

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Oakwood Child Care Center Date: 5.5.22 Time: 12:45

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: 13 # of Staff Present: 4

|  |   |
|--|---|
| <b>Consent to Inspect</b><br><b>Family Child Care Home</b> | 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.<br>Provider/Applicant/Substitute's Signature _____ |
|--|---|

Purpose of visit: Follow up to inspection dated 4.21.22

Observations/Corrections needed:

19c-79-4acc)(4)(D) - supervision

observed all children to be in sight of teachers.

Observed appropriate supervision at time of visit

preschool room 4 students to 1 staff

toddler room 7 students to 2 staff - all children

not asleep

infant room 2 children to 1 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: na

Signature: Jennifer Sere  
(OEC Representative)

Print Name: Jen Sere

Signature: Hannah Jones  
(Person in Charge)

Print Name: Hannah Jones