

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0032

Outpatient Clinic

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

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 a Family Planning.

Planned Parenthood of Southern New England Inc. is located at 1548 Main Street Willimantic CT 06226-1142

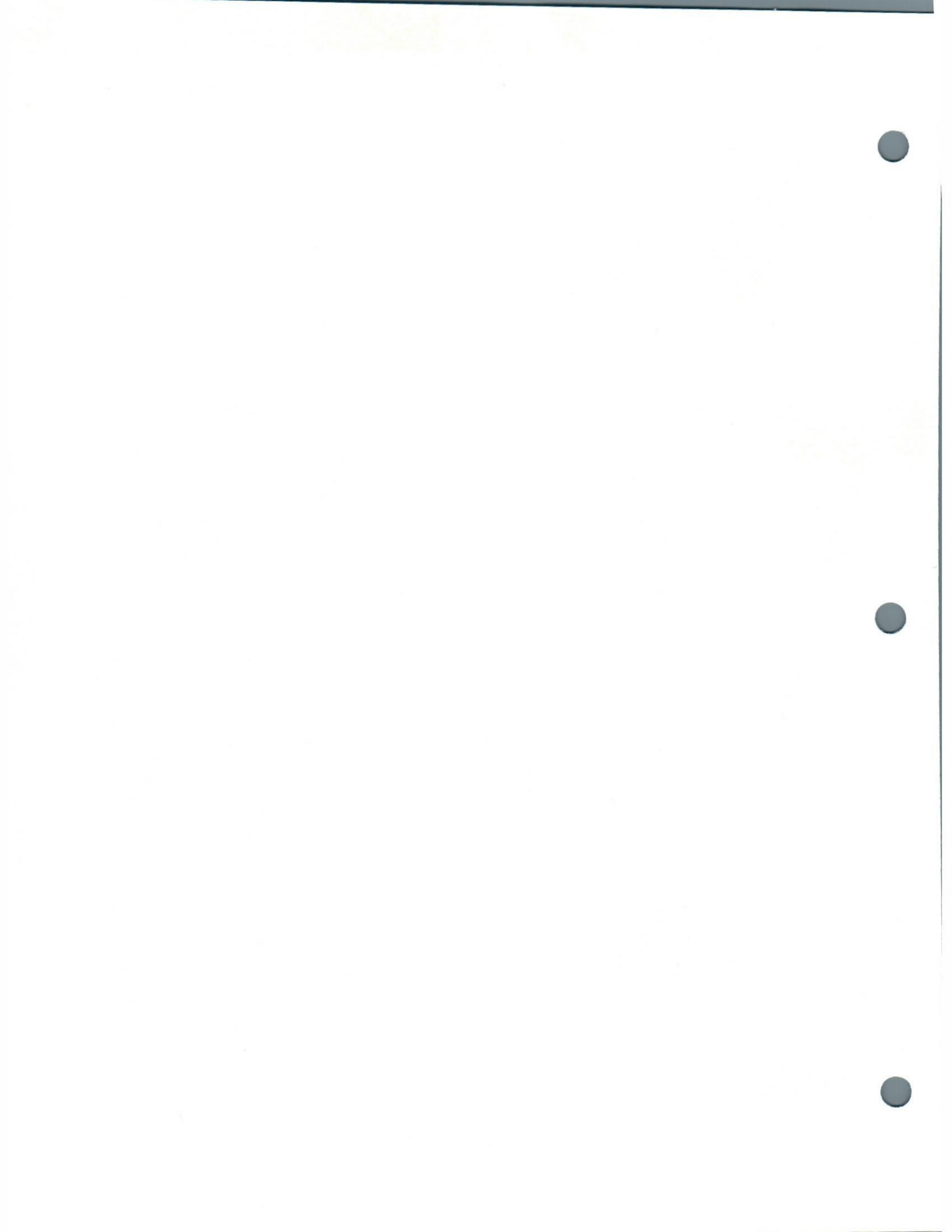
This license expires **September 30, 2018** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2014 **RENEWAL**



Jewel Mullen, MD

Jewel Mullen, MD, MPH, MPA
Commissioner



STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0032

Outpatient Clinic

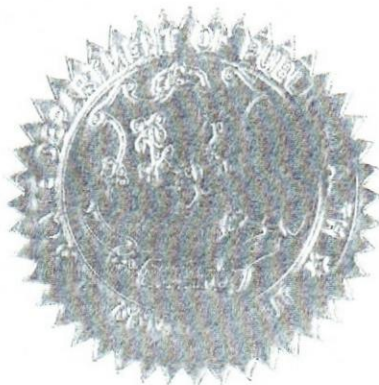
In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

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 a Family Planning.

Planned Parenthood of Southern New England Inc. is located at 1548 Main Street Willimantic CT 06226-1142

This license expires **September 30, 2014** and may be revoked for cause at any time.

ated at Hartford, Connecticut, October 1, 2010 **RENEWAL**



Jewel Mullen, MD

Jewel Mullen, MD, MPH, MPA
Commissioner



STATE OF CONNECTICUT
Department of Public Health

LICENSE

License No. 0032

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 Conn., Inc.-
Willimantic is hereby licensed to maintain and operate a Family Planning Clinic.

Planned Parenthood Of Conn., Inc.-Willimantic is located at 1548 West Main Street, Willimantic,
CT 06226.

This license expires **September 30, 2010** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2006. RENEWAL.

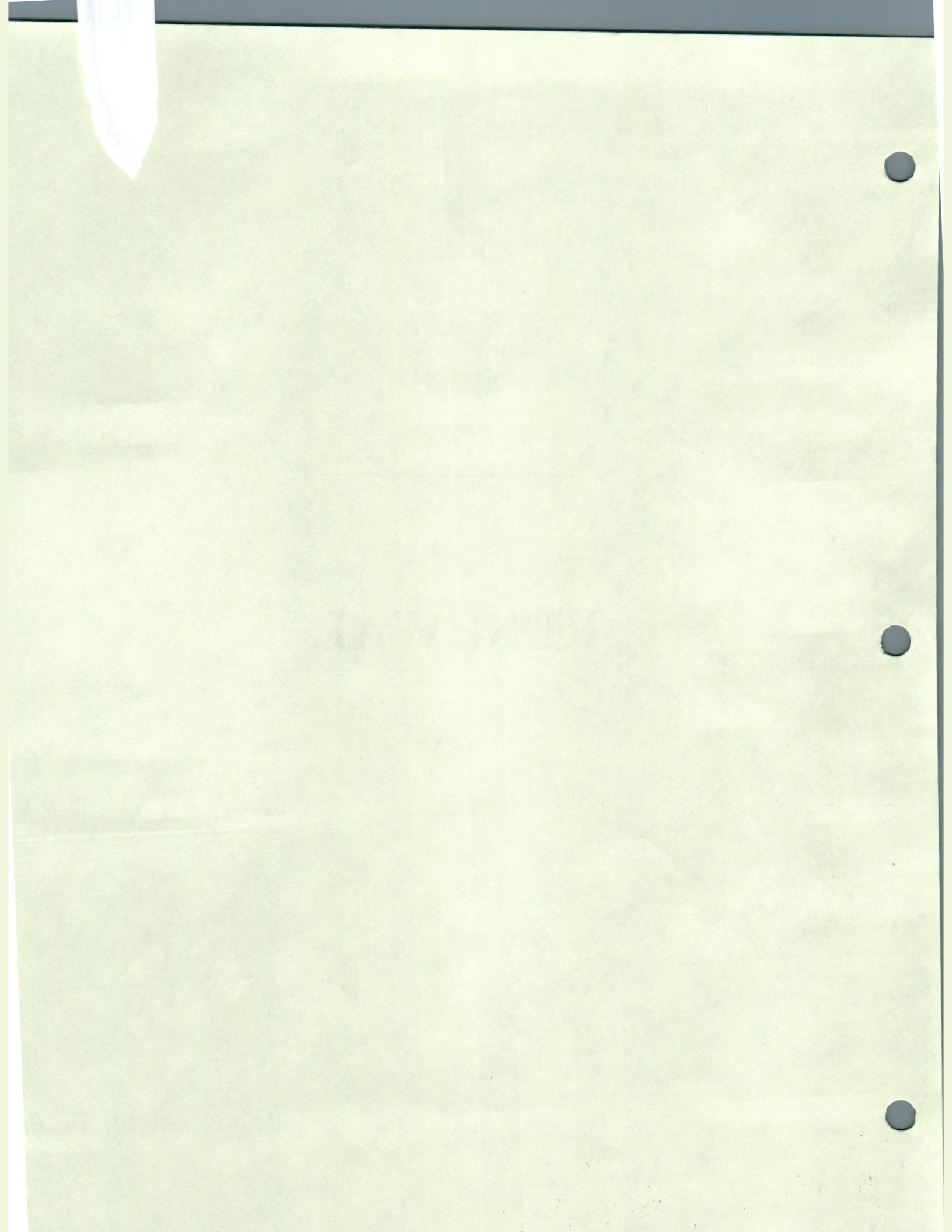


J Robert Galvin M.D., M.P.H.

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



RENEWAL





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

LICENSURE APPLICATION

[] INITIAL RENEWAL [] CHANGE OF OWNERSHIP [] RELOCATION

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

1. Planned Parenthood of Southern New England
 Facility "d/b/a" (doing business as) Name England
1548 West Main St Willimantic CT 06226 86042384
 Business Address City State Zip Code Telephone

Same
 Mailing Address (if applicable) City State Zip Code



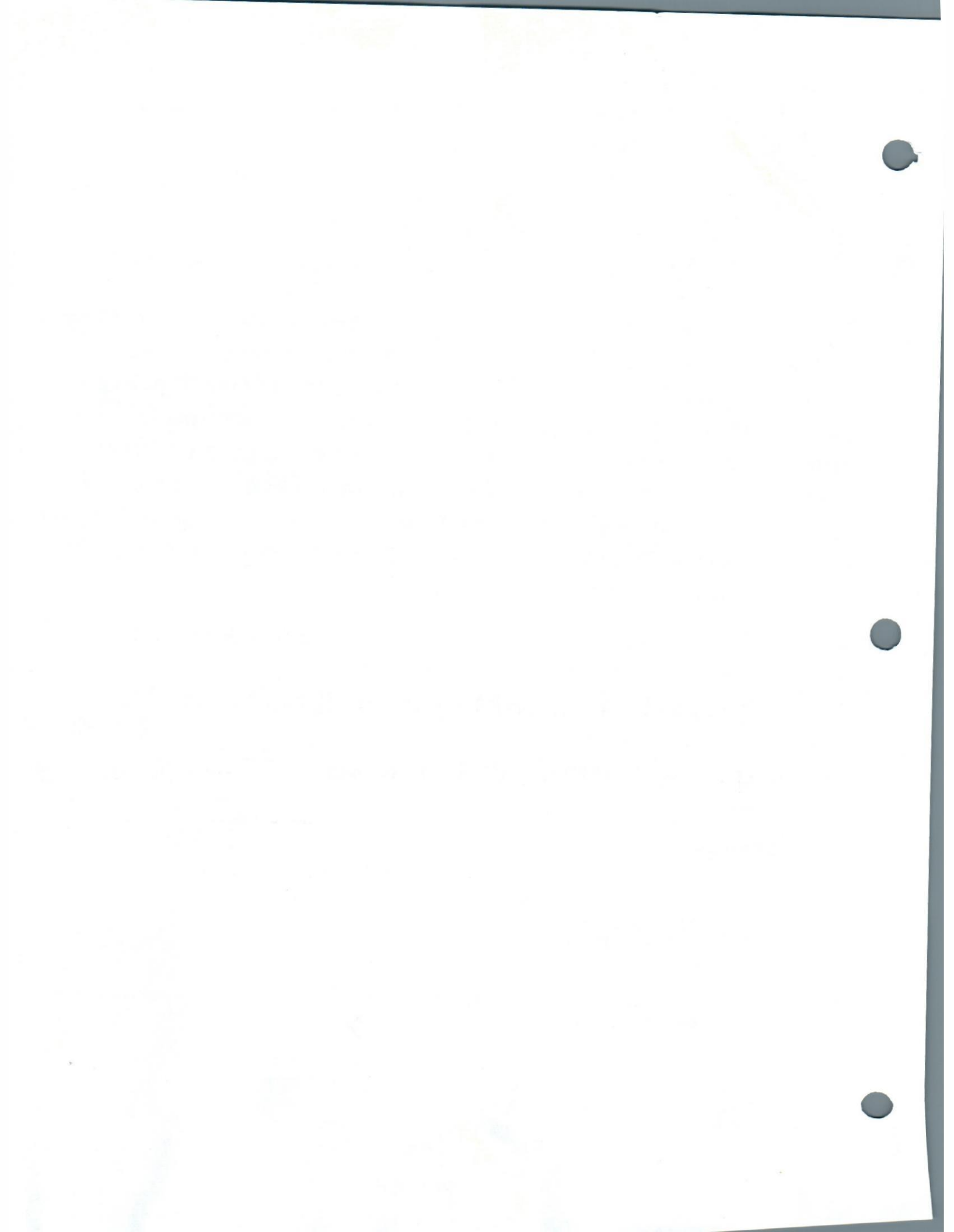
2. 060263565
 Federal Employer Identification Number

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



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

An Equal Opportunity Employer



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.

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

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, Inc.
Licensee

345 Whitney Ave New Haven CT 06511 203-865-5158
Business Address City State Zip Code Telephone

same
Mailing Address (if applicable)

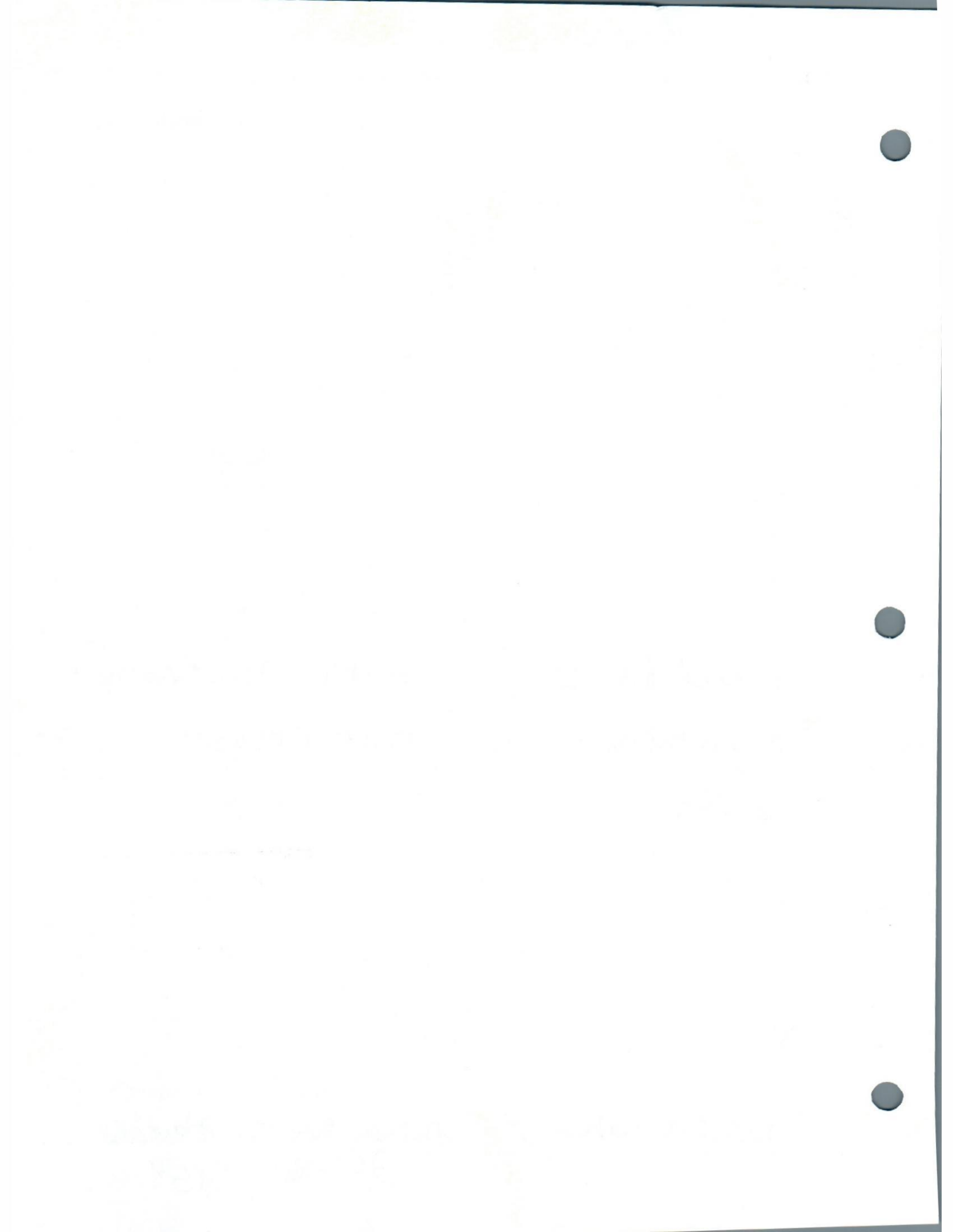


6. Is the above named legal entity a (please check the box which applies):

- | | |
|------------------------------------------------------------|---------------------------------------------|
| <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.

Judith Taber 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

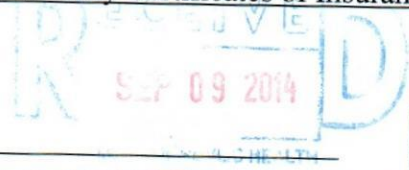
C. a Certificate of Insurance issued by any stock or mutual insurance company or mutual association authorized to write worker's compensation insurance in this state. (Note: Information pages and Insurance Binders are unacceptable. Only Certificates of Insurance will be accepted.)

12. Ownership of Real Property

Michael Taylor
Name

PO Box 476 / Storrs Commons Rte 195 Storrs CT 06262
Business Address City State Zip Code Telephone

860-429-8891



Planned Parenthood of Southern New England

ORGANIZATION CHART

2014

BOARD OF TRUSTEES

(Please attach a list of the board of Trustees)

Planned Parenthood of Southern New England

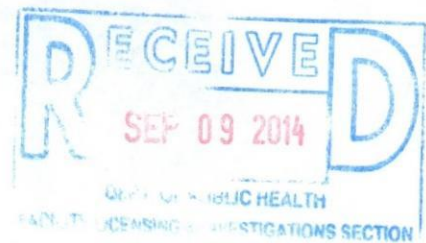
^

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

Planned Parenthood of Southern New England

^

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





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

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 Planned Parenthood of Southern New England, Inc.
 Real Property Owner _____

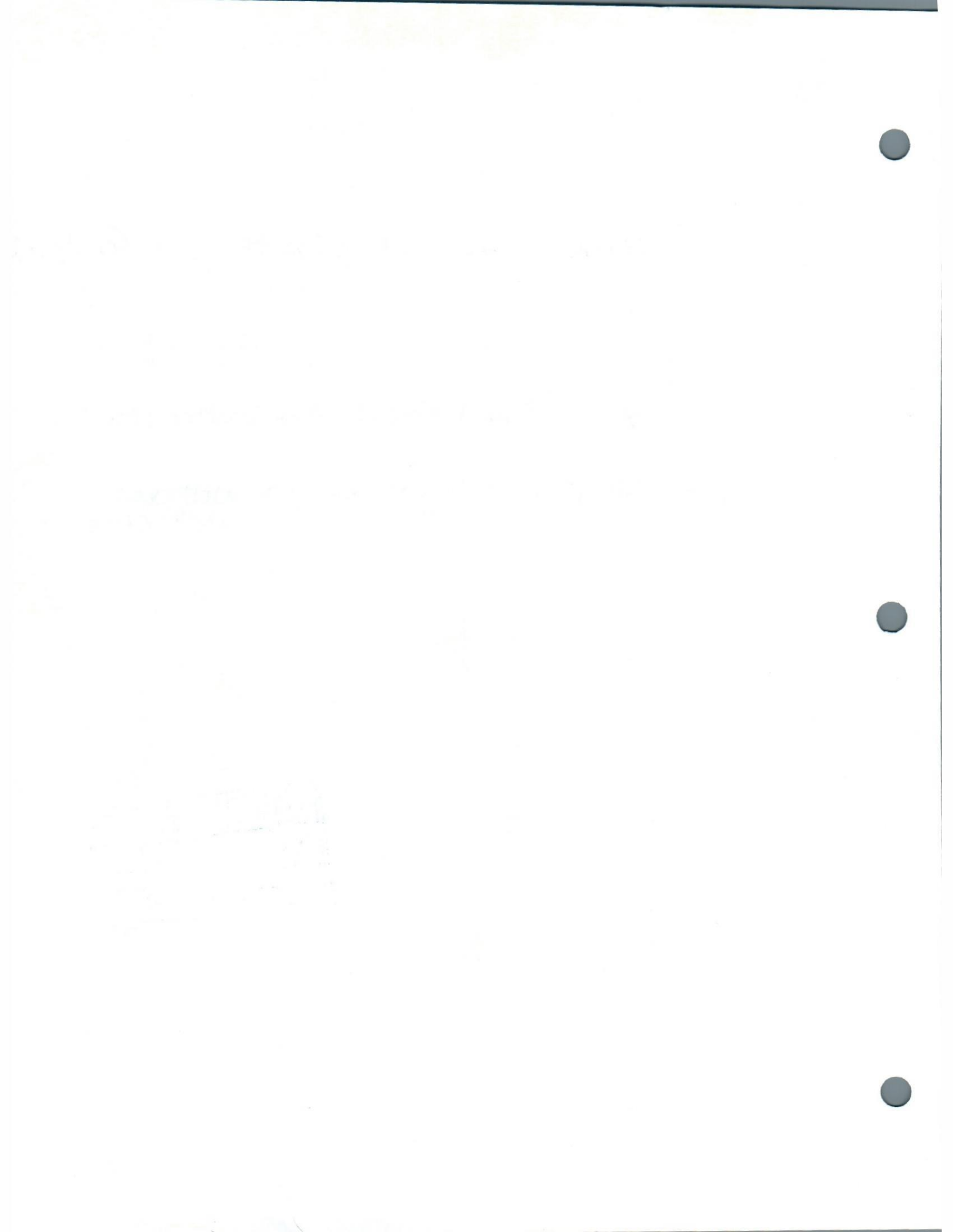
1. Name: N/A - non profit organization without stockholders
 Address: _____
 Telephone: _____
 Stockholder's percentage of ownership: _____
 Stockholder's occupation with the owner: _____

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: _____





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





1954



CERTIFICATE OF LIABILITY INSURANCE

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

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

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

PRODUCER Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10038 Attn: healthcare.accounts@marsh.com Fax: 212-948-1307	CONTACT NAME:	
	PHONE (A/C No. Ext):	FAX (A/C No.):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Market Insurance Company		36970
INSURER B: N/A		N/A
INSURER C: National Union Fire Ins. Co. of Pittsburgh, PA		19446
INSURER D:		
INSURER E:		
INSURER F:		

