



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 Website: www.ctoec.org

**CHILD CARE CENTER/GROUP CHILD CARE HOME
 FOLLOW UP – PARTIAL INSPECTION**

Program Name	STORK CLUB- ROCKY HILL				License Number	DCCC.12706		Date of Inspection	12/30/2025		
					Expiration Date	5/31/2029		Time of Inspection	12:56 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	9	# Total Children Present	23	# of Staff Present	5	Purpose of Visit	Partial inspection on ratio and supervision for case 2025-953			

REGULATIONS NOT IN COMPLIANCE

Statute and/or Regulation and Description:	[-] 000 No Violations
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No violations were cited during this inspection

Statute and/or Regulation and Description:	
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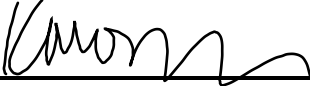

Statute and/or Regulation and Description:	
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REGULATIONS IN COMPLIANCE	
Statute and/or Regulation and Description:	[19a-79-4a(d)(4)(A-B) and (d)(6)] 027- Ratios
Statute and/or Regulation and Description:	[19a-79-4a(d)(4)(D)] 028- Supervision

Statute and/or Regulation and Description:	[19a-79-10(c)(2)]	118- Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
Statute and/or Regulation and Description:		
Statute and/or Regulation and Description:		
Statute and/or Regulation and Description:		

DISCUSSIONS/COMMENTS

Were Violations cited during this visit? Y or N?	No	NOTE: * 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	Kristi Morgan	Jennifer Ryan	Printed Name
2 nd OEC Representative		APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.	
Printed Name		THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.	

	Written Corrective Action Plan due by:	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 Website: www.ctoec.org
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OEC Representative's Email: kristi.morgan@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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