Health & Safety
Home Child Care Assessment for Quality Improvement
1. Basements

This section discusses specific requirements with respect to the Provider’s home to promote optimal health and safety. The environment needs to ensure the physical health and well-being of children. While it is assumed that most of the Provider’s home will be accessible for child purposes, it may be necessary for health and safety reasons to restrict the use of some areas. This decision may also be influenced by the ages and abilities of the children in care.

**Intent:** An assessment of the basement space, if it is being used for child care, should be completed at the time of the home assessment and periodically thereafter.

**Basement requirements:** there is more than one way out of the basement, basement is finished with proper insulation, walls, flooring; the temperature and humidity are suitable, and there is adequate lighting

**Additional amenities:** washroom, permanent emergency lighting, kitchenette, fridge, security/intercom system

**Permanent way to access the window:** sturdy piece of furniture always under the window, step-stool

<table>
<thead>
<tr>
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<tr>
<td>❏ Basement space does not meet requirements to use for play or sleep</td>
<td>❏ Bi-monthly health &amp; safety assessments are completed</td>
<td>❏ Bi-monthly health &amp; safety assessments is signed and dated by both the Provider and Home Visitor</td>
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<tr>
<td>The basement does not meet requirements for the children to use or sleep.</td>
<td>There is a health and safety assessment completed every other month on the basement.</td>
<td>The bi-monthly health and safety assessment that is completed every other month is signed by the provider and the Home Visitor.</td>
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<td>❏ There is not more than one escape route out of the basement</td>
<td>❏ Bi-monthly health &amp; safety assessments are documented</td>
<td>❏ Additional amenities are available</td>
<td>3</td>
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<tr>
<td>The basement does not have a second exit for an escape route.</td>
<td>The health and safety assessment that is completed is recorded. For example on a separate sheet, or on a visit report.</td>
<td>There are additional amenities available in the basement such as a washroom, kitchenette, fridge, emergency lighting or security system.</td>
<td>NA</td>
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### 2. Exterior Balconies/Raised Deck Areas

**Intent:** As per the Child Care and Early Years Act, balconies may only be used if an adult is present at all times. An assessment of the balcony should be completed at the time of the initial home assessment. A balcony may be completely enclosed with a permanent fixture such as siding and/or glass. If this is the case it is not considered a balcony and will be assessed to ensure it meets requirements related to windows etc.

**Raised deck:** any area not at ground level

**Note:** Only assess if used while present.

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|                               |                             | ☐ Large or hazardous equipment is on the balcony when in use by children  
There is large or hazardous equipment on the balcony such as washer/dryer. | ☐ Adult is present at all times while balcony in use by children  
The provider remains with the children at all times when out on the balcony. | ☐ Balcony/raised deck only used for emergencies  
The provider only uses the balcony/raised deck when there is an emergency.  
☐ Balcony/raised deck is assessed monthly  
The balcony/raised deck is assessed on a monthly basis to ensure it is safe for children to use.  
☐ Balcony is completely enclosed with permanent fixture  
The balcony is fully enclosed for example, it has fitted windows. | 1 | 2 | 3 | N/A |
3.  Lighting, Windows & Exit Doors

**Intent:** Provider’s home must have adequate sources of natural lighting. Children must not be restricted to rooms with only artificial light sources. Windows, particularly on the second floor or above, must be properly fitted with screens that fasten securely to prevent children from falling out window openings. Windows must meet local by-law requirements. Any windows higher than 198m/6'6” above ground have no openings larger than 100mm/4 inches. Curtains/blinds strings are inaccessible to children. All exit doors have a working lock and are maintained in good repair.

**Exit door:** screen door, patio door, and main door.

**Windows above ground:** any windows higher than 198m/6' 6”

**Note:** If repairs cannot be completed within 24hrs, a contingency plan is put into place to ensure all exit doors and windows can be securely locked.

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- ❏ Provider’s home does not have sources of natural light
  There is no natural light from windows in the areas that are used with the children.

- ❏ Windows not properly fitted with screens and/or fastened securely
  There is no screen on the windows/doors or the screen is in a poor state of repair. For example, hole or tear, screen is bent or not secured in the window.

