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## Business Assessment

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Dear Child Care Operator,

Thank you for your request for Child Care Program Business Support Services. Whether you operate a private business or a not-for-profit organization, Alberta Children and Youth Services' goal in offering these services is to help you build an effective childcare business model that is both financially viable and sustainable in the long term. Our goal is to ensure that the high quality of care you provide and on which your reputation has been built, is enhanced through quality-based business management practices.

The starting point for this service is for you to complete this Business Assessment. This will help us get a feel for the pressure points that you are facing, and helps us begin to develop an Action Plan that we can discuss with you.

Once we have reviewed your assessment, one of our Business Coaches will contact you to set up a meeting to talk about your child care program, and some of the services we will offer, and some of the training opportunities you will have.

Alberta Children and Youth Services are paying for our services, so there is absolutely **no cost to you**. We think you will find tremendous value in our training, coaching and mentoring programs, and we look forward to serving you.

David J. Salsbury  
President  
Microbusiness Training Centre Inc.

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### A word about privacy

The information you provide to us is held in strict confidentiality and is not shared with any other child care program or with Alberta Children and Youth Services. It is used strictly as a tool to help us provide you with appropriate services. In addition, Microbusiness Training Centre complies with the provincial Freedom of Information and Protection of Privacy Act (FOIPP), as well as the federal Privacy Act. As such, your privacy is taken seriously, and we take all required measures to ensure privacy of any information provided to us. Our privacy policy can be viewed on our website at [www.microbusiness.ca](http://www.microbusiness.ca).

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### Filling in the form on your computer

**Save** this template to your hard drive so you can work on it as time permits. If you use the electronic FILL-IN form, you can only fill in the gray areas. Use the TAB key to move from field to field and type your information. Use the X key to fill in a checkbox. Or click your mouse to fill in a gray area or to fill in a checkbox. If you print it off, the gray boxes will not print and you can complete the form by hand. If completing by hand **please write clearly in black ink**.

**Instructions** for submitting your assessment are included on the last page.

### Part 1: Contact Information

Name of Your Centre:		
Your Name:	Today's Date: [yyyy.mm.dd]	
Your Title:	<input type="checkbox"/> Owner/President	<input type="checkbox"/> Executive Director <input type="checkbox"/> Program Director
Address of Centre:		
Street Address	City/Town	Postal Code
Mailing Address: [if different]		
Street Address	City/Town	Postal Code
Phone Number:	Fax Number:	
Cell Phone Number:	Email:	
Website:		

### Part 2: General Operating Information

Type of Program:	<input type="checkbox"/> Day Care	<input type="checkbox"/> Pre- School	<input type="checkbox"/> Out-of-School Care	<input type="checkbox"/> Family Day Home Agency
Operating Structure:	<input type="checkbox"/> Private	<input type="checkbox"/> Not-for Profit Society	<input type="checkbox"/> Not-for Profit Corporation	
Accreditation Status:	<input type="checkbox"/> Accredited	<input type="checkbox"/> Not Accredited	<input type="checkbox"/> In Progress	
Do you operate multiple Child Care sites?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, how many?	
What is the centre(s) licensed capacity?		What is the centre(s) current enrolment?		
Does your centre(s) have a waiting list?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how many on list?	

### Part 3: Operating Environment

#### Part 3a: Not-for-profit Child Care Programs Please Complete the Following:

Board Management:	<input type="checkbox"/> Centre is Board Managed Directly	<input type="checkbox"/> Centre is part of a larger Society		
What year did the centre open?	Is centre a registered charity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
In your opinion how active would you say the Board is in supporting the needs of the centre?	<input type="checkbox"/> Very Active	<input type="checkbox"/> Somewhat Active	<input type="checkbox"/> Not Active	
Does the centre have administrative staff who do not care for the children at the centre?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
For your centre how important is it to have money left over at the end of the year?	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	<input type="checkbox"/> Slightly Important	<input type="checkbox"/> Not Important

**Part 3b: Private Child Care Programs Please Complete the Following:**

Type of Business	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
Did you start the centre?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	What year was the centre established?
Did you buy the centre?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How long have you owned the centre?
What made you decide to start or buy this business?	<input type="checkbox"/> Profit potential <input type="checkbox"/> Identified need in the market <input type="checkbox"/> Love kids <input type="checkbox"/> It would provide a decent income <input type="checkbox"/> Wanted a challenge  <input type="checkbox"/> Other: [please describe]		
Does the centre have administrative staff who do not care for the children at the centre?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How important is it for you to make a profit?	<input type="checkbox"/> Very Important	<input type="checkbox"/> Important	
	<input type="checkbox"/> Slightly Important	<input type="checkbox"/> Not Important	

