

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Honey Tree Date: 10/18/21 Time: 12:00 PM

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

e-mail address: katie@honeytreepreschool.com License #: 15942 Expiration Date: 9/30/25

Capacity: 70/28 # of Children Present: 34 # of Staff Present: 8+

<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: Partial for Case 2021-392

Observations/Corrections needed:

NS 19a-79-4a(c)(4)(D) - Staffing - Supervision - Walk through conducted. No violations at this visit.

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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)  
Khara Hill

Signature: [Signature]  
(Person in Charge)  
Katil Esposa