



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	JOKAIRY M GOODWIN				License Number	DCFH.57992	Date of Inspection	04/02/2025
					Expiration Date	4/30/2028	Time of Inspection	01:51 PM
Address	63 CUSHMAN ST WATERBURY CT 06704-2840				Telephone	(475) 316-3889	Regular Capacity	6
					Hours of Operation	5:00 AM 10:00 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri	Summer Hours	Open
New Address					# Under 18 mths present	2	Weekend Hours	No
					Total children present	3	Night Hours	No
Type of Inspection	Follow up- pool gate lock				Inspector's Name	Alexandra Rodriguez		
Provider's Email	Jokairy26@gmail.com				Inspector's Email	alexandra.rodriquez@ct.gov		

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/Applicant/Substitute/Emergency Caregiver

REGULATORY VIOLATIONS

Statute and/or Regulation: [-]	Description: 000 No Violations
No violations were cited during this inspection	
Statute and/or Regulation:	Description:
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OTHER FINDINGS-REGULATIONS IN COMPLIANCE	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-9(f)(2) and/or 19a-87b-9(f)(4)]	Description: 040-Body of Water
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Observed gate leading to pool locked with a secure key lock.

Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

IMPORTANT NOTES

- *It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.*
- *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 –You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.*

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Provider/Substitute/Applicant)
Alexandra Rodriguez (Printed Name)	 (Printed Name)		JOKAIRY M GOODWIN (Printed Name)