

**STATE OF CONNECTICUT**

**Department of Public Health**

**LICENSE**

**License No. 0025**

**Outpatient Clinic**

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

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

**Planned Parenthood of Connecticut Inc.-Torrington** is located at 249 Winsted Road Torrington CT 06790

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

Dated at Hartford Connecticut April 1, 2014. RENEWAL.



*Jewel Mullen, MD*

Jewel Mullen, MD, MPH, MPA  
Commissioner

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

**LICENSE**

**License No. 0025**

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

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

**Planned Parenthood Of Conn., Inc.-Torrington** is located at 249 Winsted Road, Torrington, CT  
06790.

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

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



*J Robert Galvin MD, MPH, MBA*

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

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

**LICENSE**

**License No. 0025**

**Outpatient Clinic**

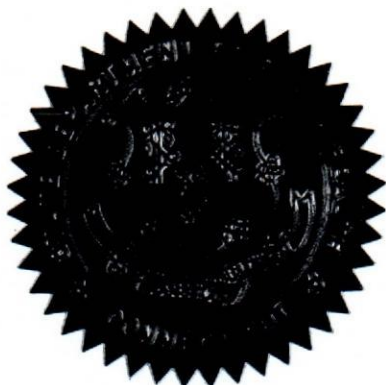
In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

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**Planned Parenthood Of Conn., Inc.-Torrington** is located at 249 Winsted Road, Torrington, CT 06790.

This license expires **March 31, 2010** and may be revoked for cause at any time.

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



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

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



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

**LICENSURE APPLICATION**

INITIAL       RENEWAL       CHANGE OF OWNERSHIP

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

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

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

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



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

*An Equal Opportunity Employer*

Please respond to all of the following questions:

1. Planned Parenthood of Southern New England  
Facility "d/b/a" (doing business as) Name 860489-5500

249 Winsted Rd Torrington CT 06790  
Business Address City State Zip Code Telephone

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

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

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

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  
Licensee

249 Winsted Rd Torrington CT 06790 860-489-5500  
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
- General Partnership
- Limited Partnership
- Limited Liability Company
- Other: \_\_\_\_\_
- Non-profit Corporation
- Municipality
- Trust
- Profit Corporation

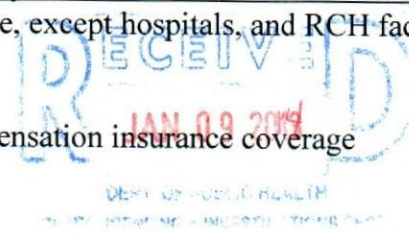
6. Is the above named entity authorized by the Office of the Secretary of State to transact business in the State of Connecticut and considered in Good Standing?  YES  NO

7. Please disclose the name, business address and telephone number of the Agent for Service for the Licensee.  
Judy Taber 345 Whitney Ave New Haven, CT 06511  
 Name Address Telephone 203-865-5158.
8. Attach an organizational chart which reflects the current ownership structure of the licensee and the licensee's relationship with the facility/agency.
9. Respond to the specific question that reflects the ownership structure of the licensee. **The Licensee is the legal entity which will be issued the license to operate.**

- A. If the Licensee is a **general partnership, limited partnership or limited liability company**, complete Form 1 (attached).
- B. If the Licensee is a **trust**, complete Form 2 (attached) for the Licensee.
- i. Attach a list including the name, address and telephone number of all trustees.
- C. If the Licensee is a **corporation (profit or non-profit)**, complete Form 3 (attached) for the Licensee. Complete a separate Form 3 for each additional corporate entity having 10% or greater ownership interest in the Licensee.
- i. If the corporation is incorporated in a state other than Connecticut, please attach a Certificate of Good Standing from the Secretary of State of the state of incorporation.
- ii. Attach a list including the name, address and telephone number of all officers and all directors of the corporation.

10. Attach a current copy of the facility's Certificate of malpractice and public liability insurance. (Note: Information Pages and Insurance Binders are unacceptable. Only Certificates of Insurance will be accepted.) Please note that All Behavioral Health levels of care, except hospitals, and RCH facilities are exempt from the malpractice requirement.

11. Attach evidence of current compliance with the worker's compensation insurance coverage requirements in the form of one of the following:
- A. a certificate of self-insurance issued by a worker's compensation commissioner pursuant to Section 31-284 of the Conn. General Statutes; or
- B. a certificate of compliance issued by the Insurance Commissioner pursuant to Section 31-286 of the Conn. General Statutes; or
- C. a Certificate of Insurance issued by any stock or mutual insurance company or mutual association authorized to write worker's compensation insurance in this state. (Note: Information pages and Insurance Binders are unacceptable. Only Certificates of Insurance will be accepted.)



12. Ownership of Real Property  
Plaza Park Realty & Development Group  
 Name  
249 Winsted Rd Torrington, CT 06790  
 Business Address City State Zip Code Telephone 860.482.2049

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

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**BOARD OF TRUSTEES**

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

**Planned Parenthood of Southern New England**

**^**

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

**Planned Parenthood of Southern New England**

**^**

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

**Planned Parenthood of Southern New England**

**Board of Directors 2013-2014**

**Officers:**

Amelia Renkert-Thomas, Chair

Simone Joyaux, Vice Chair

Sandra Arnold, Secretary

Slw de Gysser, Treasurer

Leigh Bonney, Assistant Treasurer

**Board of Directors:**

Natalie Adsuar, M.D.

Adriana Arreola-Joseph

Erica Buchsbaum

Gayle Capozzalo

Karen Dubols-Walton

Sue Hessel

Susann Mark

Nadesha Mijoba

Donna Moffly

John R. Morton, M.D.

Susan Ross

Fahd Vahidy

Mary Kay Woods





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

**FORM 3**

FACILITY/AGENCY NAME: Planned Parenthood

**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 \_\_\_\_\_  
 Real Property Owner \_\_\_\_\_

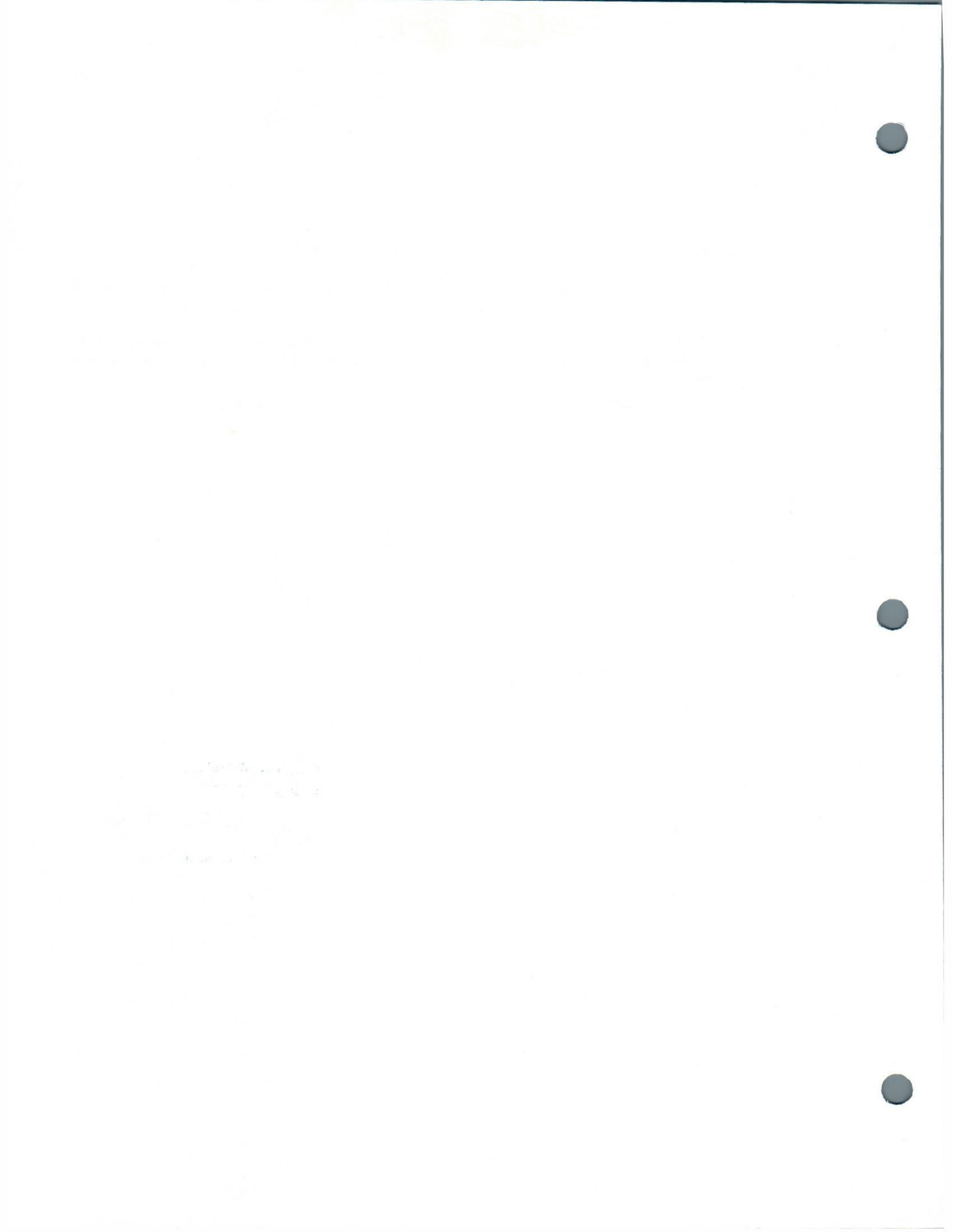
1. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Stockholder's percentage of ownership: \_\_\_\_\_  
 Stockholder's occupation with the owner: \_\_\_\_\_

