



**DIVISION OF LICENSING**  
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552  
 Email: [occlicensing@ct.gov](mailto:occlicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME INSPECTION**

Provider	JACQUELINE VELEZ				License Number	DCFH.55233	Date of Inspection	10/02/2025
					Expiration Date	8/31/2029	Time of Inspection	10:20 AM
Address	60 LENOX ST MANCHESTER CT 06040-4322				Telephone	(860) 722-4106	Regular Capacity	6
					Hours of Operation	6:30 AM – 5:30 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri	Summer Hours	Open
New Address					# Under 18 mths present	1	Weekend Hours	No
					Total children present	3	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Carmen Valenzuela		
Provider's Email	benidaycare70@gmail.com				Inspector's Email	carmen.valenzuela@ct.gov		

Key:  
 Compliant = X  
 Non-Compliant = O

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). *J. Velez*

Signature of Provider/Substitute/Applicant

**TERMS OF REGISTRATION 19a-87b-5**

X	4. Capacity	
X	5. Non-transferability of license	Pending?
X	6. Infant/Toddler Restriction	
X	7. License Posted	
X	8. Parent Access to OEC Phone Number	
X	9. Photo ID	
X	10. Requests for Information	
O	11. Notification of Change	Provider not in compliance with notifying the Office of the addition of any household member when there was one new household member since July 2025, no notification received.

**QUALIFICATION OF PROVIDER 19a-87b-6**

X	12. Awareness of, Understanding of Regulations	
X	13. Medical statement	
	Expiration date:	03/29/2026
X	14. First Aid Certificate	
	Expiration date:	01/31/2027

<b>X</b>	15. CPR Certificate	
	Expiration date:	
	01/31/2027	
<b>X</b>	16. Judgment	

**MEMBERS OF THE HOUSEHOLD 19a-87b-7**

<b>○</b>	17. Medical Statement	Provider not in compliance with maintaining medical statements for one new household member with no form, and one child/ household member with an incomplete physical evaluation form.
<b>X</b>	18. Household Environment	

**QUALIFICATIONS OF STAFF 19a-87b-8**

<b>X</b>	19. Sub/Assistant	Y/N	Name:		Appvl #	
	Type of Staff :	N				
<b>X</b>	20. Emergency Caregiver					

**COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a**

<b>○</b>	21. Background Check(s)	Provider not in compliance with ensuring comprehensive background check(s) have been conducted for all household members when one new member had not completed the background check.
----------	-------------------------	--

**PHYSICAL ENVIRONMENT 19a-87b-9**

<b>X</b>	22. Clean/Sanitary Environment		
<b>○</b>	23. Freedom of Hazards	Provider not in compliance with maintaining the facility and/or equipment in good repair and free of hazards when observed holes in the ground on play area creating a tripping hazard (continues after checklist)	
<b>○</b>	24. Harmful Substances/Materials Inaccessible	Provider not in compliance with ensuring harmful substances and materials are inaccessible to children when there were multiple toiletries, personal items, mouthwash in the bathroom, inside drawers with no lock.	
<b>X</b>	25. Bio-contaminants Disposed Safely		
<b>X</b>	26. Safe Storage of Flammables		
<b>X</b>	27. Safe Door Fasteners		
<b>X</b>	28. Electrical Safety		
<b>X</b>	29. Safe Exits		
<b>X</b>	30. Basement Supervision	Y/N	
		Y	
	Used for Care ?	Y/N	
<b>○</b>	31. Stairways - Protected, Handrails	Provider not in compliance with ensuring a gate or other structure is in place at the entry of stairways accessible to children when the basement door had only a doorknob cover, ( continues after checklists)	
<b>X</b>	32. Emergency Plan		

