



CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING



CHILD CARE CENTER and GROUP CHILD CARE HOME
INSPECTION FORM

Type of Inspection: Initial Unannounced Full Announced Full Partial Follow-Up Change of Location

| | | | | | |
|----------------------|----------------------------------|--------------------------|-----------------|-------------------------|---------|
| Program Name: | Future Foundations | Date of Inspection: | 2/21/25 | Time of Arrival: | 10:30 |
| Address: | 21 Fern Drive | License Number: | 16203 | Expiration Date: | 3/31/26 |
| Town: | Torrington | Telephone Number: | (800) 489-9989 | Summer Care: | Open |
| Operator: | Greater Torrington Family Devel. | # of Staff Present: | 10 | # over 3 Present: | 19 |
| Email: | Ffccc.director@gmail.com | Total Capacity: | 72 | Total Under 3 capacity: | 31 |
| Designated Director: | Sara Monzi | Hours/Days of Operation: | M-F 4:30 - 6:00 | | |

Instruction Codes: N/A = Not applicable at this time ✓ = Regulation in Compliance O = Regulation not in Compliance

Endorsements: Under Three (6wks - 36m) Preschool (3y - 5y) School Age (5y & up) Night Care (6wks & up)

LICENSURE PROCEDURES 19a-79-2a

✓ 1. (c)(8) Local Health Inspection-Date: 2/16/23

ADMINISTRATION 19a-79-3a

- ✓ 2. (a) Ensuring health & safety of children
- ✓ 3. (b) Overall management of program
- ✓ 4. (b)(6) Employee orientation for new program staff
- ✓ 5. (b)(6) Annual policy training for program staff
- ✓ 6. (b)(7)(A) Child behavior management
- ✓ 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques
- ✓ 8. (b)(7)(C) Child Protection
- ✓ 9. (b)(7)(E) Mandated Reporting
- ✓ 10. (c)(1-4) Notification of Change
- ✓ 11. POLICIES-COMplete/IMPLEMENTED
 - ✓ (d)(2)(A) Discipline policy
 - ✓ (d)(2)(B-C) Child Protection policy
 - ✓ (d)(3) Closing time policy
 - ✓ (d)(4)(A) Medical emergency policy
 - ✓ (d)(4)(B) Multi-Hazards policy-annual drill
 - ✓ (d)(5) Supervision policy
 - ✓ (d)(6) General Operating policies
 - ✓ (d)(6)(C) Administrative Oversight policy
 - ✓ (d)(7) Personnel policies
- ✓ 12. (d)(1) Daily attendance-children/staff- keep 1 yr.
- ✓ 13. ACCESS
 - ✓ (f) Immediate access by parents
 - ✓ (h) Immediate access by OEC-facility/records
- ✓ 14. (l) 2.8 yr olds enrolled in preschool-authorization
- ✓ 15. (m) Motor vehicle laws-transportation
- ✓ 16. (n) Capacity
- ✓ 17. (o) Respond to OEC-no false, misleading statements or documents
- ✓ 18. POSTINGS
 - ✓ (e)(1) License posted
 - ✓ (e)(2) OEC Complaint Procedure posted
 - ✓ (e)(3) Menus posted
 - ✓ (e)(4) No Smoking posted signs at entrances
 - ✓ (e)(5) OEC Inspection report posted or available
 - ✓ (e)(6) Developmental Milestones posted

STAFFING and CONSULTANTS 19a-79-4a cont.

