

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Stark Club Meriden Date: 3/19/25 Time: 8:38am

Location Address: 186 Pomeroy Ave Telephone #: 203-235-8461

e-mail address: starkclub@gmail.com License #: 13130 Expiration Date: 1/31/26

Capacity: 64/28 # of Children Present: 35/16 # of Staff Present: 8

**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: Follow up for 2yr old ratio and playground inspection due to snow coverage.

Observations/Corrections needed:

19a-79-10(c)(2): 2yr Ratio → In compliance at (#118) time of visit

19a-79-7a(h)(3): Playground Hazard → Observed exposed black tarp, rust on yellow truck, and broken cone

19a-79-7a(h)(4): Screws → Observed 6 protruding screws around fence (both playground)

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: 4/2/25

Signature: [Signature]  
(OEC Representative)  
Print Name: Johanne Dalo  
Signature: [Signature]  
(Person in Charge)  
Print Name: Amanda Hammons