



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

FAMILY CHILD CARE HOME INSPECTION

Provider	MARTINA CALVILLO				License Number	DCFH.56654	Date of Inspection	04/15/2025
					Expiration Date	7/31/2027	Time of Inspection	02:05 PM
Address	10 KAREN RD DANBURY CT 06811-3255				Telephone	(203) 308-7711	Regular Capacity	6
					Hours of Operation	24 HOURS 24 HOURS		School Age Capacity
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Sat	Summer Hours	Open
New Address					# Under 18 mths present	1	Weekend Hours	Yes
					Total children present	2	Night Hours	Yes
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Janarish Lopez		
Provider's Email	martina.calvillo@icloud.com				Inspector's Email	janarish.lopez@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).
Martina Calvillo P

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:	02/18/2026						
X	14. First Aid Certificate							
	Expiration date:	02/02/2027						

X	15. CPR Certificate	
	Expiration date:	
	02/02/2027	
X	16. Judgment	

MEMBERS OF THE HOUSEHOLD 19a-87b-7

	17. Medical Statement	
X	18. Household Environment	

QUALIFICATIONS OF STAFF 19a-87b-8

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

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

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

X	22. Clean/Sanitary Environment		
X	23. Freedom of Hazards		
X	24. Harmful Substances/Materials Inaccessible		
X	25. Bio-contaminants Disposed Safely		
X	26. Safe Storage of Flammables		
X	27. Safe Door Fasteners		
X	28. Electrical Safety		
X	29. Safe Exits		
X	30. Basement Supervision	Y/N	
		Y	
	Used for Care ?	Y/N	
X	31. Stairways - Protected, Handrails		
	32. Emergency Plan		

	33. Emergency Evacuation Drills - Quarterly/Log		
X	34. Smoke Detectors		
X	35. Carbon Monoxide Detector		
X	36. Fire Extinguisher- 5 lb. ABC/Installed		
X	37. Auxiliary Heating System N	Appvd?	
	Type?		
X	38. Safe Storage of Weapons and Ammunition		
X	39. Safe Space-Sufficient		
	Indoors Outdoors Y Y		
X	40. Body of Water- Type: Pool	Y/N	
	Barrier?	Y	
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		
	50. First Aid supplies		
	51. Pet protection	Type:	
	Pets?	Y	
	Rabies Certs?		
X	52. Smoking Prohibited		


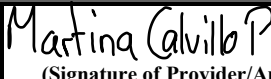
RESPONSIBILITIES OF PROVIDER 19a-87b-10

	53. Enrollment Form	
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	54. Child Health Record	
	55. Immunizations	
	56. Emergency Permission	
	57. Authorized Release	
	58. Field Trip and Transportation Permission-To/From School	
	59. Swimming Permission	
	60. Incident Log	
X	61. Confidentiality	
X	62. Meeting the Child's Needs	
X	63. Sufficient Play Equipment	
X	64. Good Nutrition- Meals/Snacks, Water Available	
	65. Handwashing	
X	66. Flexible and Balanced Written Schedule	
X	67. Personal Articles- Blanket, Towel, Toilet Articles	
X	68. Proper Rest Provisions – Safe Cribs	
X	69. Individual Plan for Care (Written if Applicable)	
X	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
X	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
X	72. Infants Placed on Back for Sleeping	
X	73. Infants Placed in Crib, Well constructed, Snug Mattress, Tight Sheet	

X	74. Crib or Other Provision Free from Observable Hazards	
X	75. Infants not Swaddled	
X	76. Infants Supervised – minimum every 15 minutes	
X	77. Req. for Sleep Arrangements Posted/Discussed	
X	78. Diaper Changing- Frequent, Sanitary, Handwashing, Waste Disposal	
X	79. Parent Information and Access	
X	80. Developmental Milestones – Posted	
X	81. Supervision- at all Times, Indoors, Outdoors	
X	82. Personal Schedule- Alert, Competent Attention	
X	83. Full Attention - Distractions, Employment, Socialization	
X	84. Immediate Attention	
X	85. Substitute – Emergency Caregiver Present	
X	86. Appr. Discipline, Behavior Management	
X	87. Discuss Beh. Management Methods w/Staff and Parents	
X	88. Child Protection- Abuse/Neglect	
X	89. Notify OEC within 24 hrs. - Death or Serious Injury	
X	90. Mandated Reporting Abuse or Neglect to DCF	
SICK CHILD CARE 19a-87b-11		
X	91. Sick Child Care	
NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N		
X	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**94. Policies and
Procedures for
Admin of Meds95. Parent
Permission for
Nonprescription
Topical Meds96. Notification -
Documentation of
Med Error(s)97.
Nonprescription
Topical Meds-
Stored/Labeled98. Unused -
Expired
Nonprescription
Meds99. Documented
Medication
Trained Staff100. Written Auth
Prescriber/Parent
Permission101. MAR
Maintained102. Prescription
Meds -
Stored/Labeled103.
Unused/Expired
Prescription Meds104. Emergency
Meds- Equip.
Labeled/Current105. Self-Admin.
Of Meds106. Petition for
Special
Medication
Authorization**MONITORING OF DIABETES 19a-87b-18**Child with diabetes enrolled? **Y**108. Policies for
Finger Stick Blood
Glucose Testing109. Finger Stick
Blood Glucose
Testing - Staff
Trained110. Self Admin of
Finger Stick Blood
Glucose Testing111. Testing
Equip. &
Supplies-
Maintain,
Labeled, Locked,
Disposed

	112. Finger Stick Blood Glucose Testing Records	
	113. Parent Notification of Test Results	
ADDITIONAL VIOLATIONS		
	114. Consent Order - Negotiated Corrective Action Plan	N/A? X
YES or NO? No	Were Violations Cited during this visit?	Total Number of Violations this visit: 0
DISCUSSIONS/COMMENTS		
Day 2 of inspection will be completed on another day		
IMPORTANT NOTES		
<ul style="list-style-type: none"> ○ It is the <u>provider's responsibility</u> to ensure <u>compliance with all local codes and/or ordinances</u> 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 <u>MAY NOT OPERATE</u> 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:
Janarish Lopez (Printed Name)	(Printed Name)	 (Signature of Provider/Applicant/Substitute)
		MARTINA CALVILLO (Printed Name)

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