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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Heavenly Gift Childcare Date: 1/4/21 Time: 10:00 AM

Location Address: 14 Park St. Ste 106 Thomaston Telephone #: 840 484 4399

e-mail address: heavenlygift.care@gmail.com License #: 705820 Expiration Date: 10/31/23

Capacity: 69/29 # of Children Present: 10 # of Staff Present: 3

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*** N/A

Purpose of visit: Complaint Investigation 2022-le

Observations/Corrections needed:

(S) 19a-79-3a(a) - Administration - Ensuring the health, safety and development of children. - Staff failed to ensure the health + safety of children when they were spray painting ceiling tiles, causing the CO detector to alarm due to fumes, while the children were present in the building.

(S) 19a-79-7a(c)(5) - Physical Plant - Ceilings in good repair - Several stained ceiling tiles throughout toddler room.

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: 1/20/21

Signature: _____ (OEC Representative)

Print Name: Lauren Hull

Signature: _____ (Person in Charge)

Print Name: Nancy L. Salerno