



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: oc.licensing@ct.gov Website: www.ctoec.org

CHILD CARE CENTER/GROUP CHILD CARE HOME FOLLOW UP – PARTIAL INSPECTION

Program Name	PRISCILLA'S PLACE					License Number	DCCC.70474		Date of Inspection	11/03/2025	
						Expiration Date	1/31/2027		Time of Inspection	01:56 PM	
Address	25 FLAT ROCK RD EASTON CT 06612-1703					Telephone	(203) 449-5415		Licensed Capacity	30	
						Hours of Operation	7:30 AM – 6:00 PM		Under Three Capacity	16	
Is this a Change of Address?		Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 – 12 weeks years	
New Address						Night Hours	No	Summer Hours	Open	Weekend Hours	No
						Program's Email	s_Stewart44@yahoo.com				
Operator	SHELLY STEWART					Director	SHELLY STEWART				
Endorsements	Pre-School, School Age, Under Three					Name of Inspector	Cathy Anderson				
Numbers of Staff/Children Present	# Children Present under age 3	12	# Total Children Present	22	# of Staff Present	5	Purpose of Visit	Partial on safe sleep cited on 9/2/2025			

REGULATIONS NOT IN COMPLIANCE

Statute and/or Regulation and Description:	[19a-79-10(g)(1-8)]	130- Safe Sleep
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Program not in compliance with ensuring that no blankets were placed in cribs when observed an infant sleeping on her stomach with a fleece blanket covering her body from neck down. The child turns 1 1/3/2026. When the staff removed the blanket the child had a shirt with a hood. Program not in compliance with ensuring that parents are informed of the policies on safe sleep when observed no documentation that this infant parent was informed.

Statute and/or Regulation and Description:	
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REGULATIONS IN COMPLIANCE	
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DISCUSSIONS/COMMENTS

Were Violations cited during this visit? Y or N?		Yes	NOTE: * It is the operator's responsibility to ensure compliance with all local codes and ordinances.
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Signature of OEC Representative			Signature of Person in Charge
Printed Name	Cathy Anderson	Shelly Stewart	Printed Name
2 nd OEC Representative		APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.	
Printed Name		THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.	

	Written Corrective Action Plan due by:	DIVISION OF LICENSING 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: oc.licensing@ct.gov Website: www.ctoec.org
	11/17/2025	
OEC Representative's Email: catherine.anderson@ct.gov		CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf