



Connecticut Office of  
Early Childhood

## 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)

### FAMILY CHILD CARE HOME INSPECTION

|                                     |  |   |                                    |   |                           |                               |                            |            |
|-------------------------------------|--|---|------------------------------------|---|---------------------------|-------------------------------|----------------------------|------------|
| <b>Provider</b>                     | JOKAIRY M GOODWIN                        |   |                                    |   | <b>License Number</b>     | DCFH                          | <b>Date of Inspection</b>  | 03/19/2024 |
|                                     |  |   |                                    |   | <b>Expiration Date</b>    |                               | <b>Time of Inspection</b>  | 10:40 AM   |
| <b>Address</b>                      | 63 CUSHMAN ST<br>WATERBURY CT 06704-2840 |   |                                    |   | <b>Telephone</b>          | (475) 316-3889                | <b>Regular Capacity</b>    |            |
|                                     |  |   |                                    |   | <b>Days and Hours</b>     | Monday- Friday 5am-10pm       | <b>School Age Capacity</b> |            |
| <b>Is this a Change of Address?</b> | <b>Yes?</b>                              |   | <b>No?</b>                         | X |                           |                               | <b>Summer Care</b>         | Open       |
| <b>New Address</b>                  |  |   |                                    |   | <b>Type of Inspection</b> | INITIAL CREDENTIAL INSPECTION |                            |            |
|                                     | <b># of Infants - Toddlers Present</b>   | 0 | <b># of Total Children Present</b> | 0 | <b>Inspector's Name</b>   | Janarish Lopez                |                            |            |
| <b>Provider's Email</b>             | Jokairy26@gmail.com                      |   |                                    |   | <b>Inspector's Email</b>  | janarish.lopez@ct.gov         |                            |            |

Key:  
Compliant = X  
Non-Compliant = O

*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).*

*Signature of Provider/Substitute/Applicant*

### TERMS OF REGISTRATION 19a-87b-5

|   |                                      |          |
|---|--------------------------------------|----------|
| X | 4. Capacity                          |          |
| X | 5. Non-transferability of license    | Pending? |
| X | 6. Infant/Toddler Restriction        |          |
| X | 7. License Posted                    |          |
| X | 8. Parent Access to OEC Phone Number |          |
| X | 9. Photo ID                          |          |
| X | 10. Requests for Information         |          |
| X | 11. Notification of Change           |          |

### QUALIFICATION OF PROVIDER 19a-87b-6

|   |  |            |
|---|--|------------|
| X | 12. Awareness of, Understanding of Regulations |            |
| X | 13. Medical statement                          |            |
|   | Expiration date:                               | 07/20/2026 |
| X | 14. First Aid Certificate                      |            |
|   | Expiration date:                               | 05/21/2025 |

|  |   |     |  |
|--|---|-----|--|
| X  | 15. CPR Certificate                           |     |  |
|  | Expiration date:<br>05/21/2025                |     |  |
| X  | 16. Judgment                                  |     |  |
| <b>MEMBERS OF THE HOUSEHOLD 19a-87b-7</b>        |   |     |  |
| X  | 17. Medical Statement                         |     |  |
| X  | 18. Household Environment                     |     |  |
| <b>QUALIFICATIONS OF STAFF 19a-87b-8</b>         |   |     |  |
| X  | 19. Substitute or Assistant                   | Y/N |  |
|  | Type of Staff :                               | N   |  |
| X  | 20. Emergency Caregiver                       |     |  |
| <b>COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a</b> |   |     |  |
| X  | 21. Background Check(s)                       |     |  |
| <b>PHYSICAL ENVIRONMENT 19a-87b-9</b>            |   |     |  |
| X  | 22. Clean/Sanitary Environment                |     |  |
| X  | 23. Freedom of Hazards                        |     |  |
| X  | 24. Harmful Substances/Materials Inaccessible |     |  |
| X  | 25. Bio-contaminants Disposed Safely          |     |  |
| X  | 26. Safe Storage of Flammables                |     |  |
| X  | 27. Safe Door Fasteners                       |     |  |
| X  | 28. Electrical Safety                         |     |  |
| X  | 29. Safe Exits                                |     |  |
| X  | 30. Basement Supervision                      | Y/N |  |
|  |   | Y   |  |
| X  | Used for Care ?                               | Y/N |  |
|  |   | Y   |  |
| X  | 31. Stairways - Protected, Handrails          |     |  |
| X  | 32. Emergency Plan                            |     |  |

