

**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:	It Takes A Village Child		Date of Inspection:	4/29/25	Time of Arrival:	8:30
Address:	102 Meriline Ave. <small>care center</small>		License Number:	70669	Expiration Date:	9/30/26
Town:	Waterbury, CT 06705		Telephone Number:	203-527-6779	Summer Care:	Open
Operator:	It Takes A Village Child Care Center LLC		# of Staff Present:	1	# over 3 Present:	2
Email:	center@itavc.com		Total Capacity:	20	Total Under 3 capacity:	15
Designated Director:	Natalie Straussman		Hours/Days of Operation:	M-F 7:00 am - 6:00 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**

**STAFFING and CONSULTANTS 19a-79-4a**

1. (c)(8) Local Health Inspection-Date: 3/15/24

19. (a)(1)  
 20. (a)(3)  
 21. (b)  
 21a. (b)(2)  
 22. (b)(4)  
 23. (d)  
 24. (d)(1)-(e)(2)  
 25. (d)(2)  
 26. (d)(3)(A-C)  
 27. (d)(4)(A)  
 (d)(4)(B)  
 (d)(6)  
 28. (d)(4)(D)  
 29. (d)(5)  
 (d)(5)(A)  
 (d)(5)(B)  
 30. (e)(1)  
 31. (f)(1)  
 32. (f)(2)  
 33. (a)(2)  
 (h)(1)  
 (h)(2)  
 34. (4)(C)(ii-v)  
 (4)(C)(i)  
 (e)(6)  
 (e)(6)  
 35. (i)(1)(A)-(D)  
 (i) - (i)(2)(A-H)  
 (F)  
 (i)(2)  
 (H)(i)-(I)(i)

Staff health records  
Disciplinary actions  
Comprehensive Background Checks  
Past employment history  
Evidence of compliance with bknd cks/history  
Adequate staffing  
Designated head teacher-approved-60%  
Two staff present-age 18 or older  
Personal qualities of staff

**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 (Schts=N/A)  
 10(g)(8) Safe Sleep policy posted

**RATIOS**  
Ratio 1:10 - Indoors/Outdoors  
Mixed age group  
Nap time ratio  
Supervision-Indoors/Outdoors  
**GROUP SIZE**  
Group Size-Indoors/Outdoors  
Group Size-school age field trips/outdoors  
Mixed age group-group size  
Designated director-training  
CPR certified program staff  
First aid certified program staff

**PROFESSIONAL DEVELOPMENT**  
Documentation of prof. dev/trainings  
Health & Safety training  
1% annual hours

**SWIMMING ACTIVITIES - Y/N**  
Swimming-Ratios  
Non-swimmers identified  
CPR certified staff-age 20 or older  
Lifeguard-certified-supervising

**CONSULTANTS**  
Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)  
Consultant agreements-signed annually-agreements complete w/required services  
Consultant logs-documented activities, observations and required services  
Consultant visits- Education/Health

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

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

<b>PROGRAM NAME</b>	<u>It takes A Village</u>	<b>LICENSE NUMBER</b>	<u>70669</u>	<b>DATE OF INSPECTION</b>	<u>4/29/25</u>
---------------------	---------------------------	-----------------------	--------------	---------------------------	----------------

**RECORD KEEPING 19a-79-5a**

<input checked="" type="checkbox"/>	36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/>	37.		<b>PARENT PERMISSIONS</b>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission
<input checked="" type="checkbox"/>		<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 <u>staff</u>
<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

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

<input checked="" type="checkbox"/>	46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)
<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 (N/A)
<input checked="" type="checkbox"/>	51.	(a)(6)	Kitchen-clean/safe storage of food/supplies (N/A)
<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 (N/A)
<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)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
		<input checked="" type="checkbox"/> (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
		<input checked="" type="checkbox"/> (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**

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate <u>2125/25</u>
<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 checked="" 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 (N/A)
<input checked="" type="checkbox"/>	68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/>	69.		<b>WATER SUPPLY</b> - <u>Public/Well</u> (Schools-N/A)
		<input checked="" type="checkbox"/> (c)(5)(A)	Lead Water Test - Date: <u>1/15/25</u>
		<input checked="" type="checkbox"/> (c)(5)(B)	Bact./Chem Test-Date: _____ (N/A)
		<input checked="" type="checkbox"/> (c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/>	70.	<input checked="" type="checkbox"/> (c)(6)(A)	<b>LEAD PAINT</b> - Building Pre-78: <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N Lead Test: <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N Results <u>lead test</u>
		<input checked="" type="checkbox"/> (c)(6)(B-D)	Lead Management Plan <u>not available for review</u>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Peeling Paint - Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> Inside/Outside

