



**DIVISION OF LICENSING**

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552  
 Email: [oeclicensing@ct.gov](mailto:oeclicensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**CHILD CARE CENTER/GROUP CHILD CARE HOME  
 FOLLOW UP – PARTIAL INSPECTION**

Program Name	KLA SCHOOLS OF WALLINGFORD				License Number	DCCC.70358		Date of Inspection	11/07/2025		
					Expiration Date	6/30/2029		Time of Inspection	10:12 AM		
Address	3 TECHNOLOGY DR WALLINGFORD CT 06492-1955				Telephone	(203) 294-1546		Licensed Capacity	75		
					Hours of Operation	7:00 AM – 5:30 PM		Under Three Capacity	43		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 – 10 weeks years		
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No	
					Program's Email	ginad@klaschools.com					
Operator	KLAWALLINGFORD, LLC				Director	GINA DEPONTE					
Endorsements	Pre-School, School Age, Under Three				Name of Inspector	Jenn Schulz					
Numbers of Staff/Children Present	# Children Present under age 3	20	# Total Children Present	36	# of Staff Present	13	Purpose of Visit	Partial Inspection for Safe sleep			

**REGULATIONS NOT IN COMPLIANCE**

Statute and/or Regulation and Description: [-] 000 No Violations

No violations were cited during this inspection

Statute and/or Regulation and Description:

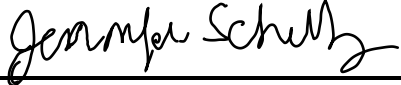
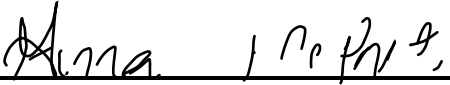
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<b>REGULATIONS IN COMPLIANCE</b>	
<b>Statute and/or Regulation and Description:</b>	[19a-79-10(g)(1-8)]                      130- Safe Sleep
Observed all infants to be sleeping without swaddles during visit.	
<b>Statute and/or Regulation and Description:</b>	

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**DISCUSSIONS/COMMENTS**

Were Violations cited during this visit? Y or N?	<b>No</b>	<b>NOTE:</b> * It is the operator's responsibility to ensure compliance with all local codes and ordinances.
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Signature of OEC Representative			Signature of Person in Charge
Printed Name	<b>Jenn Schulz</b>	<b>Gina deponte</b>	Printed Name
2 <sup>nd</sup> OEC Representative	<b>APPLICANTS:</b> You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.		
Printed Name	<b>THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.</b>		

	Written Corrective Action Plan due by:	<b>DIVISION OF LICENSING</b> 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: <a href="mailto:oc.licensing@ct.gov">oc.licensing@ct.gov</a> Website: <a href="http://www.ctoec.org">www.ctoec.org</a>
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OEC Representative's Email: <b>jennifer.schulz@ct.gov</b>	CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a>
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