



Early Educators' Perspectives on Quality Improvement

Findings from the **District of Columbia Child Care Policy Research Partnership**

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Early educators can play a critical role in shaping young children's cognitive and social development. Literature has also shown that the quality of interactions children encounter in early care and education (ECE) environments impacts their development (Bassok, Magouirk, and Markowitz 2021). With insights like this, and with the 2014 reauthorization of the Child Care and Development Block Grant (CCDBG) Act requiring states to implement strategies to increase the supply of high-quality care, efforts to improve ECE quality have become more prominent in recent years (OCC 2016).

As one strategy for improving care quality, 49 states have piloted or implemented quality rating and improvement systems (QRIS). This includes the District of Columbia, which rolled out a revamped QRIS, Capital Quality, in 2016–18. Capital Quality offers training, coaching, and a peer community of practice (CoP) for child care providers to boost program quality. Although center-based classroom teachers and support staff in home-based programs are not the primary target of Capital Quality activities, examining their knowledge of and experiences with the new system can yield insights on its reach and benefits for early educators.

This brief shares findings from a survey of early educators working in Capital Quality–participating facilities in the District of Columbia in early 2021. The survey is part of the larger DC Child Care Policy Research Partnership Study with the District's Office of the State Superintendent of Education (OSSE). The brief summarizes early educators' awareness and knowledge of Capital Quality; their experiences with their child care program's assigned quality facilitator, who may visit programs and offer support around how to set up the care environment and improve teaching; and how they rate aspects and benefits of Capital Quality. The brief is part of a series sharing other survey findings.¹

BOX 1

Survey Methods

This brief presents highlights from the DC Early Care and Education Workforce Survey fielded from February 24, 2021, through May 3, 2021. This voluntary, web-based survey was emailed to all lead and assistant teachers in licensed child development centers (CDCs) in the District of Columbia that participate in Capital Quality. The survey was also sent to all home caregivers and associate home caregivers in Capital Quality-participating child development homes (CDHs) and expanded child development homes (CDXs) in the District. Lead home caregivers whose names appear as directors or owners on the child care license were eligible to respond to some, but not all, survey sections, as they receive direct support from Capital Quality and have a different perspective from instructional staff.

We obtained user account data from the Quorum e-Learning database, maintained by OSSE, to identify early educators eligible for the survey. In total, of the 6,865 staff in the Quorum data, 2,613 were eligible for the survey based on our criteria. We conducted a census of these 2,613 educators, emailing a study invitation and unique survey link to each one.

The survey asked early educators questions related to their knowledge of and experiences with Capital Quality, their experience with virtual training during the COVID-19 pandemic, training topics they would benefit from and the preferred format, and more sensitive questions related to the effects of the pandemic on their employment, physical and mental health, and economic well-being.

A total of 417 early educators responded to the survey, either partially or completely. Removing 94 people on the recruitment list whose email addresses were not active, we had a total response rate of about 17 percent. Of these 417 educators, 387 (93 percent) worked at CDCs, 17 (4 percent) worked at CDHs, and 13 (3 percent) worked at CDXs. A total of 188 participants (45 percent) were center assistant teachers, 200 (48 percent) were center lead teachers, 13 (3 percent) were associate home caregivers, 10 (2 percent) were lead home caregivers, and 6 (1 percent) were eligible directors from CDHs or CDXs.

Also, of the 417 respondents, 344 consented to have their survey data linked with administrative data variables (e.g., facility quality designation, facility type, and educator position) that we obtained from our study partners at OSSE, which we used for generating estimations for different subgroups.

We developed two survey weights to adjust for survey nonresponse. *Partial* weights were used when a significant portion of the full sample (two-thirds or more), including partial respondents, responded to the question at hand. *Complete* weights were used when nonresponse for the question was high and responses were primarily limited to those who completed the full survey. Neither weights change estimates of the mean. Instead, we apply the correct weight for more accurate estimation of standard errors (SE) and future inferential work.

See the associated technical report^a for full details on survey motivation and methods, response rates, characteristics of the survey sample, steps taken to weight, clean, and analyze survey data, and for a copy of the survey instrument.

^a Heather Sandstrom, Peter Willenborg, Fernando Hernandez-Lepe, Timothy Triplett, and Erica Greenberg, *District of Columbia Child Care Policy Research Partnership Study: Early Care and Education Workforce Survey* (Washington, DC: Urban Institute, 2022), <https://www.urban.org/research/publication/district-columbia-child-care-policy-research-partnership-study-early-care-and-education-workforce-survey>.

