



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

FAMILY CHILD CARE HOME INSPECTION

Provider	SHANNON L PRINDLE				License Number	DCFH.70022	Date of Inspection	12/02/2025
					Expiration Date	7/31/2028	Time of Inspection	09:55 AM
Address	125 THOMPSON AVE EAST HAVEN CT 06512-3755				Telephone	(203) 681-7147	Regular Capacity	6
					Hours of Operation	7:00 AM – 5:30 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri	Summer Hours	Open
New Address					# Under 18 mths present	2	Weekend Hours	No
					Total children present	2	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Melissa Lohr		
Provider's Email	thelittlestarsdaycare@yahoo.com				Inspector's Email	melissa.lohr@ct.gov		

Key:
 Compliant = X
 Non-Compliant = O

Consent to Inspect: I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h).

Signature of Provider/Substitute/Applicant

TERMS OF REGISTRATION 19a-87b-5

X	4. Capacity	
X	5. Non-transferability of license	Pending?
X	6. Infant/Toddler Restriction	
X	7. License Posted	
X	8. Parent Access to OEC Phone Number	
X	9. Photo ID	
X	10. Requests for Information	
X	11. Notification of Change	

QUALIFICATION OF PROVIDER 19a-87b-6

X	12. Awareness of, Understanding of Regulations	
X	13. Medical statement	
	Expiration date: 02/22/2027	
X	14. First Aid Certificate	
	Expiration date: 12/09/2025	

X	15. CPR Certificate	
	Expiration date:	
	12/09/2025	
X	16. Judgment	

MEMBERS OF THE HOUSEHOLD 19a-87b-7

X	17. Medical Statement	
X	18. Household Environment	

QUALIFICATIONS OF STAFF 19a-87b-8

X	19. Sub/Assistant	Y/N	Name:	Marissa Fusco	Appvl #	92156
	Type of Staff:	Y				
	Substitute					
X	20. Emergency Caregiver					

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

X	21. Background Check(s)	
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PHYSICAL ENVIRONMENT 19a-87b-9

O	22. Clean/Sanitary Environment	Observed the following hazards: carpets in play area were visibly dirty, pack n play rails were brown from overuse, table had snack crumbs on it throughout visit and wasn't cleaned, stroller had severe stains, bathroom sink was full of dirty dishes, outdoor toys were visibly dirty. Continued in discussions				
O	23. Freedom of Hazards	Provider not in compliance with maintaining the facility and/or equipment in good repair and free of hazards when pails on playground were broken, a hole was observed outside, posing a tripping hazard. Additional hazards continued in discussions.				
X	24. Harmful Substances/Materials Inaccessible					
O	25. Bio-contaminants Disposed Safely	Provider not in compliance with ensuring bio contaminants are disposed of in a safe manner when dog feces was observed on the playground and a wet dog pee pad.				
X	26. Safe Storage of Flammables					
X	27. Safe Door Fasteners					
X	28. Electrical Safety					
O	29. Safe Exits	Observed the stairwell leading to the first floor had stacks of books on the stairs and floor in front of stairs had piles of boxes and stacked storage bins, creating a narrow pathway to safe exit. Also, multiple toys were observed in front of the main room window and napping room window, blocking safe exit.				
X	30. Basement Supervision	Y/N				
		Y				
	Used for Care ?	Y/N				
X	31. Stairways - Protected, Handrails					
X	32. Emergency Plan					

X	33. Emergency Evacuation Drills - Quarterly/Log	
O	34. Smoke Detectors	Provider not in compliance with maintaining operable smoke detectors on each level of the home when the detector on the first floor did not have a battery in it.
O	35. Carbon Monoxide Detector	Provider not in compliance with maintaining operable carbon monoxide detectors on each occupied level of the home when the detector on the first level was not operable.
X	36. Fire Extinguisher- 5 lb. ABC/Installed	
X	37. Auxiliary Heating System N Type?	Appvd?
X	38. Safe Storage of Weapons and Ammunition	
X	39. Safe Space-Sufficient Indoors Outdoors Y Y	
X	40. Body of Water-Type: Barrier?	Y/N N
X	41. Hot Tubs-Locked - Inaccessible	Y/N N
X	42. Ventilation, Light and Temperature- 65°	
X	43. Window Safety	
X	44. Washing Toileting, Sewage Garbage Facilities	
X	45. Adequate and Safe Water - Type of System: Public Water	
X	46. Water Temperature- 60°-120°	
X	47. Pasteurization of Milk Supply	
X	48. Working Phone, Emergency Numbers Posted	
X	49. Safe Transportation Registered, Insured, Restraints	
X	50. First Aid supplies	
X	51. Pet protection Pets? Rabies Certs?	Type: Cat & dog Y N
X	52. Smoking Prohibited	

