

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Stork Club - Meriden Date: 3/28/25 Time: 1:40

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

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

Capacity: 64/28 # of Children Present: 42/19 # of Staff Present: 8

Consent to Inspect Family Child Care Home 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.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Investigation 2025 - 291

Observations/Corrections needed:

(NS) 19a-79-7a(e)(1) Air temp - in compliance at time of visit.

(NS) 19a-79-7a(e)(11) Garbage - in compliance at time of visit.

(NS) 19a-79-7a(e)(16) Vermin - insufficient evidence to support a regulatory violation

(NS) 19a-79-4a(a)(2) Professional development - observed evidence of staff being trained on program policies + procedures

(NS) 19a-79-7a(d)(4) Ratios maintained - insufficient evidence to support a regulatory violation.

(S) 19a-79-10(e)(10)(B) Remove soiled clothing - regulation not met when bag containing soiled clothing was sitting on counter next to children's sippy cups/water bottles.

(S) 19a-79-10(e)(2) Diaper table exclusive use - regulation not met when items in a storage box and paper were observed on diaper table.

(S) 19a-79-6a(a)(11) Handwashing - regulation not met when staff stated that they use personal wipes to clean children's hands at diapering and before meals.

(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: 4/11/2025

Signature: Karen Hicks
(OEC Representative)
Print Name: Karen Hicks

Signature: Amanda Hammars
(Person in Charge)
Print Name: Amanda Hammars

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Stork Club - Meriden License # 13130 Date: 3/28/25

Observations/Corrections needed:

Discussion: Observed a wet, used washcloth/rag on soap dispenser that staff stated was to wipe tables. Disposable towels for cleaning, hand drying only.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

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

Signature: [Signature]
(OEC Representative)

Print Name: Karen Hicks

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 4/11/2025

Signature: [Signature]
(Person in Charge)

Print Name: Ambera Hammons