BOX 2

Overview of Capital Quality

Capital Quality offers an example of child care quality improvement spurred by new federal regulations under the CCDBG Act of 2014. Launched in 2016 and fully implemented by 2018, Capital Quality differs from its predecessor, Going for the Gold, in three important ways: it provides more consistent, research-based measures of program quality across settings; an enhanced focus on continuous quality improvement; and public-facing profiles with transparent information on the quality of licensed child care. A website called My Child Care DC (<http://mychildcaredc.com/>, accessed December 23, 2021) allows families to search for care based on Capital Quality designation and was designed so families in the District of Columbia could easily identify, review, and compare available options to make more informed decisions.

Who Participates?

Licensed child development facilities in the District that primarily serve children from birth through age 5 with a signed agreement with OSSE for subsidized child care are automatically enrolled in Capital Quality. Other licensed child development facilities are encouraged to participate as volunteers. After a pilot phase, providers could participate in one of five cohorts spaced over the course of two years, from March 2017 to January 2019. If providers did not respond, they were assigned to one of the groups. One key difference between Capital Quality and its predecessor is that Capital Quality exempts providers that receive subsidies but primarily serve school-age children in before- or after-school care. OSSE is still considering ways to include these providers in the QRIS.

What Does Capital Quality Offer Early Educators?

All facilities participating in Capital Quality are observed annually using a validated tool—the Environment Rating Scales® (ERS®) or the Classroom Assessment Scoring System Pre-K® (CLASS Pre-K®), depending on their facility type and ages served. In addition, professional supports are offered to help child care providers reach higher levels of quality and focus on continuous quality improvement. Quality facilitators are ERS® and CLASS Pre-K®-certified coaches that work with providers, specifically center directors and lead home caregivers, to develop and implement a continuous quality improvement plan. Providers receive ongoing technical assistance, incentives, and resources, and participate in communities of practice. Providers that participate in the child care subsidy program are incentivized by a tiered reimbursement rate based on Capital Quality designation. Center-based classroom teachers and support staff in child development homes are not the primary recipients of Capital Quality supports, but it is the intention for the supports and features of the QRIS to reach them indirectly through program directors.^a

How Does Capital Quality Determine Designations?

Two years of ERS® and/or CLASS Pre-K® data are combined to determine one of five Capital Quality designations: developing, progressing, quality, high-quality, and preliminary (for facilities still being observed). Designations are based on the extent of evidence (considerable, good, adequate, or minimal) that “the program provides a nurturing environment with supportive interactions (e.g., responsive scheduling, warm/positive interactions) that promotes children’s cognitive, physical and social-emotional development.” Beginning in fall 2021, newly participating facilities with one year of observation will receive a Capital Quality designation that will remain in place until two years of valid observation data are collected.

^a OSSE (District of Columbia Office of the State Superintendent of Education), “Capital Quality Theory of Change” (Washington, DC: OSSE, 2019),

https://osse.dc.gov/sites/default/files/dc/sites/osse/page_content/attachments/Capital%20Quality%20Theory%20of%20Change%20Infographic_English.pdf.

Awareness and Knowledge of Capital Quality

Early educators' awareness and knowledge of a QRIS can reflect how much they are involved with quality improvement efforts and how they might incorporate aspects of quality caregiving and instruction in their practice. The sections below provide insights into early educators' awareness and knowledge of Capital Quality.

Awareness of Capital Quality

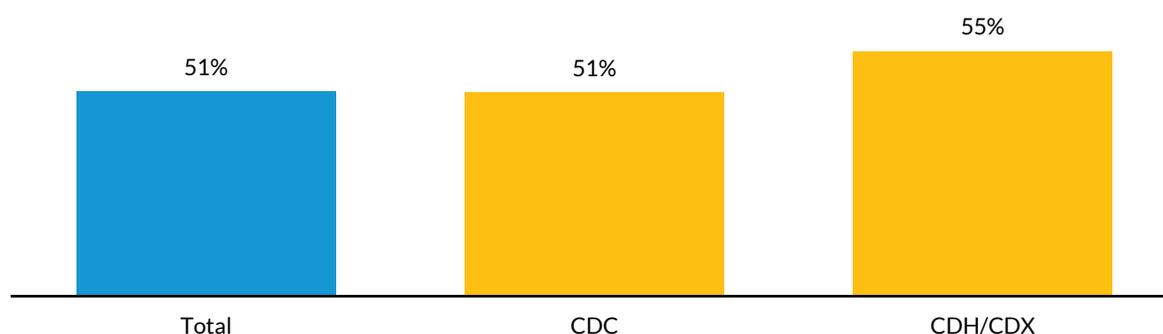
Figures 1, 2, and 3 show how familiar survey respondents were with Capital Quality and differences by the type of facility they worked in, their position (for educators in CDCs), and their facility's quality designation. Slightly more than half of respondents (51 percent) had heard of Capital Quality before receiving the survey. This suggests the other half—all of whom work in facilities that participate in Capital Quality—may not be learning about it from their program directors or receiving direct support from quality facilitators.