- ✓ 19. (a)(1) Staff health records
- ✓ 20. (a)(3) Disciplinary actions
- ✓ 21. (b) Comprehensive Background Checks
- ✓ 22. (b)(4) Evidence of compliance
- ✓ 23. (d) Adequate staffing
- ✓ 24. (d)(1) Designated head teacher-approved-60%
- ✓ 25. (d)(2) Two staff present-age 18 or older
- ✓ 26. (d)(3)(A-C) Personal qualities of staff
- ✓ 27. RATIOS
 - ✓ (d)(4)(A) Ratio 1:10 - Indoors/Outdoors
 - ✓ (d)(4)(B) Mixed age group-ratios
 - ✓ (d)(6) Nap time ratio
 - ✓ (d)(4)(D) Supervision-Indoors/Outdoors
- ✓ 28. GROUP SIZE
 - ✓ (d)(5) Group Size-Indoors/Outdoors
 - ✓ (d)(5)(A) Group Size-school age field trips/outdoors
 - ✓ (d)(5)(B) Mixed age group-group size
- ✓ 29. (e)(1) Designated director-training
- ✓ 30. (f)(1) CPR certified program staff
- ✓ 31. (f)(2) First aid certified program staff
- ✓ 32. (f)(2) PROFESSIONAL DEVELOPMENT
 - ✓ (a)(2) Documentation
 - ✓ (h)(1)(2) Health & Safety training
 - ✓ (h)(1)(2) 1% annual hours
- ✓ 33. SWIMMING ACTIVITIES - Y/N
 - ✓ (4)(C)(ii-v) Swimming-Ratios
 - ✓ (4)(C)(i) Non-swimmers identified
 - ✓ (e)(6) CPR certified staff-age 20 or older
 - ✓ (e)(6) Lifeguard-certified-supervising
- ✓ 34. CONSULTANTS
 - ✓ (i)(1)(A-D) Consultants-Education, Health, Social JF Service, Dietitian (N/A)
 - ✓ (i) Consultant agreements-signed annually
 - ✓ (i)(2)(A-H) Agreements complete w/required services
 - ✓ (F) Consultant logs-documented activities, observations and required services
 - ✓ (i)(2) Consultant visits- Education/Health
- 35.

| | Contracts | Logs | Visits |
|------------|-----------|------|--------|
| Education | ✓ | ✓ | ✓ |
| Health | ✓ | ✓ | ✓ |
| Soc. Serv. | ✓ | ✓ | ✓ |
| Dietitian | N/A | N/A | ✓ |

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM - page 3

PROGRAM NAME: Future Foundations LICENSE NUMBER: 16203 DATE OF INSPECTION: 2/21/25

PHYSICAL PLANT 19a-79-7a cont.

UNDER THREE ENDORSEMENT 19a-79-10 cont.

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> 108. | (g)(5) | Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls |
| <input checked="" type="checkbox"/> 109. | (g)(6) | Indoor climbing play equipment-shock absorbing materials under and around |
| <input checked="" type="checkbox"/> 110. | (j) | No weapons/no facsimile of a firearm |
| <input checked="" type="checkbox"/> 111. | | OUTDOOR SPACE |
| | <input checked="" type="checkbox"/> (h)(1) | Adequate space- 75 sq. ft. per child |
| | <input checked="" type="checkbox"/> (h)(2) | Shock absorbing surfaces-minimum 8" |
| | <input checked="" type="checkbox"/> (h)(3) | Playground free from hazards |
| | <input checked="" type="checkbox"/> (h)(4) | Nuts, bolts, screws-tight, covered/protected |
| | <input checked="" type="checkbox"/> (h)(5) | Outside equipment anchored-anchors buried |
| | <input checked="" type="checkbox"/> (h)(6) | New equip- cert playg. Inspection upon request |
| | <input checked="" type="checkbox"/> (h)(8) | Drinking water available/accessible |
| | <input checked="" type="checkbox"/> (h)(9) | Equipment arranged for safety-equip/fences/structures not hazardous |
| <input type="checkbox"/> 112. | | OUTDOOR PROTECTED/FENCING |
| | <input checked="" type="checkbox"/> (h)(7) | Playground protected from traffic, water, gullies or other hazards |
| <input checked="" type="checkbox"/> 113. | <input checked="" type="checkbox"/> (h)(7)(A) | Fences installed to protect from hazards-4 ft |
| | <input checked="" type="checkbox"/> (h)(7)(B) | Fences installed to protect from water-4 ft, self closing and self latching devices or locks |
| <input checked="" type="checkbox"/> 114. | <input checked="" type="checkbox"/> (h)(7)(C) | Roof top play areas-6 ft. wall/barrier |
| | | WATER HAZARDS |
| | <input checked="" type="checkbox"/> (i) | Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 |
| | <input checked="" type="checkbox"/> (i) | Wading pools prohibited |
| | <input checked="" type="checkbox"/> (i) | Hot tubs/spas/saunas-locked/inaccessible |

