

# **Family Child Care Licensing Inspection Full Report**

All licensed child care programs are inspected at least once each year. Non-compliances are documented and grouped as Serious, Moderate or Low risk violations. Documenting statements and supplemental information may be included in this report. Licensing inspection reports from the previous three years can be viewed on the child care website at <a href="http://jfs.ohio.gov/CDC/childcare.stm">http://jfs.ohio.gov/CDC/childcare.stm</a>. This includes complaint investigation reports with substantiated allegations. For any other child care records, please contact the Child Care Help Desk at 1-877-302-2347, option 4.

| Program Details    |                 |                   |
|--------------------|-----------------|-------------------|
| Program Name       | Program Number  | Program Type      |
| WALIAGHA, LATEEFAH | 000000937914754 | FCC - Type B Home |
| Address            |                 | County            |
| 8672 Copperview Dr |                 | FRANKLIN          |
|                    |                 |                   |
| Dublin             |                 |                   |
| OH 43016           |                 |                   |

| Inspection Information  |                                |                  |                   |              |  |
|-------------------------|--------------------------------|------------------|-------------------|--------------|--|
| Inspection Type         | Inspection So                  | cope             | Inspection Notice |              |  |
| Compliance              | Full                           | (0.004)          | Unannounced       |              |  |
| Inspection Date         | Begin Time                     |                  | End Time          |              |  |
| 10/11/2025              | 9:15 AM                        | 9:15 AM          |                   | 11:30 AM     |  |
| Reviewer:               |                                |                  |                   |              |  |
| Jamie Nunamaker-Dukuray |                                |                  |                   |              |  |
| Summary of Findings     |                                |                  |                   |              |  |
| No. Rules Verified      | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |  |
| 68                      | 2                              | 0                | 0                 | 4            |  |

| License Capacity and Enrollment at the Time of Inspection |                  |            |           |       |
|---|------------------|------------|-----------|-------|
| Age Group   | License Capacity | Enrollment |           |       |
|   | Totals           | Full Time  | Part Time | Total |
| Infant ( Birth to < 18 m)                                 |                  | 0          | 0         | 0     |
| Young Toddler   |                  | 0          | 0         | 0     |
| Total Under 2 Years                                       | 3                | 0          | 0         | 0     |
| Older Toddler   |                  | 0          | 0         | 0     |
| Preschool   |                  | 0          | 0         | 0     |
| School Age  |                  | 0          | 0         | 0     |
| Total Capacity/Enrollment                                 | 6                | 0          | 0         | 0     |

| Staff-Child Ratios at the Time of Inspection |                 |        |  |
|--|-----------------|--------|--|
| Group Age Group/Range Ratio Observed Comment |                 |        |  |
| Waliagha, Lateefah                           | Mixed Age Group | 1 to 0 |  |



## **Summary of Non-Compliances**

If a program disagrees with a licensing finding, the program may request a review of the finding(s). Ohio Administrative Code 5101:2-12-03 and 5101:2-13-03 detail the process for submitting a request for review. The request for review must be submitted within seven business days from the receipt of the licensing report. In addition, if the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.

| Serious Risk Non-Compliances  |
|---|
| No Serious Risk Non-Compliances were observed during this inspection  |
|   |
| Moderate Risk Non-Compliances   |
| No Moderate Risk Non-Compliances were observed during this inspection |
|   |
|   |

## **Low Risk Non-Compliances**

Domain: 05 Health & Safety

Rule: 5180:2-13-16 Emergency Preparedness and Response Plan

Code: The program is required to have a completed emergency preparedness and response plan.

Findings: During the inspection, it was determined the program's written emergency preparedness and response plan did not meet the requirement or was missing the information in numbers 7, 10 and 18 below:



## Procedures:

- 1. The written emergency and preparedness and response plan had not been completed
- 2. The plan was not provided to all child care staff and employees
- 3. Weather emergencies and natural disasters which include severe thunderstorms, tornadoes, flash flooding, major snowfall, blizzards, ice storms or earthquakes
- 4. Emergency outdoor and indoor lockdown or evacuation due to threats of violence which includes active shooter, bioterrorism or terrorism including a designated safe site where staff and children can safely remain when evacuated
- 5. Emergency or disaster evacuations due to hazardous materials and spills, gas leaks or bomb threats including a designated safe site where staff and children can safely remain when evacuated
- 6. Outbreaks, epidemics or other infectious disease emergencies
- 7. Loss of power, water, or heat
- 8. Other threatening situations that may pose a health or safety hazard to the children in the program Details:
- 9. Shelter in place or evacuation, how the program will care for and account for the children until they can be reunited with the parent
- 10. Assisting infants, toddlers and children with special needs and/or health conditions
- 11. Emergency contact information for parents and the program
- 12. Procedures for notifying and communicating with parents regarding the location of the children if evacuated
- 13. Procedures for communicating with parents during loss of communications, no phone or internet service available
- 14. The location of supplies and procedures for gathering necessary supplies for staff and children if required to shelter in place
- 15. What to do if a disaster occurs during the transport of children or when on a field trip or routine trip
- 16. Making the plan available to all child care staff members and employees
- 17. Training of staff or reassignment of staff duties as appropriate
- 18. Updating the plan on a yearly basis
- 19. Contact with local emergency management officials
- 20. The plan was unable to be implemented in that, [].

Submit the program's corrective action plan, which includes the missing information, if applicable, to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/10/2025

#### Domain: 05 Health & Safety

Rule: 5180:2-13-16 Emergency Preparedness and Response Plan

Code: The program is required to train child care staff members and employees on the written emergency preparedness and response plan annually and keep written documentation of the training on-site.

Findings: During the inspection, it was determined the program's written emergency and preparedness and response plan did not meet the requirement for training child care staff members and employees on the plan annually as noted in numbers 1 and 2 below:

- 1. Child care staff members and employees were not trained annually.
- 2. Written documentation of the training was not kept on file.



Submit the program's corrective action plan to the Department to verify compliance with the requirements of this rule.

Corrective Action Plan Due: 11/10/2025

**Domain: 08 Staff Files** 

Rule: 5180:2-13-10 Health Training

Code: The program is required to meet the health training requirements.

Findings: In review of records, it was determined the CCSM or Substitute CCSM was left alone with children and did not have current valid documentation for trainings listed in numbers 1 and 4 below:

- 1. First Aid expired training
- 2. First Aid did not have verification of completion of First Aid training
- 3. First Aid documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 4. CPR expired training
- 5. CPR had not taken CPR training
- 6. CPR did not have verification of the completion of CPR training
- 7. CPR training taken did not include all age groups the program serves and developmental levels of all children in care
- 8. CPR documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 9. CPR audiovisual or electronic media training taken by staff did not include an in-person component of the training
- 10. Communicable Disease expired training
- 11. Communicable Disease had not taken CD training
- 12. Communicable Disease did not have verification of the completion of the CD training
- 13. Communicable Disease documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 14. Child Abuse expired training
- 15. Child Abuse had not taken Child Abuse training
- 16. Child Abuse documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule

Correct the violation and submit the documentation of current certification with the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 11/10/2025

Domain: 08 Staff Files

Rule: 5180:2-13-10 Health Training



Code: The program is required to meet the health training requirements.

Findings: In review of records, it was determined the provider did not have current valid documentation for trainings in numbers 1 and 4 below:

- 1. First Aid expired training
- 2. First Aid did not have verification of the completion of First Aid training
- 3. First Aid documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 4. CPR expired training
- 5. CPR had not taken CPR training
- 6. CPR did not have verification of the completion of CPR training
- 7. CPR training taken did not include all age groups and developmental levels of all children in care
- 8. CPR documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 9. CPR- audiovisual or electronic media training taken did not include an in-person component of the training
- 10. Communicable Disease expired training
- 11. Communicable Disease had not taken CD training
- 12. Communicable Disease did not have verification of the completion of CD training
- 13. Communicable Disease documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule
- 14. Child Abuse expired training
- 15. Child Abuse had not taken Child Abuse training
- 16. Child Abuse documentation did not demonstrate the person who provided the training met the trainer qualifications as stated in the rule

Correct the violation and submit the documentation of current certification with the program's corrective action plan to verify compliance with the requirement of the rule.

