

Reflections on Capital Quality during the COVID-19 Pandemic

Insights from Child Care Providers in the District of Columbia

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KEY FINDINGS

Most child care providers reported that **pandemic-related facility closures temporarily halted their ability to implement changes and ultimately improve the quality of their programs.**

A sizable share of providers said **virtual trainings made it easier for them to participate in professional development opportunities.**

Providers shared that **problems with staffing, including supporting staff in the face of decreased enrollment and retaining staff, were a major concern.**

Nearly all child care providers in our study reported **enrollment decreased in the early months of the pandemic.**

In 2018, the District of Columbia fully launched Capital Quality, a new child care quality rating and improvement system. All licensed child development facilities with a signed agreement with the District government to provide subsidized child care are automatically enrolled, whereas other licensed facilities can opt into the new system. Capital Quality rates programs and offers coaching and professional development opportunities to support quality improvement at child care facilities.

With the onset of the COVID-19 pandemic, the District of Columbia aimed to support affected local child care providers. Providers who had been receiving child care subsidy payments continued to be paid regardless of enrollment, and Capital Quality continued offering opportunities for professional development to support quality-improvement activities.

To learn about child care providers' experiences with Capital Quality and their perceptions of the pandemic's impact on their quality-improvement efforts, Urban Institute researchers interviewed 36 child care providers. The interviews occurred during the early months of the pandemic in 2020, when some facilities were temporarily closed and others continued serving families or were starting to reopen. Child care providers shared perspectives about how the pandemic affected Capital Quality activities and the challenges the pandemic presented. They also shared recommendations for maintaining some adaptations and flexibilities allowed because of the pandemic and suggested other supports to help rebuild the workforce.

HOW DID PANDEMIC-RELATED FACILITY CLOSURES AFFECT THE IMPLEMENTATION OF PLANNED CAPITAL QUALITY ACTIVITIES?

The District had planned to support full implementation of Capital Quality in early 2020, when the pandemic began. The planned activities included providing on-site coaching and quality-improvement supports, offering professional development through in-person trainings, and conducting observations and determining quality designations for all participating facilities.

Because of the public health crisis and social-distancing requirements, the District chose to implement only some Capital Quality activities. Capital Quality offered virtual trainings for providers and regular virtual meetings between providers and assigned coaches, called “quality facilitators.” It postponed both annual classroom observations that determine quality ratings and public posting of the ratings.

By design, quality designations are made based on two observation cycles. However, because all 2020 and 2021 observations were canceled, beginning in the fall of 2021, newly participating facilities with one year of observation data started receiving designations that will remain in place until two years of valid observation data are collected.

WHAT DID CHILD CARE PROVIDERS SAY ABOUT THE PANDEMIC’S IMPACT ON QUALITY-IMPROVEMENT ACTIVITIES?

For many providers, the pandemic stopped, or at least stalled, some aspects of Capital Quality and delayed the implementation of planned changes or quality-improvement activities. Nonetheless, some providers felt they had more time to participate in trainings and appreciated the flexibility that virtual trainings afforded them. Providers noted the following key impacts of the early days of the pandemic:

- **Observations were postponed.** Providers who prepared for observations that were ultimately canceled told us they were disappointed that observations were postponed, citing all the work that went into preparing their staff.
- **Quality ratings from the previous year were maintained.** In the face of canceled observations, facilities that began participating in Capital Quality before 2020 kept their quality ratings from 2019 and associated subsidy reimbursement rates. This benefited some providers, but some who received lower ratings in 2019 believed their quality ratings might have improved if they had been observed in 2020.
- **Virtual trainings afforded flexibility.** Some providers appreciated virtual trainings, which eliminated commuting to a location and made trainings readily available to them.
- **Closures afforded more time for trainings.** Many providers reflected that they had more time to participate in trainings and continued to build skills while their facilities were closed.
- **Yet some providers reported virtual interaction had limitations.** Because child care work is so hands-on, despite participating in quality-improvement activities, many

DC CHILD CARE PROVIDERS REFLECT ON THE PANDEMIC’S IMPACT

Quality-improvement efforts were delayed. *“In the first place, I’ve been closed. Whatever I might’ve planned to do within those months, I am not able to do it....I have new classroom materials that I would like to rearrange...and put things in order....Everything has been in a standstill. I cannot move forward with all of my plans.”*

Implementing virtual learning was challenging. *“We [tried] to do virtual learning through COVID-19. It was overwhelming. It was so hard for online learning. I know the schools, they do it, but for our centers...we were not ready. The staff was not having the computers at home, although they got the computers later. The parents don’t have computers. The parents—some of them don’t have internet.”*

Providers encountered staffing and enrollment challenges. *“We had 63 children, and now we only have 28. That’s just because parents are not sure of, will their children be safe with us? Not only that it impacted our number of children...it also impacted the number of staff. Because we only have 28, I couldn’t afford to have everyone come back.”*

“I do have some staff members who have expressed their need for child care for their school-age children, and we’re just not in a position where we can provide that support or that service to our staff members. We may lose a couple of them just due to them having to choose to be a parent or an employee.”

