

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: It Takes A Village Date: 5/15/25 Time: 7:53

Location Address: 102 McLine Ave. Waterbury Telephone #: \_\_\_\_\_

e-mail address: \_\_\_\_\_ License #: 70667 Expiration Date: 9/30/20

Capacity: 20/15 # of Children Present: 3 # of Staff Present: 1

<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 _____
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Purpose of visit: follow up to ensure 2 people on site

**Observations/Corrections needed:**

19a-79-4a (d)(2) observed 1 staff on site with 3 children.  
children dropped off at 7:00, 7:20 + 7:45. next staff  
scheduled to come in at 8:00. staff verified she is  
also for 1 hour every day. she arrives at 7:00 + next  
staff arrives at 8:00

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: 5/29/25

Signature: [Signature]  
(OEC Representative)

Print Name: Kristi Morgan

Signature: [Signature]  
(Person in Charge)

Print Name: Yanna Reyes