FAMILY CHILD CARE – ENROLLMENT RECORDS REVIEW FORM (OEC/LICENSING – For Internal Use Only) **Specialist:** J Thornton

Provider's Name: Beth Bailey Gray Lic. #: 36561 Town: Waterbury Date of Inspection: 3/31/22

Emergency Caregiver: Jennifer Strotero Address: 27 Eastwood Avenue Phone #: 2-217-9007

Household Member Name	D.O.B	Relationship	Under 18m	Present	Hours In Home	BGC	Adult Medical	COVID vaccine/ weekly test	Child Medical
Provider:									
Thomas Gray	2/8/56	Spouse			245 9am			[redacted]	

Enrolled Children

1. Child Name: Maverick Bailey DOB: 6/22/21 Present: (Y) / N
Days: M-F Hours: 9-6 Under 18m: (Y) N
Relative: (Y) / N Relationship: Grandchild

Parent Name	Address (including zip code)	Phone #'s
1. Stefanie Morin Bailey	100 Town Line Jerryville	(h/c) 8-309-3602
		(w) 8-515-9740
2. Jonny Bailey		(h/c) 2-578-7979
		(w)

Date of Enroll	Enroll Form	Emerg. Perm.	Transp. Perm.	Auth. Release	Inc. Log	Current Medical	Imm. Record
7/15/21	✓	✓	✓	✓	✓	✓	✓

Notes:

2. Child Name: Beckham Lyons DOB: 1/22/18 Present: Y / N
Days: M-F Hours: 7-6 Under 18m: Y / N
Relative: Y / (N) Relationship: —

Parent Name	Address (including zip code)	Phone #'s
1. Jennifer McGrath	140 Hamden Ave Apt. C Wtby	(h/c) 2-808-3141
		(w) 6-760-8524
2. Michael Lyons		(h/c)
		(w)

Date of Enroll	Enroll Form	Emerg. Perm.	Transp. Perm.	Auth. Release	Inc. Log	Current Medical	Imm. Record
4/16/18	✓	✓	✓	✓	✓	✓	✓

Notes:

3. Child Name: Benjamin Waterbury DOB: 6/2/20 Present: Y / (N)
Days: Tuesday Hours: 830-5(30) Under 18m: Y / (N)
Relative: Y / N Relationship:

Parent Name	Address (including zip code)	Phone #'s
1. Sondra Muskus	927 Southford Rd Middlebury	(h/c) 8-806-5150
		(w) 2-560-0911
2. Ben Waterbury		(h/c) 2-444-4955
		(w)

Date of Enroll	Enroll Form	Emerg. Perm.	Transp. Perm.	Auth. Release	Inc. Log	Current Medical	Imm. Record

Notes:

4. 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

Notes:

5. Child Name: Andrew Baker DOB: 7/26/13 Present: Y / N
Days: M-F Hours: 7.5 - 8 - 3.45 - 5.00 Under 18m: Y / N
Relative: Y / N Relationship:

Parent Name	Address (including zip code)	Phone #'s
1. Kori "	275 Peach	(h/c) 8-823-9118
Bryan "	Orchard Rd	(w) 2-527-5149
2.	Wtby	(h/c)
		(w)

Date of Enroll	Enroll Form	Emerg. Perm.	Transp. Perm.	Auth. Release	Inc. Log	Current Medical	Imm. Record
8/22/16	✓	✓	✓	✓	✓	✓	✓

Notes:

6. Child Name: Margaret Baker DOB: 7/12/15 Present: Y / N
Days: M-F Hours: 7.5 - 8 - 3.45 - 5.00 Under 18m: Y / N
Relative: Y / N Relationship: —

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

Date of Enroll	Enroll Form	Emerg. Perm.	Transp. Perm.	Auth. Release	Inc. Log	Current Medical	Imm. Record
8/22/16	✓	✓	✓	✓	✓	✓	✓

Notes:
Siblings

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

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

Notes: