



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oc.licensing@ct.gov Website: www.ctoec.org

**CHILD CARE CENTER/GROUP CHILD CARE HOME
 INVESTIGATION**

Program Name	TUTOR TIME OF WEST HAVEN				License Number	DCCC.16091		Date of Inspection	02/19/2026		
					Expiration Date	6/30/2029		Time of Inspection	02:31 PM		
Address	221 BULL HILL LN WEST HAVEN CT 06516-3971				Telephone	(203) 937-7015		Licensed Capacity	183		
					Hours of Operation	6:30 AM - 6:00 PM		Under Three Capacity	56		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 - 12 weeks - years		
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No	
					Program's Email	6272@tutortime.com					
Operator	CHILD TIME LEARNING CENTERS INC				Director	SARAH BROCKETT					
Endorsements	Pre-School, School Age, Under Three				Name of Inspector	Kristi Morgan					
Numbers of Staff/Children Present	# Children Present under age 3	31	# Total Children Present	93	# of Staff Present	16	Purpose of Visit	Self-Report Case 2026-123			

SUBSTANTIATED VIOLATIONS

Statute and/or Regulation and Description: [19a-79-4a(d)(4)(D)] 028- Supervision

Program not in compliance with ensuring the supervision of children at all times while indoors when 7 children were left alone in a preschool classroom for approximately 2 minutes.

Statute and/or Regulation and Description:

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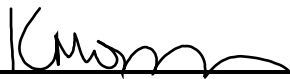
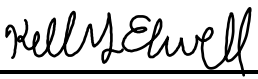
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NOT SUBSTANTIATED or PENDING	
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DISCUSSIONS/COMMENTS

- Gates between under 3s rooms need to be shut at all times, even during nap time. _ - observed items unrelated to diaper changing on the changing table in 2s room.

Were Violations cited during this visit? Y or N?	Yes	NOTE: * It is the operator's responsibility to ensure compliance with all local codes and ordinances.
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Signature of OEC Representative			Signature of Person in Charge
Printed Name	Kristi Morgan	Kelly Elwell	Printed Name
2 nd OEC Representative	APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.		
Printed Name	THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.		

	Written Corrective Action Plan due by: 03/05/2026	DIVISION OF LICENSING 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: oeclicensing@ct.gov Website: www.ctoec.org
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OEC Representative's Email: kristi.morgan@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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