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The Impact of COVID-19 on Early Care and Education Quality Initiatives

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Introduction

The COVID-19 pandemic has created unprecedented challenges for families and the early care and education (ECE) field and has had a disproportionate impact on people of color.[1] Preexisting inequities (e.g., which families have access to high-quality care; which ECE programs participate in or benefit from state, territory, and local systems) were further exacerbated by the pandemic. State, territory, and local systems have had to make rapid changes to policies and practices to support families and ECE providers as their needs changed drastically.

The information highlighted in this brief offers a glimpse into how state, territory, and local quality improvement systems (QIS) adapted their processes to better support ECE providers and presents stories from state and local leaders to understand their experiences. Throughout the brief, we use the term QIS[2] rather than quality rating and improvement system (QRIS) to be more inclusive of the range of strategies that states are using, particularly for states whose systems do not include a rating component.

Methods

The data presented in this brief represent findings from two surveys: 1) the COVID-19 Impact Survey conducted by the BUILD Initiative and Child Trends and 2) the Building New Foundations Survey conducted by the BUILD Initiative on behalf of the National Collaborative for Infants and Toddlers.

COVID-19 Impact Survey

The COVID-19 Impact Survey was disseminated online to state, territory, and local QIS administrators during October and November of 2020 to learn more about how states and localities are making changes to their initiatives to address pandemic-related challenges. The data from this survey presented in this brief represent 41 QIS with full profiles on the Quality

[1] Artiga, S., Corallo, B., & Pham, O. (2020). *Racial disparities in COVID-19: Key findings from available data and analysis.* Kaiser Family Foundation. https://www.kff.org/report-section/racial-disparities-in-covid-19-key-findings-from-available-data-and-analysis-issue-brief/

[2] QIS or QRIS are state, territory, or local systems that support quality improvement in ECE. These systems typically include components such as training and technical assistance, financial incentives, assessments, etc.

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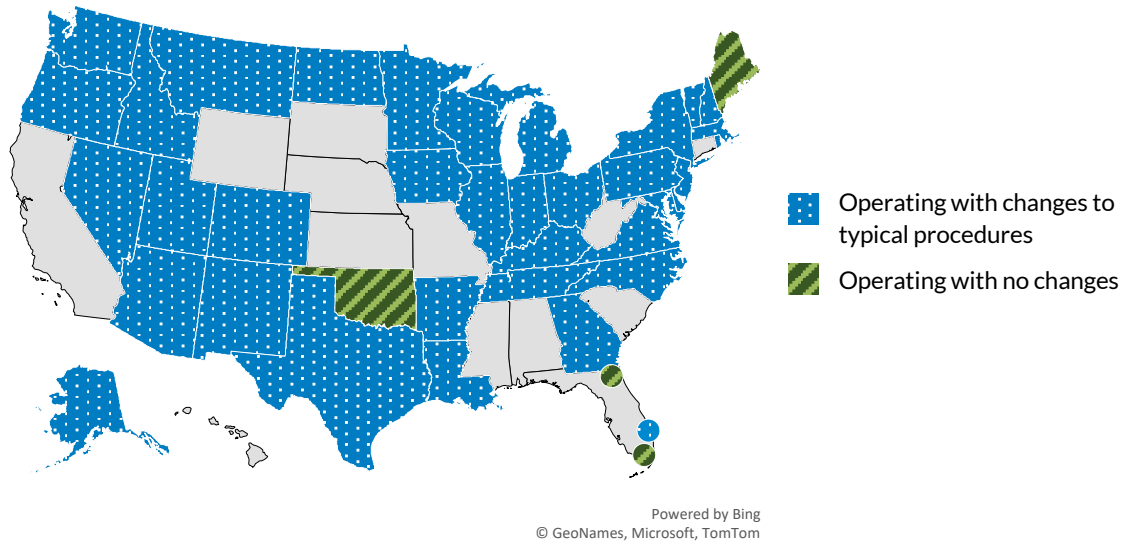
Compendium.[3] The survey included questions related to adaptations to quality improvement supports and procedures (e.g., classroom/program observations, verification, rating), prioritization of pandemic relief for participating programs, and collaboration with other state systems throughout the pandemic. Thirty-seven administrators reported that their QIS and similar quality initiatives were operating with changes to typical procedures (see Figure 1). Their responses are described in more detail in the following sections.

