

NAME OF PROVIDER/OPERATOR: Brian Winters LICENSE #: 51659 INSPECTION REPORT DATE: 1/30/25

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Inspection Report Item # or Regulation	Corrective Action Taken	Exact Date Corrected	Check if Accepted (OEC Use Only)
4	The owner is always present. I will not leave unless there are two substitutes with the required training for an emergency under 15 minutes.	1/31/25	✓
23	The outside swimming card was removed.	1/31/25	✓
34	All chirping and/or powerless smoke detectors were fixed and given new batteries.	2/14/25	✓
55	All immunizations have been collected and updated except for one whose parents have already been scheduled an appointment for.	2/12/25	0
53	Enrollment forms have been collected and updated for every child.	2/27/25	✓
69	An individual plan of care was developed and written for ACE.	2/12/25	✓
78	A new baby changing surface surface was brought with new disinfectant.	2/14/25	✓

Based on the inspection report, the licensee was cited for failure to comply with the regulations listed above. I hereby declare that the licensee has complied with the regulation(s) in the above manner. I understand the Agency reserves the right to re-inspect the above program to verify compliance with the regulations and to request a meeting with the licensee when necessary to review patterns of non-compliance. Understanding the penalties for false statements, I attest that the information I submit on this form is true.

The violations of child care regulations referenced in the Report(s) related to this Corrective Action Plan reoccur in the future, the violations may no longer be considered resolved by the corrective Action Plan and the Agency may bring disciplinary action based upon the violations identified in the Report(s) related to this Corrective Action Plan.

By checking this box, and typing my name below, I am electronically signing my CAP. Printed Name: Brian Winters
Brian Winters (Date) 2/12/25
 (Provider/Operator)

NAME OF PROVIDER/OPERATOR: Brian Winters LICENSE #: 51669 INSPECTION REPORT DATE: 1/30/25

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Inspection Report Item # or Regulation	Corrective Action Taken	Exact Date Corrected	Check if Accepted (DEC Use Only)
99	NOTE: Your response should include a clear concise explanation of the changes the program has made to correct the violation to ensure compliance. New medical administration trainings has been scheduled for staff.	2/19/25	✓
100	Written order and parent permissions have been collected.	2/19/25 2/24/25	✓

Based on the inspection report, the licensee was cited for failure to comply with the regulations listed above. I hereby declare that the licensee has complied with the regulation(s) in the above manner. I understand the Agency reserves the right to re-inspect the above program to verify compliance with the regulations and to request a meeting with the licensee when necessary to review patterns of non-compliance. Understanding the penalties for false statements, I attest that the information I submit on this form is true.

If the violations of child care regulations referenced in the Report(s) related to this Corrective Action Plan reoccur in the future, the violations may no longer be considered resolved by this Corrective Action Plan and the Agency may bring disciplinary action based upon the violations identified in the Report(s) related to this Corrective Action Plan.

By checking this box, and typing my name below, I am electronically signing my CAP.

Signed Brian Winters (Provider/Operator) 2/27/25 (Date) Printed Name: Brian Winters

I

LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF PROVIDER/OPERATOR: Brian White LICENSE #: 51683
LOCATION ADDRESS: 2689 Whitehall TOWN: Hartford INSPECTION REPORT DATE: 2/16/25
CABs submitted that are not in compliance with the regulations. The provider/operator must submit a CAP to the Agency within 30 days of the inspection date. The CAP must include a clear concise explanation of the change the program has made to correct the violation to ensure compliance.

Inspection Report Regulation	Corrective Action Taken	Exact Date Corrected	Check if Action Taken (Y/N)
55	Implementations for missing CABs have been collected and documented.	2/17/25	✓

Based on the inspection report, the licensee was cited for failure to comply with the regulations listed above. I hereby declare that the licensee has complied with the regulation(s) in the above manner. I understand the Agency reserves the right to conduct a follow-up inspection to ensure compliance. If the violations of child care regulations referenced in the Report(s) related to this Corrective Action Plan resoccur in the future, the violations may no longer be considered resolved by this Corrective Action Plan and the Agency may bring disciplinary action based upon the violations identified in the Report(s) related to this Corrective Action Plan.

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

By checking this box, and typing my name below, I am electronically signing my CAP.

Signed: Brian White 2/17/25 (Date)

RETURN TO:
CONNECTICUT OFFICE OF EARLY CHILDHOOD
450 Columbus Blvd, Suite 302
Hartford, CT 06103 Fax: 860-326-0552