



**Solicitation Information**  
8 Feb 06

RFP # B06024

**TITLE: Child Care Support Network**

Submission Deadline: 8 March 06 @ 2:00 PM (EST)

Questions concerning this solicitation may be e-mailed to the Division of Purchases at [questions@purchasing.state.ri.us](mailto:questions@purchasing.state.ri.us) no later than **22 Feb 06 at 12:00 Noon (EST)**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP / LOI # on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

**SURETY REQUIRED: No**  
**BOND REQUIRED: No**

Jerome D. Moynihan, C.P.M., CPPO  
Administrator of Purchasing Systems

Vendors must register on-line at the State Purchasing Website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov)

Note to Vendors:

**Offers received without the entire completed three-page RIVP Generated Bidder Certification Form attached may result in disqualification.**

**THIS PAGE IS NOT A BIDDER CERTIFICATION FORM**

## **SECTION 1 – INTRODUCTION**

The Rhode Island Department of Administration/Office of Purchases, on behalf of the Rhode Island Department of Health and Rhode Island Department of Human Services is soliciting proposals from qualified firms to provide health information and consultation, mental health consultation, and on-site technical assistance and mentoring to Rhode Island's Child Care Community, as described elsewhere herein, and in accordance with the terms of this Request and the State's General Conditions of Purchase (available at [www.purchasing.ri.gov](http://www.purchasing.ri.gov)).

This is a Request for Proposals, not a Invitation for Bid: responses will be evaluated on the basis of the relative merits of the proposal, in addition to price; there will be no public opening and reading of responses received by the Office of Purchases pursuant to this Request, other than to name those offerors who have submitted proposals.

Department of Health has allocated \$445,000 for this project; contracts are expected to be awarded in April 2006, for one year. The Department reserves the right to extend contract activities for each of two additional years provided that both the vendor and HEALTH are satisfied with program performance and the agency has met all of the requirements for deliverables.

### **INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:**

- Potential offerors are advised to review all sections of this Request carefully, and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
- Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this Request will be rejected as being non-responsive.
- All costs associated with developing or submitting a proposal in response to this Request, or to provide oral or written clarification of its content, shall be borne by the offeror. The State assumes no responsibility for these costs.
- Proposals are considered to be irrevocable for a period of not less than sixty (60) days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
- All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
- Proposals misdirected to other State locations or which are otherwise not present in the Office of Purchases at the time of opening for any cause will be determined to be late and may not be considered. The official time clock is located in the reception area of the Division of Purchases, Department of Administration, One Capitol Hill, Providence, RI.

- In accordance with Title 7, Chapter 1.1 of the General Laws of Rhode Island, no foreign corporation without a Rhode Island business address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). *This is a requirement only of the selected vendor(s).*
- It is intended that an award pursuant to this Request will be made to one or more vendors who will assume responsibility for all aspects of the work. Joint venture and cooperative proposals will not be considered, but subcontracts are permitted, provided that their use is clearly indicated in the offeror's proposal, and the subcontractor(s) proposed to be used are identified in the proposal. The agency reserves the right to make up to three separate awards to different vendors to administer one of the three basic components of the project described in the RFP. The agency may award all three components or any combination of components to a single vendor. Bidders may address one or more components in their proposals. See Appendix A for further budget detail regarding the three program components.
- All proposals should include the offeror's FEIN or Social Security number as evidenced by a W9, downloadable from the Division of Purchases website at [www.purchasing.state.ri.us](http://www.purchasing.state.ri.us).
- The purchase of services under an award made pursuant to this Request will be contingent on the availability of funds.
- The State of Rhode Island has a goal of ten per cent (10%) participation by MBE's in all State procurements. For further information, visit the web site [www.rimbe.org](http://www.rimbe.org). To speak with an M.B.E. Officer, call (401) 222-6253.
- Interested parties are instructed to peruse the Division of Purchases web site on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP / LOI

**Equal Employment Opportunity (RIGL 28-5.1)**

**§ 28-5.1-1 Declaration of policy.** - (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies in all areas where the state dollar is spent, in employment, public service, grants and financial assistance, and in state licensing and regulation. For further information, contact the Rhode Island Equal Employment Opportunity Office, at 222-3090

**SECTION 2 - BACKGROUND AND PURPOSE**

**BACKGROUND**

The Rhode Island Department of Health (HEALTH) and the Rhode Island Department of Human Services (DHS) support programs within systems that enhance the quality and capacity of out of home child care. The Department of Health has several programs pertaining to child care including regulation of immunizations in child care settings, the Successful Start initiative, and Healthy Child Care Rhode Island.

