

**CHILD CARE CENTER and GROUP CHILD CARE HOME
INSPECTION FORM**

Type of Inspection: Initial Unannounced Full Announced Full Partial Follow-Up Change of Location

Program Name:	Light House Academy	Date of Inspection:	3.20.25	Time of Arrival:	2:12
Address:	99 Townsend Ave	License Number:	70789	Expiration Date:	10/31/28
Town:	New Haven, CT	Telephone Number:	203-466-0644	Summer Care:	open
Operator:	Light house Academy, LLC	# of Staff Present:	2	# over 3 Present:	6
Email:	mylighthouseacademy@yahoo.com	Total Capacity:	30	Total Under 3 capacity:	6
Designated Director:	Natalie Colon	Hours/Days of Operation:	M-F 2pm - 4:30 pm		

Instruction Codes: = Regulation in Compliance = Regulation not in Compliance N/A = Not applicable at this time

Endorsements: Under Three (6wks - 36m) Preschool (3y - 5y) School Age (5y & up) Night Care (6wks & up)

LICENSURE PROCEDURES 19a-79-2a STAFFING and CONSULTANTS 19a-79-4a

<input checked="" type="checkbox"/> 1. (c)(8) Local Health Inspection-Date: 9.25.24	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
ADMINISTRATION 19a-79-3a	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 2. (a) Ensuring health & safety of children	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 3. (b) Overall management of program	<input checked="" type="checkbox"/> 21a. (b)(2)	Past employment history
<input checked="" type="checkbox"/> 4. (b)(6) Employee orientation for new program staff	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance with bknd cks/history
<input checked="" type="checkbox"/> 5. (b)(6) Annual policy training for program staff	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 6. (b)(7)(A) Child behavior management	<input checked="" type="checkbox"/> 24. (d)(1)-(e)(2)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 7. (b)(7)(B) Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 8. (b)(7)(C) Child Protection	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 9. (b)(7)(E) Mandated Reporting	<input checked="" type="checkbox"/> 27. (d)(4)(A)	RATIOS
<input checked="" type="checkbox"/> 10. (c)(1-4) Notification of Change	<input checked="" type="checkbox"/> 27. (d)(4)(B)	Ratio 1:10 – Indoors/Outdoors
<input checked="" type="checkbox"/> 11. POLICIES-COMLETE/IMPLEMENTED	<input checked="" type="checkbox"/> 28. (d)(4)(D)	Mixed age group
<input checked="" type="checkbox"/> (d)(2)(A) Discipline policy	<input checked="" type="checkbox"/> 29. (d)(5)	Nap time ratio
<input checked="" type="checkbox"/> (d)(2)(B)(C) Child Protection policy	<input checked="" type="checkbox"/> 30. (e)(1)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(3) Closing time policy	<input checked="" type="checkbox"/> 31. (f)(1)	GROUP SIZE
<input checked="" type="checkbox"/> (d)(4)(A) Medical emergency policy	<input checked="" type="checkbox"/> 32. (f)(2)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> (d)(4)(B) Multi-Hazards policy-annual drill	<input type="checkbox"/> 33. (a)(2)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> (d)(5) Supervision policy	<input checked="" type="checkbox"/> 34. (h)(1)	Mixed age group-group size
<input checked="" type="checkbox"/> (d)(6) General Operating policies	<input checked="" type="checkbox"/> 34. (h)(2)	Designated director-training
<input checked="" type="checkbox"/> (d)(6)(C) Administrative Oversight policy	<input checked="" type="checkbox"/> 35. (i)(1)(A)-(D)	CPR certified program staff
<input checked="" type="checkbox"/> (d)(7) Personnel policies	<input type="checkbox"/> 35. (i) - (i)(2)(A-H)	First aid certified program staff
<input type="checkbox"/> 12. (d)(1) Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> (i)(2)	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> 13. ACCESS	<input checked="" type="checkbox"/> (H)(i)-(I)(i)	Documentation of prof. dev/trainings
<input checked="" type="checkbox"/> (f) Immediate access by parents		Health & Safety training
<input checked="" type="checkbox"/> (h) Immediate access by OEC-facility/records		1% annual hours
<input checked="" type="checkbox"/> 14. (l) 2.8 yr olds in prek-authorization		SWIMMING ACTIVITIES - Y/N
<input checked="" type="checkbox"/> 15. (m) Motor vehicle laws-transportation		Swimming-Ratios
<input checked="" type="checkbox"/> 16. (n) Capacity		Non-swimmers identified
<input checked="" type="checkbox"/> 17. (o) Respond to OEC-no false, misleading statements or documents		CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> 18. POSTINGS		Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 3a(e)(1) License posted		CONSULTANTS
<input type="checkbox"/> 3a(e)(2) OEC Complaint Procedure posted		Consultants-Education, Health, Social Service, Dietitian (Dietitian N/A)
<input checked="" type="checkbox"/> 3a(d)(6)(C) Administrative Oversight policy		Consultant agreements-signed annually-agreements complete w/required services
<input checked="" type="checkbox"/> 3a(e)(3) Menus posted		Consultant logs-documented activities, observations and required services
<input checked="" type="checkbox"/> 3a(e)(4) No Smoking posted signs at entrances		Consultant visits- Education/Health
<input checked="" type="checkbox"/> 3a(e)(5) OEC Inspection report posted or available		Contracts Logs Visits
<input checked="" type="checkbox"/> 3a(e)(6) Dev. Milestones posted		Education ✓ ✓ ✓
<input checked="" type="checkbox"/> 7a(e)(17) Radon Test posted (Schls-N/A)		Health ✓ ✓ ✓
<input checked="" type="checkbox"/> 10((g)(8) Safe Sleep policy posted		Soc. Serv. ✓ ✓ ✓
		Dietitian NA NA ✓

