

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

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LICENSING INSPECTION REPORT

Facility DBA and Address

ESSEX meadows LLC  
30 Rockum Rd. Essex CT.  
Clayton 1533

Signature of FLIS Staff

Judith Chapman  
Ry Kuhn DFII

Survey Team Leader:  
Supervisor:

M:

Licensure Category: Select CH NH

Licensed Bed Capacity: 4/5

Census: 40

License Number: 2487

Licensed Bassinet Capacity: \_\_\_\_\_

Date(s) of onsite inspection: 1/6/25, 1/7/25, 1/8/25, 1/9/25, 1/10/25

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 # 31385

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: Ulla Stoddard DATE OF REPORT: 1/13/25

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

STRIKE MONITORING SUPPLEMENT TO  
LICENSING INSPECTION REPORT

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LICENSING INSPECTION NARRATIVE REPORT:

19-13-D8+(v)(10)(A)(1)

19-13-D8+(v)(13)(B)

19-13-D8+(v)(20)(I)

19-13-D8+(v)(8)(C)