

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: The Nursery at Malta House Date: 6-22-26 Time: 1 PM  
Location Address: 139 W Rocus Rd Norwalk Telephone #: 857-0088  
e-mail address: ldavis@maltahouse.org License #: 80033 Expiration Date: 6-30-28  
Capacity: 12 # of Children Present: 3035 # of Staff Present: 3

**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: Partial inspection - 3 months interim head teacher plan

Observations/Corrections needed:  
Program has a 6 month plan that expires on 9-16-26..  
Program is in compliance with the plan at this inspection.  
Ed Consultant has been making monthly observations and documenting.  
Director is working with the registry to become a head teacher.

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: NA

Signature: Cathy Anderson  
(OEC Representative)  
Print Name: Lakeya Davis  
Signature: [Signature]  
(Person in Charge)  
Print Name: \_\_\_\_\_