Post for 30 Operating Days

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Connecticut Office of Early Childhood
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Phone (800)-282-6063 Fax (860)-326-0552

# CHILD CARE CENTER/GROUP INSPECTION FORM

☐ INITIAL ☐ UNANNOUNCED FULL/PARTIAL ☒ FOLLOW UP ☐ LOCATION CHANGE ☐ OTHER

| | | | |
|---|---|---|---|
| Program Name: Precious Treasures Academy | License Number: Pending | Date of Inspection: 9/9/21 | Time of Arrival: 1:30pm |
| Address: 999 Foxon Rd | Expiration Date: Pending | Licensed Capacity: Pending | Under 3 Capacity: Pending |
| Town: North Branford | Telephone: 203-208-4164 | # of children present: — | # of staff present: — |
| Operator: Precious Treasures Academy, LLC | Director: Tahji Smith-Pringle | | |
| Email: ptacademy2020@gmail.com | Head Teacher: Victoria Heaves | | |
| Hours of Operation: 6:30am - 8:30pm | Summer Care: open 6:30am - 6:30pm | | |
| Ages Served: 6wks - 10yrs | Instruction Codes: √ = Compliance/No violation found O = Non-compliance/Violation found N/A = Not applicable at this time | | |
| Endorsements: ☒ Under Three (6wks - 36m) ☒ Preschool (3y - 5y) | ☒ School Age (5y & up) ☐ Night Care (6wks & up) | | |

**Licensure Procedures 19a-79-2a**
- ☑ 1. Local Health Date: 9/7/21

**Administration 19a-79-3a**
- ☐ 2. New Staff-Employee Orientation
- ☐ 3. Annual Staff Policy Training
- ☐ 4. Documentation of Behavior M. Tech Discussed w/Parents
- ☐ 5. Notification of Change
- ☑ 6. Policies: Discipline/Supervision/Child Protection/General Operating Policies/Personnel Policies/Closing Time Policy
- ☐ 7. Daily Attendance Records: Children/Staff

**Items Posted: Conspicuous/Accessible**
- ☑ 8. License
- ☑ 9. Current Fire Marshal Certificate Date: 6/16/21
- ☑ 10. OEC Complaint Procedure
- ☑ 11. Food Service Certificate Date: NA
- ☑ 12. Menus
- ☑ 13. Emergency Plans
- ☑ 14. No Smoking Signs
- ☑ 15. Radon Test (Y)/N) Date: 4/24/21 Results: .6 - .8

**Staffing 19a-79-4a**
- ☐ 16. Staff Health Records/TB Tests
- ☐ 17. Professional Development
- ☐ 18. Disciplinary Actions
- ☐ 19. Designated Head Teacher/60%
- ☐ 20. Two Staff Present
- ☐ 21. Ratio: 1 Staff to 10 Children
- ☐ 22. Group Size: Maximum 20 Children
- ☐ 23. Designated Director/Training
- ☐ 24. CPR Certified Staff
- ☐ 25. First Aid Trained Staff

**Consultants**
- ☑ 26. Agreements/Contracts (Complete/Signed Annually)

| | Contracts | Logs |
|---|---|---|
| Education | √ | — |
| Health | √ | — |
| Social Service | √ | — |
| Dental | √ | — |
| Dietitian | √ | √ |

- ☑ 27. Logs/Visits Documented

**Swimming: (Y/N)**
- ☐ 28. Non-Swimmers Identified
- ☐ 29. Staff/Child Ratios
- ☐ 30. CPR Certified Staff (20 years of age)
- ☐ 31. Lifeguard Certified/Supervision

**Record Keeping 19a-79-5a**
- ☐ 32. Enrollment Information
- ☐ 33. Emergency Medical Permission
- ☐ 34. Authorized Released Permission
- ☐ 35. Field Trip Permission
- ☐ 36. Transportation Permission
- ☐ 37. Child Health Records/Immunizations/TB
- ☐ 38. Individual Care Plan (Signed by Parent/Staff)
- ☐ 39. Injury/Illness/Accident Reports

**Health and Safety 19a-79-6a**
- ☑ 40. Nutritious Snacks/Meals (Required Food Groups)
- ☑ 41. Proper Refrigeration
- ☑ 42. Kitchen Separated
- ☑ 43. Hand Washing Before Eating/Food Handling
- ☑ 44. First Aid Kit(s): Indoor/Outdoor/Field Trip/Inventory

