



**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](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**FAMILY CHILD CARE HOME INSPECTION**

<b>PROVIDER</b>	<b>BEATA STOPKA</b>			<b>LICENSE NUMBER</b>	<b>DCFH.56584</b>	<b>DATE OF INSPECTION</b>	<b>05/06/2026</b>
				<b>EXPIRATION DATE</b>	<b>1/31/2027</b>	<b>TIME OF INSPECTION</b>	<b>02:44 PM</b>
<b>ADDRESS</b>	<b>105 ORCHARD HILL LN MIDDLETOWN  CT 06457-1744</b>			<b>TELEPHONE</b>	<b>(860) 543-5230</b>	<b>REGULAR CAPACITY</b>	<b>6</b>
				<b>HOURS OF OPERATION</b>	<b>7:00 AM - 4:00 PM</b>	<b>SCHOOL AGE CAPACITY</b>	<b>3</b>
				<b>DAYS OF OPERATION</b>	<b>Mon-Fri</b>	<b>SUMMER HOURS</b>	<b>Open</b>
<b>IS THIS A CHANGE OF ADDRESS?</b>	<b>YES</b>	<b>NO</b>	<b>NEW ADDRESS</b>	<b># UNDER 18 MTHS PRESENT</b>	<b>0</b>	<b>WEEKEND HOURS</b>	<b>No</b>
		<b>X</b>		<b>TOTAL CHILDREN PRESENT</b>	<b>8</b>	<b>NIGHT HOURS</b>	<b>No</b>
<b>TYPE OF INSPECTION</b>	<b>UNANNOUNCED INSPECTION - FULL</b>			<b>INSPECTOR'S NAME</b>	<b>Carmen Valenzuela</b>		
<b>PROVIDER'S EMAIL</b>	<b>bestopka9@gmail.com</b>			<b>INSPECTOR'S EMAIL</b>	<b>carmen.valenzuela@ct.gov</b>		
<b>KEY:</b>	<i>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)</i>						
<b>COMPLIANT = X</b>	<i>Stopka B.</i>						
<b>NON-COMPLIANT = O</b>							
<i>Signature of Provider/Substitute/Applicant</i>							

**TERMS OF THE LICENSE 19a-87b-5**

<b>X</b>	<b>4. 5(d)(10(a)) CAPACITY</b>	
<b>X</b>	<b>5. 5(c) NON-TRANSFERABILITY OF LICENSE</b>	Pending?
<b>X</b>	<b>6. 5(e) INFANT/TODDLER RESTRICTION</b>	
<b>X</b>	<b>7. 5(f)(2) LICENSE POSTED</b>	
<b>X</b>	<b>8. 5(g) PARENT ACCESS TO OEC PHONE NUMBER</b>	
<b>X</b>	<b>9. 5(h) PHOTO ID</b>	
<b>X</b>	<b>10. 5(i) REQUESTS FOR INFORMATION</b>	
<b>X</b>	<b>11. 5(j) NOTIFICATION OF CHANGE</b>	

**QUALIFICATION OF PROVIDER 19a-87b-6**

<b>X</b>	<b>12. 6(a) AWARENESS OF, UNDERSTANDING OF REGULATIONS</b>	
<b>X</b>	<b>13. 6(b) MEDICAL STATEMENT</b>	
	<b>EXPIRATION DATE:</b>	<b>01/30/2027</b>

<b>X</b>	<b>14. 6(c)(1)</b> FIRST AID CERTIFICATE	
	EXPIRATION DATE: 11/09/2026	
<b>X</b>	<b>15. 6(c)(2)</b> CPR CERTIFICATE	
	EXPIRATION DATE: 11/09/2026	
<b>X</b>	<b>16. 6(e)</b> JUDGMENT	

**MEMBERS OF THE HOUSEHOLD 19a-87b-7**

<b>O</b>	<b>17. 7(a)</b> MEDICAL STATEMENT	Provider not in compliance with maintaining a current medical statement for one household member who is an approved substitute. Her form expired on 3/27/26. As per provider, she had appointment 4 months ago.
<b>X</b>	<b>18. 7(b)</b> HOUSEHOLD ENVIRONMENT	

**QUALIFICATIONS OF STAFF 19a-87b-8**

<b>X</b>	<b>19. 8(a)-(b)</b> SUBSTITUTE - ASSISTANT	Y/N	NAME:	Janina Bogacka	Appvl #	95651
		Y	NAME:		Appvl #	
	PRESENT AT VISIT?  Y					
<b>X</b>	<b>20. 8(c)</b> EMERGENCY CAREGIVER					

**COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a**

<b>X</b>	<b>21. 8a(a)-(f)</b> BACKGROUND CHECK(S)	
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**PHYSICAL ENVIRONMENT 19a-87b-9**

<b>X</b>	<b>22. 9(a)</b> CLEAN/SANITARY ENVIRONMENT	
<b>X</b>	<b>23. 9(b)</b> FREEDOM OF HAZARDS	
<b>X</b>	<b>24. 9(c)</b> HARMFUL SUBSTANCES and MATERIALS INACCESSIBLE	
<b>X</b>	<b>25. 9(c)</b> BIO- CONTAMINANTS DISPOSED SAFELY	
<b>X</b>	<b>26. 9(d)(1)</b> SAFE STORAGE OF FLAMMABLES	
<b>X</b>	<b>27. 9(d)(2)</b> SAFE DOOR FASTENERS	
<b>X</b>	<b>28. 9(d)(3)</b> ELECTRICAL SAFETY	

<b>X</b>	<b>29. 9(d)(4)-(A)</b> <b>SAFE EXITS</b>		
<b>X</b>	<b>30. 9(d)(4)(A)</b>	Y/N	<b>Door goes straight to ground level</b>
	<b>BASEMENT SUPERVISION</b>	Y	
	<b>USED FOR CARE ?</b>	Y/N Y	
<b>X</b>	<b>31. 9(d)(4)(D)</b> <b>STAIRWAYS - PROTECTED, HANDRAILS</b>		
<b>X</b>	<b>32. 9(d)(4)(E)-(5)</b> <b>EMERGENCY PLAN</b>		
<b>X</b>	<b>33. 9(d)(5)</b> <b>EMERGENCY EVACUATION DRILLS - QUARTERLY/LOG</b>		
<b>X</b>	<b>34. 9(d)(6)</b> <b>SMOKE DETECTORS</b>		
<b>X</b>	<b>35. 9(d)(7)</b> <b>CARBON MONOXIDE DETECTOR</b>		
<b>X</b>	<b>36. 9(d)(8)</b> <b>FIRE EXTINGUISHER- 5 LB. ABC/INSTALLED</b>		
<b>X</b>	<b>37. 9(d)(9)</b> N/A? Y	TYPE:	APPROVED?
	<b>AUXILIARY HEATING SYSTEM</b>		
<b>X</b>	<b>38. 9(e)</b> <b>SAFE STORAGE OF WEAPONS AND AMMUNITION</b>		
<b>X</b>	<b>39. 9(f)(1)-(2)</b> <b>SAFE SPACE- SUFFICIENT</b>		
	INDOORS   OUTDOORS Yes   No		
<b>X</b>	<b>40. 9(f)(2)</b> N/A?	TYPE:	BARRIER:
	<b>BODY OF WATER- 4 FT. STURDY FENCE OR BARRIER-LOCKED</b>		
<b>X</b>	<b>41. 9(f)(3)</b> N/A? Y <b>HOT TUBS- LOCKED -INACCESSIBLE</b>		
<b>X</b>	<b>42. 9(g)</b> <b>VENTILATION, LIGHT AND TEMPERATURE- 65°</b>		
<b>X</b>	<b>43. 9(g)</b> <b>WINDOW SAFETY</b>		
<b>X</b>	<b>44. 9(h)</b> <b>WASHING TOILETING, SEWAGE GARBAGE FACILITIES</b>		
<b>X</b>	<b>45. 9(i)</b> <b>ADEQUATE AND SAFE WATER -</b>		
	TYPE OF SYSTEM: <b>Public Water</b>		
<b>X</b>	<b>46. 9(h)</b> <b>WATER TEMPERATURE- 60°-120°</b>		

<b>X</b>	<b>47. 9(j)</b> <b>PASTEURIZATION OF MILK SUPPLY</b>	
<b>X</b>	<b>48. 9(k)</b> <b>WORKING PHONE, EMERGENCY NUMBERS POSTED</b>	
<b>X</b>	<b>49. 9(l)</b> <b>SAFE TRANSPORTATION REGISTERED, INSURED, RESTRAINTS</b>	
<b>X</b>	<b>50. 9(m)-(n)</b> <b>FIRST AID KIT and SUPPLIES</b>	
<b>X</b>	<b>51. 9(o)</b> <b>PET PROTECTION</b>	TYPE of PETS:
	PETS? Y/N N	
	RABIES CERTS? Y/N	
<b>X</b>	<b>52. 9(p)</b> <b>Smoking Prohibited</b>	