Across facility types, we find that respondents from CDHs or CDXs (55 percent) were slightly more likely than those in CDCs (51 percent) to have heard of Capital Quality (figure 1). We also observe differences based on staff position. In CDCs, lead teachers (57 percent) were more likely than assistant teachers (45 percent) to have heard of Capital Quality (figure 2). The sample size for home-based staff was too small to disaggregate by staff position and so was omitted from this figure. Together, these findings show that early educators who are lead teachers in centers and staff in home-based settings may be learning more about Capital Quality than assistant teachers in centers.

FIGURE 1

Awareness of Capital Quality, by Facility Type

Affirmative responses to "Before receiving this survey, had you ever heard of Capital Quality?"



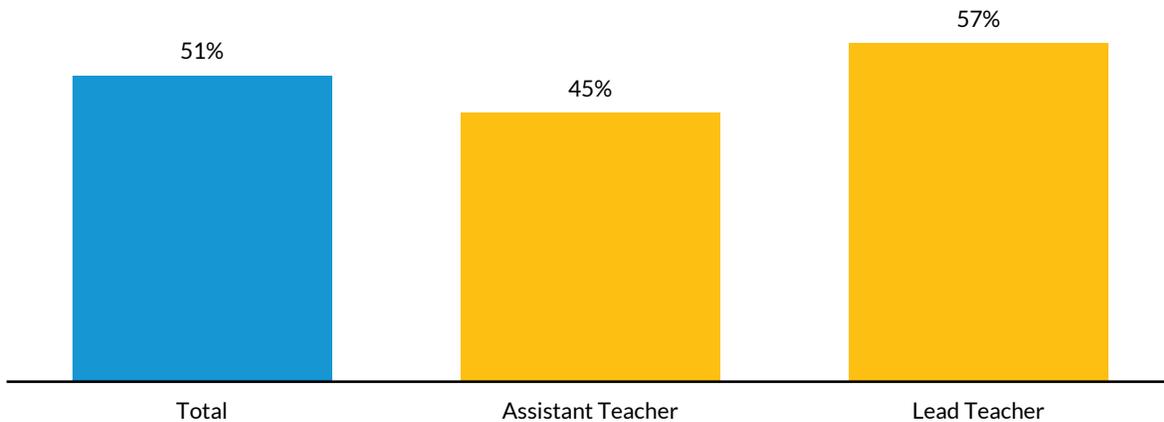
Sources: 2021 DC Early Educator Workforce Survey and Quorum administrative data obtained from OSSE.

Notes: This question was asked only to people who indicated they were not listed as a director or owner on the licensing record for their facility and who indicated they either are currently working or plan to return to work, which resulted in 379 potential respondents. Of these 379 respondents, 341 reported their facility type in the survey or did not report facility type but consented to have their survey data linked with administrative data, which provided information on facility type. There were 277 educators who responded to this question who had facility type data available, including 264 staff in centers and 13 staff in homes or expanded homes. Partial response weights were used in this analysis.

FIGURE 2

Awareness of Capital Quality, by Center Staff Position

Affirmative responses to “Before receiving this survey, had you ever heard of Capital Quality?”



Sources: 2021 DC Early Educator Workforce Survey and Quorum administrative data obtained from OSSE.

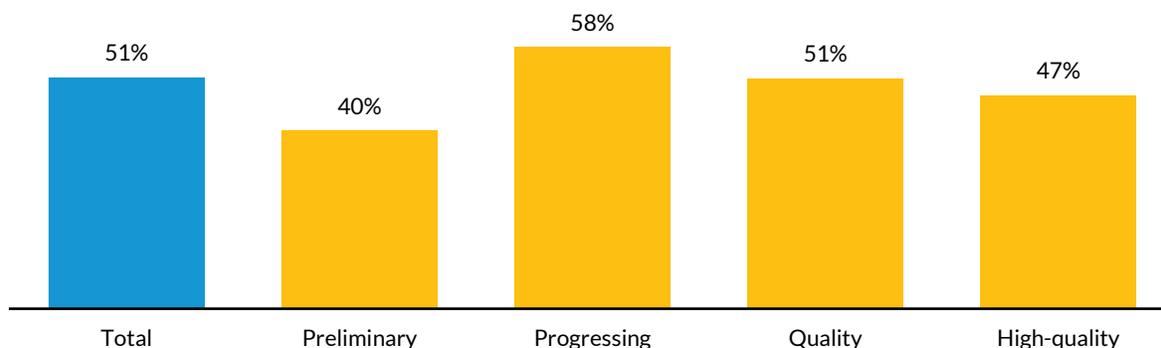
Notes: This question was asked only to people who indicated they were not listed as a director or owner on the licensing record for their facility and who indicated they either are currently working or plan to return to work, which resulted in 379 potential respondents. Of these 379 respondents, 323 reported their position type in the survey or did not report position type but consented to have their survey data linked with administrative data, and based on those data, worked in a CDC. Among those 323 respondents who worked in a CDC and had position data available, 264 responded to this question, including 128 assistant teachers and 136 lead teachers. Partial response weights were used in this analysis.

