

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

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: It Takes a Village Date: 11-25-25 Time: 11:40
Location Address: 102 Meriline Ave Telephone #: 203-527-6779
e-mail address: center@itavcc.com License #: 70669 Expiration Date: 9-30-26
Capacity: 20 # of Children Present: 4 # of Staff Present: 2

Consent to Inspect Family Child Care Home	<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> Provider/Applicant/Substitute's Signature <u>n/a</u>
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Purpose of visit: follow up to 10-30-25

Observations/Corrections needed:

19a-79-3a(d)(1) Daily attendance records: VOK

19a-79-4a(d)(2) Two staff present: VOK

19a-79-4a(f)(1)(2) First aid / CPR trained staff: VOK

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: Betty Mayer
(OEC Representative)

Print Name: Betty Mayer Caroline Akay

Signature: Kiana Bell
(Person in Charge)

Print Name: Kiana Bell