



# WSSC Practice Blueprint Session 3

**Purpose:** To understand the rationale behind the blueprinting process and to document your setting's existing practices and resources related to each WSSC domain

## Review

- Introduction to the blueprint
- Navigating the blueprint
- Intro to the WSSC model
- Academics and the WSSC Model
- Building and Mapping WSSC Resources activity and case studies

## Do Together

- Activity 3 – Taking Inventory of Your Resources

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## District Team Case Study:

### Building and Mapping WSCC Knowledge with the Elmwood Executive Team

Elmwood’s executive council of the district wellness team continues with the WSCC Practice Blueprint in their next monthly meeting. The team members each spend 10 minutes exploring WSCC domains that are less familiar to them (e.g., Social and Emotional Climate, Behavioral Supports). Out of curiosity, they also each briefly check out the resources related to their areas of expertise! Then, the team works together to map the current expertise and initiatives in their district to the WSCC model. Because there are so many initiatives, they decide to focus on those at the district level (rather than including school-specific initiatives as well). They are encouraged to see how much WSCC work they are already doing and how well many of their existing efforts map onto the WSCC model! They make a note to share this map with the full wellness team at their next quarterly meeting as it provides a nice visual of the district’s work and reinforces the value of the new expertise they have invited to the team!

Next, we more explicitly define “whole child,” “whole school,” and “whole community.”

## What do we mean by Whole Child?


Whole means that the primary focus of our systems and interventions is to support healthy child development. But what is healthy child development, and how do we support it?

Children develop in multiple ways, including academic, social, emotional, behavioral, and physical development. These are sometimes called developmental pathways. Each pathway has unique contributions to a child’s development but the pathways are also interrelated. For example, if a child has a chronic health condition (i.e., an aspect of physical development) that affects their school attendance, their academic development may also be affected. Considering the whole child means attending to these interrelated areas of child development, recognizing that all have an impact on student success in school.

For additional context and information about whole child, whole school, and whole community, we recommend reading our article, [Engaging a Whole Child, School, and Community Lens in Positive Education to Advance Equity in Schools.](#)

Facet of Child Development	Description
Academic	Students' academic, cognitive, and executive functioning skills, such as literacy, math, task completion, and time management
Social	How students interact, including their social skills and relationships with peers and adults
Emotional	How students feel, including their ability to recognize and regulate their emotions, self-confidence, and emotional well-being
Behavioral	How students act, including contributions to their communities, controlling impulses, and interacting kindly with others
Physical	Students' health, including meeting expected developmental milestones, any chronic health conditions, and medical needs

Although whole child development is the responsibility of many key groups—families, medical professionals, schools, out-of-school time providers, and coaches, for example—schools play a key role in promoting whole child development. Not only does supporting whole child development contribute to stronger outcomes for students, it can also facilitate healthier and more academically successful school environments.



**REFLECT**

1. What does “whole child” mean to you?
2. Which pathways of student development (e.g., academic, social, emotional, behavioral, physical) does your setting prioritize most / least?
3. In your setting, what does “whole child” look like? Are shifts needed to enable a focus on the “whole child”?

