

**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 Scholars	Date of Inspection:	3/25/25	Time of Arrival:	10:15
Address:	600 Rubber Ave	License Number:	70726	Expiration Date:	8/31/27
Town:	Mangaluck, CT 06170	Telephone Number:	203-632-8567	Summer Care:	Open
Operator:	Future Scholars, LLC.	# of Staff Present:	3	# over 3 Present:	14
Email:	future scholars 2023@yahoo.com	Total Capacity:	53	Total Under 3 capacity:	0
		# under 3 Present:	0	Ages Served:	3-12y
Designated Director:	Pranvera Danti	Hours/Days of Operation:	M-F 7:00 - 5:30 pm		

Instruction Codes: = Regulation in Compliance 0 = Regulation not in Compliance N/A = Not applicable at this time

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: 8/2023

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 in prek-authorization
- 15. (m) Motor vehicle laws-transportation
- 16. (n) Capacity
- 17. (o) Respond to OEC-no false, misleading statements or documents
- 18. POSTINGS
 - 3a(e)(1) License posted
 - 3a(e)(2) OEC Complaint Procedure posted
 - 3a(d)(6)(C) Administrative Oversight policy
 - 3a(e)(3) Menus posted
 - 3a(e)(4) No Smoking posted signs at entrances
 - 3a(e)(5) OEC Inspection report posted or available
 - 3a(e)(6) Dev. Milestones posted
 - 7a(e)(17) Radon Test posted
 - 10(g)(8) Safe Sleep policy posted

STAFFING and CONSULTANTS 19a-79-4a

- 19. (a)(1) Staff health records
- 20. (a)(3) Disciplinary actions
- 21. (b) Comprehensive Background Checks
- 21a. (b)(2) Past employment history
- 22. (b)(4) Evidence of compliance with bknd cks/history
- 23. (d) Adequate staffing
- 24. (d)(1)-(e)(2) 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
 - (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
 - (e)(1) Designated director-training
 - (f)(1) CPR certified program staff
 - (f)(2) First aid certified program staff
- 29. PROFESSIONAL DEVELOPMENT
 - (a)(2) Documentation of prof. dev/trainings
 - (h)(1) Health & Safety training
 - (h)(2) 1% annual hours
- 30. 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
- 31. (f)(1)
- 32. (f)(2)
- 33. CONSULTANTS
 - (i)(1)(A)-(D) Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
 - (i) - Consultant agreements-signed annually-agreements complete w/required services
 - (i)(2)(A-H) Consultant logs-documented activities, observations and required services
 - (i)(2) Consultant visits- Education/Health
- 34. (H)(i)-(l)(i)
- 35. (i)(1)(A)-(D)

