

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Kanna Plaza Date: 4/14/25 Time: 2¹³ pm

Location Address: 431 Poplar St. Flr #1, Bridgeport Telephone #: 475 731 3054

e-mail address: KarinaPlaza87@gmail.com License #: 56860 Expiration Date: 10/31/28

Capacity: 4+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 - Safe Sleep

Observations/Corrections needed:

Provider was in compliance in the following;

- 19a-87b-10(F)(1) - Infant of 4 months old was not sleeping during inspection.
- 19a-8b-10(F)(3)(i) - Infant of 4 months old was not sleeping with blanket during inspection.

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