

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:	5/8/25	Time of Arrival:	9:40
Address:	30 Church St.	License Number:	70584	Expiration Date:	11/30/28
Town:	Naugatuck, CT 06770	Telephone Number:	203-632-8567	Summer Care:	Open
Operator:	Future Scholars LLC	# of Staff Present:	16	# over 3 Present:	23
Email:	future.scholars2019@yahoo.com	# under 3 Present:	29	Total Under 3 capacity:	44
Designated Director:	Pranvera Dauti	Total Capacity:	84	Ages Served:	6wks-13y
		Hours/Days of Operation:	M-F 7:00-5:30pm		

Instruction Codes: √ = Regulation in Compliance    O = 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: 3/4/25

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. (d)(2)(A) **POLICIES-COMplete/IMPLEMENTED**
  - (d)(2)(B)(C) Discipline policy
  - (d)(3) Child Protection policy
  - (d)(4)(A) Closing time policy
  - (d)(4)(B) 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. (f) **ACCESS**
  - (h) Immediate access by parents
  - (i) 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 (Schls=N/A)
  - 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. (d)(4)(D) **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. (f)(2) **PROFESSIONAL DEVELOPMENT**
  - (a)(2) Documentation of prof. dev/trainings
  - (h)(1) Health & Safety training
  - (h)(2) 1% annual hours
- 30. (4)(C)(ii-v) **SWIMMING ACTIVITIES - Y/N**
  - (4)(C)(i) Swimming-Ratios
  - (e)(6) Non-swimmers identified
  - (e)(6) CPR certified staff-age 20 or older
  - (e)(6) Lifeguard-certified-supervising
- 31. (i)(1)(A)-(D) **CONSULTANTS**
  - (i) - Consultants-Education, Health, Social Service, **Dietitian** (Dietitian N/A)
  - (i)(2)(A-H) Consultant agreements-signed annually-agreements complete w/required services
  - (F) Consultant logs-documented activities, observations and required services
  - (i)(2) Consultant visits- Education/Health
- 32. (H)(i)-(I)(i)

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

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM**

<b>PROGRAM NAME</b>	Future Scholars	<b>LICENSE NUMBER</b>	70584	<b>DATE OF INSPECTION</b>	5/18/25
---------------------	-----------------	-----------------------	-------	---------------------------	---------

<b>RECORD KEEPING 19a-79-5a</b>	<b>PHYSICAL PLANT 19a-79-7a cont.</b>
---------------------------------	---------------------------------------

36.	(a)(1)(A-C)	Children's Enrollment information
37.		<b>PARENT PERMISSIONS</b>
<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
<input checked="" type="checkbox"/>	(a)(1)(D)(iv)	Transportation permission
38.	(a)(2)(A-B)	Child Health Records
39.	(a)(2)(C)	Immunization records
40.	(a)(2)(E)	Individual care plan-signed by parents/staff
41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports
42.	(a)(3)(B)	Parent notification of illness or injury
43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality
44.	(a)(3)(D)	Notify DPH, local health-reportable diseases
45.	(a)(4)	Video recordings- keep 30 days

**HEALTH and SAFETY 19a-79-6a**

46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)
47.	(a)(2)	Nutritious meals and snacks
48.	(a)(3)	Proper refrigeration-41 degrees
49.	(a)(4)	Menus- 1 wk in advance- keep 3 mths
50.	(a)(5)	Food Service Inspection (N/A)
51.	(a)(6)	Kitchen-clean/safe storage of food/supplies (N/A)
52.	(a)(7)	Separate hand washing facilities
53.	(a)(8)	Multi-use eating/drinking utensils
54.	(a)(9)	Kitchen separated (N/A)
55.	(a)(10)	Children supervised during meal prep
56.	(a)(11)	Handwashing-staff/children
57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
58.	(b)(2)	Designated isolation area
59.	(c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
	(c)	<b>FIRST AID SUPPLIES</b> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
	(d)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

**PHYSICAL PLANT 19a-79-7a**

62.	(a)(2)	Fire marshal codes/certificate 2/13/25
63.	(b)	Indoor/Outdoor space inspected/approved
64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program
67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)
68.	(c)(4)	Testing of premises/grounds for chemicals
69.		<b>WATER SUPPLY</b> - Public/Well (Schools-N/A)
	(c)(5)(A)	Lead Water Test - Date: 1/13/24
	(c)(5)(B)	Bact./Chem Test-Date: (N/A)
	(c)(5)(C)	Drinking water available/accessible
70.		<b>LEAD PAINT</b> -
	(c)(6)(A)	Building Pre-78: <input checked="" type="checkbox"/> N Lead Test: <input checked="" type="checkbox"/> N
	(c)(6)(B-D)	Results no lead identified
		Lead Management Plan _____
		Peeling Paint - <input checked="" type="checkbox"/> N Inside/Outside

