

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Honey Tree Preschool + CCC Date: 8/11/21 Time: 11:15
Location Address: 401 Monroe Trpk Monroe Telephone #: 203 261 5667
e-mail address: danielle@honeytreepreschool.com License #: 15942 Expiration Date: 9/30/21
Capacity: 70/28 # of Children Present: 38 # of Staff Present: 9

Consent to Inspect	I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home	child care records as required by Family Child Care Home Regulations.
	Provider/Applicant/Substitute's Signature <u>N/A</u>

Purpose of visit: Follow up Case 2021 - 392

Observations/Corrections needed:

NS 19a-71-4a(c)(4)(D) - Staffing - Supervision - No violations
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: N/A

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hill

Signature: [Signature]
(Person in Charge)

Print Name: Katie Esposito