Figure 1. QIS operational status



Source: The BUILD Initiative and Child Trends. (2021). 2020 Quality Compendium COVID-19 Impact Survey (data).
Note 1: QIS operating with changes to typical procedures: AK, AR, AZ, CO, DC, DE, FL (Palm Beach County), GA, IA, ID, IL, IN, KY, LA, MA, MD, MI, MN, MT, NC, ND, NH, NJ, NM, NV, NY, OH, OR, PA, RI, TN, TX, UT, VA, VT, WA, and WI. QIS operating with no changes to typical procedures: FL (Duval County), FL (Miami-Dade County), ME, and OK.
Note 2: States in gray either did not submit a response or do not have a full profile on the Quality Compendium.

Building New Foundations Survey

The Building New Foundations Survey was disseminated online during Summer 2020. The online survey was sent to early childhood leaders and providers in the BUILD and National Collaborative for Infants and Toddlers (NCIT) networks. These leaders were encouraged to share the survey link

[3] The 2020 Quality Compendium COVID-19 Impact Survey was sent to all U.S. states and territories, and localities known to operate independent QIS or similar quality initiatives. Of those, 41 of the 44 QIS with full profiles on the Quality Compendium responded to the survey (93 percent). Five additional states and one locality responded to the survey, but do not have a full profile on the Quality Compendium; their responses are not included in this report but can be viewed in the COVID-19 Impact Survey Data Spreadsheet. The purpose of this brief survey was to gather information about state QIS. Demographic information about the survey respondents or the characteristics of the families they serve were not collected.

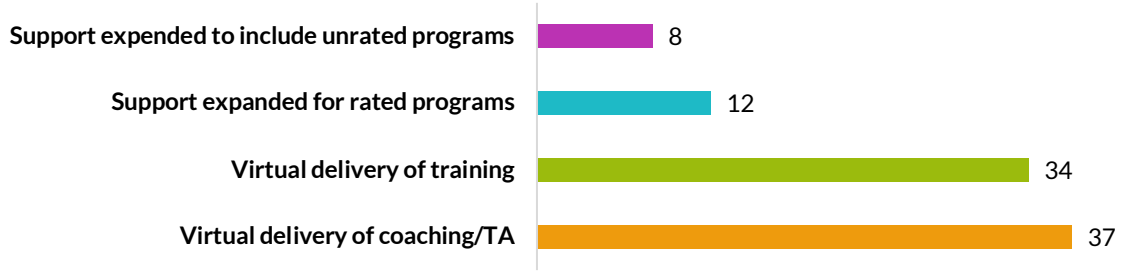
with others in the early childhood field. Responses were collected from early childhood leaders[4] across 44 states, the District of Columbia, and Puerto Rico, who shared over 1,200 innovations or changes they had seen in response to the pandemic. The survey captured qualitative data to illustrate the important ways that local and state leaders working in ECE, family support, maternal and infant/child health, and other early childhood- and family-focused systems and services supported communities and responded to the current health and economic crises. The survey aimed to share local and state efforts with field leaders so they may consider whether any of the changes or new ideas can improve efforts long-term and support building new foundations for systems of care. Ideas generated from this survey are being used to understand and share illustrations of success and change, using those examples to inform ongoing efforts to build effective, accessible, and equitable early childhood systems.

