

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Honey Tree Preschool + Childcare Date: 5/13/22 Time: 9:55

Location Address: 992 Danbury Rd. Wilton Telephone #: 203 544-7575

e-mail address: lauren@honeytreepreschool.com License #: 116851 Expiration Date: 6/30/23

Capacity: 74/40 # of Children Present: 44 # of Staff Present: 11+

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 _____

Purpose of visit: Investigation 2022 - 308

Observations/Corrections needed:

(NS) 19a-79-7a(c)(2) Physical plant - building + equipment in state of good repair -

(S) 19a-79-7a(g)(1) Physical plant, equipment - Operator failed to keep equipment free from hazards when metal hinge on cabinet caused a deep cut on 1 year old's finger, ^{requiring child to get} ~~needing~~ stitches.

(NS) 19a-79-4a(c)(4)(D) Staffing, supervision - unable to substantiate that staff were unattentive to child at time of injury.

(NS) 19a-79-4a(e)(2) Staffing, first aid certified person present. Observed documentation satisfying this requirement.

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: 5/27/2022

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Lauren Harrigan
(Person in Charge)

Print Name: Lauren Harrigan

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Honey Tree Preschool License # 16851 Date: 5/13/22

Observations/Corrections needed:

NS 19a-79-3a(d)(4)(A) Administration, medical emergency policy implemented - unable to substantiate any regulatory violation related to following medical emergency plan.

NS 19a-79-5a(a)(3)(A) Record keeping, injury report - Observed documentation for injury on file.

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Signature: Karen Hicks
(OEC Representative)
Print Name: Karen Hicks

CORRECTIVE PLAN SHALL BE RETURNED TO
OEC BY: 5/27/22

Signature: Lauren Harrigan
(Person in Charge)
Print Name: Lauren Harrigan