

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Center @ Pipers Hill Date: 4/22/22 Time: 1:10

Location Address: 17 Roxbury Rd Stamford Telephone #: 203 968-2468

e-mail address: director@pipershill.org License #: 15961 Expiration Date: 3/31/26

Capacity: 150/70 # of Children Present: 100/48 # of Staff Present: 22⁺

**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: Investigation 2022-244

Observations/Corrections needed:

⑤ 19a-79-3a(b)(8)(A) Administration, manage child behaviors -
Operator failed to manage child behaviors in a developmentally appropriate way when staff member acted in a rough manner with a group of one year old children and put her fingers in child's mouth to make him talk.

⑤ 19a-79-3a(d)(2) Administration, positive guidance policy
Operator failed to follow their behavior management policies to manage behaviors that enhance a child's self-esteem, social development and problem solving skills when a staff member used a rough physical approach with her one year old class during circle time and was reported to use time out and block child into a time out area.

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: 5/6/2022

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Paula Mansalve
(Person in Charge)

Print Name: Paula Mansalve