

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Tom Haramore & Anita Grover MD <sup>OEC of the New Canaan YMCA</sup> Date: 10/31/22 Time: 3PM  
Location Address: 564 South Avenue New Canaan, CT 06840 Telephone #: (203) 920-1649  
e-mail address: spfefer@newcanaanymca.org License #: 13182 Expiration Date: 7-31-25  
Capacity: 192 # of Children Present: 36 # of Staff Present: 10

**Consent to Inspect  
Family Child Care Home**

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

Purpose of visit: BCIS Follow Up

Observations/Corrections needed:

No Violations at this visit

All Staff present were current in BCIS

11 staff still not cleared to work with children, discussed requirements -

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: N/A

Signature: [Signature]  
Print Name: Terrin R Roberts <sup>(OEC Representative)</sup>  
Signature: [Signature]  
Print Name: Susan Pfeiffer <sup>(Person in Charge)</sup>