

# 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***

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#### ***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***


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***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:

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***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*): \_\_\_\_\_

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**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 \_\_\_\_\_