

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tutor Time of West Haven Date: 8/15/25 Time: 1:05 pm
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: 98 # of Staff Present: 15

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: Supervision Follow Up Case 2025-796

Observations/Corrections needed:

No violations at this visit

Discussed: Children's faces to be seen at naptime and not covered with blankets.

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: [Signature]
Print Name: Jeri K. Roberts
(OEC Representative)
Signature: [Signature]
Print Name: Sarah Brackett
(Person in Charge)