

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: It Takes A Village ^{child care} center Date: 4-25-23 Time: 10:00

Location Address: 102 Meriline Ave Telephone #: 203-527-6779

e-mail address: center@itavcc.com License #: 70669 Expiration Date: 9/30/26

Capacity: 21 # of Children Present: 8 # of Staff Present: 2

**Consent to Inspect
Family Child Care Home**

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 n/a

Purpose of visit: follow up to 4/5/23 inspection

Observations/Corrections needed:

#18b one staff working without completed background check.

#38 care plan: OK✓

#101 sInjectable medication training: staff not trained in injectable medication. Child with epi pen present.

19a-79-3a Ensuring health and safety: program failed to ensure the health and safety when staff began working with children prior to verifying the completion of a completed background check. Program currently does not have completed roster in BCIS.

*program must come into immediate compliance.

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: 5/9/23

Signature: Betty Mayer
(OEC Representative)

Print Name: Betty Mayer

Signature: Yanna R.
(Person in Charge)

Print Name: Yanna Reyes