



DIVISION OF LICENSING
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 Email: oc.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

PROVIDER	KARINA PLAZA			LICENSE NUMBER	DCFH.56860	DATE OF INSPECTION	03/05/2026
				EXPIRATION DATE	10/31/2028	TIME OF INSPECTION	09:53 AM
ADDRESS	431 POPLAR ST. FL 1 BRIDGEPORT CT 06605-1645			TELEPHONE	(475)	REGULAR CAPACITY	6
				HOURS OF OPERATION	5:30 AM - 10:00 PM	SCHOOL AGE CAPACITY	3
				DAYS OF OPERATION	Mon-Sun	SUMMER HOURS	Open
IS THIS A CHANGE OF ADDRESS?	YES	NO	NEW ADDRESS	# UNDER 18 MTHS PRESENT	1	WEEKEND HOURS	Yes
		X		TOTAL CHILDREN PRESENT	6	NIGHT HOURS	Yes
TYPE OF INSPECTION	UNANNOUNCED INSPECTION - FULL			INSPECTOR'S NAME	Ana Sanchez		
PROVIDER'S EMAIL	karinaplaza87@gmail.com			INSPECTOR'S EMAIL	ana.m.sanchez@ct.gov		
KEY:	<i>Consent to Inspect: I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h)</i>						
COMPLIANT = X	<i>Karina Plaza</i> Signature of Provider/Substitute/Applicant						
NON-COMPLIANT = O							

TERMS OF THE LICENSE 19a-87b-5

X	4. 5(d)(10(a)) CAPACITY	
X	5. 5(c) NON-TRANSFERABILITY OF LICENSE	Pending?
X	6. 5(e) INFANT/TODDLER RESTRICTION	
X	7. 5(f)(2) LICENSE POSTED	
X	8. 5(g) PARENT ACCESS TO OEC PHONE NUMBER	
X	9. 5(h) PHOTO ID	
X	10. 5(i) REQUESTS FOR INFORMATION	
X	11. 5(j) NOTIFICATION OF CHANGE	

QUALIFICATION OF PROVIDER 19a-87b-6

X	12. 6(a) AWARENESS OF, UNDERSTANDING OF REGULATIONS	
X	13. 6(b) MEDICAL STATEMENT	
	EXPIRATION DATE: 12/16/2027	

X	14. 6(c)(1) FIRST AID CERTIFICATE	
	EXPIRATION DATE: 10/22/2027	
X	15. 6(c)(2) CPR CERTIFICATE	
	EXPIRATION DATE: 10/22/2027	
X	16. 6(e) JUDGMENT	

MEMBERS OF THE HOUSEHOLD 19a-87b-7

X	17. 7(a) MEDICAL STATEMENT	
X	18. 7(b) HOUSEHOLD ENVIRONMENT	

QUALIFICATIONS OF STAFF 19a-87b-8

X	19. 8(a)-(b) SUBSTITUTE - ASSISTANT	Y/N	NAME:	Miguelina Balcacer	Appvl #	DCFS.92144
		Y	NAME:		Appvl #	
	PRESENT AT VISIT?					
	Y					
X	20. 8(c) EMERGENCY CAREGIVER					

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

X	21. 8a(a)-(f) BACKGROUND CHECK(S)	
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PHYSICAL ENVIRONMENT 19a-87b-9

X	22. 9(a) CLEAN/SANITARY ENVIRONMENT	
○	23. 9(b) FREEDOM OF HAZARDS	Provider not in compliance with maintaining the facility and/or equipment in good repair and free of hazards when specialist observed large sharp knives in an unsecured kitchen drawer accessible to children in the kitchen area where the children eat their mealtimes.
○	24. 9(c) HARMFUL SUBSTANCES and MATERIALS INACCESSIBLE	Provider not in compliance with ensuring harmful substances and materials are inaccessible to children when a can of vinyl cement was observed in a drawer accessible to children in the bathroom used by children.
X	25. 9(c) BIO- CONTAMINANTS DISPOSED SAFELY	
○	26. 9(d)(1) SAFE STORAGE OF FLAMMABLES	Provider not in compliance with properly storing flammable materials when the specialist observed multiple lighters in an unsecured kitchen drawer accessible to children in the kitchen area where the children eat their meals.
X	27. 9(d)(2) SAFE DOOR FASTENERS	
○	28. 9(d)(3) ELECTRICAL SAFETY	Provider not in compliance with ensuring that electrical cords do not hang within reach of children when the specialist observed multiple electrical wires hanging within reach of children.

