

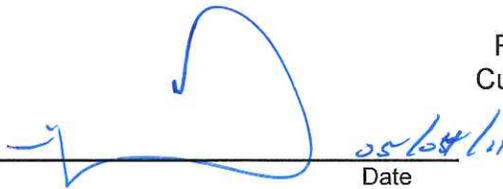
(was MCCMH Policy 5-04-010)

Chapter: **PROVIDER NETWORK MANAGEMENT**
Title: **FIRE SAFETY IN RESIDENTIAL SETTINGS**

Prior Approval Date: 7/13/10
Current Approval Date: 5/04/11

Approved by: _____

Executive Director



Date

I. Abstract

This policy establishes the standards and procedures of the Macomb County Community Mental Health Board (MCCMH) to ensure fire safety in group homes of network providers of MCCMH.

II. Application

This policy shall apply to all directly-operated and contract network providers of the MCCMH Board.

III. Policy

It shall be the policy of MCCMH to:

- A. Assure the safety of group home consumers and staff;
- B. Comply with certification requirements, Michigan Consumer and Industrial Services licensing, reference guidelines on fire safety evaluation and evacuation training from the Michigan Department of Community Health (MDCH), and State Fire Marshall regulations as applicable, by assuring that each group home holds a minimum of one fire drill per shift per quarter. (One fire drill during the daytime, evening and sleeping times during each three month period of the calendar year);
- C. Comply with the MDCH Guidelines by maintaining a current Assessment of Evacuation Capability for each home using the Evacuation Assistance Score (EAS) and Evacuation Capability (E-Score) Scoring Worksheets (Exhibit B);
- D. Provide guidance in the development of fire safety training programs for consumers of MCCMH.

IV. Definitions

A. Emergency Kit Bag

A collection of items that are taken by group home staff, if possible, during each emergency/evacuation, that would make the situation safer and less stressful for residents and group home staff. The Emergency Kit Bag is kept on the evacuation route near a primary exit. The actual contents are decided by the home staff, and may include the following items:

- Emergency Information Book (phone numbers for fire department, EMS, police, written directions to the house, supervisor phone number, guardian names and numbers, instructions of what to do if staff are injured, resident insurance/Medicaid information, consents for treatment, list of medications for each resident, alternate housing options)
- Waterproof flashlights and extra flashlight batteries
- Extra keys for home and van
- First aid kit
- Rain gear (plastic ponchos)
- Blankets
- Radio and extra radio batteries
- Candy, snacks, deck of cards, toys, cigarettes and lighter, etc.
- Bottled water
- Hand sanitizer or wipes

B. Evacuation Assistance Score (EAS)

An assessment tool which rates individuals living in a group home, and which becomes part of the E-Score rating.

C. Evacuation Capability (E-Score)

A system of rating a group home, meeting certain prerequisite conditions (five questions), which factors in consumer characteristics, the number of levels of the home, alarm characteristics, and staff availability to yield a measure of evacuation capability in the event of a fire emergency.

D. Fire Drill

An event in which group home staff members, in an approved method, bring the occupants of the home to a destination outside the home in the most efficient manner.

E. MCCMH Fire Safety Training Coordinator

Member of the Deputy Director's Office who is responsible for dispensing information to group home network contract providers of MCCMH and monitoring their fire prevention programs.

F. MCCMH Authorized Destination Training Program

A plan to safely evacuate a group home in the event of fire which is tailored for each residential facility.

G. Protection Plan

A written plan, and documentation of training of all home staff in that plan, which meets at least minimum standards for preparation and procedures in the event of a fire emergency in the home (see Standards below).

H. Spontaneous Fire Alarm Signal

Activation of the alarm in the home by some cause other than the planned activation by staff (such as fire or smoke, system malfunction) or by consumer activation (such as burned food during cooking, etc.).

I. Varied Fire Drills

A practice of holding fire drills under varied times and conditions over the course of a year at a minimum frequency of one fire drill per shift per quarter.

