



For office use only

Number: _____

Technical Consultant: _____

FAMILY 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. Should you want more support, additional services are available for purchase through SFTA. You have 9 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 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

Proposed family child care business name (optional): _____

Contact person (applicant): _____

Child care center street address: _____

City: _____ State: _____ Zip code: _____ County: _____

Mailing address, if different: _____

Home telephone number: _____ Work/cell/other number: _____

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

Email address: _____

1. Type of family child care services 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 care | <input type="checkbox"/> Weekend |
| <input type="checkbox"/> School year only | <input type="checkbox"/> Inclusion of children with special needs |
| <input type="checkbox"/> Full year | |

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

- Infant/toddler (children under 2 years)
- Preschool (children 2-4 years)
- School-age (children 5-12 years)

3. Are you currently a county-certified child care provider?

Yes Since what date? _____ No

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. Where will you provide the care?

NOTE: If you will use space that is not a 1- or 2- family residence, a building inspection will be required, and local zoning ordinances must be obeyed. See enclosure in the licensing packet for more information on this. If you rent, inform the owner. Landlords are entitled to deny permission to use the home for a family child care business.

Apartment/condominium Duplex Single family home Other building type: _____

On what level(s) of your home will you provide care? 1st floor 2nd floor Basement/lower level

Do you have 35 sq. ft. of indoor floor space for each child to play (280 sq. ft. minimum for 8)? Yes No

Do you have 75 sq. ft. of safe outdoor play space for each child (600 sq. ft. minimum for 8)? Yes No

7. What is your water source?

Public water system

Private well (bacteria test is needed; nitrate test if licensed for infants under 6 months)

8. Is your outdoor space fenced? Yes No If no, can you install one if required? _____

9. What pets do you have, if any? _____

Will they have any contact with the children? _____

10. Have you read the "Choose Safe Places" brochure and mailed in the voluntary checklist? Yes No

11. How many children of your own do you have? _____ What are their ages? _____

12. If you are already caring for other children, how many? _____ What are their ages? _____

13. Do you plan to transport children in your own vehicle? Yes No

14. Do you meet the training requirements? Check all that apply.

I have completed "Fundamentals of Infant and Toddler Care" (Required to care for children under 24 months)

I have completed "Introduction to the Child Care Profession"

I have completed "Fundamentals of Family Child Care"

What agency provided the above trainings you have completed? _____

I have completed 3 or more credits of early childhood training at a college or university, that count for meeting the requirements listed above. At what school? _____

I am enrolled for a training course:

Course name: _____ Date: _____ Training agency: _____

I have not completed the trainings, but have contacted agencies that provide the trainings to learn when they will be offered next. (Your local Child Care Resource & Referral agency (CCR&R), technical college, or university can provide you with this information. **Be sure to select DCF-approved courses**; your technical consultant can provide information about these.)

15. Do you know if there is a need for the services you plan to offer? Check the groups you have contacted.

- | | |
|---|---|
| <input type="checkbox"/> Child Care Resource & Referral agency (CCR&R) | <input type="checkbox"/> Parents who wish to enroll children with you |
| <input type="checkbox"/> County Human Services Department | <input type="checkbox"/> County UW-Extension Family Living Agent |
| <input type="checkbox"/> Other child care programs/providers in your area | <input type="checkbox"/> Businesses whose employees need child care |

16. Have you budgeted for the costs of operating a program successfully? Can you meet them? Check all that apply.

- I have funds to purchase high quality learning materials and required equipment like fire extinguishers
- I can afford the cost of installing a fence, if required
- I checked current local child care rates (Your CCR&R and county Human Services Dept. may be good sources)
- I have estimated start-up and long-term operating costs, as well as realistic potential income

17. When you first considered providing licensed child care, from whom did you first seek information? _____

18. How many years' experience, if any, do you have in licensed or certified child care? _____

For survey purposes only

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: _____