

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Stork CWB Date: 8-7-25 Time: 1:50

Location Address: 1348 West St., Southington Telephone #: 800-276-1081

e-mail address: storkclubs@gmail.com License #: 13065 Expiration Date: 3-31-26

Capacity: 136 # of Children Present: 46 # of Staff Present: 8

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	<i>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.</i> <i>Provider/Applicant/Substitute's Signature</i>
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Purpose of visit: follow up case 2025-517

**Observations/Corrections needed:**

MS 19a-79-10(g)(1) - observed no safe sleep violations at time of visit

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: \_\_\_\_\_

Signature: [Signature]  
(OEC Representative)  
Print Name: Kelvin Eddy  
Signature: [Signature]  
(Person in Charge)  
Print Name: Brenda Journey