

**STATE OF CONNECTICUT**

**Department of Public Health**

**LICENSE**

**LICENSE NO. 000011**

**Family Planning**

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 Parent of Southern New England, Inc. is hereby licensed to maintain and operate an Family Planning.

**Planned Parenthood of Southern New England, Inc.** is located at 26 Woman's Way, Meriden, CT 06451

This license expires **March 31, 2019** and may be revoked for cause at any time.  
Dated at Hartford Connecticut April 1, 2015. **RENEWAL**



*Jewel Mullen MD*

Jewel Mullen, MD, MPH, MPA  
Commissioner

**STATE OF CONNECTICUT**  
**Department of Public Health**

**LICENSE**

**License No. 0011**

**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 Connecticut, Inc. of New Haven, CT, d/b/a Planned Parenthood Of Connecticut,  
Inc.-Health Center is hereby licensed to maintain and operate a Family Planning Clinic.

**Planned Parenthood Of Connecticut, Inc.-Health Center** is located at 26 Woman'S Way, Meriden,  
CT 06451.

This license expires **March 31, 2011** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2007. RENEWAL.



*J Robert Galvin M.D., M.P.H.*

J. Robert Galvin, M.D., M.P.H., Commissioner



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):

- |  |   |
|--|---|
| <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/Dental            |
| <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/19a-495-5a & 19-13-D1(C)      | <input type="checkbox"/> In-Patient Hospice Unit                          |
| <input type="checkbox"/> Hospital for Mentally Ill Persons     | <input type="checkbox"/> 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.

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

5. 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 Ave      New Haven CT      06511      203 865 5158  
Business Address                      City                      State      Zip Code                      Telephone

Same  
Mailing Address (if applicable)

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

- |  |   |
|--|---|
| <input type="checkbox"/> Individual/Sole proprietor        | <input type="checkbox"/> Municipality       |
| <input type="checkbox"/> General Partnership               | <input type="checkbox"/> Trust              |
| <input type="checkbox"/> Limited Partnership               | <input type="checkbox"/> Profit Corporation |
| <input type="checkbox"/> Limited Liability Company         |   |
| <input type="checkbox"/> Other: _____                      |   |
| <input checked="" type="checkbox"/> Non-profit Corporation |   |



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

Judy Tabar      345 Whitney Ave 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

Estate of Michael T. Phillips  
 Name  
12 Case Street, Suite 207 North, CT 06360  
 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

2/3/2015  
Date Signed

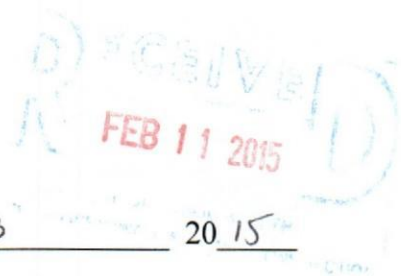
Check one as applicable:

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

State of Connecticut )

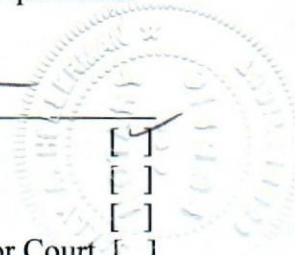
County of New Haven )

ss 2/3 2015



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 A. Keller  
 Notary Public   
 Justice of the Peace   
 Town Clerk   
 Commissioner of the Superior Court



My Commission Expires:  
(If Notary Public)





**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**  
**FACILITY LICENSING & INVESTIGATIONS SECTION**

**FORM 1**

**FACILITY/AGENCY NAME:** \_\_\_\_\_

**Form 1 must be completed if the facility/agency is owned/operated by, or the Real Property Owner is, a partnership or a limited liability company. Please copy additional sheets if necessary.**

For each partner or manager with a 10% or greater ownership interest in the Licensee/Real Property Owner, provide the information requested below. **Please complete a separate form for each legal entity listed below that is not an individual.**

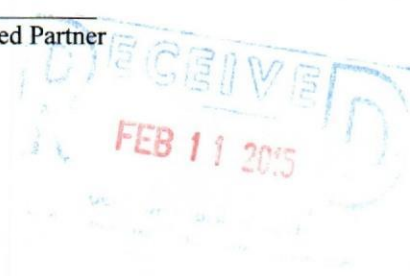
This information is for:             Licensee \_\_\_\_\_  
     Real Property Owner \_\_\_\_\_

1.    Name: \_\_\_\_\_  
       Address: \_\_\_\_\_  
       Telephone: \_\_\_\_\_  
       Please indicate the category which best describes this entity:  
       [ ] Manager                    [ ] General Partner                    [ ] Limited Partner  
       Partner's/Manager's percentage of ownership: \_\_\_\_\_

2.    Name: \_\_\_\_\_  
       Address: \_\_\_\_\_  
       Telephone: \_\_\_\_\_  
       Please indicate the category which best describes this entity:  
       [ ] Manager                    [ ] General Partner                    [ ] Limited Partner  
       Partner's/Manager's percentage of ownership: \_\_\_\_\_

3.    Name: \_\_\_\_\_  
       Address: \_\_\_\_\_  
       Telephone: \_\_\_\_\_  
       Please indicate the category which best describes this entity:  
       [ ] Manager                    [ ] General Partner                    [ ] Limited Partner  
       Partner's/Manager's percentage of ownership: \_\_\_\_\_

4.    Name: \_\_\_\_\_  
       Address: \_\_\_\_\_  
       Telephone: \_\_\_\_\_  
       Please indicate the category which best describes this entity:  
       [ ] Manager                    [ ] General Partner                    [ ] Limited Partner  
       Partner's/Manager's percentage of ownership: \_\_\_\_\_  
       [ ] Manager                    [ ] General Partner                    [ ] Limited Partner





