



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

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| Provider | HODA SHAHRESTANI | | | License Number | DCFH | Date of Inspection | 09/26/2024 |
| | | | | Expiration Date | | Time of Inspection | 09:55 AM |
| Address | 49 KATRINA CIR BETHEL CT 06801-3310 | | | Telephone | (951) 376-9898 | Regular Capacity | 6 |
| | | | | Days and Hours | 7:00am - 7:00pm Monday- Friday | School Age Capacity | 3 |
| # Children Present | 1 | # Under 18 months present | 0 | | | Summer Care | Open |
| Purpose of Inspection | Follow up to check fence gate. | | | Name of Inspector | Jannie Thornton | | |
| Provider's Email | Hodashahrestani@gmail.com | | | Inspector's Email | jannie.thornton@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).

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Regulatory Violations

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| Statute and/or Regulation: [-] | Description: 000 No Violations |
| No violations were cited during this inspection | |
| Statute and/or Regulation: | Description: |
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| Other Findings-Regulations In Compliance | |
| Statute and/or Regulation: [19a-87b-10(a)] | Description: 004-Capacity |
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| Statute and/or Regulation: [19a-87b-5(e)] | Description: 006-Infant/Toddler Restriction |
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| Statute and/or Regulation: [19a-87b-9(f)(2) and/or 19a-87b-9(f)(4)] | Description: 040-Body of Water |
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| Statute and/or Regulation: | Description: |
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| Statute and/or Regulation: | Description: |
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| Statute and/or Regulation: | Description: |
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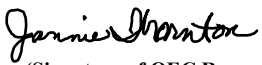

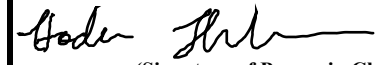
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| YES/NO: No | WERE VIOLATIONS CITED DURING THIS VISIT? |
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DISCUSSIONS/COMMENTS

Metal hooks were attached to fix the gaps in the fence. Pool gate has a self closing self latching lock. The gate also has a key lock.

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.
- APPLICANTS –You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

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|  (Signature of OEC Representative) |  (Signature of OEC Representative) | DATE CORRECTIONS DUE BY: |  (Signature of Person in Charge) |
| Jannie Thornton (Printed Name) | (Printed Name) | | HODA SHAHRESTANI (Printed Name) |