

**CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING**



Type of Inspection: Initial Unannounced Full Announced Full Partial Follow-Up Change of Location

Beatrice Fox Auerbach Early Child	2/25/25	830am
335 Bloomfield Ave	12293	10/3/28
West Hartford, CT 06117	Sub 2314344	Open
Joyce + Andrew Mandul Greater H.S.C.	# of Staff Present: 37	# over 3 Present: 87
g.pasternak@mandulbcc.org	Total Capacity: 300	Total Under 3 capacity: 50
Gen Delay Pasternak		# under 3 Present: 43
		Ages Served: 4M-12y
		M-F 7 ³⁰ AM-5 ³⁰ PM

Endorsements: Under Three (6wks - 36m) Preschool (3y - 5y) School Age (5y & up) Night Care (6wks & up)

LICENSING		STAFFING and COMPLIANCE																					
1. (c)(8)	Local Health Inspection-Date: 11/20/25	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records																				
		<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions																				
		<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks																				
		<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance																				
		<input checked="" type="checkbox"/> 23. (d)	Adequate staffing																				
		<input checked="" type="checkbox"/> 24. (d)(1)	Designated head teacher-approved-60%																				
		<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older																				
		<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff																				
		<input checked="" type="checkbox"/> 27. (d)(4)(A)	RATIOS																				
		<input checked="" type="checkbox"/> 28. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors																				
		<input checked="" type="checkbox"/> 29. (d)(4)(D)	Mixed age group-ratios																				
		<input checked="" type="checkbox"/> 30. (e)(1)	Nap time ratio																				
		<input checked="" type="checkbox"/> 31. (f)(1)	Supervision-Indoors/Outdoors																				
		<input checked="" type="checkbox"/> 32. (f)(2)	GROUP SIZE																				
		<input checked="" type="checkbox"/> 33. (a)(2)	Group Size-Indoors/Outdoors																				
		<input checked="" type="checkbox"/> 34. (h)(1)(2)	Group Size-school age field trips/outdoor																				
		<input checked="" type="checkbox"/> 35. (i)(1)(A)-(D)	Mixed age group-group size																				
			Designated director-training																				
			CPR certified program staff																				
			First aid certified program staff																				
			PROFESSIONAL DEVELOPMENT																				
			Documentation																				
			Health & Safety training																				
			1% annual hours																				
			SWIMMING ACTIVITIES - Y/N																				
			Swimming-Ratios																				
			Non-swimmers identified																				
			CPR certified staff-age 20 or older																				
			Lifeguard-certified-supervising																				
			CONSULTANTS																				
			Consultants-Education, Health, Social Service, Dietitian (N/A)																				
			Consultant agreements-signed annually																				
			Agreements complete w/required services																				
			Consultant logs-documented activities, observations and required services																				
			Consultant visits- Education/Health																				
			<table border="1"> <thead> <tr> <th></th> <th>Contracts</th> <th>Logs</th> <th>Visits</th> </tr> </thead> <tbody> <tr> <td>Education</td> <td>0</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Health</td> <td>0</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Soc. Serv.</td> <td>0</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Dietitian</td> <td>0</td> <td>✓</td> <td>✓</td> </tr> </tbody> </table>		Contracts	Logs	Visits	Education	0	✓	✓	Health	0	✓	✓	Soc. Serv.	0	✓	✓	Dietitian	0	✓	✓
	Contracts	Logs	Visits																				
Education	0	✓	✓																				
Health	0	✓	✓																				
Soc. Serv.	0	✓	✓																				
Dietitian	0	✓	✓																				

36. (a)(1)(A-C) Children's Enrollment information
 37. PARENT PERMISSIONS
 (a)(1)(D)(i) Emergency medical permission
 (a)(1)(D)(ii) Authorized release permission
 (a)(1)(D)(iii) Field trip permission
 (a)(1)(D)(iv) Transportation permission
 18. (a)(2)(A-B) Child Health Records
 19. (a)(2)(C) Immunization records
 20. (a)(2)(E) Individual care plan-signed by parents/staff
 1. (a)(3)(A) Injury, Illness, Incident, Accident reports
 2. (a)(3)(B) Parent notification of illness or injury
 3. (a)(3)(C)(i-ii) Notify OEC of serious injuries, fatality
 4. (a)(3)(D) Notify DPH, local health-reportable diseases
 5. (a)(4) Video recordings- keep 30 days

72. (d)(2)
 73. (d)(3)
 74. (d)(3)
 75. (d)(4)
 76. (d)(5)
 77. (d)(6), (f)(3)
 78. (d)(7)
 79. (d)(8)
 80. (d)(8)
 81. (d)(9)
 82.

