

2021-817

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Stork Club - Rocky Hill Date: 11/19/21 Time: 8:15am

Location Address: 558 Cromwell Avenue Rocky Hill, CT Telephone #: 860-863-9096

e-mail address: Stork Clubs @ gmail . com License # 12 706 Expiration Date: 5/31/22

Capacity: 156/59 # of Children Present: 33 # 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: Complaint / investigation 2021-817 - Self-Report

Observations/Corrections needed:

Pic Terri Clyne - Director  
Pending 19a-79-3a(b)(7) - Administration - annual Training/Orientation  
Pending 19a-79-3a(b)(8)(A) - Administration - managing child Behavior  
Pending 19a-79-1a(a)(1) - Staffing - Disciplinary Action

S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)    (860) 381-7025

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]  
(OEC Representative)

Print Name: Stephan Williams

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: Pending

Signature: [Signature]  
(Person in Charge)

Print Name: Terri Clyne