

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Metzuyan Care Date: 3/25/25 Time: 8:00
Location Address: 145 Grove St. Waterbury Telephone #: 203-721-9500
e-mail address: metzuyan^{care}@gmail.com License #: 70764 Expiration Date: 7/31/24
Capacity: 99/68 # of Children Present: 50 # of Staff Present: 22

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: Follow up to full inspection on 3/5/25

Observations/Corrections needed:

11e1 - observed 1 parent signature missing; 3 parent information missing on medication administration forms.

Discussed:

- radon test scheduled for 4/9/25.
- Observed ^{some} pack-n-play mats unclean before children arrived.
- base board in infant room in discrepancy

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: 4/9/25

Signature: [Signature]
(OEC Representative)
Print Name: Kristi Morgan
Signature: [Signature]
(Person in Charge)
Print Name: Sora Wein (Lax)