

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Future Foundations Child Care Center Date: 1/13/25 Time: 12:37

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

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

Capacity: 72/31 # of Children Present: 26/15 # of Staff Present: 11

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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: Investigation 2025-31 self-report

#### Observations/Corrections needed:

(NS) 19a-79-3a(d) Implement policies - insufficient evidence to support a regulatory violation.

(NS) 19a-79-4a(d)(4)(D) Supervision - insufficient evidence to support a regulatory violation.

(S) 19a-79-5a(a)(3)(~~R~~<sup>KH</sup>) Injury/incident report - operator did not have a written report for parent describing incident in classroom.

(NS) 19a-79-4a(f)(1-2) First aid/CPR trained staff - observed evidence of compliance with first aid/CPR trained staff on premises.

(S) 19a-79-10(h)(2) Objects less than 1/4" - regulation not met when child found staples somewhere in classroom and put them in her mouth.

(S) 19a-79-10(e)(3) Diaper area: non-porous/good repair - regulation not met when diaper pad in infant room was observed to have several small tears in surface.

**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: 1/27/2025

Signature: Karen Hicks  
(OEC Representative)

Print Name: Karen Hicks

Signature: Sara Manzi  
(Person in Charge)

Print Name: Sara Manzi