

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tom Hargrove + Anita Grover MD CDC @ the New Canaan YMCA Date: 12/20/21 Time: 9:30

Location Address: 564 South Ave. New Canaan Telephone #: 203 966-4528

e-mail address: hdean@newcanaanymca.org License #: 13182 Expiration Date: 7/31/25

Capacity: 192/24 # of Children Present: 27 # of Staff Present: 11+

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Investigation 2021-890

Observations/Corrections needed:

PIC: Heather Dean

(NS) 19a-79-4a(c)(4)(D) Staffing, supervision at all times

(S) 19a-79-3a(d)(1) Administration, implement attendance records policy
Operator failed to implement sign in/ sign out policy when
child left with adult without signing out.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: Jan. 3, 2021

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Heather Dean
(Person in Charge)

Print Name: Heather Dean