

**CHILD CARE CENTER and GROUP CHILD CARE HOME
INSPECTION FORM**

Type of Inspection: Initial Unannounced Full Announced Full Partial Follow-Up Change of Location

Program Name:	Honey Tree	Date of Inspection:	12/9/24	Time of Arrival:	9:10
Address:	15 Park Lawn Rd	License Number:	pending	Expiration Date:	n/a
Town:	Bethel	Telephone Number:	203 616-5263	Summer Care:	Open
Operator:	Thrice LLC	# of Staff Present:	2	# over 3 Present:	0
Email:	danielle@honeytreepreschool.com	Total Capacity:	65	Total Under 3 capacity:	52
Designated Director:	Rita Cox	Hours/Days of Operation:	M-F 7-6pm		

Instruction Codes: N/A = Not applicable at this time = Regulation in Compliance 0 = Regulation not in Compliance

Endorsements: Under Three (6wks - 36m) Preschool (3y - 5y) School Age (5y & up) Night Care (6wks & up)

LICENSURE PROCEDURES 19a-79-2a

STAFFING and CONSULTANTS 19a-79-4a cont.

1. (c)(8) Local Health Inspection-Date: 10/17/24

ADMINISTRATION 19a-79-3a

<input checked="" type="checkbox"/> 2. (a)	Ensuring health & safety of children
<input checked="" type="checkbox"/> 3. (b)	Overall management of program
<input checked="" type="checkbox"/> 4. (b)(6)	Employee orientation for new program staff
<input checked="" type="checkbox"/> 5. (b)(6)	Annual policy training for program staff
<input checked="" type="checkbox"/> 6. (b)(7)(A)	Child behavior management
<input checked="" type="checkbox"/> 7. (b)(7)(B)	Documentation that parents were informed of behavior management techniques
<input checked="" type="checkbox"/> 8. (b)(7)(C)	Child Protection
<input checked="" type="checkbox"/> 9. (b)(7)(E)	Mandated Reporting
<input checked="" type="checkbox"/> 10. (c)(1-4)	Notification of Change
<input checked="" type="checkbox"/> 11.	<u>POLICIES-COMplete/IMPLEMENTED</u>
<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy
<input checked="" type="checkbox"/> (d)(2)(B)-C	Child Protection policy
<input checked="" type="checkbox"/> (d)(3)	Closing time policy
<input checked="" type="checkbox"/> (d)(4)(A)	Medical emergency policy
<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill
<input checked="" type="checkbox"/> (d)(5)	Supervision policy
<input checked="" type="checkbox"/> (d)(6)	General Operating policies
<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy
<input checked="" type="checkbox"/> (d)(7)	Personnel policies
<input checked="" type="checkbox"/> 12. (d)(1)	Daily attendance-children/staff- keep 1 yr.
<input checked="" type="checkbox"/> 13.	<u>ACCESS</u>
<input type="checkbox"/> (f)	Immediate access by parents
<input type="checkbox"/> (h)	Immediate access by OEC-facility/records
<input checked="" type="checkbox"/> 14. (l)	2.8 yr olds enrolled in preschool-authorization
<input checked="" type="checkbox"/> 15. (m)	Motor vehicle laws-transportation
<input checked="" type="checkbox"/> 16. (n)	Capacity
<input checked="" type="checkbox"/> 17. (o)	Respond to OEC-no false, misleading statements or documents
<input checked="" type="checkbox"/> 18.	<u>POSTINGS</u>
<input checked="" type="checkbox"/> (e)(1)	License posted
<input checked="" type="checkbox"/> (e)(2)	OEC Complaint Procedure posted
<input checked="" type="checkbox"/> (e)(3)	Menus posted
<input checked="" type="checkbox"/> (e)(4)	No Smoking posted signs at entrances
<input checked="" type="checkbox"/> (e)(5)	OEC Inspection report posted or available
<input checked="" type="checkbox"/> (e)(6)	Developmental Milestones posted

