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# REPLICATION IN PRACTICE:

## *Lessons from Five Lead Agencies*

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Replication is an art, but it is an art grounded in science and practical experience. Programs that are thinking about replicating themselves or becoming a replication site can learn much from organizations that are already functioning as successful lead agencies—helping replication sites adapt, implement, and institutionalize the lead agency’s model program in new locations or with new populations of children and families. This article encapsulates the experiences of five such programs, using the lead agency replication checklists developed by Iris Krieg and Jan Lewis of the Pritzker Early Childhood Foundation (page 4, this issue). All of the programs profiled have been funded by the Foundation to replicate their proven models and practices.

### The Programs and Their Models

The programs described in this article represent an array of models and approaches to replication, but they have three important elements in common:

1. They have data that support the effectiveness of their model.
2. They benefit low-income young children and their families.
3. Each program is an acknowledged leader in its own area of endeavor.

*Jumpstart*, which describes itself as working toward the day every child in America enters school prepared to succeed, challenges its partners to “spark a life.” Founded in 1993 by two college students at Yale University, Jumpstart is a national early childhood literacy organization that operates replication sites at colleges and universities that serve 57 low-income communities across the country. Jumpstart, which is part of the AmeriCorps national service movement, trains and supports college student “Corps members,”

who commit to the program for a full school year. Jumpstart provides Corps members with intensive training and hands-on experience in early childhood education.

Jumpstart Corps members are paired with preschoolers in the classroom to work one-to-one on language, literacy, and social skills, as well as to work with families to set goals for school readiness, create learning plans, and incorporate literacy skills into family routines. At the same time that Jumpstart is helping children enter school ready to learn and succeed, it is also encouraging a new generation of early childhood educators. This year, 2,100 college students are serving almost 8,000 preschool children at nearly 200 early education centers across the country.

The *Maternal Infant Health Outreach Worker (MIHOW) Program* is dedicated to stimulating the birth and growth of low-cost, parent-to-parent interventions that improve health and child development for low-income families in communities across the South. A partnership between the Vanderbilt University Center for Health Services (CHS) and community-based organizations in six

### at a glance

- This article describes the replication efforts of five programs funded by the Pritzker Early Childhood Foundation.
- Each program had data to support the effectiveness of their model before they began replication.
- Each program has an articulated model and an ongoing system of training and technical assistance.
- Each program monitors replication sites closely.
- Each program has a plan for improving its model while remaining true to its core.



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states—Arkansas, Kentucky, Louisiana, Mississippi, Tennessee, and West Virginia—MIHOW’s goals are to improve prenatal care, birthweight, infant care, family dynamics, parenting skills, child development, life skills, and community development.

MIHOW organizes and serves the community from the inside out, using local women as peer home visitors. MIHOW workers, all mothers who are trusted locally, visit pregnant women and families with young children up to 3 years of age in their home to promote healthy living and self-sufficiency. Leading by example, they listen to parents’ concerns; educate them about nutrition, health, and children’s development; model positive parenting practices; and provide links to medical and social services. Because these workers come from the same background as the families they serve, they are role models throughout the community for families held back by poverty, low self-esteem, and isolation.

The *Parent–Child Home Program (PCHP)*, an intensive, 2-year home visiting model, is an early childhood literacy, parenting, and school readiness program that helps families who have not had access to educational opportunities make their homes language-rich environments; it empowers them as their children’s first and most important teachers. The program began in 1965, and the initial evaluation results were so positive that a group of funders got together and established the PCHP National Center to replicate the model nationally. Today the program has over 150 replication sites worldwide and this year served more than 5,000 families.

PCHP features twice-weekly, half-hour home visits by trained paraprofessionals. With what the program describes

as a “gentle touch,” the home visitors bring each family a new book or educational toy every week and use these materials to model quality verbal interactions—including reading, conversation and play—in order to build parents’ ability to promote their children’s cognitive and social–emotional development and prepare their children to enter school ready to succeed. The books and toys are the families’ to keep, and parents are encouraged to use them with their children between home visits and after the home visits are completed.

