

THE WSCC BLUEPRINTS: GUIDES FOR IMPLEMENTING PRACTICES AND POLICIES ALIGNED WITH THE WSCC MODEL



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Introducing the WSCC Blueprints

The [WSCC Blueprints](#), published by the UConn Collaboratory on School and Child Health, offer practical guides for planning efforts using the CDC’s [Whole School, Whole Community, Whole Child \(WSCC\)](#) model:¹

- the **Practice Blueprint** helps school teams align their day-to-day practices and plan for sustained implementation
- the **Policy Blueprint** helps school leaders align their policy initiatives across the components of WSCC model

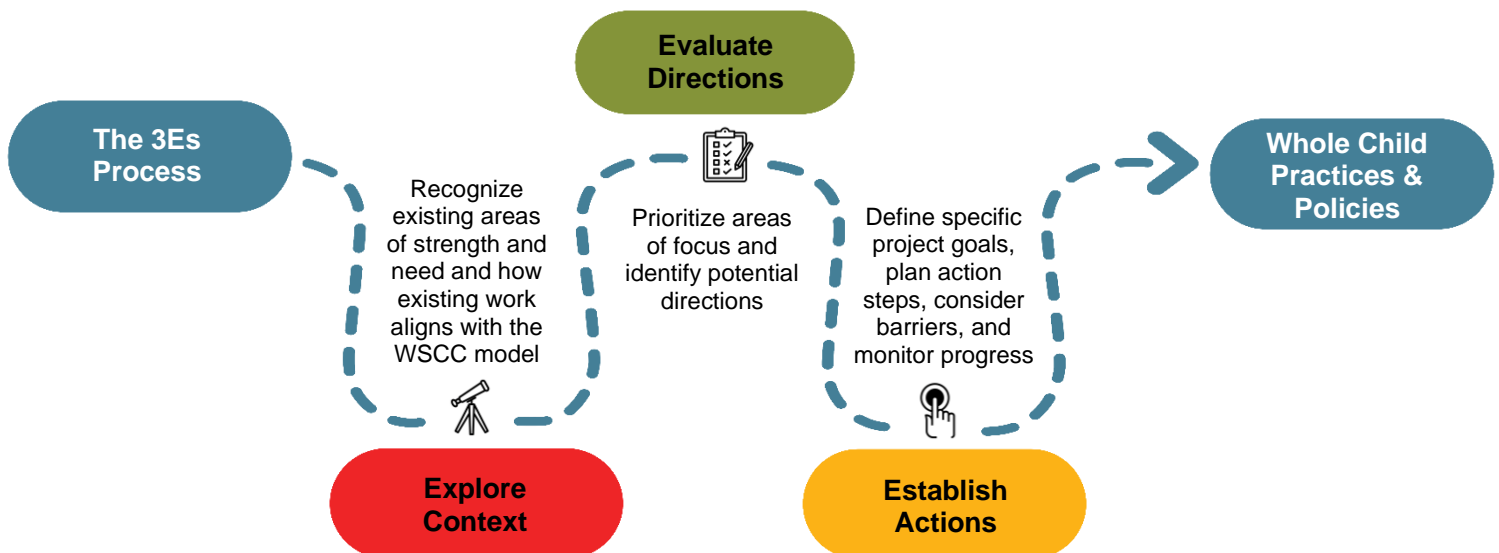


Background

Recognizing the connections among learning, health, and well-being outcomes, schools embrace actions that support Whole Child development.^{2,3} The WSCC model can facilitate engagement in that work through coordination of policies, processes, and practice across 10 core domains. The WSCC model is comprehensive; as such, tools are needed to help navigate coordination efforts. It can be challenging for schools to figure out where to start or where to go next in the work to integrate across domains, particularly given a history of siloed work or initiative overload. The WSCC Blueprints aim to provide practical and accessible guidance around implementation.

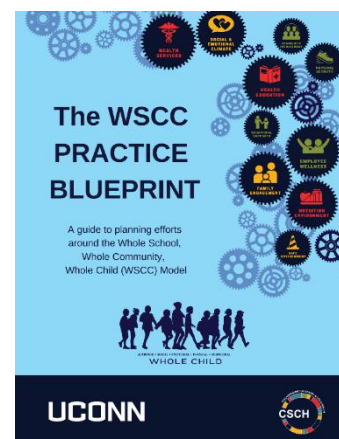
The Blueprinting Process

The WSCC Blueprints use an action-planning process called the **3Es: Explore Context, Evaluate Directions, and Establish Actions**. The process is grounded in evidence from implementation science,⁴ backward design,⁵ and congruence theory.⁶

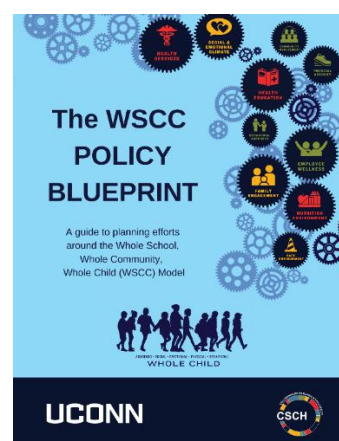


Getting Started with the WSCC Blueprints

The **Practice Blueprint** is intended for use by school teams who are interested in improving their practice alignment with the WSCC model. There is a suggested 10-session structure for working through the Practice Blueprint, with teams completing 10 applied activities during shared meeting time. However, teams can adapt this structure to fit the context of their school and their WSCC-related goals. In addition to session content and activity sheets, there are blueprinting tips; links to additional readings and resources, including CDC WSCC tools; and a case study woven throughout the Practice Blueprint. At the end of the 3Es blueprinting process, school teams will have developed action plans for 1-5 practice changes. They will also have considered changes to policy that need to be made to align with these practice changes.



