### **Department of Public Health**

### LICENSE

License No. 0034

### **Outpatient Clinic**

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493: Connecticut Public Health Code, Section 19-13-D54:

Planned Parenthood of Southern New England of New Haven 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 Inc. is located at 1229 Albany Avenue, Hartford, CT 06112.

This license expires June 30, 2019 and may be revoked for cause at any time.

Dated at Hartford Connecticut July 1, 2015. RENEWAL



Laylun

Raul Pino, MD, MPH Commissioner

### Department of Public Health

### LICENSE

License No. 0034

### **Outpatient Clinic**

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493: Connecticut Public Health Code Section 19-13-D54:

Planned Parenthood Of Southern New England 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, Inc. is located at 1229 Albany Avenue, Hartford, CT 06112.

This license expires **June 30, 2015** and may be revoked for cause at any time. Dated at Hartford, Connecticut, July 1, 2011.



Jewel Mullen, MD, MPH, MPA Commissioner

Javel Mullen Ms



[ ] INITIAL

### STATE OF CONNECTICUT

Page 1 of 4

[ ] RELOCATION

FACILITY LIC MISING & INVESTIGATIONS SECTION

# DEPARTMENT OF PUBLIC HEALTH FACILITY LICENSE & INVESTIGATIONS SECTION

### LICENSURE APPLICATION

[ ] CHANGE OF OWNERSHIP

RENEWAL

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,

1. Planned Paventhood of Sorthern New England Facility "d/b/a" (doing business as) Name

1229 Albany Are Hontford CT OUI 2 800 728 - 0235

Business Address City State Zip Code Telephone

Same

Mailing Address (if applicable) City State Zip Code (ECELVE)

2. <u>04 - 0263565</u> Federal Employer Identification Number

/3. 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? [ YES [ ] NO



Phone: (860) 509-7444

<u>Telephone Device for the Deaf (860) 509-719</u>

410 Capitol Avenue - MS # 12HFL

P.O. Box 340308 Hartford, CT 06134

An Equal Opportunity Employer

Page 2 of 4 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 that applies):
[ ] Assisted Living Services Agency [ ] Children's Hospital [ ] Chronic and Convalescent Nursing Home [ ] Chronic Disease Hospital [ ] Family Planning Clinic [ ] General Hospital [ ] Home Health Care Agency [ ] Homemaker-Home Health Aide Agency [ ] Hospital for Mentally Ill Persons [ ] Waternity Home [ ] Maternity Hospital [ ] Outpatient Clinic/Primary Care/Dental [ ] Outpatient Dialysis Unit [ ] Residential Care Home [ ] Rest Home with Nursing Supervision [ ] In-Patient Hospice Unit [ ] Well Child Clinic
4. 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.
Level of Care   Hemodialysis Stations   Bassinets (if applicable)
<ol> <li>Disclose the legal entity which owns/operates the facility. (Note: The license will be issued to the entity.)</li> </ol>
Planned Paventhood of Southern New England Licensee
345 Whitney Ave NewHaven (Tas11 203-865) Business Address City State Zip Code Telephone 515
Mailing Address (if applicable)
6. Is the above named legal entity a (please check the box which applies): ECEIVE
[ ] Individual/Sole proprietor [ ] General Partnership [ ] Limited Partnership [ ] Limited Liability Company [ ] Other:
Non-profit Corporation
Please disclose the name, business address and telephone number of the Agent for Service for the  Licensee  Sudy Tabar 345 Whitney Ave 203-865-  Name  Address New Haven at Telephone 5159
Name Address New Haven, a Telephone 5158 FLIS LICAPP-001 Rev. 3/2015

- 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 <u>corporation</u> (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.
    - Attach a list including the name, address and telephone number of all officers and all directors of the corporation.
- Notation 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.
- 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  HO WHOOSE CHURCH - FERRI SHIP SCORE SHIP SCORE SHIP STORES OF THE SHIP SCORE SHIP SHIP SHIP SHIP SHIP SHIP SHIP SHIP
	Name Box 320335 HOAFOVOT 00132 (\$100)809-4015 Business Address City State Zip Code Telephone
	1205 Albany Avenue Hartford, CT 070132

### **ORGANIZATION CHART**

Planned Parenthood of Southern New England, Inc.

### **BOARD OF DIRECTORS**

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Planned Parenthood of Southern New England Inc.

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Planned Parenthood of Southern New England Inc.

