

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: St. Mark's Preschool Date: 3/25/22 Time: 8:50 am

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

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

Capacity: 58 # of Children Present: 4 # of Staff Present: 2

**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 to Inspection dated 2-15-22

Observations/Corrections needed:

74 - lighting measured 44 foot candle in 5's room

Discussed: Consultant logs are to be completed by consultants not director.

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: 4.8.22

Signature: Terril R Roberts

Print Name: Terril R Roberts
(OEC Representative)

Signature: ms

Print Name: Prisca Spitz
(Person in Charge)