



BOBBY JINDAL  
GOVERNOR

**Office of the Louisiana State Fire Marshal**  
Code Enforcement and Building Safety

Department of Public Safety and Corrections  
Public Safety Services



H. BUTCH BROWNING  
STATE FIRE MARSHAL

**CCAP APPLICATION FOR FAMILY CHILD DAY CARE HOME INSPECTION**

Name				Date	
Residential Address					
(House Number)	(Street Name)			(Apt. Number)	
(City)	LA (State)	(Zip)	(Parish)		
Explain here how to get to your home. The Fire Marshal needs detailed driving directions. If you live in a gated community, please explain how to enter.					
Name of Contact Person:					
Home Phone Number:	( )	Alternate Phone Number:	( )		
Mailing Address (If different from above)					
(House Number)	(Street Name or PO Box Number)			(Apt. Number)	
(City)	(State)	(Zip)	(Parish or County)		

1. Is there a dog in your home or on your property?  Yes  No  
If yes, the dog must be restrained in a separate fenced-in area, tied up, etc.
2. What is the total number of children that you care for or will be caring for, including your own children under age 13 or 13 through 17 if disabled, and any other children? \_\_\_\_\_

Is Yours Working?  
Smoke Detectors Save Lives!  
**OFFICE OF THE LOUISIANA STATE FIRE MARSHAL**  
8181 INDEPENDENCE BOULEVARD, BATON ROUGE, LA 70806  
(225) 925-4911 1-800-256-5452

3. The State Fire Marshal agrees to conduct an inspection within thirty (30) days from the date of receipt of application. Inspections are performed Monday – Friday between the hours of 7:00 am and 5:30 pm.

Check at least 3 of the 5 boxes below to note which days of the week someone eighteen (18) years of age or older will be present at the day care site in order for the inspection to take place.

NOTE: Until your inspection is conducted, someone will be required to be at the house on the days that have been checked.

Monday       Tuesday       Wednesday       Thursday       Friday

4. Complete the statement by printing your name in the blank and then sign and date below:

As a Family Child Day Care Home Provider, I \_\_\_\_\_  
agree to keep no more than a total of six (6) children, whether related or unrelated to me. This includes all children living in my home who are under age 13 and all children ages 13-17, if disabled. I will comply with all applicable state and local laws.

\_\_\_\_\_  
Signature of Family Child Day Care Provider

\_\_\_\_\_  
Date

5. The following must be completed and submitted along with this application:

- ◆ Pre-Approval Form  
The owner of the home must address each item on this form to ensure that the home will pass inspection. The completed form must be signed and dated
- ◆ Assurance Statement Form  
If the home has any of the conditions mentioned on the in the Assurance Statement, the owner must sign the Assurance Statement and return with application.
- ◆ Money Order  
In the amount of \$30.00 made out to  
Office of the Louisiana State Fire Marshal

6. Mail completed application, additional completed forms and money order to:

Office of the Louisiana State Fire Marshal  
8181 Independence Blvd  
Baton Rouge, LA 70806  
ATTN: Family In-Home Child Care Coordinator

Is Yours Working?  
Smoke Detectors Save Lives!  
**OFFICE OF THE LOUISIANA STATE FIRE MARSHAL**  
**8181 INDEPENDENCE BOULEVARD, BATON ROUGE, LA 70806**  
**(225) 925-4911 1-800-256-5452**