We observe small differences in early educators’ awareness based on their facilities’ quality designation (figure 3). Facilities with the *preliminary* designation had the smallest share of staff (40 percent) who had heard of Capital Quality, though the *preliminary* designation is given to facilities still being observed, so they are likely to have less interaction (and less time) with Capital Quality. Those with the *progressing* designation had the highest share (58 percent) of staff. Facilities with the *quality* or *high-quality* designation had relatively similar shares of staff (51 percent and 48 percent, respectively). These findings suggest that staff in *progressing* facilities working toward achieving higher Capital Quality designations may be hearing more about Capital Quality through their program directors than staff in facilities with other quality designations.

FIGURE 3

Awareness of Capital Quality, by Quality Designation

Affirmative responses to “Before receiving this survey, had you ever heard of Capital Quality?”



Sources: 2021 DC Early Educator Workforce Survey and Capital Quality administrative data obtained from OSSE.

Notes: This question was asked only to people who indicated they were not listed as a director or owner on the licensing record for their facility and who indicated they either are currently working or plan to return to work, which resulted in 379 potential respondents. Of these 379 respondents, 313 consented to have their survey data linked with administrative data, which provided the quality designation of the facility where they work. In total, 255 educators responded to this question who had quality designation data available, including 16 in “preliminary” facilities, 1 in a “developing” facility (which was too small to display as a subgroup in the figure), 52 in “progressing” facilities, 92 in “quality” facilities, and 94 in “high-quality” facilities. Partial response weights were used in this analysis.

Rating of Capital Quality Knowledge

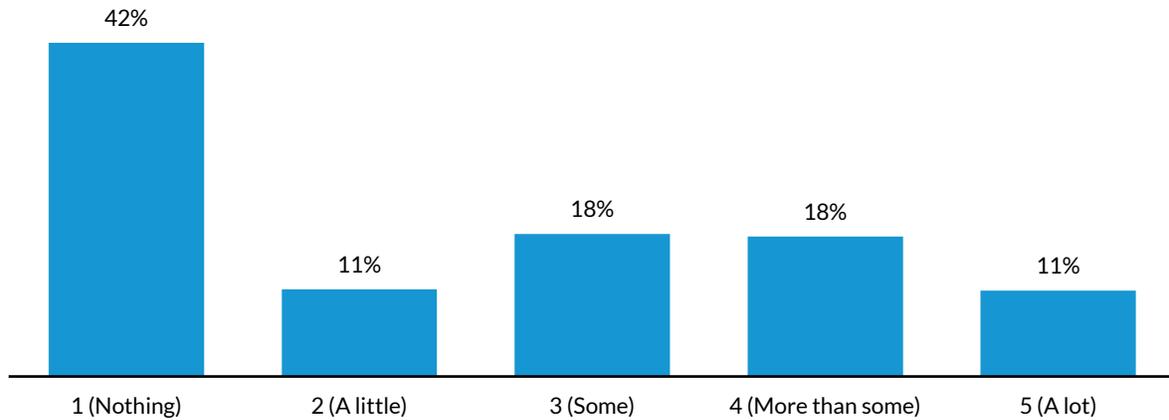
The survey asked respondents, on a scale of 1 to 5, how much they knew about Capital Quality. The highest share of respondents (42 percent) indicated that they knew nothing about Capital Quality. Most other respondents replied that they knew “some” (18 percent) or “more than some” (18 percent) about Capital Quality, with fewer responding “a lot” (11 percent) or “a little” (11 percent) (figure 4).

Across facility types, staff positions, and quality designations, the patterns of knowledge of Capital Quality were similar to those found in our analysis of respondents’ awareness of Capital Quality. Staff in CDHs or CDXs reported having more knowledge of Capital Quality than did staff in CDCs. In CDCs, lead teachers reported having greater knowledge of Capital Quality than did assistant teachers. Respondents in facilities with the *preliminary* designation reported having the least knowledge about Capital Quality, while respondents in facilities with the *progressing* designation were the most likely across designation categories to know “a lot” about Capital Quality.

FIGURE 4

Rating of Capital Quality Knowledge

Responses to “On a scale of 1 to 5, how much would you say you know about Capital Quality?”



Source: 2021 DC Early Educator Workforce Survey.