*Family Place Libraries*<sup>™</sup> began two decades ago with a single program of Parent/Child Workshops at Middle Country Public Library (MCPL) in Centereach, New York. Today it is a joint program of Libraries for the Future and MCPL and, through replication, has become a national network of more than 200 Family Place Libraries in 23 states. Believing that literacy begins at birth, Family Place brings people into libraries who do not necessarily consider them places for very young children. Family Place Libraries are centers for early childhood and parent education, emergent literacy, socialization, family support, and connecting families to other resources within the community.

At the center of the model is the Parent/Child Workshop, a 5-week series that brings community resource professionals, librarians, and families together in the library. The workshop provides an interactive learning environment where parents and children engage in child-directed play and early literacy activities. The librarian and the community professional informally elicit parent concerns and provide information while parents interact with their children. Parents and caregivers have the opportunity to

have their questions answered in a nonthreatening environment. Whether or not parents participate in the Parent/Child Workshops, Family Place Libraries—with their specially designed spaces, programs, and collections for parents and children—are an ongoing resource for very young children and their families.

**Home Instruction for Parents of Preschool Youngsters (HIPPY)** is a parent involvement, school readiness program that helps parents prepare their 3-, 4-, and 5-year-old children for success in school and beyond. HIPPY helps parents get involved with their children's education by giving them the tools, skills, and confidence they need to work with their children at home.

HIPPY started in Israel in 1969 as a research and demonstration project and spread to seven countries, including the United States, where HIPPY USA was established in 1984. All HIPPY programs around the world follow the HIPPY model: a developmentally appropriate curriculum, with role play as the method of teaching, staffed by home visitors from the community, supervised by a professional coordinator, and with home visits interspersed with group meetings as the delivery methods. Role playing is used throughout the HIPPY program by all participants. The coordinators and home visitors role play activities every week, taking turns in the roles of parent and child. Home visitors then role play the activities with parents at home or in group meetings. The parent does the activities with his or her child once the home visitor is gone.

Although HIPPY is for any parent who wants educational enrichment for his or her child, the HIPPY model was designed to remove barriers to participation, due to lack of education, poverty, social isolation and other issues. A model HIPPY site serves up to 180 children with one coordinator and 12–18 part-time home visitors. With 160 programs in 26 states and the District of Columbia, HIPPY USA serves over 16,000 children and families.

### Preparing for Replication

Preparing for replication begins with a program's decision that it is ready to become a lead agency. Krieg and Lewis characterize successful lead agencies as disciplined and able to answer the following questions: Where you are going? How are you going to get there? and Who is going to invest in the delivery and implementation of your services?

### Evaluation Documenting Effectiveness

Data demonstrating the effectiveness of a model are an absolute requirement in today's era of accountability. All of the interviewed programs had substantial evidence of their effectiveness before they replicated themselves, and

they all continue to conduct research and evaluation to document their ongoing effectiveness. Research methodologies reflected a broad range of qualitative and quantitative approaches, from in-depth case studies to quasi-experimental designs with nonrandomized comparison groups to studies with randomized controls.

PCHP, for example, has 40 years of research documenting the long-term benefits of their program to children, including studies that follow children who participated in the program as 2- and 3-year-olds through high school graduation. In one such study, students who had completed the PCHP program as toddlers were significantly less likely to drop out of high school than children in the randomized control group of children who were eligible for the program but did not participate.

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### The Core Elements of the Model

Data are the starting point for identifying the essential elements of any model. Although replication is adaptation rather than cloning, identifying the elements of a model that are integral to successful replication is a very early task for would-be lead programs. Knowing which elements of a model are core and which are optional is the foundation of replication and fidelity.

