

# Step 2

## Steps to Quality Verification for Home Based Providers



Health and Safety	Documentation:
<p>Items from the Safe Sleeping Checklist are observed in practice.</p>	<p>Safe sleep policy in staff and parent handbooks. Notification on infant enrollment forms.</p>
<ul style="list-style-type: none"> <li>• Infants up to twelve months of age should be placed for sleep in a supine position (wholly on their back) for every nap or sleep time unless the infants' primary care provider has completed a signed waiver indicating that the child requires an alternate sleep position.</li> <li>• Cribs are completely free of all toys, blankets, quilts, soft bedding, pillows, bumper pads, sheep skins and any other additional equipment attached to or placed above the crib.</li> <li>• Each child sleeps on cots, sleeping bags, mats, or pads.</li> <li>• At least one alert adult is within sight and sound of each sleeping infant, (<b>birth through 8 months</b>). Lighting and sound should allow appropriate supervision.</li> <li>• At least one alert adult present in the room where children (<b>9 months and up</b>) are sleeping. If a monitor is used it is kept within sight and sound of the home provider, the door on the sleep room is open, and children are visually checked at least every 15 minutes and as needed.</li> </ul>	<p>Observed in practice, unless the program has a prescription with a medical reason from the child's doctor.</p> <p>Observed practice. Infants wear clothing to keep them warm without the possible hazard of head covering, strangulation, or entrapment (no cords, strings, ribbons on clothing or pacifiers, and elsewhere).</p> <p>Observed practice.</p> <p>Observed practice. <b>Lighting</b> should be enough light to see the color of the baby's face. <b>Sound:</b> The sleeping environment must be quiet enough so caregivers can hear and observe for any respiratory problems such as choking.</p> <p>Observed practice. <b>Lighting</b> should be enough light to see the color of the baby's face. <b>Sound:</b> The sleeping environment must be quiet enough so caregivers can hear and observe for any respiratory problems such as choking.</p>
<p><b>At least two of these practices are observed.</b></p>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Bottles and Sippy cups are never used unless an infant or toddler is held or sitting upright at a table or in a high chair. <i>If this practice is not observed, staff is interviewed for specifics.</i></li> <li><input type="checkbox"/> Individual children's bedding is stored separately - without contact with the floor or bedding of others.</li> <li><input type="checkbox"/> Sleeping equipment is stored separately. For example, the floor side of one mat does not</li> </ul>	

- touch the sleeping surface of another mat.
- Bedding is washed at least weekly and as needed.
- Three feet (36") of spacing is maintained between cots, mats and cribs. If space is limited, place children as far apart as possible and/or alternate children head to feet.

<b>Staffing and Professional Development</b>	
Home-based provider and staff (if applicable) complete ET 2 or have a minimum of current CDA or 12 ECE credits.	IdahoSTARS Training Log shows the provider meets this indicator. Professional Development Plans are acceptable for staff.
Assistants (if applicable) complete an additional 7 hours of ET1 (for a total of 11 hours) or have a minimum of a current CDA or 12 ECE credits.	IdahoSTARS Training Log or college transcript documents at least seven hours ET1, credits, or Professional Development Plan. Assistant is defined as employee working at least 12 hours a month, or on the premises daily.

<b>Child Growth, Development and Learning</b>	
Initial Family Child Care Environment Rating Scale (FCCERS-R) assessment supports quality improvement.	FCCERS-R assessment.

<b>Children with Diverse Abilities</b>	
Information and resources specific to each community are available.	Community resource list, posted or binder.

<b>Strengthening Families and Communities</b>	
Home-based provider communicates with families in a variety of ways.	Evidence of at least two methods of communication, such as social media, newsletters, posted notes, email, message boards outside of classrooms.
The Strengthening Families Self-Assessment is completed annually.	Updated Strengthening Families Self-Assessment.

## Leadership and Management

Policy and procedure manual is maintained on-site, with job duties and responsibilities of home-based provider and staff (if applicable).

Tagged/highlighted manual with job duties and responsibilities of staff.

Parent handbook includes policy and procedures around daily operation.

Tagged/highlighted handbook with policy and procedures around daily operation.