

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tutor Time Child Care Learning Centers Date: 8/15/23 Time: 12:30 pm

Location Address: 466 main Ave Telephone #: 203-846-6046

e-mail address: tiffany.hodge@tutortime.com License #: 70232 Expiration Date: 5-31-27

Capacity: 124/64 # of Children Present: 54 # of Staff Present: 13

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 to 8-7-23 inspection (Safe Sleep #130)

Observations/Corrections needed:

#130 - crib/bed free from observable hazards - OK at inspection.

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: [Signature]
(OEC Representative)
Print Name: Lon Mangano

Signature: [Signature]
(Person in Charge)
Print Name: Tiffany Hodge