

**OHIO DEPARTMENT OF HEALTH**  
**Notice of Funding Opportunity**

The Ohio Department of Health (ODH or DOH) is soliciting proposals for professional services.

THIS IS A NEW ODH NOTICE OF FUNDING OPPORTUNITY. THE REQUEST FOR PROPOSAL (RFP) FOR ODH EARLY CHILDHOOD CENTRAL INTAKE AND REFERRAL SYSTEM FOR FISCAL YEAR 2019 ISSUED ON JANUARY 22, 2018 HAS BEEN CANCELED. ALL APPLICANTS MUST SUBMIT A PROPOSAL, AS SET FORTH HEREIN, TO BE CONSIDERED.

**1. PROJECT INFORMATION.**

- 1.1. Project Title. ODH Early Childhood Central Intake and Referral System for Fiscal Year 2019
- 1.2. Posting Date. March 14, 2018
- 1.3. Proposal Due Date. March 28, 2018
- 1.4. Inquiry Period. March 14, 2018 – March 22, 2018
- 1.5. Inquiry Contact. If an Applicant finds any perceived conflict, error, omission or discrepancy in the funding opportunity documents, the Applicant shall submit a written request for interpretation. Questions can be submitted using the Ohio Department of Administrative Services (DAS) website (<https://procure.ohio.gov/proc/searchProcOpps.asp>) where the notice of funding opportunity is located. All questions must be submitted by 4:00 pm on March 22, 2018. In order to submit and see responses to questions, you need to search for the procurement number for this item, which is DOH-24898. Telephone inquiries will not be accepted.

**2. PROJECT OBJECTIVE, PURPOSE AND FUNDING.**

- 2.1. Project Objective. The Ohio Department of Health (ODH) is soliciting professional services from qualified non- profit organization, as defined by the Ohio Department of Taxation (501c3), or qualified government entity to facilitate a statewide Early Childhood Central Intake and Referral system as prescribed by Ohio Revised Code 3701.611.
- 2.2. Project Purpose. Implement and maintain a statewide Early Childhood Central Intake and Referral system for the Help Me Grow system of support. This system shall function as a coordinated, single point of entry to access services that promote family-centered programs for expectant parents, newborns, infants, toddlers, including those with developmental delays and/or disabilities and their families in collaboration and cooperation with other state and local agencies. Activities conducted through the Early Childhood Central Intake shall specifically provide centralized intake and referral services for all applicable Help Me Grow system activities (ODH funded Home Visiting Programs (Healthy Families America, Nurse Family Partnership, Parents and Teachers), Moms & Babies First Community Health Worker programs or their successors) and the Department of Developmental Disabilities (DODD) Early Intervention (EI) program.

The provision of these services will benefit the at-risk citizens of Ohio in a manner consistent with the overall mission of ODH to protect and improve the health of all Ohioans and the mission of DODD of continuous improvement of the quality of life for Ohio's citizens with developmental disabilities and their families.

- 2.3. Project Funding. Not to exceed \$3,929,113

- 2.4. Project Award. Award of agreement shall be based on the Applicant receiving the highest overall score. The overall score shall be a sum of scores for technical ability, operational ability, and community engagement plan as specified in section 5. All awards shall be based on serving the best interests of the State and agency.

- 2.5. Approximate Start Date. 7/1/2018

- 2.6. Approximate End Date. 6/30/2019

2.7. Term Extension. It may be determined that it is in the best interests of the State and agency to continue the work with the awarded Applicant, when that decision has been made, ODH may extend the term of the agreement for an additional 24 months.

3. MANDATORY REQUIREMENTS. Applicant must meet the following requirements or will be disqualified from evaluation:

- 3.1. Applicant must be a qualified non-profit organization, as defined by the Ohio Department of Taxation (501c3), or qualified government entity.
- 3.2. Proposal response must include three letters of reference from stakeholders in each of the five ODH early childhood regions (Attachment D) (15 letters total):
  - 3.2.1. A letter from an early intervention stakeholder (either a current early intervention service coordination provider or a county board of developmental disabilities);
  - 3.2.2. A letter from an ODH funded home visiting provider, and
  - 3.2.3. A letter from a local early childhood stakeholder, including, but not limited to an educational service center, head start/early head start, ODE early care and education program, a rated step up to quality child care center.)

4. COMPLIANCE.

- 4.1. Program Compliance. The Early Childhood Central Intake and Referral system shall comply with Ohio Revised Code 3701.611, Ohio Administrative Code Chapter 3701-8, and 20 U.S.C. 1400, as amended governing the part C, Early Intervention program for infants and toddlers with developmental delays and/or disabilities. More specifically, the Applicant awarded shall:
  - 4.1.1. Facilitate an ongoing single point of entry and access for all state and federally funded home visiting and community health worker programs and the DODD Early Intervention Program.
  - 4.1.2. Maintain applicable home visiting service wait list, providing timely updates by way of contact to identified parents on the wait list, as well as monthly reports to each home visiting agency within assigned Counties. Applicant awarded shall not waitlist any child referred to Early Intervention.
  - 4.1.3. Provide additional staff support as needed, including outreach workers, data entry specialist, speakers, trainers, or other individual as may be required to perform the work identified in this program, that possesses the requisite experience, skill, education, license or certifications, or any other relevant competence that may be reasonably necessary and expected to perform successfully.
  - 4.1.4. Build strong relationships with potential referral sources and other community stakeholders by facilitating public awareness or outreach activities, such as attending or facilitating local community events that target at-risk populations (i.e. health fairs, community baby showers, speaking engagements, etc.).
  - 4.1.5. Serve as a knowledgeable local resource for parent-child health, child development, family support, and early childhood education, along with other cross-sector services that support families from pregnancy to age 3 by developing and maintaining a local directory of services that must be produced to serve client needs.
  - 4.1.6. In accordance with ORC 3701.611(B)(2), utilize the ODH standardized screen for all home visiting and community health worker referrals to assess each family member's risk factors and social determinants of health, initiating applicable system, program and/or community referrals based on family need.
  - 4.1.7. Ensure procedural safeguards are maintained which protect the confidentiality and privacy of each program participant, in accordance with OAC Chapter 3701-8.
  - 4.1.8. Participate in statewide Continuous Quality Improvement efforts and additional trainings required by ODH as necessary.

- 4.1.9. Ensure activities associated with this work are compliant with rules codified in OAC Chapter 3701-8 or its successor and are approved by ODH prior to initiation.
- 4.1.10. Ensure its personnel meet requirements and complete trainings as outlined in OAC Chapter 3701-8 within 30 days of hire.
- 4.1.11. Ensure its personnel having direct contact with families have the requisite training, which at a minimum requires the completion of "Introduction to Early Intervention" (OhioTRAIN Course ID#1061260) or its successor, within 30 days of contract execution or hire.
- 4.1.12. Ensure its personnel comply with data collection, entry and reporting while working in the ODH Required Data System, in accordance with OAC Chapter 3701-8.

