

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Metsuyan Care Date: 6/5/25 Time: 2:30

Location Address: 145 Grove St. Waterbury Telephone #: 203-721-9800

e-mail address: Metsuyan.care@gmail.com License #: 70706 Expiration Date: 7/31/28

Capacity: 99/68 # of Children Present: 82 # of Staff Present: 15

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Partial inspection on ratio + supervision + safe sleep.

Observations/Corrections needed:

- 1:1 19a-79-10 (c)(2) - observed ⁵ under 3 classrooms
- (2:2) out of ratio when 2 rooms had 6 children each
- 2:1 with 1 teacher each; ² classrooms had 5 children
- 19:2 with 1 teacher + 1 classroom had 6 children with
- 10:1 2 teachers and 1 teacher left the room with
- 9:1 1 infant leaving 2nd teacher with 5 infants.
- 8:1
- (5:1)
- 5:1
- (6:1)
- (6:1)
- (5:1)

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: 6/19/25

Signature: [Signature]
(OEC Representative)
Print Name: Kristin Morgan
Signature: [Signature]
(Person in Charge)
Print Name: Sara Wein