CHILD CARE CENTER and GROUP CHILD CARE HOME INSPECTION FORM

PROGRAM NAME	Light House Academy	LICENSE NUMBER	70789	DATE OF INSPECTION	3-20-25
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RECORD KEEPING 19a-79-5a	PHYSICAL PLANT 19a-79-7a cont.
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<input checked="" type="checkbox"/> 36. <input checked="" type="checkbox"/> 37. <input checked="" type="checkbox"/> 38. <input checked="" type="checkbox"/> 39. <input checked="" type="checkbox"/> 40. <input checked="" type="checkbox"/> 41. <input checked="" type="checkbox"/> 42. <input checked="" type="checkbox"/> 43. <input checked="" type="checkbox"/> 44. <input checked="" type="checkbox"/> 45.	(a)(1)(A-C) <input checked="" type="checkbox"/> (a)(1)(D)(i) <input checked="" type="checkbox"/> (a)(1)(D)(ii) <input checked="" type="checkbox"/> (a)(1)(D)(iii) <input checked="" type="checkbox"/> (a)(1)(D)(iv) (a)(2)(A-B) (a)(2)(C) (a)(2)(E) (a)(3)(A) (a)(3)(B) (a)(3)(C)(i-ii) (a)(3)(D) (a)(4)	Children's Enrollment information PARENT PERMISSIONS Emergency medical permission Authorized release permission Field trip permission Transportation permission Child Health Records Immunization records Individual care plan-signed by parents/staff Injury, Illness, Incident, Accident reports Parent notification of illness or injury Notify OEC of serious injuries, fatality Notify DPH, local health-reportable diseases Video recordings- keep 30 days	<input checked="" type="checkbox"/> 71. <input checked="" type="checkbox"/> 72. <input checked="" type="checkbox"/> 73. <input checked="" type="checkbox"/> 74. <input checked="" type="checkbox"/> 75. <input checked="" type="checkbox"/> 76. <input checked="" type="checkbox"/> 77. <input checked="" type="checkbox"/> 78. <input checked="" type="checkbox"/> 79. <input checked="" type="checkbox"/> 81. <input checked="" type="checkbox"/> 82.	(d)(1) (d)(2) (d)(3) (d)(3) (d)(4) (d)(5) (d)(6), (f)(3) (d)(7) <input checked="" type="checkbox"/> (d)(8) <input checked="" type="checkbox"/> (d)(8) (d)(9) <input checked="" type="checkbox"/> (d)(10)(A) <input checked="" type="checkbox"/> (d)(10)(B) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(C) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(E) <input checked="" type="checkbox"/> (d)(10)(F) <input checked="" type="checkbox"/> (d)(10)(G) <input checked="" type="checkbox"/> (d)(10)(H) (d)(11) <input checked="" type="checkbox"/> 83. <input checked="" type="checkbox"/> 84. <input checked="" type="checkbox"/> 86. <input checked="" type="checkbox"/> 87. <input checked="" type="checkbox"/> 88. <input checked="" type="checkbox"/> 90. <input checked="" type="checkbox"/> 91. <input checked="" type="checkbox"/> 94. <input checked="" type="checkbox"/> 95. <input checked="" type="checkbox"/> 96. <input checked="" type="checkbox"/> 97. <input checked="" type="checkbox"/> 98. <input checked="" type="checkbox"/> 99. <input checked="" type="checkbox"/> 100. <input checked="" type="checkbox"/> 101. <input checked="" type="checkbox"/> 102. <input checked="" type="checkbox"/> 103. <input checked="" type="checkbox"/> 104. <input checked="" type="checkbox"/> 105. <input checked="" type="checkbox"/> 106. <input checked="" type="checkbox"/> 107.	Emergency vehicle access Walkways maintained Windows protected to prevent falls Window screens Glass/mirrors protected- 36" Overhead doors-locking devices, spring protectors (N/A) Exits, stairs, hallways unobstructed Individual storage of clothing and bedding SMOKING Smoking, vaping or other electronic nicotine device prohibited on premises/grounds Matches/lighters inaccessible Electrical safety – outlets inaccessible - covered or protected TOILETING Shared toilets/sinks-supervision plan Toileting needs met Potty chairs-nonporous, emptied, disinfected Required toilets/sinks-1:16 Toileting Supplies-Hand drying-Garbage Handwashing staff/children Toilets/sinks located at the facility Well lighted/ventilated toilet rooms Mechanical ventilation (after 1/1/94) (Grp Homes N/A) Staff personal articles inaccessible AIR TEMPERATURE Air temp 65 °F at 3 ft –non-mercury thermometer affixed to wall Air temp > 80 °F - ↑ fluids/ventilation Water temperature 60°F-120°F Portable space heaters prohibited WALLS/CEILINGS/FLOORS/RUGS Walls/ceilings/floors/rugs-clean/good repair Rugs- not a tripping/slipping hazard Hot water/Steam pipes protected TELEPHONE/TELEPHONE NUMBERS Working phone on each level Emergency numbers posted-adjacent to phones Parents provided direct on site phone number LIGHTING All areas min. 1 foot candle of lighting Adequate lighting-30/50 candle feet-sufficient lighting to be visible Enough lighting for comfort Light fixtures shielded/shatter proof Potentially hazardous substances, materials labeled, inaccessible Garbage/rubbish-disposed of daily, containers in good repair Stairs-protected/good repair-handrails Toxic plants/materials inaccessible Pets or other animals-in good health, written care plan including access to children Measures to prevent vermin Radon test- Results: 1.6-23 (Schls-N/A) Carbon monoxide detector-each level N/A Program space-adequate-35 sq. ft. per child Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, free from rust Adequate equipment for rest-cleaned-cots (Grp Homes only-mats/sleeping bags) Air conditioners/water heaters/fuse boxes inaccessible Developmentally app equipment, materials
