

Building Code Reference
Building Code

County
License Number
Specialist ID

Ohio Department of Children and Youth
FIRE INSPECTION REPORT
FOR CHILD CARE CENTERS AND TYPE A HOMES

- Child Care Center
 Type A Home

- Annual
 Special

Name of Program or Licensee(s)		Program Email Address	
Street Address			
City		State	Zip Code
Age Group(s) Served: <input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> School-age <input type="checkbox"/> Other			
Days and Hours of Operation			

<input type="checkbox"/> Inspection Completed	
<input type="checkbox"/> Re-Inspection Needed	List violations All violations must be corrected. Re-inspection is required if any violation(s) listed are not corrected during the fire inspection.
Items in the section below are not all inclusive	
Evening Care	Programs offering evening and overnight care are to have a fire inspection for sleeping on other than a ground floor of a building. Has this building been inspected? <input type="checkbox"/> Yes <input type="checkbox"/> No
Nonambulatory Children	A fire inspection is required prior to caring for infants or nonambulatory children of any age on any floor other than the first floor of the building. Has any area not on the first floor been inspected for care of these children? <input type="checkbox"/> Yes <input type="checkbox"/> No

Check all that apply:

- | | | | |
|---------------------------------------|--|-------------------------------|---|
| Fire evacuation plan posted | <input type="checkbox"/> Yes <input type="checkbox"/> No | Approved smoking areas | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Severe weather plan posted | <input type="checkbox"/> Yes <input type="checkbox"/> No | Approved sleep/nap areas | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Documentation of fire drills reviewed | <input type="checkbox"/> Yes <input type="checkbox"/> No | Approved use of space heaters | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

Comments:

Date Inspected		Date of Re-inspection	
Inspected by (<i>Please Print</i>)		Violations Corrected <input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s)
Signature		Re-inspected by (<i>Signature</i>)	
Title		Title	
Telephone Number	Email Address	Telephone Number	Email Address