

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0040

Family Planning

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Planned Parenthood of Southern New England, Inc. of New Haven CT d/b/a Planned Parenthood of Southern New England, Inc. is hereby licensed to maintain and operate a Family Planning Clinic.

Planned Parenthood of Southern New England is located at 111 Hazard Avenue Enfield CT 06082-4590

This license expires March 31, 2017 and may be revoked for cause at any time.

Dated at Hartford Connecticut April 1, 2014. INITIAL



Jewel Mullen, MD

Jewel Mullen, MD, MPH, MPA
Commissioner

JUNE 2013

RENEWAL



STATE OF CONNECTICUT
 DEPARTMENT OF PUBLIC HEALTH
 FACILITY LICENSE & INVESTIGATIONS SECTION

LICENSURE APPLICATION

INITIAL RENEWAL CHANGE OF OWNERSHIP

NOTICE: Any nursing home licensee, owner or officer, including, but not limited to, a director, trustee, limited partner, managing partner, general partner or any person having at least 10 per cent (10%) ownership interest, and any administrator, assistant administrator, medical director, director of nursing or assistant director of nursing, may be subject to criminal liability, in addition to civil and administrative sanctions under federal and state law, for the abuse or neglect of a resident of the nursing home perpetrated by an employee of the nursing home.

NOTE: A separate application must be completed for each licensed level of care, whether or not, that level is located at the same address

In accordance with Section 19a-491 and/or Section 19a-506 of the Connecticut General Statutes, application is hereby made for a license to operate the following (please check the appropriate box/boxes that apply):

- | | |
|--|---|
| <input type="checkbox"/> Assisted Living Services Agency | <input type="checkbox"/> Infirmary Operated by an Educational Institution |
| <input type="checkbox"/> Children's Hospital | <input type="checkbox"/> Maternity Home |
| <input type="checkbox"/> Chronic and Convalescent Nursing Home | <input type="checkbox"/> Maternity Hospital |
| <input type="checkbox"/> Chronic Disease Hospital | <input type="checkbox"/> Outpatient Clinic/Primary Care |
| <input checked="" type="checkbox"/> Family Planning Clinic | <input type="checkbox"/> Outpatient Dialysis Unit |
| <input type="checkbox"/> General Hospital | <input type="checkbox"/> Outpatient Surgical Facility |
| <input type="checkbox"/> Home Health Care Agency | <input type="checkbox"/> Residential Care Home |
| <input type="checkbox"/> Homemaker-Home Health Aide Agency | <input type="checkbox"/> Rest Home with Nursing Supervision |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> In-Patient Hospice Unit |
| <input type="checkbox"/> Hospital for Mentally Ill Persons | <input type="checkbox"/> Well Child Clinic |
| <input type="checkbox"/> Mental Health Psychiatric OutPat. | <input type="checkbox"/> Mental Health Day Treatment |
| <input type="checkbox"/> Mental Health Intermediate Tmt. | <input type="checkbox"/> Mental Health Community Residence |
| <input type="checkbox"/> Substance Abuse & Dependence | <input type="checkbox"/> Mental Health Residential Living |



Phone: (860) 509-7444
Telephone Device for the Deaf (860) 509-719
 410 Capitol Avenue - MS # 12HFL
 P.O. Box 340308 Hartford, CT 06134

An Equal Opportunity Employer

Please respond to all of the following questions:

- ✓ 1. Planned Parenthood of Southern New England

Facility "d/b/a" (doing business as) Name

111 Hazard Avenue Enfield, Ct 06082

Business Address City State Zip Code Telephone ✓

same

Mailing Address (if applicable) City State Zip Code

- ✓ 2. Bed Capacity Requested (if applicable). If submitting this application for multiple levels of care, please list the bed capacity for each level of care being requested.

<u>Level of Care</u>	<u>Beds/ Hemodialysis Stations</u>	<u>Bassinets (if applicable)</u>
<u>N/A</u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>

- ✓ 3. 060263565
Federal Employer Identification Number

- ✓ 4. Disclose the legal entity which owns/operates the facility. (Note: The license will be issued to this entity.)

