



Connecticut Office of
Early Childhood

DIVISION OF LICENSING

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Email: oeclicensing@ct.gov Website: www.ctoec.org

CHILD CARE CENTER/GROUP CHILD CARE HOME SUPPLEMENTAL INSPECTION

Program Name	HEAVENLY GIFT CHILDCARE CENTER				License Number	DCCC.70520	Date of Inspection	06/28/2024
					Expiration Date	10/31/2027	Time of Inspection	12:24 PM
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	23	# Under 3 Present	16	# Staff Present	7		Summer Care	Open
Purpose of Inspection	3 month follow up for 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	
Statute and/or Regulation:	Description:
[19a-79-4a(c)(4)(A) thru (C) &/or 19a-79-4a(c)(6)]	021-Ratio: 1 Staff to 10 Children
Observed proper ratios at time of visit	
Statute and/or Regulation:	Description:
19a-79-4a(c)(4)(D)	021b-Supervision
Observed proper supervision at time of visit	

Statute and/or Regulation:	Description:		
Statute and/or Regulation:	Description:		
Statute and/or Regulation:	Description:		
<u>YES/NO:</u> 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 <u>MAY NOT OPERATE</u> until all requirements have been met <u>and</u> 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 (Printed Name)			Alysha Cash (Printed Name)