4.2. Communications Compliance. The Applicant awarded shall:

- 4.2.1. Comply with ODH Directive 16A "Logo Use" (Attachment A). The Help Me Grow logo as approved and provided by ODH shall be used without alteration on all materials produced using these funds that promote the Help Me Grow System of system of supports. If Applicant awarded desires to seek exception to Appendix 1, it shall forward a request in writing to the ODH Early Childhood Administrator. No work produced under this contract shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law. ODH must approve, in advance, the content of any work produced under this agreement that includes the use of ODH or Help Me Grow logos.
- 4.2.2. The Healthy Families Ohio, Nurse Family Partnership, Parents as Teachers, or Moms & Babies First logos as approved shall be used without alteration on any product using these funds, when the material is being used to target a specific program or population. If Applicant awarded desires to seek exception, it shall forward a request in writing to the ODH Early Childhood Administrator.
- 4.2.3. DODD and Early Intervention program logos, as approved and provided by DODD, shall be used without alteration on all materials produced that promote the early intervention program. DODD must approve, in advance, the content of any work produced under this agreement that includes the use of DODD or Early Intervention program logos.
- 4.2.4. Ensure that communications regarding infant feeding conforms to ODH Policy on Infant Feeding (Attachment B).
- 4.2.5. Ensure that communications regarding safe sleep conforms to ODH Policy on Safe Sleep (Attachment C).

4.3. Intake and Referral Compliance. The Applicant awarded shall:

- 4.3.1. Provide and answer a local phone number during normal business hours, with the exception of state holidays and weekends. Provide voicemail instructions for leaving a message or sending a fax to connect with services. Return voicemail messages, fax, and emails by the next business day.
- 4.3.2. Provide System Referral follow up communication by way of referral source preferred method of communication (i.e. email, telephone, fax) in accordance with OAC Chapter 3701-8 or its successor within 30 calendar days of the system referral. An ODH approved referral follow-up form shall be utilized.
- 4.3.3. Provide and document referrals to local resources for assistance to families' ineligible for ODH or DODD funded services.
- 4.3.4. Provide and maintain a dedicated telephone line or email address for Providers to trouble shoot issues with program referrals (unable to reach, non-working phone numbers, additional information).

4.4. Subcontractor Compliance. The Applicant awarded shall:

- 4.4.1. Ensure that subcontracting be limited to the activities within this contract, are compliant with rules codified in OAC Chapter 3701-8 and are approved by ODH prior to an agreement being initiated.
- 4.4.2. Ensure that personnel, whether employed or sub-contracted meet requirements and complete trainings as outlined in OAC Chapter 3701-8 or its successor within 30 days.
- 4.4.3. Ensure that personnel, whether employed or sub-contracted, comply with the data collection, data entry and data reporting in the ODH Required Data System, in accordance with OAC Chapter 3701-8.
- 4.4.4. Ensure all personnel who are subcontracted, that have direct contact with families, possess the requisite training and at a minimum complete the "Introduction to Early Intervention" (OhioTRAIN Course ID #1061260) or its successor within 30 days of the execution of the contract or date of hire.

- 4.5. **Unallowable Costs.** These funds may not be used to supplement home visiting, service coordination activities, or any other programmatic activities not outlined in OAC Chapter 3701-8. Other unallowable cost includes:

- 4.5.1. Consulting fees for salaried program personnel to perform activities related to objectives;
- 4.5.2. Bad debts of any kind;
- 4.5.3. Contributions to a contingency fund;
- 4.5.4. Entertainment;
- 4.5.5. Fines and penalties;
- 4.5.6. Membership fees or due -- unless related to the program and approved by ODH;
- 4.5.7. Council fees, council salaries, or council operating cost of any kind;
- 4.5.8. Interest or other financial payments (including but not limited to bank fees);
- 4.5.9. Costs to rent equipment or space owned by the funded agency;
- 4.5.10. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
- 4.5.11. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/MiscPages/Memos/default.aspx> for the most recent Mileage Reimbursement memo).
- 4.5.12. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
- 4.5.13. Training longer than one week in duration, unless otherwise approved by ODH;
- 4.5.14. Contracts for compensation with advisory board members;
- 4.5.15. Contract-related equipment costs greater than \$1,000, unless justified in the budget narrative and approved by ODH;
- 4.5.16. Promotional Items not approved by ODH;
- 4.5.17. Office Furniture (including but not limited to desks, chairs, file cabinets) unless otherwise stated.

5. **DELIVERABLES.**

- 5.1. **Program Deliverables.** The deliverables shall include the following:

No.	Deliverable	Compensation
5.1.1.	<p>Within 30 days of contract execution, prepare and submit electronically a revised operational plan detailing</p> <ol style="list-style-type: none"> <li>1. Each task and associated strategies that must be undertaken (to include, but not limited to, the carrying out of activities specified at OAC 3701-8-04 or its successor; communication strategies with home visiting and early intervention providers and referral sources; and the cataloging of incoming documentation, phone calls, records, and/or other forms of communication);</li> <li>2. Staff who have responsibility for each of the tasks or strategy execution;</li> <li>3. Timelines for which the task will be completed; and</li> <li>4. Amount of estimated fiscal resources required.</li> </ol> <p>Compensation to be paid upon plan approval.</p>	
5.1.2.	Throughout the contract term, execute the approved statewide operational plan in each county. Services compensated on a quarterly basis.	
5.1.3.	<p>Within 30 days of contract execution, prepare and submit electronically a professional development plan, indicating the methods, tools, and timelines to train new staff, as well as facilitate ongoing training to current staff. At a minimum, the plan shall orient all staff to the Help Me Grow System (mission, purpose and goals for the system, as well as each program), data entry requirements, and other requirements contained within OAC 3701-8-4 or its successor.</p> <p>Compensation to be paid upon plan approval.</p>	
5.1.4.	Throughout the contract term, execute the approved professional development plan. Services compensated on a quarterly basis	
5.1.5.	<p>Within 30 days of contract execution, prepare and submit electronically a detailed community engagement plan indicating will facilitate outreach and child find in accordance with OAC 3701-8-4 or its successor. Engagement plan should demonstrate a statewide, balanced approach to both Home Visiting and Early Intervention, indicating methods, tools, and timelines for all activities.</p> <p>Compensation to be paid upon plan approval.</p>	
5.1.6.	Throughout the contract term, execute the approved statewide community engagement plan. Services compensated on a quarterly basis.	
5.1.7.	<p>Within 30 days of contract execution, prepare and submit electronically a set of policy and procedures indicating the plan to meet and execute OAC 3701-8-4 or its successor.</p> <p>Compensation to be paid upon policy and procedure approval.</p>	
5.1.8	Throughout the contract term, execute the statewide program in accordance with the approved policies and procedures in each county. Services compensated on a quarterly basis.	
5.1.9	<p>Within 60 days of contract execution, prepare and submit electronically a Quality Assurance plan indicating the plan to ensure the requirements of OAC 3701-8-4 or its successor are implemented as required, and of the highest possible quality.</p> <p>Compensation to be paid upon plan approval.</p>	