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HEALTH and SAFETY 19a-79-6a	
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<input checked="" type="checkbox"/> 46. <input checked="" type="checkbox"/> 47. <input checked="" type="checkbox"/> 48. <input checked="" type="checkbox"/> 49. <input checked="" type="checkbox"/> 50. <input checked="" type="checkbox"/> 51. <input checked="" type="checkbox"/> 52. <input checked="" type="checkbox"/> 53. <input checked="" type="checkbox"/> 54. <input checked="" type="checkbox"/> 55. <input checked="" type="checkbox"/> 56. <input checked="" type="checkbox"/> 57. <input checked="" type="checkbox"/> 58. <input checked="" type="checkbox"/> 59.	(a)(1) (a)(2) (a)(3) (a)(4) (a)(5) (a)(6) (a)(7) (a)(8) (a)(9) (a)(10) (a)(11) (b)(1) (b)(2) <input checked="" type="checkbox"/> (c) <input checked="" type="checkbox"/> (c) <input checked="" type="checkbox"/> (d)	Preparation, transportation of food-follow DPH Model Food Code (N/A) Nutritious meals and snacks Proper refrigeration-41 degrees Menus-1 wk in advance- keep 3 mths Food Service Inspection (N/A) Kitchen-clean/safe storage of food/supplies(N/A) Separate hand washing facilities Multi-use eating/drinking utensils Kitchen separated (N/A) Children supervised during meal prep Handwashing-staff/children Illness procedures-staff knowledgeable, children observed for signs/symptoms Designated isolation area FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips FIRST AID SUPPLIES -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier FIRST AID SUPPLIES -addt'l for field trips water, phone, soap, emergency numbers, medications, plastic bags (N/A)	<input checked="" type="checkbox"/> 83. <input checked="" type="checkbox"/> 84. <input checked="" type="checkbox"/> 86. <input checked="" type="checkbox"/> 87. <input checked="" type="checkbox"/> 88. <input checked="" type="checkbox"/> 90. <input checked="" type="checkbox"/> 91. <input checked="" type="checkbox"/> 94.	
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PHYSICAL PLANT 19a-79-7a	
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<input checked="" type="checkbox"/> 62. <input checked="" type="checkbox"/> 63. <input checked="" type="checkbox"/> 64. <input checked="" type="checkbox"/> 65. <input checked="" type="checkbox"/> 66. <input checked="" type="checkbox"/> 67. <input checked="" type="checkbox"/> 68. <input checked="" type="checkbox"/> 69. <input checked="" type="checkbox"/> 70.	(a)(2) (b) (b)(1)-(5) (b)(6) (c)(2) (c)(3) (c)(4) (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C) <input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D) <input checked="" type="checkbox"/>	Fire marshal codes/certificate 6-20-24 Indoor/Outdoor space inspected/approved Construction/expansion/renovation/conversion Space not inspected/approved but used for field trips-written parent permission Licensed premises-clean, good repair, hazard free, maintenance program Building/Equipment/Furnishings-sanitary, hazard free (N/A) Testing of premises/grounds for chemicals WATER SUPPLY - Public/Well (Schools-N/A) Lead Water Test - Date: 4.6.23 Bact./Chem Test-Date: (N/A) Drinking water available/accessible LEAD PAINT Building Pre-78: <input checked="" type="checkbox"/> N Lead Test: <input checked="" type="checkbox"/> N Results <u>lead identified</u> Lead Management Plan <u>every 6 months</u> Peeling Paint - <input checked="" type="checkbox"/> N Inside/Outside	<input checked="" type="checkbox"/> 95. <input checked="" type="checkbox"/> 96. <input checked="" type="checkbox"/> 97. <input checked="" type="checkbox"/> 98. <input checked="" type="checkbox"/> 99. <input checked="" type="checkbox"/> 100. <input checked="" type="checkbox"/> 101. <input checked="" type="checkbox"/> 102. <input checked="" type="checkbox"/> 103. <input checked="" type="checkbox"/> 104. <input checked="" type="checkbox"/> 105. <input checked="" type="checkbox"/> 106. <input checked="" type="checkbox"/> 107.	
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PHYSICAL PLANT 19a-79-7a cont.

