



Department  
of Health

Mike DeWine, Governor  
Jon Husted, Lt. Governor

Amy Acton, M.D., MPH, Director

## Maternity Licensure Application

As defined in Chapter 3701-7 of the Ohio Administrative Code

0045-MAT

ID # MAT 045

APPLICATION TYPE		APPLICATION FEE	
<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Renewal		
<input checked="" type="checkbox"/> Level I Obstetrical Service/Neonatal Care Service		\$1,250.00	
<input type="checkbox"/> Level II Obstetrical Service/Neonatal Care Service		\$1,750.00	
<input type="checkbox"/> Level III Obstetrical Service/Neonatal Care Service		\$2,250.00	
<input type="checkbox"/> Level IV Obstetrical Service/Neonatal Care Service		\$2,250.00	
<input type="checkbox"/> Level IV Obstetrical Service/ Level III Neonatal Care Service		\$2,250.00	
<input type="checkbox"/> Freestanding Children's Hospital - Level III Neonatal Care Service		\$2,250.00	
<input type="checkbox"/> Freestanding Children's Hospital - Level IV Neonatal Care Service		\$2,250.00	
<input type="checkbox"/> Maternity Home		\$750.00	
Hospital/Home Name		Galion Community Hospital	
Address		269 Portland Way South	
City	Galion	Zip	44833
		County	Crawford
Telephone Number	419-468-0913	OB Unit Contact Person E-mail Address	klee@avitaahs.org

Mailing Address		
Name	Kristal Lee	
Address	269 Portland Way South	
City	Galion	State OH
		Zip 44833

Capacity/Floor Location		
OBSTETRIC:	CAPACITY	FLOOR LOCATION
Triage	1	2
Labor	0	0
Labor Delivery/Recovery	3	2
Labor Delivery/Recovery/Postpartum	0	0
Recovery	12 We recover in postpartum rooms	2
Postpartum	12	2
Antepartum	12 Same rooms as Postpartum	2
Special Delivery Services	0	0
<b>TOTAL OBSTETRIC CAPACITY</b>	<b>0 16</b>	

NEONATAL:	CAPACITY <i>KL</i>	FLOOR LOCATION
Rooming In	<u>15 12</u>	<u>2</u>
Well Baby Nursery	<u>8 3M</u>	<u>2</u>
Holding Nursery	<u>0</u>	<u>0</u>
Special Care Unit	<u>0</u>	<u>0</u>
Neonatal Intensive Care Unit	<u>0</u>	<u>0</u>
<b>TOTAL NEONATAL CAPACITY</b>	<u>015</u>	

Name of Local Health Department **Gallion City Health Department**

I hereby certify that the statutes of the State of Ohio and the rules of the Ohio Sanitary Code relating to licensed maternity hospitals/homes or children's hospitals will be faithfully observed, and this hospital/home will be maintained with due regard to the safety, health and welfare of its patients.

CEO/Executive Director or Agent for Licensee Name

*Jerome Morasko*

Signature *[Signature]* Date **9-24-21**