

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Right at School@ West Woods Date: 12/2/24 Time: 3:35

Location Address: 350 W. Todd St. Hamden Telephone #: 262 237-9475

e-mail address: michelle.higgins@rightatschool.com License #: 70502 Expiration Date: 8/31/27

Capacity: 110 # of Children Present: 20 # 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 _____

Purpose of visit: Follow-up for 2024-1191

Observations/Corrections needed:

(NS) 19a-79-4a(d)(2) Two people present - operator in compliance at time of follow-up visit.

(NS) 19a-79-11(d) School age ratio - operator in compliance at time of follow-up 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: N/A

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: JoAnna Darby
(Person in Charge)

Print Name: JoAnna Darby