



This Certificate is granted under the authority of RCW 70.38. Issuance of this Certificate does not constitute approval under any other local, federal or state statute, implementing rules and regulations. Examples where additional approval may be necessary include, but are not limited to, construction plan approval through the Construction Review Unit of the Department of Health, facility licensing/certification through the Department of Social and Health Services or Department of Health, and other federal or local jurisdiction permits.

**Certificate of Need #1599 is issued to:**

**Legal Name of Applicant:** Seattle Children's Hospital  
**Address of Applicant:** 4800 Sand Point Way Northeast Seattle, Washington 98105  
**Type of Service:** Acute Care Bed Addition  
NICU Level IV Bassinet Addition  
**Facility Name:** Seattle Children's Hospital  
**Facility Address:** 4800 Sand Point Way Northeast Seattle, Washington 98105

**ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT'S RECORD AND EVALUATION DATED APRIL 3, 2017 (CN App #16-29)**

**Project Description**

This certificate approves 23 new general acute care beds and 13 Level IV NICU beds. At project completion, Seattle Children's Hospital is approved to license and operate a total of 407 total licensed beds with the following distribution:

	<b>Number of Beds</b>
Acute Care	318
Level IV NICU	32
Psychiatric	41
Rehabilitation	16
<b>Total Licensed Beds</b>	<b>407</b>

**Service Area**  
Washington State

**Conditions**

1. Approval of the project description as stated above. Seattle Children's Hospital further agrees that any change to the project as described in the project description is a new project that requires a new Certificate of Need.
2. Prior to providing services in the 29 non-operational beds, Seattle Children's will provide a copy of its revised Charity Care policy. The revised Charity Care policy must not be any more restrictive than the Charity Care policy submitted as part of this application.
3. Seattle Children's must provide least 1.50% of total revenue in charity care in future years as stated in the application.

**Approved Capital Expenditure**

The approved capital expenditure associated with this project is \$19,564,561

**This Certificate authorizes commencement of the project from April 24, 2017 to April 24, 2019 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.**

**Date Certificate Issued:** April 24, 2017

Steve Bowman, PhD, MHA  
Director, Office of Community Health Systems

**This Certificate is not transferable**