



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oc.licensing@ct.gov Website: www.ctoec.org

CHILD CARE CENTER/GROUP CHILD CARE HOME INVESTIGATION

Program Name	HALL NEIGHBORHOOD HOUSE				License Number	DCCC.70386	Date of Inspection	03/27/2024
					Expiration Date	12/31/2025	Time of Inspection	12:17 PM
Address	52 GEORGE E PIPKINS WAY BRIDGEPORT CT 06608-2425				Telephone	(203) 345-2052	Total Capacity	367
					Days and Hours	MONDAY-FRIDAY 7:30AM-6:00PM	Under Three Capacity	109
#Children Present	217	# Under 3 Present	53	# Staff Present	45		Summer Care	Open
Purpose of Investigation	2024-217				Name of Inspector	Carlos Albizu		
Program's Email	HBurgos@hnhonline.org				Inspector's Email	carlos.albizu@ct.gov		

Regulatory Violations

Statute and/or Regulation	[19a-79-3a(b)(8)(A)]	Description:	003b-Managing Child Behavior
Staff failed to manage child behavior based on developmentally appropriate practice when staff held a child by the hand and child suffered a nursemaid's elbow.			
Statute and/or Regulation:		Description:	
Statute and/or Regulation:		Description:	
Statute and/or Regulation:		Description:	
Statute and/or Regulation:		Description:	
Statute and/or Regulation:		Description:	

Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
Other Findings- Regulations In Compliance or Pending	
Statute and/or Regulation	Description
19a-79-4a(c)(4)(D)	021b-Supervision There is insufficient evidence to support that the staff failed to ensure the supervision of children at all times while indoors.
Statute and/or Regulation:	Description:

Statute and/or Regulation:	Description:
-----------------------------------	---------------------

Statute and/or Regulation:	Description:
-----------------------------------	---------------------



Statute and/or Regulation:	Description:
-----------------------------------	---------------------

YES/NO: Yes	WERE VIOLATIONS CITED DURING THIS VISIT?
--------------------	---

Discussions

Comments

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: 04/10/2024	 (Signature of Person in Charge)
Carlos Albizu (Printed Name)	(Printed Name)	04/10/2024	Mayra Llanos (Printed Name)