

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Future Scholars      Date: 2/9/22 Time: 12:00

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

e-mail address: futureScholars2019@uphoo.com      License #: 70584      Expiration Date: 11/30/24

Capacity: 96      # of Children Present: 40      # of Staff Present: 10

|  |   |
|--|---|
| <b>Consent to Inspect</b><br><b>Family Child Care Home</b> | <i>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.</i><br><b>Provider/Applicant/Substitute's Signature</b> _____ |
|--|---|

Purpose of visit: Follow Up Medications

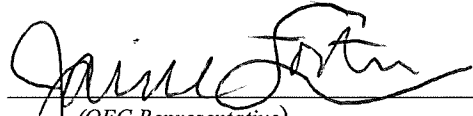
Observations/Corrections needed:

all medications in compliance  
no violations at visit


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**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:   
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 2/23/23

Signature:   
(Person in Charge)