



**DIVISION OF LICENSING**  
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**CHILD CARE CENTER/GROUP CHILD CARE HOME  
 INVESTIGATION**

<b>Program Name</b>	HALL NEIGHBORHOOD HOUSE				<b>License Number</b>	DCCC.70386	<b>Date of Inspection</b>	02/16/2024
					<b>Expiration Date</b>	12/31/2025	<b>Time of Inspection</b>	01:18 PM
<b>Address</b>	52 GEORGE E PIPKINS WAY BRIDGEPORT CT 06608-2425				<b>Telephone</b>	(203) 345-2052	<b>Total Capacity</b>	367
					<b>Days and Hours</b>	MONDAY-FRIDAY 7:30AM-6:00PM	<b>Under Three Capacity</b>	109
<b>#Children Present</b>	205	<b># Under 3 Present</b>	73	<b># Staff Present</b>	49		<b>Summer Care</b>	Open
<b>Purpose of Investigation</b>	Follow-up to case 2024-79				<b>Name of Inspector</b>	Karen Hicks		
<b>Program's Email</b>	HBurgos@hnhonline.org				<b>Inspector's Email</b>	karen.hicks@ct.gov		

**Regulatory Violations**

<b>Statute and/or Regulation</b> [-]	<b>Description:</b> 000 No Violations
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No violations were cited during this inspection

<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Other Findings- Regulations In Compliance or Pending</b>	
<b>Statute and/or Regulation</b> [19a-79-10(g)(1) and/or 19a-79-10(g)(4)]	<b>Description</b> 128-Alternate Sleep Position/Equipment Medical Documentation
Operator in compliance with safe sleep requirements at time of visit. Discussed that babies be placed on their back with staff, as child who was being rocked in crib was on her stomach.	
<b>Statute and/or Regulation:</b>	<b>Description:</b>

<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
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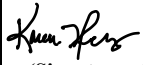

<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>YES/NO:</b> No	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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<b>Discussions</b>
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<b>Comments</b>
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**NOTE:** Items left blank on this form were not monitored during this visit.  
 Only the regulations marked as compliant or non-compliant were monitored or discussed.  
**APPLICANTS:** You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

 (Signature of OEC Representative)	(Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Karen Hicks (Printed Name)	(Printed Name)		Tatiana Monteiro (Printed Name)