

Inspection Type: Consent order monitoring

SUPPLEMENTAL REPORT OF INSPECTION

Date: February 25, 2021
Name of Program/Provider: TUTOR TIME OF WEST HAVEN
Location Address: 221 BULL HILL LN
WEST HAVEN, CT 06516-3971
Telephone #: (203) 937-7015
e-mail address: 6272@tutortime.com
License #: DCCC.16091
Expiration Date: _06/30/2025
Capacity: 183

Consent to Inspect Family Child Care Home	<i>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 _____</i>
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Purpose of visit: Virtual CO Monitoring

Observations/Corrections needed:

Program closed from 3/2020-6/2020.
Completed virtual consent order monitoring due to Covid 19.

8a-ok
8b-ok
8c-ok
9a-ok
9b-ok
9c-ok
9d-ok
10a-ok
10b-ok
11a-ok
11b-ok
11c-ok

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:

Stephanie Pia

(OEC Representative)

Print Name: Stephanie Pia

Signature: _____

(Person in Charge)

Print Name: _____