

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right at School at Bear Path Date: 10/11/22 Time: 3:15 pm

Location Address: 10 Kirk Rd Hamden Telephone #: 203-817-1146

e-mail address: lori.osber@rightatschool.com License #: 70501 Expiration Date: 8/31/23

Capacity: 80 # of Children Present: 23 # 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 NA

Purpose of visit: Ratio follow up from inspection dated 9/22/22

Observations/Corrections needed:

(#145) - Ratios in compliance at this time

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: [Signature]
(OEC Representative)

Print Name: El Montanye

Signature: [Signature]
(Person in Charge)

Print Name: Alexa Charney