

1118

CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING



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:	The Nursery at Malta House	Date of Inspection:	11-4-25	Time of Arrival:	950am
Address:	B9 West Rocks Rd	License Number:	80033	Expiration Date:	63028
Town:	Norwalk	Telephone Number:	857-0088 ²⁰³	Summer Care:	Open
Operator:	Malta House Inc	# of Staff Present:	4	# over 3 Present:	0
Email:	ldavis@malthouse.org	Total Capacity:	12	Total Under 3 capacity:	12
Designated Director:	Lakeya Davis	Hours/Days of Operation:	M-F 730am to 330pm		

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: 2-28-24

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. (c)(1-4) POLICIES-COMLETE/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)
- 20. (a)(3)
- 21. (b)
- 21a. (b)(2)
- 22. (b)(4)
- 23. (d)
- 24. (d)(1)-(e)(2)
- 25. (d)(2)
- 26. (d)(3)(A-C)
- 27. (d)(4)(A)
- (d)(4)(B)
- (d)(6)
- (d)(4)(D)
- 28. (d)(4)(D)
- 29. (d)(5)
- (d)(5)(A)
- (d)(5)(B)
- 30. (e)(1)
- 31. (f)(1)
- 32. (f)(2)
- 33. (a)(2)
- (h)(1)
- (h)(2)
- 34. (4)(C)(ii-v)
- (4)(C)(i)
- (e)(6)
- (e)(6)
- 35. (i)(1)(A)-(D)
- (i) - (i)(2)(A-H)
- (F)
- (i)(2)
- (H)(i)-(I)(i)

Staff health records
 Disciplinary actions
 Comprehensive Background Checks
 Past employment history
 Evidence of compliance with bknd cks/history
 Adequate staffing
 Designated head teacher-approved-60%
 Two staff present-age 18 or older
 Personal qualities of staff

RATIOS
 Ratio 1:10 - Indoors/Outdoors
 Mixed age group
 Nap time ratio
 Supervision-Indoors/Outdoors

GROUP SIZE
 Group Size-Indoors/Outdoors
 Group Size-school age field trips/outdoors
 Mixed age group-group size
 Designated director-training
 CPR certified program staff
 First aid certified program staff

PROFESSIONAL DEVELOPMENT
 Documentation of prof. dev/trainings
 Health & Safety training
 1% annual hours

SWIMMING ACTIVITIES - Y/N
 Swimming-Ratios
 Non-swimmers identified
 CPR certified staff-age 20 or older
 Lifeguard-certified-supervising

CONSULTANTS
 Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
 Consultant agreements-signed annually-agreements complete w/required services
 Consultant logs-documented activities, observations and required services
 Consultant visits- Education/Health

	Contracts	Logs	Visits
Education			
Health	exp		
Soc. Serv.			
Dietitian	NA	NA	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME: The Nursery at Malta House LICENSE NUMBER: 80033 DATE OF INSPECTION: 11-4-25

RECORD KEEPING 19a-79-5a

- 36. (a)(1)(A-C) Children's Enrollment information
- 37. PARENT PERMISSIONS
 - (a)(1)(D)(i) Emergency medical permission
 - (a)(1)(D)(ii) Authorized release permission
 - (a)(1)(D)(iii) Field trip permission
 - (a)(1)(D)(iv) Transportation permission
- 38. (a)(2)(A-B) Child Health Records
- 39. (a)(2)(C) Immunization records
- 40. (a)(2)(E) Individual care plan-signed by parents/staff
- 41. (a)(3)(A) Injury, Illness, Incident, Accident reports
- 42. (a)(3)(B) Parent notification of illness or injury
- 43. (a)(3)(C)(i-ii) Notify OEC of serious injuries, fatality
- 44. (a)(3)(D) Notify DPH, local health-reportable diseases
- 45. (a)(4) Video recordings- keep 30 days

HEALTH and SAFETY 19a-79-6a

- 46. (a)(1) Preparation, transportation of food-follow DPH Model Food Code (N/A)
- 47. (a)(2) Nutritious meals and snacks
- 48. (a)(3) Proper refrigeration-41 degrees
- 49. (a)(4) Menus-1 wk in advance- keep 3 mths
- 50. (a)(5) Food Service Inspection (N/A)
- 51. (a)(6) Kitchen-clean/safe storage of food/supplies (N/A)
- 52. (a)(7) Separate hand washing facilities
- 53. (a)(8) Multi-use eating/drinking utensils
- 54. (a)(9) Kitchen separated (N/A)
- 55. (a)(10) Children supervised during meal prep
- 56. (a)(11) Handwashing-staff/children
- 57. (b)(1) Illness procedures-staff knowledgeable, children observed for signs/symptoms
- 58. (b)(2) Designated isolation area
- 59. (c) FIRST AID KITS-portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
- (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
- (d) FIRST AID SUPPLIES-add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)