The **Policy Blueprint** is intended for use by school and district leaders who are interested in improving their policy alignment with the WSCC model. There is a suggested 10-session structure for working through the Policy Blueprint, with 10 applied activities that can be completed by individuals or teams of school and district leaders. These activities incorporate the use of the [WellSAT WSCC](#), a policy evaluation tool developed by the [UConn Collaboratory on School and Child Health \(CSCH\)](#) and the [Rudd Center for Food Policy & Health](#),⁷ and those completing the blueprint will likely find it helpful to consult with colleagues who have expertise in different domains of the WSCC model (e.g., the Director of Food Services or the Physical Health and Education Department Chair). As with the Practice Blueprint, there are blueprinting tips; links to additional readings and resources, including CDC WSCC tools; and a case study woven throughout the Policy Blueprint. At the end of the 3Es process, school and district leaders will have developed action plans for 1-5 policy changes. They will also have considered changes to practice that need to be made to align with these policy changes.



Here are some examples as to how schools might use the different blueprints:

School A	School B	School C	School D
Practice Blueprint	Practice Blueprint	Policy Blueprint	Policy Blueprint
<p>Who: The school created a new multi-disciplinary WSCC team.</p> <p>When: The team completes the blueprint during Professional Learning Community time over the course of a semester.</p>	<p>Who: The school's existing Student Support Team</p> <p>When: The team modifies their bi-weekly agenda to complete the blueprint over the course of a school year.</p>	<p>Who: The assistant superintendent, consulting colleagues as necessary.</p> <p>When: Over the summer</p>	<p>Who: A team of four school leaders (principal, nurse, instructional coach, and food services director)</p> <p>When: The team holds bi-weekly meetings between October and January.</p>

The Sessions of the Blueprints

The graphic below provides more details about the suggested 10-session structures of the Practice and Policy Blueprints.

WSCC Practice Blueprint		WSCC Policy Blueprint
Session 1: Create a multidisciplinary team to lead blueprinting work Session 2: Gain familiarity with WSCC model Session 3: Understand blueprinting rationale	Introduction	Session 1: Gain familiarity with WSCC model Session 2: Understand blueprinting rationale
Session 4: Document existing practices & resources Session 5: Evaluate current practices in each WSCC domain	Exploring Context	Session 3: Gain experience with WellSAT WSCC evaluation tool Session 4: Compile policies, identify colleagues & other resources Session 5: Evaluate alignment of current policies with WSCC model
Session 6: Identify domains of strength/weakness/opportunity/tension Session 7: Select one chosen domain to strengthen WSCC practices	Evaluating Directions	Session 6: Identify domains of strength/weakness/opportunity/tension Session 7: Select one chosen domain to strengthen WSCC policies
Session 8: Confirm readiness to change & identify changes to pursue Session 9: Create action plan for each practice change to pursue Session 10: Identify policy changes to align with new practices	Establishing Actions	Session 8: Identify changes to pursue based on urgency & readiness Session 9: Create action plan for each policy change to pursue Session 10: Identify practice changes to align with new policies

To cite this brief: Williamson, K. M., Koslouski, J. B., Marcy, H. M., & Chafouleas, S. M. (2023, February). *The WSCC blueprints: Guides for implementing practices and policies aligned with the WSCC model*. Storrs, CT: UConn Collaboratory on School and Child Health. Available from: <http://csch.uconn.edu/>.

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¹ Centers for Disease Control (n.d). *Whole school, whole community, whole child (WSCC): A collaborative approach to learning and health*. Retrieved from <http://www.cdc.gov/healthyschools/wsc/index.htm>.

² Chafouleas, S. M. (2019). *I-MTSS: Whole school, community, & child*. Storrs, CT: UConn Collaboratory on School and Child Health.

³ Chafouleas, S. M., & Iovino, E. A. (2021). Engaging a whole child, school, and community lens in positive education to advance equity in schools. *Front Psychol*, 12, 758788. <https://doi.org/10.3389/fpsyg.2021.758788>

⁴ Sustain Collaborative (2021). *Sustain Collaborative framework*. Authors. Available from <http://sustaincollaborative.org>

⁵ Wiggins, G., & McTighe, J. (2005). *Understanding by design: 2nd expanded edition*. ASCD.

⁶ Nadler, D. A., & Tushman, M. L. (1980). A model for diagnosing organizational behavior. *Organizational Dynamics*, 9(2), 35-51. [https://doi.org/https://doi.org/10.1016/0090-2616\(80\)90039-X](https://doi.org/https://doi.org/10.1016/0090-2616(80)90039-X)

⁷ McFarlane, B., Chafouleas, S., Schwartz, M., Marcy, H., Koslouski, J. and Iovino, E. (2021, August). *WellSAT WSCC: A comprehensive tool for evaluating school wellness policies*. Storrs, CT: UConn Collaboratory on School and Child Health. Available from: <http://csch.uconn.edu>