

Ohio Department of Job and Family Services
FIRE INSPECTION REPORT FOR RESIDENTIAL FACILITIES CERTIFIED BY ODJFS

| FACILITY TYPE | BUILDING CODE REFERENCES | COUNTY |
|--|--|-----------------------|
| <input type="checkbox"/> Foster or Adoptive Home , 5 or fewer foster or adoptive children | <input type="checkbox"/> Building code applied at time of last inspection report | |
| <input type="checkbox"/> Group Home , up to 10 children | <input type="checkbox"/> No information available (new application) | |
| <input type="checkbox"/> Children's Residential Center , 11 or more children | <input type="checkbox"/> Not applicable | |
| Name of Family/Facility | | Recommending Agency |
| Street Address | | Street Address |
| City, State, Zip Code | | City, State, Zip Code |
| Person with whom report was discussed | | |

| This is to certify that I inspected the building(s) comprising this child care facility and find | | | | | | |
|---|---|-------------------------------------|--|--|--|------------------------------|
| Type of Structure | <input type="checkbox"/> Single Family <input type="checkbox"/> Mobile <input type="checkbox"/> Modular | <input type="checkbox"/> Two Family | <input type="checkbox"/> Apartment | <input type="checkbox"/> Group Home | <input type="checkbox"/> Children's Residential Center | |
| Type of Construction | <input type="checkbox"/> Frame | <input type="checkbox"/> Brick | <input type="checkbox"/> Block | <input type="checkbox"/> Other (specify) | | |
| Type of Floors | <input type="checkbox"/> Wood | <input type="checkbox"/> Concrete | <input type="checkbox"/> Other (specify) | | | |
| Type of Stairways | <input type="checkbox"/> Wood | <input type="checkbox"/> Concrete | <input type="checkbox"/> Steel | <input type="checkbox"/> Other (specify) | | |
| Number of floors ____ . What floors have been approved for sleeping arrangements? | | | | | | |
| <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Basement | | | | | | |
| Explain limitations, if any, on approval for sleeping arrangements | | | | | | |
| * A working U.L. approved smoke alarm on each level of occupancy of the home? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| * A U.L. approved portable fire extinguisher in working order in or near cooking area? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| * Are unvented kerosene heaters U.L. approved and not prohibited by local ordinance? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| ** Are smoke detectors located according to instructions of the local fire inspector or state fire marshal? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| ** Free standing wood burning stoves and unvented kerosene gas or oil heaters shall not be used. Is there any evidence of usage? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| ** Is the written calendar of periodic fire drills (developed by the agency) approved by fire inspector? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| ** Is the evacuation plan approved? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| * Foster and adoptive homes ** Group Homes or Children's Residential Centers | | | | | | |
| Distribution for Foster and Adoptive Homes: White – Recommending Agency; Canary – Family; Pink – Fire Inspector Distribution for Group Home or Children's Residential Center – White – ODJFS Licensing; Canary – Facility; Pink – Fire Inspector | | | | | | |

Page 2 must be completed

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| If applicable, what type of fire alarm system is provided? |
| Is the facility reasonably free from conditions hazardous to the safety of children and approved as such? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If no, list violations |
| State the recommendations for correction of all violations listed above. |

All violations must be corrected. Reinspection and approval are required if any violations listed are not immediately corrected on the spot.

| | |
|--------------------------|------------------|
| Date Inspected | |
| Inspected by (Signature) | |
| Title | |
| Name of Fire Department | Telephone Number |

| |
|---|
| Date Reinspected |
| Reinspected and Approved By (Signature) |
| Title |
| Name of Fire Department |