

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

Name		Phone 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? Yes 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 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? Yes No

3. Are You Willing to Complete 8 Hours of Training Annually? Yes No

4. If You Have Attended Training, Please List the Topics: _____

Section 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)?
 Yes No

Section 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: _____

Section VI. Background

1. Were you ever a family child care home provider? Yes 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?
 Yes No

If so, what was the offense?