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

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

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

RECEIVED  
 JAN 09 2014





# CERTIFICATE OF LIABILITY INSURANCE

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

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

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

<b>PRODUCER</b> Marsh USA, Inc. 1168 Avenue of the Americas New York, NY 10038 Attn: healthcare.accounts@marsh.com Fax: 212-948-1307	<b>CONTACT NAME:</b> PHONE (A/C No. Ext): FAX (A/C No.): E-MAIL ADDRESS:	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
109210-NIP-CAS-14-16      NEW, C    GLPL	<b>INSURER A:</b> Market Insurance Company	NAIO # 38970
<b>INSURED</b> PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND, INC. AN AFFILIATE OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. 345 WHITNEY AVENUE NEW HAVEN, CT 06511	<b>INSURER B:</b> N/A	N/A
	<b>INSURER C:</b> National Union Fire Ins. Co. of Pittsburgh, PA	19445
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		

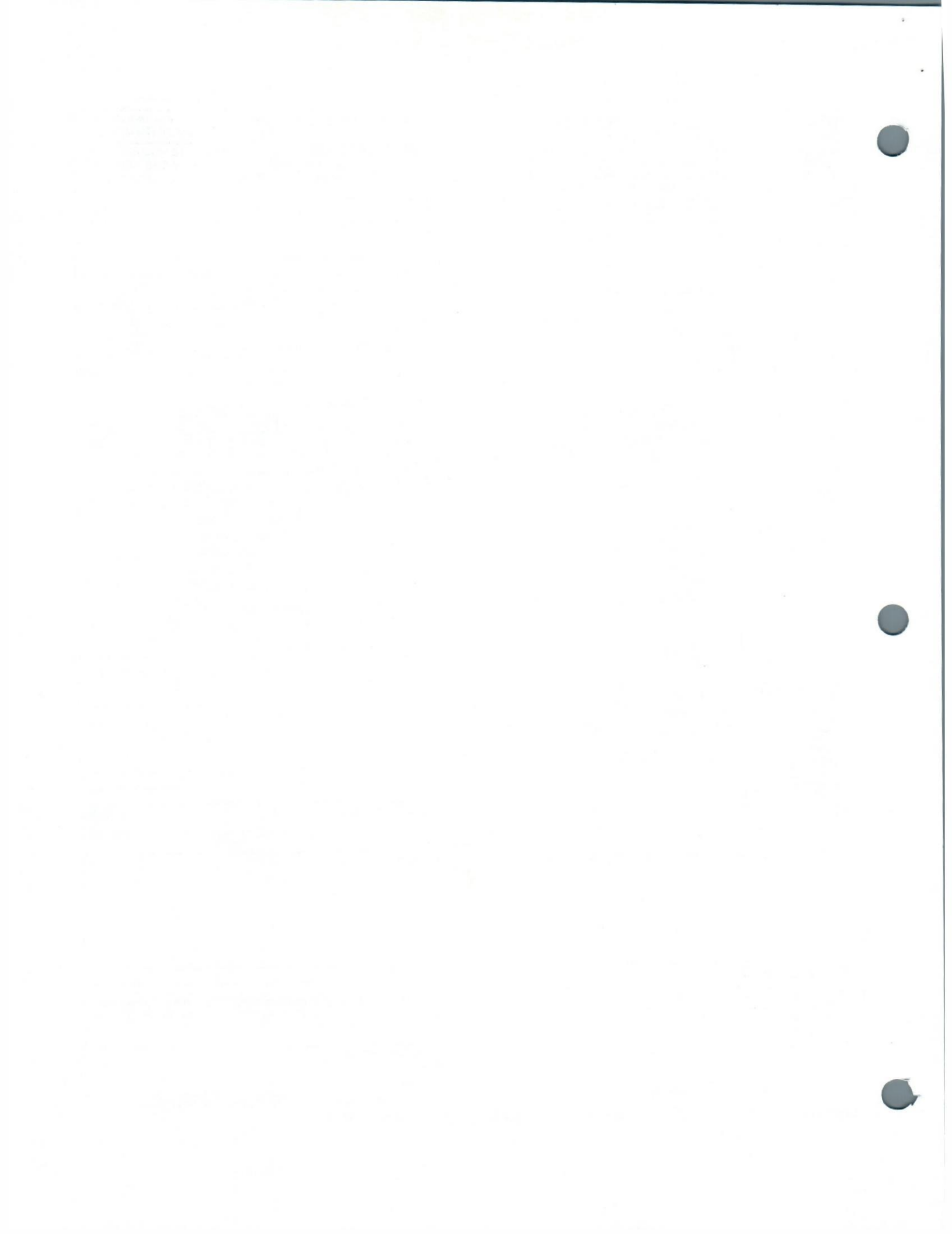
**COVERAGES**      **CERTIFICATE NUMBER:** NYC-005767681-26      **REVISION NUMBER:** 11

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.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR: \$100,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC		3C41034	01/01/2014	01/01/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/PROP 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			E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	MEDICAL PROFESSIONAL CLAIMS-MADE COVERAGE		8793286 Program Retro Date: 11/1/78	01/01/2014	01/01/2015	PER CLAIM \$1,000,000 AGGREGATE \$3,000,000

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

<b>CERTIFICATE HOLDER</b> PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND ATTN: LOUIS DENEGRÉ 345 WHITNEY AVENUE NEW HAVEN, CT 06511	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Ricki Filizelmonas <i>Ricki Filizelmonas</i>
---	---





# CERTIFICATE OF LIABILITY INSURANCE

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

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

<b>Proposer</b> Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10038 Attn: healthcare.accounts@marsh.com Fax: 212-948-1307	<b>CONTACT NAME</b> _____	
	<b>PHONE (A/C No. Ext.)</b> _____	<b>FAX (A/C No.)</b> _____
<b>109210-NP-CAS-14-16 NEW/O GLPL</b>	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND, INC. AN AFFILIATE OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. 345 WHITNEY AVENUE NEW HAVEN, CT 06511	<b>INSURER A:</b> Metrol Insurance Company 38970	<b>RATE #:</b> N/A
	<b>INSURER B:</b> N/A	<b>RATE #:</b> N/A
	<b>INSURER C:</b> National Union Fire Ins. Co. of Pittsburgh, PA 19445	<b>RATE #:</b>
	<b>INSURER D:</b>	<b>RATE #:</b>
	<b>INSURER E:</b>	<b>RATE #:</b>

**COVERAGES**      **CERTIFICATE NUMBER:** NYC005767061-06      **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.**

