

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: It Takes a Village Date: 7/9/24 Time: 2:00

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

e-mail address: \_\_\_\_\_ License #: 70669 Expiration Date: 9/30/24

Capacity: 21/16 # of Children Present: 12 # of Staff Present: 4

|  |   |
|--|---|
| <b>Consent to Inspect</b><br><b>Family Child Care Home</b> | <i>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.</i><br><i>Provider/Applicant/Substitute's Signature</i> _____ |
|--|---|

Purpose of visit: follow up on rating, supervision + safe step

Observations/Corrections needed:

8:2                      all in compliance today.  
4:1(1)

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: Knorr Morgan  
Signature: Alex Aquino-Rivera  
*(Person in Charge)*  
Print Name: Alex Meselle Aquino-Rivera