

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Lulac Head Start Date: 11/1/24 Time: 8:30
Location Address: 106 Haven St. New Haven Telephone #: 203 836-5822
e-mail address: mikyleb@lulacheadstart.org License #: 13876 Expiration Date: 6/30/26
Capacity: 103/48 # of Children Present: 40/19 # of Staff Present: 17

Consent to Inspect Family Child Care Home	<i>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 _____</i>
------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Purpose of visit: Follow-up for 2024-1101

Observations/Corrections needed:

(NS) 19a-79-4a(d)(4)(A) Maintain ratios - operator was in compliance with ratios at time of follow-up 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.

Signature: Karen Hicks
(OEC Representative)
Karen Hicks

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: N/A

Signature: Anita Cebrian
(Person in Charge)