

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: St. Mark's Preschool Date: 3/18/22 Time: 8:45am

Location Address: 111 Denoke Ridge New Canaan, Ct. 06840 Telephone #: (203) 972-7888

e-mail address: pspitz@simpnc.org License #: 13953 Expiration Date: 3.31.25

Capacity: 58 # of Children Present: 2 # of Staff Present: 5

**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: Announced Follow Up

Observations/Corrections needed:

Impact absorbing material was not observed at inspection dated 2-15-22 as ground was frozen

#88 - In compliance at this 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.

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

Signature: [Signature]
(OEC Representative)

Print Name: Terri R Roberts

Signature: [Signature]
(Person in Charge)

Print Name: Prisca [Signature]