5.1.10	Throughout the contract term, execute the approved statewide Quality Assurance plan. Services compensated on a quarterly basis.	
5.1.11	Within 60 days of contract execution, prepare and submit electronically a statewide Community Resource Directory, segmented by Ohio County. At a minimum, the directory shall contain a matrix of available home visiting and community health worker services, as defined by ODH; public and private early intervention experts, services and resources; professional and other parent groups that provide assistance to infants and toddlers with developmental delays and disabilities; as well as other local parent-child health and support resources.  Compensation to be paid upon Directory approval.	
5.1.12	Throughout the contract term, manage the approved statewide directory. Services compensated on a quarterly basis.	
5.1.13	On a quarterly basis, submit by 5:00pm on the due dates indicated below, a detailed quality report including: 1. Quarterly expenditures. 2. Quarterly summation of outreach and child find activities conducted. 3. Report should indicate referrals potentially generated as a result of these activities, as well as plans for engagement in the next quarter.	
	TOTAL	

Period	Report Due Date
July 1 – September 30, 2018	October 10, 2018
October 1 – December 31, 2018	January 10, 2019
January 1 – March 31, 2019	April 10, 2019
April 1 – June 30, 2019	July 10, 2019

## 6. PROPOSAL EVALUATION.

### 6.1. Scoring Breakdown

Scoring Elements	Score Possible	Percentage
Applicant's Experience	50	10%
Operational Plan	200	40%
Outreach and Engagement Plan	200	40%
Proposed Compensation (Attachment E)	50	10%
Total Possible Score	500	100%

## 6.2. Applicant's Experience.

Applicant Experience	Weight	Maximum Possible Score	Weight * Max Possible Score
Description of entity's company history, organizational structure, number of employees, mission, services provided, and financial status to date.	4	5	20
Entity's experience and capacity collaborating with State and local agencies to early childhood programs and initiatives.	3	5	15
Professional experience, education, and training of staff personnel associated with providing services during the term of the agreement.	3	5	15

## 6.3. Operational Ability.

Operations Plan	Weight	Maximum Possible Score	Weight * Max Possible Score
Entity's proposed operational approach, defined tasks with assigned staff personnel and timeline to execute the work associated within this agreement.	30	5	150
Entity's professional development plan, describing the recruitment and retention of qualified staff, as well as initial and ongoing professional development.	10	5	50

6.4. Community Engagement.

Outreach and Engagement Plan	Weight	Maximum Possible Score	Weight * Max Possible Score
<p>Proposed an outreach plan indicating how applicant will engage families potentially eligible for the home visiting and/or early intervention programs, as well as potential referral sources in each county and communities within counties as appropriate. At a minimum, the outreach plan must include the following:</p> <ul style="list-style-type: none"> <li>a. Sources of messaging materials that applicant will utilize in each of the areas identified and where the materials will be obtained.</li> <li>b. Detailed plan as to how applicant will collaborate with birthing hospitals, children's hospitals, appropriate Federally Qualified Health Centers, licensed obstetricians, licensed pediatricians, local health departments, county boards of developmental disabilities, local child welfare agencies, child care centers, and W IC clinic locations.</li> <li>c. Timeline for plan which includes the following: obtaining materials, developing contracts for dissemination or distribution if applicable, identifying responsible agency staff and how applicant intends to track efforts. The timeline should describe the "who, what, when, where and how."</li> <li>d. Description of how the contactor will collaborate with local, state and federal funded maternal and child health and early childhood services.</li> <li>e. Description and justification of areas with higher rates of infant mortality (for example census track, zip code, neighborhood, community) within the service area being targeted for home visiting messaging and outreach.</li> <li>f. Methods and timelines to follow up with referral sources after successful engagement.</li> </ul>	40	5	200

Notice: This notice of opportunity is not an offer or an award.

## 7. FUNDING OPPORTUNITY INSTRUCTIONS

7.1. Response Elements. Applicants interested in submitting a formal offer must submit a written proposal responsive to this opportunity as specified herein. Responses should include the following:

7.1.1. Company Narrative. Short narrative describing the following:

- 7.1.1.1. Applicant's profile and experience with projects of similar size and scope.
- 7.1.1.2. Applicant's ability to meet minimum requirements.
- 7.1.1.3. Applicant's capacity to provide the services required and, the ability and experience of the staff intended to work on the Project.
- 7.1.1.4. Applicant's plan for successful execution of the project and, specifically, the work plan to successfully execute each deliverable.
- 7.1.1.5. Applicant's budget narrative to perform all activities associated with each deliverable. Provide a detailed budget identifying budget categories such as direct cost, personnel, travel, equipment, supplies that are in accordance with section 4.5 of this proposal, and additional sources of funding or revenue streams that will be dedicated to implement or support this system.
- 7.1.1.6. Applicant's justification for compensation proposed by deliverable.

7.2. Where Proposals Must Be Delivered. Proposal must be delivered to the following address:

Ohio Department of Health  
 Office of Procurement Services  
 Attention: Carol Cook  
 246 North High Street  
 Columbus, OH 43215

7.3. Proposals are a Public Record. Once proposals have been reviewed, they will be forwarded to the ODH Project Manager to begin evaluation and award process. After proposals are opened they are public records as defined in Ohio Revised Code Section 149.43 and are subject to all laws appurtenant thereto. Applicant may request that certain information, such as trade secrets or proprietary data, be designated as confidential and not considered as public records. Pricing is not considered as confidential. The decision as to whether or not such trade secrets or proprietary data shall be disclosed shall rest solely with ODH.

7.4. Applicant May Request Clarification. If Applicant discovers an inconsistency, the Applicant should request clarification from ODH Office of Procurement Services as specified in section 1.5.

7.5. ODH Modifications to the Funding Opportunity. When it is necessary to modify the funding opportunity, ODH does so by written addendum only.

7.6. Rejected Proposals. ODH may reject any proposal in whole or in part, if any of the following circumstances are true:

- 7.6.1. Proposals are not in compliance with the requirements stated in this funding opportunity.
- 7.6.2. The price is excessive in comparison with market conditions or with the available funds of the agency.
- 7.6.3. ODH determines that awarding any item is not in the best interest of the agency.

7.7. Proposal Preparation. ODH assumes no responsibility for costs incurred by the Applicant prior to the award of funds resulting from this opportunity.

7.8. Damages Arising from Specifications. Applicant may not be compensated for damages arising from inaccurate or incomplete information in the funding opportunity, specifications or from inaccurate assumptions based upon the specifications.

7.9. Unit Costs. Applicant shall not insert a unit cost of more than two (2) digits to the right of the decimal point. Digits beyond the two (2) will be dropped and not used in the evaluation of the Proposal.

7.10. Responsive Applicant. An Applicant is responsive if its proposal responds completely to the requirements herein and contains no irregularities or deviations that would affect the proposal or otherwise give the Applicant an unfair advantage. An Applicant that fails to be responsive will result in the disqualification of the Applicant's entire proposal from further consideration for agreement award.