<input checked="" type="checkbox"/>	108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/>	111.		OUTDOOR SPACE
		<input checked="" type="checkbox"/> (h)(1)	Adequate space- 75 sq. ft. per child
		<input checked="" type="checkbox"/> (h)(2)	Shock absorbing surfaces-minimum 8"
		<input checked="" type="checkbox"/> (h)(3)	Playground free from hazards
		<input checked="" type="checkbox"/> (h)(4)	Nuts, bolts, screws-tight, covered/protected
		<input type="checkbox"/> (h)(5)	Outside equipment anchored-anchors buried
		<input checked="" type="checkbox"/> (h)(6)	New equip- cert playg. Inspection upon request
		<input checked="" type="checkbox"/> (h)(8)	Drinking water available/accessible
		<input checked="" type="checkbox"/> (h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/>	112.		OUTDOOR PROTECTED/FENCED
		<input checked="" type="checkbox"/> (h)(7)	Playground protected from traffic, water, gullies or other hazards
		<input checked="" type="checkbox"/> (h)(7)(A)	Fences installed to protect from hazards-4 ft
		<input checked="" type="checkbox"/> (h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
<input checked="" type="checkbox"/>	114.	<input checked="" type="checkbox"/> (h)(7)(C)	Rooftop play areas-6 ft. wall/barrier (N/A)
		<input checked="" type="checkbox"/> (i)	WATER HAZARDS
		<input checked="" type="checkbox"/> (i)	Pools, swimming areas- conforms to 19-13-B33b and 19a-36-B61 (N/A)
		<input checked="" type="checkbox"/> (i)	Wading pools prohibited
		<input checked="" type="checkbox"/> (i)	Hot tubs/spas/saunas-locked/inaccessible (N/A)