71.	(d)(1)	Emergency vehicle access
72.	(d)(2)	Walkways maintained
73.	(d)(3)	Windows protected to prevent falls
74.	(d)(3)	Window screens
75.	(d)(4)	Glass/mirrors protected- 36"
76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
78.	(d)(7)	Individual storage of clothing and bedding
79.		<b>SMOKING</b>
	(d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
	(d)(8)	Matches/lighters inaccessible
81.	(d)(9)	Electrical safety - outlets inaccessible - covered or protected
82.		<b>TOILETING</b>
	(d)(10)(A)	Shared toilets/sinks-supervision plan
	(d)(10)(B)	Toileting needs met
	(d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
	(d)(10)(C)	Required toilets/sinks-1:16
	(d)(10)(E)	Toileting Supplies-Hand drying-Garbage
	(d)(10)(E)	Handwashing staff/children
	(d)(10)(F)	Toilets/sinks located at the facility
	(d)(10)(G)	Well lighted/ventilated toilet rooms
83.	(d)(10)(H)	Mechanical ventilation (after 1/1/04) (Grp Homes N/A)
84.	(d)(11)	Staff personal articles inaccessible
		<b>AIR TEMPERATURE</b>
	(e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
	(e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
86.	(e)(3)	Water temperature 60°F-120°F
87.	(e)(4)	Portable space heaters prohibited
88.		<b>WALLS/CEILINGS/FLOORS/RUGS</b>
	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
	(e)(5)	Rugs- not a tripping/slipping hazard
90.	(e)(6)	Hot water/Steam pipes protected
91.		<b>TELEPHONE/TELEPHONE NUMBERS</b>
	(e)(7)	Working phone on each level
	(e)(7)	Emergency numbers posted-adjacent to phones
94.	(e)(7)	Parents provided direct on site phone number
		<b>LIGHTING</b>
	(e)(8)	All areas min. 1 foot candle of lighting
	(e)(9)	Adequate lighting-30/50 candle feet- sufficient lighting to be visible
	(e)(9)	Enough lighting for comfort (SA only w/)
95.	(e)(10)	Light fixtures shielded/shatter proof
		Potentially hazardous substances, materials labeled, inaccessible
96.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
97.	(e)(12)	Stairs-protected/good repair-handrails
98.	(e)(13)	Toxic plants/materials inaccessible
99.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
		Measures to prevent vermin
100.	(e)(16)	Radon test- Results: 2/12/22 .3 (Sehls-N/A)
101.	(e)(17)	Carbon monoxide detector-each level N/A
102.	(e)(18)	Program space-adequate-35 sq. ft. per child
103.	(f)(1)(A)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
104.	(g)(1)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
105.	(g)(2)	Air conditioners/water heaters/fuse boxes inaccessible
106.	(g)(3)	Developmentally app equipment, materials
107.	(g)(4)	

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM**

<b>PROGRAM NAME</b>	<i>Future Scholars</i>	<b>LICENSE NUMBER</b>	<i>70584</i>	<b>DATE OF INSPECTION</b>	<i>5/8/25</i>
---------------------	------------------------	-----------------------	--------------	---------------------------	---------------

**PHYSICAL PLANT 19a-79-7a 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.		<u>OUTDOOR SPACE</u>
<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.		<u>OUTDOOR PROTECTED/FENCED</u>
<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"/>		(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>	114.		<u>WATER HAZARDS</u>
<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
<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)	<u>EDUCATIONAL REQUIREMENTS</u>
<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)

<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-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
<input checked="" type="checkbox"/>	120.	(c)(4)	Physical barriers separating each group of children- 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/Pack-n-Plays -in compliance w/CPSC
<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.		<u>DIAPERING</u>
<input checked="" type="checkbox"/>		(e)(1)	Diaper area: elevated/sturdy/safety rail

**UNDER THREE ENDORSEMENT 19a-79-10 cont.**

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

<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/>	141.		<u>SCHEDULE - ACTIVITIES</u>
<input checked="" type="checkbox"/>		(c)	Written daily program plan-flexible schedule- available to staff/parents
<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
<input checked="" type="checkbox"/>	143.	(d)	Ratio- 1:15
<input checked="" type="checkbox"/>	144.	(e)	Group size- max. 30

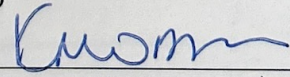


## SUPPLEMENTAL REPORT OF INSPECTION

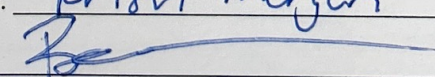
Name of Program/Provider: Future Scholars License # 70584 Date: 5/19/25Observations/Corrections needed:

- 35 - education + social service consultant agreements  
Missing required duties.
- 36 - 4 children's files missing 1 or both parent work  
addresses.
- 38 - 12 children's health records not current.
- 40 - 4 individual care plans not signed by all staff  
responsible for the child's care.
- 48 - observed 3 lunchboxes with perishables inside without refrigeration.
- 59 - preschool 1st Aid kit missing CPR barrier + 1 ICE pack.
- 66 - observed 1 unsecured shelf in toddler room; chair on  
top of shelf in front toddler room; dusty ceiling vents in  
all bathrooms.
- 83 - observed staff bags accessible in 2 classrooms.
- 95 - observed generic acetaminophen + bacitracin in 1st Aid kit  
in preschool accessible; Febreze in low unlocked cabinet in  
toddler room
- 121 - observed food scraps in handwash only sink in toddler room.
- 164 - observed controlled medication not double locked.
- 165 - observed emergency medication ~~and~~ in 1st Aid bag  
on dramatic play kitchen set in preschool room.

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: Print Name: Kristin Morgan  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: OEC BY: 5/22/25Print Name: Pranvera Dauti  
(Person in Charge)