Adaptions to Quality Improvement Supports

Processes

As depicted in Figure 2, all QIS operating with changes (*n*=37) transitioned to virtual delivery of coaching and technical assistance (TA; 37 QIS, 100%), and most transitioned to virtual delivery of training (34 QIS, 92%). In some cases, quality improvement support expanded for rated programs (12 QIS, 32%) and/or expanded to include unrated programs (8 QIS, 22%) during the pandemic.

Figure 2. Number of QIS administrators reporting changes to quality improvement processes.



Source: The BUILD Initiative and Child Trends. (2021). 2020 Quality Compendium COVID-19 Impact Survey (data).
Note: Categories are not mutually exclusive; *n* = 37.

Pennsylvania's QIS adapted its professional development system by shifting course offerings to an online format and modifying policies to allow enrolled participants to continue trainings even if they were furloughed, laid off, or working reduced hours. New York's QIS administrator shared that its transition to virtual delivery of training had a positive impact by extending the reach of the state's services.

[4] A majority of survey respondents described themselves as the administrator (34%) or provider (17%) of direct services. When asked about their race and ethnicity, 58% said they were White; 9% Latinx; 9% Black; 1% Asian; less than one percent Native American or Alaskan Native or Native Hawaiian or Pacific Islander and 4% two or more races. Sixty-three percent of respondents focused in ECE.

Community and state leaders who responded to the Building New Foundations Survey contributed the following insights into how these adaptations were experienced:

- When asked what efforts to build better early childhood systems they had heard of or seen in response to the COVID-19 pandemic, an Arizona leader described: "All of our QIS technical services (coaching, Child Care Health Consultants [CCHC], inclusion coaching, and Mental Health Consultants [MHC]) are offering virtual TA and training to programs whether they are open or closed."
- A leader in New Jersey's ECE system who works at the community level indicated how pivoting to virtual activities actually extended the reach of her support organization: "As a CCRR [Child Care Resource and Referral agencies], we have done a great job reaching families who normally wouldn't be able to attend events, workshops, or meetings through Zoom along with educators who also would struggle having someone to look after their kids in order for them to attend a workshop. Zoom made it possible for me to meet educators from different counties as well."
- In some cases, virtual options supported providers and the early childhood workforce in more customized ways than the previous in-person options. An ECE researcher from North Carolina wrote: "COVID-related changes increased flexibility in how coaching and TA supports are being offered to ECE providers. Organizations that provide TA and coaching have pivoted to virtual platforms and are working to be responsive to the evolving needs of child care providers in a way that is potentially more tailored and individualized."
- A state leader in Nebraska mentioned that the "professional development opportunities available via distance learning to support EC providers strengthened their skill base." Leaders from Georgia added that one unintended consequence of COVID-19 adaptations has been to strengthen the workforce's skillset related to technology, opening the way to many additional professional development opportunities.
- A Michigan family support leader shared this concern: "We have heightened awareness of equity and disparities that exist in the communities we serve - especially with technology, and more specifically with access to the internet."

Content

Over three quarters (29 QIS, 78%) of all QIS operating with changes modified the content of their quality improvement supports. Of those, 21 QIS administrators (72%) noted that coaches/TA providers are focusing on different aspects of quality and 19 (66%) reported that training content changed. Examples of these changes are provided in this section.

Some QIS are offering trainings in response to procedural adaptations. For example, Georgia's QIS is offering TA to help providers prepare for new virtual observations. Similarly, as Pennsylvania's QIS suspended Environment Rating Scales (ERS) and the Classroom Assessment Scoring System (CLASS) observations, the team that typically conducts the observations transitioned to help programs develop and implement a COVID-19 Health and Safety Plan.

