



**DIVISION OF LICENSING**

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552  
 Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**CHILD CARE CENTER/GROUP CHILD CARE HOME  
 INVESTIGATION**

Program Name	STORK CLUB- ROCKY HILL				License Number	DCCC.12706		Date of Inspection	10/16/2025	
					Expiration Date	5/31/2029		Time of Inspection	02:06 PM	
Address	558 CROMWELL AVENUE ROCKY HILL CT 06067				Telephone	(860) 563-9096		Licensed Capacity	156	
					Hours of Operation	6:30 AM - 6:00 PM		Under Three Capacity	59	
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 - 10 weeks - years	
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No
					Program's Email	storkclubs@gmail.com				
Operator	STORK CLUB INC				Director	JENNIFER RYAN				
Endorsements	Pre-School, School Age, Under Three				Name of Inspector	Kristi Morgan				
Numbers of Staff/Children Present	# Children Present under age 3	10	# Total Children Present	25	# of Staff Present	5	Purpose of Visit	Follow up - Ratio and Supervision		

**SUBSTANTIATED VIOLATIONS**

Statute and/or Regulation and Description: [-] 000 No Violations

No violations were cited during this inspection

Statute and/or Regulation and Description:



Statute and/or Regulation and Description:


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<b>Statute and/or Regulation and Description:</b>	
<b>Statute and/or Regulation and Description:</b>	
<b>NOT SUBSTANTIATED or PENDING</b>	
<b>Statute and/or Regulation and Description:</b>	[19a-79-4a(d)(4)(D)] Not Substantiated                      028- Supervision
<b>Statute and/or Regulation and Description:</b>	[19a-79-10(c)(2)] Not Substantiated                      118- Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)

<b>Statute and/or Regulation and Description:</b>	
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**DISCUSSIONS/COMMENTS**

Were Violations cited during this visit? Y or N?	<b>No</b>	<b>NOTE:</b> * It is the operator's responsibility to ensure compliance with all local codes and ordinances.
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Signature of OEC Representative			Signature of Person in Charge
Printed Name	<b>Kristi Morgan</b>	<b>Jennifer Ryan</b>	Printed Name
2 <sup>nd</sup> OEC Representative	<b>APPLICANTS:</b> You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.		
Printed Name	<b>THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.</b>		

	Written Corrective Action Plan due by:	<b>DIVISION OF LICENSING</b> 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: <a href="mailto:oc.licensing@ct.gov">oc.licensing@ct.gov</a> Website: <a href="http://www.ctoec.org">www.ctoec.org</a>
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OEC Representative's Email: <b>kristi.morgan@ct.gov</b>	CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a>
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