



## DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552  
 Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

### CHILD CARE CENTER/GROUP CHILD CARE HOME INSPECTION

<b>Program Name</b>	<b>PRECIOUS MEMORIES EARLY CHILDHOOD LEARNING CENTER III</b>				<b>License Number</b>	<b>DCCC.70050</b>	<b>Date of Inspection</b>	<b>03/14/2024</b>		
					<b>Expiration Date</b>	<b>4/30/2028</b>	<b>Time of Inspection</b>	<b>08:42 AM</b>		
<b>Address</b>	<b>1332 NORTH AVE BRIDGEPORT CT 06604-2672</b>				<b>Telephone</b>	<b>(203) 330-9131</b>	<b>Licensed Capacity</b>	<b>55</b>		
					<b>Hours of Operation</b>	<b>MONDAY-FRIDAY 7:00AM-5:00PM</b>	<b>Infant/Toddler Capacity</b>	<b>28</b>		
<b>Is this a Change of Address?</b>	<b>Yes?</b>		<b>No?</b>	<b>X</b>			<b>Summer Care</b>	<b>Open</b>		
<b>New Address</b>					<b>Minimum Age Served</b>	<b>6 weeks</b>	<b>Maximum Age Served</b>	<b>5 years</b>	<b>Water Supply</b>	<b>Public Water</b>
					<b>Program's Email</b>	<b>mhelms@pmelc.org</b>				
<b>Operator</b>	<b>PRECIOUS MEMORIES CHILDCARE CENTER LLC</b>				<b>Name of Inspector</b>	<b>Cathy Anderson</b>				
<b>Director</b>	<b>MONIQUE HELMS</b>				<b>Inspector's Email</b>	<b>catherine.anderson@ct.gov</b>				
<b>Key:</b> Compliant = X Non-Compliant = O	<b># of Infants - Toddlers Present</b>	<b>15</b>	<b># of Total Children Present</b>	<b>42</b>	<b># of Staff Present</b>	<b>12</b>	<b>Type of Inspection</b>	<b>UNANNOUNCED INSPECTION - FULL</b>		

#### LICENSURE PROCEDURES 19a-79-2a

<b>X</b>	<b>1. Local Health Inspection</b>	
	Date: <b>10/01/2023</b>	
<b>X</b>	<b>1a. False or Misleading Statements</b>	

#### ADMINISTRATION 19a-79-3a

<b>X</b>	<b>1b. Administration</b>	
<b>X</b>	<b>1bb. Capacity</b>	
<b>X</b>	<b>2. New Staff – Employee Orientation</b>	
<b>X</b>	<b>3. Annual Staff Policy Training</b>	
<b>X</b>	<b>3b. Managing child behavior</b>	
<b>X</b>	<b>4. Documentation of Behavior M. Tech Discussed w/parents</b>	
<b>X</b>	<b>4b. Failure to report</b>	

<b>X</b>	5. Notification of Change	
<b>X</b>	6. Program policies	Including discipline, supervision, child protection, general operating, personnel, closing time
<b>X</b>	7. Daily Attendance Records- staff and children	
<b>ITEMS POSTED – ACCESSIBLE</b>		
<b>X</b>	8. License	
<b>X</b>	9. Fire Marshal certificate	
	Date	08/22/2022
<b>X</b>	10. OEC Complaint procedure	
<b>X</b>	11. Food Service Certificate	N/A?
	Date	12/31/2024
<b>X</b>	12. Menus	
<b>X</b>	13. Emergency plans	
<b>X</b>	14. No Smoking Signs	
<b>X</b>	15. Radon Test	N/A?
	Date	Results
	02/24/2012	.7
<b>X</b>	15a. Developmental Milestones	
<b>X</b>	15b. Access	
<b>X</b>	15bb. Endorsements	
<b>STAFFING 19a-79-4a</b>		
<b>X</b>	15c. Staffing	
<b>X</b>	16. Staff Health records – TB tests	
<b>X</b>	17. Professional development	
<b>X</b>	18. Disciplinary actions	
<b>O</b>	18b. Background checks	Failed to ensure staff have completed background checks when observed 2 staff do not have background checks are working currently and 1 staff not on the roster.

<b>X</b>	19. Designated Head Teacher																
<b>X</b>	20. Two Staff present																
<b>X</b>	20a. Staff Qualities																
<b>X</b>	21. Ratio: 1 staff to 10 children																
<b>X</b>	21b. Supervision																
<b>X</b>	22. Group Size – maximum 20 children																
<b>X</b>	23. Designated director - Training																
<b>X</b>	24. CPR Certified Staff (Group Home N/A)																
<b>X</b>	25. First Aid Trained Staff																
<b>O</b>	26. Consultants- Agreements and Contracts	Failed to maintain current consultant agreements when observed expired consultant contracts for Education, Health, Social Service, and Dietician.															
<b>O</b>	27. Logs – Visits documented	Failed to document annual review of policies, plans, procedures and education programs by the Education, Health, Social Service, and Dietician consultants.															
	Not in Compliance?	<table border="1"> <thead> <tr> <th>Education</th> <th>Health</th> <th>Social Service</th> <th>Dental</th> <th>Dietician N/A?</th> </tr> </thead> <tbody> <tr> <td><b>O</b></td> <td><b>O</b></td> <td><b>O</b></td> <td></td> <td><b>O</b></td> </tr> <tr> <td><b>O</b></td> <td><b>O</b></td> <td><b>O</b></td> <td></td> <td><b>O</b></td> </tr> </tbody> </table>	Education	Health	Social Service	Dental	Dietician N/A?	<b>O</b>	<b>O</b>	<b>O</b>		<b>O</b>	<b>O</b>	<b>O</b>	<b>O</b>		<b>O</b>
Education	Health	Social Service	Dental	Dietician N/A?													
<b>O</b>	<b>O</b>	<b>O</b>		<b>O</b>													
<b>O</b>	<b>O</b>	<b>O</b>		<b>O</b>													
	Contracts																
	Logs																
Do they take children swimming? <b>N</b> <b>SWIMMING</b>																	
<b>X</b>	28. Non-swimmers identified																
<b>X</b>	29. Staff/Child Ratios																
<b>X</b>	30. CPR certified staff (20 years of age)																
<b>X</b>	31. Lifeguard certified - supervision																
<b>RECORD KEEPING 19a-79-5a</b>																	
<b>X</b>	32. Enrollment information																
<b>X</b>	33. Emergency medical permission																
<b>X</b>	34. Authorized release permission																
<b>X</b>	35. Field trip permission																
<b>X</b>	36. Transportation permission																

<b>O</b>	37. Child health records and immunizations	Failed to maintain documentation that the child(ren) have been screened for TB risk factors when observed 2 children missing their TB risk and failed to maintain complete immunization records for children when observed 1 flu vaccine missing.
<b>O</b>	38. Individual care plan (signed by parents and staff)	Failed to maintain individual care plans for 1 child with a chronic illness.
<b>X</b>	39. Injury, Illness, Accident reports	

**HEALTH AND SAFETY 19a-79-6a**

<b>X</b>	40. Nutritious snacks and meals (required food groups)	
<b>X</b>	41. Proper refrigeration (max 45°)	
<b>X</b>	42. Kitchen separated	N/A?
<b>X</b>	43. Hand washing – before eating or food handling	
<b>X</b>	44. First Aid Kit(s) – Indoor, Outdoor, Field Trips, Inventory	

**PHYSICAL PLANT 19a-79-7a**

<b>O</b>	45. License premises – clean, good repair, hazard free	Failed to maintain the building, equipment and services when observed dusty vents throughout program, tape dispenser with blade exposed in 2s room, and mouse trap accessible to children in 2s room. In 2s room, observed broken, cracked plastic storage bin accessible to children.	
<b>X</b>	47b. Plans for new construction, expansion, renovation or conversion		
<b>X</b>	48. Sanitary drinking fountains – disposable cups		
<b>X</b>	49. Lead Water Test (N/A?) 08/22/2022	Bacterial/Chemical Test (N/A?)	<b>X</b>
<b>X</b>	50. Walkways maintained		
<b>X</b>	51. Designated staff toilet/sink		
<b>X</b>	52. All openings for ventilation screened		
<b>X</b>	53. Windows protected to prevent falls		
<b>X</b>	54. Glass protected up to 36"		
<b>X</b>	55. Overhead doors – locking devices, spring protectors		
<b>X</b>	56. Exits, Hallways and Stairs unobstructed		

