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: oec.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

Provider	JOANNE COLWELL	**License Number**	DCFH.24985	**Date of Inspection**	12/27/2023
		Expiration Date	8/31/2026	**Time of Inspection**	10:14 AM
Address	5 CLEAR LAKE RD NORTH BRANFORD CT 06471-1575	**Telephone**	(203) 488-6903	**Regular Capacity**	6
		Days and Hours	8:00AM-6:00PM MON.-FRI.	**School Age Capacity**	3
Is this a Change of Address?	**Yes?**		**No?** X	**Summer Care**	Open
New Address		**Type of Inspection**	UNANNOUNCED INSPECTION - FULL		
# of Infants - Toddlers Present	0	**# of Total Children Present**	0	**Inspector's Name**	Linda Johnson Moylan
Provider's Email	jcolwell18@icloud.com	**Inspector's Email**	linda.moylan@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).*

Joanne Colwell
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**	
O	**13. Medical statement** **Expiration date:** **10/08/2023**	Failed to maintain current medical statement(s)
O	**14. First Aid Certificate** **Expiration date:** 03/20/2023	Failed to maintain current certificate

O	15. CPR Certificate Expiration date: 03/20/2023	Failed to maintain current certificate	
X	16. Judgment		

MEMBERS OF THE HOUSEHOLD 19a-87b-7

X	17. Medical Statement		
X	18. Household Environment		

QUALIFICATIONS OF STAFF 19a-87b-8

X	19. Substitute or Assistant Type of Staff :	Y/N N	
X	20. Emergency Caregiver		

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

X	21. Background Check(s)		

PHYSICAL ENVIRONMENT 19a-87b-9

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 Used for Care ?	Y/N Y Y/N N	
X	31. Stairways - Protected, Handrails		
X	32. Emergency Plan		

O	**33. Emergency Evacuation Drills - Quarterly/Log**	Failed to maintain a written log of the practices drills	
X	**34. Smoke Detectors**		
O	**35. Carbon Monoxide Detector**	Failed to maintain operable carbon monoxide detectors on each occupied level of the home - upstairs and in basement.	
X	**36. Fire Extinguisher- 5 lb. ABC/Installed**		
X	**37. Auxiliary Heating System** Y **Type?** Wood stove	**Appvd?** Y	
X	**38. Safe Storage of Weapons and Ammunition**		
X	**39. Safe Space- Sufficient** **Indoors** Y / **Outdoors**		
O	**40. Body of Water-** **Type:** Pool **Barrier?**	**Y/N** Y Y	Failed to maintain locks that are operable with a key, combination, or other similar unlocking mechanism
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		
O	**50. First Aid supplies**	Failed to maintain a complete first aid kit	
X	**51. Pet protection** **Pets?** **Rabies Certs?**	**Type:** N	
X	**52. Smoking Prohibited**		

RESPONSIBILITIES OF PROVIDER 19a-87b-10

X	**53. Enrollment Form**	

X	**54. Child Health Record**	
O	**55. Immunizations**	Failed to maintain immunization record for one child.
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**	
	SICK CHILD CARE 19a-87b-11	
X	**91. Sick Child Care**	
IS NIGHT CARE PROVIDED?	N	**NIGHT CARE 19a-87b-12 (10pm to 5am)**
X	**92. Separate Bed- Location of Bed - Appropriate Sleepwear**	

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

X	93. Access- Immediate, Entire or Part of Facility and Records	

Are Medications Administered? N

ADMINISTRATION OF MEDICATIONS 19a-87b-17

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

Child with diabetes enrolled? N

MONITORING OF DIABETES 19a-87b-18

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

X	113. Parent Notification of Test Results		

ADDITIONAL VIOLATIONS

X	114. Consent Order - Negotiated Corrective Action Plan	N/A?	

YES or NO?	WERE VIOLATIONS CITED DURING THIS VISIT?
Yes	

DISCUSSIONS:

Provider on vacation/ not doing care this week. Only cares for SA grandchildren. No children with medications.

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.*

(Signature of OEC Representative)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	(Signature of Provider/Applicant/Substitute)
Linda Johnson Moylan		01/10/2024	JOANNE COLWELL
(Printed Name)	(Printed Name)		(Printed Name)