## Planned Parenthood of Southern New England d/b/a Planned Parenthood of Southern New England



### Board of Directors 2014-2015

#### Officers:

Simone Joyaux, Chair Gayle Capozzalo, Vice Chair Karen Dubois Walton, Secretary Leigh Bonney, Treasurer Fahd Vahidy, Assistant Treasurer

#### **Board of Directors:**

Natalie Adsuar. M.D.
Adriana Arreola-Joseph
Bridget Baird
Erica Buchsbaum
Chris Corcoran
Holland Dunn
Siw de Gysser
Susann Mark
Donna Moffly
John R. Morton, M.D.
Francis Padilla
Amelia Renkert-Thomas
Susan Ross







## DEPARTMENT OF PUBLIC HEALTH FACILITY LICENSING & INVESTIGATIONS SECTION

### FORM 3

FACII	LITY/AGENCY NAME	ß:				
Form 3 must be completed if the facility/agency or Real Property Owner is owned/operated by a corporation (profit or non-profit). Please copy additional sheets if necessary.						
owner		e total shares, please i	ndicate the two largest stockho	vide the information requested below. If no olders. Please complete a separate form f		
This in	formation is for:	Licensee Real Property	attached y Owner_			
1.	Name:					
	Address:					
	Telephone:					
	Stockholder's percenta	age of ownership:				
	Stockholder's occupat	ion with the owner:				
2.	Name:					
	Address:					
	Telephone:					
	Stockholder's percenta	age of ownership:				
	Stockholder's occupat	ion with the owner:				
3.	Name:					
	Telephone:					
	Stockholder's percenta					
	Stockholder's occupat	ion with the owner:		DECEIVED)		
4.	Name:			10/2 =		
•	Address:			MAY 2 1 2015		
	Telephone:			The same of the sa		
	Stockholder's percent	age of ownership:		THEY OF PUBLIC HEALTH		
	Stockholder's occupat	tion with the owner:		FACTURY LILENSING A INVESTIGATIONS SECTION		
				The second secon		



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/12/2015

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 ELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED EPRESENTATIVE 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		CONTACT NAME:				
Marsh USA, Inc. 1166 Avenue of the Americas		PHONE FAX (A/C, No.): (A/C, No.):				
New York, NY 10036	December 1997	E-Mil. ADDRESS:				
Altn: healthcare.accountscss@marsh.com Fax: 212-948-1307		INSURER(S) AFFORDING COVERAGE	NAIC #			
109210-NIPT-CAS-15-16		INSURER A : N/A	N/A			
INSURED PLANNED PARENTHOOD OF SOUTHERN NEW		INSURER B: National Union Fire Ins. Co. of Pittsburgh, PA	19445			
ENGLAND, INC., AN AFFILIA		INSURER C:				
PARENTHOOD FEDERATION		INSURER D :				
345 WHITNEY AVENUE NEW HAVEN, CT 06511		INSURER E:				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	NYC-007010541-01 REVISION NUMBER: 1				

CERTIFICATE NUMBER: COVERAGES 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,

ENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY	INSR W	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)			
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED	\$	
CLAIMS-MADE OCCUR					PREMISES (Ea occurrence) MED EXP (Any one person)	\$	
35 52 3556					PERSONAL & ADV INJURY	\$	
					GENERAL AGGREGATE	\$	
EN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$	
						\$	
UTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	-
ANY AUTO					BODILY INJURY (Per person)	\$	
ALL OWNED SCHEDULED						\$	7
NON-OWNED					PROPERTY DAMAGE (Per accident)	\$	
AUTOS			31			\$	- 94
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
EXCESS LIAB GLAIMS-MADE					AGGREGATE	\$	1
DED RETENTIONS					131	\$	
ORKERS COMPENSATION					WC STATU- TORY LIMITS ER		
NY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	s	
FFICER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$	
yes, describe under					E.L. DISEASE - POLICY LIMIT	\$	
EDICAL PROFESSIONAL	_	6793286	01/01/2015	01/01/2016	PER CLAIM		\$1,000,000
AIMS-MADE COVERAGE		'Program Retro Date: 11/1/76'			AGGREGATE	or Dilace	\$3,000,000
Simo in De Governo		•		1	E SELVIEL	1 = 1	9
	CLES (Att	ach ACORD 101, Additional Remarks Sch	nedule, if more space	is required)	E GEUVE	11	
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DIANO 380-3104

WELL OF WUBLIL MEALTH LACH TY LE SNOWS & MUES GATIONS SECTION

CERTIFICATE	HOL	DER
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PLANNED PARENTHOOD OF SOUTHERN NEW

1229 ALBANY AVENUE HARTFORD, CT 06112

### 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.

Reil. Ftm Ricki Fitzsimmons



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/07/2016

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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.

