STATE OF TENNESSEE
Department of Health

REQUEST FOR INFORMATION
FOR
An Activity Kit Promoting Physical Activity
for Children in Childcare Centers

RFI # 34347-83622
November 19, 2021

1. STATEMENT OF PURPOSE:

The State of Tennessee, Department of Health issues this Request for Information (“RFI”) for the purpose of gathering information related to child focused activity kits promoting physical activity and fitness for certified Gold Sneaker childcare centers. The activity kits will be a resource to assist children in learning new ways to improve fitness, work with others, and understand the importance of being active.

2. BACKGROUND:

Gold Sneaker (“GS”) is a free initiative that encourages licensed Tennessee childcare providers to make a commitment to go beyond the minimum licensing requirements to improve the health of the children in their care. The focus of GS is childhood obesity prevention, physical activity, and healthy eating policies, as well as a tobacco-free campus policy. Once childcare providers have completed the required training and application process, they attain certified ‘Gold Sneaker” status.

To acknowledge the accomplishment of childcare providers and to help them maintain compliance with GS policies, childcare providers receive an activity kit promoting physical activity and nutrition, and a resource packet containing information on safe sleep, tobacco-use prevention/cessation, and breastfeeding.

As well, the State would like to provide childcare providers with a toolkit which:

- Offers all materials in English and Spanish at a minimum,
- Develops motor skills & movement patterns,
- Aligns with the National Association for the Education of Young Children (NAEYC) & national Physical Education (PE) standards,
- Includes a PE curriculum guide for units, and
- Increases color, shape, and number recognition
The State is seeking information on potential solutions of what is currently available in the marketplace for these services.

3. COMMUNICATIONS:

3.1. Please submit your response to this RFI to:

Kelly Johns | Sourcing Account Management Team Lead
Central Procurement Office
Tennessee Tower, 3rd Floor
312 Rosa L. Parks Ave, Nashville, TN 37243
p. 615-741-8852
Kelly.X.Johns@tn.gov

3.2. Please feel free to contact the Tennessee Department of Health with any questions regarding this RFI. The main point of contact will be:

Yvette Mack, Program Director
Department of Health
710 James Robertson Parkway
Nashville, TN 37243
(615) 741-0315
(615) 531-7189
Yvette.Mack@tn.gov

3.3. Please reference RFI # 34347-83622 with all communications to this RFI.

4. RFI SCHEDULE OF EVENTS:

<table>
<thead>
<tr>
<th>EVENT</th>
<th>TIME (Central Time Zone)</th>
<th>DATE (all dates are State business days)</th>
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<tbody>
<tr>
<td>1. RFI Issued</td>
<td></td>
<td>November 19, 2021</td>
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<tr>
<td>2. RFI Response Deadline</td>
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<td>December 3, 2021</td>
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5. GENERAL INFORMATION:

5.1. Please note that responding to this RFI is not a prerequisite for responding to any future solicitations related to this project and a response to this RFI will not create any contract rights. Responses to this RFI will become property of the State.

5.2. The information gathered during this RFI is part of an ongoing procurement. To prevent unfair advantage among potential respondents, the RFI responses will not be available until after the completion of evaluation of any responses, proposals, or bids resulting from a Request for Qualifications, Request for Proposals, Invitation to Bid or other procurement method. In the event that the state chooses not to go further in the procurement process
and responses are never evaluated, the responses to the procurement including the responses to the RFI, will be considered confidential by the State.

5.3. The State will not pay for any costs associated with responding to this RFI.

6. INFORMATIONAL FORMS:

The State is requesting the following information from all interested parties. Please fill out the following forms:

<table>
<thead>
<tr>
<th>RFI #34347-83622</th>
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<tbody>
<tr>
<td>TECHNICAL INFORMATIONAL FORM</td>
</tr>
<tr>
<td>1. RESPONDENT LEGAL ENTITY NAME:</td>
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<tr>
<td>2. RESPONDENT CONTACT PERSON:</td>
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<tr>
<td>3. Brief description of experience providing similar scope of services/products:</td>
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<tr>
<td>a. How much experience does your company have providing activity kits for early childhood education, including: physical activity, motor skills and nutrition?</td>
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<td>4. Is the activity kit provided in multiple languages?</td>
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<td>a. If so, which languages are represented?</td>
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<td>5. Does the activity kit offer any adapted activities for special needs children?</td>
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<td>6. Does your company allow for customization of these activity kits to include additional items?</td>
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<td>7. How long does it take to prepare and distribute activity kits?</td>
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<tr>
<td>a. Will the activity kits be shipped in their entirety or will items/components be shipped separately?</td>
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<td>8. Have you worked with other States or childcare providers to provide similar products?</td>
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<tr>
<td>9. Does the activity kit include an evaluation component to assess motor skills and physical development in young children ages three (3) to five (5) years of age?</td>
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<tr>
<td>a. If so, please describe how the activity kit utilizes an evaluation.</td>
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</table>
## COST INFORMATIONAL FORM

1. Describe what pricing units you typically utilize for similar services or goods (e.g., per hour, each, etc.):

2. Describe the typical price range for similar services discussed within this Request for Information.

3. Shipping costs: Please describe the typical shipping cost range for drop-shipping directly to locations.

## ADDITIONAL CONSIDERATIONS

1. Please provide input on alternative approaches or additional things to consider that might benefit the State: