

**CHILD CARE CENTER and GROUP CHILD CARE HOME  
INSPECTION FORM**

Type of Inspection:  Initial  Unannounced Full  Announced Full  Partial  Follow-Up  Change of Location

Program Name:	Grandmas Cozy Cottage	Date of Inspection:	5-12-25	Time of Arrival:	11:07
Address:	210 Main St	License Number:	70468	Expiration Date:	12-31-26
Town:	Wallingford 06492	Telephone Number:	203-741-9834	Summer Care:	open
Operator:	Grandmas Cozy Cottage LLC	# of Staff Present:	10	# over 3 Present:	15
Email:	grandmas.cozycottage@gmail.com	Total Capacity:	32	Total Under 3 capacity:	16
Designated Director:	Deborah Finn	Hours/Days of Operation:	M-F	# under 3 Present:	15
				Ages Served:	6w-2y5

Instruction Codes: √ = Regulation in Compliance O = Regulation not in Compliance N/A = Not applicable at this time

Endorsements:  Under Three (6wks - 36m)  Preschool (3y - 5y)  School Age (5y & up)  Night Care (6wks & up)

**LICENSURE PROCEDURES 19a-79-2a**

**STAFFING and CONSULTANTS 19a-79-4a**

1. (c)(8) Local Health Inspection-Date: 3-28-24

**ADMINISTRATION 19a-79-3a**

<input checked="" type="checkbox"/> 2. (a)	Ensuring health & safety of children
<input checked="" type="checkbox"/> 3. (b)	Overall management of program
<input checked="" type="checkbox"/> 4. (b)(6)	Employee orientation for new program staff
<input checked="" type="checkbox"/> 5. (b)(6)	Annual policy training for program staff
<input checked="" type="checkbox"/> 6. (b)(7)(A)	Child behavior management
<input checked="" type="checkbox"/> 7. (b)(7)(B)	Documentation that parents were informed of behavior management techniques
<input checked="" type="checkbox"/> 8. (b)(7)(C)	Child Protection
<input checked="" type="checkbox"/> 9. (b)(7)(E)	Mandated Reporting
<input checked="" type="checkbox"/> 10. (c)(1-4)	Notification of Change
<input checked="" type="checkbox"/> 11.	<b>POLICIES-COMLETE/IMPLEMENTED</b>
<input checked="" type="checkbox"/> (d)(2)(A)	Discipline policy
<input checked="" type="checkbox"/> (d)(2)(B)(C)	Child Protection policy
<input checked="" type="checkbox"/> (d)(3)	Closing time policy
<input checked="" type="checkbox"/> (d)(4)(A)	Medical emergency policy
<input checked="" type="checkbox"/> (d)(4)(B)	Multi-Hazards policy-annual drill
<input checked="" type="checkbox"/> (d)(5)	Supervision policy
<input checked="" type="checkbox"/> (d)(6)	General Operating policies
<input checked="" type="checkbox"/> (d)(6)(C)	Administrative Oversight policy
<input checked="" type="checkbox"/> (d)(7)	Personnel policies
<input checked="" type="checkbox"/> 12. (d)(1)	Daily attendance-children/staff- keep 1 yr.
<input checked="" type="checkbox"/> 13.	<b>ACCESS</b>
<input checked="" type="checkbox"/> (f)	Immediate access by parents
<input checked="" type="checkbox"/> (h)	Immediate access by OEC-facility/records
<input checked="" type="checkbox"/> 14. (l)	2.8 yr olds in prek-authorization
<input checked="" type="checkbox"/> 15. (m)	Motor vehicle laws-transportation
<input checked="" type="checkbox"/> 16. (n)	Capacity
<input checked="" type="checkbox"/> 17. (o)	Respond to OEC-no false, misleading statements or documents
<input checked="" type="checkbox"/> 18.	<b>POSTINGS</b>
<input checked="" type="checkbox"/> 3a(e)(1)	License posted
<input checked="" type="checkbox"/> 3a(e)(2)	OEC Complaint Procedure posted
<input checked="" type="checkbox"/> 3a(d)(6)(C)	Administrative Oversight policy
<input checked="" type="checkbox"/> 3a(e)(3)	Menus posted
<input checked="" type="checkbox"/> 3a(e)(4)	No Smoking posted signs at entrances
<input checked="" type="checkbox"/> 3a(e)(5)	OEC Inspection report posted or available
<input checked="" type="checkbox"/> 3a(e)(6)	Dev. Milestones posted
<input checked="" type="checkbox"/> 7a(e)(17)	Radon Test posted (Schls-N/A)
<input type="checkbox"/> 10(g)(8)	Safe Sleep policy posted

