

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Karina Plaza Date: 9/29/23 Time: 12:30 pm

Location Address: 431 Poplar St. Bridgeport Telephone #: 475-731-3054

e-mail address: Karina.plaza87@gmail.com License #: 56860 Expiration Date: 10/31/24

Capacity: 6+3 # of Children Present: 8 # of Staff Present: 3

**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

[Handwritten Signature]

Purpose of visit: F/U 2023-817 and 2023-1576

Observations/Corrections needed:

- observed the provider, the substitute and temporary provider caring for 8 children.

- Able to access the upstairs rooms.

- Emergency exits are cleared

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

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

Signature: *[Handwritten Signature]*
Carlos Albizu
(OEC Representative)
Enezy Ruiz