109210-NIP-CAS-14-15 NEW,C GLPL

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

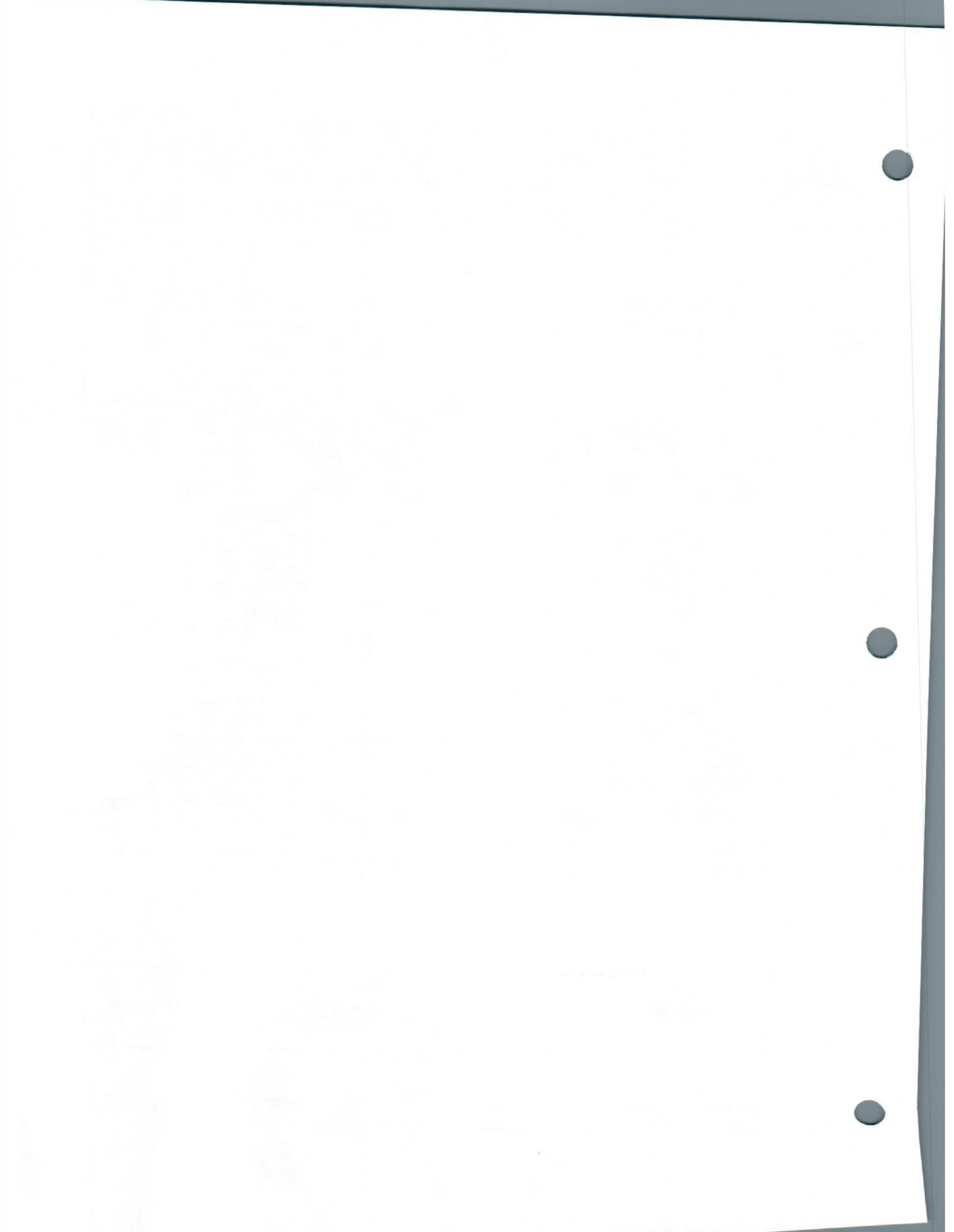
COVERAGES **CERTIFICATE NUMBER:** NYC-0057681-26 **REVISION NUMBER:** 11

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

INSR LTR	TYPE OF INSURANCE	ADDL/SUBR INSR	WYD	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 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOG			3C41034	01/01/2014	01/01/2016	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 - 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 (Per 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	N/A			VOL 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 \$
C	MEDICAL PROFESSIONAL CLAIMS-MADE COVERAGE			6783286 Program Rel'd Date: 11/1/76	01/01/2014	01/01/2015	PER CLAIM \$1,000,000 AGGREGATE \$3,000,000

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

CERTIFICATE HOLDER PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND ATTN: LOUIS DENEGRE 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. Rick Filzsimmons <i>Rick Filzsimmons</i>
---------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------





CERTIFICATE OF LIABILITY INSURANCE

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

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

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

PRODUCER Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036 Attn: healthcare.accounts@marsh.com Fax: 212-948-1307	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
109210-WC-5-5-14-15 NEW.C WC	INSURER A: ACE American Insurance Company	22667
INSURED PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND, INC., AN AFFILIATE OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. 345 WHITNEY AVENUE NEW HAVEN, CT 06511		
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** NYC-006791956-01 **REVISION NUMBER:** 1

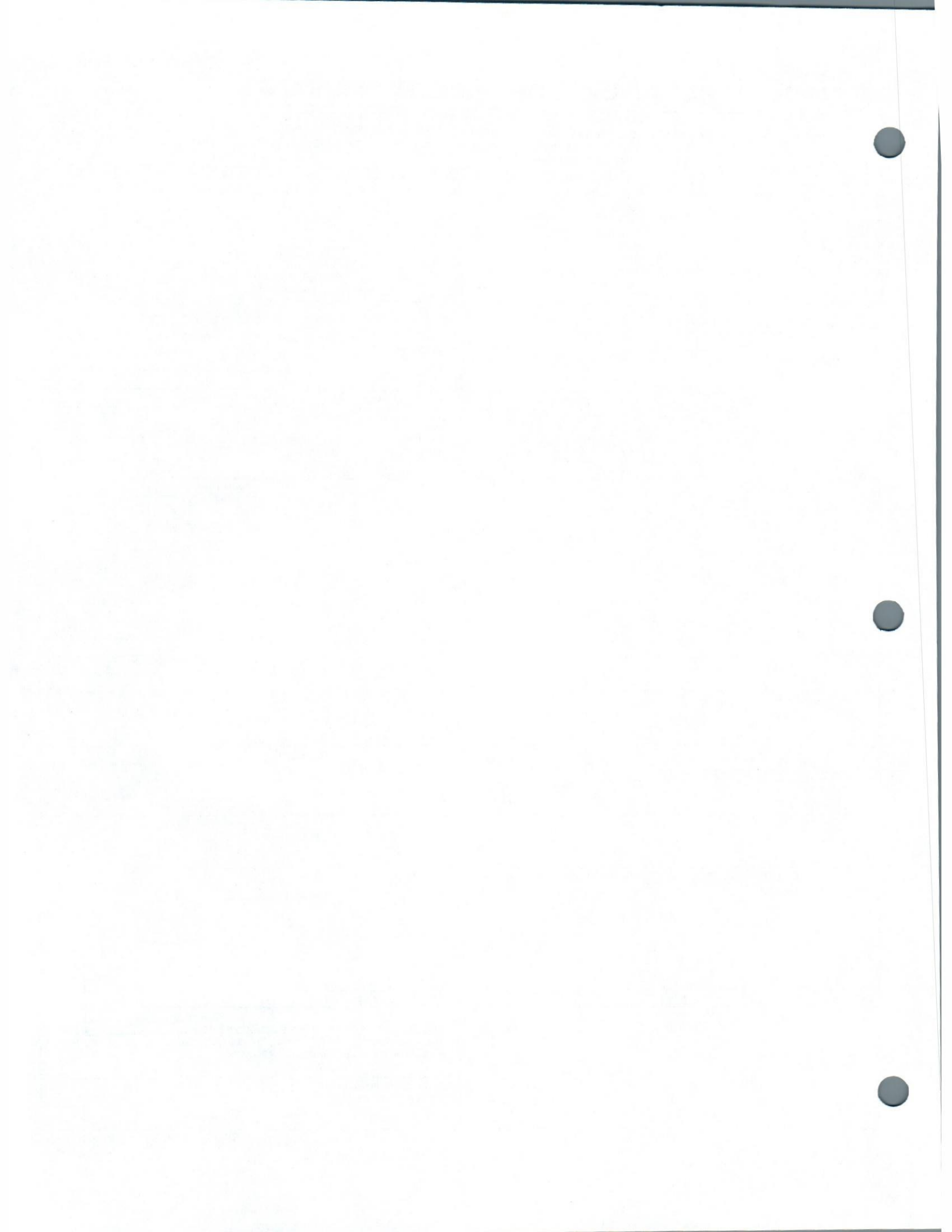
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE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

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

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



CERTIFICATE HOLDER PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND, INC. 1548 WEST MAIN STREET WILLIMANTIC, CT 06226	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Ricki Fitzsimmons
---------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



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

^{jt}
8/28/14
Date Signed

Check one as applicable:

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



State of Connecticut)

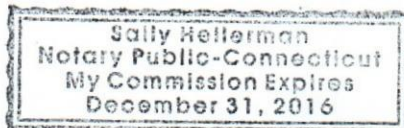
County of New Haven)

ss 8/28 2014

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

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

My Commission Expires:
(If Notary Public)



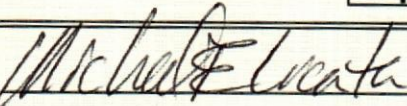


STATE OF CONNECTICUT

On (date) 08/22/2014, The (Town/City) Windham Office of the Fire Marshal
conducted an inspection of (name of facility) Planned Parenthood of CT
located at (address) 1548 W. Main St. in the
City/Town of Windham 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 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. **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 of closing or restricting usage of this facility to the public. (See attached information). **Certificate of approval NOT recommended.**

Exp Date 8/21/2015


Fire Marshal

City or Town: Windham


August 22, 2014

Date



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

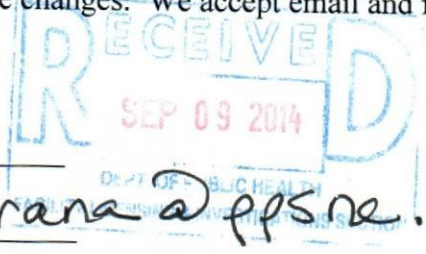
LICENSURE APPLICATION - ADDITIONAL INFORMATION REQUIRED
OUTPATIENT CLINICS, WELL CHILD CLINICS AND
FAMILY PLANNING CLINICS

Please respond to all of the following questions:

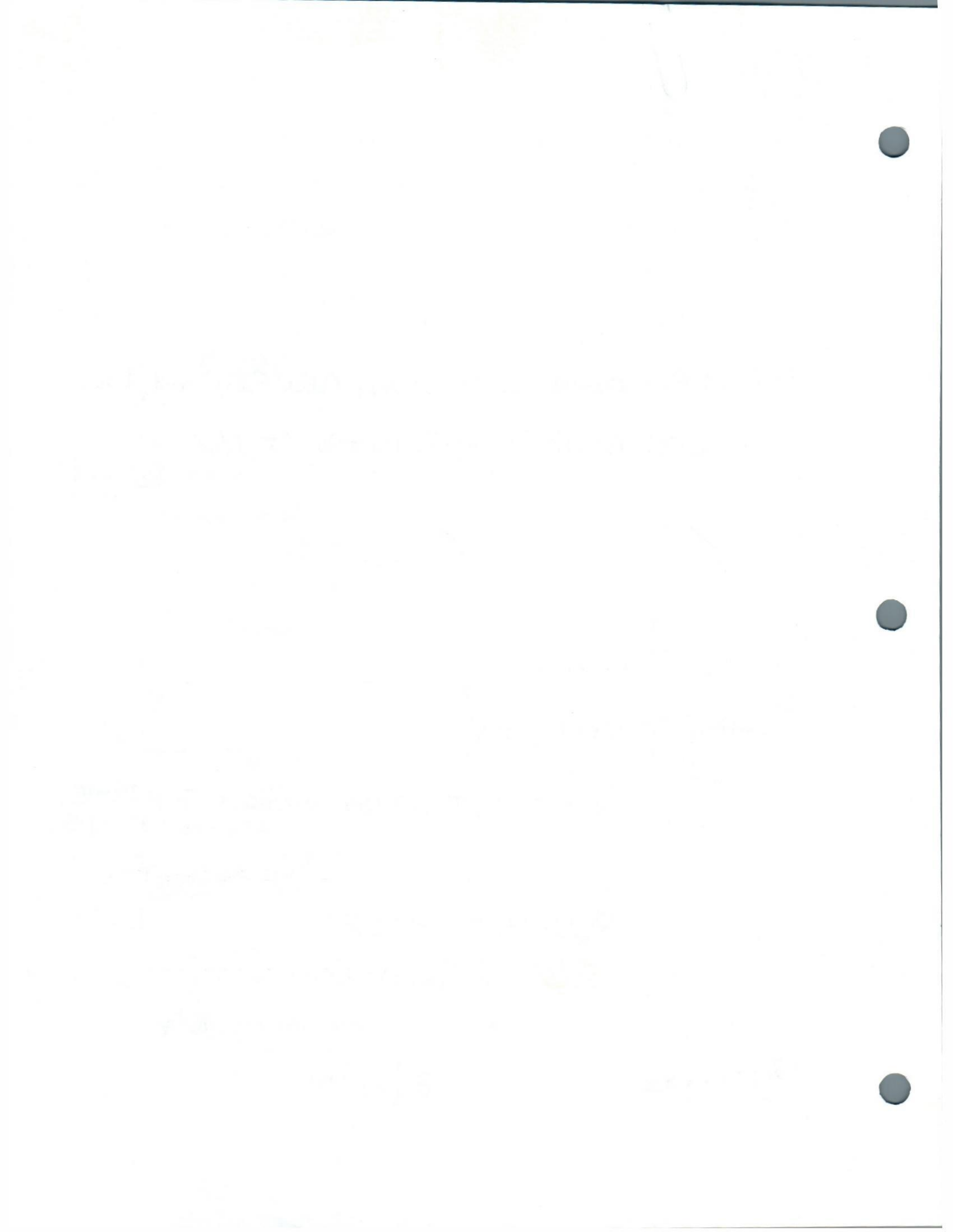
- 1. Planned Parenthood of Southern New England, Inc
Facility "d/b/a" (doing business as) Name
1548 West Main St. Wilkintonic CT 06226
Business Address City State Zip Code Telephone 800 423-8426
2. Check the appropriate box/boxes describing the services to be provided by the clinic:
[] Primary Care [X] Family Planning
[] Well Child Clinic [] Abortion Procedures
[] Dental [] Mental Health Services

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

- 3. Beth Murana
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 1130-715, T 830-415 W-Closed, Th 1230-715 Friday 830-415
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: 860-423-8428
8. Business Email Address: beth.murana@ppsne.org
9. Business Cell Phone Number with Texting capabilities of the Administrator: N/A



Signature of Administrator: [Signature] Date Signed: 8/14/14



Planned Parenthood of Southern New England, Inc.

Services available at PPSNE health centers:

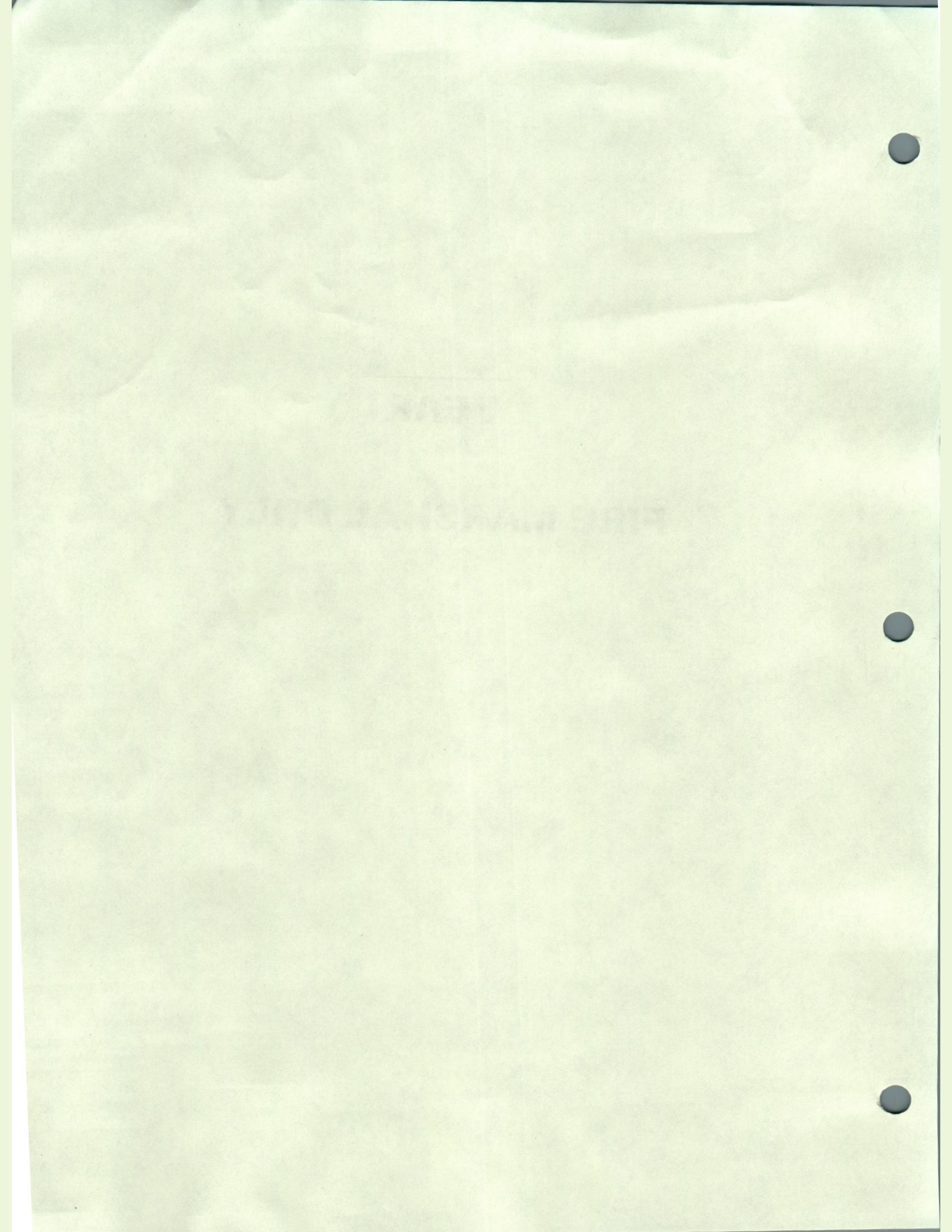
- Sexually Transmitted Infections (STI) Testing & Treatment
- Birth Control Services
- Emergency Contraception (morning after pill) Services
- Pregnancy Testing & Pregnancy Services
- HIV Testing
- Hepatitis Vaccine and HPV Vaccine Services
- Lesbian, Gay, Bisexual, & Transgender Services
- Abortion Services & Abortion Referrals
- Patient Education
- Preconception Care
- Well-Women's Health Care
- Well-Men's Health Care

Updated 8/2/10



YEAR

FIRE MARSHAL ONLY



8/29/13

Dear Administrator,

Please find enclosed a copy of our most recent Fire Marshal inspection.

Thank you.



Beth Murana, Center Manager
Planned Parenthood of Southern New England
1548 West Main Street
Willimantic, CT 06226



Handwritten scribble or signature

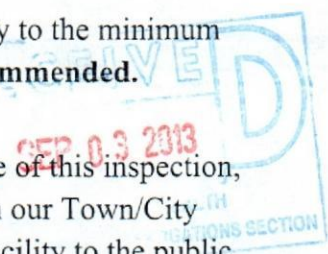


STATE OF CONNECTICUT

On (date) 08/07/2013, The (Town/City) Windham Office of the Fire Marshal
conducted an inspection of (name of facility) Planned Parenthood of CT
located at (address) 1548 W. Main St. in the
City/Town of Windham 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 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. **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 of closing or restricting usage of this facility to the public. (See attached information). **Certificate of approval NOT recommended.**

Exp Date 8/6/2014



Michael L. Laska
Fire Marshal

[Signature]

August 23, 2013
Date

City or Town: Windham

Officers

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

Board of Directors

Jenny Carrillo, Ph.D.
Bennie Fleming, Ed.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
Richard Sugarman
David Wollin, J.D.
Connie Worthington

Leadership Committee

Mrs. Malcolm Baldrige
David Bingham, M.D.
Atty. Gen. Richard Blumenthal
Liz and Kim Chace
Rosalie Fain
Francine E. Goldstein
Eunice S. Groark
Peter W. Kitchings Jr.
Roy Leach
Stephen and Sue Mandel
Dorothy O. Mills
Rabbi Robert Orkand
Sarah Beinecke Richardson
Marcia Riesman
Pablo Rodriguez, M.D.
Betsy Russell
Ann E. Sheffer
Joan L. Tweedy
Chris Van Allsburg
Sandra G. Wagenfeld
Joan Meiber Warburg
Joanne Woodward

President & CEO

Judy Tabar

Administrative Headquarters

345 Whitney Avenue
New Haven, CT 06511
203.865.5158

111 Point Street
Providence, RI 02903
401.782.1111

www.ppsne.org



Serving Connecticut & Rhode Island

Loan Nguyen, R.N., M.S.N., B.C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section
410 Capitol Ave MS # 12HSR
PO Box 340308
Hartford, CT 06134

August 28, 2012

Dear Ms. Nguyen,

Enclosed you will find our most recent Certificate of Approval from the Office of the Fire Marshal dated 8/21/12.

Please call me with any questions. Thank you.

Sincerely,

Beth Murana, Center Manager
Planned Parenthood of Southern New England-Willimantic
1548 West Main
Willimantic, Ct 06226



STATE OF CONNECTICUT

On (date) 8/21/2012, The (Town/City) Windham Office of the Fire Marshal

conducted an inspection of (name of facility) Planned Parenthood of Southern New England

located at (address) 1548 W. Main St. in the

City/Town of Windham 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 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. **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 of closing or restricting usage of this facility to the public. (See attached information). **Certificate of approval NOT recommended.**

Michael Licata
Fire Marshal

[Signature]

August 21, 2012

Date

City or Town: Windham

Officers

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

Board of Directors

Jenny Carrillo, Ph.D.
Bennie Fleming, Ed.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
Richard Sugarman
David Wollin, J.D.
Connie Worthington

Leadership Committee

Mrs. Malcolm Baldrige
David Bingham, M.D.
Atty. Gen. Richard Blumenthal
Liz and Kim Chace
Rosalie Fain
Francine E. Goldstein
Eunice S. Groark
C. W. Kitchings Jr.
Debbie Leach
Stephen and Sue Mandel
Dorothy O. Mills
Rabbi Robert Orkand
Sarah Beinecke Richardson
Marcia Riesman
Pablo Rodriguez, M.D.
Betsy Russell
Ann E. Sheffer
Joan L. Tweedy
Chris Van Allsburg
Sandra G. Wagenfeld
Joan Melber Warburg
Joanne Woodward

President & CEO

Judy Tabar

Administrative Headquarters

345 Whitney Avenue
New Haven, CT 06511
203.865.5158

111 Point Street
Providence, RI 02903
401.782.7820

www.ppsne.org



Dear Christine,

Enclosed please find our yearly Fire Marshal Inspection for your records.