**Physical Plant 19a-79-7a**
- ☑ 45. License Premise: Clean/Good Repair/Hazard Free
- ☑ 48. Sanitary Drinking Fountains/Disposable Cups
  Water Supply: Public/Well
- ☑ 49. Lead Water Test Date: 3/22/21
  Bacterial/Chemical Test (Y/N) Date: —
- ☑ 50. Walkways Maintained
- ☑ 51. Designated Staff Toilet/Sink
- ☑ 52. All Openings for Ventilation Screened
- ☑ 53. Windows Protected to Prevent Falls
- ☑ 54. Glass Protected to 36"
- ☑ 55. Overhead Doors Locking Devices/Spring Protectors
- ☑ 56. Exits/Hallways and Stairs Unobstructed
- ☑ 57. Individual Storage of Clothing/Bedding
- ☑ 58. Smoking Prohibited
- ☑ 59. Matches/Lighters Inaccessible
- ☑ 60. Electrical Safety: Outlets/Cords
- ☑ 61. Toileting Needs Met
- ☑ 62. Required Toilets/Sinks/Supplies
- ☑ 63. Potty Chairs: Nonporous/Emptied/Disinfected
- ☑ 64. Hand Washing After Toileting: Staff/Children
- ☑ 65. Ventilation in Toilet Room
- ☑ 66. Air Temp 65°, Thermometer Affixed

| Signature of OEC Representative: | Written Corrective Action Plan Due to OEC by: | Signature of Person in Charge: |
|---|---|---|
| Fil Montanye | Prior to approval | Tahji E Smith-Pringle |
| Print name: Fil Montanye | | Print name: Tahji E Smith-Pringle |

# CHILD CARE CENTER/GROUP INSPECTION FORM

Program Name: Precious Treasures Academy

License Number: pending

Date of Inspection: 9/9/21

**Physical Plant continued:**

- ☑ 67. Water Temperature 60°-115°
- ☑ 68. Portable Space Heaters
- ☑ 69. Walls/Ceilings/Floors/Rugs: Clean/Good Repair
- ☑ 70. Rugs Secure
- ☑ 71. Hot Water/Steam Pipes Protected
- ☑ 72. Working Phone on Each Level
- ☑ 73. Emergency Numbers Posted
- ☑ 74. Adequate Lighting: 50/30 Candle Feet
- ☑ 75. Light Fixtures Shielded/Shatter Proof
- ☑ 76. Potentially Hazardous Substances Locked
- ☑ 77. Garbage/Rubbish Disposed Daily
- ☑ 78. Stairs Protected/Good Repair/Handrails
- ☑ 79. Pets: Maintained/Care Plan (Y/N)
- ☑ 80. Operable CO Detector on Each Level (Y/N)
- ☑ 81. Program Space/Adequate Sq. Ft. Per Child
- ☑ 82. Equipment: Good Repair/Safe/Non-toxic
- ☑ 83. Cots Stored/Maintained/Adequate Number
- ☑ 84. Developmentally Appropriate Equipment/Materials
- ☑ 85. Hot Tubs/Spas/Saunas: Locked/Inaccessible (Y/N)
- ☑ 86. No Weapons/No Facsimile of a Firearm on Premise

**Outdoor Space**

- ☑ 87. Outdoor Space Adequate Sq. Ft. Per Child
- ☑ 88. Impact Absorbing Material under Equipment
- ☑ 89. Playground Free from Hazards
- ☑ 90. Peeling Paint (Y/N) Sample Taken (Y/N)
- ☑ 91. Lead Management Plan (Y/N) — NA
- ☑ 92. Equipment Anchored/Safely Arranged
- ☑ 93. Outdoor Play Area Protected/Fenced
- ☑ 94. Drinking Water Available/Accessible

**Educational Requirements 19a-79-8a**

- ☑ 95. Written Plan for Daily Program Available to Parents/Staff
- ☑ 96. Activity Choices: Developmentally Appropriate/Flexible/Meets Individual Needs

  Program Includes: Indoor/Outdoor, Gross/Fine Motor Skills, Snacks/Meals, Rest/Sleep/Quiet Time, Toileting and Clean Up

**Administration of Medications 19a-79-9a**

- ☑ 97. Written Policies/Procedures
- ☑ 98. Training Outline on file

**Nonprescription Topical Medications**

- ☑ 99. Administration/Parent Permission/MAR
- ☑ 100. Labeling/Storage

**Oral/Topical/Inhalant/Injectable Medications**

- ☐ 101. Med Trained Staff/Certificates
- ☐ 102. Authorized Prescriber/Parent Permission/MAR
- ☐ 103. Labeling/Storage
- ☐ 104. Unused/Expired Meds Returned/Disposed

