



DIVISION OF LICENSING
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**CHILD CARE CENTER/GROUP CHILD CARE HOME
 SUPPLEMENTAL INSPECTION**

Program Name	HONEY TREE PRESCHOOL AND CHILD CARE CENTER				License Number	DCCC.15942	Date of Inspection	10/17/2024
					Expiration Date	9/30/2025	Time of Inspection	10:17 AM
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	35	# Under 3 Present	25	# Staff Present	10	Summer Care	Open	
Purpose of Inspection	3 month partial				Name of Inspector	Valecia Williams		
Program's Email	danielle@honeytreepreschool.com				Inspector's Email	valecia.williams@ct.gov		

Regulatory Violations

Statute and/or Regulation: [-]	Description: 000 No Violations
No violations were cited during this inspection	
Statute and/or Regulation:	Description:
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Other Findings – Regulations In Compliance	
Statute and/or Regulation: 19a-79-4a(c)(4)(D)	Description: 021a-Supervision
<p>There was insufficient evidence to support that program was not adhering to the supervision policy. Program was in compliance with this regulation.</p>	
Statute and/or Regulation: [19a-79-10(c)(2) and/or 19a-79-4a(c)(6)]	Description: 110-Under Three Endorsement: Ratio: 1 Staff to 4 Children
<p>There was insufficient evidence to support that program was not implementing appropriate staff/child ratio. Program was in compliance with this regulation.</p>	

Statute and/or Regulation: [19a-79-10(c)(3)]	Description: 111-Under Three Endorsement: Group Size no Larger than 8
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There was insufficient evidence to support that the program was not adhering to appropriate group sizes. Program was in compliance with this regulation.



Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

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)
Valecia Williams (Printed Name)	(Printed Name)	(Printed Name)	Samantha Haynes- Director (Printed Name)