

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Karina Plaza Date: 7/6/24 Time: 8:30 AM
Location Address: 431 Poplar St, Bridgeport Telephone #: 475-731-3054
e-mail address: KarinaPlaza87@gmail.com License #: 56860 Expiration Date: 10-31-28
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: [Signature]

Purpose of visit: CO Monitoring

Observations/Corrections needed:

- (NS) 8a - Provider contacted CPS and is in compliance
- (S) 8b - Provider failed to complete written policies by 7/31/24.
- (S) 8c - Provider failed to maintain documentation of such policies and procedures
- (NS) 9a - Provider requested TA from the Agency
- (NS) 10 - Provider ensured all household members obtained and completed comprehensive backgrounds.
- (NS) 11. Provider is in compliance with her capacity.
- (NS) 12. Provider is in compliance with immediate access.
- (NS) 13. Provider paid her civil penalty

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: 9/20/24

Signature: [Signature]
(Person in Charge)