

Family Child Care Business Planning Guide

by
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Blank Start-Up Plan

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Instructions: Fill in the blanks and check the boxes that apply to you, adding any further details or explanation as needed. To answer "no" to a question, simply leave that box unchecked.
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Legal & Regulatory Issues

Child Care Regulations

Disqualification Factors

- I am qualified to provide child care in my state.

Business Name

- I have a business name: _____
- Business name is registered with the state. Registration number: _____

Legal Structure

I will operate my business as a:

- sole proprietorship (self-employed business)
- partnership
- limited liability company (LLC)
- S corporation
- C corporation

Business Location

Address: _____

Phone number: _____

E-mail: _____

Housing Barriers

- Business is in compliance with local zoning laws.
- Business is not prohibited by deed or landlord restrictions.
- Child care licensing rules allow me to operate in my home.
- Child care licensing rules require home improvements to open my business.

Start of Business Date: _____

Food Program

- I am participating in the Food Program.

Name/phone number of sponsor: _____

Name of representative: _____

Start-Up Costs

Licensing Expenses (specify or explain as needed)

The following start-up costs are required for my business:

- \$ _____ Licensing fees _____
- \$ _____ Smoke detectors/fire extinguishers _____
- \$ _____ Criminal background check _____
- \$ _____ Fire/building inspection fees _____
- \$ _____ Well water test _____
- \$ _____ Medical exam/tuberculosis test _____
- \$ _____ Safety items _____
- \$ _____ Indoor toys _____
- \$ _____ Outdoor toys _____
- \$ _____ Training classes _____
- \$ _____ Vehicle expenses _____
- \$ _____ Children's activity expenses _____
- \$ _____ Cribs/playground equipment _____
- \$ _____ Home remodeling _____
- \$ _____ Other _____

Total licensing expenses: \$ _____

Insurance

- \$ _____ Business property policy
- \$ _____ Commercial vehicle insurance
- \$ _____ Business liability insurance
- \$ _____ Disability income insurance

Equipment (specify as needed)

- \$ _____ Car seats: _____
- \$ _____ Cribs/cubbies: _____
- \$ _____ Children's furniture: _____
- \$ _____ Other: _____

Fees and Expenses (specify as needed)

- \$ _____ Children's activity expenses _____
- \$ _____ Family child care association dues _____
- \$ _____ Advertising _____
- \$ _____ Office expenses _____
- \$ _____ Security system _____
- \$ _____ Business fees _____
- \$ _____ Professional fees _____
- \$ _____ Vehicle expenses _____

Home Repairs and Improvements (list)

- \$ _____ _____
- \$ _____ _____
- \$ _____ _____

Other (list) \$ _____ \$ _____ \$ _____

Total other start-up costs: \$ _____

Total start-up costs: \$ _____

Plan for Keeping Start-Up Costs Low

Sources of Start-Up Funds \$ _____ Personal savings \$ _____ Relatives \$ _____ Friends \$ _____ Home equity loan \$ _____ Credit union loan \$ _____ Grant from my child care resource and referral agency \$ _____ Other (*specify*) _____

Total funds available for start-up costs: \$ _____

Business Tax Issues***Start-Up Expense Deductions***

Total of items costing less than \$100 and bought before my business began: _____

Total of items costing more than \$100 and bought before my business began: _____

Total of items owned before my business began and used in my business: _____

 I am keeping an inventory of the household items used in my business (see the *Family Child Care Record-Keeping Guide*).

Home Expenses

- All the rooms in my home will be used regularly in my business.
- The following rooms will not be used regularly in my business:

Social Security Taxes

- Social Security taxes of 15.3% are included in my first-year budget or profit estimate.

Estimated Taxes

- I will pay my estimated taxes on a quarterly basis by filing **Form 1040ES** on April 15, June 15, September 15, and January 15 each year.
- My spouse will withhold enough money from his paycheck to cover my estimated taxes.
- Other (*describe how you will pay your estimated taxes*): _____

Contract

My written contract is attached. My contract contains:

Contract Terms (specify as needed)

- The names of both parties _____
- My days/hours of operation _____
- Termination clause _____
- Signatures of both parties _____

Fees (specify as needed)

- Parents must pay at least one week in advance _____
- Parents must pay the last two weeks in advance _____
- Payment date listed _____
- Late payment fee _____
- Late pick up _____
- Registration fee _____

- Bounced check fee _____
- Holding fee _____
- Paid holidays _____
- Paid vacation _____
- Paid for child absences _____

Policies

My written policies are attached. My policies describe my:

- Program activities _____
- Health and safety rules _____
- Responsibility as a mandated reporter of child neglect _____
- Privacy policy _____
- Transportation policy _____
- Pickup and drop-off rules _____
- Field trip policy _____
- Backup care rules _____
- Behavior guidance policy _____
- Date of annual rate increase _____