



**DIVISION OF LICENSING**  
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 Email: [oeclicensing@ct.gov](mailto:oeclicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**CHILD CARE CENTER/GROUP CHILD CARE HOME  
 SUPPLEMENTAL 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>03/25/2024</b>
					<b>Expiration Date</b>	<b>4/30/2028</b>	<b>Time of Inspection</b>	<b>12:26 PM</b>
<b>Address</b>	<b>1332 NORTH AVE  BRIDGEPORT CT 06604-2672</b>				<b>Telephone</b>	<b>(203) 330-9131</b>	<b>Total Capacity</b>	<b>55</b>
					<b>Days and Hours</b>	<b>MONDAY-FRIDAY 7:00AM-5:00PM</b>	<b>Under Three Capacity</b>	<b>28</b>
<b>#Children Present</b>	<b>48</b>	<b># Under 3 Present</b>	<b>22</b>	<b># Staff Present</b>	<b>11</b>	<b>Summer Care</b>	<b>Open</b>	
<b>Purpose of Inspection</b>	<b>Follow up on ratio which was cited on March 18, 2024</b>				<b>Name of Inspector</b>	<b>Cathy Anderson</b>		
<b>Program's Email</b>	<b>mhelms@pmecl.org</b>				<b>Inspector's Email</b>	<b>catherine.anderson@ct.gov</b>		

**Violations**

<b>Statute and/or Regulation</b>	<b>Description</b>	<b>Comments</b>

<b>Other Findings - In Compliance</b>		
<b>Statute and/or Regulation</b>	<b>Description</b>	<b>Comments</b>


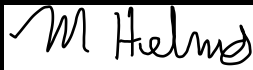
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<u>YES/NO:</u> <b>No</b>	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**Discussions:**

**Comments:**

**NOTE:** Items left blank on this form were not monitored during this visit.  
 Only the regulations marked as compliant or non-compliant 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)	(Printed Name)		<b>Monique Helms</b> (Printed Name)