

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Nursery @ Malta House Date: 7/14/25 Time: 9:40

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

e-mail address: cruiz@maltahouse.org License #: 8033 Expiration Date: 6/30/28

Capacity: 12 # of Children Present: 4 # 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 2025-707

Observations/Corrections needed:

(S) 19a-79-10(k)(5) Bottles labeled - regulation not met when some bottles and cups were not labeled with child's name in refrigerator at visit.

(S) 19a-79-4a(d)(1) Head teacher on site 60% of operating hours - regulation not met when head teacher has been working remotely since ^{end of or mid-} June and has not been present at the program.

(NS) 19a-79-8a(a) Written schedule/plan/flexible - insufficient evidence to support a regulatory violation.

(NS) 19a-79-4a(d)(3) Personal qualities of staff - insufficient evidence to support a regulatory violation.

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

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

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 7/28/25

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: _____

Print Name: Michelle Dalduwa
(Person in Charge)