



# TOOLKIT





The Whole Child Florida  
is not another program,  
but a philosophy that uses  
strategic planning,  
web-based technology,  
performance measurement  
and broad-based community  
engagement to build  
communities where everyone  
works together **to make sure  
children thrive.**

## Welcome To Whole Child Florida

The Lawton Chiles Foundation created [www.wholechildflorida.org](http://www.wholechildflorida.org) to encourage communities to strengthen their commitment to children ages 0-5 and their families. Whole Child is founded on Lawton Chiles' belief that our society's best hopes and brightest dreams for the future begin with taking good care of our children today. He believed that the best way to ensure that our children reach their full potential is to build broad based and supportive partnerships between families and their communities.

Several communities have expressed interest in becoming Whole Child Communities. This is very exciting to the Foundation, and we want to support every community that we can in achieving this goal. To embark on the journey toward becoming a Whole Child Community with the endorsement and support of the Foundation, there are certain concepts and procedures that communities are encouraged to follow. These concepts and procedures are provided in this Whole Child Florida Toolkit. The Foundation acknowledges the valuable contribution Electronic Training Solutions, Inc. (ETS) made to the development of many of the procedures and concepts in this tool kit. For more details about the project and information about other communities who are already Whole Child Communities, please review our web-site, [www.wholechildflorida.org](http://www.wholechildflorida.org).



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# 1. Anchor Concepts

## 1.1 Whole Child Vision Statement

“Imagine (or Building) a Community Where Everyone Works Together to Make Sure All Children Thrive”

## 1.2 Whole Child Definition

A whole child is one who:

- Attains physical, cognitive, emotional and spiritual well-being
- Experiences strong, positive family attachment
- Interacts constructively in a social context
- Has a sense of hope
- Lives in an environment that encourages her/him to succeed

## 1.3 Whole Child Community Definition

A Whole Child community is one that believes:

- Every child should have the opportunity to grow to be a healthy, contributing member of society
- Parents have the primary responsibility for raising their children
- The community is a partner with parents
- The community must pay attention to all six dimensions of child well-being

## 1.4 Whole Child Six Dimensions

The six dimensions of a Whole Child are:

1. Physical and Mental Health
2. Quality Education
3. Social Interaction and Competence: (Social and Emotional Health)
4. Spiritual Foundation and Strength
5. Safe and Nurturing Environment
6. Economic Stability

*(A description of the elements and possible outcome measures for each dimension is provided in **Attachment 1.a**)*

## 1.5 Whole Child Community Characteristics

A mature Whole Child Community exhibits the following characteristics:

- Adopts a Commitment to Children Statement as the foundation for measuring progress over time in improving child well being
- Provides a holistic approach to nurturing children by addressing all six dimensions of a Whole Child
- Identifies root causes and addresses critical issues affecting child well-being
- Engages all segments of the community in planning and implementing Whole Child activities

- Connects parents and children to appropriate services as efficiently as possible through use of web-based technology
- Measures progress toward improving child well-being across all dimensions of the Whole Child
- Shares information and best practices with other Whole Child communities through the statewide Whole Child website and periodic meetings.

## 1.6 Criteria for Being Designated as a Whole Child Community

### 1.6.1 Essential Agreements

- Agree to use the title “Whole Child (name of community)” to identify the project.
- Agree to use the Whole Child logo on all materials related to the development and publication of the project. Logos of partner organizations are acceptable in combination with the Whole Child logo.
- Agree to use the Whole Child Vision Statement: “Imagine a Community Where Everyone Works Together to Make Sure All Children Thrive.”
- Agree to use the definition of a Whole Child and a Whole Child Community in materials explaining the project. Minor modifications to the wording of these definitions are acceptable as long as the core content is not compromised.
- Agree to address each of the six Whole Child dimensions, which are:
  - Physical and mental health
  - Quality education
  - Safe and nurturing environment
  - Economic stability
  - Social interaction and competence
  - Spiritual foundation and strength
- Agree to achieve the following characteristics of a Whole Child Community:
  - Foster a commitment to the well-being of children 0-5 and their families.
  - Support the family as the foundation upon which child well-being is constructed.
  - Build and sustain a broad-based, inclusive community Whole Child partnership that embraces all six dimensions of the Whole Child.
  - Advocate for early and continuous support of children 0-5 with primary emphasis on preventing conditions that can lead to chronic, debilitating futures for children.
  - Pursue a holistic approach to supporting children 0-5 and their children.
  - Create a “no wrong door” culture among providers of services for children 0-5 and their families.
- Agree to place a strong emphasis on children aged 0-5 years old (Whole Child Communities may address children beyond the 5<sup>th</sup> year).
- Agree to use web-based technology which has the following characteristics:
  - Enables parents to conduct a self-analysis of their needs in supporting their children

- Identifies service providers for a range of services related to each of the six dimensions of the Whole Child
- Electronically connects parents with service providers who can address their identified needs
- Provides information to the community on needs identified by parents, responsiveness of providers, and gaps in service capacity

### 1.6.2 Essential Activities

Implement an inclusive, community based Whole Child community building process that includes the following activities:

- Create and Adopt a Whole Child Commitment to Children Statement
- Conduct a community assessment related to the provisions of the Commitment to Children statement using primary and secondary data and listening projects.
- Develop a prioritized set of critical issues and conduct a root cause analysis of these issues.
- Develop a prioritized set of interventions designed to address each of the critical issues over time.
- Implement over time the Whole Child Connection or similar web-based technology that enables parents to do a self-analysis of their needs, enables parents to connect electronically with essential services for their children, facilitates creating a “no wrong door culture” among providers, and provides data on program performance and priority service needs for the community.
- Develop criteria and a method of measurement to evaluate performance and improvements in child well-being over time.
- Produce a dynamic strategic plan that conveys to the community the Whole Child Commitment to Children, the critical issues, the interventions that will be pursued and the way progress will be measured and reported to the community.
- Conduct a periodic (usually annual) community capacity building event to assess progress, identify gaps and revise the strategic plan accordingly.
- Share information with other Whole Child Communities and future Whole Child Communities by contributing process information, best practices and promising strategies, materials and tools to the Whole Child web-site.

### 1.6.3 Memorandum of Understanding

Each community will sign a Memorandum of Understanding (MOU) between the Foundation and the community partners that spells out the responsibilities and obligations of each entity. A model MOU is included in this document in **Attachment 2.b.**

## 2. Getting Started

### 2.1 Readiness Checklist

The Lawton Chiles Foundation has identified a set of components that need to be in place for a community to begin to become a Whole Child community. These components have been derived from the experiences of six communities who are now fully operational Whole Child communities. These components are as follows:

### 2.2 Whole Child Community Organizers

#### 2.2.1 Community Champion:

The community champion is a leader in the community who commits to use her or his influence to instill the Whole Child philosophy within the community and build relationships across a broad spectrum of community participants, including business, educators, health and human service providers, political and governmental leaders. The champion serves for a limited time and helps to mobilize other leaders and future champions. The Champion often serves as the chair of the community Whole Child steering committee.

#### 2.2.2 Steering Committee/Fiscal Agent:

A small group of people who are willing to take the lead in building a Whole Child community with the help of the community champion is essential to the process. It is best if this group represents child advocates, health and human service providers, parents and community leaders. This group serves as the steering committee for planning and implementation of Whole Child concepts and activities. This group takes the lead in engaging as many business and community leaders as possible, sometimes called a Whole Child Leadership Council, and as many health and human service providers as possible, sometimes called a Whole Child Professional Network.

The Steering Committee may serve as the fiscal agent for the Whole Child initiative. If this is not possible, an agency that is a steering committee member needs to be designated to fulfill the fiscal agent role.

The Steering Committee is the entity that hires and directs the Whole Child director or coordinator.

### 2.3 Defining the Community

The geographical area that the Whole Child initiative will serve must be defined by the Champion and the Steering Committee. It could be a city, county, or multi-county area such as a DCF or judicial district; and, in large metropolitan areas, it might just be a neighborhood. The Steering Committee or the Leadership Council and Professional Network should include representatives from all segments of the geographical area to be served.

## 2.4 Funding

Minimal funding is needed to initiate a Whole Child community. Sources of this funding in existing Whole Child communities have been the United Way, Children Service's Councils, local government, and grants. In many cases, local agencies have provided in kind services and space in lieu of funds for Whole Child coordination, office space and technical assistance related to implementing the Whole Child Connection or similar web-based technology. The Lawton Chiles Foundation may help provide matching funds to encourage funders to invest in a start up Whole Child community.

## 2.5 Staffing

A core staff is necessary to become and sustain a Whole Child community. Initially, there should be a Whole Child director or coordinator who can make sure that organization, planning and start-up activities are accomplished. Two additional positions are necessary to sustain Whole Child activities over time: a Whole Child advisor who is primarily responsible for the implementing the Whole Child Connection or similar web-based technology, and a Whole Child administrative assistant who provides administrative support to Whole Child staff and community representatives. Model job descriptions for these positions are provided in **Attachment 2.a**. Some Whole Child communities have provided these staff services from existing resources by reengineering existing positions or loaning staff to the effort. This is one way to get started but unlikely to be sustainable over time.

