

# MARYLAND PROVIDER

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## Maryland State Family Child Care Association

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### PRESIDENT'S REPORT

**Julie Burch**

What is a quality child care home? Is it having a structured family child care home with a feeling of a small center? Is it having a very flexible schedule that changes daily? Both can be the best for the children in care. We as providers are individuals who have to make our businesses work to meet the needs of the children we care for. If you have a schedule and stick to it, or just the opposite, that doesn't define quality. What does quality mean to your family child care home? Think about it.

For those family child care provider who are doing what they can do to raise the quality in their home. Thank you. For the providers who have gone through the Maryland Credentialing Program or the National Association of Family Child Care Accreditation Program you may not see the rewards monetarily but you will see it in the smiling faces you see everyday. Yes, we are small business owners, but we are not doing our jobs everyday just for the money. We are child care professionals because of our love of children.

I hope that all of you have found your fulfillment in providing family child care and I hope that you will take a moment and think about what quality child care means to you and the children you serve. Each of us has our own personalities, characteristic and ways of providing quality child care. Keep reaching for the stars, with the quality we provide today, one of our children may take us there.

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**SUNSHINE COMMITTEE**

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Conference 2003 - October 17 - 19, 2003, at the Clarion Fontainebleau Hotel. We will start registration at 2 p.m. and NEW this year will be a mini session on Friday afternoon at 4 p.m. for those who want more hours. Also, we have gotten a definite that Child Care Administration will send the mailers with the Partners News. Please look for the mailer there. Also, the conference mailer and registration form is on the MSFCCA website at [www.MSFCCA.org](http://www.MSFCCA.org). You can also get the information there. We look forward to another great conference this year. DJ Jensen will be back to close on Sunday and also teach the \$2 workshop that everyone was requesting. Hope to see you there!

### **MSFCCA NIGHT IN ANNAPOLIS**

**Lisa Hall**

I would like to say a big thank you to all who came down to Annapolis, especially those of you that had long distances to travel. We had a successful turn out of approximately 75 people from around the state. We also got a taste of Annapolis culture --otherwise known as "hurry up and wait." There was a new reserved seat procedure for the Senate gallery that kept us from getting seats immediately. Some ended up going to the House of Delegates to watch their session instead, and others waited until people left the Senate gallery and were able to take their vacated seats. Once we were in the gallery, Senator Sandy Schrader introduced us and we stood up and cheered and waved in acknowledgement.

We had all met in the lobby before the session started to gather as a group and hand out the paper doll cutouts that identified us as child care advocates. Sandy Skolnik, Clinton Macsherry, Beth Giordano and Steve Rohde from Maryland Committee for Children were there as well. MCC was kind enough to provide us with extra cut outs for those that forgot theirs. We were also able to hand some out to legislators and several members from the Governor's office, as well as thanking them for their support. Before heading up to the balconies, we posed for a group picture on the steps. Once the pictures are developed, we'll be able to share them via e-mail and post them on our MSFCCA web site.

Our trip was successful, due to the fact that we were able to be a visible presence, were acknowledged from the floor of the Senate, were able to get our message out via paper dolls and mingling around, and were able to network with each other as well. Those who had never been to Annapolis before got an idea of what it was like, and those of us who had been there before practiced the patience it takes to participate in an event like this one.

We will start planning next year's rally at the upcoming public policy meeting. Next year, we will collaborate with other child care organizations and reserve space on Lawyer's Mall. We would like to attract more providers and parents as well as child care advocates. The media will be invited and we will have much more time to publicize the event. We will also make sure we have our own "reserved" spaces in the Senate and House balconies for those that would like to see the evening session. We look forward to making things bigger and better in the future and thank you so much to those of you that showed up last night. Every single thing we do makes a difference!

## To Operate A Referral Service In Your Association Or Not Too?

Attention Family Child Care Association Boards: Operating a referral service for your members could cause you to be sued!

If your association operates a referral line or posts members with openings for parents on a phone line or Website, you may be taking a risk with the assets of the association that you hadn't considered. Collecting copies of members' registration certificates and including a disclaimer warning parents not to make any judgments about the quality of a provider's services because she is on your referral list are not sufficient steps to protect you from being sued.

When their child is injured or dies in child care, some parents will respond by suing anyone they can think of to blame. In addition to suing the provider, some parents will sue the referral service that helped them find the provider. Their twisted reasoning is that without the referral, the provider would have never had the opportunity to hurt their child. Although it seems obvious to us that the parents are ultimately responsible for choosing a provider, and we advise them to choose wisely, some parents will find a lawyer who is willing to file a lawsuit against the referral service.

Most family child care association referral services ask for a copy of members' registrations, but we have no access to a member's licensing records. We don't know her compliance history, and we don't know the status of her license on any date after the date it was issued. CCA does not notify an association of enforcement actions it takes against the association's members, so we have no way of knowing if our members are still licensed when we put them on referral lists. In a worst case scenario, an association member could receive a referral when her registration was suspended pending a revocation action, and the association would have no way of knowing.

I recently spoke with the director of an R&R in Ohio that was sued by parents who received a referral to a licensed provider who later injured the child in her care. The R&R's insurance company paid a large settlement to the parents so they would drop the lawsuit, even though the R&R had not done anything negligent that could have contributed to the child's injuries. Several years later the same R&R has been sued again by parents claiming the R&R is liable under almost identical circumstances. The case is still pending, but the impact on the R&R has been devastating. Even if this case is settled, it will be a major expense for the R&R, and it may be difficult for them to find insurance in the future.

Closer to home, the Howard County Family Child Care Association is being sued by parents whose child's death was attributed to a provider in the association. The parents claim they used the HCFCCA referral service to find the provider, and that the association should pay them damages because they relied on the referral in choosing to use the provider's services. In fact, they used the provider's child care for more than a year before the child's death. Even if the court dismissed the case because the parents don't have a legal cause of action against the association, HCFCCA has had to hire a attorney and has spent months defending a lawsuit, causing the members of the Board a lot of stress.

Family child care associations have used their referral service as a membership benefit to attract members for years, and Boards are understandably very reluctant to terminate this benefit. Members often claim that the only referrals they receive come from the association. Under the current circumstances, however, it may be time for associations to brainstorm new ways to promote the child care services of members. Could we help design marketing kits for our members? Could we shift from referral lines to parent counseling tips advising parents to choose providers who belong to professional associations? Could we work with LOCATE to have a field in the database for membership in professional associations and ask them to include it in their parent counseling? (The 1994 study of quality in family child care included association membership as an indicator of quality.) Could we make one of our monthly meetings each year open to parents, offering them training in making good child care choices? (We could even offer free food and entertainment for the children.) Providers are a creative group of business people, and we should be able to come up with lots of other creative alternatives that could help our members fill their vacancies.

## Raw kidney beans are toxic

According to the U.S. Food and Drug Administration (<http://vm.cfsan.fda.gov/~mow/chap43.html>), eating as few as 4-5 uncooked kidney beans can cause severe nausea, vomiting and diarrhea in 1-3 hours after ingestion. Uncooked kidney beans have an unusually high concentration of a chemical called phytohaemagglutinin that is destroyed when the beans are properly cooked by boiling. Apparently, cooking in a slow cooker may actually make the beans more dangerous because low temperature cooking increases the toxicity. Other beans contain this chemical, but in much smaller amounts. So be sure to cook kidney beans by boiling (after you soak them.) Do not use them as toys or art objects for young children. In addition to their toxicity, raw beans are a small object hazard for young children. If the child puts a bean into a body opening, the bean may get stuck, swell and become very difficult to remove.