V. Standards

A. Each home's Evacuation Assistance Score (EAS) Worksheets and Evacuation Capability (E-Score) Scoring Worksheets (Exhibit B; see instructions for completion, Exhibit A) shall be completed at least annually, and more often as necessary to reflect changes in the consumers or other features of the home that are part of the E-Score calculation, including:

1. Change in people living in the home;
2. Change in the minimum number of people scheduled to work in the home;
3. Evidence of change in consumer characteristics rated on the EAS factors;
4. Renovations or changes in the physical plan (such as alarm systems, ramps or stairs, addition of self-closing doors, rearrangement of exit paths or doors); and
5. Change of destination (where consumers are instructed to go).

B. The five questions reflecting prerequisite conditions in a group home shall be considered part of the E-Score assessment process. It is expected that the answer to each question on the E-Score shall be "Yes" with appropriate documentation available to back up such answers.

C. The Protection Plan shall, at a minimum, include the following:

1. Exit route diagrams showing the primary evacuation routes from all areas of the home (Exhibit C, sample) (complying with generally accepted principles of evacuation) and the locations of fire alarm pull stations, fire extinguishers, and the consumer destination(s) outside the home;
2. Exit routes diagrams showing all available alternate escape routes from all areas of the home (Exhibit D, sample);
3. Descriptions of the special characteristics and/or evacuation techniques for each resident of the home;

4. Descriptions of the most efficient procedure for evacuating the residents of the home during sleeping hours;
 5. Description of the location of the Emergency Kit Bag, and designation of the individual responsible to take the bag in the event of an emergency/evacuation;
 6. Basic information about fire, including ways fire can spread (such as opening doors or incorrectly attempting to extinguish), ways to contain a fire (such as closing doors, not opening doors that are hot, etc.), and when and how to attempt to extinguish a fire (specifically describing use of the fire extinguisher in the home, as well as other approved possible methods);
 7. A description of procedural rules for all staff to follow in the event of fire emergency (i.e., what to do, in what order, including how and when to evacuate the residents, how and when to notify the fire department, names and phone numbers of others who should be notified [in sequential order], and whether staff should re-enter the home after all occupants are accounted for);
 8. Methods of operating all fire safety features in the home, including the location of fire extinguishers, battery operated smoke detectors and spare batteries, how to activate and reset integrated alarm system pull stations and control panel, sprinkler system, etc., and how each is tested (Battery Operated Smoke Detector Test and Maintenance Log, Exhibit E; Fire Extinguisher Check and Maintenance Log, Exhibit F; Carbon Monoxide Detector Test and Maintenance Log, Exhibit G; and Sprinkler Description and Testing Record, Exhibit H);
 9. House rules related to fire prevention and safety (e.g., smoking, cooking, use of small appliances, etc.); and
 10. What staff should do in the event the home is not approved by the fire department for return occupancy.
- D. Homes with an Evacuation Capability E-Score in the "impractical" range (greater than 5.0) shall be a priority for taking action to reduce the scores (via training, staff or physical plan features). If the "impractical" rating cannot be reduced by any of these means the consumers shall be evaluated for a move to an environment in compliance with the process outlined by MDCH.
- E. All consumers will be trained to evacuate as independently as they are physically capable to a destination outside the home in response to the alarm signal. Guidelines developed by the MCCMH Fire Safety Coordinator will be available to each group home, and shall be used unless an exception is authorized by the home manager.
- F. Consumers who are determined by their home manager to be incapable of voluntary physical movement for any part of the evacuation process and for whom alternative mobility techniques would not enhance their evacuation may be eligible for waiver from the fire evacuation training program. Waivers must include the physician's rationale, the clinical rationale, and the home manager's rationale.

G. Fire Drills:

1. Every fire drill shall include the evacuation of every occupant of the house: consumers; staff; visitors, etc. Any drill in which this does not occur shall be considered unsuccessful, and steps shall be taken to correct the situation. The drill is repeated until it is successful;
2. All spontaneous fire alarms shall be treated as a fire drill (or an actual fire), and shall be documented as a fire drill. Any time the alarm sounds in the home, all occupants shall evacuate the structure;
3. Fire drills shall be conducted under varying conditions and circumstances in the home, with the full complement of staff; and
4. Fire drills shall be evaluated after completion and corrective action taken as appropriate.

