

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tutor Time Child Care Learning Centers Date: 12/9/24 Time: 2:40

Location Address: 466 Main Ave Norwalk Telephone #: 203 846-6046

e-mail address: courtney.croteau@tortime.com License #: 70232 Expiration Date: 5/31/27

Capacity: 124/64 # of Children Present: 43/27 # of Staff Present: 10

**Consent to Inspect
Family Child Care Home**

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.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Follow-up for investigation 2024-1244

Observations/Corrections needed:

Ⓟ 19a-79-4a(c)(4)(C) Supervision - pending review of video review

Ⓟ 19a-79-3a(d) Implement policies - pending more information

S = Substantiated NS = Not Substantiated **Ⓟ = 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: MA

Signature: Karen Hooks
(OEC Representative)

Print Name: Karen Hooks

Signature: Yisei Olivarez
(Person in Charge)

Print Name: Yisei Olivarez