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.

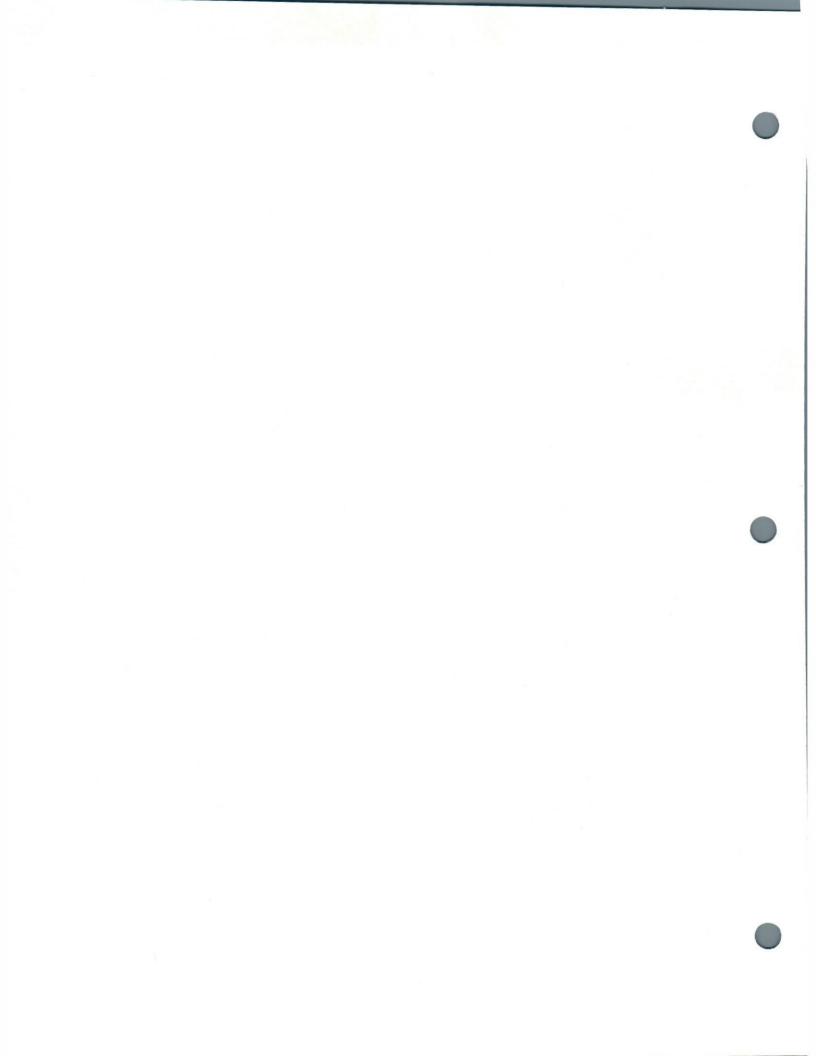
Dated at Hartford, Connecticut, October 1, 2014 RENEWAL



Jewel Mullen, MD, MPH, MPA

Javel Mullen MB

Commissioner



Department of Public Health

LICENSE

License No. 0032

Outpatient Clinic

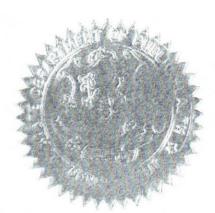
In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

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, MPH, MPA

Jawel Mullen Ms

Commissioner



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.

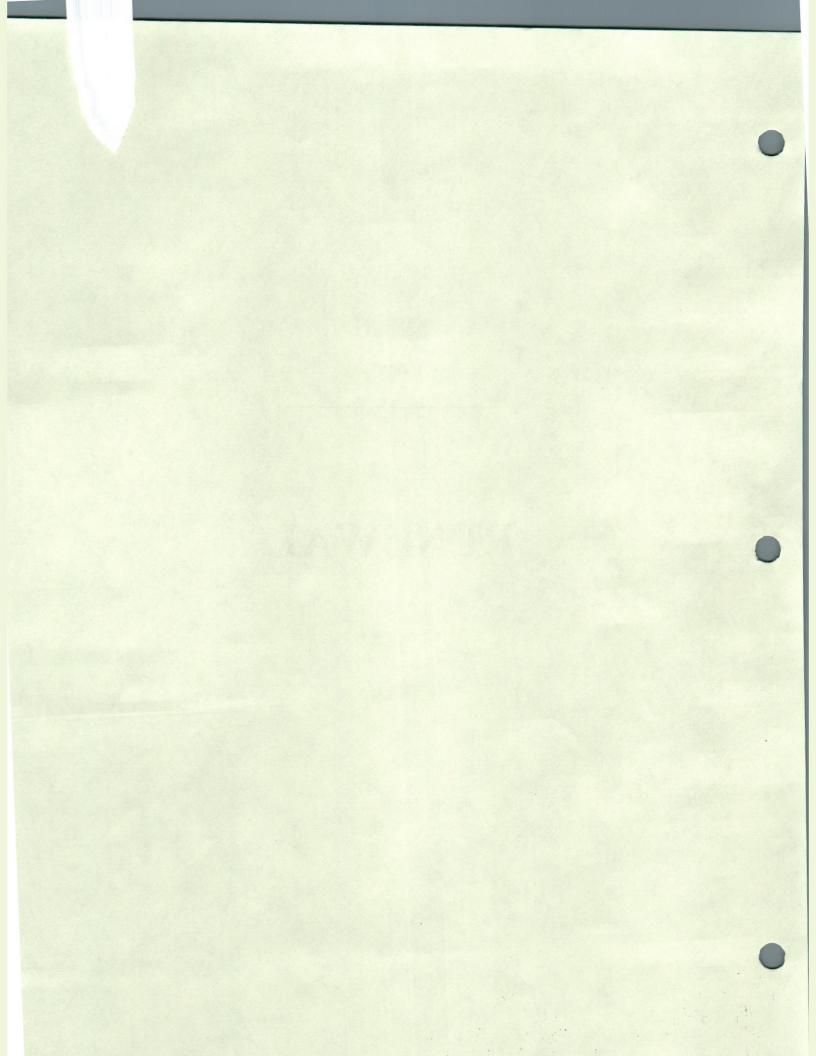
Dated at Hartford, Connecticut, October 1, 2006. RENEWAL.



& Robert Dolvin M.D., M.R.K.



RENEWAL





[] INITIAL

FLIS LICAPP -001

Rev: 4/14

STATE OF CONNECTICUT

Page 1 of 4

DEPARTMENT OF PUBLIC HEALTH FACILITY LICENSE & INVESTIGATIONS SECTION

LICENSURE APPLICATION

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

[] CHANGE OF OWNERSHIP [] RELOCATION

] RENEWAL

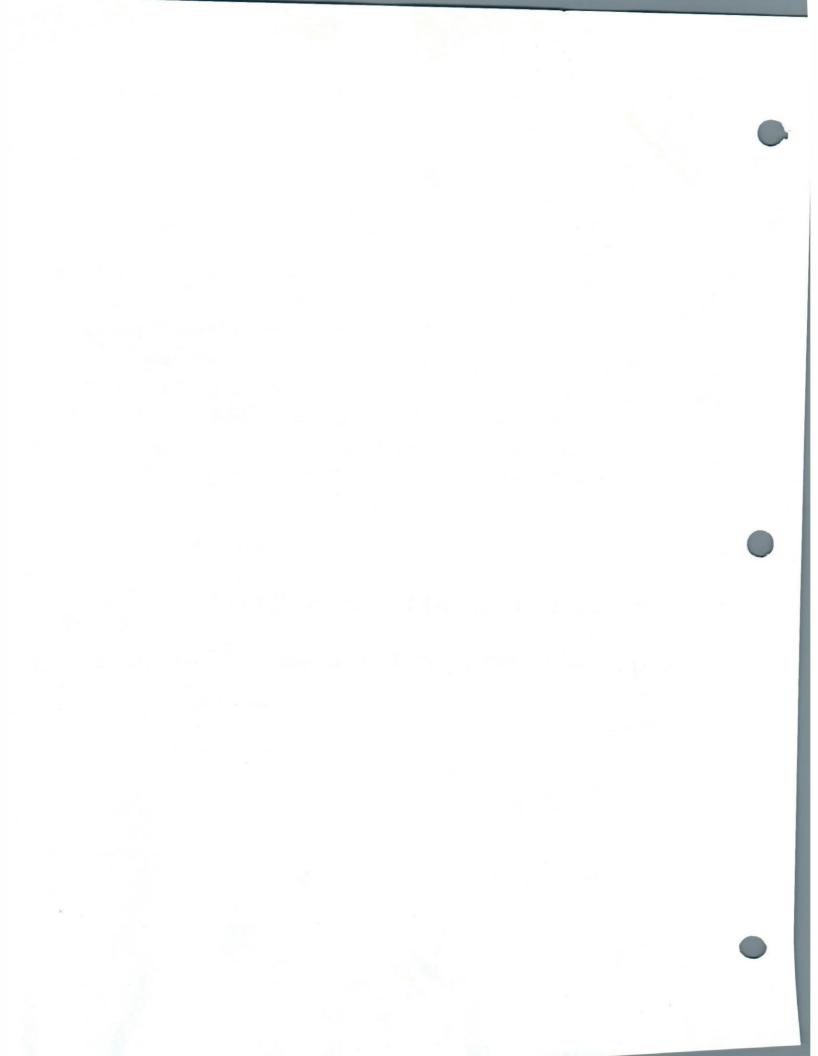
adir to o	(%) ownership interest, and any administrator, assistant ministrator, medical director, director of nursing or assistant ector of nursing, may be subject to criminal liability, in addition civil and administrative sanctions under federal and state law, for a abuse or neglect of a resident of the nursing home perpetrated an employee of the nursing home.
	TE: A separate application must be completed for each licensed level of care, other or not, that level is located at the same address
1 .	Planned Parenthood of Sonthern New Facility "d/b/a" (doing business as) Name
	1548 West Main St Williamatil CT 06276 860423. Business Address City State Zip Code Telephone
	Mailing Address (if applicable) City State Zip Code
√2.	SEP 09 2014 SEP 09 2014 DEPT OF IBLIC HEALTH FACILITY SICKING A INVESTIGATIONS SECTION
3.	Is the above named entity authorized by the Office of the Secretary of State to transact business in the

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

An Equal Opportunity Employer

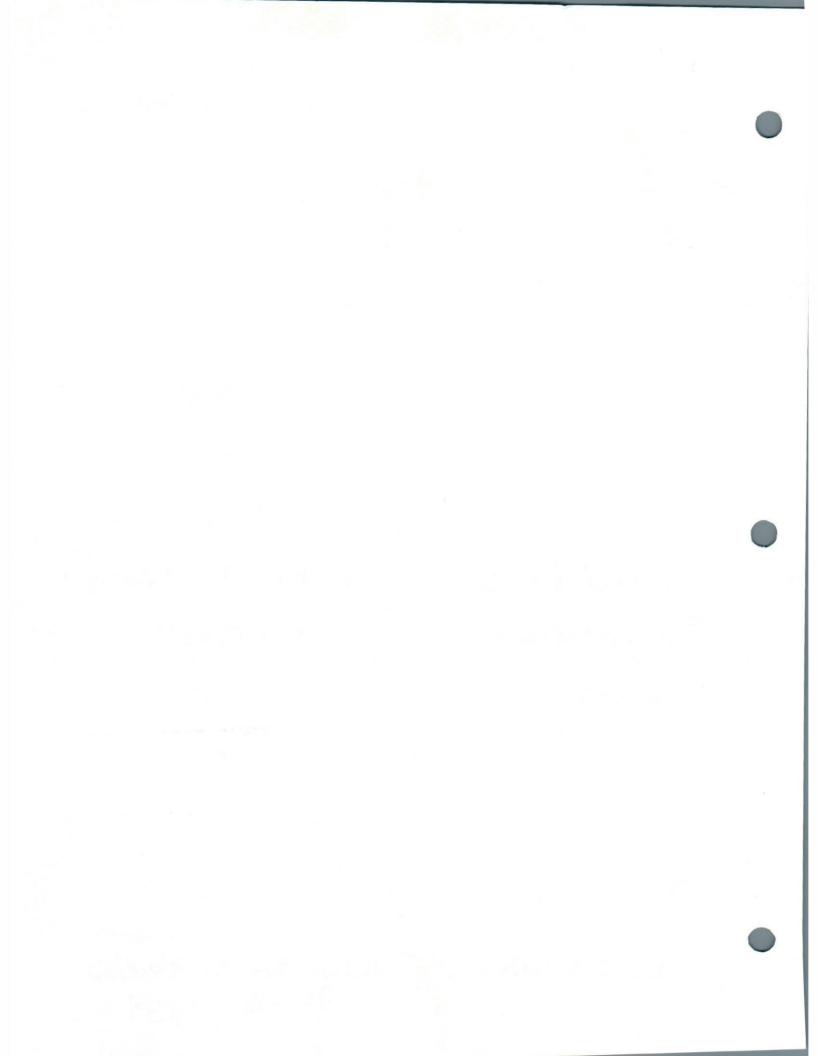
State of Connecticut and considered in Good Standing? YES [] NO