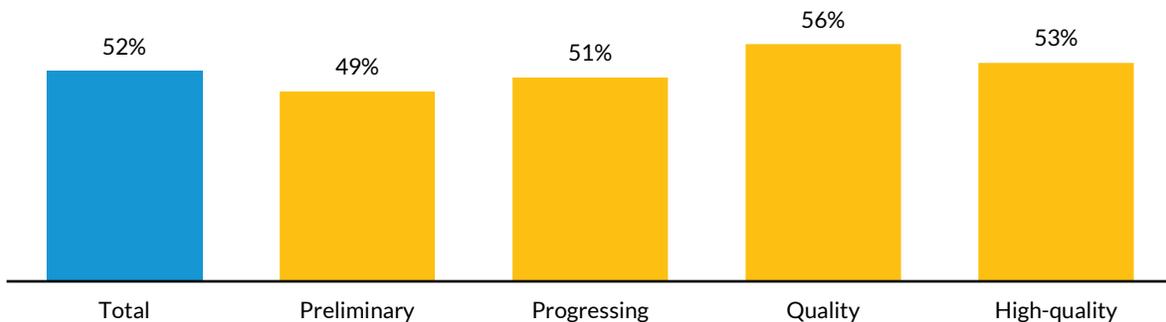
Note: This question was asked only to people who indicated they were not listed as a director or owner on the licensing record for their facility, and who indicated they either are currently working or plan to return to work, which resulted in 379 potential respondents. There were 275 total responses to this question. Partial response weights were used in this analysis.

The survey also asked early educators whether they knew their facility’s quality designation in Capital Quality. Slightly more than half (53 percent) of respondents indicated they did, with little variation by actual quality designation (figure 5). This again indicates that around half of survey respondents in total and across facilities with different quality designations are not learning about Capital Quality, how their program has been rated through this system, or their program’s plans for continuous quality improvement.

FIGURE 5

Knowledge of Capital Quality Designation, by Actual Quality Designation

Affirmative responses to “Do you know your program’s quality designation in Capital Quality?”



Sources: 2021 DC Early Educator Workforce Survey and Capital Quality administrative data obtained from OSSE.

Notes: This question was asked only to people who indicated they were not listed as a director or owner on the licensing record for their facility and who indicated they either are currently working or plan to return to work, which resulted in 379 potential

respondents. Of these 379 respondents, 313 consented to have their survey data linked with administrative data, which provided the quality designation of the facility where they work. In total, 253 educators responded to this question who had quality designation data available, including 99 that marked “Unsure” (if they did not know anything about Capital Quality), 10 in “preliminary” facilities, 33 in “progressing” facilities, 62 in “quality” facilities, and 49 in “high-quality” facilities. Data are suppressed for educators in facilities with the “developing” Capital Quality designation. Partial response weights were used in this analysis.

For respondents who indicated they knew their program’s quality designation, the survey asked the follow-up question, “Do you think the quality designation reflects your program’s quality?” Most respondents (76 percent) thought their program’s quality designation reflected its actual quality, whereas the remaining respondents were equally likely (12 percent each) to report their program was higher quality than what the designation said or that they were unsure whether their program’s quality designation reflected its actual quality. Across quality designations, respondents in facilities at the *quality* or *high-quality* designations were likelier to think their facility’s designation was representative of its quality than those in facilities at the *preliminary* or *progressing* designations. Across staff levels, assistant teachers in centers were more likely to think their facility’s designation was representative of its quality than lead teachers who expressed more doubt.

Experiences with the Quality Facilitator

Within Capital Quality, quality facilitators assigned to programs provide support and implement a research-based coaching model to promote high-quality early care and education (OSSE 2016). Quality facilitators meet regularly with program directors to develop and implement a continuous quality improvement plan. Early educators, such as CDC classroom staff and associate home caregivers, who are not the direct recipients of coaching, may also interact with their program’s quality facilitator in various ways. They vary, however, in how much support and training they are receiving, either directly or indirectly, from the quality facilitators.