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> 129. | <input type="checkbox"/> (f)(1) | |
| | <input type="checkbox"/> (f)(2) | |
| | <input type="checkbox"/> (f)(3) | |
| | <input type="checkbox"/> (f)(4) | |
| <input checked="" type="checkbox"/> 130. | <input checked="" type="checkbox"/> (g)(1) | |
| | <input checked="" type="checkbox"/> (g)(1) | |
| | <input checked="" type="checkbox"/> (g)(1) | |
| | <input checked="" type="checkbox"/> (g)(2) | |
| | <input checked="" type="checkbox"/> (g)(3) | |
| | <input checked="" type="checkbox"/> (g)(4) | |
| | <input checked="" type="checkbox"/> (g)(5) | |
| | <input checked="" type="checkbox"/> (g)(6) | |
| | <input checked="" type="checkbox"/> (g)(7) | |
| | <input checked="" type="checkbox"/> (g)(8) | |
| <input checked="" type="checkbox"/> 131. | (h)(1) | |
| <input checked="" type="checkbox"/> 132. | (h)(1) | |
| <input checked="" type="checkbox"/> 133. | (h)(2) | |
| <input checked="" type="checkbox"/> 134. | (h)(2) | |
| <input checked="" type="checkbox"/> 135. | (i)(1)(2A-C) | |
| <input checked="" type="checkbox"/> 136. | (j) | |
| | <input checked="" type="checkbox"/> (k)(1) | |
| | <input checked="" type="checkbox"/> (k)(2) | |
| | <input checked="" type="checkbox"/> (k)(3) | |
| | <input checked="" type="checkbox"/> (k)(4) | |
| | <input checked="" type="checkbox"/> (k)(5) | |
| <input checked="" type="checkbox"/> 137. | (l)(1) | |
| <input checked="" type="checkbox"/> 138. | (l)(2) | |
| <input checked="" type="checkbox"/> 139. | (l)(3) | |

LINENS/CLOTHING
 Linens/emergency clothing available
 Linens washed weekly or as needed
 Linens/clothing stored individually
 Cribs/cots cleaned-linens changed when shared

SAFE SLEEP
 Under 12 mths placed on back for sleeping
 Crib-snug fitting mattress/tightly fitted sheet
 Alternate sleep position/equipment-medical documentation for medical reason on file
 Infants allowed to adopt other sleep positions
 No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
 No unapproved sleeping-car seats/swings/beds, etc.
 No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
 Observe/assess infants at least every 15 minutes
 Teething necklaces/bracelets, jewelry inaccessible
 Safe sleep policies posted/parents informed
 Infant toys-separate/washed/sanitized daily
 Toddler toys-washed/sanitized weekly
 No toys/objects less than 1 1/4" diameter
 Plastic bags/balloons/styrofoam inaccessible unless under direct supervision

HEALTH CONSULTANT VISITS/DOCUMENTATION

FEEDING
 Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
 Written feeding schedule from parent-updated
 Unused formula/milk discarded after feedings
 Clean bottles/disposable bottles/appvd washing
 Baby food served from dish or whole jar
 Bottles labeled with child's name
 Outdoor spaced fenced-4 ft lic. after 1/1/25
 Outdoor equipment-developmentally appropriate for ages of the children
 Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

EDUCATIONAL REQUIREMENTS 19a-79-8a

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> 115. | (a) | Written daily/weekly educational plan-developmentally appropriate |
| <input checked="" type="checkbox"/> 116. | (a) | EDUCATIONAL REQUIREMENTS |
| | <input checked="" type="checkbox"/> (1)-(11) | Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity |
| | <input checked="" type="checkbox"/> (b) | Limited access to screen time/video games |

SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> 117. | (b) | Approved Under 3 Endorsement |
| <input checked="" type="checkbox"/> 118. | (c)(2) | Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths) |
| <input checked="" type="checkbox"/> 119. | (c)(3) | Group size-max 8 (6wks-24mths), max 10 (24-36mths) |
| <input checked="" type="checkbox"/> 120. | (c)(4) | Physical barriers- indoors/outdoors |
| <input checked="" type="checkbox"/> 121. | (d)(1)(A-C) | Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep |
| <input checked="" type="checkbox"/> 122. | (d)(2)(Ai-iii) | Cribs-in compliance w/CPSC (manf. after 6/28/11) |
| <input checked="" type="checkbox"/> 123. | (d)(2)(B) | Washable cots |
| <input checked="" type="checkbox"/> 124. | (d)(2)(C) | Chairs for feeding-stable base-safety straps-locking tray |
| <input checked="" type="checkbox"/> 125. | (d)(2)(D) | Dev. appropriate tables/chairs/equipment |
| <input checked="" type="checkbox"/> 126. | (d)(2)(E) | Refrigerator and food prep facilities |
| <input checked="" type="checkbox"/> 127. | (d)(3)(A-C) | Optional furniture/equip-safe/hazard free |
| <input checked="" type="checkbox"/> 128. | | DIAPERING |
| | <input checked="" type="checkbox"/> (e)(1) | Diaper area: elevated/sturdy/safety rail |
| | <input checked="" type="checkbox"/> (e)(2) | Diaper area: used only for this purpose, located in the program area |
| | <input checked="" type="checkbox"/> (e)(3) | Diaper area: non-porous surface/good repair |
| | <input checked="" type="checkbox"/> (e)(4) | Diaper area: washed/disinfected after use |
| | <input checked="" type="checkbox"/> (e)(5) | Diaper area: disposable paper sheets |
| | <input checked="" type="checkbox"/> (e)(6)(9) | Covered waste receptacle-removed daily |
| | <input checked="" type="checkbox"/> (e)(7) | Handwashing-staff/children |
| | <input checked="" type="checkbox"/> (e)(8) | Diapering-Handwashing policies-posted/followed |
| | <input checked="" type="checkbox"/> (e)(10)(A-C) | Cloth diapers-written plan developed |

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> 140. | (b) | Approved Schl Age Endorsement |
| <input checked="" type="checkbox"/> 141. | (c) | SCHEDULE - ACTIVITIES |
| | | Written daily program plan-flexible schedule-available to staff/parents |
| <input checked="" type="checkbox"/> 142. | <input checked="" type="checkbox"/> (c)(1) | Activities not a duplication of child's day |
| | <input checked="" type="checkbox"/> (c)(2) | Activities include cognitive, physical, social, emotional needs of the children |
| | <input checked="" type="checkbox"/> (c)(3) | Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events |
| | (d) | Ratio- 1:15 |
| <input checked="" type="checkbox"/> 143. | (e) | Group size- max. 30 |
| <input checked="" type="checkbox"/> 144. | (f) | 4 yr. olds enrolled in schl age-written authorization/permission from director/parent |
| <input checked="" type="checkbox"/> 145. | (f) | Head teacher approved- 60% |
| <input checked="" type="checkbox"/> 146. | (g) | |

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM - page 2

PROGRAM NAME: Future Foundations LICENSE NUMBER: 16203 DATE OF INSPECTION: 2/21/25

RECORD KEEPING 19a-79-5 PHYSICAL PLANT 19a-79-7a cont.

| | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> 36. (a)(1)(A-C) | Children's Enrollment information | <input checked="" type="checkbox"/> 72. (d)(2) | Walkways maintained |
| <input checked="" type="checkbox"/> 37. (a)(1)(D)(i) | PARENT PERMISSIONS | <input checked="" type="checkbox"/> 73. (d)(3) | Windows protected to prevent falls |
| <input checked="" type="checkbox"/> (a)(1)(D)(ii) | Emergency medical permission | <input checked="" type="checkbox"/> 74. (d)(3) | Window screens (Schl age only- N/A) |
| <input checked="" type="checkbox"/> (a)(1)(D)(iii) | Authorized release permission | <input checked="" type="checkbox"/> 75. (d)(4) | Glass and mirrors protected to 36" |
| <input checked="" type="checkbox"/> (a)(1)(D)(iv) | Field trip permission | <input checked="" type="checkbox"/> 76. (d)(5) | Overhead doors-locking devices, spring protectors N/A |
| <input checked="" type="checkbox"/> 38. (a)(2)(A-B) | Transportation permission | <input checked="" type="checkbox"/> 77. (d)(6), (f)(3) | Exits, stairs, hallways unobstructed |
| <input checked="" type="checkbox"/> 39. (a)(2)(C) | Child Health Records | <input checked="" type="checkbox"/> 78. (d)(7) | Individual storage of clothing/bedding |
| <input checked="" type="checkbox"/> 40. (a)(2)(E) | Immunization records | <input checked="" type="checkbox"/> 79. (d)(8) | Smoking or vaping prohibited on premises/grounds |
| <input checked="" type="checkbox"/> 41. (a)(3)(A) | Individual care plan-signed by parents/staff | <input checked="" type="checkbox"/> 80. (d)(8) | Matches/lighters inaccessible |
| <input checked="" type="checkbox"/> 42. (a)(3)(B) | Injury, Illness, Incident, Accident reports | <input checked="" type="checkbox"/> 81. (d)(9) | Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A) |
| <input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii) | Parent notification of illness or injury | <input checked="" type="checkbox"/> 82. | TOILETING |
| <input checked="" type="checkbox"/> 44. (a)(3)(D) | Notify OEC of serious injuries, fatality | <input checked="" type="checkbox"/> (d)(10)(A) | Shared toilets/sinks-supervision plan |
| <input checked="" type="checkbox"/> 45. (a)(4) | Notify DPH, local health-reportable diseases | <input checked="" type="checkbox"/> (d)(10)(B) | Toileting needs met |
| | Video recordings- keep 30 days | <input checked="" type="checkbox"/> (d)(10)(C) | Potty chairs-nonporous, emptied, disinfected |

