



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 INSPECTION

| | | | | | | | | | | |
|---|--|-----------|------------------------------------|-----------|---------------------------|-------------------------------------|---------------------------|--------------------------------------|---------------------|---------------------|
| Program Name | FUTURE SCHOLARS | | | | License Number | DCCC.70584 | | Date of Inspection | 02/15/2024 | |
| | | | | | Expiration Date | 11/30/2024 | | Time of Inspection | 07:55 AM | |
| Address | 30 CHURCH ST # 60 | | | | Telephone | (203) 632-8567 | | Licensed Capacity | 84 | |
| | NAUGATUCK CT 06770-4112 | | | | Hours of Operation | M-F 7-6:00PM | | Infant/Toddler Capacity | 44 | |
| Is this a Change of Address? | Yes? | | No? | X | | | | Summer Care | Open | |
| New Address | | | | | Minimum Age Served | 6 weeks | Maximum Age Served | 13 years | Water Supply | Public Water |
| | | | | | Program's Email | futurescholars2019@yahoo.com | | | | |
| Operator | FUTURE SCHOLARS LLC | | | | Name of Inspector | Kristi Morgan | | | | |
| Director | KAREN DUNN | | | | Inspector's Email | kristi.morgan@ct.gov | | | | |
| Key: Compliant = X Non-Compliant = O | # of Infants - Toddlers Present | 13 | # of Total Children Present | 20 | # of Staff Present | 8 | Type of Inspection | UNANNOUNCED INSPECTION - FULL | | |

LICENSURE PROCEDURES 19a-79-2a

| | | |
|----------|---|--|
| O | 1. Local Health Inspection | Failed to maintain local health inspection. |
| | Date: | |
| X | 1a. False or Misleading Statements | |

ADMINISTRATION 19a-79-3a

| | | |
|----------|---|--|
| X | 1b. Administration | |
| X | 1bb. Capacity | |
| X | 2. New Staff – Employee Orientation | |
| X | 3. Annual Staff Policy Training | |
| X | 3b. Managing child behavior | |
| O | 4. Documentation of Behavior M. Tech Discussed w/parents | Failed to maintain documentation that behavior management techniques were discussed with parents for 5 children's files reviewed. |
| X | 4b. Failure to report | |

| | | |
|----------------------------------|---|--|
| X | 5. Notification of Change | |
| X | 6. Program policies | Including discipline, supervision, child protection, general operating, personnel, closing time |
| X | 7. Daily Attendance Records- staff and children | |
| ITEMS POSTED – ACCESSIBLE | | |
| X | 8. License | |
| O | 9. Fire Marshal certificate | Failed to maintain a current fire marshal inspection. |
| | Date | 10/12/2022 |
| X | 10. OEC Complaint procedure | |
| | 11. Food Service Certificate | N/A? |
| | Date | X |
| O | 12. Menus | Failed to prepare and post menus at least 1 week in advance. Observed last week and current week posted. |
| X | 13. Emergency plans | |
| X | 14. No Smoking Signs | |
| X | 15. Radon Test | N/A? |
| | Date | Results |
| | 02/19/20 | .3 |
| X | 15a. Developmental Milestones | |
| X | 15b. Access | |
| X | 15bb. Endorsements | |
| STAFFING 19a-79-4a | | |
| X | 15c. Staffing | |
| X | 16. Staff Health records – TB tests | |
| X | 17. Professional development | |
| X | 18. Disciplinary actions | |
| X | 18b. Background checks | |

