



Connecticut Office of
Early Childhood

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	LILIBETH M JAMBOOS PION				License Number	DCFH.57562	Date of Inspection	08/21/2024
Address	20 NORTH ST STAMFORD CT 06902-2363				Expiration Date	11/30/2025	Time of Inspection	07:26 AM
					Telephone	(646) 806-9607	Regular Capacity	6
Is this a Change of Address?	Yes?		No?	X	Days and Hours	Monday - Friday 7AM - 6PM	School Age Capacity	3
							Summer Care	Open
New Address					Type of Inspection	ANNOUNCED INSPECTION - FULL		
	# of Infants - Toddlers Present	1	# of Total Children Present	2	Inspector's Name	Candy Vargas		
Provider's Email	lilibethjamboos@gmail.com				Inspector's Email	candy.vargas@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).

Lilibeth Jamboos

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	
O	13. Medical statement	Failed to maintain current medical statement.
	Expiration date: 07/31/2024	
X	14. First Aid Certificate	
	Expiration date: 08/30/2025	

X	15. CPR Certificate	
	Expiration date:	
	08/30/2025	
X	16. Judgment	

MEMBERS OF THE HOUSEHOLD 19a-87b-7

O	17. Medical Statement	Failed to maintain medical statement for additional adult household member.
X	18. Household Environment	

QUALIFICATIONS OF STAFF 19a-87b-8

X	19. Substitute or Assistant	Y/N	
	Type of Staff :	N	
X	20. Emergency Caregiver		

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

O	21. Background Check(s)	Failed to ensure comprehensive background check have been completed for additional adult household member.
----------	-------------------------	--

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	
		N	
	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	Failed to maintain operable smoke detectors.	
O	35. Carbon Monoxide Detector	Failed to maintain operable carbon monoxide detector.	
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		
X	40. Body of Water- Type: Stream Barrier?	Y/N Y 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		
X	50. First Aid supplies		
X	51. Pet protection Pets? Rabies Certs?	Type: N	
X	52. Smoking Prohibited		
RESPONSIBILITIES OF PROVIDER 19a-87b-10			
X	53. Enrollment Form		

X	54. Child Health Record	
X	55. Immunizations	
X	56. Emergency Permission	
X	57. Authorized Release	
X	58. Field Trip and Transportation Permission-To/From School	
X	59. Swimming Permission	
X	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	
X	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	
IS NIGHT CARE PROVIDED? N NIGHT CARE 19a-87b-12 (10pm to 5am)		
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

Are Medications Administered?

N

ADMINISTRATION OF MEDICATIONS 19a-87b-17

X

94. Policies and
Procedures for
Admin of Meds

X

95. Parent
Permission for
Nonprescription
Topical Meds

X

96. Notification -
Documentation of
Med Error(s)

X

97.
Nonprescription
Topical Meds-
Stored/Labeled

X

98. Unused -
Expired
Nonprescription
Meds

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

Child with diabetes enrolled?

N

MONITORING OF DIABETES 19a-87b-18

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				
X	114. Consent Order - Negotiated Corrective Action Plan	N/A?		
<u>YES or NO?</u> Yes		WERE VIOLATIONS CITED DURING THIS VISIT?		
DISCUSSIONS/COMMENTS				
There are currently no children enrolled in the program. The provider anticipates to open on September 3rd, 2024. Influenza vaccine requirements were discussed with the provider.				
<u>NOTE:</u> Any 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.				
<u>APPLICANTS- PLEASE NOTE:</u> 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:
Candy Vargas (Printed Name)		LILIBETH M JAMBOOS PION (Printed Name)		09/04/2024