

**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:	Cozy Place Learning Center	Date of Inspection:	8/7/25	Time of Arrival:	8:30am
Address:	109 Boston Post Rd unit 9	License Number:	Pending	Expiration Date:	Pending
Town:	Orange 06477	Telephone Number:	203-522-5382	Summer Care:	open
Operator:	Cozy Place Learning Center LLC	# of Staff Present:	—	# over 3 Present:	—
Email:	maria@sunsetcokecreativity.com	Total Capacity:	Pending	Total Under 3 capacity:	Pending
Designated Director:	Maria Anthony	Hours/Days of Operation:	7:00am - 5pm		

Instruction Codes: = Regulation in Compliance = 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: 6/12/25

ADMINISTRATION 19a-79-3a

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

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

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	<u>Cozy Place Learning Center</u>	LICENSE NUMBER	<u>Pending</u>	DATE OF INSPECTION	<u>8/7/25</u>
PHYSICAL PLANT 19a-79-7a cont.			UNDER THREE ENDORSEMENT 19a-79-10 cont.		
<input checked="" type="checkbox"/> 108. (g)(5) <input checked="" type="checkbox"/> 109. (g)(6) <input checked="" type="checkbox"/> 110. (j) <input checked="" type="checkbox"/> 111. (h)(1) <input checked="" type="checkbox"/> (h)(2) <input checked="" type="checkbox"/> (h)(3) <input checked="" type="checkbox"/> (h)(4) <input checked="" type="checkbox"/> (h)(5) <input checked="" type="checkbox"/> (h)(6) <input checked="" type="checkbox"/> (h)(8) <input checked="" type="checkbox"/> (h)(9) <input checked="" type="checkbox"/> 112. (h)(7) <input checked="" type="checkbox"/> (h)(7)(A) <input checked="" type="checkbox"/> (h)(7)(B) <input checked="" type="checkbox"/> (h)(7)(C) <input checked="" type="checkbox"/> 114. (i) <input checked="" type="checkbox"/> (i) <input checked="" type="checkbox"/> (i)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls Indoor climbing play equipment-shock absorbing materials under and around No weapons/no facsimile of a firearm <u>OUTDOOR SPACE</u> Adequate space- 75 sq. ft. per child Shock absorbing surfaces-minimum 8" Playground free from hazards Nuts, bolts, screws-tight, covered/protected Outside equipment anchored-anchors buried New equip- cert playg. Inspection upon request Drinking water available/accessible Equipment arranged for safety-equip/fences/structures not hazardous <u>OUTDOOR PROTECTED/FENCED</u> Playground protected from traffic, water, gullies or other hazards Fences installed to protect from hazards-4 ft Fences installed to protect from water-4 ft, self closing and self latching devices or locks Rooftop play areas-6 ft. wall/barrier (N/A) <u>WATER HAZARDS</u> Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A) Wading pools prohibited Hot tubs/spas/saunas-locked/inaccessible (N/A)	128. (e)(2) <input checked="" type="checkbox"/> (e)(3) <input checked="" type="checkbox"/> (e)(4) <input checked="" type="checkbox"/> (e)(5) <input checked="" type="checkbox"/> (e)(6-9) <input checked="" type="checkbox"/> (e)(7) <input checked="" type="checkbox"/> (e)(8) <input checked="" type="checkbox"/> (e)(10)(A-C) <input checked="" type="checkbox"/> 129. (f)(1) <input checked="" type="checkbox"/> (f)(2) <input checked="" type="checkbox"/> (f)(3) <input checked="" type="checkbox"/> (f)(4) <input checked="" type="checkbox"/> 130. (g)(1) <input checked="" type="checkbox"/> (g)(1) <input checked="" type="checkbox"/> (g)(1) <input checked="" type="checkbox"/> (g)(2) <input checked="" type="checkbox"/> (g)(3) <input checked="" type="checkbox"/> (g)(4) <input checked="" type="checkbox"/> (g)(5) <input checked="" type="checkbox"/> (g)(6) <input checked="" type="checkbox"/> (g)(7) <input checked="" type="checkbox"/> (g)(8) <input checked="" type="checkbox"/> 131. (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 checked="" 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)	<u>DIAPERING cont.