

2023-

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tutor Time of West Haven Date: 1/18/23 Time: 9am

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

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

Capacity: 183/56 # of Children Present: 89 # of Staff Present: 20

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

Purpose of visit: Complaint/Investigation

Observations/Corrections needed:

PIC Kelly Gertsch - ASst. Director
(NS) 19a-79-3a(b)(7) - Administration - annual training/orientation
Program provided Orientation to staff on program's policies + procedures
(S) 19a-79-3a(d)(5) - Administration - General operating Policies - Staff
did not appropriately implement the program's handwashing policy when it was
observed by a parent and confirmed by director that staff did not adhere to
policy when she appeared to utilize one wipe to clean 2 children's noses and
did not wash her hands, nor the child's hands after wards.

(S) = Substantiated (NS) = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Valecia Williams
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 2/2/23

Signature: Kelly Gertsch
(Person in Charge)