## Regulated Subsidy Engagement Summary

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| **Topic Area** | **Comments for exempt homes** | **Stakeholder** |
| **Health and Safety Standards** | * The standards should be the same or close to RF * Several questions surfaced about expectations, inspections related to the entire home, and the result if not approved * Should include child development training * Safety is safety * Some requirements should be universal – locked cabinets, locked medicine, guns, smoke detectors, fire extinguisher, working phone * Honor monitoring that currently exists within organizations such as school: fire inspections, sanitation |  |
| **Ideas for resources and support** | * Outlet covers, child proof locks * Training: age appropriate books/games/activities, business management * Partner with fire for smoke detectors * Offer comprehensive resources in multiple languages |  |
| **Characteristics of type of care** | * Parents choose care that is convenient, trust, safe and they feel comfortable with |  |
| **Inspector Approach** | * Come as a resource/TA/coach/mentor rather than inspector: bring books, talk about limiting screen time, what they should eat, importance of reading * Culturally relevant * Keep it relationship based * Highlight license exempt providers are going a good and professional job * Use a home visiting model for approach |  |
| **Training** | * Online, CCRR, EL Hubs or partner agencies * Training topics like administering medication to kids, high risk kids, kindergarten readiness Homelessness, trauma, high maintenance children, special needs kids, challenging behaviors, potty training. Structure and routine for kids, rules and regulations, business classes, CPR and First Aid. * Other annual training includes Blood Borne Pathogens, Sexual Harassment (Boundary Invasion), child development, emergency preparedness, allergies. * Increase training in Spanish (Eastern OR) |  |
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