Walkways maintained
 Windows protected to prevent falls
 Window screens (Schl age only-N/A)
 Glass and mirrors protected to 36"
 Overhead doors-locking devices, spring protectors
 Exits, stairs, hallways unobstructed (N/A)
 Individual storage of clothing/bedding
 Smoking or vaping prohibited on premises/grounds
 Matches/lighters inaccessible
 Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)

HEALTH and SAFETY 19a-79-6a
 5. (a)(1) Preparation, transportation of food-follow DPH Model Food Code N/A
 7. (a)(2) Nutritious meals and snacks
 3. (a)(3) Proper refrigeration-41 degrees
 4. (a)(4) Menus-1 wk in advance- keep 3 mths
 1. (a)(5) Food Service Inspection N/A
 1. (a)(6) Kitchen-clean, safe storage of food/supplies
 2. (a)(7) Separate hand washing facilities
 3. (a)(8) Multi-use eating/drinking utensils
 4. (a)(9) Kitchen separated (Schl age only N/A)
 5. (a)(10) Children supervised during meal prep
 6. (a)(11) Handwashing-staff/children
 7. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms
 8. (b)(2) Designated isolation area
 9. (c) FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
 0. (c) FIRST AID SUPPLIES-Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
 1. (d) FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

(d)(10)(A)
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 (d)(10)(F)
 (d)(10)(G)
 (d)(10)(H)
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 97. (e)(12)
 98. (e)(13)
 99. (e)(14-15)
 100. (e)(16)
 101. (e)(17)
 102. (e)(18)
 103. (f)(1)(A)
 104. (g)(1)
 105. (g)(2)
 106. (g)(3)
 107. (g)(4)

TOILETING
 Shared toilets/sinks-supervision plan
 Toileting needs met
 Potty chairs-nonporous, emptied, disinfected
 Required toilets/sinks-1:16
 Required toilets/sinks-1:25 schl age only
 Toileting Supplies-Hand drying-Garbage
 Handwashing staff/children
 Toilets/sinks located-at the facility or licensed premises
 Well lighted/ventilated toilet rooms
 Mechanical ventilation (Grp Homes N/A)
 Staff personal articles inaccessible
AIR TEMPERATURE
 Air temp 65 °F at 3 ft - non-mercury thermometer affixed to wall (Schl age only N/A)
 Air temp < 65°F comfortable (Schl age only-N/A)
 Air temp > 80 °F - ↑ fluids/ventilation
 Water temperature 60 °F - 120 °F
 Portable space heaters prohibited
 Walls/ceilings/floors/rugs-clean/good repair
 Rugs- not tripping/slipping hazard
 Hot water/Steam pipes protected
 Working phone on each level
 Emergency numbers posted-adjacent to phones
 Parents provided direct on site phone number
LIGHTING
 All areas min. 1 foot candle of lighting
 Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
 Schl age only-lighting for comfort
 Light fixtures shielded/shatter proof
 Potentially hazardous substances, materials - labeled, inaccessible
 Garbage/rubbish-disposed of daily, containers in good repair
 Stairs-protected/good repair-handrails
 Toxic plants/materials inaccessible
 Pets or other animals-in good health, written care plan including access to children
 Prevention of vermin-openings screened
 Radon test- Results: 0.5 N/A
 Results posted-Date: 2/21/25 (Schls-N/A)
 Carbon monoxide detector-each level (N/A)
 Program space-adequate-35 sq. ft. per child
 Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
 Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
 Air conditioners, water heaters, fuse boxes inaccessible
 Developmentally app equipment, materials