## What do we mean by Whole School?

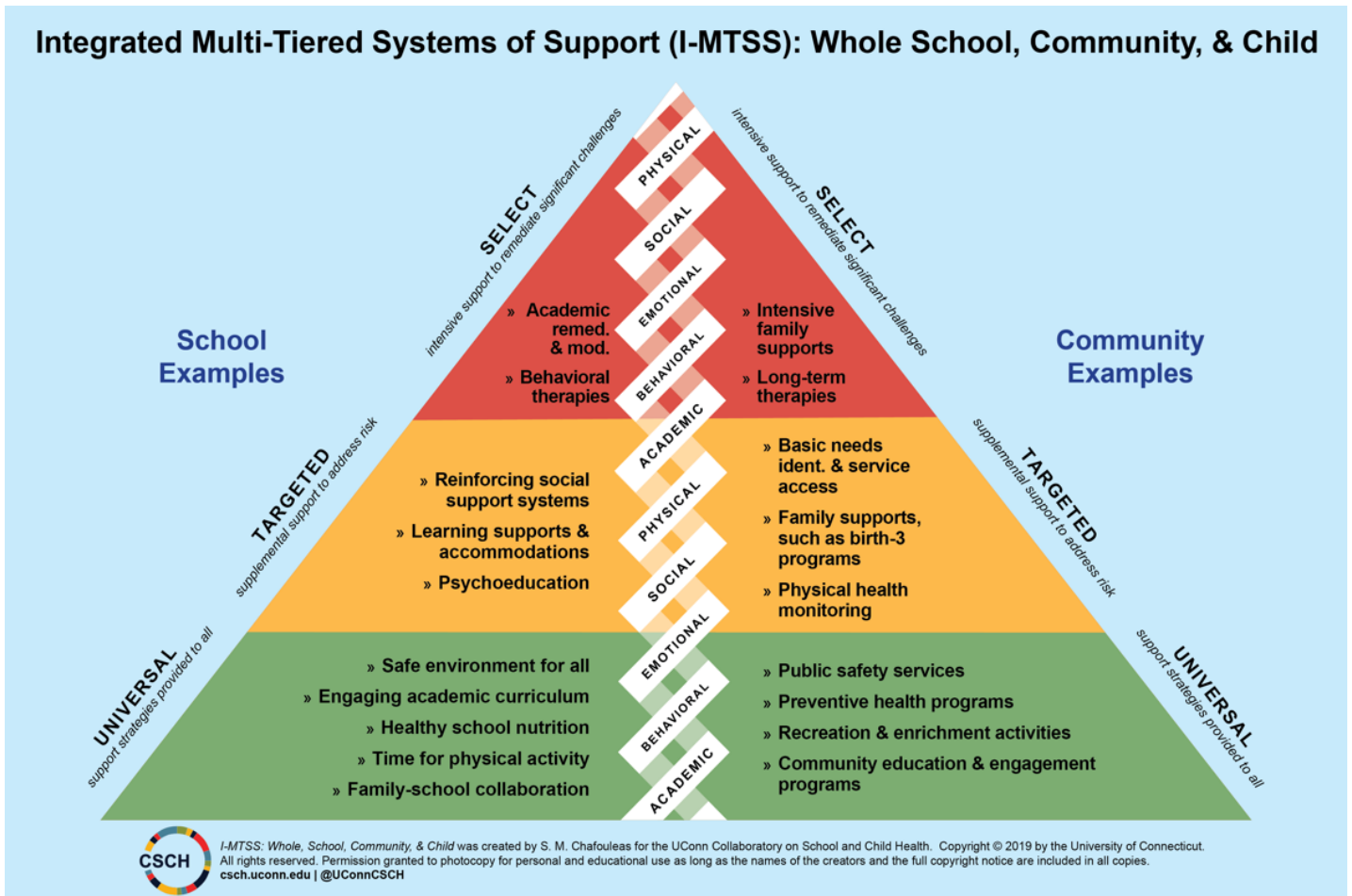
By whole school, we mean integrated and coordinated—rather than siloed—efforts to promote student development. We also mean supporting the full school community, including families, educators, staff, and other school employees. One way to improve whole school implementation is to align new initiatives with school and district priorities. By aligning initiatives with school and district priorities, we increase opportunities for buy-in, available resources, and sustainment over time. This alignment allows school and districts to strengthen their work, rather than having multiple teams going in different directions with initiatives. We encourage school and districts to *work smarter, not harder*.

We also encourage schools to consider opportunities to integrate their WSCC work within existing structures. One common existing structure in schools is multi-tiered systems of support (MTSS). Conceptualized as a triangle, the model organizes supports into levels of intensity based on student need, including universal (provided to all), targeted (provided to some), and select (provided to a few) levels of intensity. Most schools have likely used MTSS to organize academic supports, and many others may be incorporating behavioral supports into MTSS. However, as we share next, MTSS and WSCC can be integrated to organize services across all WSCC domains or pathways of child development.

