

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Center at Piper's Hill Date: 11-7-23 Time: 910

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: 101 # of Staff Present: 37

Consent to Inspect Family Child Care Home	<i>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 _____</i>
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Purpose of visit: Follow up to 11.3.23 inspection (Safe Sleep # 190)

Observations/Corrections needed:

#130 Crib/bed free from observable hazards - OK at inspection

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: _____
(OEC Representative)
Print Name: Lon Mangano

Signature: _____
(Person in Charge)
Print Name: Paula Mansalve