PHYSICAL PLANT 19a-79-7a

- 62. (a)(2) Fire marshal codes/certificate 12/2023
- 63. (b) Indoor/Outdoor space inspected/approved
- 64. (b)(1)-(5) Construction/expansion/renovation/conversion
- 65. (b)(6) Space not inspected/approved but used for field trips-written parent permission
- 66. (c)(2) Licensed premises-clean, good repair, hazard free, maintenance program
- 67. (c)(3) Building/Equipment/Furnishings-sanitary, hazard free (N/A)
- 68. (c)(4) Testing of premises/grounds for chemicals
- 69. WATER SUPPLY - Public/Well (Schools-N/A)
 - (c)(5)(A) Lead Water Test - Date: 02-23-23
 - (c)(5)(B) Bact./Chem Test-Date: (N/A)
 - (c)(5)(C) Drinking water available/accessible
- 70. LEAD PAINT -
 - (c)(6)(A) Building Pre-78: Y/N NA Lead Test: Y/N NA
 - (c)(6)(B-D) Lead Management Plan NA
- Peeling Paint - Y/N NA Inside/Outside

PHYSICAL PLANT 19a-79-7a cont.

- 71. (d)(1) Emergency vehicle access
- 72. (d)(2) Walkways maintained
- 73. (d)(3) Windows protected to prevent falls
- 74. (d)(3) Window screens
- 75. (d)(4) Glass/mirrors protected- 36"
- 76. (d)(5) Overhead doors-locking devices, spring protectors (N/A)
- 77. (d)(6), (f)(3) Exits, stairs, hallways unobstructed
- 78. (d)(7) Individual storage of clothing and bedding
- 79. SMOKING
 - (d)(8) Smoking, vaping or other electronic nicotine device prohibited on premises/grounds
 - (d)(8) Matches/lighters inaccessible
 - (d)(9) Electrical safety - outlets inaccessible - covered or protected
- 81. TOILETING
 - (d)(10)(A) Shared toilets/sinks-supervision plan
 - (d)(10)(B) Toileting needs met
 - (d)(10)(C) Potty chairs-nonporous, emptied, disinfected
 - (d)(10)(C) Required toilets/sinks-1:16
 - (d)(10)(E) Toileting Supplies-Hand drying-Garbage
 - (d)(10)(E) Handwashing staff/children
 - (d)(10)(F) Toilets/sinks located at the facility
 - (d)(10)(G) Well lighted/ventilated toilet rooms
 - (d)(10)(H) Mechanical ventilation (after 1/1/94) (Grp Homes N/A)
- 82. (d)(11) Staff personal articles inaccessible
- 83. AIR TEMPERATURE
 - (e)(1) Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall
 - (e)(2) Air temp > 80 °F - ↑ fluids/ventilation
 - (e)(3) Water temperature 60°F-120°F
 - (e)(4) Portable space heaters prohibited
- 84. WALLS/CEILINGS/FLOORS/RUGS
 - (e)(5) Walls/ceilings/floors/rugs-clean/good repair
 - (e)(5) Rugs- not a tripping/slipping hazard
 - (e)(6) Hot water/Steam pipes protected
- 85. TELEPHONE/TELEPHONE NUMBERS
 - (e)(7) Working phone on each level
 - (e)(7) Emergency numbers posted-adjacent to phones
 - (e)(7) Parents provided direct on site phone number
- 86. LIGHTING
 - (e)(8) All areas min. 1 foot candle of lighting
 - (e)(9) Adequate lighting-30/50 candle feet-sufficient lighting to be visible
 - (e)(9) Enough lighting for comfort
 - (e)(9) Light fixtures shielded/shatter proof
 - (e)(10) Potentially hazardous substances, materials labeled, inaccessible
 - (e)(11) Garbage/rubbish-disposed of daily, containers in good repair
 - (e)(12) Stairs-protected/good repair-handrails
 - (e)(13) Toxic plants/materials inaccessible
 - (e)(14-15) Pets or other animals-in good health, written care plan including access to children
- 87. (e)(16) Measures to prevent vermin 428-25
- 88. (e)(17) Radon test- Results: 0.3 (Schls-N/A)
- 89. (e)(18) Carbon monoxide detector-each level N/A
- 90. (f)(1)(A) Program space-adequate-35 sq. ft. per child
- 91. (g)(1) Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust
- 92. (g)(2) Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags)
- 93. (g)(3) Air conditioners/water heaters/fuse boxes inaccessible
- 94. (g)(4) Developmentally app equipment, materials