Marsh USA, Inc.	f such endors			CONTAI NAME:	СТ				
				PHONE (A/C, No	Eut):		FAX (A/C, No):		
1166 Avenue of the Americas New York, NY 10036				(A/C, No):  E-MAIL  ADDRESS:					
Attn: healthcare.accountscss@ma	rsh.com Fax: 212-9	34B-1307		ADDRE		HIDEDIS! AECOE	DING COVERAGE		NAIC#
109210-WC-5-5-16-17	NEW,C	WC		menter	RA: N/A	BUKER(S) AFFOR	DING COVERAGE	N/A	NAIL P
NSURED	NEW,O	110		INSURE	ACE Ameri	ican Insurance Co	mnany	2266	7
PLANNED PARENTHOOD OF SO					2000	con histiance oc	пропу	N/A	
ENGLAND, INC., AN AFFILIATE ( PARENTHOOD FEDERATION OF				INSURER C: N/A				INIA	
345 WHITNEY AVENUE	Time to A into			INSURER D :					
NEW HAVEN, CT 06511				INSURE				_	-
OVERAGES	T.F.O. 4 T.F	NUMBER:	INSURE	RF: -007090698-05		REVISION NUMBER:2			
THIS IS TO CERTIFY THAT INDICATED. NOTWITHSTA	THE POLICIES NDING ANY RE UED OR MAY	OF INSUF QUIREME PERTAIN,	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	N ISSUED TO Y CONTRACT THE POLICIE	THE INSURE OR OTHER I	D NAMED ABOVE FOR THE COCUMENT WITH RESPECT O HEREIN IS SUBJECT TO	TO WHI	CH THIS
		ADDLISUBR		BEEN					
TYPE OF INSURA		INSD WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
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							MED EXP (Any one person) \$		
							PERSONAL & ADV INJURY \$		
GEN'L AGGREGATE LIMIT AP	PLIES PER:						GENERAL AGGREGATE \$		
POLICY PRO- JECT	LOC		- Market Andrews				PRODUCTS - COMPYOP AGG \$		
OTHER:							COMBINED SINGLE LIMIT		
AUTOMOBILE LIABILITY							(Ea accident) \$		
OTUA YMA							BODILY INJURY (Per person) \$		
AUTOS	AUTOS						BODILY INJURY (Per accident) \$		
	NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$		
	ATTACA NO. W.S. WILL						\$		
UMBRELLA LIAB	OCCUR						EACH OCCURRENCE \$		
EXCESS LIAB	CLAIMS-MADE						AGGREGATE \$		
DED RETENTION	s						\$		
WORKERS COMPENSATION			,				X PER OTH-		
B AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/	XECUTIVE YIN		RSC C48130549		01/01/2016	01/01/2017	E.L. EACH ACCIDENT \$		1,000,0
OFFICER/MEMBER EXCLUDED (Mandatory in NH)	REXCLUDED?						E.L. DISEASE - EA EMPLOYEE \$		1,000,0
If yes, describe under DESCRIPTION OF OPERATION	IC today						EL DISEASE - POLICY LIMIT \$		1,000,0
OCCOUNT HONOI OF CITATION	TO DOUBLE								
			1			1			
DESCRIPTION OF OPERATIONS / LO EVIDENCE OF COVERAGE.	OCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Sched	fule, may t	Leattached if mo	I re space is requi	red)		
EVIDENCE OF COVERAGE.	OCATIONS / VEHIC	CLES (ACORI	D 101, Additional Remarks Sched		De attached if mo		red)		
VIDENCE OF COVERAGE.		ELES (ACORI	D 101, Additional Remarks Sched	SHC	CELLATION OULD ANY OF EXPIRATIO	THE ABOVE D	SESCRIBED POLICIES BE CAN EREOF, NOTICE WILL BE CY PROVISIONS.		
CERTIFICATE HOLDER  PLANNED PARENTHOOD OF SCENGLAND, INC. 1229 ALBANY AVENUE		LES (ACORI	D 101, Additional Remarks Sched	SHO	CELLATION OULD ANY OF EXPIRATIO	THE ABOVE D N DATE TH	ESCRIBED POLICIES BE CAI EREOF, NOTICE WILL BE		

