

**Connecticut Office of Early Childhood**  
**Division of Licensing**  
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
 Phone (800)282-6063 [www.ctoec.org](http://www.ctoec.org) Fax (860)326-0552

**FAMILY CHILD CARE HOME INSPECTION FORM**

INITIAL  UNANNOUNCED FULL/PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

Provider: <i>Joy Clarke</i>	License Number: <i>54577</i>	Date of Inspection: <i>11.2.21</i>
Address: <i>457 Vincellette St</i>	Expiration Date: <i>12.31.21</i>	Time of Inspection: <i>9:00</i>
Town: <i>Bridgeport</i>	Capacity: <i>6+3</i>	Days/Hours: <i>Mon - Fri 7:30 - 5pm</i>
State/Zip Code: <i>CT</i>	Telephone: <i>203.683.8275</i>	Summer: <i>Open/Closed</i>
Email: <i>J.clarke@yahoo.com</i>		

Instructions:  = Compliance/No violation found       = Non-compliance/Violation found       N/A = Not applicable at this time

*Consent to Inspect: I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h).*

*Joy Clarke*  
 Signature of Provider/Applicant/Substitute/Emergency Caregiver

**Terms of License 19a-87b-5**

- 1. Capacity: Total # Children Present: *67*
- 2. Nontransferability of License
- 3. Infant/Toddler Restriction- # Present: *76*
- 4. License Posted
- 5. Parent Access to OEC Phone Number
- 6. Photo ID
- 7. Requests for Information
- 8. Notification of Change

**Qualifications of Applicant and Provider 19a-87b-6**

- 12. Awareness of/Understanding of Regulations
- 13. Medical Statement-Exp. Date
- 14. First Aid Certificate-Exp. Date *9.12.22*
- 15. CPR Certificate- Exp. Date *9.12.22*
- 16. Judgment

**Members of the Household 19a-87b-7**

- 17. Medical Statement
- 18. Household Environment

**Qualifications of Staff 19a-87b-8**

- 19. Substitute/Assistant (Y/N)
- 20. Emergency Caregiver

**Comprehensive Background Check 19a-87b-8a**

- 21. Background Check(s)

**Physical Environment 19a-87b-9**

- 22. Clean/Sanitary Environment
- 23. Freedom of Hazards
- 24. Harmful Substances/Materials Inaccessible
- 25. Bio-contaminants Disposed Safely
- 26. Safe Storage of Flammables
- 27. Safe Door Fasteners
- 28. Electrical Safety

- 29. Safe Exits
- 30. Basement Supervision (Y/N)
- 31. Stairways: Protected/Handrails
- 32. Emergency Plan
- 33. Emergency Evacuation Drills-Quarterly/Log
- 34. Smoke Detectors
- 35. Carbon Monoxide Detector
- 36. Fire Extinguisher- at least 5 lb. ABC/Installed
- 37. Auxiliary Heating System (Y/N) Type: \_\_\_\_\_ Approved (Y/N)
- 38. Safe Storage of Weapons and Ammunition
- 39. Safe Space - Sufficient  
 Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_
- 40. Body of Water (Y/N) Type: \_\_\_\_\_ Barrier/Fence (4ft)
- 41. Hot Tubs- Locked/Inaccessible
- 42. Ventilation/Light - Temperature- 65°F
- 43. Window Safety
- 44. Washing/Toileting/Sewage/Garbage Facilities
- 45. Adequate and Safe Water: (Public) Approved
- 46. Water Temperature 60°-120°F
- 47. Pasteurization of Milk Supply
- 48. Working Telephone/Emergency Numbers Posted
- 49. Safe Transportation-Registered/Insured/Restraints
- 50. First Aid Supplies
- 51. Pets: (Y/N)-Type: \_\_\_\_\_ Rabies Certificate(s)
- 52. Smoking Prohibited

**Responsibilities of Provider 19a-87b-10**


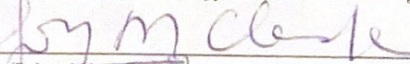
- 53. Enrollment Form
- 54. Child Health Record
- 55. Immunizations
- 56. Emergency Permission
- 57. Authorized Release
- 58. Field Trips/Transportation Permission- To/From School
- 59. Swimming Permission
- 60. Incident Log
- 61. Confidentiality
- 62. Meeting the Child's Needs
- 63. Sufficient Play Equipment
- 64. Good Nutrition: Meals/Snacks/Water Available
- 65. Handwashing
- 66. Flexible and Balanced Written Schedule

**APPLICANTS- PLEASE NOTE: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.**

(Signature of OEC Representative) <i>J. Jopson</i>	Date Corrections Due By: <i>11.16.21</i>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Joy Clarke</i>
(Printed Name) <i>J. Jopson</i>		(Printed Name) <i>Joy Clarke</i>

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**FAMILY CHILD CARE HOME INSPECTION FORM - Page 2**

Provider: <u>Joy Clarke</u>		License Number: <u>54577</u>	Date of Inspection: <u>11.2.21</u>
<b>Responsibilities of Provider 19a-87b-10 (continued)</b> <input checked="" type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles <input checked="" type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs <input checked="" type="checkbox"/> 69. Individual Plan for Care (Written if Applicable) <input checked="" type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities <input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings <input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping <input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet <input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards <input checked="" type="checkbox"/> 75. Infants not Swaddled <input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes <input checked="" type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed <input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp. <input checked="" type="checkbox"/> 79. Parent Information and Access <input checked="" type="checkbox"/> 80. Developmental Milestones-Posted <input checked="" type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors <input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention <input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization <input checked="" type="checkbox"/> 84. Immediate Attention <input checked="" type="checkbox"/> 85. Substitute/Emergency Caregiver Present <input checked="" type="checkbox"/> 86. Appropriate Discipline/Behavior Management <input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents <input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect <input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury <input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF		<b>Office Access, Inspections and Investigations 19a-87b-13</b> <input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records  <b>Administration of Medications 19a-87b-17</b> <input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds <input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds <input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s) <input checked="" type="checkbox"/> 97. Nonprescription Topical Meds - Stored/Labeled <input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds <input checked="" type="checkbox"/> 99. Documented Medication Trained Staff <input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> 101. MAR Maintained <input checked="" type="checkbox"/> 102. Prescription Meds - Stored/Labeled <input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds <input checked="" type="checkbox"/> 104. Emergency Meds - Equip Labeled/Current <input checked="" type="checkbox"/> 105. Self-Administration of Meds <input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization <input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing - Staff Trained <input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed <input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records <input checked="" type="checkbox"/> 113. Parent Notification of Test Results	
<b>Sick Child Care 19a-87b-11</b> <input checked="" type="checkbox"/> 91. Sick Child Care		<b>Additional Violations</b> <input type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan <u>JSC</u>	
<b>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</b> <input type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear			
<b>Discussions/Comments:</b> 4. <del>Observed 7 children in the care (not a violation)</del> 12. Provider has not read / aware of Regulation changes. 13. Didn't observe med. <del>statement</del> statement for provider. 17. Did not observe medical statement for House Hold Member. 19, 23. Observed knives accessible to children in kitchen. 24. observed cleaning supplies in bathroom accessible to children. 32. Didn't observe updated written Emergency Plan. 33. Didn't observe written Emergency Evacuation Drills.			
<b>APPLICANTS- PLEASE NOTE: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.</b>			
(Signature of OEC Representative) 	Date Corrections Due By: <u>11.16.21</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) 	
(Printed Name) <u>Jaramish Lopez</u>		(Printed Name) <u>Joy M. Clarke</u>	

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Joy Clarke License # 54577 Date: 11.2.21

Observations/Corrections needed:

35. Didn't observe Carbon monoxide detectors on any of the 3 levels of Home.

50. Didn't observe complete First Aid Supplies.

53. Didn't observe Enrollment Forms for 3 of 7 children

54. 3 of 7 children don't have child health Records.

55. 3 of 7 children don't have Immunization Records.

56. 3 of 7 children don't have Emergency Permission

57. 3 of 7 children don't have Authorized Release

60. 3 of 7 children don't have incident logs.

66. Didn't observe a written Flexible Schedule

- 19c-87(b)-10(c) - Provider failed to comply with mask requirements ~~written~~ policy for child mask wearing in accordance with Governor's Executive orders when child who is more than 3 years old was not wearing a mask while indoors in close proximity to the other children.

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]  
Print Name: Janeisha Lopez  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO  
OEC BY: 11.16.21

Signature: [Signature]  
Print Name: Joy Clarke  
(Person in Charge)