, Illness, Incident, Accident reports

43. (a)(3)(C)(i-ii) Parent notification of illness or injury

44. (a)(3)(D) Notify OEC of serious injuries, fatality

45. (a)(4) Notify DPH, local health-reportable diseases
 Video recordings- keep 30 days

HEALTH & SAFETY

46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code (N/A)

47. (a)(2) Nutritious meals and snacks

48. (a)(3) Proper refrigeration-41 degrees

49. (a)(4) Menus-1 wk in advance- keep 3 mths

50. (a)(5) Food Service Inspection (N/A)

51. (a)(6) Kitchen-clean/safe storage of food/supplies(N/A)

52. (a)(7) Separate hand washing facilities

53. (a)(8) Multi-use eating/drinking utensils

54. (a)(9) Kitchen separated (N/A)

55. (a)(10) Children supervised during meal prep

56. (a)(11) Handwashing-staff/children

57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms

58. (b)(2) Designated isolation area

59. (c) FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
 (c) FIRST AID SUPPLIES-Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
 (d) FIRST AID SUPPLIES-addt'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

PHYSICAL PLANT 19-78

62. (a)(2) Fire marshal codes/certificate 1/16/25

63. (b) Indoor/Outdoor space inspected/approved

64. (b)(1)-(5) Construction/expansion/renovation/conversion

65. (b)(6) Space not inspected/approved but used for field trips-written parent permission

66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program

67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (N/A)

68. (c)(4) Testing of premises/grounds for chemicals

69. (c)(5)(A) WATER SUPPLY - Public Well (Schools-N/A)

70. (c)(5)(B) Lead Water Test - Date: 1/9/25

(c)(5)(C) Bact./Chem Test-Date: (N/A)

(c)(6)(A) Drinking water available/accessible

(c)(6)(B-D) LEAD PAINT - Building Pre-78: Y(N) Lead Test: Y/N Results _____
 Lead Management Plan _____
 Peeling Paint - Y(N) Inside/Outside

71. (d)(1)

72. (d)(2)

73. (d)(3)

74. (d)(3)

75. (d)(4)

76. (d)(5)

77. (d)(6), (f)(3)

78. (d)(7)

79. (d)(8)

81. (d)(8)

82. (d)(9)

(d)(10)(A)

(d)(10)(B)

(d)(10)(C)

(d)(10)(C)

(d)(10)(E)

(d)(10)(E)

(d)(10)(F)

(d)(10)(G)

(d)(10)(H)

(d)(11)

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(e)(16)

(e)(17)

(e)(18)

(f)(1)(A)

(g)(1)

(g)(2)

(g)(3)

(g)(4)

Emergency vehicle access

Walkways maintained

Windows protected to prevent falls

Window screens

Glass/mirrors protected- 36"

Overhead doors-locking devices, spring protectors (N/A)

Exits, stairs, hallways unobstructed

Individual storage of clothing and bedding

SMOKING

Smoking, vaping or other electronic nicotine device prohibited on premises/grounds

Matches/lighters inaccessible

Electrical safety - outlets inaccessible - covered or protected

TOILETING

Shared toilets/sinks-supervision plan

Toileting needs met

Potty chairs-nonporous, emptied, disinfected

Required toilets/sinks-1:16

Toileting Supplies-Hand drying-Garbage

Handwashing staff/children

Toilets/sinks located at the facility

Well lighted/ventilated toilet rooms

Mechanical ventilation (after 1/1/94) (Grp Homes N/A)

Staff personal articles inaccessible

AIR TEMPERATURE

Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall

Air temp > 80 °F - ↑ fluids/ventilation

Water temperature 60°F-120°F

Portable space heaters prohibited

WALLS/CEILINGS/FLOORS/RUGS

Walls/ceilings/floors/rugs-clean/good repair

Rugs- not a tripping/slipping hazard

Hot water/Steam pipes protected

TELEPHONE/TELEPHONE NUMBERS

Working phone on each level

Emergency numbers posted-adjacent to phones

Parents provided direct on site phone number

LIGHTING

All areas min. 1 foot candle of lighting

Adequate lighting-30/50 candle feet-sufficient lighting to be visible

Enough lighting for comfort

Light fixtures shielded/shatter proof

Potentially hazardous substances, materials labeled, inaccessible

Garbage/rubbish-disposed of daily, containers in good repair

Stairs-protected/good repair-handrails

Toxic plants/materials inaccessible

Pets or other animals-in good health, written care plan including access to children