7.11. Responsible Applicant. ODH will determine if an applicant is responsible using the following factors:

- 7.11.1. Experience of the applicant.
- 7.11.2. Applicant's financial condition.
- 7.11.3. Applicant's previous conduct and performance.
- 7.11.4. Applicant's facilities.
- 7.11.5. Applicant's management skills.
- 7.11.6. Applicant's ability to execute the work properly.
- 7.11.7. Review of Federal and State debarment lists.

7.12. Estimated Usage. Unless otherwise stated, the usage indicated for each item(s) are to be considered as estimates only and should be considered as information relative to potential purchases that may be made from the award. ODH makes no representation or guarantee as to the actual amount of the items(s) to be purchased.

7.13. Information Requested. ODH may request additional information to evaluate an applicant's responsiveness or to evaluate an applicant's responsibility. If an applicant does not provide the requested information, it may adversely impact ODH evaluation of the Applicant's responsiveness or responsibility.

7.14. ODH Withdrawal of the Funding Opportunity. ODH reserves the right to withdraw the funding opportunity at any time prior to the award the agreement.

7.15. Applicant Evaluation. The ODH Procurement Manager will evaluate the proposal(s) received and determine the proposal(s) that fulfill the project in the best interests of ODH. Each proposal will be scored by a team comprised of DODD and ODH representatives and numerical technical point values will be assigned according to the criteria listed in 6.1. The scale below (0-5) will be used to rate each Proposal response to the funding opportunity on the technical evaluation sections listed in 6.1.

The DODD and ODH evaluation team will score the responses by multiplying the score received in each category by its assigned weight and adding all categories together for the Applicant's total technical score. Representative numerical values are defined as follows:

DOES NOT MEET (0): Response does not comply substantially with requirements or is not provided.

WEAK (1): Response was poor related to meeting the objectives.

BELOW AVERAGE (2): Response indicates the objectives will not be completely met or at a level that will be below average.

MEETS (3): Response generally meets the objectives (or expectations).

ABOVE AVERAGE (4): Response indicates the objectives will be exceeded.

STRONG (5): Response significantly exceeds objectives (or expectations) in ways that provide tangible benefits or meets objectives (or expectations) and contains at least one enhancing feature that provides significant benefits.

7.16. Applicant Negotiation. It is at the discretion of ODH whether to permit negotiations. An Applicant must not submit a proposal assuming that there will be an opportunity to negotiate. When it has been determined that it is in the agency's best interest to conduct negotiations, ODH may request a submission of a best and final quotation.

7.17. Agreement Contents. If this funding opportunity results in an award, the agreement will consist of this funding opportunity, along with attachments, addenda, purchase orders, change orders, and terms and conditions. ODH reserves the right to award multiple agreements under this funding opportunity.

7.18. Agreement Award. ODH plans to award the Agreement based on the proposal that is in the best interests of the agency.

7.19. Agreement Start Date. If the Applicant is unable or unwilling to commence work, ODH reserves the right to cancel the award and resume the evaluation process with the next most advantageous proposal.

7.20. Non-Collusion Certification. The Applicant certifies that he/she is (sole owner, partner, president, secretary, etc.) of the party making the forgoing proposal, that such proposal is genuine and not collusive or sham; that Applicant has not colluded, conspired or agreed, directly or indirectly, with any applicant or person, to submit a sham proposal; or colluded or conspired to have another not participate; and has not in any manner, directly or indirectly, sought by agreement or collusion, or communication or conference, with any person to fix the proposal price or any other applicant, or to fix any overhead, profit or cost element of the proposal price, or of that of any other applicant, to secure any advantage against any applicant or any person or persons interested in the proposed award and that all statements contained in the proposal are true; and further, that the applicant has not, directly or indirectly, submitted this proposal, or the contents thereof, or divulged any related information or data to any association or to any member or agent of any association.

7.21. Scope of Work and Specifications. ODH is authorized to prepare scope of work and specifications to obtain supplies and services. The purpose of the scope or work or deliverables is to describe the supplies or services to be purchased and will serve as a basis for comparison of proposal responses.

7.22. Protest Procedure.

7.22.1. Any potential, or actual, applicant may object to ODH's award of an agreement or any matter relating to the competitive bidding process of this funding opportunity by filing a protest. The protest shall be in writing and shall contain the following information:

- 7.22.1.1. The name, address, and telephone number of the protestor;
- 7.22.1.2. The name and number of the funding opportunity being protested;
- 7.22.1.3. A detailed statement of the legal and factual grounds for the protest, including copies of any relevant documents;
- 7.22.1.4. A request for a ruling by ODH;
- 7.22.1.5. A statement as to the form of relief requested from ODH; and
- 7.22.1.6. Any other information the protestor believes to be essential to the determination of the factual and legal questions at issue in the written protest.

7.22.2. A protest shall be considered timely by ODH, if ODH's Office of General Counsel received it, within the following periods:

- 7.22.2.1. A protest based upon alleged improprieties in the issuance of the funding opportunity or any other event preceding the closing date for receipt of proposals which are apparent or should be apparent prior to the closing date for receipt of proposals shall be filed no later than **5:00 p.m. on the Proposal Due Date.**
- 7.22.2.2. If the protest relates to the announced intent to award an agreement, the protest shall be filed no later than 3:00 pm of the tenth (10th) business day after the announcement of intent to award.

7.22.3. An untimely protest may be considered by ODH if ODH determines in its sole discretion that the protest raises issues significant to ODH's procurement system. An untimely protest is one received by ODH's Office of General Counsel after the time period set forth in paragraphs 7.22.2.1 and 7.22.2.2 of this section.

7.22.4. All protests must be filed with the following:

Ohio Department of Health  
Office of Procurement Services  
Attention: Carol Cook  
246 North High Street  
Columbus, OH 43215

- 7.22.5. When a timely protest is filed, ODH will not award the agreement until a decision on the protest is issued or the matter is otherwise resolved, except where ODH determines in its sole discretion that a delay will severely disadvantage ODH. The applicant(s) who would have been awarded the agreement shall be notified of the receipt of a timely protest.
- 7.22.6. ODH's Office of Legal Services shall issue written decisions on all timely protests and shall notify any applicant who filed an untimely protest as to whether or not the protest will be considered. The ODH's decision to the protest shall be final and conclusive unless any person adversely affected by the decision commences an action in a court of law.



