

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bright Palm- Hebron Ave Date: 11/21/22 Time: 4:20
Location Address: 1199 Hebron Ave, Glastonbury Telephone #: (800)430-4964
e-mail address: nwaiah@educationalplaycare.com License #: 70526 Expiration Date: 11/30/23
Capacity: 74 # of Children Present: 38 # of Staff Present: 5

**Consent to Inspect
Family Child Care Home**

I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature NIA

Purpose of visit: Group size Partial

Observations/Corrections needed:

Group size in compliance at this time.

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

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

Signature: Erin Waight
(OEC Representative) Erin Waight

CORRECTIVE PLAN SHALL BE RETURNED TO
OEC BY: NIA

Signature: Rachel Russo
(Person in Charge)
Rachel Russo