



**DIVISION OF LICENSING**

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103

Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552

Email: [oeclicensing@ct.gov](mailto:oeclicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

|                              |                                         |                                  |   |                          |                                           |                            |            |
|------------------------------|-----------------------------------------|----------------------------------|---|--------------------------|-------------------------------------------|----------------------------|------------|
| <b>Provider</b>              | JACQUELINE VELEZ                        |                                  |   | <b>License Number</b>    | DCFH.55233                                | <b>Date of Inspection</b>  | 02/26/2024 |
|                              |                                         |                                  |   | <b>Expiration Date</b>   | 8/31/2025                                 | <b>Time of Inspection</b>  | 11:58 AM   |
| <b>Address</b>               | 60 LENOX ST<br>MANCHESTER CT 06040-4322 |                                  |   | <b>Telephone</b>         | (860) 722-4106                            | <b>Regular Capacity</b>    | 6          |
|                              |                                         |                                  |   | <b>Days and Hours</b>    | MONDAY - FRIDAY<br>6:30 A.M. TO 5:00 P.M. | <b>School Age Capacity</b> | 3          |
| <b># Children Present</b>    | 5                                       | <b># Under 18 months present</b> | 2 |                          |                                           | <b>Summer Care</b>         | Open       |
| <b>Purpose of Inspection</b> | Safe Sleep                              |                                  |   | <b>Name of Inspector</b> | Alexandra Rodriguez                       |                            |            |
| <b>Provider's Email</b>      | benidaycare70@gmail.com                 |                                  |   | <b>Inspector's Email</b> | alexandra.rodriguez@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

**Violations**

| Statute and/or Regulation | Description       | Comments                                        |
|---------------------------|-------------------|-------------------------------------------------|
| [-]                       | 000 No Violations | No violations were cited during this inspection |

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**Other Findings-In Compliance**

| Statute and/or Regulation                     | Description                                                  | Comments |
|-----------------------------------------------|--------------------------------------------------------------|----------|
| [19a-87b-10(a)]                               | 004-Capacity                                                 |          |
| [19a-87b-10(f)(1) and/or<br>19a-87b-10(f)(4)] | 073-Infants Placed in Safe<br>Crib/Snug Mattress/Tight Sheet |          |

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|



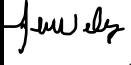
|                   |                                                 |
|-------------------|-------------------------------------------------|
| <b>YES/NO:</b> No | <b>WERE VIOLATIONS CITED DURING THIS VISIT?</b> |
|-------------------|-------------------------------------------------|

**Discussions:**

Provider in compliance with all safe sleep requirements.

**Comments:**

**NOTE:** 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.

|                                                                                                                         |                                                                                                                          |                                         |                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <br>(Signature of OEC Representative) | <br>(Signature of OEC Representative) | <b>DATE<br/>CORRECTIONS<br/>DUE BY:</b> | <br>(Signature of Person in Charge) |
| Alexandra Rodriguez<br>(Printed Name)                                                                                   | (Printed Name)                                                                                                           |                                         | JACQUELINE VELEZ<br>(Printed Name)                                                                                       |