Phone: (860) 509-7444



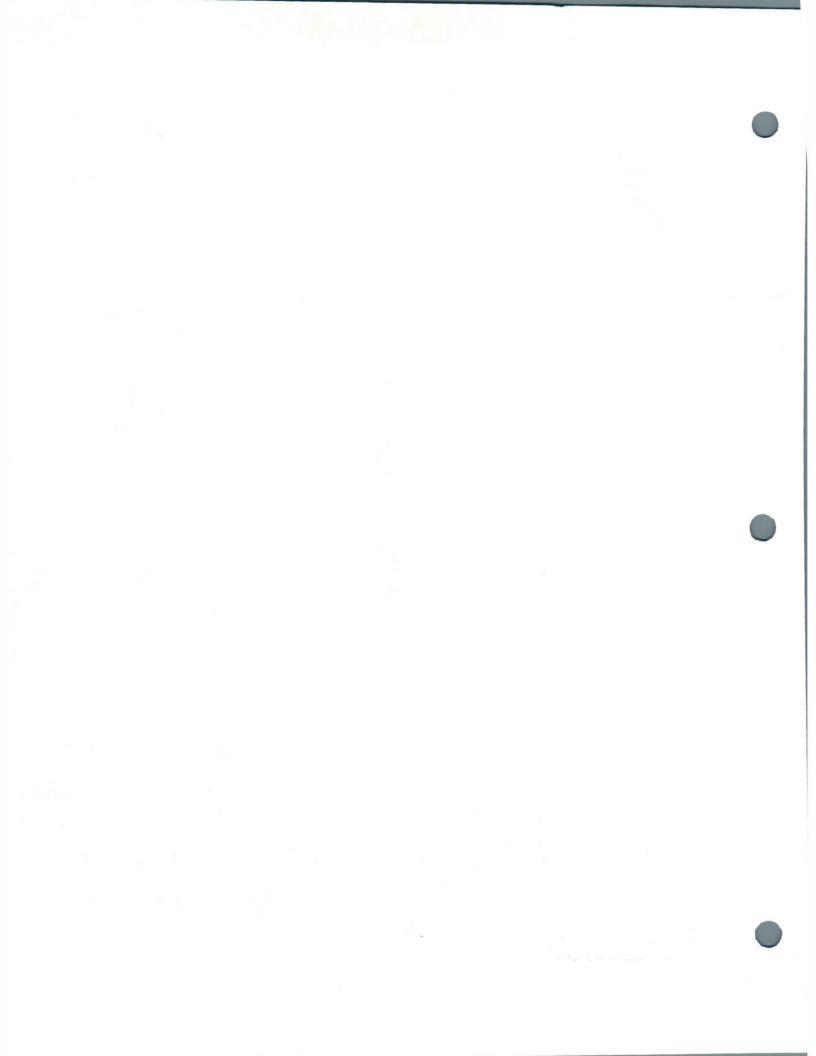
In acco	ordance with Section 19a-491 by made for a license to opera	and/or Section 19a-506 ate the following (please	of the Connecticut General S check the appropriate box th	tatutes, application at applies):
[] C [] C [] C [] F [] H [] H	Assisted Living Services Agency hildren's Hospital Phronic and Convalescent Nurse Phronic Disease Hospital amily Planning Clinic General Hospital Home Health Care Agency Homemaker-Home Health Aide Hospice/19a-495-5a & 19-13-D Hospital for Mentally III Person	[] Mate sing Home [] Mate [] Outp [] Outp [] Residue Agency [] Rest D1(C) [] In-Pa	mary Operated by an Education rnity Home rnity Hospital atient Clinic/Primary Care/Deatient Dialysis Unit atient Surgical Facility dential Care Home Home with Nursing Supervisitient Hospice Unit Child Clinic	ental
V 4.	Bed Capacity Requested (if a please list the bed capacity for		ng this application for multipl ng requested.	e levels of care,
	Level of Care	Beds/ Hemodialysis Stations	Bassinets (if applicab	ole)
5.	entity.)		facility. (Note: The license	
	Business Address Mailing Address (if applicable)	City	State Zip Code Teleph SEP 0	hone 5158
√ 6.	Is the above named legal ent	tity a (please check the b	pox which applies): Deep or	VESTICATIONS SECTION
	[] Individual/Sole proprie [] General Partnership [] Limited Partnership [] Limited Liability Comp [] Other: Non-profit Corporation	oany	[] Municipality [] Trust [] Profit Corporation	SECTION SECTION
7.	Please disclose the name, but Licensee.	or 345 who	ohone number of the Agent fo	taven Cr 069
FLIST	Name ICAPP-001	Address	203-865_Telep	hone

Rev. 4/14



- 8. Attach an organizational chart which reflects the current ownership structure of the licensee and the licensee's relationship with the facility/agency.
- 9. Respond to the specific question that reflects the ownership structure of the licensee. The Licensee is the legal entity which will be issued the license to operate.
 - A. If the Licensee is a **general partnership**, **limited partnership or limited liability company**, complete Form 1 (attached).
 - B. If the Licensee is a trust, complete Form 2 (attached) for the Licensee.
 - i. Attach a list including the name, address and telephone number of all trustees.
 - C. If the Licensee is a <u>corporation</u> (profit or non-profit), complete Form 3 (attached) for the Licensee. Complete a separate Form 3 for each additional corporate entity having 10% or greater ownership interest in the Licensee.
 - i. If the corporation is incorporated in a state other than Connecticut, please attach a Certificate of Good Standing from the Secretary of State of the state of incorporation.
 - ii. Attach a list including the name, address and telephone number of all officers <u>and</u> 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.)

1		
12.	Ownership of Real Property	SEP 09 2014 L
	Michael Taylor	
	POBOX 476/ Stovis Commons	Rte 195 Stavis CT06262
	Business Address City State Zip	
		8100-429-8891



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

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

Planned Parenthood of Southern New England

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



Attachment 3



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH FACILITY LICENSING & INVESTIGATIONS SECTION

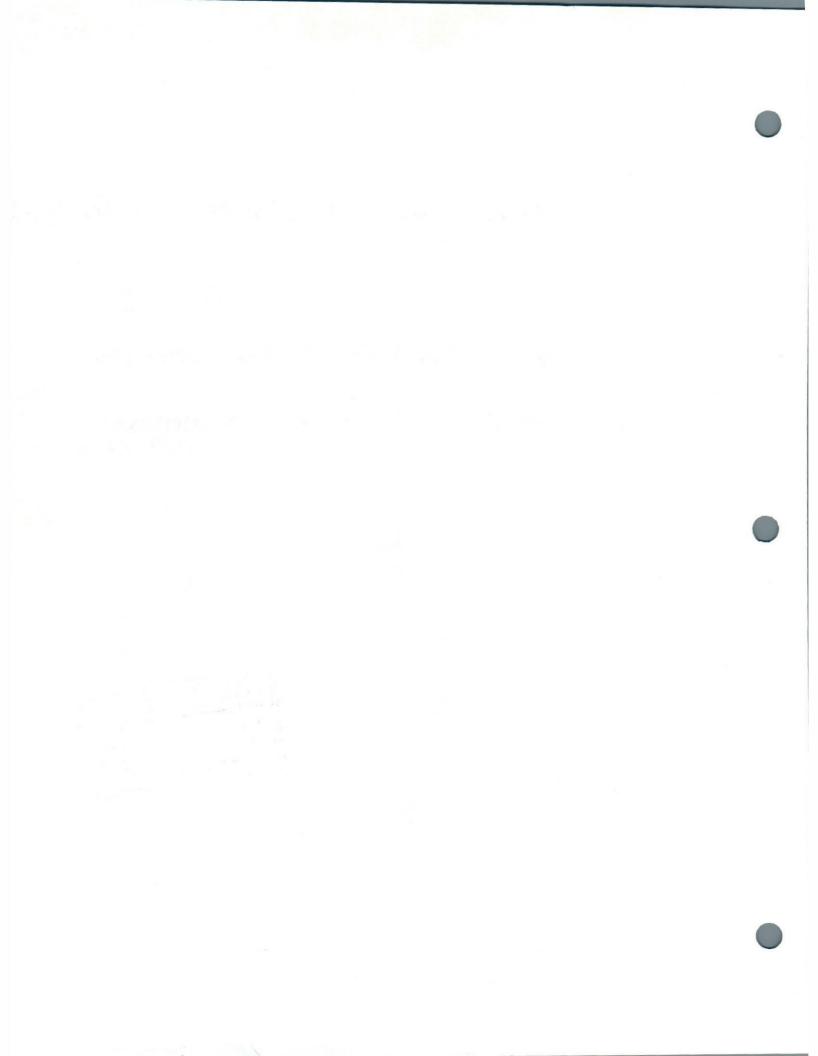
FORM 3

FACILITY/AGENCY NAME: Planned Paretthood of Southern nuw England, I

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 Pare Real Property Owner	& Parethood	of Southern New En
1.	Stockholder's percenta	ge of ownership: on with the owner:		in without Strukholders
2.	Telephone: Stockholder's percenta	ge of ownership:on with the owner:		
3.	Name: Address: Telephone: Stockholder's percenta	ge of ownership:on with the owner:		
4.	Telephone: Stockholder's percenta	ge of ownership:on with the owner:	The Control of the Co	SEP 09 2014 DECK A SOUCHEALTH ATV. KERNSLIG & NVESTIGATIONS SECTION



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

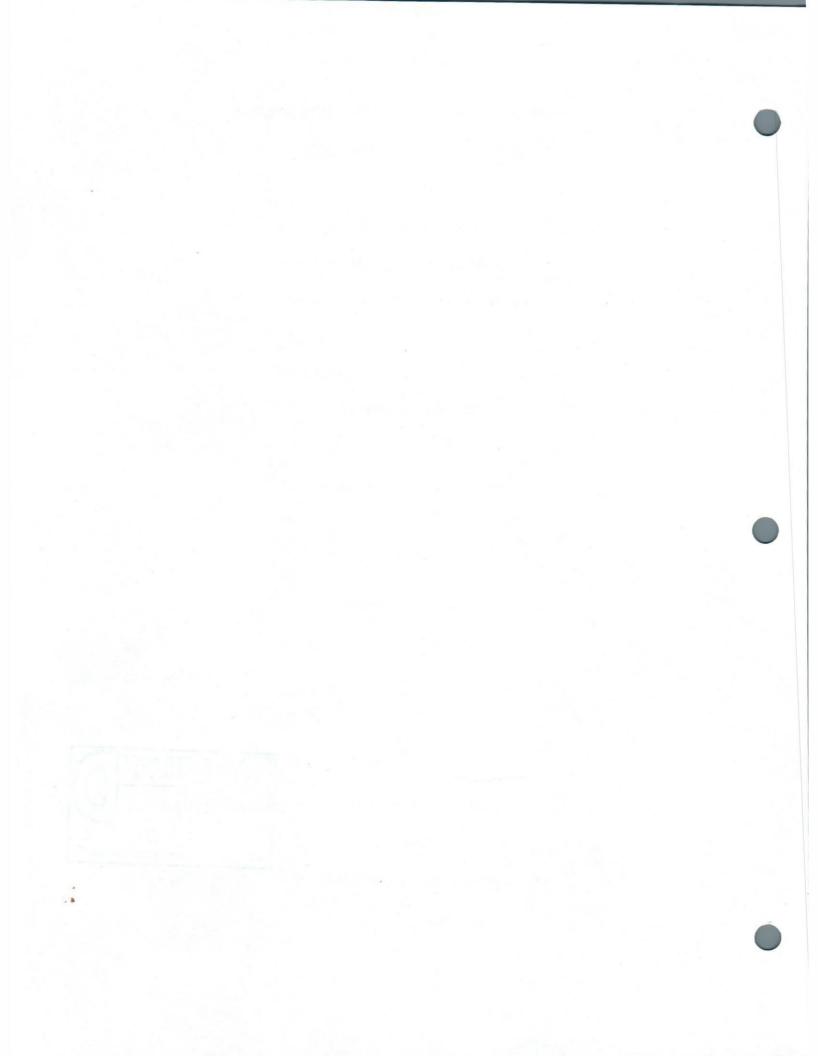
John R. Morton, M.D.