- ❌ Curtains/blind strings accessible to children
  Strings from the curtain or blinds are hanging within children’s reach.

- ❏ Exit doors do not have a working lock
  The lock on the door does not have a lock or it is in a poor state of repair.

- ❏ Balcony and/or screen doors are not locked
  The balcony or screen door is not locked, or there is not a child safety mechanism on doors to ensure children cannot access.

- ❏ Provider’s home has adequate sources of natural light with some artificial lighting
  The environment that the children are using has light coming in from windows/skylights with some additional artificial lighting such as lamp or overhead lighting.

- ❌ Above ground windows do not open more than 4 inches
  When windows in a home are higher than 198m/6'6” they cannot open more than 4 inches. A child safety lock can be used to ensure this, or the window is kept locked at all times.

- ❏ Exit doors are checked monthly
  The exit doors are checked monthly to ensure the locks are working.

- ❏ Working flashlight accessible
  There is a working flashlight that is easily accessible in the area the children are using.

- ❏ Natural lighting is always accessible to children throughout the day
  There is natural lighting from windows/skylights in all areas of the home throughout the day.

- ❌ Documentation that Home Visitor checks above ground windows for safety
  The Home Visitor checks above ground windows for safety and records it. This could be done on a separate sheet, visit report, log book.

- ❏ Documentation that Home Visitor checked exit doors monthly
  The Home Visitor checks all the exit doors on a monthly basis and records it. This could be done on a separate sheet, visit report or log book.
4. Equipment

Equipment requirements designed to enhance both child and Provider safety are outlined for the following:

a) Smoke and Carbon Monoxide Detectors & Fire Extinguishers

b) Safety Hazards

**Intent:** Provider’s home must have working smoke and carbon monoxide detectors to ensure the safety of the children and adults in the home. These devices must be checked on a regular basis to ensure they are in good working order. Provider’s home is equipped with a suitable fire extinguisher as recommended by the local fire department. Extinguishers are kept in working order and checked regularly. Fire extinguishers should be easily accessible to adults but not to the children.

Carbon monoxide detectors: are required in apartment buildings two floors above and below fuel burning appliances and on all levels of homes.

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<tr>
<td>a) Smoke and Carbon Monoxide Detectors &amp; Fire Extinguisher</td>
<td>❑ Provider’s dwelling is not equipped with a working smoke detector on every floor There is not a smoke detector on every floor of the home that is in working condition.</td>
<td>❑ One or more carbon monoxide detectors are installed There is at least one or more working carbon monoxide detectors installed in the home.</td>
<td>❑ Hard wired smoke detector installed There is a working smoke detector that does not depend on batteries and is wired into the home.</td>
<td>1</td>
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<td>❑ No carbon monoxide detector on premises There is not a working carbon monoxide detector in the home.</td>
<td>❑ Smoke detectors are tested monthly The smoke detectors are tested each month.</td>
<td>❑ Hard wired carbon monoxide detector installed There is a working carbon monoxide detector that does not depend on batteries and is wired into the home.</td>
<td>2</td>
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<td>❑ No fire extinguisher There is not a fire extinguisher in the home.</td>
<td>❑ Carbon monoxide alarm tested monthly The carbon monoxide detector is tested each month.</td>
<td>❑ More than one fire extinguisher There is an additional fire extinguisher in the home.</td>
<td>3</td>
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<td>❑ Fire extinguisher not checked and/or not kept in working order The fire extinguisher is not checked or it is not in working condition. For example, the dial on the extinguisher is not in the green or the pressure pin is not popping out to test.</td>
<td>❑ Documentation on file indicating detectors are tested When detectors are tested it is recorded. For example, on a separate sheet or in log book.</td>
<td>❑ Evidence Home Visitor checks fire extinguishers monthly The Home Visitor is checking the fire extinguishers in the home each month and records it. This can be done on a visit report, separate sheet or log book.</td>
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<td>❑ Evidence that fire extinguisher is checked monthly When the fire extinguisher is checked each month it is recorded. This can be done on a separate sheet or log book.</td>
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<td>❑ Fire extinguisher accessible to adults The fire extinguisher is accessible to the provider in the area that is used with the children. It should be easy to access. The provider should be aware of the fire extinguisher location.</td>
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Section Two: Health and Safety

### Equipment (continued)

**Intent:** The provider must ensure the play area is safe for children. All hazardous materials are kept away from children and large appliances are inaccessible to children or are locked. If portable heating appliances are used, they are used with appropriate supervision and are inaccessible to children.

