

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Future Scholars Date: 8/21/23 Time: 1:10

Location Address: 600 Rubber Ave. Naurgat Telephone #: 203-632-8567

e-mail address: futureScholars2023@yahoo.com License #: pending Expiration Date: pending

Capacity: _____ # of Children Present: 0 # of Staff Present: 1

Consent to Inspect Family Child Care Home	<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. Provider/Applicant/Substitute's Signature _____</i>
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Purpose of visit: follow up to initial inspection.

Observations/Corrections needed:

93- fence still not measuring 48 inches in all areas.

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: pria k. liana.

Signature: [Signature]
(OEC Representative)

Print Name: Kristi Morgan

Signature: [Signature]
(Person in Charge)

Print Name: Pranvera Dauti