| X | 19. Designated Head Teacher | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------|---|---|-----------|-----------|----------------|--------|-----------|------|---|--|--|----------|----------|--|--|--|-----------|--|----------|----------|--|--|--|------|--|----------|----------|--|--|--|
| X | 20. Two Staff present | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X | 20a. Staff Qualities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X | 21. Ratio: 1 staff to 10 children | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| O | 21b. Supervision | Failed to ensure the supervision of children at all times while indoors. Upon arrival, teacher in rear preschool room left her room, with 7 children alone, to open the door for me. *CONTINUED IN COMMENTS* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X | 22. Group Size – maximum 20 children | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X | 23. Designated director - Training | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X | 24. CPR Certified Staff (Group Home N/A) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X | 25. First Aid Trained Staff | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| O | 26. Consultants- Agreements and Contracts | Failed to maintain current consultant agreements for dental and social service consultant. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| O | 27. Logs – Visits documented | Failed to document annual review of policies, plans, procedures and education programs for dental and social service consultants. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Not in Compliance? | <table border="1"> <thead> <tr> <th>Education</th> <th>Health</th> <th>Social Service</th> <th>Dental</th> <th>Dietician</th> <th>N/A?</th> <th>X</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>O</td> <td>O</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Contracts</td> <td></td> <td>O</td> <td>O</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Logs</td> <td></td> <td>O</td> <td>O</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Education | Health | Social Service | Dental | Dietician | N/A? | X | | | O | O | | | | Contracts | | O | O | | | | Logs | | O | O | | | |
| Education | Health | Social Service | Dental | Dietician | N/A? | X | | | | | | | | | | | | | | | | | | | | | | | | |
| | | O | O | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contracts | | O | O | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Logs | | O | O | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Do they take children swimming? | N SWIMMING | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X | 28. Non-swimmers identified | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X | 29. Staff/Child Ratios | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X | 30. CPR certified staff (20 years of age) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X | 31. Lifeguard certified - supervision | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RECORD KEEPING 19a-79-5a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X | 32. Enrollment information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X | 33. Emergency medical permission | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X | 34. Authorized release permission | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X | 35. Field trip permission | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X | 36. Transportation permission | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| X | 37. Child health records and immunizations | |
| O | 38. Individual care plan (signed by parents and staff) | Failed to maintain complete individual care plans when 2 care plans were not signed by all staff responsible for the child's care. |
| X | 39. Injury, Illness, Accident reports | |
| HEALTH AND SAFETY 19a-79-6a | | |
| X | 40. Nutritious snacks and meals (required food groups) | |
| X | 41. Proper refrigeration (max 45°) | |
| X | 42. Kitchen separated | N/A? |
| X | 43. Hand washing – before eating or food handling | |
| X | 44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory | |
| PHYSICAL PLANT 19a-79-7a | | |
| O | 45. License premises – clean, good repair, hazard free | Failed to maintain the building, equipment and services. Observed unclean refrigerator in the unused under 3 room; unsecured white toy shelves in both preschool rooms; unsecured kitchen set in front preschool; toaster oven accessible in front preschool; electrical panel open and accessible in front preschool room. |
| X | 47b. Plans for new construction, expansion, renovation or conversion | |
| X | 48. Sanitary drinking fountains – disposable cups | |
| X | 49. Lead Water Test (N/A?) 10/31/2022 | Bacterial/Chemical Test (N/A?) X |
| X | 50. Walkways maintained | |
| X | 51. Designated staff toilet/sink | |
| X | 52. All openings for ventilation screened | |
| X | 53. Windows protected to prevent falls | |
| X | 54. Glass protected up to 36" | |
| X | 55. Overhead doors – locking devices, spring protectors | |
| X | 56. Exits, Hallways and Stairs unobstructed | |

| | | |
|---|---|--|
| X | 57. Individual storage of clothing and bedding | |
| X | 58. Smoking prohibited | |
| X | 59. Matches and lighters inaccessible | |
| O | 60. Electrical safety – outlets/cords | Failed to ensure that electrical outlets are covered with safety covers or are approved safety outlets observed 7 unprotected outlets and 3 hanging cords in the front preschool room. |
| X | 61. Toileting needs met | |
| X | 62. Required toilets, sinks, supplies | |
| X | 63. Potty chairs – nonporous, emptied, disinfected | |
| X | 64. Hand washing after toileting – staff and children | |
| X | 65. Ventilation in toilet rooms | |
| X | 66. Air temperature 65 degrees, thermometer affixed | |
| X | 67. Water temperature 60° – 115° | |
| X | 68. Portable space heaters | |
| O | 69. Walls, ceilings, floors and rugs – clean, good repair | Failed to maintain walls, ceilings, floors and rugs in a good state of repair. Observed dusty ceiling vents in most rooms; floor by sink feet unclean in preschool bathroom; stained ceiling tiles in the office and waddler rooms. |
| X | 70. Rugs secure | |
| X | 71. Hot water, steam pipes protected | |
| X | 72. Working phone on each level | |
| X | 73. Emergency numbers posted | |
| X | 74. Adequate lighting - 50/30 candle feet | |
| X | 75. Light fixtures shielded, shatter proof | |
| O | 76. Potentially hazardous substances locked | Failed to ensure that potentially hazardous substances are stored in a locked area in the unused under 3's room, infant room, waddler room, front preschool room (accessible in stiffer mop), and toddler room - disinfectant spray/wipes, febreze, etc. |
| X | 77. Garbage, rubbish disposed daily | |

