

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Brian Winters Date: 7/18/23 Time: 11:50

Location Address: 2669 Whitney Avenue Telephone #: 203-927-0438

e-mail address: skybreakers0@gmail.com License #: 57689 Expiration Date: 8/31/24

Capacity: 6+3 # of Children Present: 10 # of Staff Present: 3

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature
--	---

Purpose of visit: Follow-up to inspection on 5/22/23

Observations/Corrections needed:

All violations on the inspection of 5/22/23 have been corrected and are acceptable under the state regulations.

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: Manylene Trigila
(OEC Representative)

Print Name: Manylene Trigila

Signature: Brian Winters
(Person in Charge)

Print Name: Brian Winters