X	29. 9(d)(4)-(A) SAFE EXITS		
X	30. 9(d)(4)(A) BASEMENT SUPERVISION	Y/N	
	USED FOR CARE ?	Y	
X	31. 9(d)(4)(D) STAIRWAYS - PROTECTED, HANDRAILS		
X	32. 9(d)(4)(E)-(5) EMERGENCY PLAN		
X	33. 9(d)(5) EMERGENCY EVACUATION DRILLS - QUARTERLY/LOG		
O	34. 9(d)(6) SMOKE DETECTORS	Provider not in compliance with maintaining operable smoke detectors on each level of the home when specialist observed an inoperable smoking detector on the main level of the home. Batteries were replaced during the inspection.	
X	35. 9(d)(7) CARBON MONOXIDE DETECTOR		
X	36. 9(d)(8) FIRE EXTINGUISHER- 5 LB. ABC/INSTALLED		
X	37. 9(d)(9) N/A? Y AUXILIARY HEATING SYSTEM	TYPE:	APPROVED?
X	38. 9(e) SAFE STORAGE OF WEAPONS AND AMMUNITION		
X	39. 9(f)(1)-(2) SAFE SPACE- SUFFICIENT INDOORS OUTDOORS Yes Pending	Snow Covered outdoor space- not monitored - compliance pending follow up visit.	
X	40. 9(f)(2) N/A? BODY OF WATER- 4 FT. STURDY FENCE OR BARRIER-LOCKED	TYPE:	BARRIER:
X	41. 9(f)(3) N/A? Y HOT TUBS- LOCKED -INACCESSIBLE		
X	42. 9(g) VENTILATION, LIGHT AND TEMPERATURE- 65°		
X	43. 9(g) WINDOW SAFETY		
X	44. 9(h) WASHING TOILETING, SEWAGE GARBAGE FACILITIES		
X	45. 9(i) ADEQUATE AND SAFE WATER - TYPE OF SYSTEM: Public Water		
X	46. 9(h) WATER TEMPERATURE- 60°-120°		

X	47. 9(i) PASTEURIZATION OF MILK SUPPLY	
X	48. 9(k) WORKING PHONE, EMERGENCY NUMBERS POSTED	
X	49. 9(l) SAFE TRANSPORTATION REGISTERED, INSURED, RESTRAINTS	
X	50. 9(m)-(n) FIRST AID KIT and SUPPLIES	
X	51. 9(o) PET PROTECTION	TYPE of PETS:
	PETS? Y/N N	
	RABIES CERTS? Y/N	
X	52. 9(p) Smoking Prohibited	

RESPONSIBILITIES OF PROVIDER 19a-87b-10

O	53. 10(b)(1) ENROLLMENT FORM	Provider not in compliance with maintaining complete child enrollment forms for 3 enrolled children.
X	54. 10(b)(2) CHILD HEALTH RECORD	
X	55. 10(b)(2)(v)(I) IMMUNIZATIONS	Provider not in compliance with maintaining immunization records for 1 enrolled child.
X	56. 10(b)(3)(B) EMERGENCY PERMISSION	
X	57. 10(b)(3)(A) AUTHORIZED RELEASE	
X	58. 10(b)(3)(C)-(D)-(F) FIELD TRIP AND TRANSPORTATION PERMISSION- TO/FROM SCHOOL	
X	59. 10(b)(3)(E) SWIMMING PERMISSION	
X	60.10(b)(4) INCIDENT LOG	
X	61. 10(b)(5) CONFIDENTIALITY	
X	62. 10(c) MEETING THE CHILD'S NEEDS	
X	63.10(c)(1) SUFFICIENT PLAY EQUIPMENT	