	Contracts	Logs	Visits
Education	✓ 0	0	✓
Health		✓	✓
Soc. Serv.	✓ 0	✓	
Dietitian	-	-	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	LICENSE NUMBER	DATE OF INSPECTION
Future Scholars	70726	3/25/25
RECORD KEEPING 19a-79-5a		PHYSICAL PLANT 19a-79-7a cont.
<input checked="" type="checkbox"/> 36. (a)(1)(A-C) Children's Enrollment information <input checked="" type="checkbox"/> 37. <u>PARENT PERMISSIONS</u> <input checked="" type="checkbox"/> (a)(1)(D)(i) Emergency medical permission <input checked="" type="checkbox"/> (a)(1)(D)(ii) Authorized release permission <input checked="" type="checkbox"/> (a)(1)(D)(iii) Field trip permission <i>N/A</i> <input checked="" type="checkbox"/> (a)(1)(D)(iv) Transportation permission <input checked="" type="checkbox"/> 38. (a)(2)(A-B) Child Health Records <input checked="" type="checkbox"/> 39. (a)(2)(C) Immunization records <input checked="" type="checkbox"/> 40. (a)(2)(E) Individual care plan-signed by parents/staff <input checked="" type="checkbox"/> 41. (a)(3)(A) Injury, Illness, Incident, Accident reports <input checked="" type="checkbox"/> 42. (a)(3)(B) Parent notification of illness or injury <input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii) Notify OEC of serious injuries, fatality <input checked="" type="checkbox"/> 44. (a)(3)(D) Notify DPH, local health-reportable diseases <input checked="" type="checkbox"/> 45. (a)(4) Video recordings- keep 30 days	<input checked="" type="checkbox"/> 71. (d)(1) Emergency vehicle access <input checked="" type="checkbox"/> 72. (d)(2) Walkways maintained <input checked="" type="checkbox"/> 73. (d)(3) Windows protected to prevent falls <input checked="" type="checkbox"/> 74. (d)(3) Window screens <input checked="" type="checkbox"/> 75. (d)(4) Glass/mirrors protected- 36" <input checked="" type="checkbox"/> 76. (d)(5) Overhead doors-locking devices, spring protectors <i>(N/A)</i> <input checked="" type="checkbox"/> 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed <input checked="" type="checkbox"/> 78. (d)(7) Individual storage of clothing and bedding <input checked="" type="checkbox"/> 79. <u>SMOKING</u> <input checked="" type="checkbox"/> (d)(8) Smoking, vaping or other electronic nicotine device prohibited on premises/grounds <input checked="" type="checkbox"/> (d)(8) Matches/lighters inaccessible <input checked="" type="checkbox"/> 81. (d)(9) Electrical safety - outlets inaccessible - covered or protected <input checked="" type="checkbox"/> 82. <u>TOILETING</u> <input checked="" type="checkbox"/> (d)(10)(A) Shared toilets/sinks-supervision plan <input checked="" type="checkbox"/> (d)(10)(B) Toileting needs met <input checked="" type="checkbox"/> (d)(10)(C) Potty chairs-nonporous, emptied, disinfected <input checked="" type="checkbox"/> (d)(10)(C) Required toilets/sinks-1:16 <input checked="" type="checkbox"/> (d)(10)(E) Toileting Supplies-Hand drying-Garbage <input checked="" type="checkbox"/> (d)(10)(E) Handwashing staff/children <input checked="" type="checkbox"/> (d)(10)(F) Toilets/sinks located at the facility <input checked="" type="checkbox"/> (d)(10)(G) Well lighted/ventilated toilet rooms <input checked="" type="checkbox"/> (d)(10)(H) Mechanical ventilation <i>(after 1/1/94) (Grp-Homes-N/A)</i> <input checked="" type="checkbox"/> 83. (d)(11) Staff personal articles inaccessible <input checked="" type="checkbox"/> 84. <u>AIR TEMPERATURE</u> <input checked="" type="checkbox"/> (e)(1) Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall <input checked="" type="checkbox"/> (e)(2) Air temp > 80 °F - ↑ fluids/ventilation <input checked="" type="checkbox"/> 86. (e)(3) Water temperature 60°F-120°F <input checked="" type="checkbox"/> 87. (e)(4) Portable space heaters prohibited <input checked="" type="checkbox"/> 88. (e)(5) <u>WALLS/CEILINGS/FLOORS/RUGS</u> <input checked="" type="checkbox"/> (e)(5) Walls/ceilings/floors/rugs-clean/good repair <input checked="" type="checkbox"/> 89. (e)(5) Rugs- not a tripping/slipping hazard <input checked="" type="checkbox"/> 90. (e)(6) Hot water/Steam pipes protected <input checked="" type="checkbox"/> 91. <u>TELEPHONE/TELEPHONE NUMBERS</u> <input checked="" type="checkbox"/> (e)(7) Working phone on each level <input checked="" type="checkbox"/> (e)(7) Emergency numbers posted-adjacent to phones <input checked="" type="checkbox"/> (e)(7) Parents provided direct on site phone number <input checked="" type="checkbox"/> 94. <u>LIGHTING</u> <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-sufficient lighting to be visible <input checked="" type="checkbox"/> (e)(9) Enough lighting for comfort <i>(112) 2700</i> <input checked="" type="checkbox"/> (e)(9) Light fixtures shielded/shatter proof <input type="checkbox"/> 95. (e)(10) Potentially hazardous substances, materials labeled, inaccessible <input checked="" type="checkbox"/> 96. (e)(11) Garbage/rubbish-disposed of daily, containers in good repair <input checked="" type="checkbox"/> 97. (e)(12) Stairs-protected/good repair-handrails <input checked="" type="checkbox"/> 98. (e)(13) Toxic plants/materials inaccessible <input checked="" type="checkbox"/> 99. (e)(14-15) Pets or other animals-in good health, written care plan including access to children <input checked="" type="checkbox"/> 100. (e)(16) Measures to prevent vermin <input checked="" type="checkbox"/> 101. (e)(17) Radon test- Results: <i>3 12/27/24 (Scho-N/A)</i> <input checked="" type="checkbox"/> 102. (e)(18) Carbon monoxide detector-each level <i>N/A</i> <input checked="" type="checkbox"/> 103. (f)(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, free from rust <input checked="" type="checkbox"/> 105. (g)(2) Adequate equipment for rest-cleaned-cots <i>(Grp-Homes-only-mats/sleeping-bags)</i> <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	
HEALTH and SAFETY 19a-79-6a		
<input checked="" type="checkbox"/> 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code <i>(N/A)</i> <input checked="" type="checkbox"/> 47. (a)(2) Nutritious meals and snacks <input checked="" type="checkbox"/> 48. (a)(3) Proper refrigeration-41 degrees <input checked="" type="checkbox"/> 49. (a)(4) Menus-1 wk in advance- keep 3 mths <input checked="" type="checkbox"/> 50. (a)(5) Food Service Inspection <i>(N/A)</i> <input checked="" type="checkbox"/> 51. (a)(6) Kitchen-clean/safe storage of food/supplies <i>(N/A)</i> <input checked="" type="checkbox"/> 52. (a)(7) Separate hand washing facilities <input checked="" type="checkbox"/> 53. (a)(8) Multi-use eating/drinking utensils <input checked="" type="checkbox"/> 54. (a)(9) Kitchen separated <i>(N/A)</i> <input checked="" type="checkbox"/> 55. (a)(10) Children supervised during meal prep <input checked="" type="checkbox"/> 56. (a)(11) Handwashing-staff/children <input checked="" type="checkbox"/> 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms <input checked="" type="checkbox"/> 58. (b)(2) Designated isolation area <input checked="" type="checkbox"/> 59. <input checked="" type="checkbox"/> (c) <u>FIRST AID KITS</u> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips <input checked="" type="checkbox"/> (c) <u>FIRST AID SUPPLIES</u> -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"/> (d) <u>FIRST AID SUPPLIES</u> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags <i>(N/A)</i>		
PHYSICAL PLANT 19a-79-7a		
<input type="checkbox"/> 62. (a)(2) Fire marshal codes/certificate <i>7/26/23</i> <input checked="" type="checkbox"/> 63. (b) Indoor/Outdoor space inspected/approved <input checked="" type="checkbox"/> 64. (b)(1)-(5) Construction/expansion/renovation/conversion <input checked="" type="checkbox"/> 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission <input type="checkbox"/> 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program <input checked="" type="checkbox"/> 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free <i>SA only (N/A)</i> <input checked="" type="checkbox"/> 68. (c)(4) Testing of premises/grounds for chemicals <input checked="" type="checkbox"/> 69. <u>WATER SUPPLY</u> - <u>Public/Well</u> <i>(Schools-N/A)</i> <input checked="" type="checkbox"/> (c)(5)(A) Lead Water Test - Date: <i>7/6/23</i> <input checked="" type="checkbox"/> (c)(5)(B) Bact./Chem Test-Date: <i>(N/A)</i> <input checked="" type="checkbox"/> (c)(5)(C) Drinking water available/accessible <input checked="" type="checkbox"/> 70. <u>LEAD PAINT</u> - <input checked="" type="checkbox"/> (c)(6)(A) Building Pre-78: <i>Y/N</i> Lead Test: <i>Y/N</i> <input checked="" type="checkbox"/> (c)(6)(B-D) Results _____ <input checked="" type="checkbox"/> (c)(6)(B-D) Lead Management Plan _____ <input checked="" type="checkbox"/> Peeling Paint - <i>N</i> Inside/Outside		

