

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: URSULA HEALY Date: 12-3-21 Time: 10:15 AM  
Location Address: 59 MICHAEL ST. Bridgeport Telephone #: 203 212 3280  
203 449 7708 (cell)  
e-mail address: aguiarhealy@hotmail.com License #: 55564 Expiration Date: 1-31-23  
Capacity: 643 # of Children Present: 6 # of Staff Present: 2

**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: Ursula Healy

Purpose of visit: 3 MONTH PARTIAL INSPECTION FROM VIOLATIONS CITED AT FULL ON  
9-14-21 - FOLLOW-UP ON 9-22-21 PROVIDER WAS IN COMPLIANCE WITH  
Observations/Corrections needed: (4) CAPACITY (73) INFANT NAPPING IN UNSAFE POSITION NOT MADE  
FOR SLEEP (74) CRIB INFANT NAPPING WITH BLANKETS

Compliance found with all previous violations from  
9-14-21. Provider was within Capacity and all children  
are now over 1 year old.

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: - NONE -

Signature: [Signature]  
(OEC Representative)  
Print Name: Patricia A. Kiburski  
Signature: Ursula Healy  
(Person in Charge)  
Print Name: URSULA HEALY