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| StateSeal.JPG | **RFS-20-047 – CCDF Agreement Centers - Technical Proposal Template – Attachment C – Addendum 1** | |
| **Respondent:** | |  |
| **Instructions:**  Request for Services (RFS) 20-047 is a solicitation by the State of Indiana in which organizations are invited to compete for a contract amongst other respondents in a formal evaluation process. Please be aware that the evaluation of your organization’s proposal will be completed by a team of State of Indiana employees and your organization’s score will be reflective of that evaluation. The evaluation of a proposal can only be based upon the information provided by the Respondent in its proposal submission. Therefore, a competitive proposal will thoroughly answer the questions listed in this document. The Respondent is expected to provide the complete details of its proposed operations, processes, and services for the Scope of Work detailed in the RFS document and supplemental attachments.  Please review the requirements in Attachment F Scope of Work carefully. Please describe your relevant experience and explain how you propose to perform the work. For any areas in which subcontractors will be performing a portion of the work, clearly describe their roles and responsibilities, related qualifications and experience, and how you will maintain oversight of the subcontractors’ activities.  Please use only the yellow shaded fields to indicate your answers to the following questions. The yellow fields will automatically expand to accommodate content. Every attempt should be made to preserve the original format of this form. Diagrams, certificates, graphics and other exhibits should be referenced within the relevant answer field and included as legible attachments. **A completed Technical Proposal is a requirement for proposal submission. Failure to complete and submit this form may impact your proposal’s responsiveness.**  Please note that this Technical Proposal is split into two parts, the “I. Respondent Specific Questions” section followed by the “II. Proposed CCDF Agreement Center Specific Questions” section. Respondents may propose multiple CCDF Agreement Centers, both within the same CCDF region and across separate regions. Respondents choosing to propose multiple CCDF Agreement Centers must submit one completed “I. Respondent Specific Questions” section of the Technical Proposal and a completed “II. Proposed CCDF Agreement Center Specific Question” for **each** of the proposed CCDF Agreement Centers. For example, if a Respondent were proposing three (3) separate CCDF Agreement Centers, they would submit one (1) copy of pages 1-2 of the Technical Proposal (“I. Respondent Specific Questions”) and three (3) copies of pages 3-5 of the Technical Proposal (“II. Proposed CCDF Agreement Center Specific Questions”). Please note that the State will evaluate each proposed CCDF Agreement Center separately. Additionally, please note that the “II. Proposed CCDF Agreement Center Specific Questions” section has a Part A and Part B. Both parts must be completed for each CCDF Agreement Center included in the proposal. Part A is used to collect information about the CCDF Agreement Center and will not be scored. Part B requests narrative responses to different service requirements and will be scored. | | |

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| **I. RESPONDENT SPECIFIC QUESTIONS** | |
| **1** | **Section 1 and 2– Introduction & Background**  Provide an overview of your proposal. Please describe and provide your qualifications for and examples of the child care services you have provided which are similar in scope to those described in this RFS. |
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| **2** | **Section 6.1 – Core Child Care Responsibilities**  Please explain how you propose to execute Section 6.1 in its entirety, including but not limited to the specific elements listed below, and describe all relevant experience.   * Describe how your services will promote nutrition and health and will protect children and staff from illness and injury. * Describe how you will establish and maintain collaborative relationships with each child's family to foster children's development in all settings. * Describe how you will promote a child’s learning and development while maintaining developmentally, culturally, and linguistically appropriate teaching methods. Describe teaching approaches and curricula used to support the learning and growth of infants, toddlers, and preschool children as applicable to the ages you serve. * Describe how you will use systematic, formal, and informal assessments to guide your approach to children’s learning and development. * Describe the way your program meets the social/emotional, physical fitness, nutritional, and educational needs of children. * Detail how your mission promotes healthy futures and positive relationships among all children and adults. |
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| **3** | **Section 6.2 – Administrative Provider Responsibilities**  Please explain how you propose to execute Section 6.2 in its entirety, including but not limited to describing your ability to produce reports to the State when requested, your ability to attend all State mandated trainings, your ability to inform the State of any changes to your CCDF Agreement Centers(s), and how you will publicize that your services are provided without regard to race, age, color, religion, sex, disability, national origin, ancestry or status as a veteran. |
