

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Metzuyan Care Date: 12/22/25 Time: 9:40am

Location Address: 145 Grove St. Telephone #: 203-721-9500

e-mail address: metsuyancare@gmail.com License #: 70766 Expiration Date: 7/31/28

Capacity: 99/68 # of Children Present: 13 # of Staff Present: 4

**Consent to Inspect  
Family Child Care Home**

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.

Provider/Applicant/Substitute's Signature n/a

Purpose of visit: follow up to 11/24/25 inspection

Observations/Corrections needed:

#2 Ensuring health and safety: VOK

#18 Postings: VOK

#30 Director credits: VOK

#35 consultants: VOK

#37 Parent permissions: VOK

#39 Immunizations: VOK

#40 care plans: VOK

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: Betty Mayer  
(OEC Representative)

Print Name: Betty Mayer

Signature: [Signature]

Print Name: Rachel Krach  
(Person in Charge)

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Metzuyan Care License # 70766 Date: 12.22.25

Observations/Corrections needed:

#62 Fire marshal certificate: VOK 12/11/25

#88 walls/ceilings/floors: VOK

#108 Manufacturers guidelines: VOK

#118 Ratios: VOK

#121 Adequate sinks: VOK

#128 Diapering: VOK

#161 Medication authorization: VOK

Discussed: ① Post administrative oversight  
② Email registration for director course.

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Operators/providers are required by regulations and statutes to be in compliance at all times. Signature: Betty mayer  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO Signature: [Signature]  
(Person in Charge)

OEC BY: n/a