RESPONSIBILITIES OF PROVIDER 19a-87b-10

X	53. Enrollment Form	
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<input type="radio"/>	54. Child Health Record	Provider not in compliance with maintaining current child health record(s) when one child's record was missing.
<input checked="" type="radio"/>	55. Immunizations	
<input checked="" type="radio"/>	56. Emergency Permission	
<input checked="" type="radio"/>	57. Authorized Release	
<input checked="" type="radio"/>	58. Field Trip and Transportation Permission-To/From School	
<input checked="" type="radio"/>	59. Swimming Permission	
<input checked="" type="radio"/>	60. Incident Log	
<input checked="" type="radio"/>	61. Confidentiality	
<input type="radio"/>	62. Meeting the Child's Needs	Provider not in compliance with meeting the physical needs of children when observed child watching television for about 2 and a half hours. Did not observe any other activities initiated.
<input checked="" type="radio"/>	63. Sufficient Play Equipment	
<input checked="" type="radio"/>	64. Good Nutrition- Meals/Snacks, Water Available	
<input checked="" type="radio"/>	65. Handwashing	
<input checked="" type="radio"/>	66. Flexible and Balanced Written Schedule	
<input checked="" type="radio"/>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<input checked="" type="radio"/>	68. Proper Rest Provisions – Safe Cribs	
<input type="radio"/>	69. Individual Plan for Care (Written if Applicable)	Provider not in compliance with developing and implementing a written individual plan of care for each child with disabilities or special health care needs when 2 children with special needs did not have plans.
<input checked="" type="radio"/>	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
<input checked="" type="radio"/>	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
<input checked="" type="radio"/>	72. Infants Placed on Back for Sleeping	
<input checked="" type="radio"/>	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	

<input type="radio"/>	74. Crib or Other Provision Free from Observable Hazards	Provider not in compliance with ensuring no items are tied to or hung over the side of a crib when a 9 month old child was napping with a blanket hanging on Pack n Play.
<input checked="" type="checkbox"/>	75. Infants not Swaddled	
<input checked="" type="checkbox"/>	76. Infants Supervised – minimum every 15 minutes	
<input checked="" type="checkbox"/>	77. Req. for Sleep Arrangements Posted/Discussed	
<input type="radio"/>	78. Diaper Changing-Frequent, Sanitary, Handwashing, Waste Disposal	Provider not in compliance with proper disposal of waste material in a sanitary manner/out of reach of children when a dirty diaper was observed on the playground & an uncovered trash can with diapers was also observed on the playground.
<input checked="" type="checkbox"/>	79. Parent Information and Access	
<input checked="" type="checkbox"/>	80. Developmental Milestones – Posted	
<input checked="" type="checkbox"/>	81. Supervision-at all Times, Indoors, Outdoors	
<input checked="" type="checkbox"/>	82. Personal Schedule- Alert, Competent Attention	
<input checked="" type="checkbox"/>	83. Full Attention - Distractions, Employment, Socialization	
<input checked="" type="checkbox"/>	84. Immediate Attention	
<input checked="" type="checkbox"/>	85. Substitute – Emergency Caregiver Present	
<input checked="" type="checkbox"/>	86. Appr. Discipline, Behavior Management	
<input checked="" type="checkbox"/>	87. Discuss Beh. Management Methods w/Staff and Parents	
<input checked="" type="checkbox"/>	88. Child Protection- Abuse/Neglect	
<input checked="" type="checkbox"/>	89. Notify OEC within 24 hrs. - Death or Serious Injury	
<input checked="" type="checkbox"/>	90. Mandated Reporting Abuse or Neglect to DCF	
SICK CHILD CARE 19a-87b-11		
<input checked="" type="checkbox"/>	91. Sick Child Care	
NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N		
<input checked="" type="checkbox"/>	92. Separate Bed- Location of Bed - Appropriate Sleepwear	

OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13

X 93. Access-
Immediate, Entire
or Part of Facility
and Records

ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N

X 94. Policies and
Procedures for
Admin of Meds

O 95. Parent
Permission for
Nonprescription
Topical Meds
Provider not in compliance with maintaining written permission from the parents prior to the administration of nonprescription topical medications when forms were not available on site.

X 96. Notification -
Documentation of
Med Error(s)

X 97.
Nonprescription
Topical Meds-
Stored/Labeled

O 98. Unused -
Expired
Nonprescription
Meds
Provider not in compliance with ensuring that expired medication is destroyed or returned to the parent when diaper cream on site was expired.

X 99. Documented
Medication
Trained Staff

X 100. Written Auth
Prescriber/Parent
Permission

X 101. MAR
Maintained

X 102. Prescription
Meds -
Stored/Labeled

X 103.
Unused/Expired
Prescription Meds

X 104. Emergency
Meds- Equip.
Labeled/Current

X 105. Self-Admin.
Of Meds

X 106. Petition for
Special
Medication
Authorization

MONITORING OF DIABETES 19a-87b-18 Child with diabetes enrolled? N

X 108. Policies for
Finger Stick Blood
Glucose Testing

X 109. Finger Stick
Blood Glucose
Testing - Staff
Trained

X 110. Self Admin of
Finger Stick Blood
Glucose Testing

X 111. Testing
Equip. &
Supplies-
Maintain,
Labeled, Locked,
Disposed

X	112. Finger Stick Blood Glucose Testing Records	
X	113. Parent Notification of Test Results	

ADDITIONAL VIOLATIONS

	114. Consent Order - Negotiated Corrective Action Plan	N/A?	
		X	




WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	13 out of 109
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DISCUSSIONS/COMMENTS

#22 Clean & Sanitary Environment continued: __ Observed many fruit flies flying around play room and on leaf canopy. __ #23 Freedom of Hazards continued: __ Observed large microwave (partially hanging over ledge), air fryer, and toaster located on top of cubbies with multiple items stacked on top.

IMPORTANT NOTES

- *It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.*
- *Only the regulations marked as compliant or non-compliant were monitored or discussed.*
- *APPLICANTS –You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.*

 (Signature of OEC Representative)	 (Signature of OEC Representative)	DATE CORRECTIONS DUE BY:	 (Signature of Provider/Applicant/Substitute)
Melissa Lohr (Printed Name)	Alexandra Rodriguez (Printed Name)	12/16/2025	SHANNON L PRINDLE (Printed Name)