Even programs with a light touch and a gentle approach to replication typically have a very carefully defined and articulated list of core elements. Family Place Libraries, for example, requires replication sites to embrace seven core elements of its model:

1. Staff training in family-centered services;
2. Specially designed, welcoming spaces for very young children and their families;
3. The Parent/Child Workshop and additional developmentally appropriate programs for young children and parents;
4. Outreach to new and nontraditional library users, especially families with very young children;
5. Materials for early childhood that include books, music, videos, toys, and computers;
6. Materials for parents, caregivers, and early childhood professionals; and
7. Partnerships and collaborations with community agencies that serve families and young children.

The HIPPY model has four core elements:

1. A developmentally appropriate curriculum,
2. Role play as the method of teaching,
3. Home visitors from the community who are supervised by a professional coordinator, and
4. Home visits interspersed with group meetings as the delivery methods.

To ensure quality and fidelity to its model, HIPPY expanded on these elements, producing a list of acceptable adaptations that is attached to the HIPPY replication contract.

### **A Supportive Board of Directors**

A board of directors that supports replication and whose members are willing and able to raise funds for replication is an invaluable asset. The PCHP board both raises money and advocates for the program with local, state, and federal officials. The Center for Health Services' board members participate as active decision makers for MIHOW, including making decisions about which sites receive mini-grants and other special resources.

### **A Detailed Business Plan and Replication Plan**

A stable, high-quality program ensures the integrity of the model within the lead agency and is essential to successful replication. Lead agencies must have a plan for sustaining their own program while at the same time building staff and board capacity to support replication of the program in new sites. A business plan supports and protects the lead agency throughout the replication process, including, for example, ensuring trademarks and other legal protection. A detailed replication plan ensures that the lead agency has considered and planned for all eventualities, or as many as can be reasonably foreseen. Critical elements of the plan include specific goals for replication, a realistic budget for both the lead agency's costs and the estimated costs to sites, site selection and marketing strategies, training and technical assistance materials and approaches, and procedures for monitoring and evaluation.

### **Costs to Sites**

The replication requirements for PCHP allow the National Center to determine the average cost per family served (\$2,000–\$2,500 annually). Costs vary among sites, because some local programs use volunteer home visitors, university students, and AmeriCorps members. Costs are also reduced when programs are able to get donations of books and toys from local stores, manufacturers, or publishers (all toys and books must meet PCHP criteria). Larger replication sites can reduce costs through economies of scale, in particular because the program coordinator's salary is allocated across more families. However, once a site serves more than 60 families, the cost per family may go back up because the site would be required to hire another coordinator. The National Center has prepared sample annual budgets for the first and second years of replication so that sites know and can plan for the costs, including the

PCHP fee (currently, a one-time \$7,500 fee for an extensive, 2-year package of training and technical assistance, including access to a Web-based Management Information System to store all data, and an annual certification fee of \$250 thereafter). The National Center offers replication sites considerable assistance in finding the funds to establish the program, depending on site needs. National Center staff introduce sites to philanthropic contacts, provide help with grant language, and, in some cases, are the pass-through for funding. The National Center also assists with advocacy and the state, local, and federal levels.

The Family Place Libraries model has a similarly detailed costing scheme in which sites know exactly what they will receive for the training and technical assistance fee, including attendance at

the 4-day Family Place Training Institute for one person; extensive training materials, including a comprehensive training manual; and follow-up technical assistance for 4 years, including one on-site visit by national Family Place staff. When site staff turnover occurs, new staff are able to attend the 4-day training for an additional fee. Family Place also helps potential sites tap into Library Services and Technology Act (LSTA) funds and other sources of funding to support replication

### **Lead Agency Costs**

Tapping into unique resources enables Jumpstart to fund its operations, says Jessamyn Luiz, executive director of the Midwest regional office. "One of the things we've learned is that you have to be comfortable with overhead. Our administrative rate might be considered high, and it has increased over time, but our overall cost per child has gone down. Educating potential donors about this is critical. We have increased the number of children we serve by a third on the same budget."

