

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Family Centers First Steps Center Date: 8/5/25 Time: 9:33 am

Location Address: 8 Armstrong Ct Greenwich Telephone #: 203-829-4848

e-mail address: chogano@familycenters.org License #: 16000 Expiration Date: 3.31.26

Capacity: 42 # of Children Present: 29 # of Staff Present: 8

**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: Partial inspection to 6-5-25 on Ratio

Observations/Corrections needed:

27(d)(4)(A) - Ratio - OK at inspection

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: N/A

Signature: [Signature]  
(OEC Representative)  
Print Name: Lon Mangano  
Signature: [Signature]  
(Person in Charge)  
Print Name: Jonna Trovato