

Connecticut Office of Early Childhood

Division of Licensing

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tutor Time Date: 11/20/24 Time: 11:20 AM

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

e-mail address: 6272 @ tutortime.com License #: 16091 Expiration Date: 4/30/25

Capacity: 183/50 # of Children Present: 96/54 # of Staff Present: 18

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 _____

Purpose of visit: Follow up Case 2024-1027

Observations/Corrections needed:

NS 19a-79-3a(a) - Ensuring the health, safety and development of children - No evidence that staff are covering up or not truthful when children receive injuries.

S 19a-79-3a(d) - Program Policies - Staff failed to provide an injury report to the family when a child received an injury on the playground.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]
(OEC Representative)
Lauren Hill

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 12/10/24

Signature: [Signature]
(Person in Charge)
Sarah Brackett