

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Lulac Head Start Date: 10/21/21 Time: 10:01am

Location Address: 250 Cedar St - Fay Miller Child + Family Dev. Ctr Telephone #: 203-777-4006

e-mail address: Kellyd@lulacheadstart.org License #: 15536 Expiration Date: 3/31/2025

Capacity: 188^{u3 98} # of Children Present: 97 # of Staff Present: 30

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 <u>PIA</u>
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Purpose of visit: Complaint Investigation - Self-Reported Case # 2021-723

Observations/Corrections needed:

⑤ 19a-79-7a(j): Physical Plant - Dangerous weapon - A contracted security employee, who was not a peace officer, entered the premises, and left a weapon in the staff bathroom, and manager found and secured the weapon.

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: Stephanie Ra
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 10/26/2021

Signature: Kelly L. Davis
(Person in Charge)