**REFERENCE CHECK FORM**

**State of Indiana Contact:**

Teresa Deaton-Reese

Senior Account Manager

Indiana Department of Administration

tdeaton@idoa.in.gov

Phone: (317) 233-3818

RFS-20-047 for
 CCDF Agreement Centers for FSSA, OECOSL

Response Due Date on or before:

**February 6, 2020, at 3:00 PM EST**

 **INSTRUCTIONS: You have been asked by the vendor listed below to provide a reference as they are responding the current solicitation with the state of Indiana. This is a standard form created by the state of Indiana and your input is very much appreciated. During this competitive process, a representative from the state of Indiana, may contact you directly for more detail. If you have any questions, please contact the state of Indiana contact listed in the box in the top left side of the form.**

**Please provide the information requested below and submit this reference check form to:**

**idoareferences@idoa.in.gov** **or addressed to:**

**Teresa Deaton-Reese**

**tdeaton@idoa.in.gov**

**Procurement Division**

**402 West Washington Street, Room W468**

**Indianapolis, IN 46204**

**VENDOR NAME**

|  |
| --- |
|  |

**REFERENCE CONTACT INFORMATION**

|  |  |
| --- | --- |
| **Reference Name**  |  |
| **Contact Name** |  |
| **Contact Title** |  |
| **Mailing Address** |  |
| **City, State, Zip** |  |
| **Company Website Address (if applicable)** |  |
| **Contact Telephone Number** |  |
| **Contact Fax Number** |  |
| **Contact Email** |  |
| **Industry of Company** **(if applicable)** |  |

QUESTIONS: Please provide a response to each of the questions listed below regarding the vendor listed above.

1. If you decline to provide a reference, please indicate that below and provide any comments you would be willing to share regarding the reason.

|  |
| --- |
|  |

1. Does the vendor currently provide you with child care and education services? If so, for what ages of children are the services provided? If not, what is services does the vendor provide for you?

|  |
| --- |
|  |

1. How long did you/have you and/or members of your team worked with or received services from the vendor? Please provide the specific dates of service.

|  |
| --- |
|  |

1. Would you rate your experience with the quality of services provided by vendor as poor, satisfactory, or superior? Please elaborate on why you are giving the vendor this rating.

|  |
| --- |
|  |

1. Would you rate the vendor’s commitment to continually improving the quality of its services as poor, satisfactory, or superior? How has the vendor improved its quality during your time working with or receiving services from the vendor? Please elaborate on why you are giving the vendor this rating.

|  |
| --- |
|  |

1. Would you rate the vendor's knowledge of developmentally appropriate child care as poor, satisfactory, or superior? Please elaborate on why you are giving the vendor this rating.

|  |
| --- |
|  |

1. Has the vendor had issues with the services provided or been subject to any requests for corrective action to cure performance issues? If you are able to, please describe the issue briefly, and any corrective actions required. Did the vendor ultimately address the issue(s) in a satisfactory manner?

|  |
| --- |
|  |

1. Would you rate the overall quality of the vendor’s staff as poor, satisfactory, or superior? Please elaborate on why you are giving the vendor this rating.

|  |
| --- |
|  |

1. Would you rate the vendor’s ability to provide appropriate staff and resources for the project or your services, as needed, at all times as poor, satisfactory, or superior? Please elaborate on why you are giving the vendor this rating.

|  |
| --- |
|  |

1. Are there any other topics you believe Indiana should consider during its reference evaluation or comments you would like to share?

|  |
| --- |
|  |

1. Would your overall rating of the vendor be poor, satisfactory, or superior?

|  |
| --- |
|  |