Planned Parenthood of Southern New England

Licensee

345 Whitney Avenue New Haven, Ct 06511 203.865.5158

Business Address City State Zip Code Telephone

same

Mailing Address (if applicable)

- ✓ 5. Is the above named legal entity a (please check the box which applies):

Individual/Sole proprietor

Municipality

General Partnership

Trust

Limited Partnership

Profit Corporation

Limited Liability Company

Other: _____

Non-profit Corporation

✓6. Is the above named entity authorized by the Office of the Secretary of State to transact business in the State of Connecticut and considered in Good Standing? [X] YES [] NO

✓7. Please disclose the name, business address and telephone number of the Agent for Service for the Licensee.

_Judy Tabar 345 Whitney Avenue New Haven, Ct 06511 203.865.5158

Name	Address	Telephone
------	---------	-----------

✓8. Attach an organizational chart which reflects the current ownership structure of the licensee and the licensee's relationship with the facility/agency.

✓9. Respond to the specific question that reflects the ownership structure of the licensee. **The Licensee is the legal entity which will be issued the license to operate.**

A. If the Licensee is a **general partnership, limited partnership or limited liability company**, complete Form 1 (attached).

B. If the Licensee is a **trust**, complete Form 2 (attached) for the Licensee.

i. Attach a list including the name, address and telephone number of all trustees.

C. If the Licensee is a **corporation (profit or non-profit)**, complete Form 3 (attached) for the Licensee. Complete a separate Form 3 for each additional corporate entity having 10% or greater ownership interest in the Licensee.

i. If the corporation is incorporated in a state other than Connecticut, please attach a Certificate of Good Standing from the Secretary of State of the state of incorporation.

ii. Attach a list including the name, address and telephone number of all officers and all directors of the corporation.

✓10. Attach a current copy of the facility's Certificate of malpractice and public liability insurance. (Note: Information Pages and Insurance Binders are unacceptable. Only Certificates of Insurance will be accepted.) Please note that All Behavioral Health levels of care, except hospitals, and RCH facilities are exempt from the malpractice requirement.

✓11. Attach evidence of current compliance with the worker's compensation insurance coverage requirements in the form of one of the following:

A. a certificate of self-insurance issued by a worker's compensation commissioner pursuant to Section 31-284 of the Conn. General Statutes; or

B. a certificate of compliance issued by the Insurance Commissioner pursuant to Section 31-286 of the Conn. General Statutes; or

C. a Certificate of Insurance issued by any stock or mutual insurance company or mutual association authorized to write worker's compensation insurance in this state. (Note: Information pages and Insurance Binders are unacceptable. Only Certificates of Insurance will be accepted.)

✓12. Ownership of Real Property

_Colli Management LLC 76 Mountain Road Suffield, Ct 06078

Planned Parenthood of Southern New England

ORGANIZATION CHART

2014

BOARD OF TRUSTEES

(Please attach a list of the board of Trustees)

Planned Parenthood of Southern New England

^

Page 2, Line 4 of the renewal application (LICENSEE)

Planned Parenthood of Southern New England

^

Page 1, Line 1 of the renewal application (D/B/A)

Planned Parenthood of Southern New England

Board of Directors 2013-2014

Officers:

Amelia Renkert-Thomas, Chair

Simone Joyaux, Vice Chair

Sandra Arnold, Secretary

Siw de Gysser, Treasurer

Leigh Bonney, Assistant Treasurer

Board of Directors:

Natalie Adsuar, M.D.

Adriana Arreola-Joseph

Erica Buchsbaum

Gayle Capozzalo

Karen Dubois-Walton

Sue Hessel

Susann Mark

Nadesha Mijoba

Donna Moffly

John R. Morton, M.D.

Susan Ross

Fahd Vahidy

Mary Kay Woods



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/31/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036 Attn: healthcare.accounts@marsh.com Fax: 212-948-1307	CONTACT NAME: PHONE (A/C, No. Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____	
	INSURER(S) AFFORDING COVERAGE	
109210-NIP-CAS-14-15 NEW, C GLPL	INSURER A: Market Insurance Company	NAIC # 38970
INSURED PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND, INC. AN AFFILIATE OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. 345 WHITNEY AVENUE NEW HAVEN, CT 06511	INSURER B: N/A	N/A
	INSURER C: National Union Fire Ins. Co. of Pittsburgh, PA	19445
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: NYC-005767681-26 REVISION NUMBER: 11

