



**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](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**CHILD CARE CENTER/GROUP CHILD CARE HOME  
 INVESTIGATION**

Program Name	HONEY TREE PRESCHOOL AND CHILD CARE CENTER				License Number	DCCC.15942		Date of Inspection	05/19/2026			
					Expiration Date	9/30/2029		Time of Inspection	08:46 AM			
Address	401 MONROE TPKE MONROE CT 06468-2276				Telephone	(203) 261-5667		Licensed Capacity	70			
					Hours of Operation	6:00 AM - 6:00 PM		Under Three Capacity	36			
Is this a Change of Address?		Yes?		No?	X		Days of Operation	Mon-Fri		Ages Served	6 - 12 weeks - years	
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No		
					Program's Email	danielle@honeytreepreschool.com						
Operator	THE MARKING INC				Director	SAMANTHA HAYNES						
Endorsements	Pre-School, School Age, Under Three				Name of Inspector	Kristi Morgan						
Numbers of Staff/Children Present	# Children Present under age 3	15	# Total Children Present	27	# of Staff Present	6	Purpose of Visit	Follow up on safe sleep for case 2026-399				

**SUBSTANTIATED VIOLATIONS**

Statute and/or Regulation and Description: [-] 000 No Violations

No violations were cited during this inspection

Statute and/or Regulation and Description:



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<b>Statute and/or Regulation and Description:</b>	
<b>NOT SUBSTANTIATED or PENDING</b>	
<b>Statute and/or Regulation and Description:</b>	<div style="display: flex; justify-content: space-between;"> <span>[19a-79-10(g)(1-8)]</span> <span>130- Safe Sleep</span> </div> <p>Not Substantiated</p>
<p>The regulation regarding infant sleeping was found to be in compliance during this visit.</p>	
<b>Statute and/or Regulation and Description:</b>	

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**DISCUSSIONS/COMMENTS**

Were Violations cited during this visit? Y or N?	<b>No</b>	<b>NOTE:</b> * It is the operator's responsibility to ensure compliance with all local codes and ordinances.
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Signature of OEC Representative			Signature of Person in Charge
Printed Name	Kristi Morgan	Lynn Yazji	Printed Name
2 <sup>nd</sup> OEC Representative		<b>APPLICANTS:</b> You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.	
Printed Name		<b>THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.</b>	

	Written Corrective Action Plan due by:	<b>DIVISION OF LICENSING</b> 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: <a href="mailto:oc.licensing@ct.gov">oc.licensing@ct.gov</a> Website: <a href="http://www.ctoec.org">www.ctoec.org</a>
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OEC Representative's Email: <b>kristi.morgan@ct.gov</b>	CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a>
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