

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Oakwood Child Care Center Date: 4.21.22 Time: 1:05

Location Address: 495 Benham St Hamden Telephone #: 203-230-8331

e-mail address: oakwoodchildcarecenter@gmail.com License #: 13759 Expiration Date: 7-31-25

Capacity: 34/17 # of Children Present: 11 # of Staff Present: 4

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 _____
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Purpose of visit: Follow up to full inspection dated 3-9-22

Observations/Corrections needed:

19a-79-49cc(4)(D) Supervision
upon arrival observed 2 staff in upper level entry way.
Observed 3 toddlers in one class and 3 preschool students
in the other class. All children were on cots, not
all sleeping. Observed no staff in classrooms with
children.
Observed 5 toddlers on lower level with 2 staff -

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: 5/5/22

Signature: Jennifer Beere
(OEC Representative)

Print Name: Jan Serra

Signature: Hannah Jones
(Person in Charge)

Print Name: Hannah Jones