

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Karina Plaza Date: 8/31/23 Time: 10

Location Address: 431 Poplar St FL1 Bpt Telephone #: 475 731 305

e-mail address: kannaplazaPT@gmail.com License #: 56860 Expiration Date: 10/3

Capacity: 6/3 # of Children Present: 9 # 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 [Signature]

Purpose of visit: Follow up - crib foam mattresses from inspection 4/18/23

Observations/Corrections needed:
#29 Safe Exits: Provider failed to have her second (window) egress readily accessible and passable with bookshelf and milk tins blocking the space.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 9/14/23

Signature: [Signature]
(Person in Charge)