Frances Padilla

Amelia Renkert-Thomas

Susan Ross





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	THIS	CE	RTIE	C

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYY) 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(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

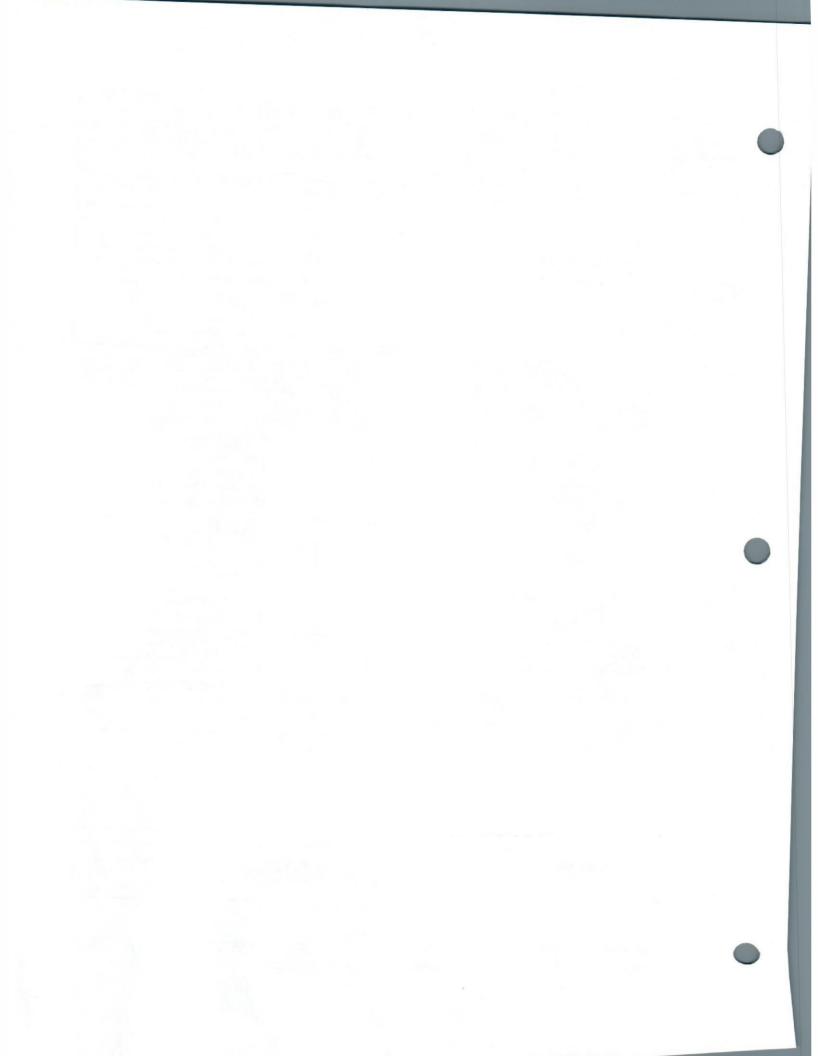
PRODUCER		CONTACT NAME:				
Marsh USA, Inc. 1186 Avenue of the Americas New York, NY 10038 Attn: healthcare.accountscss@marsh.com Fax: 212-948-1307		PHONE FAX (A/G, No. Ext): (A/G, No):				
		E.MAIL ADDRESS:				
		INSURER(8) AFFORDING COVERAGE	NAIO #			
109210-NIP-CAS-14-15	NEW,C GLPL	INSURER A. Harkel Insuranco Company	38970			
INSURED PARENTHOOD OF		WSURER B : NA	NA			
SOUTHERN NEW ENGLAND, IN	IC.	INSURER C: National Union Fire Ins. Co. of Pittsburgh, PA	19446			
AN AFFILIATE OF PLANNED PA	DOOHTHER.	INSURER D:				
FEDERATION OF AMERICA, INC. 345 WHITNEY AVENUE		INSURER # :				
NEW HAVEN, CT 08511		INSURER F;				
COVERAGES	CERTIFICATE NUMBER:	NYC-005767681-26 REVISION NUMBER: 11				

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

WSR	TYPE OF INSURANCE	INSR WY	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	\$
A	GENERAL LIABILITY		3041034	01/01/2014	01/01/2016	EACH OCCURRENCE	s 1,000,000
	X COMMERCIAL GENERAL LIABILITY					PREMISES (ES OCCUPANCO)	s 100,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	5,000
ı	X SIR: \$100,000					PERSONAL & ADV INJURY	s 1,000,000
1					1	GENERAL AGGREGATE	5 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	11				PRODUCTS - COMPIOP AGG	\$ 2,000,000
	POLICY PRO X LOG						3
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT	\$
1	ANY AUTO	1 1	1		1	BODILY INJURY (Per person)	8
1	ALL OWNED SCHEDULED AUTOS					BODILY MJURY (Per scoldent)	5
	HIRED AUTOS NON-OWNED					PROPERTY DAMAGE (Per accident)	\$
<u></u>							\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	8
1	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION'S						5
	SYORKERS COMPENSATION AND EMPLOYERS' LIABILITY					TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICERALEMBER EXCLUDED?	NIA				E.L. EACH ACCIDENT	\$
1	(Mandatory in NH)				1	EL DISEASE - EA EMPLOYER	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
C	MEDICAL PROFESSIONAL		6793286	01/01/2014	01/01/2015	PER CLAIM	\$1,000,000
	CLAIMS-MADE COVERAGE		Program Rel/o Date: 11/1/76			AGGREGATE	\$3,000,000
					1		

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

CERTIFICATE HOLDER	CANCELLATION				
PLANNED PARENTHOOD OF SOUTHERNAWW ENGLAND ATTIN: LOUIS DENEGRE 345 WHITNEY AVENUE NEW HAVEN, CT 06511	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 REPRÉSENTATIVE of Mich USA Inc.				
	RICH Filzslmmons Zish. Fiz				





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

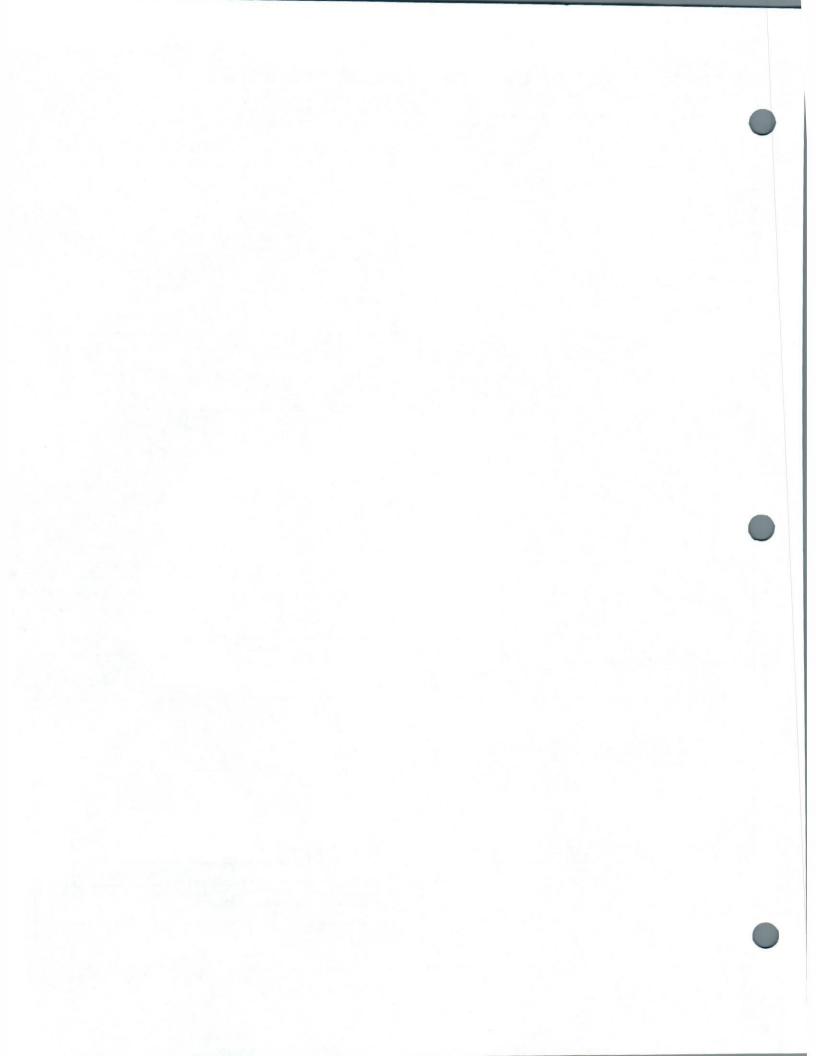
REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: PRODUCER FAX (A/C, No): PHONE (A/C, No, Ext): E-MAIL ADDRESS: Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036 Attn: healthcare.accountscss@marsh.com Fax: 212-948-1307 NAIC # INSURER(S) AFFORDING COVERAGE INSURER A : ACE American Insurance Company 22667 NEW.C WC 109210-WC-5-5-14-15 INSURED PLANNED PARENTHOOD OF SOUTHERN NEW INSURER B INSURER C ENGLAND, INC., AN AFFILIATE OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. INSURER D 345 WHITNEY AVENUE INSURER E NEW HAVEN, CT 06511 INSURER F **REVISION NUMBER: 1** NYC-006791956-01 CERTIFICATE NUMBER: COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR MED EXP (Any one person) 5 PERSONAL & ADV INJURY 5 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER PRODUCTS - COMP/OP AGG | \$ POLICY PRO-S DMBINED SINGLE LIMIT AUTOMOBILE LIABILITY (Ea accident) BODILY INJURY (Per person) S ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) HIRED AUTOS S UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE **AGGREGATE** \$ DED RETENTIONS S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY RSC C47330634 01/01/2014 01/01/2015 1.000.000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N N/A 1,000,000 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT | \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) EVIDENCE OF COVERAGE. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND INC. THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 1548 WEST MAIN STREET WILLIMANTIC, CT 06226 AUTHORIZED REPRESENTATIVE

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Rich Home

of Marsh USA Inc.

Ricki Fitzsimmons



FOR OFFICE USE ONLY

	CHECK #			AMOUNT \$_		
	DATE RECEIVED			INITIALS _		
****	***********	******	******	******	******	*****
13.	Annual Fire Marshal's Certificate Marshal. NOTE: <u>Hospitals</u> must completed for each building on a license. Additional forms may be Certificate of Inspection that is a Homemaker Home Health and I	t have a s the hospi oe copied submitte	separate ital's car l if neces ed must l	Fire Marsh npus and ea sary. Each nave an orig	nal's Certificate of nch satellite listed completed Fire M	f Inspection on the hospital's Iarshal's
14.	Affidavit of Owner: I attest that the information providing the information submitted will be a submitted					_
	Signature y Tabas		Date S	28 14 igned		
	Check one as applicable:					
	 [] Individual/Sole Proprietor [] General/Managing Partner [] President of Corporation [] Secretary of Corporation [] Municipal Officer [] Trustee 				DECEO SEP 09	VED
	State of Connecticut)			DEVI IN YOUR THANKS A MINE	
	County of New Haver)	SS	8/25	20_19	
	Personally appeared before me the to the truth of the statements contains	above national above national	amed	Judy Tall swers to the	foregoing question	and made oath
			Notary Justice Town			[4] [] []
	My Commission Expires: (If Notary Public)				•	
	The matter was the matter of t	Herman -Connec slon Expir	105			

FLIS LICAPP -001 Rev. 4/14



On (date)08/22/2014	, The (Town/City)	Vindham Office of	the Fire Marshal
conducted an inspection o	f (name of facility)	lanned Parenthoo	d of CT
located at (address)1	548	W. Main St.	in the
City/Town of	Windham	to determine the dec	gree of compliance with the
fire safety requirements o	f Connecticut General St	atutes Chapter 541 as auth	orized by
Section 29-305 of the stat	utes. This facility was ev	valuated as a (new/existing	g) Existing
(occupancy classification)	Busine	ess	as classified
by the CONNECTICUT I	FIRE SAFETY CODE.	As a result of this inspection	on, the following
conditions were found:			
At the of inspect recommended.	tion, no code violations	were identified. Certifica	te of approval
requirements of	these codes. An accepta	re discovered to be contra able plan of correction wa oproval recommended.	s submitted. (See
		e discovered to be contrar te of approval NOT reco	ommended.
this office is cur Attorney for the	rently seeking an injunct purpose of of closing or	ifety discovered at the time ion from the court through restricting usage of this for of approval NOT recom	n our Town/City acility to the public.
	Exp Date 8/2	21/2015	
Michaelica	ta		August 22, 2014
Fire Marshal City or Town:	Windham	2. 9/	Date



