

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Future Foundations Date: 3/16/23 Time: 9:00

Location Address: 21 Fern Drive Torrington Telephone #: 860 489-7222

e-mail address: futurefoundations@yahoo.com License #: 16263 Expiration Date: 3/31/26

Capacity: 108 # of Children Present: 26 # 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 _____

Purpose of visit: Follow Up to 3/13/23 - Sinks

Observations/Corrections needed:

19q-79-10 - (113) 1 portable sink not filled / working during
walk through. Per Director children just entered room. Sink
was filled prior to end of inspection. Discussed having filled
prior to children going into classroom..

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: 3/20/23

Signature: Jaime Fortin

(OEC Representative)
Print Name: Jaime Fortin

Signature: Melissa Yorker

(Person in Charge)
Print Name: Melissa Yorker