

**STATE OF CONNECTICUT**

**Department of Public Health**

**LICENSE**

**License No. 0026**

**Outpatient Clinic**

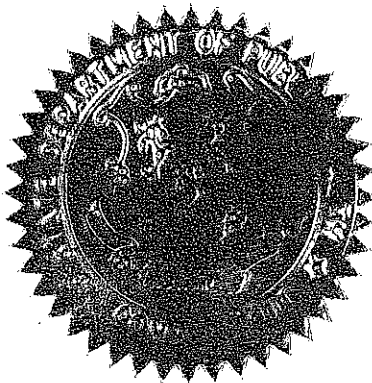
In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:  
Connecticut Public Health Code Section 19-13-D54:

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

**Planned Parenthood of Southern New England, Inc.** is located at 263 Main Street Suite 203 Old Saybrook CT 06475-2326

This license expires **March 31, 2018** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2014. RENEWAL.



*Jewel Mullen, MD*

Jewel Mullen, MD, MPH, MPA  
Commissioner

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

**License No. 0026**

**Outpatient Clinic**

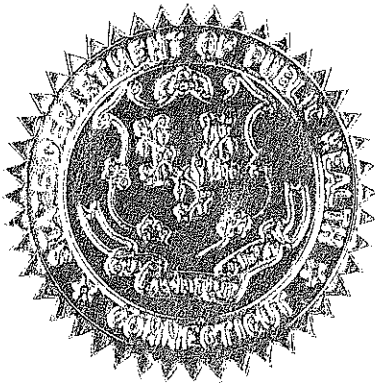
In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:  
Connecticut Public Health Code, Section 19-13-D54:

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

**Planned Parenthood Of Conn., Inc.-Old Saybrook** is located at 263 Main Street, Old Saybrook, CT  
06475.

This license expires **March 31, 2014** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2010. RENEWAL.



*J Robert Galvin MD, MPH, MBA*

J. Robert Galvin, MD, MPH, MBA, Commissioner



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

**LICENSURE APPLICATION**

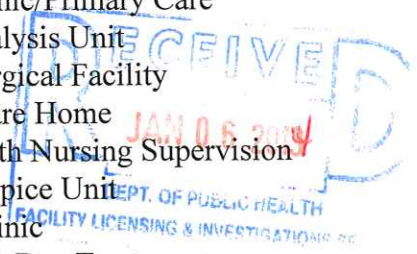
INITIAL       RENEWAL       CHANGE OF OWNERSHIP

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

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

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

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



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



*An Equal Opportunity Employer*

Please respond to all of the following questions:

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

263 Main St., Suite 203, Old Saybrook, CT 860-388-4459  
Business Address City State Zip Code Telephone

same  
Mailing Address (if applicable) City State Zip Code

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

Level of Care	Beds/ Hemodialysis Stations	Bassinets (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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 06511  
Name Address Telephone  
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.

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

Cove Investments, LLC  
Name  
9 Bayberry Rd., Old Saybrook, CT 06475 860-388-9296  
Business Address City State Zip Code Telephone

**Planned Parenthood of Southern New England**  
**ORGANIZATION CHART**  
**2014**

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**BOARD OF TRUSTEES**

**(Please attach a list of the board of Trustees)**

**Planned Parenthood of Southern New England**

**^**

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

**Planned Parenthood of Southern New England**

**^**

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

**Planned Parenthood of Southern New England**

**Board of Directors 2013-2014**

**Officers:**

Amelia Renkert-Thomas, Chair

Simone Joyaux, Vice Chair

Sandra Arnold, Secretary

Slw de Gysser, Treasurer

Leigh Bonney, Assistant Treasurer

**Board of Directors:**

Natalie Adsuar, M.D.

Adriana Arreola-Joseph

Erica Buchsbaum

Gayle Capozzalo

Karen Dubois-Walton

Sue Hessel

Susann Mark

Nadesha Mijoba

Donna Moffly

John R. Morton, M.D.