Drawing on the content of the WSCC model (the *what*) and the service delivery focus of MTSS (the *how*), we merged these models and have named this model Whole Child Integrated MTSS, or Whole Child I-MTSS (see Figure 1). Whole Child I-MTSS weaves together efforts across developmental pathways, including academic, social, emotional, behavioral, and physical development. Schools and districts can optimize this work by engaging in community partnerships that support the work of addressing the range of needs of every child. This weaving of efforts across settings is depicted in Figure 1. As shown, multiple tiers (or levels) of service delivery allow all students and families to receive appropriate intensity of support to foster positive development. Universal supports include, for example, facilitating safe environments and ensuring a solid core academic curriculum to establish the foundation for success. For those that need additional supports to do their best, progressively more intensive strategies may be put in place – with both the school and community working together to effectively provide necessary supports for students and families. At the targeted level, for example, those students struggling to reach reading goals might be provided with additional instruction, in a small group format, led a school reading specialist. At the select level, community providers might provide intensive family supports to assist in meeting the physical health goals for a student experiencing complex health needs.

The examples shown in Figure 1 are not exhaustive. Consider for a moment the many tiered supports your setting provides to facilitate students' academic, social, emotional, behavioral, and physical development.

Figure 1.



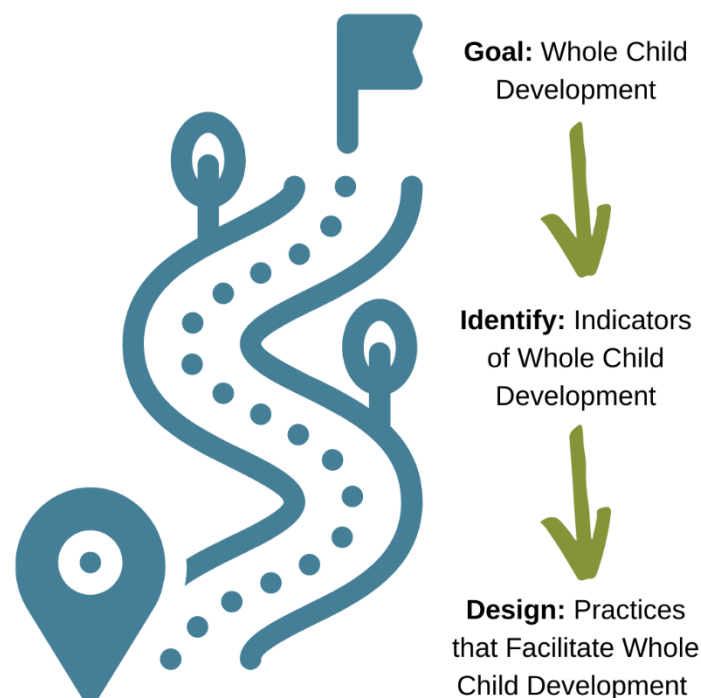
## What do we mean by Whole Community?

Whole community refers to connecting whole child goals across settings and contexts. Doing so facilitates positive outcomes for each individual and enhances sustainability of systems, programs, and initiatives (Chafouleas & Iovino, 2021). Although whole child development serves as the foundation to decisions, high quality and sustained implementation of supports must guide decisions about whole child policies, processes, and practices.

A danger with a model as detailed as WSCC is that multiple initiatives could be adopted that each address a specific issue, but implementation may be fragmented rather than interconnected. This can lead to inefficient use of resources, difficulty sustaining initiatives over the long-term, and missed opportunity to capitalize on the reinforcing effects of coordinated efforts. But how do we organize our work in a way that supports whole child development throughout our initiatives? How do we avoid the trap of adding “one more thing” to address a specific issue?

Coordination and integration of initiatives promote sustained implementation. Here we draw upon a framework often adopted in curriculum design to place intended outcomes in the decision-making process: **backwards design**. Backwards design (Wiggins & McTighe, 2005) encourages educators to begin by identifying their end goal. In the case of whole child systems implementation, we identify that the goal of positive whole child development will guide all our efforts. The second step in backwards design is to decide how we will evaluate whether our goal has been met – in this case, whole child development. This step allows us to envision what success looks like. The third and final step of backwards design is to design practices that lead to our goal. In the case of whole child systems implementation, we aim for these practices to enable optimal outcomes through coordination and integration of work across WSCC domains. Our backwards design roadmap is shown in Figure 2. As shown, we start with focus on the destination (or goal), decide how to assess whether our goal (whole child development) has been met, and then land at the beginning of our route to design practices that facilitate whole child development.