X	64. 10(c)(2) GOOD NUTRITION- MEALS/SNACKS, WATER AVAILABLE	
X	65. 10(c)(3) HANDWASHING	
X	66. 10(c)(4) FLEXIBLE AND BALANCED WRITTEN SCHEDULE	
X	67. 10(c)(6) PERSONAL ARTICLES- BLANKET, TOWEL, TOILET ARTICLES	
X	68. 10(c)(5) PROPER REST PROVISIONS – SAFE CRIBS	
O	69. 10(d) INDIVIDUAL PLAN FOR CARE	Provider not in compliance with obtaining an asthma action plan for an enrolled child with diagnosed asthma. Provider not in compliance with developing and implementing a written individual plan of care for each child with disabilities when 4 children with diagnosed developmental delays or chronic conditions did not have complete individual plans of care on file.
X	70. 10(d)(1-2) CULTURAL DIFFERENCES, SP. NEEDS, DEV. APPR. ACTIVITIES	
X	71. 10(e) INFANT CARE, INDIV ATTENTION, HELD FOR BOTTLE FEEDINGS	
X	72. 10(f)(1) INFANTS PLACED ON BACK FOR SLEEPING	
X	73. 10(f)(1) INFANTS PLACED IN CRIB, WELL CONSTRUCTED, SNUG MATTRESS, TIGHT SHEET	
	74. 10(f)(3)-(4)/(7) CRIB OR OTHER PROVISION FREE FROM OBSERVABLE HAZARDS	
X	75. 10(f)(5) INFANTS NOT SWADDLED	
X	76. 10(f)(6) INFANTS SUPERVISED – MINIMUM EVERY 15 MINUTES	
X	77. 10(f)(8) REQ. FOR SLEEP ARRANGEMENTS POSTED/DISCUSSED	
X	78. 10(g) DIAPER CHANGING- FREQUENT, SANITARY, HANDWASHING, WASTE DISPOSAL	
X	79. 10(h)(1)-(9)-(11) PARENT INFORMATION AND ACCESS	
X	80. 10(h)(10) DEVELOPMENTAL MILESTONES – POSTED	

X	81. 10(i) SUPERVISION- AT ALL TIMES, INDOORS and OUTDOORS	
X	82. 10(i)(1) PERSONAL SCHEDULE- ALERT, COMPETENT ATTENTION	
O	83. 10(i)(2) FULL ATTENTION - DISTRACTIONS, EMPLOYMENT, SOCIALIZATION	Provider not in compliance with providing their full attention when the specialist observed the provider providing her full attention to a family that had arrived to complete enrollment paperwork during business hours. The specialists observed a child running with a set of small, sharp scissors while the provider was fully attending to the guests and the substitute had her full attention on another small group of children.
X	84. 10(i)(3) IMMEDIATE ATTENTION	
X	85. 10(i)(4) SUBSTITUTE – EMERGENCY CAREGIVER PRESENT	
X	86. 10(j) APPR. DISCIPLINE, BEHAVIOR MANAGEMENT	
X	87. 10(j)(2) DISCUSS BEH. MANAGEMENT METHODS W/STAFF AND PARENTS	
X	88. 10(k)(1) CHILD PROTECTION- ABUSE/NEGLECT	
X	89. 10(k)(2)(A-B) NOTIFY OEC WITHIN 24 HRS. - DEATH OR SERIOUS INJURY	
X	90. 10(k)(3) MANDATED REPORTING ABUSE OR NEGLECT TO DCF	

SICK CHILD CARE 19a-87b-11

X	91. 11(a)(1)-(3) SICK CHILD CARE	
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NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N

	92. 12(a)(1)-(3) SEPARATE BED- LOCATION OF BED - APPROPRIATE SLEEPWEAR	
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OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

X	93. 13(a)-(f) ACCESS- IMMEDIATE, ENTIRE OR PART OF FACILITY AND RECORDS	
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ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? Y

