

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Ursula Healy Date: 9-22-21 Time: 11:04 AM
Location Address: 59 Michael St. Bridgeport Telephone #: 203 212 3280
e-mail address: aguilarhealy@hotmail.com License #: 55564 Expiration Date: 1-31-23
Capacity: 6+3 # of Children Present: 6 # of Staff Present: 2

Consent to Inspect Family Child Care Home	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: <u>Ursula Healy</u>
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Purpose of visit: Follow up for Capacity Violation, Well-Constructed Crib Violation and observable hazards in area child under 12 months old is napped on 9-14-21

Observations/Corrections needed:
Compliance was found with Capacity, well constructed cribs and no hazards observed at Follow-up.
No found Violations

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: NO CORRECTIONS

Signature: [Signature]
(OEC Representative)
Print Name: Patricia H. Tyburski
Signature: Ursula Healy
(Person in Charge)
Print Name: 9/22/2021