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Future Scholars	LICENSE NUMBER	T0720	DATE OF INSPECTION	3/25/25
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PHYSICAL PLANT 19a-79-7a cont.	UNDER THREE ENDORSEMENT 19a-79-10 cont.
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<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 play. 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 checked="" type="checkbox"/>	112.		OUTDOOR PROTECTED/FENCED
<input checked="" type="checkbox"/>		(h)(7)	Playground protected from traffic, water, gullies or other hazards
<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.	(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>		(i)	WATER HAZARDS
<input checked="" type="checkbox"/>		(i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 (N/A)
<input checked="" type="checkbox"/>		(i)	Wading pools prohibited (N/A)
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

EDUCATIONAL REQUIREMENTS 19a-79-8a			
<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<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, moderate and vigorous physical activity that takes place outdoors
<input checked="" type="checkbox"/>		(b)	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes

UNDER THREE ENDORSEMENT 19a-79-10	Y/N
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<input type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement
<input type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input type="checkbox"/>	119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
<input type="checkbox"/>	120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors
<input type="checkbox"/>	121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input type="checkbox"/>	122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC
<input type="checkbox"/>	123.	(d)(2)(B)	Washable cots
<input type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities
<input type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input type="checkbox"/>	128.		DIAPERING
<input type="checkbox"/>		(e)(1)	Diaper area: elevated/sturdy/safety rail