DEPARTMENT OF PUBLIC HEALTH FACILITY LICENSING & INVESTIGATIONS SECTION

LICENSURE APPLICATION - ADDITIONAL INFORMATION REQUIRED

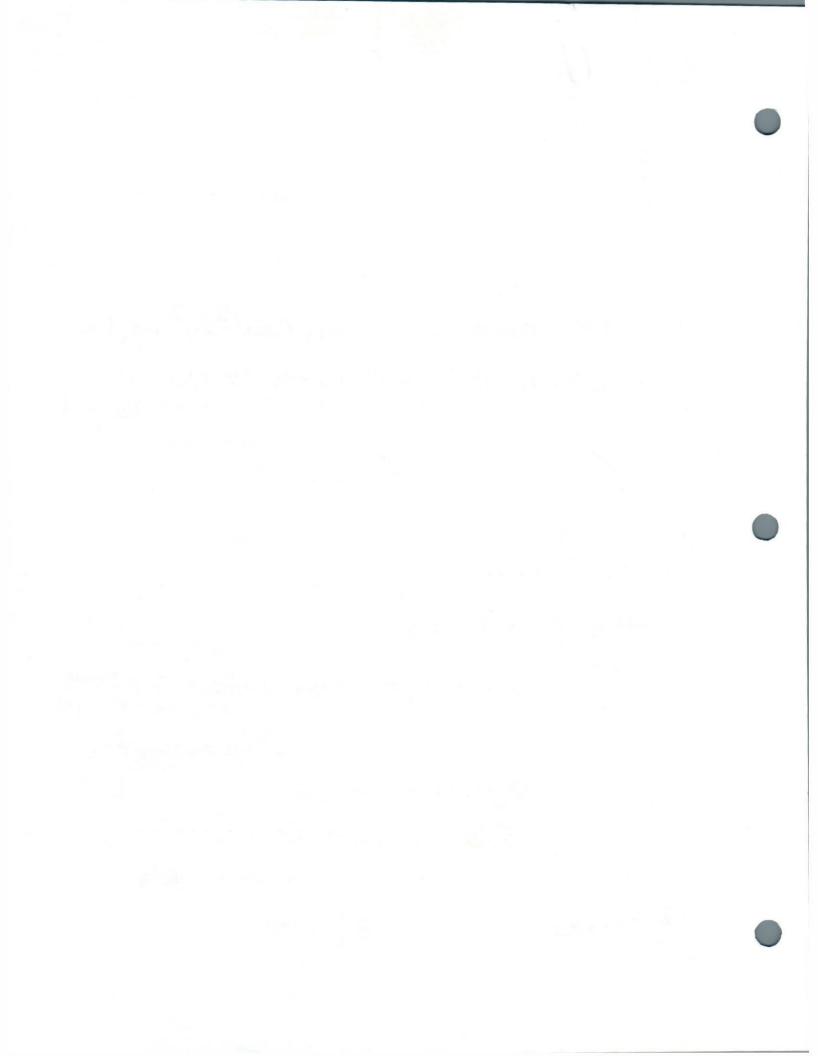
OUTPATIENT CLINICS, WELL CHILD CLINICS AND FAMILY PLANNING CLINICS

	FAMILY PLANNING CLINICS
Pleas	e respond to all of the following questions:
1.	Planned Parenthood of Southern New England, Inc. Facility "d/b/a" (doing business as) Name 1548WEST Main St. Williamstic 4 06226
	Business Address City State Zip Code Telephone \$100 423-
2.	Check the appropriate box/boxes describing the services to be provided by the clinic: [] Primary Care [] Well Child Clinic [] Abortion Procedures [] Dental [] Mental Health Services
Be ad	lvised 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.	Medical Director Dental Director (if applicable)
	(Your name needs to appear as it is shown on your Professional License).
5. You l	Days & Hours of Operation: 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 11 SEP 09 2014
8.	Business Email Address: beth. murana a posne. On

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

Signature of Administrator

Date Signed



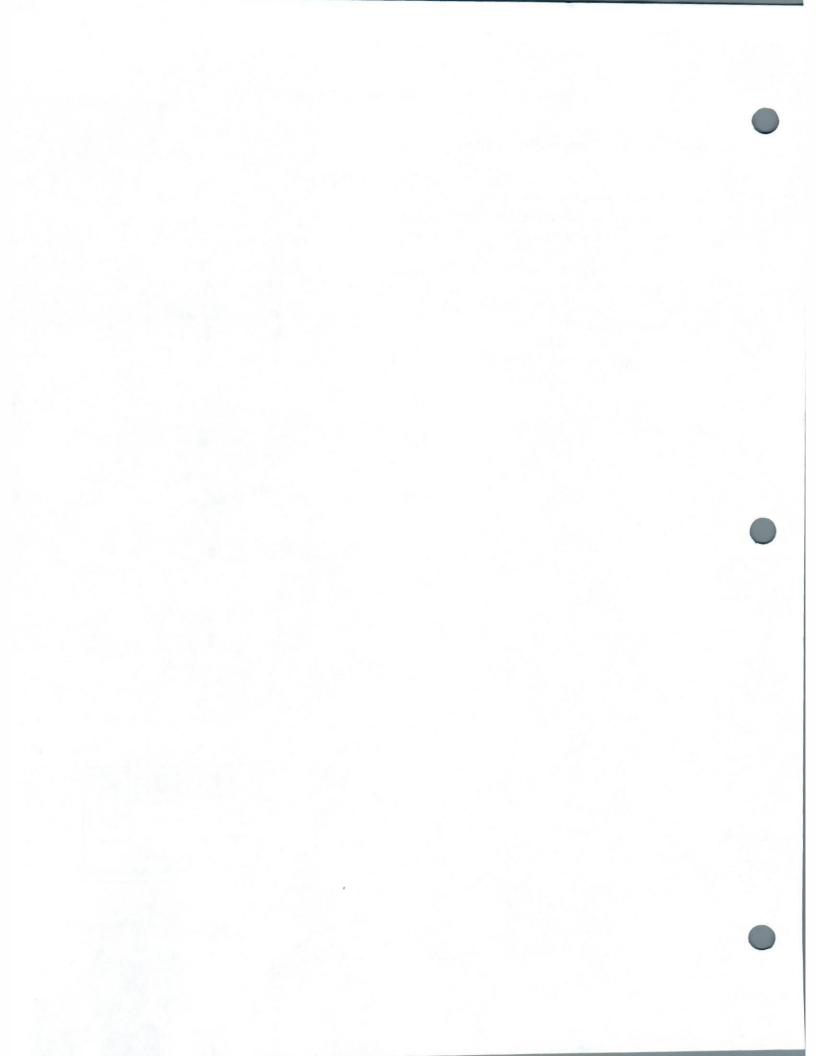
Planned Parenthood of Southern New England, Inc.

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

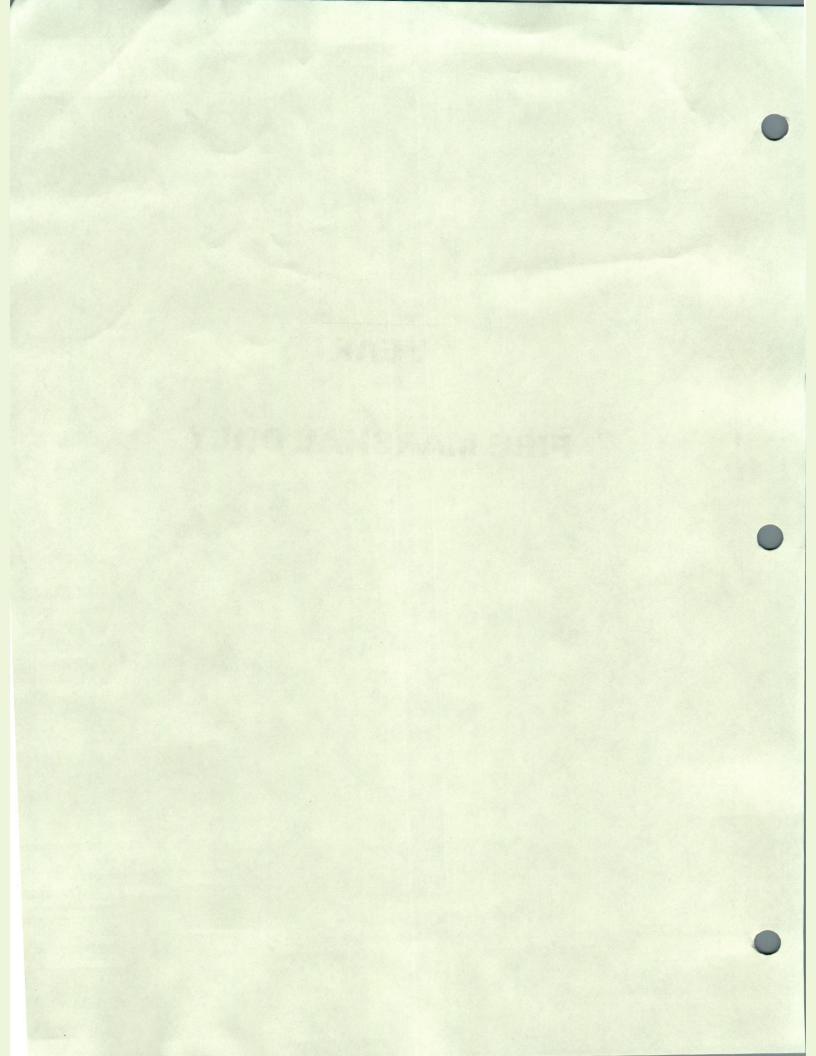
Updated 8/2/10





YEAR

FIRE MARSHAL ONLY



8/29/13

Dear Administrator,

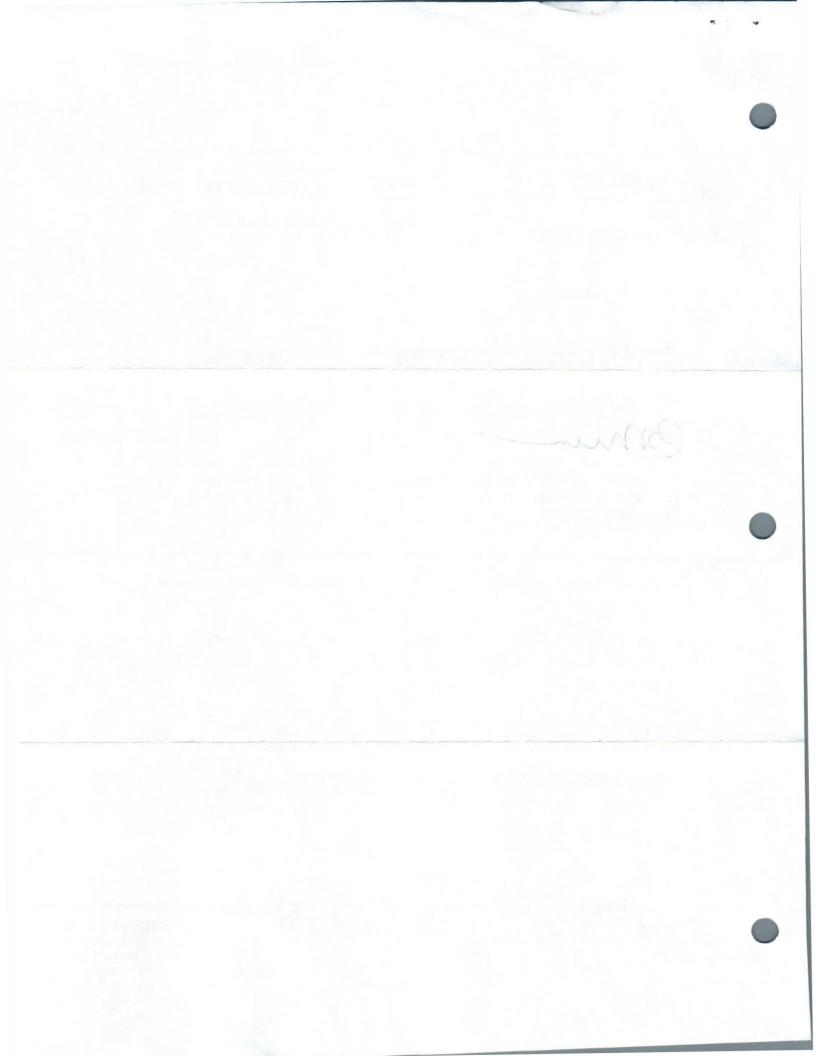
Please find enclosed a copy of our most recent Fire Marshal inspection.

Thank you.

