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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Precious Treasurers Academy Date: 7/29/25 Time: 12:07 pm

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

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

Capacity: 29 # of Children Present: 21 # of Staff Present: 5

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 inspection 7/23/25

Observations/Corrections needed:

#27 (d)(6) Nap time Ratios → in compliance at this visit

#118 Ratios under 3 in compliance 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.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: NA

Signature: FMontanye
(OEC Representative)

Print Name: FMontanye

Signature: Gleorys Ramirez
(Person in Charge)

Print Name: Gleorys Ramirez