**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**  
**FACILITY LICENSING & INVESTIGATIONS SECTION**

**FORM 3**

**FACILITY/AGENCY NAME:** \_\_\_\_\_

**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.**

For each stockholder with a 10% or greater ownership interest in the Licensee, provide the information requested below. If no owner owns 10% or more of the total shares, please indicate the two largest stockholders. **Please complete a separate form for each legal entity listed below that is not an individual.**

This information is for:  Licensee see attached  
 Real Property Owner \_\_\_\_\_

1. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Stockholder's percentage of ownership: \_\_\_\_\_  
 Stockholder's occupation with the owner: \_\_\_\_\_

2. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Stockholder's percentage of ownership: \_\_\_\_\_  
 Stockholder's occupation with the owner: \_\_\_\_\_

3. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Stockholder's percentage of ownership: \_\_\_\_\_  
 Stockholder's occupation with the owner: \_\_\_\_\_

4. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Stockholder's percentage of ownership: \_\_\_\_\_  
 Stockholder's occupation with the owner: \_\_\_\_\_

RECEIVED  
 FEB 11 2015





# 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 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).

<b>PRODUCER</b> Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036 Attn: healthcare.accounts@marsh.com Fax: 212-948-1307	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
109210-NIP-CAS-15-16 NEW,C GLPL	INSURER A: New Hampshire Insurance Company	NAIC # 23841
<b>INSURED</b> 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: National Union Fire Ins. Co. of Pittsburgh, PA	19445
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: NYC-006757681-27 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 SUBR INSR WVD	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		082695195	01/01/2015	01/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 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"/> 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 <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	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 <input type="checkbox"/>	N/A			WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	MEDICAL PROFESSIONAL CLAIMS-MADE COVERAGE		6793286 Program Retro Date: 11/1/76	01/01/2015	01/01/2016	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)

RECEIVED  
FEB 17 2015

<b>CERTIFICATE HOLDER</b> PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND ATTN: LOUIS DENEGRÉ 345 WHITNEY AVENUE NEW HAVEN, CT 06511	<b>CANCELLATION</b> 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)  
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 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).

<b>PRODUCER</b> Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036 Attn: healthcare.accounts@marsh.com Fax: 212-948-1307  109210-WC-5-5-15-16                      NEW,C    WC	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND, INC., AN AFFILIATE OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. 345 WHITNEY AVENUE NEW HAVEN, CT 06511	INSURER A:	N/A
	INSURER B:	ACE American Insurance Company
	INSURER C:	N/A
	INSURER D:	
	INSURER E:	
		INSURER F:

**COVERAGES**                      **CERTIFICATE NUMBER:** NYC-006791919-04                      **REVISION NUMBER:** 3

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <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 - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	RSC C48128865	01/01/2015	01/01/2016	X WC STATU-TORY LIMITS    OTH-ER 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**                      **CANCELLATION**

PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND, INC. 26 WOMEN'S WAY MERIDEN, CT 06451	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
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Department of Public Safety  
Division of Fire, Emergency & Building Services  
Office of State Fire Marshal



STATE OF CONNECTICUT

On (date) June 19, 2014, the (town/City) Meriden Office of the Fire Marshal  
Conducted an inspection of (name of facility) Planned Parenthood,  
Located at (address) 26 Women's Way in the  
City/Town of Meriden to determine the degree of compliance with the  
Fire safety requirements of Connecticut General Statutes Chapter 541 as authorized by  
Section 29-305 of the statutes. This facility was evaluated as a (new/existing) existing.  
(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. **Certificate of approval recommended.**
- III.  At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. **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. **Certificate of approval not recommended.**

FEB 11 2015

John Yacovino  
John Yacovino, Deputy Fire Marshal

6/19/14  
Date

City or Town Meriden



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  
26 Women's Way, Menden, CT 06451 (203) 238-3182  
Business Address City State Zip Code Telephone

2. Check the appropriate box/boxes describing the services to be provided by the clinic:  
 Primary Care  Family Planning  
 Well Child Clinic  Abortion Procedures  
 Dental  Mental Health Services

Be advised that mental health services does NOT include Substance Abuse Services.

3. Samantha Dobson  
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. Days & Hours of Operation: M-8:30-4:15 T-11:00-6:45 W-9:30-4:15  
TH-8:30-6:45 F-8:30-4:15 S-8:30-12:15  
You 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.

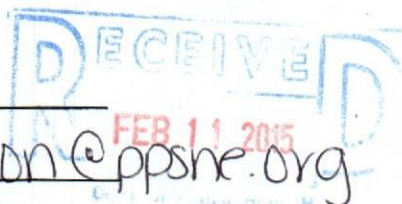
7. Business Fax Number: (203) 238-3182

8. Business Email Address: samantha.dobson@ppsne.org

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

S. Dobson  
Signature of Administrator

2/5/15  
Date Signed



**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

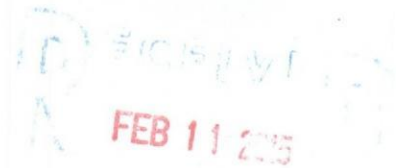
Donna Moffly

John R. Morton, M.D.

