



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	ROBYN GROSVENOR				License Number	DCFH.53588	Date of Inspection	10/20/2025
					Expiration Date	11/30/2028	Time of Inspection	11:38 AM
Address	21 MECKAUER CIR BETHEL CT 06801-1260				Telephone	(203) 994-0840	Regular Capacity	6
					Hours of Operation	7:00 AM – 5:00 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri	Summer Hours	Open
New Address					# Under 18 mths present	0	Weekend Hours	No
					Total children present	3	Night Hours	No
Type of Inspection	Supervision				Inspector's Name	Janarish Lopez		
Provider's Email	tomboysintutus@gmail.com				Inspector's Email	janarish.lopez@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).

Signature of Provider/Applicant/Substitute/Emergency Caregiver

REGULATORY VIOLATIONS

Statute and/or Regulation:	[19a-87b-10(i)]	Description:	081-Supervision-At All Times, Indoors/Outdoors
<p>Provider not in compliance with providing supervision observed the provider walking on the street with the children and another daycare provider, observed 5 children behind the providers while they were in front in conversation.</p>			
Statute and/or Regulation:		Description:	
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OTHER FINDINGS-REGULATIONS IN COMPLIANCE	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:




Statute and/or Regulation:	Description:

WERE VIOLATIONS CITED DURING THIS VISIT?	YES/NO: Yes
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DISCUSSIONS/COMMENTS

IMPORTANT NOTES

- It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.
- 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. Providers are required by statutes and regulations to be in compliance at all times.
- **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 Provider/Substitute/Applicant)
Janarish Lopez (Printed Name)	Amanda Hammons (Printed Name)	11/03/2025	ROBYN GROSVENOR (Printed Name)