

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Pieces of the Puzzle Date: 7/6/23 Time: 10:55

Location Address: 917 Bridgeport Ave Shelton Telephone #: 475 269-5016

e-mail address: pieces of the puzzle.ek@gmail.com License #: 70521 Expiration Date: 10/31/23

Capacity: 86/56 # of Children Present: 56 # of Staff Present: 16

**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: Follow-up for invest. 2023-424

Observations/Corrections needed:

(NS) 19a-79-4a(c)(4)(D) Supervision -

(NS) 19a-79-10(d)(3)(B) Playpens w/ firm secured floor -

Operator is in compliance with these regulations at time of 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: N/A.

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Danaisha Lawrence
(Person in Charge)

Print Name: Danaisha Lawrence