HEALTH and SAFETY 19a-79-6a

| | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> 46. (a)(1) | Preparation, transportation of food-follow DPH Model Food Code N/A | <input checked="" type="checkbox"/> (d)(10)(D) | Required toilets/sinks-1:16 |
| <input checked="" type="checkbox"/> 47. (a)(2) | Nutritious meals and snacks | <input checked="" type="checkbox"/> (d)(10)(E) | Required toilets/sinks-1:25 schl age only |
| <input checked="" type="checkbox"/> 48. (a)(3) | Proper refrigeration-41 degrees | <input checked="" type="checkbox"/> (d)(10)(E) | Toileting Supplies-Hand drying-Garbage |
| <input checked="" type="checkbox"/> 49. (a)(4) | Menus-1 wk in advance- keep 3 mths | <input checked="" type="checkbox"/> (d)(10)(F) | Handwashing staff/children |
| <input checked="" type="checkbox"/> 50. (a)(5) | Food Service Inspection N/A | <input checked="" type="checkbox"/> (d)(10)(G) | Toilets/sinks located-at the facility or licensed premises |
| <input checked="" type="checkbox"/> 51. (a)(6) | Kitchen-clean, safe storage of food/supplies | <input checked="" type="checkbox"/> (d)(10)(H) | Well lighted/ventilated toilet rooms |
| <input checked="" type="checkbox"/> 52. (a)(7) | Separate hand washing facilities | <input checked="" type="checkbox"/> 83. (d)(11) | Mechanical ventilation (Grp Homes N/A) |
| <input checked="" type="checkbox"/> 53. (a)(8) | Multi-use eating/drinking utensils | <input checked="" type="checkbox"/> 84. | Staff personal articles inaccessible |
| <input checked="" type="checkbox"/> 54. (a)(9) | Kitchen separated (Schl age only N/A) | <input checked="" type="checkbox"/> (e)(1) | AIR TEMPERATURE |
| <input checked="" type="checkbox"/> 55. (a)(10) | Children supervised during meal prep | <input checked="" type="checkbox"/> 85. | Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A) |
| <input checked="" type="checkbox"/> 56. (a)(11) | Handwashing-staff/children | <input checked="" type="checkbox"/> (e)(1) | Air temp <65°F comfortable (Schl age only-N/A) |
| <input checked="" type="checkbox"/> 57. (b)(1) | Illness procedures-staff knowledgeable, children observed for signs/symptoms | <input checked="" type="checkbox"/> (e)(2) | Air temp > 80 °F - ↑ fluids/ventilation |
| <input checked="" type="checkbox"/> 58. (b)(2) | Designated isolation area | <input checked="" type="checkbox"/> 86. (e)(3) | Water temperature 60 °F - 120 °F |
| <input checked="" type="checkbox"/> 59. (c) | FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips | <input checked="" type="checkbox"/> 87. (e)(4) | Portable space heaters prohibited |
| <input checked="" type="checkbox"/> 60. (c) | FIRST AID SUPPLIES-Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier | <input checked="" type="checkbox"/> 88. (e)(5) | Walls/ceilings/floors/rugs-clean/good repair |
| <input checked="" type="checkbox"/> 61. (d) | FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags | <input checked="" type="checkbox"/> 89. (e)(5) | Rugs- not tripping/slipping hazard |
| | | <input checked="" type="checkbox"/> 90. (e)(6) | Hot water/Steam pipes protected |
| | | <input checked="" type="checkbox"/> 91. (e)(7) | Working phone on each level |
| | | <input checked="" type="checkbox"/> 92. (e)(7) | Emergency numbers posted-adjacent to phones |
| | | <input checked="" type="checkbox"/> 93. (e)(7) | Parents provided direct on site phone number |
| | | <input checked="" type="checkbox"/> 94. (e)(7) | LIGHTING |
| | | <input checked="" type="checkbox"/> (e)(8) | All areas min. 1 foot candle of lighting |
| | | <input checked="" type="checkbox"/> (e)(9) | Adequate lighting-30/50 candle feet-mapping children-sufficient lighting to be visible |
| | | <input checked="" type="checkbox"/> (e)(9) | Schl age only-lighting for comfort |
| | | <input checked="" type="checkbox"/> (e)(9) | Light fixtures shielded/shatter proof |
| | | <input checked="" type="checkbox"/> (e)(10) | Potentially hazardous substances, materials - labeled, inaccessible |
| | | <input checked="" type="checkbox"/> 95. (e)(11) | Garbage/rubbish-disposed of daily, containers in good repair |
| | | <input checked="" type="checkbox"/> 96. (e)(11) | Stairs-protected/good repair-handrails |
| | | <input checked="" type="checkbox"/> 97. (e)(12) | Toxic plants/materials inaccessible |
| | | <input checked="" type="checkbox"/> 98. (e)(13) | Pets or other animals-in good health, written care plan including access to children |
| | | <input checked="" type="checkbox"/> 99. (e)(14-15) | Prevention of vermin-openings screened |
| | | <input checked="" type="checkbox"/> 100. (e)(16) | Radon test- Results: <u>1.3</u> N/A |
| | | <input checked="" type="checkbox"/> 101. (e)(17) | Results posted-Date: <u>3/21/04</u> (Schls-N/A) |
| | | <input checked="" type="checkbox"/> 102. (e)(18) | Carbon monoxide detector-each level N/A |
| | | <input checked="" type="checkbox"/> 103. (d)(1)(A) | Program space-adequate-35 sq. ft. per child |
| | | <input checked="" type="checkbox"/> 104. (g)(1) | Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust |
| | | <input checked="" type="checkbox"/> 105. (g)(2) | Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags) |
| | | <input checked="" type="checkbox"/> 106. (g)(3) | Air conditioners, water heaters, fuse boxes inaccessible |
| | | <input checked="" type="checkbox"/> 107. (g)(4) | Developmentally app equipment, materials |