|  |   |        |  |
|--|---|--------|--|
| X  | 33. Emergency Evacuation Drills - Quarterly/Log         |        |  |
| X  | 34. Smoke Detectors                                     |        |  |
| X  | 35. Carbon Monoxide Detector                            |        |  |
| X  | 36. Fire Extinguisher- 5 lb. ABC/Installed              |        |  |
| O  | 37. Auxiliary Heating System Y                          | Appvd? | Didn't observe inspection/approval documentation for pellet stove heating system |
|  | Type? Pellet stove                                      |        |  |
| X  | 38. Safe Storage of Weapons and Ammunition              |        |  |
| O  | 39. Safe Space-Sufficient                               |        | Observed outdoor area not sufficient to fit the complete capacity of the 6+3     |
|  | Indoors   Outdoors                                      |        |  |
| O  | 40. Body of Water- Type: Pool                           | Y/N    | Observed part of the fence, it does not measure 4 feet.                          |
|  | Barrier?  | N      |  |
| X  | 41. Hot Tubs- Locked - Inaccessible                     | Y/N    |  |
|  |   | N      |  |
| X  | 42. Ventilation, Light and Temperature- 65°             |        |  |
| X  | 43. Window Safety                                       |        |  |
| X  | 44. Washing Toileting, Sewage Garbage Facilities        |        |  |
| X  | 45. Adequate and Safe Water - Type of System:           |        |  |
|  | Public Water  |        |  |
| X  | 46. Water Temperature- 60°-120°                         |        |  |
| X  | 47. Pasteurization of Milk Supply                       |        |  |
| X  | 48. Working Phone, Emergency Numbers Posted             |        |  |
| X  | 49. Safe Transportation Registered, Insured, Restraints |        |  |
| X  | 50. First Aid supplies                                  |        |  |
| X  | 51. Pet protection                                      | Type:  |  |
|  | Pets?   | N      |  |
|  | Rabies Certs?   |        |  |
| X  | 52. Smoking Prohibited                                  |        |  |
| <b>RESPONSIBILITIES OF PROVIDER 19a-87b-10</b> |   |        |  |
| X  | 53. Enrollment Form                                     |        |  |

|   |  |  |
|---|--|--|
| X | 54. Child Health Record  |  |
| X | 55. Immunizations  |  |
| X | 56. Emergency Permission   |  |
| X | 57. Authorized Release   |  |
| X | 58. Field Trip and Transportation Permission-To/From School              |  |
| X | 59. Swimming Permission  |  |
| X | 60. Incident Log   |  |
| X | 61. Confidentiality  |  |
| X | 62. Meeting the Child's Needs  |  |
| X | 63. Sufficient Play Equipment  |  |
| X | 64. Good Nutrition- Meals/Snacks, Water Available                        |  |
| X | 65. Handwashing  |  |
| X | 66. Flexible and Balanced Written Schedule                               |  |
| X | 67. Personal Articles- Blanket, Towel, Toilet Articles                   |  |
| X | 68. Proper Rest Provisions – Safe Cribs                                  |  |
| X | 69. Individual Plan for Care (Written if Applicable)                     |  |
| X | 70. Cultural Differences, Sp. Needs, Dev. Appr. Activities               |  |
| X | 71. Infant Care, Indiv Attention, Held for Bottle Feedings               |  |
| X | 72. Infants Placed on Back for Sleeping                                  |  |
| X | 73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet |  |

