DEPARTMENT OF HEALTH

Application for a License to Operate a Prescribed Pediatric Extended Care (PPEC) Center

INITIAL, RENEWAL OR CHANGE OF OWNERSHIP LICENSE

The undersigned hereby makes application for license to operate a prescribed pediatric extended care center subject to the provision of Minnesota Statutes, chapter 144H (https://www.revisor.mn.gov/statutes/cite/144H), Minnesota Administrative Rules, chapter 4664.0002 (https://www.revisor.mn.gov/rules/4664.0002/), Minnesota Administrative Rules, chapter 4664.0003 (https://www.revisor.mn.gov/rules/4664.0003/), and the rules adopted thereunder.

Application Type (check one)

☐ Initial license ☐ Renewal License ☐ Change of Ownership

Application and Review Process

Complete all questions fully and accurately to avoid unnecessary delays. Submit the application, required supporting documents, and nonrefundable fee payment to the Minnesota Department of Health (MDH). Refer to the Fee Schedule for the mailing address.

A PPEC center license is issued when MDH determines that all licensure requirements have been met. An issued license is valid for two years and is not transferable.

Agent Information

Provide the legal name and contact information of the person MDH can contact regarding questions about this application. The agent is authorized to transact business with MDH on all matters and upon whom all notices and orders must be served and who is authorized to accept service of notices and orders on behalf of the applicant.

First name: _____

Last name: _____

Title: _____

Telephone number: _____

Email address: _____

Facility Identification

Facility Name (Doing Business As): _____

Address: _____

City: _____ State: _____

Zip: _____ County: _____

Telephone number: _____

Name of county in which facility is located: _____

Proposed opening or change of ownership date (if applicable): _____

Services and Limitation Requirements

- Minnesota Statutes, section 144H.07 (https://www.revisor.mn.gov/statutes/cite/144H.07)

The PPEC center must provide basic services to medically complex or technologically dependent children, based on a protocol of care established for each child. A PPEC center may provide services up to 14 hours a day and up to six days a week. A child is prohibited from attending a PPEC center for more than 14 hours within a 24-hour period.

Hours of Operation

Monday:	Friday:
Tuesday:	Saturday:
Wednesday:	Sunday:
Thursday:	

Number of children (maximum allowed 45): _____

Person in Charge of the Business

- Minnesota Statutes, section 144H.08 (https://www.revisor.mn.gov/statutes/cite/144H.08)

Administrator

The owner must designate one person as a center administrator, who is responsible and accountable for overall management of the center.

First and Last Name: _____

Title: _____

Direct Telephone number: _____

Direct Email address: _____

Second in charge

Provide name and contact information for a person to be responsible for the center when the administrator is absent from the center for more than 24 hours. If the individual is unknown, indicate “On-Call” in place of the name and title.

First and Last Name: _____

Title: _____

Direct Telephone number: _____

Direct Email address: _____

Ownership Information

Fill in the code that corresponds to the type of entity legally responsible for operating this facility: _____

Governmental Non-Federal	Governmental Federal	Non-Governmental Nonprofit	Non-Governmental For-profit	Other
11. State 12. County 13. City 14. City-County 15. Hospital District or Authority	18. Veterans Administration	20. Church-related 21. Nonprofit Corporation 22. Other Nonprofit Ownership 34. Nonprofit Limited Liability Company 36. Nonprofit Corporation	23. Individual 24. Partnership 26. Group 29. Business Trust 33. For-profit Limited Liability Company 35. For-profit Corporation	27. Tribal 31. Other (list): _____ 32. Sole Proprietorship

Provide the legal entity name that is responsible for the operation of this facility, as it appears on file with the Office of the Minnesota Secretary of State (https://mblsportal.sos.state.mn.us/Business/Search):

Full legal entity name:_____

Federal Employer Identification Number (FEIN): _____

State Tax ID number: _____

President/Owner Representative

First and Last name:_____

Title:_____

Address:_____

City, State and Zip Code:_____

Direct telephone number:_____

Direct email address:_____

Direct email address:_____

Ownership interest: ☐ Direct ☐ Indirect ☐ Not Applicable

Percentage of ownership: _____

Owners and Managerial Officials

- Minnesota Administrative Rules, chapter 4664.0010, subp. 4 (5) (https://www.revisor.mn.gov/rules/4664.0010/#rule.4664.0010.4)

Complete the table in Appendix A: Owners and Managerial Officials with the names and addresses of all owners and managerial officials.

Medical Director Information

- Minnesota Statutes, section 144H.10 (https://www.revisor.mn.gov/statutes/cite/144H.10)
- The American Board of Pediatrics Verification of Certification (https://www.abp.org/verification-certification)

Name of Medical Director and license number must be as it appears on the MN Board of Medical Practice site, MN Health Board credential search.

Full legal name: _____

Direct telephone number: _____

Direct email address: _____

Start date: _____ MN License number: _____

Current certification by the American Board of Pediatrics: _____

Director of Nursing

- Minnesota Statutes, section 144H.11 (https://www.revisor.mn.gov/statutes/cite/144H.11)

Provide the name and license number as it appears with the MN Board of Nursing. MN Health Board find a licensee.