**Hazardous materials:** chemicals, cleaning products, electric outlets, firearms  
**Heating appliances:** fireplaces, heaters, radiators, and space heaters  
**Large appliances:** Freezer, washer, dryers, air-conditioning units, portable fans  
**Large heating appliances:** furnace, water heater  
**Chest freezer locked:** the chest freezer is locked or the unit can be located in a locked room

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<td>b) Safety Hazards</td>
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| ❏ Hazardous materials are accessible to children  
  There are materials accessible to the children within their reach such as chemicals, cleaning products. | | ❏ Hazardous materials are stored in their original containers and/or in a labeled container  
  All types of hazardous materials are kept in the original container or clearly labeled. For example, if bleach and water are mixed together in a separate container it is labeled as “bleach and water” | ❏ All large heating appliances are in a locked separate area from the play area  
  Any large heating appliances such as a furnace or water heater are locked and in a separate area from where the children have access. This can be done with a working lock or child safety mechanism. | 1 |
| ❏ Electric outlets are not covered  
  The electric outlets that are in the areas the children are using are not covered with child safety covers. | ❏ Stand-alone freezer is locked  
  The stand-alone freezer is locked or has a child safety mechanism on it. | ❏ Working fireplace is inaccessible to children  
  The working fireplace is not on or children do not have access to it. Measures are put into place so that children are not coming in contact with the fireplace when used. | ❏ Portable fan/air-conditioner units are used with supervision  
  The portable fan/air conditioner is in an area that can be monitored and supervised so that children are not coming into contact with it. | 2 |
| ❏ Heating appliances are accessible to children  
  There are heating appliances in the areas the children are using such as heaters, radiators, space heaters, working fire place. | ❏ Chest freezer is not locked  
  The chest freezer does not have a lock or child safety mechanism on it. | ❏ | 3 |
| ❏ Washer/dryer are accessible to children  
  The washer/dryer is in the area that the children are using and can access. | | | |
Section Two: Health and Safety

5. Policies and Practices

The following policies/practices are followed by the Provider:

a) Fire/Safety Plan  
b) Medication  
c) Sanitary Procedures  
   i. Toileting/Diapering  
   ii. Hand Washing for children  
   iii. Hand Washing for Providers  
   iv. Toys and Play Equipment

Intent: The Provider has an evacuation plan and conducts monthly fire drills to ensure in the event of a fire or other emergency that everyone is aware of the procedures and are able to exit the home in a calm and safe manner.

Evidence: can be achieved through the monthly visit report.

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| a) Fire/Safety Plan            |   ❌ No evidence of fire drills being conducted  
                                  There is nothing recorded to show evidence that provider is practicing fire drills with the children. |   ❌ Evacuation plan not available  
                                  There is not a plan of action to evacuate the home in case of an emergency. |   ❌ Evidence fire drills are conducted and documented annually  
                                  The fire drills that are completed each month with the children are recorded. This can be done on a separate sheet or log book. |   ❌ Evidence Home Visitor participates in fire drills annually  
                                  The Home Visitor participates in a fire drill at least once a year. This is recorded to show evidence. This could be done on a separate sheet, visit report or log book. |   ❌ Evidence fire drills are conducted at different times throughout the day  
                                  The fire drills that are completed with the children are done at different times of the day. This is recorded to show evidence. This can be done on a separate sheet or log book. | 1 |
|                                |   ❌ Evidence fire drills are conducted for all areas of the home used in the provision of child care  
                                  When fire drills are completed, they are done from all areas of the home. This is recorded to show evidence. This can be done on a separate sheet or log book. |   ❌ Evacuation plan is conducted and documented annually  
                                  The plan of action created for an emergency evacuation is practiced with the children. This is recorded to show evidence. This could be done on a separate sheet or log book. |   ❌ Evacuation plan is conducted and documented annually  
                                  The plan of action created for an emergency evacuation is practiced with the children. This is recorded to show evidence. This could be done on a separate sheet or log book. | 2 |
|                                |                               |                               |                               | 3 |
### Section Two: Health and Safety

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- **Evacuation plan is posted**
  - A plan of action has been completed and posted for cases of emergency and/or evacuation.