<b>O</b>	<b>33. Emergency Evacuation Drills - Quarterly/Log</b>	<b>Provider not in compliance with maintaining a written log of the drills for one year when there were none listed for 2024, and only two for January and April 2025.</b>	
<b>X</b>	<b>34. Smoke Detectors</b>		
<b>X</b>	<b>35. Carbon Monoxide Detector</b>		
<b>X</b>	<b>36. Fire Extinguisher- 5 lb. ABC/Installed</b>		
<b>X</b>	<b>37. Auxiliary Heating System N</b> Type?	Appvd?	
<b>X</b>	<b>38. Safe Storage of Weapons and Ammunition</b>		
<b>X</b>	<b>39. Safe Space- Sufficient</b> Indoors   Outdoors Y   Y		
<b>X</b>	<b>40. Body of Water- Type: Above ground</b> Barrier?	Y/N Y Y	
<b>X</b>	<b>41. Hot Tubs- Locked - Inaccessible</b>	Y/N N	
<b>X</b>	<b>42. Ventilation, Light and Temperature- 65°</b>		
<b>X</b>	<b>43. Window Safety</b>		
<b>X</b>	<b>44. Washing Toileting, Sewage Garbage Facilities</b>		
<b>X</b>	<b>45. Adequate and Safe Water -</b> Type of System: Public Water		
<b>X</b>	<b>46. Water Temperature- 60°-120°</b>		
<b>X</b>	<b>47. Pasteurization of Milk Supply</b>		
<b>X</b>	<b>48. Working Phone, Emergency Numbers Posted</b>		
<b>X</b>	<b>49. Safe Transportation Registered, Insured, Restraints</b>		
<b>X</b>	<b>50. First Aid supplies</b>		
<b>X</b>	<b>51. Pet protection</b>	Type: 2 dogs	
<b>X</b>	Pets?	Y	
<b>X</b>	Rabies Certs?	Y	
<b>X</b>	<b>52. Smoking Prohibited</b>		

**RESPONSIBILITIES OF PROVIDER 19a-87b-10**

<b>X</b>	<b>53. Enrollment Form</b>	
----------	----------------------------	--

<b>X</b>	54. Child Health Record	Provider not in compliance with maintaining complete child health record(s)
<b>O</b>	55. Immunizations	Provider not in compliance with maintaining complete immunization records(s) when two children had no documentation for last flu season.
<b>X</b>	56. Emergency Permission	
<b>X</b>	57. Authorized Release	
<b>X</b>	58. Field Trip and Transportation Permission- To/From School	
<b>X</b>	59. Swimming Permission	
<b>X</b>	60. Incident Log	
<b>X</b>	61. Confidentiality	
<b>X</b>	62. Meeting the Child's Needs	
<b>X</b>	63. Sufficient Play Equipment	
<b>X</b>	64. Good Nutrition- Meals/Snacks, Water Available	
<b>X</b>	65. Handwashing	
<b>X</b>	66. Flexible and Balanced Written Schedule	
<b>X</b>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<b>X</b>	68. Proper Rest Provisions – Safe Cribs	
<b>X</b>	69. Individual Plan for Care (Written if Applicable)	
<b>X</b>	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
<b>X</b>	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
<b>X</b>	72. Infants Placed on Back for Sleeping	
<b>X</b>	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	

<b>X</b>	74. Crib or Other Provision Free from Observable Hazards	
<b>X</b>	75. Infants not Swaddled	
<b>X</b>	76. Infants Supervised – minimum every 15 minutes	
<b>X</b>	77. Req. for Sleep Arrangements Posted/Discussed	
<b>X</b>	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	
<b>X</b>	79. Parent Information and Access	
<b>X</b>	80. Developmental Milestones – Posted	
<b>X</b>	81. Supervision- at all Times, Indoors, Outdoors	
<b>X</b>	82. Personal Schedule- Alert, Competent Attention	
<b>X</b>	83. Full Attention - Distractions, Employment, Socialization	
<b>X</b>	84. Immediate Attention	
<b>X</b>	85. Substitute – Emergency Caregiver Present	
<b>X</b>	86. Appr. Discipline, Behavior Management	
<b>X</b>	87. Discuss Beh. Management Methods w/Staff and Parents	
<b>X</b>	88. Child Protection- Abuse/Neglect	
<b>X</b>	89. Notify OEC within 24 hrs. - Death or Serious Injury	
<b>X</b>	90. Mandated Reporting Abuse or Neglect to DCF	