H. Station smoke detectors shall be interconnected and shall be installed and maintained as described below:

1. Between the sleeping areas and the rest of the home. In homes with more than one sleeping area, a smoke detector shall be installed to protect each separate sleeping area;
2. On each occupied floor, in the basement, and in areas of the home which contain flame or heat-producing equipment;
3. If batteries are used as a source of energy, they shall be replaced in accordance with the recommendations of the smoke or heat detection equipment manufacturer; and
4. Detectors shall be tested and examined as recommended by the manufacturer, at least monthly.

- I. In addition to following the standards and procedures of this policy, each home shall develop and implement emergency preparedness plans including but not limited to those for handling medical emergencies, hazardous materials, workplace violence, utility/power failure, and severe weather. Licensed homes shall conduct drills for severe weather, such as tornado drills, no less than once a quarter for each shift for the second and third quarters of each fiscal year.

VI. Procedures

The following individuals shall be responsible for the procedures set forth below:

A. A responsible group home staff member shall:

1. Coordinate an annual inspection, via a certified inspector, of all homes equipped with electronic fire safety systems and/or sprinkler systems; and

2. Annually test the equipment according to the manufacturer's instructions or as specifically indicated by the State Fire Marshall.

B. The group home administrator shall:

1. Write the fire safety plan and evacuation procedure;
2. Arrange for the installation of smoke detection equipment, maintain them as directed by MCCMH, and examine/test the smoke detection equipment monthly using the Battery Operated Smoke Detector Test and Maintenance Log (Exhibit E);
3. Arrange for the installation and monthly testing of carbon monoxide systems, and, if there are batteries, arrange for battery replacements once a year, documenting installation on the Carbon Monoxide Detector Test and Maintenance Log (Exhibit G);
4. Arrange for the sprinkler systems to be inspected via a certified inspector, at least once a year and tested, documenting inspection on the Sprinkler System Description and Testing Record (Exhibit H);
5. Assure completion of fire drills on each shift according to the schedule set forth by the Fire Drills Time of Day Definitions, Exhibit I;
6. Maintain on site two years of fire drill logs and evaluation sheets as to time and order of the evacuation and functioning of smoke detection equipment for periodic review by licensing authority and MCCMH Fire Safety Training Coordinator;
7. Provide in-home fire safety training to all new staff within two weeks of hire. A written copy of proof of training will be kept in the employee file;
8. Assure that the home manager receives training, with the assistance of the MCCMH Fire Safety Training Coordinator, in calculating the Evacuation Capability (E-Score) Scoring Worksheets and the Evacuation Assistance Score (EAS) Sheet (Exhibit B), develop a protection plan, the consumer destination training program, and all fire safety standards;
9. Complete the Battery Operated Smoke Detector Test and Maintenance Log (Exhibit E) and maintain the log on site (two years) for periodic review by the MCCMH Fire Safety Training Coordinator.
10. In the event of a fire
 - a. Assure that procedures are followed in order to provide for the safety of residents, including evacuation and calling 911 for assistance;
 - b. Notify the MCCMH Fire Safety Training Coordinator within twenty-four hours of the event;
 - c. Assure that a Smoke / Fire incident Report (Exhibit J), describing the event is completed by the appropriate staff member; retain one copy, forward one copy

to his/her designated licensing agent if required, and submit it to the MCCMH Fire Safety Training Coordinator.

C. Home Manager shall:

1. Complete an E-Score score on the home annually, and more often as necessary to reflect changes in the consumers or other features of the home (see V.A.1.-5.), using the E-Score Scoring Worksheets (Exhibit B) and maintain the E-Score score on file in the home;
2. Prepare a fire safety protection plan, assure that all staff have been trained in the provisions of the protection plan (through various measures, including practice fire drills), and maintain documentation of such;
3. Monitor and evaluate fire drills for each shift (refer to the Fire Drills Time of Day Definitions, Exhibit I) on a quarterly basis. The midnight shift drills are to be held within an average of three hours after the residents' bedtimes following the usual staffing pattern (i.e., no additional staff shall be brought in for the drills);
4. Maintain one copy of each completed Home Fire Drill Log and Evaluation (Exhibit K), and the record of Staff Participation in Fire Drills (Exhibit L), on site (two years) for periodic review by the MCCMH Fire Safety Training Coordinator;
5. Maintain the Fire Drill Requirement Log (Exhibit M) and indicate whether the requirements of each fire drill have been met each quarter; and
6. Aggressively monitor the fire destination training of the employees and consumers and report problems to casemanagement and MCCMH Fire Safety Training Coordinator.

D. MCCMH Casemanager shall:

1. Determine if a consumer is sufficiently independent to evacuate the home during fire drills by completing an Evacuation Assistance Score (EAS) when the consumer enters the home and annually, thereafter. The EAS must be maintained on site and be made available for annual inspections by the MCCMH Fire Safety Training Coordinator.

If the individual is not sufficiently capable of evacuating the home, the casemanager shall include the MCCMH authorized destination training program in the Plan of Service. The program shall be continued until the home manager has determined that the highest level of independence has been achieved and the program has also been approved by the MCCMH Fire Safety Training Coordinator;

2. Monitor documentation of fire drills according to the schedule set forth by the Fire Drill Requirement Log, Exhibit M, and provide recommendations for improvement of fire drills when needed; and

3. Consult appropriate disciplines when consumers experience difficulty in destination training or fire drill evacuation due to non-compliance, behavior problems, gait or mobility problems, eligible reinforcement problems, or medical problems.

E. MCCMH Fire Safety Training Coordinator shall:

1. Assure that, through periodic inspections, each home manager shall complete and maintain on site his/her group home's Evacuation Capability (E-Score);
2. Provide training for home managers and casemanagers on proper completion of E-Score and EAS; and
3. Make home monitoring visits as necessary for determining compliance with standards consistent with an approved monitoring checklist and make recommendations for corrective actions as necessary. A copy of the completed monitoring tool and recommendations is sent to the home provider, to the MCCMH Deputy Director, and is maintained in an administrative file;
4. Coordinate and consult with appropriate disciplines (e.g. casemanagement, providers, home managers, etc.) when needed relative to the housing needs of the residents.

