Post for 30 Operating Days

Connecticut Office of Early Childhood
450 Columbus Boulevard, Suite 302 Hartford, CT 06103
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: 70625	Date of Inspection: 6/8/22	Time of Arrival: 8:22am
Address: 999 Foxon Rd Ste 2+3	Expiration Date: 9/30/25	Licensed Capacity: 40	Under 3 Capacity: 16
Town: North Branford 06471	Telephone: 203-208-4164	# of children present: 7	# of staff present: 2
Operator: Precious Treasures Academy, LLC.	Director: Tanji Elise Smith		
Email: ptacademy2020@gmail.com	Head Teacher: None		
Hours of Operation: 6:30am - 8:30pm	Summer Care: Open		
Ages Served: 6wks - 10yrs old	Instruction Codes: N/A = Not applicable at this time √ = Compliance/No violation found O = Non-compliance/Violation found		

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: _____

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:_____
- ☐ 10. OEC Complaint Procedure
- ☐ 11. Food Service Certificate Date:_____
- ☐ 12. Menus
- ☐ 13. Emergency Plans
- ☐ 14. No Smoking Signs
- ☐ 15. Radon Test (Y/N) Date:_____ Results:_____
- ☐ 15a. Developmental Milestones

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

Swimming cont.
- ☐ 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:_____ 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:
FMontenye	6/22/22	
Print name: FI Montenye		Print name: Tanji E Sm

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Program Name:	License Number:	Date of Inspection:
Precious Treasures Academy	70625	

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)
- ☐ 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

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
- ☐ 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
Fil Montanye	6/22/22	
Print Name: Fil Montanye		Print Name: Ashley Ellis

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Precious Treasures Academy License # 70625 Date: 6/8/22

Observations/Corrections needed:

#40 observed meal to not meet USDA meal pattern for breakfast served

#45 observed bottle in crib from night before, observed yogurt pouch from previous meal left on table

Discussion

- over 3's side currently not being used as was licensed due to low enrollment. Program is working on changing half of the room as an under 3's room. Program has notified OEC and waiting local approvals
- BCIS.

* only items checked or circled were inspected at this visit

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: _____ (OEC Representative)

Print Name: Fl Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 6/22/22

Signature: _____ (Person in Charge)

Print Name: Tahy E. Smith