

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Nursery at Malta House Date: 3/31/25 Time: 9:35

Location Address: 139 W Rocks Rd. Norwalk Telephone #: 203 857-0088

e-mail address: Mreichi@maltahouse.org License #: 80033 Expiration Date: 6/30/28

Capacity: 12/12 # of Children Present: 6 # of Staff Present: 2

**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 \_\_\_\_\_

Purpose of visit: Investigation 2025-280

#### Observations/Corrections needed:

- (S) 19a-79-3a(c)(1) ~~(A)~~ Notification of change - head teacher - Regulation not met when OEC was not notified within 5 business days of change in head teacher. Interim plan is required.
- (S) 19a-79-4a(d)(2) Two people present - regulation not met when attendance records show that one person is present for the last hour <sup>or more</sup> of the day.
- (S) 19a-79-4a(f)(2) - CPR/first aid trained staff present - regulation not met when staff at end of day did not have evidence of completing a first aid/CPR class.
- (S) 19a-79-4a(a)(1) - Staff health records - regulation not met when one staff member did not have a health record on file for review.

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: Karen Hicks  
(OEC Representative)

Print Name: Karen Hicks

CORRECTIVE PLAN SHALL BE RETURNED TO  
OEC BY: 4/13/2025

Signature: Shawna Daniels  
(Person in Charge)

Print Name: Shawna Daniels