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR: \$100,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC			3C41034	01/01/2014	01/01/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> W/C STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	MEDICAL PROFESSIONAL CLAIMS-MADE COVERAGE			6793286 Program Retro Date: 11/1/76	01/01/2014	01/01/2015	PER CLAIM \$1,000,000 AGGREGATE \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND ATTN: LOUIS DENEGRÉ 345 WHITNEY AVENUE NEW HAVEN, CT 06511	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Ricki Fitzsimmons <i>Ricki Fitzsimmons</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/14/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036 Attn: healthcare.accounts@marsh.com Fax: 212-948-1307	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): _____	FAX (A/C, No): _____
E-MAIL ADDRESS: _____		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: ACE American Insurance Company	22667	
INSURER B: _____		
INSURER C: _____		
INSURER D: _____		
INSURER E: _____		
INSURER F: _____		

COVERAGES **CERTIFICATE NUMBER:** NYC-006791941-01 **REVISION NUMBER:** 1

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPOP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	RSC C47330634	01/01/2014	01/01/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 EVIDENCE OF COVERAGE.

CERTIFICATE HOLDER PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND, INC. 76 PALOMBA DRIVE ENFIELD, CT 06082	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Ricki Fitzsimmons <i>Ricki Fitzsimmons</i>
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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING & INVESTIGATIONS SECTION

LICENSURE APPLICATION - ADDITIONAL INFORMATION REQUIRED

OUTPATIENT CLINICS, WELL CHILD CLINICS AND
FAMILY PLANNING CLINICS

Please respond to all of the following questions:

- 1. Planned Parenthood of Southern New England
Facility "d/b/a" (doing business as) Name
111 Hazard Avenue, Enfield, Ct 06082 860.741.2197

Business Address City State Zip Code Telephone

- 2. Check the appropriate box/boxes describing the services to be provided by the clinic:
[] Primary Care [X] Family Planning
[] Well Child Clinic [] Abortion Procedures
[] Dental

3. Caitlin Murphy
Administrator (Your name needs to appear as it is shown on your Professional License).

4. Timothy Spurrell, MD

Medical Director Dental Director (if applicable)
(Your name needs to appear as it is shown on your Professional License).

5. Hours of Operation: M 11:00 am - 7:00 pm T 8:30 am - 4:30 pm W 8:30 am - 4:30 pm Th 11:00 am - 7:00 pm F 8:30 am - 4:30 pm

6. Please provide a list of services that will be provided.

7. Business Fax Number: 860.741.8442

8. Business Email Address: Caitlin.murphy@ppsne.org

9. Business Cell Phone Number with Texting capabilities of the Administrator: 203.530.9241

Caitlin Murphy
Signature of Administrator

02/03/2014
Date Signed



Planned Parenthood of Southern New England

Services available:

- Well women's health care
- Well men's health care
- Cervical cancer screening
- Breast exams
- Sexually transmitted infection testing and treatment
- HIV testing
- Birth control services
- Pregnancy testing
- Options counseling
- Pre-conception care
- Medication abortion services
- Health and sexual health education services
- Hepatitis and HPV vaccine services
- Transgender services

