

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Metzher Early Learning center Date: 6/22/23 Time: 10:00

Location Address: 680 Franklin Ave, Hartford Telephone #: (860) 757-0871

e-mail address: jennifer.baglin@hartford.gov License #: 16792 Expiration Date: 8/31/26

Capacity: 5818 # of Children Present: 22 # of Staff Present: 8

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 case 2023-466

Observations/Corrections needed:

(NS) 19a-79-4a(c)(4)(D) - staffing - supervision - in compliance at this time.

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: Erin Waight
(OEC Representative)
Print Name: Erin Waight
Signature: Naia Lopez
(Person in Charge)
Print Name: Naia Lopez