Thank you.

Sincerely,

Beth Murana 8/10/11

Beth Murana
Center Manager
Planned Parenthood Of Southern New England
1548 West Main
Willimantic, CT 06226
860-423-8426



STATE OF CONNECTICUT

On (date) 8/10/2011, The (Town/City) Windham Office of the Fire Marshal

conducted an inspection of (name of facility) Planned Parenthood of CT

located at (address) 1548 W. Main St. in the

City/Town of Windham to determine the degree of compliance with the

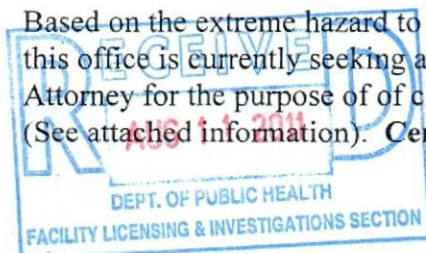
fire safety requirements of Connecticut General Statutes Chapter 541 as authorized by

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 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. **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 to the public. (See attached information). **Certificate of approval NOT recommended.**

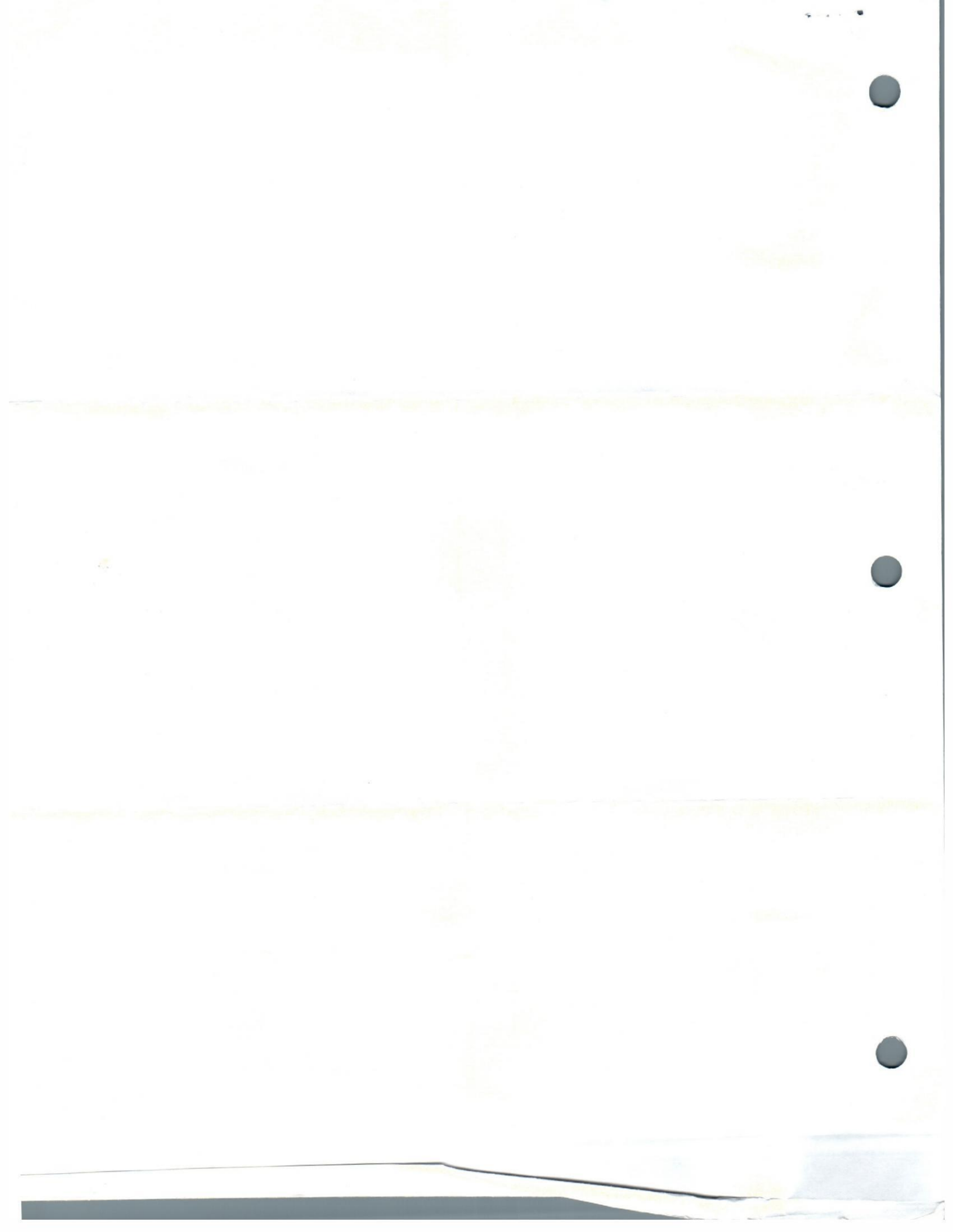


Michael E. Wanta
Fire Marshal

[Signature]
Date

August 10, 2011

City or Town: Windham



Sept. 2010

RENEWAL



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

LICENSURE APPLICATION

[] INITIAL [X] 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 checked="" 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 | |

2010 AUG 20 P 4:16
 RECEIVED
 DEPT OF PUBLIC HEALTH
 FACILITY LICENSE DIVISION

Please respond to all of the following questions:

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

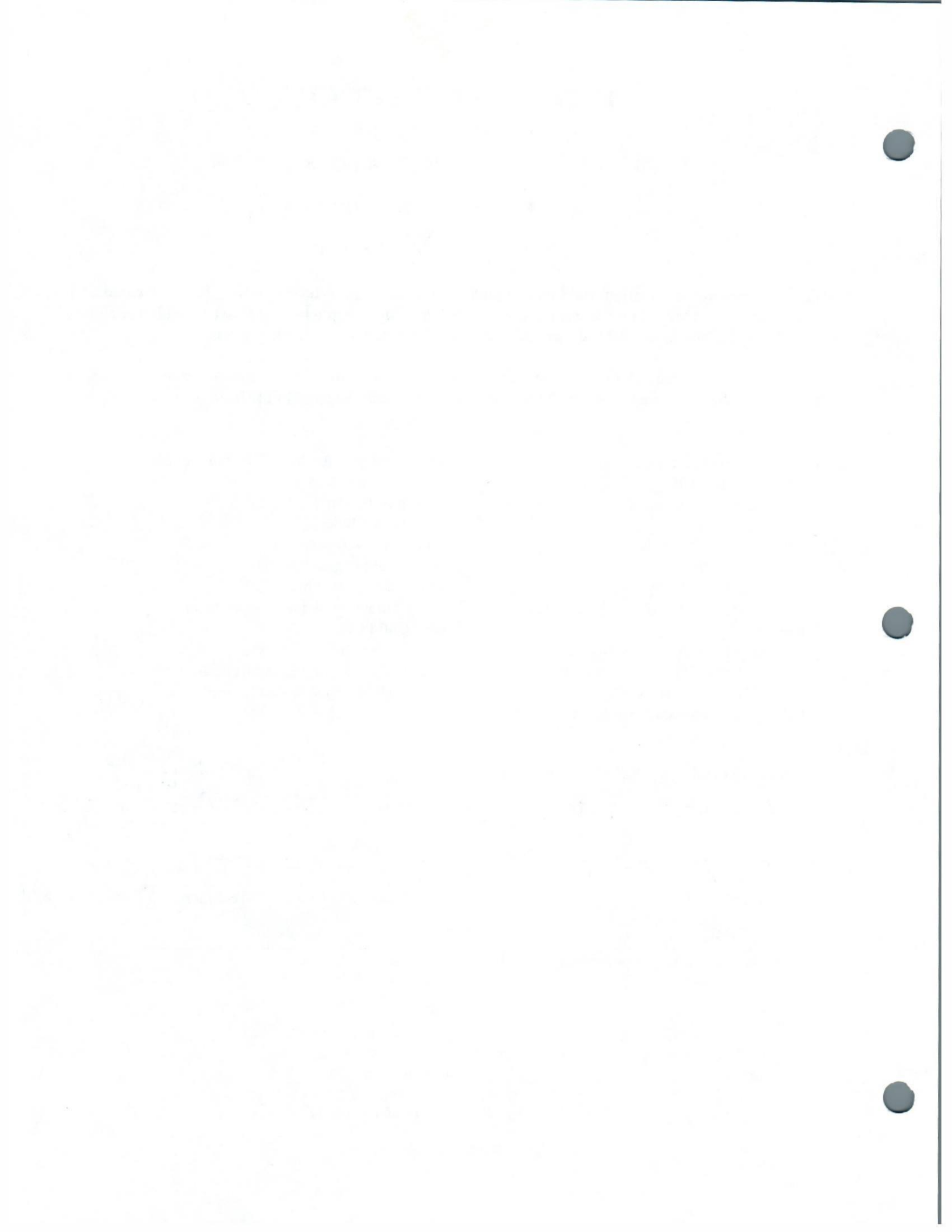
1548 west main st wallhamatic CT 06226
 Business Address City State Zip Code Telephone 860423-841

Same
 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



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)
<u>N/A</u>	_____	_____
_____	_____	_____
_____	_____	_____

3. 060263565
Federal Employer Identification Number

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

Planned Parenthood of Southern New England, Inc.
Licensee

345 Whitney Ave New Haven CT 06511 203-865-5158
Business Address City State Zip Code Telephone

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

RECEIVED
 2010 AUG 20 P 4: 16
 DEPT OF PUBLIC HEALTH
 DIVISION OF HEALTH
 SERVICE 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.

Judith Taber 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.

FACILITY FAX # 860423-8428

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
- Michael Taylor
 Name PO Box 476
Storrs Commons Ste 195 Storrs CT 06268 860429-8891
 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).**

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 Tabar
Signature

8/9/10
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 August 9 2010

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

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

My Commission Expires: My Commission Expires Dec 31, 2011
(If Notary Public)

RECEIVED
 2010 AUG 20 P 4:16
 DEPT. OF PUBLIC HEALTH
 DIVISION OF HEALTH
 SYSTEMS REGULATIONS



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 Planned Parenthood of Southern New England
 Real Property Owner _____

1. Name: N/A non-profit organization
 Address: _____
 Telephone: _____
 Stockholder's percentage of ownership: _____
 Stockholder's occupation with the owner: _____

without stockholders

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
 2010 AUG 20 P 4:16
 DEPT OF PUBLIC HEALTH
 DIVISION OF FACILITY
 SYSTEMS REGULATIONS

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/18/2010

PRODUCER (860) 224-2413
Lindquist 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 \$ 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	01/01/2010	01/01/2011	<table border="1"> <thead> <tr> <th>WC STATU-TORY LIMITS</th> <th>X</th> <th>OTH-ER</th> <th></th> </tr> </thead> <tbody> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td></td> <td>\$ 2,500,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td></td> <td>\$ 2,500,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td></td> <td>\$ 2,500,000</td> </tr> </tbody> </table>	WC STATU-TORY LIMITS	X	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
WC STATU-TORY LIMITS	X	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.
1548 West Main Street
Willimantic CT 06226-

CANCELLATION

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

Sori J. Toussaint



CERTIFICATE OF LIABILITY INSURANCE

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

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

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.