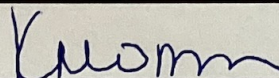
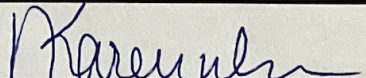
<input type="checkbox"/>	128.	(e)(2)	DIAPERING cont.
<input type="checkbox"/>		(e)(3)	Diaper area: used only for this purpose, located in the program area
<input type="checkbox"/>		(e)(4)	Diaper area: non-porous surface/good repair
<input type="checkbox"/>		(e)(5)	Diaper area: washed/disinfected after use
<input type="checkbox"/>		(e)(6-9)	Diaper area: disposable paper sheets
<input type="checkbox"/>		(e)(7)	Covered waste receptacle-removed daily
<input type="checkbox"/>		(e)(8)	Handwashing-staff/children
<input type="checkbox"/>		(e)(10)(A-C)	Diapering-Handwashing policies-posted/followed
<input type="checkbox"/>	129.		Cloth diapers-written plan developed
<input type="checkbox"/>		(f)(1)	LINENS/CLOTHING
<input type="checkbox"/>		(f)(2)	Linens/emergency clothing available
<input type="checkbox"/>		(f)(3)	Linens washed weekly or as needed
<input type="checkbox"/>		(f)(4)	Linens/clothing stored individually
<input type="checkbox"/>	130.		Cribs/cots cleaned-linens changed when shared
<input type="checkbox"/>		(g)(1)	SAFE SLEEP
<input type="checkbox"/>		(g)(1)	Under 12 mths placed on back for sleeping
<input type="checkbox"/>		(g)(1)	Crib-snug fitting mattress/tightly fitted sheet
<input type="checkbox"/>		(g)(2)	Alternate sleep position/equipment-medical documentation for medical reason on file
<input type="checkbox"/>		(g)(3)	Infants allowed to adopt other sleep positions
<input type="checkbox"/>		(g)(4)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
<input type="checkbox"/>		(g)(5)	No unapproved sleeping-car seats/swings/beds, etc.
<input type="checkbox"/>		(g)(6)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
<input type="checkbox"/>		(g)(7)	Observe/assess infants at least every 15 minutes
<input type="checkbox"/>		(g)(8)	Teething necklaces/bracelets, jewelry inaccessible
<input type="checkbox"/>	131.		Safe sleep policies - parents informed
<input type="checkbox"/>		(h)(1)	TOYS AND OTHER OBJECTS
<input type="checkbox"/>		(h)(1)	Infant toys-separate/washed/sanitized daily
<input type="checkbox"/>		(h)(2)	Toddler toys-washed/sanitized weekly
<input type="checkbox"/>		(h)(2)	No toys/objects less than 1 1/4 " diameter
<input type="checkbox"/>		(i)(1)(2A-C)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input type="checkbox"/>	135.		Health consultant visits/documentation
<input type="checkbox"/>	136.		FEEDING
<input type="checkbox"/>		(j)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
<input type="checkbox"/>		(k)(1)	Written feeding schedule from parent-updated
<input type="checkbox"/>		(k)(2)	Unused formula/milk discarded after feedings
<input type="checkbox"/>		(k)(3)	Clean bottles/disposable bottles/appvd washing
<input type="checkbox"/>		(k)(4)	Baby food served from dish or whole jar
<input type="checkbox"/>		(k)(5)	Bottles labeled with child's name
<input type="checkbox"/>	137.	(l)(1)	Outdoor spaced fenced-4 ft (lic. after 1/1/25)
<input type="checkbox"/>	138.	(l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
<input type="checkbox"/>	139.	(l)(3)	Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety

SCHOOL AGE ENDORSEMENT 19a-79-11	Y/N
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<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/>	141.	(c)	SCHEDULE - ACTIVITIES
<input checked="" type="checkbox"/>		(c)(1)	Written daily program plan-flexible schedule- available to staff/parents
<input checked="" type="checkbox"/>		(c)(2)	Activities not a duplication of child's day
<input checked="" type="checkbox"/>		(c)(3)	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
<input checked="" type="checkbox"/>	143.	(d)	Ratio- 1:15
<input checked="" type="checkbox"/>	144.	(e)	Group size- max. 30