CLASS	TYPE OF INSURANCE	IND. SUBR. (Y/N)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		2041024	01/01/2014	01/01/2016	CASH 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 - COMPACT ADD \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIM-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SR- \$100,000 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY					CONSIDERED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED NON-OWNED AUTOS					
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIM-MADE DED. <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY EMPLOYER/EMPLOYEE/INDEPENDENT CONTRACTOR/EMPLOYEE EXCLUDED? (Mandatory in NJ) <input type="checkbox"/> Y/N (Type, assume user DESCRIPTION OF OPERATIONS below)	N/A				<input type="checkbox"/> NO STAT. TORT LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	MEDICAL PROFESSIONAL CLAIMS-UNDER COVERAGE		0703285	01/01/2014	01/01/2016	PER CLAIM \$1,000,000 AGGREGATE \$3,000,000 Program Rebo Date: 11/1/76

**DESCRIPTION OF OPERATIONS (LOCATION(S) / VEHICLE (Attach ACORD 101, Additional Remarks Schedule, if more space is required))**

<b>CERTIFICATE HOLDER</b> PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND ATTN: LOUIS DENEGRE 345 WHITNEY AVENUE NEW HAVEN, CT 06511	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Rodd Fitzgerald <i>Rodd Fitzgerald</i>
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\*\*\*\*\*

**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 Taber  
Signature

12/19/13  
Date Signed

Check one as applicable:

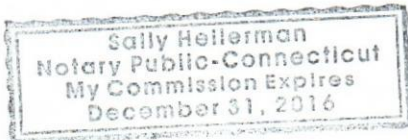
- Individual/Sole Proprietor
- General/Managing Partner
- President of Corporation
- Secretary of Corporation
- Municipal Officer
- Trustee



State of Connecticut )

County of New Haven ) ss 12/19 20 13

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




Sally Heilerman  
 Notary Public   
 Justice of the Peace   
 Town Clerk   
 Commissioner of the Superior Court

My Commission Expires:  
(If Notary Public)



On 2/4/2014, The City of Torrington Office of the Fire Marshal conducted an inspection of PLANNED PARENTHOOD located at (address) 249 Winsted Rd in the City/Town of Torrington 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.**

  
Fire Marshal

City or Town: Torrington

2/4/2014

Date Signed

  
**2/5/2015**



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

LICENSURE APPLICATION - ADDITIONAL INFORMATION REQUIRED

OUTPATIENT CLINICS, WELL CHILD CLINICS AND
FAMILY PLANNING CLINICS

Please respond to all of the following questions:

- 1. Planned Parenthood of Southern New England
Facility "d/b/a" (doing business as) Name
249 Winsted Rd Torrington CT 06790 800 489-5500
Business Address City State Zip Code Telephone
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
3. Administrator (Your name needs to appear as it is shown on your Professional License).
4. Timothy Spurrell M.D.
Medical Director Dental Director (if applicable)
(Your name needs to appear as it is shown on your Professional License).
5. Hours of Operation: M 10-6, T 9:30-4:30 WED-CLOSED TH 10-6 F 8:30-4:30
6. Please provide a list of services that will be provided.
7. Business Fax Number: 800 496 1754
8. Business Email Address: tammy.lreha@ppsne.org
9. Business Cell Phone Number with Texting capabilities of the Administrator: 203 525 9496

RECEIVED
JAN 09 2013

Signature of Administrator: [Signature]
Date Signed: 12/17/13



HEALTH CENTER SERVICES - December 16, 2013

	BRIDGEPORT	DANBURY	ENFIELD	HARTFORD NORTH	MANCHESTER
<b>CENTER MANAGER CLINICIAN</b>	Ivelisse Silva Laurie Haydu Linda Maggee Diana Solo, PD	Antonietta Schaalman Jennifer Ryan	Brittney Schultz Lindsay Delaire Lisa Marie Griffiths, PD	Heather Dellago Debbie Hamer	Sandy Dowell Maria Benevidis Diane Libby-Ramage Krisline Sterling, PD
<b>RN</b>					
<b>LPN</b>					
<b>CA</b>	Lailisha Ervin (float) Omar Jehaludi Nikole Moya Terisa Paulding, PD Michelle Reid, PD	Arntreen Lamar	Stephanie Nix Sheri Saddlemire	Sursatlie Nepal Tariesha Priedo Natacha Roman	Bridget Tomczak Brienne Johnson
<b>ADVANCED CA</b>	Amber Bachman Evelyn Cuevas* Lori Gall Aida Ortega* Kati Peters, PD Laliesha Purfoy, PD	Gabriela Ambrose* Jennifer Tomasini	Jacklyn Michalski, PD	Yolanda Young	Shondra Bechtold Leah Bell Nicolette Laune Norimar Nieves*
<b>REGIONAL DIRECTOR</b>	Kelly O'Brien	Kelly O'Brien	Shira Revzen	Shira Revzen	Shira Revzen
<b>CENTER MANAGER CLINICIAN</b>	Samartha Dobson Loren Fields Kathy Byson Jenna Logiudice, PD	Jody Clark Kirsten Asmus Carrie Ferrigno Janet Gumaer Wei-Ti Chen, PD Constance Chmura, PD Gina Novick, PD Leslie Robinson, PD Margaret Wittington, PD LaToya Ward Erin Paduda Sarah Acker, PD Pamela Lee, PD Sari Gottlieb-Sherman, PD	Lisa Hodges-Velasquez Sarah Whalen Eddie Morren-Morrison, PD	Beth Burrage Elizabeth Fabrizio	Danna Freedman-Shara Stacy Ramsey Jessica Wilder Stephanie Avila, PD Melanie Hill, PD Constance Chang, PD Megan Gaynor Charette*, PD
<b>RN</b>					
<b>LPN</b>					
<b>CA</b>	Daiva Morales* Arlinda Carr Casandra Lehr	Hector Cotto Whitney Davis Chelsea Eggs Mercy Plant	Tylisha Wrighten		Paula Golden Paulina Niechodal, PD Amy Gordon, PD
<b>ADVANCED CA</b>	Keri Geoghegan Viviana Hernandez* Tina St. Germain Jose Vargas	Victoria Burch Onara de la Cruz* Eshe Hamilton Candice Langley Esther Pellot Carmen Trichez* Nicole Zullo	Bernadette DeShields Damaris Hernandez* Lindsay Jones Veronica Sohn	Nicole Corona Susan Schlaachter	Jessa Goldstein Kayla Murphy Amber Newmann Tara Patterson Pam Shaw Harriet Singer Nirrdi Tierno Brianna Jolaoso Antigone Reyes Esperanza Santana* Eni Valerio*
<b>REGIONAL DIRECTOR</b>	Kelly O'Brien	Kelly O'Brien	Shira Revzen	Kelly O'Brien	Shira Revzen
<b>CENTER MANAGER CLINICIAN</b>	Mauchica Carolus** Gannon Ward Ines Riera, PD Susan Rueni, PD	Tammy Hreba Claudette Baril	Jane Youssman Mark Pierce Raeanne DerPasquale Emily Cote, PD	Beth Murana Jill Cassells	
<b>RN</b>	Allison Lomas Michelle Miller, PD Miren Kalixa Aboltiz, PD		Kate Sivel* Samantha Hyacinth, PD Emily Yeast, PD		
<b>CA</b>	Anabel Morel-Rodriguez Catherine Osorio Yolanda Rosado*	Jennifer Helt Heather Keyes	Emily Kersey Jesabel Lopez Morayma Rodriguez	Jillian Librandi Franceska Vega	
<b>ADVANCED CA</b>	Mayra Torres* Evim Jackson, PD Daphne Mondesir**, PD	Jasmine Osorio	Madeline Alvarez* Mary Cruz* Getzenia Nieves* Wendy Trella Jenny Mantorelli, PD Kaitlin Sohn, PD	Lillian Morales*	
<b>REGIONAL DIRECTOR</b>	Kelly O'Brien	Kelly O'Brien	Shira Revzen	Shira Revzen	Shira Revzen

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



## Serving Connecticut & Rhode Island

### **BOARD OF DIRECTORS, 2012–2013**

#### **OFFICERS:**

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

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Leigh Bonney  
Erica Buchsbaum  
Karen Dubois-Walton  
Sue Hessel  
Simone P. Joyaux  
Susann Mark  
Nadesha Mijoba  
Donna Moffly  
John R. Morton, M.D.  
Shannon Perry  
Susan Ross  
Fahd Vahidy  
Sandra Wagenfeld

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March 2010

**RENEWAL**

**Officers**

Kay Maxwell, Chair  
Deborah Freedman, Vice Chair  
Maria Cruz-Saco, Ph.D., Secretary  
Melina Renkert-Thomas, J.D., Treasurer  
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Connie Worthington

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David Bingham, M.D.  
Atty. Gen. Richard Blumenthal  
Liz and Kim Chace  
Rosalie Fain  
Francine E. Goldstein  
Eunice S. Groark  
Christopher W. Kitchings Jr.  
Robert Leach  
Stephen and Sue Mandel  
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Rabbi Robert Orkand  
Sarah Beinecke Richardson  
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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  
401.782.0000

www.ppsne.org



Serving Connecticut & Rhode Island

January 8, 2010

Attn: Rose McLellan, Licensing Examination Assistant  
State of Connecticut  
Department of Public Health  
Division of Health Systems Regulation  
410 Capitol Avenue – MS # 12HFL  
P O Box 340308  
Hartford, CT 06134

Re: License Renewal Application – Torrington Center

Dear Ms. McLellan:

Enclosed you will find the License Renewal Application for our center in Torrington. I wanted to let you know that we do not have regularly scheduled hours for patients on Wednesdays. Also we are expecting a visit from our Fire Marshall in the upcoming weeks so when he does come and renew our certificate I will forward that to you.

