

ADULT DAY CARE & CHILD CARE FIRE INSPECTION REPORT

COUNTY Harnett DATE OF INSPECTION _____ Facility ID # _____

Please complete all items below. If not applicable, check N/A in the box with a written explanation attached.

Name of Facility Angel Nest ^{Day Care} Preschool Adult _____ Child
 Address 8767 Joel Johnson Rd. Phone 910-280-0509
 City Willington Zip 27546 Responsible Party Marcia Gillispie

GENERAL PRECAUTIONS:	YES	NO	N/A
1. Attic/basement/closets/garage/furnace room & heaters clear of trash & combustible materials.			
2. Clearance from ignition sources & combustible materials maintained.			

EMERGENCY PLANNING:	YES	NO	N/A
3. Approved evacuation plan posted.			
4. Evidence of monthly fire drills posted.			
5. Record of employee training in fire prevention/evacuation & annual fire safety training on site.			

FIRE SERVICE FEATURES:	YES	NO	N/A
6. Street Number posted. (Contrasting color to building & height 4" or more.)			
7. Unobstructed fire apparatus road. (Width of 20' & vertical clearance of not less than 13'6").			
8. Hydrants/Fire Department connections/control valves clear of obstructions by 3'.			

BUILDING SERVICES AND SYSTEMS:	YES	NO	N/A
9. Approved heating system, listed. (No fuel burning or portable electric space heaters.)			
10. Emergency lighting/exit lights in good operating order.			
11. Electrical panels clear of storage. (Minimum 30")			
12. Wiring/fixtures in good condition. (Extension cords not suitable for permanent wiring.)			
13. Type I hood system over all domestic cooking appliances that produce grease laden vapors.			

FIRE RESISTANCE RATED CONSTRUCTION:	YES	NO	N/A
14. Required fire resistant rating maintained. (Walls, partitions, floors)			
15. Door-hold open devices/automatic door closures operating properly.			

INTERIOR DECORATIONS & FURNISHINGS:	YES	NO	N/A
16. No storage of clothing/personal effects in corridors & lobbies.			
17. Maximum 10% of decorative materials covering walls. Does not apply to artwork & teaching material in classroom. Nothing suspended from ceiling			
18. 20% maximum coverage for artwork & teaching material located on corridor walls.			
19. Exits free of obstructions.			

FIRE PROTECTION:	YES	NO	N/A
20. Sprinkler system maintained with annual test reports provided.			
21. Smoke detector/fire alarm system maintained with annual test reports provided.			
22. Approved extinguishers mounted properly & in good working order.			
23. Cooking suppression systems & hood exhaust properly maintained.			
24. Protective guards(such as screens) on fuel burning furnaces or fireplaces provided.			

MEANS OF EGRESS:	YES	NO	N/A
25. All exits & their access (i.e. Aisles & Corridors) free of obstructions.			
26. All locking devices on exit doors are of an approved type.			
27. Yards & fencing to allow unobstructed exit to exterior of site.			

Approved for day time care only Approved for day time and night care

At the time of this inspection, the fire safety conditions in this facility were: Satisfactory Unsatisfactory

Inspector _____ Phone _____

BUILDING INSPECTORS INSPECTION FORM FOR CHILD CARE CENTERS

NAME OF OPERATION Angel Nest Daycare & Preschool
ADDRESS 2767 Joel Johnson Rd TELEPHONE: 910-280-0509
CITY Horne Lillington STATE NC ZIP 275469

BUILDING INSPECTORS CERTIFICATE

1. The areas in the building that are designated as the licensed space are required by the licensing agency to meet the Building Code in effect when an application for licensure is submitted to the regulating agency. Does the building listed above, to the extent observable, meet the current North Carolina Building Code? Yes ___ No ___

2. If no, list question numbers which do not comply, explain the violation and whether equivalent protection for the safety of the children is provided:
1) _____
2) _____
3) _____
4) _____

3. Are any of the above violations of a life safety concern? Yes ___ No ___
If yes, please list question numbers _____

4. In your opinion based on the violations listed above, do you recommend that the Division of Child Development issue a provisional license to allow time for correction of the violations? Yes ___ No ___
If yes, how long (30-60-90 days) and for which violations? _____

(Note: All violations must be corrected before a license can be issued unless a provisional time period is recommended or equivalent protection is documented.)

5. Number of rooms approved for occupancy by children? _____
(Attach sketch of building with rooms identified)

6. Specify any local zoning restriction: _____

Signature of Inspector _____/Date _____

Jurisdiction _____/Phone: _____

The Inspectors Certificate and Building Inspection Form is required to be completed in its entirety before the Division of Child Development (DCD) can consider the document complete. All questions must be answered; any **NO** answers must have a written explanation.

This form was developed through the cooperation of the Division of Child Development and the Engineering Division of the Department of Insurance. Please note that the inspection forms do not cover all areas of the Code, but are intended to be used as a guide for the local inspector. If additional Code items which are not addressed on these forms are found to be in violation of the Code, please document them on the back of this form.

Prepare in quadruplicate: Original & copy to DCD, 1 copy kept by inspector, 1 copy kept by operator.