

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"/> <b>Foster or Adoptive Home</b> , 5 or fewer foster or adoptive children	<input type="checkbox"/> Building code applied at time of last inspection report	
<input type="checkbox"/> <b>Group Home</b> , up to 10 children	<input type="checkbox"/> No information available (new application)	
<input type="checkbox"/> <b>Children's Residential Center</b> , 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		

<b>This is to certify that I inspected the building(s) comprising this child care facility and find</b>						
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
* <b>Foster and adoptive homes</b>						
** <b>Group Homes or Children's Residential Centers</b>						
<b>Distribution for Foster and Adoptive Homes: White – Recommending Agency; Canary – Family; Pink – Fire Inspector</b>						
<b>Distribution for Group Home or Children's Residential Center – White – ODJFS Licensing; Canary – Facility; Pink – Fire Inspector</b>						

*Page 2 must be completed*

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