If there are any problems or questions with regard to this renewal, please give me a call. Thanks for your attention.

Sincerely,

Tammy Hreha  
Center Coordinator

RECEIVED  
2010 JUN 12 A 2:46  
DEPT OF PUBLIC HEALTH  
DIVISION OF HEALTH SYSTEMS REGULATION



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):

- [ ] Assisted Living Services Agency
[ ] Children's Hospital
[ ] Chronic and Convalescent Nursing Home
[ ] Chronic Disease Hospital
[X] Family Planning Clinic
[ ] General Hospital
[ ] Home Health Care Agency
[ ] Homemaker-Home Health Aide Agency
[ ] Hospice
[ ] Hospital for Mentally Ill Persons
[ ] Mental Health Psychiatric OutPat.
[ ] Mental Health Intermediate Tmt.
[ ] Substance Abuse & Dependence
[ ] Infirmary Operated by an Educational Institution
[ ] Maternity Home
[ ] Maternity Hospital
[ ] Outpatient Clinic
[ ] Outpatient Dialysis Unit
[ ] Outpatient Surgical Facility
[ ] Residential Care Home
[ ] Rest Home with Nursing Supervision
[ ] Well Child Clinic
[ ] Mental Health Day Treatment
[ ] Mental Health Community Residence
[ ] Mental Health Residential Living

Please respond to all of the following questions:

1. Planned Parenthood
Facility "d/b/a" (doing business as) Name
249 Winsted Road Torrington, CT 06790
Business Address City State Zip Code Telephone 860 496-8405
same as above
Mailing Address (if applicable) City State Zip Code

RECEIVED
2010 JAN 20 4 24 6



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)
N/A		

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  
Licensee

249 Winsted Rd Torrington CT 06790 <sup>800-</sup>4968405  
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
- General Partnership
- Limited Partnership
- Limited Liability Company
- Other: \_\_\_\_\_
- Non-profit Corporation
- Municipality
- Trust
- Profit Corporation

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 2010 JAN 12 A 2:46  
 DEPT. OF PUBLIC HEALTH  
 DIVISION OF HEALTH  
 SERVICES REGULATORY

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

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

Judy Tabar 345 Whitney Ave New Haven CT 06511  
Name Address Telephone ~~800~~

- 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 # 800 496 1754

114

2023/10/10

Handwritten notes, possibly a list or description of items, including the word "Handwritten" and some illegible text.

2023/10/10

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  
Planned Parenthood of Southern New England  
 Name  
249 Winsted Rd. Torrington, CT 06790 860496-8405  
 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

12/21/09  
Date Signed

Check one as applicable:

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

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 DEPT. OF PUBLIC HEALTH  
 DIVISION OF HEALTH  
 SYSTEMS & OPERATIONS

State of Connecticut )

County of New Haven ) ss December 21 2009

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

My Commission Expires:  
(If Notary Public)

My Commission Expires Dec 31, 2011



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

Attachment 3

**FORM 3**

FACILITY/AGENCY NAME: Planned Parenthood

**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 \_\_\_\_\_  
 Real Property Owner \_\_\_\_\_

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

RECEIVED  
 2010 JAN 12 A 2:47  
 DEPT. OF PUBLIC HEALTH  
 DIVISION OF FACILITY LICENSING & INVESTIGATIONS



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

**LICENSURE APPLICATION - ADDITIONAL INFORMATION REQUIRED**

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

Please respond to all of the following questions:

1. Planned Parenthood of Southern New England.  
 Facility "d/b/a" (doing business as) Name  
249 Winsted Rd Torrington CT 06790 860 496 8405  
 Business Address City State Zip Code Telephone
  
2. Check the appropriate box/boxes describing the services to be provided by the clinic:  

<input type="checkbox"/> Primary Care	<input checked="" type="checkbox"/> Family Planning
<input type="checkbox"/> Well Child Clinic	<input type="checkbox"/> Abortion Procedures
<input type="checkbox"/> Dental	
  
3. \_\_\_\_\_  
 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 10-6, T 9:30-4:30 W-CLOSED TH-10-6, F-8:30-4:30.
  
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 of Administrator

\_\_\_\_\_  
Date Signed

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2010 JAN 12 A 2:47  
DEPT. OF PUBLIC HEALTH  
FACILITY LICENSING & INVESTIGATIONS SECTION

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

1/26/2009

**PRODUCER**  
**WORKERS' COMPENSATION TRUST**  
 PO Box 5042  
 Wallingford, CT 06492  
 (203) 678-0105

**INSURED**  
**Planned Parenthood of CT, Inc.**  
  
 345 Whitney Avenue  
 New Haven, CT 06511

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.

**INSURERS AFFORDING COVERAGE**

INSURER A: **Workers' Compensation Trust**  
 INSURER B:  
 INSURER C:  
 INSURER D:  
 INSURER E:

**COVERAGES**

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
					FIRE DAMAGE (Any one fire)	\$
					MED EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	\$
					PRODUCTS - COMP/OP AGG	\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
						\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	WCP 394	01/01/09	01/01/10	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	<input type="checkbox"/> OTH-ER
					E.L. EACH ACCIDENT	\$2,500,000
					E.L. DISEASE - EA EMPLOYEE	\$2,500,000
					E.L. DISEASE - POLICY LIMIT	\$2,500,000
	OTHER					

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

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 JAN 26 2009 12:47  
 HEALTH  
 PLAN

**CERTIFICATE HOLDER**

ADDITIONAL INSURED; INSURER LETTER:

**CANCELLATION**

Planned Parenthood of CT, Inc.  
 249 Winsted Road  
 Torrington, CT 06790

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

AUTHORIZED REPRESENTATIVE

*Matthew J. Shippee*



# 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		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR: \$100,000 GENERAL AGGREGATE LIMIT APPLIES PER: <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								
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$								
		<b>EXCESS / UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr><td>WC STATUTORY LIMITS</td><td>OTHER</td></tr> <tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATUTORY LIMITS	OTHER													
E.L. EACH ACCIDENT	\$													
E.L. DISEASE - EA EMPLOYEE	\$													
E.L. DISEASE - POLICY LIMIT	\$													
B		<b>OTHER</b> MEDICAL PROFESSIONAL CLAIMS-MADE COVERAGE PROGRAM RETRO: 11/01/76	6793286	01/01/2010	01/01/2011	PER CLAIM 1,000,000 AGGREGATE 3,000,000								

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

**CERTIFICATE HOLDER**

NYC-003599398-19

**CANCELLATION**PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND  
ATTN: LOUIS DENE GRE  
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
*Chris Kakei*

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/18/2008

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

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

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: ACE American Insurance Company	22667
INSURER B: National Union Fire Insurance Company	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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR: \$100,000 GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC	PMI G23857133-002	01/01/09	01/01/10	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
B		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	BE 17726658	01/01/09	01/01/10	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B		<b>MEDICAL PROFESSIONAL CLAIMS-MADE COVERAGE</b> PROGRAM RETRO: 11/01/76	6793286	01/01/09	01/01/10	PER CLAIM \$ 1,000,000 AGGREGATE \$ 3,000,000

