

Supporting Early Head Start Families Entering or Re-entering the Workforce with Flexible Extended Care

RFP for Coronavirus State and Local Fiscal Recovery Funds

Verner Center for Early Learning

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Application Form

Question Group

Buncombe County requests proposals for projects to help the community recover from and respond to COVID-19 and its negative economic impacts.

Buncombe County has been awarded \$50,733,290 in Coronavirus State and Local Fiscal Recovery Funds (Recovery Funding), as part of the American Rescue Plan Act. This infusion of federal resources is intended to help turn the tide on the pandemic, address its economic fallout, and lay the foundation for a strong and equitable recovery.

Buncombe County is committed to investing these funds in projects that:

- Align to county strategic plan and community priorities
- Support equitable outcomes for most impacted populations
- Leverage and align with other governmental funding sources
- Make best use of this one-time infusion of resources
- Have a lasting impact

Proposals shall be submitted in accordance with the terms and conditions of this RFP and any addenda issued hereto.

[Click here for the full terms and conditions of the RFP](#)

Coronavirus State and Local Fiscal Recovery Funds*

Name of Project.

Supporting Early Head Start Families Entering or Re-entering the Workforce with Flexible Extended Care

Amount of Funds Requested*

\$1,257,926.00

Recovery Fund Eligible Category*

Please select one:

Services for disproportionately impacted communities

Brief Project Description*

Provide a short summary of your proposed project.

Verner requests \$1,257,926 over 3 years to extend the Early Head Start (EHS) day from 6 hours (8:30-2:30) to full-day, 9.5 hours (7:30-5:00). This provides children extended time in high-quality early care and education (ECE) settings and provides caregivers increased opportunities to seek better employment, enroll in and complete degree or certificate programs, and have time to take care of their own physical and mental

health needs. Funding will allow all 88 EHS families enrolled at our 3 centers across the county to participate. Currently, we are only able to offer limited full-day hours, depending on available staffing and the family's ability to pay out-of-pocket or access other funding to cover the cost. The funds requested will allow us to leverage our federal EHS funding to provide expanded high-quality ECE while collecting data and evidence that support the benefits of an extended day for EHS children and families who have been disproportionately impacted by the pandemic.

Project Plan*

Explain how the project will be structured and implemented, including timeframe.

The EHS program at Verner offers high-quality ECE experiences to families Monday through Friday, year round. The Recovery Funding requested will be used to provide consistent, flexible extended care to all enrolled EHS families in 14 Verner's classrooms for each of the next three program years. This project seeks to address systemic inequities in alignment with the county strategic plan and community priorities.

Verner already provides extended care through a combination of family/caregiver-paid options. This experience with extended care is an excellent foundation to implement the extended care model described in this request. Extended care for all EHS families would begin in the 2021-22 program year.

If this request is funded, caregivers will be informed of the new flexible extended hours for the program during the recruitment and (re)enrollment process.

An integral part of the EHS model is to partner families with an EHS-mandated Verner staff person, called a Family Advocate. Together, they set goals for each year they participate in the three-year span of the program and work collaboratively toward attaining goals while accessing community resources and expanding opportunities for success.

With this model of high-quality ECE programming and the flexibility of extended hours of care, families can identify opportunities outside of the standard EHS program hours and have increased motivation to set and realize life-changing goals.

Child development, attendance, and goal-setting data points collected during the project timeframe will be compared with similar baseline data from previous years. We share data from past years in the Results section of this application.

The EHS program requires Verner to have staff positions dedicated to: curriculum, health and wellness, and child development to support the needs of children and families and to work with classroom teachers to increase successful early learning experiences. As mentioned earlier, another mandate for program staff places Family Advocates in centers to support all families enrolled in center-based EHS programming. The extended care model will allow Family Advocates to expand their direct work with caregivers to further inform and support equitable opportunities for success.

Verner's EHS and Child Care resources combine to assure program fidelity during the transition to increased program hours and to onboard and train the additional staff needed to make extended hours possible.

Four additional teachers will need to be hired to facilitate the extended hours and to assure that staff members do not work beyond the 8 or 8.5 hours that their positions allow. In addition, we are requesting Recovery Funding 10% of EHS teachers' salaries to cover the portion of the day that is not funded by EHS.

Recovery Funding will be used over three program years: September to August of 2021-22, 2022-23, and 2023-24.

Statement of Need*

Describe the need that this project will address. Include data to demonstrate the need, and cite the source of the data.