| | | |
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| X | 78. Stairs protected, good repair, handrails | |
| X | 79. Pets – maintained, care plan | Y/N N |
| X | 80. Operable CO detector on each level | N/A? Y |
| X | 81. Program space-adequate square footage per child | |
| X | 82. Equipment clean, good repair, safe, non-toxic | |
| X | 83. Cots stored, maintained, adequate number | |
| X | 84. Developmentally appropriate equipment | |
| X | 85. Hot tubs, spas, saunas – locked and inaccessible | Y/N N |
| X | 86. No weapons, no facsimile of a firearm on premises | |
| OUTDOOR SPACE | | |
| X | 87. Outdoor space - adequate square footage per child | |
| | 88. Impact absorbing material under equipment | |
| X | 89. Playground free from hazards | |
| X | 92. Equipment anchored, safely arranged | |
| X | 93. Outdoor play area protected, fenced | |
| X | 94. Drinking water available, accessible | |
| EDUCATIONAL REQUIREMENTS 19a-79-8a | | |
| X | 95. Written plan for daily program available to parents/staff | |
| X | 96. Schedule – Activity choices and Program | Activity choices: developmentally appropriate, flexible, meets individual needs Program includes: indoor/outdoor, gross/fine motor skills, snacks/meals, rest/sleep/quiet time, toileting and clean up |
| ADMINISTRATION OF MEDICATIONS 19a-79-9a | | |
| X | 97. Written policies, procedures | |
| X | 98. Training outline on file | |

NONPRESCRIPTION TOPICAL MEDICATIONS

| | | |
|-----------------------|--|---|
| <input type="radio"/> | 99. Administration, parent permission, MAR | Failed to maintain complete written parent permission for medication for 4 topical ointments - all 4 missing start and/or end dates. One topical ointment did not have a parent permission form. Application of ointments not being logged. |
| <input type="radio"/> | 100. Labeling, storage | Failed to maintain proper storage of medication in the infant room, topical ointments stored in a low, unlocked drawer. Also observed 3 unlabeled topical ointments. |

ORAL/TOPICAL/INHALENT MEDICATIONS

| | | |
|-------------------------------------|---|--|
| <input checked="" type="checkbox"/> | 101. Med trained staff, certificates O/T/I Injectable Y Y | |
| <input checked="" type="checkbox"/> | 102. Authorized prescriber, parent permission, MAR | |
| <input type="radio"/> | 103. Labeling, storage | Failed to maintain proper storage of controlled substances. Controlled drug not double locked and stored with key in lock. |
| <input checked="" type="checkbox"/> | 104. Unused, expired meds returned/disposed | |

SELF-ADMINISTRATION

| | | |
|-------------------------------------|---|---|
| <input checked="" type="checkbox"/> | 105. Authorized prescriber, parent permission, MAR | |
| <input checked="" type="checkbox"/> | 106. Labeling, storage | |
| <input type="radio"/> | 107. Approved petition for special medication authorization | Failed to petition the OEC for special medication permission. Approved petition not observed. |

INFANT/TODDLER ENDORSEMENT 19a-79-10

| | | |
|-------------------------------------|--|--|
| Yes | Is there an approved endorsement? | |
| <input checked="" type="checkbox"/> | 109. Approved endorsement | |
| <input checked="" type="checkbox"/> | 110. Ratio: 1 staff to 4 children | |
| <input checked="" type="checkbox"/> | 111. Group size: no larger than 8 | |
| <input checked="" type="checkbox"/> | 112. Physical barriers, groups of 8 (indoors and outdoors) | |
| <input type="radio"/> | 113. Adequate sinks in program space | Failed to maintain a separate sink for purposes other than hand washing after diapering. Per staff in the infant and waddler rooms, toys are washed in the handwashing only sinks. Sinks also have objects on handwashing only sinks such as toys, dishes, and food. |
| <input checked="" type="checkbox"/> | 114. Free standing, well-constructed, safe cribs | |
| <input checked="" type="checkbox"/> | 115. Washable cots | |
| <input type="radio"/> | 116. Chairs for feeding, stable, safety straps, locking tray | Failed to maintain safety straps on all high chairs in the waddler room - bucket table. |
| <input checked="" type="checkbox"/> | 117. Developmentally appropriate tables, chairs, equipment | |
| <input checked="" type="checkbox"/> | 118. Refrigerators and food prop facilities | |