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

**CERTIFICATE HOLDER** NYC-003080013-17

## CANCELLATION

PLANNED PARENTHOOD OF CONNECTICUT, INC.  
ATTN: LOUIS DENE GRE  
345 WHITNEY AVENUE  
NEW HAVEN, CT 06511

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **30** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
of Marsh USA Inc.  
Chris Kakel

*Chris Kakel*

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

**Board of Directors 2009-2010**

**Officers:**

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

**Board of Directors:**

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

RECEIVED

2010 JAN 12 A 2:47

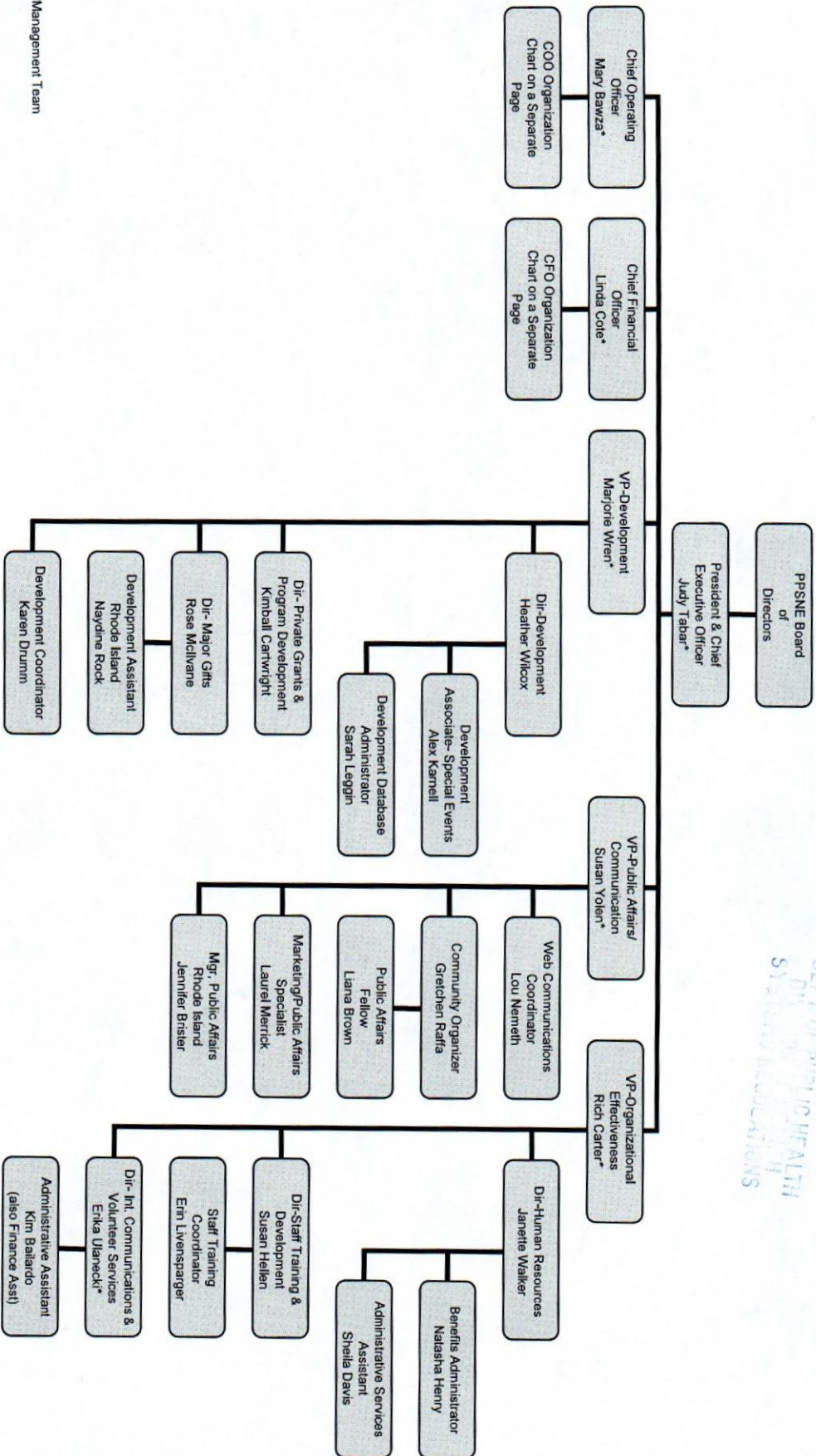
DEPT OF PUBLIC HEALTH  
DIVISION OF LICENSING  
SYSTEMS AND REGULATIONS

# Planned Parenthood of Southern New England

## December 2009

2010 JAN 12 A 2:47

DEPT OF PUBLIC HEALTH  
STATE OF CONNECTICUT  
STANDARD REGULATIONS



\*Management Team





STATE OF CONNECTICUT

On (date) 2/5/2010, The (Town/City) Torrington Office of the Fire Marshal

conducted an inspection of PLANNED PARENTHOOD

located at (address) 249 Winsted Rd in the

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

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

Section 29-305 of the statutes. This facility was evaluated as a (new/existing) Existing

(occupancy classification) Business as classified

by the *CONNECTICUT FIRE SAFETY CODE*. As a result of this inspection, the following

conditions were found:

- I. At the time of inspection, no code violations were identified. **Certificate of approval recommended.**
- II. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. An acceptable plan of correction was submitted. (See attached information). **Certificate of approval recommended.**
- III. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. **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.**

**Expired**

**2/6/2011**

Fire Marshal

**February 5, 2010**

Date

City or Town: Torrington



STATE OF CONNECTICUT

Mailed  
1-13-09

On (date) 1/13/2009, The (Town/City) Torrington Office of the Fire Marshal  
conducted an inspection of PLANNED PARENTHOOD  
located at (address) 249 Winsted Rd in the  
City/Town of Torrington to determine the degree of compliance with the  
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RECEIVED  
JAN 12 2:44  
FIRE MARSHAL'S OFFICE  
STATE OF CONNECTICUT

Expired 1/14/2010

DFM Edward Bacotta  
Fire Marshal

January 13, 2009  
Date

City or Town: Torrington

copy

March  
2009

**YEAR**

**FIRE MARSHAL ONLY**





STATE OF CONNECTICUT

On (date) 1/13/2009, The (Town/City) Torrington Office of the Fire Marshal

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located at (address) 249 Winsted Rd in the

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

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JAN 16 2009

DEPT. OF PUBLIC SAFETY

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- 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.**

**Expired 1/14/2010**

DFM Edward B. ...  
Fire Marshal

January 13, 2009  
Date

City or Town: Torrington



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

DIVISION OF HEALTH SYSTEMS REGULATION

To: Administrator  
Planned Parenthood of Conn., Inc.- Torrington  
249 Winsted Road  
Torrington, CT 06790

From: Rose McLellan  
License and Applications Supervisor  
Facility License and Inspection Section

Date: January 6, 2008

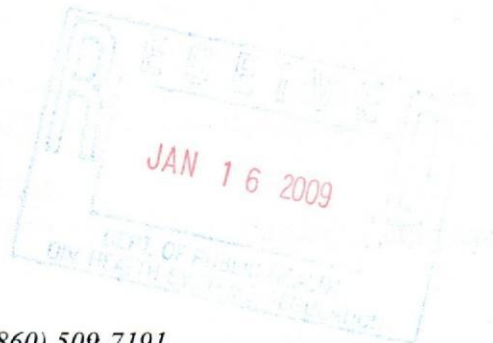
Subject: March 2009 Annual Fire Marshal Certificate

In accordance with the Regulations of Connecticut State Agencies, a Fire Marshal's Certificate of Inspection must be submitted to the Department **annually**.

Enclosed is a Fire Marshal's Certificate of Inspection, which must be completed and returned to this office within **thirty- (30) days**. If for any reason the form cannot be submitted within this time frame, this office must be notified **in writing** of the reason for the delay. **Additional forms may be xeroxed if necessary. Each completed Fire Marshal's Certificate of Inspection that is submitted must have an original signature.**

Please do not hesitate to contact the Licensure Processing Unit at (860) 509-7444 if you have any questions.

