

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: 11/12/24 Time: 10:00
AM

Location Address: 470 Bridgeport Ave Milford Telephone #: 203 876 1555

e-mail address: lelele1@tutortime.com License #: 70221 Expiration Date: 1/31/27

Capacity: 165/76 # of Children Present: 72/42 # of Staff Present: 16

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>N/A</u>
--	---

Purpose of visit: Self report Case 2024-1167

Observations/Corrections needed:

(S) 19a-7a-4a(d)(4)(D) - Staffing Supervision - staff failed to supervise a child when she was left in a classroom alone.

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: 11/26/24

Signature: [Signature]
(Person in Charge)
JHELLE DOUGLAS-GEORGES