

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: 12:30

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

e-mail address: UB72@tutortime.com License #: 16091 Expiration Date: 6/30/25

Capacity: 183/50 # of Children Present: 77 # of Staff Present: 14

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

Purpose of visit: Follow up case 2023-889

Observations/Corrections needed:

NS 19a-79-4a(c)(4)(D) - Staffing - Supervision - Walk through conducted -
No violations.

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: LAUREN HILL

Signature: [Signature]
(Person in Charge)

Print Name: Sarah Brackett