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

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		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 GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <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
		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 EA ACC AGG \$
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS \$ OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B		OTHER 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 DENEGRE
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 Kakei



STATE OF CONNECTICUT

On (date) 8/19/2010, The (Town/City) Windham Office of the Fire Marshal

conducted an inspection of (name of facility) Planned Parenthood of CT

located at (address) 1548 W. Main St. in the

City/Town of Windham 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 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. **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 of closing or restricting usage of this facility to the public. (See attached information). **Certificate of approval NOT recommended.**

RECEIVED
2010 AUG 20 4:11 PM
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE, EMERGENCY & BUILDING SERVICES

Michael E Licata
Fire Marshal

August 19, 2010
Date

City or Town: Windham

Planned Parenthood of Southern New England, Inc.

Services available at PPSNE health centers:

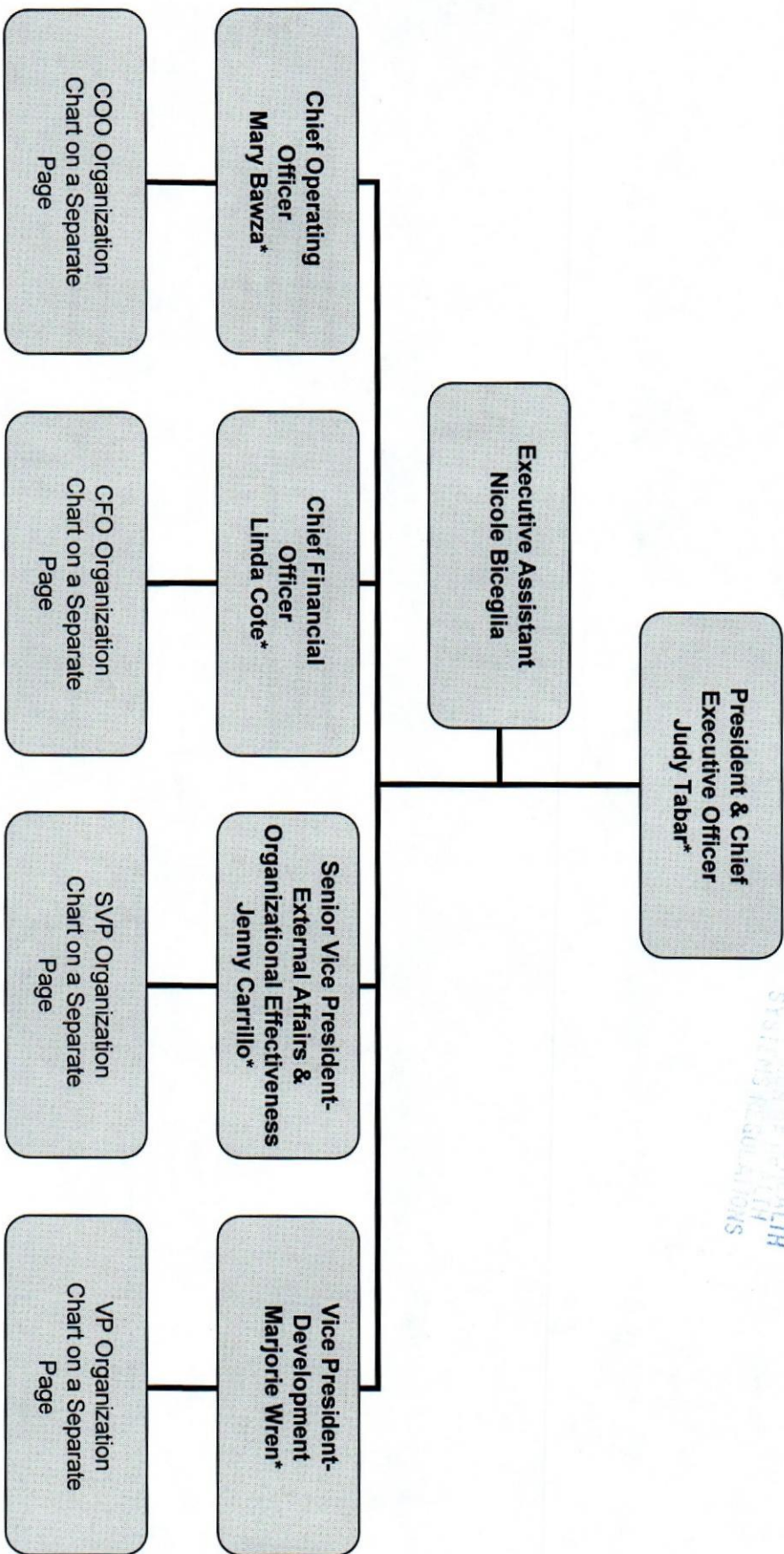
- Sexually Transmitted Infections (STI) Testing & Treatment
- Birth Control Services
- Emergency Contraception (morning after pill) Services
- Pregnancy Testing & Pregnancy Services
- HIV Testing
- Hepatitis Vaccine and HPV Vaccine Services
- Lesbian, Gay, Bisexual, & Transgender Services
- Abortion Services & Abortion Referrals
- Patient Education
- Preconception Care
- Well-Women's Health Care
- Well-Men's Health Care

Updated 8/2/10

RECEIVED
2010 AUG 20 P 4:16
DEPT. OF PUBLIC HEALTH
BUREAU OF PREVENTIVE
STUDIES & REGULATIONS

Planned Parenthood of Southern New England CEO Organization August 2010

DEPT OF PUBLIC HEALTH
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND
2010 AUG 20 P 4: 16
RECEIVED