The Department of Human Services (DHS), as the principal state agency for the planning and coordination of state involvement in child care in Rhode Island (RI General Law 42-12-23), is the lead agency for the federal Child Care Development Fund (CCDF) Block Grant. This includes responsibility to administer the Starting Right Child Care Assistance Program (CCAP) and related quality initiatives. These investments of state and federal funds represent a significant programmatic and financial commitment to ensure that all children in Rhode Island have access to high quality child care. DHS has also developed and implemented innovative programs to enhance the quality of child care services, such as offering health insurance coverage to child care providers who care for subsidized children, supporting professional development for child care providers, and developing a Child Care Quality Rating System. In addition, DHS convenes and coordinates the Advisory Committee on Child Care Development which serves as a mechanism for community feedback around the Department's administration of child care programs.

There are currently 1800 licensed child care programs in the state, of these 435 are child care centers and 1365 are licensed family child care homes. There are 133 centers that serve infants (children birth to 18 months) that are currently required to have a health consultants on-site 15 hours per week.

Since 1997 the Child Care Support Network (CCSN) has offered services to center based and family child care providers through community based agencies. For the past 5 years two community agencies in different areas of the state have administered the program and provided services to child care providers throughout Rhode Island. Past contracts for CCSN services were awarded based on Requests for Proposals issued by HEALTH through Delegated Authority. Since the services offered though CCSN have been reconfigured to better meet the needs of the child care community in Rhode Island, the current RFP is being issued through a different process by the Rhode Island Department of Administration.

This Request for Proposals is being developed in response to several different concerns:

**Health Consultation and Information:** Within the current child care licensing system there are two levels of regulation for health consultation: 1) child care centers caring for infants must have a health consultant on-site at least 15 hours per week; 2) child care centers not caring for infants are required to have identified a health consultant who is available to assist the center with health issues. Child care programs report significant difficulty hiring and retaining qualified health consultants. The current shortage of licensed nurses has exacerbated this problem. Moreover, health consultants often lack pediatric training and experience about how children are cared for in group settings. Currently, there are no regulations pertaining to health consultation for licensed family child care homes. Therefore, family child care providers have an especially difficult time getting health information or consultation.

Through Healthy Child Care Rhode Island, HEALTH has supported a small health consultant network for the past five years. Participating health consultants have access to health updates, expert advice and technical assistance. However, the current network is not sufficient to meet the needs of the Rhode Island childcare community. Expanding upon current services and

developing a formal and consistent Health Consultation Program and Network will allow qualified and trained nurses to offer effective consultation services to child care programs of all types throughout the state. While improving health consultation services, this model will also generate cost savings for some childcare centers due to licensing variances available to programs accessing health consultation services through the Child Care Support Network (CCSN). The proposed variances will waive the requirement to have a nurse on site for 15 hours per week when prescribed health consultation services are provided by CCSN. This component of CCSN is unique in that it is designed to be financially self-sustaining. Centers serving infants will be able to purchase the prescribed health consultation service from the vendor providing this component of CCSN. The cost to the child care center will be significantly less than the current average costs for on site health consultation services; the exact cost for this service will be developed by the vendor with HEALTH. Any revenue generated by fees collected from providing the service will be used to hire additional health consultants or create other services as determined by HEALTH and the vendor to meet the needs of the child care community.

**Mental Health Consultation:** There are limited resources available to address the mental health needs of children in child care. However, child care providers and parents repeatedly note that this topic is of serious concern to them. Rhode Island has a significant number of children who are excused from child care settings due to difficult behavior, or because the child care provider cannot access resources that would allow the child to remain in care. This puts stress on the child's family, as well as on the child care provider. Caring for children who have difficult behavior is complicated and requires a multi-faceted approach including, information, education, and modeling appropriate care. By bringing information, education, and on-site consultation about children's emotional health and development to child care settings, parents and providers are offered the opportunity to learn about and respond to children's emotional health needs in appropriate ways.

**On-site Technical Assistance and Mentoring:** Professional development for child care providers typically occurs during short term training sessions. However, research shows that longer term, on-site education and technical assistance delivered through a mentoring model are more effective and have a more lasting impact. When technical assistance/education takes place in a child care setting, child care providers can readily apply the training and get immediate feedback from a trainer/mentor. The paucity of comprehensive resources and on-site educational opportunities available to child care providers in Rhode Island is consistently cited as having a detrimental impact on providers' ability to offer quality child care, this is particularly true for infant and toddler care and children who have special health care needs.

