

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tutor Time of West Haven Date: 6/9/25 Time: 11:45am
Location Address: 221 Bull Hill Lane West Haven, CT 06516 Telephone #: (203) 937-7015
e-mail address: 6272@tutortime.com License #: 16091 Expiration Date: 6-30-29
Capacity: 183 # of Children Present: 106 # of Staff Present: 18

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: Complaint Investigation

Observations/Corrections needed:


NS= 19a-79-3a (b)(7)(A) Appropriate behavior management techniques. No evidence to substantiate

NS= 19a-79-4a (d)(3)(A) Personal qualities to care for and work with children. No evidence to substantiate

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

Signature: 
(OEC Representative)
Print Name: Terri R Roberts

Signature: Sarah Brackett
(Person in Charge)
Print Name: Sarah Brackett