

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Future Foundations Date: 7/20/22 Time: 9:15 am
Location Address: 21 Fern Dr Torrington Telephone #: 860 489 7222
e-mail address: futurefoundationsct@yahoo.com License #: 16203 Expiration Date: 3/31/26
Capacity: 18/31 # of Children Present: 40 # of Staff Present: 12

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: <u>N/A</u>
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Purpose of visit: Follow-up Case 2022-421

Observations/Corrections needed:
NS 19a-79-4a(c)(4)(5) - Staffing - Supervision - Walk through conducted -
No violations at this 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: [Signature]
(OEC Representative)
Print Name: Laura Hull
Signature: [Signature]
(Person in Charge)
Print Name: _____