

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Edgewood Academy Date: 6.27.25 Time: 11:30 am  
Location Address: 18 Edgewood Ave Telephone #: 203 921. 4304  
e-mail address: info@edgewoodacademy.net License #: 70061 Expiration Date: 6.30.28  
Capacity: 24 # of Children Present: 25/18 # of Staff Present: 5

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

Purpose of visit: Follow up to 6/24/25 inspection (group size & barriers)

Observations/Corrections needed:

118(c)(2)-ratios: observed 2 staff with 11 children under 3 (mixed age group)

119(c)(3)-group size - observed 11 toddlers outdoors in playground.

120(c)(4) Physical barriers- observed 11 toddlers outdoors with no barrier.

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: 7/11/25

Signature: \_\_\_\_\_  
(OEC Representative)  
Print Name: Lori Mangano  
Signature: Yekaterina Barker  
(Person in Charge)  
Print Name: Yekaterina Barker