Susan Ross

Fahd Vahidy

Mary Kay Woods



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

Attachment 3

**FORM 3**

FACILITY/AGENCY NAME: Planned Parenthood of Southern New England, Inc.

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.

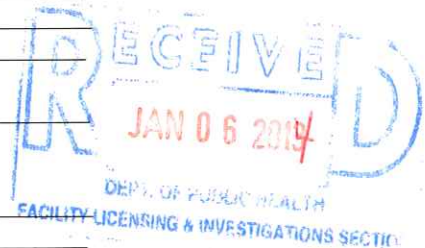
This information is for:  Licensee See attached  
 Real Property Owner \_\_\_\_\_

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: \_\_\_\_\_







# CERTIFICATE OF LIABILITY INSURANCE

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

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

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

<b>PRODUCER</b> Marsh USA, Inc. 1168 Avenue of the Americas New York, NY 10036 Attn: healthcare.accounts@marsh.com Fax: 212-948-1307		<b>CONTACT NAME:</b> PHONE (A/C, H/S, Ext): FAX (A/C, No): E-MAIL ADDRESS:	
109210-NIP-CAS-14-16      NEW, C    GLPL		<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:    Market Insurance Company      NAIC # 38970	INSURER B:    N/A      N/A
		INSURER C:    National Union Fire Ins. Co. of Pittsburgh, PA      19445	INSURER D:
		INSURER E:	INSURER F:

**COVERAGES**      **CERTIFICATE NUMBER:** NYC-005757581-28      **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.

INSTR. YRS	TYPE OF INSURANCE	ADDITIONAL INSR. YR/VD	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 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC		3C41034	01/01/2014	01/01/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/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 (Per 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    RETENTIONS \$					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				<input type="checkbox"/> NO STATU-TORY LIMITS <input type="checkbox"/> OTH-ER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
C	<b>MEDICAL PROFESSIONAL CLAIMS-MADE COVERAGE</b>		8793288 Program Retro Date: 11/1/78	01/01/2014	01/01/2015	PER CLAIM \$1,000,000 AGGREGATE \$3,000,000

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

<b>CERTIFICATE HOLDER</b> PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND ATTN: LOUIS DENEGRE 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 Fitz</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/11/2013

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

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

<b>PRODUCER</b> Lindquist Insurance Associates 24 Lexington St  New Britain CT 06052	<b>CONTACT NAME:</b> Lori Toussaint <b>PHONE (A/C No. Ext):</b> (860) 224-2413 <b>FAX (A/C No.):</b> (860) 225-8917 <b>E-MAIL ADDRESS:</b> Lori.Toussaint@lindquist-insurance.com																					
<b>INSURED</b> Planned Parenthood Of So. New England, Inc 345 Whitney Ave  New Haven CT 06511	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Trust Workers Compensation</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></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:	Trust Workers Compensation		INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER A:	Trust Workers Compensation																					
INSURER B:																						
INSURER C:																						
INSURER D:																						
INSURER E:																						
INSURER F:																						

**COVERAGES** **CERTIFICATE NUMBER:** CL1341100728 **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	ADJL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - 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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTIONS						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WCB39420	1/1/2013	1/1/2014	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> 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

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

<b>CERTIFICATE HOLDER</b>  Planned Parenthood of Southern NE 345 Whitney Ave 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  Lori Toussaint/LJT <span style="float: right;"><i>Lori Toussaint</i></span>
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**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**  
**FACILITY LICENSING & INVESTIGATIONS SECTION**

**LICENSURE APPLICATION - ADDITIONAL INFORMATION REQUIRED**

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

Please respond to all of the following questions:

1. Planned Parenthood of Southern New England, Old Saybrook  
 Facility "d/b/a" (doing business as) Name  
263 Main St., Suite 203, Old Saybrook, CT 06475 860-388-4459  
 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
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).
5. Hours of Operation: Mon. 9-3:30, Tue. 1-7:30, Thurs. 1-7:30, Fri. 10-3:30
6. Please provide a list of services that will be provided.
7. Business Fax Number: 860-395-0190
8. Business Email Address: beth.burrage@ppsne.org
9. Business Cell Phone Number with Texting capabilities of the Administrator: \_\_\_\_\_

Beth Burrage, cm  
 Signature of Administrator

12/30/13  
 Date Signed



7. Please disclose the name, business address and telephone number of the Agent for Service for the Licensee.  
JUDY TABAK, Pres. + CEO, 345 WHITNEY AVE., NEW HAVEN CT 06511  
 Name Address Telephone  
 (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.

