

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Lulac Head Start Date: 5/28/25 Time: 9:30

Location Address: 250 Cedar St. New Haven Telephone #: _____

e-mail address: mikyleb@lulacheadstart.org License #: 15536 Expiration Date: 3/31/29

Capacity: 180/80 # of Children Present: 108/41 # of Staff Present: 30+

**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: Investigation 2025-495

Observations/Corrections needed:

(S) 19a-79-4a(d)(4)(D) Supervision - regulation not met when
when child was left unattended on the playground and
found in a hallway by a staff member from another
room. Child unattended for 2 1/2 minutes.

(S) 19a-79-3a(d) Implement program policies - regulation
not met when staff did not follow the policy requiring
head counts during transitions on and off the playground.
Staff failed to count children before leaving the playground.

(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: 6/11/2025

Signature: Karen Hicks
(OEC Representative)

Print Name: Karen Hicks

Signature: [Signature]
(Person in Charge)

Print Name: Chinee Thompson