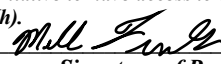




**DIVISION OF LICENSING**  
 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552  
 Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME INSPECTION**

<b>PROVIDER</b>	<b>MICHELE FERNANDES</b>			<b>LICENSE NUMBER</b>	<b>DCFH.48060</b>	<b>DATE OF INSPECTION</b>	<b>03/16/2026</b>
				<b>EXPIRATION DATE</b>	<b>12/31/2028</b>	<b>TIME OF INSPECTION</b>	<b>12:42 PM</b>
<b>ADDRESS</b>	<b>4 FAWN HILL RD SHELTON  CT 06484-3411</b>			<b>TELEPHONE</b>	<b>(203)</b>	<b>REGULAR CAPACITY</b>	<b>6</b>
				<b>HOURS OF OPERATION</b>	<b>7:30 AM - 4:00 PM</b>	<b>SCHOOL AGE CAPACITY</b>	<b>3</b>
				<b>DAYS OF OPERATION</b>	<b>Mon-Fri</b>	<b>SUMMER HOURS</b>	<b>Open</b>
<b>IS THIS A CHANGE OF ADDRESS?</b>	<b>YES</b>	<b>NO</b>	<b>NEW ADDRESS</b>	<b># UNDER 18 MTHS PRESENT</b>	<b>1</b>	<b>WEEKEND HOURS</b>	<b>No</b>
		<b>X</b>		<b>TOTAL CHILDREN PRESENT</b>	<b>5</b>	<b>NIGHT HOURS</b>	<b>No</b>
<b>TYPE OF INSPECTION</b>	<b>UNANNOUNCED INSPECTION - FULL</b>			<b>INSPECTOR'S NAME</b>	<b>Ana Sanchez</b>		
<b>PROVIDER'S EMAIL</b>	<b>michele.fernandes4@yahoo.com</b>			<b>INSPECTOR'S EMAIL</b>	<b>ana.m.sanchez@ct.gov</b>		
<b>KEY:</b>	<i>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).</i>						
<b>COMPLIANT = X</b>	 Signature of Provider/Substitute/Applicant						
<b>NON-COMPLIANT = O</b>							

**TERMS OF THE LICENSE 19a-87b-5**

<b>X</b>	<b>4. 5(d)(10(a)) CAPACITY</b>	
<b>X</b>	<b>5. 5(c) NON-TRANSFERABILITY OF LICENSE</b>	Pending?
<b>X</b>	<b>6. 5(e) INFANT/TODDLER RESTRICTION</b>	
<b>X</b>	<b>7. 5(f)(2) LICENSE POSTED</b>	
<b>X</b>	<b>8. 5(g) PARENT ACCESS TO OEC PHONE NUMBER</b>	
<b>X</b>	<b>9. 5(h) PHOTO ID</b>	
<b>X</b>	<b>10. 5(i) REQUESTS FOR INFORMATION</b>	
<b>X</b>	<b>11. 5(j) NOTIFICATION OF CHANGE</b>	

**QUALIFICATION OF PROVIDER 19a-87b-6**

<b>X</b>	<b>12. 6(a) AWARENESS OF, UNDERSTANDING OF REGULATIONS</b>	
<b>X</b>	<b>13. 6(b) MEDICAL STATEMENT</b>	
	<b>EXPIRATION DATE:</b> <b>10/14/2028</b>	

<b>X</b>	<b>14. 6(c)(1)</b> <b>FIRST AID</b> <b>CERTIFICATE</b>	
	<b>EXPIRATION DATE:</b> <b>05/04/2026</b>	
<b>X</b>	<b>15. 6(c)(2)</b> <b>CPR CERTIFICATE</b>	
	<b>EXPIRATION DATE:</b> <b>05/04/2026</b>	
<b>X</b>	<b>16. 6(e)</b> <b>JUDGMENT</b>	

**MEMBERS OF THE HOUSEHOLD 19a-87b-7**

<b>X</b>	<b>17. 7(a)</b> <b>MEDICAL</b> <b>STATEMENT</b>	
<b>X</b>	<b>18. 7(b)</b> <b>HOUSEHOLD</b> <b>ENVIRONMENT</b>	

