





**LICENSING CORRECTIVE ACTION PLAN (CAP)**

NAME OF PROVIDER/OPERATOR: enchanted Jungle learning Center LICENSE #: 16747  
 LOCATION ADDRESS: 67 Hayward Ave TOWN: Colchester INSPECTION REPORT DATE: 04/23/26

CAPs submitted that do not conform to the instructions provided on the back will not be accepted. Read the instructions carefully before completing this form. In accordance with this agency's policy, your CAP will be posted online and made accessible to parents and others seeking information pertaining to your child care program.

Inspection Report Item # or Regulation	Corrective Action Taken NOTE: Your response should include a clear concise explanation of the changes the program has made to correct the violation to ensure compliance.	Exact Date Corrected	Check if Accepted (OEC Use Only)
19.a-79-2a	Local Health visited 5/15/26	E5/15/26	
3a.b.6	Annual review of policies and procedures was conducted but was in the Staff binder, not in the individual binders. A copy of this was placed in each staff individual binder for easier access.	<small>see completed 11-21-25 report no file on 4/23/26</small>	
4ab	Contacted help desk at OEC and they have rectified Marias status, it now reads current.	4/27/26	
4ai/f	Nurse was informed and has agreed to maintain compliance with weekly visits. Consultant agreements updated and signed by consultant.	5/5/26	

Based on the inspection report, the licensee was cited for failure to comply with the regulations listed above. I hereby declare that the licensee has complied with the regulation(s) in the above manner. I understand the Agency reserves the right to re-inspect the above program to verify compliance with the regulations and to request a meeting with the licensee when necessary to review patterns of non-compliance. Understanding the penalties for false statements, I attest that the information I submit on this form is true.





If the violations of child care regulations referenced in the Report(s) related to this Corrective Action Plan reoccur in the future, the violations may no longer be considered resolved by this Corrective Action Plan and the Agency may bring disciplinary action based upon the violations identified in the Report(s) related to this Corrective Action Plan.

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

By checking this box, and typing my name below, I am electronically signing my CAP.  
 Signed: Kimberly Anderson 5/5/26  
(Provider/Operator) (Date)

RETURN TO: Caroline Adams  
 Connecticut Office of Early Childhood  
 450 Columbus Blvd, Suite 302  
 Hartford, CT 06103 Fax: 860-326-0552

NAME OF PROVIDER/OPERATOR: enchanted Jungle learning Center LICENSE #: 16747 INSPECTION REPORT DATE: 04/23/26

Inspection Report Item # or Regulation	Corrective Action Taken NOTE: Your response should include a clear concise explanation of the changes the program has made to correct the violation to ensure compliance.	Exact Date Corrected	Check if Accepted (OEC Use Only)
135.i.12a-c	health consultant will be in once per week as contract with her States. Some dates she was in, but it was not documented. will make sure it is correctly documented	4/23/26	
161.9ab3a-b	Child no longer needs aluterol. Parent brought form from the doctor stating this. this form is in his file.	5/4/26	
	Health Inspector visited 5/15/26	5/15/26	
7a(g)(2)	Landlord Fixed ceiling	5/18/26	

Based on the inspection report, the licensee was cited for failure to comply with the regulations listed above. I hereby declare that the licensee has complied with the regulation(s) in the above manner. I understand the Agency reserves the right to re-inspect the above program to verify compliance with the regulations and to request a meeting with the licensee when necessary to review patterns of non-compliance. Understanding the penalties for false statements, I attest that the information I submit on this form is true.

If the violations of child care regulations referenced in the Report(s) related to this Corrective Action Plan reoccur in the future, the violations may no longer be considered resolved by this Corrective Action Plan and the Agency may bring disciplinary action based upon the violations identified in the Report(s) related to this Corrective Action Plan.



By checking this box, and typing my name below, I am electronically signing my CAP.

