

# Connecticut Office of Early Childhood

## Division of Licensing

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

Phone (800)282-6063 [www.ctoec.org](http://www.ctoec.org) Fax (860)326-0552

### FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL  UNANNOUNCED FULL/PARTIAL  FOLLOW UP  LOCATION CHANGE  OTHER

<b>Provider:</b> <span style="font-size: 1.2em; font-family: cursive;">Robyn Grosvenor</span>	<b>License Number:</b> <span style="font-size: 1.2em;">53588</span> <b>Expiration Date:</b> <span style="font-size: 1.2em;">11/30/24</span>	<b>Date of Inspection:</b> <span style="font-size: 1.2em;">1/31/22</span> <b>Time of Inspection:</b> <span style="font-size: 1.2em;">10:08</span>
<b>Address:</b> <span style="font-size: 1.2em;">21 Meckauer Circle</span>	<b>Capacity:</b> <span style="font-size: 1.2em;">6+3</span>	<b>Days/Hours:</b> <span style="font-size: 1.2em;">7:15-5:00</span>
<b>Town:</b> <span style="font-size: 1.2em;">Bethel</span>	<b>Telephone:</b> <span style="font-size: 1.2em;">263-994-0840</span>	<b>Summer:</b> <span style="font-size: 1.2em;">Open/Closed</span>
<b>State/Zip Code:</b> <span style="font-size: 1.2em;">CT</span>	<b>Email:</b> <span style="font-size: 1.2em;">tomboysintatus@gmail.com</span>	

**Instructions:** ✓ = Compliance/No violation found      0 = Non-compliance/Violation found      N/A = Not applicable at this time

**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

#### Terms of License 19a-87b-5

- 4. Capacity: Total # Children Present: 5
- 5. Nontransferability of License
- 6. Infant/Toddler Restriction- # Present: 2
- 7. License Posted
- 8. Parent Access to OEC Phone Number
- 9. Photo ID
- 10. Requests for Information
- 11. Notification of Change

#### Qualifications of Applicant and Provider 19a-87b-6

- 12. Awareness of/Understanding of Regulations
- 13. Medical Statement-Exp. Date 6/10/24
- 14. First Aid Certificate-Exp. Date 3/29/23
- 15. CPR Certificate- Exp. Date 3/29/23
- 16. Judgment

#### Members of the Household 19a-87b-7

- 17. Medical Statement
- 18. Household Environment

#### Qualifications of Staff 19a-87b-8

- 19. Substitute/Assistant (Y/N)
- 20. Emergency Caregiver

#### Comprehensive Background Check 19a-87b-8a

- 21. Background Check(s)

#### Physical Environment 19a-87b-9

- 22. Clean/Sanitary Environment
- 23. Freedom of Hazards
- 24. Harmful Substances/Materials Inaccessible
- 25. Bio-contaminants Disposed Safely
- 26. Safe Storage of Flammables
- 27. Safe Door Fasteners
- 28. Electrical Safety

- 29. Safe Exits
- 30. Basement Supervision (Y/N)
- 31. Stairways: Protected/Handrails
- 32. Emergency Plan
- 33. Emergency Evacuation Drills-Quarterly/Log
- 34. Smoke Detectors
- 35. Carbon Monoxide Detector
- 36. Fire Extinguisher- at least 5 lb. ABC/Installed
- 37. Auxiliary Heating System (Y/N) Type: — Approved (Y/N)
- 38. Safe Storage of Weapons and Ammunition
- 39. Safe Space - Sufficient  
 Indoor ✓ Outdoor ✓
- 40. Body of Water (Y/N) Type: none Barrier/Fence (4ft)
- 41. Hot Tubs- Locked/Inaccessible
- 42. Ventilation/Light - Temperature- 65°F
- 43. Window Safety
- 44. Washing/Toileting/Sewage/Garbage Facilities
- 45. Adequate and Safe Water (Public) Approved
- 46. Water Temperature 60°-120°F
- 47. Pasteurization of Milk Supply
- 48. Working Telephone/Emergency Numbers Posted
- 49. Safe Transportation-Registered/Insured/Restraints
- 50. First Aid Supplies
- 51. Pets: (Y/N) -Type: dogs Rabies Certificate(s)
- 52. Smoking Prohibited

#### Responsibilities of Provider 19a-87b-10

- 53. Enrollment Form
- 54. Child Health Record
- 55. Immunizations
- 56. Emergency Permission
- 57. Authorized Release
- 58. Field Trips/Transportation Permission- To/From School
- 59. Swimming Permission
- 60. Incident Log
- 61. Confidentiality
- 62. Meeting the Child's Needs
- 63. Sufficient Play Equipment
- 64. Good Nutrition: Meals/Snacks/Water Available
- 65. Handwashing
- 66. Flexible and Balanced Written Schedule