PHYSICAL PLANT 19a-79-7a

| | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> 62. (a)(2) | Fire marshal codes/certificate <u>1/11/25</u> | <input checked="" type="checkbox"/> 95. (e)(10) | |
| <input checked="" type="checkbox"/> 63. (b) | Indoor/Outdoor space inspected/approved | <input checked="" type="checkbox"/> 96. (e)(11) | |
| <input checked="" type="checkbox"/> 64. (b)(1)-(5) | Construction/expansion/renovation/conversion | <input checked="" type="checkbox"/> 97. (e)(12) | |
| <input checked="" type="checkbox"/> 65. (b)(6) | Space not inspected/approved but used for field trips-written parent permission | <input checked="" type="checkbox"/> 98. (e)(13) | |
| <input checked="" type="checkbox"/> 66. (c)(2) | Licensed premises-clean, good repair, hazard free, maintenance program established | <input checked="" type="checkbox"/> 99. (e)(14-15) | |
| <input checked="" type="checkbox"/> 67. (c)(3) | Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A) | <input checked="" type="checkbox"/> 100. (e)(16) | |
| <input checked="" type="checkbox"/> 68. (c)(4) | Testing of premises/grounds for chemicals | <input checked="" type="checkbox"/> 101. (e)(17) | |
| <input checked="" type="checkbox"/> 69. (c)(5)(A) | WATER SUPPLY - Public/Well (Schools-N/A) | <input checked="" type="checkbox"/> 102. (e)(18) | |
| <input checked="" type="checkbox"/> (c)(5)(B) | Lead Water Test - Date: <u>1/12/24</u> | <input checked="" type="checkbox"/> 103. (d)(1)(A) | |
| <input checked="" type="checkbox"/> (c)(5)(C) | Bact./Chem Test-Date: _____ (N/A) | <input checked="" type="checkbox"/> 104. (g)(1) | |
| <input type="checkbox"/> 70. (c)(6)(A) | Drinking water available/accessible | <input checked="" type="checkbox"/> 105. (g)(2) | |
| <input type="checkbox"/> (c)(6)(A) | LEAD PAINT | <input checked="" type="checkbox"/> 106. (g)(3) | |
| <input checked="" type="checkbox"/> (c)(6)(B-D) | Peeling Paint - Y/N Inside/Outside | <input checked="" type="checkbox"/> 107. (g)(4) | |
| | Building Pre-78: Y/N Lead Test: Y/N | | |
| | Results _____ | | |
| | Lead Management Plan _____ | | |
| <input checked="" type="checkbox"/> 71. (d)(1) | Emergency vehicle access | | |

