Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name:	**The Crayon Box II**	City:	**Salem**	Provider Number:	**014511967**
Inspector:	**Todd Lowe**	Date of Inspection:	**08/15/2024**	Time of Inspection:	**12:31 PM**

Provider was found to be in full compliance

Rhonda Mead	**08/15/2024**	**Todd Lowe**	**08/15/2024**
Provider Signature	Date	Inspector Signature	Date