

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tutor Time of West Haven Date: 5/24/22 Time: 1:10 pm

Location Address: 221 Bull Hill Ln West Haven, CT 06516 Telephone #: 203-937-7015

e-mail address: 6272@tutortime.com License #: 16091 Expiration Date: 6/30/25

Capacity: 183<sup>4356</sup> # of Children Present: 84<sup>TT58</sup> # of Staff Present: 16

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	<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.</i> Provider/Applicant/Substitute's Signature: <u>MIA</u>
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Purpose of visit: Self-Reported Case # 2022-348

#### Observations/Corrections needed:

⑤ 19a-79-3a(b)(5) Administration - Supervision policy - Staff failed to complete face-to-name, once the group transitioned to the playground, in violation of the programs policy.

⑤ 19a-79-4a(c)(4)(D) Staffing - Supervision - Program staff failed to assure the supervision of children ~~of the children~~ at all times when a child was left indoors, in the stairway, unattended, and located by another staff person, program estimator within minutes.

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: 6/7/2022

Signature: [Signature]  
(OEC Representative)  
Print Name: Stephanie Pla  
Signature: [Signature]  
(Person in Charge)  
Print Name: Sarah Brackett