<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 21a. (b)(2)	Past employment history
<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance with bknd cks/history
<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 24. (d)(1)-(e)(2)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 27.	<b>RATIOS</b>
<input checked="" type="checkbox"/> (d)(4)(A)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(B)	Mixed age group
<input checked="" type="checkbox"/> (d)(6)	Nap time ratio
<input checked="" type="checkbox"/> (d)(4)(D)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 28.	<b>GROUP SIZE</b>
<input checked="" type="checkbox"/> 29.	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(5)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(5)(A)	Mixed age group-group size
<input checked="" type="checkbox"/> (d)(5)(B)	Designated director-training
<input checked="" type="checkbox"/> (e)(1)	CPR certified program staff
<input checked="" type="checkbox"/> 30. (f)(1)	First aid certified program staff
<input checked="" type="checkbox"/> 31. (f)(2)	<b>PROFESSIONAL DEVELOPMENT</b>
<input checked="" type="checkbox"/> 32.	Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> 33.	Health & Safety training
<input checked="" type="checkbox"/> (a)(2)	1% annual hours
<input checked="" type="checkbox"/> (h)(1)	<b>SWIMMING ACTIVITIES - Y/N</b>
<input checked="" type="checkbox"/> (h)(2)	Swimming-Ratios
<input checked="" type="checkbox"/> (4)(C)(ii-v)	Non-swimmers identified
<input checked="" type="checkbox"/> (4)(C)(i)	CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> (e)(6)	Lifeguard-certified-supervising
<input checked="" type="checkbox"/> (e)(6)	<b>CONSULTANTS</b>
<input checked="" type="checkbox"/> (i)(1)(A)-(D)	Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input type="checkbox"/> (i) -	Consultant agreements-signed annually-agreements complete w/required services
<input checked="" type="checkbox"/> (i)(2)(A-H)	Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> (F)	Consultant visits- Education/Health
<input checked="" type="checkbox"/> (i)(2)	
<input checked="" type="checkbox"/> (H)(i)-(I)(i)	

	Contracts	Logs	Visits
Education	0	✓	✓
Health	0	✓	✓
Soc. Serv.	0	✓	
Dietitian	0	✓	

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM**

<b>PROGRAM NAME</b>	Grandma's Cozy Cottage	<b>LICENSE NUMBER</b>	70468	<b>DATE OF INSPECTION</b>	5-12-25
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**RECORD KEEPING 19a-79-5a**

<input checked="" type="checkbox"/>	36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/>	37.		<b>PARENT PERMISSIONS</b>
<input type="checkbox"/>		(a)(1)(D)(i)	Emergency medical permission
<input type="checkbox"/>		(a)(1)(D)(ii)	Authorized release permission
<input type="checkbox"/>		(a)(1)(D)(iii)	Field trip permission
<input type="checkbox"/>		(a)(1)(D)(iv)	Transportation permission
<input checked="" type="checkbox"/>	38.	(a)(2)(A-B)	Child Health Records
<input checked="" type="checkbox"/>	39.	(a)(2)(C)	Immunization records
<input checked="" type="checkbox"/>	40.	(a)(2)(E)	Individual care plan-signed by parents/staff
<input checked="" type="checkbox"/>	41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports
<input checked="" type="checkbox"/>	42.	(a)(3)(B)	Parent notification of illness or injury
<input checked="" type="checkbox"/>	43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality
<input checked="" type="checkbox"/>	44.	(a)(3)(D)	Notify DPH, local health-reportable diseases
<input checked="" type="checkbox"/>	45.	(a)(4)	Video recordings- keep 30 days