Corrective Action Plan Due: 11/10/2025

#### Rules In-Compliance/Not Verified

| I   |           |   |
|---|-----------|---|
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 Voluntary Temporary<br>Closure | Compliant |   |

| Rule                         | Status    | Documenting Statement(s), If applicable |
|------------------------------|-----------|---|
| 5180:2-13-02 License Visible | Compliant |   |
|                              |           |   |
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| Rule  | Status    | Documenting Statement(s), If applicable |
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| 0.000 (0.000)   |           | Documenting Statement(s), it applicable |
| 5180:2-13-02 Change of Location   | Compliant |   |
|   |           |   |
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| 9   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-02 Information in OCLQS   | Compliant |   |
| START AS MATHEMATICAL COLLEGE CONTROL |           |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Desumenting Statement/s) If applicable  |
| 500-300-00  |           | Documenting Statement(s), If applicable |
| 5180:2-13-02 Provider Medical   | Compliant |   |
|   |           |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-03 Inspection   | Compliant |   |
| Requirements  |           |   |
| nequirements  |           |   |
|   |           |   |
| D. I.   | Chatan    | D                                       |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-04 Building Requirements  | Compliant |   |
| for Type B Homes  |           |   |
|   |           |   |
|   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-04 Fire Safety for Type B   | Compliant | <b>6</b> ( ),                           |
| Homes   | Compilant |   |
| nomes   |           |   |
|   |           |   |
| 2.1   |           |   |
| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-04 Flammable and  | Compliant |   |
| Combustible Materials in a Type B   |           |   |
| Home  |           |   |
| 2015 CO (1995) (2016)   | 1         |   |
| Rule  | Ctatus    | Decumenting Statement(s) If and leakle  |
| 1000-000  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-04 Heaters in a Type B  | Compliant |   |
| Home  |           |   |
|   |           |   |
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| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-07 Staff Records  | Compliant | , , , , , , ,                           |
| 515012 15 07 Starr Necords  | Somphane  |   |
|   |           |   |
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| Rule  | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-07 Provider Responsibilities  | Compliant |   |
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| Rule                                    | Status    | Documenting Statement(s), If applicable  |
|---|-----------|--|
| 5180:2-13 Written Policies and          | Compliant |  |
| Procedures                              |           |  |
|   |           |  |
|   |           |  |
| Rule                                    | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-07 Type B Provider - Foster   | Compliant |  |
| Parent                                  |           |  |
| 200 C C C C C C C C C C C C C C C C C C |           |  |
|   |           |  |
| Rule                                    | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-08 Employee Requirements      | Compliant |  |
| 32 80 (30)                              |           |  |
|   |           |  |
|   |           | _  |
| Rule                                    | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-08 Child Care Staff           | Compliant |  |
| Requirements                            |           |  |
| ×                                       |           |  |
|   |           |  |
| Rule                                    | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-08 Whistle Blower             | Compliant |  |
|   |           |  |
|   |           |  |
|   |           |  |
| Rule                                    | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-09 Background Checks          | Compliant |  |
|   |           |  |
| L                                       |           |  |
|   | -         |  |
| Rule                                    | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-10 Professional               | Compliant |  |
| Development                             |           |  |
|   |           |  |
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| Rule                                    | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-11 Indoor Space               | Compliant |  |
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| Pula                                    | Ctatus    | Decumenting Statement (a) If a well-all- |
| Rule                                    | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-11 Outdoor Space              | Compliant |  |
|   |           |  |
| L                                       | L         |  |
| Dode                                    | Ct-tu-    | Design Chatagories (1) If all 1          |
| Rule                                    | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-11 Outdoor Equipment          | Compliant |  |
|   |           |  |
|   |           |  |
| Pode                                    | Chahua    | Description (technique) If               |
| Rule                                    | Status    | Documenting Statement(s), If applicable  |
| 5180:2-13-11 Fall Zone                  | Compliant |  |