## 2.6 Memorandum of Understanding with The Lawton Chiles Foundation

A Memorandum of Understanding (MOU) must be signed with The Lawton Chiles Foundation to be designated as a Whole Child community and authorized to use the Whole Child Connection. The chairperson of the Steering Committee, or some other person in the community who is authorized to sign by the Steering Committee, is the appropriate person to sign for the community. A model MOU is provided as **Attachment 2.b**.

## 3. Community Engagement

Engaging the entire community in the Whole Child initiative is the key to improving child well being, to making sure all children thrive. It is a statement of the results a community hopes to achieve through its Whole Child Initiative. Whole Child Florida has created a process to facilitate community engagement that has proven to be successful in existing Whole Child communities. The elements of that process are outlined in this section:

### 3.1 Commitment to Children Statement

A “Commitment to Children” statement is a declaration of what a community believes should be guaranteed to all children. It should be developed and adopted by representatives from all segments of the community after one or more community meetings where the elements of the statement are discussed and approved. Adoption of the statement establishes a bench mark against which the community can measure its current position and the progress that it makes over time in fulfilling its commitments. It should be a living document that is reviewed at least annually and modified as the community thinks appropriate. Three examples of community Commitments to Children Statements are provided in Attachment 3.a. (Leon County, Martin County and Manatee County)

### 3.2 Listening Projects

Listening projects are an excellent way to engage all segments of the community in helping to identify the critical issues that affect child well-being and the ability of parents and the community to enable all children to thrive. They serve an additional purpose of informing the community about Whole Child concepts and the existence of the Whole Child initiative. Listening projects should be conducted with as many diverse groups as possible to gain the perspective of a broad spectrum of parents, community leaders, faith based leaders, educators, and business people from all racial and ethnic groups, income levels, educational and cultural backgrounds. Listening projects are an essential ingredient of a comprehensive assessment of a community’s commitment to children and should be conducted periodically within every Whole Child community. A simple guide for conducting listening projects is provided in Attachment 3.b.

## 3.3 Community Plan

A plan for how the community intends to work together to make sure all children thrive is an essential component for becoming and sustaining a Whole Child community. The following elements should be included in the planning process:

### 3.3.1 Create a Vision and Mission Statement

The Whole Child vision statement is uniform across all Whole Child communities. The mission of each community may vary depending on the priorities established by that community.

### 3.3.2 Conduct a Community Assessment

Every Whole Child community should conduct an assessment of where it stands with respect to fulfilling all of the commitments outlined in its Commitment to Children statement. This assessment should use information from the listening projects, agency reports, research and population based studies, and should address all six dimensions of a Whole Child. As the Whole Child community evolves, it will be able to incorporate data from its web-based technology into its community assessment process.

### 3.3.3 Identify Critical Issues and Root Causes

The community assessment will expose issues that affect child well being. The community needs to determine which of these issues have the most impact on child well being and discuss why problem issues exist. Understanding the root cause of a problem (why it exists) is the first step toward being able to do something about it. To do this effectively, the community needs to involve a broad segment of its population in the discussion.

### 3.3.4 Design Intervention Strategies

Intervention strategies are what the community plans to do to reduce the negative impact of problem issues and enhance the positive impact of successful programs and services on child well being. These strategies should address all of the critical issues identified in the community assessment across all six dimensions of the Whole Child.

### 3.3.5 Establish Measurable Goals for Each Strategy

The plan should include a measurable goal for each of its intervention strategies. Measurable goals are essential for the Whole Child community to know if it is improving child well being, if it is enabling all children to thrive. Measurement criteria and goals should address both the community's performance with respect to implementing its intervention strategies and the impact that these strategies have on improving child well being over time.

### 3.3.6 Implement Intervention Strategies

The implementation component is the final element of the plan. This component explains how, by whom, with what resources and when each of the intervention strategies will be addressed.

### 3.4 Action Teams

Community engagement means involving people from all segments of the community in meeting its commitments to children. The community plan will identify critical issues that can only be successfully addressed with broad-based community participation. Action teams are one way of engaging people in implementing interventions that improve child well-being. These teams can be organized around the six dimensions of a Whole Child or around issues that address all or many of the six dimensions at once. They can be long term teams or constituted to address a single short term issue. The important objective is to actively involve people in solving the issues identified in the community plan.

### 3.5 Sharing Information through Whole Child Website

Whole Child communities will thrive to the extent that they reinforce and learn from one another. The Lawton Chiles Foundation is creating a statewide website that will facilitate the exchange of information, best practices, innovative processes for solving problems, and recognition for the constructive activity of all Whole Child communities. In addition to the statewide section of the website which will be dedicated to information exchange, training and concept development for all communities, each of the Whole Child communities will have a location on the web site that is dedicated to and controlled by their community. This community site will enable the community to provide detailed information about what it is doing and to communicate primarily with its own constituents.

## 4. Using Technology to Create a No Wrong Door Culture

**4.1** Creating a Whole Child Community is enhanced by using modern day web-based technology. The Lawton Chiles Foundation, with the assistance of several existing Whole Child communities, has partnered with Electronic Training Solutions, a software provider, to develop web-based technology that accomplishes this objective. This technology, or a comparable substitute, is an essential component of being a Whole Child Community.

By using the Whole Child technology:

- Parents are able to examine their situation and make decisions about appropriate services to meet the needs of their children
- Parents are linked electronically and quickly to available services
- Service providers are encouraged to respond quickly to parent requests
- The community is provided timely information on family needs, service provider performance, and gaps in available services

The Whole Child Connection software is key to creating a “no wrong door culture” among service providers. This culture puts a priority on early identification and intervention of children’s needs; encourages and facilitates collaboration among providers rather than competition; and enables providers to serve parents and children in a more holistic manner.

**4.2 Whole Child Profile:** Core Questions for Enabling Parents to Identify Their Children’s Needs and Corresponding Community Support Services

A fundamental element of Whole Child web-based technology is the Whole Child profile, a series of questions that address all six dimensions of the Whole Child, and enable parents (and adolescents if included in the project) to conduct a self analysis of their needs and interests related to supporting their children. The responses that parents make to these questions determine the services and providers to which they will be electronically linked by the system. These responses also enable the Whole Child community to have a picture of priority needs from the perspective of parents in their community. Core questions for Whole Child Profiles are provided in Attachment 4.2.

**4.3 Example Steps for Implementing Whole Child Connection Software**

The steps for implementing the Whole Child Connection technology, if Electronic Training Solutions, Inc. is the provider, are listed in the table below. Note, that other software providers may have a different approach to the implementation process.

ACTIVITY		SCHEDULE	
		START	FINISH
<b>PRE-IMPLEMENTATION</b>	1. Identify individuals for key roles. a. Leaders b. Administrators c. Managers d. Advisors e. Providers		
	2. Finalize the Whole Child Connection (WCC) profile survey instrument for each age segment to be implemented (i.e. 0-5 years, 6-12, 0-18, 16-25, prenatal, etc.). Whole Child communities are not required to segment their survey by age groups.		
	3. Finalize the WCC service categories necessary to address the needs identified from the profile-survey questions.		
	4. Develop the WCC provider data base. a. Identify providers for each service category. b. Validate the services offered by each provider. c. Assign service category codes to each provider based on verified capability. d. Complete the standardized WCC template for each selected provider.		
	5. Finalize management reports desired.		
	6. Set up customized training site.		
	7. Train personnel using the training site. (See Activity #1)		
	8. Finalize commitments from partners and providers (inclusion policies, administrative, and service level-related).		
	9. Create public awareness about the WCC system utilizing the media tools provide by Whole Child Florida.		
	10. Pilot the live system (beta).		
	11. Engage families and providers (go live).		

# 1. 5. Assessing Performance

Assessing performance and progress in completing the Whole Child Community Plan is indispensable to being a Whole Child community. The Lawton Chiles Foundation encourages Whole Child communities to implement the following processes to insure a thorough assessment of the extent to which they are fulfilling the Whole Child vision.

## 5.1 Periodic Review of Whole Child Connection Reports

The Whole Child Connection produces reports on the needs of children and their parents; the availability of services and service providers; the responsiveness of service providers to parent requests for service; the demographics of children being served; and the utilization of the WCC by various segments of the community. These reports should be reviewed periodically by the Steering Committee and the results should inform policy and funding recommendations for consideration by the Whole Child community.

## 5.2 Annual Self Assessment

An annual self assessment should be conducted by the Steering Committee, the Leadership Council and the Professional Network. This assessment should examine performance on all of the strategic interventions included in the Whole Child Community Plan and include progress on performance objectives and improvements in child well. A model self- assessment guide is included as Attachment 5.a.

