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

Provider's Name: Deborah Samson Lic. #: 16373 Town: Windsor Date of Inspection: 3/3/23

Emergency Caregiver: Linda Shannon Address: 21 A Niles Rd Phone #: 8-285-0136

Household Member Name	D.O.B	Relationship	Under 18m	Present	Hours in Home	BGC	Adult Medical	COVID vaccine/ weekly test	Child Medical
Provider:									
Paul S	6/5/45	Husband	no	yes			✓	[redacted]	
Stacey Samson	1/16/80	Daughter	no	yes			✓		
Hayden Pratt	11/20/05	grand son	no	no			✓		

Enrolled Children

1. Child Name: Vincent Capobianco DOB: 6/1/20 Present: (Y) / N
Days: m-F Hours: 8-5 Under 18m: Y / (N)
Relative: Y / (N) Relationship: –

Parent Name	Address (including zip code)	Phone #'s
1. Deanna Evans	16 Heritage Farms Rd	(h/c) 315-271-7943
		(w)
2. Andrew C	E. Granby	(h/c) 8-847-0395
		(w)

Date of Enroll	Enroll Form	Emerg. Perm.	Transp. Perm.	Auth. Release	Inc. Log	Current Medical	Imm. Record
8/31/20	✓	✓	✓	✓	✓	✓	✓

Notes: Cora ✓ 11/6/18 ✓ ✓ ✓ Both Flu ✓

2. Child Name: Luke Cappiello DOB: 4/23/20 Present: (Y) / N
Days: m-F Hours: 7:30-5 Under 18m: Y / (N)
Relative: Y / (N) Relationship:

Parent Name	Address (including zip code)	Phone #'s
1. Celine C	9 Tuckahoe Rd	(h/c) 8-352-9387
		(w)
2. Thomas C	E. Granby	(h/c) 8-392-8463
		(w)

Date of Enroll	Enroll Form	Emerg. Perm.	Transp. Perm.	Auth. Release	Inc. Log	Current Medical	Imm. Record
8/29/22	✓	✓	✓	✓	✓	✓	✓

Notes: Flu ✓

3. Child Name: Adelynn Casey DOB: 2/8/22 Present: (Y) / N
Days: m-F Hours: 9-5 Under 18m: (Y) / N
Relative: Y / (N) Relationship:

Parent Name	Address (including zip code)	Phone #'s
1. Meagen C	122 Mack Town Windsor	(h/c) 8-964-2722
		(w)
2. Kyle C		(h/c) 8-965-8747
		(w)

Date of Enroll	Enroll Form	Emerg. Perm.	Transp. Perm.	Auth. Release	Inc. Log	Current Medical	Imm. Record
3/25/22	✓	✓	✓	✓	✓	✓	✓

Notes: Flu ✓

4. Child Name: Charlie Acosta DOB: 11/7/19 Present: (Y) / N
Days: m-F Hours: 6:45-5pm Under 18m: Y / (N)
Relative: Y / (N) Relationship: –

Parent Name	Address (including zip code)	Phone #'s
1. Samantha Lyons	642 Stone Rd Windsor	(h/c) 8-597-4864
		(w)
2. Charles A		(h/c) 8-490-7821
		(w)

Date of Enroll	Enroll Form	Emerg. Perm.	Transp. Perm.	Auth. Release	Inc. Log	Current Medical	Imm. Record
7/7/20	✓	✓	✓	✓	✓	✓	✓

Notes: ✓ Flu

5. Child Name Maeva Owens DOB: 4/11/19 Present: (Y) / N
Days: M-F Hours: 7:30-4:15 Under 18m: Y / (N)
Relative: Y / (N) Relationship: –

Parent Name	Address (including zip code)	Phone #'s
1. Kateylin O	160 Winterwood Windsor	(h/c) 518-748-7112
		(w)
2. Emily O		(h/c) 518-817-3489
		(w)

Date of Enroll	Enroll Form	Emerg. Perm.	Transp. Perm.	Auth. Release	Inc. Log	Current Medical	Imm. Record
8/18/20	✓	✓	✓	✓	✓	✓	✓

Notes: ✓ Flu

6. Child Name: Hayden 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:

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: