

Connecticut Office of Early Childhood
Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Johelis Reyes Date: 11/7/23 Time: 12¹⁷ pm

Location Address: 87 Bouley Ave, Wthg 06705 Telephone #: 646 316 3436

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

Capacity: 6+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:

No violations found at time of inspection.

Provider in compliance with all safe sleep requirements.

Assisted provider with technical assistance
regarding adding approved staff to roster on BCIS.

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: N/A

Signature: Johelis Reyes
(Person in Charge)