Signed: Kimberly Anderson (Provider/Operator) 5/5/26 (Date)

Printed Name: Kimberly Anderson

NAME OF PROVIDER/OPERATOR: enchanted Jungle learning Center LICENSE #: 16747 INSPECTION REPORT DATE: 04/23/26

Inspection Report Item # or Regulation	Corrective Action Taken NOTE: Your response should include a clear concise explanation of the changes the program has made to correct the violation to ensure compliance.	Exact Date Corrected	Check if Accepted (OEC Use Only)
5aa2c	Flu enforcement form was created and will be sent to all parents during the upcoming flu season.	4/30/26	<input checked="" type="checkbox"/>
5aa2e	Parents given care plan for doctor signature.	5/1/26	<input type="checkbox"/>
7aa2	Fire Marshall visit on 4/27/26	4/27/26	<input checked="" type="checkbox"/>
7ad9	Wires secured to building with new clips	5/5/26	<input checked="" type="checkbox"/>
7a310	Bottle of bleach and water labeled and staff are using high shelf with no access to Childrn for storage	4/24/26	<input checked="" type="checkbox"/>
104.7ag1	toilet seat replaced, floor replaced, landlord is due to fix the ceiling. Cabinet covered by waterproof cover	5/5/26	<input checked="" type="checkbox"/>
124.10d2c	straps were out of the table for cleaning, once dry they were put back In and children will be strapped in moving forward	4/25/26	<input checked="" type="checkbox"/>

Based on the inspection report, the licensee was cited for failure to comply with the regulations listed above. I hereby declare that the licensee has complied with the regulation(s) in the above manner. I understand the Agency reserves the right to re-inspect the above program to verify compliance with the regulations and to request a meeting with the licensee when necessary to review patterns of non-compliance. Understanding the penalties for false statements, I attest that the information I submit on this form is true.

If the violations of child care regulations referenced in the Report(s) related to this Corrective Action Plan reoccur in the future, the violations may no longer be considered resolved by this Corrective Action Plan and the Agency may bring disciplinary action based upon the violations identified in the Report(s) related to this Corrective Action Plan.

By checking this box, and typing my name below, I am electronically signing my CAP.  
 Signed: Kimberly Anderson 5/5/26  
 (Provider/Operator) (Date)

Printed Name: Kimberly Anderson



**LICENSING CORRECTIVE ACTION PLAN (CAP)**

NAME OF PROVIDER/OPERATOR: Enchanted Jungle Learning Center LICENSE #: 16747  
 LOCATION ADDRESS: 17 Hayward Ave TOWN: Coldwater INSPECTION REPORT DATE: 4/23/20

CAPs submitted that do not conform to the instructions provided on the back will not be accepted. Read the instructions carefully before completing this form. In accordance with this agency's policy, your CAP will be posted online and made accessible to parents and others seeking information pertaining to your child care program.

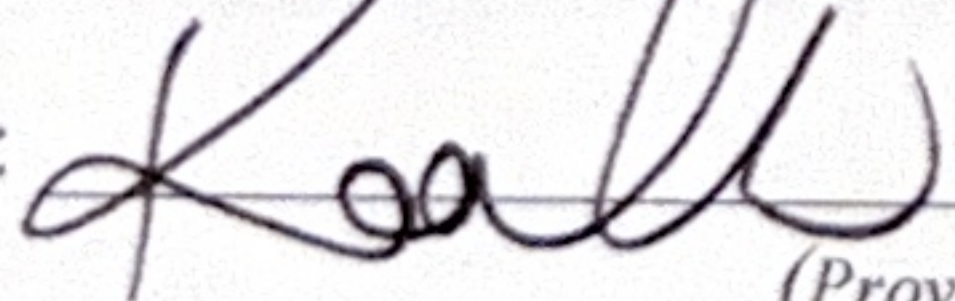
Inspection Report Item # or Regulation	Corrective Action Taken	Exact Date Corrected	Check if Accepted (OEC Use Only)
5aa 2e	Care plan signed by all.	6/6/20	✓

Based on the inspection report, the licensee was cited for failure to comply with the regulations listed above. I hereby declare that the licensee has complied with the regulation(s) in the above manner. I understand the Agency reserves the right to re-inspect the above program to verify compliance with the regulations and to request a meeting with the licensee when necessary to review patterns of non-compliance. Understanding the penalties for false statements, I attest that the information I submit on this form is true.

If the violations of child care regulations referenced in the Report(s) related to this Corrective Action Plan reoccur in the future, the violations may no longer be considered resolved by this Corrective Action Plan and the Agency may bring disciplinary action based upon the violations identified in the Report(s) related to this Corrective Action Plan.

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

By checking this box, and typing my name below, I am electronically signing my CAP.

Signed:  \_\_\_\_\_  
 (Provider/Operator) (Date)

RETURN TO: \_\_\_\_\_  
 Connecticut Office of Early Childhood  
 450 Columbus Blvd, Suite 302  
 Hartford, CT 06103 Fax: 860-326-0552