



Fire Safety Survey For Resource Homes

The purpose of this form is to assess the home for fire safety. This form must be completed prior to initial licensure, at every annual reconsideration, and for any new residence.

Resource Parent(s)		
CJAMS Provider #		
Date of Assessment		
Worker Completing Assessment		
Local Department Completing Assessment		
Resource Home Address		
Type of Home	Apartment Condominium Row Home/ Townhome	Duplex Single Family Home Mobile Home Other: _____
Number of Bedrooms		
Number of Bathrooms		
Year Home was Built		

Smoke Detectors	Yes	No
Are smoke detectors installed in each sleeping area, outside of sleeping areas, and on each level of the home?		

*Smoke detectors must be hardwired and/or have 10 year lithium batteries		
Were smoke detectors tested?		
Are smoke detectors operable?		
Do resource parents agree to change the batteries in all smoke detectors every 6 months, unless they have 10 year lithium batteries?		

Carbon Monoxide Detectors	Yes	No
Is at least one carbon monoxide detector installed in the home?		
If the home has gas appliances, gas or wood fireplaces, wood stoves, oil heat, or an attached garage, does the home have at least one carbon monoxide detector on each level of the home and outside of sleeping areas? N/A		
Were carbon monoxide detectors tested?		
Are carbon monoxide detectors operable?		

Escape Routes	Yes	No
Does each sleeping area have at least two means of escape including a window?		
Is the window at least 20X24 and does it open?		
Are all escape routes free of obstacles?		

Emergency Preparedness	Yes	No
Does the family have a written emergency escape plan that is in a location accessible to all household members?		
Does the family commit to review the emergency escape plan with all children in care when developmentally appropriate?		
Does the family have a comprehensive list of emergency phone numbers in a location accessible to all household members?		
Does the household have a working fire extinguisher?		
Does the family have basic first aid supplies? Supplies may include but are not limited to the items recommended by the American Red Cross .		
Do the family and children in care always have access to a working phone? Type(s) of phone access: Cell phone Landline		

Flammables Materials	Yes	No
Are flammable materials (rugs, curtains, paper, chemicals, etc) at least three feet away from all heat and fire sources (space heaters, wood stoves, gas hot water heaters, gas furnaces, etc)?		

Wiring and Extension Cords	Yes	No
Is the home free from exposed electrical wires?		
Is the home free from multiple extension cords that are connected together?		

Visible Address	Yes	No
Is the address clearly visible from the street?		

Other Home Safety Considerations	Yes	No
Does the home have safety screens, guards or barriers to prevent children from being burned by fireplaces, wood stoves, and radiators? ___N/A		
Is the sleeping area for children in care free from the following?		
Skylight N/A		
Fireplace N/A		

Initial Assessment Recommendation	Yes	No
Does the home meet the fire safety standards outlined in this assessment?		
If no, please list the concerns, plans for addressing the concerns, and the plan for a follow-up inspection:		

	Initial Assessment Signatures	Date
Resource Parent 1		
Resource Parent 2		
Caseworker		
Supervisor		

Follow-up Inspection Recommendation, if applicable		
<p>If a follow-up inspection was completed and the identified concerns were addressed, please describe below.</p> 		
Date of follow-up inspection: _____ Does the home now meet the fire safety standards outlined in this assessment?	Yes	No

	Follow-up Assessment Signatures	Date
Resource Parent 1		
Resource Parent 1		
Caseworker		
Supervisor		