

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tutor Time Childcare Learning Center Date: 3/19/25 Time: 12:45

Location Address: 708 Bridgeport Ave. Shelton Telephone #: 248 697-9000

e-mail address: 6663 @ tutortime . com License #: 70213 Expiration Date: 12/31/26

Capacity: 146/64 # of Children Present: 66/39 # of Staff Present: 12<sup>+</sup>

**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: Investigation 2025-240

Observations/Corrections needed:

(P) 19a-79-3a(b)(7)(A) Managing child behaviors - pending completion of interviews and review of classroom video

(S) 19a-79-3a(h) Immediate access by OEC to records - regulation not met when operator did not provide staff discipline records to licensing specialist upon request. Discipline records are required under 19a-79-4a(a)(3) to be part of the staff file.

(P) 19a-79-3a(d) Implement program policies

(P) 19a-79-5a(a)(4) Video recordings - pending access to video recordings by next business day

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: N/A 4/2/2025

Signature: Karen Hicks  
(OEC Representative)

Print Name: Karen Hicks

Signature: Alexandra Fusco  
(Person in Charge)

Print Name: Alexandra Fusco