PHYSICAL PLANT 19a-79-7a
 52. (a)(2) Fire marshal codes/certificate 127024
 53. (b) Indoor/Outdoor space inspected/approved
 54. (b)(1)-(5) Construction/expansion/renovation/conversion
 55. (b)(6) Space not inspected/approved but used for field trips-written parent permission
 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program established
 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) (N/A)
 68. (c)(4) Testing of premises/grounds for chemicals
 69. (c)(5)(A) WATER SUPPLY - Public Well (Schools-N/A)
 (c)(5)(B) Lead Water Test - Date: 6/16/23
 (c)(5)(C) Bact./Chem Test-Date: _____ (N/A)
 70. (c)(6)(A) LEAD PAINT - Peeling Paint - Y(N) Inside/Outside Building Pre-78: Y/N Lead Test: Y/N Results _____
 (c)(6)(B-D) Lead Management Plan _____
 71. (d)(1) Emergency vehicle access

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(e)(10)
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 (e)(16)
 (e)(17)
 (e)(18)
 (f)(1)(A)
 (g)(1)
 (g)(2)
 (g)(3)
 (g)(4)

PROGRAM NAME: Beatrice Fox Aueibach ECC

LICENSE NUMBER: 12293

DATE OF INSPECTION: 2/25/25

108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
110.	(j)	No weapons/no facsimile of a firearm
111.		OUTDOOR SPACE
	<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child
	<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"
	<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards
	<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected
	<input checked="" type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried
	<input checked="" type="checkbox"/> (h)(6)	New equip- cert play. Inspection upon request
	<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible
	<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
112.		OUTDOOR PROTECTED/FENCING
	<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
113.	<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft
	<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
	<input type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier <i>N/A</i>
114.		WATER HAZARDS
	<input checked="" type="checkbox"/> (i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61 <i>N/A</i>
	<input checked="" type="checkbox"/> (i)	Wading pools prohibited
	<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible <i>N/A</i>

UNDER THREE ENDORSEMENT 19a-79-10	
<input checked="" type="checkbox"/> 129.	<input checked="" type="checkbox"/> (f)(1) <input checked="" type="checkbox"/> (f)(2) <input checked="" type="checkbox"/> (f)(3) <input checked="" type="checkbox"/> (f)(4)
<input checked="" type="checkbox"/> 130.	<input checked="" type="checkbox"/> (g)(1) <input checked="" type="checkbox"/> (g)(1) <input checked="" type="checkbox"/> (g)(1) <input checked="" type="checkbox"/> (g)(2) <input checked="" type="checkbox"/> (g)(3) <input checked="" type="checkbox"/> (g)(4) <input checked="" type="checkbox"/> (g)(5)
<input checked="" type="checkbox"/> 131.	(h)(1)
<input checked="" type="checkbox"/> 132.	(h)(1)
<input checked="" type="checkbox"/> 133.	(h)(2)
<input checked="" type="checkbox"/> 134.	(h)(2)
<input checked="" type="checkbox"/> 135.	(i)(1)(2A-C)
<input checked="" type="checkbox"/> 136.	(j)
<input checked="" type="checkbox"/> 137.	<input checked="" type="checkbox"/> (k)(1)
<input checked="" type="checkbox"/> 138.	<input checked="" type="checkbox"/> (k)(2) <input checked="" type="checkbox"/> (k)(3) <input checked="" type="checkbox"/> (k)(4) <input checked="" type="checkbox"/> (k)(5)
<input checked="" type="checkbox"/> 139.	(l)(1) (l)(2) (l)(3)
LINENS/CLOTHING	
Linens/emergency clothing available	
Linens washed weekly or as needed	
Linens/clothing stored individually	
Cribs/cots cleaned-linens changed when shared	
SAFE SLEEP	
Under 12 mths placed on back for sleeping	
Crib-snug fitting mattress/tightly fitted sheet	
Alternate sleep position/equipment-medical documentation for medical reason on file	
Infants allowed to adopt other sleep positions	
No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles	
No unapproved sleeping-car seats/swings/beds, etc.	
No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes	
Observe/assess infants at least every 15 minutes	
Teething necklaces/bracelets, jewelry inaccessible	
Safe sleep policies posted/parents informed	
Infant toys-separate/washed/sanitized daily	
Toddler toys-washed/sanitized weekly	
No toys/objects less than 1 1/4" diameter	
Plastic bags/balloons/styrofoam inaccessible unless under direct supervision	
Health consultant visits/documentation	
FEEDING	
Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle	
Written feeding schedule from parent-updated	
Unused formula/milk discarded after feedings	
Clean bottles/disposable bottles/appvd washing	
Baby food served from dish or whole jar	
Bottles labeled with child's name	
Outdoor spaced fenced-4 ft lic. after 1/1/25	
Outdoor equipment-developmentally appropriate for ages of the children	
Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety	

