



DIVISION OF LICENSING
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oeclicensing@ct.gov Website: www.ctoec.org

**CHILD CARE CENTER/GROUP CHILD CARE HOME
 SUPPLEMENTAL INSPECTION**

Program Name	OAKWOOD CHILD CARE CENTER				License Number	DCCC.13759	Date of Inspection	09/18/2024
					Expiration Date	7/31/2025	Time of Inspection	10:31 AM
Address	495 BENHAM ST HAMDEN CT 06514-2009				Telephone	(203) 230-8331	Total Capacity	34
					Days and Hours	FROM: 7:00AM TO: 6:00PM	Under Three Capacity	17
#Children Present	16	# Under 3 Present	12	# Staff Present	4	Summer Care	Open	
Purpose of Inspection	Partial for case 2024-408				Name of Inspector	Lauren Hull		
Program's Email	oakwoodchildcarecenter@gmail.com				Inspector's Email	lauren.hull@ct.gov		

Regulatory Violations

Statute and/or Regulation: [-]	Description: 000 No Violations
---------------------------------------	---------------------------------------

No violations were cited during this inspection

Statute and/or Regulation:	Description:
-----------------------------------	---------------------

Statute and/or Regulation:	Description:
-----------------------------------	---------------------

Statute and/or Regulation:	Description:
-----------------------------------	---------------------

Statute and/or Regulation:	Description:
-----------------------------------	---------------------

Statute and/or Regulation:	Description:
-----------------------------------	---------------------

Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Other Findings – Regulations In Compliance	
Statute and/or Regulation: [19a-79-10(c)(2) and/or 19a-79-4a(c)(6)]	Description: 110-Under Three Endorsement: Ratio: 1 Staff to 4 Children
<p>Walk through conducted. No violations at this visit</p>	
Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:



Statute and/or Regulation:	Description:

YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
-------------------	---

DISCUSSIONS/COMMENTS

--

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.
APPLICANTS: You *MAY NOT OPERATE* until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Lauren Hull (Printed Name)	 (Printed Name)		Karlee Fendley Galinski (Printed Name)