VII. References / Legal Authority

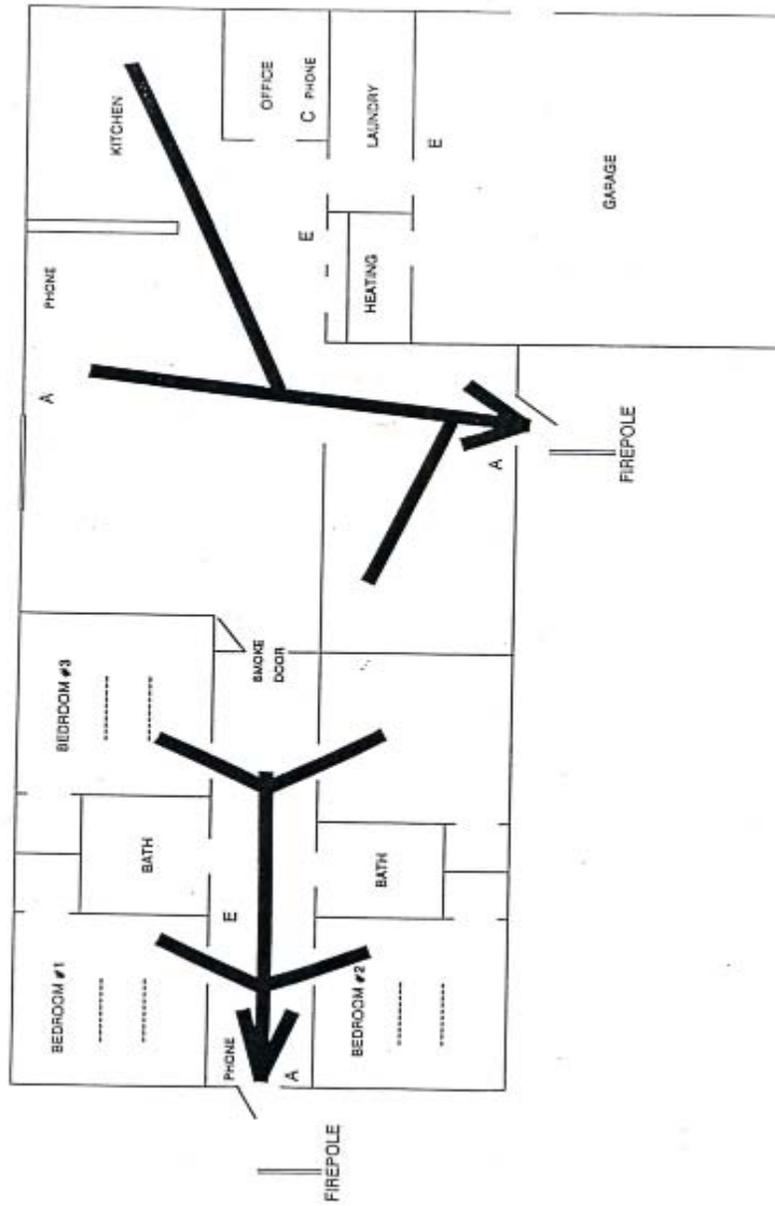
- A. Michigan Department of Human Services (Office of Children and Adult Licensing: Division of Adult Foster Care Licensing), R 400.2245 and 400.14505
- B. Code for Safety to Life from Fire in Buildings and Structures, No 101, Appendix F (Nat'l Fire Prevention Ass'n, 1985), as posted on the Michigan Department of Human Services website
- C. 1998 Fire Safety Training Documents File developed by Training Program Specialists under contract with MDCH
- D. MDCH Guidelines on Fire Safety Evaluation and Evacuation Training (1-24-89)
- E. MDCH/CMHSP Mental Health Supports and Services Contract (FY 09) and MDCH/PIHP Medicaid Managed Specialty Supports and Services Contract (FY 09), Attachment Housing Practice Guideline, V.C.
- F. Commission on Accreditation of Rehabilitation Facilities (CARF) 2010 Standards Manual, §1.H., "Health and Safety"

VIII. Exhibits

- A. [Instructions for Determining Evacuation Assistance Score \(EAS\) and Evacuation Capability \(E-Score\)](#) (as posted on the Michigan Department of Human Services website)

- B. [Evacuation Assistance Score \(EAS\) and Evacuation Capability \(E-Score\) Scoring Worksheets](#) (as posted on the Michigan Department of Human Services website)
- C. Primary Fire Evacuation Routes and Exits (Sample)
- D. Alternate Evacuation and Rescue Routes (Sample)
- E. Battery Operated Smoke Detector Test and Maintenance Log
- F. Fire Extinguisher Check and Maintenance Log
- G. Carbon Monoxide Detector Test and Maintenance Log
- H. Sprinkler System Description and Testing Record
- I. Fire Drills Time of Day Definitions
- J. Smoke / Fire Incident Report
- K. Home Fire Drill Log and Evaluation
- L. Record of Staff Participation in Fire Drills
- M. Fire Drill Requirement Log

