



State of Alaska

Department of Public Safety

Division of

Fire and Life Safety

Sean Parnell, Governor

Joseph A. Masters,

Commissioner

GROUP "E" OCCUPANCY HOME DAY CARE FACILITIES (6 TO 12 PERSONS)

This form is to be used for the review of home day care facilities designed to accommodate more than five, but not more than twelve persons excluding staff, but including children under the age of twelve related to the staff or adult caregiver which operates between the hours of 6:00a.m. and 10:00p.m.

Homes operating after 10:00 p.m. or before 6:00 a.m. must meet additional, specific requirements.

Please attach a simple line drawing depicting the floor plan of your building and enough photographs to clearly show both the interior and exterior of the building which are to be used as a home day care facility. Please label the floor plan to indicate the use of each room, i.e.; sleeping/napping room, kitchen, garage, etc. Also attach a plot plan, showing the location of the facility on the lot and property lines.

Return the attached application with a check for \$100.00 payable to the "State of Alaska".

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Name of Facility: _____

Address of Facility: _____

Owner Name: _____

Mailing Address: _____

Telephone Number:(_____) _____ Fax Number:(_____) _____

Physical Address of the Proposed Facility _____

[] 2760 Sherwood Ln., Ste 2-B
Juneau, AK 99801
Phone (907) 465-4331
Fax (907) 465-5521

[] 5700 E. Tudor Rd.
Anchorage, AK 99507
Phone (907) 269-5604
Fax (907) 269-0098

[] 1979 Peger Rd.
Fairbanks, AK 99709
Phone (907) 451-5200
Fax (907) 451-5218

1. How many children is the facility to be licensed for by the Department of Health and Social Services? _____
2. How many children are under the age of twelve and are related to the staff or adult caregivers and reside in the home? _____
3. What are the hours of operation? _____
4. How many stories is your building? _____ Is there a basement? _____
5. Is your building used for any purpose other than your residence and the proposed home care facility? _____ *If yes, describe that use on a separate sheet of paper and attach it to this form.*
6. Is your building a condominium, apartment building or single family home? _____
7. Does your home have a garage? _____ If yes, answer the following questions:
Is your garage used only to park your private vehicles? _____ If no, for what purpose is the garage used? _____
Is the wall between your garage and the house covered with 5/8" gypsum wallboard on the garage side of the wall? _____
Is there a door opening? _____ If yes, is the door into the garage of solid core or hollow core construction? _____
Does the door include a self-closing and latching device? _____
8. Any room or area used for sleeping/napping must be equipped with a door or emergency escape window directly to the exterior of the building.
Is there a sleeping/napping room or area present in your building? _____ If yes, does it have an exterior door? _____ An escape window? _____

An emergency/ escape window is required to be 5.7 square feet of openable area, minimum 24" in height and 20" in width, and the sill height no more than 44" above the floor.

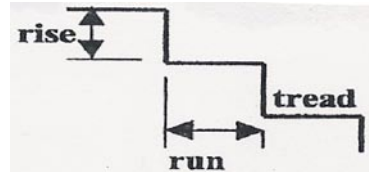
Exception: Grade floor emergency/escape windows may be 5.0 square feet of openable area.

If the napping room or area is equipped with an escape window, does it meet the minimum requirements as stated above? _____

9. Is the facility located in a basement, on a second floor, or otherwise equipped with interior or exterior stairs? If yes, complete item numbers 10-13.

10. How wide are the stairs? _____

11. What is the vertical rise (tread height) and horizontal run (tread width) of each stair in inches? _____
Rise Run



12. Handrails are required on stairs. What is the diameter of the handrail? _____

Is the handrail height between 34 and 38 inches? _____ If no, what is the height? _____

13. Open sided stairs, over 30" above floor or ground level, are required to have guards such as balusters or an ornamental pattern under the handrail. These must be spaced so that a 4-inch diameter ball cannot pass through any opening. Indicate if you have open stairs. _____ If yes, indicate size of spaces between balusters. _____

14. Indicate where your fire extinguishers are located in the building on the floor plan.

What are the type, size, and rating of the portable fire extinguishers in your facility?

***An extinguisher rating of 2A 10BC is required and must be serviced every year.
This rating is located on the label as extinguisher classification.***

Your fire extinguisher(s) must be mounted on the wall not less than 4 inches off the floor and not more than 5 feet above the floor.

15. Indicate on your floor plan the location of operable smoke alarms(s) located in your facility.

Is the smoke alarms(s) powered by batteries or directly wired into the electrical system of your building? _____

A smoke alarm is required in every napping room and in the hallway to the sleeping/napping room. In addition, there must be one on every level.

16. Indicate on your floor plan the location of operable carbon monoxide alarm(s) located in your facility.

Are carbon monoxide alarm(s) powered by batteries or directly wired into the electrical system of your building? _____

***A carbon monoxide alarm is required on each floor where sleeping or napping takes place.
Installation to be per manufacturers instructions***

If additional information is required a Building Plans Examiner will contact you.