FIRE SAFETY SELF DECLARATION FAMILY FOSTER HOMES

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 800 (9-2019)

Clear Fields

Directions: This checklist must be completed and signed by each foster parent before initial licensure and each renewal licensing expiration. The licensing worker will confirm the information when completing the on-site home visit. Walk through your home and review each item on the form. If your home complies, mark "yes", if it does not comply, mark "no" and explain how you plan to bring the home into compliance. If the item does not apply to your home, mark "n/a". It is recommended that you wait until all deficiencies identified are corrected before submitting the form to the licensing worker.

Applicant 1	Applicant 2
Authorized Licensing Agency	

	Checklist Item	Yes	No	NA	Correction/Timeframe
1	**Sleeping Exits:** Each sleeping room has two methods of escape (door and egress window).				
2	**Basement Exits:** Basement has two methods of escape, one of which leads directly to the outside.				
3	**Upstairs Exits.** A home with an upstairs more than four feet from the ground must have multiple exit options. A window ladder is available in the adult bedroom to assist occupants of the home in exiting from an upstairs window if warranted.				
4	**Doors/Locks:** All closet doors equipped with latches, must have latches children can open from the inside.				
	• Interior doors are designed to prevent occupants from being trapped.				
	• Sleeping room doors and bathroom doors must be able to be unlocked from outside.				
	• Exterior doors permit easy exit.				
5	**Electrical Safety** • Area around (30in wide and 36in in front) the electrical panel box is clear and unobstructed.				
	• Extension cords shall not be used for permanent wiring.				
	• Electrical equipment and covers shall be maintained to prevent fire and safety hazards.				
6	**Clear and Unobstructed Living Space**. Home is maintained with clear and unobstructed walkways, stairwells, and exits.				
7	**Heating Systems**. Heating equipment, chimneys, boilers are maintained in proper operating condition and in a safe and sanitary condition.				
	• Combustibles and/or flammables are kept at least 36" away from the furnace, water heater, etc. to reduce likelihood of accidental ignition.				
	• Hot water boilers in apartment buildings separate from living spaces must be inspected every <u>three years</u>. ✓ Must provide verification of inspection.				
	• Gas and propane appliance and coal/wood solid fuel appliances must have an inspection every <u>two years</u> to prevent fire and safety hazards. ✓ Must provide verification of inspection.				
	• Electric heating systems do not require inspection.				

	Checklist Item	Yes	No	Correction/Timeframe
8	**Smoke Alarms.** Smoke alarm is in every room used for sleeping, located outside of each sleeping area and on each floor level.			
	• Smoke alarms are tested quarterly. • Smoke alarms with alkaline batteries will be replaced as necessary, but at least annually. • Smoke alarms with 10 year lithium batteries will be replaced as needed, but at least every 10 years.			
	Number of Smoke Alarms in the Home			

9	**Carbon Monoxide Alarms**. At least one carbon monoxide alarm shall be installed in the home. If the home has a possible source for carbon monoxide via an attached garage, gas furnace, or gas appliances then the home must have one carbon monoxide detector/alarm on each floor.			
	Number of Carbon Monoxide Alarms in the Home	Date of Expiration		

10	**Fire Extinguishers.** Extinguisher is accessible and maintained with a minimum of one 2A-10BC fire extinguisher on each level of the home.			
	• Serviced Annually: Verification of service dates must be provided.			
	Number of Fire Extinguishers in the Home	Date of Expiration		

11	**Emergency Evacuation Drills**. Emergency evacuation plan is maintained and posted. Emergency evacuation drills shall be conducted quarterly.			

Evacuation Plan:
Attached is the evacuation plan detailing the exits and escape routes of our home.
The plan will be shared with all residents of our household and will be posted in our home.

SIGNATURES: BOTH APPLICANTS MUST SIGN

I/we hereby declare that we have conducted the foregoing checklist of our home and premises and that we believe the information provided to you accurately reflects the fire/safety status of our home. We understand that this declaration is required for foster home licensure and that provision of false information is grounds for revocation/denial of a license to provider foster care to children.

Applicant 1 Signature	Date
Applicant 2 Signature	Date

********** **AUTHORIZED LICENSING AGENCY ONLY** **********

I hereby declare that I have conducted an on-site visit to the home and believe the information provided accurately reflects the fire/safety status of the home. I verified this information while visiting the home on _____ (date)

Licensing Worker Signature	Date

Distribution Copy:

☐ Foster Home ☐ Authorized Licensing Agent ☐ Licensing Agency - DHS

FIRE EVACUATION PLAN

Complete one page for each level of your home. Draw the floor plan detailing the exits and escape routes available to each resident in your home. Check the KEY to help articulate the exit strategy.

KEY:

Meeting Place

Primary Exit Secondary Exit