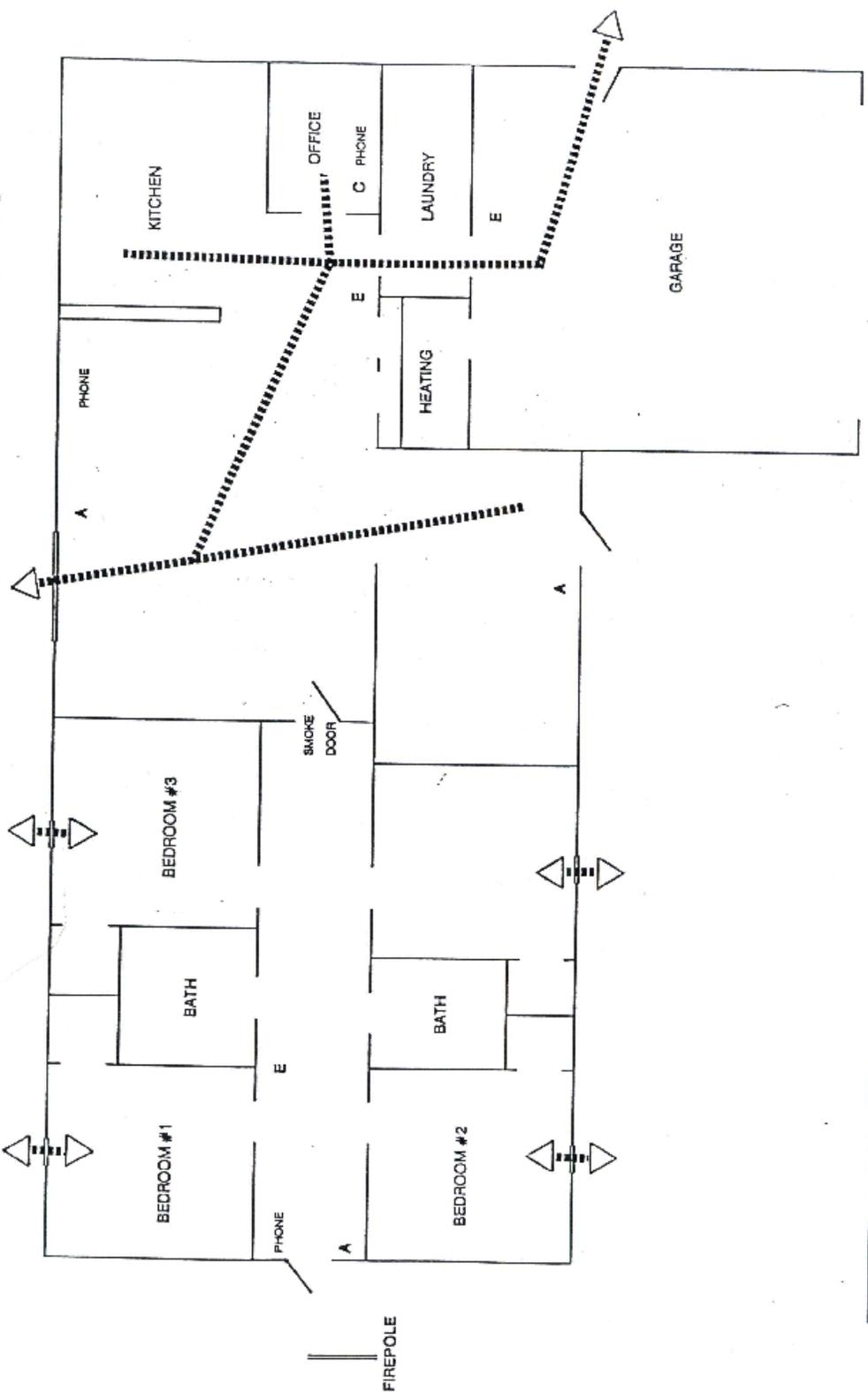
PRIMARY FIRE EVACUATION ROUTES AND EXITS



A = ALARM PULL STATION
 C = ALARM CONTROL PANEL
 E = FIRE EXTINGUISHER

MCCMH #212 (3/95)

ALTERNATE EVACUATION AND RESCUE ROUTES



Alternate Evacuation and Rescue Routes (Sample), (4/10) MCCMH MCO Policy 3-031, Exhibit D

FIRE SAFETY PROGRAM

BATTERY OPERATED SMOKE DETECTOR TEST AND MAINTENANCE LOG

HOME:	# OF SMOKE DETECTORS:
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Battery operated smoke detectors must be:

- Tested at least once a month, and
- The batteries must be replaced at least once a year. (NOTE: Some manufacturers recommend that their detectors be checked weekly. Look in the instruction booklet for the specific recommendation).
- Battery operated smoke detectors should be thrown away and replaced with new ones periodically. (A general guideline is that they be replaced every 3 - 5 years).