RM/crj  
Enclosure



Phone: (860) 509-7444  
Telephone Device for the Deaf (860) 509-7191  
410 Capitol Avenue - MS # 12HFL  
P.O. Box 340308 Hartford, CT 06134  
An Equal Opportunity Employer

2008

**YEAR**

**FIRE MARSHAL ONLY**



STATE OF CONNECTICUT

On (date) 1/10/2008, The (Town/City) Torrington Office of the Fire Marshal

conducted an inspection of PLANNED PARENTHOOD

located at (address) 249 Winsted Rd in the

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

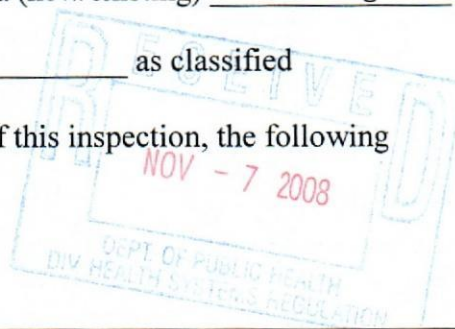
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- III. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. **Certificate of approval NOT recommended.**
- IV. Based on the extreme hazard to public safety discovered at the time of this inspection, 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.**

**Expired 1/10/2009**

Joseph Fiorelli  
Fire Marshal

January 10, 2008  
Date

City or Town: Torrington





# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

DIVISION OF HEALTH SYSTEMS REGULATION

## LICENSURE APPLICATION

[ ] INITIAL       RENEWAL

**NOTE: A separate application must be completed for each licensed level of care which is located at a different address. One (1) application may be submitted for multiple levels of care provided each level of care has the same name and the same licensee and is located at the same address.**

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

- |  |   |
|--|---|
| <input type="checkbox"/> Assisted Living Services Agency       | <input type="checkbox"/> Infirmary Operated by an Educational Institution |
| <input type="checkbox"/> Children's Hospital                   | <input type="checkbox"/> Maternity Home                                   |
| <input type="checkbox"/> Chronic and Convalescent Nursing Home | <input type="checkbox"/> Maternity Hospital                               |
| <input type="checkbox"/> Chronic Disease Hospital              | <input type="checkbox"/> Outpatient Clinic                                |
| <input checked="" type="checkbox"/> Family Planning Clinic     | <input type="checkbox"/> Outpatient Dialysis Unit                         |
| <input type="checkbox"/> General Hospital                      | <input type="checkbox"/> Outpatient Surgical Facility                     |
| <input type="checkbox"/> Home Health Care Agency               | <input type="checkbox"/> Residential Care Home                            |
| <input type="checkbox"/> Homemaker-Home Health Aide Agency     | <input type="checkbox"/> Rest Home with Nursing Supervision               |
| <input type="checkbox"/> Hospice                               | <input type="checkbox"/> Well Child Clinic                                |
| <input type="checkbox"/> Hospital for Mentally Ill Persons     |   |

RECEIVED  
 2008 JUN 18 P 3:58  
 DEPARTMENT OF PUBLIC HEALTH  
 DIVISION OF HEALTH SYSTEMS REGULATION

Please respond to all of the following questions:

✓ 1. Planned Parenthood of Connecticut, Inc.  
 Facility "d/b/a" (doing business as) Name 860-489-5500

249 Winsted Rd Torrington CT, 06790  
 Business Address                                      City                      State      Zip Code                      Telephone

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

Phone: (860) 509-7444  
 Telephone Device for the Deaf (860) 509-7191  
 410 Capitol Avenue - MS # 12HFL  
 P.O. Box 340308 Hartford, CT 06134  
 An Equal Opportunity Employer



**FOR OFFICE USE ONLY**

CHECK # \_\_\_\_\_  
 AMOUNT \_\_\_\_\_  
 DATE RCVD 11/18/08  
 INITIALS CG

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

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

3. 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 CT, INC - Torrington Center  
Licensee

249 Winsted Rd Torrington, CT. 06790 800-4895500  
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
- General Partnership
- Limited Partnership
- Limited Liability Company
- Profit Corporation
- Non-profit Corporation
- Municipality
- Trust
- Other: \_\_\_\_\_

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

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

Judy Tabar 345 Whitney Ave New Haven CT 06511  
Name Address Telephone  
203-865-5158

RECEIVED  
2006 JAN 18 P 3:08  
DEPT. OF CONSUMER HEALTH  
SYSTEMS & REGULATIONS

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.)

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

Planned Parenthood of CT, INC. Torrington Center  
Name

249 Winsted Rd Torrington, CT. 06790 860-489-5500  
Business Address City State Zip Code Telephone

RECEIVED  
JAN 11 3:58

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).**

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

1-10-06  
Date Signed

Check one as applicable:

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

State of Connecticut )

County of New Haven )

ss Jan 10 2006

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 Hellen  
 Notary Public   
 Justice of the Peace   
 Town Clerk   
 Commissioner of the Superior Court

My Commission Expires:  
(If Notary Public)

My Commission Expires Dec. 31, 2006

RECEIVED  
 2006 JAN 18 P 3:58  
 DEPARTMENT OF HEALTH  
 STATE OF CONNECTICUT

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YY) 01/20/2006
<b>PRODUCER</b> CHWCT PO Box 5042 866 N. Main St. Ext. Wallingford, CT, 06492 203.678.0105	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURERS AFFORDING COVERAGE		
<b>INSURED</b> Planned Parenthood of CT, Inc.  345 Whitney Avenue New Haven, CT 06511	INSURER A: CH Workers' Compensation Trust INSURER B: INSURER C: INSURER D: INSURER E:	INSURED'S COPY

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																				
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPI/OP AGG \$																				
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Per accident) \$  BODILY INJURY (Per person) \$  BODILY INJURY (Per accident) \$  PROPERTY DAMAGE (Per accident) \$																				
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$																				
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$																				
A	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b>	WCP 394	1/01/06	1/01/07	<table border="0" style="width:100%; font-size: x-small;"> <tr> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 15%;">WC STATUTORY LIMITS</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 5%;">OTH-ER</td> <td style="width: 70%;"></td> </tr> <tr> <td></td> <td>E.L. EACH ACCIDENT</td> <td></td> <td></td> <td style="text-align: right;">\$2,500,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td></td> <td style="text-align: right;">\$2,500,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td></td> <td style="text-align: right;">\$2,500,000</td> </tr> </table>	<input checked="" type="checkbox"/>	WC STATUTORY LIMITS	<input type="checkbox"/>	OTH-ER			E.L. EACH ACCIDENT			\$2,500,000		E.L. DISEASE - EA EMPLOYEE			\$2,500,000		E.L. DISEASE - POLICY LIMIT			\$2,500,000
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	E.L. DISEASE - POLICY LIMIT			\$2,500,000																					
	OTHER																								

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

<b>CERTIFICATE HOLDER</b>	<b>ADDITIONAL INSURED; INSURER LETTER:</b>	<b>CANCELLATION</b>
Planned Parenthood of CT, Inc. 249 Winsted Road Torrington, CT 06790		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE: <i>Arthur L. Shapiro</i>

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
02/24/2005

PRODUCER CHWCT Box 5042 866 N. Main St. Ext. Wallingford, CT, 06492 203.678.0105	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
<b>INSURERS AFFORDING COVERAGE</b>	
INSURED Planned Parenthood of CT, Inc.  345 Whitney Avenue New Haven, CT 06511	INSURER A: CH Workers' Compensation Trust INSURER B: INSURER C: INSURER D: INSURER E:

**COVERAGES**

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INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																			
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	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 \$ AUTO ONLY:                      AGG \$																			
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$																			
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WCP 394	1/01/05	1/01/06	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="font-size: small;">WC STATUTORY LIMITS</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="font-size: small;">OTHER</td> </tr> <tr> <td colspan="4">E.L. EACH ACCIDENT</td> <td style="text-align: right;">\$ 2,500,000</td> </tr> <tr> <td colspan="4">E.L. DISEASE - EA EMPLOYEE</td> <td style="text-align: right;">\$ 2,500,000</td> </tr> <tr> <td colspan="4">E.L. DISEASE - POLICY LIMIT</td> <td style="text-align: right;">\$ 2,500,000</td> </tr> </table>	<input checked="" type="checkbox"/>	WC STATUTORY LIMITS	<input type="checkbox"/>	OTHER	E.L. EACH ACCIDENT				\$ 2,500,000	E.L. DISEASE - EA EMPLOYEE				\$ 2,500,000	E.L. DISEASE - POLICY LIMIT				\$ 2,500,000
<input checked="" type="checkbox"/>	WC STATUTORY LIMITS	<input type="checkbox"/>	OTHER																					
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

