



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	11/07/2025	
						Expiration Date	1/31/2027		Time of Inspection	08:38 AM	
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	14	# Total Children Present	25	# of Staff Present	6	Purpose of Visit	Partial on safe sleep, which was cited on November 3, 2025			

REGULATIONS NOT IN COMPLIANCE

Statute and/or Regulation and Description:	[-] 000 No Violations
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No violations were cited during this inspection

Statute and/or Regulation and Description:	
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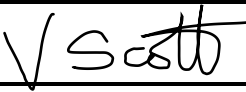
Statute and/or Regulation and Description:	
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REGULATIONS IN COMPLIANCE	
Statute and/or Regulation and Description:	[19a-79-10(g)(1-8)] 130- Safe Sleep
Program is in compliance with safe sleep at this inspection	
Statute and/or Regulation and Description:	

Statute and/or Regulation and Description:	
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DISCUSSIONS/COMMENTS

Discussed safe sleep and provide it sleep sack and safe sleep flyer

Were Violations cited during this visit? Y or N?	No	NOTE: * It is the operator's responsibility to ensure compliance with all local codes and ordinances.	
Signature of OEC Representative			
Printed Name	Cathy Anderson		Venessa Scott
2 nd OEC Representative			APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met <u>and</u> 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
OEC Representative's Email: catherine.anderson@ct.gov		CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf	