

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING AND INVESTIGATIONS SECTION

LICENSING INSPECTION REPORT

Facility DBA and Address

Signature of FLIS Staff

<hr/> <p style="text-align: center;"><i>DBA</i></p> <hr/>	<hr/> <hr/>	<hr/> <hr/>
<hr/> <p style="text-align: center;"><i>Street Address</i></p> <hr/>	<hr/> <hr/>	<hr/> <hr/>
<hr/> <p style="text-align: center;">CT</p> <hr/>	<hr/> <hr/>	<hr/> <hr/>
<hr/> <p><i>Municipality</i> <i>ZIP Code</i></p> <hr/>	<hr/> <hr/>	<hr/> <hr/>

M: _____ *Survey Team Leader:* _____
Supervisor: _____

Licensure Category: _____ **Licensed Bed Capacity:** _____ **Census:** _____

License Number: _____ **Licensed Bassinet Capacity:** _____

Date(s) of onsite inspection: _____

Date(s) additional information obtained: _____

Personnel contacted: _____

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

Licensing Inspection *Initial* *Renewal* *Other (e.g. strikes):* _____

Visit **OR** Revisit for the purpose of _____

See Complaint Investigation # _____

Violations of the General Statutes of Connecticut and/or regulations of Connecticut State Agencies were identified at the time of this inspection. See attached violation letter dated _____

Desk Audit _____ Amended Letter: _____ Original Ltr. _____

Citation # _____ was issued to this facility as a result of this inspection.

Violations of the General Statutes of Connecticut and/or the regulations of Connecticut State Agencies **were not** identified at the time of this inspection.

Citation # _____ was/was not verified as corrected. See attached narrative report.

Narrative report/additional information attached.

See Certification File.

Referral(s) to _____

- CMP fund verification
- CRF grant verification
- Shift Coach
- Full Time Infection Prevention and Control Specialist

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

Page 2 of ____

REPORT SUBMITTED BY: _____ **DATE OF REPORT:** _____

Approval for issuance of license granted by: _____ **DATE:** _____

Supervisor/Title

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

LICENSING INSPECTION NARRATIVE REPORT: