Connecticut Office of Early Childhood

DIVISION OF LICENSING
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CHILD CARE CENTER/GROUP CHILD CARE HOME INVESTIGATION

Program Name	HEAVENLY GIFT CHILDCARE CENTER				**License Number**	DCCC.70520	**Date of Inspection**	02/16/2024
					Expiration Date	10/31/2027	**Time of Inspection**	09:28 AM
Address	14 PARK ST STE 106 THOMASTON CT 06787-1755				**Telephone**	(860) 484-4399	**Total Capacity**	58
					Days and Hours	M-F 6:30AM - 5:30PM	**Under Three Capacity**	38
#Children Present	28	**# Under 3 Present**	20	**# Staff Present** 8			**Summer Care**	Open
Purpose of Investigation	Follow up to case #2024-22				**Name of Inspector**	Kevin Eddy		
Program's Email	heavenlygift.care@gmail.com				**Inspector's Email**	kevin.eddy@ct.gov		

Regulatory Violations

Statute and/or Regulation	**Description:**
[-]	000 No Violations

No violations were cited during this inspection

Statute and/or Regulation:	**Description:**

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Other Findings- Regulations In Compliance or Pending

Statute and/or Regulation [19a-79-4a(c)(4)(A) thru (C) &/or 19a-79-4a(c)(6)]	**Description** 021-Ratio: 1 Staff to 10 Children
Observed proper ratios in all classrooms at time of visit with 2 extra staff to assist as needed	
Statute and/or Regulation: [19a-79-10(c)(2) and/or 19a-79-4a(c)(6)]	**Description:** 110-Under Three Endorsement: Ratio: 1 Staff to 4 Children
Observed proper ratios in all classrooms at time of visit. Observed ratios maintained all morning based on child and staff attendance records.	

Statute and/or Regulation:	**Description:**
Statute and/or Regulation:	**Description:**
Statute and/or Regulation:	**Description:**

YES/NO: No	**WERE VIOLATIONS CITED DURING THIS VISIT?**

Discussions

Comments

NOTE: Items left blank on this form were not monitored during this visit.
Only the regulations marked as compliant or non-compliant were monitored or discussed.

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:**	**(Signature of Person in Charge)**
Kevin Eddy			Shannon Russell
(Printed Name)	**(Printed Name)**		**(Printed Name)**