



**DIVISION OF LICENSING**

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103  
 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552  
 Email: [oc.licensing@ct.gov](mailto:oc.licensing@ct.gov) Website: [www.ctoec.org](http://www.ctoec.org)

**CHILD CARE CENTER/GROUP CHILD CARE HOME  
 INVESTIGATION**

Program Name	ODYSSEY LEARNING				License Number	DCCC.70363		Date of Inspection	10/28/2025	
					Expiration Date	7/31/2029		Time of Inspection	03:29 PM	
Address	11 INGALLS AVE NORWALK CT 06854-4605				Telephone	(475) 215-6100		Licensed Capacity	227	
					Hours of Operation	7:30 AM - 5:30 PM		Under Three Capacity	67	
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 weeks - 13 years	
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No
					Program's Email	jgibson@odysseyct.com				
Operator	ODYSSEY LEARNING, INC				Director	JOHNATHAN GIBSON				
Endorsements	Pre-School, School Age, Under Three				Name of Inspector	Cathy Anderson				
Numbers of Staff/Children Present	# Children Present under age 3	28	# Total Children Present	138	# of Staff Present	22	Purpose of Visit	Complaint investigation-allegation program did not give a 30 day notice to parents of closing on 11/4/ 2025		

**SUBSTANTIATED VIOLATIONS**

Statute and/or Regulation and Description:	[19a-79-3a(c)(1-4)]	010-Notification of Change
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Program not in compliance with ensuring OEC notification of changes when the program did not give 30 days notice to parents that the program is closed on 11/4/2025. Parent were notified of the program closing on 11/4/2025 on 10/20/2025.

Statute and/or Regulation and Description:	
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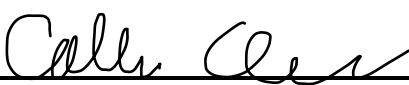

Statute and/or Regulation and Description:	
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<b>NOT SUBSTANTIATED or PENDING</b>	
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**DISCUSSIONS/COMMENTS**

Were Violations cited during this visit? Y or N?	<b>Yes</b>	<b>NOTE:</b> * It is the operator's responsibility to ensure compliance with all local codes and ordinances.
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Signature of OEC Representative			Signature of Person in Charge
Printed Name	<b>Cathy Anderson</b>	<b>Rosie Navarro</b>	Printed Name
2 <sup>nd</sup> OEC Representative	<b>APPLICANTS:</b> You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.		
Printed Name	<b>THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.</b>		

	Written Corrective Action Plan due by: <b>11/11/2025</b>	<b>DIVISION OF LICENSING</b> 450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103 Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552 Email: <a href="mailto:oc.licensing@ct.gov">oc.licensing@ct.gov</a> Website: <a href="http://www.ctoec.org">www.ctoec.org</a>
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OEC Representative's Email: <b>catherine.anderson@ct.gov</b>	CAP: <a href="https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf">https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf</a>
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