

West Virginia Department of
Health and Human Resources

Needs Assessment and Letter of Intent to Operate a Child Care Center

Instructions: Please complete this Needs Assessment and Letter of Intent. Please note that the Needs Assessment and the Letter of Intent are separate from an application for a license or registration. Once you have fully completed this letter of intent and needs assessment, you may send it to the Division of Early Care and Education at the address listed on page seven. After the Division of Early Care and Education reviews your information, a licensing application will be sent to you. Thank you for your interest.

Section I. Identifying Information

1. Owner/Operator Information

Name		Phone Number	
Address			
City	State	Zip Code	County

2. Proposed Facility Information (if different from above)

Name		Phone Number	
Address			
City	State	Zip Code	County

Section II. Needs Assessment

1. What is the most common type of child care in your area?

- Family child care
- Relative care
- Child Care Center Care
- Other: _____

2. How many child care centers/facilities are operating in your area? _____

3. What ages do they serve? _____

4. Do the existing centers/facilities have a waiting list? Yes No

If so, is it for specific age group(s)? Yes, list age group(s): _____ No

5. Is there a reason they have a waiting list (i.e. good reputation, convenient location, hours of operation, etc.)? _____

6. Do existing child care programs have unfilled spaces? Yes No

If so, is there a reason (i.e. location)? _____

7. What age group is most in need of care? _____

8. Are there particular programs or services that are needed (i.e. transportation, summer programs, infant care, etc.)? _____

9. What days/hours do existing child care programs operate? _____

10. What fees are charged? _____

11. What is the typical wage in your area for a child care staff person? _____
Director? _____

12. Do other child care programs in your area have difficulty recruiting or retaining staff?
 Yes No

If so, why? _____

13. What training resources will be available to you and your staff in your area? _____

14. How have you determined that there is a need in your community for your proposed child care program? _____

15. How are you preparing to meet the need? _____

16. What is the program's Statement of Purpose or your Mission Statement? _____

Section III. Training Requirements

1. Are you at least 21 years of age, able to provide evidence of at least one year of relevant work experience and have a minimum of a high school diploma or equivalent?
 Yes
 No

2. For a Type I center director serving 30 or fewer children, do you have any of the following qualifications? Select all that apply:
 A CDA credential and 300 hours of relevant work experience working with young children;
 12 college credits in an early care and education field and 300 hours of relevant work experience working with young children; or a total of
 A total of ten (10) years of relevant work experience.

3. For a Type II center director serving 31 to 60 children, do you have any of the following qualifications? Select all that apply:
 A registered Apprenticeship Certificate for Child Development Specialist;
 Twenty-eight (28) college credits, with at least nine (9) credit hours in early childhood development; or a total of
 Fifteen (15) years of relevant work experience.

4. For a Type III center director serving 61 or more children, do you have any of the following qualifications. Select all that apply:
 An associate degree in early care and education;
 A bachelor or associate degree in a related field with twelve (12) credit hours in early childhood development or early childhood education and ninety (90) practicum contact hours in the field of early childhood;
 A bachelor's degree in a related field and a total of two (2) years of relevant work experience; or
 A bachelor's degree in a business, management or administration field with twelve (12) credit hours in early childhood development or early childhood education and three hundred (300) hours of work experience with young children.

4. Do you understand that you will be required to complete ongoing professional development and training? Yes No

5. If you have attended training, please list the topics below.

6. If these training requirements are not already met, how do you plan to meet them?

Section IV. Location

1. Have You Located a Property for Your Proposed Program? Yes No

If so, give the address and describe the location from the nearest major street or highway. _____

2. If you are purchasing or leasing, was the building constructed prior to 1978?

Yes No

If yes, you will need a lead risk assessment. For more information on lead risk assessment, please contact the Lead Program at (304) 558-2981.

3. Is the program located in an area where special steps will need to be taken to ensure the children's safety (i.e. the outdoor play area is next to a heavily trafficked street or next to a creek bed)?

Yes No

Section V. Fire Marshal Inspection

If you have not had a preliminary inspection or plan review, please call (304) 558-2191 to request one. You must submit the report with the submission of your application. No certificate or license to operate will be granted if the State Fire Marshal has not given approval.

