

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

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Enchanted Jungle Learning Center Date: 8/11/25 Time: 2:19

Location Address: 187 Hayward Ave Colchester Ct Telephone #: 860-531-3211
06415

e-mail address: enchantedjunglellc@yahoo.com License #: 118747 Expiration Date: 9/30/25

Capacity: 47/27 # of Children Present: 35/21 # of Staff Present: 9

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 _____

Purpose of visit: Follow up to inspection conducted on 7/16/25

Observations/Corrections needed:

19a-79-10 (g)(1-8) Safe Sleep: In compliance at time of
visit.

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: [Signature]
(OEC Representative)
Print Name: Shayne Dalo
Signature: [Signature]
(Person in Charge)
Print Name: Rushford