



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 Website: www.ctoec.org

**CHILD CARE CENTER/GROUP CHILD CARE HOME
 FOLLOW UP – PARTIAL INSPECTION**

Program Name	EDGEWOOD ACADEMY				License Number	DCCC.70061		Date of Inspection	09/15/2025		
					Expiration Date	6/30/2028		Time of Inspection	10:10 AM		
Address	18 EDGEWOOD AVE STAMFORD CT 06907				Telephone	(203) 921-6304		Licensed Capacity	28		
					Hours of Operation	7:00 AM – 6:00 PM		Under Three Capacity	28		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 – 5 weeks years		
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No	
					Program's Email	info@edgewoodacademy.net					
Operator	EDGEWOOD ACADEMY LLC				Director	YEKATERINA BARKER					
Endorsements	Pre-School, Under Three				Name of Inspector	Lori Mangano					
Numbers of Staff/Children Present	# Children Present under age 3	18	# Total Children Present	25	# of Staff Present	7	Purpose of Visit	Partial inspection to 6-24-25 inspection on group size and barriers			

REGULATIONS NOT IN COMPLIANCE

Statute and/or Regulation and Description:	[-] 000 No Violations
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No violations were cited during this inspection

Statute and/or Regulation and Description:	
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Statute and/or Regulation and Description:	
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REGULATIONS IN COMPLIANCE	
Statute and/or Regulation and Description:	[19a-79-10(c)(3)] 119- Group size- max 8 (6wks-24mths), max 10 (24-36mths)
Statute and/or Regulation and Description:	[19a-79-10(c)(4)] 120- Physical barriers- indoors/outdoors

Statute and/or Regulation and Description:	
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Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	

DISCUSSIONS/COMMENTS

Were Violations cited during this visit? Y or N?	No	NOTE: * It is the operator's responsibility to ensure compliance with all local codes and ordinances.
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Signature of OEC Representative			Signature of Person in Charge
Printed Name	Lori Mangano	Yekaterina Barker	Printed Name
2 nd OEC Representative	APPLICANTS: 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:	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 Website: www.ctoec.org
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OEC Representative's Email: lori.mangano@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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