

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Metzner Early Learning Center Date: 10/12/23 Time: 9:12am
Location Address: 680 Franklin Av. Hartford CT 06114 Telephone #: 860-757-0871
e-mail address: Jennifer.Baglin@hartford.gov License #: 16792 Expiration Date: 8/31/26
Capacity: 50/116 # of Children Present: 23 (6V) # of Staff Present: 7

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 _____
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Purpose of visit: Partial Inspection for Supervision

Observations/Corrections needed:

MA-79-4a(c)(4)(D): Supervision was in compliance at the time of inspection

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: _____

Signature: [Signature]
(QEC Representative)
Print Name: Johanne Dalo
Signature: Jennifer Baglin
(Person in Charge)
Print Name: Jennifer Baglin