



## FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

<b>Provider</b>	JACQUELINE VELEZ			<b>License Number</b>	DCFH.55233	<b>Date of Inspection</b>	08/27/2024
				<b>Expiration Date</b>	8/31/2025	<b>Time of Inspection</b>	11:33 AM
<b>Address</b>	60 LENOX ST MANCHESTER CT 06040-4322			<b>Telephone</b>	(860) 722-4106	<b>Regular Capacity</b>	6
				<b>Days and Hours</b>	MONDAY - FRIDAY 6:30 A.M. TO 5:00 P.M.	<b>School Age Capacity</b>	3
<b># Children Present</b>	7	<b># Under 18 months present</b>	2			<b>Summer Care</b>	Open
<b>Purpose of Inspection</b>	Follow up Pool barrier			<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*

### Regulatory Violations

<b>Statute and/or Regulation:</b>	[19a-87b-7(a)]	<b>Description:</b>	017-Medical Statement
Failed to maintain medical statement of new household member. Appointment is scheduled for 9/7/24.			
<b>Statute and/or Regulation:</b>	[19a-87b-8a]	<b>Description:</b>	021-Background Check
Failed to ensure comprehensive background checks have been conducted for one new family member. Appointment is scheduled for 9/17/24.			
<b>Statute and/or Regulation:</b>	[19a-87b-9(f)(2) and/or 19a-87b-9(f)(4)]	<b>Description:</b>	040-Body of Water
Failed to maintain a sturdy fence/barrier 4 feet high.			
<b>Statute and/or Regulation:</b>		<b>Description:</b>	
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<b>Other Findings-Regulations In Compliance</b>	
<b>Statute and/or Regulation:</b> [19a-87b-10(a)]	<b>Description:</b> 004-Capacity
One before and after school child present.	
<b>Statute and/or Regulation:</b>	<b>Description:</b>

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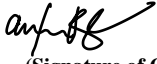

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<b>YES/NO:</b> Yes	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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<b>DISCUSSIONS/COMMENTS</b>
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Discussed with provider importance of having a secure four foot barrier with combination of key lock to protect children from pool.

**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.

 (Signature of OEC Representative)		<b>DATE CORRECTIONS DUE BY:</b> 09/10/2024	 (Signature of Person in Charge)
<b>Alexandra Rodriguez</b> (Printed Name)			<b>JACQUELINE VELEZ</b> (Printed Name)