Measures to prevent vermin

Radon test- Results: 0.5 (Schls-N/A)

Carbon monoxide detector-each level N/A

Program space-adequate-35 sq. ft. per child

Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust

Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)

Air conditioners/water heaters/fuse boxes inaccessible

Developmentally app equipment, materials

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME Whiz Kids Daycare	LICENSE NUMBER Pending	DATE OF INSPECTION 4/24/25
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PHYSICAL PLANT 19a-79-7a cont. **UNDER THREE ENDORSEMENT 19a-79-10 cont.**

<input type="checkbox"/>	108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input type="checkbox"/>	111.		OUTDOOR SPACE
<input checked="" type="checkbox"/>		(h)(1)	Adequate space- 75 sq. ft. per child
<input checked="" type="checkbox"/>		(h)(2)	Shock absorbing surfaces-minimum 8"
<input checked="" type="checkbox"/>		(h)(3)	Playground free from hazards
<input checked="" type="checkbox"/>		(h)(4)	Nuts, bolts, screws-tight, covered/protected
<input type="checkbox"/>		(h)(5)	Outside equipment anchored-anchors buried
<input checked="" type="checkbox"/>		(h)(6)	New equip- cert playg. Inspection upon request
<input checked="" type="checkbox"/>		(h)(8)	Drinking water available/accessible
<input checked="" type="checkbox"/>		(h)(9)	Equipment arranged for safety-
<input checked="" type="checkbox"/>	112.		equip/fences/structures not hazardous
<input checked="" type="checkbox"/>		(h)(7)	OUTDOOR PROTECTED/FENCED
<input checked="" type="checkbox"/>		(h)(7)(A)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/>		(h)(7)(B)	Fences installed to protect from hazards-4 ft
<input checked="" type="checkbox"/>		(h)(7)(C)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
<input checked="" type="checkbox"/>	114.		Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>		(i)	WATER HAZARDS
<input checked="" type="checkbox"/>		(i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)
<input checked="" type="checkbox"/>		(i)	Wading pools prohibited (N/A)
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input checked="" type="checkbox"/>	116.	(a)	EDUCATIONAL REQUIREMENTS
<input checked="" type="checkbox"/>		(1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, moderate and vigorous physical activity that takes place outdoors
<input checked="" type="checkbox"/>		(b)	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes

UNDER THREE ENDORSEMENT 19a-79-10 **YN**

<input type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement
<input type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input type="checkbox"/>	119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
<input type="checkbox"/>	120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors
<input checked="" type="checkbox"/>	121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input type="checkbox"/>	122.	(d)(2)(A-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC
<input type="checkbox"/>	123.	(d)(2)(B)	Washable cots
<input type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities
<input type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input type="checkbox"/>	128.		DIAPERING
<input type="checkbox"/>		(e)(1)	Diaper area: elevated/sturdy/safety rail

