☐ Initial ☐ Unannounced Full/Partial ☑ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tutor Time of West Haven Date: 6/13/22 Time: 1:50pm

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

e-mail address: 558 6272@tutortime.com License #: 16091 Expiration Date: 6/30/23

Capacity: 183 43 56 # of Children Present: 103 # of Staff Present: 14

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*** N/A

Purpose of visit: Follow up - Supervision

Observations/Corrections needed:

Observed compliance with supervision at the time of the 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: Stephanie Pia
(OEC Representative)
Print Name: Stephanie Pia

Signature: Sarah Brockett
(Person in Charge)
Print Name: Sarah Brockett