*Management Team

Chief Operating Officer August 2010

RECEIVED

2010 AUG 20 P 11:15

Chief Operating Officer
Mary Bawza*

Medical Director
Les Silberman

Dir-Clinical Research
Chair Kaplan

Dir-Medical Services
Sally Helleman

Dir- Special Projects
Susan Hill

Regional Dir-
Clinical Services
Irene Lopez

Regional Dir-
Clinical Services
Kelly O'Brien

Health Center Mgr
Providence
Amanda Laramie

Dir-Human Resources
Janelle Walker

Associate Medical Director - RI
Tim Spurrell

Associate Medical Director - CT
Anna Stakianaki

Dr-Quality Mgmt
Debbie Hamer

Call Center Manager
Judy Iversen

Center Coord (Daneison)
Diane St. Jean

Health Center Mgr (New Haven)
Jody Clark

Benefits Administrator
Nataasha Henry

Administrative Services Assistant
Sheila Davis

Clinical Applications Specialist
Jerry Vernegni

Call Center Assistant
Yamalia Ayala

Center Coord (Enfield)
Amanda Mitchell

Center Coord (Bridgeport)
Ivelisse Silva

Center Coord (Dandbury)
Antonietta Schaalman

LAN Support/ Clinical Applications Specialist
Cindy Smith

Call Center Assistant
Eileen Buzzell

Center Coord (Manchester)
Tracey Decker

Center Coord (Shelton)
Jule Sabatella

Clinical Services Administrative Asst
Deanna Martin

Call Center Assistant
Noraida Diaz

Center Coord (Marden)
Tasha Bianco-Douglas

Center Coord (Stamford)
Maochica Carolus

Center Coord (New London)
Keri Geoghegan

Center Coord (Torrington)
Tammy Hreha

Center Coord (Norwich)
Jareen Ortiz

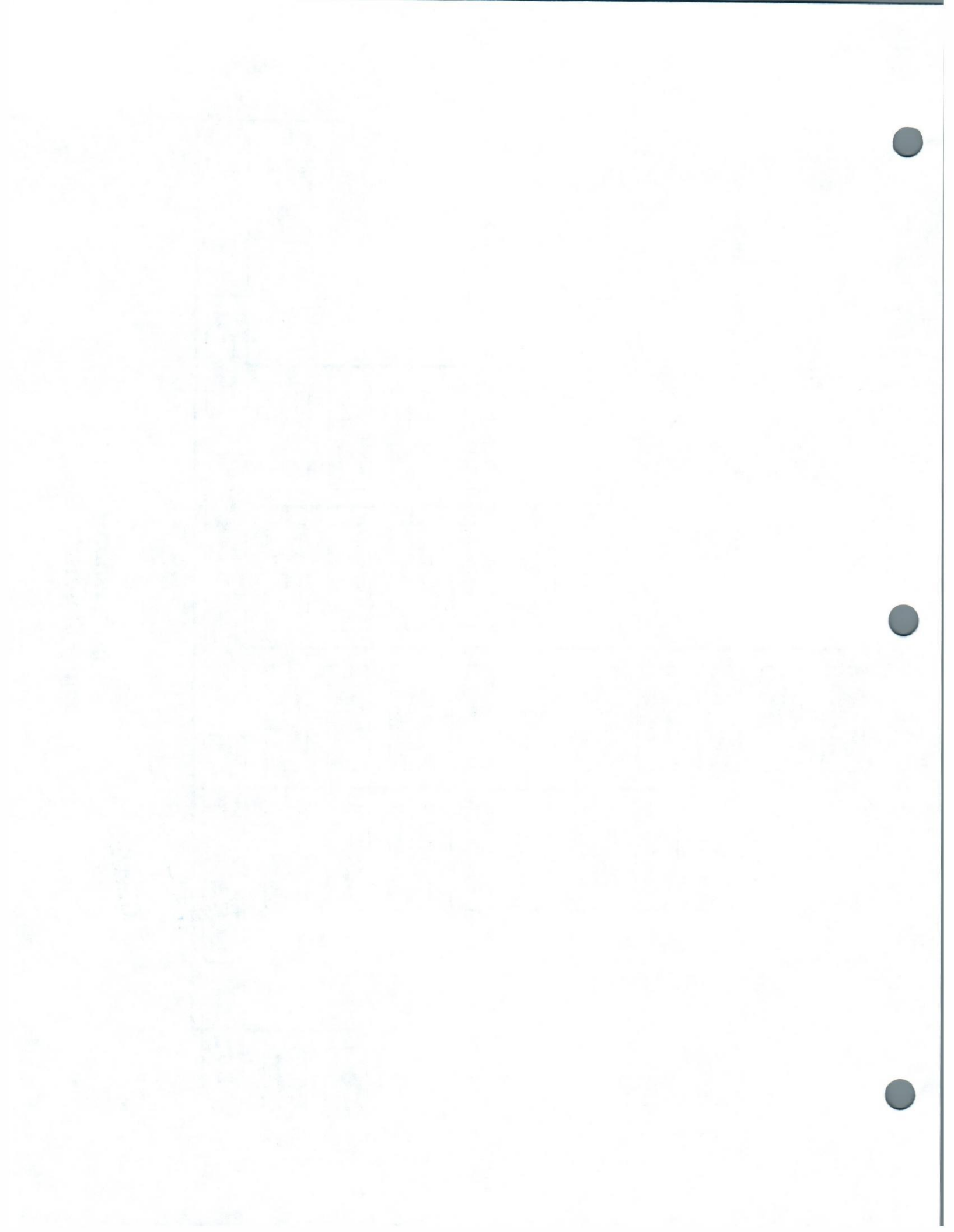
Center Coord (Waterbury)
Alicia Caban

Center Coord (Old Saybrook)
Beth Burrage

Center Coord (West Hartford)
Jaime Youssman

Center Coord (Williamantic)
Beth Murana

Management Team

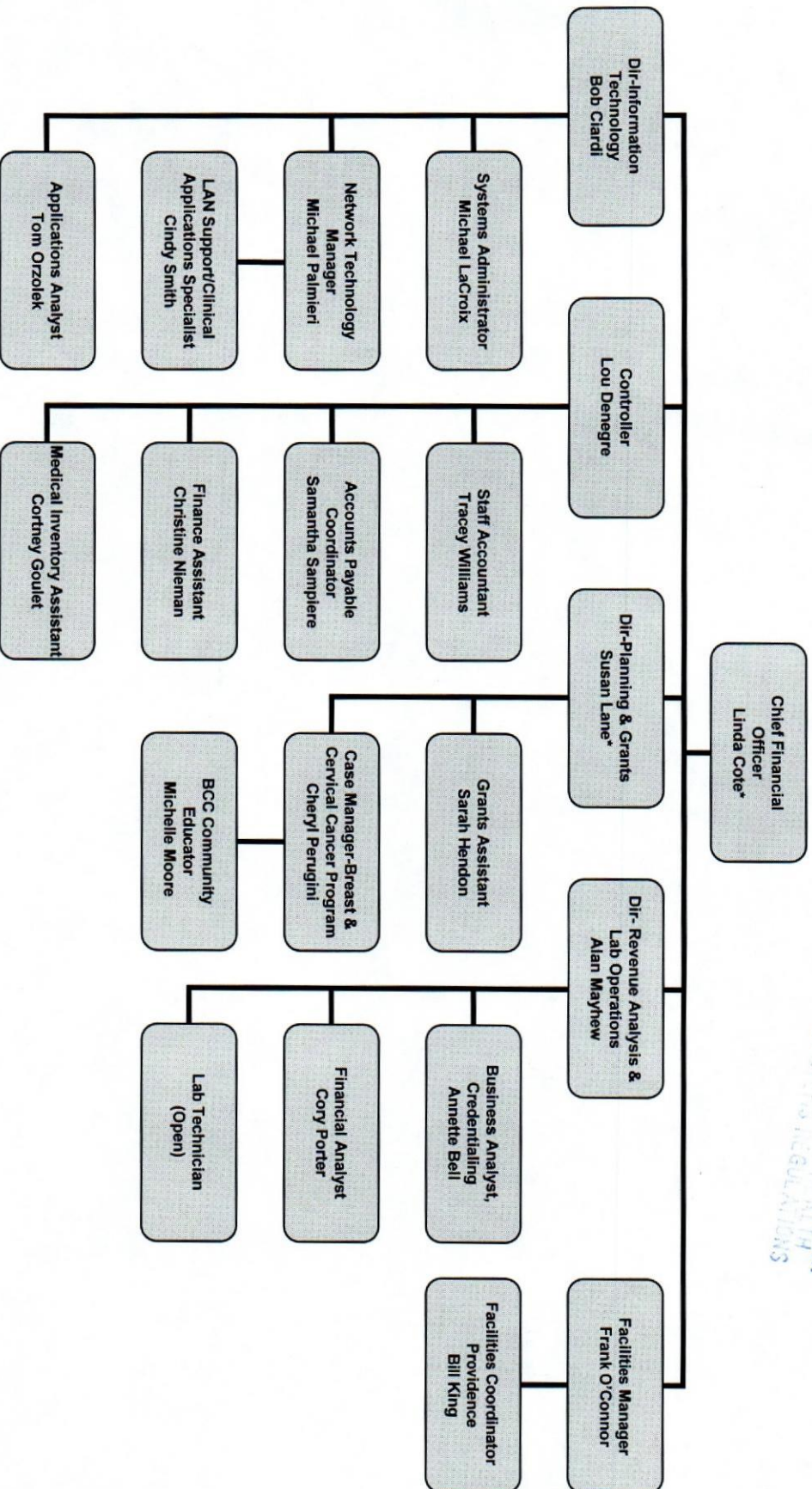


Planned Parenthood of Southern New England

Chief Financial Officer

August 2010

RECEIVED
2010 AUG 20 P 4: 46
DEPT. OF HEALTH
STATE REGULATIONS

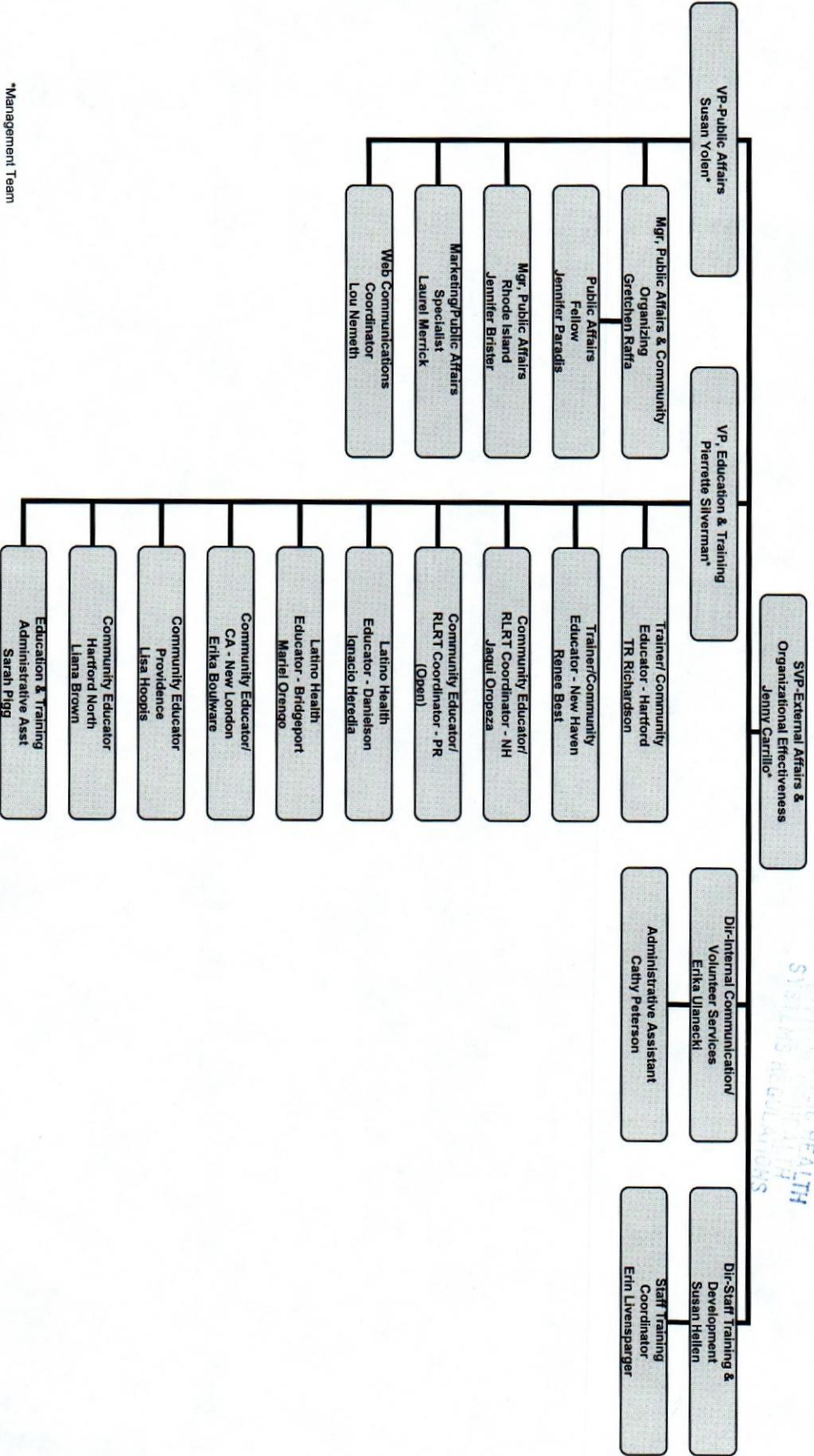


*Management Team

Planned Parenthood of Southern New England SVP-External Affairs & Organizational Effectiveness

