



**DIVISION OF LICENSING**  
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552  
 Email: [oe.licensing@ct.gov](mailto:oe.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

## CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

<b>Program Name</b>	<b>TUTOR TIME OF WEST HAVEN</b>				<b>License Number</b>	<b>DCCC.16091</b>	<b>Date of Inspection</b>	<b>08/21/2024</b>		
					<b>Expiration Date</b>	<b>6/30/2025</b>	<b>Time of Inspection</b>	<b>08:41 AM</b>		
<b>Address</b>	<b>221 BULL HILL LN WEST HAVEN CT 06516-3971</b>				<b>Telephone</b>	<b>(203) 937-7015</b>	<b>Licensed Capacity</b>	<b>183</b>		
					<b>Hours of Operation</b>	<b>FROM: 7:00AM TO: 5:300PM;</b>	<b>Infant/Toddler Capacity</b>	<b>56</b>		
<b>Is this a Change of Address?</b>	<b>Yes?</b>		<b>No?</b>	<b>X</b>			<b>Summer Care</b>	<b>Open</b>		
<b>New Address</b>					<b>Minimum Age Served</b>	<b>6 weeks</b>	<b>Maximum Age Served</b>	<b>12 years</b>	<b>Water Supply</b>	<b>Public Water</b>
					<b>Program's Email</b>	<b>6272@tutortime.com</b>				
<b>Operator</b>	<b>CHILD TIME LEARNING CENTERS INC</b>				<b>Name of Inspector</b>	<b>Fil Montanye</b>				
<b>Director</b>	<b>SARAH BROCKETT</b>				<b>Inspector's Email</b>	<b>filomena.montanye@ct.gov</b>				
<b>Key:</b> Compliant = X Non-Compliant = O	<b># of Infants - Toddlers Present</b>	<b>20</b>	<b># of Total Children Present</b>	<b>66</b>	<b># of Staff Present</b>	<b>19</b>	<b>Type of Inspection</b>	<b>UNANNOUNCED INSPECTION - FULL</b>		

### LICENSURE PROCEDURES 19a-79-2a

<b>X</b>	<b>1. Local Health Inspection</b>	
	Date: 12/20/2023	
<b>X</b>	<b>1a. False or Misleading Statements</b>	

### ADMINISTRATION 19a-79-3a

<b>X</b>	<b>1b. Administration</b>	
<b>X</b>	<b>1bb. Capacity</b>	
<b>X</b>	<b>2. New Staff – Employee Orientation</b>	
<b>X</b>	<b>3. Annual Staff Policy Training</b>	
<b>X</b>	<b>3b. Managing child behavior</b>	
<b>X</b>	<b>4. Documentation of Behavior M. Tech Discussed w/parents</b>	
<b>X</b>	<b>4b. Failure to report</b>	

<b>X</b>	5. Notification of Change	
<b>X</b>	6. Program policies	Including discipline, supervision, child protection, general operating, personnel, closing time
<b>X</b>	7. Daily Attendance Records- staff and children	
<b>ITEMS POSTED – ACCESSIBLE</b>		
<b>X</b>	8. License	
<b>X</b>	9. Fire Marshal certificate	
	Date	04/16/2024
<b>X</b>	10. OEC Complaint procedure	
<b>X</b>	11. Food Service Certificate	N/A?
	Date	09/01/2024
<b>X</b>	12. Menus	
<b>X</b>	13. Emergency plans	
<b>X</b>	14. No Smoking Signs	
<b>X</b>	15. Radon Test	N/A?
	Date	Results
	12/07/1998	.8
<b>X</b>	15a. Developmental Milestones	
<b>X</b>	15b. Access	
<b>X</b>	15bb. 32-36 mths enrolled in prek-permissions	
<b>STAFFING 19a-79-4a</b>		
<b>X</b>	15c. Staffing	
<b>○</b>	16. Staff Health records – TB tests	Failed to maintain current medical statement for 1 staff last exam date 7/8/22, . Failed to maintain complete medical statement for 1 staff with none observed in the file
<b>X</b>	17. Professional development	
<b>X</b>	18. Disciplinary actions	
<b>X</b>	18b. Background checks	