Frances Padilla

Amelia Renkert-Thomas

Susan Ross



## 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

HEALTH CENTER STAFF – January 12, 2015

	BRIDGEPORT	DANBURY	DN	ENFIELD	HARTFORD NORTH	MANCHESTER
CENTER MANAGER CLINICIAN	Ivelisse Silva Laurie Haydu Linda Magee	Antonietta Schaalman Jennifer Ryan Joan Welch, PD	(OPEN) Lindsay Delaire Lisa Marie Griffiths, PD	Caillin Murphy Chris Bachand Christina Fantoni, PD Amy Kenefick, PD	Erin Livensparger Debbie Harner Lucinda Canty, PD Laura Kattan, PD	Sandy Dowell Samantha Hyacinth Diane Libby-Ramage Maria Banevicius, PD
RN						
LPN						
ENROLLMENT SPECIALIST	Mayra Torres Latisha Ervin (Float) Omar Jehaludi Nikole Moya Gina Porto Ivonne Juarez, PD Teresa Paulding, PD Evelyn Cuevas* Lori Gall Aida Ortega* Amber Bachman, PD	Dana Almonte Richard Morrow Sheri Saddlemire Brittany Schultz, PD Jessa Goldstein, PD	Jacklyn Michalski, PD	Nathan Doran Monique McKay Claudia Valderrama	Elaine Robinson Rosa Rodriguez Melanie Vasquez	Bridget Tomczak Samantha DeAngelis Fernanda Formel Brienne Johnson
ADVANCED CA		Jennifer Tomasini		Jennifer Bouley, PD	Jenny Martorelli Yolanda Young	Norimar Nieves* Nicolette Laume, PD
REGIONAL DIRECTOR	Shira Revzen	(OPEN)	(OPEN)	(OPEN)	(OPEN)	(OPEN)
CENTER MANAGER CLINICIAN	MERIDEN/NEW BRIT Samantha Dobson Kathy Bryson Loren Fields Kris Sterling Jenna LoGiudice, PD	NEW HAVEN Jody Clark Carmie Ferrigno Janet Gumsier Diana Kavanagh Wei-Ti Chen, PD Gina Novick, PD Leslie Robinson, PD Margaret Withington, PD	NEW LONDON Lauren Pereira Sarah Whalen Edie Morren-Morrison, PD	NORWICH Janean Ortiz* Kris Robin Stephanie Malia, PD	OLD SAYBROOK Sara Culver Elizabeth Fabrizi	PROVIDENCE Danna Freedman-Shara Stacy Ramsay Jessica Wilder Willa Carter, PD Constance Chang, PD Megan Gaynor Charette*, PD Kristina Shepherd, PD
RN		LaToya Ward Sarah Acker, PD Sari Gottlieb-Sherman, PD		Hannah Lakehomer, PD		Paula Golden Meghan Henry, PD
LPN	Daiva Morales*			Katie Arendt		
ENROLLMENT SPECIALIST	Maedeline Martinez Stephanie Colon Stephanie Prolette	Amanda Bradley Hector Cotto Chelsea Epps Tiffany Martin Mercy Plant	Tylisha Wrighten	Hannah Carey Emily Kensey Stephien Polach Jessica Stefanski	Jessica Bennett-Michael (Float)	Sarah Bramblet Jacklyn Dos Reis Brianna Joleoso Kayla Murphy Amber Newmann Tara Patterson Pam Shaw Ashley Silva Harriet Singer Adina Riggins, PD Nindi Tiemo, PD
ADVANCED CA	Viviana Hernandez* Tina St. Germain Jose Vargas	Victoria Burch Omara de la Cruz* Candice Langley Cassandra Lehr Esther Peilot* Carmen Trochez*	Bernadette DeShields Damaris Hernandez* Veronica Sohn	Donna Bonanno Jessica Davila*	Nicole Abbott Susan Schlachter	Antigone Reyes Esperanza Santana* Eni Valerio*
REGIONAL DIRECTOR	Shira Revzen	Shira Revzen	(OPEN)	Shira Revzen	(OPEN)	Shira Revzen
CENTER MANAGER CLINICIAN	STAMFORD Doris Walden Gannon Ward Ines Riera, PD Susan Ruehl, PD	TORRINGTON Tammy Hreha Claudette Bari Barla Bishop, PD	WATERBURY Alicia Caban* Ronnie Dubrowin* Karen Parkhurst, PD	WEST HARTFORD Jane Younman Mark Pierce Chloe Quinn Emily Cole, PD Raeanne DePasquale, PD Kate Sivet* Samantha Tamulis, PD Casey Vizenor, PD	WILLIMANTIC Beth Murana Jill Cassells	
RN	Allison Lomas Ashley Plummer, PD	Jennifer Helt Heather Keyes	Karigna Santos Claudia Waller	Jeisebel Lopez Morayma Rodriguez Brenda Samuels	Shalynn O'Connell Francesca Vega Jillian Librandi, PD	
CA	Nasia Frataroli Digna Guadalupe Devlynn Hresko Melina Rankine Nathanaella Raymond Catherine Osorio, PD Sandra Pinto, PD	Jasmine Osorio	Erika Venamange Ivelisse Vasquez*	Madeline Alvarez* Mary Cruz* Cecilia Nieves* Caillin Sohn, PD	Lindsey Jones (Float) Lillian Morales*	
ADVANCED CA	Mayra Torres*					
REGIONAL DIRECTOR	Shira Revzen	(OPEN)	(OPEN)	Shira Revzen	(OPEN)	

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

March 2011

# **RENEWAL**





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

**LICENSURE APPLICATION**

[ ] INITIAL       RENEWAL

**NOTE: A separate application must be completed for each licensed level of care which is located at a different address. One (1) application may be submitted for multiple levels of care provided each level of care has the same name and the same licensee and 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                                |
| <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"/> Well Child Clinic                                |
| <input type="checkbox"/> Hospital for Mentally Ill Persons     | <input type="checkbox"/> Mental Health Day Treatment                      |
| <input type="checkbox"/> Mental Health Psychiatric OutPat.     | <input type="checkbox"/> Mental Health Community Residence                |
| <input type="checkbox"/> Mental Health Intermediate Tmt.       | <input type="checkbox"/> Mental Health Residential Living                 |
| <input type="checkbox"/> Substance Abuse & Dependence          |   |

RECEIVED  
 2011 FEB 10 A.M.  
 DEPT. OF PUBLIC HEALTH  
 FACILITY LICENSE INVESTIGATIONS

Please respond to all of the following questions:

