



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 Website: www.ctoec.org

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

Program Name	CIFIC/ GREATER NORWALK HEAD START - ELY				License Number	DCCC.70435		Date of Inspection	01/07/2026		
					Expiration Date	9/30/2026		Time of Inspection	12:05 PM		
Address	11 INGALLS AVE NORWALK CT 06854-4605				Telephone	(203) 791-5090		Licensed Capacity	76		
					Hours of Operation	7:30 AM - 5:30 PM		Under Three Capacity	16		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	12 - 12 month - years		
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No	
					Program's Email	GutierrezK@cific.org					
Operator	CONNECTICUT INSTITUTE FOR COMMUNITIES INC				Director	KARI GUTIERREZ					
Endorsements	Pre-School, School Age, Under Three				Name of Inspector	Lauren Hull					
Numbers of Staff/Children Present	# Children Present under age 3	14	# Total Children Present	58	# of Staff Present	12	Purpose of Visit	Follow up case 1395			

SUBSTANTIATED VIOLATIONS

Statute and/or Regulation and Description: [-] 000 No Violations

No violations were cited during this inspection

Statute and/or Regulation and Description:

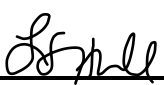


Statute and/or Regulation and Description:


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Statute and/or Regulation and Description:	
NOT SUBSTANTIATED or PENDING	
Statute and/or Regulation and Description:	[19a-79-4a(d)(4)(D)] Not Substantiated 028- Supervision
The regulation regarding supervision was found to be in compliance during this visit.	
Statute and/or Regulation and Description:	

Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	
Statute and/or Regulation and Description:	

DISCUSSIONS/COMMENTS

Were Violations cited during this visit? Y or N?	No	NOTE: * 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	Lauren Hull	Kari Gutierrez		Printed Name
2 nd OEC Representative		APPLICANTS: You <i>MAY NOT OPERATE</i> until all requirements have been met and a license has been issued by the Agency.		
Printed Name	Kristi Morgan	THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.		

	Written Corrective Action Plan due by:	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 Website: www.ctoec.org
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OEC Representative's Email: lauren.hull@ct.gov	CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf
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