- **Evacuation plan includes alternate location**
  - The evacuation plan has the alternate location written on it.
5. Policies and Practices (continued)

**Intent:** All medication must be stored in a locked container away from the children. This includes the providers/family personal medication. Parents are always notified when non-prescription medication, which is accompanied by a Doctor’s note, is given to a child.

**Exceptional medical requirements:** G-tube feeding, seizures, Epi-pens

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| b) Medication                | □ No procedure for medication administration  
The provider does not have a procedure in place for giving medication to children.  
□ Medication does not come in original containers, labeled with the child’s name, date and dosage  
Any medication that a parent brings for the provider to give to a child in care is brought in the original container and labeled with the child’s name, date and dosage.  
□ Consent forms not completed for medication administration  
The provider does not have the parent complete a medical consent form when medication is required  
□ Medication is accessible to children  
There is medication that the children can access. For example, medication left on the table/counter, or left in child’s bag.  
□ Safe storage of medication not followed  
The provider does not safely store medication. | □ Prescription medication administered according to written procedure  
The prescription medication is given to child according to the instructions on the written procedure.  
□ Agency consent forms completed with time, amount and name of child prior to administering medication  
The consent forms the parent signs includes the amount of medication to be given and the name of the child receiving it.  
□ Locked medication container available for refrigerated and non-refrigerated medication  
There are two locked medication containers. One for refrigerated and one for non-refrigerated medication.  
□ Non-prescription medication is only administered when accompanied with a Doctor’s note  
Any non-prescription medication a parent brings for the provider to give a child is only given if there is a Doctor’s note specifying details.  
□ Epi-pen(s) on site and accessible  
Any Epi- pen that a child is required to have is always with the provider and child and is easy to access. | □ Date of completion on medication form  
The medication form completed by parent includes the date of completion the child stopped using it.  
□ Unused medication is returned to parents  
If there is unused medication, the provider gives it back to the parent to discard.  
□ Training provided on exceptional medical requirements  
The provider receives training for any exceptional medical requirements. For example, Epi pens, G-tube feeding, seizures. | 1 2 3 |
### Section Two: Health and Safety

#### 5. Policies and Practices (continued)

**Intent:** As per the Child Care and Early Years Act, the Agency is required to establish sanitary practices/procedures. It is expected that regular spot-checks include an assessment of sanitary procedures.

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<td>c) Sanitary Procedures</td>
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<tr>
<td>i. Toileting/ Diapering</td>
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<tr>
<td>❍ Diapering is done in the food preparation area</td>
<td>Children’s diapers are changed in the kitchen or in an area where food is prepared.</td>
<td>❍ Diapering surface and/or individual change pads are sanitized</td>
<td>The diapering surface being used with each child is sanitized after every use.</td>
<td>❍ The Provider supplies extra diapers when required</td>
</tr>
<tr>
<td>❍ Current Regional Public Health procedure for toileting/diapering is not posted</td>
<td>Current Regional Public Health toileting/diapering procedures are not posted.</td>
<td>❍ Posted current Regional Public Health procedure for toileting/diapering is followed</td>
<td>During observation of a toileting/diapering routine, the provider consistently follows the posted procedures.</td>
<td>❍ The Provider supplies extra diapers when required</td>
</tr>
<tr>
<td>❍ Running water is not available close to diapering/toileting area</td>
<td>There is no running water close to the area where diapering/toileting is being done.</td>
<td>❍ Soiled diapers are disposed in a separate covered garbage bin or individual bag. This applies to disposable and cloth diapers</td>
<td>A separate covered garbage container or individual bag is being used for soiled diapers and other supplies related to the diaper change. This applies to disposable and cloth diapers.</td>
<td>❍ The Provider supplies extra diapers when required</td>
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<tr>
<td>❍ Potties are not disinfected after each use</td>
<td>Potties are not cleaned and disinfected after each child uses them.</td>
<td>❍ Toilets are disinfected daily or if they become soiled</td>
<td>The toilets are disinfected each day or when it is visibly soiled.</td>
<td>❍ The Provider supplies extra diapers when required</td>
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Real photos depicting children using toilet/potty or being diapered are not considered appropriate.
5. Policies and Practices (continued)