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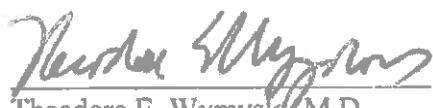
ODH Directive 16A  
Logo Use

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- 1. Purpose.** The purpose of this policy is to establish and maintain consistent image between all divisions, bureaus, programs and units of the Ohio Department of Health (ODH) and to build public recognition of the different programs and services provided by the Department. The Office of Public Affairs is responsible for the drafting of this directive.
- 2. Policy.** The Ohio Department of Health logo is to be used by all ODH divisions, bureaus and programs. Any program or unit seeking an exception to this policy must forward a request in writing to the Director of Public Affairs. You may choose to use either:
  - (A) ODH seal in blue (Pantone Matching System 288) and white, white, or gray tone;
  - (B) ODH seal with stylized Ohio; or
  - (C) Stylized Ohio with "Department of Health" in plain type.
- 3. Exceptions.** Exceptions to the policy may be granted by the department of Public Affairs under the following conditions:
  - (A) The logo is used for a freestanding program that is only housed at ODH (e.g., Save Our Sight, Second Chance Trust Fund).
  - (B) The logo is used to represent a coalition group comprised of other state agencies or organizations (e.g., Ohio Collaborative to Prevent Infant Mortality, BEACON, Employee Assistance Program).
  - (C) Use of the ODH logo or other government affiliation could negatively impact participation by clients or other participation entities (e.g., WIC, PRAMS).
- 4. Approved Logos.** These logos have been previously approved and have sufficient client recognition. They should be used in conjunction with the ODH logo or the stylized Ohio logo with the words "Ohio Department of Health."
  - (A) Beach Guard
  - (B) Help Me Grow
  - (C) Healthy Ohio
  - (D) Healthy Homes
  - (E) PRAMS
  - (F) Public Health Futures
  - (G) Save Our Sight
  - (H) Second Chance Trust Fund
  - (I) WIC

5. **Exception Application Process.** Any program or unit seeking an exception to the logo policy must forward a request in writing to the Department of Public Affairs. Some specific guidelines to include in the written request for an exception to the use of the ODH logo are:
  - (A) Rationale on why the ODH logo is not sufficient or appropriate;
  - (B) Attach a copy of the proposed logo to your request; and
  - (C) Explain in detail the advantage(s) of an additional logo.
6. **Authority.** This directive is promulgated by the Director of Health pursuant to Ohio Revised Code sections 121.02, 121.07, 3701.03 and 3701.04 which authorize the director to create, promulgate and enforce rules for the safe, efficient, economic and proper operation of the agency.

Approved:



Theodore E. Wymyslo, M.D.  
Director

Date:

11/29/12

#### Table of Effective Changes

Version	Effective Date	Superseded/Modified	Significant Changes
16	08/01/2010	1201	Update to new policy format and Director name update
16A	12/1/2012	16	Update to new policy format, approved logos and director name



SUBJECT: Infant Feeding	PAGE 1 OF 5
	NUMBER: 17-BMCFH-02
RELATED RULE/CODE: N/A	SUPERSEDES: First Issuance
RELATED PHAB STANDARDS: N/A	EFFECTIVE DATE: September 1, 2017
RELATED FORMS: N/A	APPROVED:  A handwritten signature in black ink, appearing to read "Karen Hahn".

## I. AUTHORITY

This directive is issued in compliance with Ohio Revised Code 121.07, which delegates to the Director of the Department of Health the authority to manage and direct the operations of the Department and to establish such rules and regulations as the Director prescribes.

## II. PURPOSE

The purpose of this directive is to establish a consistent infant feeding message across all Ohio Department of Health (ODH) programs, subgrantee agencies and contractors that work in maternal and infant health programs. ODH is committed to promoting optimal health and safety for all Ohio infants and to reducing infant mortality. Improving breastfeeding initiation and duration rates among all demographic groups can help to reduce infant morbidity and mortality.

The most common barriers to breastfeeding experienced by nursing mothers include: lack of knowledge, social support, and support from health care providers as well as lack of availability or awareness of breastfeeding support programs, child care or work constraints and embarrassment. Addressing these barriers at the community and policy level can help individual mothers achieve their own breastfeeding goals and can improve population health by increasing babies that breastfeed for the recommended length of time.

## III. APPLICABILITY

This directive applies to ODH staff, subgrantees and contractors working in maternal and infant health programs.

## IV. DEFINITIONS

**Exclusive breastfeeding:** an infant's consumption of human milk with no supplementation of any type (including infant formula, cow's milk, juice, sugar water, baby food and anything else, even water) except for vitamins, minerals, and medications.

**V. POLICY**

It is the policy of the Ohio Department of Health, in alignment with the American Academy of Pediatrics, to recommend exclusive breastfeeding for about six months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for the first year or longer as mutually desired by mother and infant.

**VI. PROCEDURE****A. ODH Staff and Subgrantees**

1. ODH programs and subgrantees working in maternal and infant health programs shall adopt the ODH Infant Feeding Directive or a similar written infant feeding policy that is communicated to all staff.
2. ODH shall form a working group to plan and support breastfeeding initiatives.
3. ODH subgrantees working in maternal and infant health shall maintain an up-to-date list of local breastfeeding educational and supportive resources.
4. ODH programs and subgrantees working in maternal and infant health shall include breastfeeding supportive messages in all applicable activities and publications.
5. ODH programs and subgrantees will not advertise the use of infant formula.
6. ODH programs and subgrantees will not accept or provide free gifts or services, including samples, marketing materials or equipment from infant formula manufacturers or distributors.
7. ODH programs and subgrantees shall not co-sponsor events involving infant formula manufacturers.
8. ODH program and subgrantee shall avoid materials with images of infants being bottle fed, including photos of bottles and artificial nipples, unless the materials are designed specifically to address bottle feeding or other special infant feeding circumstances (e.g., safe bottle feeding, bottle feeding like a breast-fed baby, children with special health care needs who may need adapted bottles or nipples for appropriate and safe feeding, G tube feeding).
9. ODH recommends infant feeding messages be delivered in culturally appropriate methods to reach diverse populations. Messages must be linguistically suitable for various literacy levels.

**B. Other Breastfeeding Considerations**

1. Location
  - a. Infants may be brought into the bed for feeding or comforting, but should be returned to their own crib or bassinet when the parent is ready to return to sleep.

- b. Sleeping on couches and armchairs places infants at extremely high risk of SIDS and suffocation.
- c. It is recommended that infants sleep in the parents' room, close to the parents' bed, but on a separate surface designed for infants. (See Infant Safe Sleep: 17-BMCFH-01)

## 2. Skin-to-Skin Care

- a. Skin-to-skin care is recommended for all mothers and newborns, immediately following birth (as soon as the mother is medically stable, awake and able to respond to her newborn) and continue for at least one hour.
- b. Regardless of milk source or feeding methods, babies should be held while being fed and held often when not being fed.

## C. Special Circumstances

ODH recognizes that there are a limited number of medical conditions in which breastfeeding is contraindicated. Mothers who feed formula should receive written and verbal instruction about safe preparation, handling, storage and feeding of infant formula.

ODH also recognizes that the majority of infant feeding messages are directed at healthy newborns. For infants with special health care needs, the messaging may need to be adapted to meet the needs of these infants and mothers. It is important for mothers of infants with special health care needs to consult their healthcare professionals for feeding guidance and recommendations.

## D. Supporting Background:

Breastfed infants experience immunological and nutritional benefits that infants who are not breastfed do not receive. Benefits of breastfeeding include: improved developmental and psychosocial outcomes, increased mother/infant bonding, reduced health care costs, less environmental waste and reduced infant mortality. Infants who are not breastfed are at increased risk for Sudden Infant Death Syndrome (SIDS), necrotizing enterocolitis (NEC), ear infections, GI infections, celiac disease, inflammatory bowel disease, obesity, diabetes, childhood leukemia and lymphoma. Data analysis indicates breastfed children had 20 percent lower risk of dying between 28 days and one year than children who were not breastfed. Improving breastfeeding initiation and duration rates among all demographic groups can help to reduce infant morbidity and mortality.