Beth Murana, Center Manager Planed Parenthood of Southern New England

1548 West Main Street Willimantic, CT 06226





On (date) _	08/07/2013 , The (Town/City)	Windham Office	ee of the Fire Marshal	
conduct	ed an inspection of (name of facility)	Planned Parenth	lood of CT	
located	at (address)	W. Main St.		in the
	wn of Windham	to determine the	e degree of complianc	e with the
fire safe	ety requirements of Connecticut G	eneral Statutes Chapter 541 as	s authorized by	
Section	29-305 of the statutes. This facili	ity was evaluated as a (new/ex	cisting)Existing	
(occupa	ncy classification)	Business	as classified	
by the 0	CONNECTICUT FIRE SAFETY	CODE. As a result of this ins	pection, the following	
condition	ons were found:			
0	At the of inspection, no code virecommended.	iolations were identified. Cer	tificate of approval	
II.	At the time of inspection, cond requirements of these codes. A attached information). Certific	an acceptable plan of correction	on was submitted. (See	1
III.	At the time of inspection, condi- requirements of these codes.			D
IV.	Based on the extreme hazard to this office is currently seeking a Attorney for the purpose of of c (See attached information). Ce	an injunction from the court the closing or restricting usage of	nrough our Town/City this facility to the public	NS SECTION
	Exp Date	8/6/2014	7,	
MR	WE landa	MATTER	Augus	st 23, 201
Fire Ma		dham	Da	te

City or Town:

Officers

Kay Maxwell, Chair

Deborah Freedman, Vice Chair ia Cruz-Saco, Ph.D., Secretary melia Renkert-Thomas, J.D., Treasurer Sandra Arnold, Assistant Treasurer





Serving Connecticut & Rhode Island

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

Leadership Committee

David Wollin, J.D. Connie Worthington

Mrs. Malcolm Baldrige David Bingham, M.D. Atty. Gen. Richard Blumenthal Liz and Kim Chace Rosalie Fain Francine E. Goldstein Eunice S. Groark ter W. Kitchings Jr.

by 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

President & CEO

Joanne Woodward

Judy Tabar

Administrative Headquarters

345 Whitney Avenue New Haven, CT 06511 203.865.5158

111 Point Street Providence, RI 02903 21.7820

www.ppsne.org

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. Nguygen,

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



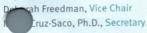
On (date)	8/21/2012 , The (Town/City) Windham Office of the Fire Marshal
conducted	an inspection of (name of facility) Planned Parenthood of Southern New England
located at	(address) 1548 W. Main St. in the
City/Town of Windham to determine the degree of compliance with the	
fire safety requirements 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 c	lassification) Business as classified
by the CONNECTICUT FIRE SAFETY CODE. As a result of this inspection, the following	
conditions were found:	
	At the of inspection, no code violations were identified. Certificate of approval recommended.
П.	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.
	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.
10/11	Les Juffells
Fire Marshal August 21, 2012 Date	

Windham

City or Town:

Officers

Kay Maxwell, Chair



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

Leadership Committee

Richard Sugarman David Wollin, J.D. Connie Worthington

Mrs. Malcolm Baldrige
David Bingham, M.D.
Atty. Gen. Richard Blumenthal
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Eunice S. Groark
W. Kitchings Jr.
Desay Leach

Descyceach
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



Serving Connecticut & Rhode Island

Dear Christine,

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

Thank you.

Sincerely,

8/10/1

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

Administrative Headquarters

345 Whitney Avenue

New Haven, CT 06511

203.865.5158

111 Point Street

Providence, RI 02903



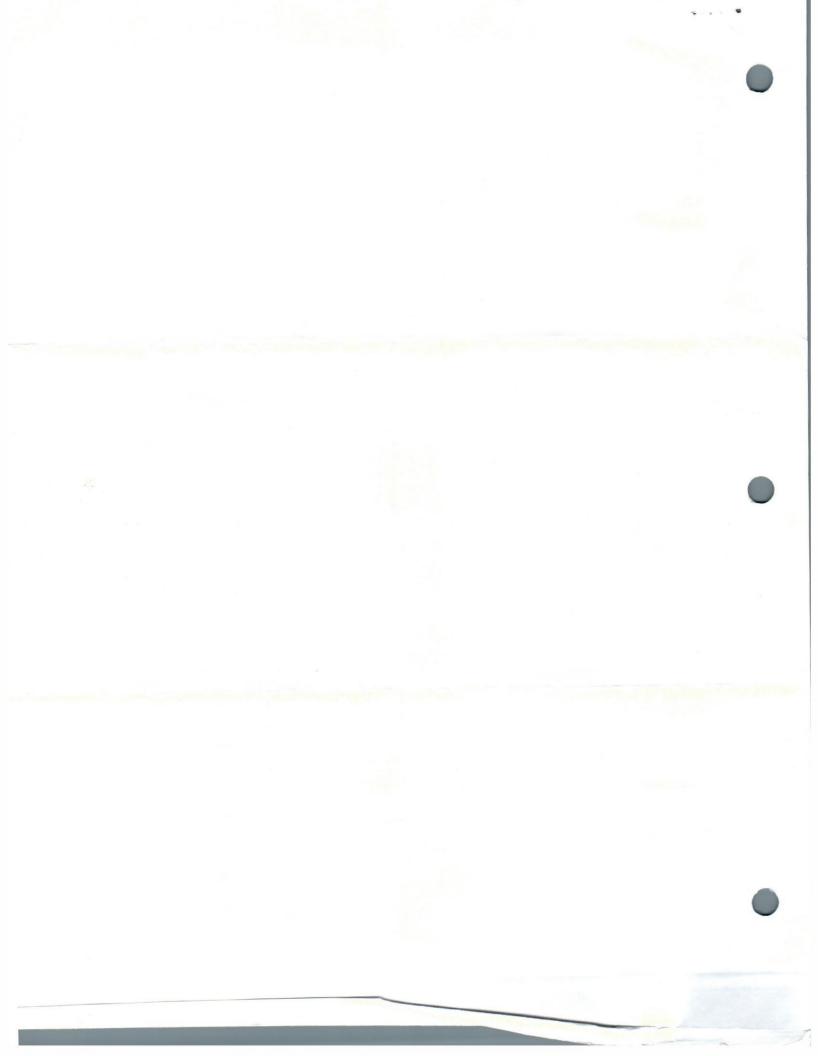
www.ppsne.org





STATE OF CONNECTICUT

	8/10/2011 , The (Town/City)ed an inspection of (name of facility) Planned	
conducte	ed an inspection of (name of facility)	Tarenthood of C1
located a	at (address) 1548 W. Main St.	in the
City/Tov	wn of to o	determine the degree of compliance with the
fire safe	ty requirements of Connecticut General Statu	tutes Chapter 541 as authorized by
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(occupancy	classification) Business	as classified
by the C	CONNECTICUT FIRE SAFETY CODE. As a	a result of this inspection, the following
conditio	ns were found:	
I.	At the of inspection, no code violations we recommended.	vere identified. Certificate of approval
II.	At the time of inspection, conditions were requirements of these codes. An acceptab attached information). Certificate of app	
III.	At the time of inspection, conditions were requirements of these codes. Certificate	e discovered to be contrary to the minimum e of approval NOT recommended.
IV.	this office is currently seeking an injunctio	restricting usage of this facility to the public.
Mile	antibliant =	August 10, 2011
Fire Mar	rshal	Date
City or T	Town: Windham	



Dept. 2010

RENEWAL



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH FACILITY LICENSE & INVESTIGATIONS SECTION

LICENSURE APPLICATION

1 RENEWAL

		7 \'.
NOTE: A separat	e application must be completed for	each licensed level of care which is located at a
different address.	One (1) application may be submitted	ted for multiple levels of care provided each level
of care has the san	ne name and the same licensee and i	s located at the same address.

[] INITIAL

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):

[]	Assisted Living Services Agency	[]	Infirmary Op	erated by an	Educational Institution
[]	Children's Hospital	[]	Maternity Ho	me	
[]	Chronic and Convalescent Nursing Home	[]	Maternity Ho	spital	
[]	Chronic Disease Hospital	[]	Outpatient Cl	linic	
M	Family Planning Clinic	[]	Outpatient Di	ialysis Unit	
(1)	General Hospital		Outpatient Su	rgical Facili	ty
[]	Home Health Care Agency	[]	Residential C	are Home	
[]	Homemaker-Home Health Aide Agency		Rest Home w	ith Nursing S	Supervision
[]	Hospice	[]	Well Child C	linic	200
[]	Hospital for Mentally Ill Persons	[]	Mental Healt	th Day Treati	ment
[]	Mental Health Psychiatric OutPat.	[]	Mental Health	h Community	y Residence
[]	Mental Health Intermediate Tmt.	[]	Mental Health	h Residential	Living 3 m
[]	Substance Abuse & Dependence				WEET TO SEE
					BAR U S
Plea	se respond to all of the following questions:				5 = 1
1.	Planned Parenth	09	d of s	Southe	on New England
	Facility "d/b/a" (doing business as) Nam	e	,		Inc
	1548 west main	ST	- Willer	nartic	CT 06226
	Business Address Cit	y	State 2	Zip Code	Telephone 8/0423-84;
	Casa				300 63 311
	Sane				<u> </u>
	Mailing Address (if applicable) Cit	y	State 2	Zip Code	

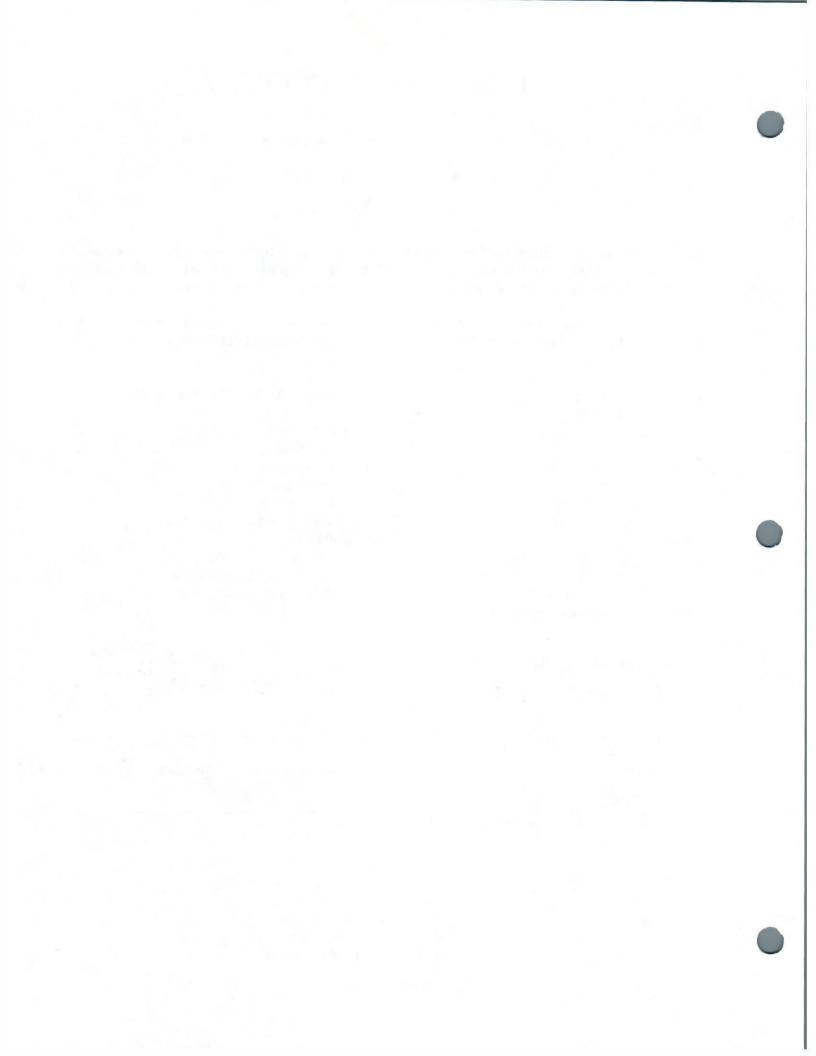


Phone: (860) 509-7444

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

410 Capitol Avenue - MS # 12HFL P.O. Box 340308 Hartford, CT 06134

An Equal Opportunity Employer



prease list the oca cap	acity for each level of care bei	
	Beds/	
Level of Care	Hemodialysis Stations	Bassinets (if applicable)
NA		
DI 100/05/		
0662656 Federal Employer Ide	ntification Number	
		icility. (Note: The license will be issued to this
entity.)	ty which owns/operates the fa	emity. (Note: The license will be issued to this
Plannool Licensee	Parenthood of	- Southern new England
Licensee		1116
245 lihit	nou Are New	HAVED GT (7511 202-860
Business Address	City	State Zip Code Telephone 5/58
		0.0
Mailing Address (if a	oplicable)	1
Is the above named le	gal entity a (please check the b	and the second s
is the above hamed te	gai entity a (please check the t	
[] Individual/Sole p	roprietor	[] Municipality [] Trust [] Profit Corporation
[] General Partnersl		[] Trust
[] Limited Partnersl		[] Profit Corporation
[] Limited Liability	•	8- E .: O
Other:		0
Non-profit Corpo	oration	
Is the above named an	tity authorized by the Office of	of the Secretary of State to transact business in the
is the above hamed en		
State of Connecticut a	and considered in Good Standin	ing. MITES [] INO
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State of Connecticut a	me, business address and telep	phone number of the Agent for Service for the
Please disclose the natural Licensee.	me, business address and telep	phone number of the Agent for Service for the
State of Connecticut a Please disclose the na	me, business address and telep	
Please disclose the nat Licensee.	me, business address and telep Whitne Address	phone number of the Agent for Service for the

FACILITY FAX # 860423 - 8428

- Respond to the specific question that reflects the ownership structure of the licensee. The Licensee
 is the legal entity which will be issued the license to operate.
 - A. If the Licensee is a general partnership, limited partnership or limited liability company, complete Form 1 (attached).
 - B. If the Licensee is a trust, complete Form 2 (attached) for the Licensee.
 - i. Attach a list including the name, address and telephone number of all trustees.
 - C. If the Licensee is a <u>corporation</u> (profit or non-profit), complete Form 3 (attached) for the Licensee. Complete a separate Form 3 for each additional corporate entity having 10% or greater ownership interest in the Licensee.
 - i. If the corporation is incorporated in a state other than Connecticut, please attach a Certificate of Good Standing from the Secretary of State of the state of incorporation.
 - 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.)