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM - page 4

| | | | | | |
|--------------|--------------------|----------------|-------|--------------------|---------|
| PROGRAM NAME | Future Foundations | LICENSE NUMBER | 14203 | DATE OF INSPECTION | 2/21/25 |
|--------------|--------------------|----------------|-------|--------------------|---------|

| | | | | | |
|---|--|--|---------------------------------|---|--|
| NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) <input checked="" type="checkbox"/> Y/N | | MONITORING OF DIABETES 19a-79-13 <input checked="" type="checkbox"/> Y/N | | | |
| <input type="checkbox"/> 147. (b) | Approved Night Care Endorsement | <input checked="" type="checkbox"/> 171. (a)(1) | Written policies and procedures | STAFF TRAINING Staff training - first aid Staff training - use/storage/maintenance of monitoring equipment, reading test results, appropriate actions Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible Signed agreement with parent regarding equipment, supplies, materials to be discarded Authorized prescriber written order Written authorization from parent Testing results and actions taken - documented and kept on file, ensure parents are notified daily | |
| <input type="checkbox"/> 148. (b)(1) | Person in charge-head teacher | <input checked="" type="checkbox"/> 172. (b)(1)(A) | | | |
| <input type="checkbox"/> 149. (b)(2) | Written plan for program activities- meet individual needs, sleep patterns, quiet activities | <input checked="" type="checkbox"/> (b)(1)(B) | | | |
| <input type="checkbox"/> 150. (b)(3) | Written plan for supervision including cot placement and evacuation | (i)-(iii) | | | |
| <input type="checkbox"/> 151. (b)(4) | Children in care no more than 12 hrs. in 24 | <input checked="" type="checkbox"/> (b)(2) | | | |
| <input type="checkbox"/> 152. (b)(5) | Staff awake and available | <input checked="" type="checkbox"/> (b)(3) | | | |
| <input type="checkbox"/> 153. (b)(6) | SLEEP PROVISIONS | <input checked="" type="checkbox"/> (c)(2) | | | |
| <input type="checkbox"/> (b)(6) | Individual cot/crib with bedding | <input checked="" type="checkbox"/> 173. (c)(3) | | | |
| <input type="checkbox"/> (b)(6)(A) | Sleeping apparel/toiletries labeled | <input checked="" type="checkbox"/> 174. (d)(1) | | | |
| <input type="checkbox"/> (b)(6)(B) | Required bedding | <input checked="" type="checkbox"/> 175. (d)(2) | | | |
| <input type="checkbox"/> (b)(6)(C) | Required toiletries | <input checked="" type="checkbox"/> 176. (d)(3) | | | |
| <input type="checkbox"/> (b)(6)(D) | Bedding/sleeping apparel laundered weekly | | | | |
| <input type="checkbox"/> (b)(7) | Sleep arrangements for infants | <input checked="" type="checkbox"/> 177. (e)(1) | | | |
| <input type="checkbox"/> 154. (b)(8) | Air temp 65 °F at 3 ft | <input checked="" type="checkbox"/> 178. (e)(2) | | | |
| <input type="checkbox"/> 155. (b)(9) | Fire marshal approval-hours specified | <input checked="" type="checkbox"/> 179. (e)(3) | | | |
| <input type="checkbox"/> 156. (b)(10) | Local health approval | | | | |