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).

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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.

RECEIVED  
 JAN 13 2019

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  
[Signature]  
 Name  
44 Main Street + Danbury CT 06810 203-744-2938  
 Business Address City State Zip Code Telephone

\*\*\*\*\*

FOR OFFICE USE ONLY

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

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

\*\*\*\*\*

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

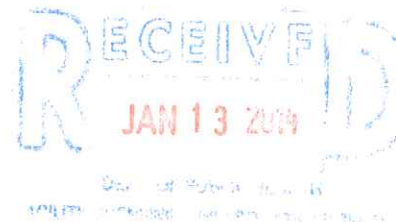
14. Affidavit of Owner:  
I attest that the information provided within this application is true and accurate and that any changes in the information submitted will be reported to the Department as required by law.

Judy Tabak  
Signature

1/3/14  
Date Signed

Check one as applicable:

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



State of Connecticut )

County of New Haven ) ss Jan 2 2014

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

Judy Appellman  
 Notary Public   
 Justice of the Peace   
 Town Clerk   
 Commissioner of the Superior Court

My Commission Expires:  
(If Notary Public)



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



STATE OF CONNECTICUT

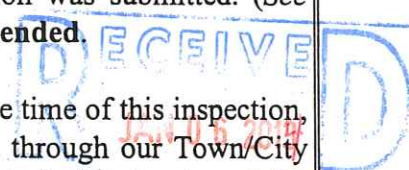
On (date) 12/20/13, the (Town/City) Old Saybrook Office of the Fire Marshal conducted an inspection of (name of facility) Planned Parenthood of Southern New England located at (address) 203 Main ST #203 in the City/Town of Old Saybrook to determine the degree of compliance with the fire safety requirements 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. An acceptable plan of correction was submitted. (See attached information) **Certificate of approval recommended.**
- III. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. No approved plan of correction was submitted. (See attached information) **Certificate of approval NOT recommended.**
- IV. Based on the extreme hazard to public safety discovered at the time of this inspection, this office is currently seeking an injunction from the court through our Town/City Attorney for the purpose of closing or restricting usage of this facility by the public. (See attached information) **Certificate of approval NOT recommended.**

Erin M. [Signature]  
Fire Marshal

12/20/13  
Date

City or Town: Old Saybrook



## Planned Parenthood of Southern New England

### Services available:

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

March 2010

**RENEWAL**





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>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

6. Is the above named entity authorized by the Office of the Secretary of State to transact business in the State of Connecticut and considered in Good Standing?  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 06511  
Name Address Telephone  
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 # 860-395-0190

- 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

Cove Investments, LLC  
 Name  
9 Bayberry Rd., Old Saybrook, CT 06475 860-388-9296  
 Business Address City State Zip Code Telephone

- 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).**

JAN - 8 2010





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

Attachment 3

**FORM 3**

FACILITY/AGENCY NAME: Planned Parenthood of Southern New England, Inc.

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: \_\_\_\_\_



# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

1/26/2009

<b>PRODUCER</b> WORKERS' COMPENSATION TRUST PO Box 5042 Wallingford, CT 06492 (203) 678-0105	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.
	<b>INSURERS AFFORDING COVERAGE</b>
<b>INSURED</b> Planned Parenthood of CT, Inc.  345 Whitney Avenue New Haven, CT 06511	INSURER A: <u>Workers' Compensation Trust</u>
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

**COVERAGES**

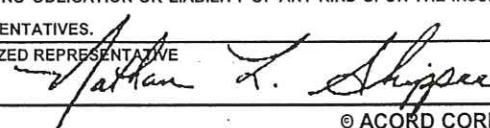
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES 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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	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"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
					FIRE DAMAGE (Any one fire)	\$
					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>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
						\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	WCP 394	01/01/09	01/01/10	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> 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					

Updated certificate will be faxed as soon as received in January.

