

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Future Foundations LLC Date: 6/21/22 Time: 12:15

Location Address: 21 Fern Dr Torrington Telephone #: 860 489 7222

e-mail address: futurefoundationsct@qph20.com License #: 116203 Expiration Date: 3/31/26

Capacity: 168/31 # of Children Present: 24 # of Staff Present: 7

**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 N/A

Purpose of visit: Complaint Investigation Self report case 2022-421

Observations/Corrections needed:

⑤ 19a-79-4a(b)(1) - Staffing - Completed background check - 1 staff currently working with no completed background check.

⑤ 19a-79-4a(c)(4)(D) - Staffing - Supervision - Staff failed to supervise an infant while they were on the changing table when they turned away and the child fell off the table onto the floor.

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: 7/5/22

Signature: [Signature]  
(OEC Representative)

Print Name: Lauren Hill

Signature: [Signature]  
(Person in Charge)

Print Name: Tammie Lockwood