<input checked="" type="checkbox"/> 19.	(a)(1)	Staff health records
<input checked="" type="checkbox"/> 20.	(a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 21.	(b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 22.	(b)(4)	Evidence of compliance
<input checked="" type="checkbox"/> 23.	(d)	Adequate staffing
<input checked="" type="checkbox"/> 24.	(d)(1)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 25.	(d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 26.	(d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 27.		<u>RATIOS</u>
<input checked="" type="checkbox"/> (d)(4)(A)		Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(B)		Mixed age group-ratios
<input checked="" type="checkbox"/> (d)(6)		Nap time ratio
<input checked="" type="checkbox"/> 28. (d)(4)(D)		Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 29.		<u>GROUP SIZE</u>
<input checked="" type="checkbox"/> (d)(5)		Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(5)(A)		Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(5)(B)		Mixed age group-group size
<input checked="" type="checkbox"/> 30. (e)(1)		Designated director-training
<input checked="" type="checkbox"/> 31. (f)(1)		CPR certified program staff
<input checked="" type="checkbox"/> 32. (f)(2)		First aid certified program staff
<input checked="" type="checkbox"/> 33.		<u>PROFESSIONAL DEVELOPMENT</u>
<input checked="" type="checkbox"/> (a)(2)		Documentation
<input checked="" type="checkbox"/> (h)(1)(2)		Health & Safety training
<input checked="" type="checkbox"/> (h)(1)(2)		1% annual hours
<input checked="" type="checkbox"/> 34. (4)(C)(ii-v)		<u>SWIMMING ACTIVITIES - <input checked="" type="checkbox"/> N</u>
<input checked="" type="checkbox"/> (4)(C)(i)		Swimming-Ratios
<input checked="" type="checkbox"/> (e)(6)		Non-swimmers identified
<input checked="" type="checkbox"/> (e)(6)		CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> (e)(6)		Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 35. (i)(1)(A)-(D)		<u>CONSULTANTS</u>
<input checked="" type="checkbox"/> (i)		Consultants-Education, Health, Social Service, Dietitian (N/A)
<input checked="" type="checkbox"/> (i)(2)(A-H)		Consultant agreements-signed annually
<input checked="" type="checkbox"/> (F)		Agreements complete w/required services
<input checked="" type="checkbox"/> (i)(2)		Consultant logs-documented activities, observations and required services
(H)(i)-(I)(i)		Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Soc. Serv.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Dietitian	n/a	n/a	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 2