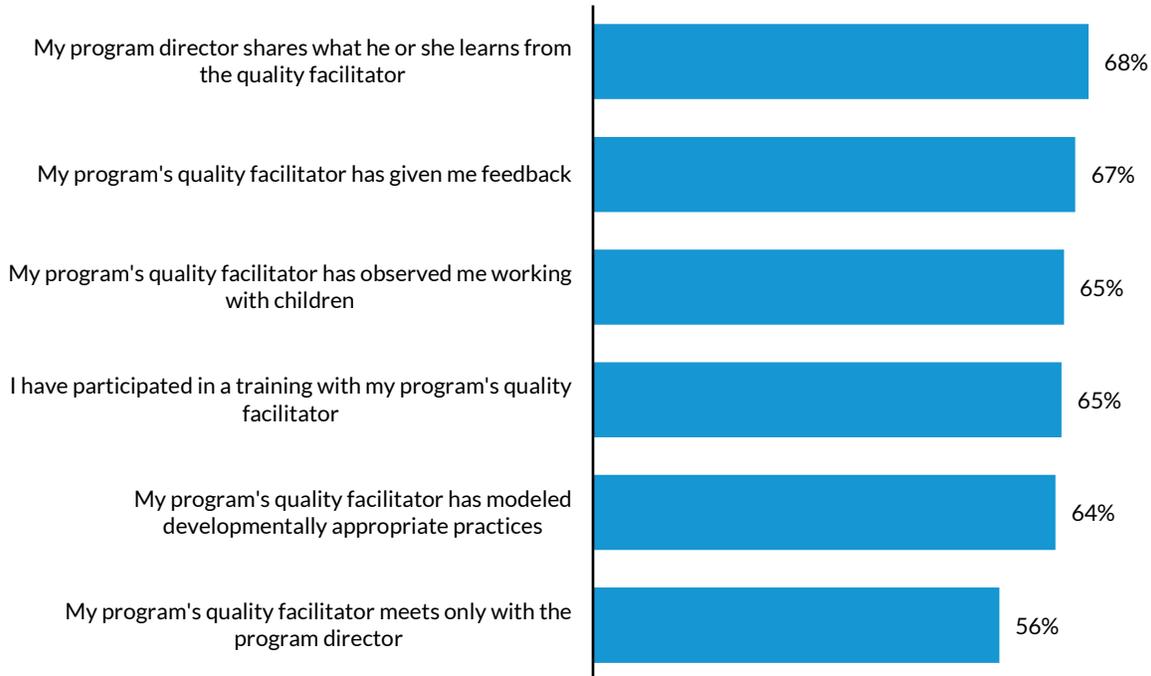
Figure 6 shows that about two-thirds of respondents have had some experience interacting with their program’s quality facilitator, either in a training, in an informal observation, or when a quality facilitator provided feedback or modeled developmentally appropriate practices. Even some respondents who reported no awareness or knowledge of Capital Quality early in the survey later reported having some familiarity with their facility’s quality facilitator, suggesting they did not link the two together in their minds.

Slightly more than half (56 percent) shared that their facility’s quality facilitator meets only with the program director. Yet 68 percent overall reported that their program director shares what they learn from the quality facilitator. These findings suggest that most respondents are receiving some professional development support directly from quality facilitators or indirectly via their program directors and can then apply those lessons in their work. But about 30 percent or more might not have these experiences.

FIGURE 6

Experiences with the Quality Facilitator

Affirmative responses to “Please indicate if any of these statements are true about your program’s quality facilitator”



Source: 2021 DC Early Educator Workforce Survey.

Note: This question was asked only to people who indicated they were not listed as a director or owner on the licensing record for their facility and who indicated they either are currently working or plan to return to work, which resulted in 379 potential respondents. A range of 214 to 226 respondents replied to the six different survey items. Complete response weights were used in this analysis.

Rating Aspects and Benefits of Capital Quality

Early educator perspectives on features of Capital Quality, including benefits they receive through it, reflect the influence the QRIS has on them and their work, and, in turn, its ability to positively influence their interactions with children in their programs. Their views also shed light on which aspects of Capital Quality are most and least effective for their work as educators.

Rating Aspects of Capital Quality

Figure 7 shows that most educators who had some knowledge of Capital Quality responded positively around its features, with about 71 to 76 percent rating each aspect as “good” or “excellent.”

Respondents felt the most positive about professional development opportunities and the least positive about the feedback they receive from environment observations. These findings suggest that those who

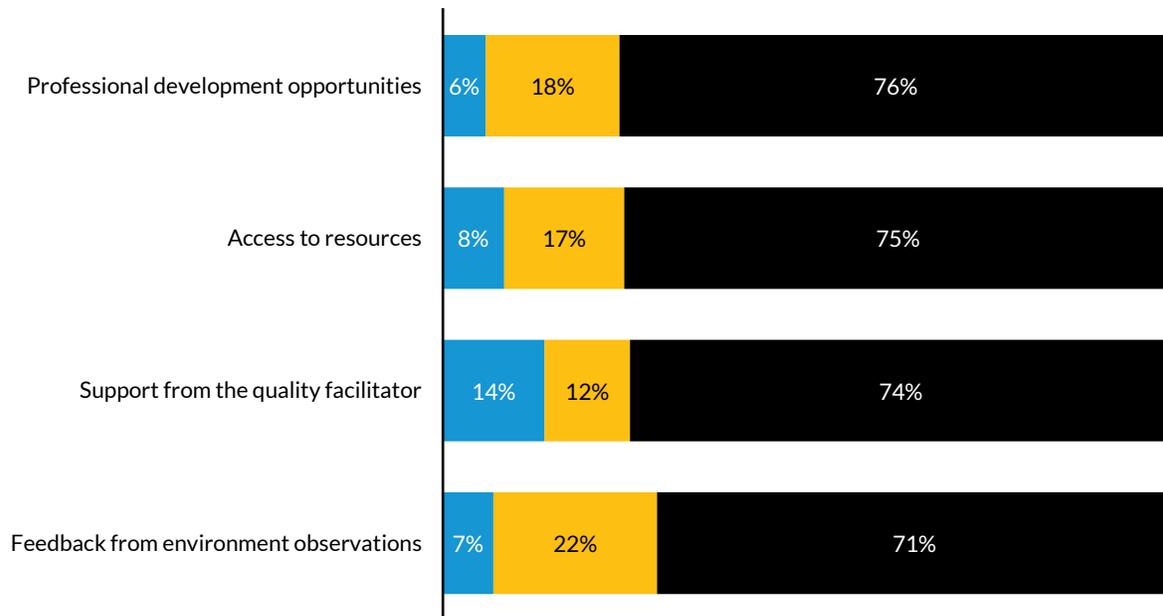
interact directly with quality improvement efforts feel that those efforts have been helpful in their work as early educators. A smaller group felt these opportunities and resources were limited.