<input type="checkbox"/>	128.	(e)(2)	DIAPERING cont. Diaper area: used only for this purpose, located in the program area Diaper area: non-porous surface/good repair Diaper area: washed/disinfected after use Diaper area: disposable paper sheets Covered waste receptacle-removed daily Handwashing-staff/children Diapering-Handwashing policies-posted/followed Cloth diapers-written plan developed
<input checked="" type="checkbox"/>		(e)(3)	
<input checked="" type="checkbox"/>		(e)(4)	
<input checked="" type="checkbox"/>		(e)(5)	
<input checked="" type="checkbox"/>		(e)(6-9)	
<input checked="" type="checkbox"/>		(e)(7)	
<input checked="" type="checkbox"/>		(e)(8)	
<input checked="" type="checkbox"/>		(e)(10)(A-C)	
<input checked="" type="checkbox"/>		(f)(1)	
<input checked="" type="checkbox"/>		(f)(2)	
<input checked="" type="checkbox"/>		(f)(3)	LINENS/CLOTHING Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared SAFE SLEEP Under 12 mths placed on back for sleeping Crib-slug fitting mattress/tightly fitted sheet Alternate sleep position/equipment-medical documentation for medical reason on file Infants allowed to adopt other sleep positions No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes Observe/assess infants at least every 15 minutes Teething necklaces/bracelets, jewelry inaccessible Safe sleep policies - parents informed TOYS AND OTHER OBJECTS Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 1/4" diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation FEEDING Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft (lic. after 1/1/25) Outdoor equipment-developmentally appropriate for ages of the children Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety
<input checked="" type="checkbox"/>		(f)(4)	
<input checked="" type="checkbox"/>		(g)(1)	
<input checked="" type="checkbox"/>		(g)(1)	
<input checked="" type="checkbox"/>		(g)(1)	
<input checked="" type="checkbox"/>		(g)(2)	
<input checked="" type="checkbox"/>		(g)(3)	
<input checked="" type="checkbox"/>		(g)(4)	
<input checked="" type="checkbox"/>		(g)(5)	
<input checked="" type="checkbox"/>		(g)(6)	
<input checked="" type="checkbox"/>		(g)(7)	
<input type="checkbox"/>		(g)(8)	
<input checked="" type="checkbox"/>		(h)(1)	
<input checked="" type="checkbox"/>		(h)(1)	
<input checked="" type="checkbox"/>		(h)(2)	
<input checked="" type="checkbox"/>		(h)(2)	
<input checked="" type="checkbox"/>		(i)(1)(2A-C)	
<input checked="" type="checkbox"/>		(j)	
<input checked="" type="checkbox"/>		(k)(1)	
<input checked="" type="checkbox"/>		(k)(2)	
<input checked="" type="checkbox"/>		(k)(3)	
<input checked="" type="checkbox"/>		(k)(4)	
<input checked="" type="checkbox"/>		(k)(5)	
<input checked="" type="checkbox"/>		(l)(1)	
<input checked="" type="checkbox"/>		(l)(2)	
<input checked="" type="checkbox"/>		(l)(3)	

SCHOOL AGE ENDORSEMENT 19a-79-11 **YN**

<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement SCHEDULE - ACTIVITIES Written daily program plan-flexible schedule- available to staff/parents Activities not a duplication of child's day Activities include cognitive, physical, social, emotional needs of the children Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events Ratio- 1:15 Group size- max. 30
<input checked="" type="checkbox"/>	141.	(c)	
<input checked="" type="checkbox"/>		(c)(1)	
<input checked="" type="checkbox"/>		(c)(2)	
<input checked="" type="checkbox"/>		(c)(3)	
<input checked="" type="checkbox"/>		(d)	
<input checked="" type="checkbox"/>		(e)	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME Whiz Kids Daycare	LICENSE NUMBER Pendina	DATE OF INSPECTION 4/24/25
SCHOOL AGE ENDORSEMENT 19a-79-11 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	MONITORING OF DIABETES 19a-79-13 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	

<input checked="" type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/> 146.	(g)	Designated Head teacher approved- 60%

<input checked="" type="checkbox"/> 171.	(a)(1)	Written policies and procedures STAFF TRAINING Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible Signed agreement with parent regarding equipment, supplies, materials to be discarded Authorized prescriber written order Written authorization from parent Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input checked="" type="checkbox"/> 172.	<input checked="" type="checkbox"/> (b)(1)(A) <input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)	
	<input checked="" type="checkbox"/> (b)(2)	
	<input checked="" type="checkbox"/> (b)(3)	
	<input checked="" type="checkbox"/> (c)(2)	
<input checked="" type="checkbox"/> 173.	(c)(3)	
<input checked="" type="checkbox"/> 174.	(d)(1)	
<input checked="" type="checkbox"/> 175.	(d)(2)	
<input checked="" type="checkbox"/> 176.	(d)(3)	
<input checked="" type="checkbox"/> 177.	(e)(1)	
<input checked="" type="checkbox"/> 178.	(e)(2)	
<input checked="" type="checkbox"/> 179.	(e)(3)	

