☐ Initial ☐ Unannounced Full/Partial ☒ Follow-up ☐ Location Change ☐ Investigation ☐ Other 3.1 47 1 3.1 81

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Heavenly Gift Date: 1/23/25 Time: 2:50

Location Address: 14 Park St Ste 106 Thomaston Telephone #: 860 378-9013

e-mail address: heavenlygift.care@gmail.com License #: 70520 Expiration Date: 01/31/27

Capacity: 62 # of Children Present: 18 # of Staff Present: 6

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*** _____

Purpose of visit: Follow up to 1/21/25 visit - infant sink

Observations/Corrections needed:

Infant room sinks in working order. Hot water observed - no violation at visit

discussed 2 year old - individual care plan with use of highchair etc.

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: N/A

Signature: Jaime FOAM
(OEC Representative)
Print Name: Jaime FOAM

Signature: Maria
(Person in Charge)
Print Name: Maria Salib.