

Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name: **Cozy Corner**

City: **Valley Springs**

Provider Number: **018042984**

Inspector: **Patrick Waltman**

Date of Inspection: **02/23/2024**

Time of Inspection: **3:37 PM**

Provider was found to be in full compliance

Sarah Kiefer

Provider Signature

02/23/2024

Date

Patrick Waltman

Inspector Signature

02/23/2024

Date