**Infant/Toddler care:** In recent years the number of infants and toddlers in out of home child care has increased dramatically. However, the quality of care given to these children remains of concern. In addition, the availability of educational opportunities and on-site training for classroom teachers has not increased commensurately. Caring for very young children requires a specialized approach. New brain research demonstrates that a child's earliest experiences have a significant impact on further learning and development. It is of critical importance that adults caring for infants and toddlers are well trained so that they can deliver the best care possible.

Special Needs: There is a significant need for information and education about caring for children with special needs. This includes training on inclusive practices and identifying children who are at risk for poor outcomes. There is a documented shortage of natural child care environments available to children with special needs, and the gap between need and availability continues to expand. Priorities of this project include educating child care providers about how to identify children who may need to be referred for evaluation, educating providers and parents about caring for special needs children, and linking child care providers to the KIDS CONNECT program at DHS.

The Child Care Support Network has been in existence since 1996. Since its inception it has evolved to meet the needs of the communities it serves. The CCSN Advisory Board has been integral in helping to ensure that CCSN services best meet the needs of the community and are based on available research and established best practice in early care and education. In its most recent iteration CCSN worked to coordinate other professional development services and to ensure that many child care providers received a set of basic workshops and on site technical assistance. Since 2000, 124 child care providers have received technical assistance from CCSN. In many cases CCSN specialists have helped to create lasting networks and support systems for providers, ensuring that once CCSN services ended, providers were connected with appropriate community resources. Community members and past participants have reported being satisfied with the project.

In 2001 the Child Care Support Network was expanded through the Request for Proposals process under delegated authority.

Over the past year CCSN has researched further needs within the child care community. Beginning in 2006, CCSN will offer a restructured and modified service mix to best meet these identified needs.

As part of State Purchasing Requirements projects are offered to the community so that new agencies have an opportunity to apply to administer programs every three years. The Child Care Support Network is, and has always been a program designed to work most effectively when services are delivered through a community agency. This builds local relationships and networks in a way that would not be possible in a program managed at the state level. Further, it distributes resources to the local level where they are most needed.

## **GENERAL PURPOSE**

The purpose of this procurement is to ensure that child care providers in Rhode Island have access to 1) health consultation and information, 2) mental health consultation, and 3) technical assistance and mentoring around caring for infants and toddlers and children with special health care needs. Successful applicants will develop a health consultation hotline and a mechanism for electronic information sharing on health and safety topics relevant to child care for all regulated childcare providers in Rhode Island, support a network of health and mental health consultants, and create and support a team of experts that can deliver on-site technical assistance and mentoring to child care providers.

The agency reserves the right to make multiple awards. There are three basic components to this project. 1) Health Information and Consultation 2) Mental Health Consultation 3) On-site

Technical Assistance and Mentoring. If an agency feels that it is well equipped to provide one or two of these services, but not all, HEALTH will consider proposals for a single or two out of the three components. Agencies may also submit a proposal for all three components. Given the set amount of funding available for this project, HEALTH has provided budgetary allocations for each component of the project (Appendix A). Agencies proposing to administer individual components must submit budgets up to but not to exceed these specified amounts.

Funding, beyond the initial year, is subject to annual Federal and/or State appropriations. The Department of Health reserves the right to enhance the initial award and to expand the current work under this contract, if additional funding is made available and /or if it is demonstrated that additional funds are needed to fully implement all components of the Child Care Support Network.

**The contractor will be expected to provide expertise/experience or ability in the following areas.**

- 1) Accurately billing for and receiving direct payment for services delivered, with capacity to track these services and payments from multiple public and private payers (health consultation component)
- 2) Experience in program development, management and evaluation
- 3) Working with and providing support and/or technical assistance and/or education to:
  - a) Child care providers
  - b) Families from diverse cultural backgrounds
  - c) Other community agencies
- 4) Maintaining, managing, and reporting on data relevant to the program
- 5) Recruiting and effectively supervising qualified staff (see Staffing section for specific staff qualifications)
- 6) Collaboration with a diverse coalition of stakeholders
- 7) Achieving specified results

**RESULTS**

The Child Care Support Network will achieve the following goals and objectives in each component area:

**1. Health Information and Consultation:** The overall goal in this component area is to improve health and safety practices of participating child care programs.

	Objectives	Indicators of Achievement
1.1.	Create a health hotline and electronic information sharing mechanism	Existence of health information hotline and electronic information sharing mechanism by October 1, 2006
1.2.	In partnership with HEALTH, develop and implement a model of health consultation	At least 10 Child care centers caring for infants participate in the health consultation pilot program by September 1, 2006
1.3.	Recruit, hire, and maintain a network of child care health consultants	At least 15 qualified health consultants participate in a statewide network. Meetings for Rhode Island Child Care Health

		Consultants are held quarterly
1.4.	Increase the number of health consultants in RI who have attended training at the National Training Institute for Child Care Health Consultants	CCSN has sent at least one health consultant to the National Training Institute by April 1, 2007. (and sends at least one qualified individual to this training each year)

**2. Mental Health Consultation:** The overall goal in this component area is to increase child care programs' capacity and ability to promote healthy social emotional development and to reduce the number of children who are excused from child care due to behavior problems.

