

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

**SUPPLEMENTAL REPORT OF INSPECTION**

Name of Program/Provider: Johelis Reyes Date: 7/24/23 Time: 9:20 am  
Location Address: 87 Bailey Ave, Waterbury 06705 Telephone #: 646-316-3430  
e-mail address: Cielo 8725 @ gmail.com License #: 54586 Expiration Date: 11/30/25  
Capacity: 6+3 # of Children Present: 3 # of Staff Present: 2

**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

Johelis Reyes\*

Purpose of visit: Safe Sleep

Observations/Corrections needed:

19a - 87b - 10

(NS)  
#74 - Observed 2 pack-n-plays free from hazards.

There were not any cabs, blankets or toys inside  
pack-n-plays. There were not any infants or toddlers  
under 18 mths inside of pack-n-plays.

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: \_\_\_\_\_

Signature: Alexandra Rodriguez  
(OEC Representative)

Print Name: Alexandra Rodriguez

Signature: Johelis Reyes  
(Person in Charge)

Print Name: Johelis Reyes