

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Precious Memories Early Childhood Center III Date: 4-21-23 Time: 9am

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

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

Capacity: 55 # of Children Present: 32 # of Staff Present: 10

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: Follow up on these violations that were cited on 4-17-23

Observations/Corrections needed:

18b (Background Checks) - ✓

110 (ratio) - ✓

111 (group size) - ✓

112 (burners) - ✓

✓ = in compliance at this time.

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 Anderson
(OEC Representative)

Print Name: Cathy Anderson

Signature: Mhelms
(Person in Charge)

Print Name: Marique Helms