**Intent:** As per the Child Care and Early Years Act, the Agency is required to establish sanitary practices/procedures. It is expected that regular spot-checks include an assessment of sanitary procedures.

**Supplies:** liquid soap, paper towel, individual cloth towels

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<tr>
<td>ii. Hand Hygiene for Children &amp; Adults</td>
<td>❑ Current Regional Public Health hand hygiene procedure is not posted</td>
<td>❑ Current Regional Public Health hand hygiene procedure is followed</td>
<td>❑ Visual schedule for hand hygiene is accessible</td>
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<td></td>
<td>Current Regional Public hand washing procedures are not posted.</td>
<td>During observation of a hand hygiene routine, the provider consistently follows the current Regional posted procedures.</td>
<td>There is a visual depiction of the hand hygiene procedures at the children’s eye level.</td>
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<td></td>
<td>❑ Insufficient supplies for hand hygiene</td>
<td>❑ Provider models hand hygiene as per posted procedure</td>
<td>❑ A sink is available on the same floor where the main program is offered</td>
<td>2</td>
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<td>There is not enough soap, paper towels, hand towels and/or hand sanitizer to ensure proper hand washing can occur.</td>
<td>The provider is able to model hand hygiene steps to the children as outlined in the posted procedures.</td>
<td>There is a sink for the provider and children to use on the same level or floor of the home that the provider uses with the children.</td>
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<td></td>
<td>❑ No running water available for hand hygiene</td>
<td>❑ A step-stool or alternate is used to make the sink accessible to all children</td>
<td>❑ Home Visitor monitors and documents Provider hand hygiene quarterly</td>
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<td>There is no running water for the provider to follow through with hand hygiene practices.</td>
<td>Adaptations have been made to meet the needs of individual children. For example, there is a step stool for children who cannot reach a sink/faucet.</td>
<td>The Home Visitor observes the hand hygiene routines of the provider in the home and documents four times a year. This can be done on a separate sheet or log book.</td>
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<td>❑ Disposable gloves accessible</td>
<td>❑ Hand sanitizer is available for use</td>
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5. Policies and Practices  (continued)

**Intent:** The provider ensures the home child care setting is a clean and sanitary environment for children.

**Soft surface:** couch, sofa, carpets  
**Cleaned:** floors swept and disinfected, carpets are vacuumed  
**Soiled:** objects are dirty, children have sneezed on or mouthed  
**Bed linens:** blanket, sheets, fitted sheets  
**Cots/mats/cribs:** Any cot/mat/crib that is being used by a child is always fitted with a bed linen.

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<td>iii. Toys &amp; Play Equipment,</td>
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<td>Furnishings and Linens</td>
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<tr>
<td>❏ Toys and Play equipment are not washed weekly</td>
<td>❏ Toys and play equipment are consistently washed as they become soiled</td>
<td>❏ Toys and play equipment washing is documented</td>
<td>1</td>
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<tr>
<td>❏ Floors/carpets are not clean</td>
<td>❏ Floors/carpets are visibly soiled</td>
<td>❏ Home Visitor monitors toy and play equipment washing quarterly</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>❏ Floors/carpets are not in good repair</td>
<td>❏ Soft surfaces are deep-cleaned minimum of two times per year or if soiled</td>
<td>❏ Deep cleaning of soft surfaces is documented</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>❏ Bed linens are not washed</td>
<td>❏ Bed linens are used for cots, cribs and playpens</td>
<td>❏ Home Visitor reviews replacement plan of toys and/or equipment annually</td>
<td></td>
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</tr>
<tr>
<td>❏ Bed linens are not in good repair</td>
<td>❏ Bed linens are washed weekly</td>
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