

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: KLA of Wallingford Date: 12.19.24 Time: 12:07

Location Address: 3 Technology Drive Wallingford Telephone #: 203.294.4597

e-mail address: terri@klaschools.com License #: 70358 Expiration Date: 6.30.25

Capacity: 75/40 # of Children Present: 40/26 # of Staff Present: 15

Consent to Inspect Family Child Care Home	<i>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</i>
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Purpose of visit: Follow up to Supervision

Observations/Corrections needed:

NS 19a-79-4a(d)(4)(D) supervision at all times indoors and outdoors;
observe all children properly supervised

S 19a-79-10 *g)(3) under 3; safe sleep;
observed infant sleeping in crib with a blanket on child and bibs hanging on crib.

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: 1.2.24

Signature: Jennifer Schulte
(OEC Representative)
Print Name: Jer Schulte
Signature: Branna Hunter
(Person in Charge)
Print Name: Branna Hunter