	Objectives	Indicators of Achievement
2.1.	Improve child care providers access to mental health consultation services	At least 5 Child care programs receive a regular schedule of on-site mental health consultation through CCSN each year
2.2.	Create standard referral protocols that can be used by child care providers when they feel a child needs additional evaluation related to mental health or behavioral issues	Referral protocols are developed and disseminated to a critical mass of child care programs by April 1, 2007
2.3	Work with private and public insurers to find sustainable funding mechanisms for child care mental health consultation  Participate with other state initiatives to increase access to mental health services for families with young children	Opportunities and challenges to sustainable funding have been identified and documented. Models in other states have been identified and examined for potential applicability in RI.  A member of CCSN participates on the Developmental Screening Steering Committee

**3. On-site Technical Assistance and Mentoring:** The overall goal in this component area is to increase the quality of infant and toddler child care and child care for children with special needs in Rhode Island.

	Objectives	Indicators of Achievement
3.1	Improve interactions between child care providers and infants and toddlers	Improved scores on the Infant Toddler Environmental Rating Scale (ITERS) and other relevant measurement tools over the course of participation in the project
3.2	Infant and toddler care givers understand the scientific/research basis for best practices	Mentors rate staff in the classrooms they are working in and indicate improved understanding over the course of participation in the project
3.3	Improve environments in infant and toddler rooms by incorporating research-based best	Improved scores on the ITERS and other relevant measurement tools over the course

	practices	of participation in the project Participating programs also participate in the RI Quality Rating System when it is available and demonstrate an overall level of quality that is higher than comparable non-participating programs
3.4	Insure that participating programs understand and adhere to the highest health and safety standards pertaining to care for children birth – 18 months	Improved scores on the ITERS and other relevant measurement tools over the course of participation in the project Participating programs also participate in the RI Quality Rating System when it is available and demonstrate an overall level of quality that is higher than comparable non-participating programs
3.5	Increase the number of child care programs certified to provide integrated child care services to special needs children through the DHS KIDS CONNECT Program	At least 2 participating programs apply for certification through DHS KIDS CONNECT annually

### **SECTION 3 - SCOPE OF WORK**

#### **GENERAL DESCRIPTION:**

##### **All Components:**

- ◆ Provide on-site training and information to child care programs and assist child care providers in linking to community resources
- ◆ Collaborate with the Department of Human Services, Department of Children, Youth, and Families and the Department of Education to ensure compliance with standards, coordination and communication of services
- ◆ Support ongoing professional development for Child Care Support Network staff
- ◆ Work with agencies conducting similar or complementary activities
- ◆ Coordinate with other child care quality initiatives
- ◆ Set up referral protocol to increase numbers of children identified and referred to the Child Care Assistance Program, Head Start, Comprehensive Child Care Services Program, Early Intervention, Special Education, WIC, RIte Care, etc.
- ◆ Maintain information data base
- ◆ Develop an evaluation plan with measurable outcomes
- ◆ Deliver culturally and linguistically appropriate services to racial and ethnic minority populations. Racial and ethnic minority populations are identified by OMB Directive 15 as: African American, Native Americans, Latinos/Hispanics, and Asian Americans. Please include information pertaining to the following: The projected number of racial/ethnic minority clients to be reached by the project; demonstrate the agency's access and/or proposed outreach to the population described above; and provide a description of how racial and ethnic composition of the target population will be given consideration in the selection and recruitment of administrative and service delivery staff. If these groups are not

identified as a target population for service delivery by your program, please provide a paragraph explaining the reasons why these populations are not an appropriate target group for your program.