1. Planned Parenthood of Southern New England  
 Facility "d/b/a" (doing business as) Name (Meriden)

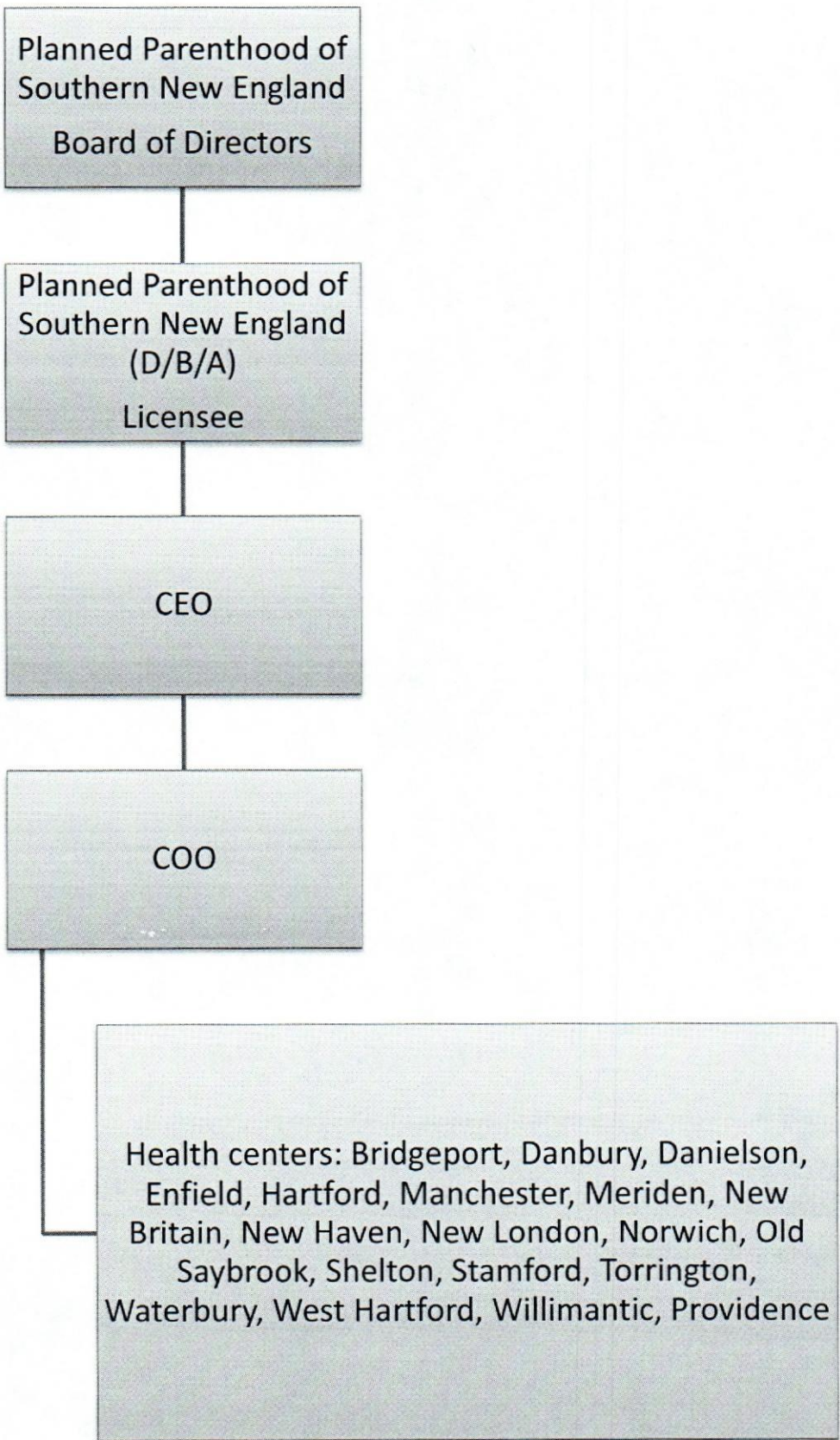
26 Women's Way Meriden, CT. 06451  
 Business Address City State Zip Code Telephone

