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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Heavenly Gift Childcare Center Date: 2/27/25 Time: 12:15 pm

Location Address: 14 Park St. Ste 106 Thomaston Telephone #: 860 484 4399

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

Capacity: 42/42 # of Children Present: 24/13 # 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 2025-186

Observations/Corrections needed:

(NS) 19a-79-4a(d)(3) - Staffing - Personal qualities - No evidence that staff do not have the personal qualities to work with other adults.

(NS) 19a-79-7a(e)(1) - Physical Plant - Air temperature - Air temperature is in compliance in all classrooms at time of visit.

(NS) 19a-79-8a - Educational requirements - No evidence that the program does not implement thier educational program plans.

Follow up Case 2025-89

(NS) 19a-79-4a(d)(4) - Staffing - Ratios - No violations at this visit.

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: _____ (OEC Representative)

Print Name: Lauren Hull

Signature: Julia Hazelton (Person in Charge)

Print Name: Julia Hazelton