



**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	GUILFORD CENTER FOR CHILDREN				License Number	DCCC.16778		Date of Inspection	10/20/2025	
					Expiration Date	6/30/2026		Time of Inspection	03:23 PM	
Address	47 STONE HOUSE LN GUILFORD CT 06437-2838				Telephone	(203) 453-8050		Licensed Capacity	94	
					Hours of Operation	7:00 AM - 5:30 PM		Under Three Capacity	0	
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	3 - 12 years	
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No
					Program's Email	l.jones@guilfordcenterforchildren.com				
Operator	GUILFORD CENTER FOR CHILDREN INC				Director	LISA M JONES				
Endorsements	Pre-School, School Age				Name of Inspector	Kristi Morgan				
Numbers of Staff/Children Present	# Children Present under age 3	0	# Total Children Present	0	# of Staff Present	6	Purpose of Visit	Virtual Inspection - Self Report		

**SUBSTANTIATED VIOLATIONS**

Statute and/or Regulation and Description:	[19a-79-4a(d)(4)(D)]	028- Supervision
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Program not in compliance with ensuring the supervision of children at all times while outdoors when 1 child was left outside on the playground for approximately 5-7 minutes.

Statute and/or Regulation and Description:	
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<b>Statute and/or Regulation and Description:</b>	
<b>NOT SUBSTANTIATED or PENDING</b>	
<b>Statute and/or Regulation and Description:</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	<i>Kuommm</i>	<i>Emailed</i>	Signature of Person in Charge
Printed Name	<b>Kristi Morgan</b>	<b>Lisa Jones -</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>11/03/2025</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>kristi.morgan@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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