The COVID pandemic has disproportionately affected Black and Hispanic communities and workers in low-wage and/or underemployed positions when it started. Families qualify for EHS enrollment if they meet eligibility requirements (income at or below the federal poverty line or receive certain types of public

assistance, are experiencing homelessness, or are a foster family) and have experiences that align with a list of qualifying factors. Extensive data show the impacts that families living in poverty have experienced during COVID. The families that show up in national data reports are the same families that enroll in Verner's EHS classrooms. Their recovery from pandemic impacts has been slow, and they have fallen farther behind in workforce and income statistics. As an indicator of economic mobility, the uneven recovery of the workforce for Black, Indigenous, and People of Color (BIPOC) and low-wealth families indicates that the population served by Verner's EHS program is at the greatest disadvantage when entering or re-entering the workforce. A 2013 study published by the Center for American Progress, "The Importance of Preschool and Child Care for Working Mothers," indicates that extended child care hours:

- * Correlates to better-paying, career track employment for mothers and caregivers in the home.
- * Allows families to find better jobs because of the ability to work the schedules that are most in demand.
- * Impacts how family members can enter the workforce and/or stay in the workforce.
- * Provides opportunity and access to education, degree attainment, and skill certification—increasing long-term workforce success.
- * Balances out the impact of the gender wage gap that is a symptom of women's lack of workforce/job choice.

Ultimately, by extending flexible hours and reducing family child care costs (and the difficult decisions that families must make around child care), families enter the workforce more often, have more stable employment, and obtain better wages.

Link to COVID-19*

Identify a health or economic harm resulting from or exacerbated by the public health emergency, describe the nature and extent of that harm, and explain how the use of this funding would address such harm.

The pandemic has impacted every individual, family, school, and community in the U.S., but unfortunately the impact has not been evenly distributed. The nature of the EHS program is to provide comprehensive ECE services, primarily to families who are experiencing poverty and/or homelessness. These families have disproportionately experienced negative health and economic impacts due to the pandemic. These caregivers did not have the ability to work from home when child care centers and schools were closed, paid time off to use when they were sick or needed to care for their children, or savings to help them weather the layoffs and job losses that were primarily seen in low-wage job sectors.

Overwhelmingly, data is beginning to show that there is a significant workforce issue in the U.S. economy, as a result of the significant unemployment caused by the pandemic. A critical piece of getting people back to work and recovering the economy is for families to have access to reliable, high-quality child care that meets their needs while they are at work or continuing their education.

The Economic Policy Institute in their "chart of the week" published on July 9, 2021, has tracked worker unemployment since January 2020 for Black, Hispanic, Asian American and Pacific Islander, and white workers. When comparing pre-COVID unemployment rates to current rates, Black and Hispanic workers' workforce recovery lags behind that of white workers by 4% and 2%, respectively. During the May 2020 unemployment high point, Hispanic workers saw the highest unemployment percentages and have continued to see the greatest instability in workforce experiences and opportunities. Black workers had the second highest percentage (and Black women even more disproportionately high), have not recovered as well, and have faced the greatest barriers to re-entering the workforce.

Population Served*

Define the population to be served by this project, including volume and demographic characteristics of those served.

This project will significantly impact at least 88 families with access to up to 850 hours of additional free, high-quality child care each year. Currently, we have 69 center-based EHS families at any given time, and that number will increase to 88 once the new Verner Central at Emma Elementary School is fully operational in the fall of 2021. Of the currently enrolled families, 24% identify as Black or African American, 43% identify as white, and 33% identify as something else or more than one race. Also, of those currently enrolled families, 21% identify as Hispanic and 15% list their primary language as Spanish. Approximately 58% of currently enrolled center-based students are in single-parent households. 75% of enrolled children qualified for EHS based on a family income at or below 130% of the federal poverty level, while 13% are foster children, 10% were experiencing homelessness at the time of eligibility determination, and 2% were receiving public assistance in the form of TANF (Work First in North Carolina) or Supplemental Security Income.

We anticipate that the demographic composition of our enrolled children and families will shift and become more diverse as we open the new Verner Central in the Emma community and enroll more center-based students who reside within the Asheville city limits.

Results*

Describe the proposed impact of the project. List at least 3 performance measures that will be tracked and reported. If possible, include baselines and goals for each performance measure.

Performance Measures:

1. Utilization of extended hours, as measured by attendance data: Currently, approximately only one-third of Verner's EHS families use extended hours – almost exclusively due to its cost. Our goal is to increase that percentage to at least three-quarters of enrolled EHS families. Our Family Advocates have indicated, based on their ongoing conversations with families, that – if there was no cost barrier – all enrolled families would likely utilize extended care to some degree to take a better-paying job and/or expand their work hours, continue their education, and/or take better care of their physical and mental health to support their family's financial recovery from the pandemic.

2. Overall average daily attendance, as measured by attendance data: Currently, our average daily attendance is below 80%, and our goal is to increase it to above 85%. We expect that having full-day care available will allow families to bring their child(ren) to school on days when they otherwise would have kept them out due to the inability to drop off and/or pick up within the existing EHS schedule.

3. Family progress towards their own goals and impact on their employment, as measured by Family Needs Assessment data: Currently, around 18-20 EHS families identify obtaining employment or better employment as a goal, and roughly the same number identify pursuing education and/or job training as a goal. Our objective would be for all of those families who identify these personal goals to achieve them during the three-year project period.