EDUCATIONAL REQUIREMENTS 19a-79-8a		
115.	(a)	Written daily/weekly educational plan-developmentally appropriate
116.	(a)	EDUCATIONAL REQUIREMENTS
	<input checked="" type="checkbox"/> (1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity
	<input checked="" type="checkbox"/> (b)	Limited access to screen time/video games

UNDER THREE ENDORSEMENT 19a-79-10 <i>YN</i>		
117.	(b)	Approved Under 3 Endorsement
118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)
120.	(c)(4)	Physical barriers- indoors/outdoors
121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
122.	(d)(2)(Ai-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)
123.	(d)(2)(B)	Washable cots
124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
126.	(d)(2)(E)	Refrigerator and food prep facilities
127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
128.		DIAPERING
	<input checked="" type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail
	<input checked="" type="checkbox"/> (e)(2)	Diaper area: used only for this purpose, located in the program area
	<input checked="" type="checkbox"/> (e)(3)	Diaper area: non-porous surface/good repair
	<input checked="" type="checkbox"/> (e)(4)	Diaper area: washed/disinfected after use
	<input checked="" type="checkbox"/> (e)(5)	Diaper area: disposable paper sheets
	<input checked="" type="checkbox"/> (e)(6)(9)	Covered waste receptacle-removed daily
	<input checked="" type="checkbox"/> (e)(7)	Handwashing-staff/children
	<input checked="" type="checkbox"/> (e)(8)	Diapering-Handwashing policies-posted/followed
	<input checked="" type="checkbox"/> (e)(10)(A-C)	Cloth diapers-written plan developed

SCHOOL AGE ENDORSEMENT 19a-79-11 <i>YN</i>		
<input checked="" type="checkbox"/> 140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/> 141.	<input checked="" type="checkbox"/> (c)	SCHEDULE - ACTIVITIES
<input checked="" type="checkbox"/> 142.	<input checked="" type="checkbox"/> (c)(1) <input checked="" type="checkbox"/> (c)(2)	Written daily program plan-flexible schedule-available to staff/parents
<input checked="" type="checkbox"/> 143.	<input checked="" type="checkbox"/> (c)(3)	Activities not a duplication of child's day
<input checked="" type="checkbox"/> 144.	(d)	Activities include cognitive, physical, social, emotional needs of the children
<input checked="" type="checkbox"/> 145.	(e)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/> 146.	(f)	Ratio- 1:15
	(g)	Group size- max. 30
		4 yr. olds enrolled in schl age-written authorization/permission from director/parent
		Head teacher approved- 60%

LICENSING NUMBER: **12293** DATE: **2/25/25**
 LICENSING OFFICER: **Beatrice Fox Auerbach ECC**

NIGHT CARE ENDORSEMENT		MONITORING OF DIABETES	
147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 171. (a)(1)	Written policies and procedures STAFF TRAINING Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions Training updated at least every 3 years Written documentation of training Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible Signed agreement with parent regarding equipment, supplies, materials to be discarded Authorized prescriber written order Written authorization from parent Testing results and actions taken – documented and kept on file, ensure parents are notified daily
148. (b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 172.	
149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> (b)(1)(A) <input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)	
150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> (b)(2) <input checked="" type="checkbox"/> (b)(3) <input checked="" type="checkbox"/> (c)(2)	
151. (b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> (c)(3)	
152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> 173.	
153. (b)(6)	SLEEP PROVISIONS Individual cot/crib with bedding	<input checked="" type="checkbox"/> 174. (d)(1) <input checked="" type="checkbox"/> 175. (d)(2) <input checked="" type="checkbox"/> 176. (d)(3)	
<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 177. (e)(1) <input checked="" type="checkbox"/> 178. (e)(2) <input checked="" type="checkbox"/> 179. (e)(3)	
<input type="checkbox"/> (b)(6)(B)	Required bedding		
<input type="checkbox"/> (b)(6)(C)	Required toiletries		
<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly		
<input type="checkbox"/> (b)(7)	Sleep arrangements for infants		
154. (b)(8)	Air temp 65 °F at 3 ft		
155. (b)(9)	Fire marshal approval-hours specified		
156. (b)(10)	Local health approval		