## 5.3 Annual Report to the Community

Every Whole Child community should present an annual report to the community. This report should summarize the results of the Annual Self Assessment and indicate the amount of progress that has been made toward fulfilling the community's commitments to children. The report should highlight significant accomplishments and recommendations for changes in direction where needed. It should also provide a process whereby community members can provide comments on progress and make recommendations for future Whole Child strategies and activities.

## 5.4 Lawton Chiles Foundation's Whole Child Community Recognition Criteria

The Lawton Chiles Foundation intends to recognize stages of development of Whole Child communities in Florida. It has developed three levels for recognition and criteria related to each. Attachment 5.b details the levels shown below:

Level 1: Imagining: Whole Child Community Initiated: (This level could be recognized during the first year, but most likely in year 2.)

Level 2: Building: Whole Child Community Making Substantial Progress: (Could be recognized second year at the earliest, but most likely third year.)

Level 3: Living: Whole Child Community Improving Child Well Being: (This level will take at least three years to have sufficient data for recognition.)

# 1. Whole Child Tool Kit - Attachments

## **Anchor Concepts**

- 1.a Whole Child Six Dimensions

## **Getting Started**

- 2.a Example Job Descriptions
- 2.b Memorandum of Understanding

## **Community Engagement**

- 3.a Example Commitment to Children Statement
- 3.b Listening Project Guide
  - 3.b.1 Listening Project Report Form
  - 3.b.2 Participant Characteristic Form
  - 3.b.3 Listening Project Evaluation Form
  - 3.b.4 Participant List / Registration Form

## **Using Technology to Create a “No Wrong Door” Culture**

- 4.a Whole Child Profile Core Questions

## **Assessing Performance**

- 5.a Model Self Assessment Guide
- 5.b Recognition Criteria 14

Attachment 1.a  
**The Six Dimensions of Whole Child**

# Six Whole Child Dimensions Description

## of each Dimension and Suggested Performance and Outcome Measures Appropriate for All Whole Child Communities

<b>DIMENSION 1: PHYSICAL &amp; MENTAL HEALTH</b>		
Defining Elements	Performance Measures	Outcome Measures
<p>All pregnant women have access to early and continuous comprehensive prenatal care that includes medical care and social supports.</p> <hr/> <p>All women of reproductive age have a medical home.</p> <hr/> <p>All children have a medical home.</p> <hr/> <p>All children have early and periodic comprehensive screening for issues that affect their physical, cognitive and social and emotional growth and development, followed by comprehensive assessment and treatment where indicated.</p> <hr/> <p>All children 0-5 have access to health care, including mental, behavioral, dental and nutritional care with an emphasis on primary care to avoid development of preventable and chronic health problems.</p> <hr/> <p>All children have health insurance.</p>	<p>Increase in number and percent of children with health insurance.</p> <hr/> <p>The extent to which the Whole Child community has implemented a comprehensive and periodic screening and assessment system for all children 0-5.</p> <hr/> <p>The extent to which the Whole Child partnership includes all health care providers who serve children 0-5 and their parents.</p> <hr/> <p>The extent to which the health care providers offer their patients an opportunity to fill out Whole Child profiles as part of their intake process.</p> <hr/> <p>Increase in the number and percent of women who receive adequate prenatal care as defined by the Kotelchuck index.</p> <hr/> <p>Increase in the number and percent of pregnant women who are screened for Healthy Start.</p> <hr/> <p>Increase in the number and percent of women screened at risk for Healthy Start who are actually served.</p> <hr/> <p>Increase in the number and percent of women who receive primary pre and inter-conceptional care.</p> <hr/> <p>Increase in the number and percent of children 0-5 who have a medical home.</p> <hr/> <p>Increase in the number and percent of pregnant women who receive dental care.</p> <hr/> <p>Increase in immunization rates for children.</p> <hr/> <p>Increase in the number and percent of children 0-5 who receive preventive and restorative dental care.</p> <hr/> <p>Community specific process measures.</p>	<p>Decrease in low birth weight and prematurity.</p> <hr/> <p>Decrease in neonatal and post-neonatal infant mortality.</p> <hr/> <p>Decrease in rate of childhood diseases such as asthma, childhood diabetes, obesity.</p> <hr/> <p>Decrease in number and percent of children requiring special education.</p>

## DIMENSION 2: QUALITY EARLY EDUCATION

Defining Elements	Performance Measures	Outcome Measures
<p>All early childhood education and development providers provide quality programs.</p> <hr/> <p>All children have access to affordable, quality early childhood education and development.</p> <hr/> <p>Early childhood education and development is a cooperative venture between parents and providers.</p>	<p>The Whole Child Community has implemented a quality rating system for early childhood education and development programs.</p> <hr/> <p>The extent to which the Whole Child partnership includes all early childhood education and development providers who serve children 0-5 and their parents.</p> <hr/> <p>The extent to which early childhood education and development providers offer parents an opportunity to fill out Whole Child profiles as part of their intake process.</p> <hr/> <p>The extent to which funding for early childhood education and development programs is sufficient to achieve quality.</p> <hr/> <p>The extent to which the investment in early childhood education and development for low income children is sufficient to achieve quality.</p> <hr/> <p>The extent to which there is observable and documented improvement in the training and competence of early childhood education and development staff.</p> <hr/> <p>The extent to which there is observable and documented improvement in the physical facilities where early childhood education and development is provided.</p> <hr/> <p>The extent to which there is observable and documented improvement in the physical facilities where early childhood education and development is provided.</p> <hr/> <p>Community specific process measures.</p>	<p>Increase in number and percent of children ready for school.</p> <hr/> <p>Decrease in number and percent of children requiring special education at age 3.</p> <hr/> <p>Decrease in number and percent of children who receive medication for social and emotional problems at age 5.</p> <hr/> <p>Increase in number and percent of early childhood and development programs that are rated as high quality programs.</p>

## DIMENSION 3: SAFE & NURTURING ENVIRONMENT

Defining Elements	Performance Measures	Outcome Measures
<p>Every child lives in a home without physical, social or environmental health hazards, including freedom from abuse or neglect.</p> <hr/> <p>Every child lives in a neighborhood without health hazards such as congestion, pollution, noise, traffic, drug and human trafficking.</p> <hr/> <p>Every child lives in a neighborhood with safe parks that encourage play and positive interaction with other children.</p> <hr/> <p>Every child is free from hunger and provided a nutritional diet.</p>	<p>The Whole Child community has developed criteria for a child friendly neighborhood.</p> <hr/> <p>The extent to which the Whole Child partnership includes developers, governmental zoning and planning agencies, environmental health professionals, and neighborhood associations.</p> <hr/> <p>The extent to which neighborhoods in Whole Child communities are assessed for their child friendly status.</p> <hr/> <p>The extent to which public planning and zoning organizations have child friendly standards in their criteria for new or modified developments.</p> <hr/> <p>The extent to which developers include child friendly criteria in new residential developments.</p> <hr/> <p>Community specific process measures.</p>	<p>Decrease in rates of child abuse and neglect.</p> <hr/> <p>Decrease in childhood diseases related to physical environment.</p> <hr/> <p>Decrease in child death and injury due to accidents.</p> <hr/> <p>Decrease in number and percent of children referred to subsidized child care from protective service.</p> <hr/> <p>Decrease in neighborhood crime rates.</p> <hr/> <p>Increase in number of neighborhoods that meet child friendly criteria.</p> <hr/> <p>Decrease in number and percent of children who are hungry.</p>

## DIMENSION 4: ECONOMIC STABILITY

Defining Elements	Performance Measures	Outcome Measures
<p>All parents have adequate income or other financial means to provide for the basic needs of their children, including safe homes, good nutrition, clothing, healthcare and early child care.</p>	<p>The extent to which the Whole Child partnership includes employment and training providers who serve parents of children 0-5.</p> <hr/> <p>The extent to which employment and training providers offer parents that seek their services an opportunity to fill out Whole Child profiles as part of their intake process.</p> <hr/> <p>The extent to which training and job placement activities are marketed aggressively to unemployed and underemployed parents.</p> <hr/> <p>The extent to which employers have implemented family friendly practices in their workplaces.</p> <hr/> <p>The extent to which employers encourage their employees to complete Whole Child profiles.</p> <hr/> <p>The extent to which financial education programs are implemented for low-income parents and prospective parents.</p> <hr/> <p>The extent to which Early Income Tax Credit (EITC) preparation is provided to eligible families.</p> <hr/> <p>Community specific process measures</p>	<p>Decrease in number and percent of children living below 200% of poverty.</p> <hr/> <p>Reduction in number and percent of children eligible for the school lunch program.</p> <hr/> <p>Increase in the number and percent of business with family friendly business practices</p> <hr/> <p>Increase in amount of EITC returns for parents in Whole Child communities.</p> <hr/> <p>Increase in number and percent of two parent households.</p> <hr/> <p>Increase in medium family income of the Whole Child community.</p> <hr/> <p>Decrease in gap between rich and poor in the Whole Child community.</p>

## DIMENSION 5: SOCIAL INTERACTION & COMPETENCE

Defining Elements	Performance Measures	Outcome Measures
<p>Children are able to interact positively with one another and with adults.</p> <hr/> <p>Children are able to solve problems without resorting to violence or withdrawal behavior.</p> <hr/> <p>Children demonstrate tolerance for other children who are different from themselves.</p> <hr/>	<p>The extent to which the Whole Child partnership includes mental health care providers, social workers, school guidance counselors and other professionals who address the social and emotional development of children 0-5 and their parents.</p> <hr/> <p>The extent to which these providers offer the parents they serve an opportunity to fill out Whole Child profiles as part of their intake process.</p> <hr/> <p>The extent to which social/emotional development is a significant focus of early child education and development programs.</p> <hr/> <p>Community specific process measures.</p> <hr/>	<p>Increase in percent of children socially and emotionally ready for school when entering kindergarten.</p> <hr/> <p>Decrease in number and percent of children who receive medication for social and emotional problems at age 5.</p> <hr/>

## DIMENSION 6: SPIRITUAL FOUNDATION AND STRENGTH

Defining Elements	Performance Measures	Outcome Measures
<p>Children have a sense of hope, awe, and wonder.</p> <hr style="border: 0.5px solid black;"/> <p>Children understand that they are part of a larger community.</p>	<p>The extent to which the Whole Child partnership includes faith based providers and other persons or organizations that address the spiritual development of children 0-5 and their parents.</p> <hr style="border: 0.5px solid black;"/> <p>The extent to which these providers offer the parents they serve an opportunity to fill out Whole Child profiles as part of their intake process.</p> <hr style="border: 0.5px solid black;"/> <p>The extent to which inclusion is practiced in all early childhood education and development programs. (physical, racial, cultural, economic)</p> <hr style="border: 0.5px solid black;"/> <p>The extent to which all children have the opportunity to experience a world beyond themselves and their immediate family.</p> <hr style="border: 0.5px solid black;"/> <p>The extent to which every child is loved (by at least one adult.)</p> <hr style="border: 0.5px solid black;"/> <p>Community specific process measures.</p>	

Attachment 2.b  
**Memorandum of Understanding**

# Memorandum of Understanding Between The Lawton Chiles Foundation, Inc. and

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(Name of Community)

This Memorandum of Understanding sets forth the conditions that establish a partnership between Whole Child Florida, an initiative of The Lawton Chiles Foundation, Inc. (hereafter referred to as “LCF”) and \_\_\_\_\_ (hereafter referred to as the “Community”). (Name of Community)

This Memorandum of Understanding authorizes the Community to utilize the Whole Child name and web-based technology and become a Whole Child Community.

## Community Agrees To:

1. Identify a group of local leaders and service providers who will guide the planning and implementation of the Community Whole Child initiative.
2. Adopt the Whole Child Florida vision statement which is:

*“Imagine a community where everyone works together to make sure children thrive”*

The word “imagine” may be replaced with “create” or “build” if the Community so prefers.

3. Use the Whole Child logo on all materials, publications and promotions related to the Whole Child initiative.
4. Conduct a baseline community assessment to determine the status of the Community’s commitment to children with respect to the six dimensions of the Whole Child. The assessment should involve as many segments of the Community as possible.
5. Address all six dimensions of the Whole Child in planning and implementing its Whole Child activities and assessing its progress, including using the core questions for Whole Child profiles provided in the Whole Child Tool Kit.
6. Conduct an annual self-assessment of its progress toward fulfilling the Whole Child vision using the Whole Child Self Assessment Guide provided in the Whole Child Tool Kit adapted to local priorities and goals.
7. Share its results and lessons learned with other Whole Child communities through the Whole Child Florida website, other similar web-based mechanisms, and/or teleconference meetings.

8. Utilize web-based software which accomplishes the following:

- Enables parents to examine their situation and make decisions about appropriate services to meet the needs of their children,
- Links parents electronically and quickly to available services,
- Encourages service providers to respond quickly to parent requests, and
- Provides the community timely information on family needs, service provider performance, and gaps in available services.

The Community may select and negotiate a contract with Electronic Training Solutions, Inc. for the Whole Child Connection software or may choose a different web-based software solution.

9. Allow LCF to access Community specific and state-wide aggregate data and information collected through the web-based software technology provided by Electronic Training Solutions, Inc. or other software provider.

**The Lawton Chiles Foundation agrees to:**

1. Provide advice and technical assistance on the processes related to becoming a Whole Child community, including use of the planning and assessment tools developed by other Whole Child communities.
2. Provide information about web-based technology suppliers that can provide software enabling parents to examine their needs to support their children, electronically connect with appropriate service providers, and provide the community with timely information on family needs, service provider performance, and gaps in available services.
3. Provide opportunities for information exchange and project enhancement among Whole Child communities, including design and maintenance of a Whole Child Florida web-site that is available for use by all Whole Child communities.
4. Provide recognition of Whole Child Community achievements through both the Whole Child Community network and through external media sources.

**Duration of this Memorandum of Understanding:** This Memorandum shall begin upon the date of signature by both parties and shall continue indefinitely or until such time as either party chooses to terminate the Memorandum.

**Termination of this Memorandum of Understanding:** This Memorandum may be terminated by either party without cause at any time by written notice given by the party terminating the Memorandum. Termination of this Memorandum means that the community signatory to this Memorandum is no longer authorized to use the Whole Child name, vision statement, and logo.

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Signatory for The Lawton Chiles Foundation, Inc.

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Signatory for Community

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Printed Name, Title

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Printed Name, Title

---

Date

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Date

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Signatory for Community

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Signatory for Community

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Printed Name, Title

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Printed Name, Title

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Date

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Date

Attachment 3.a  
**Example Commitment to Children Statement**

## Ten Commitments To Children (Example from Whole Child Leon)

Whole Child Leon believes that all children deserve the right to develop to their full potential and become contributing members of their community. We will focus on children ages 0-5 in order to build a solid foundation upon which future development can thrive. Our goal is for every member of our community to join in this commitment and make it a reality.

**Together, we will work to ensure that all children, 0 to 5 will have:**

1. **Love.** Feel loved and valued.
2. **Prenatal Care.** Have access to quality prenatal care, including parenting education.
3. **Health Care.** Have access to health care, including mental, behavioral, dental and nutritional care, with emphasis on preventive care.
4. **Assessment and Early Intervention.** Receive early and continuous assessment of developmental progress and early intervention.
5. **Early Childhood Education.** Have access to quality early childhood education and development involving parents and families as essential partners.
6. **Freedom from Abuse and Neglect.** Live in a safe, caring home, free from neglect, physical and mental abuse.
7. **Adequate Income and Support.** Live in families that have the opportunity to gain adequate income and support to be the primary providers of love, nurturing, security and stability for their children.
8. **Safe Neighborhoods.** Live in a safe neighborhood that provides opportunities to play outside and interact with other children and adults in a clean and healthy environment.
9. **Respect for Others.** Develop respect for others, appreciation for diversity, tolerance, and the ability to solve problems constructively.
10. **Sense of Hope.** Have a sense of hope, a feeling that they are not alone, a positive connection to their community, and the confidence to explore and discover the possibilities of life.

# Whole Child Community Listening Project

“Imagine ... a Community Where Everyone Works Together to Make Sure Children Thrive”

## Purpose and Objectives

Purpose of this Guide: To provide a process for community volunteers and staff to use in conducting and reporting on listening projects. The guide is presented in the way the listening project leader would proceed through the discussion.

Purpose of a Listening Project: To engage the entire county in building a Whole Child Community

### Objectives

1. To discover what residents of TBA County think is important to help children thrive.
2. To build support for the Whole Child TBA's Commitment to Children.
3. To involve all county residents in determining how to accomplish the Whole Child TBA Commitment to children.
4. To provide valuable information for the Whole Child TBA Strategic Plan.
5. To identify community assets that can be utilized in supporting children and their families.

## Process Steps

### As people arrive ...

Ask everyone to use a large marker to write their first name on a name tag and complete participant registration form and participant characteristic form. These forms are provided at the end of this guide.

### Thank all for coming and introduce yourself as a Whole Child TBA volunteer

(2 minutes)

- Name
- Place of work
- Length of time in community
- Why you chose to be a part of Whole Child
- Let the participants know that the Listening project will take about 1 hour

### Introduction of Participants:

Have each participant introduce themselves.

