



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oc.licensing@ct.gov Website: www.ctoec.org

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

Program Name	FAMILY TREE MINISTRY					License Number	DCCC.70790		Date of Inspection	11/07/2025	
						Expiration Date	10/31/2028		Time of Inspection	11:37 AM	
Address	740 COLONEL LEDYARD HWY STE B1 LEDYARD CT 06339-1582					Telephone	(860) 383-5665		Licensed Capacity	48	
						Hours of Operation	6:30 AM – 4:30 PM		Under Three Capacity	28	
Is this a Change of Address?		Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 – 6 weeks years	
New Address						Night Hours	No	Summer Hours	Open	Weekend Hours	No
						Program's Email	heathergrim@familytreeministry.org				
Operator	FAMILY TREE MINISTRY					Director	HEATHER GRIM				
Endorsements	Pre-School, School Age, Under Three					Name of Inspector	Lauren Hull				
Numbers of Staff/Children Present	# Children Present under age 3	16	# Total Children Present	42	# of Staff Present	9	Purpose of Visit	Partial for case 53			

REGULATIONS NOT IN COMPLIANCE

Statute and/or Regulation and Description:	[-] 000 No Violations
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No violations were cited during this inspection

Statute and/or Regulation and Description:	
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REGULATIONS IN COMPLIANCE	
Statute and/or Regulation and Description:	[19a-79-4a(d)(4)(A-B) and (d)(6)] 027- Ratios
Walk through conducted. No ratio violations.	
Statute and/or Regulation and Description:	[19a-79-4a(d)(4)(D)] 028- Supervision
Walk through conducted. No violations.	

Statute and/or Regulation and Description:	[19a-79-10(g)(1-8)]	130- Safe Sleep	
Walk through conducted. In compliance.			
Statute and/or Regulation and Description:			
Statute and/or Regulation and Description:			
Statute and/or Regulation and Description:			
DISCUSSIONS/COMMENTS			
Were Violations cited during this visit? Y or N?	No	NOTE: * It is the operator's responsibility to ensure compliance with all local codes and ordinances.	
Signature of OEC Representative			Signature of Person in Charge
Printed Name	Lauren Hull	Heather grim	Printed Name
2 nd OEC Representative		APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met <u>and</u> a license has been issued by the Agency.	
Printed Name		THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.	
		Written Corrective Action Plan due by:	DIVISION OF LICENSING 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: oc.licensing@ct.gov Website: www.ctoec.org
OEC Representative's Email: lauren.hull@ct.gov		CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf	