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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tutor Time of West Haven Date: 12/2/22 Time: 8:29pm

Location Address: 221 Bull Hill Ln Telephone #: 203-937-7045

e-mail address: 6272@tutortime.com License #: 160911 Expiration Date: 6/30/25

Capacity: 183 # of Children Present: 57 # of Staff Present: 13+

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*** NA

Purpose of visit: Follow up to inspection dated 11/15/22

Observations/Corrections needed:

#129 - safe sleep in compliance at this 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: NA

Signature: Fil Montanye *(OEC Representative)*

Print Name: Fil Montanye

Signature: Sarah Brockett *(Person in Charge)*

Print Name: Sarah Brockett