

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Family Centers First Steps Center Date: 6-9-25 Time: 11:45 am

Location Address: 8 Armstrong Ct Greenwich Telephone #: 203-869-4848

e-mail address: Chagan<sup>(a)</sup> familycenter.org License #: 16000 Expiration Date: 3-31-26

Capacity: 28<sup>43</sup> # of Children Present: 28 # of Staff Present: 10

<b>Consent to Inspect</b> <b>Family Child Care Home</b>	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 <u>NA</u>
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Purpose of visit: Follow up on ratio (cited on 6-5-25)

Observations/Corrections needed:

Program is in compliance at this time.

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: NA

Signature: Cathy Anderson  
(OEC Representative)  
Print Name: Cathy Anderson  
Signature: Erica Taranhins  
(Person in Charge)  
Print Name: Erica Taranhins