



Connecticut Office of  
Early Childhood

## DIVISION OF LICENSING

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### CHILD CARE CENTER/GROUP CHILD CARE HOME SUPPLEMENTAL INSPECTION

Program Name	HALL NEIGHBORHOOD HOUSE				License Number	DCCC.70386	Date of Inspection	05/21/2024
					Expiration Date	12/31/2025	Time of Inspection	11:28 AM
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	227	# Under 3 Present	85	# Staff Present	60	Summer Care	Open	
Purpose of Inspection	Second follow up on violation number 130 which was cited on May 14 and May 16.				Name of Inspector	Cathy Anderson		
Program's Email	HBurgos@hnhonline.org				Inspector's Email	catherine.anderson@ct.gov		

### Regulatory Violations

Statute and/or Regulation: [-]	Description: 000 No Violations
No violations were cited during this inspection	
Statute and/or Regulation:	Description:
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<b>Other Findings – Regulations In Compliance</b>	
Statute and/or Regulation: [19a-79-10(g)(3) and/or 19a-79-7a(g)(1)]	Description: 130-Crib/Bed Free from Observable Hazards
<p>Program is in compliance at this inspection</p>	
Statute and/or Regulation:	Description:

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

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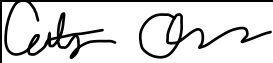

<b>Statute and/or Regulation:</b>	<b>Description:</b>

<b>YES/NO: No</b>	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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<b>DISCUSSIONS/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)
<b>Cathy Anderson</b> (Printed Name)	(Printed Name)		<b>Hector Burgos</b> (Printed Name)