Jumpstart provides more than a program model for their higher education partners; they also provide the funding to hire a full-time staff person and to pay for basic program operations. In turn, Jumpstart's replication partners provide significant in-kind resources, such as university faculty to support training for the Jumpstart Corps, office space, and technological support. Jumpstart's funders have become even more active at critical moments. When AmeriCorps, a mainstay of Jumpstart support, experienced a funding crisis in 2001, Jumpstart turned to its partners—foundations, corporations, and universities—for help. Everyone responded. College students in the Jumpstart Corps wrote editorials. Starbucks and Pearson PLC ran full-page newspaper advertisements in support of AmeriCorps. Jumpstart regional offices garnered additional support from their university partnerships. Jumpstart was the only AmeriCorps program to grow that year.

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## Materials and Training for Replication Sites

Successful lead agencies pay particular attention to developing quality materials and resources for sites that capture the heart of the model and support site efforts to learn and institutionalize it. A comprehensive, ongoing program of training and technical assistance makes the program “real” in local sites. All of the programs interviewed stressed that training must be part of a long-term plan of continuous monitoring, feedback, and support.

## Quality Assurance and a Feedback System for Sites

A structure for quality assurance, including monitoring and getting feedback from sites, helps to ensure that the lead agency knows what is going on and is therefore able to provide needed support. Jumpstart’s structure of a national office and five regional ones allows for quality assurance to happen close to home. The PCHP quality assurance and feedback system includes a Web-based Management Information System that enables each site to store and track its own data and provides the National Center with aggregated data to guide the support that it provides to replication sites.

Planning for quality assurance involves decisions about credentialing. Should staff, including peer workers, at replication sites be credentialed as well as the program itself? HIPPIY USA credentialed individual workers. Elisabet Eklind, HIPPIY USA executive director, explains why, “In this climate, documenting effectiveness is becoming more important every day, and our credentialing program for peer home visitors is part of that. We believe that it will also help [the peer home visitors] make a transition to other employment when they leave HIPPIY.”

## Selection

A lead agency must think carefully about how its model can be applied in another location and must also select replication sites that have a philosophy complementary to that of the lead agency. Family Place site selection strategy relies heavily on word of mouth and outreach to librarians at professional meetings and conferences. Staff leverage their knowledge of how library programs are funded and institutionalized to create a national network of Family Place Libraries, a network that generates more word of mouth “marketing” as it grows.

The pacing of site selection influences the success of replication. Taking on too many sites too quickly can overwhelm a lead agency and make for inadequate training and support for the local programs. MIHOW has been careful not to take on more sites than it can handle comfortably. “We started 20 years ago, and slowly and steadily added sites for the first 15 years,” says Barbara Clinton. “That was

a comfortable rate of replication. About 3 years ago, we started to get more requests than we could manage with our limited staff, and the requests were coming from greater distances away. So we decided on an expansion moratorium while we looked at quality assurance. Once you get beyond 15 sites, you really need systems in place. You can no longer rely on dedicated staff being able to be on top of things; the numbers are too large. You need quality assurance systems. We stopped to develop those systems.”

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## Working With Sites

Lead agencies report that working with replication sites is an always changing, often exciting endeavor. After all the planning and strategizing, the rewards of seeing one’s program being

brought to life in new settings or with new populations of children and families are immense.

## Site Analysis

Before a lead agency and replication site commit to replication, the prospective site must be evaluated with respect to a variety of factors, such as the need for the program in the new community, the commitment and capacity of the site’s board and leadership, the potential of the site staff for growth and change, and the model’s fit with other services offered by the site.

For the Jumpstart Midwest regional office, the process of choosing and confirming a new higher education partner site takes about a year and a half. As possible sites are identified through various outreach activities, Jumpstart staff—the executive director, development director, and program director—begin the process of analyzing a prospective site to ensure that there is a good match. Among the most important criteria are a commitment to early childhood by the college or university, available and committed faculty resources, and the presence of a federal Work-Study program. On average, the Midwest region accepts between 30 and 50% of the applications they receive, a ratio that reflects the importance of site analysis to successful replication.