PROGRAM NAME		LICENSE NUMBER	DATE OF INSPECTION
Honey tree		pending	12/9/24
RECORD KEEPING 19a-79-5		PHYSICAL PLANT 19a-79-7a cont.	
<input checked="" type="checkbox"/> 36. (a)(1)(A-C)	Children's Enrollment information	<input checked="" type="checkbox"/> 72. (d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 37. (a)(1)(D)(i)	PARENT PERMISSIONS Emergency medical permission	<input checked="" type="checkbox"/> 73. (d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission	<input checked="" type="checkbox"/> 74. (d)(3)	Window screens (Schl age only- N/A)
<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission	<input checked="" type="checkbox"/> 75. (d)(4)	Glass and mirrors protected to 36"
<input checked="" type="checkbox"/> (a)(1)(D)(iv)	Transportation permission	<input checked="" type="checkbox"/> 76. (d)(5)	Overhead doors-locking devices, spring protectors N/A
<input checked="" type="checkbox"/> 38. (a)(2)(A-B)	Child Health Records	<input checked="" type="checkbox"/> 77. (d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 39. (a)(2)(C)	Immunization records	<input checked="" type="checkbox"/> 78. (d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/> 40. (a)(2)(E)	Individual care plan-signed by parents/staff	<input checked="" type="checkbox"/> 79. (d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 41. (a)(3)(A)	Injury, Illness, Incident, Accident reports	<input checked="" type="checkbox"/> 80. (d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 42. (a)(3)(B)	Parent notification of illness or injury	<input checked="" type="checkbox"/> 81. (d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/> 43. (a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality	<input checked="" type="checkbox"/> 82. (d)(10)(A)	TOILETING Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> 44. (a)(3)(D)	Notify DPH, local health-reportable diseases	<input checked="" type="checkbox"/> (d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/> 45. (a)(4)	Video recordings- keep 30 days	<input checked="" type="checkbox"/> (d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
HEALTH and SAFETY 19a-79-6a		<input checked="" type="checkbox"/> (d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/> 46. (a)(1)	Preparation, transportation of food-follow DPH Model Food Code <u>N/A</u>	<input checked="" type="checkbox"/> (d)(10)(D)	Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/> 47. (a)(2)	Nutritious meals and snacks	<input checked="" type="checkbox"/> (d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/> 48. (a)(3)	Proper refrigeration-41 degrees	<input checked="" type="checkbox"/> (d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/> 49. (a)(4)	Menus-1 wk in advance- keep 3 mths	<input checked="" type="checkbox"/> (d)(10)(F)	Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/> 50. (a)(5)	Food Service Inspection <u>N/A</u>	<input checked="" type="checkbox"/> (d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> 51. (a)(6)	Kitchen-clean, safe storage of food/supplies	<input checked="" type="checkbox"/> (d)(10)(H)	Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/> 52. (a)(7)	Separate hand washing facilities	<input type="checkbox"/> 83. (d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 53. (a)(8)	Multi-use eating/drinking utensils	<input type="checkbox"/> 84.	AIR TEMPERATURE
<input checked="" type="checkbox"/> 54. (a)(9)	Kitchen separated (Schl age only N/A)	<input checked="" type="checkbox"/> 85. (e)(1)	Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/> 55. (a)(10)	Children supervised during meal prep	<input checked="" type="checkbox"/> (e)(1)	Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/> 56. (a)(11)	Handwashing-staff/children	<input checked="" type="checkbox"/> (e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/> 57. (b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms	<input checked="" type="checkbox"/> 86. (e)(3)	Water temperature 60 °F – 120 °F
<input checked="" type="checkbox"/> 58. (b)(2)	Designated isolation area	<input checked="" type="checkbox"/> 87. (e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 59. (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips	<input checked="" type="checkbox"/> 88. (e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/> 60. (c)	FIRST AID SUPPLIES -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier	<input checked="" type="checkbox"/> 89. (e)(5)	Rugs- not tripping/slipping hazard
<input checked="" type="checkbox"/> 61. (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags	<input checked="" type="checkbox"/> 90. (e)(6)	Hot water/Steam pipes protected
PHYSICAL PLANT 19a-79-7a		<input checked="" type="checkbox"/> 91. (e)(7)	Working phone on each level
<input checked="" type="checkbox"/> 62. (a)(2)	Fire marshal codes/certificate <u>10/9/24</u>	<input checked="" type="checkbox"/> 92. (e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/> 63. (b)	Indoor/Outdoor space inspected/approved	<input checked="" type="checkbox"/> 93. (e)(7)	Parents provided direct on site phone number
<input checked="" type="checkbox"/> 64. (b)(1)-(5)	Construction/expansion/renovation/conversion	<input checked="" type="checkbox"/> 94. (e)(8)	LIGHTING
<input checked="" type="checkbox"/> 65. (b)(6)	Space not inspected/approved but used for field trips-written parent permission	<input checked="" type="checkbox"/> (e)(9)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/> 66. (c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established	<input checked="" type="checkbox"/> (e)(9)	Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/> 67. (c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) <u>N/A</u>	<input checked="" type="checkbox"/> (e)(9)	Schl age only-lighting for comfort
<input checked="" type="checkbox"/> 68. (c)(4)	Testing of premises/grounds for chemicals	<input checked="" type="checkbox"/> (e)(10)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> 69. (c)(5)(A)	WATER SUPPLY – Public/Well (Schools-N/A)	<input checked="" type="checkbox"/> 95. (e)(11)	Potentially hazardous substances, materials – labeled, inaccessible
<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test – Date: <u>10/9/24</u>	<input checked="" type="checkbox"/> 96. (e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: <u>N/A</u>	<input checked="" type="checkbox"/> 97. (e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 70. (c)(6)(A)	Drinking water available/accessible	<input checked="" type="checkbox"/> 98. (e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Peeling Paint – <u>Y/N</u> Inside/Outside Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u> Results <u>n/a</u>	<input checked="" type="checkbox"/> 99. (e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> 71. (d)(1)	Lead Management Plan <u>n/a</u>	<input checked="" type="checkbox"/> 100. (e)(16)	Prevention of vermin-openings screened
	Emergency vehicle access	<input checked="" type="checkbox"/> 101. (e)(17)	Radon test- Results: <u>67-14</u> N/A Results posted-Date: <u>11/8/24</u> (Schls-N/A)
		<input checked="" type="checkbox"/> 102. (e)(18)	Carbon monoxide detector-each level N/A
		<input checked="" type="checkbox"/> 103. (f)(1)(A)	Program space-adequate-35 sq. ft. per child
		<input checked="" type="checkbox"/> 104. (g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
		<input checked="" type="checkbox"/> 105. (g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
		<input checked="" type="checkbox"/> 106. (g)(3)	Air conditioners, water heaters, fuse boxes inaccessible
		<input checked="" type="checkbox"/> 107. (g)(4)	Developmentally app equipment, materials