RECEIVED  
 JAN - 8 2010

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

<b>CERTIFICATE HOLDER</b> Planned Parenthood of CT, Inc. 263 Main Street Old Saybrook, CT 06475	<b>ADDITIONAL INSURED; INSURER LETTER:</b> _____
<b>CANCELLATION</b>	
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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 	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/18/2009

**PRODUCER**  
Marsh USA, Inc.  
1166 Avenue of the Americas  
New York, NY 10036

**INSURED**  
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND, INC.  
AN AFFILIATE OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.  
345 WHITNEY AVENUE  
NEW HAVEN, CT 06511

THIS CERTIFICATION 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.

INSURERS 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:	

### 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/YYYY)	POLICY EXPIRATION DATE (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 GENERAL AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC	09GLP1007999	01/01/2010	01/10/2011	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		JAN - 8 2010		COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AUTO ONLY: \$ AGG \$
		<b>EXCESS / UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B		<b>OTHER</b> MEDICAL PROFESSIONAL CLAIMS-MADE COVERAGE PROGRAM RETRO: 11/01/76	6793286	01/01/2010	01/01/2011	PER CLAIM 1,000,000 AGGREGATE 3,000,000

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

CERTIFICATE HOLDER NYC-003599398-19

### CANCELLATION

PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND  
ATTN: LOUIS DENEGRÉ  
345 WHITNEY AVENUE  
NEW HAVEN, CT 06511

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **30** 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  
of Marsh USA Inc.  
Chris Kakel

