

# Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name: **Canistota B4 & After School  
Program**

City: **Canistota**

Provider Number: **014512523**

Inspector: **Todd Lowe**

Date of Inspection: **01/18/2024**

Time of Inspection: **11:12 AM**

**Provider was found to be in full compliance**

**Morgan Lentz**

Provider Signature

**01/18/2024**

Date

**Todd Lowe**

Inspector Signature

**01/18/2024**

Date