

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Johelis Reyes Date: 8/31/23 Time: 1:30 PM

Location Address: 87 Bailey Ave, Wray, CO 805 Telephone #: 646.316.3430

e-mail address: Cielo8725@gmail.com License #: 54586 Expiration Date: 11/30/25

Capacity: 4+3 # of Children Present: 5 # of Staff Present: 3

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 Johelis Reyes *

Purpose of visit: Safe Sleep

Observations/Corrections needed:

19a-87b-10

#74) Observed three cushion foam mattress shaped pieces inside of pack-n-play covered in a crib sheet. Provider stated she places infants under 12 months to play in that pack-n-play. Also observed blanket inside of crib where 6 month old infant sleeps.

Provider removed cushion foam mattress shaped pieces out of pack-n-play during follow up. Provider removed blanket from crib during follow up.

Discussed with provider importance of safe sleep regulations.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Alexandra J...
(OEC Representative)

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: Sept 13/2023

Signature: Johelis Reyes
(Person in Charge)