




FAMILY CHILD CARE HOME SUPPLEMENTAL INSPECTION

Provider	KAILA BLAU				License Number	DCFH.58186	Date of Inspection	01/22/2026
					Expiration Date	4/30/2029	Time of Inspection	01:16 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?	<input checked="" type="checkbox"/>	Days of Operation	Mon-Fri	Summer Hours	Open
New Address					# Under 18 mths present	1	Weekend Hours	No
					Total children present	2	Night Hours	No
Type of Inspection	Follow up - safe sleep				Inspector's Name	Amanda Hammons		
Provider's Email	k.blaurealty@gmail.com				Inspector's Email	amanda.hammons@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).



 Signature of Provider/Applicant/Substitute/Emergency Caregiver

REGULATORY VIOLATIONS

Statute and/or Regulation: [-]	Description: 000 No Violations
No violations were cited during this inspection	
Statute and/or Regulation:	Description:
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OTHER FINDINGS-REGULATIONS IN COMPLIANCE	
Statute and/or Regulation: [19a-87b-5(d) and/or 10(a)]	Description: 004-Capacity
Statute and/or Regulation: [19a-87b-5(e)]	Description: 006-Infant/Toddler Restriction

Statute and/or Regulation: [19a-87b-10(c)(5)]	Description: 068-Proper Rest Provisions/Safe Cribs
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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Statute and/or Regulation:	Description:
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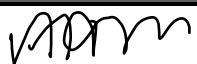

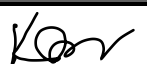
WERE VIOLATIONS CITED DURING THIS VISIT?	YES/NO: No
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DISCUSSIONS/COMMENTS

DCFS.95804 present during inspection Provider's husband (substitute application pending) and infant son present during inspection. Did not observe any children sleeping during inspection. Observed pack and play readily available for sleeping infants. Nap mat was given back to parent. Provider will use bassinet and/or pack and play/cots for sleeping children. Discussed the following with the provider: - Safe sleep policy - Approved substitute should have been the one to sign the previous inspection report, dated 1/14/26 - Only approved staff may provide direct care - Non-transfer ability of license

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)	DATE CORRECTIONS DUE BY:	 (Signature of Provider/Substitute/Applicant)
Amanda Hammons (Printed Name)	(Printed Name)		KAILA BLAU (Printed Name)