Numerous professional and public health organizations support breastfeeding and the use of human milk as the preferred method of providing infant nutrition and promoting infant health. Organizations showing their support include: the American Academy of Pediatrics; American College of Obstetricians and Gynecologists; American Academy of Family Physicians; American College of Nurse-Midwives; Academy of Nutrition and Dietetics; US Department of Health and Human Services; National Center for Chronic Disease Prevention and Health Promotion; United States Breastfeeding Committee; International Lactation Consultant Association; Academy of Breastfeeding Medicine; World Health Organization; Neonatal Nurse Practitioner; Association of Women's Health, Obstetric and Neonatal Nurses; and the National Association of Pediatric Nurse Practitioners.

According to ODH's 2015 Vital Statistics data, 72.6% of infants born in Ohio were breastfed or received breastmilk at hospital discharge while only 52.7% were exclusively breastfed at hospital discharge. Ohio's breastfeeding initiation rate is below the Healthy People 2020 goal of 81.9% ever breastfeeding. For infants born in Ohio, only 74.6% of white, non-Hispanic mothers, 73.6% of Hispanic mothers, and 61.1% of black, non-Hispanic mothers provided breastmilk to some extent at hospital discharge. Only 56.5% of white, non-Hispanic mothers, 48.6% of Hispanic mothers, and 37.1% of black, non-Hispanic mothers were exclusively breastfeeding at hospital discharge.

Looking at duration of breastfeeding, according to the CDC Breastfeeding Report Card, 43.8% of Ohio's infants were breastfed at 6 months and 25.6% were breastfed at 12 months. Ohio's breastfeeding rates remain below Healthy People 2020 goals of 60.6% of infants breastfeeding at 6 months and 34.1% breastfeeding at 12 months. Only 39.6% of Ohio's infants were exclusively breastfed at 3 months while only 22.3% were exclusively breastfed at 6 months. Breastfeeding rates remain below Healthy People 2020 goals of 46.2% infants exclusively breastfeeding at 3 months and 25.5% exclusively breastfeeding at 6 months.

In the 2011 *Call to Action to Support Breastfeeding*, the Surgeon General called for a society-wide approach to support mothers and babies who are breastfeeding. Previous recommendations from the Surgeon General include: improving professional education in human lactation and breastfeeding; developing public education and promotional efforts, strengthening the support for breastfeeding in the health care system, developing a broad range of support services in the community, initiating a national breastfeeding promotion effort directed to women who work, and expanding research on human lactation and breastfeeding. Shifting this norm for Ohioans will require involvement of mothers and their families, communities, employers, businesses, health care and public health programs. Ohio also specifically recognizes, respects and values the unique and fundamental role that fathers/partners have in supporting breastfeeding for their family, for their children and for their child's mother.

In the American Academy of Pediatrics 2016 updated policy statement *SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment*, breastfeeding is recommended as a protective factor against SIDS. Any breastfeeding is considered better than no breastfeeding. Location of feeding is also referenced. Infants may be brought into the bed for feeding or comforting but should be returned to their own crib or bassinet when the parent is ready to return to sleep. Sleeping on couches and armchairs places infants at extremely high risk of SIDS and suffocation. It is recommended that infants sleep in the parents' room, close to the parents' bed, but on a separate surface designed for infants.

As stated in the American Academy of Pediatrics Clinical Report, skin-to-skin care is recommended for all mothers and newborns, regardless of feeding or delivery method, immediately following birth (as soon as the mother is medically stable, awake and able to respond to her newborn), and to continue for at least an hour. Regardless of milk source or feeding methods, babies should be held while being fed and held often when not being fed.

## References:

American Academy of Pediatrics. (2004). Breastfeeding and the Risk of Postneonatal Death in the United States, *Pediatrics*, 113 (5), e435-e439.

American Academy of Pediatrics. (2012). Breastfeeding and the Use of Human Milk, *Pediatrics*, 129

(3), e827-e841. Retrieved from: <http://pediatrics.aappublications.org/content/129/3/e827.full.pdf+html>

American Academy of Pediatrics. (2016). SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment. Retrieved from: <http://pediatrics.aappublications.org/content/early/2016/10/20/peds.2016-2938>

Australian Breastfeeding Association. (2013). Position Statement on Breastfeeding. Retrieved from: [https://www.breastfeeding.asn.au/system/files/content/POL-Statement%20on%20Breastfeeding-V2.2-201311\\_1.pdf](https://www.breastfeeding.asn.au/system/files/content/POL-Statement%20on%20Breastfeeding-V2.2-201311_1.pdf)

Centers for Disease Control and Prevention. (2016). Breastfeeding Report Card. Retrieved from: <https://www.cdc.gov/breastfeeding/pdf/2016breastfeedingreportcard.pdf>

Scanlon, K. S., Grummer-Strawn, L., Li, R., Chen, J., Molinari, N., Perrine, C. G. Racial and Ethnic Differences in Breastfeeding Initiation and Duration, by State --- National Immunization Survey, United States, 2004—2008, *Morbidity and Mortality Weekly Report*, 59(11);327-334. Retrieved from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5911a2.htm>

U.S. Department of Health and Human Services. Healthy People 2020 Goals. Retrieved from: <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives>

U.S. Department of Health and Human Services. (2000). *HHS Blueprint for Action on Breastfeeding*. Washington D.C: U.S. Department of Health and Human Services, Office of Women's Health. Retrieved from: <http://www.womenshealth.gov/archive/breastfeeding/programs/blueprints/bluprntbk2.pdf>

U.S. Department of Health and Human Services. (2011). *The Surgeon General's Call to Action to Support Breastfeeding*. Washington, D.C.: U.S. Department of Health and Human Services, Office of the Surgeon General. Retrieved from: <http://www.surgeongeneral.gov/library/calls/breastfeeding/calltoactiontosupportbreastfeeding.pdf>

Winter-Feldman, L., Golsmith, JP. American Academy of Pediatrics Committee on Fetus and Newborn. Safe Sleep and Skin-to-Skin Care in the Neonatal Period for Healthy Term Newborns. *Pediatrics*, 2016;138(3):e20161889. Retrieved from: <http://pediatrics.aappublications.org/content/early/2016/08/18/peds.2016-1889>

World Health Organization. *International Code of Marketing of Breast-milk Substitutes*. Retrieved from: [http://www.who.int/nutrition/publications/code\\_english.pdf](http://www.who.int/nutrition/publications/code_english.pdf)

## Table of Effective Changes

Version	Effective Date	Superseded/Modified	Significant Changes
1	9/1/2017	NA	First Issuance



SUBJECT: Infant Safe Sleep	PAGE 1 OF 4
	NUMBER: 17-BMCFH-01
RELATED RULE/CODE: ORC 121.07	SUPERSEDES: First Issuance
RELATED PHAB STANDARDS: NA	EFFECTIVE DATE: June 16, 2017
RELATED FORMS: NA	APPROVED: 

## I. AUTHORITY

This directive is issued in compliance with Ohio Revised Code 121.07, which delegates to the Director of the Department of Health the authority to manage and direct the operations of the Department and to establish such rules and regulations as the Director prescribes.

