

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Hill Neighborhood House      Date: 5/9/25      Time: 1:40 pm  
Location Address: 52 George Pipkins Way Bridgeport, Ct. 06608      Telephone #: (203) 345-2052  
e-mail address: Aburgos@hnhonline.org      License #: 70386      Expiration Date: 12-31-25  
Capacity: 367      # of Children Present: 234      # of Staff Present: 57

**Consent to Inspect**      *I agree to allow the Office of Early Childhood to have access to and inspect this facility and all*  
**Family Child Care Home**      *child care records as required by Family Child Care Home Regulations.*  
*Provider/Applicant/Substitute's Signature* \_\_\_\_\_

Purpose of visit: Supervision follow up

Observations/Corrections needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
No Violations at this visit  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: N/A

Signature: [Signature]  
*(OEC Representative)*  
Print Name: Terrri R Roberts  
Signature: [Signature]  
*(Person in Charge)*  
Print Name: Hector R Burgos