**Part 4: Facility Information**

Physical Location:	<input type="checkbox"/> In or attached to a school or church		<input type="checkbox"/> Portable structure	
	<input type="checkbox"/> Commercial Space (strip-mall, etc.)		<input type="checkbox"/> Owned House	
	<input type="checkbox"/> Rented House		<input type="checkbox"/> Stand-alone building	
	<input type="checkbox"/> Other [please describe]			
Total square footage of centre:		Square footage used for child care:		
Does your centre have a staff room?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
What are your hours of operation?		to		
	and	to		
	and	to		
	and	to		
Describe your community location (near buses, schools, playgrounds, etc.):				

### Part 5: Child Care Program Information

In the following table please provide your licensed capacity and current enrolment, together with your fee structure PER CHILD and your current waiting list if any, all by category,

Age Group	Number of Children		Fees Charged Per Child		Waiting List
	CAPACITY	ENROLLED	FULL-TIME	PART-TIME	NUMBER
Infants less than 12 months					
Infants 12 months to 19 months					
Children 19 months to less than 3 years					
Children 3 years to less than 4.5 years					
Children over 4.5 years (not Kindergarten)					
Kindergarten Children					
Out-of-school Care					
<b>TOTALS</b>					
How many enrolled children are subsidized?			FULL-TIME	PART-TIME	
How much is the subsidy for FT and PT? [In Dollars]					
In the last year how many children left the centre?					
In the last year how many new children enrolled?					
Approximately how many hours a week do you spend on administration and paperwork?					

### Part 6: Planning and Learning Information

When you started (or took over) the child care centre or agency did you write a Business Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, when was the Business Plan last updated? [month and year]		
If NO, would you be willing to invest the time needed to develop one?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How often do you attend a training session related to child care?	<input type="checkbox"/> As often as possible	<input type="checkbox"/> Occasionally
	<input type="checkbox"/> Hardly ever	<input type="checkbox"/> Never
How often are you able to let your staff attend a training session related to child care?	<input type="checkbox"/> As often as possible	<input type="checkbox"/> Occasionally
	<input type="checkbox"/> Hardly ever	<input type="checkbox"/> Never
Have you ever attended business or management training courses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Part 7: Staff Information

Including you, how many staff work at the centre?	Full time:		Part time:	
For each full- or part-time position how many are? Child Development Supervisors (Level 3) Child Development Workers (Level 2) Child Development Assistants (Level 1)	Supervisors:		Supervisors:	
	Workers:		Workers:	
	Assistants:		Assistants:	
Do you operate with volunteer staff? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, number of volunteers in pool: <input type="text"/>		Average number of volunteers a week:		<input type="text"/>
		Approx. total number of hours per week		<input type="text"/>
What are your current average wage levels for your staff <b>excluding</b> government wage subsidies?	Supervisors:	\$	per	<input type="text"/>
	Workers:	\$	per	<input type="text"/>
	Assistants:	\$	per	<input type="text"/>
What is your salary?		\$	per	<input type="text"/>
Which of the following benefits does your centre provide to staff?	<input type="checkbox"/> Health Care (Medical)		<input type="checkbox"/> Health Care (Dental)	
	<input type="checkbox"/> Health Spending Plan	Amount	\$	average per year
	<input type="checkbox"/> Paid Professional Development Days		<input type="checkbox"/> Paid Sick Days	
	<input type="checkbox"/> Paid Vacation		<input type="checkbox"/> Maternity/Paternity Leave	
	<input type="checkbox"/> Other: [please describe]			
How long has your longest serving staff member been with you?	<input type="text"/>	years	<input type="text"/>	months
How long has your shortest serving staff member been with you?	<input type="text"/>	years	<input type="text"/>	months
In the last year how many staff left your centre?	<input type="text"/>			
In the last year how many new staff joined your centre?	<input type="text"/>			
Are all your staff receiving a government wage subsidy?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you currently have a staff shortage?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Given recent changes to the economy do you feel it will be easier to recruit staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

### Part 8: Marketing Information

How do parents find out about your child care centre? [check all that apply]			
<input type="checkbox"/> Advertising	<input type="checkbox"/> Networking	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> No need to market
If you use advertising, what methods have you used? [check all that apply]			
<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Community Directory	<input type="checkbox"/> Flyers and Posters	<input type="checkbox"/> Newspaper ads
<input type="checkbox"/> Radio ads	<input type="checkbox"/> Television ads	<input type="checkbox"/> Brochures	<input type="checkbox"/> Direct Mail
<input type="checkbox"/> Other: [please describe]			
Would you describe your centre as easy to access by parents?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many child care centres do you compete with in your immediate area?			
What do you feel are the strongest selling points of your child care program? [check all that apply]			
<input type="checkbox"/> Quality of Program	<input type="checkbox"/> Quality of Care	<input type="checkbox"/> Quality of Staff	<input type="checkbox"/> Location
<input type="checkbox"/> Facilities	<input type="checkbox"/> Program Focus	<input type="checkbox"/> Staff to child ratios	<input type="checkbox"/> Meal plans
<input type="checkbox"/> Other: [please describe]			