<input checked="" type="checkbox"/>	19. Designated Head Teacher																					
<input checked="" type="checkbox"/>	20. Two Staff present																					
<input checked="" type="checkbox"/>	20a. Staff Qualities																					
<input checked="" type="checkbox"/>	21. Ratio: 1 staff to 10 children																					
<input checked="" type="checkbox"/>	21b. Supervision																					
<input checked="" type="checkbox"/>	22. Group Size – maximum 20 children																					
<input checked="" type="checkbox"/>	23. Designated director - Training																					
<input checked="" type="checkbox"/>	24. CPR Certified Staff (Group Home N/A)																					
<input checked="" type="checkbox"/>	25. First Aid Trained Staff																					
<input type="radio"/>	26. Consultants- Agreements and Contracts	Failed to maintain current consultant agreements for health and dental consultants																				
<input type="radio"/>	27. Logs – Visits documented	Failed to document annual review of policies, plans, procedures and education programs for dental consultants																				
	Not in Compliance?	<table border="1"> <thead> <tr> <th>Education</th> <th>Health</th> <th>Social Service</th> <th>Dental</th> <th>Dietician N/A?</th> </tr> </thead> <tbody> <tr> <td></td> <td><input type="radio"/></td> <td></td> <td><input type="radio"/></td> <td></td> </tr> <tr> <td>Contracts</td> <td></td> <td></td> <td><input type="radio"/></td> <td></td> </tr> <tr> <td>Logs</td> <td></td> <td></td> <td><input type="radio"/></td> <td></td> </tr> </tbody> </table>	Education	Health	Social Service	Dental	Dietician N/A?		<input type="radio"/>		<input type="radio"/>		Contracts			<input type="radio"/>		Logs			<input type="radio"/>	
Education	Health	Social Service	Dental	Dietician N/A?																		
	<input type="radio"/>		<input type="radio"/>																			
Contracts			<input type="radio"/>																			
Logs			<input type="radio"/>																			
	Do they take children swimming?	N SWIMMING																				
<input checked="" type="checkbox"/>	28. Non-swimmers identified																					
<input checked="" type="checkbox"/>	29. Staff/Child Ratios																					
<input checked="" type="checkbox"/>	30. CPR certified staff (20 years of age)																					
<input checked="" type="checkbox"/>	31. Lifeguard certified - supervision																					
<b>RECORD KEEPING 19a-79-5a</b>																						
<input checked="" type="checkbox"/>	32. Enrollment information																					
<input type="radio"/>	33. Emergency medical permission	Failed to maintain emergency medical permission form for 1 child																				
<input checked="" type="checkbox"/>	34. Authorized release permission																					
<input checked="" type="checkbox"/>	35. Field trip permission																					
<input checked="" type="checkbox"/>	36. Transportation permission																					

<b>X</b>	37. Child health records and immunizations	
<b>O</b>	38. Individual care plan (signed by parents and staff)	Failed to maintain complete individual care plans when one care plan did not have a parent signature and one other was not signed by staff responsible for child's care
<b>X</b>	39. Injury, Illness, Accident reports	
<b>HEALTH AND SAFETY 19a-79-6a</b>		
<b>X</b>	40. Nutritious snacks and meals (required food groups)	
<b>X</b>	41. Proper refrigeration (max 45°)	
<b>X</b>	42. Kitchen separated	N/A?
<b>X</b>	43. Hand washing – before eating or food handling	
<b>X</b>	44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory	
<b>PHYSICAL PLANT 19a-79-7a</b>		
<b>O</b>	45. License premises – clean, good repair, hazard free	Failed to maintain the buildings , equipment and services when toilets, sinks, vents and trim in prek 1 &2, PS3 and SA bathroom not clean. Fridges not clean in Prek 1 &2. Bench in Prk 2 and couch in 2's 1 not in good repair -rips making them porous.
<b>X</b>	47b. Plans for new construction, expansion, renovation or conversion	
<b>X</b>	48. Sanitary drinking fountains – disposable cups	
<b>X</b>	49. Lead Water Test (N/A?) 07/20/2023	Bacterial/Chemical Test (N/A?) <b>X</b>
<b>X</b>	50. Walkways maintained	
<b>X</b>	51. Designated staff toilet/sink	
<b>X</b>	52. All openings for ventilation screened	
<b>X</b>	53. Windows protected to prevent falls	
<b>X</b>	54. Glass protected up to 36"	
<b>X</b>	55. Overhead doors – locking devices, spring protectors	
<b>X</b>	56. Exits, Hallways and Stairs unobstructed	

