



### DIVISION OF LICENSING

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## CHILD CARE CENTER/GROUP CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Program Name</b>	STORK CLUB- SOUTHINGTON				<b>License Number</b>	DCCC.13065	<b>Date of Inspection</b>	02/15/2024
					<b>Expiration Date</b>	3/31/2026	<b>Time of Inspection</b>	02:00 PM
<b>Address</b>	1348 WEST STREET  SOUTHINGTON CT 06489				<b>Telephone</b>	(860) 276-1031	<b>Total Capacity</b>	136
					<b>Days and Hours</b>	FROM: 6:30AM TO: 6:00PM	<b>Under Three Capacity</b>	56
<b>#Children Present</b>	43	<b># Under 3 Present</b>	24	<b># Staff Present</b>	8	<b>Summer Care</b>	Open	
<b>Purpose of Inspection</b>	Ratio/Group Size follow up				<b>Name of Inspector</b>	Betty Mayer		
<b>Program's Email</b>	storkclubs@gmail.com				<b>Inspector's Email</b>	elizabeth.mayer@ct.gov		

### Violations

Statute and/or Regulation	Description	Comments

<b>Other Findings - In Compliance</b>		
<b>Statute and/or Regulation</b>	<b>Description</b>	<b>Comments</b>




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<u>YES/NO:</u> <b>No</b>	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**Discussions:**

**Comments:**

**NOTE:** Items left blank on this form were not monitored during this visit.  
 Only the regulations marked as compliant or non-compliant were monitored or discussed.  
**APPLICANTS:** You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
<b>Betty Mayer</b> (Printed Name)	<b>Alexandra Rodriguez</b> (Printed Name)		<b>Brenda Downey</b> (Printed Name)