**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)  (Printed Name) <span style="font-size: 1.2em;">Jannie Thornton</span>	Date Corrections Due By: <span style="font-size: 1.5em;">2/14/22</span>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)  (Printed Name) <span style="font-size: 1.2em;">Robyn Grosvenor</span>
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**FAMILY CHILD CARE HOME INSPECTION FORM - Page 2**

<b>Provider:</b> <i>Robyn Grosvenor</i>	<b>License Number:</b> <i>53588</i>	<b>Date of Inspection:</b> <i>1/31/22</i>
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**Responsibilities of Provider 19a-87b-10 (continued)**

- 67. Personal Articles: Blanket/Towel/Toilet Articles
- 68. Proper Rest Provisions/Safe Cribs
- 69. Individual Plan for Care (Written if Applicable)
- 70. Cultural Differences/Special Needs/Dev. Appr. Activities
- 71. Infant Care- Individual Attention/Held for Bottle Feedings
- 72. Infants Placed on Back for Sleeping
- 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet
- 74. Crib or other Provision Free from Observable Hazards
- 75. Infants not Swaddled
- 76. Infants Supervised- observed minimum every 15 minutes
- 77. Req. for Sleep Arrangements Posted/Discussed
- 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp.
- 79. Parent Information and Access
- 80. Developmental Milestones-Posted
- 81. Supervision-At all Times- Indoors/Outdoors
- 82. Personal Schedule-Alert/Competent Attention
- 83. Full Attention-Distractions/Employment/Socialization
- 84. Immediate Attention
- 85. Substitute/Emergency Caregiver Present
- 86. Appropriate Discipline/Behavior Management
- 87. Discuss Behavior Management Methods w/Staff/Parents
- 88. Child Protection: Abuse/Neglect
- 89. Notify OEC within 24 hrs.: Death/Serious Injury
- 90. Mandated Reporting of Abuse/Neglect to DCF

**Sick Child Care 19a-87b-11**

- 91. Sick Child Care

**Night Care 19a-87b-12 (Yes) (10pm to 5am)**

- 92. Separate Bed/Location of Bed/Appropriate Sleepwear

**Office Access, Inspections and Investigations 19a-87b-13**

- 93. Access- Immediate/Entire or Part of Facility/Records

**Administration of Medications 19a-87b-17**

- 94. Policies and Procedures for Admin of Meds
- 95. Parent Permission for Nonprescription Topical Meds
- 96. Notification and Documentation of Medication Error(s)
- 97. Nonprescription Topical Meds - Stored/Labeled
- 98. Unused/Expired Nonprescription Meds
- 99. Documented Medication Trained Staff
- 100. Written Authorized Prescriber/Parent Permission
- 101. MAR Maintained
- 102. Prescription Meds - Stored/Labeled
- 103. Unused/Expired Prescription Meds
- 104. Emergency Meds - Equip Labeled/Current
- 105. Self-Administration of Meds
- 106. Petition for Special Medication Authorization
- 108. Policies for Finger Stick Blood Glucose Testing
- 109. Finger Stick Blood Glucose Testing - Staff Trained
- 110. Self Admin of Finger Stick Blood Glucose Testing
- 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed
- 112. Finger Stick Blood Glucose Testing Records
- 113. Parent Notification of Test Results

**Additional Violations**

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

**Discussions/Comments:** *Discussed changes to the Regulations*  
*Discussed update to immunization requirements.*

*#35 - No Carbon Monoxide Detector on basement level*  
*where provider sleeps*

**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) <i>Jannie Thornton</i>	Date Corrections Due By: <i>2/14/22</i>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) <i>Robyn Grosvenor</i>
(Printed Name) <i>Jannie Thornton</i>	(Printed Name) <i>Robyn Grosvenor</i>	



**FAMILY CHILD CARE - ENROLLMENT RECORDS REVIEW FORM** (OE/C/ICENSING - For Internal Use Only) **Specialist:** S. Shauver

**Provider's Name:** Robyn Grossvener **Lic. #:** 53585 **Town:** Bethel **Date of inspection:** 1/31/22

**Emergency Caregiver:** Terri Lynn Barboza **Address:** 10 McKaer Cir **Phone #:** 7-888-8554

Household Member Name	D.O.B	Relationship	Under 18m	Present	Hours in Home	BGC	Adult Medical	COVID vaccine/ weekly test	Child Medical
Provider: Robyn G.	11/14/68	Self	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
Karabelle Trask	10/22/02	Daughter							
Riley Trask	12/10/04	Daughter							
Dylan Trask	12/10/04	Daughter							

**Enrolled Children**

1. Child Name: Brooklyn Massey DOB: 3/24/21 Present:  N  
 Days: M-F Hours: 7:00-4:30 Under 18m:  N  
 Relative: Y/N Relationship: \_\_\_\_\_