</u> Diaper area: used only for this purpose, located in the program area Diaper area: non-porous surface/good repair Diaper area: washed/disinfected after use Diaper area: disposable paper sheets Covered waste receptacle-removed daily Handwashing-staff/children Diapering-Handwashing policies-posted/followed Cloth diapers-written plan developed <u>LINENS/CLOTHING</u> Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared <u>SAFE SLEEP</u> Under 12 mths placed on back for sleeping Crib-snug fitting mattress/tightly fitted sheet Alternate sleep position/equipment-medical documentation for medical reason on file Infants allowed to adopt other sleep positions No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles No unapproved sleeping-car seats/swings/beds, etc. No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes Observe/assess infants at least every 15 minutes Teething necklaces/bracelets, jewelry inaccessible Safe sleep policies - parents informed <u>TOYS AND OTHER OBJECTS</u> Infant toys-separate/washed/sanitized daily Toddler toys-washed/sanitized weekly No toys/objects less than 1 1/4" diameter Plastic bags/balloons/styrofoam inaccessible unless under direct supervision Health consultant visits/documentation <u>FEEDING</u> Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle Written feeding schedule from parent-updated Unused formula/milk discarded after feedings Clean bottles/disposable bottles/appvd washing Baby food served from dish or whole jar Bottles labeled with child's name Outdoor spaced fenced-4 ft (lic. after 1/1/25) Outdoor equipment-developmentally appropriate for ages of the children Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety		
EDUCATIONAL REQUIREMENTS 19a-79-8a					
<input checked="" type="checkbox"/> 115. (a) <input checked="" type="checkbox"/> 116. (a) <input checked="" type="checkbox"/> (1)-(11) <input checked="" type="checkbox"/> (b)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents <u>EDUCATIONAL REQUIREMENTS</u> 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 Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes	<input checked="" type="checkbox"/> 131. <input checked="" type="checkbox"/> 135. <input checked="" type="checkbox"/> 136.			
UNDER THREE ENDORSEMENT 19a-79-10			<u>Y/N</u>		
<input checked="" type="checkbox"/> 117. (b) <input checked="" type="checkbox"/> 118. (c)(2) <input checked="" type="checkbox"/> 119. (c)(3) <input checked="" type="checkbox"/> 120. (c)(4) <input checked="" type="checkbox"/> 121. (d)(1)(A-C) <input checked="" type="checkbox"/> 122. (d)(2)(Ai-iii) <input checked="" type="checkbox"/> 123. (d)(2)(B) <input checked="" type="checkbox"/> 124. (d)(2)(C) <input checked="" type="checkbox"/> 125. (d)(2)(D) <input checked="" type="checkbox"/> 126. (d)(2)(E) <input checked="" type="checkbox"/> 127. (d)(3)(A-C) <input checked="" type="checkbox"/> 128. (e)(1)	Approved Under 3 Endorsement Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths) Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths) Physical barriers separating each group of children- indoors/outdoors Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep Cribs/Pack-n-Plays -in compliance w/CPSC Washable cots Chairs for feeding-stable base-safety straps-locking tray Dev. appropriate tables/chairs/equipment Refrigerator and food prep facilities Optional furniture/equip-safe/hazard free <u>DIAPERING</u> Diaper area: elevated/sturdy/safety rail	<input checked="" type="checkbox"/> 140. <input checked="" type="checkbox"/> 141. (b) <input checked="" type="checkbox"/> (c) <input checked="" type="checkbox"/> (c)(1) <input checked="" type="checkbox"/> (c)(2) <input checked="" type="checkbox"/> (c)(3) <input checked="" type="checkbox"/> 143. (d) <input checked="" type="checkbox"/> 144. (e)			
			SCHOOL AGE ENDORSEMENT 19a-79-11		
			<u>Y/N</u>		
			Approved Schl Age Endorsement <u>SCHEDULE - ACTIVITIES</u> Written daily program plan-flexible schedule- available to staff/parents Activities not a duplication of child's day Activities include cognitive, physical, social, emotional needs of the children Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events Ratio- 1:15 Group size- max. 30		

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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.		PARENT PERMISSIONS
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(i)	Emergency medical permission
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(ii)	Authorized release permission
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> (a)(1)(D)(iii)	Field trip permission
<input checked="" type="checkbox"/>		<input checked="" 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.	<input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
		<input checked="" type="checkbox"/> (c)	FIRST AID SUPPLIES -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
		<input checked="" type="checkbox"/> (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

