

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: KLA of Wallingford Date: 2-10-25 Time: 10:37

Location Address: 3 Technology Drive Wallingford Telephone #: 203-294-1546

e-mail address: terri@klaschols.com License #: 70358 Expiration Date: 6/30/25

Capacity: 75/40 # of Children Present: 38/23 # of Staff Present: 13

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 _____
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Purpose of visit: Technical Assistance regarding submission of corrective Action Plans

Observations/Corrections needed:

Upon arrival met with Director of operations, present was newly hired Director, Assistant Director Both new staff hold Head teacher certificates.

Reviewed Inspection reports dated: 5/30/24, 8/12/24, 10/4/25 and 11/25/24. Operator ^(JS)

Complete licensing Corrective action plans not yet received by OEC. Reviewed responses previously submitted, discussed submitting updated CAP's by 2/16/25 for dates listed above

Do not use personal names, names of businesses and include exact date corrected. Submit separate CAPs for each inspection date.

* Met with new Director and assistant, reviewed new regulations, required policies, BCIS, registry including health & safety training and access to BCIS & registry
* must maintain all licensing reports and CAPs on site.

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: 2/16/25

Signature: Jen Schuch
(OEC Representative)

Print Name: Jen Schuch

Signature: Terri Johnson
(Person in Charge)

Print Name: Terri Johnson