“[When it came to rehiring staff,] staff with credentials were given priority. Next, it was staff [with] open availability. For staff who had child care issues, like they had to find care for their own personal children, or for staff members who had inconsistent schedules also related to their own personal children’s care, unfortunately, we were unable to give them a job, which is really unfortunate because those are probably staff members we need the most.”

providers reported the closures ultimately affected their ability to implement changes. They missed the in-person feedback that being on site and participating in in-person observations offered.

HOW DID THE PANDEMIC AFFECT CHILD CARE PROVIDERS IN THE DISTRICT?

- **Providers across the District faced decreases in enrollment, especially in the spring and summer of 2020.** The pandemic greatly decreased the number of children in child care for various reasons. One provider reflected that parents are afraid their children will get sick. Other parents of enrolled children found themselves out of work; this meant some parents no longer needed child care and others could no longer pay for it.
- **Staffing issues plagued many providers.** Several providers reported that staffing was a primary concern for multiple reasons. First, decreases in enrollment meant providers could no longer support all of their staff members. Second, staff members were hesitant to come back; some hesitated because of their own health reasons, whereas some others who received unemployment benefits from the government in the summer of 2020 temporarily chose to stay home instead of returning to work. Finally, some staff members with children had to make the difficult decision to “choose between being a parent or an employee,” as one provider put it.
- **Virtual settings, both for training providers and supporting child learning, had pros and cons.** Several providers shared that virtual trainings made it easier for them to attend courses. “A benefit for me is the fact that they are offered online, so I don’t have to commute to a location,” said one provider. Yet others shared that though they were able to participate in professional development and work with their quality facilitators to improve their programs’ quality, the closures affected their ability to implement changes. Moreover, several study participants noted being challenged by a lack of needed technology. While facilities were closed, many providers relied on technology to communicate with families, but some families and directors and staff members lacked or had limited technology at home. Nonetheless, many providers reported being eager to implement the skills and training they had gained to support child development once their facilities reopened.

IMPLICATIONS FOR POLICY, PRACTICE, AND RESEARCH

Based on an analysis of data collected from the child care providers in our study, we recommend the following as policymakers consider ways to support child care quality-improvement efforts:

- **Explore ways to maintain virtual training opportunities beyond the pandemic.** Many providers appreciated the flexibility afforded by asynchronous virtual training opportunities, which allowed them to participate based on their availability and to save time by avoiding commuting to in-person trainings. Moreover, several study participants reported that attending training while leaving their programs understaffed was difficult. Maintaining virtual training options beyond the pandemic could make attending trainings and participating in quality-improvement efforts less burdensome for providers.
- **Consider supports to rebuild the workforce.** As the child care sector recovers from the pandemic and facilities look to hire, several providers recommended that the District provide funding to help with staff hiring and retention.
- **Look into ways to better support virtual interactions between child care providers and families.** Several providers reported relying on technology to communicate with families during the pandemic, but some had challenges providing virtual learning and family engagement activities. As public health guidance shifts to allow in-person interactions between providers and families, it will be important to explore ways to ensure all providers have access to best practices for both virtual and in-person engagements. And to leverage future opportunities to engage families who may have varying health concerns, it will be critical for families to have access to technology and for providers to feel comfortable with virtual interactions.

- **Conduct follow-up research to examine the longer-term impact of the pandemic on Capital Quality and child care providers.** The findings from this analysis of interview data from 36 providers in 2020 suggest the pandemic affected Capital Quality implementation and hindered providers' progress toward their quality-improvement goals. Still many continued to work hard on setting goals and engaging staff in professional development to best support children and families. Additional research is needed to address questions about the generalizability of these findings and to learn if providers' perceptions of the early effects of the pandemic continue into the future.

ADDITIONAL READING

Child Care Providers' Reflections on Quality Improvement (full report)

Diane Schilder, Heather Sandstrom, Eleanor Lauderback, Catherine Kuhns, Natalie Spievack, Erica Greenberg, and Peter Willenborg

<https://urbn.is/3O3MB6k>

Capital Quality Offers Opportunities for Professional Development and Peer Learning (summary)

Diane Schilder, Eleanor Lauderback, Heather Sandstrom, and Catherine Kuhns <https://urbn.is/3QpIKCK>

Capital Quality Offers Individualized Coaching to Support Quality Improvement (summary)

Eleanor Lauderback, Diane Schilder, Heather Sandstrom, and Catherine Kuhns <https://urbn.is/3Qx1rEv>

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