

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tutor Time Childcare Learning Ctr. Date: 8/9/23 Time: 11:00

Location Address: 708 Bridgeport Ave. Shelton Telephone #: 203 926-1126

e-mail address: sarah.lutheran@tutortime.com License #: 70213 Expiration Date: 12/31/26

Capacity: 146/64 # of Children Present: 79 # of Staff Present: 17

Consent to Inspect Family Child Care Home	<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 _____
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Purpose of visit: Follow-up for 2023-664 on 8/1/23

Observations/Corrections needed:

(NS) 19a-79-10(f)(4) Shared bedding/linens - review of video did not show that children were in same crib.

(NS) 19a-79-4a(c)(4)(D) Supervision. - insufficient evidence to support a regulatory violation related to lack of teacher supervision of children.

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 Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Sarah Lutheran
(Person in Charge)

Print Name: Sarah Lutheran