

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

**Connecticut Office of Early Childhood**  
**Division of Licensing**  
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
Phone (800)282-6063   [www.ctoec.org](http://www.ctoec.org)   Fax (860)326-0552

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: St. Aedan Preschool      Date: 9-25-25      Time: 12:41  
Location Address: 351 McKinley Ave. New Haven      Telephone #: 203-387-0041  
e-mail address: staedanpreschool@gmail.com      License #: 70781      Expiration Date: 9-30-28  
Capacity: 85/18      # of Children Present: 45/9      # of Staff Present: 13

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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. <b>Provider/Applicant/Substitute's Signature</b>
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Purpose of visit: Ratio - Partial Inspection

Observations/Corrections needed:

NS #27 Ratios: Observed 3 preschool classrooms to be in proper staff to child ratio.

all classrooms in ratio during 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: \_\_\_\_\_

Signature: Jennifer Schulz  
(OEC Representative)  
Print Name: Jen Schulz  
Signature: Judy Freyer Thompson  
(Person in Charge)  
Print Name: JUDY FREYER THOMPSON