X	57. Individual storage of clothing and bedding	
X	58. Smoking prohibited	
X	59. Matches and lighters inaccessible	
X	60. Electrical safety – outlets/cords	
X	61. Toileting needs met	
X	62. Required toilets, sinks, supplies	
X	63. Potty chairs – nonporous, emptied, disinfected	
X	64. Hand washing after toileting – staff and children	
X	65. Ventilation in toilet rooms	
X	66. Air temperature 65 degrees, thermometer affixed	
X	67. Water temperature 60° – 115°	
X	68. Portable space heaters	
○	69. Walls, ceilings, floors and rugs – clean, good repair	Failed to maintain walls in a good state of repair when walls in the "village" library are has a hole in it and the mesh is exposed. Wall trim as well is in disrepair.
X	70. Rugs secure	
X	71. Hot water, steam pipes protected	
X	72. Working phone on each level	
X	73. Emergency numbers posted	
○	74. Adequate lighting - 50/30 candle feet	Failed to maintain at least 30 candle feet of light in play areas in the green house and yellow house (range from 9-20CF) areas are blocks and dramatic play
X	75. Light fixtures shielded, shatter proof	
○	76. Potentially hazardous substances locked	Failed to ensure that potentially hazardous substances are stored in a locked area when glade and air fresh air freshener, and Clorox wipes were observed in early preschool and T3 bathrooms on shelves not locked
X	77. Garbage, rubbish disposed daily	

<b>X</b>	78. Stairs protected, good repair, handrails		
<b>X</b>	79. Pets – maintained, care plan	Y/N N	
<b>X</b>	80. Operable CO detector on each level	N/A? Y	
<b>X</b>	81. Program space-adequate square footage per child		
<b>X</b>	82. Equipment clean, good repair, safe, non-toxic		
<b>X</b>	83. Cots stored, maintained, adequate number		
<b>X</b>	84. Developmentally appropriate equipment		
<b>X</b>	85. Hot tubs, spas, saunas – locked and inaccessible	Y/N N	
<b>X</b>	86. No weapons, no facsimile of a firearm on premises		
<b>OUTDOOR SPACE</b>			
<b>X</b>	87. Outdoor space - adequate square footage per child		
<b>X</b>	88. Impact absorbing material under equipment		
<b>X</b>	89. Playground free from hazards		
<b>X</b>	92. Equipment anchored, safely arranged		
<b>X</b>	93. Outdoor play area protected, fenced		
<b>X</b>	94. Drinking water available, accessible		
<b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>			
<b>X</b>	95. Written plan for daily program available to parents/staff		
<b>X</b>	96. Schedule – Activity choices and Program	Activity choices: developmentally appropriate, flexible, meets individual needs Program includes: indoor/outdoor, gross/fine motor skills, snacks/meals, rest/sleep/quiet time, toileting and clean up	
<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b>			
<b>X</b>	97. Written policies, procedures		
<b>X</b>	98. Training outline on file		

NONPRESCRIPTION TOPICAL MEDICATIONS		
<b>O</b>	99. Administration, parent permission, MAR	Failed to maintain written parent permission for diaper ointment for 1 infant
<b>X</b>	100. Labeling, storage	

ORAL/TOPICAL/INHALENT MEDICATIONS						
<b>X</b>	101. Med trained staff, certificates					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">O/T/I</td> <td style="padding: 2px;">Injectable</td> </tr> <tr> <td style="text-align: center; padding: 2px;">Y</td> <td style="text-align: center; padding: 2px;">Y</td> </tr> </table>	O/T/I	Injectable	Y	Y	
O/T/I	Injectable					
Y	Y					
<b>X</b>	102. Authorized prescriber, parent permission, MAR					
<b>X</b>	103. Labeling, storage					
<b>X</b>	104. Unused, expired meds returned/disposed					

SELF-ADMINISTRATION		
<b>X</b>	105. Authorized prescriber, parent permission, MAR	
<b>X</b>	106. Labeling, storage	
<b>X</b>	107. Approved petition for special medication authorization	

		INFANT/TODDLER ENDORSEMENT 19a-79-10
<b>Yes</b>	Is there an approved endorsement?	
<b>X</b>	109. Approved endorsement	
<b>X</b>	110. Ratio: 1 staff to 4 children	
<b>X</b>	111. Group size: no larger than 8	
<b>X</b>	112. Physical barriers, groups of 8 (indoors and outdoors)	
<b>X</b>	113. Adequate sinks in program space	
<b>X</b>	114. Free standing, well-constructed, safe cribs	
<b>X</b>	115. Washable cots	
<b>X</b>	116. Chairs for feeding, stable, safety straps, locking tray	
<b>X</b>	117. Developmentally appropriate tables, chairs, equipment	
<b>X</b>	118. Refrigerators and food prop facilities	

