Ohio Department of Children and Youth
FIRE INSPECTION REPORT FOR HOMES OR RESIDENTIAL FACILITIES CERTIFIED BY DCY

This form may be used to inspect any other facility at the discretion of the fire inspector

FACILITY TYPE	BUILDING CODE REFERENCES	COUNTY
☐ **Foster or Adoptive Home**, 5 or fewer foster or adoptive children	☐ Building code applied at time of last inspection report	
☐ **Group Home**, up to 10 children	☐ No information available (new application)	
☐ **Children's Residential Center**, 11 or more children	☐ Not applicable	
☐ **Crisis Care Facility**		
☐ **Other**		

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 facility and find

Type of Structure	☐ Single Family ☐ Mobile ☐ Modular	☐ Two Family	☐ Apartment	☐ Group Home	☐ Children's Residential Center	☐ Crisis Care Facility
Type of Construction	☐ Frame	☐ Brick	☐ Block	☐ Other *(specify)*		
Type of Floors	☐ Wood	☐ Concrete	☐ Other *(specify)*			
Type of Stairways	☐ Wood	☐ Concrete	☐ Steel	☐ Other *(specify)*		

Number of floors _____ . What floors have been approved for sleeping arrangements?

☐ First   ☐ Second   ☐ Third   ☐ Basement

Explain limitations, if any, on approval for sleeping arrangements

Check Items In Compliance

☐ 1. Two remote means of escape from each level where child care is provided. (Foster and Adoptive Homes are Exempt)
☐ 2. Means of escape free from clutter and other obstructions.
☐ 3. Stairs, hallways, and passages to exit are adequately lighted.
☐ 4. No room used for children is reached only by ladder or trapdoor.
☐ 5. Child-proof covers are used on electrical receptacles. (If required by fire inspector)
☐ 6. Extension cords are used only as temporary wiring.
☐ 7. Flammable and combustible materials are properly stored.
☐ 8. Floor plan is posted showing fire and emergency evacuation route from facility. (Residential Facilities Only)
☐ 9. Record is kept of practice fire drills. (Residential Facilities Only)

Foster and Adoptive Homes			
A working approved smoke alarm and carbon monoxide detector on each level of occupancy of the home?	☐ Yes	☐ No	☐ N/A
A U.L. approved portable fire extinguisher in working order in or near cooking area?	☐ Yes	☐ No	☐ N/A
Approved portable heater?	☐ Yes	☐ No	☐ N/A
Unvented kerosene or oil heaters shall not be used. Is there any evidence of usage?	☐ Yes	☐ No	☐ N/A
Residential Facilities (Group Home, CRC or Crisis Care Facility)			
Are smoke detectors located according to instructions of the local fire inspector or state fire marshal?	☐ Yes	☐ No	☐ N/A
Free standing wood burning stoves and unvented kerosene gas or oil heaters shall not be used. Is there any evidence of usage?	☐ Yes	☐ No	☐ N/A
Is the written calendar of periodic fire drills (developed by the agency) approved by fire inspector?	☐ Yes	☐ No	☐ N/A
Is the evacuation plan approved?	☐ Yes	☐ No	☐ N/A

If applicable, what type of fire alarm system is provided? ☐ Smoke Detector ☐ Other *(specify)*

Is the facility reasonably free from conditions hazardous to the safety of children and approved as such?	☐ Yes	☐ No

If no, list violations:

State the recommendations for correction of all violations listed above.

Check one of the following:

☐ **At the time of initial inspection, this home/facility is found to be in compliance and is approved.**

☐ **Reinspection and approval are required if any violations listed are not immediately corrected at the initial visit.**

Date of Initial Inspection		Date of Reinspection	
Inspected By *(Signature)*		Reinspected and Approved By *(Signature)*	
Title	**Must select one:** ☐ State certified fire safety inspector ☐ State fire marshal's office	Title	**Must select one:** ☐ State certified fire safety inspector ☐ State fire marshal's office
Name of Fire Department	Telephone Number	Name of Fire Department	Telephone Number

Distribution for Foster and Adoptive Homes: A copy to each of the following:
1. **Recommending Agency**
2. **Family**
3. **Fire Inspector**

Distribution for Residential Facilities: A copy to each of the following:
1. **DCY Licensing**
2. **Facility**
3. **Fire Inspector**