**QUALIFICATIONS OF STAFF 19a-87b-8**

<b>X</b>	<b>19. 8(a)-(b)</b> <b>SUBSTITUTE -</b> <b>ASSISTANT</b>	<b>Y/N</b>	<b>NAME:</b>		<b>Appvl #</b>	
		<b>N</b>	<b>NAME:</b>		<b>Appvl #</b>	
	<b>PRESENT AT VISIT?</b>					
	<b>N</b>					
<b>X</b>	<b>20. 8(c)</b> <b>EMERGENCY</b> <b>CAREGIVER</b>					

**COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a**

<b>X</b>	<b>21. 8a(a)-(f)</b> <b>BACKGROUND</b> <b>CHECK(S)</b>	
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**PHYSICAL ENVIRONMENT 19a-87b-9**

<b>X</b>	<b>22. 9(a)</b> <b>CLEAN/SANITARY</b> <b>ENVIRONMENT</b>	
<b>X</b>	<b>23. 9(b)</b> <b>FREEDOM OF</b> <b>HAZARDS</b>	
<b>X</b>	<b>24. 9(c)</b> <b>HARMFUL</b> <b>SUBSTANCES and</b> <b>MATERIALS</b> <b>INACCESSIBLE</b>	
<b>X</b>	<b>25. 9(c)</b> <b>BIO-</b> <b>CONTAMINANTS</b> <b>DISPOSED SAFELY</b>	
<b>X</b>	<b>26. 9(d)(1)</b> <b>SAFE STORAGE</b> <b>OF FLAMMABLES</b>	
<b>X</b>	<b>27. 9(d)(2)</b> <b>SAFE DOOR</b> <b>FASTENERS</b>	
<b>X</b>	<b>28. 9(d)(3)</b> <b>ELECTRICAL</b> <b>SAFETY</b>	

X	29. 9(d)(4)-(A) SAFE EXITS				
X	30. 9(d)(4)(A) BASEMENT	Y/N			
	SUPERVISION	Y			
	USED FOR CARE ?	Y/N			
X	31. 9(d)(4)(D) STAIRWAYS - PROTECTED, HANDRAILS				
X	32. 9(d)(4)(E)-(5) EMERGENCY PLAN				
X	33. 9(d)(5) EMERGENCY EVACUATION DRILLS - QUARTERLY/LOG				
O	34. 9(d)(6) SMOKE DETECTORS	Provider not in compliance with maintaining operable smoke detectors on each level of the home when the smoke alarm in the basement was observed inoperable.			
X	35. 9(d)(7) CARBON MONOXIDE DETECTOR				
X	36. 9(d)(8) FIRE EXTINGUISHER- 5 LB. ABC/INSTALLED				
X	37. 9(d)(9) N/A? Y	TYPE:		APPROVED?	
	AUXILIARY HEATING SYSTEM				
X	38. 9(e) SAFE STORAGE OF WEAPONS AND AMMUNITION				
X	39. 9(f)(1)-(2) SAFE SPACE- SUFFICIENT	INDOORS		OUTDOORS	
	Yes	Yes			
X	40. 9(f)(2) N/A? Y	TYPE:	Above ground pool	BARRIER:	Y
	BODY OF WATER- 4 FT. STURDY FENCE OR BARRIER-LOCKED				
X	41. 9(f)(3) N/A? Y HOT TUBS- LOCKED -INACCESSIBLE				
X	42. 9(g) VENTILATION, LIGHT AND TEMPERATURE- 65°				
X	43. 9(g) WINDOW SAFETY				
X	44. 9(h) WASHING TOILETING, SEWAGE GARBAGE FACILITIES				
X	45. 9(i) ADEQUATE AND SAFE WATER -				
	TYPE OF SYSTEM: Public Water				
X	46. 9(h) WATER TEMPERATURE- 60°-120°				