### Introduction to the Whole Child Florida (10 minutes)

- TBA County, with the assistance of the Lawton Chiles Foundation, is committed to becoming a Whole Child Community. A very important part of this commitment is to find out what all people in our County think is important to support children and their families. We are going to focus on children 0 to 5 because we know that if we build a strong foundation when children are very young, it helps them throughout their life. This does not mean that you cannot comment on other children if you wish.
- Equally important is to involve as many people in TBA County as possible in the Whole Child initiative.
- The brochure that I just handed out gives a brief overview of Whole Child and of Listening projects. Let me quickly review the main ideas:
  - Whole Child definition
  - Whole Child Community definition
  - Characteristics of a Whole Child Community
  - Purpose of Listening projects.

(If you do not have a brochure, the Whole Child Tool Kit provides all of the information that you need to give people an overview of what a Whole Child Community is about. After you review the brochure or similar information, allow about five minutes for questions from the group. Be sure the recorder is taking down any ideas that come from these questions. If there are no questions or comments at this point, just move on.)

Listening Process Discussion: (Be sure the recorder is putting on flip charts any ideas that people bring up throughout the discussion. Remember, the recorder should not change the words that people use. If they are unclear, ask for clarification; don't reinterpret.)

1. First I would like to ask you a few questions about the Commitment to Children statement that will help Whole Child TBA make sure we have a good statement: **(10 minutes)**
  - Is there anything in the statement that you do not understand?
  - Is there anything in the statement that you think should be taken out?
  - Is there anything that you think should be added to the statement?

(If your community has not yet developed a Commitment to Children Statement, just ask the group what they think their community should commit to doing for all children.)

2. Now, I would like us to think about how TBA County supports children 0 to 5 and their families:

- Please take the next few minutes and write down on a piece of paper at least three things that you think exist in TBA County that help all children 0 to 5 to thrive. Also write down at least three things that you think make it very hard for all children 0 to 5 to thrive. (Make sure everyone has pencil and paper. Allow 5 to 10 minutes for this.)
- Ask participants to say what their positive things were and record them on flip charts. Encourage participants to give specific examples and explain what they mean. Also, encourage participants to ask each other questions or discuss what others say. (Allow 15 minutes for this)
- Ask people to say what their problems were and record them on flip charts. Encourage participants to give specific examples and explain what they mean. Also, encourage participants to ask each other questions or discuss what others say. (Allow 15 minutes for this)

## Introduction to Whole Child (10 minutes)

- TBA County, with the assistance of the Lawton Chiles Foundation, is committed to becoming a Whole Child Community. A very important part of this commitment is to find out what all people in our County think is important to support children and their families. We are going to focus on children 0 to 5 because we know that if we build a strong foundation when children are very young, it helps them throughout their life. This does not mean that you cannot comment on other children if you wish.
- Equally important is to involve as many people in TBA County as possible in the Whole Child initiative.
- The brochure that I just handed out gives a brief overview of Whole Child and of Listening projects. Let me quickly review the main ideas:
  - Whole Child definition
  - Whole Child Community definition
  - Characteristics of a Whole Child Community
  - Purpose of Listening projects.

**(If you do not have a brochure, the Whole Child Tool Kit provides all of the information that you need to give people an overview of what a Whole Child Community is about. After you review the brochure or similar information, allow about five minutes for questions from the group. Be sure the recorder is taking down any ideas that come from these questions. If there are no questions or comments at this point, just move on.)**

**Listening Process Discussion: (Be sure the recorder is putting on flip charts any ideas that people bring up throughout the discussion. Remember, the recorder should not change the words that people use. If they are unclear, ask for clarification; don't reinterpret.)**

1. First I would like to ask you a few questions about the Commitment to Children statement that will help Whole Child TBA make sure we have a good statement: **(10 minutes)**
  - Is there anything in the statement that you do not understand?
  - Is there anything in the statement that you think should be taken out?
  - Is there anything that you think should be added to the statement?

(If your community has not yet developed a Commitment to Children Statement, just ask the group what they think their community should commit to doing for all children.)

2. Now, I would like us to think about how TBA County supports children 0 to 5 and their families:
  - Please take the next few minutes and write down on a piece of paper at least three things that you think exist in TBA County that help all children 0 to 5 to thrive. Also write down at least three things that you think make it very hard for all children 0 to 5 to thrive. (Make sure everyone has pencil and paper. Allow 5 to 10 minutes for this.)
  - Ask participants to say what their positive things were and record them on flip charts. Encourage participants to give specific examples and explain what they mean. Also, encourage participants to ask each other questions or discuss what others say. **(Allow 15 minutes for this)**

- Ask people to say what their problems were and record them on flip charts. Encourage participants to give specific examples and explain what they mean. Also, encourage participants to ask each other questions or discuss what others say. **(Allow 15 minutes for this)**
  - Conclude this section by asking the group if anything important is left out of either list. **(Allow 5 minutes for this)**
3. Discussion of specific questions: (If you think these questions have all been addressed in the previous discussion, skip them. **Allow 15 minutes for this.**)
- What is the most important thing you can think of that would help you raise your young child?
  - What is the most important thing that parents need to do to raise their children who are less than 5 years old?
  - What is the most important thing your community needs to do to help families raise their children who are less than 5 years old? What can you do to help families raise their young children?
  - Possible additional questions: If TBA County were the best place for children 0-5 to grow up:
    - What services would be in place?
    - How and where would the services be provided?
    - What would your neighborhood look like?
    - What would the playgrounds and parks look like?
    - How would the faith community be involved?
    - How would the business community be involved?
    - How would you be involved in helping children 0 to 5 thrive?

### Conclusion:

1. Thank everyone again for coming to the event.
2. Remind them to complete a participant registration form if they want to get information back from this meeting or to be involved in future Whole Child activities.
3. Encourage them to complete the participant characteristics form and emphasize that it does not include any personal identification information.
4. Let them know if they want additional information they can call \_\_\_\_\_ at \_\_\_\_\_ and they can go to the Whole Child website: [www.wholechildflorida.org](http://www.wholechildflorida.org).
5. Make sure the recorder has the notes from the meeting and the participation registration and characteristics forms and that he/she agrees to complete the Listening Project Report Form.

### Facilitator Supplies:

- Post It flip chart paper
- Markers/Name tags
- Pens/Pencils
- Paper for taking notes
- Session agenda
- Facilitator reporting form
- Participant registration form
- Participant characteristics form
- Evaluation form
- Handouts
  - Listening project brochure
  - TBA Commitment to Children Statement

### Attachments:

- 3.b.1** Listening Project Facilitator Tips
- 3.b.2** Listening Project Report Form
- 3.b.3** Participant Characteristic Form
- 3.b.4** Listening Project Evaluation Form
- 3.b.5** Participant List / Registration For

# Listening Project Facilitator Tips:

## Things for the Facilitator to Remember in Conducting a Listening Project

1. You provide the background for the discussion that gets people interested.
2. Your job is to encourage people to talk and to listen to one another.
3. Try to involve everyone in the conversation.
4. Emphasize that everyone's ideas are important and valuable.
5. You provide the structure for the conversation, but you do not provide answers, solutions or your own ideas.
6. The less you have to talk the better except to ask questions and encourage everyone to talk.
7. Give people time to think. Do not be bothered by silence or pauses.
8. It is much better if you have a person to record what people say so you can listen and ask questions.

# Listening Project Report Form

(This form should be completed by the recorder for each listening project.)

Date of the Event: \_\_\_\_\_

Location: \_\_\_\_\_

Number of Participants: \_\_\_\_\_

Time of Day of the Event: \_\_\_\_\_

Length of Time for the Event: \_\_\_\_\_

## Summary of the Discussion:

- 1. Issues discussed**
- 2. Notable quotes without any names.**
- 3. Suggested changes to the Commitment to Children statement, if any.**
- 4. List of positive features in TBA County that support children 0 to 5 and their families:**
- 5. List of problems in TBA County that hinder supporting children 0 to 5 and their families.**
- 6. List of ways participants felt they or their organization could help support children 0 to 5 and their families.**
- 7. Any other information that was note worthy from the discussion.**

# Listening Project Report Form

(This form should be completed by the recorder for each listening project.)