**RESPONSIBILITIES OF PROVIDER 19a-87b-10**

	<b>53. 10(b)(1)</b> <b>ENROLLMENT FORM</b>	
	<b>54. 10(b)(2)</b> <b>CHILD HEALTH RECORD</b>	
	<b>55. 10(b)(2)(v)(I)</b> <b>IMMUNIZATIONS</b>	
	<b>56. 10(b)(3)(B)</b> <b>EMERGENCY PERMISSION</b>	
	<b>57. 10(b)(3)(A)</b> <b>AUTHORIZED RELEASE</b>	
	<b>58. 10(b)(3)(C)-(D)-(F)</b> <b>FIELD TRIP AND TRANSPORTATION PERMISSION- TO/FROM SCHOOL</b>	
	<b>59. 10(b)(3)(E)</b> <b>SWIMMING PERMISSION</b>	
	<b>60.10(b)(4)</b> <b>INCIDENT LOG</b>	
	<b>61. 10(b)(5)</b> <b>CONFIDENTIALITY</b>	
	<b>62. 10(c)</b> <b>MEETING THE CHILD'S NEEDS</b>	
	<b>63.10(c)(1)</b> <b>SUFFICIENT PLAY EQUIPMENT</b>	

	<b>64. 10(c)(2)</b> GOOD NUTRITION- MEALS/SNACKS, WATER AVAILABLE	
<b>X</b>	<b>65. 10(c)(3)</b> HANDWASHING	
<b>X</b>	<b>66. 10(c)(4)</b> FLEXIBLE AND BALANCED WRITTEN SCHEDULE	
<b>X</b>	<b>67. 10(c)(6)</b> PERSONAL ARTICLES- BLANKET, TOWEL, TOILET ARTICLES	
<b>X</b>	<b>68. 10(c)(5)</b> PROPER REST PROVISIONS – SAFE CRIBS	
	<b>69. 10(d)</b> INDIVIDUAL PLAN FOR CARE	
	<b>70. 10(d)(1-2)</b> CULTURAL DIFFERENCES, SP. NEEDS, DEV. APPR. ACTIVITIES	
	<b>71. 10(e)</b> INFANT CARE, INDIV ATTENTION, HELD FOR BOTTLE FEEDINGS	
<b>X</b>	<b>72. 10(f)(1)</b> INFANTS PLACED ON BACK FOR SLEEPING	
<b>X</b>	<b>73. 10(f)(1)</b> INFANTS PLACED IN CRIB, WELL CONSTRUCTED, SNUG MATTRESS, TIGHT SHEET	
<b>X</b>	<b>74. 10(f)(3)-(4)/(7)</b> CRIB OR OTHER PROVISION FREE FROM OBSERVABLE HAZARDS	
<b>X</b>	<b>75. 10(f)(5)</b> INFANTS NOT SWADDLED	
<b>X</b>	<b>76. 10(f)(6)</b> INFANTS SUPERVISED – MINIMUM EVERY 15 MINUTES	
<b>X</b>	<b>77. 10(f)(8)</b> REQ. FOR SLEEP ARRANGEMENTS POSTED/DISCUSSED	
<b>X</b>	<b>78. 10(g)</b> DIAPER CHANGING- FREQUENT, SANITARY, HANDWASHING, WASTE DISPOSAL	
<b>X</b>	<b>79. 10(h)(1)-(9)-(11)</b> PARENT INFORMATION AND ACCESS	
<b>X</b>	<b>80. 10(h)(10)</b> DEVELOPMENTAL MILESTONES – POSTED	

<b>X</b>	<b>81. 10(i)</b> SUPERVISION- AT ALL TIMES, INDOORS and OUTDOORS	
<b>X</b>	<b>82. 10(i)(1)</b> PERSONAL SCHEDULE- ALERT, COMPETENT ATTENTION	
<b>X</b>	<b>83. 10(i)(2)</b> FULL ATTENTION - DISTRACTIONS, EMPLOYMENT, SOCIALIZATION	
<b>X</b>	<b>84. 10(i)(3)</b> IMMEDIATE ATTENTION	
<b>X</b>	<b>85. 10(i)(4)</b> SUBSTITUTE – EMERGENCY CAREGIVER PRESENT	
<b>X</b>	<b>86. 10(j)</b> APPR. DISCIPLINE, BEHAVIOR MANAGEMENT	
<b>X</b>	<b>87. 10(j)(2)</b> DISCUSS BEH. MANAGEMENT METHODS W/STAFF AND PARENTS	
<b>X</b>	<b>88. 10(k)(1)</b> CHILD PROTECTION- ABUSE/NEGLECT	
<b>X</b>	<b>89. 10(k)(2)(A-B)</b> NOTIFY OEC WITHIN 24 HRS. - DEATH OR SERIOUS INJURY	
<b>X</b>	<b>90. 10(k)(3)</b> MANDATED REPORTING ABUSE OR NEGLECT TO DCF	