<b>X</b>	<b>47. 9(i)</b> <b>PASTEURIZATION OF MILK SUPPLY</b>	
<b>X</b>	<b>48. 9(k)</b> <b>WORKING PHONE, EMERGENCY NUMBERS POSTED</b>	
<b>X</b>	<b>49. 9(l)</b> <b>SAFE TRANSPORTATION REGISTERED, INSURED, RESTRAINTS</b>	
<b>X</b>	<b>50. 9(m)-(n)</b> <b>FIRST AID KIT and SUPPLIES</b>	
<b>X</b>	<b>51. 9(o)</b> <b>PET PROTECTION</b>	TYPE of PETS:
	PETS? Y/N Y	
	RABIES CERTS? Y/N N	
<b>X</b>	<b>52. 9(p)</b> <b>Smoking Prohibited</b>	

**RESPONSIBILITIES OF PROVIDER 19a-87b-10**

<b>X</b>	<b>53. 10(b)(1)</b> <b>ENROLLMENT FORM</b>	
<b>X</b>	<b>54. 10(b)(2)</b> <b>CHILD HEALTH RECORD</b>	
<b>O</b>	<b>55. 10(b)(2)(v)(I)</b> <b>IMMUNIZATIONS</b>	<b>Provider not in compliance with maintaining complete and current immunization records when provider did not maintain evidence of flu vaccination for 3 enrolled children.</b>
<b>X</b>	<b>56. 10(b)(3)(B)</b> <b>EMERGENCY PERMISSION</b>	
<b>X</b>	<b>57. 10(b)(3)(A)</b> <b>AUTHORIZED RELEASE</b>	
<b>X</b>	<b>58. 10(b)(3)(C)-(D)-(F)</b> <b>FIELD TRIP AND TRANSPORTATION PERMISSION- TO/FROM SCHOOL</b>	
<b>X</b>	<b>59. 10(b)(3)(E)</b> <b>SWIMMING PERMISSION</b>	
<b>X</b>	<b>60.10(b)(4)</b> <b>INCIDENT LOG</b>	
<b>X</b>	<b>61. 10(b)(5)</b> <b>CONFIDENTIALITY</b>	
<b>X</b>	<b>62. 10(c)</b> <b>MEETING THE CHILD'S NEEDS</b>	
<b>X</b>	<b>63.10(c)(1)</b> <b>SUFFICIENT PLAY EQUIPMENT</b>	

<b>X</b>	<b>64. 10(c)(2)</b> <b>GOOD NUTRITION- MEALS/SNACKS, WATER AVAILABLE</b>	
<b>X</b>	<b>65. 10(c)(3)</b> <b>HANDWASHING</b>	
<b>X</b>	<b>66. 10(c)(4)</b> <b>FLEXIBLE AND BALANCED WRITTEN SCHEDULE</b>	
<b>X</b>	<b>67. 10(c)(6)</b> <b>PERSONAL ARTICLES- BLANKET, TOWEL, TOILET ARTICLES</b>	
<b>X</b>	<b>68. 10(c)(5)</b> <b>PROPER REST PROVISIONS – SAFE CRIBS</b>	
<b>X</b>	<b>69. 10(d)</b> <b>INDIVIDUAL PLAN FOR CARE</b>	
<b>X</b>	<b>70. 10(d)(1-2)</b> <b>CULTURAL DIFFERENCES, SP. NEEDS, DEV. APPR. ACTIVITIES</b>	
<b>X</b>	<b>71. 10(e)</b> <b>INFANT CARE, INDIV ATTENTION, HELD FOR BOTTLE FEEDINGS</b>	
<b>X</b>	<b>72. 10(f)(1)</b> <b>INFANTS PLACED ON BACK FOR SLEEPING</b>	
<b>X</b>	<b>73. 10(f)(1)</b> <b>INFANTS PLACED IN CRIB, WELL CONSTRUCTED, SNUG MATTRESS, TIGHT SHEET</b>	
<b>X</b>	<b>74. 10(f)(3)-(4)/(7)</b> <b>CRIB OR OTHER PROVISION FREE FROM OBSERVABLE HAZARDS</b>	
<b>X</b>	<b>75. 10(f)(5)</b> <b>INFANTS NOT SWADDLED</b>	
<b>X</b>	<b>76. 10(f)(6)</b> <b>INFANTS SUPERVISED – MINIMUM EVERY 15 MINUTES</b>	
<b>X</b>	<b>77. 10(f)(8)</b> <b>REQ. FOR SLEEP ARRANGEMENTS POSTED/DISCUSSED</b>	
<b>X</b>	<b>78. 10(g)</b> <b>DIAPER CHANGING- FREQUENT, SANITARY, HANDWASHING, WASTE DISPOSAL</b>	
<b>X</b>	<b>79. 10(h)(1)-(9)-(11)</b> <b>PARENT INFORMATION AND ACCESS</b>	
<b>X</b>	<b>80. 10(h)(10)</b> <b>DEVELOPMENTAL MILESTONES – POSTED</b>	