As part of its site analysis, PCHP collects a great deal of demographic data on family constellation, race/ethnicity, language spoken, education, and income, among other variables. This information helps the national office later track the impact of the program on families in various target populations and to connect sites that are serving similar populations to enable them to share strategies and resources. In assessments of community need, PCHP has noticed a pattern. “One of the things we’ve found is that our programs frequently end up in communities with groups of isolated families, such as Latino immigrants working as meatpackers in Nebraska or in South Carolina in agriculture or manufacturing,” says Sarah Walzer, executive director of PCHP.

## Letter of Agreement

Once the lead agency and replication site agree that there is a match between them, a letter of agreement or other formal written commitment describes the responsibilities of both parties. As with other aspects of replication, there is a considerable range in how lead agencies approach this component. PCHP requires a formal commitment to replication before even materials are shared as a way of ensuring fidelity to the model. “Our policy is that you don’t get our training or see our materials unless you sign a replication agreement. That’s one way that we ensure quality.” The four-page “Proposed Plan to Replicate the Parent-Child Home Program (PCHP)” gathers information on everything from family and community make-up to who will be responsible for ordering the toys that are left with families at each home visit. HIPPY has a similarly formal approach to replication commitment, including a legal contract that spells out each party’s responsibilities in detail.

## Site Training and Technical Assistance

Initial and ongoing training, technical assistance, help with problem solving, and frequent communication are essential to the success of any replication. The inability of a site to commit to ongoing training, including training of new staff when turnover occurs, or the inability of the lead agency to provide significant training and technical assistance over the long term are among the most frequently identified causes of replication failure, second only, perhaps, to financial problems. Successful lead agencies know that replication is a journey, as well as a destination.

Training is one of the chief ways that Jumpstart helps replication sites find the right balance between the national model and local needs, ensuring that model adaptations are true to the core elements while meeting the needs of local communities. Making sure that site staff understand the “why” and not just the “how” of the model is another training strategy that contributes significantly to the quality of Jumpstart replications. Jumpstart builds layers of support into its replication model. “Regional offices have their finger on the pulse of what’s happening with sites,” says Jessamyn Luiz. “We serve as a conduit for information between sites and the national office. Regular sharing of needs and best practices between the national and regional staff keeps everyone informed and allows the regional offices to advocate for our sites and drive the decisions of our national office.”

Layers of support were a natural evolution for HIPPY, which now has state offices in Arkansas, Florida, California, Nevada, Texas, and, soon, Colorado. HIPPY USA was established in 1988 as a national office in New York City to support HIPPY replications, but very early on local

agencies in Arkansas decided that they needed to bring support closer to home. Out of that desire grew the first HIPPY state office, which is now housed at Arkansas Children’s Hospital. In 1993, the HIPPY USA board voted formally to support decentralization.

HIPPY state offices perform whatever services make sense at the state level. In addition to training and technical assistance to sites in the state, advocacy and outreach are primary functions, as these activities rely on extensive state-specific knowledge such as funding streams and pre-K guidelines. Having a state office to provide such support allows local programs to focus more on quality and less on sustainability. HIPPY also has noticed that more new

programs start up in states with a state office, and fewer close down. In order to form, a state office is required to find a home where it can be nurtured and build its organization, a state director, and a state advisory group of people with varied backgrounds and expertise who will support HIPPY. HIPPY USA has captured the lessons from this start-up process and made them available in a *State Office Guide*.

To ensure that new sites in Mississippi had access to nearby training and technical assistance, MIHOW established a sister-institution partnership with the University of Southern Mississippi (USM). “It’s a good match for us. Very few universities have a structure that allows them to work with local communities—not study them, but work with them. USM does. Their Center for Sustainable Health Outreach has a focus very much like ours—helping communities help families. Mississippi is also a good match, because Mississippi communities have a tradition of taking care of things themselves when services weren’t there.”

