

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right at School at West Woods Date: 1/28/22 Time: 3:25

Location Address: 350 W Todd St Hamden 06518 Telephone #: 475-259-5891

e-mail address: ashley_blocke@rightatschool.com License #: 70502 Expiration Date: 8/31/23

Capacity: 110 # of Children Present: 17 # of Staff Present: 2

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 inspection 1/19/2022

Observations/Corrections needed:

#20 upon arrival observed 2 staff, on site, prior to children's arrival - in compliance during visit

#145 ratio - observed 17 students and 2 staff, maintaining ratio, in compliance during 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.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: NA

Signature: Jennifer Serra / Fil Montanye
(OEC Representative)

Print Name: Jen Serra / Fil Montanye

Signature: _____
(Person in Charge)

Print Name: Caitin Halloran