

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Grandma's Cozy Cottage Date: 11/7/22 Time: 11:30 am

Location Address: 210 Main Street Wallingford CT 06492 Telephone #: (203) 741-9839

e-mail address: grandmascozycottage@gmail.com License #: 70168 Expiration Date: 12/31/26

Capacity: 30/16 # of Children Present: 20 # of Staff Present: 5

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Follow-up case/investigation 2022-861

Observations/Corrections needed:

PIC - Director - Debbie Finn

(NS) 19a-79-2a(d) & (d)- Staffing - Supervision - Per Director, program
has been providing appropriate supervision

(S) S = Substantiated (NS) NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Vaynneleen Valera
(OEC Representative) William

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: n/a

Signature: Deborah Finn
(Person in Charge)
Deborah Finn