

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Lulac Head Start Date: 10/14/22 Time: 9:15

Location Address: 250 Cedar St. New Haven Telephone #: 203 836-5850

e-mail address: janicm@lulacheadstart.org License #: 15536 Expiration Date: 3/31/25

Capacity: 184/64 # of Children Present: 88 # of Staff Present: 29

Consent to Inspect I agree to allow the Office of Early Childhood to have access to and inspect this facility and all
Family Child Care Home child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Follow-up to case 2022-791 on 10/3/22

Observations/Corrections needed:

NS 19a-79-4a(c)(4)(A) staffing, ratios - operator in compliance with this regulation at this visit.

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: N/A.

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: Janic
(Person in Charge)

Print Name: Janic Maysonet