

# Blank Business 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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Family child care business plan for \_\_\_\_\_

## Hopes and Goals

*Hopes*

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*Goals*

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## Marketing Plan

*Program Benefits*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*Child Care Resource and Referral (CCR&R) Updates*

I have updated my CCR&R in the last six months about my openings.  
My last CCR&R update was on \_\_\_\_\_

*Market Rate Information Survey*

	Infants	Toddlers	Preschoolers	Schoolagers
Home 1	_____	_____	_____	_____
Home 2	_____	_____	_____	_____
Home 3	_____	_____	_____	_____
Home 4	_____	_____	_____	_____
Home 5	_____	_____	_____	_____
Center 1	_____	_____	_____	_____
Center 2	_____	_____	_____	_____
Center 3	_____	_____	_____	_____

*Marketing Activities*

January \_\_\_\_\_  
February \_\_\_\_\_  
March \_\_\_\_\_  
April \_\_\_\_\_  
May \_\_\_\_\_  
June \_\_\_\_\_  
July \_\_\_\_\_  
August \_\_\_\_\_  
September \_\_\_\_\_  
October \_\_\_\_\_  
November \_\_\_\_\_  
December \_\_\_\_\_

*Feedback*

I will ask my clients to complete a written evaluation this year in \_\_\_\_\_.

I will collect feedback about my program this year from my

- CCR&R *When* \_\_\_\_\_
- Food Program sponsor *When* \_\_\_\_\_
- Government subsidy program *When* \_\_\_\_\_
- Child care licensor *When* \_\_\_\_\_

**Insurance Plan**

*Homeowners Insurance Policy*

Insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance agent \_\_\_\_\_ Phone # \_\_\_\_\_

- I have written proof that my home is fully covered while I am operating a business in my home.
- I have written proof that my homeowners policy fully covers the contents of my home used in my business (my business property).

*Business Property Insurance Policy*

My homeowners policy doesn't fully cover the contents of my home used in my business. My business property insurance coverage is provided by

Insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance agent \_\_\_\_\_ Phone # \_\_\_\_\_

*Vehicle Insurance Policy*

Insurance company \_\_\_\_\_ Policy # \_\_\_\_\_  
 Insurance agent \_\_\_\_\_ Phone # \_\_\_\_\_

- I have written proof that I am fully covered for all business uses of my vehicle, both when transporting children and on other business trips.

*Business Liability Insurance Policy*

- I don't have this insurance; I'm not covered for business liability risks.

Insurance company \_\_\_\_\_ Policy # \_\_\_\_\_  
 Insurance agent \_\_\_\_\_ Phone # \_\_\_\_\_

*Disability Income Insurance Policy*

- I don't have this insurance; I'm not covered for loss of income due to disability.

Insurance company \_\_\_\_\_ Policy # \_\_\_\_\_  
 Insurance agent \_\_\_\_\_ Phone # \_\_\_\_\_

**Program Plan***Purpose or Mission Statement*

\_\_\_\_\_  
 \_\_\_\_\_

*Program Choices*

Goal for number of children in each age group:

	Full-time	Part-time
Infants	_____	_____
Toddlers	_____	_____
Preschoolers	_____	_____
Schoolagers	_____	_____

- Any rooms off-limits to children (*list*) \_\_\_\_\_  
 Any rooms used 100% for business (*list*) \_\_\_\_\_  
 Plan to hire any employees

*Child Care Curriculum*

- Self-designed curriculum  
 If not, source of curriculum \_\_\_\_\_

**Professional Development Plan***My Background, Training, and Skills*

\_\_\_\_\_  
 \_\_\_\_\_

*Professional Development Goal for the Coming Year*

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*Professional Organizations*

- Member of local family child care association  
Name of association \_\_\_\_\_
  - Member of National Association for Family Child Care
  - Member of any other professional organizations (*list*) \_\_\_\_\_
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**Record-Keeping Plan**

I will track the following information (*describe where you record or file the information and how often you update your records*):

- each child's daily attendance \_\_\_\_\_
  - payments from parents \_\_\_\_\_
  - Food Program reimbursements and claim forms \_\_\_\_\_
  - business expenses (receipts, cancelled checks, credit or debit card statements) \_\_\_\_\_
  - hours worked in my home \_\_\_\_\_
  - business insurance policies \_\_\_\_\_
  - child care contracts \_\_\_\_\_
  - federal and state tax returns and quarterly estimated tax payments \_\_\_\_\_
  - monthly bank statements (business and personal accounts) \_\_\_\_\_
  - I have a separate business checking account.  
Name of bank \_\_\_\_\_ Account # \_\_\_\_\_
  - I have employees. I track my payroll records (tax records, personnel records, training records) by \_\_\_\_\_
  - My business is incorporated. I keep records of my corporate bylaws and other corporate records by \_\_\_\_\_
  - Other records (*list*) \_\_\_\_\_
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**Financial Plan**

*(Attach a copy of your budget; you can use the blank budget in appendix C as a guide.)*