

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Center @ Pipers Hill Date: 6/26/25 Time: 1:45

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: 121/56 # of Staff Present: 29+

**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 2025-620

Observations/Corrections needed:

(P) 19a-79-5a(a)(3)(A) Accident/incident/injury reports - pending

(S) 19a-79-5a(a)(3)(c) Notify OEC of serious injuries - regulation not met when program did not report a broken bone to agency by next business day.

(P) 19a-79-3a(d) Implement policies - pending completion of interviews

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: 7/10/2025

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Jennifer Reberon
(Person in Charge)

Print Name: Jennifer Reberon