



DIVISION OF LICENSING

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
 Email: occlicensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

| | | | | | | | | |
|------------------------------|---|--|-----|----------|-------------------------|----------------------------|---------------------|-------------------|
| Provider | JABEEN HASAN | | | | License Number | DCFH.56209 | Date of Inspection | 02/25/2026 |
| | | | | | Expiration Date | 10/31/2028 | Time of Inspection | 09:48 AM |
| Address | 26 GREENHILL RD HAMDEN CT 06514-3717 | | | | Telephone | (203) 809-7166 | Regular Capacity | 6 |
| | | | | | Hours of Operation | 6:30 AM – MIDNIGHT | 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 | 0 | Weekend Hours | No |
| | | | | | Total children present | 0 | Night Hours | Yes |
| Type of Inspection | ANNOUNCED INSPECTION - FULL | | | | Inspector's Name | Melissa Lohr | | |
| Provider's Email | jabeenhasan1@gmail.com | | | | Inspector's Email | melissa.lohr@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]*

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 | |
| X | 13. Medical statement | |
| | Expiration date: | 01/02/2026 |
| X | 14. First Aid Certificate | |
| | Expiration date: | 01/25/2028 |

| | | |
|----------|---------------------|--|
| X | 15. CPR Certificate | |
| | Expiration date: | |
| | 01/25/2028 | |
| X | 16. Judgment | |

MEMBERS OF THE HOUSEHOLD 19a-87b-7

| | | |
|----------|---------------------------|--|
| X | 17. Medical Statement | |
| X | 18. Household Environment | |

QUALIFICATIONS OF STAFF 19a-87b-8

| | | | | | | |
|----------|-------------------------|----------|-------|--|---------|---------------------|
| X | 19. Sub/Assistant | Y/N | Name: | Khashab A. Khashab; Adnan Khashab | Appvl # | 91943; 90233 |
| | Type of Staff: | Y | | | | |
| | Substitute | | | | | |
| X | 20. Emergency Caregiver | | | | | |

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

| | | |
|----------|-------------------------|--|
| ○ | 21. Background Check(s) | Provider not in compliance with ensuring comprehensive background check(s) have been conducted for all household members when 1 household member needs a background check. |
|----------|-------------------------|--|

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 | |
| | | Y | |
| | Used for Care ? | Y/N | |
| X | 31. Stairways - Protected, Handrails | | |
| X | 32. Emergency Plan | | |

| | | |
|----------|---|---|
| X | 33. Emergency Evacuation Drills - Quarterly/Log | |
| X | 34. Smoke Detectors | |
| X | 35. Carbon Monoxide Detector | |
| O | 36. Fire Extinguisher- 5 lb. ABC/Installed | Provider not in compliance with maintaining at least a 5lb ABC fire extinguisher in operating condition when the fire extinguisher on site needs to be recharged. |
| X | 37. Auxiliary Heating System N Type? | Appvd? |
| X | 38. Safe Storage of Weapons and Ammunition | |
| X | 39. Safe Space-Sufficient Indoors Outdoors N Y | |
| X | 40. Body of Water-Type: Barrier? | Y/N 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 Pets? Rabies Certs? | Type: N 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 | |
|----------|---------------------|--|

NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? Y

| | | |
|----------|---|--|
| 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 | |
|----------|--|--|

ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N

| | | |
|----------|---|--|
| 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 | |
|----------|---|--|

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

| | | |
|----------|--|--|
| 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

| | | | |
|--|---|----------|--|
| | 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: | 2 out of 109 |
|--|------------|--|---------------------|

DISCUSSIONS/COMMENTS

No children are currently enrolled. Provider's mother-in-law was visiting and present during the inspection. Discussed with provider that if her mother-in-law decides to stay for longer than a month that a Notification of Change form must be submitted to add her as a household member. In addition, she will be required to obtain an Adult Medical Statement and her fingerprints must be submitted for a background check through BCIS. A follow-up inspection will occur when weather permits to monitor the snow covered outdoor play area.

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.*
- *Only the regulations marked as compliant or non-compliant were monitored or discussed.*
- *APPLICANTS –You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.*

| | | | |
|---|--|---------------------------------|---|
|  (Signature of OEC Representative) | | DATE CORRECTIONS DUE BY: |  (Signature of Provider/Applicant/Substitute) |
| Melissa Lohr (Printed Name) | | 03/11/2026 | JABEEN HASAN (Printed Name) |