

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: KLA of Wallingford Date: 1-8-25 Time: 1158

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: 31/20 # of Staff Present: 15

Consent to Inspect Family Child Care Home Provider/Applicant/Substitute's Signature	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.
---	--

Purpose of visit: Safe Sleep follow-up

Observations/Corrections needed:

N/ 19a-79-10(c)(3) under 3; safe sleep - observed all cribs to be free of hanging bibs, blankets and no child observed to be sleeping with blankets during visit

Discussed with infant staff, no infants may sleep with blankets and pacifier clips/cords, pacifiers are ok.

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

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

Signature: Jennifer Schultz
(OEC Representative)
Jen Schultz

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: - NA -

Signature: Brianna Hunter
(Person in Charge)
Brianna Hunter