

2025-282

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: LULAC Head Start Date: 4/9/25 Time: 1:30pm

Location Address: 250 Cedar Street Faye Miller Telephone #: 203-836-5830  
New Haven CT

e-mail address: Mikyle.ba@lulacheadstart.org License #: 15536 Expiration Date: 8/31/25

Capacity: 180/0 # of Children Present: 154 # of Staff Present: 31

**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 2025-282 Self Report

Observations/Corrections needed: EDita Tamulionyte - Health Manager.  
PIG Mary Rene Trigilia - Director of Operation / Mikyle Byrd - Executive Director  
(NS) 19a-79-4a(d)4(D) - Staffing and Consistent Supervision There was  
insufficient evidence to support that Program was not adhering to Supervision  
Policy

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: nlh

Signature: [Signature]  
(OEC Representative)

Print Name: Valecia Williams

Signature: [Signature]  
(Person in Charge)

Print Name: + Edita Tamulionyte