

LICENSING CORRECTIVE ACTION PLAN (CAP)

NAME OF PROVIDER/OPERATOR: Raquel Dagne LICENSE #: 58082
 LOCATION ADDRESS: 2 Partridge Drive TOWN: Bethel INSPECTION REPORT DATE: 05/20/2025

CAPs submitted that do not conform to the instructions provided on the back will not be accepted. Read the instructions carefully before completing this form. In accordance with this agency's policy, your CAP will be posted online and made accessible to parents and others seeking information pertaining to your child care program.

Inspection Report Item # or Regulation	Corrective Action Taken	Exact Date Corrected	Check if Accepted (OEC Use Only)
	NOTE: Your response should include a clear concise explanation of the changes the program has made to correct the violation to ensure compliance.		
11	I understand that I have to notify OEC of any change of the day care home within 5 days of the change	05/21/25	/
12	I have read the regulations and understand them	05/22/25	/
23	the construction material has been removed and installed lock to the kitchen drawer placed	05/22/25	/
24	lock install in bathroom cabinet, door knob cover on hallway closet, Alcohol bee remove from table, chemical outside removed	05/22/25	/

Based on the inspection report, the licensee was cited for failure to comply with the regulations listed above. I hereby declare that the licensee has complied with the regulation(s) in the above manner. I understand the Agency reserves the right to re-inspect the above program to verify compliance with the regulations and to request a meeting with the licensee when necessary to review patterns of non-compliance. Understanding the penalties for false statements, I attest that the information I submit on this form is true.

If the violations of child care regulations referenced in the Report(s) related to this Corrective Action Plan reoccur in the future, the violations may no longer be considered resolved by this Corrective Action Plan and the Agency may bring disciplinary action based upon the violations identified in the Report(s) related to this Corrective Action Plan.

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

By checking this box, and typing my name below, I am electronically signing my CAP.

Signed: Raquel Dagne 05/21/25
(Provider/Operator) (Date)

RETURN TO:
 Connecticut Office of Early Childhood
 450 Columbus Blvd, Suite 302
 Hartford, CT 06103 Fax: 860-326-0552

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25	Dog feces had been removed from outdoor play area	05/24/25	/
28	Outlet had been covered indoor and outdoor	05/24/25	/
31	Gate had been placed at the top of the stairs	05/21/25	/
53	Three children had enrollment form complete	05/29/25	/
60	The three children have incident logs	05/29/25	/
63	Children now have toys to play with	05/29/25	/
73	order/have a new fitted crib sheet for baby	05/29/25	/

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 Signed: Raquel Dagne 05/21/25
(Provider/Operator) (Date)

Printed Name: Raquel Dagne