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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Nursery at Malta House Date: 9/4/25 Time: 12:10

Location Address: 139 W Rocks Rd. Norwalk Telephone #: 203 764-2322 203 857-0088

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

Capacity: 12/12 # of Children Present: 3 # of Staff Present: 4

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: Follow-up for case 2025-280 on 3/31/2025

Observations/Corrections needed:

(NS) 19a-79-4a(d)(2) Two staff present - in compliance at time of visit.

(NS) 19a-79-4a(f)(1-2) First aid/CPR trained staff present at all times - observed evidence of training for staff present and at closing time.

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: N/A

Signature: Karen Hicks
(OEC Representative)
Print Name: Karen Hicks

Signature: LaKeya Davis
(Person in Charge)
Print Name: LaKeya Davis