<b>X</b>	<b>81. 10(i)</b> SUPERVISION- AT ALL TIMES, INDOORS and OUTDOORS	
<b>X</b>	<b>82. 10(i)(1)</b> PERSONAL SCHEDULE- ALERT, COMPETENT ATTENTION	
<b>X</b>	<b>83. 10(i)(2)</b> FULL ATTENTION - DISTRACTIONS, EMPLOYMENT, SOCIALIZATION	
<b>X</b>	<b>84. 10(i)(3)</b> IMMEDIATE ATTENTION	
<b>X</b>	<b>85. 10(i)(4)</b> SUBSTITUTE – EMERGENCY CAREGIVER PRESENT	
<b>X</b>	<b>86. 10(j)</b> APPR. DISCIPLINE, BEHAVIOR MANAGEMENT	
<b>X</b>	<b>87. 10(j)(2)</b> DISCUSS BEH. MANAGEMENT METHODS W/STAFF AND PARENTS	
<b>X</b>	<b>88. 10(k)(1)</b> CHILD PROTECTION- ABUSE/NEGLECT	
<b>X</b>	<b>89. 10(k)(2)(A-B)</b> NOTIFY OEC WITHIN 24 HRS. - DEATH OR SERIOUS INJURY	
<b>X</b>	<b>90. 10(k)(3)</b> MANDATED REPORTING ABUSE OR NEGLECT TO DCF	

**SICK CHILD CARE 19a-87b-11**

<b>X</b>	<b>91. 11(a)(1)-(3)</b> SICK CHILD CARE	
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**NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N**

<b>X</b>	<b>92. 12(a)(1)-(3)</b> SEPARATE BED- LOCATION OF BED - APPROPRIATE SLEEPWEAR	
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**OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13**

<b>X</b>	<b>93. 13(a)-(f)</b> ACCESS- IMMEDIATE, ENTIRE OR PART OF FACILITY AND RECORDS	
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**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? Y**

<b>X</b>	<b>94. 17</b> <b>POLICIES AND</b> <b>PROCEDURES FOR</b> <b>ADMIN OF MEDS</b>	
<b>X</b>	<b>95. (a)(2)</b> <b>PARENT</b> <b>PERMISSION FOR</b> <b>NONPRESCRIPTION</b> <b>TOPICAL MEDS</b>	
<b>X</b>	<b>96. (a)(2)(b)(3)(D)</b> <b>NOTIFICATION -</b> <b>DOCUMENTATION</b> <b>OF MED ERROR(S)</b>	
<b>X</b>	<b>97. (a)(3)</b> <b>NONPRESCRIPTION</b> <b>TOPICAL MEDS-</b> <b>STORED/LABELED</b>	
<b>X</b>	<b>98. (a)(3)(C)</b> <b>UNUSED -EXPIRED</b> <b>NONPRESCRIPTION</b> <b>MEDS</b>	
<b>X</b>	<b>99. (b)(1)(2)</b> <b>DOCUMENTED</b> <b>MEDICATION</b> <b>TRAINED STAFF</b>	
<b>X</b>	<b>100. (b)(3)</b> <b>WRITTEN AUTH</b> <b>PRESCRIBER,</b> <b>PARENT</b> <b>PERMISSION</b>	
<b>X</b>	<b>101. (b)(4)(A-B)</b> <b>MAR MAINTAINED</b>	
<b>X</b>	<b>102. (b)(5)(A-B)</b> <b>PRESCRIPTION</b> <b>MEDS -</b> <b>STORED/LABELED</b>	
<b>X</b>	<b>103. (b)(5)(D)</b> <b>UNUSED/EXPIRED</b> <b>PRESCRIPTION</b> <b>MEDS</b>	
<b>X</b>	<b>104. (b)(5)(C)(E)</b> <b>EMERGENCY MEDS-</b> <b>EQUIPMENT</b> <b>LABELED/CURRENT</b>	
<b>X</b>	<b>105. (b)(6)</b> <b>SELF -</b> <b>ADMIN. OF MEDS</b>	
<b>X</b>	<b>106. (b)(7)</b> <b>PETITION FOR</b> <b>SPECIAL</b> <b>MEDICATION</b> <b>AUTHORIZATION</b>	
<b>X</b>	<b>107. (d)</b> <b>POTASSIUM IODIDE</b> <b>(KI)</b>	
	N/A	

