

Initial    Unannounced Full/Partial    Follow-up    Location Change    Investigation    Other \_\_\_\_\_

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Precious Memories Early Childhood Learning Center Date: 4.22.22 Time: 8:03 am

Location Address: 1332 North Ave Bpt Telephone #: 203.330.9131

e-mail address: mhelms@pmelc.org License #: 70050 Expiration Date: 4.30.24

Capacity: 55 # of Children Present: 9 # of Staff Present: 9

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	<i>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.</i> <b>Provider/Applicant/Substitute's Signature</b> _____
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Purpose of visit: Follow up to 4.11.22 inspection (ratio & supervision)

Observations/Corrections needed:

#110 (ratio) - OK at inspection

19a-79-3a(5)(c) - Supervision - OK at inspection

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: N/A

Signature: [Signature]  
(OEC Representative)  
Print Name: Lon Mangano  
Signature: [Signature]  
(Person in Charge)  
Print Name: Rateesea Rogers