**Health Information and Consultation:**

- ◆ Develop a toll free health consultation hotline that will be staffed one to two hours per day by a registered nurse with pediatric experience
- ◆ Develop a mechanism to distribute and receive (non child specific) health information electronically
- ◆ In partnership with HEALTH, develop a specific menu of health consultation services for child care programs and provide these services
- ◆ Develop a plan and timeline for the services that will be delivered to programs serving infants, include in the plan the time frame and mechanism for how the agency will be reimbursed by programs for this service
- ◆ Support and maintain a network of health consultants

**Mental Health Consultation:**

- ◆ In partnership with HEALTH develop a model of mental health consultation services for child care providers in both centers and family homes
- ◆ Provide mental health consultation services for child care programs

**On-site Technical Assistance and Mentoring:**

- ◆ Identify needs (Goal Development Plan) for technical assistance to center-based and family child care providers with a facilitated self assessment process using established assessment tools and mutual goal setting, ensuring a standard is met in order to provide quality care to children.
- ◆ Provide mentoring and modeling experience (partner teaching)
- ◆ Provide opportunities for parent education and parent engagement
- ◆ Increase the capacity of child care programs to accommodate children with special health care needs and emotional/behavioral health needs

**REQUIREMENTS:**

**Staffing**

Position descriptions provided do not dictate that staff must be agency employees. Consultants can be used or the requirement can be filled through a formal written agreement with a sub-contracting agency.

**1. Health information and consultation:** It is anticipated that this component will be initially supported by the equivalent of at least 1.5 full-time (60 hours per week) nurses with RN degrees who have experience in pediatric care. At least 1 of the nurses should have prior experience working with child care programs. Both must be willing to attend training to become a Child Care Health Consultant. As a cost structure for this service is developed, and the project begins to take in fees, additional nursing staff must be hired to provide services to the child care community.

**2. Mental health consultation:** It is anticipated that this component will be supported by the equivalent of at least 1.5 full time (60 hours per week) mental health consultants with a Bachelor's Degree or higher in psychology, or social work, or another relevant field and prior experience working with children age birth to five and at least 10 hours a week of a supervisor who is a licensed mental health clinician with experience supervising field staff and working with children age birth to five.

**3. On-site TA/Mentoring:** It is anticipated that this component is supported by the equivalent of at least 3.5 full-time staff members. One full time position must be a project coordinator, and at least one (preferably 1.5) full time position must be dedicated to the infant toddler specialist. Other staff can be part time. Individuals supporting this component must have the following expertise and credentials:

**Project Coordinator:** Bachelor's Degree or higher in Public Policy/Administration, Business Management, Health Care Management, or a related field. At least two years working in a coordination/management capacity, including: coordinating and managing committees; planning and staffing meetings; supporting strategic planning and evaluation; coordinating activities at both state and local levels; working with professionals at all levels; managing data and information. Familiarity with health care and child care systems, and quality initiatives relevant to young children in Rhode Island preferred.

**Special Educator:** Bachelor's Degree or higher in Special Education. Experience working with young children who have special needs. Experience working in programs that serve young children who have special needs. Familiarity with the services available to families of special needs children in Rhode Island

**Infant/Toddler:** Bachelor's Degree or higher in child development or related field. Experience working with children age birth to 18 months. Experience working in programs that serve infants and toddlers

**Family Child Care Specialist:** High school diploma and some higher education coursework in child development. Experience caring for children as a family child care home provider. Experience conducting training for child care providers

All project staff must be willing to travel throughout Rhode Island and work flexible hours to meet the needs of child care providers. All project staff will be expected to coordinate with other staff members regardless of the component their particular work addresses. HEALTH will assist agencies in coordination efforts. HEALTH must approve all staffing changes.

### **Conditions Governing Subcontracting**

Agencies may sub-contract with other agencies if that is the most efficient mechanism to provide services, or if the sub-contract agencies will provide expertise that the lead agency cannot provide. HEALTH must approve all sub-contractors, and sub-contractors must be willing to maintain the same management relationship with HEALTH as is maintained by the lead agency. Sub-contracts and sub-contracting agencies must be identified in the proposal.

### **Specification as to Where the Work Will Be Performed**

It is expected that agencies that apply to provide these services will supply office space for this work. Work will be conducted at the agencies which receive contracts and also on-site at child care programs. Staff will be expected to travel to meetings in various community locations.

Agencies are expected to provide meeting space if it is available, or arrange for accessible community meeting space.

### **Compliance with Statutory, Regulatory, or Other Standards**

Agencies will be expected to comply with all regulatory standards appropriate to their field of expertise as well as to DCYF child care licensing standards.

### **Reporting of Data**

Agencies will be expected to share specific program data with the state agencies on a regular basis.

### **Agreement to Cooperate/Coordinate with Other Agencies**

Agencies will be expected to work with other state agencies that have responsibilities for early childhood programs, any sub-contractors, or other lead agencies for this program and various state advisory boards. Agencies and sub-contracting agencies are required to have at least one member of the agency attend Child Care Support Network Advisory Board meetings unless they have specifically requested not to do so from the program director at HEALTH.

### **Rights to Data and Work Products**

The agency or agencies agree that rights to data, work products, etc. revert to the State on payment

### **Confidentiality:**

The Child Care Support Network does not collect or keep information regarding individual children. Confidentiality of aggregate information gathered through the program will be maintained at all times. Each vendor will also be responsible for maintaining confidentiality of information at their site.