FIGURE 7

Rating Aspects of Capital Quality

Responses to “How would you rate the following aspects of Capital Quality?”

■ Poor or not great ■ Okay ■ Good or excellent



Source: 2021 DC Early Educator Workforce Survey.

Note: This question was asked only to people who indicated they were not listed as a director or owner on the licensing record for their facility and who indicated they either are currently working or plan to return to work, which resulted in 379 potential respondents. Respondents were prompted to select “Don’t Know” if they did not know anything about Capital Quality (60 to 93 respondents selected “Don’t Know” on the four different survey items for this question). The number of responses ranged from 142 to 170 for each aspect asked about. “Poor” and “not great” responses and “good” and “excellent” responses were collapsed because of sample size. Complete response weights were used in this analysis.

Benefits Received through Capital Quality

Capital Quality is designed to improve the quality of the care environment and support providers with professional development and connections to resources. The survey asked early educators how they felt they benefited from Capital Quality. Figure 8 shows that respondents felt most strongly that Capital Quality has helped them better understand how to arrange the care environment to best support children, with 76 percent agreeing or strongly agreeing. Another common benefit is “learning how to reflect on my practice so I can improve,” with 74 percent agreeing or strongly agreeing. Additionally, 64 percent strongly agreed or agreed that their working conditions have improved through Capital Quality, though this was the least common benefit overall.

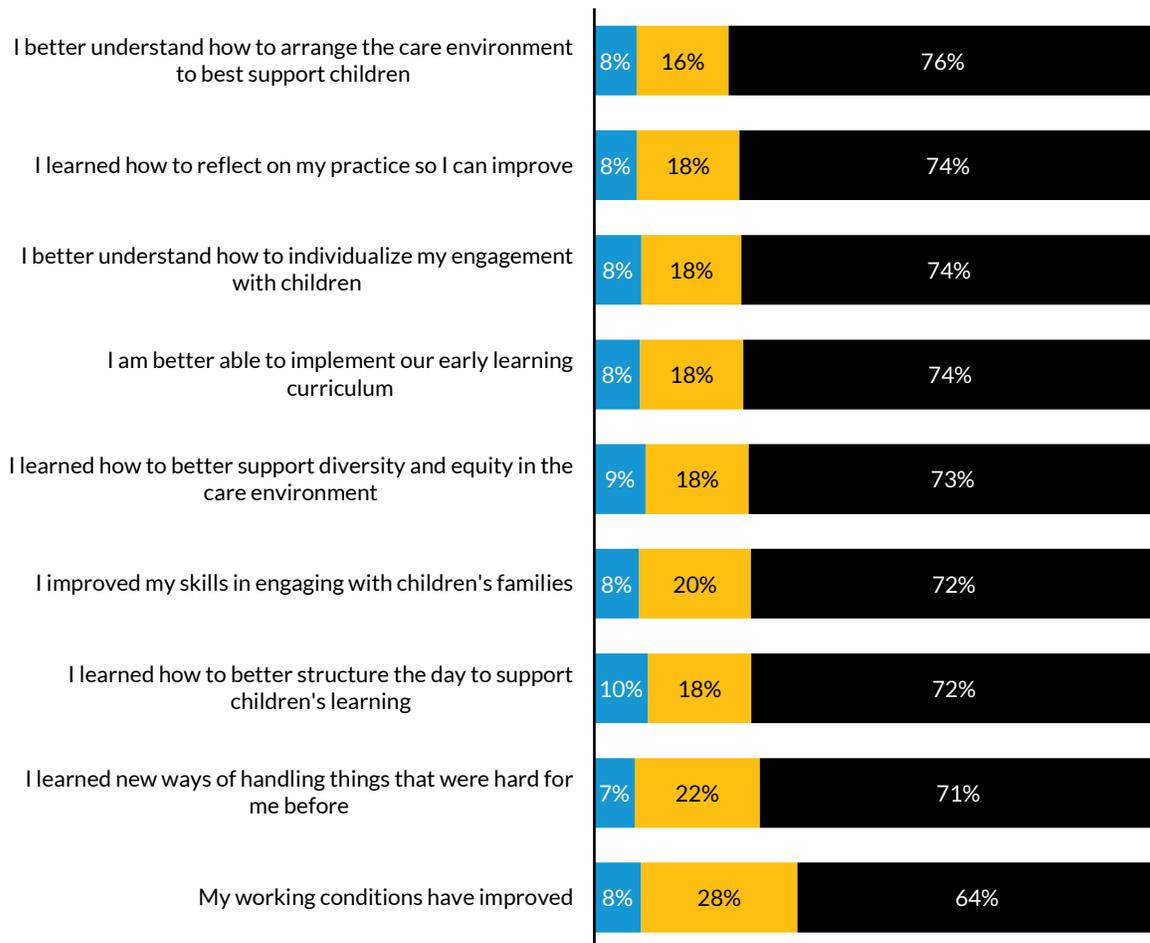
The statements provided in this question reflect different aspects of ECE quality and staff competencies. The fact that most respondents felt that Capital Quality has increased their knowledge and improved their skills around these aspects of quality suggests that Capital Quality may be contributing to an increase in quality in the care environment, as well as the quality of care and education that children are receiving.