PROGRAM NAME	Honey Tree	LICENSE NUMBER	pending	DATE OF INSPECTION	12/19/24
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PHYSICAL PLANT 19a-79-7a cont.	UNDER THREE ENDORSEMENT 19a-79-10 cont.
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<input checked="" type="checkbox"/> 108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/> 109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/> 110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/> 111.		OUTDOOR SPACE
	<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child
	<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"
	<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards
	<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected
	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried
	<input checked="" type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible
	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/> 112.		OUTDOOR PROTECTED/FENCING
	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/> 113.	<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft
	<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier
<input checked="" type="checkbox"/> 114.		WATER HAZARDS
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible

<input checked="" type="checkbox"/> 129.	<input checked="" type="checkbox"/> (f)(1)	LINENS/CLOTHING Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared
	<input checked="" type="checkbox"/> (f)(2)	
	<input checked="" type="checkbox"/> (f)(3)	
	<input checked="" type="checkbox"/> (f)(4)	
<input checked="" type="checkbox"/> 130.	<input checked="" type="checkbox"/> (g)(1)	
	<input checked="" type="checkbox"/> (g)(1)	
	<input checked="" type="checkbox"/> (g)(1)	
	<input checked="" type="checkbox"/> (g)(2)	
	<input checked="" type="checkbox"/> (g)(3)	
	<input checked="" type="checkbox"/> (g)(4)	
	<input checked="" type="checkbox"/> (g)(5)	SAFE SLEEP Under 12 mths placed on back for sleeping Crib-snug fitting mattress/tightly fitted sheet Alternate sleep position/equipment-medical documentation for medical reason on file Infants allowed to adopt other sleep positions No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes Observe/assess infants at least every 15 minutes Teething necklaces/bracelets, jewelry inaccessible Safe sleep policies posted/parents informed Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 1/4 " diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation
	<input checked="" type="checkbox"/> (g)(6)	
	<input checked="" type="checkbox"/> (g)(7)	
	<input checked="" type="checkbox"/> (g)(8)	
<input checked="" type="checkbox"/> 131.	(h)(1)	
<input checked="" type="checkbox"/> 132.	(h)(1)	
<input checked="" type="checkbox"/> 133.	(h)(2)	
<input checked="" type="checkbox"/> 134.	(h)(2)	
<input checked="" type="checkbox"/> 135.	(i)(1)(2A-C)	
<input checked="" type="checkbox"/> 136.		
	<input checked="" type="checkbox"/> (j)	FEEDING Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft lic. after 1/1/25 Outdoor equipment-developmentally appropriate for ages of the children Shock ab materials less than 1 1/4 "-or measures in place to ensure their health & safety
	<input checked="" type="checkbox"/> (k)(1)	
	<input checked="" type="checkbox"/> (k)(2)	
	<input checked="" type="checkbox"/> (k)(3)	
	<input checked="" type="checkbox"/> (k)(4)	
	<input checked="" type="checkbox"/> (k)(5)	
<input checked="" type="checkbox"/> 137.	(l)(1)	
<input checked="" type="checkbox"/> 138.	(l)(2)	
<input checked="" type="checkbox"/> 139.	(l)(3)	

