



DIVISION OF LICENSING
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FAMILY CHILD CARE HOME INSPECTION

PROVIDER	MARTINA CALVILLO			LICENSE NUMBER	DCFH.56654	DATE OF INSPECTION	04/29/2026
				EXPIRATION DATE	7/31/2027	TIME OF INSPECTION	09:35 AM
ADDRESS	10 KAREN RD DANBURY CT 06811-3255			TELEPHONE	(203) 308-7711	REGULAR CAPACITY	6
				HOURS OF OPERATION	24 HOUR - 24 HOUR	SCHOOL AGE CAPACITY	3
				DAYS OF OPERATION	Mon-Sat	SUMMER HOURS	Open
IS THIS A CHANGE OF ADDRESS?	YES	NO	NEW ADDRESS	# UNDER 18 MTHS PRESENT	1	WEEKEND HOURS	Yes
		X		TOTAL CHILDREN PRESENT	5	NIGHT HOURS	Yes
TYPE OF INSPECTION	ANNOUNCED INSPECTION - FULL			INSPECTOR'S NAME	Janarish Lopez		
PROVIDER'S EMAIL	martina.calvillo@icloud.com			INSPECTOR'S EMAIL	janarish.lopez@ct.gov		
KEY:	<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>						
COMPLIANT = X	<i>Martina Calvillo</i> Signature of Provider/Substitute/Applicant						
NON-COMPLIANT = O							

TERMS OF THE LICENSE 19a-87b-5

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

QUALIFICATION OF PROVIDER 19a-87b-6

X	12. 6(a) AWARENESS OF, UNDERSTANDING OF REGULATIONS	
O	13. 6(b) MEDICAL STATEMENT EXPIRATION DATE:	Provider not in compliance with maintaining a current medical statement.
	02/18/2026	

X	14. 6(c)(1) FIRST AID CERTIFICATE	
	EXPIRATION DATE: 02/02/2027	
X	15. 6(c)(2) CPR CERTIFICATE	
	EXPIRATION DATE: 02/02/2027	
X	16. 6(e) JUDGMENT	

MEMBERS OF THE HOUSEHOLD 19a-87b-7

O	17. 7(a) MEDICAL STATEMENT	Provider not in compliance with maintaining an adult medical statement for 1 child
X	18. 7(b) HOUSEHOLD ENVIRONMENT	

QUALIFICATIONS OF STAFF 19a-87b-8

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

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

O	21. 8a(a)-(f) BACKGROUND CHECK(S)	Provider not in compliance with ensuring comprehensive background check has been conducted for 1 household member
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PHYSICAL ENVIRONMENT 19a-87b-9

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

X	29. 9(d)(4)-(A) SAFE EXITS				
X	30. 9(d)(4)(A)	Y/N			
	BASEMENT SUPERVISION	N			
	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				
X	34. 9(d)(6) SMOKE DETECTORS				
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:	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°				

X	47. 9(j) PASTEURIZATION OF MILK SUPPLY	
X	48. 9(k) WORKING PHONE, EMERGENCY NUMBERS POSTED	
X	49. 9(l) SAFE TRANSPORTATION REGISTERED, INSURED, RESTRAINTS	
O	50. 9(m)-(n) FIRST AID KIT and SUPPLIES	Provider not in compliance with maintaining a complete first aid kit, 2 inch rolled gauze and 1 roll of hyper allergenic adhesive tape were not observed.
X	51. 9(o) PET PROTECTION	TYPE of PETS: 2 dogs
	PETS? Y/N Y RABIES CERTS? Y/N Y	
X	52. 9(p) Smoking Prohibited	

RESPONSIBILITIES OF PROVIDER 19a-87b-10

O	53. 10(b)(1) ENROLLMENT FORM	Provider not in compliance with maintaining complete child enrollment forms for 3 children
X	54. 10(b)(2) CHILD HEALTH RECORD	
O	55. 10(b)(2)(v)(I) IMMUNIZATIONS	Provider not in compliance with maintaining complete immunization records didn't observe the flu vaccine for 1 child for the 2025-2026 flu season
X	56. 10(b)(3)(B) EMERGENCY PERMISSION	
X	57. 10(b)(3)(A) AUTHORIZED RELEASE	
O	58. 10(b)(3)(C)-(D)-(F) FIELD TRIP AND TRANSPORTATION PERMISSION- TO/FROM SCHOOL	Provider not in compliance with maintaining complete written parent permission for transitioning children to/from school for 3 children in care. Provider not in compliance with maintaining written parent permission for transportation of 2 children, to leave the childcare to pickup school children.
X	59. 10(b)(3)(E) SWIMMING PERMISSION	
X	60.10(b)(4) INCIDENT LOG	
X	61. 10(b)(5) CONFIDENTIALITY	
X	62. 10(c) MEETING THE CHILD'S NEEDS	
X	63.10(c)(1) SUFFICIENT PLAY EQUIPMENT	

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

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

SICK CHILD CARE 19a-87b-11

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

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

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

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

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

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