same as above.  
 Mailing Address (if applicable) City State Zip Code

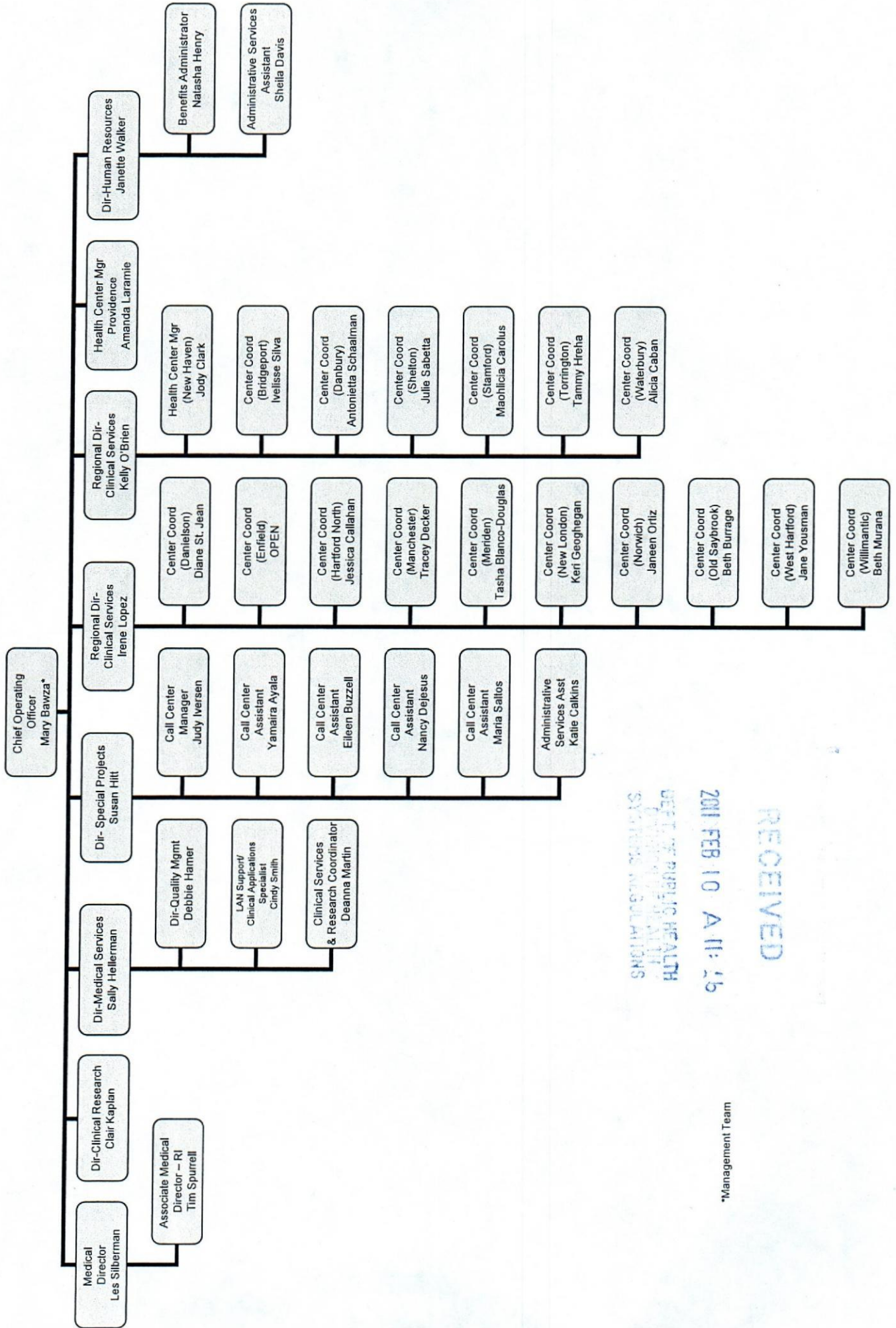
Phone: (860) 509-7444  
 Telephone Device for the Deaf (860) 509-719  
 410 Capitol Avenue - MS # 12HFL  
 P.O. Box 340308 Hartford, CT 06134



*An Equal Opportunity Employer*



# Planned Parenthood of Southern New England Chief Operating Officer January 2011



DEPT OF PUBLIC HEALTH  
2011 FEB 10 A 11: 16  
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\*Management Team



Serving Connecticut and Rhode Island

**BOARD OF DIRECTORS, 2011-2012**

**OFFICERS:**

Amelia Renkert-Thomas, Chair  
Nancy Hutson, Vice Chair  
Sandra Arnold, Secretary  
Slw de Gysser, Treasurer  
Niloy Sanyal, Assistant Treasurer

**BOARD OF DIRECTORS:**

Bennie Fleming  
Delores Greenlee  
Sue Hessel  
Jeannette Ickovics  
Valerie Selling Jacobs  
Simone P. Joyaux  
Susann Mark  
Kay Maxwell  
Nadesha Mijoba  
Donna Moffly  
John R. Morton, M.D.  
Shannon Perry  
Fahd Vahidy

PPSNE BOARD OF DIRECTORS  
MAY 2010-MAY 2011

OFFICERS

Kay Maxwell, Chair  
Connie Worthington, Vice Chair  
Maria Cruz-Saco, Ph.D., Secretary  
Amelia Renkert-Thomas, J.D., Treasurer  
Sandra Arnold, Assistant Treasurer

BOARD OF DIRECTORS

Charles S. Craig  
Siw de Gysser  
Bennie Fleming, Ed.D.  
Delores Greenlee  
Sue Hessel  
Nancy Hutson, Ph.D.  
Jeannette Ickovics, Ph.D.  
Valerie Seiling Jacobs  
Simone P. Joyaux, ACFRE  
Rev. Maria LaSala  
Donna Moffly  
John R. Morton, M.D.  
Shannon Perry  
Niloy Sanyal  
Richard Sugarman

DEPT. OF PUBLIC HEALTH  
FACILITY HEALTH  
SYSTEMS REGULATIONS  
2011 FEB 10 A 11: 26

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- 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>
N/A		

3. 06-0263565  
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, Inc.  
Licensee

345 Whitney Ave, 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
- General Partnership
- Limited Partnership
- Limited Liability Company
- Other: \_\_\_\_\_
- Non-profit Corporation
- Municipality
- Trust
- Profit Corporation

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 2011 FEB 10 A 11:46  
 DEPT OF PUBLIC HEALTH  
 DIVISION OF HEALTH  
 SERVICES REGULATIONS

- 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?  YES  NO

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

Judy Tabar, Pres & CEO, 345 Whitney Ave, New Haven, CT  
Name Address Telephone 06511  
(203) 865-5158

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

FACILITY FAX # (203) 639-5085

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  
Women and Families Center  
 Name  
109 Colony Street Meriden, CT. 06451  
 Business Address City State Zip Code Telephone 203-355-9297  
Contact: Patricia Ladner ext. 33

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 ALSA's, Homemaker Home Health and Home Health Agencies).**

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.
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Women and Families Center  
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 Business Address City State Zip Code Telephone 203-355-9297  
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/24/2010