### Part 9: Financial Information

Who does your bookkeeping?	<input type="checkbox"/> Owner or Director	<input type="checkbox"/> Staff member	<input type="checkbox"/> Offsite bookkeeper
	<input type="checkbox"/> Accountant	<input type="checkbox"/> Society member	<input type="checkbox"/> Board member
How often is bookkeeping done?	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Who does your year-end reports for tax purposes?	<input type="checkbox"/> Owner	<input type="checkbox"/> Staff member	<input type="checkbox"/> Offsite bookkeeper
	<input type="checkbox"/> Accountant	<input type="checkbox"/> Society member	<input type="checkbox"/> Board member
Are your financial records current?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you current with your tax filings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
As of today's date do you know how much cash you have in the bank?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you prepare monthly cash flow reports?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have any bank loans or lines of credit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Attachments:</b> In order for us to assess your financial situation please attach one of the following: [check one]			
	<input type="checkbox"/> Last two year's financial statements prepared by your accountant		
OR	<input type="checkbox"/> Last two year's statement of income and expenses from your bookkeeper or tax return		
OR	<input type="checkbox"/> Complete the income and expense statement included at the end of this assessment		

### Part 10: Subsidy Information

Which of the following subsidies and grants have you or your staff accessed?

Parent Fee Subsidies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Infant Care Incentive	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Extended Hours Incentive	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child Care Subsidy Transaction Fee	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Staff Support Funding (wage subsidies)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Benefit Contribution Grant (16% of subsidies and allowances)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Staff Attraction Incentive Allowance (\$2,500 a year over 2 years)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child Care Staff Education Bursary (up to \$10,000 for education)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Staff Training and Development Grant (\$1,000 a year)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Quality Funding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Technical Assistance Grant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Making Spaces for Children Grant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>What is your opinion of the various subsidies and grants offered by the Alberta government?                  [Please Describe]</p>		

### Part 11: Needs Assessment

In the following table please rate what you feel is your skill level in each particular area. In this table:		<b>Instructions:</b>			
<p><b>5</b> = I have mastered this area and could teach others</p> <p><b>4</b> = I am strong in this area but could improve</p> <p><b>3</b> = I am average in this area and would like to learn more</p> <p><b>2</b> = I am below average in this area and really need help</p> <p><b>1</b> = I am lost in this area</p>		Tick or check off each area under the number that best reflects your skill level. When you have completed the table multiply the number of ticks by the number for that column (e.g. if you have 3 ticks in the 5 column your score is 15) then ADD all the scores together for a final score.			
<b>BUSINESS AREA:</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
Business Planning and Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing Policies and Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing Daily Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing Paperwork and Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marketing and Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purchasing Food and Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accounting and Bookkeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recruiting and Hiring Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>YOUR SCORES</b> (number x number of ticks)					

**YOUR TOTAL SCORE** (add all the scores together)

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### Part 12: Self-assessment

To help us with our analysis please identify your concerns with regard to the viability and sustainability of your child care program (pressures, frustrations, issues, problems, etc.)

If you have some specific areas of business support that you would like, please identify them here:

### Part 13: Declaration

Having completed this assessment I am requesting **Business Support Services** from the **Alberta Child Care Ventures Program**. I agree to work with the Child Care Ventures team to enhance the business and operational side of my child care centre, and understand that the services being provided do not relate to quality of child care programming, accreditation, or regulatory and licensing requirements except as they apply to business operations. I understand there is no cost to me.

\_\_\_\_\_  
Type or Print your name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Income and Expense Statement

Complete this ONLY if you are NOT able to provide financial statements prepared by an accountant, a bookkeeper or from your tax return. Provide the information that coincides with the 12 months prior to your last tax return. If some of the categories are not broken out in your information or it does not apply, make a note next to the item. Use OTHER for amounts not included in our list.

