

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Stork Club Date: 2/27/25 Time: 9:30 AM

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

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

Capacity: 44/28 # of Children Present: 40/17 # of Staff Present: 9

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: Complaint Investigation Case 2025-158

Observations/Corrections needed:

(S) 19a-79-3a(d) - Administration - Program policies - Program failed to update families and notify them that the video footage system is no longer up and running.

(P) 19a-79-4a(1)(4)(D) - Staffing - Supervision - Pending.

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: Lauren Hill

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 3/13/25

Signature: [Signature]

Print Name: Amanda Hammons
(Person in Charge)