

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Karina Plaza Date: 8/31/23 Time: 10:25 AM
Location Address: 431 Poplar St, Bridgeport Telephone #: 475-731-3054
e-mail address: karinaplaza87@gmail.com License #: 56860 Expiration Date: 10/31/24
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: Karina Plaza

Purpose of visit: Follow up 2023-817

Observations/Corrections needed:

* Observed the Provider and the substitute caring for 9 children. Daycare working within Capacity.

* Unable to gain access to a room at the home. This is ongoing issue since on 8/25/23 visit LS was unable to gain access to the room. Provider must respond on previous violation.

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: 9/8/23

Signature: [Signature]
(OEC Representative)
Print Name: Charles Albizu
Signature: [Signature]
(Person in Charge)
Print Name: Karina Plaza