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan - developmentally appropriate- available to staff/parents
<input checked="" type="checkbox"/>	116.	(a)	EDUCATIONAL REQUIREMENTS
		<input checked="" type="checkbox"/> (1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, moderate and vigorous physical activity that takes place outdoors
		<input checked="" type="checkbox"/> (b)	Limited access to screen time, cell phones, computers, video games-no access under age 2, over age 2 only for educational/physical activity purposes

UNDER THREE ENDORSEMENT 19a-79-10 (Y/N)

<input checked="" type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement
<input checked="" type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input checked="" type="checkbox"/>	119.	(c)(3)	Group size-maximum of 8 (6wks-24mths), Maximum of 10 (24-36mths)
<input checked="" type="checkbox"/>	120.	(c)(4)	Physical barriers separating each group of children- indoors/outdoors
<input checked="" type="checkbox"/>	121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input checked="" type="checkbox"/>	122.	(d)(2)(Ai-iii)	Cribs/Pack-n-Plays -in compliance w/CPSC
<input checked="" type="checkbox"/>	123.	(d)(2)(B)	Washable cots
<input checked="" type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input checked="" type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input checked="" type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities
<input checked="" type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input checked="" type="checkbox"/>	128.		DIAPERING
		<input checked="" type="checkbox"/> (e)(1)	Diaper area: elevated/sturdy/safety rail

UNDER THREE ENDORSEMENT 19a-79-10 cont.

