Program Inspection
Compliance Plan

Provider's Name:	**The Crayon Box I**	City:	**Salem**	Provider Number:	**014511966**
Inspector:	**Deb Bigge**	Date of Inspection:	**10/11/2023**	Time of Inspection:	**12:17 PM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

C. Posting Information/ Emergency Preparedness/ Record Keeping/ Provider Qualifications

35. Does each child ' s record contain all required information? 67:42:17:42

Corrections To Be Made:

BB - Immunization Records
EB - Immunization Records
KE - Immunization Records
MH - Immunization Records
MP - Immunization Records
RR - Immunization Records
WS - Immunization Records
FS - Immunization Records
TW - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
10/25/2023	**11/03/2023**

Status: **Corrected**

39. Do employee records contain all required information? 67:42:17:15

Corrections To Be Made:

LN - Five Year Screen
DR - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check
JS - Level II Complete

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
10/25/2023	**11/15/2023**

Status: **Corrected**

Rhonda Mead	**10/11/2023**	**Deb Bigge**	**10/11/2023**
Provider Signature	Date	Inspector Signature	Date