

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Maria Reyes Date: 9/18/23 Time: 1:45pm

Location Address: 198 Bishop St., W. Hays 66704 Telephone #: 203 526 4662

e-mail address: reyesmana1922@yahoo.com License #: 54460 Expiration Date: 6/30/25

Capacity: 6+3 # of Children Present: 6 # of Staff Present: 1

**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 *

[Handwritten Signature]
Fdy

Purpose of visit: Safe Sleep

Observations/Corrections needed:

19a-87b-10(1)(2)
(2)

#72) Observed infants in daycare. Substitute was holding one infant upon arrival and second infant was sleeping in his crib. Infant sleeping is 8 months old and can roll over. Infant sleeping was observed sleeping on their belly.

19a-87b-10(1)

#73) Infant of 8 months old was observed sleep in a well constructed crib with a snug fitting mattress and snug fitting crib sheet.

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: *[Handwritten Signature]*
(OEC Representative)

Print Name: Alexandra Rodriguez

Signature: *[Handwritten Signature]*
(Person in Charge)

Print Name: M. F. G.