**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).**

<b>PRODUCER</b> Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #:																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Markel Insurance Company</td> <td>38970</td> </tr> <tr> <td>INSURER B:</td> <td>National Union Fire Ins. Co. of Pittsburgh, PA</td> <td>19445</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Markel Insurance Company	38970	INSURER B:	National Union Fire Ins. Co. of Pittsburgh, PA	19445	INSURER C:			INSURER D:			INSURER E:			INSURER F:	
INSURER(S) AFFORDING COVERAGE		NAIC #																			
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INSURER C:																					
INSURER D:																					
INSURER E:																					
INSURER F:																					
<b>INSURED</b> PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND, INC. AN AFFILIATE OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. 345 WHITNEY AVENUE NEW HAVEN, CT 06511																					

**COVERAGES**                      **CERTIFICATE NUMBER:** NYC-004978510-22                      **REVISION NUMBER:**

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 SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <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			3C40359	01/01/2011	01/01/2012	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
	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	<b>MEDICAL PROFESSIONAL CLAIMS-MADE COVERAGE</b>			8793286 Program Retro: 11/1/76	01/01/2011	01/01/2012	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)

<b>CERTIFICATE HOLDER</b> PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND N: LOUIS DENEGRE WHITNEY AVENUE NEW HAVEN, CT 06511	<b>CANCELLATION</b> 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. Christian Victorino <i>Christian Victorino</i>
--	--



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/23/2010

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).

<b>PRODUCER</b> Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036	<b>CONTACT NAME:</b>		
	<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C, No):</b>	
<b>E-MAIL ADDRESS:</b>			
<b>PRODUCER CUSTOMER ID #:</b>			
<b>INSURED</b> PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND, INC. AN AFFILIATE OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. 345 WHITNEY AVENUE NEW HAVEN, CT 06511	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Continental Casualty Company		20443
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

**COVERAGES**                      **CERTIFICATE NUMBER:** NYC-004976174-03                      **REVISION NUMBER:**

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
	<b>GENERAL LIABILITY</b> <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 - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			WC STATUTORY LIMITS    OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>ALL RISK PROPERTY</b>			RMP 2071008541	01/01/2011	01/01/2012	LIMIT 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 RE: 111 POINT STREET, PROVIDENCE, RI 02903

<b>CERTIFICATE HOLDER</b> PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND, INC. 345 WHITNEY AVENUE NEW HAVEN, CT 06511	<b>CANCELLATION</b> 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. Christian Victorino <i>Christian Victorino</i>
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# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/31/2011

PRODUCER (860) 224-2413  
 Andquist Insurance Associates Inc  
 24 Lexington Street  
 P.O. Box 368  
 New Britain CT 06052-

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED  
 Planned Parenthood of Southern  
 New England, Inc.  
 345 Whitney Ave  
 New Haven CT 06511-

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A Workers Compensation Trst	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	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 - COMP/OP 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) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		/ /	/ /	AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY - EA ACC \$ AUTO ONLY - AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ DEDUCTIBLE RETENTION \$		/ /	/ /	EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WCP394	01/01/2011	01/01/2012	X WC STATUTORY LIMITS OTH-ER E L EACH ACCIDENT \$ 2,500,000 E L DISEASE - EA EMPLOYEE \$ 2,500,000 E L DISEASE - POLICY LIMIT \$ 2,500,000
		OTHER		/ /	/ /	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

## CERTIFICATE HOLDER

( ) - ( ) -  
 Planned Parenthood of Southern  
 New England, Inc.  
 26 Women's Way  
 Meriden CT 06451-3237

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Lori J. Toussaint*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/23/2010

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).

<b>PRODUCER</b> Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ PRODUCER CUSTOMER ID #: _____	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND, INC. AN AFFILIATE OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. 345 WHITNEY AVENUE NEW HAVEN, CT 06511	<b>INSURER A:</b> Continental Casualty Company	<b>NAIC #</b> 20443
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** NYC-004978174-03                      **REVISION NUMBER:**

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
	<b>GENERAL LIABILITY</b> <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 - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DEDUCTIBLE RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			WC STATUTORY LIMITS    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	ALL RISK PROPERTY			RMP 2071008541	01/01/2011	01/01/2012	LIMIT 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 RE: 111 POINT STREET, PROVIDENCE, RI 02903

**CERTIFICATE HOLDER**

PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND, INC.  
 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.

Christian Victorino

*Christian Victorino*

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



STATE OF CONNECTICUT

On (date) March 12, 2010, the (town/City) Meriden Office of the Fire Marshal  
Conducted an inspection of (name of facility) Planned Parenthood of CT,  
Located at (address) 26 Women's Way in the  
City/Town of Meriden to determine the degree of compliance with the  
Fire safety requirements of Connecticut General Statutes Chapter 541 as authorized by  
Section 29-305 of the statutes. This facility was evaluated as a (new/existing) existing.  
(occupancy classification) Healthcare Clinic 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. **Certificate of approval recommended.**
- III.  At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. **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. **Certificate of approval not recommended.**

  
John Yacovino, Deputy Fire Marshal

March 12, 2010  
Date

City or Town Meriden

RECEIVED  
21 FEB 04 11:26  
DEPT OF PUBLIC SAFETY  
DIVISION OF FIRE, EMERGENCY & BUILDING SERVICES

\*\*\*\*\*

FOR OFFICE USE ONLY

CHECK # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_ INITIALS \_\_\_\_\_

\*\*\*\*\*

✓ 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

Jan 31, 2011  
Date Signed

Check one as applicable:

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

RECEIVED  
 2011 FEB 10 A 11:16  
 DEPT. OF PUBLIC HEALTH  
 DIVISION OF HEALTH  
 SYSTEMS REGULATIONS

State of Connecticut )

County of New Haven ) ss January 31 2011

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.