HEALTH CENTER STAFF – January 21, 2014

	BRIDGEPORT	DANBURY	DANIELSON	ENFIELD	HARTFORD NORTH	MANCHESTER
CENTER MANAGER	Ivelisse Silva	Antonietta Schaalman	Brittney Schultz	Caitlin Murphy	Heather Deliaao	Sandy Dowell
CLINICIAN	Laurio Haydu Linda Magee Diana Soto, PD	Jennifer Ryan Joan Wiech, PD	Lindsay Delaire Lisa Marie Griffiths, PD	Chris Bachand Christina Fantoni, PD Amy Kenefick, PD	Dobbie Hamer	Maria Banevidus Diane Libby-Ramage Kristine Sterling, PD
RN					Sursattie Nepal	Bridgot Tomczak
LPN					Natacha Roman Melanie Vazquez (float)	Brianne Johnson
CA	Latisha Ervin (float) Omar Jehaludi Nikole Moya Tenisa Paulding, PD Michelle Reid, PD	Anntreen Lamar	Jessa Goldstoin Stephanie Nix Sheri Saddlemire	Claudia Valderrama		
ADVANCED CA	Amber Bachman Evelyn Cuevas* Lori Gall Aida Ortega* Karl Peters, PD	Gabriela Ambrose* Jennifer Tomasini	Jacklyn Michalski, PD	Jennifer Bouley Danielle Deschaine	Yolanda Young	Shondra Bochtold Leah Bell Nicolotte Laume Norimar Nieves*
REGIONAL DIRECTOR	Kelly O'Brien	Kelly O'Brien	Shira Revzen	Shira Revzen	Shira Revzen	Shira Revzen
	MERIDEN/NEW BRIT	NEW HAVEN	NEW LONDON	NORWICH	OLD SAYBROOK	PROVIDENCE
CENTER MANAGER	Samantha Dobson	Jody Clark	Lisa Hodges-Volosquez	Janeon Ortiz*	Beth Burrage	Danna Freedman-Shara
CLINICIAN	Loren Fields Kathy Bryson Jenna LoGludice, PD	Kirsten Asmus Carrie Ferrigno Janet Gumaer Wei-Ti Chen, PD Constance Chmura, PD Gina Novick, PD Leslie Robinson, PD Margaret Withington, PD	Sarah Whalen Edie Morren-Morrison, PD	Kris Robin Stephanie Malla, PD	Elizabeth Fabrizi	Stacy Ramsey Jessica Wilder Stephanie Avila, PD Melanie Hill, PD Constance Chang, PD Megan Gaynor Charette*, PD
RN		LaToya Ward Erin Paduda Sarah Acker, PD Pamela Leo, PD Sari Gottlieb-Sherman, PD				Paula Golden Paulina Niochdal, PD Amy Gordon, PD
LPN	Daiva Morales*			Elaine Robinson		
CA	Arlinda Carr Cassandra Lohr	Hector Cotto Whitney Davis Chelsea Epps Mercy Plant	Tylisha Wrighten	Hannah Carey Stephen Polach Jessica Stofanski		Kayla Murphy Amber Newmann Tara Patterson Pam Shaw Harriet Singer Nindi Tiemo Brianna Jolaoso
ADVANCED CA	Keri Geoghegan Viviana Hernandez* Tina St. Germain Jose Vargas	Victoria Burch Omara de la Cruz* Eshe Hamilton Candice Langloy Esthor Pollot* Carmen Trochoz* Nicole Zullo	Bernadette DeShields Damaris Hernandez* Lindsey Jones Veronica Sohn	Donna Bonanno Jessica Davila*	Nicole Corona Susan Schlachter	Antigone Reyes Esperanza Santana* Eni Valerio*
REGIONAL DIRECTOR	Kelly O'Brien	Kelly O'Brien	Shira Revzen	Shira Revzen	Kelly O'Brien	Shira Revzen
	STAMFORD	TÖRRINGTON	WATERBURY	WEST HARTFORD	WILLIMANTIC	
CENTER MANAGER	Maohilica Carolus**	Tammy Hreha	Alicia Caban*	Jane Youzman	Beth Murana	
CLINICIAN	Gannon Ward Inos Riera, PD Susan Ruehl, PD	Claudette Bari	Ronnie Dubrowin* Karen Parkhurst, PD	Mark Pierco Raoune DePasquale Emily Cota, PD	Jill Cassells	
RN	Allison Lomas Michelle Miller, PD Miren Katixa Aboltiz, PD			Kate Sivel* Samantha Hyacinth, PD Emily Yeast, PD		
CA	Anabel Morel-Rodríguez Catherine Osorio Sandra Pinto Melina Rankine Yolanda Rosado*	Jennifer Heit Heather Keyes	Michelle Jimenez* Claudia Polanco	Emily Kersey Jesebel Lopez Morayma Rodríguez	Jillian Librandi Franceska Vega	
ADVANCED CA	Mayra Torres* Evlinn Jackson, PD Daphne Mondesi**, PD	Jasmine Osorio	Erika Vanamringo Ivelisse Vasquez*	Madeline Alvarez* Mary Cruz* Getzenia Nieves* Jenny Martorelli, PD Kaitlin Sohn, PD	Lillian Morales*	
REGIONAL DIRECTOR	Kelly O'Brien	Kelly O'Brien	Kelly O'Brien	Shira Revzen	Shira Revzen	

