

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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: 11-8-23 Time: 7:04
Location Address: 350 W Todd St Hamden Telephone #: 203-817-7311
e-mail address: glenn.hutchinson@rightatschool.com License #: 70502 Expiration Date: 11-6-23
Capacity: 110 # of Children Present: 1 # of Staff Present: 1

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Follow up to Inspection dated

Observations/Corrections needed:

#20 Two staff present. upon arrival observed 1 staff with 1 child present. By 7:18 4 children present with 1 staff. At 7:45 second staff member arrived.

#24 CPR certified staff: observed 1 staff present, with children in attendance, without current CPR certification

#25 First Aid certified staff: observed 1 staff present without current First Aid certification.

Second staff member arrived at 7:45. Second staff member not CPR and First aid certified.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Jennifer Serra
(OEC Representative) Jen Serra

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: -11-22-23

Signature: Joanna Darby
(Person in Charge) Joanna Darby