PHYSICAL PLANT 19a-79-7a

<input checked="" type="checkbox"/>	62.	(a)(2)	Fire marshal codes/certificate <u>8/12/25</u>
<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 checked="" 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.	<input checked="" type="checkbox"/> (c)(5)(A)	WATER SUPPLY - Public/Well (Schools-N/A)
		<input checked="" type="checkbox"/> (c)(5)(B)	Lead Water Test - Date: <u>3/3/25</u>
		<input checked="" type="checkbox"/> (c)(5)(C)	Bact./Chem Test-Date: _____ (N/A)
<input checked="" type="checkbox"/>	70.	<input checked="" type="checkbox"/> (c)(6)(A)	Drinking water available/accessible
		<input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Building Pre-78: <u>Y/N</u> Lead Test: <u>Y/N</u> Results: _____
			Lead Management Plan: _____
			Peeling Paint - <u>Y/N</u> 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.		SMOKING
		<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.		TOILETING
		<input checked="" 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.		AIR TEMPERATURE
		<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"/>	86.	(e)(3)	Water temperature 60°F-120°F
<input checked="" type="checkbox"/>	87.	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/>	88.		WALLS/CEILINGS/FLOORS/RUGS
		<input checked="" type="checkbox"/> (e)(5)	Walls/ceilings/floors/rugs-clean/good repair
		<input checked="" type="checkbox"/> (e)(5)	Rugs- not a tripping/slipping hazard
		<input checked="" type="checkbox"/> (e)(6)	Hot water/Steam pipes protected
		<input checked="" type="checkbox"/> (e)(7)	TELEPHONE/TELEPHONE NUMBERS
		<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 checked="" type="checkbox"/> (e)(8)	LIGHTING
		<input checked="" 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"/> (e)(10)	Potentially hazardous substances, materials labeled, inaccessible
		<input checked="" type="checkbox"/> (e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
		<input checked="" type="checkbox"/> (e)(12)	Stairs-protected/good repair-handrails
		<input checked="" type="checkbox"/> (e)(13)	Toxic plants/materials inaccessible
		<input checked="" type="checkbox"/> (e)(14-15)	Pets or other animals-in good health, written care plan including access to children
		<input checked="" type="checkbox"/> (e)(16)	Measures to prevent vermin
		<input checked="" type="checkbox"/> (e)(17)	Radon test- Results: <u>3/3/25</u> (Schls-N/A) <u>1.1 Result</u>
		<input checked="" type="checkbox"/> (e)(18)	Carbon monoxide detector-each level N/A
		<input checked="" type="checkbox"/> (f)(1)(A)	Program space-adequate-35 sq. ft. per child
		<input checked="" type="checkbox"/> (g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
		<input checked="" type="checkbox"/> (g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
		<input checked="" type="checkbox"/> (g)(3)	Air conditioners/water heaters/fuse boxes inaccessible
		<input checked="" type="checkbox"/> (g)(4)	Developmentally app equipment, materials

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SCHOOL AGE ENDORSEMENT 19a-79-11 Y/N	MONITORING OF DIABETES 19a-79-13 Y/N
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<input checked="" 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 STAFF TRAINING 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 checked="" type="checkbox"/> 146. (g)	Designated Head teacher approved- 60%	<input checked="" type="checkbox"/> 172. (b)(1)(A)		
		<input checked="" type="checkbox"/> (b)(1)(B)	(i)-(iii)	
		<input checked="" type="checkbox"/> (b)(2)		
		<input checked="" type="checkbox"/> (b)(3)		
		<input checked="" type="checkbox"/> (c)(2)		
		<input checked="" type="checkbox"/> (c)(3)		
		<input checked="" type="checkbox"/> 173. (d)(1)		
		<input checked="" type="checkbox"/> 174. (d)(2)		
		<input checked="" type="checkbox"/> 175. (d)(3)		
		<input checked="" type="checkbox"/> 176. (e)(1)		
		<input checked="" type="checkbox"/> 177. (e)(2)		
		<input checked="" type="checkbox"/> 178. (e)(3)		
		<input checked="" type="checkbox"/> 179. (e)(3)		

