



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	KAILA BLAU				License Number	DCFH.58186	Date of Inspection	01/14/2026
					Expiration Date	4/30/2029	Time of Inspection	12:29 PM
Address	250 CAPITOL AVE WATERBURY CT 06705-2400				Telephone	(203) 407-9983	Regular Capacity	6
					Hours of Operation	6:00 AM – 6:00 PM	School Age Capacity	3
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri	Summer Hours	Open
New Address					# Under 18 mths present	2	Weekend Hours	No
					Total children present	6	Night Hours	No
Type of Inspection	UNANNOUNCED INSPECTION - FULL				Inspector's Name	Amanda Hammons		
Provider's Email	k.blaurealty@gmail.com				Inspector's Email	amanda.hammons@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).

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	
O	11. Notification of Change	Provider not in compliance with notifying the Office of the addition of any household member when observed provider's 6 month old infant present during inspection.

QUALIFICATION OF PROVIDER 19a-87b-6

O	12. Awareness of, Understanding of Regulations	Provider not in compliance with demonstrating an awareness and/or understanding of the regulations when provider stated she did not know she needed to conduct evacuation drills, notify OEC of household member and keep new household member's records on file.
X	13. Medical statement Expiration date: 01/04/2027	
X	14. First Aid Certificate Expiration date: 09/10/2026	

X	15. CPR Certificate	
	Expiration date: 09/10/2026	
X	16. Judgment	

MEMBERS OF THE HOUSEHOLD 19a-87b-7

O	17. Medical Statement	Provider not in compliance with maintaining medical statements when observed provider's 6 month old infant and no medical form is available.
X	18. Household Environment	

QUALIFICATIONS OF STAFF 19a-87b-8

X	19. Sub/Assistant	Y/N	Name: Barbara Boone	Appvl #	95804
	Type of Staff : Substitute	Y			
X	20. Emergency Caregiver				

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

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

O	22. Clean/Sanitary Environment	Provider not in compliance with maintaining the facility and/or equipment in a clean and sanitary condition when observed food stained carpet in children's indoor play area.
O	23. Freedom of Hazards	Provider not in compliance with maintaining the facility and/or equipment in good repair and free of hazards when observed three parts of fence with gaps that child could crawl through. Observed wading pool filled with water and ice in outside play area accessible to children.
O	24. Harmful Substances/Materials Inaccessible	Provider not in compliance with ensuring harmful substances and materials are inaccessible to children when 5 gallons of liquid laundry detergent on the floor, in children's bathroom on the floor. Observed knives and multiple cleaning products in kitchen cabinets. Household member locked cabinet during inspection.
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
O	31. Stairways - Protected, Handrails	Provider not in compliance with ensuring a gate or other structure is in place at the entry of stairways accessible to children when observed no gate at top and bottom of deck stairways to outdoor play area.
X	32. Emergency Plan	

O	33. Emergency Evacuation Drills - Quarterly/Log	Provider not in compliance with practicing quarterly emergency evacuation drills when provider stated she had not practiced quarterly evacuation drills or written them down.	
X	34. Smoke Detectors		
X	35. 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	Y	
	Outdoors	Y	
X	40. Body of Water- Type:	Y/N	
	Barrier?	N	
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	Type:	
	Pets?	N	
	Rabies Certs?	N	
X	52. Smoking Prohibited		

