



**DIVISION OF LICENSING**

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552  
 Email: [oeclicensing@ct.gov](mailto:oeclicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**CHILD CARE CENTER/GROUP CHILD CARE HOME  
 FOLLOW UP – PARTIAL INSPECTION**

Program Name	METZUYAN CARE				License Number	DCCC.70766		Date of Inspection	10/23/2025		
					Expiration Date	7/31/2028		Time of Inspection	09:47 AM		
Address	145 GROVE ST WATERBURY CT 06710-2202				Telephone	(516) 695-3488		Licensed Capacity	99		
					Hours of Operation	8:00 AM – 5:00 PM		Under Three Capacity	68		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 – 3 weeks years		
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No	
					Program's Email	metsuyancare@gmail.com					
Operator	METZUYAN CARE LLC				Director	RACHEL F KIRSCH					
Endorsements	Pre-School, Under Three				Name of Inspector	Jaime Fortin					
Numbers of Staff/Children Present	# Children Present under age 3	37	# Total Children Present	64	# of Staff Present	16	Purpose of Visit	partial inspection from 6/5/2025 full Ratio/supervision			

**REGULATIONS NOT IN COMPLIANCE**

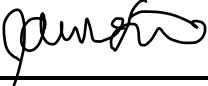
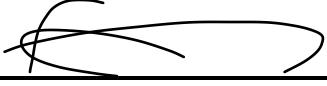
Statute and/or Regulation and Description:	[19a-79-10(c)(2)]	118- Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<p>Program not in compliance with maintaining proper under three staff/child ratios of 1:5 when observed 11 2 year olds with 2 staff.</p>		
Statute and/or Regulation and Description:	[19a-79-10(c)(3)]	119- Group size- max 8 (6wks-24mths), max 10 (24-36mths)
<p>Program not in compliance with maintaining proper under three group size not to exceed 10 children when during a transition observed a class of 10:2 and a class of 7:2 in the hallway switching from outside to gross motor room. After transition observed one class of 11:2 and one class of 6:2.</p>		
Statute and/or Regulation and Description:	[19a-79-10(j)-(k)(1-5)]	136- Feeding
<p>Program not in compliance with ensuring infants are held for all bottle feedings when observed infant in bouncy seat with bottle propped up with blanket for feeding.</p>		


<b>Statute and/or Regulation and Description:</b>	
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<b>REGULATIONS IN COMPLIANCE</b>	
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**DISCUSSIONS/COMMENTS**

Were Violations cited during this visit? Y or N?	<b>Yes</b>	<b>NOTE:</b> * It is the operator's responsibility to ensure compliance with all local codes and ordinances.
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Signature of OEC Representative			Signature of Person in Charge
Printed Name	<b>Jaime Fortin</b>	<b>Sara neuman</b>	Printed Name
2 <sup>nd</sup> OEC Representative		<b>APPLICANTS:</b> You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.	
Printed Name		<b>THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.</b>	

	Written Corrective Action Plan due by:  <b>11/06/2025</b>	<b>DIVISION OF LICENSING</b> 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: <a href="mailto:oc.licensing@ct.gov">oc.licensing@ct.gov</a> Website: <a href="http://www.ctoec.org">www.ctoec.org</a>
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OEC Representative's Email: <b>jaime.fortin@ct.gov</b>	CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a>
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