

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division



To: Kinship/Traditional/Adoptive Foster Parent Applicants

Re: Fire Inspection Regulations

Date: March 1, 2012

The Child and Family Services Agency is grateful for your willingness to open your homes and your hearts to the children of the District of Columbia, whose lives have been touched by child abuse and neglect. The task to care for the needs of the children is a daunting one and your graciousness in partnering with us to meet this need is heart-felt and appreciated. The agency is well aware that we cannot do the work we do without you.

The Family Licensing and Training Division is the licensing arm of the Child and Family Services Agency. We work communally with you and other local District Government agencies to license homes that meet the District of Columbia Municipal Regulations (DCMR), as it relates to fire inspections. According to the DCMR Chapter 60, it states:

29-6007. GENERAL PHYSICAL ENVIRONMENT

6007.1 A foster home shall be free from all safety hazards, including fire, sanitation, and health hazards.

6007.28 A foster parent who lives in an apartment building shall obtain evidence from the building manager or landlord that the building has been approved for fire safety within the last two (2) years.

Each home must complete and successfully pass a fire inspection and meet with the District regulations in this and other areas. As of January 1, 2009, the fee for fire inspections is \$150.00 per home. We are working in partnership with the DC Fire Department to establish an agreement that will serve to meet the needs of the agency and promote compliance with the fire inspection regulations, to include inspections of all adoptive/traditional/kinship homes and those residences located within apartment buildings. Until such time as we have been able to establish this agreement, the fee for fire inspections of all foster/adoptive/kinship homes and apartment buildings shall be held in abeyance until further notice.

We appreciate your attention to this matter and will keep you informed each step along the way. Again, thank you for your support and patience as we move forward to a successful agreement.

Sincerely,

Anna M. Bell, Program Manager

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
CHILD AND FAMILY SERVICES AGENCY
Family Licensing Division**



Fire Escape Drawing and Plan

Family Name: _____ Address: _____

	<p align="center">ESCAPE INFORMATION</p> <p align="center">PLANNING FOR ESCAPE</p> <p>Trace a floor plan of each room in your home on the graph. The normal escape may be blocked. Therefore plan two exits from every bedroom.</p> <ol style="list-style-type: none"> 1. Outline each bedroom including hallways. 2. Draw all windows, doors stairways and connecting rooms, which might be used to escape. 3. Mark the preferred escape route with heavy arrows and the secondary route with light arrows. 4. Arrange a place for all members of the family to meet outside the home (i.e. neighbor's driveway, nearby parking lot or any other location <u>away</u> from the home. <u>Tragically many people have died going back into a burning home looking for family members who were already outside.</u> 5. Be sure EVERYONE has an emergency escape route. Consider installing an escape ladder, re-arranging rooms and placing children closer to exits.
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Fire Drills (Every 4 Months)

Date	Date	Date	Date
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Our Family's Outside Meeting Place Is: _____

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Kinship/ Foster/Adoptive Home Emergency Evacuation Plan

My house has _____ floors.

Basement: There are _____ bedrooms on the basement level. We will exit the bedroom(s) using the nearest window or the basement steps to the first floor in case of an emergency/fire.

First Floor: There are _____ bedrooms on this floor. Each bedroom has two exits – a door and a window. In case of a fire and if safe to exit, we will leave the bedroom through the bedroom door and exit the house through the front door. If unsafe or blocked by the fire, we will leave the house through the nearest exit.

Second Floor: There are _____ bedrooms on this floor. Each bedroom has two exits – a door and a window. In case of a fire and if safe to exit, we will leave the bedroom through the bedroom door and use the stairs leading to the front door and exit the house through the front door. If unsafe or blocked by the fire, we will exit the house through the nearest bedroom window. We recommend the use of a portable ladder.

Third Floor: There are _____ bedrooms on this floor. Each bedroom has two exits – a door and a window. In case of a fire and if safe to exit, we will leave the bedroom through the bedroom door and use the stairs leading to the front door and exit the house through the front door. If unsafe or blocked by the fire, we will exit the house through the nearest bedroom window. We recommend the use of a portable ladder.

My apartment is located on the _____ floor

Apartment/Home: There are _____ bedrooms in the apartment. Each bedroom has two exits – a door and a window. In case of a fire and if safe to exit, we will leave through the bedroom door, exit the apartment through the front door, and use the stairs leading to the front entrance to exit the building. If unsafe or blocked by the fire, we will exit the apartment through the nearest bedroom window using the stairs/fire escape exit located outside the apartment unit.

Drills/Evacuation: All the above mentioned exits are kept freely accessible at all times. All foster children in the home will be taught the proper way to exit from our home, and we agree to hold four (4) fire drills a year. We currently have functional smoke detectors (that are checked monthly) and fully charged fire extinguishers on each floor.

Firearms and ammunition are stored in a locked cabinet or secured area not accessible to children. Please detail the secure location: _____

This plan shall be reviewed annually at the time of foster home evaluation and re-licensing.

Signed: _____
Kinship/Foster/Adoptive Parent

Date: _____

Signed: _____
Kinship/Foster/Adoptive Parent

Date: _____

Signed: _____
Social Worker/Re-Licensing Worker

Date: _____