### **TASKS:**

The contractor must complete the following tasks, listed by program component:

#### **1. Health Information and Consultation:**

- Develop a health information hotline by **August 1, 2006**.
- Develop a plan to distribute health information electronically and a mechanism through which questions can be asked and answered electronically **by August 1, 2006**. This mechanism should be operational by **October 1, 2006**.
- Develop a plan to link current child care health consultants to the electronic information system. The plan should be complete by **October 1, 2007** and functional by **January 1, 2007**.
- Develop a plan to recruit and link new child care health consultants to the electronic information system **by October 1, 2006**.
- In partnership with HEALTH, develop a menu of services of health consultation for child care programs by **May 1, 2006**.
- Develop a plan to inform Rhode Island child care providers of this service, by **May 1, 2006**
- Recruit child care programs to participate in health consultation services. **Ongoing**
- Work with HEALTH, DHS, and the Rhode Island Directors Association to develop a fee

schedule for programs that serve infants to participate in the health consultant network by **June 1, 2006**

**PLEASE NOTE:** Agencies applying as vendors for the health consultant component must submit a one year business plan. This is the only component for which a fee for service model is relevant. Agencies that serve infants will be expected to pay for health consultation services. The funds received for this activity are expected to sustain the program and provide additional services to other child care centers. Any funds received from this program activity will be put back into the CCSN program. If at any time there is greater than sufficient funding such that all child care centers and family homes have adequate health consulting the fees charged to the programs will be lowered. HEALTH will monitor this aspect of the project with the vendor.

- Maintain a network of child care health consultants, schedule and sponsor meetings of this network quarterly, provide outside speakers if requested by the network
- Coordinate with the Healthy Child Care New England health consultant network
- Send at least 1 qualified health consultant per year to attend the National Training Institute for Child Care Health Consultants

### **2. Mental Health Consultation:**

- Create capacity for child care providers to receive mental health consultation services. This capacity can be created by the agency by hiring a mental health specialist as a staff member or consultant or using a group of mental health consultants that have committed a specific number of hours to this project. Mental health consultation services should be in place by **August 1, 2006**.
- At least 20 child care providers should receive mental health consulting services annually
- Supervise the mental health consultant/s working with child care providers
- Create standard referral protocols that can be used by child care providers when they feel a child needs additional evaluation by **June 1, 2006**.
- Work with private and public insurers to find sustainable funding mechanisms for child care mental health consultation beginning **July 1, 2006- ongoing**.

### **3. On-site Technical Assistance and Mentoring:**

- Provide on-site mentoring and technical assistance to at least 5 child care centers and 10 family child care homes annually
- Use specific self assessment tools as specified by HEALTH
- Work with HEALTH to determine the model for how these services are delivered and monitored. The description must include: topics on which training is offered, outline of training protocol, duration of technical assistance, expectations of participants, by **August 1, 2006**.
- Support CCSN staff to attend national and regional training
- Purchase necessary materials and equipment, such as rating scales, training materials as needed
- Maintain program data

### **All contractors must:**

- Coordinate with other CCSN agencies.
- Participate on the Child Care Support Network Advisory Board
- Collect relevant program data as specified by HEALTH and/or DHS
- Participate on relevant community networks or boards as specified by HEALTH
- Meet evaluation criteria

## **DELIVERABLES:**

### **Monthly**

#### **1. Health Information and Consultation:**

1. Number and type of calls to the health hotline
2. Number of times information was requested electronically
3. Type and subject of information distributed electronically
4. Number of child care health consultants participating in health consultant network
5. Number and type (infant/toddler, preschool, family child care home) of programs receiving services
6. Number of children in each center/family home participating in the program
7. Number and type (training/ mentoring observations) of sessions/hours of contact with child care providers participating in the program
8. Any additional data as requested by HEALTH

#### **2. Mental Health Consultation:**

1. Number of Mental Health consultants offering services
2. Number of child care programs served
3. Number of children and staff in each center/family home participating in the program
4. Type of information requested
5. Number of referrals made for additional services by participating programs
6. Any additional data as requested by HEALTH

#### **3. On-site mentoring and technical assistance:**

1. Number of children in each center/family home that are enrolled in the program
2. Number and type of child care providers receiving service (including # of staff at each center or family home)
3. The number of children who are in subsidized care in each center/family home served
4. Number and type (training/ mentoring observations) of sessions/hours of contact with child care providers
5. Number of child care providers with protocols in place for assessing a child's risk and referring children to Early Intervention, Special Education, Rite Care, and CEDARR Family Centers, once they have been identified.
6. Number of referrals to Early Intervention, Special Education, Rite Care, and CEDARR Family Centers
7. Number of children with Individualized Family Service Plans and Individualized Education Plans placed in early care and education programs receiving the services of this project
8. Any additional data requested by HEALTH needed to complete the evaluation