PCHP provides training and technical assistance to replication sites throughout the 2-year initial certification process. The PCHP National Center or a certified regional trainer provides an initial 3-day training for the site coordinator and the site administrators. Coordinators participate in a follow-up day of training 3 to 6 months later, which allows them to share experiences with the other coordinators who started with them. Ongoing technical assistance is by telephone and email and through written materials, as well by site visits for new sites. Because they have grown considerably over the past few years, PCHP is making increasing use of email and Web-based technology to handle some of their technical assistance work with sites. They also have created an array of manuals, videotapes, handbooks, and home visitor training materials, including an introductory guide, *How to Start a Parent-Child Replication Site*, which helps potential sites decide whether there is a good match for replication.

**Making sure that site staff understand the “why” and not just the “how” of the model is a training strategy that contributes significantly to replication quality.**

## Monitoring for Quality and Continuous Improvement

Monitoring by the lead agency is essential to ensure that replication sites put in place and sustain over time the core elements of the program model and deliver quality services to young children and families. Accreditation, certification, or credentialing of some sort are perhaps the most frequently used tools for this purpose. Lead agencies approach this in a wide variety of ways, ranging from rigorous accreditation and certification to looser structures for ensuring fidelity to a model.

Family Place wants libraries to be friendly, welcoming places for young children. The essential elements of their model are corresponding simple, and they want these basic principles to be incorporated into the existing programs of libraries so that Family Place becomes part of their everyday budgets and routines. That's how Family Place defines success, and that is the focus of their monitoring.

Monitoring for quality also is a primary strategy for ensuring fidelity to the model when site leadership or funding changes. Sarah Walzer, explains, "New leadership at replication sites may result in attempts to change the model to make it cheaper or even to make up their own version of the program. It's fine if a replication site decides that they want to do their own thing, but they can't be a [PCHP] site any more." Initial certification for PCHP replication sites is a 2-year process, and all sites are recertified annually. New sites are eligible for certification consideration after they have successfully completed their first 2-year program cycle with families. Generally, a program that makes it through 2 years of implementation is successful in becoming certified, because if a replication is not working out, National Center staff are typically aware of the problems early on and can intervene to problem-solve.

HIPPY also experiences replication sites that don't stick to the model. "We call programs that want to do their own thing 'YIPPY,' for 'Your Program,' not HIPPY," says Elisabet Eklind. "Most often these are good people who are trying to stretch HIPPY to try to make it fit into a situation where it isn't appropriate. But to be a HIPPY program, they must follow our model. That's how we ensure quality services for young children and families." In the second year of program operation, HIPPY sites become eligible for annual program certification through participating in a credentialing process using the Self-Assessment and Validation Instrument (SAVI), which is based on the core elements of the HIPPY model. Programs that function at a very high level on the SAVI, called "stellar" programs, are certified for 3 years, rather than just 1.

The new MIHOW accreditation process, CEMAP<sup>®</sup> (The Commitment to Excellence MIHOW Accreditation Program) mirrors MIHOW's strength-based approach to families, guiding sites through what it describes as a journey to be the best among the best. The CEMAP<sup>®</sup> Self-



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*Appraisal Tool* walks sites through MIHOW's 10 Standards of Practice, with yes-or-no questions amplifying each standard. Replication sites use the *Self-Appraisal Tool* at least twice—once initially when they are developing a CEMAP<sup>®</sup> workplan and again when they think they are ready to be visited by the on-site accreditation review team. In between those times, regional MIHOW consultants help the sites address the areas of need they identified for themselves.

The accreditation site visit team includes a staff member from the Center for Health Services, a site leader from another state, and an outreach worker from another site. This team meets with the site leader, a board member, the executive director, outreach workers, and families for a 2-day visit. The site visitors also review written materials, including program plans, performance evaluations, and participant records. At the conclusion of the visit, an exit interview with staff and board members allows the visitors to describe the local program's strengths and discuss any areas where improvement is needed. New sites will have 5 years to become accredited; sites that existed when MIHOW began CEMAP<sup>®</sup> have 3 years to complete the process.

