



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	RAQUEL DAGNE			License Number	DCFH	Date of Inspection	10/07/2024
				Expiration Date		Time of Inspection	09:30 AM
Address	2 PARTRIDGE DR BETHEL CT 06801-1255			Telephone	(646) 455-8405	Regular Capacity	6
				Days and Hours	Monday- Friday 6 :30 am- 5pm	School Age Capacity	3
# Children Present	0	# Under 18 months present	0			Summer Care	Open
Purpose of Inspection	Follow up sufficient space			Name of Inspector	Janarish Lopez		
Provider's Email	Rachel252014@gmail.com			Inspector's Email	janarish.lopez@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).

Raquel

Signature of Provider/Applicant/Substitute/Emergency Caregiver

Regulatory Violations

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-9(d)(4)(A)]	Description: 030-Basement Supervision
Statute and/or Regulation: [19a-87b-9(f)(1)]	Description: 039-Safe Space-Sufficient



Statute and/or Regulation:	Description:
Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:

<u>YES/NO:</u> No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

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.*

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Janarish Lopez (Printed Name)	 (Printed Name)		RAQUEL DAGNE (Printed Name)