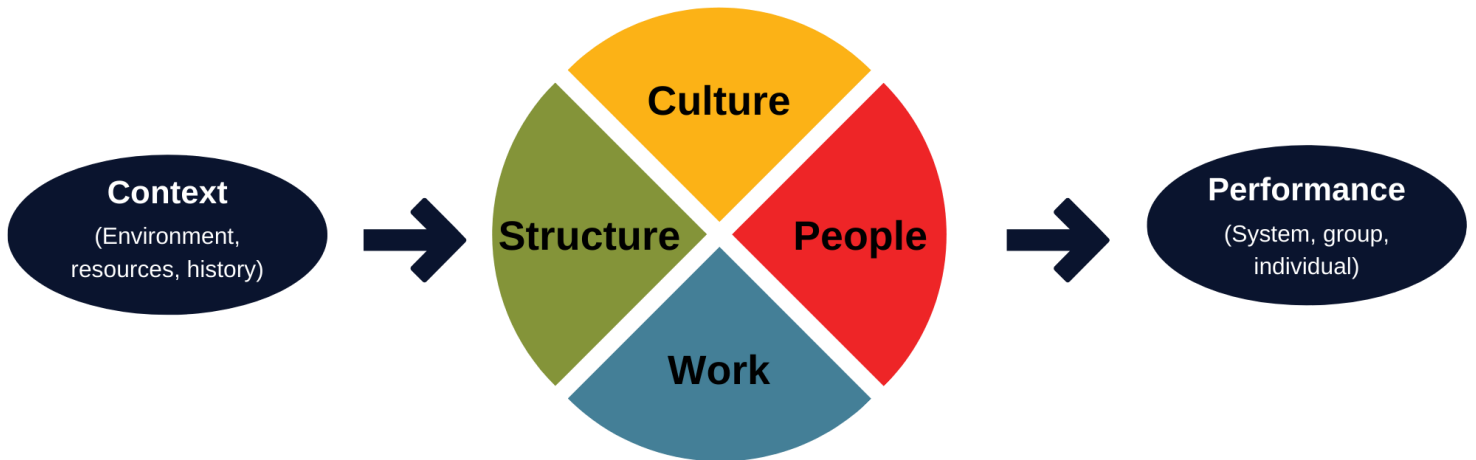
**Figure 2.** Using backwards design to create a roadmap to whole child development.



Using backwards design helps us keep focus on our goal and selected indicators of positive whole child development. Then, we can turn to the practical aspects of implementation, such as securing buy-in and resource allocation. Coordination and integration of efforts occurs best by considering the realities of our context. This means that we consider potential facilitators and barriers within our system and surrounding systems.

Congruence theory can offer a useful visual of these contextual considerations. Shown in Figure 3, congruence refers to the **goodness-of-fit** between the *work* that needs to be done, the *people* who do the work, the formal *structure* of a system, and the *culture* of a system (Nadler & Tushman, 1980). Congruence theory can help us to determine our **readiness** to take on an initiative or next steps to improve readiness.

**Figure 3.** Congruence Model (Adapted from Nadler & Tushman, 1980).



Applying the congruence model to school settings, we define the components of the model in the following ways:

- The *work* refers to the instructional, curricular, and related support tasks.
- The *structure* (school, district, state) assigns the work.
- The *people* include the personnel tasked with the responsibilities for doing the work.
- The *culture* refers to the informal structures in place, such as willingness to adapt current work, or attitudes and skills about new work.

Without congruence, practices can stall or be fragmented – leaving schools or districts challenged with decisions about what and how to implement. Think of the game Chutes and Ladders® – when there is strong congruence, we are positioning ourselves to land on ladders, leading to more efficient and successful implementation. However, when there is weak congruence, we can face setbacks – or chutes – that hinder our efforts towards positive whole child outcomes. Evaluating congruence helps us to better anticipate potential challenges and set up for success.



As an example, many schools are considering implementing social, emotional, and behavioral universal screening. Although this could lead to many positive outcomes, if a setting does not have the necessary understanding about its connection to academic outcomes and associated buy-in from staff and families, efforts are likely to stall. In addition, if school policy has not been updated to reflect this commitment to universal screening, it may fall by the wayside when new initiatives surface or leadership changes. Congruence provides a structure for considering whether the work, structure, people, and culture of a setting are aligned to support implementation. In addition, congruence encourages us to coordinate our policies and practices to further support student health. We revisit congruence in Activity 8 of this Blueprint.

