



**DIVISION OF LICENSING**

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

**CHILD CARE CENTER/GROUP CHILD CARE HOME  
 FOLLOW UP – PARTIAL INSPECTION**

Program Name	1-2-3 GROW WITH ME				License Number	DCCC.15263		Date of Inspection	02/02/2026		
					Expiration Date	1/31/2029		Time of Inspection	12:00 PM		
Address	227 HORSE POND RD MADISON CT 06443-2549				Telephone	(203) 245-9757		Licensed Capacity	38		
					Hours of Operation	6:30 AM – 6:00 PM		Under Three Capacity	20		
Is this a Change of Address?	Yes?		No?	X	Days of Operation	Mon-Fri		Ages Served	6 – 12 weeks – years		
New Address					Night Hours	No	Summer Hours	Open	Weekend Hours	No	
					Program's Email	jolo12@sbcglobal.net					
Operator	1-2-3 GROW WITH ME LLC				Director	LORI NUZZO					
Endorsements	Pre-School, School Age, Under Three				Name of Inspector	Bridget Merrill					
Numbers of Staff/Children Present	# Children Present under age 3	20	# Total Children Present	33	# of Staff Present	9	Purpose of Visit	Follow up to 12-10-25 full inspection			

**REGULATIONS NOT IN COMPLIANCE**

Statute and/or Regulation and Description:	[19a-79-4a(i)(1-2)(H), (F)]	035- Consultants
<p>Program not in compliance with maintaining current/complete consultant agreements when wording from October 2024 regulations was not on current consultant agreements.</p>		
Statute and/or Regulation and Description:	[19a-79-7a(c)(2)]	066- Licensed premises-clean, good repair, hazard free-maintenance program
<p>Program not in compliance with maintaining the building, equipment and services in a good state of repair when stained ceiling tiles were observed in Preschool, Toddlers &amp; staff bathroom.</p>		
Statute and/or Regulation and Description:		


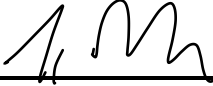
<b>Statute and/or Regulation and Description:</b>	
<b>Statute and/or Regulation and Description:</b>	
<b>Statute and/or Regulation and Description:</b>	
<b>Statute and/or Regulation and Description:</b>	
<b>Statute and/or Regulation and Description:</b>	
<b>REGULATIONS IN COMPLIANCE</b>	
<b>Statute and/or Regulation and Description:</b>	[19a-79-3a(a)]                      002-Ensuring the safety & health of children
<b>Statute and/or Regulation and Description:</b>	[19a-79-4a(a)(1)]                      019-Staff Health Records


<b>Statute and/or Regulation and Description:</b>	[19a-79-4a(a)(2), (h)(1-2)]	033-Professional development
<b>Statute and/or Regulation and Description:</b>	[19a-79-5a(a)(1)(D)(i-iv)]	037- Parent Permissions
<b>Statute and/or Regulation and Description:</b>	[19a-79-5a(a)(2)(E)]	040- Individual care plan- signed by parents/staff
<b>Statute and/or Regulation and Description:</b>	[19a-79-6a(c)]	059- First Aid Kit(s):Indoor/Outdoor/Field Trip

**DISCUSSIONS/COMMENTS**

Program professional development runs from Sept-Sept. Program advised of CCEI and other training that count towards professional development. Observed some medication authorization forms signed by staff vs. actual individual care plans being signed by staff. Program to sign actual care plan not just stapling all required paperwork related to medication together. Unable to view shock absorbing material under swings/ slides on both playgrounds. Program agrees to maintain compliance with shock absorbing material regulations at all times. Observed roster from health consultant indicating current injectable medications training for staff. Health consultant must issue certificates for the training with all required language as specified by regulations.

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.
--	------------	--

Signature of OEC Representative			Signature of Person in Charge
Printed Name	<b>Bridget Merrill</b>	<b>Lori Nuzzo</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>02/16/2026</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>
---	---	---

OEC Representative's Email: <b>bridget.merrill@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>
---	--