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| **4** | **Section 6.3 and 6.4 – Requirements for Coordination with CCDF Intake Agents and OECOSL TA Vendor**  Please explain how you propose to execute Sections 6.3 and 6.4 in their entirety, including but not limited to the specific elements listed below, and describe all relevant experience.   * Describe how you will communicate with CCDF Intake Agents. * Describe your plan for referring eligible participants to CCDF Intake Agents. * Describe your internet/fax capabilities to communicate with CCDF Intake Agents. |
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| **5** | **Section 7 – Provider Compliance Requirements**  Please indicate that you and all of your proposed CCDF Agreement Centers will comply with each of the requirements in Section 7. Explain how you meet and will continue to meet the requirements listed in Section 7 in its entirety, including but not limited to the specific elements listed below, and describe all relevant experience.   * Describe how you and all of your proposed CCDF Agreement Centers will maintain your child care license status or ministry registration during the term of this contract. * Describe how you and all of your proposed CCDF Agreement Centers will maintain compliance with the CCDF Provider Eligibility Standards (PES) during the contract term (e.g. child to staff ratios, staffing, etc.). * Indicate if you participate in the federal Early Head Start-Child Care Partnership (EHS-CC) grant (not required). |  |
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| **6** | **Sections 8, 9, and 10 – Payments, Performance Measures, and Corrective Actions**  Please explain how you propose to execute Sections 8, 9, and 10 in their entirety, including but not limited to the specific elements listed below, and describe all relevant experience.   * Confirm you will comply with the payments process described in Section 8. * Describe how you will comply with all of the performance measures in Section 9. You may reference other sections of your response. * Explain what you will do to ensure your CCDF Agreement Center(s) are not subject to any corrective actions. * Explain how you would ensure any corrective action is remedied if one of your CCDF Agreement Center(s) is placed under a corrective action plan. |  |
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| |  |  | | --- | --- | | **Respondent Name:** |  | |  |  | | **Proposed CCDF Agreement Center Name:** |  |   **II. PROPOSED CCDF AGREEMENT CENTER SPECIFIC QUESTIONS** |  |

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| **A: Short Answer Questions:** Please provide a short response in the yellow cells to the items in the “Requested Items” column. The responses to the questions in this table will not be scored. | |
| **Requested Item** | **Respondent Answer** |
| **General Information** | |
| Location: Street Address |  |
| Location: County |  |
| Location: CCDF Region 1, 2, or 3 (See Bidder’s Library for the 3 CCDF Policy Consultant Regions Map) |  |
| Are you currently an On My Way Pre-K provider? Please attach appropriate documentation if you are. Please note it is not a requirement of this RFS to be an On My Way Pre-K provider. |  |
| Provide the total number of children you currently serve at this proposed CCDF Agreement Center location. |  |
| Provide a list of all the ages you currently serve at this proposed CCDF Agreement Center location. |  |
| Provide the number of infants and toddlers (as defined in Section 3.4 of Attachment F Scope of Work) you currently serve at this proposed CCDF Agreement Center location. If you do not currently serve infants or toddlers, you must propose to serve them with CCDF Slots through this contract. | Infants:  Toddlers: |
| **CCDF Capacity and Proposal** | |
| **Total Capacity:** Provide this proposed CCDF Agreement Center’s Available CCDF Seats, defined as the number of unfilled seats for CCDF-eligible children (including additional infant/toddler seats from capacity expansion, seats currently filled by private pay families that are eligible to be served through CCDF instead, or current CCDF Slots under an existing CCDF Agreement Centers contract) at the proposed CCDF Agreement Center location. |  |
| **Requested CCDF Slots:** Provide the number of total CCDF Slots you are requesting for this proposed CCDF Agreement Center location. Of that total amount, specify how many proposed CCDF Slots are for infants, toddlers, and other ages (these three values should add to your total CCDF Slots amount). Note that the CCDF Agreement Center’s total proposed CCDF Slots may not exceed 90% of the CCDF Agreement Center’s Available CCDF Seats as indicated in the row above. Also note that 10% (rounded up) of your Awarded CCDF Slots must be filled with infants and/or toddlers. Current CCDF Agreement Centers seeking to maintain their current CCDF Slots should include them as part of their Requested CCDF Slots through this contract. | **Total:**  Infants:  Toddlers:  Other Ages: |