X	57. Individual storage of clothing and bedding	
X	58. Smoking prohibited	
X	59. Matches and lighters inaccessible	
X	60. Electrical safety – outlets/cords	
X	61. Toileting needs met	
X	62. Required toilets, sinks, supplies	
X	63. Potty chairs – nonporous, emptied, disinfected	
X	64. Hand washing after toileting – staff and children	
X	65. Ventilation in toilet rooms	
○	66. Air temperature 65 degrees, thermometer affixed	Failed to ensure that every area used by children has a thermometer affixed to the wall when observed 3 rooms not have a thermometer.
○	67. Water temperature 60° – 115°	Failed to ensure the water temperature is between 60-115 degrees when observed the water at 116 degrees in the toddler bathroom.
X	68. Portable space heaters	
X	69. Walls, ceilings, floors and rugs – clean, good repair	
X	70. Rugs secure	
X	71. Hot water, steam pipes protected	
X	72. Working phone on each level	
X	73. Emergency numbers posted	
X	74. Adequate lighting - 50/30 candle feet	
X	75. Light fixtures shielded, shatter proof	
○	76. Potentially hazardous substances locked	Failed to ensure that potentially hazardous substances are stored in a locked area when observed kitchen door unlocked and observed laundry detergent, comet, and downy on low shelf accessible to children. Open bag of Ice melt observed in hallway accessible to children.
X	77. Garbage, rubbish disposed daily	

<b>X</b>	78. Stairs protected, good repair, handrails	
<b>X</b>	79. Pets – maintained, care plan	Y/N N
<b>X</b>	80. Operable CO detector on each level	N/A? Y
<b>X</b>	81. Program space-adequate square footage per child	
<b>X</b>	82. Equipment clean, good repair, safe, non-toxic	
<b>X</b>	83. Cots stored, maintained, adequate number	
<b>X</b>	84. Developmentally appropriate equipment	
<b>X</b>	85. Hot tubs, spas, saunas – locked and inaccessible	Y/N N
<b>X</b>	86. No weapons, no facsimile of a firearm on premises	
<b>OUTDOOR SPACE</b>		
<b>X</b>	87. Outdoor space - adequate square footage per child	
<b>X</b>	88. Impact absorbing material under equipment	
<b>O</b>	89. Playground free from hazards	Failed to ensure the playground is free of glass, debris, holes and other hazards when observed the playground climber has several sharp, broken cracks throughout and base of the climber.
<b>X</b>	92. Equipment anchored, safely arranged	
<b>X</b>	93. Outdoor play area protected, fenced	
<b>X</b>	94. Drinking water available, accessible	
<b>EDUCATIONAL REQUIREMENTS 19a-79-8a</b>		
<b>X</b>	95. Written plan for daily program available to parents/staff	
<b>X</b>	96. Schedule – Activity choices and Program	Activity choices: developmentally appropriate, flexible, meets individual needs Program includes: indoor/outdoor, gross/fine motor skills, snacks/meals, rest/sleep/quiet time, toileting and clean up
<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b>		
<b>X</b>	97. Written policies, procedures	
<b>X</b>	98. Training outline on file	

NONPRESCRIPTION TOPICAL MEDICATIONS		
<input type="radio"/>	99. Administration, parent permission, MAR	Failed to maintain current written parent permission for medication for 1 child. Observed 1 child has no form for A&D. Observed 1 child's form not complete with application of topical medication.
<input checked="" type="checkbox"/>	100. Labeling, storage	

ORAL/TOPICAL/INHALENT MEDICATIONS						
<input checked="" type="checkbox"/>	101. Med trained staff, certificates					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">O/T/I</td> <td style="width: 10%; text-align: center;">Injectable</td> </tr> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>	O/T/I	Injectable	Y	Y	
O/T/I	Injectable					
Y	Y					
<input checked="" type="checkbox"/>	102. Authorized prescriber, parent permission, MAR					
<input checked="" type="checkbox"/>	103. Labeling, storage					
<input checked="" type="checkbox"/>	104. Unused, expired meds returned/disposed					

SELF-ADMINISTRATION		
<input checked="" type="checkbox"/>	105. Authorized prescriber, parent permission, MAR	
<input checked="" type="checkbox"/>	106. Labeling, storage	
<input checked="" type="checkbox"/>	107. Approved petition for special medication authorization	

INFANT/TODDLER ENDORSEMENT 19a-79-10		
Yes	Is there an approved endorsement?	
<input checked="" type="checkbox"/>	109. Approved endorsement	
<input checked="" type="checkbox"/>	110. Ratio: 1 staff to 4 children	
<input type="radio"/>	111. Group size: no larger than 8	Failed to maintain proper group size not to exceed 8 children when observed 12 children outdoors under the age of 3.
<input type="radio"/>	112. Physical barriers, groups of 8 (indoors and outdoors)	Failed to maintain a physical barrier separating each group of 8 children outdoors when observed 12 children under the age of 3 outdoors in a group without a barrier.
<input checked="" type="checkbox"/>	113. Adequate sinks in program space	
	114. Free standing, well-constructed, safe cribs	
<input checked="" type="checkbox"/>	115. Washable cots	
<input checked="" type="checkbox"/>	116. Chairs for feeding, stable, safety straps, locking tray	
<input checked="" type="checkbox"/>	117. Developmentally appropriate tables, chairs, equipment	
<input checked="" type="checkbox"/>	118. Refrigerators and food prep facilities	

