

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Precious Memories Early Childhood Date: 6-27-23 Time: 9am

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

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

Capacity: 55 # of Children Present: 36 # of Staff Present: 9

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature NA

Purpose of visit: Partial on these violations cited on 4-17-23

Observations/Corrections needed:

110 (ratio) - ✓

111 (group size) - ✓

✓ = in compliance at this 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: NA

Signature: Cathy Anne
(OEC Representative)

Print Name: Cathy Anderson

Signature: Monique Helms
(Person in Charge)

Print Name: M Helms