NIGHT CARE ENDORSEMENT 19a-79-12 (19a-79-12a) Y		
<input type="checkbox"/> 147.	(b)	Approved Night Care Endorsement
<input type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher
<input type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities
<input type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation
<input type="checkbox"/> 151.	(b)(4)	Children in care no more than 12 hrs. in 24
<input type="checkbox"/> 152.	(b)(5)	Staff awake and available
<input type="checkbox"/> 153.		SLEEP PROVISIONS
	<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding
	<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled
	<input type="checkbox"/> (b)(6)(B)	Required bedding
	<input type="checkbox"/> (b)(6)(C)	Required toiletries
	<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly
	<input type="checkbox"/> (b)(7)	Sleep arrangements for infants
<input type="checkbox"/> 154.	(b)(8)	Air temp 65 °F at 3 ft
<input type="checkbox"/> 155.	(b)(9)	Fire marshal approval-hours specified
<input type="checkbox"/> 156.	(b)(10)	Local health approval

ADMINISTRATION OF MEDICATIONS 19a-79-9 Y

<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes
<input checked="" type="checkbox"/> 159.		NONPRESC. TOPICAL MEDICATION
	<input checked="" type="checkbox"/> (a)(2)	Admin/Parent permission/report errors
	<input checked="" type="checkbox"/> (a)(3)(A-B)	Labeling and Storage
	<input checked="" type="checkbox"/> (a)(3)(C)	Unused/expired meds destroyed/returned
<input checked="" type="checkbox"/> 160.		MEDICATION TRAINING
	<input checked="" type="checkbox"/> (b)(1)(A/C)	Medication training-general-oral/top/inhalant
	<input checked="" type="checkbox"/> (b)(1)(D)	Injectable premeasured autoinjector medication
	<input checked="" type="checkbox"/> (b)(1)(E)	Rectal medication
	<input checked="" type="checkbox"/> (b)(1)(F)	Injectable other than premeasured auto-injector
	<input checked="" type="checkbox"/> (b)(2)(A-B)	Training approval documents/certificates
	<input checked="" type="checkbox"/> (b)(2)(C)	Training outline on file
<input checked="" type="checkbox"/> 161.	(b)(3)(A-B)	Authorized prescriber/parent permission
<input checked="" type="checkbox"/> 162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification
<input checked="" type="checkbox"/> 163.	(b)(4)(A-B)	Medication Administration Records (MAR)
<input checked="" type="checkbox"/> 164.	(b)(5)(A-B)	Labeling and Storage
<input checked="" type="checkbox"/> 165.	(b)(5)(C)	Emergency medication inaccessible
<input checked="" type="checkbox"/> 166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned
<input checked="" type="checkbox"/> 167.	(b)(5)(E)	Auto-injector/inhalant equipment
<input checked="" type="checkbox"/> 168.	(b)(6)	Self-administration documentation
<input checked="" type="checkbox"/> 169.	(b)(7)(A-B)	Petition for special medication authorization
<input checked="" type="checkbox"/> 170.	(d)	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)

ADDITIONAL VIOLATION

<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
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DISCUSSIONS/COMMENTS

NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.

Signature of OEC staff		
Printed name	Johanne Dalo	Bronda Keane

Signature of person in charge	
Printed name	Bronda Keane

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Whiz Kids Daycare License # Pending Date: 4/24/25

Observations/Corrections needed:

All items were observed and/or discussed.

→ Regulation was not in compliance when...

#66(c)(2): Observed TV not secured (3) cubbies and mailboxes cubbies not secured throughout

#94(e)(9): Observed 8 light fixtures not shielded

#97(e)(12): Observed stairs not protected in S.A room 2nd floor.

#104(g)(1): Observed rust on garbage can cover (PK-2), rust on door latch (inf. SA), 1 rusted microwave, rust picnic tables outside (4 tables), rust on climber (under 3).

#108(g)(5): Observed 2 climbers without documentation of ages

#111(h)(5): Observed 2 plastic sticks not anchored.

#121(d)(1)(A-C): Observed 2 under 3 classrooms without handwashing sinks

#128(e)(1): Observed 2 under 3 classrooms without a changing table

#130(g)(8): Parent not informed of safe sleep policies

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

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

Signature: [Signature]
(OEC Representative)
Print Name: Johanne DeLo

Signature: [Signature]
(Person in Charge)
Print Name: Teronda Leone

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: Prior to licensing

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Whiz Kids Daycare License # Pending Date: 4/24/25

Observations/Corrections needed:

Measurements

Room 1: (31.44 x 16.01) - (.25 x 16.51) = 499.22 ÷ 35 = 14.26
(under 3) wall

OK for 8

Room 2: (20.98 x 20.32) - (1.93 x 3.6) = 419.36 ÷ 35 = 11.98
(under 3) window

OK for 8

Room 3: (9.98 x 29.48) = 294.21 ÷ 35 = 8.41
(under 3)