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

<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 (N/A)
<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.		<b>SMOKING</b>
		<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.		<b>TOILETING</b>
		<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 (after 1/1/94) (Grp Homes N/A)
<input checked="" type="checkbox"/>	83.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>	84.		<b>AIR TEMPERATURE</b>
		<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"/> (e)(3)	Water temperature 60°F-120°F
		<input checked="" type="checkbox"/> (e)(4)	Portable space heaters prohibited
		<input checked="" type="checkbox"/> (e)(5)	<b>WALLS/CEILING/FLOORS/RUGS</b>
		<input checked="" type="checkbox"/> (e)(5)	Walls/ceilings/floors/rugs-clean/good repair
		<input checked="" type="checkbox"/> (e)(6)	Rugs- not a tripping/slipping hazard
		<input checked="" type="checkbox"/> (e)(7)	Hot water/Steam pipes protected
		<input checked="" type="checkbox"/> (e)(7)	<b>TELEPHONE/TELEPHONE NUMBERS</b>
		<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"/> (e)(8)	<b>LIGHTING</b>
		<input checked="" type="checkbox"/> (e)(9)	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
		<input checked="" type="checkbox"/> (e)(10)	Light fixtures shielded/shatter proof
		<input checked="" type="checkbox"/> (e)(11)	Potentially hazardous substances, materials labeled, inaccessible
		<input checked="" type="checkbox"/> (e)(12)	Garbage/rubbish-disposed of daily, containers in good repair
		<input checked="" type="checkbox"/> (e)(13)	Stairs-protected/good repair-handrails
		<input checked="" type="checkbox"/> (e)(14-15)	Toxic plants/materials inaccessible
		<input checked="" type="checkbox"/> (e)(16)	Pets or other animals-in good health, written care plan including access to children
		<input checked="" type="checkbox"/> (e)(17)	Measures to prevent vermin
		<input checked="" type="checkbox"/> (e)(18)	Radon test- Results: <u>2.1 12/3/18</u> (Schools-N/A)
		<input checked="" type="checkbox"/> (f)(1)(A)	Carbon monoxide detector-each level N/A
		<input checked="" type="checkbox"/> (g)(1)	Program space-adequate-35 sq. ft. per child
		<input checked="" type="checkbox"/> (g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
		<input checked="" type="checkbox"/> (g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only- mats/sleeping bags)
		<input checked="" type="checkbox"/> (g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
		<input checked="" type="checkbox"/> (g)(4)	Developmentally app equipment, materials



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

<b>PROGRAM NAME</b>	It Takes A Village	<b>LICENSE NUMBER</b>	70669	<b>DATE OF INSPECTION</b>	4/29/25
---------------------	--------------------	-----------------------	-------	---------------------------	---------

<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b> <input checked="" type="checkbox"/> N	<b>MONITORING OF DIABETES 19a-79-13</b> <input checked="" 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"/>	146.	(g)	Designated Head teacher approved- 60%

<input checked="" type="checkbox"/>	171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/>	172.	(b)(1)(A)	<b>STAFF TRAINING</b> Staff training – first aid
		(b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
		(i)-(iii)	
		(b)(2)	Training updated at least every 3 years
		(b)(3)	Written documentation of training
		(c)(2)	Trained staff on site when child is present
<input checked="" type="checkbox"/>	173.	(c)(3)	Self-administration - written authorization and under supervision of trained staff
		(d)(1)	Equipment provided by parents
<input checked="" type="checkbox"/>	174.	(d)(2)	Equipment labeled and inaccessible
<input checked="" type="checkbox"/>	175.	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
		(e)(1)	Authorized prescriber written order
<input checked="" type="checkbox"/>	177.	(e)(2)	Written authorization from parent
<input checked="" type="checkbox"/>	178.	(e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input checked="" type="checkbox"/>	179.	(e)(3)	

**NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)**  N

<input type="checkbox"/>	147.	(b)	Approved Night Care Endorsement
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher
<input type="checkbox"/>	149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities
<input type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation
<input type="checkbox"/>	151.	(b)(4)	Children in care no more than 12 hrs. in 24
<input type="checkbox"/>	152.	(b)(5)	Staff awake and available
<input type="checkbox"/>	153.		<b>SLEEP PROVISIONS</b>
		(b)(6)	Individual cot/crib with bedding
		(b)(6)(A)	Sleeping apparel/toiletries labeled
		(b)(6)(B)	Required bedding
		(b)(6)(C)	Required toiletries
		(b)(6)(D)	Bedding/sleeping apparel laundered weekly
		(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**  N

<input checked="" type="checkbox"/>	157.	(9a)	Written medication policies/procedures
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes
<input checked="" type="checkbox"/>	159.		<b>NONPRESC. TOPICAL MEDICATION</b>
		(a)(2)	Admin/Parent permission/report errors
		(a)(3)(A-B)	Labeling and Storage
		(a)(3)(C)	Unused/expired meds destroyed/returned
<input checked="" type="checkbox"/>	160.		<b>MEDICATION TRAINING</b>
		(b)(1)(A/C)	Medication training-general-oral/top/inhalant
		(b)(1)(D)	Injectable premeasured autoinjector medication
		(b)(1)(E)	Rectal medication
		(b)(1)(F)	Injectable other than premeasured auto-injector
		(b)(2)(A-B)	Training approval documents/certificates
		(b)(2)(C)	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)

**ADDITIONAL VIOLATION**

<input checked="" type="checkbox"/>	180.	-	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
-------------------------------------	------	---	--

**DISCUSSIONS/COMMENTS**

- policies to be updated / created to reflect new regulations adopted 10/2024

- education consultant agreement missing some newly required duties.

- new staff without cleared background check cannot work with children until cleared.

- no infants created.

- no medications on site.

- 1 child - no documentation that discipline policy has been given to parent

*NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.*

<b>Signature of OEC staff</b>	Kris Morgan
<b>Printed Name</b>	Kris Morgan Lauren Hill

<b>Signature of person in charge</b>	Rosalie Strausman
<b>Printed Name</b>	Rosalie Strausman

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: It Takes A Village License # 4129125 Date: 4/29/25

Observations/Corrections needed:

- 18 - updated complaint procedure, Administrative oversight + policy + developmental milestones not posted.
- 24 - head teacher not signing in + out - could not verify amount of time at program.
- 25 - Only 1 staff on site upon arrival -
- 39 - 2 children's physicals expired + 1 child missing flu shot.
- 40 - 1 individual care plan not signed by staff; 1 child with Autism - no care plan.
- 70 - lead test not on site - could not verify whether or not a management plan is necessary.

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: *Lauren Hill*  
(QEC Representative)  
 Print Name: Lauren Hill

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: *[Signature]*  
(Person in Charge) Director  
 Print Name: Patricia Stewardman

OEK BY: 5/13/24