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 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

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	

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

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.

Linda Moylan **(Signature of OEC Representative)**	**(Signature of OEC Representative)**	**DATE CORRECTIONS DUE BY:**	Joanne Colwell **(Signature of Person in Charge)**
Linda Johnson Moylan **(Printed Name)**	**(Printed Name)**		JOANNE COLWELL **(Printed Name)**