

Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name: **The Crayon Box III**

City: **Salem**

Provider Number: **014512382**

Inspector: **Todd Lowe**

Date of Inspection: **08/15/2024**

Time of Inspection: **1:28 PM**

Provider was found to be in full compliance

Carry Selland

Provider Signature

08/15/2024

Date

Todd Lowe

Inspector Signature

08/15/2024

Date