**Self-Administration**

- ☐ 105. Authorized Prescriber/Parent Permission/MAR
- ☐ 106. Labeling/Storage
- ☐ 107. Approved Petition For Special Med Authorization

**Emergency Distribution of Potassium Iodide**

NA ☐ 108. KI Pills Parent Permission/Storage

**Under Three Endorsement 19a-79-10**

- ☑ 109. Approved Endorsement
- ☐ 110. Ratio: 1 Staff to 4 Children
- ☐ 111. Group Size no Larger than 8
- ☐ 112. Physical Barriers/Groups of 8 (Indoors/Outdoors)
- ☑ 113. Adequate Sinks in Program Space
- ☑ 114. Free Standing/Well-Constructed/Safe Cribs
- ☑ 115. Washable Cots
- ☑ 116. Chairs for Feeding/Stable/Safety Straps/Locking Tray
- ☑ 117. Dev. Appropriate Tables/Chairs/Equipment
- ☑ 118. Refrigerators and Food Prep Facilities
- ☑ 119. Sturdy/Safety Rail/Nonporous/Exclusive Use
- ☑ 120. Washed/Disinfected
- ☑ 121. Disposable Paper Sheets
- ☐ 122. Covered Waste Receptacle
- ☑ 123. Diaper Changing Policy Posted
- ☑ 124. Hand Washing Policy Posted
- ☐ 125. Individual Storage of Personal Items
- ☐ 126. Cribs/Cots Washed/Disinfected
- ☐ 127. Under 12 Months Placed on Back for Sleeping
- ☐ 128. Alternate Sleep Position/Equip-Medical Document Y/N
- ☐ 129. Crib/Bed Used for Infant Sleeping
- ☐ 130. Crib/Bed Free from Observable Hazards
- ☑ 131. Infant Toys Separate/Washed/Disinfected Daily
- ☑ 132. No Toys/Objects Less than 1 ¼" Diameter
- ☑ 133. Plastic Bags/Balloons/Styrofoam Objects Inaccessible
- ☐ 134. Health Consultant/Documentation of Visits
- ☐ 135. Infants Held for Bottles/Individual Attn/Tummy Time
- ☐ 136. Written Statement/Feeding Schedule from Parent
- ☐ 137. Unused Portions of Liquids Discarded
- ☐ 138. Clean Bottles/Disp. Bottles/Approved Bottle Washing
- ☐ 139. Food Served from Dish or Whole Jar Served
- ☐ 140. Bottles Individually Identified w/Child's Name

**Outdoor Play Space-Under Three:**

- ☑ 141. Play Space Fenced
- ☑ 142. Outdoor Equipment: Dev. Appropriate

**School Age Children Endorsement 19a-79-11**

- ☑ 143. Approved Endorsement
- ☑ 144. Activity choices appropriate
- ☐ 145. Ratio: 1 Staff to 10 Children
- ☐ 146. Group Size: Max. 20 Children
- ☑ 147. Education Consultant Appropriate

**Night Care Endorsement 19a-79-12 (10pm-5am)**

- ☐ 148. Approved Endorsement
- ☐ 149. Written Program Plan/Supervision
- NA ☐ 150. Staff Awake/Available
- ☐ 151. Cot/Crib/Bedding/Toiletries/Sleep Apparel
- ☐ 152. Individual Storage of Personal Items
- ☐ 153. Bedding/Sleeping Apparel Laundered Weekly

**Monitoring of Diabetes 19a-79-13**

- ☐ 154. Written Policies/Procedures
- ☐ 155. On Site Staff Trained in First Aid/Glucose Testing
- ☐ 156. Training Current/Documented
- ☐ 157. Supervision of Self Administration
- ☐ 158. Equipment/Supplies: Labeled/Inaccessible
- ☐ 159. Signed Agreement w/Parent Regarding Equipment
- ☐ 160. Materials Discarded Appropriately
- ☐ 161. Authorized Prescriber/Parent Permission
- ☐ 162. Documentation of Test Results/Actions Taken
- ☐ 163. Daily Written Parent Notifications

| Signature of OEC Representative | Written Corrective Action Plan Due to OEC by: | Signature of Person in Charge |
|---|---|---|
| FMontanye | prior to Approval | Tahsi E. Smith-Pringle |
| Print Name: FI Montanye | | Print Name: Tahsi E Smith |

## SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Precious Treasures Academy License # pending Date: 9/9/21

Observations/Corrections needed:

- Items checked off were inspected at this visit. Items left blank were inspected/dicussed at previous inspection dated 9/2/21.

