

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: H takes a Village Date: 2/8/22 Time: 9:00 AM

Location Address: 102 Merline Ave Waterbury Telephone #: 203 527 10779

e-mail address: center@itavcc.com License #: 80016 Expiration Date: 12/31/22

Capacity: 12/8 # of Children Present: 4 # of Staff Present: 2

<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 <u>N/A</u>
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Purpose of visit: Partial Inspection Case 2021-754

Observations/Corrections needed:

NS 19a-79-10(c) - Under three Endorsement - Ratio -  
WALK through conducted. No violations.

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: N/A

Signature: [Signature]  
(OEC Representative)

Print Name: Lauren Hull

Signature: [Signature]  
(Person in Charge)

Print Name: Yanied Gonzalez