☐ Initial ☐ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☐ Investigation ☐ Other: ____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Pieces of the Puzzles Date: 2/25/22 Time: 12:00

Location Address: 917 Bridgeport Ave Shelton Telephone #: 475-269-2405

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

Capacity: 59 # of Children Present: 0 # of Staff Present: 3

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: playground inspection

Observations/Corrections needed:

No violations at visit

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: 3/10/22

Signature: Jaime Fortin (OEC Representative)

Print Name: Jaime Fortin

Signature: [signature] (Person in Charge)

Print Name: Danaisha Lawrence