

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Center @ Piper's Hill Date: 7/24/25 Time: 9:45

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: 105/61 # of Staff Present: 32+

**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 - 721 - self-report, serious injury

Observations/Corrections needed:

(NS) Field trip permission 19a-79-5a(a)(1)(D)(iii) - observed description of trip and details w/ parent permission.

(NS) 19a-79-4a(d)(4)(D) Supervision - insufficient evidence to support a regulatory violation related to supervision at time of injury

(S) 19a-79-5a(a)(3)(B) Parent notification of injury - parent was not notified of injury that occurred while on field trip.

(S) 19a-79-5a(a)(3)(A) Injury report - regulation not met when parent was not provided with an injury report.

(S) 19a-79-6a(c) First aid kit - regulation not met when bag brought to field trip did not contain a complete kit. Observed gauze and an ice pack in bag. Staff state that water, hand sanitizer, emergency numbers were available in bag on trip.

~~(S) 19a-79-4a(f)(1-2) Firstaid/CPR trained staff at all times - regulation not met when a first aid/CPR trained staff member was not present with children on field trip~~ KH - violation removed. certification provided.

(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: 8/

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: [Signature]
(Person in Charge)

Print Name: Palan Mansuete

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Learning Center @ Pipers Hill License # 15961 Date: 7/24/25

Observations/Corrections needed:

(S) 19A-79-3a(d) Implement program policies - regulation not met when staff did not follow program policy to report accidents to administration, when they did not follow program policy that prohibits staff to be on cell phones for personal use while actively supervising children.

Multiple horizontal lines for additional observations or corrections.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Karen Hicks
(OEC Representative)
Print Name: Karen Hicks

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: 8/7/2024

Signature: [Signature]
(Person in Charge)
Print Name: Paul Mansalre