

Initial Unannounced Full Partial Follow-up Location Change Investigation Other

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tutor Time of West Haven Date: 4/29/25 Time: 2:10pm
Location Address: 221 Bull Hill Lane West Haven Telephone #: 203-937-7015
e-mail address: 6272@tutortime.com License #: 16091 Expiration Date: 6/30/25
Capacity: 183 # of Children Present: 111 # of Staff Present: 18

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: NA

Purpose of visit: safe sleep loose sheets - Partial

Observations/Corrections needed:
#130 (g)(1): tight fitting sheets OK 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: Fil Montanye
(OEC Representative)
Print Name: Fil Montanye
Signature: Sarah Brockett
(Person in Charge)
Print Name: Sarah Brockett