|  |  |  |
|--|--|--|
| X  | 74. Crib or Other Provision Free from Observable Hazards             |  |
| X  | 75. Infants not Swaddled   |  |
| X  | 76. Infants Supervised – minimum every 15 minutes                    |  |
| X  | 77. Req. for Sleep Arrangements Posted/Discussed                     |  |
| X  | 78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal |  |
| X  | 79. Parent Information and Access                                    |  |
| X  | 80. Developmental Milestones – Posted                                |  |
| X  | 81. Supervision- at all Times, Indoors, Outdoors                     |  |
| X  | 82. Personal Schedule- Alert, Competent Attention                    |  |
| X  | 83. Full Attention - Distractions, Employment, Socialization         |  |
| X  | 84. Immediate Attention  |  |
| X  | 85. Substitute – Emergency Caregiver Present                         |  |
| X  | 86. Appr. Discipline, Behavior Management                            |  |
| X  | 87. Discuss Beh. Management Methods w/Staff and Parents              |  |
| X  | 88. Child Protection- Abuse/Neglect                                  |  |
| X  | 89. Notify OEC within 24 hrs. - Death or Serious Injury              |  |
| X  | 90. Mandated Reporting Abuse or Neglect to DCF                       |  |
| <b>SICK CHILD CARE 19a-87b-11</b>  |  |  |
| X  | 91. Sick Child Care  |  |
| <b>IS NIGHT CARE PROVIDED?      N      NIGHT CARE 19a-87b-12<br/>(10pm to 5am)</b> |  |  |
| X  | 92. Separate Bed- Location of Bed - Appropriate Sleepwear            |  |

## OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

|          |  |  |
|----------|--|--|
| <b>X</b> | <b>93. Access- Immediate, Entire or Part of Facility and Records</b> |  |
|----------|--|--|

Are Medications Administered?

N

### ADMINISTRATION OF MEDICATIONS 19a-87b-17

|          |   |  |
|----------|---|--|
| <b>X</b> | <b>94. Policies and Procedures for Admin of Meds</b>          |  |
| <b>X</b> | <b>95. Parent Permission for Nonprescription Topical Meds</b> |  |
| <b>X</b> | <b>96. Notification - Documentation of Med Error(s)</b>       |  |
| <b>X</b> | <b>97. Nonprescription Topical Meds- Stored/Labeled</b>       |  |
| <b>X</b> | <b>98. Unused - Expired Nonprescription Meds</b>              |  |
| <b>X</b> | <b>99. Documented Medication Trained Staff</b>                |  |
| <b>X</b> | <b>100. Written Auth Prescriber/Parent Permission</b>         |  |
| <b>X</b> | <b>101. MAR Maintained</b>                                    |  |
| <b>X</b> | <b>102. Prescription Meds – Stored/Labeled</b>                |  |
| <b>X</b> | <b>103. Unused/Expired Prescription Meds</b>                  |  |
| <b>X</b> | <b>104. Emergency Meds- Equip. Labeled/Current</b>            |  |
| <b>X</b> | <b>105. Self-Admin. Of Meds</b>                               |  |
| <b>X</b> | <b>106. Petition for Special Medication Authorization</b>     |  |

Child with diabetes enrolled?

N

### MONITORING OF DIABETES 19a-87b-18

|          |  |  |
|----------|--|--|
| <b>X</b> | <b>108. Policies for Finger Stick Blood Glucose Testing</b>                    |  |
| <b>X</b> | <b>109. Finger Stick Blood Glucose Testing - Staff Trained</b>                 |  |
| <b>X</b> | <b>110. Self Admin of Finger Stick Blood Glucose Testing</b>                   |  |
| <b>X</b> | <b>111. Testing Equip. &amp; Supplies- Maintain, Labeled, Locked, Disposed</b> |  |
| <b>X</b> | <b>112. Finger Stick Blood Glucose Testing Records</b>                         |  |

|          |   |  |
|----------|---|--|
| <b>X</b> | <b>113. Parent Notification of Test Results</b> |  |
|----------|---|--|

**ADDITIONAL VIOLATIONS**

|  |   |          |  |
|--|---|----------|--|
|  | <b>114. Consent Order - Negotiated Corrective Action Plan</b> | N/A?     |  |
|  |   | <b>X</b> |  |

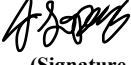

|                   |   |
|-------------------|---|
| <b>YES or NO?</b> | <b>WERE VIOLATIONS CITED DURING THIS VISIT?</b> |
| <b>Yes</b>        |   |

**DISCUSSIONS:**  
 Reviewed regulations with the applicant

**COMMENTS:**

**NOTE:** Any items left blank on this form were not monitored during this visit- only the regulations marked as compliant or non-compliant were monitored or discussed.

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

|   |                |                                 |   |
|---|----------------|---------------------------------|---|
| <br>(Signature of OEC Representative) |                | <b>DATE CORRECTIONS DUE BY:</b> | <br>(Signature of Provider/Applicant/Substitute) |
| Janarish Lopez<br>(Printed Name)  | (Printed Name) |                                 | JOKAIRY M GOODWIN<br>(Printed Name)   |