Other QIS administrators described shifting their training focus based on programs' new priorities and needs during the pandemic. For example, Virginia's QIS administrator described adapting

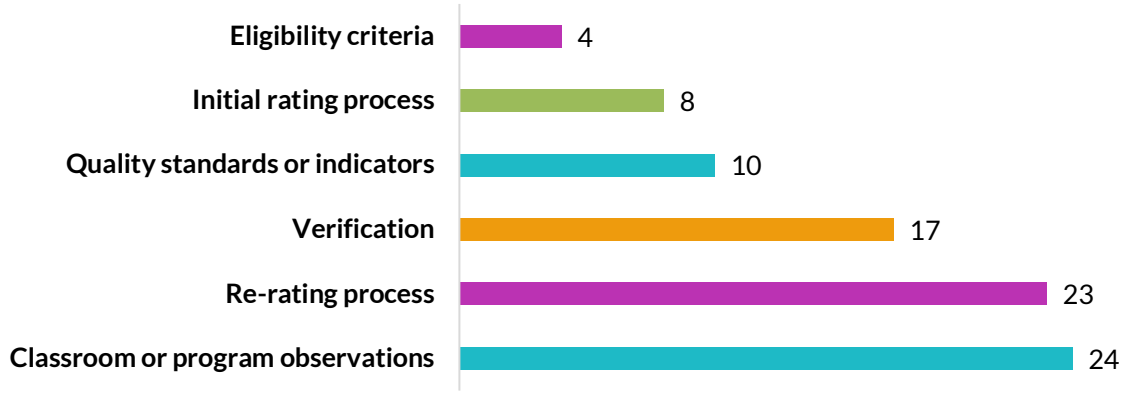
trainings to focus on health and safety within programs as well as self-care for providers. Virginia also started trainings to help providers learn more about best practices for virtual learning. Oregon's QIS administrator shared that trainings were focusing more on business practices and emergency planning and preparedness than before. Relatedly, as more ECE programs started serving school-age children due to school closures, the District of Columbia and Wisconsin QIS administrators described working with their Departments of Education to increase access to school-age trainings or professional development opportunities for ECE providers.

As part of the Building New Foundations Survey, a North Carolina community leader reported that there was an increase in integrating physical and social-emotional health as a component of high-quality care. A leader from California echoed these remarks, noting that quality improvement plans have shifted away from materials and equipment to activities around building relationships and social emotional skills.

Adaptations to Standards and Rating Processes

All 37 QIS operating with changes were asked to describe these adaptations in detail. Figure 3 illustrates the number of QIS reporting changes to each of these typical procedures.

Figure 3. Number of QIS administrators reporting changes to typical processes



Source: The BUILD Initiative and Child Trends. (2021). 2020 Quality Compendium COVID-19 Impact Survey (data).
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Eligibility criteria

Eligibility criteria are QIS parameters that state leaders develop indicating which programs can participate in the QIS. Four QIS administrators described making changes to their eligibility criteria for participation. These changes included: 1) offering conditional participation at the first level of the QIS for programs not previously participating, but who were now caring for children of essential workers; 2) waiving the requirement to actively serve children in order to maintain a rating; and 3) waiving requirements to participate in the QIS to receive child care subsidies.

Initial rating process

Following application and enrollment in a QIS, a program receives an initial rating; this process varies among QIS. In some cases, programs go through an unrated phase where they are considered participating, but not yet rated. Eight QIS administrators (*n*=37, 22%) reported changes to the initial rating process. Of these, four QIS (50%) paused initial ratings while the other four QIS (50%) allowed participation without an observation. In Georgia, programs can participate in the QIS without an initial observation and are offered a rating at the first level of the QIS if they meet other requirements.

Quality standards or indicators

Quality standards or indicators are areas of quality identified by the QIS as critical to program quality. They can be related to several different content areas, such as health and safety, staff qualifications, ratio and group size, or environment. Ten QIS (*n*=37, 27%) adapted their quality standards or indicators during the pandemic. Of these, four QIS administrators (40%) described granting credit for indicators or standards that providers are no longer following because they conflict with state or CDC health guidelines (e.g., no longer having family style meals), and two administrators (20%) described offering additional time for programs to comply with standards (e.g., staff education requirements for classrooms serving school-age children).

