

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tutor Time of West Haven Date: 1/9/25 Time: 12:30pm
Location Address: 221 Bull Hill Ln 06516 Telephone #: 203-937-7015
e-mail address: 6272@tutortime.com License #: 16091 Expiration Date: 6/30/25
Capacity: 183 # of Children Present: 101 # of Staff Present: 15+

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> <i>Provider/Applicant/Substitute's Signature</i>
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Purpose of visit: Partial inspection: safe sleep - loose sheets

Observations/Corrections needed:

#130 (g)(1) tight fitting sheets in compliance at this visit.

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: Fit Montanye
Signature: [Signature]
(Person in Charge)
Print Name: Sarah Bruckett