August 2010

2010 AUG 20 P 4: 16
DEPT. OF PUBLIC HEALTH
SYSTEMS REGULATIONS



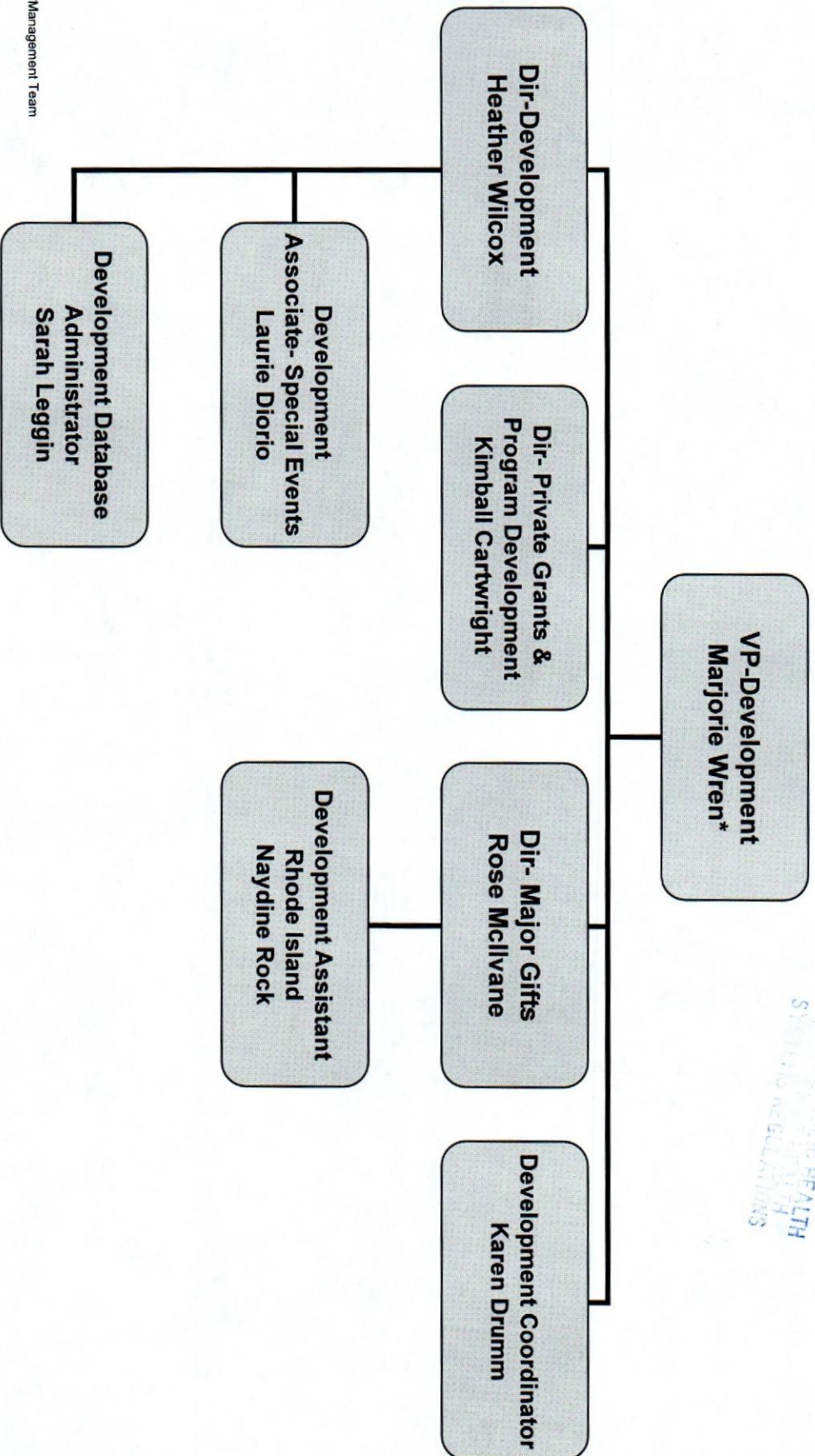
*Management Team

Planned Parenthood of Southern New England

VP-Development

August 2010

RECEIVED
2010 AUG 20 P 4: 16
DEPT OF PUBLIC HEALTH
STATE OF CONNECTICUT
SYSTEMS REGULATIONS



*Management Team

HEALTH CENTER STAFF - August 3, 2010

	BRIDGEPORT	DANBURY	DANIELSON	ENFIELD	HARTFORD NORTH	MANCHESTER
CENTER COORD/MGR	Ivelisse Silva	Antonietta Schaafman	Diane St. Jean	Amanda McNeil	Jessica Callahan	Tracey Decker
CLINICIAN	Laura Haydu Linda Magee Jennifer West (float)	Jennifer Ryan Bethany Ryan, PD Joan Welch, PD	Chris Fantoni Edie Koren-Morrison Hope Barton, PD Lisa Marie Griffiths, PD	Chris Bachand Amy Kenefick, PD	Beverly Isaacs	Maria Banerjids Diane Libby-Ramage Kristine Sterling (float) Rosaline Derasquale
RN	Amber Bachman Omar Jehaludi	Anntreen Lamar	Lori Mackay	Angela Martingola Kelly Haslam, PD	Batzbel Flores	Patricia Torres*
ADVANCED CA	Evelyn Cuevas* Aida Ortega* Lori Santilli	Gabriela Ambrose*	Amy Bates Doreen Luder	Jessica McNulty, PD Milan Turner, PD	Yolanda Young Irene Lopez	Madelaine Alvarez* Shondra Bechtold Leah Holman Callin Murphy
REGIONAL DIRECTOR	Kelly O'Brien	Kelly O'Brien	Irene Lopez	Irene Lopez	Irene Lopez	Irene Lopez
	MERIDEN/NEW BRIT	NEW HAVEN	NEW LONDON	NORWICH	OLD SAYBROOK	PROVIDENCE
CENTER COORD/MGR	Tasha Bianco-Douglas	Jody Clark (MGR) Constance Chinnua Carrie Ferrigno Jaret Ganser Carol Balin, PD Sarabeth Friedman, PD Gina Novick, PD Denise Romano, PD Sara Baidarf-Wagner, PD Annelie Taylor, PD Jake Weinstein, PD Heather Yates, PD	Keri Geoghegan Kathy Bryson Sarah Whalen Catherine Moffett, PD	Jamean Ortiz Carter Fish Leslie Willetts Margaret Worthington, PD	Beth Burrage Elizabeth Fabrizi	Amarda Laramee (MGR) Elizabeth Gillen Jessica Wilder Cory Fink, PD Katie McElroy, PD Paulina Niedzial, PD
RN						Paula Golden
LPN	Daiva Morales*	Candice Langley Eather Pellot* Carissa Teja	Damaris Hernandez* Yazmin Diaz, PD	Nicole Abbott Yairzand Diaz Bonita Santolero Sando Schuciler Kimberly Orzech, PD Yazmin Diaz, PD Lisa MacLure, PD		Lisa Agnew Kaherly Delarosa Antigona Reyes Esperanza Santiana* Pam Shaw Lily Shaid Harner Singer Amber Newmann, PD Eri Valerio*
ADVANCED CA	Tina St. Germain	Victoria Burch Omara de la Cruz* Eshe Hamilton Marta Santiago Carmen Trochez* Nicole Zullo	Bernadette DesShields Lindsey Jones Veronica Sohn	Donna Bonanno Melanie Eccleston Britlany Schultz	Colleen Kerrigan* Susan Schachter	
REGIONAL DIRECTOR	Irene Lopez	Kelly O'Brien	Irene Lopez	Irene Lopez	Irene Lopez	Mary Barza (COO)
	SHELTON	STAMFORD	TORRINGTON	WATERBURY	WEST HARTFORD	WILLIMANTIC
CENTER COORD/MGR	Julia Sabetta	Maehlicia Carolus*	Tammy Hreha Claudette Baril Elizabeth Foster	Alicia Cabarr* Claudette Baril Sarah Callandi, PD Beverly Isaac, PD	Jane Youssman Diana Denning Mark Pierce Maureen Schade, PD	Beth Murana Jill Cassilis Marianne Pascale, PD Cynthia Walsh, PD
CLINICIAN	Patricia Labowsky Leslie Robinson, PD	Margaret Cole Romie Dubrowm* Susan Rueli, PD Erin Ruppe, PD				
RN		Allison Lomas			Wendy O'Brien, PD Dorina Studrocks, PD	
CA	Linda Federico	Rachel Mody (float) Kan Myder Yolanda Rosado* Mayra Torres*	Isabel Medina* Latoya Joyner, PD		Sarah Chamberlain Emily Cole Kathin Sohn Wendy Trella	Normar Nieves*
ADVANCED CA	Laliesha Puritoy Erika Vanaminge	Daphne Mondasi** Yvonne Weaver	Sharon Milavsky Jasmin Osorno*	Ivelisse Vasquez*	Mary Cruz* Lissette Graham* (float) Gezania Nieves*	Taryn Bazinet Lillian Morales*
REGIONAL DIRECTOR	Kelly O'Brien	Kelly O'Brien	Kelly O'Brien	Kelly O'Brien	Irene Lopez	Irene Lopez

*Bilingual English/Spanish **Bilingual English/French

PD = Per Diem

RECEIVED
2010 AUG 20 P 4: 16



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

RECEIVED
2010 AUG 20 P 4: 16
DEPT. OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH
SYSTEMS REGULATIONS



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, Inc
Facility "d/b/a" (doing business as) Name
1548 West Main St. Willimantic CT 06224 860042384
Business Address City State Zip Code Telephone

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. Beth Murona
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: M 830-5, T 1030-730, W 10-430, TH 1230-730
F 830-430, one Sat/mo 9-1.

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.

[Signature]
Signature of Administrator

8/6/10
Date Signed

RECEIVED
AUG 20 10 46 AM '10
DIVISION OF FACILITY LICENSING & INVESTIGATIONS
DEPARTMENT OF PUBLIC HEALTH

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

LICENSING INSPECTION REPORT

Name and Address of Entity
Planned Parenthood of Southern New England
1548 West Main St.
Wilmington CT 06226

Signature of DHSR Staff
[Signature]

Licensure Category: Outpatient Clinic - PC Licensed Capacity: _____ Census: _____
Licensed Capacity: _____ Census: _____

Date(s) of onsite inspection: 10/6/14

Date(s) additional information obtained: _____

Personnel contacted: Bern Murano

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

- Licensing Inspection [] Initial [] Renewal [] Other: _____
- [] Revisit for the purpose of _____
- [] See Complaint Investigation # _____
- [] See Reportable Event Investigation # _____
- [] See Certification File.
- [] Violations of the General Statutes of Connecticut and/or regulations of Connecticut State Agencies were identified at the time of this inspection. See attached violation letter dated _____.
- [] Citation # _____ was issued to this facility as a result of this inspection.
- Violations of the General Statutes of Connecticut and/or the regulations of Connecticut State Agencies were not identified at the time of this inspection.
- [] Citation # _____ was/was not verified as corrected. See attached narrative report.
- [] Narrative report/additional information attached.
- [] Referral(s) to _____

REPORT SUBMITTED BY: [Signature] DATE OF REPORT: 10/6/14

Approval for issuance of license granted by: Loan Nguyen DATE: 10-14-14
Supervisor/Title

2011

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.
548 West Main Street
Willimantic, CT 06226

Signature of DHSR Staff: Maisha A. Melimel, RN, MPA,
Nurse Consultant

Licensure Category: family planning clinic / medical abortion

Licensed Capacity: 0032 Census: N/A

Licensed Capacity: _____ Census: _____

Date(s) of Onsite Inspection: July 7, 2011

Date(s) Additional Information Obtained: _____

Personnel Contacted: Jill Casella, CNM; Beth Murana, Center Manager

REVIEW/FINDINGS/PROCESS (complete all applicable)

Licensing Inspection: [] Initial [x] 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 Maisha A. Melimel, RN, MPA DATE OF REPORT 07/06/11

Approval for Issuance of License granted by: Loan D. Nguyen 725-11
Supervisor / Title Date

ENTITY: Planned Parenthood of Southern
New England, Inc. — Willimantic

DATE(S) OF VISIT: July 6, 2011 Page 2 of 2

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 conducted.

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

SIGNATURE Maisha A. Mehmel, RN, MPA
Nurse Consultant

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

Signature of DHSR Staff

Planned Parenthood of
Southern New England Inc.
548 West Main Street
Willimantic, CT 06226

Maisha A. Melmel, RN, MPA,
Nurse Consultant

Licensure Category :

family planning clinic

Licensed Capacity: 0032

Census: N/A

Licensed Capacity: _____

Census: _____

Date(s) of Onsite Inspection : July 7, 2011

Date(s) Additional Information Obtained: _____

Personnel Contacted : Jill Cassella, CNM; Beth Musana, 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 Maisha A. Melmel, RN, MPA DATE OF REPORT 07/06/11

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

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

Signature of DHSR Staff

Planned Parenthood of Connecticut, Inc.

1548 West Main Street

Willimantic, CT

06226

Marsha A. Mehmel, RN, MPA

Nurse Consultant

Licensure Category :

family planning clinic

#

Licensed Capacity : FPL0032

Census : N/A

Licensed Capacity : _____

Census : _____

Date(s) of Onsite Inspection : July 3, 2006

Date(s) Additional Information Obtained: _____

Personnel Contacted : Beth Murana, Center Cook; Lillian Morales, COA III; Jill Casselle, APRN

REVIEW/FINDINGS/PROCESS (complete all applicable)

Licensing Inspection: [] Initial [x] 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. Mehmel, RN, MPA

DATE OF REPORT 07/03/06

Approval for Issuance of License granted by : Austyn J. Carbone

Supervisor / Title

7/4/06
Date



ENTITY: Planned Parenthood of Connecticut, Inc. -
Willimantic

DATE(S) OF VISIT: July 3, 2006 Page 2 of 2

LICENSING INSPECTION NARRATIVE REPORT

✓ Licensure inspection conducted onsite.

The following was inspected/reviewed:

- ✓ facility inspection
- ✓ 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

No violations of the State of Connecticut Public Health Code were identified as a result of this inspection.

SIGNATURE Marsha A. Melimel, RN, MPA
Nurse Consultant



COPY

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH SYSTEMS REGULATION
LICENSING INSPECTION REPORT

Signature of DHSR Staff

Name and Address of Entity
Planned Parenthood of Connecticut, Inc.
1548 West Main Street
Willimantic, CT 06226

Marsha A. Melmed, RN, MBA

Licensure Category:
family planning clinic

Licensed Capacity: FPL0032 Census: N/A
Licensed Capacity: _____ Census: _____

Date(s) of Onsite Inspection: July 3, 2006

Date(s) Additional Information Obtained: _____

Personnel Contacted: Beth Musana, Center Cook; Lillian Morales, COA III;
Jill Caselle, APRN

REVIEW/FINDINGS/PROCESS (complete all applicable)

- Licensing Inspection: [] Initial [X] 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. Melmed, RN, MBA DATE OF REPORT 07/03/06

Approval for Issuance of License granted by: Victoria A. Carbone 7/11/06
Supervisor / Title Date