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

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity
Planned Parenthood of Bridgeport
4697 Main St
Bridgeport, CT 06606
M:

Signature of FLIS Staff
Robert Barron Nurse Consultant

Licensure Category:
Planned Parenthood Licensed Capacity: _____ Census: _____
Family Planning Clinic Licensed Capacity: _____ Census: _____

Date(s) of onsite inspection: 10/2/17

Date(s) additional information obtained: _____

Personnel contacted: Esonia Cole Center Manager

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

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

REPORT SUBMITTED BY: Robert Barron **DATE OF REPORT:** 10-2-17

Approval for issuance of license granted by: Leann D Sawyer **DATE:** 10-4-17
Supervisor/Title