

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: St. Stanislaus School Readiness Date: 7/15/25 Time: 9:30 AM

Location Address: 51 Akron St. Meriden Telephone #: 203 238 8848

e-mail address: juarez@caoh.org License #: 16860 Expiration Date: 5/31/29

Capacity: 71 # of Children Present: 16 # of Staff Present: 4

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 N/A

Purpose of visit: Follow up case 2025-403

Observations/Corrections needed:

NS 19a-79-4a(d)(4)(D) - Staffing - Supervision - Walk through conducted -
No violations at this visit.

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: [Signature]
(OEC Representative)

Print Name: Lauren Hill

Signature: [Signature]
(Person in Charge)

Print Name: Jahnelis Suarez