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/31/2014

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

1166 A	USA, Inc. Evenue of the Americas				PHONE (A/C, N E-MAIL	CT c, Exf);		FAX (A/C, No):		
New Yo	ork, NY 10036				E-MAIL ADDRE	SS:		Thus, itali		
Attn: ne	ealthcare.accountscss@	marsh.com Fax: 212-	948-1307				SURER(S) AFFOR	RDING COVERAGE		NAIC #
09210-NI	IP-CAS-15-16	NEW,C	GLPL		INSURER A : New Hampshire Insurance Company				23841	
NSURED PLANNED PARENTHOOD OF SOUTHERN NEW						R B . National U	Inion Fire Ins. Co.	of Pittsburgh, PA		19445
	ND, INC.	SOUTHERN NEW			INSURI					
AN AFFILIATE OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.						ERD:				
									-	
	HITNEY AVENUE HAVEN, CT 06511				INSURI					
	AGES	CER	TIFICA	TE NUMBER:	INSURE	C-005757681-27		REVISION NUMBER: 11		
CERTII EXCLU	ATED. NOTWITHST FICATE MAY BE IS	AT THE POLICIES FANDING ANY RE SSUED OR MAY	OF INEQUIRE PERTAI	SURANCE LISTED BELOW MENT, TERM OR CONDITI N, THE INSURANCE AFFO ES, LIMITS SHOWN MAY HA	ON OF AN	Y CONTRACT THE POLICIE REDUCED BY	THE INSURE OR OTHER S DESCRIBE PAID CLAIMS	ED NAMED ABOVE FOR T DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	HE POL	WHICH THIS
SR TR	TYPE OF INSU	RANCE	ADDL SU	JBR VD POLICY NUMBER	R	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	-
	NERAL LIABILITY			082695195		01/01/2015	01/01/2016	EACH OCCURRENCE	s	1,000,0
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	CLAIMS-MADE	X OCCUR						MED EXP (Any one person)	s	
X	SIR: \$100,000	OCCUR						PERSONAL & ADV INJURY	s	1,000,0
										2,000,0
051		ADDITION DED.						GENERAL AGGREGATE	\$	2,000,0
GEN	POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,0
AUT		X LOC						COMBINED SINGLE LIMIT	*	
AUI	TOMOBILE LIABILITY							(Ea accident)	\$	
-	ANY AUTO	SCHEDULED						BODILY INJURY (Per person)	\$	
	AUTOS	AUTOS NON-OWNED						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	HIRED AUTOS	AUTOS						(Per accident)	\$	
									\$	
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ANY	PROPRIETOR/PARTNE	R/EXECUTIVE Y/N	NIA					E.L. EACH ACCIDENT	\$	
(Mai	ndatory in NH)		11111					E.L. DISEASE - EA EMPLOYEE	\$	
If ye	es, describe under SCRIPTION OF OPERAT	IONS below						E.L. DISEASE - POLICY LIMIT	\$	
	ICAL PROFESSIONAL			6793286		01/01/2015	01/01/2016	PER CLAIM	0.0	\$1,000,
CLAIMS-MADE COVERAGE Program Retro Date: 11/1/76								AGGREGATE CE	V	\$3,000,
ESCRIPT	TION OF OPERATIONS /	LOCATIONS / VEHIC	LES (Att	ach ACORD 161, Additional Rema	arks Schedul	e, if more space i	s required)	MAY 2	23	15
								PACILITY LICENSING A IN		
CERTIF	FICATE HOLDER	-			CAN	CELLATION				M.E.
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND ATTN: LOUIS DENEGRE						OULD ANY OF	THE ABOVE D	DESCRIBED POLICIES BE OF EREOF, NOTICE WILL CY PROVISIONS.		
	HITNEY AVENUE AVEN, CT 06511					ORIZED REPRESI sh USA Inc.	ENTATIVE			

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



## State Of Connecticut

Hartford Fire Department
Fire Marshal's Office
253 High Street
Hartford, CT 06103
Main: (860) 757-4530 Fax: (860) 722-8249

On this Wednesday, November 18, 2015, the Hartford Fire Marshal's Office conducted a inspection/plan review of the following premises:

Planned Parenthood of S.N.E. 1229 Albany Av. 4<sup>th</sup> floor Hartford, CT 06112

This inspection/plan review was used to determine the degree of compliance with the fire safety requirements of the Connecticut General Statutes Chapter 541 as authorized by Section 29-305 of the statues. This facility was evaluated as:

