

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Hamden/North Haven YMCA Keefe Center Date: 6/2/23 Time: 3:30

Location Address: 11 Pine St. Hamden Telephone #: 203 562-5129 x1117

e-mail address: kforsyth@cccymca.org License #: 70503 Expiration Date: 8/31/23

Capacity: 38 # of Children Present: 4 # of Staff Present: 2

Consent to Inspect Family Child Care Home	<i>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 _____</i>
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Purpose of visit: Follow-up for investigation 2023-411

Observations/Corrections needed:

Items still pending until review of video.
Completed another staff interview at this visit.

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

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

Signature: Karen Hicks *Karen Hicks*
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature: D. J. R.
(Person in Charge)