



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

|                                     |  |  |     |   |                                |                      |                            |            |
|-------------------------------------|--|--|-----|---|--------------------------------|----------------------|----------------------------|------------|
| <b>Provider</b>                     | KARINA PLAZA                                       |  |     |   | <b>License Number</b>          | DCFH.56860           | <b>Date of Inspection</b>  | 03/10/2026 |
|                                     |  |  |     |   | <b>Expiration Date</b>         | 10/31/2028           | <b>Time of Inspection</b>  | 10:01 AM   |
| <b>Address</b>                      | 431 POPLAR ST. FL 1<br>BRIDGEPORT<br>CT 06605-1645 |  |     |   | <b>Telephone</b>               | (475) 731-3054       | <b>Regular Capacity</b>    | 6          |
|                                     |  |  |     |   | <b>Hours of Operation</b>      | 5:30 AM – 10:00 PM   | <b>School Age Capacity</b> | 3          |
| <b>Is this a Change of Address?</b> | Yes?   |  | No? | X | <b>Days of Operation</b>       | Mon-Sun              | <b>Summer Hours</b>        | Open       |
| <b>New Address</b>                  |  |  |     |   | <b># Under 18 mths present</b> | 0                    | <b>Weekend Hours</b>       | Yes        |
|                                     |  |  |     |   | <b>Total children present</b>  | 6                    | <b>Night Hours</b>         | Yes        |
| <b>Type of Inspection</b>           | Partial inspection to inspect outdoor play area.   |  |     |   | <b>Inspector's Name</b>        | Ana Sanchez          |                            |            |
| <b>Provider's Email</b>             | karinaplaza87@gmail.com                            |  |     |   | <b>Inspector's Email</b>       | ana.m.sanchez@ct.gov |                            |            |

*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).*

*Ana Sanchez*

*Signature of Provider/Applicant/Substitute/Emergency Caregiver*

**REGULATORY VIOLATIONS**

|   |                                       |
|---|---------------------------------------|
| <b>Statute and/or Regulation:</b> [-]           | <b>Description:</b> 000 No Violations |
| No violations were cited during this inspection |                                       |
| <b>Statute and/or Regulation:</b>               | <b>Description:</b>                   |
| <b>Statute and/or Regulation:</b>               | <b>Description:</b>                   |
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| <b>Statute and/or Regulation:</b>               | <b>Description:</b>                   |

|   |  |
|---|--|
| <b>Statute and/or Regulation:</b>                             | <b>Description:</b>                                |
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| <b>Statute and/or Regulation:</b>                             | <b>Description:</b>                                |
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| <b>Statute and/or Regulation:</b>                             | <b>Description:</b>                                |
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| <b>Statute and/or Regulation:</b>                             | <b>Description:</b>                                |
|   |  |
| <b>Statute and/or Regulation:</b>                             | <b>Description:</b>                                |
|   |  |
| <b>Statute and/or Regulation:</b>                             | <b>Description:</b>                                |
|   |  |
| <b>Statute and/or Regulation:</b>                             | <b>Description:</b>                                |
|   |  |
| <b>OTHER FINDINGS-REGULATIONS IN COMPLIANCE</b>               |  |
| <b>Statute and/or Regulation:</b> [19a-87b-5(d) and/or 10(a)] | <b>Description:</b> 004-Capacity                   |
|   |  |
| <b>Statute and/or Regulation:</b> [19a-87b-5(e)]              | <b>Description:</b> 006-Infant/Toddler Restriction |
|   |  |

|   |  |
|---|--|
| <b>Statute and/or Regulation:</b> [19a-87b-9(f)(1-2)] | <b>Description:</b> 039-Indoor/Outdoor Space-Safe and Sufficient |
|---|--|

The regulation regarding sufficient/safe space was found to be in compliance during this visit.

|                                   |                     |
|-----------------------------------|---------------------|
| <b>Statute and/or Regulation:</b> | <b>Description:</b> |
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| <b>Statute and/or Regulation:</b> | <b>Description:</b> |
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|-----------------------------------|---------------------|
| <b>Statute and/or Regulation:</b> | <b>Description:</b> |
|-----------------------------------|---------------------|



|   |                   |
|---|-------------------|
| <b>WERE VIOLATIONS CITED DURING THIS VISIT?</b> | <b>YES/NO:</b> No |
|---|-------------------|

**DISCUSSIONS/COMMENTS**

Provider was not present during the inspection. DCFS.92144 and DCFS.92906 were both present during the inspection.

**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.
- Items left blank on this form were not monitored during this visit. Only the regulations marked as compliant or non-compliant were monitored or discussed. Providers are required by statutes and regulations to be in compliance at all times.
- **APPLICANTS** –You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

|   |                    |   |   |
|---|--------------------|---|---|
| <br>(Signature of OEC Representative) |                    | <b>DATE<br/>CORRECTIONS<br/>DUE BY:</b> | <br>(Signature of Provider/Substitute/Applicant) |
| <b>Ana Sanchez</b><br>(Printed Name)  | <br>(Printed Name) |   | <b>KARINA PLAZA</b><br>(Printed Name)   |