**HEALTH and SAFETY 19a-79-6a**

<input checked="" type="checkbox"/>	46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code (N/A)
<input checked="" type="checkbox"/>	47.	(a)(2)	Nutritious meals and snacks
<input checked="" type="checkbox"/>	48.	(a)(3)	Proper refrigeration-41 degrees
<input checked="" type="checkbox"/>	49.	(a)(4)	Menus-1 wk in advance- keep 3 mths
<input checked="" type="checkbox"/>	50.	(a)(5)	Food Service Inspection (N/A)
<input checked="" type="checkbox"/>	51.	(a)(6)	Kitchen-clean/safe storage of food/supplies(N/A)
<input checked="" type="checkbox"/>	52.	(a)(7)	Separate hand washing facilities
<input checked="" type="checkbox"/>	53.	(a)(8)	Multi-use eating/drinking utensils
<input checked="" type="checkbox"/>	54.	(a)(9)	Kitchen separated (N/A)
<input checked="" type="checkbox"/>	55.	(a)(10)	Children supervised during meal prep
<input checked="" type="checkbox"/>	56.	(a)(11)	Handwashing-staff/children
<input checked="" type="checkbox"/>	57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
<input checked="" type="checkbox"/>	58.	(b)(2)	Designated isolation area
<input checked="" type="checkbox"/>	59.	(c)	<b>FIRST AID KITS</b> -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/>		(c)	<b>FIRST AID SUPPLIES</b> -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
<input type="checkbox"/>		(d)	<b>FIRST AID SUPPLIES</b> -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

**PHYSICAL PLANT 19a-79-7a**

<input type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate 11-17-23
<input checked="" type="checkbox"/>	63.	(b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/>	64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/>	65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input type="checkbox"/>	66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program
<input checked="" type="checkbox"/>	67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (N/A)
<input checked="" type="checkbox"/>	68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/>	69.		<b>WATER SUPPLY</b> - Public/Well (Schools-N/A)
<input checked="" type="checkbox"/>		(c)(5)(A)	Lead Water Test - Date: 6-28-24
<input checked="" type="checkbox"/>		(c)(5)(B)	Bact./Chem Test-Date: (N/A)
<input checked="" type="checkbox"/>		(c)(5)(C)	Drinking water available/accessible
<input checked="" type="checkbox"/>	70.		<b>LEAD PAINT</b> -
<input checked="" type="checkbox"/>		(c)(6)(A)	Building Pre-78: Y/N Lead Test: Y/N Results: Abatement Completed
<input checked="" type="checkbox"/>		(c)(6)(B-D)	Lead Management Plan
<input checked="" type="checkbox"/>			Peeling Paint - Y/N Inside/Outside

