



**For office use only**

Number: \_\_\_\_\_

Technical Consultant: \_\_\_\_\_

## GROUP CHILD CARE BUSINESS START-UP WORKSHEET

Supporting Families Together Association (SFTA) has a contract with the State of Wisconsin to provide limited free assistance to help you obtain your child care license. The contract provides for a technical consultant to review a draft of the policy you develop, telephone and email support, and a visit to your site. Useful self-help information is available on our website: [www.supportingfamilies.together.org](http://www.supportingfamilies.together.org). Should you want more support, additional services are available for purchase through SFTA. You have 12 months from the date SFTA receives your worksheet to complete the pre-licensing start-up process, including policy review and site visit sign-off at your proposed location. Please provide the following information to help your consultant assist you more efficiently.

Email this completed form to [info@supportingfamilies.together.org](mailto:info@supportingfamilies.together.org) OR mail to **SFTA, 700 Rayovac Dr, Suite 6, Madison, WI 53711**.

**Note: This worksheet is not the license application. Rather, it is your first step on the road to licensure.**

If you have any questions, please call 1 (888) 713-KIDS(5437) or visit [www.supportingfamilies.together.org](http://www.supportingfamilies.together.org)

Proposed center/business name (optional): \_\_\_\_\_

Contact person: \_\_\_\_\_

Child care center street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ County: \_\_\_\_\_

Mailing address, if different: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_ Other telephone number: \_\_\_\_\_

Best time to contact you between 8:00 a.m. and 5:00 p.m.: \_\_\_\_\_ at which number? \_\_\_\_\_

Email address: \_\_\_\_\_

1. Program size:     9-50 children     51+ children

2. Groups you plan to serve (check all that apply):

Infant/toddler (children under 2 years)

Kindergarten

Preschool (children 2-4 years)

School-age (children 5-12 years)

3. Programming options you plan to offer (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Full-day care                                       | <input type="checkbox"/> Summer only                              |
| <input type="checkbox"/> Part-day care                                       | <input type="checkbox"/> Evening/Night                            |
| <input type="checkbox"/> Before/after school-age as well as younger children | <input type="checkbox"/> Weekend                                  |
| <input type="checkbox"/> School-age only                                     | <input type="checkbox"/> Inclusion of children with special needs |
| <input type="checkbox"/> Full year   | <input type="checkbox"/> School year only                         |

4. Have you attended a Regulated Child Care Information Session?     Yes     No

5. When do you hope to receive your license? (6 months or more from submission of this worksheet is typical)

Month: \_\_\_\_\_ Year: \_\_\_\_\_

6. Will you transport children? Check all that apply.

- To/from home     To/from school     For field trips

Transportation will be by:

- Center-owned vehicle     Charter vehicle     Public transportation     Private vehicles

7. Check the groups you have contacted to ask if a need for child care exists: (While settings vary, some directors use this rule of thumb: To fill a 15-child group center, you may need 50 children whose families indicate they would enroll in your program.)

- Child Care Resource & Referral agency (CCR&R) (1-888-713-KIDS)
- County Human Services Department
- Local public or private elementary schools
- County UW-Extension Family Living Agent
- Other child care programs in your community
- Businesses in your community whose employees need child care
- Parents in need of child care have contacted you and you have children on a waiting list

8. **Business Plan** – Have you considered the costs of operating a child care program? Check all that apply.

- I have funds to purchase high quality learning materials and required equipment like fire extinguishers and fencing
- I have funds to purchase or rent a facility (Possibly for months until you obtain a license)
- I am able to cover costs for the next 3 years until the business becomes profitable (It may take this long to enroll to full capacity)
- I developed a preliminary budget to project the costs required and the potential income
- I have personal funds to help with initial cash flow
- I checked current local child care rates (Your CCR&R and county Human Services Department may be good sources)
- I investigated sources of business loans

I will operate as:     Sole proprietor     Limited liability company     Corporation     For-profit     Non-profit  
 Other

9. **Staffing** – Who will meet the program director qualifications? Check all that apply. (DCF 251.05 Personnel: Licensing Rules for Group Child Care Centers)

- I meet the program director qualifications for training and experience
- I plan to hire someone who meets the program director qualifications
- I have surveyed the availability of qualified staff and the current rate of compensation in my area
- I have budgeted for payroll taxes, insurance, and staff benefits
- I am familiar with The Registry (WI credential for early care and education)
- I am on The Registry, Level: \_\_\_\_\_

10. **Facility** – Does the facility meet the requirements to be licensed? Check all that apply.

- I have had a state building inspection that meets Wisconsin building codes
- I have 75 sq. ft. of safe, hazard-free outdoor play space for each child. DCF requires a minimum of 750 sq. ft. total. (Your municipality may require more; check local rules.)
- I have checked with my local government officials for zoning requirements
- I am not building or remodeling. The facility was a licensed child care center until \_\_\_\_\_ (date).
- I am building or remodeling.  
Have building plans been reviewed by the local board of zoning?     Yes     No
- I have read the “Choose Safe Places” brochure and mailed in the voluntary checklist

**For survey purposes only**

11. When you first considered providing licensed child care, from whom did you first seek information? \_\_\_\_\_

12. How many years’ experience, if any, do you have in licensed or certified child care? \_\_\_\_\_

A requirement of our contract with the State is submitting an analysis of the clients we serve. You are invited to voluntarily identify yourself by gender and racial ethnic group, and to indicate if you have a disability. SFTA assures the confidentiality of this information except for purposes of satisfying the contract compliance requirements. No client will be subject to adverse treatment for providing or refusing to provide the information.

Gender:     Female     Male     Other: \_\_\_\_\_

Racial/ethnic background:

- |   |  |
|---|--|
| <input type="checkbox"/> White                  | <input type="checkbox"/> American Indian or Alaskan Native         |
| <input type="checkbox"/> Hispanic/Latino        | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian (other than Hmong)                  |
| <input type="checkbox"/> Two or more races      | <input type="checkbox"/> Hmong                                     |
| <input type="checkbox"/> Other: _____           |  |

Language preference:     English     Spanish     Other: \_\_\_\_\_

Disability, if any: \_\_\_\_\_