<input checked="" type="checkbox"/>	128.	(e)(2)	DIAPERING cont.
		<input checked="" type="checkbox"/> (e)(3)	Diaper area: used only for this purpose, located in the program area
		<input checked="" type="checkbox"/> (e)(4)	Diaper area: non-porous surface/good repair
		<input checked="" type="checkbox"/> (e)(5)	Diaper area: washed/disinfected after use
		<input checked="" type="checkbox"/> (e)(6-9)	Diaper area: disposable paper sheets
		<input checked="" type="checkbox"/> (e)(7)	Covered waste receptacle-removed daily
		<input checked="" type="checkbox"/> (e)(8)	Handwashing-staff/children
		<input checked="" type="checkbox"/> (e)(10)(A-C)	Diapering-Handwashing policies-posted/followed
<input checked="" type="checkbox"/>	129.		Cloth diapers-written plan developed
		<input checked="" type="checkbox"/> (f)(1)	LINENS/CLOTHING
		<input checked="" type="checkbox"/> (f)(2)	Linens/emergency clothing available
		<input checked="" type="checkbox"/> (f)(3)	Linens washed weekly or as needed
		<input checked="" type="checkbox"/> (f)(4)	Linens/clothing stored individually
<input checked="" type="checkbox"/>	130.		Cribs/cots cleaned-linens changed when shared
		<input checked="" type="checkbox"/> (g)(1)	SAFE SLEEP
		<input checked="" type="checkbox"/> (g)(1)	Under 12 mths placed on back for sleeping
		<input checked="" type="checkbox"/> (g)(1)	Crib-slug fitting mattress/tightly fitted sheet
		<input checked="" type="checkbox"/> (g)(2)	Alternate sleep position/equipment-medical documentation for medical reason on file
		<input checked="" type="checkbox"/> (g)(3)	Infants allowed to adopt other sleep positions
		<input checked="" type="checkbox"/> (g)(4)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
		<input checked="" type="checkbox"/> (g)(5)	No unapproved sleeping-car seats/swings/beds, etc.
		<input checked="" type="checkbox"/> (g)(6)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
		<input checked="" type="checkbox"/> (g)(7)	Observe/assess infants at least every 15 minutes
		<input checked="" type="checkbox"/> (g)(8)	Teething necklaces/bracelets, jewelry inaccessible
<input checked="" type="checkbox"/>	131.		Safe sleep policies - parents informed
		<input checked="" type="checkbox"/> (h)(1)	TOYS AND OTHER OBJECTS
		<input checked="" type="checkbox"/> (h)(1)	Infant toys-separate/washed/sanitized daily
		<input checked="" type="checkbox"/> (h)(2)	Toddler toys-washed/sanitized weekly
		<input checked="" type="checkbox"/> (h)(2)	No toys/objects less than 1 1/4" diameter
		<input checked="" type="checkbox"/> (i)(1)(2A-C)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input checked="" type="checkbox"/>	135.		Health consultant visits/documentation
<input checked="" type="checkbox"/>	136.		FEEDING
		<input checked="" type="checkbox"/> (j)	Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
		<input checked="" type="checkbox"/> (k)(1)	Written feeding schedule from parent-updated
		<input checked="" type="checkbox"/> (k)(2)	Unused formula/milk discarded after feedings
		<input checked="" type="checkbox"/> (k)(3)	Clean bottles/disposable bottles/appvd washing
		<input checked="" type="checkbox"/> (k)(4)	Baby food served from dish or whole jar
		<input checked="" type="checkbox"/> (k)(5)	Bottles labeled with child's name
<input checked="" type="checkbox"/>	137.	(l)(1)	Bottles spaced fenced-4 ft (lic. after 1/1/25)
<input checked="" type="checkbox"/>	138.	(l)(2)	Outdoor equipment-developmentally appropriate for ages of the children
<input checked="" type="checkbox"/>	139.	(l)(3)	Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

SCHOOL AGE ENDORSEMENT 19a-79-11 (Y/N)

<input checked="" type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input checked="" type="checkbox"/>	141.	(c)	SCHEDULE - ACTIVITIES
		<input checked="" type="checkbox"/> (c)(1)	Written daily program plan-flexible schedule- available to staff/parents
		<input checked="" type="checkbox"/> (c)(2)	Activities not a duplication of child's day
		<input checked="" type="checkbox"/> (c)(3)	Activities include cognitive, physical, social, emotional needs of the children
<input checked="" type="checkbox"/>	143.	(d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input checked="" type="checkbox"/>	144.	(e)	Ratio- 1:15
			Group size- max. 30