Parent Name	Address (including zip code)	Phone #'s
1. Laura	20 North Branch Newfane, VT	(h/c) 914-288-4286 (w) 845-863-1421
2. Adam		(h/c) (w)

Date of Enroll	Enroll Form	Emerg. Perm.	Transp. Perm.	Auth. Release	Log	Inc. Medical	Imm. Record
9/3/21	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Notes: \_\_\_\_\_

2. Child Name: Jackson Reilly DOB: 3/25/21 Present:  N  
 Days: Tu, W Hours: 9:00-5 Under 18m:  N  
 Relative: Y/N Relationship: \_\_\_\_\_

Parent Name	Address (including zip code)	Phone #'s
1. Justine	30 Idlewood Bethel	(h/c) 208-942-3609 (w) 2-417-5707
2. Eric		(h/c) (w)

Date of Enroll	Enroll Form	Emerg. Perm.	Transp. Perm.	Auth. Release	Log	Inc. Medical	Imm. Record
8/31/21	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Notes: \_\_\_\_\_

3. Child Name: Camille Skekel DOB: 7/24/10 Present:  N  
 Days: M-F Hours: 8-4 Under 18m:  N  
 Relative: Y/N Relationship: \_\_\_\_\_

Parent Name	Address (including zip code)	Phone #'s
1. Lauren	216 Walnut Hill Rd	(h/c) 644-286-8638 (w) 646-706-2362
2. Doris	Bethel	(h/c) 2-845-8100 (w)

Date of Enroll	Enroll Form	Emerg. Perm.	Transp. Perm.	Auth. Release	Log	Inc. Medical	Imm. Record
3/24/01	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Notes: \_\_\_\_\_

4. Child Name: Eleanor Skekel DOB: 2/9/19 Present:  N  
 Days: Tu, W, Th Hours: 8-4 Under 18m:  N  
 Relative: Y/N Relationship: \_\_\_\_\_

Parent Name	Address (including zip code)	Phone #'s
1. See		(h/c) (w)
2. Camille		(h/c) (w)

Date of Enroll	Enroll Form	Emerg. Perm.	Transp. Perm.	Auth. Release	Log	Inc. Medical	Imm. Record
3/24/21	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Notes: Siblings

5. Child Name: Savin Stamm DOB: 7/27/21 Present: Y / N  
 Days: M, Th F Hours: 7:15 - 3:15 Under 18m: Y / N

Relative: Y / N Relationship: \_\_\_\_\_

Parent Name	Address (including zip code)	Phone #'s
1. <u>Marie</u>	<u>130 Rockwell Rd</u>	(h/c) <u>2-731-7532</u> (w) <u>2-994-9423</u>
2. <u>Daniel</u>	<u>Bethel</u>	(h/c) _____ (w) _____

  

Date of Enroll	Enroll Form	Emerg. Perm.	Transp. Perm.	Auth. Release	Inc. Log	Current Medical	Imm. Record
<u>1/3/22</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Notes: \_\_\_\_\_

6. Child Name: Oliver Brud DOB: 7/12/18 Present: Y / N  
 Days: M-F Hours: 7:30-4 Under 18m: Y / N

Relative: Y / N Relationship: \_\_\_\_\_

Parent Name	Address (including zip code)	Phone #'s
1. <u>Joseph Brud</u>	<u>112 Hoyts Hill</u>	(h/c) <u>706-992-7357</u> (w) <u>706-594-9257</u>
2. <u>Zack Wright</u>	<u>Bethel</u>	(h/c) _____ (w) _____

  

Date of Enroll	Enroll Form	Emerg. Perm.	Transp. Perm.	Auth. Release	Inc. Log	Current Medical	Imm. Record
<u>8/1/21</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Notes: \_\_\_\_\_

7. Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Present: Y / N  
 Days: \_\_\_\_\_ Hours: \_\_\_\_\_ Under 18m: Y / N

Relative: Y / N Relationship: \_\_\_\_\_

Parent Name	Address (including zip code)	Phone #'s
1. _____	_____	(h/c) _____ (w) _____
2. _____	_____	(h/c) _____ (w) _____

  

Date of Enroll	Enroll Form	Emerg. Perm.	Transp. Perm.	Auth. Release	Inc. Log	Current Medical	Imm. Record
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Notes: \_\_\_\_\_

8. Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Present: Y / N  
 Days: \_\_\_\_\_ Hours: \_\_\_\_\_ Under 18m: Y / N

Relative: Y / N Relationship: \_\_\_\_\_

Parent Name	Address (including zip code)	Phone #'s
1. _____	_____	(h/c) _____ (w) _____
2. _____	_____	(h/c) _____ (w) _____

  

Date of Enroll	Enroll Form	Emerg. Perm.	Transp. Perm.	Auth. Release	Inc. Log	Current Medical	Imm. Record
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Notes: \_\_\_\_\_