



DIVISION OF LICENSING
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oc.licensing@ct.gov Website: www.ctoec.org

**CHILD CARE CENTER/GROUP CHILD CARE HOME
 INVESTIGATION**

Program Name	FUTURE FOUNDATIONS CHILD CARE CENTER				License Number	DCCC.16203	Date of Inspection	02/07/2024
					Expiration Date	3/31/2026	Time of Inspection	12:55 PM
Address	21 FERN DR TORRINGTON CT 06790-3808				Telephone	(860) 489-7222	Total Capacity	68
					Days and Hours	FROM: 6:30AM TO: 6:00PM	Under Three Capacity	31
#Children Present	35	# Under 3 Present	10	# Staff Present	9	Summer Care	Open	
Purpose of Investigation	Investigation 2024-77				Name of Inspector	Carlos Albizu		
Program's Email	futurefoundationsct@yahoo.com				Inspector's Email	carlos.albizu@ct.gov		

Regulatory Violations

Statute and/or Regulation	[19a-79-3a(d)(2) thru (8) &/or19a-79-7a(d)(11)(A)]	Description:	006-Policies
19a-79-3a(d)(7) - Staff failed to implement the operator's general operating policies and practices when staff did not change a child's diaper within the two hours practice.			
Statute and/or Regulation:	Description:		
Statute and/or Regulation:	Description:		
Statute and/or Regulation:	Description:		
Statute and/or Regulation:	Description:		
Statute and/or Regulation:	Description:		

Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Other Findings- Regulations In Compliance or Pending	
Statute and/or Regulation 19a-79-4a(c)(4)(D)	Description 021b-Supervision
<p>There is insufficient evidence to support that the staff failed to supervise the children at all times.</p>	
Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:
-----------------------------------	---------------------

Statute and/or Regulation:	Description:
-----------------------------------	---------------------



Statute and/or Regulation:	Description:
-----------------------------------	---------------------

YES/NO: Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
--------------------	---

Discussions

Comments

NOTE: Items left blank on this form were not monitored during this visit.
 Only the regulations marked as compliant or non-compliant were monitored or discussed.
APPLICANTS: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Carlos Albizu (Printed Name)	(Printed Name)	02/21/2024	Sara Manzi (Printed Name)