☐ Initial ☐ Unannounced Full/Partial ☐ Follow-up ☐ Location Change ☑ Investigation ☐ Other_____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Heavenly Gift Childcare Center Date: 2/5/25 Time: 12:30 pm

Location Address: 14 Park St. Ste. 106 Thomaston Telephone #: 860484 4399

e-mail address: info@heavenlygiftcare.com License #: 70520 Expiration Date: 10/31/27

Capacity: 62/42 # of Children Present: 25/26 # 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*** N/A

Purpose of visit: Complaint Investigation Case 2025-89

Observations/Corrections needed:

(S) 19a-79-4a(d)(4)-Staffing-Ratios- Preschool ratio observed at an 11:1 ratio during walk through.

(NS) 19a-79-7a(e)(3)- Physical Plant- Water temperature is within required range in all classrooms.

(NS) 19a-79-7a(e)(16)- Physical Plant- No evidence of droppings in the classroom.

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: 1/19/25

Signature: _____ (OEC Representative)

Print Name: Lauren Hull

Signature: _____ (Person in Charge)

Print Name: Julia Hazelton