

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Future Scholars Date: 10/1/21 Time: 2:50

Location Address: 30 Church St. #60 Naugatuck Telephone #: 203 632-8867

e-mail address: futurescholars2019@yahoo.com License #: 70584 Expiration Date: 11/30/24

Capacity: 92/24 # of Children Present: 31/13 # of Staff Present: 8+

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 _____
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Purpose of visit: Follow-up to investigation visit on 9/24/2021
2021-064

Observations/Corrections needed:

(NS) 19a-79-10 (g) Under three endorsement, sleep arrangements.
Operator was in compliance with this
regulation 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: N/A

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Pranvera Dauti
(Person in Charge)

Print Name: Pranvera Dauti