

West Virginia Department of  
Health and Human Resources

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

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

<b>Name</b>		<b>Phone Number</b>	
<b>Address</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>

2. Proposed Facility Information (if different from above)

<b>Name</b>		<b>Phone Number</b>	
<b>Address</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>

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. 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? \_\_\_\_\_

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**Section III. Training Requirements**

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1. Have you (or has the proposed Operator) met the following requirements?
  - Twenty-one (21) years of age
  - GED or High School Diploma
  - 6 months experience in caring for children
  - Certified in CPR or completed First Aid training that included Rescue Breathing and First Aid for Choking
  - No
  
2. Do you meet one of the following requirements? Select all that apply:
  - Completed 15 hours of training in child development;
  - Possess a Child Development Associate (CEA) credential;
  - Completed the Child Care Apprenticeship Program (ACDS); or
  - Completed at least 3 college credit hours in child development or a related field.
  
3. Do you understand that you will be required to complete ongoing professional development and training?  Yes  No
  
4. If you have attended training, please list the topics below.

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

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**Section IV. Location**

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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. \_\_\_\_\_  

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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

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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

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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**

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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**

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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**

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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

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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 and adult 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

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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**

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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*