



CITY OF COEUR D'ALENE

FIRE DEPARTMENT

300 E FOSTER AVENUE
COEUR D'ALENE, IDAHO 83814
TEL (208) 769-2340
FAX (208) 769-2343

DAY CARE LICENSE FIRE INSPECTION

Name of Day Care Center: _____
Address: _____
Point of Contact: _____
Phone Number: _____ Email: _____

Concern and corrective action required:

- Address Numbers** – visible from road Y___N___
- Facilities with over 50 children:** Exit doors swing outward with panic hardware. Y___N___
- Exit Lights – operational when button depressed. Y___N___
- Fire Alarm/Fire Sprinklers – date of annual service/inspection. ___/___/___
- Knox Box** - proper key(s) inside. Y___N___N/A___
- Emergency Lights** - operational when tested. Y___N___ N/A___
- Upper Floors** – being used for childcare. Y___N___
N/A___ Comments: _____
- Basement** – being used for childcare. Y___N___N/A___
Comments: _____
- Attached Garage** - Y___N___ N/A___ Pet doors are not allowed; Self-closing door
- Windows** - sleeping rooms provided with at least one emergency egress. Y___N___ Window___ Door___
Furniture or platform under window if over 44". Y___N___
Comments: _____
- Electrical Panel** - all breakers labeled; maintained in good condition; accessible/3 foot clearance. Y___N___
- Flammable/Combustible Liquid Storage** – gasoline stored in garage. Y___N___
- Fire Extinguishers** – date of last annual service ___/___/___
- Smoke Detectors** – Inside and outside of sleeping room(s). Y___N___ Operational Y___N___ Batteries changed annually Y___N___
- Carbon Monoxide Detector** – outside of sleeping room(s) Y___N___ Operational Y___N___ Batteries changed annually Y___N___
- Extension Cords** -Y___N___
Comments: _____
- Exits** - doors and windows operational and not blocked. Y___N___
- Portable Heaters** - Y___N___
Comments: _____
- Kitchen** - cooking area free of grease on stovetop and in range hood. Y___N___
- Housekeeping** – Combustibles; egress pathways. Y___N___
- Telephone** – “911” sticker. Y___N___
- Monthly Checklist** – filled out correctly. Y___N___
- Does facility have adequate square footage (35 sf. per child)** – Y___N___
- Outside fenced play area** – Y___N___ **75 sf. per child** – Y___N___
- Staff Ratio** ___:___ (child:adult)
- Maximum occupancy allowed** _____
- Guns accessible to children** – Y___N___
- K9 rabies vaccination** – Y___N___

Inspected by: _____ Date: _____

NOTE: Please call _____ for a re-inspection. Date in compliance: _____