

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Edgewood Academy Date: 6.24.25 Time: 12:45 pm
Location Address: 18 Edgewood Ave Stamford Telephone #: 203.921.6304
e-mail address: info@edgewoodacademy.net License #: 70061 Expiration Date: 6.30.28
Capacity: 28/28 # of Children Present: 26/17 # of Staff Present: 7

Consent to Inspect Family Child Care Home I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Partial inspection to 4.11.25 (group size / barriers)

Observations/Corrections needed: Program not in compliance when...
(119) group size - Observed 12 children under 3 in Busy Bees room without divider during naptime.

(120) Physical barriers - Observed no physical barriers separating each group of children when 12 children under 3 were napping.

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

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

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 7/8/25

Signature: [Signature]
(OEC Representative)
Print Name: Lon Mangano
Signature: [Signature]
(Person in Charge)
Print Name: Yekaterina Barker