☐ Initial ☐ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☐ Investigation ☑ Other Addendum

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Precious Treasurers Academy Date: 7/25/25 Time: 1:15pm

Location Address: 999 Foxon Rd North Branford 06471 Telephone #: 203-208-4164

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

Capacity: 29 # of Children Present: — # of Staff Present: —

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*** _____

Purpose of visit: Revision conducted on 7/23/25

Observations/Corrections needed:

- Revised #27 to include (d)(6) Naptime ratio
- Added #118 instead of #27 on orginal inspection report

- Corrective Action Plan due for:
  #27 (d)(6) Naptime Ratio
  #118 under 3 ratios
  Due 8/7/25

- Please keep this and corrected version for your records

* Also please note corrected date on inspection report - Follow up visit was conducted @ 1:28 on 7/23/25

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: 8/7/25

Signature: _____ *(OEC Representative)*

Print Name: Fil Montanye

Signature: Sent via Email *(Person in Charge)*

Print Name: _____

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Precious Treasurers Academy Date: 7/23/25 (FM) Time: 1:28pm

Location Address: 999 Foxon Rd North Branford Telephone #: 203-208-4164

e-mail address: ptacademy2020@gmail.com License #: 0647/10625 Expiration Date: 9/30/25

Capacity: 29 # of Children Present: 22 # 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*** N A

Purpose of visit: Follow up to inspection 4/22/25

Observations/Corrections needed:

(FM) #27 ~~(FM)~~ Ratios over 3 OK at this visit

Ø #27 (d)(6) Naptime Ratios not in compliance at this visit when at arrival (FM) while taking head count 1 staff in each room leaving 1 room not in ratio. additional staff not on licensed premis

(FM) #28 Supervision OK at this visit.

(FM) (FM)

Ø ~~#27~~ ~~#28~~ #118 ~~#118~~ Ratios under 3 ~~(d)(6) nap time ratios~~ (FM) are not in compliance at this visit when 2 children out of 8 were ~~with~~ awake during naptime, leaving classroom out of Ratio with 1 Staff and 8 children (2 awake)

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: 8/7/25

Signature: _____
(OEC Representative)

Print Name: Fi Montanye

Signature: _____