

Initial    Unannounced Full/Partial    Follow-up    Location Change    Investigation    Other \_\_\_\_\_

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Beatrice Fox Averbach Early Child Date: 10-7-21 Time: 11:30

Location Address: 335 Bloomfield Ave., West Hartford Center Telephone #: 860-231-6343

e-mail address: gdelay@mandelljcc.org License #: 12293 Expiration Date: 10-31-24

Capacity: 300 # of Children Present: 129 # of Staff Present: 35

**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 \_\_\_\_\_

Purpose of visit: Case # 2021-714

Observations/Corrections needed:

P 19a-79-49(c)(4)(D) - supervision  
P 19a-79-49 (c)(3)(A) - staff personal qualities

All regulations pending investigations

S = Substantiated    NS = Not Substantiated    P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: \_\_\_\_\_

Signature: [Signature]  
(OEC Representative)  
Print Name: Kevin Eddy  
Signature: [Signature]  
(Person in Charge)  
Print Name: Gennifer Delay