**Planned Parenthood of Southern New England, Inc.  
Judy Tabar, President and CEO**

**Board of Directors 2009-2010**

**Officers:**

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

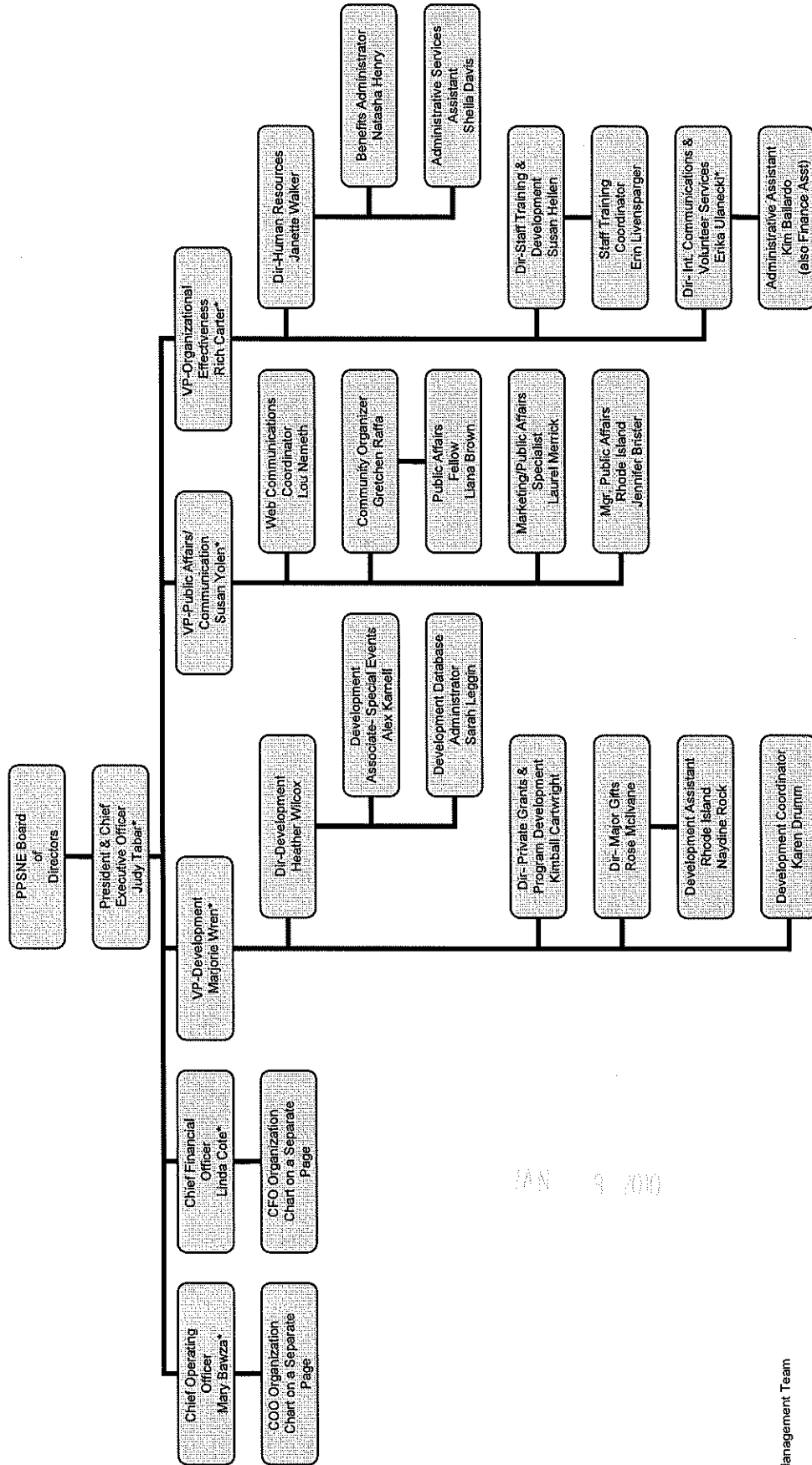
**Board of Directors:**

Jenny Carrillo, Ph.D.  
Bennie Fleming, Ph.D.  
Delores Greenlee  
Sue Hessel  
Nancy Hutson, Ph.D.  
Jeannette Ickovics, Ph.D.  
Valerie Seiling Jacobs  
Rev. Maria LaSala  
Donna Moffly  
John Morton, M.D.  
Shannon Perry  
Amelia Renkert-Thomas, J.D.  
Richard Sugarman  
David Wollin, J.D.  
Connie Worthington