Verification

Verification is the process of authenticating information submitted by a program in a rating application. Seventeen QIS administrators (*n*=37, 46%) reported changes to verification processes, 11 (65%) of whom reported implementing or expanding the use of virtual document collection processes and five (29%) of which suspended all verification processes. New Mexico's QIS resumed verification visits with new health and safety guidance for assessors, including COVID-19 testing prior to the visit and completing the verification in one central place within the facility or outside.

Re-rating process

Quality ratings typically expire over a certain amount of time or with other program changes (e.g., change of location, licensing violation). Re-rating processes may be the same or different from the initial rating processes and can often be requested by programs who wish to be reassessed. Twenty-three QIS administrators (*n*=37, 62%) explained that re-rating deadlines were extended, or re-rating processes were paused during the pandemic.

Classroom or program observations

Observations are a typical part of the rating process. QIS use a variety of tools to assist with observations such as the ERS and the CLASS. Of the 24 QIS administrators (*n*=37, 65%) reporting adaptations to classroom or program observations, 18 (75%) explained that observations were delayed, postponed, or canceled. Others (7 QIS, 29%) reported conducting virtual observations by having program staff walk through their facilities "live" or by submitting photos and videos.

Use of Data During the Pandemic

Data collection

Eleven QIS administrators (*n*=37, 30%) reported using data to track program closures via surveys, provider self-reports, phone interviews, or existing data systems. In addition to monitoring the closure status of programs, three of these QIS (27%) are using the data to determine provider needs and inform states' approach to funding distribution.

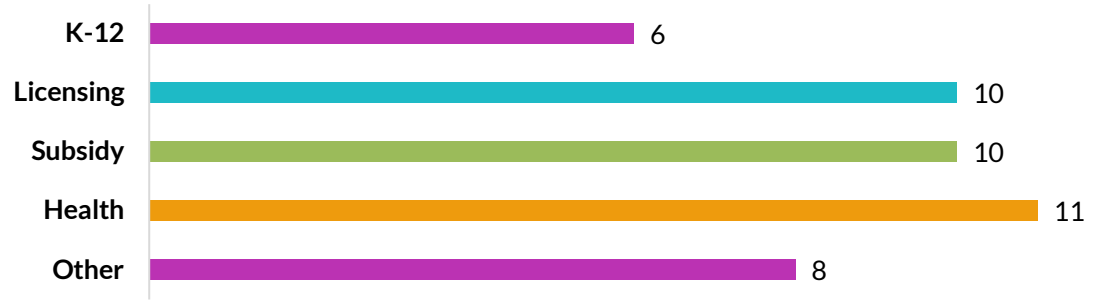
Pandemic relief

All QIS administrators were asked about distribution of pandemic relief to participating programs. Thirteen (*n*=41, 32%) described that their state prioritized pandemic relief to participating programs in some way. Some administrators reported allowing more flexible use of existing funds (3 QIS, 23%), offering supplementary funds or priority access to funds (3 QIS, 23%), or providing tiered funding and/or support based on quality rating (4 QIS, 31%). For example, Virginia offered programs more flexibility to use their existing QIS incentive funding to purchase materials that support health and safety practices (e.g., cleaning supplies, gloves, masks) or virtual platforms for trainings.

Changed or Evolved Relationships Between the QIS and Other Agencies or Programs

Eighteen QIS administrators (*n*=41, 44%) reported that relationships with state or local agencies and programs have changed or evolved during the COVID-19 pandemic (see Figure 4). Although the survey did not ask whether relationships improved, none of the QIS administrators reported negative interactions with these systems.

Figure 4. Number of QIS administrators reporting changed or evolved relationships with state or local agencies



Source: The BUILD Initiative and Child Trends. (2021). 2020 Quality Compendium COVID-19 Impact Survey (data).
Note: Categories are not mutually exclusive; *n* = 41.