Once accreditation has been earned, a gala community event is held to celebrate and to increase community awareness of the program. Sites typically invite the mayor, Congressional representatives, potential donors, and families. At the ceremony, the site is presented with limited-edition sculpture created by Alan Lequire for MIHOW. The sculpture, depicting a joyful mother holding her baby up high, represents the MIHOW approach to loving and caring for children.

## Evaluation

Evaluation during replication benefits both the lead agency and the replication site. Evaluation demonstrates what's working and what isn't. It shows the lead agency where the replication process needs improvement, and it helps both parties ensure fidelity to the model and high quality services to young children and families.

The PCHP replication sites are responsible for reporting data to the National Center annually, including how many families were offered the program, how many enrolled, and how many dropped out and why. Because the purpose of these reports is to flag potential problems, the National Center has changed its questions as it has identified indicators of a site in trouble. Retention of families and retention of staff are two such indicators.

MIHOW uses a flexible, user-friendly approach to evaluating site progress and outcomes. The process documents maternal and child health and development, identifies effective program elements and ones that need improvement; and analyze data by site, state, and region.

## Model Improvement

Even the best model can be improved over time to reflect lessons learned as the model is replicated in new locations or with new populations of young children and families. Models also change when new research suggests ways they can be improved. National Family Place staff, for example, are developing a new module this year on emergent literacy, which will become part of the core training for Family Place sites. These kinds of changes help Family Place librarians get access to the research that underlies practice, such as early brain development and its relationship to rhyming and imitative play. Because some Family Place Libraries are connecting with child care providers, explains Elissa Young, Family Place director, the reach is even broader, "Everything having to do with early childhood is really Family Place—offering parent support groups, enhancing story time, looking at the needs of families."

Research and development at the national Jumpstart office allow the program to consider and pilot test changes to the model, such as different delivery methods. Currently Jumpstart is pilot testing the Experience Corps, which uses older people rather than college students to deliver the Jumpstart intervention. Jumpstart is also pilot testing an assortment of assessment tools to measure the program's effectiveness with children. These and similar changes ensure that the Jumpstart model continues to evolve.

Being close to the replication sites enables the Jumpstart regional staff to advise the national office on the best way to roll out model improvements.

HIPPY updates its model to keep pace with the changing environment, including new demands for a more academic focus in kindergarten. HIPPY is adapting its curriculum for 5-year-olds to link with new kindergarten standards. "But we will never be 'kill and drill,'" says Elisabeth Eklind. "We want the love of learning to begin at home and remain throughout their lives. That won't change." The new curriculum for age 5 will have fewer, more strategic activities, including more opportunities for parents to choose the activities they want to work on. HIPPY USA is also exploring new opportunities to adapt the model to meet emerging needs. Working with the Florida Department of Corrections, they are developing a program for incarcerated mothers. The HIPPY home visitor will regularly visit the child's home and role play with the caretaker, but on visitors' day, she will go to the prison and have a "home visit" with the mother. The HIPPY USA state office at the University of South Florida will evaluate this adaptation to make sure that it is achieving HIPPY goals.

## Summary

Despite the diversity of their missions and models, and the details of their approaches to replication, these successful lead agencies are remarkably similar when it comes to the basics of ensuring high-quality replications:

1. They began replication only when they had data to support their effectiveness.
2. Each has fully developed and articulated model, adequate resources—including trained staff—to ensure their own stability and provide services to local sites, and a comprehensive, ongoing system of training and technical assistance, including a wide range of quality materials.
3. Each monitors replication sites for fidelity to the model and for the quality of services to young children and their families.
4. Each has provision for improving the model in response to new research or new social, economic, or political circumstances while remaining true to its core. ♣

## REFERENCE

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