Full legal name: _____

Director telephone number: _____

Direct email address: _____

Start date: _____ License number: _____

Physical Environment Requirements for Initial Applicants

- Minnesota Statutes, section 144H.20 (https://www.revisor.mn.gov/statutes/cite/144H.20)

Submit required documents to the Engineering Services section. Please visit the Constructions Plan Submittal Process for Healthcare Facilities webpage for instructions.

For any questions, contact health.healthcareengineers@state.mn.us or 651-201-4200.

Evidence of Compliance with Workers' Compensation Coverage Provisions

State law requires that the Commissioner of Health shall withhold the license for the operation of a health care provider until the applicant presents acceptable evidence of compliance with workers' compensation coverage provisions.

One of the following documents must accompany this application. Please check which document is attached.

☐ **Certificate of Insurance** supplied by an authorized Workers' Compensation carrier pursuant to Minnesota Statutes, section 60A.06, subd. 1(5b) (https://www.revisor.mn.gov/statutes/cite/60A.06). The Certificate should include the name of the licensee, the name of the corporation legally responsible for the licensee, or the name that the licensee is doing business as. The Certificate of Liability Insurance must be in effect prior to the issuance of an initial license or have an effective date on or after the effective date of renewal license.

☐ **Self-insured workers' compensation (including its Attachment "A").** This type of coverage is generally held by large organizations. The certificate is issued from the commissioner of commerce permitting an organization to self-insure pursuant to Minnesota Statutes, section 79A (https://www.revisor.mn.gov/statutes/cite/79A) and Minnesotate Rules, chapter 2780 (https://www.revisor.mn.gov/rules/2780/). Questions regarding self-insurance should be directed to the Minnesota Department of Commerce.

☐ Written confirmation from your Third-Party Administrator or evidence of coverage from the Workers' Compensation Reinsurance Association (WCRA) allowing you to **self-insure as a Government Entity/Political Subdivision** pursuant to Minnesota Statutes, section 176.181, subd. 2 (https://www.revisor.mn.gov/statutes/cite/176.181#stat.176.181.2). The Reinsurance Certificate must be renewed annually on a calendar year basis.

Affirmation

In accordance with Minnesota Statutes, section 13.41 (https://www.revisor.mn.gov/statutes/cite/13.41), **all data submitted on this license application becomes public upon issuance of a license.**

The applicant certifies that the PPEC center will comply with the following requirements:

- Maintain written policies and procedures governing the admission, transfer, and discharge of children, including required notice of discharge and parental consent forms, in accordance with Minnesota Statutes, section 144H.09.
- Ensure direct care personnel work under the supervision of a registered nurse; have extensive, documented education and skills training in providing care to infants and toddlers, provide employment references documenting skill in the care of infants and children, and hold a current certification in cardiopulmonary resuscitation, in accordance with Minnesota Statutes, section 144H.11, subdivision 4.
- Provide total staffing for nursing services and direct care personnel at a ratio of one staff person for every three children at the center, in accordance with Minnesota Statutes, section 144H.12.
- Develop and maintain a medical record and an individualized nursing protocol of care for each child admitted to a PPEC center, signed by authorized personnel, in accordance with Minnesota Statutes, section 144H.13.
- Establish and maintain a quality assurance program in accordance with Minnesota Statutes, section 144H.14.
- Develop policies and procedures for reporting suspected child maltreatment and comply with applicable crib safety requirements, in accordance with Minnesota Statutes, section 144H.16.

☐ I certify that the information provided on this form is accurate and complete.

Signature of Authorized Representative: _____

Name (print or type): _____

Title: _____

Date: _____

Fee Schedule

- Minnesota Statutes, section 144H.05 (https://www.revisor.mn.gov/statutes/cite/144H.05)

The application must be accompanied by the appropriate nonrefundable fee based on the following fee schedule.

Type	Fees
Initial application	$3,820.00
Renewal application	$1,800.00
Late fee **Required for renewal applications submitted after the renewal deadline.*	$25.00
Change of ownership	$4,200.00

Keep a copy of the application and attachments for your records.

If you have questions concerning this license application, please email Health.HRD-FedLCR@state.mn.us or call 651-201-4200.

Minnesota Department of Health
Health Regulation Division
Federal Licensing, Certification and Registration section
P.O. Box 64900
St. Paul, MN 55164-0900

07/09/2026

To obtain this information in a different format, call: 201-4200.

Appendix A: Owners and Managerial Officials

Submit the following document with the application form. Complete additional copies of this form if needed.

For the **Type** column, check all that apply.

Full Name of Individual / Legal Entity	Title	Address	Telephone number	Email Address	Type	Direct / Indirect Ownership	Ownership Percentage
					☐ Owner ☐ Managerial Officials		
					☐ Owner ☐ Managerial Officials		
					☐ Owner ☐ Managerial Officials		
					☐ Owner ☐ Managerial Officials		
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