Location of Battery Operated Directors				
#1	#2	#3	#4	#5
#6	#7	#8	#9	#10

Enter date of each check; Note when battery or entire detector is replaced.

Year: _____

Month	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	Signature
Jan.											
Feb.											
Mar.											
Apr.											
May											
June											
July											
Aug.											
Sept.											
Oct.											
Nov.											
Dec.											

FIRE SAFETY PROGRAM

CARBON MONOXIDE DETECTOR TEST AND MAINTENANCE LOG

HOME:	# OF CARBON MONOXIDE DETECTORS:
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MANUFACTURER'S DIRECTIONS SHOULD BE FOLLOWED AS TO FREQUENCY AND METHOD TO TEST CARBON MONOXIDE DETECTORS.

Generally, they should be:

- Tested at least once a month, and
- If there are batteries, they should be replaced at least once a year.

(NOTE: Some manufacturers recommend that their detectors be checked weekly. Look in the instruction booklet for the specific recommendation).

Location of Carbon Monoxide Detectors
#1
#2
#3

Year: _____

Enter date of each check; Note when battery or entire detector is replaced.

Month	#1	#2	#3	Signature
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

FIRE SAFETY PROGRAM SPRINKLER SYSTEM DESCRIPTION AND TESTING RECORD

Home Name: _____

This home has an automatic sprinkler system. Each individual sprinkler head will be set off if the temperature at that head reaches a very high temperature or if the temperature rises very fast. Only the head that is hot will go off, not the whole system. The sprinkler heads are located:

The control valve for the water to the system is located:

It is locked is not locked. If it is locked, the key is _____

The company that is responsible for inspecting and servicing the system is: _____
_____, and their phone number is _____

The company inspects the system at least once a year to make sure it is operating properly. In between those visits, the system is is not to be tested.

If it is to be tested, testing is done this often: _____

During testing, the water will discharge from this place: _____

The system is to be tested by the following procedure: _____

Testing Documentation for the year: _____

Date	Results	Signature

FIRE DRILLS

TIME OF DAY DEFINITIONS

In licensed AFC homes and those licensed for 4 or more people that have Special Certification, fire drills are to be held once during Daytime, Evening and Sleeping hours every quarter (3 months). The Rules do not define these time periods. However, it is expected that the definition of these time periods would not change over the course of the year. (For example, a drill held at 10:30 p.m. could not count as an Evening drill one quarter and the next quarter count as a Sleeping drill).

The chart below assist in the accurate counting and monitoring of drills. Place this chart in front of your Fire Drill Logs to show surveyors and inspectors what timeframes they can hold you to.

NOTE: "Sleeping Hours" means at night (not during afternoon naps when it is light outside). A "Sleeping Hours" drill does not require that all the people in the home are asleep. (Differences in sleeping habits and patterns would make this very difficult in some homes). Over the course of a year, if drills are held under varied times and conditions, you should find out what each person is like when awakened from sleep.

HOME:	DATE:
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Time Period	From:	To:
Daytime	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Evening	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Sleeping	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

NOTE: Provide date _____ and documentation of system inspection (interconnected alarm system) by an outside contractor.

FIRE SAFETY PROGRAM

SMOKE / FIRE INCIDENT REPORT		
HOME:	MENTAL HEALTH AGENCY:	
DATE:	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	ORIGIN OF SMOKE / FIRE:
HOW ALERTED: <input type="checkbox"/> SMELLED OR SAW SMOKE <input type="checkbox"/> SAW FLAMES <input type="checkbox"/> ALARM SOUNDED <input type="checkbox"/> OTHER:		
FIRE EXTINGUISHER USED?		SPRINKLER ACTIVATED?
FIRE DEPT. CALLED?	IF YES, WHERE DID YOU CALL FROM?	RESPONSE TIME
# CLIENTS AT HOME:		# STAFF AT HOME:
LENGTH OF TIME UNTIL ALL OCCUPANTS OUTSIDE:		
DESCRIBE EXACTLY WHAT HAPPENED:		
REPORT COMPLETED BY:		Name & Phone Number to contact for more information:

SEND A COPY OF THIS TO: MCCMH Fire Safety Training Coordinator, 22550 Hall Road, Clinton Township, MI 48036, or FAX to (586) 469-7674. If required, send copy to AFC Licensing.