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N ADDITIONAL VIOLATION

| | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> 157. (9a) | Written medication policies/procedures | <input checked="" type="checkbox"/> 180. - | Consent Order/Negotiated Corrective Action Plan conditions <input type="checkbox"/> N/A |
| <input checked="" type="checkbox"/> 158. (9a) | Permit enrollment of children with asthma, allergies, diabetes | | |

| | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> 159. (a)(2) | Admin/Parent permission/report errors | DISCUSSIONS - COMMENTS policy review checklist provided during inspection highlighting changes to the childcare center regulations effective Oct 11, 2024. Program must ensure policies are updated to reflect new regulations. TA given on new regulations items ✓ at visit were either discussed or in compliance. Shock absorbing material wasn't observed (snow covered) The program needs to maintain compliance with this regulation at all times. | |
| <input checked="" type="checkbox"/> (a)(3)(A-B) | Labeling and Storage | | |
| <input checked="" type="checkbox"/> (a)(3)(C) | Unused/expired meds destroyed/returned | | |
| <input checked="" type="checkbox"/> 160. (b)(1)(A/C) | MEDICATION TRAINING | | |
| <input checked="" type="checkbox"/> (b)(1)(D) | Medication training-general-oral/top/inhalant | | |
| <input checked="" type="checkbox"/> (b)(1)(E) | Injectable premeasured autoinjector medication | | |
| <input checked="" type="checkbox"/> (b)(1)(F) | Rectal medication | | |
| <input checked="" type="checkbox"/> (b)(2)(A-B) | Injectable other than premeasured auto-injector | | |
| <input checked="" type="checkbox"/> (b)(2)(C) | Training approval documents/certificates | | |
| <input checked="" type="checkbox"/> (b)(2)(C) | Training outline on file | | |
| <input checked="" type="checkbox"/> 161. (b)(3)(A-B) | Authorized prescriber/parent permission | | |
| <input checked="" type="checkbox"/> 162. (b)(3)(D) | Medication errors- documentation, parent(s) and OEC notification | | |
| <input checked="" type="checkbox"/> 163. (b)(4)(A-B) | Medication Administration Records (MAR) | | |
| <input checked="" type="checkbox"/> 164. (b)(5)(A-B) | Labeling and Storage | | |
| <input checked="" type="checkbox"/> 165. (b)(5)(C) | Emergency medication inaccessible | | |
| <input checked="" type="checkbox"/> 166. (b)(5)(D) | Unused/Expired meds-destroyed/returned | | |
| <input checked="" type="checkbox"/> 167. (b)(5)(E) | Auto-injector/inhalant equipment | | |
| <input checked="" type="checkbox"/> 168. (b)(6) | Self-administration documentation | | |
| <input checked="" type="checkbox"/> 169. (b)(7)(A-B) | Petition for special medication authorization | | |
| <input checked="" type="checkbox"/> 170. (d) | Potassium Iodide (KI) emergency distribution-permission and storage N/A | | |

| | | | |
|------------------------|---------------------|-------------------------------|-------------------|
| SIGNATURE OF OEC STAFF | <i>Jaime Fortin</i> | SIGNATURE OF PERSON IN CHARGE | <i>Sara Manzi</i> |
| PRINTED NAME | Jaime Fortin | PRINTED NAME | Sara Manzi |

| | |
|--|--|
| OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov | Inspection shall be posted or available for review upon request. |
| Written Corrective Action Plan Due by: 3/7/25 | CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf |

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Future Foundation License # 16203 Date: 2/21/25

Observations/Corrections needed:

35(i)(2)(A-H): Consultants Social Service and Education Agreements
-Missing required services.

70(i)(6)(A): unable to determine if all areas of center have had a
full comprehensive lead test. (all spaces used by staff/children) and
if ^{program still has} Lead Management Plan

89(e)(5) Rugs not secure in Prk 3 and room 4 - tripping hazards.

104(g)(1): Soft climbing Blocks in Gross Motor Space torn and not
good repair (reviewed at visit)

121(d)(1)(A-C) Sink not exclusively in 2 toddler rooms.
(paint brushes / toy in sink)

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: James Fortin

Print Name: James Fortin
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Sara Manzi

OEC BY: 2/7/25

Print Name: Sara Manzi
(Person in Charge)