Date of the Event: \_\_\_\_\_

Location: \_\_\_\_\_

Number of Participants: \_\_\_\_\_

Time of Day of the Event: \_\_\_\_\_

Length of Time for the Event: \_\_\_\_\_

Summary of the Discussion:

**Summary of the Discussion:**

- 1. Issues discussed.**
- 2. Notable quotes without any names.**
- 3. Suggested changes to the Commitment to Children statement, if any.**
- 4. List of positive features in Gadsden County that support children 0 to 5 and their families:**
- 5. List of problems in Gadsden County that hinder supporting children 0 to 5 and their families.**
- 6. List of ways participants felt they or their organization could help support children 0 to 5 and their families.**
- 7. Any other information that was note worthy from the discussion.**

# Listening Project Participant Characteristics

**Age:** \_\_\_\_\_

**Children:**

None: \_\_\_\_\_

Number under age 5: \_\_\_\_\_

Number ages 6-18: \_\_\_\_\_

**Marital Status:**

Married

Not Married

Divorced

**Income Level:**

Less than \$10,000

\$10,000 - \$19,999

\$20,000 - \$29,999

\$30,000 - \$49,000

\$50,000 - \$100,000

Greater than \$100,000

**Employment Status:**

Full-time

Part-time

None

**Type of Work:** \_\_\_\_\_

**Education Level:**

Less than high school

High school graduate

College graduate

Vocational training 37

**Race and Ethnicity:**

White

African-American

Hispanic Origin

Other

**Sex:**

- Male
- Female

**How Long Have you Lived in TBA County?**

- Less than one year
- One to five years
- More than five years

**Where Do You Live in TBA County?**

- North
- East
- South
- West

**Did you enjoy participating in this listening group?**

- Yes
- No

**Did you get a chance to say what you wanted to say?**

- Yes
- No

**Do you want to be part of Whole Child?**

- Yes
- No

**Do you have any other comments to make about this event?**

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# Listening Project Participant List

(Please Print)

Name	Address	Email Address	I want to receive a report about this Listening Project	I want to participate in future Whole Child activities

## Whole Child Profile Core Questions

This attachment provides a list of core questions that should be included in all Whole Child profiles. These questions were derived from the profiles developed by the five Whole Child communities who have implemented the Whole Child Connection. The questions are organized by dimension and age groups. Most of the questions are for parents to answer and apply regardless of the age of the child. Some Whole Child communities serve children 0-5 and others 0-18 or 19. Some Whole Child communities that serve children of all ages have elected to divide their profiles into age groups, while other communities have decided to use one profile that includes questions for all age groups. This is a choice that each community makes for itself.

In addition to the core questions, a list of other possible questions is provided toward the end of this attachment. These questions are used in at least one, but not all, of the existing Whole Child communities.

The Lawton Chiles Foundation strongly suggests that all Whole Child communities use these core questions in their profile. This will enable comparison of data across communities and begin to develop a statewide picture of priority needs from the parent's perspective. The wording of the questions can be modified by any community provided their essential meaning is not changed.

Finally an example from Martin County is provided of a subset of questions related to pregnancy that can be included if relevant. This example is included to illustrate how the profile can be expanded to provide additional information and services for particular parent interests.

# Core Questions for All Whole Child Communities:

## Physical & Mental Health:

<b>Do you have health insurance / Medicaid for your family?</b>
If no, please check any who do not have insurance: <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Children under age 6 <input type="checkbox"/> Children 6-18
<b>Does anyone in your family not have a doctor?</b>
If no, please check any who do not have a doctor: <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Children under age 6 <input type="checkbox"/> Children 6-18
<b>Does anyone in your family not have a dentist?</b>
If no, please check any who do not have a dentist: <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Children under age 6 <input type="checkbox"/> Children 6-18
<b>Are your children's immunizations / shots up to date?</b>
<b>Do you have difficulty getting medicines for anyone in your family?</b>
If yes, is the person you are concerned about: <input type="checkbox"/> A child under 6 years old? <input type="checkbox"/> A child 6 years or older? <input type="checkbox"/> An adult? <input type="checkbox"/> A senior citizen needing assistance (adult 60+)?
<b>Does anyone living in your home have special needs or disabilities?</b>
If yes, is the person you are concerned about: <input type="checkbox"/> A child under 6 years old? <input type="checkbox"/> A child 6 years or older? <input type="checkbox"/> An adult? <input type="checkbox"/> A senior citizen needing assistance (adult 60+)?
<b>Would you like information about proper nutrition for your children?</b>
<b>Do you have concerns about any of the following for any of your children?</b>
<input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Speech <input type="checkbox"/> Physical Coordination
Is the child you are concerned about: <input type="checkbox"/> Under 6 years old? <input type="checkbox"/> 6 years and older?
<b>Are you pregnant?</b>
1. If yes, are you getting prenatal care?
2. If yes, would you like information about childbirth education classes?
3. If yes, would you like help or information about breast feeding?
<b>Do you have questions about starting a family?</b>
If yes, is it about: Adoption / Foster Care?
If yes, is it about Fertility?
If yes, is it about Preparing for Pregnancy?
<b>Do you want to prevent being pregnant and need information about birth control?</b>

## Social-Emotional Development:

<b>Do you feel all of your children are learning and developing as well as other children their age?</b>
If no, is the child or children you are concerned about: <input type="checkbox"/> under 6 years old? <input type="checkbox"/> 6 years and older?
<b>Do any of your children have difficulty getting along with others?</b>
If yes, does the child or children you are concerned about have difficulty with <input type="checkbox"/> other children? <input type="checkbox"/> adults?
If yes, is the child or children who are having difficulty getting along with others: <input type="checkbox"/> under 6 years old? <input type="checkbox"/> 6 years and older?
<b>Are you concerned about the behavior of any of your children?</b>
<b>Are any of your children almost old enough to begin kindergarten?</b>
If yes, do you feel this child is ready to begin kindergarten?
<b>Would you like information about being connected to parenting classes and support groups?</b>
<b>Do you have time to think about yourself and your needs?</b>
<b>Do you have someone you can depend on when you need help?</b>
<b>Is anyone in your family having difficulty due to the following? If yes, check all that apply:</b>
<input type="checkbox"/> Divorce/Separation <input type="checkbox"/> Death <input type="checkbox"/> Illness <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Other _____
<b>Do each of your children like to be hugged and comforted?</b>
If yes, is the child you are concerned about: <input type="checkbox"/> under 6 years old? <input type="checkbox"/> 6 years and older?

## Financial Stability:

<b>Do you sometimes need help paying for any of the following?</b>
<input type="checkbox"/> Food <input type="checkbox"/> Housing <input type="checkbox"/> Utilities/Running Water <input type="checkbox"/> Clothing
<b>Would you like information on any of the following?</b>
<input type="checkbox"/> Affordable Housing <input type="checkbox"/> Finding a Job <input type="checkbox"/> Adult Education
<b>Do you need to learn how to stretch your dollar or prepare a family budget?</b>
<b>Do you have access to the following?</b>
1. Transportation when needed
2. A phone for emergencies

## Safe & Nurturing Environment:

<b>Have you moved more than three times in the last two years?</b>
<b>Do you feel safe in your home?</b>
<b>Do you need a place to live?</b>
<b>Do you feel safe in your neighborhood?</b>
If no, are your concerns about <input type="checkbox"/> Crime ? <input type="checkbox"/> Hazards (i.e.Traffic, Wildlife, Environmental factors)? <input type="checkbox"/> Safe places for kids to play?
<b>Do you need legal assistance related to taking care of your children?</b>
<b>Do you worry about the effect of any of the following on your family or yourself?</b> <input type="checkbox"/> Tobacco <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs
<b>Would you like information about any of the following?</b> <input type="checkbox"/> Car seats <input type="checkbox"/> Child proofing your home <input type="checkbox"/> Safe sleeping for your infant <input type="checkbox"/> Smoke detectors <input type="checkbox"/> Medical emergencies in the home (ie. CPR)

## SPIRITUAL FOUNDATION AND STRENGTH:

Most questions in this section will be specific to each community.

Would you like more information about family-fun and enrichment activities in your community?
---

## QUALITY EDUCATION:

<b>Do you need any of the following for your children?</b> <input type="checkbox"/> Childcare (infant/toddler, preschool) <input type="checkbox"/> After-school care, <input type="checkbox"/> Summer program
<b>Are books for your children available to you?</b>
<b>Would you like help reading to your children?</b>
<b>Do you feel you have the skills needed to help your child succeed in school?</b>
<b>Do you need information about special needs programs, such as individual education plans (IEP's)?</b>
<b>Do you need information about any of the following?</b> <input type="checkbox"/> Job Training <input type="checkbox"/> GED preparation, <input type="checkbox"/> English as a Second Language (ESOL)
<b>Do you need assistance in choosing a school for any of your children?</b>

## Other Possible Questions:

(One or more of the following questions are included in at least one, but not all, of the profiles used by existing Whole Child communities.)

1. Would you like information about or need assistance with adoption or foster care?
2. Do you have a working smoke detector in the home?
3. Do you have difficulty getting prescriptions / medicines:
  - For yourself?
  - For your family?
4. Would you like information to assess your risk for contracting sexually transmitted diseases (STD's)?
5. Have the adults in your family received DPT booster shots within the last 10 years?
6. Do you need information related to Women's Health needs?
7. If pregnant, would you like help or information about breast feeding?
8. Do you or a family member need tutoring in reading, math, or writing?
9. Are you or any of your family members experiencing any of the following:
  - Depression?
  - High levels of stress?
  - Anxiety?
  - Uncontrolled anger?
  - Major life changes?
10. Do any of the following family members need to learn how to swim:
  - Children?
  - Yourself?
  - Other family members?
11. Do you need Youth Programs for any of your children?
12. Are you caring for a child with special needs?
13. Are you caring for an adult age 60 or over?
14. Do you have difficulty getting medicines for your family or yourself?
15. Is there an adult in the home with an injury or disability?
16. Is there a senior citizen in your home that needs any type of assistance or service?
17. Do you need to learn how to stretch your dollar?

