

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Future Foundations Date: 3/20/23 Time: 1:45

Location Address: 21 Fern Pine Torrington Telephone #: 800 489-7222

e-mail address: ffccc.director@gmail License #: 16203 Expiration Date: 3/31/26

Capacity: 68 # of Children Present: 26 # of Staff Present: 10

**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: Follow Up- Portable Sinks

Observations/Corrections needed:

Sinks in toddler rooms functioning - NO violations  
at 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: 5/3/23

Signature: Jaime Fortin  
(OEC Representative)

Print Name: Jaime Fortin

Signature: Melissa Yorker  
(Person in Charge)

Print Name: Melissa Yorker