(#6) policies incomplete - program given checklist of Policy Review
(#44) outdoor first Aid Kit incomplete missing current manual
(#65) observed vents in bathroom with dust build up
(#70) Rugs in preschool not secure, pose tripping hazard
(#122) covered waste receptacle not observed in toddler room

see attachment for measurements of classrooms and outdoor space

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: FI Montanye (OEC Representative)

Print Name: FI Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: prior to Approval

Signature: Tahji E Smith-Pringle (Person in Charge)

Print Name: Tahji E Smith-Pringle

# SQUARE FOOTAGE REPORT

30 OR 35 sq/ft

*30 sq/ft licensed prior 1986 (continuous basis)

Precious Treasures Academy (Name of Program) | pending (License Number) | 9/9/21 (Date of Measurements)

INDOOR SPACE

Room: Infant (Name/Number) : (19.6 x 18 )+( x )+( x )+( x )= 352.8

Totals 352.8 Minus

Under 3 YES/NO Deduction: ( 9 x 7.5 )+( x )+( x )+( x )= 67.5

Totals 67.5

Description Bathroom/ boiler

Total 285.3 ÷ 35/30= 8.15 OK for 8 children

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Room: Toddlers (Name/Number) : (22.4 x 16.7 )+( x )+( x )+( x )= 374.08

Totals 374.08 Minus

Under 3 YES/NO Deduction: ( x )+( x )+( x )+( x )= 0

Totals

Description

Total 374.08 ÷ 35/30= 10 OK for 8 children

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Room: Preschool (Name/Number) : (41.7 x 20.5 )+( x )+( x )+( x )= 854.85

Totals 854.85 Minus

Under 3 YES/NO Deduction: (2.5 x 1.3 )+( 2 x 4 )+( x )+( x )= 11.25

Totals 3.25 8 = 11.25

Description Cabinet Cabinet

Total 843.6 ÷ 35/30= 24 OK for 24 children

---

Room: _____ (Name/Number) : ( x )+( x )+( x )+( x )= _____

Totals Minus

Under 3 YES/NO Deduction: ( x )+( x )+( x )+( x )= _____

Totals

Description

Total _____ ÷ 35/30= _____ OK for _____ children

Express the figure as whole number by rounding decimals down.

# SQUARE FOOTAGE REPORT

(Not counted in capacity)

Precious Treasures Academy (Name of Program) pending (License Number) 9/9/21 (Date of Measurements)

**ACTIVITY ROOM (Not counted in capacity)**

Room: _____ (Name/Number): (____x____)+(____x____)+(____x____)+(____x____)= _____

Totals _____ _____ _____ _____ Minus

Under 3 YES/NO/BOTH Deduction: (____x____)+(____x____)+(____x____)+(____x____)= _____

Totals _____ _____ _____ _____

Description _____ _____ _____ _____

Total _____ ÷ 35/30= _____ OK for _____ children

---

Room: _____ (Name/Number): (____x____)+(____x____)+(____x____)+(____x____)= _____

Totals _____ _____ _____ _____ Minus

Under 3 YES/NO/BOTH Deduction :(____x____)+(____x____)+(____x____)+(____x____)= _____

Totals _____ _____ _____ _____

Description _____ _____ _____ _____

Total _____ ÷ 35/30= _____ OK for _____ children

**OUTDOOR SPACE (Not counted in capacity)**

Playground 1: (43.8 x 24)+(33.6 x 24)+(2 x ____)= 2111.2 ÷ 75= 28.02

Under 3 YES/NO/BOTH Totals: 1708.2 403 _____ OK for 28 children (13's not to exceed 8 for U3's)

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Playground 2: (____x____)+(____x____)+(____x____)=_____ ÷ 75= _____

Under 3 YES/NO/BOTH Totals: _____ _____ _____ OK for _____ children

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Playground 3: (____x____)+(____x____)+(____x____)=_____ ÷ 75= _____

Under 3 YES/NO/BOTH Totals: _____ _____ _____ OK for _____ children

Express the figure as whole number by rounding decimals down.

*Total of toilets for children: 3 Exclusive use for staff 1

*Total of sinks for children: 3+

TOTAL CAPACITY 40 INCLUDING 16 UNDER THE AGE OF 3

* 1 toilet and 1 sink for every 16 children (For programs serving children under 6 years of age)
* 1 toilet and 1 sink for every 25 children (For programs serving school age ONLY)