

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Honey Tree Preschool Date: 11/14/22 Time: 12:30

Location Address: 401 Monroe Trk Monroe Telephone #: 203-261-5647

e-mail address: _____ License #: 15942 Expiration Date: 9/30/25

Capacity: 70/28 # of Children Present: 40 # of Staff Present: 9(2)

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

Purpose of visit: follow up on safe sleep

Observations/Corrections needed:

in compliance today 7:2

8:2

6:2

10:2

9:1

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: nil

Signature: [Signature]
(OEC Representative)

Print Name: Kristi Morgan

Signature: [Signature]
(Person in Charge)

Print Name: Katie Esposito