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<b>CERTIFICATE HOLDER</b>  Planned Parenthood of CT, Inc. 249 Winsted Road Torrington, CT 06790	<b>ADDITIONAL INSURED; INSURER LETTER:</b>  <b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
---	--



# MARSH

# CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER  
NYC-001272219-06

**PRODUCER**

Marsh USA Inc.  
1166 Avenue of the Americas  
New York, NY 10036-2774

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

**COMPANIES AFFORDING COVERAGE**

COMPANY

**A** ACE AMERICAN INSURANCE COMPANY

COMPANY

**B** NATIONAL UNION FIRE INS. CO.

COMPANY

**C** N/A

COMPANY

**D** N/A

**INSURED**

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

**COVERAGES**

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b>	XSLG22903809	12/31/05	12/31/06	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> SIR: \$100,000				FIRE DAMAGE (Any one fire) \$ 100,000
					MED EXP (Any one person) \$
					COMBINED SINGLE LIMIT \$
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
	<input type="checkbox"/> ALL OWNED AUTOS				EACH ACCIDENT \$
	<input type="checkbox"/> SCHEDULED AUTOS				AGGREGATE \$
	<input type="checkbox"/> HIRED AUTOS				EACH OCCURRENCE \$
	<input type="checkbox"/> NON-OWNED AUTOS				AGGREGATE \$
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATUTORY LIMITS
	<input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				OTHER
	<input type="checkbox"/> INCL				EL EACH ACCIDENT \$
	<input type="checkbox"/> EXCL				EL DISEASE-POLICY LIMIT \$
	<b>OTHER</b>				EL DISEASE-EACH EMPLOYEE \$
B	<b>MEDICAL PROFESSIONAL CLAIMS-MADE COVERAGE</b> RETRO DATE: 11/01/76	6793286	12/31/05	12/31/06	PER CLAIM 1,000,000 AGGREGATE 3,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

**CERTIFICATE HOLDER**

PLANNED PARENTHOOD OF CONNECTICUT, INC.  
ATTN: LOUIS DENEGRE  
345 WHITNEY AVENUE  
NEW HAVEN, CT 06511

**CANCELLATION**

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE.

MARSH USA INC.

BY: Chris Kakel

MM1(3/02)

*Chris Kakel*

VALID AS OF: 12/21/05



MARSH USA INC.  
1166 AVENUE OF THE AMERICAS  
NEW YORK, NY 10036-2774

PLANNED PARENTHOOD OF CONNECTICUT, INC.  
ATTN: LOUIS DENEGRÉ  
345 WHITNEY AVE  
NEW HAVEN CT 06511-2348

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

**FORM 3**

**FACILITY/AGENCY NAME:** Planned Parenthood of CT, Inc Torrington Center

**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 \_\_\_\_\_  
 Real Property Owner \_\_\_\_\_

*\* see attached list of board of directors*

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

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**Planned Parenthood of Connecticut, Inc.  
Judy Tabar, President and CEO**

**Board of Directors 2005-2006**

**Fernando Betancourt**

345 Whitney Avenue  
New Haven, CT 06511  
(203) 865-5158

**Maria Cruz-Saco**

345 Whitney Avenue  
New Haven, CT 06511  
(203) 865-5158

**Monica Debiak**

345 Whitney Avenue  
New Haven, CT 06511  
(203) 865-5158

**Ana De Santiago Ayón**

345 Whitney Avenue  
New Haven, CT 06511  
(203) 865-5158

**Deborah Freedman**

345 Whitney Avenue  
New Haven, CT 06511  
(203) 865-5158

**Jennifer B. Gallagher**

345 Whitney Avenue  
New Haven, CT 06511  
(203) 865-5158

**Christina N. Gianopulos**

345 Whitney Avenue  
New Haven, CT 06511  
(203) 865-5158

**Sue Hessel**

345 Whitney Avenue  
New Haven, CT 06511  
(203) 865-5158

**Barry Kramer**

Board Treasurer  
345 Whitney Avenue  
New Haven, CT 06511  
(203) 865-5158

**Maria LaSala**

345 Whitney Avenue  
New Haven, CT 06511  
(203) 865-5158

**Dana McGee**

Board Secretary  
345 Whitney Avenue  
New Haven, CT 06511  
(203) 865-5158

**Jewel Mullen**

345 Whitney Avenue  
New Haven, CT 06511  
(203) 865-5158

**Kim-Thu Pham**

Board Vice Chair  
345 Whitney Avenue  
New Haven, CT 06511  
(203) 865-5158

**Ellen J. Schapps Richman**

345 Whitney Avenue  
New Haven, CT 06511  
(203) 865-5158

**Nancy Rosen**

Assistant Treasurer  
345 Whitney Avenue  
New Haven, CT 06511  
(203) 865-5158

**Rachel Sheppard Rubin**

345 Whitney Avenue  
New Haven, CT 06511  
(203) 865-5158

**Robert Scalettar**

345 Whitney Avenue  
New Haven, CT 06511  
(203) 865-5158

**Seymour M. Smith**

Board Chair  
345 Whitney Avenue  
New Haven, CT 06511  
(203) 865-5158

**Cyndi Billian Stern**

345 Whitney Avenue  
New Haven, CT 06511  
(203) 865-5158

**Richard Sugarman**

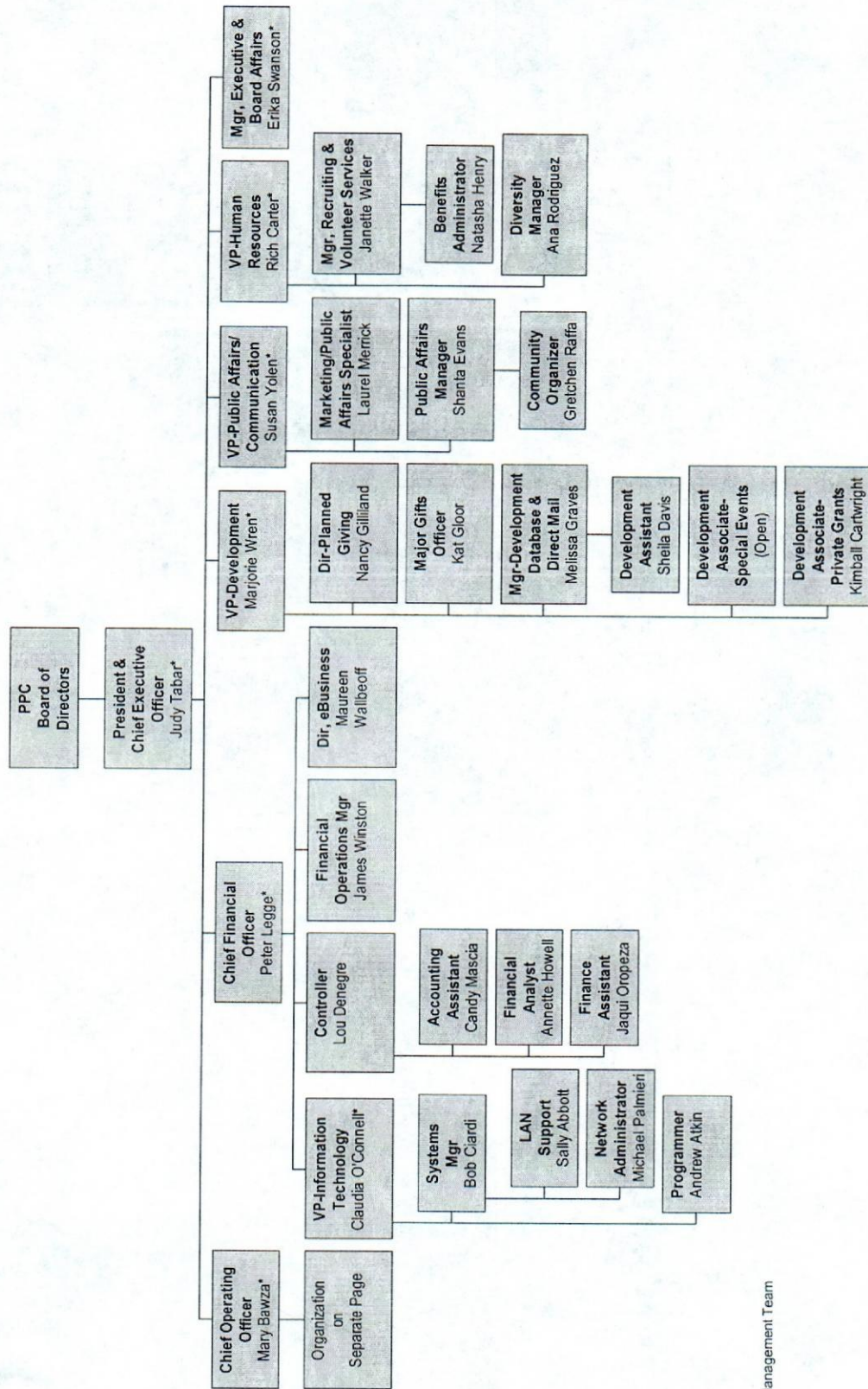
345 Whitney Avenue  
New Haven, CT 06511  
(203) 865-5158