## II. PURPOSE

The purpose of this policy is to establish a consistent infant safe sleep message across all department programs and activities. The Ohio Department of Health (ODH) is committed to promoting optimal health and safety for all Ohio infants and to reducing infant mortality. ODH recognizes its leadership role in establishing standards for policies and practices that promote healthy behaviors among its employees, programs, subgrantees, and other state agencies for what ODH believes to be in the best interest of Ohio's citizens.

Sleep-related infant deaths are those which happen suddenly and unexpectedly in a sleep environment. The causes include sudden infant death syndrome (SIDS), accidental suffocation, positional asphyxia, overlay, and undetermined causes. The distinction between the causes of these sleep-related deaths is challenging and many risk factors are similar.<sup>1</sup>

According to the Ohio Child Fatality Review for 2015 deaths, infants were placed to sleep on their back in only 40 percent of reviewed deaths. Fifty-three percent of deaths occurred when the infant was sharing a bed with another person. Thirty-two percent of the infants had been exposed to second hand smoke. The AAP recommendations for safe infant sleeping environments address these and other important risk factors.

## III. APPLICABILITY

This directive applies to ODH staff, subgrantees and contractors working in maternal and infant health programs.

## IV. DEFINITIONS

None.

**V. POLICY**

It is the policy of the Ohio Department of Health to adhere to the infant safe sleep standards as endorsed by the American Academy of Pediatrics (AAP) in their Task Force on Sudden Infant Death Syndrome's report, *SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment*, released in November of 2016.<sup>ii</sup> All activities and publications, ODH programs and subgrantees shall adhere to these safe sleep standards.

**VI. PROCEDURE**

1. ODH programs, subgrantees and contractors must adopt this ODH Infant Safe Sleep policy which shall be routinely communicated to all staff.
2. Play yards purchased with ODH Maternal and Child Health Program (MCHP) funding must be approved by the Consumer Product Safety Commission. ODH subgrantees and contractors shall not accept donations for play yards that were purchased with ODH MCHP funding. Donations shall not be solicited nor accepted from families receiving the play yards.
3. While it is not possible to guarantee complete prevention of sleep-related deaths, ODH shall urge parents and caregivers to follow these recommendations as the most effective way to reduce the risk of sleep-related infant death.
  - a. Place infants for sleep wholly on the back for every sleep, nap time and night time.
  - b. Use a firm sleep surface. A firm crib mattress with a tight-fitting sheet in a safety-approved crib is the recommended surface.
  - c. Room-sharing without bedsharing is recommended. The infant's crib should be in the parents' bedroom, close to the parents' bed. Room-sharing is ideal for the first year of life, but at least the first 6 months.
  - d. Cribs must be free of any loose items or materials including loose bedding and bumper pads.
  - e. Avoid overheating by excessive clothing, bundling or room temperature.
  - f. Breastfeeding is recommended. ODH and the AAP recommend exclusive breastfeeding for six months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for one year or longer as mutually desired by mother and infant.<sup>iii</sup> ODH recognizes that in individual circumstances, breastfeeding may pose more harm than benefits and should either be limited or abstained from. Mothers of children with special health care needs should follow recommendations of their health care provider. (See 17-BMCFH-02: Infant Feeding)
  - g. Offer a pacifier at sleep time after breastfeeding has been established.
  - h. Do not smoke during pregnancy or after birth. Avoid exposure of infants and pregnant women to secondhand smoke.

- i. Encourage supervised “tummy time” when infant is awake to avoid flat spots on the back of the infant’s head and to strengthen the upper torso and neck.

Avoid commercial devices such as wedges, positioners and monitors marketed to reduce the risk of SIDS. None have been proven safe or effective and the use of such products do not diminish the importance of following recommended safe sleep practices.

- j. All infants should be immunized in accordance with AAP and Centers for Disease Control and Prevention recommendations. This includes following recommended immunization schedules for one-time, serial, and yearly shots.
- k. Pregnant women should receive regular prenatal care.
- l. Alcohol and illicit drug use should be avoided during pregnancy and after birth. An increased risk of SIDS is associated with exposure to alcohol during pregnancy and after birth.
4. Safe sleep messages must be delivered in culturally appropriate methods to reach diverse populations; and messages must be linguistically suitable for various literacy levels and sensitive to family history of infant death. The method of delivery may vary, but the recommendations remain the same. Under no circumstances shall ODH programs indicate that it is acceptable to share a sleep surface with an infant; to place an infant on his or her stomach or side to sleep; or to use any other sleep surface besides a safety-approved crib or bassinet. Parents and caregivers of children with special health care needs should follow recommendations of their health care providers.
5. All publications shall adhere to the safe sleep image guidelines as established by the National Action Partnership to Promote Safe Sleep in March, 2017.<sup>iv</sup> Using appropriate images will reinforce the safe sleep messages ODH provides.
  - a. Infants should be shown sleeping or being placed to sleep on their backs.
  - b. Infants should be shown sleeping alone in a crib, bassinet, or other safe space that is bare (no blanket, quilt, pillows, bumper pads, sheepskin, stuffed animals, or toys). Bassinet does not have padded sides.
  - c. Infant should be shown with their heads uncovered.
  - d. Infants should not be shown sleeping in car seats, infant carriers, swings, slings, strollers, bouncy seats, or other similar products.
  - e. Infants should not be shown sleeping in positioners or on wedges.
  - f. Where possible, photos should demonstrate room sharing by showing the infant’s separate, safe sleep area within arm’s reach of Mom, Dad, or other caregiver.
  - g. Infants should be shown dressed in a wearable blanket or other sleep clothing for warmth, without the use of blankets.

- h. Do not show infants sharing the same sleep space. Even twins and other multiples should each have their own crib.
- i. If infant has a pacifier, the pacifier is cordless and not attached to a stuffed toy or infant's clothing.
- j. The infant's sleep space should not be shown near windows, draperies, blind/shade cords, or electric wires.
- k. Infant should not be shown sleeping on any surface other than a firm mattress (i.e. not on a parent's chest, adult bed, sofa, chair, or pillow). The crib mattress height should be shown at the lowest level for infants who appear to be able to pull or stand up. Mattresses shown should fit snugly in the crib, covered with only a fitted sheet. Cribs shown should not have a drop side and slats should appear to be narrow (i.e., not wide enough to fit a soda can through). Nothing should be hung from or around the crib slats.
- l. Infant's sleep space should not appear near crib gyms or mobiles.
- m. Heart or breathing monitors are not present.

## B. SPECIAL CONDITIONS

ODH recognizes that there are a limited number of medical conditions in which immunization is contraindicated. It is important for mothers of infants with special health care needs to consult their healthcare professionals for immunization guidance and recommendations.

