

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Future Scholars Date: 7/21/22 Time: 11:00

Location Address: 30 Church St #60 Naugatuck Telephone #: (203) 632-8567

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

Capacity: 92 # of Children Present: 50 # of Staff Present: 11

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Partial Inspection

Observations/Corrections needed:

- 2- staff orientation in compliance
- 3- policy review. in compliance
- 5- change form - in compliance
- 16- Staff physicals - (X) Not in compliant 1 out of 3 not observed
- 21- Ratios - in compliance
- 22- Group Size in compliance
- 26- Agreements in compliance
- 27- policy review. - in compliance
- 37- physicals - Not compliant 1 out of 3 physicals not current (X)
- 38- Care plans. in compliance

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

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

Signature: Jama Fortin
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 8/4/22

Signature: [Signature]
(Person in Charge)

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Future Scholars License # 70584 Date: 7/21/22

Observations/Corrections needed:

- 74- Lighting - in compliance
- 76- Chemicals in compliance
- 99- topical forms: in compliance
- 100- Nonprescription topical - in compliance
- 102- Authorized Prescriber/Parent - in compliance
- 133- plastic bags - in compliance
- 134- Health Consultant in compliance

Additional Violations:

19a-79-9a

- (101) staff not trained to administer medication rectally -
- (107) Special petition needed for Diastat rectal medication

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Signature: Jaime Fortin
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: 8/4/22

korcha.henry@ct.gov