



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

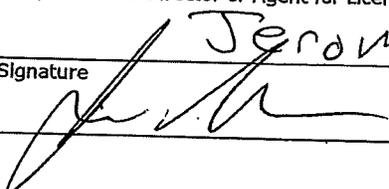
APPLICATION TYPE		APPLICATION FEE	
<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Renewal		
<input checked="" type="checkbox"/> Level I Obstetrical Service/Neonatal Care Service		\$1,250.00	
<input type="checkbox"/> Level II Obstetrical Service/Neonatal Care Service		\$1,750.00	
<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@avitahs.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
TOTAL OBSTETRIC CAPACITY	0 16	

NEONATAL:	CAPACITY <i>KL</i>	FLOOR LOCATION
Rooming In	<u>15</u> <i>12</i>	<u>2</u>
Well Baby Nursery	<u>0</u> <i>3M</i>	<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>
TOTAL NEONATAL CAPACITY	<u>015</u>	
Name of Local Health Department Galion 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		
Signature <i>Jerome Morasko</i>		Date
		<i>9-24-21</i>