Evaluation*

Describe the data collection, analysis, and quality assurance measures you will use to assure ongoing, effective tracking of contract requirements and outcomes.

Verner has a robust data collection system already in place to track program activities and outcomes across all areas of our programming. As described above, we will utilize the existing structures for collecting and analyzing data related to the contract requirements for this program and to measure and share outcomes for this project.

Equity Impact*

How will this effort help build toward a just, equitable, and sustainable COVID-19 recovery? How are the root causes and/or disproportionate impacts of inequities addressed?

As described above, the impact of the pandemic on families with young children – especially BIPOC families – has not been equally distributed. With this project, we will provide critical, high-quality child care services through a strong, existing program to families who have been disproportionately impacted by the negative effects of the pandemic. Doing so will contribute to an equitable economic recovery by allowing BIPOC families and those experiencing poverty to access employment, job training opportunities, and physical and mental health care they may not otherwise be able to pursue.

Project Partners*

Identify any subcontractors you intend to use for the proposed scope of work. For each subcontractor listed, indicate:

- 1.) What products and/or services are to be supplied by that subcontractor and;
- 2.) What percentage of the overall scope of work that subcontractor will perform.

Also, list non-funded key partners critical to project.

No subcontractors are needed for this project. Non-funded key partners include:

* Buncombe Partnership for Children: We work closely with the Partnership in many areas, including enrollment, professional development, workforce development, and advocacy.

* Buncombe County Schools: Partner on the construction and eventual operation of the new Verner Central location at Emma Elementary School.

* Children's Developmental Services Agency: Local agency which houses the infant-toddler program, the IDEA (Individuals with Disabilities Education Act) Part B program for young children with disabilities.

* Community Action Opportunities: The Head Start provider in Buncombe County, with whom we collaborate to facilitate successful transitions for EHS families.

Capacity*

Describe the background, experience, and capabilities of your organization or department as it relates to capacity for delivering the proposed project and managing federal funds.

As the recipient of a \$2.7 million federal EHS grant, Verner has the internal processes and knowledge necessary to effectively and equitably manage federal funds. We also have the systems and experience necessary to offer high-quality care to all children throughout the day because we already do so in most of our classrooms. We know that we will be able to develop the capacity to offer those same high-quality services to the children who are furthest from opportunity with this funding. Recovery Funding is a critical resource to allow us to hire the necessary staff and purchase the necessary supplies to do so at no cost to families who are already face significant economic and other barriers and struggle to make ends meet.

Budget*

Provide a detailed project budget including all proposed project revenues and expenditures, including explanations and methodology. For all revenue sources, list the funder and denote whether funds are confirmed or pending. For project expenses, denote all capital vs. operating costs, and reflect which specific expenses are proposed to be funded with one-time Buncombe County Recovery Funds.

Download a copy of the budget form [HERE](#). Complete the form, and upload it using the button below.

COVID Recovery Funds Budget FINAL.xlsx

Special Considerations*

Provide any other information that might assist the County in its selection.

If Recovery Funding is not available to fully fund this initiative, we could adapt the project scope and outcomes to conduct the project as described for one or two years rather than three years at a prorated annual amount (\$419,309 for one year and \$838,618 for two years).

File Attachment Summary

Applicant File Uploads

- COVID Recovery Funds Budget FINAL.xlsx

Coronavirus State and Local Fiscal Recovery Funds Proposed Project Budget

Organization Name:	Verner Center for Early Learning
Project Name:	Supporting Early Head Start Families Entering or Re-entering the Workforce with Flexible Extended Care
Amount Requested:	\$1,257,926.00

Proposed Project Revenue Funder	Amount	Confirmed or Pending?	Notes
Proposed Buncombe COVID Recovery Funds	\$ 1,257,926.00	Pending	
Early Head Start Grant Funds	\$ 2,937,522.62	Confirmed	
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Total	\$ 4,195,448.62		

Proposed Project Expenses	Proposed Recovery Funds	Other Funds	Total	Capital or Operating Expense?	Notes
EHS Center-Based Staff and Faculty Salaries	\$ 757,950.00	\$ 2,370,621.00	\$ 3,128,571.00	Operating	Recovery funds will cover 10 support teachers across 3 locations
10% of other EHS staff salaries	\$ 202,749.00		\$ 202,749.00	Operating	To cover the portion of the day not paid for with EHS funds
Fringe Benefits	\$ 166,749.00	\$ 521,536.62	\$ 688,285.62	Operating	Approximately 22% of salaries
Supplies	\$ 6,000.00	\$ 15,000.00	\$ 21,000.00	Operating	Diapers, wipes, food and food service supplies
Developmental and behavioral support	\$ 10,121.00	\$ 30,365.00	\$ 40,486.00	Operating	To bring our current Early Childhood Behavioral Specialist to 40 hours/week
Administrative Costs	\$ 114,357.00		\$ 114,357.00	Operating	10% of total requested amount
List expenses here			\$ -		
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Total			\$ 4,195,448.62		