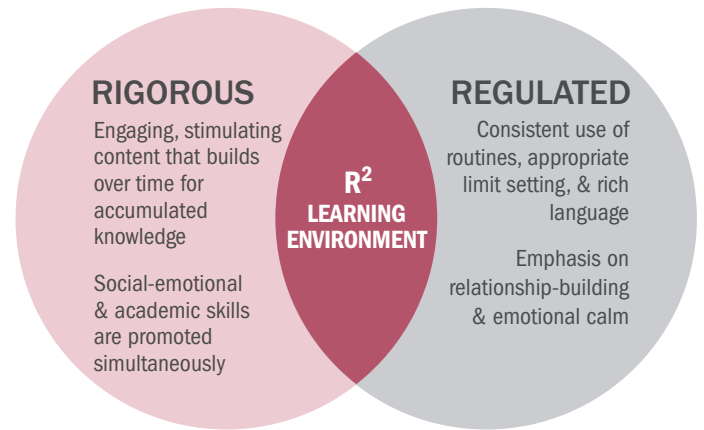


LEAD EARLY EDUCATORS FOR SUCCESS

Guidance on leading quality improvement in early education

Leading Quality Improvement

ISSUE: Using a variety of reform strategies, the field has made great strides in promoting quality in early education. However, the implementation of these reforms often impedes high-quality early learning environments. In this brief, we identify common implementation responses to reform strategies, and how they function as barriers for early educators, young children, and the early education setting.



REFORM STRATEGIES, COMMON RESPONSES, & BARRIERS TO THE R² LEARNING ENVIRONMENT

REFORM STRATEGY	STAFF TO CHILD RATIOS	ASSESSMENT	HEALTH & SAFETY	WORKFORCE DEVELOPMENT
COMMON RESPONSE	Moving children and adults around to maintain required ratios	Emphasizing the <i>collection</i> rather than the use of assessment data and information	Viewing everyday health and safety routines (e.g., meal-time, hand washing) as non-instructional time	Focusing on professional development (PD) hours and credentials rather than content and quality of PD
BARRIER TO R ² FOR EARLY EDUCATOR	<ul style="list-style-type: none"> Diminishes role as educator, elevates role as care provider Reduces ownership of teaching and learning environment Weakens classroom community 	<ul style="list-style-type: none"> Assessments become compliance-driven exercises rather than tools to guide instruction Data-gathering plays out as time-intensive reporting requirement 	<ul style="list-style-type: none"> Procedures fragment day and interfere with instructional time Educators' behavior-management skills challenged when extended waiting causes children to act out 	<ul style="list-style-type: none"> Degrades value of training Requirements experienced as mandatory, not opportunities for professional growth
BARRIER TO R ² FOR CHILDREN	<ul style="list-style-type: none"> Reduces predictability and sense of security and belonging 	<ul style="list-style-type: none"> Despite the purpose of assessment, instructional approaches unlikely to be tailored to individual needs 	<ul style="list-style-type: none"> Children experience frequent blocks with minimal cognitive stimulation Emerging self-control skills tested, often triggering negative teacher and peer responses 	<ul style="list-style-type: none"> Despite purpose of PD and credentialing, quality of instruction does not improve over time
BARRIER TO R ² FOR SETTING	<ul style="list-style-type: none"> Creates unstable settings Adds safety risk because adults may be unfamiliar with children's medical needs 	<ul style="list-style-type: none"> Improvement plans not anchored in setting- level data tightly connected to population's learning needs 	<ul style="list-style-type: none"> Missed learning opportunities Cycles of negative interactions may be provoked, creating destructive climate 	<ul style="list-style-type: none"> Improvement plans compromised because PD potential is not realized and a setting-wide workforce development opportunity is lost

Stay Tuned: Look to upcoming briefs for how to reduce barriers and create the conditions that enable early educators to promote learning for all.

By Nonie K. Lesaux, PhD; Stephanie Jones, PhD; Julie Russ Harris, EdM; Robin L. Kane, BA. This series was made possible by generous funding from the Saul Zaentz Charitable Foundation, the Barr Foundation (Grant No. 4552) & the Robert Wood Johnson Foundation (Grant No. 69362). [Find this brief and others at zaentz.gse.harvard.edu](http://zaentz.gse.harvard.edu).

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