### **All Components**

#### **Bi-annually**

1. Narrative summaries of experiences with centers over the past six months, including feedback from the consultants/technical assistance team, and center staff if available

2. Any training protocols that have been developed for CCSN

#### Annually

An annual report is due April 30, 2007 including:

- An aggregate of all monthly report data
- Progress toward evaluation and how the agency is meeting the objectives outlined in this RFP
- New collaborations
- Anecdotal reports of highlights or special situations throughout the year
- Changes or modifications to the service delivery model
- This report should be submitted in Word format

#### **CONTRACTOR RESPONSIBILITIES:**

1. The contractor is responsible for providing office space, office equipment and support at necessary for the administration of the CCSN program
2. The contractor is responsible for data collection for program data as described in this Request for Proposals
3. The contractor is responsible for supporting staff travel to sites and conferences if appropriate
4. The contractor is responsible for the supervision of subcontractors if appropriate
5. The contractor is responsible for accepting fees for health consulting. Fees must be used to enhance the program's capacity to meet the needs of the child care community

#### **SECTION 4 - PROPOSAL SUBMISSION**

Questions concerning this solicitation may be e-mailed to the Division of Purchases at [questions@purchasing.state.ri.us](mailto:questions@purchasing.state.ri.us) no later than the date & time listed on the cover sheet of this solicitation. **Send your questions in a Microsoft Word format.** Please reference the RFP/LOI # on all correspondence. Questions received, if any, will be posted and answered on the internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. For computer technical assistance, call the helpdesk at (401 – 222-2142, ext: 134.

Interested offerors may submit proposals to provide the services covered by this Request on or before the date & time listed on the cover sheet of this solicitation. Proposals received after this time and date will not be considered.

Clear succinct and responsive proposals are expected. Technical proposals including all attachments (with the exception of the budget and budget narrative) **shall not exceed 60 pages.**

Proposals should include the following:

1. A completed and signed three-page RIVIP Bidder Certification Cover Form, available at [www.purchasing.state.ri.us](http://www.purchasing.state.ri.us).
2. A Cost Proposal reflecting the hourly rate, or other fee structure, proposed for this scope of services, including completion of the Cost Proposal Summary form, enclosed, and

3. A *separate* Technical Proposal describing the qualifications and background of the applicant and experience with similar programs, as well as the work plan or approach proposed for this requirement.
4. A completed and signed W-9 (taxpayer identification number and certification). Form is downloadable at [www.purchasing.state.ri.us](http://www.purchasing.state.ri.us).
5. In addition to the multiple hard copies of proposals required, Respondents are requested to provide their proposal in electronic format (CDRom or Diskette). Microsoft Word / Excel OR PDF format is preferable. Only 1 electronic copy is requested.

The Technical Proposal must contain the following sections:

- Executive Summary

The Executive Summary is intended to highlight the contents of the Technical Proposal and to provide State evaluators with a broad understanding of the offeror's technical approach and ability.

- Offeror's Organization and Staffing

A description of staffing, including an organizational chart highlighting the persons or units(s) responsible for this project should be demonstrated.

This section shall include identification of all staff and/or subcontractors proposed as members of the project team, and the duties, responsibilities, and concentration of effort which apply to each, as well as resumes, curricula vitae, or statements of prior experience and qualifications.

- Work plan/Approach Proposed

This section shall describe the offeror's understanding of the State's requirement, including the result(s)intended and desired, the approach and/or methodology to be employed, and a work plan for accomplishing the results proposed. This section shall include a discussion and justification of the methods proposed for each task identified in the Scope of Work (above), and the technical issues that will or may be confronted at each stage of the project. The work plan description shall include a detailed proposed project schedule by task, a list of tasks, activities and/or milestones that will be employed to administer the project, and the task assignments of staff members and level of effort for each linked to the Cost Proposal.

- Previous Experience and Background

This section shall include the following information:

- A comprehensive listing of similar projects undertaken and/or similar clients served, including a brief description of the projects,

- A description of the business background of the offeror (and all subcontractors proposed), including a description of their financial position, and
- The offeror's status as a Minority Business Enterprise (MBE), certified by the Rhode Island Department of Economic Development, and/or a subcontracting plan which addresses the State's goal of ten percent (10%) participation by MBE's in all State procurements. For further information, call the MBE Officer at (401) 222-6670.