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Future Scholars	LICENSE NUMBER	70724	DATE OF INSPECTION	3/25/25
SCHOOL AGE ENDORSEMENT 19a-79-11 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		MONITORING OF DIABETES 19a-79-13 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N			
<input checked="" type="checkbox"/> 145. (f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input checked="" type="checkbox"/> 171. (a)(1)	Written policies and procedures		
<input checked="" type="checkbox"/> 146. (g)	Designated Head teacher approved- 60%	<input checked="" type="checkbox"/> 172. (b)(1)(A)	STAFF TRAINING		
		<input checked="" type="checkbox"/> (b)(1)(B)	Staff training – first aid		
		<input type="checkbox"/> (i)-(iii)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions		
NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		<input checked="" type="checkbox"/> (b)(2)	Training updated at least every 3 years		
<input type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> (b)(3)	Written documentation of training		
<input type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present		
<input type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> 173. (c)(3)	Self-administration - written authorization and under supervision of trained staff		
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> 174. (d)(1)	Equipment provided by parents		
<input type="checkbox"/> 151. (b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> 175. (d)(2)	Equipment labeled and inaccessible		
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> 176. (d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded		
<input type="checkbox"/> 153. (b)(6)	SLEEP PROVISIONS	<input checked="" type="checkbox"/> 177. (e)(1)	Authorized prescriber written order		
<input type="checkbox"/> (b)(6)(A)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 178. (e)(2)	Written authorization from parent		
<input type="checkbox"/> (b)(6)(B)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 179. (e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily		
<input type="checkbox"/> (b)(6)(C)	Required bedding				
<input type="checkbox"/> (b)(6)(D)	Required toiletries				
<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly				
<input type="checkbox"/> (b)(7)	Sleep arrangements for infants				
<input type="checkbox"/> 154. (b)(8)	Air temp 65 °F at 3 ft				
<input type="checkbox"/> 155. (b)(9)	Fire marshal approval-hours specified				
<input type="checkbox"/> 156. (b)(10)	Local health approval				
ADMINISTRATION OF MEDICATIONS 19a-79-9a <input checked="" type="checkbox"/> Y <input type="checkbox"/> 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 (N/A)		
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes	N/A			
<input checked="" type="checkbox"/> 159. (a)(2)	NONPRESC. TOPICAL MEDICATION	DISCUSSIONS/COMMENTS			
<input checked="" type="checkbox"/> (a)(3)(A-B)	Admin/Parent permission/report errors	- policies to be updated/created to reflect regulation changes adopted 10/20/24			
<input checked="" type="checkbox"/> (a)(3)(C)	Labeling and Storage	- All staff to have health + safety orientation by 4/1/25.			
<input checked="" type="checkbox"/> 160. (b)(1)(A/C)	Unused/expired meds destroyed/returned	- program to understand + comply with all new regulations in addition to existing.			
<input checked="" type="checkbox"/> (b)(1)(D)	MEDICATION TRAINING				
<input checked="" type="checkbox"/> (b)(1)(E)	Medication training-general-oral/top/inhalant				
<input checked="" type="checkbox"/> (b)(1)(F)	Injectable premeasured autoinjector medication				
<input checked="" type="checkbox"/> (b)(2)(A-B)	Rectal medication				
<input checked="" type="checkbox"/> (b)(2)(C)	Injectable other than premeasured auto-injector				
<input checked="" type="checkbox"/> (b)(3)(A-B)	Training approval documents/certificates				
<input checked="" type="checkbox"/> (b)(3)(D)	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)	NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.			

Signature of OEC staff		Signature of person in charge	
Printed Name	Keri Morgan	Printed Name	Karen Dunn
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: oeclicensing@ct.gov		Inspection shall be posted or available for review upon request.	
		Written Corrective Action Plan Due by: 4/8/25	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Future Scholars License # 70726 Date: 3/25/25

Observations/Corrections needed:

- 18 (e)(2) - Outdated complaint procedure posted.
- 33 (a)(2) - professional development less than 1% of total annual hours worked for 2024 for 3 staff; no documented professional development on site for 3 staff.
- 19 - 3 staff physicals not observed on site.
- 35 (i) - consultant agreements not updated to reflect new regulations.
- (f) - education consultant review of policy, plans + procedures not observed.
- ~~61(e)(1)(A-D) health consultant agreement not observed. OK (K)~~
- 36 - 3 childrens files missing parent work address.
- 42 - fire marshal certificate expired.
- 46 - observed 2 tall dollhouses not secured; rug in school age in disrepair; dusty vents in classroom + bathroom.
- 95 - observed Lysol wiper + toilet cleaner accessible in bathroom.
- 111 (h)(3) - playground gate not functioning properly/latching.

Discussed:

- 1 staff physical on child's form
- 1 child's flu shot documentation not observed
- bathroom sink not draining.
- reading area lighting low
- observed trash on playground.

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: [Signature]
(OEC Representative)

Print Name: Kristi Morgan

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: [Signature]
(Person in Charge)

OEC BY: 4/1/25

Print Name: Karen Dunn