

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Stork Club Date: 6/26/25 Time: 1130

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

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

Capacity: 64/28 # of Children Present: 52/17 # of Staff Present: 10

<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. Provider/Applicant/Substitute's Signature <u>N/A</u>
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Purpose of visit: Complaint Investigation Case 2025-639

Observations/Corrections needed:

Ⓟ 19a-79-4a(d)(4)(D) - Staffing - Supervision - Pending review of child's file.

Ⓟ 19a-79-5a(a)(3)(A) - Record Keeping - Injury reports - Report of child's injuries that occurred at the program in November 2024 not on file for review.

Ⓟ 19a-79-9a(b)(4)(A) - Medication - Storage - Observed 12 bottles of diphenhydramine accessible to children on shelves in hallway.

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: 7/11/25

Signature: [Signature]  
(OEC Representative)

Print Name: Lauren Hill

Signature: [Signature]  
(Person in Charge)

Print Name: Amber L Distiel