<b>X</b>	119. Diaper area- sturdy, safety rail, nonporous, exclusive use					
<b>X</b>	120. Diaper area- washed, disinfected					
<b>X</b>	121. Diaper area- disposable paper sheets					
<b>X</b>	122. Covered waste receptacle					
<b>X</b>	123. Diaper changing policy posted, followed					
<b>X</b>	124. Hand washing policy posted, followed					
<b>X</b>	125. Individual storage of personal items					
<b>X</b>	126. Cribs/cots washed and disinfected					
<b>X</b>	127. Under 12 months- placed on back for sleeping					
<b>X</b>	128. Alternate sleep position- equipment, medical documentation	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td><b>X</b></td> </tr> </table>	Yes	No		<b>X</b>
Yes	No					
	<b>X</b>					
<b>O</b>	129. Crib, bed used for infant sleeping	Failed to place infants to sleep in a well constructed, free standing crib or bed designed for infant sleeping when observed a 11 month old being put to sleep on a cot. Staff stated to licensors that this is the only way the infant sleeps.				
<b>X</b>	130. Crib, bed free from observable hazards					
<b>X</b>	131. Infant toys separate, washed, disinfected daily					
<b>X</b>	132. No toys, objects less than 1/1/4" diameter					
<b>O</b>	133. Plastic bags, balloons, Styrofoam objects inaccessible	Failed to ensure plastic bags, balloons and styrofoam objects are not accessible to children when observed a lot of empty plastic bags accessible to children in the 2s room.				
<b>X</b>	134. Health consultant, doc. of visits					
<b>X</b>	135. Infants held for bottles, indiv. attention, tummy time					
<b>X</b>	136. Written statement, feeding schedule from parent					
<b>X</b>	137. Unused portions of liquids discarded					
<b>X</b>	138. Clean Bottles, disp. bottles, approved bottle washing					
<b>X</b>	139. Food served from dish or whole jar served					
<b>X</b>	140. Bottles individually identified with child's name					

**OUTDOOR PLAY SPACE - UNDER THREE**

<b>X</b>	141. Play space fenced	
<b>X</b>	142. Outdoor equipment developmentally appropriate	
<b>No</b>	Is there an approved endorsement?	<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>
	143. Approved endorsement	
	144. Activity choices appropriate	
	145. Ratio – 1 staff to 10 children	
	146. Group size – maximum 20 children	
	147. Education Consultant appropriate	
<b>No</b>	Is there an approved endorsement?	<b>NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)</b>
	148. Approved endorsement	
	149. Written program plan, supervision	
	150. Staff awake and available	
	151. Cot, crib, bedding, toiletries, sleep apparel	
	152. Individual storage of personal items	
	153. Bedding, sleeping apparel laundered weekly	
<b>N</b>	Child with diabetes enrolled?	<b>MONITORING OF DIABETES 19a-79-13</b>
<b>X</b>	154. Written policies and procedures	
<b>X</b>	155. On site staff trained in first aid, glucose testing	
<b>X</b>	156. Training current and documented	
<b>X</b>	157. Supervision of self-administration	
<b>X</b>	158. Equipment, supplies labeled and inaccessible	

<b>X</b>	159. Signed agreement with parents regarding equipment	
<b>X</b>	160. Materials discarded appropriately	
<b>X</b>	161. Authorized prescriber, parent permission	
<b>X</b>	162. Documentation of test results, actions taken	
<b>X</b>	163. Daily written parent notification	

**ADDITIONAL VIOLATIONS**

<b>X</b>	62. Consent Order - Negotiated Corrective Action Plan	N/A?	
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<b>YES or NO?</b> Yes	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS:**

Staff need to document on MAR when applying diaper creams.  
1 out of 6 staff without annual policy training documented

**COMMENTS:**

**NOTE:** Items left blank on this form were not monitored during this visit.  
Only the regulations marked as compliant, non-compliant or not applicable were monitored or discussed.  
**APPLICANTS:** You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
<b>Cathy Anderson</b> (Printed Name)	<b>Karen Kellerman</b> (Printed Name)	<b>03/28/2024</b>	<b>Monique Helms</b> (Printed Name)