

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

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Lulac Head Start Date: 4/3/23 Time: 1:55

Location Address: 250 Cedar St. New Haven Telephone #: 203 777-4006  
~~773-0838~~

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

Capacity: 184/64 # of Children Present: 120 # of Staff Present: 26+

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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: Investigation 2023-270 self-report

Observations/Corrections needed:

(NS) 19a-79-3a(b)(7) Employee orientation/annual training- operator provided evidence of staff orientation for all staff involved in reported incident.

(S) 19a-79-3a(d)(2)(c) Policy related to mandated reporting - staff person failed to follow-up on a concern reported to her by teaching staff. Policy to make an oral report to DCF was not completely followed resulting in a delayed report to DCF.

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: 4/17/2023

Signature: Karen Hicks  
(OEC Representative)  
Print Name: Karen Hicks  
Signature: Yaritza Rodriguez-Roman  
(Person in Charge)  
Print Name: Yaritza Rodriguez-Roman