18. Would you like information on Housing?
19. Do you need a place to live?
20. Are you interested in faith-based programs to overcome challenges in your life, such as divorce, substance abuse, etc?
21. Are you interested in participating in faith-based organizations?
22. Do you want information on how to teach your children to keep their promises?
23. Do you want information on how to teach your children not to blame others for their mistakes?
24. Do you want information on how to set a good example for what you say and do?
25. Do you want information on how to teach your children to obey the rules?
26. Do you have any other needs not mentioned above, or would you like a Whole Child Advisor to contact you?
27. Have you experienced any specific barriers to receiving services? If YES, please list them below with the most important barrier first.

### Supplemental Profiles:

(WC Martin developed the following Wellness profile for women who are pregnant. It is triggered if the person filling out the profile indicates she is pregnant. This type of sub-profile is possible in a number of areas if you want to build one to go more in depth on particular problems. A similar application would be to connect/link people to electronic applications for specific services when they express a need, such as inadequate funds for food, or no health insurance—they could be linked directly to Florida Access.)

## Whole Child Martin Wellness Profile for Pregnant Women

A-21	Do you have a doctor?
A-22	Do you have a dentist?
A-23	Do you have Health Insurance?
A-24	In the last year have you had a doctor's visit?
A-25	In the last year have you had a Regular Check-Up?
A-26	In the last year have you had a Pap Smear?
A-27	In the last year have you had a Breast Exam?
A-28	In the last year have you had a Cholesterol Test?
A-29	In the last year have you had a Blood Pressure Check?
A-30	Have you ever been concerned that you might have a sexually transmitted disease?
A-31	Do you have diabetes, high blood pressure, or asthma?
A-32	Are you trying to get pregnant?
A-33	Have you waited two years before trying again?
A-34	Do you smoke?
A-35	Do others think you use too much alcohol or other drugs?
A-36	Are you feeling burnt out?
A-37	Are you happy with your weight?
A-38	Do you exercise at least 3 times per week?
A-39	Do your daily meals include fruits and vegetables?
A-40	In the last year, has anyone hit you or tried to hurt you?

Attachment 5.a  
**Model Self Assessment Guide**

# Whole Child Self Assessment Tool

**Background:**

Whole Child was created by the Lawton Chiles Foundation in partnership with Electronic Training Solutions, Inc, and local communities in Florida to create communities “where everyone works together to make sure children thrive”. This self-assessment guide is a tool that existing and new Whole Child communities can use to measure their progress toward being a Whole Child Community.

**Assessment Objectives:**

The Whole Child assessment has three objectives:

1. To determine the level of community commitment to ensuring that all children thrive.
2. To measure the effectiveness of the Whole Child Connection in helping families meet the needs of their young children, and
3. To measure improvements in child well-being related to the community commitments identified by each Whole Child community.

The first two objectives focus primarily on process and inputs and can be measured over the short term-- quarterly-to-five years. These two objectives address community involvement, provider networking, and application of the Whole Child Connection, the web-based tool that facilitates need identification and service delivery. The assumption behind these objectives is that if they are successful, the third objective will be accomplished to the extent possible within a given community.

Phase I	Phase II	Phase III
Community Commitment (Criteria 1-8)	Community Working Together – Effective Application of Tools (Criteria 9-10)	Whole Child Community – Children Thriving (Criteria 11-16)

The third objective focuses on systemic change and improvements in condition and requires long term measurement, including trend analysis and the influence of external variables that may not be amenable to intervention by Whole Child initiatives. This objective measures progress toward fulfilling the six dimensions of child well-being:

1. Physical & Mental Health
2. Safe & Nurturing Environment
3. Economic Stability
4. Quality Education
5. Social Interaction & Confidence
6. Spiritual Foundation

The assumption behind this objective is that if each dimension of the Whole Child is fulfilled, the child will experience a high level of well-being.

**Assessment Structure:**

The Guide provides a matrix of the following components for the assessment:

1. Assessment criteria,
2. Measures for each criteria,
3. Data source for each measure, and
4. Frequency of measurement

The matrix provides a skeleton for community self-assessment that can be modified and expanded by each Whole Child Community. It can also be conducted in whole or in part depending on the stage of development of each community. The content of each component of the matrix should be reviewed by the community and agreement reached with respect to this content as the first step in the self-assessment process.

Each Whole Child Community should establish quantitative goals for each assessment criterion that establish the desired level of accomplishment in a specific amount of time. These goals are not included in the matrix as they can only be meaningful if generated by community participants in the Whole Child initiative. (In some instances, the goal is equivalent to the measure and a separate goal statement is not needed.)

The self assessment matrix is divided into three phases that conform to its three objectives and the core elements of the Whole Child vision: community commitment, community working together and children thriving.

# Self-Assessment Matrix

Phase I: Community Commitment (WC = Whole Child; WCC = Whole Child Connection)				
Assessment Criteria	Measures	Goals	Data Sources	Frequency
1. The community defines what it believes is important to support all children 0-5.	<p>1.1 Community has adopted a statement of commitments for all children.</p> <hr/> <p>1.2 Number and diversity of people and organizations that have signed the community commitment statement.</p> <hr/>		WC Portfolio	Reviewed every two years
2. All segments of the community are involved in planning and implementing Whole Child.	<p>2.1 Number of people involved in Whole Child planning activities.</p> <hr/> <p>2.2 Number of neighborhoods with representation on Whole Child planning and implementing groups.</p> <hr/> <p>2.3 Level of diversity (race/ethnicity, age, sex, economic status, professional backgrounds) in Whole Child planning and implementing groups.</p> <hr/> <p>2.4 Number and types of providers involved in Whole Child Connection.</p> <hr/> <p>2.5 Number and types of large organizations (private, public, not-for-profit entities) that are involved which may have potential employee participants or may become funding sources.</p>		<p>WC portfolio</p> <hr/> <p>WCC reports</p>	Annually
3. The community has conducted an assessment of the status of children 0-5.	<p>3.1 Initial assessment is complete and identifies critical issues related to the well-being of children 0-5. 3.2 Community assessment is updated annually with input from the WCC.</p>		<p>Community listening projects</p> <p>WCC reports</p> <p>Other community reports</p> <p>Population based data</p>	Annually

**Phase I: Community Commitment**  
(WC = Whole Child; WCC = Whole Child Connection)

Assessment Criteria	Measures	Goals	Data Sources	Frequency
4. Community conducts an annual capacity building conference to address unmet needs	4.1 Whole Child presented an annual report to the community on gaps in capacity and strategies to fill these gaps		WC portfolio	Annually
	4.2 Capacity-building conference was conducted.		WCC	
5. The community has expanded the number of people and organizations involved in meeting the needs of children 0-5.	5.1 WC has a website to inform the community about its mission and activities.		WC Website	Annually
	5.2 Number of people involved in Whole Child activities.		WC portfolio	
	5.3 Number of community activities where WC has a visible presence.		Media articles or presentations	
	5.4 Number of people who complete WC profiles for information purposes to		WCC	
6. The community invests in services that support children 0-5.	6.1 Level of community financial investment in services that support children 0-5.		County and city budgets.	Annually
	6.2 Growth in community investment over time.		Other sources of funding or in-kind support	

**Phase I: Community Commitment**  
(WC = Whole Child; WCC = Whole Child Connection)

Assessment Criteria	Measures	Goals	Data Sources	Frequency
7. The community engages providers and creates a “no wrong culture” with respect to service delivery.	7.1 Number and type of service providers who identify themselves to the community as “Whole Child Partners.”		WCC reports	Annually
	7.2 Number and percent of providers who have developed collaborative networks as a result of the WCC.		WC portfolio	
	7.3 The extent to which the community has developed integrated funding streams that reduce fragmentation and permit dollars to follow the child.		Surveys	
	7.4 Number of agencies that have at least one Whole Child advisor.		Key informant interviews.	
	7.5 Number of agencies that routinely encourage parents to complete a Whole Child profile.			
8. Whole Child has the capacity to fulfill its mission.	8.1 A community-based planning structure is in place.		WC portfolio	Annually
	8.2 A structure for administration and management is in place.			
	8.3 WC has adequate staff (in-house, partnerships, volunteers) and funding to conduct its activities.			

**Phase II: Community Working Together - Effective Application of Tools**  
(WC =Whole Child; WCC =Whole Child Connection)

Assessment Criteria	Measures	Goals	Data Sources	Frequency
9. The Whole Child Connection increases family participation and improves service delivery for parents.	9.1 Number of parents who have completed WC profiles		WCC reports	Quarterly
	9.2 Number and percent of providers, by type, who are included in the WCC.		Surveys	
	9.3 Distribution of WC profiles by zip codes.			
	9.4 Demographic diversity of parents who submit WC profiles. (race/ethnicity, income, education)			
	9.5 Number and percent of parents who identify problems, by issue area, included in the WC profile.			
	9.6 Number and percent of parents who completed WC profiles who were satisfied with the WCC process.			
	9.7 Number and percent of parents who used the WCC with the assistance of a WC advisor.			
	9.8 Number and percent of parents who used the WCC with the assistance of a WC advisor who were satisfied with this assistance.			

