

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Tutor Time Date: 9/21/23 Time: 12:00 PM

Location Address: 221 Bull Hill Ln. West Haven Telephone #: 203 937 7015

e-mail address: 10272@tutortime.com License #: 16091 Expiration Date: 6/30/25

Capacity: 183/50 # of Children Present: 84 # of Staff Present: 15

<b>Consent to Inspect</b>	I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
<b>Family Child Care Home</b>	child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature <u>N/A</u>	

Purpose of visit: Complaint Investigation - Case 2023-889

Observations/Corrections needed:

⑤ 19a-79-4a(c)(4)(D) - Staffing - Supervision - Staff failed to  
supervise 3 children when they unknowingly left a classroom  
and were found in the hallway less than a minute later,

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: 10/5/23

Signature: [Signature]  
(OEC Representative)

Print Name: Lauren Hill

Signature: [Signature]  
(Person in Charge)

Print Name: Sarah Brockett