

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Precious Memories Early Childhood Learning Center III Date: 7-7-22 Time: 1045am

Location Address: 1332 North Ave Ave Telephone #: 203-330-9131

e-mail address: Mhelms @PMEIC .org License #: 70050 Expiration Date: 4-30-24

Capacity: 55 # of Children Present: 26 # of Staff Present: 10

Consent to Inspect Family Child Care Home	<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> Provider/Applicant/Substitute's Signature _____
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Purpose of visit: Partial on these 2 violations that were cited on 4-11-22

Observations/Corrections needed: ✓ = in compliance at this inspection

#110 (ratio) - ✓

19a-79-3a(a) (supervisor) - ✓

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: *Cathy Amice*
(OEC Representative)

Print Name: Cathy Anderson

Signature: *Monique Helms*
(Person in Charge)

Print Name: Monique Helms