*Bilingual English/Spanish **Bilingual English/French PD = Per Diem

Name _____

Business Address _____

City _____

State _____

Zip Code _____

Telephone _____

FOR OFFICE USE ONLY

CHECK # _____

AMOUNT \$ _____

DATE RECEIVED _____

INITIALS _____

✓ 13. Annual Fire Marshal's Certificate of Inspection Form (attached) must be completed by the Local Fire Marshal. **NOTE: Hospitals must have a separate Fire Marshal's Certificate of Inspection completed for each building on the hospital's campus and each satellite listed on the hospital's license. Additional forms may be copied if necessary. Each completed Fire Marshal's Certificate of Inspection that is submitted must have an original signature. (Not applicable for Homemaker Home Health and Home Health Agencies).**

✓ 14. Affidavit of Owner:
I attest that the information provided within this application is true and accurate and that any changes in the information submitted will be reported to the Department as required by law.

Judy Tabak
Signature

1/30/14
Date Signed

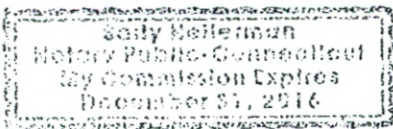
Check one as applicable:

- Individual/Sole Proprietor
- General/Managing Partner
- President of Corporation
- Secretary of Corporation
- Municipal Officer
- Trustee

State of Connecticut)

County of New Haven) ss January 30, 2014

Personally appeared before me the above named Judy Tabak and made oath to the truth of the statements contained in his/her answers to the foregoing questions.



Sally Mollerum
 Notary Public
 Justice of the Peace
 Town Clerk
 Commissioner of the Superior Court

Application for 111 Hazard Ave Planned
Permit

Department of Public Safety
Division of Fire, Emergency & Building Services
Office of State Fire Marshall

Please fill out



STATE OF CONNECTICUT

On (date) 2-21-2014, the (Town/City) Thompsonville Office of the Fire Marshal conducted at inspection of (name of facility) PLANNED PERMIT HOLD OF ENFIELD located at (address) 111 HAZARD AVE in the City/Town of ENFIELD, CT to determine the degree of compliance with the fire safety requirements of Connecticut General Statutes 541 as authorized by Section 29-305 of the statutes. This facility was evaluated as a (new/existing) NEW (occupancy classification) Business as classified by the CONNECTICUT FIRE SAFETY CODE. As a result of this inspection, the following conditions were found:

- I. At the time of inspection, no code violations were identified. **Certificate of approval recommended.**
- II. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. An acceptable plan of correction was submitted. (See attached information) **Certificate of approval recommended.**
- III. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. No approved plan of correction was submitted. (See attached information) **Certificate of approval NOT recommended.**
- IV. Based on the extreme hazard to public safety discovered at the time of this inspection, this office is currently seeking an injunction from the court through our Town/City Attorney for the purpose of closing or restricting usage of this facility by the public. (See attached information) **Certificate of approval NOT recommended.**

[Signature]
Fire Marshal

2-24-2014
Date

City or Town: ENFIELD / Thompsonville

File B3-13



Phone: (860) 509-7444
Telephone Device for the Deaf (860) 509-719
410 Capitol Avenue - MS # 12HFL
P.O. Box 340308 Hartford, CT 06134

An Equal Opportunity Employer



Town of Enfield ~ Division of Building Inspection
820 Enfield Street, Enfield, Connecticut 06082
Telephone: (860) 253-6370
www.enfield-ct.gov

CERTIFICATE OF OCCUPANCY

Related Building Permit #: BP57151

C. O. #: CO57545

Building Code Edition: 2011

Date of Issue: 02/24/2014

Property Owner: COLLI MANAGEMENT LLC
76 MOUNTAIN RD
SUFFIELD, CT 06078

Owner Telephone:

Job Location: 111 HAZARD AVE

Parcel ID: 001000010075

Job Name: PPSNE

Portion of structure for which the certificate is issued:
INTERIOR DEMO AND FIT OUT FOR NEW TENANT

Construction Type: V-B

Use Group: BUSINESS

Occupancy: MEDICAL OFFICE

Design Occupant Load: 35

Automatic Sprinkler Provided: NO

Sprinkler System Required: NO

Special stipulations and conditions of the building permit:

NONE

The described portion of the structure has been inspected for compliance with the requirements of the Connecticut State Building Code for the occupancy and division of occupancy and the use for which the proposed occupancy is classified.