Paul A. Hellum  
 Notary Public   
 Justice of the Peace   
 Town Clerk   
 Commissioner of the Superior Court

My Commission Expires:  
(If Notary Public)

My Commission Expires Dec 31, 2011



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  
26 Women's Way Meriden, CT 06451  
Business Address City State Zip Code Telephone 203-238-0542
2. Check the appropriate box/boxes describing the services to be provided by the clinic:  
 Primary Care  
 Well Child Clinic  
 Dental  
 Family Planning  
 Abortion Procedures
3. Tasha Blanco-Douglas  
Administrator (Your name needs to appear as it is shown on your Professional License).
4. Les Silberman, 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 9<sup>30</sup>a-4<sup>15</sup>p, T 11a-7p, W 8<sup>30</sup>a-4<sup>15</sup>p, Th 11a-7p, F 8<sup>30</sup>a-4<sup>15</sup>p
6. Please provide a list of services that will be provided.
7. **On initial application only**, submit a copy of the approval from the Office of Health Care Access to establish the clinic.  
Note: only those clinics which intend to provide primary care services are required to submit OHCA approval.

Tasha Blanco-Douglas  
Signature of Administrator 2/31/11  
Date Signed

RECEIVED  
2011 FEB 10 A 11:46  
DEPT OF PUBLIC HEALTH  
FACILITY LICENSING & INVESTIGATIONS



434 West 33rd Street, New York, NY 10001  
Phone 212.541.7800 · Fax 212.245.1845  
www.plannedparenthood.org

July 7, 2011

Amelia Renkert-Thomas, Board Chair  
Judy Tabar, President/CEO  
Planned Parenthood of Southern New England, Inc.  
345 Whitney Ave.  
New Haven, CT 06511

Dear Amelia and Judy:

At its June 18, 2011 meeting, the Board of Directors of Planned Parenthood Federation of America, Inc. accepted the recommendation of the Affiliate Development and Accreditation Committee to grant Planned Parenthood of Southern New England, Inc. **fully accredited status.**

PPSNE's accreditation certificate, which expires July 2014, will be sent by mail. Your next comprehensive review *must* take place a minimum of three months prior to this certificate's expiration. This is necessary in order to assure that your certificate does not expire before your next accreditation review is completed and approved by the ADA committee.

Congratulations! Please extend the good wishes of the committee to your board and staff.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lyn M. Schollett', written in a cursive style.

Lyn M. Schollett, Chair  
Affiliate Development & Accreditation Committee

A handwritten signature in black ink, appearing to read 'Kathleen Tait', written in a cursive style.

Kathleen Tait, Secretary  
PPFA Board of Directors

cc: Deborah R. McHugh, Senior Director, Accreditation and Evaluation Department  
Molly Eagan, Vice President, Affiliate Services Division



**2015**



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF HEALTH SYSTEMS REGULATION

DHSR #13a

Page 1 of 2

LICENSING INSPECTION REPORT

Name and Address of Entity: Planned Parenthood of Southern New England, Inc  
26 Women's Way  
Meriden CT 06451

Signature of DHSR Staff: [Signature]

Licensure Category: Family Planning Clinic  
Licensed Capacity: # 0011 Census: \_\_\_\_\_  
Licensed Capacity: \_\_\_\_\_ Census: \_\_\_\_\_

Date(s) of Onsite Inspection: 1/28/15

Date(s) Additional Information Obtained: \_\_\_\_\_

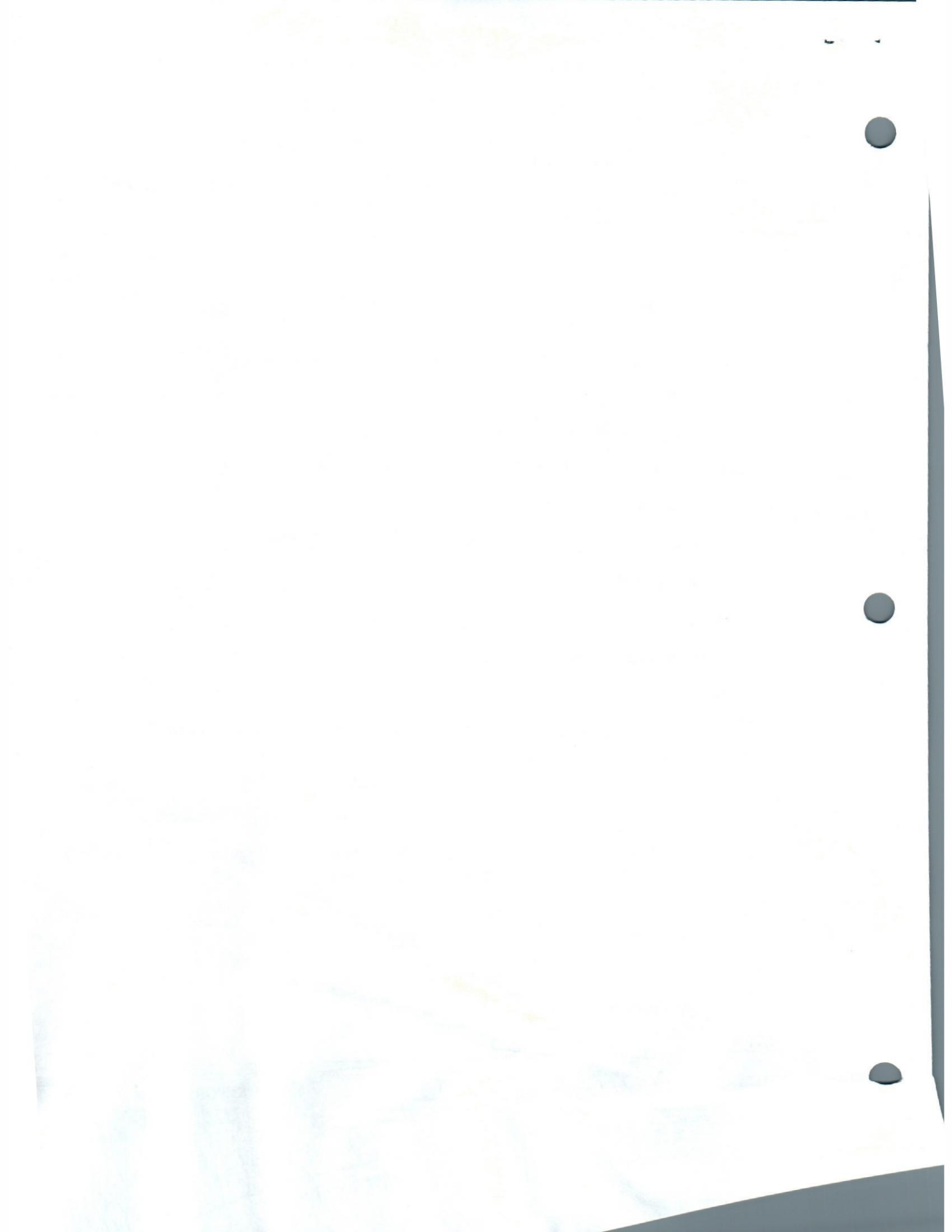
Personnel Contacted: Amanda Johnson, Center Manager