In some cases, QIS administrators described leveraging existing relationships to increase their impact across the state, while others created new or stronger connections with state agencies or

programs. These administrators reported increased communication, improved collaboration, and more coordinated messaging between agencies and programs. In Delaware, for example, the QIS, licensing, and public health departments came together to facilitate informational webinars for ECE programs.

In two states, QIS administrators reported working closely with licensing staff to make program visits more efficient. In Rhode Island, QIS staff are visiting ECE programs to ensure they are meeting emergency-related regulations. Similarly, in Tennessee, licensing staff are using a temporary revised assessment tool during their annual evaluations.

In Pennsylvania, the QIS administrator described how they quickly collaborated with the health department at the beginning of the pandemic to develop additional health and safety guidance for providers. Each regional Early Learning Resource Center created a task force to help providers meet this new guidance.

QIS selecting "other" described working closely with professional development systems, local philanthropy organizations, and other local networks to support ECE providers throughout the pandemic. For example, Alaska's QIS leaders increased communication and partnership with local philanthropic organizations, which has helped them increase relief funding for ECE programs.

Almost a third of the innovations shared by the Building New Foundations Survey respondents mentioned or focused on the shift to virtual or distance learning, service delivery, or planning. These shifts to virtual platforms were sometimes associated with increased access and participation by reduced costs and time commitments associated with attending in-person meetings. A little over 20% of the innovations included ideas related to collaboration and increased necessity of and opportunities for collaboration within and across ECE, health, and economic and family supports.

- One Michigan leader noted witnessing "More authentic collaboration across and between intersecting systems and within early childhood sectors."
- A TA provider from Iowa noted that there has been "…more collaboration with child care providers, WIC, and public health."
- A New York administrator of direct services echoed this when she wrote that she saw "Health and ECE systems working together to adjust child care requirements."
- A Colorado public sector employee described how "the Office of Early Childhood used CARES Act funding to form an action team of 16 Early Childhood Mental Health (ECMH) professionals to work directly with childcare providers on the transition for children, ages zero to five, back into early care and learning environments. Their work will focus on bringing supportive transition strategies, trauma-informed practices, and reflective supervision into classrooms and communities. Communities with confirmed COVID-19 cases and deaths and families facing disproportionate adversity will be prioritized for services."

Conclusion

Many QIS responded to the pandemic by implementing policies that extended the reach of their quality improvement supports and allowed flexibility with typical standards and rating processes. Strategies such as pivoting to virtual technology to build and maintain connectivity during the pandemic exposed the need for equitable access to reliable internet and technology for ECE providers. Some QIS used new or existing data during the pandemic to make critical decisions about supplemental funding and other supports. To create equitable strategies that improve access to quality and encourage continuous improvement, program administrators and policymakers need access to accurate, high-quality data to know who is benefiting from current and proposed efforts. Disaggregated data by race, geography, and income, as well as qualitative data that explore family and provider needs and community context, are critical to determining what is working and for whom.

The onset of the COVID-19 pandemic called to light the disproportionate impact of structural racism and inequality on communities of color and ECE providers. The connections between agencies and programs necessitated by the pandemic may lay the groundwork for stronger relationships that can be leveraged to tackle equity issues from a broader systems level. Data recording these adaptations, such as those presented in this brief, may allow others to understand, predict, and improve upon the ways systems meet the needs of ECE providers, children, and families. Equitable access to high-quality ECE for families and ongoing support for providers will be critical for recovery; QIS can play a supporting role in that work.

This brief was developed collaboratively between Child Trends and the BUILD Initiative. The Quality Compendium is an online database of quality improvement systems managed by Child Trends and the BUILD Initiative.

We are grateful to all the state, territory, and local QIS administrators who responded to the COVID-19 Impact Survey and made this brief possible. For those interested in viewing data and state-specific responses collected from the survey, please see the COVID-19 Impact Survey Data Spreadsheet.

We appreciate the additional insights gleaned from the national survey that BUILD conducted on behalf of the National Collaborative for Infants and Toddlers.