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SCHOOL AGE ENDORSEMENT 19a-79-11 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	MONITORING OF DIABETES 19a-79-13 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
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<input checked="" type="checkbox"/> 145.	(f)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input checked="" type="checkbox"/> 146.	(g)	Designated Head teacher approved- 60%

<input checked="" type="checkbox"/> 171.	(a)(1)	Written policies and procedures
<input checked="" type="checkbox"/> 172.		STAFF TRAINING
	<input checked="" type="checkbox"/> (b)(1)(A)	Staff training – first aid
	<input checked="" type="checkbox"/> (b)(1)(B)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
	(i)-(iii)	
	<input checked="" type="checkbox"/> (b)(2)	Training updated at least every 3 years
	<input checked="" type="checkbox"/> (b)(3)	Written documentation of training
	<input checked="" type="checkbox"/> (c)(2)	Trained staff on site when child is present
<input checked="" type="checkbox"/> 173.	(c)(3)	Self-administration - written authorization and under supervision of trained staff
	<input checked="" type="checkbox"/> (d)(1)	Equipment provided by parents
<input checked="" type="checkbox"/> 174.	(d)(2)	Equipment labeled and inaccessible
<input checked="" type="checkbox"/> 175.	(d)(3)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input checked="" type="checkbox"/> 176.		Authorized prescriber written order
<input checked="" type="checkbox"/> 177.	(e)(1)	Written authorization from parent
<input checked="" type="checkbox"/> 178.	(e)(2)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input checked="" type="checkbox"/> 179.	(e)(3)	

NIGHT CARE ENDORSEMENT 19a-79-12 (10pm-5am) Y N

<input type="checkbox"/> 147.	(b)	Approved Night Care Endorsement
<input type="checkbox"/> 148.	(b)(1)	Person in charge-head teacher
<input type="checkbox"/> 149.	(b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities
<input type="checkbox"/> 150.	(b)(3)	Written plan for supervision including cot placement and evacuation
<input type="checkbox"/> 151.	(b)(4)	Children in care no more than 12 hrs. in 24
<input type="checkbox"/> 152.	(b)(5)	Staff awake and available
<input type="checkbox"/> 153.		SLEEP PROVISIONS
	<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding
	<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled
	<input type="checkbox"/> (b)(6)(B)	Required bedding
	<input type="checkbox"/> (b)(6)(C)	Required toiletries
	<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly
	<input type="checkbox"/> (b)(7)	Sleep arrangements for infants
<input type="checkbox"/> 154.	(b)(8)	Air temp 65 °F at 3 ft
<input type="checkbox"/> 155.	(b)(9)	Fire marshal approval-hours specified
<input type="checkbox"/> 156.	(b)(10)	Local health approval

