☐ Initial ☐ Unannounced Full/Partial ☒ Follow-up ☐ Location Change ☐ Investigation ☐ Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Precious Treasures Academy Date: 2/16/22 Time: 11:00 AM

Location Address: 999 Foxon Rd Ste 2+3 Telephone #: 203-208-4164

e-mail address: ptacademy2020@gmail.com License #: 70625 Expiration Date: 9/30/25

Capacity: 40 # of Children Present: 12 # of Staff Present: 4

Consent to Inspect Family Child Care Home	*I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.* ***Provider/Applicant/Substitute's Signature*** NA

Purpose of visit: follow up to 2/15/22

Observations/Corrections needed:

- ratio and group size in compliance at this visit
  (110) OK
  (111) OK
- safe sleep in compliance at this visit
  (129) OK
  (130) OK

Discussion

- staff roster was provider to specialist
- head teacher
- New director TA

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

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

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: NA

Signature: _____ (OEC Representative)

Print Name: FL Montanye / Lauren Hall

Signature: _____ (Person in Charge)

Print Name: Tahj E Smith Pringle