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| Rule   | Status  | Documenting Statement(s), If applicable |
| 5180:2-13-12 Safe Equipment  | Compliant   | 0 (7)                                   |
| 3100.2 13 12 3die Equipment  | Compilant   |   |
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| Rule   | Status  | Documenting Statement(s), If applicable |
| 5180:2-13-12 Safe Environment  | Compliant   |   |
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| Rule   | Status  | Documenting Statement(s), If applicable |
| 5180:2-13-12 Carbon Monoxide   | Compliant   |   |
| Detectors - Type B Only  |   |   |
| 21 2   |   |   |
|  | <u>t</u>  | <u>.</u>                                |
| Rule   | Ctatus  | Documenting Statement(s) If annieshing  |
| A Control of the Cont | Status  | Documenting Statement(s), If applicable |
| 5180:2-13-12 Pets  | Compliant   |   |
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| Rule   | Status  | Documenting Statement(s), If applicable |
| The state of the s |   | Bocamenting Statement(3), it applicable |
| 5180:2-13-13 Clean environment and   | Compliant   |   |
| equipment  |   |   |
|  |   |   |
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| Rule   | Status  | Documenting Statement(s), If applicable |
| 5180:2-13-13 Smoke Free  | Compliant   |   |
| 3180.2-13-13 31110Ke 11ee  | Compilant   |   |
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| Rule   | Status  | Documenting Statement(s), If applicable |
| 5180:2-13-15 Child Medical and   | Compliant   |   |
| A 100  | Compilant   |   |
| Enrollment Records   |   |   |
|  |   |   |
|  |   |   |
| Rule   | Status  | Documenting Statement(s), If applicable |
| 5180:2-13-13 Handwashing   | Compliant   |   |
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| Rule   | Status  | Documenting Statement(s), If applicable |
| 5180:2-13-13 Toothbrushing   | Compliant   |   |
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|  | -   |   |
| Rule   | Status  | Documenting Statement(s), If applicable |
| 5180:2-13-14 Requirements for Field  | Compliant   |   |
| and Routine Trips  | 1,000 Tristalistica ■1,000 TS, TS, TS, TS, TS, TS |   |
| and noddine mps  |   |   |
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| Rule   | Ctatus   | Desumenting Statement (-) If li l-      |
|--|--|---|
|  | Status   | Documenting Statement(s), If applicable |
| 5180:2-13-14 Ratio and Supervision   | Compliant  |   |
| for Field and Routine Trips  |  |   |
|  |  | <u></u>                                 |
|  | In the second se | 1                                       |
| Rule   | Status   | Documenting Statement(s), If applicable |
| 5180:2-13-14 Driver Requirements   | Compliant  |   |
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| Rule   | Status   | Documenting Statement(s), If applicable |
| 5180:2-13-14 Vehicle Inspections   | Compliant  |   |
| • Control of the Cont | •  |   |
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|  |  | -                                       |
| Rule   | Status   | Documenting Statement(s), If applicable |
| 5180:2-13-14 Vehicle Requirements  | Compliant  | ( ),                                    |
| 3100.2 13 11 Vehicle Requirements  | Compilant  |   |
|  |  |   |
|  | 1  |   |
| Rule   | Status   | Documenting Statement(s), If applicable |
|  |  | Documenting Statement(s), if applicable |
| 5180:2-13-15 Health Conditions   | Compliant  |   |
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|  | I a  | 1                                       |
| Rule   | Status   | Documenting Statement(s), If applicable |
| 5180:2-13-15 Child Records Retention   | Compliant  |   |
| and Confidentiality  |  |   |
| 493  |  |   |
|  | 7  | _                                       |
| Rule   | Status   | Documenting Statement(s), If applicable |
| 5180:2-13-16 Medical, Dental, and  | Compliant  |   |
| General Emergency Plan   |  |   |
| <b>3</b>   |  |   |
|  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable |
| 5180:2-13-16 Emergency Drills  | Compliant  | C T T T T T T T T T T T T T T T T T T T |
| 313012 13 13 Emergency 51113   | Compilant  |   |
|  |  |   |
|  | 1  |   |
| Rule   | Status   | Documenting Statement(s), If applicable |
|  |  | Documenting Statement(s), if applicable |
| 5180:2-13-16 First Aid Kit/Standard  | Compliant  |   |
| Precautions  |  |   |
|  |  |   |
|  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable |
| 5180:2-13-16 Communicable Diseases   | Compliant  |   |
|  |  |   |
|  |  |   |
|  |  |   |
| Rule   | Status   | Documenting Statement(s), If applicable |
|  |  |   |



| 5180:2-13-16 Incident/Injury        | Compliant |   |
|-------------------------------------|-----------|---|
| 3100.2 13 10 meldent/mjury          | Compliant |   |
|                                     |           |   |
|                                     | •         | ·                                       |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-17 Programming            | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-17 Materials and          | Compliant |   |
| Equipment                           |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-18 Group Size and Ratios  | Compliant | Documenting Statement(s), if applicable |
| 3180.2-13-16 Group Size and Natios  | Compliant |   |
|                                     |           |   |
|                                     | F.        |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-18 Attendance             | Compliant |   |
|                                     |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-19 Supervision            | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-19 School Age Supervision | Compliant | Documenting Statement(s), if applicable |
| 3180.2-13-19 School Age Supervision | Compliant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-21 Evening and Overnight  | Compliant |   |
| Care                                |           |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-20 Sleep and Nap          | Compliant |   |
| Requirements                        |           |   |
|                                     | 1         |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-19 Child Guidance         | Compliant | Documenting Statement(s), it applicable |
| 5100.2 15 17 Cilia Galdance         | Compilant |   |
|                                     |           |   |
|                                     |           |   |
| Rule                                | Status    | Documenting Statement(s), If applicable |
| 5180:2-13-20 Crib and Playpen       | Compliant |   |
| Requirements                        | •         |   |
| L. U.                               | 1         |   |