To learn more about implementing and sustaining school-based practices, we recommend visiting resources available through the [Sustain Collaborative](#).

## A Quick Note About Policy

In this blueprint, we focus on WSCC **practices**. That said, we strongly recommended school and district leaders complete the blueprinting process for both practice and policy, as this will help paint a picture of the level of coordination across what you are doing (practice) and supposed to be doing (policy). We recommend that administrators complete the policy blueprinting process as they are typically the key personnel responsible for creating, revising, or evaluating school policy.

Interested in diving into policy? Check out the [WSCC Policy Blueprint](#).

Ideally, practice and policy changes will occur in parallel – that is, when changes are made to practices, policies should be reviewed and updated as needed to ensure that the messaging is coordinated with what is happening. For example, if a district has decided to implement universal social, emotional, and behavioral screening, they will want to ensure that their policy is updated to reflect procedures for notifying families, opting out, reviewing data, and referring to indicated interventions or health care providers. Documenting these practice changes in policy can also help to encourage use of the new practice, as there is now some accountability behind it via school policy. Finally, it enhances sustainability of practices as new school personnel come into the system.

Now that you have built foundational knowledge of the WSCC model and background information guiding this blueprinting process, it is time to apply that information to your setting!

## Setting Up for Success Using the 3Es

The 3Es of whole child systems implementation, briefly introduced here and described in the next section, are grounded in implementation science, and are designed to effectively guide your system through *exploration* and *planning* activities that seamlessly transition to *implementation* and, ultimately, *sustainment* of whole child initiatives. Taking these steps can help to ensure that initiatives are aligned with your school or district's strengths and needs, and are well positioned for coordinated and sustained implementation.



### Exploring Context

Identifying strengths and needs related to educating the whole child

Goal: to recognize existing areas of strength and need and how existing work aligns with the WSCC model



### Evaluating Directions

Examining opportunities to strengthen whole child initiatives by implementing, refining, or de-implementing

Goal: to prioritize areas of focus and identify potential directions



### Establishing Actions

Planning for success by identifying action steps, addressing anticipated barriers, and creating plans for monitoring implementation

Goal: to define specific goals, consider potential barriers, plan action steps, and measure progress

# SECTION II: THE 3ES OF WHOLE CHILD SYSTEMS IMPLEMENTATION

## STEP 1: Exploring Context



### Exploring Context

Identifying strengths and needs related to educating the whole child

Goal: to recognize existing areas of strength and need and how existing work aligns with the WSCC model

As noted previously, sustainable change for any initiative is not automatic. We know that change does not happen quickly! Planful work is a necessary prerequisite to enabling sustained change. Thus, in the first part of this planning blueprint, you will gather background information to inform planning efforts for implementation. We call this stage **exploring your context**.

Activities in this section address our key goals in this stage:

1. Identifying existing practices that address WSCC domains
2. Assessing current and future needs

**TIP**



If you are new to the WSCC model and have not already done so, we encourage you to read the [Introduction to the WSCC Model](#) and complete [Activity 2 – Build and Map WSCC Knowledge](#) to learn important definitions and foundational principles of engaging in this work.



## Activity 3 – Taking Inventory of Your Resources

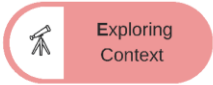
Anticipated time needed to complete this activity: 30 minutes

Exploring your context begins with conducting a *resource inventory*, which involves identifying all potential resources that are available to you in your setting. This helps you to make appropriate decisions about whether to adopt a new practice (so you don't end up with too many initiatives at once!) and can help you capitalize on available resources (Sanetti & Collier-Meek, 2022).

As noted by Sanetti and Collier-Meek (2022), taking inventory of your resources involves listing out:

- Practices (e.g., initiatives, curricula)
- People (e.g., district/school staff, community partners)
- Assets (e.g., programs, services, funding, etc.)

In [Activity 3 – Taking Inventory of Your Resources](#) we offer space to inventory your resources in each WSCC domain. A completed example is provided below.