| **Infant and Toddler Expansion:** If you are proposing to increase the number of infants and/or toddlers at this proposed CCDF Agreement Center location from the number you currently have open or are licensed to serve, provide the number of new infant CCDF Slots and/or toddler CCDF Slots you are proposing to add to your program. Please note that the CCDF Slots listed here should also be included in the total infant and toddler CCDF Slots listed in the above “Requested CCDF Slots” section. | Infants:  Toddlers: |
| **Mandatory Provider Eligibility Requirements** | |
| Indicate whether this proposed CCDF Agreement Center  is a Licensed Child Care Center, Licensed Child Care Home, or an Unlicensed Registered Care Ministry that meets the Voluntary Certification Program (VCP) Standards for Unlicensed Registered Child Care Ministry. The proposed CCDF Agreement Center must also meet the Provider Eligibility Standards (PES). Please attach appropriate documentation. |  |
| Provide the current PTQ Level of this proposed CCDF Agreement Center. Please attach appropriate documentation. CCDF Agreement Centers must be at least a PTQ Level 2. |  |
| Provide the PTQ level this proposed CCDF Agreement Center will achieve by the end of the contract term. CCDF Agreement Centers must achieve at least a PTQ Level 3 by the end of the contract term. |  |

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| **B: Narrative Answers**  Please provide a narrative response in the yellow shaded fields to indicate your answers to the following questions. Responses to the following questions will be scored by the evaluation team. | |
| **1** | **Section 3– RFS Objectives**  Please explain how this proposed CCDF Agreement Center helps fulfill the RFS Objectives listed in Section 3 where applicable:   * Increase Child Care Access Geographically Across the State. * Increase High Quality Child Care Access to Communities with Limited High Quality Child Care Options. * Increase Child Care Quality via the PTQ Program. * Increase Infant and Toddler Services. * Increase On My Way Pre-K Services. Note that it is not a requirement of this RFS to become an On My Way Pre-K provider, but please indicate if and how you plan to become an On-My Way Pre-K provider if you serve eligible four-year-old children. |
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| **2** | **Section 4.2 – Eligible CCDF Slot Requirements**  Please explain how you propose to execute Section 4.2 in its entirety and describe all relevant experience. Describe in detail:   * Why you are proposing the number of CCDF Slots listed in the above table and how you plan to fill the slots with CCDF-eligible children if awarded funding through this contract. * How you will maintain enrollment of the Awarded CCDF Slots during the contract period and not let any Awarded CCDF Slots go unfilled for a period of more than three (3) consecutive months during the contract period. * How you will ensure these available spaces at your program are reserved to be filled by CCDF-eligible children funded through this contract and will not be filled by CCDF-eligible children from your county’s waiting list or non-CCDF-eligible children. |
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| **3** | **Section 4.3 – Serving Infants and/or Toddlers**  Please explain how you will fulfill the requirement of serving infant and/or toddler age children through this contract and how you will meet the required goal of filling a minimum of 10% (rounded up) of your awarded CCDF slots with children who are infant and/or toddler age. If you do not currently serve infants or toddlers but plan to through this contract, or if you are planning to increase your number of infants or toddlers above the number you are currently licensed to serve, explain how you will obtain the necessary licensing requirements to serve these new children, including physical and staffing requirements, by the start of the contract on 10/1/2020. |
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| **4** | **Section 5 – Provider Quality Improvement Goal**  Please explain how you propose to execute Section 5 in its entirety and describe all relevant experience. Describe in detail your quality improvement goal, including addressing the following:   * If your quality improvement goal is to increase your PTQ level, please describe your plan for achieving the higher PTQ level and increasing your program quality by the end of the contract term, including a detailed description of how the specific requirements of the PTQ level and other quality improvement desires will be met. * If your quality improvement goal is to maintain your current PTQ level (at least a PTQ Level 3), please describe your plan for maintaining the PTQ level, including a detailed description of how the specific requirements of the PTQ level will be maintained. Please also discuss what other quality improvement opportunities you will undergo to improve your program quality and how this quality improvement will be met by the end of the contract term. * If you serve eligible four-year-old children but are not currently an On My Way Pre-K provider, please discuss if you have a plan to eventually become an On My Way Pre-K provider. * Include a detailed timeline for how you will achieve each step of your quality improvement goal, including achieving the final quality improvement goal by the end of the contract term. |
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