

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Pieces of the Puzzle Date: 1/13/22 Time: 9:45

Location Address: 917 Bridgeport Ave Shelton Telephone #: 203 275-7940

e-mail address: piecesofthepuzzle.hd@gmail.com License #: 70521 Expiration Date: 10/31/23

Capacity: 59/40 # of Children Present: 26/15 # of Staff Present: 8+

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 _____

Purpose of visit: Investigation 2022-18

Observations/Corrections needed:

PIC: Danaisha Lawrence

(S) 19a-79-3a(a) Administration, ensure health + safety of children - Operator failed to ensure health + safety of children when a staff member used a melamine sponge (magic Eraser) on two children's faces causing irritation and rubbing burns.

(NS) 19a-79-5a(a)(3)(A) - Record keeping, injury report. Unable to substantiate program failed to notify parent. Based on communication app, operator noted the incident. Operator provided copy of injury reports given within 24 hours.

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: 1/27/2022

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Danaisha Lawrence
(Person in Charge)

Print Name: Danaisha Lawrence