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y N

<input checked="" type="checkbox"/> 157.	(9a)	Written medication policies/procedures
<input checked="" type="checkbox"/> 158.	(9a)	Permit enrollment of children with asthma, allergies, diabetes
<input checked="" type="checkbox"/> 159.		NONPRESC. TOPICAL MEDICATION
	<input checked="" type="checkbox"/> (a)(2)	Admin/Parent permission/report errors
	<input checked="" type="checkbox"/> (a)(3)(A-B)	Labeling and Storage
	<input checked="" type="checkbox"/> (a)(3)(C)	Unused/expired meds destroyed/returned
<input checked="" type="checkbox"/> 160.		MEDICATION TRAINING
	<input checked="" type="checkbox"/> (b)(1)(A/C)	Medication training-general-oral/top/inhalant
	<input checked="" type="checkbox"/> (b)(1)(D)	Injectable premeasured autoinjector medication
	<input checked="" type="checkbox"/> (b)(1)(E)	Rectal medication
	<input checked="" type="checkbox"/> (b)(1)(F)	Injectable other than premeasured auto-injector
	<input checked="" type="checkbox"/> (b)(2)(A-B)	Training approval documents/certificates
	<input checked="" type="checkbox"/> (b)(2)(C)	Training outline on file
<input checked="" type="checkbox"/> 161.	(b)(3)(A-B)	Authorized prescriber/parent permission
<input checked="" type="checkbox"/> 162.	(b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification
<input checked="" type="checkbox"/> 163.	(b)(4)(A-B)	Medication Administration Records (MAR)
<input checked="" type="checkbox"/> 164.	(b)(5)(A-B)	Labeling and Storage
<input checked="" type="checkbox"/> 165.	(b)(5)(C)	Emergency medication inaccessible
<input checked="" type="checkbox"/> 166.	(b)(5)(D)	Unused/Expired meds-destroyed/returned
<input checked="" type="checkbox"/> 167.	(b)(5)(E)	Auto-injector/inhalant equipment
<input checked="" type="checkbox"/> 168.	(b)(6)	Self-administration documentation
<input checked="" type="checkbox"/> 169.	(b)(7)(A-B)	Petition for special medication authorization
<input checked="" type="checkbox"/> 170.	(d)	Potassium Iodide (KI) emergency distribution–permission and storage (N/A)

ADDITIONAL VIOLATION

<input checked="" type="checkbox"/> 180.	-	Consent Order/Negotiated Corrective Action Plan conditions <input checked="" type="checkbox"/> (N/A)
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DISCUSSIONS/COMMENTS

*Reviewed new regs

* operator currently open 2-4:30 M-F and only providing school age care

* Operator indicates playground is being renovated and new equipment being installed

notify OEC prior to use- equipment must be inspected prior to use

* Program currently operating with an interim H.T plan

NOTE: Only regulations marked as compliant or non-compliant were monitored or discussed during the visit.

Signature of OEC staff	Jennifer Schultz
Printed Name	Jen Schultz

	Signature of person in charge
Natalie Colon	Printed Name

OEC DIVISION OF LICENSING 450 Columbus Blvd, Suite 302, Hartford, CT 06103 Help Desk: (800)282-6063 or (860)500-4450 Website: www.ctoec.org/licensing Email: oc.licensing@ct.gov	Inspection shall be posted or available for review upon request.
Written Corrective Action Plan Due by: 4.3.25	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Lighthouse Academy License # 70189 Date: 3-20-25

Observations/Corrections needed:

#4 employee orientation not observed for 3 out of 3 staff files
#7 observed 6 out of 6 student files to not have documentation that parents were informed of behavior management techniques.

#12 regulation not in compliance when operator had no documentation of staff and child attendance records.

#19 staff health records not observed for 3 out of 3 staff files

#33 (a)(2) documentation of professional development not observed for 3 out of 3 staff files

(h)(2) unable to determine if staff have any professional development, working toward 190 of annual hours.

#35 (i)-(j)(2) (A-H) observed health and social service consultants agreements to not include all required services

#37 ^{(a)(1)(D)(j)} observed 6 out of 6 student files to not have emergency permission.

#41 operator stated they do not use injury, illness, incident, accident reports, only log in a book. operator must provide a report to parents by next business day and maintain a copy onsite

#56 observed students eat snack without washing hands prior to eating

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Jennifer Schub
(OEC Representative)

Print Name: Jan Schultz

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Natalie Colon
(Person in Charge)

OEC BY: 4-23-25

Print Name: Natalie Colon

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Light House Academy License # 70789 Date: 3.20.25

Observations/Corrections needed:

#141 (c) written daily program plan not available to staff and parents

Discuss

medication administration, documentation of training outline

Submit notification of change for hours of operation and ages of children in care

reviewed student file requirements

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Jennifer Schub
(OEC Representative)

Print Name: Jen Schultz

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Natalie Colon
(Person in Charge)

OEC BY: 4.3.25

Print Name: Natalie Colon