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| Rule   | Status  | Documenting Statement(s), If applicable  |
| 5180:2-13-21 Sanitary Environment  | Compliant                                       |  |
| and Hygiene  |   |  |
| 70   |   |  |
|  |   | •  |
| Rule   | Status  | Documenting Statement(s), If applicable  |
| 5180:2-13-22 Meals and Snacks  | Compliant                                       | 0 (7)  |
|  | - Compilation                                   |  |
|  |   |  |
|  |   |  |
| Rule   | Status  | Documenting Statement(s), If applicable  |
| 5180:2-13-22 Food Handling   | Compliant                                       | bocumenting statement(s), it applicable  |
| 5160.2-13-22 1 000 Hariding  | Compilant                                       |  |
|  |   |  |
|  |   |  |
| Rule   | Status  | Documenting Statement(s), If applicable  |
| 5180:2-13-22 Fluid Milk  |   | Documenting Statement(s), if applicable  |
| 5180:2-13-22 Fluid WillK   | Compliant                                       |  |
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| 0.1  |   | D .: C/ \ If I: 11   |
| Rule   | Status  | Documenting Statement(s), If applicable  |
| 5180:2-13-23 Infant Daily Care   | Compliant                                       |  |
|  |   |  |
|  |   |  |
|  |   |  |
| Rule   | Status  | Documenting Statement(s), If applicable  |
| 5180:2-13-23 Infant Bottle and Food  | Compliant                                       |  |
| Preparation  |   |  |
|  | <u> </u>  |  |
|  |   |  |
| Rule   | Status  | Documenting Statement(s), If applicable  |
| 5180:2-13-23 Diapering   | Compliant                                       |  |
| 2100'5 12 52 Diaheilile  | Compilant                                       |  |
| 3100.2 13 23 Diapering   | Compilant                                       |  |
| 2100.2 13 23 Diapering   | Compilant                                       |  |
| 2100.2 13 23 Diapering   | Compilant                                       |  |
| Rule   | Status  | Documenting Statement(s), If applicable  |
|  | Status  | Documenting Statement(s), If applicable  |
| Rule   |   | Documenting Statement(s), If applicable  |
| Rule   | Status  | Documenting Statement(s), If applicable  |
| Rule   | Status  | Documenting Statement(s), If applicable  |
| Rule   | Status  |  |
| Rule 5180:2-13-24 On-site Pools Rule   | Status Compliant Status                         | Documenting Statement(s), If applicable  Documenting Statement(s), If applicable |
| Rule<br>5180:2-13-24 On-site Pools   | Status<br>Compliant                             |  |
| Rule 5180:2-13-24 On-site Pools Rule   | Status Compliant Status                         |  |
| Rule 5180:2-13-24 On-site Pools Rule   | Status Compliant Status                         |  |
| Rule 5180:2-13-24 On-site Pools  Rule 5180:2-13-24 Swimming Sites  | Status Compliant Status Compliant               | Documenting Statement(s), If applicable  |
| Rule 5180:2-13-24 On-site Pools  Rule 5180:2-13-24 Swimming Sites  Rule                                    | Status Compliant Status Compliant Status Status |  |
| Rule 5180:2-13-24 On-site Pools  Rule 5180:2-13-24 Swimming Sites  Rule 5180:2-13-24 Parent Permission for | Status Compliant Status Compliant               | Documenting Statement(s), If applicable  |
| Rule 5180:2-13-24 On-site Pools  Rule 5180:2-13-24 Swimming Sites  Rule                                    | Status Compliant Status Compliant Status Status | Documenting Statement(s), If applicable  |
| Rule 5180:2-13-24 On-site Pools  Rule 5180:2-13-24 Swimming Sites  Rule 5180:2-13-24 Parent Permission for | Status Compliant Status Compliant Status Status | Documenting Statement(s), If applicable  |



| Rule                    | Status    | Documenting Statement(s), If applicable |
|-------------------------|-----------|---|
| 5180:2-13-25 Medication | Compliant |   |
| Requirements            |           |   |
|                         |           |   |
|                         |           |   |
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