



**FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION**

<b>Provider</b>	MARTINA CALVILLO				<b>License Number</b>	DCFH.56654	<b>Date of Inspection</b>	04/22/2025
					<b>Expiration Date</b>	7/31/2027	<b>Time of Inspection</b>	02:30 PM
<b>Address</b>	10 KAREN RD DANBURY CT 06811-3255				<b>Telephone</b>	(203) 308-7711	<b>Regular Capacity</b>	6
					<b>Hours of Operation</b>	24 HOURS 24 HOURS	<b>School Age Capacity</b>	3
<b>Is this a Change of Address?</b>	Yes?		No?	X	<b>Days of Operation</b>	Mon-Sat	<b>Summer Hours</b>	Open
<b>New Address</b>					<b># Under 18 mths present</b>	1	<b>Weekend Hours</b>	Yes
					<b>Total children present</b>	2	<b>Night Hours</b>	Yes
<b>Type of Inspection</b>	Day 2 of inspection				<b>Inspector's Name</b>	Janarish Lopez		
<b>Provider's Email</b>	martina.calvillo@icloud.com				<b>Inspector's Email</b>	janarish.lopez@ct.gov		

*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/Applicant/Substitute/Emergency Caregiver*

**REGULATORY VIOLATIONS**

<b>Statute and/or Regulation:</b> [19a-87b-7(a)]	<b>Description:</b> 017-Medical Statement
Regulation was not in compliance when a medical statement, didn't observe an adult medical statement for a household member	
<b>Statute and/or Regulation:</b> [19a-87b-8a]	<b>Description:</b> 021-Background Check
Regulation was not in compliance a comprehensive background check hasn't been completed for a household member.	
<b>Statute and/or Regulation:</b> [19a-87b-9(d)(5)]	<b>Description:</b> 032-Emergency Plan
Regulation was not in compliance, didn't observe a complete written emergency plan	
<b>Statute and/or Regulation:</b> [19a-87b-9(d)(5)]	<b>Description:</b> 033-Emergency Evacuation Drills-Quarterly
Regulation was not in compliance didn't observe a written log of the practices drills	
<b>Statute and/or Regulation:</b> [19a-87b-10(b)(2)]	<b>Description:</b> 054-Child Health Record
Didn't observe current child health record for 1 child	

<b>Statute and/or Regulation:</b> [19a-87b-10(b)(2)(A)(v) and/or 19a-87b-10(l)]	<b>Description:</b> 055-Immunizations
<p>Didn't observe a current immunization record for 1 child, and a current flu vaccine</p>	
<b>Statute and/or Regulation:</b> [19a-87b-10(g)]	<b>Description:</b> 078-Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disposal
<p>Regulation was not in compliance when washing of hands after diaper changing, didn't observe a child's hands washed after diaper changing.</p>	
<b>Statute and/or Regulation:</b>	<b>Description:</b>
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<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>Statute and/or Regulation:</b>	<b>Description:</b>
<b>OTHER FINDINGS-REGULATIONS IN COMPLIANCE</b>	
<b>Statute and/or Regulation:</b> [19a-87b-10(a)]	<b>Description:</b> 004-Capacity
<b>Statute and/or Regulation:</b> [19a-87b-5(e)]	<b>Description:</b> 006-Infant/Toddler Restriction

<b>Statute and/or Regulation:</b> [19a-87b-8(c)]	<b>Description:</b> 020-Emergency Caregiver
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<b>Statute and/or Regulation:</b> [19a-87b-9(m) and/or 19a-87b-9(n)]	<b>Description:</b> 050-First Aid Supplies
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<b>Statute and/or Regulation:</b> [19a-87b-9(o)]	<b>Description:</b> 051-Pets
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<b>Statute and/or Regulation:</b> [19a-87b-10(b)(1)]	<b>Description:</b> 053-Enrollment Form
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<b>YES/NO:</b> Yes	<b>WERE VIOLATIONS CITED DURING THIS VISIT?</b>
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**DISCUSSIONS/COMMENTS**

**Discussion:**  
- ensuring all enrollment are filled out correctly and completely for all children in care.

**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.
- Items left blank on this form were not monitored during this visit. Only the regulations marked as compliant or non-compliant were monitored or discussed. Providers are required by statutes and regulations to be in compliance at all times.
- **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)	<b>DATE CORRECTIONS DUE BY:</b> 05/06/2025	 (Signature of Provider/Substitute/Applicant)
<b>Janarish Lopez</b> (Printed Name)	 (Printed Name)		<b>MARTINA CALVILLO</b> (Printed Name)