RESPONSIBILITIES OF PROVIDER 19a-87b-10

X	53. Enrollment Form		
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<input type="radio"/>	54. Child Health Record	Provider not in compliance with maintaining child health record(s) when observed one child without physical form.
<input type="radio"/>	55. Immunizations	Provider not in compliance with maintaining complete immunization records(s) when one child enrolled, present during inspection did not have flu vaccine for 2025 season.
<input checked="" type="checkbox"/>	56. Emergency Permission	
<input checked="" type="checkbox"/>	57. Authorized Release	
<input checked="" type="checkbox"/>	58. Field Trip and Transportation Permission-To/From School	
<input checked="" type="checkbox"/>	59. Swimming Permission	
<input checked="" type="checkbox"/>	60. Incident Log	
<input checked="" type="checkbox"/>	61. Confidentiality	
<input checked="" type="checkbox"/>	62. Meeting the Child's Needs	
<input checked="" type="checkbox"/>	63. Sufficient Play Equipment	
<input checked="" type="checkbox"/>	64. Good Nutrition-Meals/Snacks, Water Available	
<input checked="" type="checkbox"/>	65. Handwashing	
<input checked="" type="checkbox"/>	66. Flexible and Balanced Written Schedule	
<input checked="" type="checkbox"/>	67. Personal Articles- Blanket, Towel, Toilet Articles	
<input type="radio"/>	68. Proper Rest Provisions – Safe Cribs	Provider not in compliance with maintaining individual, age-appropriate napping/resting provision for each child when did not observe pack a play or crib for infant, age 7 months. Per substitute, infant, age 7 months sleeps in swing or on flower nap mat on floor.
<input checked="" type="checkbox"/>	69. Individual Plan for Care (Written if Applicable)	
<input checked="" type="checkbox"/>	70. Cultural Differences, Sp. Needs, Dev. Appr. Activities	
<input checked="" type="checkbox"/>	71. Infant Care, Indiv Attention, Held for Bottle Feedings	
<input type="radio"/>	72. Infants Placed on Back for Sleeping	Provider not in compliance with ensuring infants are placed on their back for sleeping when observed infant, age 7 months, placed to sleep on stomach.
<input checked="" type="checkbox"/>	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	
○	81. Supervision- at all Times, Indoors, Outdoors	Provider not in compliance with providing supervision at all times when observed one infant, age 7 months, left unsupervised, sleeping in daycare area, for four minutes.
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	
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ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N

X	94. Policies and Procedures for Admin of Meds	
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X	95. Parent Permission for Nonprescription Topical Meds	
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X	96. Notification - Documentation of Med Error(s)	
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X	97. Nonprescription Topical Meds- Stored/Labeled	
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X	98. Unused - Expired Nonprescription Meds	
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X	99. Documented Medication Trained Staff	
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X	100. Written Auth Prescriber/Parent Permission	
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X	101. MAR Maintained	
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X	102. Prescription Meds - Stored/Labeled	
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X	103. Unused/Expired Prescription Meds	
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X	104. Emergency Meds- Equip. Labeled/Current	
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X	105. Self-Admin. Of Meds	
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X	106. Petition for Special Medication Authorization	
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MONITORING OF DIABETES 19a-87b-18 Child with diabetes enrolled? N

X	108. Policies for Finger Stick Blood Glucose Testing	
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X	109. Finger Stick Blood Glucose Testing - Staff Trained	
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X	110. Self Admin of Finger Stick Blood Glucose Testing	
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X	111. Testing Equip. & Supplies- Maintain, Labeled, Locked, Disposed	
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X	112. Finger Stick Blood Glucose Testing Records	
X	113. Parent Notification of Test Results	

ADDITIONAL VIOLATIONS

	114. Consent Order - Negotiated Corrective Action Plan	N/A?	
		X	



WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	13 out of 109
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DISCUSSIONS/COMMENTS

Discussed the following with household member and substitute: - ensuring physical forms and immunization forms are available. - non-transferability of license to substitute. DCFS.95804 present during inspection. - infant safe sleep - infants cannot sleep in swings, car seats or on nap mats. - ensuring evacuation drills are practiced and logged. - Provider and substitute must supervise children inside and outside must be at all times. - notifying OEC of notification of change of anything that affects childcare services.

IMPORTANT NOTES

- o *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.*
- o *Only the regulations marked as compliant or non-compliant were monitored or discussed.*
- o *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)	DATE CORRECTIONS DUE BY:	 (Signature of Provider/Applicant/Substitute)
Amanda Hammons (Printed Name)	 (Printed Name)	01/28/2026	Mark Bowman (Printed Name)