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y/N	ADDITIONAL VIOLATION
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<input type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 173. (e)(1)		Consent Order/Negotiated Corrective Action Plan conditions (N/A)
<input type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 174. (d)(1)		
<input type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> 175. (d)(2)		
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> 176. (d)(3)		
<input type="checkbox"/> 151. (b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> 177. (e)(1)		
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> 178. (e)(2)		
<input type="checkbox"/> 153. (b)(6)	SLEEP PROVISIONS	<input checked="" type="checkbox"/> 179. (e)(3)		
<input type="checkbox"/> (b)(6)(A)	Individual cot/crib with bedding			
<input type="checkbox"/> (b)(6)(B)	Sleeping apparel/toiletries labeled			
<input type="checkbox"/> (b)(6)(C)	Required bedding			
<input type="checkbox"/> (b)(6)(D)	Required toiletries			
<input type="checkbox"/> (b)(7)	Bedding/sleeping apparel laundered weekly			
<input type="checkbox"/> 154. (b)(8)	Sleep arrangements for infants			
<input type="checkbox"/> 155. (b)(9)	Air temp 65 °F at 3 ft			
<input type="checkbox"/> 156. (b)(10)	Fire marshal approval-hours specified			
	Local health approval			

<input checked="" type="checkbox"/> 157. (9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180. - NA		DISCUSSIONS/COMMENTS 1) All items checked off were either observed or discussed 2) obtained Affidavit (original) 3) obtained Fire Marshal Cert with approval verbally spoke to FM on phone 4) Overall capacity 48 with 36 under 3. * toilets + sinks OK to meet capacity • 2 toilets exclusive to children 1 Shared w/ supervision policy NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes			
<input checked="" type="checkbox"/> 159. (a)(2)	NONPRESC. TOPICAL MEDICATION			
<input checked="" type="checkbox"/> (a)(3)(A-B)	Admin/Parent permission/report errors			
<input checked="" type="checkbox"/> (a)(3)(C)	Labeling and Storage			
<input checked="" type="checkbox"/> 160. (b)(1)(A/C)	Unused/expired meds destroyed/returned			
<input checked="" type="checkbox"/> (b)(1)(D)	MEDICATION TRAINING			
<input checked="" type="checkbox"/> (b)(1)(E)	Medication training-general-oral/top/inhalant			
<input checked="" type="checkbox"/> (b)(1)(F)	Injectable premeasured autoinjector medication			
<input checked="" type="checkbox"/> (b)(2)(A-B)	Rectal medication			
<input checked="" type="checkbox"/> (b)(2)(C)	Injectable other than premeasured auto-injector			
<input checked="" type="checkbox"/> 161. (b)(3)(A-B)	Training approval documents/certificates			
<input checked="" type="checkbox"/> 162. (b)(3)(D)	Training outline on file			
<input checked="" type="checkbox"/> 163. (b)(4)(A-B)	Authorized prescriber/parent permission			
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)	Medication errors- documentation, parent(s) and OEC notification			
<input checked="" type="checkbox"/> 165. (b)(5)(C)	Medication Administration Records (MAR)			
<input checked="" type="checkbox"/> 166. (b)(5)(D)	Labeling and Storage			
<input checked="" type="checkbox"/> 167. (b)(5)(E)	Emergency medication inaccessible			
<input checked="" type="checkbox"/> 168. (b)(6)	Unused/Expired meds-destroyed/returned			
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)	Auto-injector/inhalant equipment			
<input checked="" type="checkbox"/> 170. (d)	Self-administration documentation			
	Petition for special medication authorization			
	Potassium Iodide (KI) emergency distribution-permission and storage (N/A)			

Signature of OEC staff	[Signature]	Signature of person in charge	[Signature]
Printed Name	Fil Montanye	Printed Name	Maria Anthony

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Cozy Place Learning Center License # Pending Date: 8/7/25

Observations/Corrections needed: Discussions.

- All staff must have completed health + safety training within 3 months of employment.
- Designated Director course within 1 year
- training outline for medication administration
- multi hazard Plans + drills practiced annually

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: [Signature]
(OEC Representative)
Print Name: Al Montanye

CORRECTIVE PLAN SHALL BE RETURNED TO

OEC BY: NA

Signature: [Signature]
(Person in Charge)
Print Name: Maria Anthony