| | | | | |
|-------------------------------------|---|---|-------------------------------------|--|
| <input type="radio"/> | 119. Diaper area- sturdy, safety rail, nonporous, exclusive use | Failed to ensure the exclusive use of the diaper area. Observed a stool and a toy on changing table in the waddler room. | | |
| <input checked="" type="checkbox"/> | 120. Diaper area- washed, disinfected | | | |
| <input checked="" type="checkbox"/> | 121. Diaper area- disposable paper sheets | | | |
| <input checked="" type="checkbox"/> | 122. Covered waste receptacle | | | |
| <input type="radio"/> | 123. Diaper changing policy posted, followed | Failed to ensure the diaper policy is posted in each diapering area in the 18-24 month room and the toddler room. | | |
| <input checked="" type="checkbox"/> | 124. Hand washing policy posted, followed | Failed to ensure the handwashing policy is posted in each diapering area in the | | |
| <input checked="" type="checkbox"/> | 125. Individual storage of personal items | | | |
| <input checked="" type="checkbox"/> | 126. Cribs/cots washed and disinfected | | | |
| <input checked="" type="checkbox"/> | 127. Under 12 months- placed on back for sleeping | | | |
| <input checked="" type="checkbox"/> | 128. Alternate sleep position- equipment, medical documentation | Yes | No | |
| | | | <input checked="" type="checkbox"/> | |
| <input checked="" type="checkbox"/> | 129. Crib, bed used for infant sleeping | | | |
| <input type="radio"/> | 130. Crib, bed free from observable hazards | Failed to ensure that soft surfaces and gas-trapping objects are not placed under or with an infant for sleeping. Observed 2 mattresses stacked on top of one another in 2 cribs where infants sleep. Bottom mattresses covered in plastic. | | |
| <input checked="" type="checkbox"/> | 131. Infant toys separate, washed, disinfected daily | | | |
| <input checked="" type="checkbox"/> | 132. No toys, objects less than 1/1/4" diameter | | | |
| <input checked="" type="checkbox"/> | 133. Plastic bags, balloons, Styrofoam objects inaccessible | | | |
| <input checked="" type="checkbox"/> | 134. Health consultant, doc. of visits | | | |
| <input checked="" type="checkbox"/> | 135. Infants held for bottles, indiv. attention, tummy time | | | |
| <input checked="" type="checkbox"/> | 136. Written statement, feeding schedule from parent | | | |
| <input checked="" type="checkbox"/> | 137. Unused portions of liquids discarded | | | |
| <input checked="" type="checkbox"/> | 138. Clean Bottles, disp. bottles, approved bottle washing | | | |
| <input checked="" type="checkbox"/> | 139. Food served from dish or whole jar served | | | |
| <input type="radio"/> | 140. Bottles individually identified with child's name | Failed to ensure bottles are individually identified with the child's name observed 2 unlabeled bottles. | | |

OUTDOOR PLAY SPACE - UNDER THREE

| | | |
|------------|--|--|
| X | 141. Play space fenced | |
| X | 142. Outdoor equipment developmentally appropriate | |
| Yes | Is there an approved endorsement? | SCHOOL AGE ENDORSEMENT 19a-79-11 |
| X | 143. Approved endorsement | |
| X | 144. Activity choices appropriate | |
| X | 145. Ratio – 1 staff to 10 children | |
| X | 146. Group size – maximum 20 children | |
| X | 147. Education Consultant appropriate | |
| No | Is there an approved endorsement? | NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) |
| | 148. Approved endorsement | |
| | 149. Written program plan, supervision | |
| | 150. Staff awake and available | |
| | 151. Cot, crib, bedding, toiletries, sleep apparel | |
| | 152. Individual storage of personal items | |
| | 153. Bedding, sleeping apparel laundered weekly | |
| N | Child with diabetes enrolled? | MONITORING OF DIABETES 19a-79-13 |
| X | 154. Written policies and procedures | |
| X | 155. On site staff trained in first aid, glucose testing | |
| X | 156. Training current and documented | |
| X | 157. Supervision of self-administration | |
| X | 158. Equipment, supplies labeled and inaccessible | |

| | | |
|----------|--|--|
| X | 159. Signed agreement with parents regarding equipment | |
| X | 160. Materials discarded appropriately | |
| X | 161. Authorized prescriber, parent permission | |
| X | 162. Documentation of test results, actions taken | |
| X | 163. Daily written parent notification | |

ADDITIONAL VIOLATIONS

| | | | |
|----------|---|------|--|
| X | 62. Consent Order - Negotiated Corrective Action Plan | N/A? | |
|----------|---|------|--|

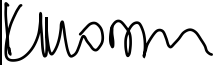


| | |
|--------------------------|---|
| <u>YES or NO?</u> Yes | WERE VIOLATIONS CITED DURING THIS VISIT? |
|--------------------------|---|

DISCUSSIONS:

1. Date of enrollment missing for 1 child's file.
2. Handwashing procedure not observed in the 18-24 month room.
3. 1 sink in the preschool room does not have hot water.
4. Carpet in the waddler room is curling.
5. 1 unused classroom being used for storage, classroom still counting toward capacity - should either be cleaned out or taken off of license.
6. 1 staff TB not observed.
7. Playground surfacing could not be measured due to snow cover - program to ensure compliance at all times.
8. 1 medication authorization form not signed by parent.

COMMENTS:
A parent was dropping off in this classroom and the teacher left the parent alone with the 7 children while she went down the hall to get another staff person to meet with me.

NOTE: Items left blank on this form were not monitored during this visit.
 Only the regulations marked as compliant, non-compliant or not applicable 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) |
| Kristi Morgan (Printed Name) | Kristi Morgan (Printed Name) | 02/29/2024 | Pranvera Dauti (Printed Name) |