### Table of Effective Changes

Version	Effective Date	Superseded/Modified	Significant Changes
1	6/16/2017	NA	First Issuance

<sup>i</sup> Ohio Department of Health, *Ohio Child Fatality Review Sixteenth Annual Report*. September, 2016. <http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/cfhs/child-fatality-review/2016-CFR-Report.pdf?la=en>.

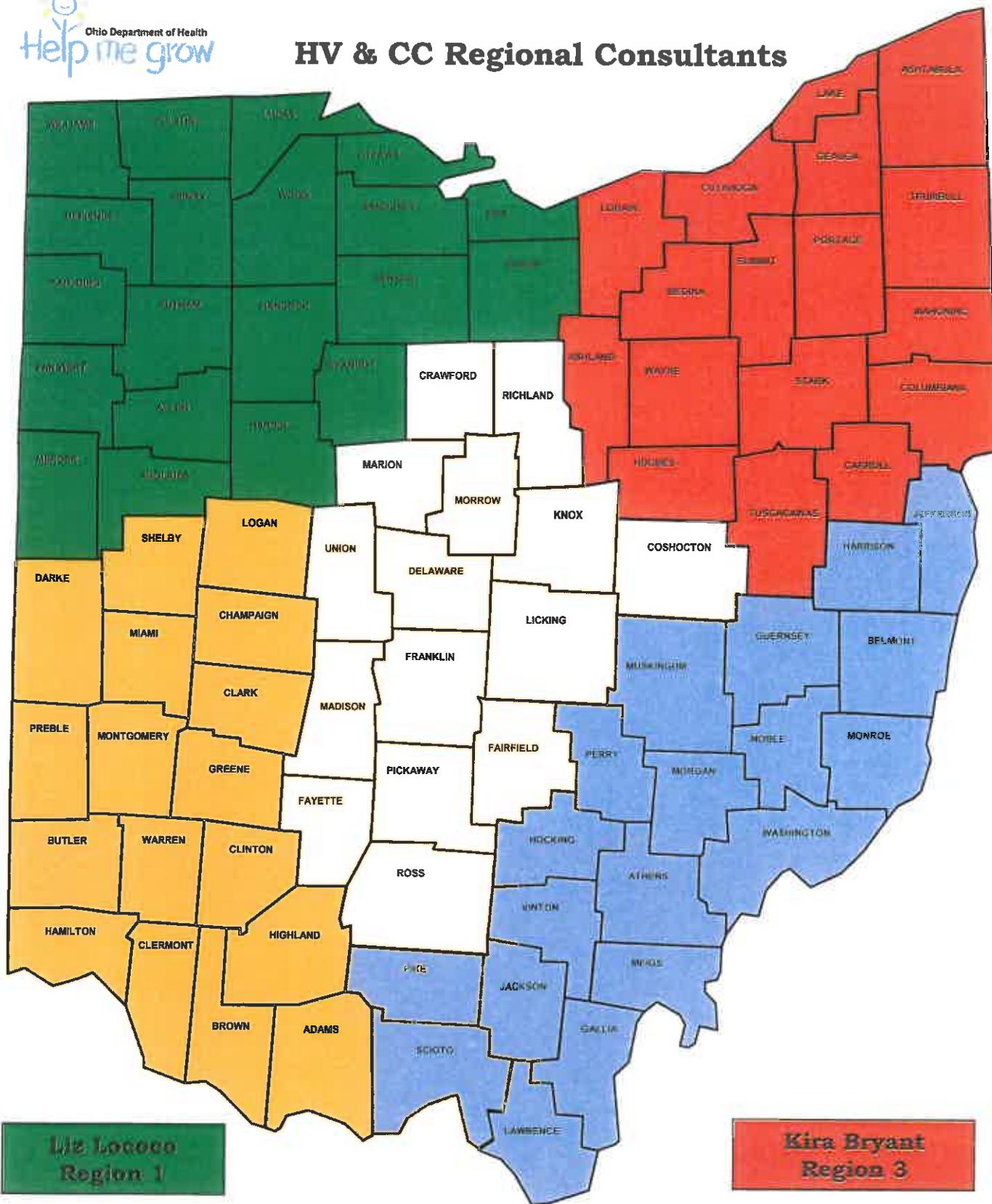
<sup>ii</sup> Policy Statement: SIDS and Other Sleep-Related Infant Deaths: 2016 Updated Recommendations for a Safe Infant Sleeping Environment, *Pediatrics*, November, 2016. <http://pediatrics.aappublications.org/content/early/2016/10/20/peds.2016-2938>.

<sup>iii</sup> Breastfeeding and the Use of Human Milk, *Pediatrics*, February, 2012. <http://pediatrics.aappublications.org/content/129/3/e827.full.html>.

<sup>iv</sup> A Wakeup Call to Safeguard Sleeping Infants, National Action Partnership to Promote Safe Sleep, March, 2017. [www.nappss.org/documents/NAPPSS-ImageVettingChecklist.pdf](http://www.nappss.org/documents/NAPPSS-ImageVettingChecklist.pdf)



**HV & CC Regional Consultants**



## **Ute Lococco** **Region 1**

**Kira Bryant**  
**Region 3**

## **Bianca Guynn Region 2**

## **Tiffany Armstrong Region 5**

Amie Unger  
Region 4

## ATTACHMENT E- COMPENSATION WORKSHEET

Applicants shall complete the compensation worksheet as part of their proposal. Proposals offered without the document may be disqualified. Additionally, applicant shall submit the following:

- a. Budget narrative to perform all activities associated with each deliverable. See section 7.1.1.5. for details.
- b. Justification for compensation proposed by deliverable.

Deliverable	Item Compensation	Quantity	Total Compensation
Within 30 days of contract execution, prepare and submit electronically a revised operational plan. Compensation to be paid upon plan approval.		1	
Within 30 days of contract execution, prepare and submit electronically a professional development plan. Compensation to be paid upon plan approval.		1	
Within 30 days of contract execution, prepare and submit electronically a detailed community engagement plan. Compensation to be paid upon plan approval.		1	
Within 30 days of contract execution, prepare and submit electronically a set of policy and procedures. Compensation to be paid upon plan approval.		1	
Within 60 days of contract execution, prepare and submit electronically a Quality Assurance plan. Compensation to be paid upon plan approval.		1	
Within 60 days of contract execution, prepare and submit electronically a statewide Community Resource Directory.		1	
Deliverable	Quarterly Compensation	Quantity	Total Compensation
Throughout the contract term, execute the approved statewide operational plan in each county. Services compensated on a quarterly basis.		4	
Throughout the contract term, execute the approved professional development plan. Services compensated on a quarterly basis		4	
Throughout the contract term, execute the approved statewide community engagement plan. Services compensated on a quarterly basis.		4	
Throughout the contract term, execute the statewide program in accordance with the approved policies and procedures in each county. Services compensated on a quarterly basis.		4	
Throughout the contract term, execute the approved statewide Quality Assurance plan. Services compensated on a quarterly basis.		4	
Throughout the contract term, manage the approved statewide directory for all counties. Services compensated on a quarterly basis.		4	
On a quarterly basis, submit a detailed programmatic report.		4	
<b>TOTAL</b>			