

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

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**LICENSING INSPECTION REPORT**

*Facility DBA and Address*

*Signature of FLIS Staff*

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**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:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**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 \_\_\_\_\_

REPORT SUBMITTED BY: \_\_\_\_\_ DATE OF REPORT: \_\_\_\_\_

Approval for issuance of license granted by: \_\_\_\_\_ DATE: \_\_\_\_\_

**SUPPLEMENT TO LICENSING  
INSPECTION REPORT**

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LICENSING INSPECTION NARRATIVE REPORT:

**SUPPLEMENT TO LICENSING  
INSPECTION REPORT**

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