OK for 8

Room 4: (15.80 x 15.82) - (0.25 x .75) = 249.77 ÷ 35 = 7.14
(under 3) wall

OK for 7

Room 5: (15.37 x 15.15) - (0.25 x .75) = 232.67 ÷ 35 = 6.65
(under 3) wall

OK for 6

Room 6: (14.18 x 12.67) + (1 x 3) - (1 x 3.6) = 179.06 ÷ 35 = 5.12
(under 3) shelf cabinet

OK for 5

Room 7: (16.82 x 12.97) - (1 x 3) - (1 x 3.5) - (0.25 x 3.1) = 210.9 ÷ 35 = 6.03
(under 3) shelf cabinet wall

OK for 6

Room 8: (23.10 x 15.70) + (1 x 4) + (1 x 2) - (.25 x 2.8) - (2.29 x 5.24) =
(under 3) 2 yrs shelf shelf wall area (Room 9)

= 355.97 ÷ 35 = 10.17

OK for 10 yrs

Room 9: (23.09 x 16.51) + (2.29 x 5.24) = 393.22 ÷ 35 = 11.23
(under 3) 2 yrs

OK for 10 yrs

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Signature: [Signature]
(OEC Representative)

Print Name: Johanne Dalo

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: Person to Licensing

Signature: [Signature]
(Person in Charge)

Print Name: Tranda Leone

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Whiz Kids Day care License # Pending Date: 4/24/25

Observations/Corrections needed:

Room 10) : $(40.50 \times 19.13) - (0.5 \times 6.31) - (0.5 \times 3.1) + (4 \times 1) = 774.06 \div 35 = 22.12$
(preschool) wall wall shelf
OK for 20

Room 11 : $(40.76 \times 11.91) - (1 \times 4) = 487.45 \div 35 = 13.93$
(preschool) shelving
OK for 13

Room 12 : $(31.22 \times 25.72) - (2.5 \times 7.5) - (3 \times 2.96) - (2.5 \times 5) - (1.90 \times 3.5) = 773.05 \div 35 = 22.09$
(pre-K) wall micro cart desk file cab
OK for 20

Room 13 : $(14.97 \times 27.98) = 418.86 \div 35 = 11.97$ OK for 11 *Not
(trans motor) w/added in license capacity

Room 14 : $(15.21 \times 27.99) = 425.73 \div 35 = 12.16$ OK for 12
(S.A)

Room 15 : $(22.15 \times 20.12) = 445.66 \div 35 = 12.73$ OK for 12

Room 16 : $(12.34 \times 36.75) - (4 \times 20.64) = 370.94 \div 35 = 10.60$
wall
OK for 10

Room 17 : $(27.49 \times 31.96) - (8.26 \times 7.45) = 817.04 \div 35 = 23.34$
Bathroom
OK for 23

Toilets: 17

Sinks: 24

Playgrounds:

Gazebos: $(14.6 \times 10.3) = 150.38 \div 75 = 2.00$ OK for 2

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

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

Signature: [Signature]
(OEC Representative)
Print Name: Johanne Dalo

Signature: [Signature]
(Person in Charge)
Print Name: Rorenda Leone

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: Prior to licensing

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Whiz Kids Daycare License # Pending Date: 4/24/25

Observations/Corrections needed:

Playground 1: $(64.8 \times 33.7) = 2,183.76 \div 75 = 29.12$
under 3 OK for 8 or 10 yrs

Playground 2: $(31.2 \times 64.8) - (14.6 \times 10.3) = 1,871.38 \div 75 = 24.95$
under 3 OK for 8 or 10 yrs

Playground 3: $(13.9 \times 47.2) + (11.9 \times 53) + \frac{(29.4 \times 7)}{2} = 1,389.68 \div 75 =$
OK for 18

Playground 4: $(188 \times 78) = 10,374 \div 75 = 138.32$

Field: Measurement exceed capacity = 138.82

Total Capacity 178
including 68 under 3

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

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

Signature: [Signature]
(OEC Representative)
Print Name: Johanne Dalo

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: Prior to licensing

Signature: [Signature]
(Person in Charge)
Print Name: Brenda Keome