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	The Nursery at Melita	LICENSE NUMBER	80033	DATE OF INSPECTION	11-4-25
PHYSICAL PLANT 19a-79-7a cont.			UNDER THREE ENDORSEMENT 19a-79-10 cont.		
House					
<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 OUTDOOR SPACE 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 play. Inspection upon request Drinking water available/accessible Equipment arranged for safety-equip/fences/structures not hazardous OUTDOOR PROTECTED/FENCED 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) WATER HAZARDS Pools, swimming areas- (N/A) conforms to 19-13-B33b and 19a-36-B61 Wading pools prohibited Hot tubs/spas/saunas-locked/inaccessible (N/A)	<input checked="" type="checkbox"/> 128. CA <input checked="" type="checkbox"/> 129. CA <input checked="" type="checkbox"/> 130. <input checked="" type="checkbox"/> 131. <input checked="" type="checkbox"/> 135. <input checked="" type="checkbox"/> 136. <input checked="" type="checkbox"/> 137. <input checked="" type="checkbox"/> 138. <input checked="" type="checkbox"/> 139.	<input checked="" type="checkbox"/> (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"/> (f)(1) <input checked="" type="checkbox"/> (f)(2) <input checked="" type="checkbox"/> (f)(3) <input checked="" type="checkbox"/> (f)(4) <input checked="" type="checkbox"/> (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"/> (h)(1) <input checked="" type="checkbox"/> (h)(1) <input checked="" type="checkbox"/> (h)(2) <input checked="" type="checkbox"/> (h)(2) <input checked="" type="checkbox"/> (i)(1)(2A-C) <input checked="" type="checkbox"/> (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"/> (l)(1) <input checked="" type="checkbox"/> (l)(2) <input checked="" type="checkbox"/> (l)(3)	DIAPERING cont. 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 LINENS/CLOTHING Linens/emergency clothing available Linens washed weekly or as needed Linens/clothing stored individually Cribs/cots cleaned-linens changed when shared SAFE SLEEP 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 TOYS AND OTHER OBJECTS 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 FEEDING 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 EDUCATIONAL REQUIREMENTS 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. <input checked="" type="checkbox"/> 137. <input checked="" type="checkbox"/> 138. <input checked="" type="checkbox"/> 139.	<input checked="" type="checkbox"/> (h)(1) <input checked="" type="checkbox"/> (h)(1) <input checked="" type="checkbox"/> (h)(2) <input checked="" type="checkbox"/> (h)(2) <input checked="" type="checkbox"/> (i)(1)(2A-C) <input checked="" type="checkbox"/> (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)		
UNDER THREE ENDORSEMENT 19a-79-10			SCHOOL AGE ENDORSEMENT 19a-79-11		
Y/N			Y/N		
<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 DIAPERING Diaper area: elevated/sturdy/safety rail	<input checked="" type="checkbox"/> 140. <input checked="" type="checkbox"/> 141. <input checked="" type="checkbox"/> 143. <input checked="" type="checkbox"/> 144.	<input checked="" type="checkbox"/> (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"/> (d) <input checked="" type="checkbox"/> (e)	Approved Schl Age Endorsement SCHEDULE - ACTIVITIES 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	

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	The Nursery at Malta	LICENSE NUMBER	80033	DATE OF INSPECTION	11-4-25
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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 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
<input type="checkbox"/>	146.	(g)	Designated Head teacher approved- 60%	<input checked="" type="checkbox"/>	172.	(i)-(iii)	<u>STAFF TRAINING</u> Staff training – first aid Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am)	Y/N
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<input type="checkbox"/>	147.	(b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/>	173.	(c)(3)	Training updated at least every 3 years
<input type="checkbox"/>	148.	(b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/>	174.	(d)(1)	Self-administration - written authorization and under supervision of trained staff
<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)	Equipment provided by parents
<input type="checkbox"/>	150.	(b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/>	176.	(d)(3)	Equipment labeled and inaccessible
<input type="checkbox"/>	151.	(b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/>	177.	(e)(1)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/>	152.	(b)(5)	Staff awake and available	<input checked="" type="checkbox"/>	178.	(e)(2)	Authorized prescriber written order
<input type="checkbox"/>	153.		<u>SLEEP PROVISIONS</u>	<input checked="" type="checkbox"/>	179.	(e)(3)	Written authorization from parent
<input type="checkbox"/>		(b)(6)	Individual cot/crib with bedding				Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input type="checkbox"/>		(b)(6)(A)	Sleeping apparel/toiletries labeled				
<input type="checkbox"/>		(b)(6)(B)	Required bedding				
<input type="checkbox"/>		(b)(6)(C)	Required toiletries				
<input type="checkbox"/>		(b)(6)(D)	Bedding/sleeping apparel laundered weekly				
<input type="checkbox"/>		(b)(7)	Sleep arrangements for infants				
<input type="checkbox"/>	154.	(b)(8)	Air temp 65 °F at 3 ft				
<input type="checkbox"/>	155.	(b)(9)	Fire marshal approval-hours specified				
<input type="checkbox"/>	156.	(b)(10)	Local health approval				