Medical (group B)

			he CONNECTICUT FIRE SAFETY CODE. As a result of ions were found:	this inspection/plan review, the
		I.	At the time of inspection, no code violations were ide Certificate of approval recommended.	entified.
		II.	At the time of inspection/plan review, conditions we minimum requirements of those codes. An acceptable submitted (see attached information).  Certificate of approval recommended.	The state of the s
		III.	At the time of inspection, conditions were discovere requirements of these codes. No approved plan of coattached information).  Certificate of approval NOT recommended.	
		IV.	Based on the extreme hazard to the public safety dis inspection, this office is currently seeking an injunct City Attorney for the purpose of closing or restrictin (see attached information).  Certificate of approval NOT recommended.	ion from the court through our
	$\mathcal{R}_{j}$	- In	DEC 03 2015 melhodery	Thursday, November 19, 2015
'n	F	ire Mar	shal Inspected BY:	Date

To: Christine Jennings, Processing Technician

Department of Public Health

410 Capital Ave PO BOX 340308 Hartford, Ct 06134

From: Beth Murana, Acting Center Manager

Planed Parenthood of Southern New England

1229 Albany Ave Hartford, Ct 06112

Date: 11/24/15

RE: Fire Marshal Report

Dear Ms. Jennings,

Please see enclosed the most recent fire marshal inspection for the facility indicated above.

Please contact me if you have any questions.

Sincerely,

Beth Murana, Acting Center Manager

Planned Parenthood Of Southern New England

1229 Albany Ave Hartford, Ct 06112

DEC 03 2015



DEPARTMENT OF PUBLIC HEALTH FACILITY LICENSING & INVESTIGATIONS SECTION

### LICENSURE APPLICATION - ADDITIONAL INFORMATION REQUIRED

## OUTPATIENT CLINICS, WELL CHILD CLINICS AND FAMILY PLANNING CLINICS

	Please	e respond to all of the following questions:
	1.	Planned Paventhood & Southern New England Facility "d/b/a" (doing business as) Name
		Planned Paventhood & Southern New England Facility "d/b/a" (doing business as) Name  1229 Albany Ave Hartford CT 06/12 860-728- Business Address City State Zip Code Telephone 0235
	2.	Check the appropriate box/boxes describing the services to be provided by the clinic:  [ ] Primary Care
	Be ad	vised that mental health services does NOT include Substance Abuse Services.
	3.	Administrator (Your name needs to appear as it is shown on your Professional License).
	4.	Medical Director Dental Director (if applicable)  (Your name needs to appear as it is shown on your Professional License).  Days & Hours of Operation: T-9:30-4:15 TH-11-6:45
	5. You N	Days & Hours of Operation: T-9:30-4:15 TH-11-6:45 S-10-1-45 MUST notify this agency when ANY change to the noted day/time changes. We accept email and fax.
	6	Please provide a list of services that will be provided.  MAY 2 1 2015
	7.	Business Fax Number: 840-728-0234 DEPT OF PUBLIC HEALTH
	8.	Business Email Address: <u>lvin.livensparger@ppsne.org</u>
	9.	Business Cell Phone Number with Texting capabilities of the Administrator:
)		Signature of Administrator Date Signed
		Name of Administrator 1986 Numer

### FOR OFFICE USE ONLY

	CHECK #	AMOUNT \$
	DATE RECEIVED	INITIALS
****	*********	**************
13.	Marshal. NOTE: <u>Hospitals</u> must completed for each building on license. Additional forms may be	e of Inspection Form (attached) must be completed by the Local Fire st have a separate Fire Marshal's Certificate of Inspection the hospital's campus and each satellite listed on the hospital's be copied if necessary. Each completed Fire Marshal's submitted must have an original signature. (Not applicable for Home Health Agencies).
14.		ded within this application is true and accurate and that any changes be reported to the Department as required by law.
	Signature Jalan	Date Signed
	Check one as applicable:	
	[ ] Individual/Sole Proprietor [ ] General/Managing Partner [ ✓] President of Corporation [ ] Secretary of Corporation [ ] Municipal Officer [ ] Trustee [ ] Member of the LLC	DECEUVED) MAY 2 1 2015
	State of Connecticut	MAY 18, 2015 GATIONS SECTION
	County of New Have	may 18, 2015  ss <u>Connectint</u> 20
	Personally appeared before me the to the truth of the statements con	the above named Judy Tabail and made oath stained in his/her answers to the foregoing questions.
	My Commission Expires:	Sulf Helle  Notary Public [7]  Justice of the Peace [7]  Town Clerk [7]  Commissioner of the Superior Court [7]
	Nota:	Sally Hellerman y Public-Connecticut Commission Expires ecember 31, 2016

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### **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 services
- Transgender services
- Primary Care