X	94. 17 POLICIES AND PROCEDURES FOR ADMIN OF MEDS	
O	95. (a)(2) PARENT PERMISSION FOR NONPRESCRIPTION TOPICAL MEDS	Provider not in compliance with maintaining written permission from the parents prior to the administration of nonprescription topical medications when specialist observed 7 nonprescription topical medications without their corresponding written parent permission.
X	96. (a)(2)(b)(3)(D) NOTIFICATION - DOCUMENTATION OF MED ERROR(S)	
O	97. (a)(3) NONPRESCRIPTION TOPICAL MEDS- STORED/LABELED	Provider not in compliance with maintaining proper labeling of nonprescription topical medications when specialist observed 7 unlabeled nonprescription topical medications.
X	98. (a)(3)(C) UNUSED -EXPIRED NONPRESCRIPTION MEDS	
X	99. (b)(1)(2) DOCUMENTED MEDICATION TRAINED STAFF	
X	100. (b)(3) WRITTEN AUTH PRESCRIBER, PARENT PERMISSION	
X	101. (b)(4)(A-B) MAR MAINTAINED	
X	102. (b)(5)(A-B) PRESCRIPTION MEDS - STORED/LABELED	
X	103. (b)(5)(D) UNUSED/EXPIRED PRESCRIPTION MEDS	
X	104. (b)(5)(C)(E) EMERGENCY MEDS- EQUIPMENT LABELED/CURRENT	
X	105. (b)(6) SELF - ADMIN. OF MEDS	
X	106. (b)(7) PETITION FOR SPECIAL MEDICATION AUTHORIZATION	
X	107. (d) POTASSIUM IODIDE (KI)	
	N/A	

MONITORING OF DIABETES 19a-87b-18 Child with diabetes enrolled? N

X	108. (a) POLICIES FOR FINGER STICK BLOOD GLUCOSE TESTING	
X	109. (b) FINGER STICK BLOOD GLUCOSE TESTING - STAFF TRAINED	

X	110. (c)(3) SELF ADMIN OF FINGER STICK BLOOD GLUCOSE TESTING	
X	111. (d) TESTING EQUIP. & SUPPLIES- MAINTAIN, LABELED, LOCKED, DISPOSED	
X	112. (e)(1-2) FINGER STICK BLOOD GLUCOSE TESTING RECORDS	
X	113. (e)(3) PARENT NOTIFICATION OF TEST RESULTS	

ADDITIONAL VIOLATIONS

X	114. CONSENT ORDER - NEGOTIATED CORRECTIVE ACTION PLAN	N/A?
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WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	10 out of 110
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DISCUSSIONS/COMMENTS

Due to the excess amount of snow covering the outdoor play area, the outdoor play space utilized by children could not be thoroughly inspected for hazards. The specialist will schedule a follow-up inspection with the provider to thoroughly inspect the outdoor play area as soon as weather permits. DCFS.92144 was present during today's inspection. Specialists observed a family complete enrollment forms at the daycare with the intention of leaving the child in the provider's care. Discussed ensuring that prospective enrollees submit enrollment forms and health records prior to enrollment so as not to take away from the attention of the children in the child care and to ensure that the provider has a clear understanding of the child's present health and wellbeing. Discussed encouraging parents of enrolled children reviewing enrollment paperwork annually so that they can make changes as needed. Discussed the regulation requiring the provider to maintain evidence of flu vaccination for all enrolled eligible children between the ages of 6 months and 59 months by December 31st annually. Discussed the information on asthma action plans and the importance of reviewing and maintaining them on site. Discussed the regulations regarding the labeling of nonprescription topical medications and the documentation required to administer nonprescription topical medications. Discussed maintaining the written log of emergency drills for one year.

IMPORTANT NOTES

- * It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.
- * Only the regulations marked as compliant or non-compliant were monitored or discussed.

Signature of OEC Representative	<i>Ana Sanchez</i>	<i>Karina Plaza</i>	Signature of Provider/ Substitute
Printed Name	Ana Sanchez	KARINA PLAZA	Printed Name
2 nd OEC Representative	<i>Candy Vargas</i>	APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.	
Printed Name	Candy Vargas	THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.	



Written Corrective Action Plan due by:
03/19/2026

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CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf>