☐ 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: 11.18.24 Time: 855

Location Address: 17 Roxbury Rd Stamford Telephone #: 203.968.2468

e-mail address: director@pipershill.org License #: 15961 Expiration Date: 3.31.26

Capacity: 152/72 # of Children Present: 112/57 # of Staff Present: 33

| | |
|---|---|
| ***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: Partial Inspection on safe sleep from 8/16/24

Observations/Corrections needed:

All in compliance at inspection today.

**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: Lori Mangano

Signature: _____ *(Person in Charge)*

Print Name: Paola Consalvo