FIGURE 8

Benefits Received through Capital Quality

Responses to “Please indicate how much you agree with these statements about ways you have benefited from Capital Quality”

■ Disagree or strongly disagree ■ Neither agree nor disagree ■ Agree or strongly agree



Source: 2021 DC Early Educator Workforce Survey.

Note: This question was asked only to people who indicated they were not listed as a director or owner on the licensing record for their facility and who indicated they either are currently working or plan to return to work, which resulted in 379 potential respondents. The number of responses ranged from 212 to 213 for each benefit asked about. “Strongly disagree” and “disagree” responses and “agree” and “strongly agree” responses were collapsed because of sample size. Complete response weights were used in this analysis.

Conclusion

This brief describes early educator knowledge of, experiences with, and perspectives on quality improvement in the District of Columbia. We highlight that nearly half of survey respondents were not aware of Capital Quality or did not have much knowledge of it before receiving the survey. However, there were differences in awareness across quality designations, with respondents in *preliminary* facilities the least aware and respondents in *progressing* facilities the most aware; facility types, with respondents in CDCs less aware than those in CDHs or CDXs; and staff positions in centers, with center lead teachers more aware than center assistant teachers.

We also find that many early educators have some level of interaction with quality facilitators, either directly or indirectly through their program directors, and those who have interacted with aspects of the QRIS generally felt positively about it. This suggests that QRIS supports primarily targeting program directors have the potential to benefit early educators and shape the quality of their caregiving and instruction. However, some early educators in facilities that participate in Capital Quality may be missing out on these opportunities.

Note

¹ The brief series covers topics related to staff training and professional development (Sandstrom, Casas, Willenborg et al. forthcoming), effects of the COVID-19 pandemic on ECE employment and workforce well-being (Hernandez-Lepe, Sandstrom, Casas, and Greenberg forthcoming), and job satisfaction and turnover intentions (Sandstrom, Casas, Hernandez-Lepe et al. forthcoming).

References

- Bassok, Daphna, Preston Magouirk, and Anna J. Markowitz. 2021. "Systemwide Quality Improvement in Early Childhood Education: Evidence from Louisiana." *American Educational Research Association Open* 7 (1): 1–19.
- Hernandez-Lepe, Fernando, Heather Sandstrom, Michelle Casas, and Erica Greenberg. Forthcoming. "Effects of the COVID-19 Pandemic on Early Educators' Employment and Well-Being: Findings from the District of Columbia Child Care Policy Research Partnership." Washington, DC: Urban Institute.
- OCC (Office of Child Care). 2016. "Family Child Care Brief." Washington, DC: US Department of Health and Human Services, Administration for Children and Families, OCC.
- OSSE (Office of the State Superintendent of Education). 2016. "Notice of Funding Availability (NOFA): Quality Facilitators for the Enhanced Quality Rating and Improvement System (QRIS)." Washington, DC: OSSE.
- Sandstrom, Heather, Michelle Casas, Peter Willenborg, Cary Lou, and Erica Greenberg. Forthcoming. "Early Educators' Virtual Training Experiences and Preferences: Findings from the District of Columbia Child Care Policy Research Partnership." Washington, DC: Urban Institute.
- Sandstrom, Heather, Michelle Casas, Fernando Hernandez-Lepe, and Erica Greenberg. Forthcoming. "Early Educators' Job Satisfaction and Turnover Intentions: Findings from the District of Columbia Child Care Policy Research Partnership." Washington, DC: Urban Institute.

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