<input type="radio"/>	119. Diaper area- sturdy, safety rail, nonporous, exclusive use	Failed to ensure the exclusive use of the diaper area in 2's 2 when sleeping materials (blankets, sheets) iPad, art work, and a stuffed animal were observed on changing table.		
<input checked="" type="checkbox"/>	120. Diaper area- washed, disinfected			
<input checked="" type="checkbox"/>	121. Diaper area- disposable paper sheets			
<input checked="" type="checkbox"/>	122. Covered waste receptacle			
<input checked="" type="checkbox"/>	123. Diaper changing policy posted, followed			
<input checked="" type="checkbox"/>	124. Hand washing policy posted, followed			
<input checked="" type="checkbox"/>	125. Individual storage of personal items			
<input checked="" type="checkbox"/>	126. Cribs/cots washed and disinfected			
<input checked="" type="checkbox"/>	127. Under 12 months- placed on back for sleeping			
<input checked="" type="checkbox"/>	128. Alternate sleep position- equipment, medical documentation	Yes	No	
			<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	129. Crib, bed used for infant sleeping			
<input type="radio"/>	130. Crib, bed free from observable hazards	Failed to ensure that soft surfaces and gas-trapping materials and or objects are not placed under or with an infant for sleeping when 2 cribs were observed with loose sheets and one infant was sleeping. 1 crib sheet was corrected at inspection with new tight fitting sheet		
<input checked="" type="checkbox"/>	131. Infant toys separate, washed, disinfected daily			
<input checked="" type="checkbox"/>	132. No toys, objects less than 1/1/4" diameter			
<input checked="" type="checkbox"/>	133. Plastic bags, balloons, Styrofoam objects inaccessible			
<input checked="" type="checkbox"/>	134. Health consultant, doc. of visits			
<input checked="" type="checkbox"/>	135. Infants held for bottles, indiv. attention, tummy time			
<input checked="" type="checkbox"/>	136. Written statement, feeding schedule from parent			
<input checked="" type="checkbox"/>	137. Unused portions of liquids discarded			
<input checked="" type="checkbox"/>	138. Clean Bottles, disp. bottles, approved bottle washing			
<input checked="" type="checkbox"/>	139. Food served from dish or whole jar served			
<input checked="" type="checkbox"/>	140. Bottles individually identified with child's name			

**OUTDOOR PLAY SPACE - UNDER THREE**

<b>X</b>	141. Play space fenced	
<b>X</b>	142. Outdoor equipment developmentally appropriate	
<b>Yes</b>	Is there an approved endorsement?	<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>
<b>X</b>	143. Approved endorsement	
<b>X</b>	144. Activity choices appropriate	
<b>X</b>	145. Ratio – 1 staff to 10 children	
<b>X</b>	146. Group size – maximum 20 children	
<b>X</b>	147. Education Consultant appropriate	
<b>No</b>	Is there an approved endorsement?	<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)</b>
	148. Approved endorsement	
	149. Written program plan, supervision	
	150. Staff awake and available	
	151. Cot, crib, bedding, toiletries, sleep apparel	
	152. Individual storage of personal items	
	153. Bedding, sleeping apparel laundered weekly	
<b>N</b>	Child with diabetes enrolled?	<b>MONITORING OF DIABETES 19a-79-13</b>
<b>X</b>	154. Written policies and procedures	
<b>X</b>	155. On site staff trained in first aid, glucose testing	
<b>X</b>	156. Training current and documented	
<b>X</b>	157. Supervision of self-administration	
<b>X</b>	158. Equipment, supplies labeled and inaccessible	

<b>X</b>	159. Signed agreement with parents regarding equipment	
<b>X</b>	160. Materials discarded appropriately	
<b>X</b>	161. Authorized prescriber, parent permission	
<b>X</b>	162. Documentation of test results, actions taken	
<b>X</b>	163. Daily written parent notification	

**ADDITIONAL VIOLATIONS**

<b>X</b>	62. Consent Order - Negotiated Corrective Action Plan	N/A?	
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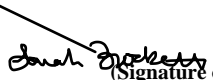
**YES or NO?**  
Yes

**WERE VIOLATIONS CITED DURING THIS VISIT?**

**DISCUSSIONS/COMMENTS**

- 1) 1 out of 12 child physical expired yesterday per staff child has appt today
- 2) 1 out of 12 child files -behavior management tech discussed with parent not observed
- 3) water pressure very low in toddler 1 classroom
- 4) gave program new complaint procedure

**NOTE:** Items left blank on this form were not monitored during this visit.  
Only the regulations marked as compliant, non-compliant or not applicable were monitored or discussed.  
**APPLICANTS:** You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
<b>Fil Montanye</b> (Printed Name)	 (Printed Name)	<b>09/04/2024</b>	<b>Sarah Brockett</b> (Printed Name)