

**Otoe-Missouria Tribe  
Child Care & Development Program  
SAFETY INSPECTION REPORT  
(Family home providers)**

**Providers Name:** \_\_\_\_\_ **Capacity** \_\_\_\_\_ **Date** \_\_\_\_\_  
First Last MI

**Mailing Address:** \_\_\_\_\_  
Street Number or Box Number City State Zip Code

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Home Owner or Renter?** \_\_\_\_\_

<b>I.</b>	<b>EXITS:</b>	<b>YES</b>	<b>NO</b>
a.	Two means of exits from each room		
b.	Two exits from each floor		
c.	All exits clear from any obstruction		
d.	Adequate emergency lighting		
<b>II.</b>	<b>DOORS:</b>		
a.	Locking bathroom doors open readily accessible device		
b.	Closet door can open from inside		
<b>III.</b>	<b>CONSTUCTION:</b>		
a.	Stairways enclosed		
b.	Hazardous areas are to be enclosed or locked (storage, closets, laundries, kitchens furnace rooms, etc.)		
<b>IV.</b>	<b>FIRE PROTECTION:</b>		
a.	Adequate number of operable smoke detectors		
b.	Class 2-A 10BC fire extinguisher in kitchen		
<b>V.</b>	<b>SERVICE EQUIPMENT:</b>		
a.	Are gas-fed appliances used? If yes, circle which one is used: Pilot lights or Automatic control valve		
b.	Heater protected with guard		
c.	Heater closets free of stored items		
d.	Cooling, ventilating, heating, and cooking equipment installed properly		
<b>VI.</b>	<b>ELECTRICAL:</b>		
a.	Free of visible electrical hazards		
b.	Extension cords prohibited		
c.	Appliance cords in good repair		
d.	Receptacle covers installed		
<b>VII.</b>	<b>ADMINISTRATION:</b>		
a.	Evacuation Plan Posted		
b.	Emergency numbers available		
<b>VIII.</b>	<b>EXTERIOR:</b>		
a.	Free of trash and tall grass		
b.	Free of hazards		
<b>IX.</b>	<b>FIRST AID:</b>		
a.	Health records (Immunization records)		
b.	First Aid & CPR Training		

**VIOLATION TO BE CORRECTED BEFORE APPROVAL:** \_\_\_\_\_

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**RECOMMENDATIONS:** \_\_\_\_\_

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**(Please check appropriate box)**

<input type="checkbox"/>	Approved No Violations	<input type="checkbox"/>	Approved Upon Correction of Violations	<input type="checkbox"/>	Disapproved re-inspection needed
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**Provider's Signature:** \_\_\_\_\_

**Client's Signature:** \_\_\_\_\_

**Child Care Director/Coordinator Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_ **A.M. or P.M.**