

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Karina Plaza Date: 3/25/25 Time: 7:35am
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: 5 # 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 child care records as required by Family Child Care Home Regulations.
Family Child Care Home Provider/Applicant/Substitute's Signature: [Signature]

Purpose of visit: CO Monitoring

Observations/Corrections needed:

- (NS) 8a - Provider contacted CAIS in July 2024 to obtain assistance with the development and implementation of written policies and procedures to ensure Provider's compliance.
- (NS) 8b - Provider in compliance - Provider has developed and implemented written policies and procedures, provider demonstrated them to agency.
- (NS) 8c - Provider has maintained documentation of policies and procedures.
- (NS) 9a - Provider requested and completed technical assistance with agency on 7/2/24
- (NS) 9b - Provider completed Technical assistance on 7/2/24.
- (NS) 10 - Provider has ensured all household members have current background checks. One household member has not moved into residence yet (per provider). Future household member has started the background check process.

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: N/A

Signature: [Signature]
(OEC Representative)
Print Name: Alexandra Rodriguez
Signature: [Signature]
(Person in Charge)
Print Name: Karina Plaza

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Karina Plaza License # 56860 Date: 3/25/25


Observations/Corrections needed:

- (NS) 11 - Provider is in compliance with licensed capacity.
- (NS) 12 - Provider has ensured agency has access to all areas of the family childcare home during business hours.
- (NS) 13 - Provider has paid civil penalty.

- Substitute present during inspection DCES # 92144
- Provider's daughter present in childcare during inspection.

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Signature: 
(OEC Representative)
 Print Name: Auxencia Rodriguez

CORRECTIVE PLAN SHALL BE RETURNED TO
 OEC BY: N/A

Signature: 
(Person in Charge)
 Print Name: Karina Plaza

