West Virginia Department of Health and Human Resources

Needs Assessment and Letter of Intent to Operate a Family Child Care Home

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, you may send it to the Division of Early Care and Education at the address listed on page five. 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. Family Child Care Provider Information Phone Name Number **Mailing** Address City State Zip Code County **Email Address** 2. Physical Address (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/homes are operating in your area? _____ 3. Do existing child care programs have unfilled spaces? \Box Yes \Box No

	If so, is there a reason (i.e. location)?
4.	What age group is most in need of care?
5.	Are there particular programs or services that are needed (i.e. transportation, summer programs, infant care, etc.)?
6.	What is the typical wage in your area for a child care staff person?
7.	What training resources will be available to you and your staff in your area?
8.	How have you determined that there is a need in your community for your proposed child care
	program?
9.	How are you preparing to meet the need?
Section	n III. Training Requirements
1.	Do You Met the Following Requirements? (Check All That Apply). ☐ Eighteen (18) Years of Age ☐ Read and write and be able to carry out the provisions of this rule.
2.	Are you willing to complete CPR and First Aid training including Recuse Breathing and First Aid for Choking within the first 3 month? \Box Yes \Box No
3.	Are You Willing to Complete 8 Hours of Training Annually? □ Yes □ No

4.	If You Have Attended Training, Please List the Topics:
Sectio	n IV. Location
	Give the Physical Address and Describe the Location from the Nearest Major Street or Highway.
1.	Was the home 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.
2.	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)? \Box Yes \Box No
Sectio	n V. General Information
1.	Does your home meet the space requirements? □ Yes □ No
2.	Do you have a tentative date for opening your proposed family child care home? Yes No
	If yes, when? / /
3.	How many children and what ages do you plan to serve?
4.	What are your proposed hours of operation? From: To:
Sectio	n VI. Background
1.	Were you ever a family child care home provider? \Box Yes \Box No
2.	Are you currently or have you ever operated a family child care facility or child care center?
	□ Yes □ No
3.	Have you or a household member ever been convicted of a crime?
	If so, what was the offense?

			
4. Have you or a household member, ever been the subject of a child or adult abuse/neglect investigation? □ Yes □ No			
Section VII. Business/Zoning Issues			
1. Does your city, county or community require you to register your business? ☐ Yes ☐ No			
2. Are you in compliance with the zoning laws, community ordinances, home owner association rules, etc. of your neighborhood, city or county? □ Yes □ No			
Section VIII. 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 registered family child care home 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 me once I 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			