ADMINISTRATION OF MEDICATIONS *19-79-9a(1)N* **ADDITIONAL VIOLATION**

157. (9a)	Written medication policies/procedures Permit enrollment of children with asthma, allergies, diabetes NONPRESC. TOPICAL MEDICATION Admin/Parent permission/report errors Labeling and Storage Unused/expired meds destroyed/returned MEDICATION TRAINING Medication training-general-oral/top/inhalant Injectible premeasured autoinjector medication Rectal medication Injectible other than premeasured auto-injector Training approval documents/certificates Training outline on file Authorized prescriber/parent permission Medication errors- documentation, parent(s) and OEC notification Medication Administration Records (MAR) Labeling and Storage Emergency medication inaccessible Unused/Expired meds-destroyed/returned Auto-injector/inhalant equipment Self-administration documentation Petition for special medication authorization Potassium Iodide (KI) emergency distribution-permission and storage <i>(NA)</i>	<input checked="" type="checkbox"/> 180. -	Consent Order/Negotiated Corrective Action Plan conditions
158. (9a)			N/A

DISCUSSIONS - COMMENTS	
159. (a)(2)	Update policies per new regulations. checklist Sherrin - health & safety training for all staff by 4/1/25 - education consultant <i>visit 1x yr</i> All items discussed/checked - wobbly play kitchen in <i>Bunnies</i> - kitchen in toddler kitchen dirty
<input checked="" type="checkbox"/> (a)(3)(A-B)	
<input checked="" type="checkbox"/> (a)(3)(C)	
<input checked="" type="checkbox"/> (b)(1)(A/C)	
<input checked="" type="checkbox"/> (b)(1)(D)	
<input checked="" type="checkbox"/> (b)(1)(E)	
<input checked="" type="checkbox"/> (b)(1)(F)	
<input checked="" type="checkbox"/> (b)(2)(A-B)	
<input checked="" type="checkbox"/> (b)(2)(C)	
<input checked="" type="checkbox"/> (b)(3)(A-B)	
<input checked="" type="checkbox"/> (b)(3)(D)	
<input checked="" type="checkbox"/> (b)(4)(A-B)	
<input checked="" type="checkbox"/> (b)(5)(A-B)	
<input checked="" type="checkbox"/> (b)(5)(C)	
<input checked="" type="checkbox"/> (b)(5)(D)	
<input checked="" type="checkbox"/> (b)(5)(E)	
<input checked="" type="checkbox"/> (b)(6)	
<input checked="" type="checkbox"/> (b)(7)(A-B)	
<input checked="" type="checkbox"/> (d)	

SIGNATURE OF OEC STAFF	<i>Ma Keller</i>	SIGNATURE OF PERSON IN CHARGE	<i>Andrea Rosenfield</i>
PRINTED NAME	K Kellerman	PRINTED NAME	Andrea Rosenfield

OEC DIVISION OF LICENSING
 450 Columbus Blvd, Suite 302, Hartford, CT 06103
 Help Desk: (800)282-6063 or (860)500-4450
 Website: www.ctoec.org/licensing Email: oeclicensing@ct.gov

Inspection shall be posted or available for review upon request.
 Written Corrective Action Plan Due by: **3/11/25**
 CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolved-disputed-violations.pdf>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Beatrice Fox Auerback ECC License # 12293 Date: 2/25/25

Observations/Corrections needed:

- Regulations not in compliance when observed
- #35(c)(2)(A-H) all agreements not current with new regulations
- #66- Adult Bathroom
Nasty vents in room 1 entryway, Kaolas bathroom
Tigers bathroom. Water stains in Adult bathroom, room
Bunnies nap room.
- #95- observed locks not locked on cabinets with
cleaners in rooms 6 and 5.
- #128(e)(4) - observed staff change diaper and not disinfect
diaper changing table. Staff indicated uses paper. Discu
regulations with staff in boxes (e)(8) - no handwashing
policy in boxes at handwashing sink.
- #159(a)(2) - observed 3 diaper creams forms incomplete
in boxes

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: 3/11/25

Signature: [Signature]
(OEC Representative)
Print Name: Kellerman

Signature: [Signature]
(Person in Charge)
Print Name: Andrea Rosenfield