2.	Ownership of Real Prop	perty				
	Name Disov U	Taylor				
	Stovis Commo		95 St	WY5C		800429-
	Business Address	City	State	Zip Code	Telephone	8891

13. Annual Fire Marshal's Certificate of Inspection Form (attached) must be completed by the Local Fire Marshal. NOTE: <u>Hospitals</u> 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).

			FO	R OFFICE USI	ONLY	_		
	CHECK #			AMOUNT	\$		_	
	DATE RECEIVED			INITIALS				
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	Affidavit of Owner: I attest that the information providing the information submitted will	ded within	n this	application is	true a	nd accurate	e and the	at any chan
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	Ondy Taba			2/9/	0			
	Signature		Dat	e Signed				
	Check one as applicable:							
	 [] Individual/Sole Proprietor [] General/Managing Partner [] President of Corporation [] Secretary of Corporation [] Municipal Officer [] Trustee 					SASTERS REST	DEPT OF SHELL	RECEIVE
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	County of New Have-)	SS _	August	9	20 10	- Indiana	
	Personally appeared before me the	above na	amed	Judy Tak	bar		-	and made o
	to the truth of the statements conta	ined in h	is/her	answers to th	e foreg	going quest	tions.	-
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STATE OF CONNECTICUT

Attachment 3

DEPARTMENT OF PUBLIC HEALTH FACILITY LICENSING & INVESTIGATIONS SECTION

FORM 3 Form 3 must be completed if the facility/agency or Real Property Owner is owned/operated by a corporation (profit of 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: 1. 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:

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INSURER C:			
INJUNEN E.			
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ACORD 25 (2001/08)

© ACORD CORPORATION 19

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CERTIFICATE OF LIABILITY INSURANCE

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

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P	RC	DI	JC	ER

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 A	ADD'L TYPE OF INSURANCE	POLICY NUMBER	DATE (MM/DD/YYYY)	DATE (MM/DD/YYYY)	LIM	ITS
LTR I	GENERAL LIABILITY	2001 01007000	01/01/2010	01/10/2011	EACH OCCURRENCE	\$ 1,000,000
A	X COMMERCIAL GENERAL LIABILITY	09GLP1007999	01/01/2010	01/10/2011	DAMAGE TO RENTED PREMISES(Ea occurrence)	\$ 100,000
	CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$ 5,000
	X SIR: \$100.000				PERSONAL & ADV INJURY	\$ 1,000,000
	0				GENERAL AGGREGATE	\$ 2,000,000
	GENERAL AGGREGATE LIMIT APPLIES PE				PRODUCTS - COMP/OP AG	2,000,000
	AUTOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
	HIRED AUTOS				BODILY INJURY (Per accident)	\$
	NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	S
\vdash	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	ANY AUTO				OTHER THAN AUTO ONLY: AGG	\$ 111
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	WORKERS COMPENSATION AND				WC STATU- OTH-	
	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED?	11			E.L. DISEASE - EA EMPLOYE	
	(Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$
	OTHER				DED 01 1111	4 000 000
В	MEDICAL PROFESSIONAL	6793286	01/01/2010	01/01/2011	PER CLAIM AGGREGATE	1,000,000 3,000,000
1 1	CLAIMS-MADE COVERAGE PROGRAM RETRO: 11/01/76				AGGREGATE	3,000,000

CERT	IFIC	AIL	HOL	_DER

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 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 AGENTS OR REPRESENTATIVES. ITS THE INSURER,

AUTHORIZED REPRESENTATIVE of Marsh USA Inc.

Ka	4	4



STATE OF CONNECTICUT

On (date)	8/19/2010 , The (Town/City) Windham Office of the Fire Marshal
conducte	ed an inspection of (name of facility) Planned Parenthood of CT
located	at (address) 1548 W. Main St. in the
City/To	wn of Windham to determine the degree of compliance with the
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Micha	August 19, 2010
Fire Mar	Pate

Windham

City or Town:

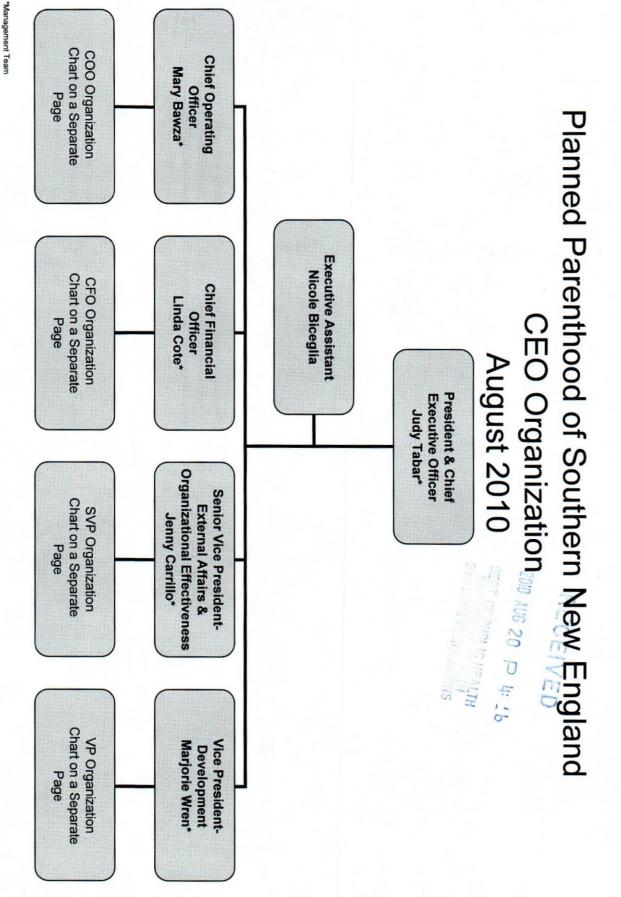
Planned Parenthood of Southern New England, Inc.

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

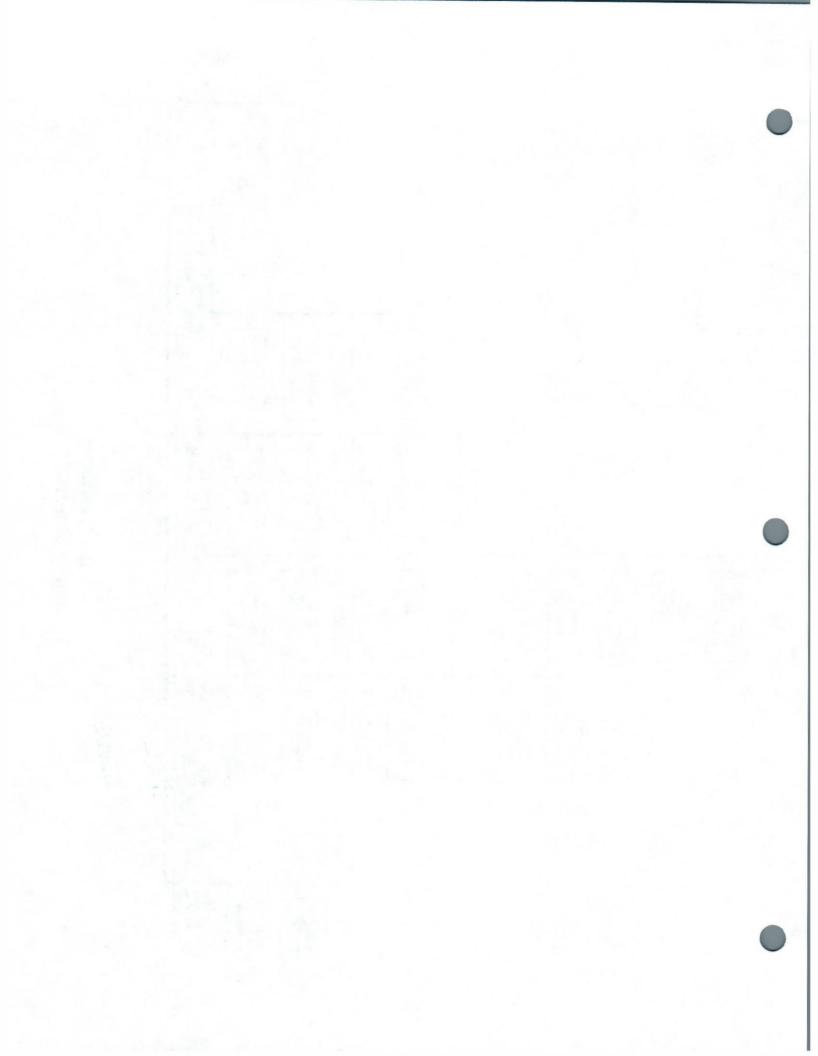
Updated 8/2/10





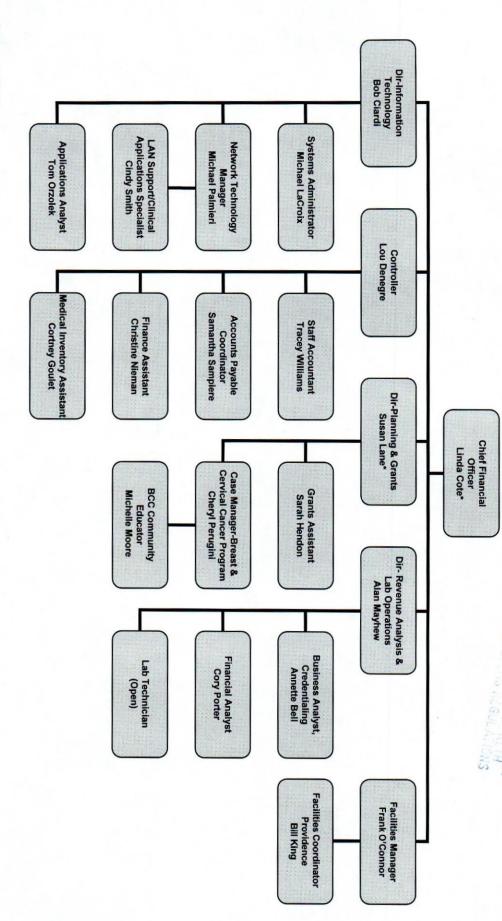
Medical Director Les Silberman Associate Medical Director – RI Tim Spurrell Associate Medical Director – CT Anna Sfakianaki *Management Team Dir-Clinical Research Clair Kaplan Dir-Medical Services Sally Hellerman Clinical Applications Specialist Jerry Venegoni Clinical Services Administrative Asst Deanna Martin Dir-Quality Mgmt Debbie Hamer Chief Operating Officer Dir- Special Projects Susan Hitt August 2010 Chief Operating Officer Mary Bawza* Call Center Assistant Yamaira Ayala Call Center Assistant Eileen Buzzell Call Center Assistant Maria Saltos Call Center Assistant Noraida Diaz Call Center Manager Judy Iversen Regional Dir-Clinical Services Irene Lopez Center Coord (Meriden) Tasha Blanco-Douglas Center Coord (New London) Keri Geoghegan Center Coord (Hartford North) Jessica Callahan Center Coord (Enfield) Amanda McNeil Center Coord (West Hartford) Jane Yousman Center Coord (Danielson) Diane St. Jean Center Coord (Old Saybrook) Beth Burrage Center Coord (Willimantic) Beth Murana Center Coord (Norwich) Janeen Ortiz Center Coord (Manchester) Tracey Decker Regional Dir-Clinical Services Kelly O'Brien 2010 AUG 20 RECEIVED Center Coord (Danbury) Antonietta Schaalman Health Center Mgr (New Haven) Jody Clark Center Coord (Stamford) Machlicia Carolus Center Coord (Torrington) Tammy Hreha Center Coord (Shelton) Julie Sabetta Center Coord (Waterbury) Alicia Caban Center Coord (Bridgeport) Ivelisse Silva 1 : 1 O Health Center Mgr Providence Amanda Laramie Dir-Human Resources Janette Walker Administrative Services Assistant Sheila Davis Benefits Administrator Natasha Henry

