

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Jay Clarke Date: 4/6/22 Time: 10:20

Location Address: 457 Vincellette St Bridgeport Telephone #: 203 683 8275

e-mail address: J-Clarke@yahoo.com License #: 54577 Expiration Date: 12/31/25

Capacity: 6+3 # of Children Present: 3 # of Staff Present: 1

Consent to Inspect Family Child Care Home	<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> Provider/Applicant/Substitute's Signature: <u>Jay Clarke</u>
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Purpose of visit: Follow up from Full

Observations/Corrections needed:

- 56. 1 of 3 kids doesn't have emergency permission
Complete

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: 4/19/22

Signature: [Signature]

Print Name: Denarish Lopez
(OEC Representative)

Signature: [Signature]

Print Name: Jay Clarke
(Person in Charge)