ADMINISTRATION OF MEDICATIONS 19a-79-9a	Y/N	ADDITIONAL VIOLATION
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<input checked="" type="checkbox"/>	157.	(9a)	Written medication policies/procedures	<input checked="" type="checkbox"/>	180.	N/A	Consent Order/Negotiated Corrective Action Plan conditions (N/A)
<input checked="" type="checkbox"/>	158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes				

<input checked="" type="checkbox"/>	159.	(a)(2)	<u>NONPRESC. TOPICAL MEDICATION</u>	<p style="font-size: 1.2em; color: blue;">New Regulations</p> <p style="font-size: 1.2em; color: blue;">Provided Policy Checklist with items that need to be updated</p> <p style="font-size: 0.8em; color: gray;">NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.</p>			
<input checked="" type="checkbox"/>	160.	(a)(3)(A-B)	Admin/Parent permission/report errors				
<input checked="" type="checkbox"/>		(a)(3)(C)	Labeling and Storage				
<input checked="" type="checkbox"/>		(b)(1)(A/C)	Unused/expired meds destroyed/returned				
<input checked="" type="checkbox"/>		(b)(1)(D)	<u>MEDICATION TRAINING</u>				
<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"/>		(b)(3)(A-B)	Training approval documents/certificates				
<input checked="" type="checkbox"/>	161.	(b)(3)(D)	Training outline on file				
<input checked="" type="checkbox"/>	162.	(b)(3)(D)	Authorized prescriber/parent permission				
<input checked="" type="checkbox"/>	163.	(b)(4)(A-B)	Medication errors- documentation, parent(s) and OEC notification				
<input checked="" type="checkbox"/>	164.	(b)(5)(A-B)	Medication Administration Records (MAR)				
<input checked="" type="checkbox"/>	165.	(b)(5)(C)	Labeling and Storage				
<input checked="" type="checkbox"/>	166.	(b)(5)(D)	Emergency medication inaccessible				
<input checked="" type="checkbox"/>	167.	(b)(5)(E)	Unused/Expired meds-destroyed/returned				
<input checked="" type="checkbox"/>	168.	(b)(6)	Auto-injector/inhalant equipment				
<input checked="" type="checkbox"/>	169.	(b)(7)(A-B)	Self-administration documentation				
<input type="checkbox"/>	170.	(d)	Petition for special medication authorization				
			Potassium Iodide (KI) emergency distribution-permission and storage (N/A)				

Signature of OEC staff		Signature of person in charge	
Printed Name	Cathy Andersen	Printed Name	

OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov	Inspection shall be posted or available for review upon request. Written Corrective Action Plan Due by: 11-18-25 CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/
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Initial Unannounced Full/Partial Follow-up Location Change Investigation Other

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Nursery at Malta House Date: 11-4-25 Time: 9:50am
Location Address: 139 West Rocks Rd Norwalk Telephone #: 857-203-0088
e-mail address: Idons@maltahouse.org License #: 80033 Expiration Date: 6-30-28
Capacity: 12 # of Children Present: 2 # 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: NA

Purpose of visit: full inspection

Observations/Corrections needed:

- (1)(c)(1) (2)(a) #35 - Health agreement is expired and not complete with services
- #24 Interim head teacher is not documented ^{ing ca} her monthly visits
- #33 - no documentation of new employee and annual policy training
- #62 - Fire certificate is expired on 12-1-24 (send copy)
- #116(a)(1)(ii) - Children do not play on playground, just stroller walk stated Director
- (a)(b) - Children under 2 were watching a tablet when I arrived
- #66 - Small kitchen and roditar not secured

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: 11-18-25

Signature: Cathy Anderson
(OEC Representative)
Print Name: Cathy Anderson
Signature: Lakya S. Davis
(Person in Charge)
Print Name: _____