

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

monitoring visit #2

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Karina Plaza Date: 6.8.26 Time: 12:55 pm  
Location Address: 431 Poplar St. Bpt. Telephone #: 475-731-3054  
e-mail address: Karina.plaza37@gmail.com License #: 56860 Expiration Date: 10-31-28  
Capacity: 6+3 # of Children Present: 8 # of Staff Present: 3

**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: Consent order monitoring visit #2

Observations/Corrections needed:

- NS # 10a & b) Providers written policies and procedures are available in a binder. Provider is following through with completing checklists on maintaining records of children, observing physical environment and maintaining transportation permissions.
- NS # 11a & b) Provider demonstrated implementation of daily attendance checklists to licensing specialist for 3/2026, 4/2026, 5/2026 and 6/2026.
- NS # 12a, b & c) Provider requested and completed Technical Assistance on 1/8/26 and has a copy in her binder.
- NS # 13a, b, & c) Provider has demonstrated completion of utilizing "Family Childcare Home Checklist for Child Records" on a monthly basis. Demonstrated checklists for 3/2026, 4/2026, 5/2026 and 6/2026.

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 Amanda Hammons  
Signature: [Signature]  
(Person in Charge)  
Print Name: KARINA PLAZA

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SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Karina Plaza License # 56860 Date: 6/8/26

Observations/Corrections needed:

(NS) #14a & b) Provider has provided a written statement indicating she watched and understood the video "Maintaining Compliance Family Childcare Homes" on 1/11/26.

(NS) #15a+b) Provider has provided a written statement indicating she read "Licensing Capacity FAQs For Family Childcare Homes" on 1/14/26. Provider demonstrated to licensing specialist weekly checklists for "maintaining regulatory compliance" for 3/2026, 4/2026 and 5/2026.

Pending #16a+b, & C.) Provider has completed weekly checklists for "Maintaining Regulatory Compliance" for 3/2026, 4/2026 and 5/2026. Provider understands she must continue to complete them weekly until 12/10/26.

(NS) #17) Provider has paid the civil penalty of \$250.00

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Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: [Signature]

Print Name: Amanda Hammons  
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: N/A

Signature: [Signature]  
(Person in Charge)

Print Name: Karina