**PHYSICAL PLANT 19a-79-7a cont.**

<input checked="" type="checkbox"/>	71.	(d)(1)	Emergency vehicle access
<input checked="" type="checkbox"/>	72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/>	73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/>	74.	(d)(3)	Window screens
<input checked="" type="checkbox"/>	75.	(d)(4)	Glass/mirrors protected- 36"
<input checked="" type="checkbox"/>	76.	(d)(5)	Overhead doors-locking devices, spring protectors (N/A)
<input checked="" type="checkbox"/>	77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/>	78.	(d)(7)	Individual storage of clothing and bedding
<input checked="" type="checkbox"/>	79.		<b>SMOKING</b>
<input checked="" type="checkbox"/>		(d)(8)	Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
<input checked="" type="checkbox"/>		(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/>	81.	(d)(9)	Electrical safety - outlets inaccessible - covered or protected
<input checked="" type="checkbox"/>	82.		<b>TOILETING</b>
<input type="checkbox"/>		(d)(10)(A)	Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/>		(d)(10)(B)	Toileting needs met
<input checked="" type="checkbox"/>		(d)(10)(C)	Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/>		(d)(10)(C)	Required toilets/sinks-1:16
<input checked="" type="checkbox"/>		(d)(10)(E)	Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/>		(d)(10)(E)	Handwashing staff/children
<input checked="" type="checkbox"/>		(d)(10)(F)	Toilets/sinks located at the facility
<input checked="" type="checkbox"/>		(d)(10)(G)	Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/>		(d)(10)(H)	Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
<input checked="" type="checkbox"/>	83.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/>	84.	(e)(1)	<b>AIR TEMPERATURE</b>
<input checked="" type="checkbox"/>		(e)(1)	Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
<input checked="" type="checkbox"/>		(e)(2)	Air temp > 80 °F - ↑ fluids/ventilation
<input checked="" type="checkbox"/>		(e)(3)	Water temperature 60°F-120°F
<input checked="" type="checkbox"/>	86.	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/>	87.	(e)(4)	<b>WALLS/CEILINGS/FLOORS/RUGS</b>
<input type="checkbox"/>	88.	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input type="checkbox"/>		(e)(5)	Rugs- not a tripping/slipping hazard
<input checked="" type="checkbox"/>	90.	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/>	91.	(e)(7)	<b>TELEPHONE/TELEPHONE NUMBERS</b>
<input checked="" type="checkbox"/>		(e)(7)	Working phone on each level
<input checked="" type="checkbox"/>		(e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/>		(e)(7)	Parents provided direct on site phone number
<input type="checkbox"/>	94.	(e)(8)	<b>LIGHTING</b>
<input type="checkbox"/>		(e)(9)	All areas min. 1 foot candle of lighting
<input checked="" type="checkbox"/>		(e)(9)	Adequate lighting-30/50 candle feet-sufficient lighting to be visible
<input checked="" type="checkbox"/>		(e)(9)	Enough lighting for comfort
<input checked="" type="checkbox"/>		(e)(9)	Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/>	95.	(e)(10)	Potentially hazardous substances, materials labeled, inaccessible
<input checked="" type="checkbox"/>	96.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/>	97.	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/>	98.	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/>	99.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/>	100.	(e)(16)	Measures to prevent vermin
<input checked="" type="checkbox"/>	101.	(e)(17)	Radon test- Results: 2.3 (Schls-N/A)
<input checked="" type="checkbox"/>	102.	(e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/>	103.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/>	104.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
<input checked="" type="checkbox"/>	105.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
<input checked="" type="checkbox"/>	106.	(g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
<input checked="" type="checkbox"/>	107.	(g)(4)	Developmentally app equipment, materials

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<b>PHYSICAL PLANT 19a-79-7a cont.</b>	<b>UNDER THREE ENDORSEMENT 19a-79-10 cont.</b>
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<input checked="" type="checkbox"/>	108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/>	111.		<b>OUTDOOR SPACE</b>
<input type="checkbox"/>		(h)(1)	Adequate space- 75 sq. ft. per child
<input checked="" type="checkbox"/>		(h)(2)	Shock absorbing surfaces-minimum 8"
<input checked="" type="checkbox"/>		(h)(3)	Playground free from hazards
<input checked="" type="checkbox"/>		(h)(4)	Nuts, bolts, screws-tight, covered/protected
<input checked="" type="checkbox"/>		(h)(5)	Outside equipment anchored-anchors buried
<input checked="" type="checkbox"/>		(h)(6)	New equip- cert playg. Inspection upon request
<input checked="" type="checkbox"/>		(h)(8)	Drinking water available/accessible
<input checked="" type="checkbox"/>		(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/>	112.		<b>OUTDOOR PROTECTED/FENCED</b>
<input checked="" type="checkbox"/>		(h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/>		(h)(7)(A)	Fences installed to protect from hazards-4 ft
<input checked="" type="checkbox"/>		(h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
<input checked="" type="checkbox"/>		(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
<input checked="" type="checkbox"/>	114.		<b>WATER HAZARDS</b>
<input checked="" type="checkbox"/>		(i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)
<input checked="" type="checkbox"/>		(i)	Wading pools prohibited
<input checked="" type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

