

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

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: _____

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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LICENSING INSPECTION NARRATIVE REPORT:

**STRIKE MONITORING SUPPLEMENT TO
LICENSING INSPECTION REPORT**

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