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/> 115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input checked="" type="checkbox"/> 116.	(a)	EDUCATIONAL REQUIREMENTS
	<input checked="" type="checkbox"/> (1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity
	<input checked="" type="checkbox"/> (b)	Limited access to screen time/video games

UNDER THREE ENDORSEMENT 19a-79-10 Y/N

<input checked="" type="checkbox"/> 117.	(b)	Approved Under 3 Endorsement
<input checked="" type="checkbox"/> 118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input checked="" type="checkbox"/> 119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)
<input checked="" type="checkbox"/> 120.	(c)(4)	Physical barriers- indoors/outdoors
<input checked="" type="checkbox"/> 121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input checked="" type="checkbox"/> 122.	(d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)
<input checked="" type="checkbox"/> 123.	(d)(2)(B)	Washable cots
<input checked="" type="checkbox"/> 124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input checked="" type="checkbox"/> 125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input checked="" type="checkbox"/> 126.	(d)(2)(E)	Refrigerator and food prep facilities
<input checked="" type="checkbox"/> 127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input checked="" type="checkbox"/> 128.		DIAPERING
	<input checked="" type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail
	<input checked="" type="checkbox"/> (e)(2)	Diaper area: used only for this purpose, located in the program area
	<input checked="" type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair
	<input checked="" type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use
	<input checked="" type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets
	<input checked="" type="checkbox"/> (e)(6)(9)	Covered waste receptacle-removed daily
	<input checked="" type="checkbox"/> (e)(7)	Handwashing-staff/children
	<input checked="" type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/followed
	<input checked="" type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed

SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N

<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	SCHEDULE - ACTIVITIES
<input checked="" type="checkbox"/> 142.	<input checked="" type="checkbox"/> (c)(1)	Written daily program plan-flexible schedule-available to staff/parents
	<input checked="" type="checkbox"/> (c)(2)	Activities not a duplication of child's day
	<input checked="" type="checkbox"/> (c)(3)	Activities include cognitive, physical, social, emotional needs of the children
<input checked="" type="checkbox"/> 143.	(d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/> 144.	(e)	Ratio- 1:15
<input checked="" type="checkbox"/> 145.	(f)	Group size- max. 30
<input checked="" type="checkbox"/> 146.	(g)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
		Head teacher approved- 60%