Building Official's Signature

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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

Signature of FLIS Staff

Church Street Health of Southern New England [Signature]
111 Hazard Ave Robert Barre
Enfield CT 06032 North Haven, Connecticut

M: _____

Licensure Category:

Licensed Bed

Census:

Bassinet Capacity: _____

Family Pharmacy Clinic

Date(s) of onsite inspection: 5/23/17

Date(s) additional information obtained: _____

Personnel contacted: Joseph Bradley, Center Manager,

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: [Signature] DATE OF REPORT: 5/23/17

Approval for issuance of license granted by: [Signature] DATE: 5-24-17
Supervisor/Title

This Agency is authorized to provide the following services:
 Nsg.; PT; OT; ST; SS; H-HHA; IV Therapy;
 Other: _____

• Patient Services Offices (if applicable):

1. _____ _____ _____	2. _____ _____ _____	3. _____ _____ _____
4. _____ _____ _____	5. _____ _____ _____	6. _____ _____ _____
7. _____ _____ _____	8. _____ _____ _____	9. _____ _____ _____

• Number of Home Visits: 0 Number of Records Recieved: 5

FACILITY: Planned Parenthood SSB Essex

DATE(S) of VISIT: 5/22/17 Page 2 of

OUTPATIENT CLINICS OPERATED BY CORPORATIONS/MUNICIPALITIES
LICENSING INSPECTION NARRATIVE REPORT
(P.H.C. Section 19-13-D45)

I. An unannounced visit was made to the above facility, by a representative of the Division of Health Systems Regulation, for the purpose of conducting a licensing inspection.

II. An entrance conference was held.

III. The following was conducted:

- a. Facility inspection
- b. Observation of patient care
- c. Personnel files review
- d. Quality assurance program (audits) review
- e. Fire drill log/disaster plan review
- f. New or revised agency policies and procedures review
- g. Clinical record review
- h. In-service training/staff meeting documentation
- i. CLIA certificate/waiver

IV. An exit conference was provided.

V. Violations of the Public Health Code of the State of Connecticut were/were not identified as a result of this inspection.

SIGNATURE: *[Handwritten Signature]*

LICENSING INSPECTION REPORT

Name and Address of Entity: Planned Parenthood of Southern New England
111 Hazard Avenue
Enfield, CT 06082

Signature of DHSR Staff: [Signature]

Licensure Category: Family Planning Clinic Licensed Capacity: _____ Census: _____
Licensed Capacity: _____ Census: _____

Date(s) of Onsite Inspection: 3/19/14

Date(s) Additional Information Obtained: _____

Personnel Contacted: Shira Reizen, Regional Director Sally Hellerman, Dir.
Caitlin Murphy, Medical Section
Alexandra...

REVIEW/FINDINGS/PROCESS (complete all applicable)

- Licensing Inspection: Initial Renewal Other: Relocation
 - Revisit for the Purpose of see relocation -
 - See Complaint Investigation # _____
 - See Reportable Event Investigation # _____
 - See Certification file.
 - Violations of the Public Health Code of the State of Connecticut and/or Regulations of Connecticut State Agencies were identified at the time of this inspection.
See violation letter dated _____
 - Citation # _____ was issued to this facility as a result of this inspection.
 - Violations of the Public Health Code of the State of Connecticut and/or Regulations of Connecticut State Agencies were not identified at the time of this inspection.
 - Citation # _____ was verified as corrected. _____ was notified that the licensee was no longer required to post Citation (see narrative).
 - Citation # _____ was not corrected (see narrative).
 - Narrative Report / Additional Information Attached.
 - Referral(s) to: Judith...
- REPORT SUBMITTED BY: Judith... DATE OF REPORT: 3/19/14
- Approval for Issuance of License granted by: Loan D Nguyen 3-19-14
Supervisor Title Date

Additional Home Health Agency Information

- This Agency is authorized to provide the following services:

Nsg.; PT; OT; ST; SS; H-HHA; IV Therapy;

Other: _____

- Patient Services Offices (if applicable):

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

7. _____ 8. _____ 9. _____

- Number of Home Visits: _____ Number of Records Recieved: _____