

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tutor Time of West Haven Date: 2/16/23 Time: 1:30

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

e-mail address: sarah.brockett@tortime.com License #: 16091 Expiration Date: 6/30/25

Capacity: 183/56 # of Children Present: 113 # 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 _____
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Purpose of visit: Follow-up for investigation 2023-102 on 2/2/23

Observations/Corrections needed:

(NS) 19a-79-4a(c)(6) Naptime ratios - operator was in compliance at time of follow-up 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: Karen Kelly
(OEC Representative)
Print Name: Karen Kelly
Signature: Brenda Gaskins
(Person in Charge)
Print Name: Brenda Gaskins
(Team lead)