☐ Initial ☑ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☐ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Hall Neighborhood House Date: 10-7-21 Time: 9am

Location Address: 52 George E Pipkin Way Bridgeport Telephone #: 203-345-2048

e-mail address: HBurgos@hnhonline.org License #: 10386 Expiration Date: 12-31-21

Capacity: 352 # of Children Present: 172 # of Staff Present: 52

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*** NA

Purpose of visit: Partial inspection on group size and barrier which was Cited on ~~9-2-21~~ 7-28-21

Observations/Corrections needed:

Program is in Compliance at this time.

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: NA

Signature: Cathy Anderson
(OEC Representative)
Print Name: Cathy Anderson

Signature: HR Burgos
(Person in Charge)
Print Name: Hector R. Burgos