

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Johelis Reyes Date: 9/12/23 Time: 12²⁷pm

Location Address: 37 Bailey Ave, Wob, 06705 Telephone #: 646 316 3430

e-mail address: Ciel08725@gmail.com License #: 54586 Expiration Date: 11/30/25

Capacity: 6+3 # of Children Present: 7 # of Staff Present: 3

Consent to Inspect Family Child Care Home	<i>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.</i> Provider/Applicant/Substitute's Signature <u>Johelis Reyes</u> *
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Purpose of visit: Safe Sleep

Observations/Corrections needed:

19a-87b-10

#74) Observed cribs and pack-n-plays free from any hazards.

Provider was in compliance.

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