1. If you have not had a preliminary on-site inspection by the OSFM, what is the date of the preliminary inspection? _____

2. Have you received the fire marshal's report? Yes No If so, please attach a copy to this form.

3. Did you receive a regular or provisional recommendation? Regular Provisional

Section VI. Health Department Inspection

If you have not had a preliminary inspection, please contact your local health department to request one. No license to operate will be granted without the proper Health permits. If you have not had a preliminary inspection or plan review, please contact your local county health department to request one.

1. Have you had a preliminary on-site inspection or plan review by your local health department?
 Yes No

If you have not had a preliminary on-site inspection by the local health department, what is the date of the preliminary inspection? _____

2. Have you received the health department permit? Yes No
If so, please attach a copy to this form.

3. What is the expiration date on your health department permit? ___ / ___ / ___

Section VII. Department of Agriculture Integrated Pest Management Plan

If you have not obtained an Integrated Pest Management Plan packet, please call 304-558-2209 to request a packet.

1. Have you completed and returned your Integrated Pest Management Plan packet to the Department of Agriculture Pesticide Regulatory Program Supervisor?
 Yes No

2. Have you received the Department of Agriculture Pesticide Regulatory Program Supervisor's approval letter? Yes No

If so, please attach a copy to this form.

Section VIII. Financial Information

It is expected that child care center owner/operators have access to at least six months' operating expenses. All potential child care center owner/operators are encouraged to work with the Small Business Administration to receive assistance on a business plan that is feasible.

1. Do you have a business plan? Yes No

If yes, please attach a copy. If no, have you made an appointment with the Small Business Administration? Date: ___/___/___

If not, please answer the following questions.

2. How you plan to finance the construction/renovation of the proposed child care program?
 Personal Savings
 Line of Credit
 Business Loan
 Other: _____

3. How do you plan to finance the initial purchase of equipment, materials and supplies?

- Personal Savings
- Line of Credit
- Business Loan
- Other: _____

4. Do you have access to sufficient funds equal to at least six months' operating expenses?

- Yes
- No

An initial license will not be issued if access to funds are not available and verified. Consumer credit cards/accounts are not an acceptable form of financing.

Section IX. General Information

1. Does your child care program's location meet the space requirements? Yes No

2. If not, how do you propose to meet these requirements? _____

3. Do you have a tentative date for opening your proposed program? Yes No

4. If so, when? ___ / ___ / ____

5. How many children and what ages do you plan to serve? _____

6. What are your proposed hours of operation? From: _____ To: _____

7. Will your program use a standardized curriculum? Yes No

If yes, please indicate: _____

If no, please provide a brief description of your program: _____

Section X. Background

All child care providers are required to have on file a completed background check to include a state and federal criminal check, an adult and child protective services check and a check of both the state and federal sex offender registries.

1. Are you currently a home child care provider? Yes No
2. Are you currently or have you ever operated a child care center or facility? Yes No
3. Have you or a potential employee ever been convicted of a crime? Yes No

If yes, please be aware that there are criminal convictions which, due to WV law, prohibit certain individuals from working in child care.

4. Have either you or a potential employee ever been the subject of a child or adult abuse/neglect investigation? Yes No

Section XI. Business/Zoning Issues

1. Have you applied for a business registration? Yes No
2. What type of organization is proposed? Sole proprietorship, corporation (for profit), corporation (nonprofit), unincorporated non-profit, general or limited partnership, limited liability company.
3. Have you filed this business with the Secretary of State's Office? Yes No
Date: _____
4. Are you in compliance with the zoning laws of your city or county? Yes No

Section XII. Signature

I hereby certify that the information I provided is true and correct to the best of my knowledge. I understand that if I apply to become a licensed child care provider that the information provided in this letter of intent will become part of my official application.

I further understand that this is not an application. An application will be mailed to you once you have returned this document. Please keep a copy for your records.

Please return to:

WV DHHR BCF
 Division of Early Care and Education
 Child Care Regulation Unit
 350 Capitol Street, Room B-18
 Charleston, WV 25301

X _____
Signature of Proposed Operator

Date