

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Mater Salvatoris College Prep School Date: 3-1-22 Time: 1245

Location Address: 926 Newfield Ave Stamford Telephone #: 203-489-0977

e-mail address: stm.school@mater salvatoris.org License #: 70424 Expiration Date: 8-31-22

Capacity: 176 # of Children Present: 28 # of Staff Present: 4

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.</i> Provider/Applicant/Substitute's Signature
--	---

Purpose of visit: Follow up to 1-31-22 inspection (playground)

Observations/Corrections needed:

Returned to view impact absorbing material. Was snow covered 1/31/22.
(88) Impact absorbing material is compliant today.

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: NIA

Signature:  _____
(OEC Representative)

Print Name: Lori Mangano

Signature:  _____
(Person in Charge)

Print Name: JAVIER ALVAREZ