REVIEW/FINDINGS/PROCESS (complete all applicable)

- Licensing Inspection:  Initial  ~~Renewal~~  Other: \_\_\_\_\_
- Revisit for the Purpose of \_\_\_\_\_
- 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: \_\_\_\_\_

REPORT SUBMITTED BY: [Signature] DATE OF REPORT: 1/29/15

Approval for Issuance of License granted by: [Signature] Supervisor / Title: \_\_\_\_\_ Date: 1-29-15



FACILITY: \_\_\_\_\_

DATE(S) of VISIT: \_\_\_\_\_ 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.

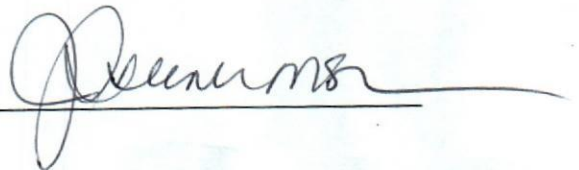
III. The following was conducted:

- 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: \_\_\_\_\_





**2011**





STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF HEALTH SYSTEMS REGULATION

DHSR

Page 1 of 2

LICENSING INSPECTION REPORT

*2011/07/01*

Name and Address of Entity: Planned Parenthood of Southern New England, Inc.  
26 Woman's Way  
Meriden, CT 06451

Signature of DHSR Staff: Marsha A. Melmel, RN, NPA, Nurse Consultant

Licensure Category: family planning clinic / medical abortion

Licensed Capacity: 0011 # 0011 Census: N/A

Licensed Capacity: \_\_\_\_\_ Census: \_\_\_\_\_

Date(s) of Onsite Inspection: July 1, 2011

Date(s) Additional Information Obtained: \_\_\_\_\_

Personnel Contacted: Loren Fields, APRN; Tasha Blanco-Douglas, center manager

REVIEW/FINDINGS/PROCESS (complete all applicable)

- Licensing Inspection:  Initial  Renewal  Other: \_\_\_\_\_
- Revisit for the Purpose of \_\_\_\_\_
- 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: \_\_\_\_\_

REPORT SUBMITTED BY Marsha A. Melmel, RN, NPA DATE OF REPORT 07/01/11

Approval for Issuance of License granted by: Loren A. Nguyen 7-25-11  
Supervisor / Title Date

ENTITY: Planned Parenthood of  
Southern New England, - Meriden  
Inc.

DATE(S) OF VISIT: July 1, 2011 Page 2 of 7

**LICENSING INSPECTION NARRATIVE REPORT**

Licensure inspection conducted onsite.

✓ An entrance conference was conducted.

The following was inspected/reviewed:

- ✓ facility inspection, including patient observation
- ✓ personnel files
- ✓ quality assurance/clinical record review audit
- ✓ fire drill log/disaster plan
- ✓ agency policies and procedures
- ✓ clinical record review
- ✓ staff interviews
- ✓ in-service (training) log
- ✓ OSHA/infection control policies/procedures
- ✓ review of bylaws, including organizational chart
- ✓ CLIA certificate

✓ An exit conference was held.  
Violations of the Public Health Code of the  
State of Connecticut were not identified  
as a result of this unannounced  
inspection.

SIGNATURE Maisha A. Melmel, RN, MBA  
Nurse Consultant

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF HEALTH SYSTEMS REGULATION

DHSR

LICENSING INSPECTION REPORT

Name and Address of Entity: Planned Parenthood of Southern New England, Inc.  
26 Woman's Way  
Meriden, CT 06451

Signature of DHSR Staff: Marsha A. Melmed, RN, MPA  
Nurse Consultant

Licensure Category: family planning clinic Licensed Capacity: 0011 Census: N/A

Licensed Capacity: \_\_\_\_\_ Census: \_\_\_\_\_

Date(s) of Onsite Inspection: July 1, 2011

Date(s) Additional Information Obtained: \_\_\_\_\_

Personnel Contacted: Koren Fields, APRN; Tasha Blanco-Douglas, center manager

REVIEW/FINDINGS/PROCESS (complete all applicable)

- Licensing Inspection:  Initial  Renewal  Other: \_\_\_\_\_
- Revisit for the Purpose of \_\_\_\_\_
- 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.  
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- Citation # \_\_\_\_\_ was not corrected (see narrative).
- Narrative Report / Additional Information Attached.
- Referral(s) to: \_\_\_\_\_

REPORT SUBMITTED BY Marsha A. Melmed, RN, MPA DATE OF REPORT 07/01/11

Approval for Issuance of License granted by: Loan D. Nguyen 7-11-11  
Supervisor / Title Date

