



**DIVISION OF LICENSING**  
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**CHILD CARE CENTER/GROUP CHILD CARE HOME  
 SUPPLEMENTAL INSPECTION**

<b>Program Name</b>	RIGHT AT SCHOOL AT WEST WOODS				<b>License Number</b>	DCCC.70502	<b>Date of Inspection</b>	05/23/2024
					<b>Expiration Date</b>	8/31/2027	<b>Time of Inspection</b>	07:04 AM
<b>Address</b>	350 W TODD ST  HAMDEN CT 06518-1129				<b>Telephone</b>	(203) 817-7311	<b>Total Capacity</b>	110
					<b>Days and Hours</b>	MONDAY-FRIDAY 7-8:34AM, 3:24--6PM	<b>Under Three Capacity</b>	0
<b>#Children Present</b>	2	<b># Under 3 Present</b>	0	<b># Staff Present</b>	2	<b>Summer Care</b>	Closed	
<b>Purpose of Inspection</b>	Partial to full inspection dated 11/6/2023- two staff on site, First Aid, CPR, BCIS				<b>Name of Inspector</b>	Jenn Schulz		
<b>Program's Email</b>	michelle.higgins@rightatschool.com				<b>Inspector's Email</b>	jennifer.schulz@ct.gov		

**Regulatory Violations**

<b>Statute and/or Regulation:</b> [-]	<b>Description:</b> 000 No Violations
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No violations were cited during this inspection

<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Other Findings – Regulations In Compliance</b>	
Statute and/or Regulation: [19a-79-2a(c)(7)]	Description: 001-Local Health Inspection
Statute and/or Regulation: [19a-79-4a(b)]	Description: 018b-Background Checks

Statute and/or Regulation: [19a-79-4a(c)(2)]	Description: 020-Two Staff Present

Statute and/or Regulation: [19a-79-4a(e)(1) and/or 19a-79-4a(f)]	Description: 024-CPR Certified Staff

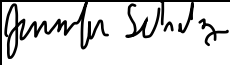


Statute and/or Regulation: [19a-79-4a(e)(2) and/or 19a-79-4a(f)]	Description: 025-First Aid Trained Staff

YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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**DISCUSSIONS/COMMENTS**

Staff sign in on paper does not always match the electronic punch. Only way to verify actual sign in time for staff is to see individual staff members paycom time card. If staff member is not present OEC, is unable to verify actual staff sign in. Observed paper and electronic "line leader" app attendance sign in times do not always match.

**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)
Jenn Schulz (Printed Name)	Fil Montanye (Printed Name)		Joanna Darby (Printed Name)