



Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

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### CHILD CARE CENTER/GROUP CHILD CARE HOME FOLLOW UP/PARTIAL INSPECTION

Program Name	HONEY TREE PRESCHOOL AND CHILD CARE CENTER				License Number	DCCC.15942	Date of Inspection	01/18/2024
					Expiration Date	9/30/2025	Time of Inspection	12:15 PM
Address	401 MONROE TPKE  MONROE CT 06468-2276				Telephone	(203) 261-5667	Total Capacity	70
					Days and Hours	M-F 6:00AM - 6:00PM	Under Three Capacity	36
#Children Present	29	# Under 3 Present	17	# Staff Present	9	Summer Care	Open	
Purpose of Inspection	Partial based on 10/23/2023				Name of Inspector	Jaime Fortin		
Program's Email	danielle@honeytreepreschool.com				Inspector's Email	jaime.fortin@ct.gov		

### Violations

Statute and/or Regulation	Description	Comments
[19a-79-4a(a)(1) and/or 19a-79-4a(a)(2)]	016-Staff Health Records	Failed to maintain current medical statement(s) for 1 out of 2 staff
[19a-79-10(d)(1)]	113-Adequate Sinks in Program Space	Failed to designate sinks for diaper changing and hand washing of staff and children -at visit observed food and items at sink in infant room and staff in baby bee's Washed infant rubber bib in hand washing sink

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**Other Findings - In Compliance**

Statute and/or Regulation	Description	Comments
[19a-79-3a(b)(7) &/or 19a-79-4a(3)]	003-Annual Staff Training	Failed to maintain documentation of a staff training on policies/procedures-document states read and received and watched video.
[19a-79-10(c)(4)]	112-Under Three Endorsement: Physical Barriers/Groups of 8 (Indoors/Outdoors)	



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<b>YES/NO: Yes</b>	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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<b>Discussions:</b>

<b>Comments:</b>

**NOTE:** Items left blank on this form were not monitored during this visit.  
 Only the regulations marked as compliant or non-compliant were monitored or discussed.  
**APPLICANTS:** You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
<b>Jaime Fortin</b>		<b>02/01/2024</b>	<b>Samantha Haynes</b>
(Printed Name)	(Printed Name)		(Printed Name)