

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

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Jacqueline Velez Date: 10/12/23 Time: 9⁰⁰ am

Location Address: 60 Lenox St, Manchester CT 06106 Telephone #: 860 722 4104

e-mail address: benidaycare.70@gmail.com License #: 55233 Expiration Date: 8/31/25

Capacity: 6+3 # of Children Present: 2 # of Staff Present: 1

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature: [Signature]

Purpose of visit: Safe Sleep

Observations/Corrections needed:

19a-87b-10

73) Observed loose crib sheet in pack n-play
where infant of 6 months sleeps.

Discussed with provider in order to be in compliance,
a fitted crib sheet is required.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

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

Signature: [Signature]
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO
OEC BY: 10/26/23

Signature: [Signature]
(Person in Charge)