For the 12 months ending:		Compared to last year was this year higher or lower?		
Income	Amount	Higher	Lower	Notes
Parent Fees		<input type="checkbox"/>	<input type="checkbox"/>	
Child Care Subsidies		<input type="checkbox"/>	<input type="checkbox"/>	
Wage Subsidies		<input type="checkbox"/>	<input type="checkbox"/>	
Accreditation Grants		<input type="checkbox"/>	<input type="checkbox"/>	
Donations and Fundraising		<input type="checkbox"/>	<input type="checkbox"/>	
Other Income [add notes]		<input type="checkbox"/>	<input type="checkbox"/>	
<b>TOTAL INCOME</b>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Expenses</b>		<input type="checkbox"/>	<input type="checkbox"/>	
Management Wages		<input type="checkbox"/>	<input type="checkbox"/>	
Staff Wages (Incl. Subsidies)		<input type="checkbox"/>	<input type="checkbox"/>	
MERC (CPP, EI, vacation)		<input type="checkbox"/>	<input type="checkbox"/>	
Benefits		<input type="checkbox"/>	<input type="checkbox"/>	
WCB		<input type="checkbox"/>	<input type="checkbox"/>	
Rent		<input type="checkbox"/>	<input type="checkbox"/>	
Utilities		<input type="checkbox"/>	<input type="checkbox"/>	
Licenses and Municipal Fees		<input type="checkbox"/>	<input type="checkbox"/>	
Insurance		<input type="checkbox"/>	<input type="checkbox"/>	
Food		<input type="checkbox"/>	<input type="checkbox"/>	
Supplies and Materials		<input type="checkbox"/>	<input type="checkbox"/>	
Advertising		<input type="checkbox"/>	<input type="checkbox"/>	
Office Supplies		<input type="checkbox"/>	<input type="checkbox"/>	
Phone/Fax/Internet/Security		<input type="checkbox"/>	<input type="checkbox"/>	
Vehicle Expenses		<input type="checkbox"/>	<input type="checkbox"/>	
Interest on Long Term Debt		<input type="checkbox"/>	<input type="checkbox"/>	
Bank Fees and Costs		<input type="checkbox"/>	<input type="checkbox"/>	
Repairs and Maintenance		<input type="checkbox"/>	<input type="checkbox"/>	
Other Expenses [add notes]		<input type="checkbox"/>	<input type="checkbox"/>	
<b>TOTAL EXPENSES</b>		<input type="checkbox"/>	<input type="checkbox"/>	

# Balance Sheet Items

Complete this ONLY if you are NOT able to provide financial statements prepared by an accountant, a bookkeeper or from your tax return. Provide the information that coincides with the 12 months prior to your last tax return. If some of the categories are not broken out in your information or it does not apply, use the closest category or use the blank spaces for amounts not included in our list.

<b>For the 12 months ending:</b>			
<b>Assets</b>	<b>Amount</b>	<b>Liabilities</b>	<b>Amount</b>
Current Assets:		Current Liabilities:	
Cash		Accounts Payable	
Investments		Fees and Bonuses Payable	
Accounts Receivable		Corporate Taxes Payable (if private)	
Prepaid Expenses		GST Payable	
<b>Total Current Assets</b>		<b>Total Current Liabilities</b>	
Capital Assets:		Long-term Liabilities:	
Original Cost		Bank Loans	
Less Accumulated Amortization		Due to Related Parties	
<b>Total Capital Assets</b>		<b>Total Long-term Liabilities</b>	
Other Assets:		Share Capital & Retained Earnings:	
Due from Related Parties		Share Capital (if private)	
		Retained Earnings (Deficit)	
<b>Total Other Assets</b>		<b>Total Capital &amp; Retained Earnings</b>	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	

# HOW TO SUBMIT YOUR ASSESMENT

For Assessments completed by hand [Please **write clearly** in black ink]:

**Fax** the assessment to:

OR

**Mail or Courier** the assessment to:

**Alberta Child Care Ventures**  
780.488.4950

**Alberta Child Care Ventures**  
Microbusiness Training Centre Inc.  
203 Energy Square  
10109 – 106 Street  
Edmonton, AB T5J 3L7

For assessments completed using the Microsoft Word FILL-IN form:

When you first open the template **click Save**. The save dialogue box will open. Give the document the name of your child care centre and add **assessment**. You can now work on the document. When you have finished **email** the assessment as an attachment to:

OR

**Print** the assessment and either **mail** or **fax** it as the instructions above.

[childcareventures@microbusiness.ca](mailto:childcareventures@microbusiness.ca)

In the **subject** field put: **CCV Assessment**

FOR OFFICE USE ONLY					
Receive Date:		Via:	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax	<input type="checkbox"/> Email
Assigned to:				Assigned Date:	
Review Date:		By:	<input type="checkbox"/> Manager	<input type="checkbox"/> Coach	<input type="checkbox"/> Finance
Triage Level:	<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three		Coach Assigned:		
Contact Date:		By:	<input type="checkbox"/> Manager	<input type="checkbox"/> Coach	<input type="checkbox"/> Finance
Administration Billing Code #				<input type="checkbox"/> Database Entry	