



FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	JACQUELINE VELEZ			License Number	DCFH.55233	Date of Inspection	09/17/2024
				Expiration Date	8/31/2025	Time of Inspection	01:27 PM
Address	60 LENOX ST MANCHESTER CT 06040-4322			Telephone	(860) 722-4106	Regular Capacity	6
				Days and Hours	MONDAY - FRIDAY 6:30 A.M. TO 5:00 P.M.	School Age Capacity	3
# Children Present	4	# Under 18 months present	1			Summer Care	Open
Purpose of Inspection	Follow up pool			Name of Inspector	Alexandra Rodriguez		
Provider's Email	benidaycare70@gmail.com			Inspector's Email	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

Statute and/or Regulation: [-]	Description: 000 No Violations
No violations were cited during this inspection	
Statute and/or Regulation:	Description:
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Other Findings-Regulations In Compliance	
Statute and/or Regulation: [19a-87b-10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-9(f)(2) and/or 19a-87b-9(f)(4)]	Description: 040-Body of Water
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Observed locked pool barrier measuring over 5ft with key lock.

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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YES/NO: No	WERE VIOLATIONS CITED DURING THIS VISIT?
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DISCUSSIONS/COMMENTS

Discussed with provider importance of always having current background checks for household members. Household member went to fingerprinting appointment today.

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)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Person in Charge)
Alexandra Rodriguez (Printed Name)	 (Printed Name)		JACQUELINE VELEZ (Printed Name)