JAN 2 2010



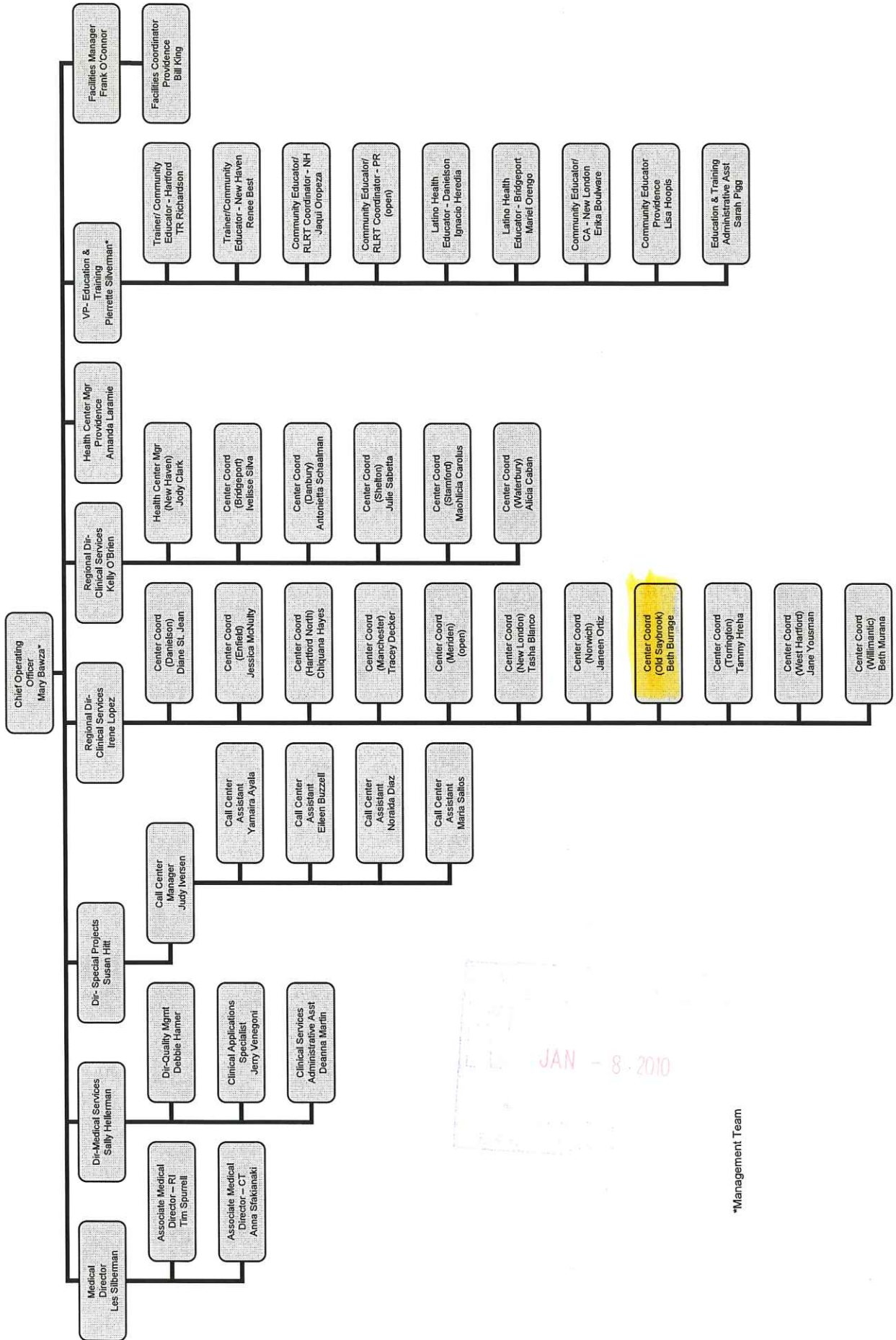
# Planned Parenthood of Southern New England December 2009



JAN 9 2010

\*Management Team

# Chief Operating Officer December 2009



JAN - 8 - 2010

\*Management Team



**STATE OF CONNECTICUT  
INSPECTION CERTIFICATE**

On *(date)* **December 29, 2009**, the *(Town/City)* **Old Saybrook** Office of the Fire Marshal conducted an inspection of *(name of facility)* **Planned Parenthood** located at *(address)* **263 Main Street** in the City/Town of **Old Saybrook** 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 designated as a (n) **Existing** *(occupancy classification)* **Business** as classified by the **CONNECTICUT STATE FIRE SAFETY CODE**. As a result of this inspection, the following conditions were found:

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

Fire Marshal \_\_\_\_\_

  
Donn V. Dobson

Date: January 4, 2010

City or Town: Old Saybrook

JAN - 8 2010



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, Old Saybrook  
Facility "d/b/a" (doing business as) Name  
263 Main St., Old Saybrook, CT 06475 860-388-4459  
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
3. Beth Burrage, Center Coordinator  
Administrator (Your name needs to appear as it is shown on your Professional License).
4. Lester 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: Mon. 9-5, Tues. 12-8, Thurs. 12-8, Fri. 9-5
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.

Beth Burrage  
Signature of Administrator

12/18/09  
Date Signed

SERVICES FOR MEN & WOMEN

- STD testing and treatment
- HIV testing and counseling
- Hepatitis B vaccinations
- Tuberculosis testing
- All birth control methods
- Emergency Contraception
- Adoption referral
- HPV vaccinations

- Pregnancy termination including in clinic abortion and abortion pill
- Annual gynecological exams
- Walk-in pregnancy tests
- Colposcopy, cryosurgery and Leep
- Mid-life services/hormone replacement
- Testing and treatment of vagina and urinary tract infections

All services are strictly confidential and affordable.  
We participate with many insurance plans.