### SICK CHILD CARE 19a-87b-11

<b>X</b>	91. Sick Child Care	
----------	---------------------	--

### NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N

<b>X</b>	92. Separate Bed- Location of Bed - Appropriate Sleepwear	
----------	---	--

**OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13**

<b>X</b>	93. Access- Immediate, Entire or Part of Facility and Records	
----------	--	--

**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? Y**

<b>X</b>	94. Policies and Procedures for Admin of Meds	
----------	---	--

<b>X</b>	95. Parent Permission for Nonprescription Topical Meds	
----------	---	--

<b>X</b>	96. Notification - Documentation of Med Error(s)	
----------	--	--

<b>X</b>	97. Nonprescription Topical Meds- Stored/Labeled	
----------	---	--

<b>X</b>	98. Unused - Expired Nonprescription Meds	
----------	--	--

<b>X</b>	99. Documented Medication Trained Staff	
----------	---	--

<b>X</b>	100. Written Auth Prescriber/Parent Permission	
----------	--	--

<b>X</b>	101. MAR Maintained	
----------	------------------------	--

<b>X</b>	102. Prescription Meds - Stored/Labeled	
----------	---	--

<b>X</b>	103. Unused/Expired Prescription Meds	
----------	---	--

<b>X</b>	104. Emergency Meds- Equip. Labeled/Current	
----------	---	--

<b>X</b>	105. Self-Admin. Of Meds	
----------	-----------------------------	--

<b>X</b>	106. Petition for Special Medication Authorization	
----------	---	--

**MONITORING OF DIABETES 19a-87b-18 Child with diabetes enrolled? N**

<b>X</b>	108. Policies for Finger Stick Blood Glucose Testing	
----------	--	--

<b>X</b>	109. Finger Stick Blood Glucose Testing - Staff Trained	
----------	--	--

<b>X</b>	110. Self Admin of Finger Stick Blood Glucose Testing	
----------	---	--

<b>X</b>	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed	
----------	--	--

<b>X</b>	112. Finger Stick Blood Glucose Testing Records	
<b>X</b>	113. Parent Notification of Test Results	

**ADDITIONAL VIOLATIONS**

	114. Consent Order - Negotiated Corrective Action Plan	N/A?
		<b>X</b>

WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	8 out of 109
---	-----	-------------------------------------	--------------



**DISCUSSIONS/COMMENTS**

#23 Freedom of Hazards Continuation  
 Observed a lighter on the bathroom sink, next to an unlit candle, and two pair of scissors inside a kitchen cabinet drawer that was not locked. Lighter and scissors were moved by the provider during the visit.

#31 Stairways: Protected/ Handrails Continuation:  
 and the hook and eye was open, not providing adequate protection for access to stairs; provider engaged the hook and eye during the visit. Observed the support pieces of the gate on sides of stairs that leads to the outdoor area, but no gate on.  
 \*\*\*\*\*  
 Flyers on safe sleep in child care programs were given to provider and reviewed with her.  
 Discussed no inserts, extra padding, comforters for pack and plays. Following manufacturer's guidelines including not using them for children of climbing age or use of any other pad, different from the ones that comes with the unit, without quilted pad covers, or extra padding.  
 Discussed developmentally appropriate activities, based on ages, interest, developmental levels, and limited use of screen time.  
 Flyer with information on how to contact legal division for help with background checks was given to provider. Specialists showed provider how to access BCIS and the steps to send invitation to new household member.

**IMPORTANT NOTES**

- o *It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.*
- o *Only the regulations marked as compliant or non-compliant were monitored or discussed.*
- o *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: <b>10/16/2025</b>	 (Signature of Provider/Applicant/Substitute)
<b>Carmen Valenzuela</b> (Printed Name)	 (Printed Name)		<b>JACQUELINE VELEZ</b> (Printed Name)