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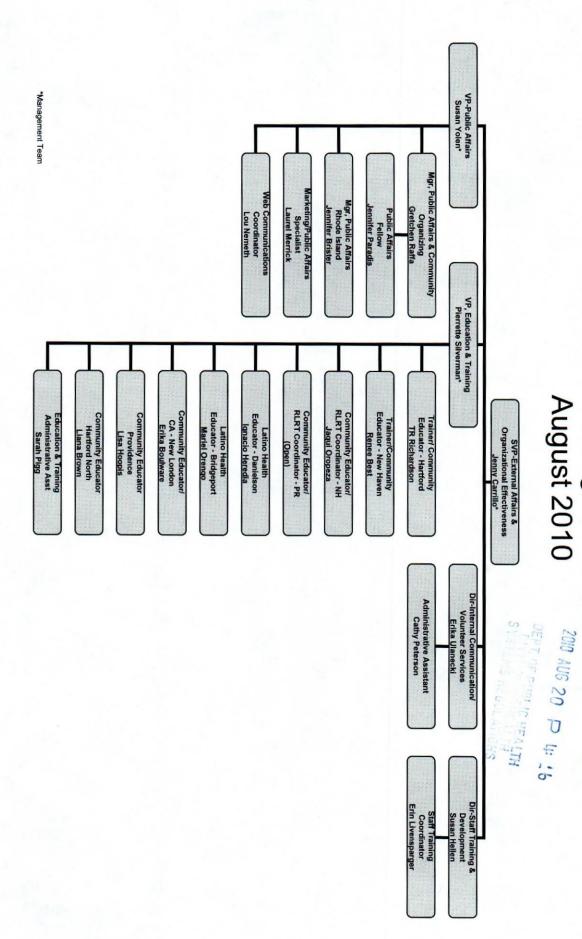
Planned Parenthood of Southern New England

Chief Financial Officer 2010 AUG 20 P U. 1.6
August 2010

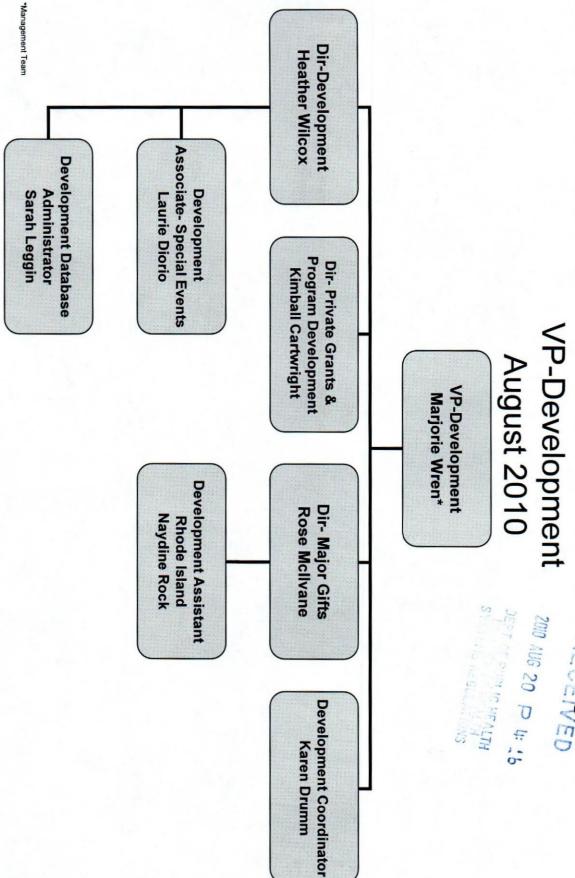


*Management Team

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



Planned Parenthood of Southern New England



HEALTH CENTER STAFF - August 3, 2010

ADVANCED CA	CA	RN	CLINICIAN	CENTER COORD/MGR	REGIONAL DIRECTOR	ADVANCED CA	ÇA	LPN	RN	CLNICIAN	CENTER COORD/MGR		REGIONAL DIRECTOR	ADVANCED CA	CA RV	CLINICIAN	CENTER COORD/MGR	
Latiesha Purifoy Erika Vanamringe	Linda Federico		Patricia Labowsky Leslie Robinson, PD	SHELTON Julie Sabetta	Irene Lopez	Tina St. Germain	Vivlana Hernandez* Jenry Martorelli Norma Treviño Jose Vargas Cyndelee Cedeño*, PD	Daiva Morales*		Donna Dzubin Lisa Marvin-Smith	Tasha Blanco-Douglas	MERIDEN/NEW BRIT	Kelly O'Brien	Evelyn Cuevas* Aida Ortega* Lori Santilli	Amber Bachman Omar Jehaludi	Laurie Haydu Linda Magee Jennifer West (float)	Ivelisse Silva	BRIDGEPORT
Daphne Mondesir** Yvonne Weaver	Rachel Midy (float) Kari Myder Yolanda Rosado* Mayra Torres*	Allison Lomas	Margaret Cole Ronnie Dubrowin* Susan Ruehl, PD Erin Ruppe, PD	STAMFORD Maohlicia Carolus**	Kelly O'Brien	Victoria Burch Omara de la Cruz* Eshe Hamilton Maria Santiago Carmen Trochez* Nicole Zullo	Candice Langley Esther Pallor* Carissa Teta		Sara Baldauf- Wagner, PD Annelle Taylor, PD Jake Weinstein, PD Heather Yates, PD	Constance Chinura Carrie Ferrigno Janet Gurnaer Carol Battin, PD Sarabeth Friedman, PD Gina Novick, PD Denise Romano, PD	Jody Clark (Mgr)	NEW HAVEN	Kelly O'Brien	Gabriela Ambrose*	Anntreen Lamar	Jennifer Ryan Bethany Berry, PD Joan Welch, PD	Antonietta Schaalman	DANBURY
Sharon Milavsky Jasmin Osorio*			Claudette Baril Elizabeth Foster	Tammy Hreha	Irene Lopez	Bernadette DeShields Lindsey Jones Veronica Sohn	Pararis Hemandez* Yazmin Diaz, PD			Katry Bryson Sarah Whalen Catherine Moffett, PD	Keri Geoghegan	NEW LONDON	Irene Lopez	Amy Bates Doreen Lucier	Lori MacKay	Chris Fantoni Edie Morren-Morrison Hope Barton, PD Lisa Marie Griffiths, PD	Diane St. Jean	DANIELSON
Ivelisse Vasquez*	Isabel Medina* LaToya Joyner, PD		Claudette Baril Sarah Caliandri, PD Beverly Isaac, PD	WATERBURY Alicia Caban*	Irene Lopez	Donna Bonanno Melanie Eccleston Brittany Schultz	Nicole Abbott Valtzarid Diaz Bonita Santiago Sandy Schuyler Kimberly Cricchi, PD Yazmin Diaz, PD Lisa Maclure, PD		Kendra Becker- Musante, PD Sari Gottlieb-Sherman, PD Sharon Sanders, PD	Carter Fish Leslie Winters Margaret Withington, PD	Z.	윘	Irene Lopez	Jessica McNuity, PD 010 AU	Angela Maringola Kelly Haslam, PD	Chris Bachand Amy Kenefick, PD	1-1	ENFIELD
Mary Cruz* Lissette Graham* (float) Getzenia Nieves*	Sarah Chamberlain Emily Cote Kaitlin Sohn Wendy Trella	Wendy O'Brien, PD Donna Shubrooks, PD	Diana Denning Mark Pierce Maureen Schade, PD	WEST HARTFORD Jane Yousman	Irene Lopez	Colleen Kerrigan* Susan Schlachter				Elizabeth Fabriz	Beth Burrage	OLD SAYBROOK	Irene Lopez	20 D U:	Belzbel Flores	Beverly Isaacs	Jessica Callahan	HARTFORD NORTH
Taryn Bazinet Lillian Morales*	Norimar Nieves*		Jill Cassells Marianne Pascale, PD Cynthia Walsh, PD	WILLIMANTIC Beth Murana	Mary Bawza (COO)	Eni Valerio*	Lisa Agnew Kaberly DelaRosa Antigone Reyes Esperanza Santlana* Esperanza Santlana* Lily Shield Harriet Singer Amber Newmann, PD	A CONTRACTOR OF THE PERSON OF	Paula Golden	Jessica Wilder Cory Fink, PD Katie McEiroy, PD Paulina Niechcial, PD	Amanda Laramie (Mgr)	PROVIDENCE	Irene Lopez	Madeline Alvarez* Shondra Bechtold Leah Holman Caitlin Murphy	Patricia Torres*	Maria Banevicius Diane Libby-Ramage Kristine Sterling (float) Raeanne DePasquale	Tracey Decker	MANCHESTER
	Latiesha Purifoy Daphne Mondesir** Sharon Milavsky Ivelisse Vasquez* Mary Cnz* Erika Vanamringe Yvonne Weaver Jasmin Osorio* Usesette Graham* (float) Getzenia Nieves*	Linda Federico Kachel Midy (float) Kan Myder Yolanda Rosado* Mayra Torres* Mayra Torres* VanCED CA Latiesha Purifoy Erika Vanamringe Linda Federico Kachel Midy (float) Kan Myder Yolanda Rosado* Mayra Torres* Mayra Torres* Sharon Milavsky Jasmin Osorio* Velisse Vasquez* Lissette Graham* (float) Getzenia Nieves*	Allison Lomas Allison Lomas Allison Lomas Allison Lomas Wendy O'Brien, PD Donna Shubrooks, PD Sarah Clamberlain Emily Cote Yolanda Rosado* Mayra Torres* VANGED CA Latiesha Purifoy Erika Vanamringe Allison Lomas Rachel Midy (float) Kan Myder Yolanda Rosado* Mayra Torres* Sharon Milavsky Jasmin Osorio* Ivelisse Vasquez* Lissette Graham* (float) Gelzenia Nieves* Gelzenia Nieves*	NICIAN Patricia Labowsky Ronnie Dubrowin* Susan Ruehi, PD Ein Ruppe, PD Allison Lomas Linda Federico Linda Federico Linda Federico Linda Federico Linda Federico Latiesha Purifoy Vanne Weaver Daphne Mondesir* Yvonne Weaver Sharon Milavsky Yvonne Weaver Sharon Milavsky Jasmin Osono* Ciaudette Baril Ciaudette Baril Ciaudette Baril Sarah Caliandri, PD Mark Pierce Severly Isaac, PD Wendy O'Brien, PD Donna Shubrooks, PD Sarah Chamberlain Emily Cole Kailfin Sohn Wendy Trella Wary Cruz* Lissette Graham* (float) Gelzenia Nieves*	NICIAN SHELTON STAMFORD TORRINGTON WATERBURY WEST HARTFORD Beth Murs Margere Cole Cole Labowsky Maconicia Carolus** Tammy Herha Alicia Caban* Jane Yousman Beth Murs Morgare Cole Cole Lable Baril Claudette Baril Claudette Baril Claudette Baril Jare Yousman Beth Murs Murs Murs Mark Pierce Jill Cassel Susan Ruehl, PD Erin Ruppe, PD Allison Lomas Elizabeth Foster Sarah Caliandri, PD Mark Pierce Mark Pierce Mark Pierce Mark Pierce Mark Pierce Cynthia W Linda Federico Rachel Midy (float) Rachel Midy (float) LaToya Joyner, PD Wendy O'Brien, PD Norimar N Vane Yousnah Mary Torres* LaToya Joyner, PD Sarah Chamberlain Emily Cole Kaitin Sohn Wendy Trella Norimar N Vane Yousnah Daphne Mondesir* Sharon Milavsky Ivelisse Vasquez* Mary Cruz* Lissette Graham* (float) Lilian Mor	Irene Lopez Kelly O'Brien Irene Lopez Irene Lopez	Tina St. Germain Victoria Burch Undaria Burch Connar de la Cruz Lindsay Jones Maria Santiagon Veronica Sohn V	Viviana Hernandez" Candice Langley Dannais Hernandez" Viviana Hernandez Viviana Hernan	A Darie Mordes* Vinant Hermandes* Vinant Sandy Sandy Sandy Hermandes* Vinant Santages* Hermandes* Vinant Hermandes* Vinant Hermandes* Vinant Santages* Vinant Hermandes* Vinant Santages* Vinant Santages* Vinant Santages* Vinant Santages* Vinant Santages* Vinant Santages* Vinant Hermandes* Vinant Santa	Anders Registry (Codes) Carries Registry (Codes) Anders Registry (Codes) Anders Registry (Codes) Carries Registry (Codes) Each Registry (Codes) Carries Registry (Codes) Anders Registry (Codes) Each Registry (Codes) Carries Registry (Codes) Anders Registry (Codes) Each Registry (Codes) Carries Registry (Codes) Anders Registry (Codes) Each Registry (Codes) Carries Registry (Codes) Anders Registry (Codes) Each Registry (Codes) Carries Registry (Codes) Anders Registry (Codes) Carries Registry (Codes) Anders Registry (Codes)	MACED CA. Last Machichetts Last Machichetts Last Machichetts Last Machichetts Last Machichetts Last Machichetts Last Machieut Wilhington, PD Sanath Francisan, PD Catherine Morfett, PD Sanath Francisan, PD Catherine Morfett, PD Catherine Mor	NICHAN LIPITOR COORDINGR Table Blance/Dudgist LODGY Clark (Mg/) LODGY MARCE Candison Clark (Mg/) Long March Clark Long March	MERICENDING BOTT NEW MANEX NEW MODION NATIONAL NATIONAL	Facilia District, District Facilia District, Distr	Edwyn Cumast* Gebreits Ambross* Deren Lucier March Analys (PO) 1/2	Ander Bachman Annere	Luciar Haydu Janniber (Pate) Janniber	Lizier Spale Anthreit Schamen Orient