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

<b>X</b>	<b>108. (a)</b> <b>POLICIES FOR</b> <b>FINGER STICK</b> <b>BLOOD GLUCOSE</b> <b>TESTING</b>	
<b>X</b>	<b>109. (b)</b> <b>FINGER STICK</b> <b>BLOOD GLUCOSE</b> <b>TESTING - STAFF</b> <b>TRAINED</b>	

<b>X</b>	<b>110. (c)(3)</b> SELF ADMIN OF FINGER STICK BLOOD GLUCOSE TESTING	
<b>X</b>	<b>111. (d)</b> TESTING EQUIP. & SUPPLIES- MAINTAIN, LABELED, LOCKED, DISPOSED	
<b>X</b>	<b>112. (e)(1-2)</b> FINGER STICK BLOOD GLUCOSE TESTING RECORDS	
<b>X</b>	<b>113. (e)(3)</b> PARENT NOTIFICATION OF TEST RESULTS	

**ADDITIONAL VIOLATIONS**

<b>X</b>	<b>114.</b> CONSENT ORDER - NEGOTIATED CORRECTIVE ACTION PLAN	N/A?	
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<b>WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?</b>	<b>Yes</b>	<b>LEVEL OF NON-COMPLIANCE THIS VISIT:</b>	<b>2 out of 111</b>
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**DISCUSSIONS/COMMENTS**

Reviewed the regulation requiring licensed providers to maintain evidence of flu vaccination for all eligible, enrolled children between the ages of 6 months and 59 months by December 31st annually. Explained to the provider that under Connecticut law, certificates exempting children from the immunization requirement must be made on a form developed by the Department of Public Health and submitted by a licensed physician, physician assistant, or advanced practice registered nurse (practitioner) through a portal created by the Department of Public Health. Encouraged the provider to encourage parents to review their children's enrollment paperwork annually to make changes as needed to schedule, primary care/emergency physicians' contact information, and emergency contacts. Emailed incident logs and the CT Medical Exemption form from DPH to the provider during the inspection. Provided the provider with a sample medication administration policy. Reminded provider that her first aid/CPR certification will expire 05/04/2026.

**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.

Signature of OEC Representative			Signature of Provider/ Substitute
Printed Name	<b>Ana Sanchez</b>	<b>MICHELE FERNANDES</b>	Printed Name
2 <sup>nd</sup> OEC Representative		<b>APPLICANTS:</b> You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.	
Printed Name		<b>THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.</b>	

	Written Corrective Action Plan due by: <b>03/30/2026</b>	<b>DIVISION OF LICENSING</b> 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: <a href="mailto:oc.licensing@ct.gov">oc.licensing@ct.gov</a> Website: <a href="http://www.ctoec.org">www.ctoec.org</a>
OEC Representative's Email: <b>ana.m.sanchez@ct.gov</b>	CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a>	