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM – page 4

PROGRAM NAME	Honeytree	LICENSE NUMBER	pending	DATE OF INSPECTION	12/9/24
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NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N	MONITORING OF DIABETES 19a-79-13 Y/N
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<input type="checkbox"/> 147. (b) Approved Night Care Endorsement	<input checked="" type="checkbox"/> 171. (a)(1) Written policies and procedures
<input type="checkbox"/> 148. (b)(1) Person in charge-head teacher	<input checked="" type="checkbox"/> 172. (b)(1)(A) STAFF TRAINING
<input type="checkbox"/> 149. (b)(2) Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> (b)(1)(B) Staff training – first aid
<input type="checkbox"/> 150. (b)(3) Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> (i)-(iii) Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input type="checkbox"/> 151. (b)(4) Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> (b)(2) Training updated at least every 3 years
<input type="checkbox"/> 152. (b)(5) Staff awake and available	<input type="checkbox"/> (b)(3) Written documentation of training
<input type="checkbox"/> 153. SLEEP PROVISIONS	<input checked="" type="checkbox"/> (c)(2) Trained staff on site when child is present
<input type="checkbox"/> (b)(6) Individual cot/crib with bedding	<input checked="" type="checkbox"/> (c)(3) Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> (b)(6)(A) Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 173. (d)(1) Equipment provided by parents
<input type="checkbox"/> (b)(6)(B) Required bedding	<input checked="" type="checkbox"/> 174. (d)(2) Equipment labeled and inaccessible
<input type="checkbox"/> (b)(6)(C) Required toiletries	<input checked="" type="checkbox"/> 175. (d)(3) Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/> (b)(6)(D) Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/> 176. (e)(1) Authorized prescriber written order
<input type="checkbox"/> (b)(7) Sleep arrangements for infants	<input checked="" type="checkbox"/> 177. (e)(2) Written authorization from parent
<input type="checkbox"/> 154. (b)(8) Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/> 178. (e)(3) Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input type="checkbox"/> 155. (b)(9) Fire marshal approval-hours specified	<input checked="" type="checkbox"/> 179. (e)(3)
<input type="checkbox"/> 156. (b)(10) Local health approval	

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N	ADDITIONAL VIOLATION
---------------------------------------------	----------------------

<input checked="" type="checkbox"/> 157. (9a) Written medication policies/procedures	<input checked="" type="checkbox"/> 180. - Consent Order/Negotiated Corrective Action Plan conditions N/A
<input checked="" type="checkbox"/> 158. (9a) Permit enrollment of children with asthma, allergies, diabetes	
<input checked="" type="checkbox"/> 159. NONPRESC. TOPICAL MEDICATION	
<input checked="" type="checkbox"/> (a)(2) Admin/Parent permission/report errors	
<input checked="" type="checkbox"/> (a)(3)(A-B) Labeling and Storage	
<input checked="" type="checkbox"/> (a)(3)(C) Unused/expired meds destroyed/returned	
<input checked="" type="checkbox"/> 160. MEDICATION TRAINING	
<input checked="" type="checkbox"/> (b)(1)(A/C) Medication training-general-oral/top/inhalant	
<input checked="" type="checkbox"/> (b)(1)(D) Injectable premeasured autoinjector medication	
<input checked="" type="checkbox"/> (b)(1)(E) Rectal medication	
<input checked="" type="checkbox"/> (b)(1)(F) Injectable other than premeasured auto-injector	
<input checked="" type="checkbox"/> (b)(2)(A-B) Training approval documents/certificates	
<input checked="" type="checkbox"/> (b)(2)(C) Training outline on file	
<input checked="" type="checkbox"/> 161. (b)(3)(A-B) Authorized prescriber/parent permission	
<input checked="" type="checkbox"/> 162. (b)(3)(D) Medication errors- documentation, parent(s) and OEC notification	
<input checked="" type="checkbox"/> 163. (b)(4)(A-B) Medication Administration Records (MAR)	
<input checked="" type="checkbox"/> 164. (b)(5)(A-B) Labeling and Storage	
<input checked="" type="checkbox"/> 165. (b)(5)(C) Emergency medication inaccessible	
<input checked="" type="checkbox"/> 166. (b)(5)(D) Unused/Expired meds-destroyed/returned	
<input checked="" type="checkbox"/> 167. (b)(5)(E) Auto-injector/inhalant equipment	
<input checked="" type="checkbox"/> 168. (b)(6) Self-administration documentation	
<input checked="" type="checkbox"/> 169. (b)(7)(A-B) Petition for special medication authorization	
<input checked="" type="checkbox"/> 170. (d) Potassium Iodide (KI) emergency distribution-permission and storage N/A	