Proposals (an original plus 4 copies) should be mailed or hand-delivered in a sealed envelope marked "RFP B06024: Child Care Support Network" to:

**By Courier:**

RI Department of Administration  
 Division of Purchases, 2<sup>nd</sup> Floor  
 One Capitol Hill  
 Providence RI 02908-5855

**NOTE: Proposals received after the due date and time listed on the cover sheet of this solicitation may not be considered. Proposals misdirected to other State locations or which are otherwise not present in the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered. Proposals faxed, or emailed, to the Division of Purchases will not be considered. The official time clock is located in the reception area of the Division of Purchases.**

**SECTION 5 - EVALUATION AND SELECTION**

The State will commission a Technical Review Sub-Committee to evaluate and score all proposals, using the following criteria:

**Capability, Capacity, and Qualifications of the Offeror 15 points**

Points

- 3 Applicant has included a description of the agency, including organizational structure
- 3 Applicant has included description of all collaborating agencies and sub-contractors if relevant
- 3 Applicant has described any prior experience supporting child care through technical assistance/professional development
- 3 Applicant has coordinated proposed work with other initiatives pertaining to enhancing the quality of child care in Rhode Island
- 3 Agency has space and administrative capacity to support CCSN staff

**Staff Qualifications**

**15 points**

Points

- 10 Applicant has a plan for staffing project, which includes individuals with the appropriate levels of experience and qualifications for working with child care providers, young children, and their families. If staff are not identified, agency has described plan for recruiting staff
- 2 Agency has submitted a coordination plan for staff and working with CCSN staff from all project components
- 3 Applicant has included appropriate supervision plan and detailed description of communication, information flow and reporting formats between the staff members and the agency

**Quality of the Work plan**

**50 points**

Points

- 25 Agency has described how it will meet each of the objectives described in the RESULTS section and each of the requirements for the relevant component listed in the scope of work
- 10 Agency has included a timeline which incorporates the timeframes described in this RFP
- 5 Agency has described a plan for selecting programs for services and management of waitlists if applicable
- 10 Agency has included an evaluation plan for each relevant component, including any measurable outcomes in addition to the ones described in this RFP

**Cost**

**20 points**

- 20 Agency has submitted a 1 year budget and budget narrative for the component/s for which it is applying  
Budget narrative should include, but is not limited to: staffing, space, mileage/travel, rent/utilities, office expense, professional development activities, administrative expense (see attached budget template and appendix A)

Notwithstanding the above, the State reserves the right to award on the basis of cost alone and to act in its best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

The State may, at its sole option, elect to require presentation(s) by offerors clearly in consideration for award.

The Technical Review Sub-Committee will present written findings, including the results of all evaluations, to the State's Architect/Engineer and Consultant Services Selection Committee, which will recommend a finalist (s) to the Director of the Department of Administration, who will make the final selection for this requirement.

## Budget Template

<u>CATEGORY</u>	<u>RIDH</u>
PERSONNEL	\$
FRINGE BENEFITS	
CONSULTANTS	
IN-STATE TRAVEL	
OUT-OF-STATE TRAVEL	
PRINTING	
OFFICE EXPENSE	
TELEPHONE	
EDUCATION MATERIALS	
EQUIPMENT	
DATA PROCESSING	
RENTAL	
MEDICAL EXPENSE	
DRUGS/PHARMACY	
OTHER/SPECIFY	
TOTAL REQUEST	\$

*Child Care Support Network RFP*

**BUDGET JUSTIFICATION**

**DETAIL OF PERSONNEL**

NAME	POSITION TITLE	HOURLY RATE INCLUDING FRINGE \$	TOTAL ANNUAL SALARY & FRINGE \$	RIDH PERSONNEL COST \$
<b>TOTAL REQUEST</b>		\$	\$	\$

**DETAIL OF CONSULTANT**

NAME	POSITION TITLE	HOURLY RATE INCLUDING FRINGE \$	TOTAL ANNUAL SALARY & FRINGE \$	RIDH PERSONNEL COST \$
<b>TOTAL REQUEST</b>		\$	\$	\$

*Child Care Support Network RFP*

**EXPLANATION OF OTHER EXPENSES (i.e. travel, printing, office supplies, educational materials, and equipment)**

EXPENSE CATEGORY	<u>DESCRIPTION</u>	COST

*Child Care Support Network RFP*

Appendix A

The following amount have been designated for each program component, based on prior experience and expected service delivery, staffing costs, and program administrative costs

**On-site mentoring and technical assistance:** **\$172,800**

**Mental Health Consultation** **\$154,400**

**Health Consultation** **\$117,800**