

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Whiz Kids Daycare Date: 6/16/25 Time: 9:42am

Location Address: 815 Pine St. Bristol CT 06010 Telephone #: 860-584-8687

e-mail address: whizkidsdaycare@gmail.com License #: Pending Expiration Date: —

Capacity: — # of Children Present: — # of Staff Present: 3

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 _____

Purpose of visit: Follow up to inspection conducted 4/24/25

Observations/Corrections needed:

19a-79-7a(c)(2) Licensed premises: In compliance at time of visit

19a-79-7a(e)(9) Lighting: In compliance at time of visit

19a-79-7a(e)(12) Stairs: In compliance at time of visit (Email from Fire Marshal)

19a-79-7a(g)(1) Rust: In compliance at time of visit

19a-79-7a(g)(5) Equipment Manufacturer: In compliance at time of visit.

19a-79-7a(h)(5) Outdoor Space: In compliance at time of visit.

19a-79-10(d)(1)(A-C) Sink: In compliance at time of visit

19a-79-10(e)(1) Diapering: In compliance at time of visit.

19a-79-10(g)(8) Safe Sleep: In compliance at time of visit

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: _____

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

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Whiz Kids Daycare License # Penning Date: 6/16/25

Observations/Corrections needed:

Program removed barriers in rooms ⁴5 and ⁵6 making the 2 rooms larger. (Room 6 & 7 no longer exist)

Measurements

⁴Room 5: $(28.34 \times 15.25) - (0.3 \times 3.26) = 431.21 \div 35 = 12.32$
2 yr. old 432.19 - 0.98

OK for 10 2yr. old

⁵Room 6: $(28.51 \times 15.37) = 438.20 \div 35 = 12.52$
2 yr. old

OK for 10 2yr old

Total licensed capacity: 185
including: 64 under 3

Sinks: 24
Toilets: 17

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

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: _____

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