

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Pieces of the Puzzle Date: 6/5/25 Time: 12:00 PM

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

e-mail address: piecesofthepuzzle.clc@gmail.com License #: 70521 Expiration Date: 10/31/27

Capacity: 81/51 # of Children Present: 44/25 # of Staff Present: 11

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 <u>N/A</u>
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Purpose of visit: Self report case 2025-529

Observations/Corrections needed:

⑤ 19a-79-3a(b)(7)(A) - Administration - Managing child behavior - Staff failed to appropriately manage a child's behavior when she was seen roughly pulling a child's arm to get her to sit after she bit another child.

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: 6/19/25

Signature: [Signature]
(OEC Representative)

Print Name: Lauren Hill

Signature: [Signature]
(Person in Charge)

Print Name: Danaisha Lawrence