HOME FIRE DRILL LOG AND EVALUATION

HOME:	MH AGENCY:	MANAGER:	
DATE:	TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM	WEATHER	
TYPE OF DRILL: <input type="checkbox"/> Staff surprised <input type="checkbox"/> Staff knew in advance <input type="checkbox"/> Actual emergency <input type="checkbox"/> Other			
TYPE OF ALARM: <input type="checkbox"/> Smoke detector <input type="checkbox"/> Pull station <input type="checkbox"/> Control panel <input type="checkbox"/> Actual emergency <input type="checkbox"/> Other			
		PEOPLE WHO LIVE IN THE HOME	
Name	Start Place / Exit Used	Name	Start Place / Exit Used
		WHAT EACH STAFF DID	
Length of Time to Last Person Out the Door:		Name of Destination:	
		EVALUATION	
Alarm worked properly <input type="checkbox"/> Yes <input type="checkbox"/> No		COMMENTS AND/OR CORRECTION ACTIONS:	
Staff began evacuation promptly <input type="checkbox"/> Yes <input type="checkbox"/> No			
Evacuation Procedure followed <input type="checkbox"/> Yes <input type="checkbox"/> No			
Everyone evacuated <input type="checkbox"/> Yes <input type="checkbox"/> No			
Proper exits used <input type="checkbox"/> Yes <input type="checkbox"/> No			
Exit door(s) opened easily <input type="checkbox"/> Yes <input type="checkbox"/> No			
Evacuation Route(s) clear <input type="checkbox"/> Yes <input type="checkbox"/> No			
Outside lighting adequate <input type="checkbox"/> Yes <input type="checkbox"/> No			
Staff had keys in possession <input type="checkbox"/> Yes <input type="checkbox"/> No			
Staff took emergency bag (and phone) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Alarm reset <input type="checkbox"/> Yes <input type="checkbox"/> No			
"All Clear" given <input type="checkbox"/> Yes <input type="checkbox"/> No			
Person Completing Log:			

FIRE DRILL REQUIREMENT LOG

HOME NAME: _____

Fire drills are required a minimum of 12 times per year, with a total of 3 in each 3 month period. Of those three, one must be during the “Daytime,” one must be in the “Evening,” and one must be during “Sleeping” hours. This requirement is sometimes referred to as “one per shift per quarter.” NOTE: A Log of each Drill should be kept separately, showing names of participants, staff actions, evacuation time, and any problems and corrective action.

1st Quarter From Month _____ Year _____ Through Month _____ Year _____	DAYTIME		EVENING		SLEEPING	
	Date	Time of day	Date	Time of day	Date	Time of day
Requirement met for Quarter: YES <input type="checkbox"/> NO <input type="checkbox"/>						
2nd Quarter From Month _____ Year _____ Through Month _____ Year _____	DAYTIME		EVENING		SLEEPING	
	Date	Time of day	Date	Time of day	Date	Time of day
Requirement met for Quarter: YES <input type="checkbox"/> NO <input type="checkbox"/>						
3rd Quarter From Month _____ Year _____ Through Month _____ Year _____	DAYTIME		EVENING		SLEEPING	
	Date	Time of day	Date	Time of day	Date	Time of day
Requirement met for Quarter: YES <input type="checkbox"/> NO <input type="checkbox"/>						
4th Quarter From Month _____ Year _____ Through Month _____ Year _____	DAYTIME		EVENING		SLEEPING	
	Date	Time of day	Date	Time of day	Date	Time of day
Requirement met for Quarter: YES <input type="checkbox"/> NO <input type="checkbox"/>						