

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Hall Neighborhood House Date: 12/3/21 Time: 9:10

Location Address: 52 George E Pipkins Way, Bpt. Telephone #: 203 345-2052

e-mail address: hburgos@hnhonline.org License #: 70386 Expiration Date: 12/31/25

Capacity: 372/85 # of Children Present: 152/ # of Staff Present: 36 +

<b>Consent to Inspect Family Child Care Home</b>	<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: Investigation 2021- 859

Observations/Corrections needed:

PIC: Hector Burgos.

⑤ 19a-79-3a(a) Administration, ensure safety, health and development of children - operator failed to ensure health of a child when program did not communicate special dietary need to proper staff resulting in a child becoming ill due to ingesting milk/dairy foods. Evidence of a special dietary need was presented to program on 11/12/21 but the information was not acted on until 11/30/21.

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: 12/17/2021

Signature: *Karen Hicks*  
(OEC Representative)

Print Name: Karen Hicks

Signature: *Hector Burgos*  
(Person in Charge)

Print Name: Hector R. Burgos