

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: 11/7/23 Time: 2:03 PM

Location Address: 60 Lenox St, Manchester, CT 06040 Telephone #: 860 722-4106

e-mail address: benidaycare70@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:

No violations found at time of inspection.

Provider in compliance with all safe sleep requirements.

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: N/A

Signature: [Signature]  
(Person in Charge)