### ACTIVITY 3 – TAKING INVENTORY OF YOUR RESOURCES


**Time to Complete:** 30 minutes

**Goal of Activity:** To document your setting's existing practices and resources related to each WSCC domain.

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**Instructions**

1. Identify your existing practices that align with WSCC domains.
2. For each practice, identify who is available to or currently implements that practice, along with what training they have or need.
3. Then, for each domain, identify any assets that might support your practice efforts. Examples include state or district initiatives, new legislation, available grant funding, or professional learning opportunities.

Domain	Practices <i>List out all current initiatives, curricula, etc. for each WSCC domain.</i>	People <i>Who is available to or currently implements this practice? What training do they have or need?</i>	Assets <i>What programs, services, funding, etc. are available in our setting? How can we use these resources?</i>
	<ul style="list-style-type: none"> <li>• All students have 1 hour of physical education per week;</li> <li>• School personnel participate in group games during recess;</li> <li>• Monthly flyers with community-based physical activity events sent home;</li> <li>• No professional development/staff training;</li> <li>• Working on developing a Comprehensive School Physical Activity Program (CSPAP)</li> </ul>	<ul style="list-style-type: none"> <li>• Physical education teachers organize student activities;</li> <li>• Instructional staff oversee recess periods on a rotating schedule basis</li> </ul>	<ul style="list-style-type: none"> <li>• Funding for the physical education curriculum is allotted for in school and district budgets;</li> <li>• Teachers have traditionally overseen recess duties on a rotating basis</li> </ul>

Adapted from Sanetti & Collier-Meek. (2022). Sustaining practice 101: Resource mapping. Authors. Taking inventory of Your Resources | [cscsch.uconn.edu](https://cscsch.uconn.edu)

## **School Team Case Study:**

### **Hillside's Efforts to Identify their School's Existing Resources**

At their next meeting, the Hillside Academy Whole Child Team works together to identify existing practices that align with each WSCC domain. Ms. Lee, the school nurse, agrees to jot down everyone's ideas on the Resource Inventory Worksheet. The group determines who is currently involved (or could be involved) in the implementation of each practice, along with what training they have or need. Then, for each domain, the team records existing resources that currently or could support these practices.

In completing the inventory, the team realizes that Hillside Academy has many student-oriented practices, but few initiatives related to Employee Wellness. The team was surprised to see that they could only identify two employee wellness initiatives. The first involves team building activities at the beginning of each of their staff meetings. Second, administrators hold a "Staff Appreciation Potluck" for the staff a few times each year.

The team sees high levels of burnout among staff in the building. They wonder if a focus on employee wellness may be a valuable focus for their work, and agree to take a deeper dive into this at their next meeting.

## **District Team Case Study:**

### **Elmwood's Inventory of Existing District Practices**

At their next monthly meeting, the executive council of the district wellness team works together on Activity 3 – Taking Inventory of Your Resources. The team draws on their respective expertise to catalogue current district initiatives and offerings. Assistant Superintendent Taylor and Nursing Supervisor Mrs. Moore are able to identify existing initiatives and resources related to Behavioral Supports, Social and Emotional Climate, and Employee Wellness, but decide that an additional next step is to share the completed activity with the full wellness team for input. This will help to identify any additional initiatives or resources they have missed and generate a full team discussion about potential areas for improvement.

Before proceeding, consider the following reflection questions.

## REFLECT



1. Which WSCC domains were more challenging to inventory? Which were less challenging to inventory?
2. When stepping back to think about the activity, what excited you about your resource inventory?



### Activity 4 – Exploring WSCC Practices in Context

Anticipated time needed to complete this activity: 30 minutes

Now that you have listed out the practices, people, and assets related to WSCC in your setting, it is time to take a closer look at whether your current practices in each domain align with best practices. This will allow us to identify domains that are strengths and those that are areas of growth. With this information, you'll be well positioned to identify potential areas of focus as you proceed through the 3Es.

In [Activity 4 – Exploring WSCC Practices in Context](#) you will rate implementation of recommended practices for each domain. Then, you will provide a brief, data-based justification for your rating. These steps will also be completed for integration, implementation, and evaluation of WSCC practices. Evidence-informed practice strategies are listed for each domain to give a frame of reference of recommended practices. At the conclusion of this step, you will have a clear sense of strengths and areas for growth in relation to aligning your practices with WSCC.