



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	BRIAN WINTERS				License Number	DCFH.57689	Date of Inspection	02/04/2026
					Expiration Date	8/31/2026	Time of Inspection	10:19 AM
Address	2669 WHITNEY AVE HAMDEN CT 06518-2916				Telephone	(203) 927-0438	Regular Capacity	6
					Hours of Operation	8:00 AM – 5:30 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri	Summer Hours	Open
New Address					# Under 18 mths present	1	Weekend Hours	No
					Total children present	6	Night Hours	No
Type of Inspection	Follow-Up				Inspector's Name	Melissa Lohr		
Provider's Email	skybreakersbs@gmail.com				Inspector's Email	melissa.lohr@ct.gov		

CONSENT TO INSPECT: I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h).

Brian Winters

Signature of Provider/Applicant/Substitute/Emergency Caregiver

REGULATORY VIOLATIONS

Statute and/or Regulation: [-]	Description: 000 No Violations
No violations were cited during this inspection	
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
OTHER FINDINGS-REGULATIONS IN COMPLIANCE	
Statute and/or Regulation: [19a-87b-5(d) and/or 10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-7(a)]	Description: 017-Medical Statement
---	------------------------------------

--	--

Statute and/or Regulation: [19a-87b-8(a)-(b) and/or 19a-87b-8(d)]	Description: 019-Substitute/Assistant
---	---------------------------------------

--	--

Statute and/or Regulation: [19a-87b-9(h)]	Description: 044-Washing/Toileting/Sewage/Garbage Facilities
---	--

--	--

Statute and/or Regulation: [19a-87b-9(m) and/or 19a-87b-9(n)]	Description: 050-First Aid Supplies
---	-------------------------------------

--	--



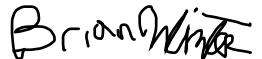
WERE VIOLATIONS CITED DURING THIS VISIT?	<u>YES/NO:</u> No
--	-------------------

DISCUSSIONS/COMMENTS

Household member, Gail Winters, was present during inspection; but was not providing direct care to children. Substitute, Anya Santos DCFS.90279, was also present. No additional violations cited during this visit.

IMPORTANT NOTES

- It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.
- Items left blank on this form were not monitored during this visit. Only the regulations marked as compliant or non-compliant were monitored or discussed. Providers are required by statutes and regulations to be in compliance at all times.
- **APPLICANTS –You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.**

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Provider/Substitute/Applicant)
Melissa Lohr (Printed Name)	 (Printed Name)		BRIAN WINTERS (Printed Name)