	128.	<input checked="" type="checkbox"/>	(e)(2)	<b>DIAPERING cont.</b>
		<input checked="" type="checkbox"/>	(e)(3)	Diaper area: used only for this purpose, located in the program area
		<input checked="" type="checkbox"/>	(e)(4)	Diaper area: non-porous surface/good repair
		<input checked="" type="checkbox"/>	(e)(5)	Diaper area: washed/disinfected after use
		<input checked="" type="checkbox"/>	(e)(6-9)	Diaper area: disposable paper sheets
		<input checked="" type="checkbox"/>	(e)(7)	Covered waste receptacle-removed daily
		<input checked="" type="checkbox"/>	(e)(8)	Handwashing-staff/children
		<input checked="" type="checkbox"/>	(e)(10)(A-C)	Diapering-Handwashing policies-posted/followed
<input checked="" type="checkbox"/>	129.			Cloth diapers-written plan developed
		<input checked="" type="checkbox"/>	(f)(1)	<b>LINENS/CLOTHING</b>
		<input checked="" type="checkbox"/>	(f)(2)	Linens/emergency clothing available
		<input checked="" type="checkbox"/>	(f)(3)	Linens washed weekly or as needed
		<input checked="" type="checkbox"/>	(f)(4)	Linens/clothing stored individually
<input checked="" type="checkbox"/>	130.			Cribs/cots cleaned-linens changed when shared
		<input checked="" type="checkbox"/>	(g)(1)	<b>SAFE SLEEP</b>
		<input checked="" type="checkbox"/>	(g)(1)	Under 12 mths placed on back for sleeping
		<input checked="" type="checkbox"/>	(g)(1)	Crib-slug fitting mattress/tightly fitted sheet
		<input checked="" type="checkbox"/>	(g)(2)	Alternate sleep position/equipment-medical documentation for medical reason on file
		<input checked="" type="checkbox"/>	(g)(3)	Infants allowed to adopt other sleep positions
		<input checked="" type="checkbox"/>	(g)(4)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
		<input checked="" type="checkbox"/>	(g)(5)	No unapproved sleeping-car seats/swings/beds, etc.
		<input checked="" type="checkbox"/>	(g)(6)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
		<input checked="" type="checkbox"/>	(g)(7)	Observe/assess infants at least every 15 minutes
		<input checked="" type="checkbox"/>	(g)(8)	Teething necklaces/bracelets, jewelry inaccessible
<input checked="" type="checkbox"/>	131.			Safe sleep policies - parents informed
		<input checked="" type="checkbox"/>	(h)(1)	<b>TOYS AND OTHER OBJECTS</b>
		<input checked="" type="checkbox"/>	(h)(1)	Infant toys-separate/washed/sanitized daily
		<input checked="" type="checkbox"/>	(h)(2)	Toddler toys-washed/sanitized weekly
		<input checked="" type="checkbox"/>	(h)(2)	No toys/objects less than 1 1/4" diameter
		<input checked="" type="checkbox"/>	(h)(2)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
		<input checked="" type="checkbox"/>	(i)(1)(2A-C)	Health consultant visits/documentation
<input checked="" type="checkbox"/>	135.			<b>FEEDING</b>
<input checked="" type="checkbox"/>	136.			Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
		<input checked="" type="checkbox"/>	(j)	Written feeding schedule from parent-updated
		<input checked="" type="checkbox"/>	(k)(1)	Unused formula/milk discarded after feedings
		<input checked="" type="checkbox"/>	(k)(2)	Clean bottles/disposable bottles/appvd washing
		<input checked="" type="checkbox"/>	(k)(3)	Baby food served from dish or whole jar
		<input checked="" type="checkbox"/>	(k)(4)	Bottles labeled with child's name
		<input type="checkbox"/>	(k)(5)	Outdoor spaced fenced-4 ft (lic. after 1/1/25)
<input checked="" type="checkbox"/>	137.		(l)(1)	Outdoor equipment-developmentally appropriate for ages of the children
<input checked="" type="checkbox"/>	138.		(l)(2)	Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety
<input checked="" type="checkbox"/>	139.		(l)(3)	

**EDUCATIONAL REQUIREMENTS 19a-79-8a**

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input checked="" type="checkbox"/>	116.	(a)	<b>EDUCATIONAL REQUIREMENTS</b>
		(1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, moderate and vigorous physical activity that takes place outdoors
<input checked="" type="checkbox"/>		(b)	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes

	131.	<input checked="" type="checkbox"/>	(h)(1)	
		<input checked="" type="checkbox"/>	(h)(1)	
		<input checked="" type="checkbox"/>	(h)(2)	
		<input checked="" type="checkbox"/>	(h)(2)	
<input checked="" type="checkbox"/>	135.			(i)(1)(2A-C)
<input checked="" type="checkbox"/>	136.			(j)
		<input checked="" type="checkbox"/>	(k)(1)	
		<input checked="" type="checkbox"/>	(k)(2)	
		<input checked="" type="checkbox"/>	(k)(3)	
		<input checked="" type="checkbox"/>	(k)(4)	
		<input type="checkbox"/>	(k)(5)	
<input checked="" type="checkbox"/>	137.			(l)(1)
<input checked="" type="checkbox"/>	138.			(l)(2)
<input checked="" type="checkbox"/>	139.			(l)(3)

**UNDER THREE ENDORSEMENT 19a-79-10** (Y/N)

<input checked="" type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement
<input checked="" type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input checked="" type="checkbox"/>	119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
<input checked="" type="checkbox"/>	120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors
<input checked="" type="checkbox"/>	121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input checked="" type="checkbox"/>	122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC
<input checked="" type="checkbox"/>	123.	(d)(2)(B)	Washable cots
<input checked="" type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input checked="" type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input checked="" type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities
<input checked="" type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input checked="" type="checkbox"/>	128.		<b>DIAPERING</b>
<input checked="" type="checkbox"/>		(e)(1)	Diaper area: elevated/sturdy/safety rail

**UNDER THREE ENDORSEMENT 19a-79-10** (Y/N)

	140.	<input type="checkbox"/>	(b)	<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b>
	141.	<input type="checkbox"/>	(c)	<b>SCHEDULE - ACTIVITIES</b>
		<input type="checkbox"/>	(c)(1)	Written daily program plan-flexible schedule- available to staff/parents
		<input type="checkbox"/>	(c)(2)	Activities not a duplication of child's day
		<input type="checkbox"/>	(c)(3)	Activities include cognitive, physical, social, emotional needs of the children
		<input type="checkbox"/>	(c)(3)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
		<input type="checkbox"/>	(d)	Ratio- 1:15
		<input type="checkbox"/>	(e)	Group size- max. 30

**CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM**

<b>PROGRAM NAME</b>	Grandma's Cozy Cottage	<b>LICENSE NUMBER</b>	70468	<b>DATE OF INSPECTION</b>	5-12-25
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<b>SCHOOL AGE ENDORSEMENT 19a-79-11</b> Y <input checked="" type="checkbox"/>	<b>MONITORING OF DIABETES 19a-79-13</b> Y <input checked="" type="checkbox"/>
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<input type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent	<input checked="" type="checkbox"/> 171.	(a)(1)	Written policies and procedures <b>STAFF TRAINING</b> Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions  Training updated at least every 3 years Written documentation of training  Trained staff on site when child is present Self-administration - written authorization and under supervision of trained staff Equipment provided by parents Equipment labeled and inaccessible Signed agreement with parent regarding equipment, supplies, materials to be discarded Authorized prescriber written order Written authorization from parent Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input type="checkbox"/> 146.	(g)	Designated Head teacher approved- 60%	<input checked="" type="checkbox"/> 172.	(b)(1)(A)	
				(b)(1)(B)	
				(i)-(iii)	
				(b)(2)	
				(b)(3)	
				(c)(2)	
			<input checked="" type="checkbox"/> 173.	(c)(3)	
			<input checked="" type="checkbox"/> 174.	(d)(1)	
			<input checked="" type="checkbox"/> 175.	(d)(2)	
			<input checked="" type="checkbox"/> 176.	(d)(3)	
			<input checked="" type="checkbox"/> 177.	(e)(1)	
			<input checked="" type="checkbox"/> 178.	(e)(2)	
			<input checked="" type="checkbox"/> 179.	(e)(3)	

<b>ADMINISTRATION OF MEDICATIONS 19a-79-9a</b> Y <input checked="" type="checkbox"/>	<b>ADDITIONAL VIOLATION</b>
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<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180.	-	<b>Consent Order/Negotiated Corrective Action Plan conditions</b> (N/A)
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes	<b>DISCUSSIONS/COMMENTS</b> - reviewed new regs effective 10/16/24 - Policy review checklist provided during inspection highlighting changes to the childcare center regulations, effective 10/16/24. Program must ensure policies are updated to reflect new requirements. - all items checked were either observed or discussed.  NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.		
<input checked="" type="checkbox"/> 159.		<b>NONPRESC. TOPICAL MEDICATION</b>			
	<input checked="" type="checkbox"/> (a)(2)	Admin/Parent permission/report errors			
	<input checked="" type="checkbox"/> (a)(3)(A-B)	Labeling and Storage			
	<input checked="" type="checkbox"/> (a)(3)(C)	Unused/expired meds destroyed/returned			
<input checked="" type="checkbox"/> 160.		<b>MEDICATION TRAINING</b>			
	<input checked="" type="checkbox"/> (b)(1)(A/C)	Medication training-general-oral/top/inhalant			
	<input checked="" type="checkbox"/> (b)(1)(D)	Injectable premeasured autoinjector medication			
	<input checked="" type="checkbox"/> (b)(1)(E)	Rectal medication			
	<input checked="" type="checkbox"/> (b)(1)(F)	Injectable other than premeasured auto-injector			
	<input checked="" type="checkbox"/> (b)(2)(A-B)	Training approval documents/certificates			
	<input checked="" type="checkbox"/> (b)(2)(C)	Training outline on file			
<input checked="" type="checkbox"/> 161.	(b)(3)(A-B)	Authorized prescriber/parent permission			
<input checked="" type="checkbox"/> 162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification			
<input checked="" type="checkbox"/> 163.	(b)(4)(A-B)	Medication Administration Records (MAR)			
<input checked="" type="checkbox"/> 164.	(b)(5)(A-B)	Labeling and Storage			
<input checked="" type="checkbox"/> 165.	(b)(5)(C)	Emergency medication inaccessible			
<input checked="" type="checkbox"/> 166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned			
<input checked="" type="checkbox"/> 167.	(b)(5)(E)	Auto-injector/inhalant equipment			
<input checked="" type="checkbox"/> 168.	(b)(6)	Self-administration documentation			
<input checked="" type="checkbox"/> 169.	(b)(7)(A-B)	Petition for special medication authorization			
<input checked="" type="checkbox"/> 170.	(d)	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)			

<b>Signature of OEC staff</b>	<b>Signature of person in charge</b>
Jennifer Schultz	Deborah Finn
<b>Printed Name</b>	<b>Printed Name</b>
Jen Schultz	Deborah Finn

<b>OEC DIVISION OF LICENSING</b> 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: <a href="http://www.ctoec.org/licensing">www.ctoec.org/licensing</a> Email: <a href="mailto:oeclicensing@ct.gov">oeclicensing@ct.gov</a>	Inspection shall be posted or available for review upon request.  Written Corrective Action Plan Due by: 5-27-25
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**CAP:** <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/> \*

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Grandma's Cozy Cottage License # 70468 Date: 5.12.25

Observations/Corrections needed:

~~#18~~ JS Regulations not in compliance when....  
#18 safe sleep policy not posted

#35 (1)(i)(2)(A-H) Consultant agreements current, does not include required services in compliance with new center regs effective 10/16/24

#62 Fire marshal certificate observed to be more than 1yr. old.  
#66 observed ceiling vent in preschool bathroom to have accumulated dust, observed cubbies in preschool bathroom and accumulation of dust and matter along backsplash of hand wash sink  
- observed Cove base moulding in toddler room to be peeling off the wall.

#94 observed lighting in toddler circle area to be less than 50 candle feet, reading of 30 CF before blinds raised, coats moved.  
Lighting must be 50 candle feet in areas of close work

#111 (h)(3) observed exposed landscape fabric under and around equipment on preschool playground posing a trip hazard.  
observed plastic wrap on swing chain in disrepair, loose, cracked.  
(h)(4) observed 2 screw/bolt ends exposed on fan swing set at children level.

#130 (g) (8) safe sleep policies not discussed / parents not informed  
observed 1 expired med. child not present.

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

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

Signature: Jennifer Schutz  
(OEC Representative)  
Print Name: Jen Schutz

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Deborah Finn  
(Person in Charge)  
Print Name: Deborah Finn

OEC BY: 5.27.25