



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

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Email: oeclicensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	JOANNE COLWELL		License Number	DCFH.24985	Date of Inspection	02/15/2024
			Expiration Date	8/31/2026	Time of Inspection	01:59 PM
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
# Children Present	0	# Under 18 months present	0		Summer Care	Open
Purpose of Inspection	Follow up		Name of Inspector	Linda Johnson Moylan		
Provider's Email	jcolwell18@icloud.com		Inspector's Email	linda.moylan@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).

Joanne Colwell

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Violations

Statute and/or Regulation	Description	Comments
[-]	000 No Violations	No violations were cited during this inspection

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Other Findings-In Compliance

Statute and/or Regulation	Description	Comments
[19a-87b-10(a)]	004-Capacity	
[19a-87b-5(e)]	006-Infant/Toddler Restriction	
[19a-87b-6(b)]	013-Medical Statement	
[19a-87b-9(f)(2) and/or 19a-87b-9(f)(4)]	040-Body of Water	

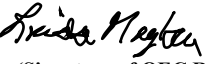
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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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Discussions:

Comments:

NOTE: 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 Person in Charge)
Linda Johnson Moylan (Printed Name)			JOANNE COLWELL (Printed Name)