

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Lulac Head Start - Future Leaders Ctr. Date: 1/22/25 Time: 3:10

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: 23/12 # of Staff Present: 14

**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 _____

Purpose of visit: Follow-up for investigation 2024-1303

Observations/Corrections needed:

(NS) 19a-79-10(c)(2) Under 3 ratio - Operator in compliance with ratios at time of visit.

Discussed new regulation that videos are not allowed for children under 2 years. Children 2 and up only for educational or physical activities only.

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: Paul Perrelli
(Person in Charge)

Print Name: Paul Perrelli