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





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	e respond to all of the following questions:
1.	Planned Parenthood of Southern new angland.
	Facility "d/b/a" (doing business as) Name
	Planned Parenthood of Southern new England, Facility "d/b/a" (doing business as) Name 1548 West Main St. Willimontic CT 06224 86042
	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] Abortion Procedures [] Dental
3.	Bert Murana
	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
6	(Your name needs to appear as it is shown on your Professional License). Hours of Operation: M830-5, T1030-730, W10-430, Th 1230-730 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.
	20 Men 8610
,	Signature of Administrator Date Signed
	0

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

LICENSING INSPECTION REPORT

1	LICENTRICA OF ENTRY SUMMENTERS OF ENTRY SUMMENTS SIGNATURE OF DESK STATES STATES STATES SIGNATURE OF DESK STATES STATES STATES OF DESK STATES STATES OF DESK
Licer	Licensed Capacity: Census:
Date	(s) of onsite inspection: 10/4/14
	(s) additional information obtained:
Perso	onnel contacted: Bern Murane
	[EW/FINDINGS/PROCESS] (Complete all applicable categories)
W	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.
[V]	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
REPO	ORT SUBMITTED BY: DATE OF REPORT: 10/6/14
M	Approval for issuance of license granted by: Loan Dnaugen Supervisor Title DATE: 10-14-14
P:Lic	RPT.Doc

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
Pla	nned Parenthood of Marsha a. Mehmel, Ru, MPA.
	Southern New England Inc. Whise Considerant
54	8 West Main Street
Ni	Ilimantic, CT 06226
	nsure Category: mily planning clinic/ Licensed Catacity: 0032 Census: N/A
Pas	medical abortion Licensed Capacity: Census:
Dat	e(3) of Onsite Inspection: July 7, 2011
Date	e(s) Additional Information Obtained:
Pers	sonnel Contacted: fill Cassells, CNM; Beth Murana, Center manages
REVI	EW/FINDINGS/PROCESS (complete all applicable)
K 1	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.
ΙΧΙ	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.
H	Referral(s) to:
REPO	RT SUBMITTED BY Marsha a. Melimel, Ru, MPA DATE OF REPORT 07/06/11
11	Approval for Issuance of License granted by: Coan Drougen 725 Date

0 0 1/0/2
ENTITY: Planned Parenthood of Southern New England, Inc Willimantic
new England Inc Willimantic
DATE(\$) OF VISIT: July 6, 2011 Page 2 of 2
100
LICENSING INSPECTION NARRATIVE REPORT
Licensure inspection conducted onsite.
An entrance conference was conducted.
m c 11 ·
- facility inspection, including patient observation
Lacinty inspection, including producting
- personner mes
- 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
CYYL
In exit conference was conducted.
In exit conference was conducted. Violations of the Public Health Code of the
State of Connecticut were not identifie
as a result of this inspection.

SIGNATURE Marsha a. Mahmel, Ru, MPA

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

Page 1 of 2

DHSR #132

LICENSING INSPECTION REPORT

	Name and Address of Entity Signature of DHSR Staff	
Plan	nned Parenthood of Marsha a. Mehmel, Rr, MPA.	1041
	Southern New England Inc.	werang
548	8 West Main Street	
Wil	llimantic, CT 06226	
Licens	sure Category: Licensed Capacity: 0032 Census:	NIA
fan	nely planning clinic - Electisco capacity: 0032	
U	Licensed Capacity: Census:	
Date	of Onsite Inspection: July 7, 2011	
Date	(s) Additional Information Obtained:	•
Perso	onnel Contacted: fill Cassells, CNM; Beth Musana, Center m	anages
	EW/FINDINGS/PROCESS (complete all applicable)	
KI	Licensing Inspection: [Initial [A Renewal [] Other:	
1	Revisit for the Purpose of	
[]	See Complaint Investigation #	
1.1	See Reportable Event Investigation #	
(1	See Certification file.	
11.	Violations of the Public Health Code of the State of Connecticut and/or Regulations of Cor State Agencies were identified at the time of this inspection.	inecticut
	See violation letter dated	
1.1	Citation # was issued to this facility as a result of this inspection.	
IXI	Violations of the Public Health Code of the State of Connecticut and/or Regulations of Co State Agencies were not identified at the time of this inspection.	
1.1	Citation # was verified as corrected. that the licensee was no longer required to post Citation (see narrative).	was notified
.(1	Citation # was not corrected (see narrative).	0
[]	Narrative Report / Additional Information Attached.	
11	Referral(s) to:	
REPO	RT SUBMITTED BY Marsha a. Melinel, Ru, MPA DATE OF REPORT	07/06/1
	Approval for Issuance of License granted by: Gam A naugen	7-11-11 Date
	Supervisor / Title	

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

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DHSR #13a	0
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Page 1 of 2

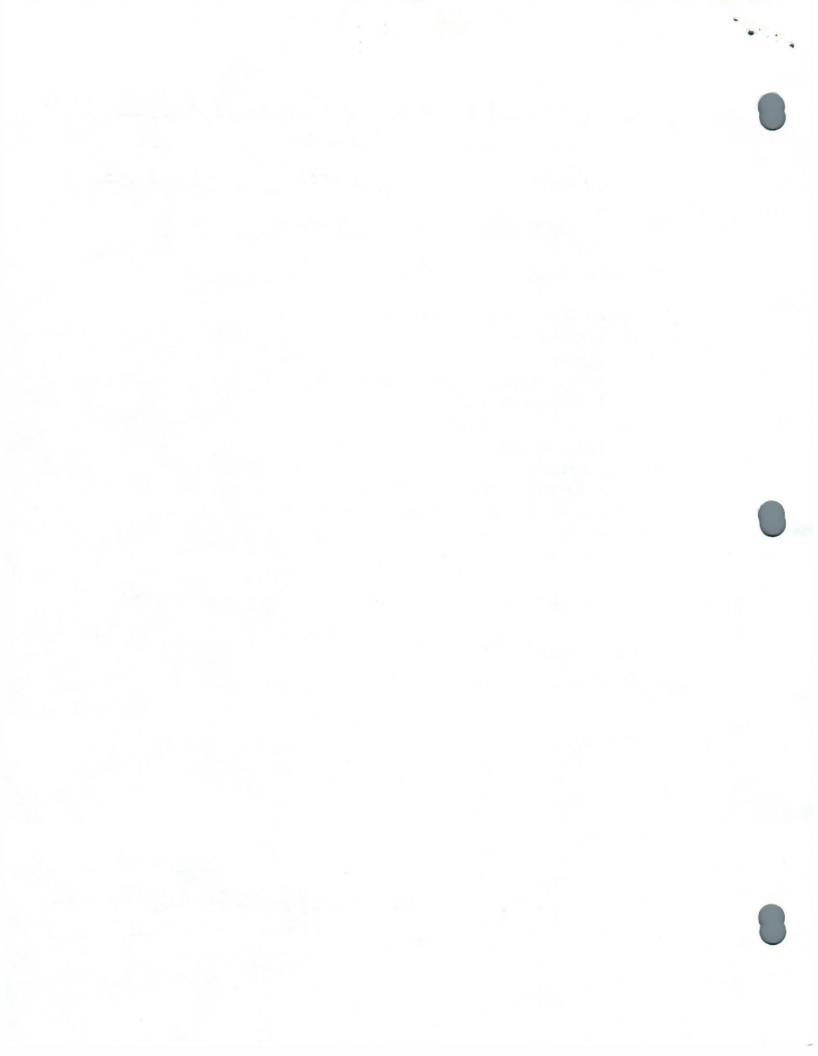
LICENSING INSPECTION REPORT

	Name and Address of Entity	Signature of DHSR Staff
Play	nned Parenthood of Connecticut, 8	nc.
154	18 West Main Street	
Wi	Mimantic, CT M	arsha a. Mehmel, Ru, MPA
-	06226	Nuise Consultrent
		the depactity: FFL0032 Census: NA
•	of Onsite Inspection: July 3,200	6
	(s) Additional Information Obtained:	
Perso	onnel Contacted: Beth Murana Center	Cook , Lillian Mosales, COA III,
REVIE	EW/FINDINGS/PROCESS (complete all applicable	e) fill Casselle, APRN
M	Licensing Inspection: [] Initial [X] R	enewal [] Other:
ı	Revisit for the Purpose of	
[]	See Complaint Investigation #	
[]	See Reportable Event Investigation #	
11	See Certification file.	
[1:	Violations of the Public Health Code of the State of State Agencies were identified at the time of this in See violation letter dated	
11	Citation # was issued to this facil	ity as a result of this inspection.
KI	Violations of the Public Health Code of the State of State Agencies were not identified at the time of the State of the St	of Connecticut and/or Regulations of Connecticut his inspection.
11	Citation # was verified as correct that the licensee was no longer required to post Ci	
[]	Citation # was not corrected (se	e narrative).
[]	Narrative Report / Additional Information Attach	ed.
l I	Referral(s) to:	
REPOR	RT SUBMITTED BY Marshad Melinel Ru	MAA DATE OF REPORT 07/03/06
in	Approvai for Issuance of License granted by:	Duton Culorelle 7/4/A Supervisor / Title Date
		Super risor r time



ENTITY: Planned Parenthood of Connecticut, Inc
Willimantic
DATE(S) OF VISIT: July 3, 2006 Page 2 of 2 LICENSING INSPECTION NARRATIVE REPORT
EICENSING INSI BOTTOTT INGUITY E TOTAL
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
SHA/infection control policies/procedures
review of bylaws, including organizational chart
V- CLIA certificate
No violations of the State of Connecticut Public Health Code were identified as a result of this inspection.
Public Health Code were identified as a
result of this inspection.

SIGNATURE Marsha A. Mehmel, Ru, mPA Nuise Consultant



DHSR #132



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

Page 1 of

LICENSING INSPECTION REPORT

	Signature of DHSR Staff
01	Parenthood of contract
Play	18 West Main Street Marsha a. Mohomel, Ru, Mls
W.	11 11 11
	-
	nsure Category: Licensed Capacity: FPL 0032 Census: NA
Lice	is all lines Clinical
-	Licensed Capacity: Census:
Dat	te(x) of Onsite Inspection:
Dat	te(s) Additional Information Obtained:
Per	sonnel Contacted: Beth Musana Center Cook; Killian Molaler, COA III
REVI	Sonnel Contacted: Beth Musana, Center Cook, Killian Molaler, COA III.
IM	Licensing Inspection: [] Initial [X] Renewal [] Other:
11	Revisit for the Purpose of
[]	See Complaint Investigation #
()	See Reportable Event Investigation #
[]	See Certification file.
11	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
1.1	Citation # was issued to this facility as a result of this inspection.
M	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.
11	Citation # . was verified as corrected. was notified
	that the licensee was no longer required to post Citation (see narrative).
1.1	Citation # was not corrected (see narrative).
11	Narrative Report / Additional Information Attached.
11	Referral(s) to:
REPO	RT SUBMITTED BY Marcha A. Meland Ru MAT DATE OF REPORT 07/03/06
1	Approved for legiones granted by: 7/ to 1/ Can 7/1/0
101	Approval for Issuance of License granted by: