

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Honey Tree Preschool + CCC Date: 7/13/21 Time: 10:45 AM

Location Address: 401 Monroe Trpk Monroe Telephone #: 203 261 5667

e-mail address: danielle @honeytree preschool.com License #: 15942 Expiration Date: 9/30/21

Capacity: 70/28 # of Children Present: 41 # of Staff Present: 10

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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 <u>N/A</u>
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Purpose of visit: Complaint Investigation Self-report  
Case 2021-392

Observations/Corrections needed:

⑤ 19a-79-4a (c)(4)(D) - Staffing - Supervision - Staff failed to properly supervise 2 children when they were alone in the bathroom for about 3 minutes.

⑤ 19a-79-3a(d) - Administration - Program policies - Staff failed to follow program policy when they did not supervise the children while they were using the bathroom.

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: 7/27/21

Signature: [Signature]  
(OEC Representative)

Print Name: Lauren Hill

Signature: [Signature]  
(Person in Charge)

Print Name: Katie E. Post