

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tutor Time Childcare Learning Center Date: 3/24/25 Time: 10:40

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

e-mail address: 66663@tutortime.com License #: 70213 Expiration Date: 12/31/26

Capacity: 146/64 # of Children Present: 59/39 # of Staff Present: 12

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. Provider/Applicant/Substitute's Signature _____</i>
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Purpose of visit: Follow-up for investigation 2025-240

Observations/Corrections needed:

⑤ 19a-79-3a(b)(7)(A) Managing child behaviors - staff did not manage children's behaviors in a developmentally appropriate manner when reports of using terms like "pissing me off" were used and tone of voice was described as an issue, causing children to cry in response to these interactions.

⑤ 19a-79-5a(a)(4) Video recordings - regulation not met when requested video clips were not available for review. Requested dates were within the 30 days that video is required to be maintained.

⑤ 19a-79-3a(d)(2)(C) Reporting abuse and neglect policy - operator did not follow their reporting policy when DCF was not contacted to report an allegation that a staff member mistreated a child. Operator conducted an internal investigation and dismissed the concern as not reportable.

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: 4/7/2025

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Sarah Lutheran
(Person in Charge)

Print Name: Sarah Lutheran