

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Tutor Time of West Haven Date: 7-19-21 Time: 10

Location Address: 221 Bull Hill Lane, West Haven Telephone #: 203-937-7015

e-mail address: sarah.brockett@tutortime.com License #: 16091 Expiration Date: 6-30-25

Capacity: 123 # of Children Present: 80 # of Staff Present: 14

**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: case # 2021-416

Observations/Corrections needed:

S 19a.79.3c(d)(8)(A) - a staff member did not follow the centers incident reporting policy

**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: 8-2-21

Signature: [Signature]  
(OEC Representative)  
Print Name: Kevin Eddy  
Signature: [Signature]  
(Person in Charge)  
Print Name: Sarah Brackett