**SICK CHILD CARE 19a-87b-11**

<b>X</b>	<b>91. 11(a)(1)-(3)</b> SICK CHILD CARE	
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**NIGHT CARE 19a-87b-12 (10pm to 5am) Y/N? N**

<b>X</b>	<b>92. 12(a)(1)-(3)</b> SEPARATE BED- LOCATION OF BED - APPROPRIATE SLEEPWEAR	
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**OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13**

<b>X</b>	<b>93. 13(a)-(f)</b> ACCESS- IMMEDIATE, ENTIRE OR PART OF FACILITY AND RECORDS	
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**ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N**

	<b>94. 17 POLICIES AND PROCEDURES FOR ADMIN OF MEDS</b>	
	<b>95. (a)(2) PARENT PERMISSION FOR NONPRESCRIPTION TOPICAL MEDS</b>	
	<b>96. (a)(2)(b)(3)(D) NOTIFICATION - DOCUMENTATION OF MED ERROR(S)</b>	
	<b>97. (a)(3) NONPRESCRIPTION TOPICAL MEDS- STORED/LABELED</b>	
	<b>98. (a)(3)(C) UNUSED -EXPIRED NONPRESCRIPTION MEDS</b>	
	<b>99. (b)(1)(2) DOCUMENTED MEDICATION TRAINED STAFF</b>	
	<b>100. (b)(3) WRITTEN AUTH PRESCRIBER, PARENT PERMISSION</b>	
	<b>101. (b)(4)(A-B) MAR MAINTAINED</b>	
	<b>102. (b)(5)(A-B) PRESCRIPTION MEDS - STORED/LABELED</b>	
	<b>103. (b)(5)(D) UNUSED/EXPIRED PRESCRIPTION MEDS</b>	
	<b>104. (b)(5)(C)(E) EMERGENCY MEDS- EQUIPMENT LABELED/CURRENT</b>	
	<b>105. (b)(6) SELF - ADMIN. OF MEDS</b>	
	<b>106. (b)(7) PETITION FOR SPECIAL MEDICATION AUTHORIZATION</b>	
	<b>107. (d) POTASSIUM IODIDE (KI)</b>	
	<b>N/A</b>   <b>Y</b>	

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

<b>X</b>	<b>108. (a) POLICIES FOR FINGER STICK BLOOD GLUCOSE TESTING</b>	
<b>X</b>	<b>109. (b) FINGER STICK BLOOD GLUCOSE TESTING - STAFF TRAINED</b>	

<b>X</b>	<b>110. (c)(3)</b> SELF ADMIN OF FINGER STICK BLOOD GLUCOSE TESTING	
<b>X</b>	<b>111. (d)</b> TESTING EQUIP. & SUPPLIES- MAINTAIN, LABELED, LOCKED, DISPOSED	
<b>X</b>	<b>112. (e)(1-2)</b> FINGER STICK BLOOD GLUCOSE TESTING RECORDS	
<b>X</b>	<b>113. (e)(3)</b> PARENT NOTIFICATION OF TEST RESULTS	

**ADDITIONAL VIOLATIONS**

	114. CONSENT ORDER - NEGOTIATED CORRECTIVE ACTION PLAN	N/A?	
		Y	


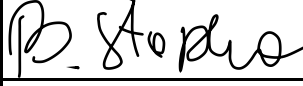
WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	1 out of 80
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**DISCUSSIONS/COMMENTS**

All items marked as not monitored will be review on another visit to complete all the items in the inspection report, as the prog closes in a few minutes and there is not enough time to complete the ones marked as pending.

**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.

Signature of OEC Representative			Signature of Provider/ Substitute
Printed Name	Carmen Valenzuela	BEATA STOPKA	Printed Name
2 <sup>nd</sup> OEC Representative		<b>APPLICANTS:</b> You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.	
Printed Name		THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.	

	Written Corrective Action Plan due by: <b>05/20/2026</b>	<b>DIVISION OF LICENSING</b> 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: <a href="mailto:oc.licensing@ct.gov">oc.licensing@ct.gov</a> Website: <a href="http://www.ctoec.org">www.ctoec.org</a>
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OEC Representative's Email: <b>carmen.valenzuela@ct.gov</b>	CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a>
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