**Calvin Warren**

345 Whitney Avenue  
New Haven, CT 06511  
(203) 865-5158

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PLANNED PARENTHOOD OF CONNECTICUT  
100 STATE STREET  
NEW HAVEN, CT 06511

# Planned Parenthood of Connecticut December 2005



\*Management Team

# Chief Operating Officer December 2005

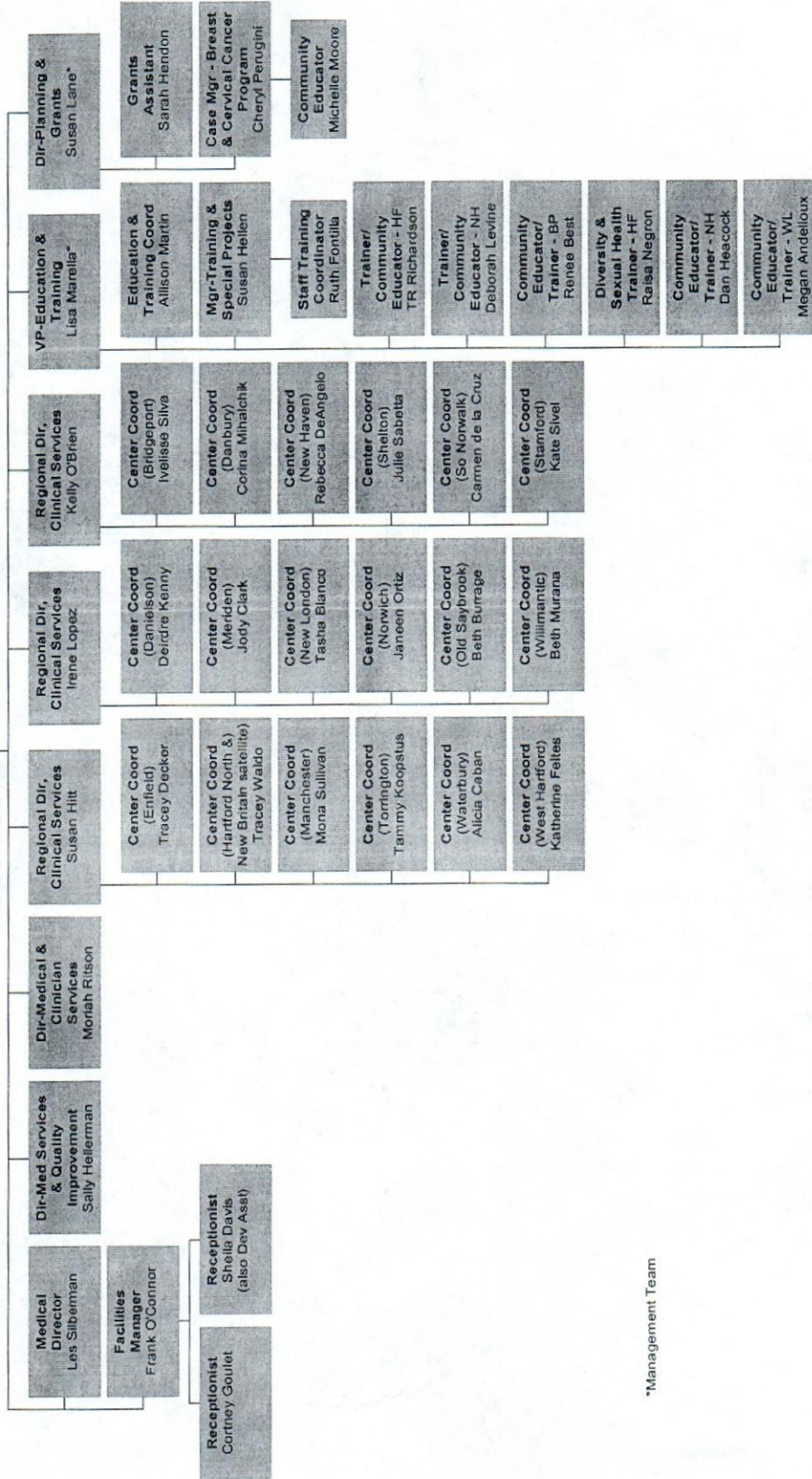
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2006 JAN 18 P 3:58

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF PUBLIC HEALTH  
600 WATERMAN ST., CONCORD, NH 03301

Chief Operating Officer  
Mary Bawza\*

Administrative Assistant  
Judy Iversen



\*Management Team



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

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 CT, Inc, Torrington Center  
Facility "d/b/a" (doing business as) Name

249 Winsted Rd Torrington CT 06790 860 489-5500  
Business Address City State Zip Code Telephone

2. Check the appropriate box/boxes describing the services to be provided by the clinic:

- Primary Care
- Family Planning
- Well Child Clinic
- Abortion Procedures
- Dental

3. Lester Silberman, M.D.  
Administrator (Your name needs to appear as it is shown on your Professional License).

4. \_\_\_\_\_  
Medical Director Dental Director (if applicable)  
(Your name needs to appear as it is shown on your Professional License).

5. Hours of Operation: M-11:00-6:30, T 8:30-4:00 W-CLOSED, TH 11:00-6:30, F 8:30-4:00

6. Please list the facility's fax number: 860 496-1754. Has this number changed since your last application?  YES  NO

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.

Sammy Koopstus \_\_\_\_\_  
Signature of Administrator Date Signed  
Center Coordinator

\* please note on Tues Jan 31st the office will be closing for the day at 11:30 am for the staff to attend a training. Thank you.

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2006 JAN 18 P 3:58  
STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF HEALTH SYSTEMS REGULATION



Planned Parenthood®  
of Connecticut, Inc.

January 13, 2006

Attn: Rose McLellan, License and Applications Supervisor  
State of Connecticut  
Department of Public Health  
410 Capitol Avenue – MS # 12 HFL  
PO Box 340308  
Hartford, CT. 06134

Re: License Renewal Application - Torrington Center

Dear Ms. McLellan:

Enclosed you will find the License Renewal Application for our center in Torrington. Please note that on Tuesday January 31<sup>st</sup> our office will be closing at 11:30 am to enable the staff to attend a required training. Also the certificate of liability insurance enclosed is last years copy. We are awaiting the current copy from our insurance company. When it arrives, I will forward it to you.

If there are any problems or questions with regard to this renewal, please give me a call.  
Thanks for your attention.

Sincerely,

A handwritten signature in cursive script that reads "Tammy J. Koopstus".

Tammy J. Koopstus  
Center Coordinator

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2006 JAN 18 P 3:57  
STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
LICENSE AND APPLICATIONS



STATE OF CONNECTICUT

On (date) 1/13/2006, The (Town/City) Torrington Office of the Fire Marshal

conducted an inspection of PLANNED PARENTHOOD

located at (address) 249 Winsted Rd in the

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

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

Section 29-305 of the statutes. This facility was evaluated as a (new/existing) Existing

(occupancy classification) Business as classified

by the *CONNECTICUT FIRE SAFETY CODE*. As a result of this inspection, the following

conditions were found:

- I. At the time of inspection, no code violations were identified. **Certificate of approval recommended.**
- II. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. An acceptable plan of correction was submitted. (See attached information). **Certificate of approval recommended.**
- III. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. **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.**

**Expired 1/14/2007**

[Signature]  
Fire Marshal

January 13, 2006  
Date

City or Town: Torrington

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