



DIVISION OF LICENSING
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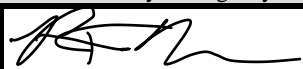
**CHILD CARE CENTER/GROUP CHILD CARE HOME
 SUPPLEMENTAL INSPECTION**

| | | | | | | | | |
|------------------------------|--|--------------------------|---|------------------------|--------------------------|---|-----------------------------|------------|
| Program Name | HAMDEN/NORTH HAVEN YMCA KEEFE CENTER AS PROGRAM | | | | License Number | DCCC.70503 | Date of Inspection | 05/08/2024 |
| | | | | | Expiration Date | 8/31/2027 | Time of Inspection | 03:08 PM |
| Address | 11 PINE ST HAMDEN CT 06514-4924 | | | | Telephone | (203) 535-2569 | Total Capacity | 39 |
| | | | | | Days and Hours | MON-FRI 3:00-6:00PM vacations and snow days open 9AM-5PM | Under Three Capacity | 0 |
| #Children Present | 1 | # Under 3 Present | 0 | # Staff Present | 2 | Summer Care | Closed | |
| Purpose of Inspection | Follow up to Ratio, first aid trained staff and medication authorization | | | | Name of Inspector | Jenn Schulz | | |
| Program's Email | EKELLY@CCCYMCA.ORG | | | | Inspector's Email | jennifer.schulz@ct.gov | | |

Regulatory Violations

| | |
|---|---------------------------------------|
| Statute and/or Regulation: [-] | Description: 000 No Violations |
| No violations were cited during this inspection | |
| Statute and/or Regulation: | Description: |
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| Other Findings – Regulations In Compliance | |
| Statute and/or Regulation: [19a-79-4a(c)(2)] | Description: 020-Two Staff Present |
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| Statute and/or Regulation: 19a-79-4a(c)(4)(D) | Description: 021b-Supervision |
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|--|--|
| Statute and/or Regulation: [19a-79-4a(e)(2) and/or 19a-79-4a(f)] | Description: 025-First Aid Trained Staff |
| | |
| Statute and/or Regulation: [19a-79-7a(e)(10)] | Description: 076-Potentially Hazardous Substances Locked |
| | |
| Statute and/or Regulation: | Description: |
| | |
| YES/NO: No | WERE VIOLATIONS CITED DURING THIS VISIT? |
| DISCUSSIONS/COMMENTS | |
| <p>Observed 2 staff present, with both staff having current first aid training. Medication authorization form observed to have dosage documented, parent has not signed the form, child not in attendance at this time.</p> | |
| <p>NOTE: 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.</p> <p>APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.</p> | |
|  (Signature of OEC Representative) |  (Signature of OEC Representative) |
| Jenn Schulz (Printed Name) | (Printed Name) |
| DATE CORRECTIONS DUE BY: |  (Signature of Person in Charge) |
| Patrick Maloney (Printed Name) | (Printed Name) |