

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tutor Time of West Haven Date: 10/26/23 Time: 9:40am

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

e-mail address: 6272@tutortime.com License #: 16091 Expiration Date: 6/30/25

Capacity: 183 # of Children Present: 92 # of Staff Present: 20

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 <u>NA</u>
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Purpose of visit: lighting under lofts (follow up)

Observations/Corrections needed:

• Program installed chargeable lighting under lofts bringing areas in compliance to 50 candle ft.

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: NA

Signature: [Signature]
(OEC Representative)
Print Name: Filmon Tanze
Signature: [Signature]
(Person in Charge)
Print Name: Sarah Brackett