

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Metzuyan Care Date: 3.9.26 Time: 1:50pm

Location Address: 145 Grove St. Telephone #: 516-695-3488

e-mail address: metzuyancare@gmail.com License #: 70766 Expiration Date: 7.31.28

Capacity: 99/68^{u3} # of Children Present: 71/36^{u3} # of Staff Present: 17+

**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: ratio | group size partial inspection

Observations/Corrections needed:

NO violations

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]

(Person in Charge)

Print Name: Sara Neuman