DISCUSSIONS - COMMENTS

No violations at visit
 items checked were either observed or discussed at visit
 - oec supervisor review needed prior to approval
 measurements on page 5

SIGNATURE OF OEC STAFF	<i>Jayne Foran</i>	SIGNATURE OF PERSON IN CHARGE	<i>D Gallop</i>
PRINTED NAME	Jayne Foran	PRINTED NAME	Danielle Gallop

OEC DIVISION OF LICENSING Inspection shall be posted or available for review upon request.

450 Columbus Blvd, Suite 302, Hartford, CT 06103
 Help Desk: (800)282-6063 or (860)500-4450
 Website: www.ctocc.org/licensing Email: oec.licensing@ct.gov
 Written Corrective Action Plan Due by: N/A
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Honeytree License # pending Date: 12/9/24

Observations/Corrections needed:

Measurements:

Toilets 5 (1 shared)

Sinks 13

$$\text{Infant A } 26.4 \times 11.2 = 297.92 \div 35 = 8.5 \quad (8)$$

$$\text{B } (13 \times 11.2) + (13 \times 10.9) = 141.7 + 145.6 = 287.3 \div 35 = (8)$$

$$\text{Toddler } 26.4 \times 10.9 = 289.94 \div 35 = 8.2 \quad (8)$$

$$\text{PreK 1 or Two's Room: } 29.9 \times 13.9 - (2.4 \times 2.5) = 409.41 \div 35 = 11.7$$

requesting (10) or 10 Two's

$$\text{PreK 2 or Two's Room: } 27.8 \times 14 = 389.2 \div 35 = 11.12$$

requesting 11 or 10 two's

$$\text{PreK 3 } 27.8 \times 14.4 = 400.32 \div 35 = (11)$$

$$\text{Toddler Room B } = 20.7 \times 14 - (.9 \times .7) + (1.5 \times 3.1) = 298.82 \div 35 = 8.39 \quad (8)$$

$$\text{Playgrounds: I/T } = 34.8 \times 19.8 = 689.04 \div 75 = 9.1 \quad (9)$$

$$\text{Middle Sandup: } 95.4 \times 19.8 = 1888.92 \div 75 = 25.19 \quad (25)$$

$$\text{Rear } 57 \times 32.7 = 1846.8 \div 75 = (24)$$

$$\text{Field } 32.4 \times 11.5 + 65 \times 34.5 = 372.6 + 2,242.5 = 2,415.10 \div 75 = (34)$$

Total Capacity = ~~10~~ 65 Two's (2 rooms 20)
 Under 3 Capacity = 52

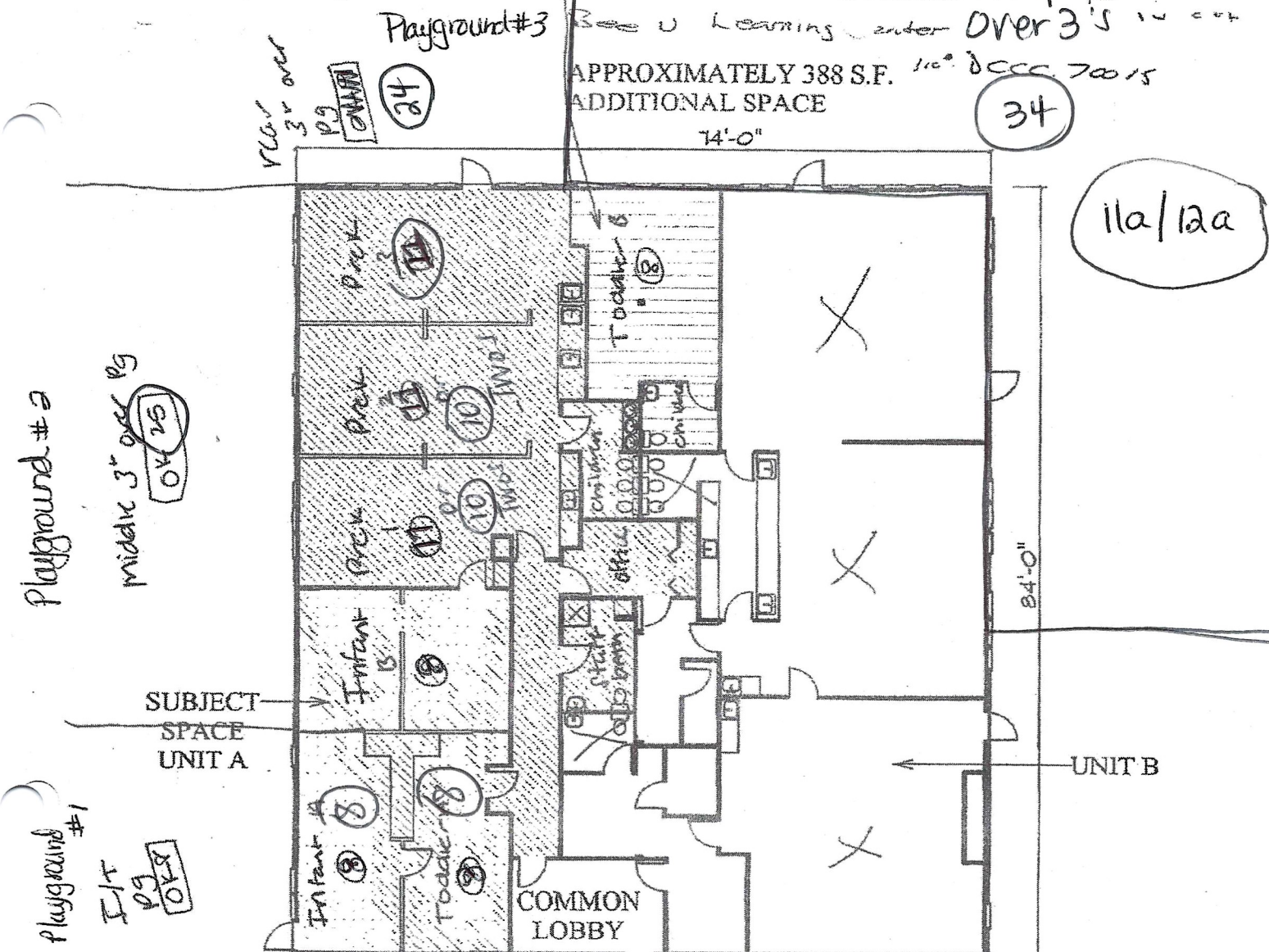
S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Jaime FortinPrint Name: Jaime Fortin

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: D. GallopOEC BY: N/APrint Name: Danielle Gallop



Playground #2

Middle 3' over pg
04/25

Playground #1

I/T pg
04/24

SUBJECT SPACE UNIT A

UNIT B

COMMON LOBBY

total Capacity: 64
Under 3 capacity: 24

toilets: 4
Sinks: 12

program Capacity by Licensed
cut 64 due to toilets.

SUBJECT FLOOR PLAN

Approximate 2,880 S.F. (common areas included)

COMMON AREAS

Former inspection from BEEU/global Child on 4/1/22 indicating approved Capacity

Updated 12/9/24 Honeytree initial JF

DRAWING SUBJECT TO FIELD VERIFICATION AND BUILDING CODE

BERKSHIRE CORP

15 PARKLAWN DRIVE - UNIT A

BETHEL, CONNECTICUT 06801

3/20/12

04/24