**Phase II: Community Working Together - Effective Application of Tools**  
(WC =Whole Child; WCC =Whole Child Connection)

Assessment Criteria	Measures	Goals	Data Sources	Frequency
10. The Whole Child Connection reduces fragmentation of service provision.	10.1 Number and percent of service requests that were responded to within two days of receipt by the provider.		WCC	Monthly
	10.2 Number and percent of service requests that were resolved satisfactorily.		Surveys	Quarterly
	10.3 Number and percent of service requests that were not resolved.			
	10.4 Number and percent of parents who identify a problem, by issue area included in the WC profile.			
	10.5 Number and percent of parents who used the WCC who indicated that their needs were met.			
	10.6 Number and percent of parents who used the WCC who were satisfied with the services they received.			
	10.7 Number and percent of parents who used the WCC who were satisfied with the way they were treated by service providers.			
	10.8 Number and percent of parents who used the WCC who indicated that providers connected them to or assisted them with receiving all the services that they needed.			
	10.9 Number and percent of providers who are in the WCC who believe the WCC enhances their ability to serve children 0-5 and their families.			

**Phase III: Children Thriving**  
(WC =Whole Child; WCC =Whole Child Connection)

Assessment Criteria	Measures	Goals	Data Sources	Frequency
11. Physical & Mental Health	<p>11.1 Pregnant women have adequate prenatal and interconceptional care. 11.2 Children 0-5 have health insurance.</p> <hr/> <p>11.3 Children 0-5 are assessed early and periodically for developmental growth.</p> <hr/> <p>11.4 Children 0-5 have a medical home that insures that physical, mental and dental health care is provided as needed.</p> <hr/> <p>11.5 Health care providers have integrated service delivery for children 0-5. (physical, mental and dental)</p> <hr/> <p>11.6 Children are immunized according to established schedules.</p> <hr/> <p>11.7 Reduction in percent of premature and low birth weight babies.</p> <hr/> <p>11.8 Reduction in neonatal and post neonatal mortality.</p> <hr/> <p>11.9 Reduction in maternal illness.</p> <hr/> <p>11.10 Reduction in dental caries.</p> <hr/> <p>11.11 Reduction in child illnesses: asthma, obesity, ear infections, other childhood illnesses</p>		<p>Agency reports</p> <hr/> <p>Surveys</p> <hr/> <p>Key informant interviews</p> <hr/> <p>Population based data</p> <hr/> <p>Listening projects</p> <hr/> <p>WC portfolio</p>	1 to 5 years depending on goals.

**Phase II: Community Working Together - Effective Application of Tools**  
(WC =Whole Child; WCC =Whole Child Connection)

Assessment Criteria	Measures	Goals	Data Sources	Frequency
12. Safe & Nurturing Environment	12.1 Number of neighborhoods that meet child-friendly criteria as established by WC.		WC portfolio	1 to 5 years depending on goals.
			Surveys	
			Key informant interviews	
			Agency reports	
	12.2 Number of developers who agree to build child friendly communities.			
	12.3 Increase in availability of affordable housing.			
	12.4 Reduction in incidence of domestic violence.			
	12.5 Reduction in number and percent of abused and neglected children 0-5.			
	12.6 Reduction in number and percent of re-abused or re-neglected children 0-5.			
12.7 Reduction in number and percent of homeless children 0-5.				
12.8 Reduction in accidents related to neighborhood conditions—drowning, vehicle injuries.				
12.9 Reduction in environmentally induced illnesses.				

**Phase II: Community Working Together - Effective Application of Tools**  
(WC =Whole Child; WCC =Whole Child Connection)

Assessment Criteria	Measures	Goals	Data Sources	Frequency
13. Economic Stability	<p>13.1 Expansion of family friendly business practices.</p> <hr/> <p>13.2 Expansion of financial literacy education for potential and new parents.</p> <hr/> <p>13.3 Expansion of credit and savings opportunities for potential and new parents.</p> <hr/> <p>13.4 Increase in minimum wage or adoption of a living wage ordinance.</p> <hr/> <p>13.5 Increase in medium household income.</p> <hr/> <p>13.6 Reduction in number and percent of children under age 6 who live in homes below 150% of poverty.</p> <hr/> <p>13.7 Reduction in number and percent of homeless families.</p> <hr/> <p>13.8 Reduction in number of single parent households.</p>		<p>Agency reports</p> <hr/> <p>Key informant interviews</p> <hr/> <p>Surveys</p> <hr/> <p>WC portfolio</p>	1 to 5 years depending on goals.

**Phase II: Community Working Together - Effective Application of Tools**  
(WC =Whole Child; WCC =Whole Child Connection)

Assessment Criteria	Measures	Goals	Data Sources	Frequency
14. Quality Education	14.1 Expanded parent, employer and policy maker education related to the importance of quality early child education and development.		Agency reports	1 to 5 years depending on goals.
			WC portfolio	
			Key informant interviews	
	14.2 Implementation of a consumer's guide to quality early child education and development programs.		Surveys	
	14.3 Expanded availability of affordable quality early child education and development programs for all children 0-5.			
	14.4 Increase in number of quality early child education and development programs.			
14.5 Increase in number and percent of children in quality early child education and development programs.				
14.6 Increase in number and percent of children ready for school.				
15. Social Interaction & Confidence	15.1 Availability of community and neighborhood based opportunities for children to interact with other children and adults from different economic, social and racial backgrounds.		WC portfolio	1 to 5 years depending on goals.
			Key informant interviews	
			Surveys	
15.2 Provision of parent education on the importance of child's ability to build relationships, play and create constructively with other children.				
15.3 Increase in number and percent of children ready for school.				

**Phase II: Community Working Together - Effective Application of Tools**  
(WC =Whole Child; WCC =Whole Child Connection)

Assessment Criteria	Measures	Goals	Data Sources	Frequency
16. Spiritual Foundation	<p>16.1 Provision of parent education on the importance of the spiritual dimension for a child’s development and ability to build constructive relationships with others and the larger environment.</p> <hr/> <p>16.2 Number and diversity of faith-based organizations who participate as Whole Child partners.</p> <hr/> <p>16.3 Number of parents who consult the WC website for information on the spiritual dimension.</p>		<p>WC portfolio</p> <hr/> <p>Website data</p>	1 to 5 years depending on goals.

\*Measures for each assessment criterion are divided into two sections: systemic measures and measures of change in condition for the child. Systemic measures are listed first. Change in condition measures follow and are italicized.

Attachment 5.b  
**Whole Child Recognition Criteria**

# The Lawton Chiles Foundation's Whole Child Recognition/Reward Criteria

**Background:** To establish criteria for communities to be recognized by The Lawton Chiles Foundation for their progress in becoming Whole Child Communities. This recognition would be a public acknowledgement by the Foundation of the accomplishments that communities have made and are making toward working together to make sure all children thrive. Recognition will be based on accomplishing measurable criteria as outlined in this document. All of the selected criteria have a base line at the county level against which they can be measured.

The Lawton Chiles Foundation has established three level/phases of recognition. It is anticipated that each phase may take a significant amount of time to achieve, depending on the level of engagement across the community. A brief description of each phase appears below and is described in greater detail in the attached chart.

- **Imagining**  
Whole Child Community Initiated, beginning stages of community engagement, staff identified and technology identified
- **Building**  
Whole Child Community develops and promotes Strategic Plan, Whole Child Connection in use across community
- **Living**  
Whole Child Community Improving Child Well Being

## Level 1 (Imagining): Whole Child Community Initiated

Criteria	Measures
1. Community engaged	<p>1.1 Champion identified.</p> <hr/> <p>1.2 Leadership Council or equivalent established with representatives of all six dimensions.</p> <hr/> <p>1.3 Professional network established with representatives of all six dimensions.1.4 MOU with LCF signed.</p> <hr/> <p>1.5 Community governance team in place and active.</p>
2. WC Community core staff is identified, funded and operating.	<p>2.1 WC positions are identified:                      WC Coordinator                      WC Advisor (where applicable)                      WC Administrative Assistant</p>
3. WCC technology Initiated	<p>3.1 Technology vendor identified and contract signed.</p> <hr/> <p>3.2 Profile questions finalized.</p> <hr/> <p>3.3 WCC provider side populated: contracts/agreements between community and key providers signed.</p> <hr/> <p>3.4 WCC marketing/promotion plan initiated.</p> <hr/> <p>3.5 WC profiles submitted.</p>

## Level 2 (Building): Whole Child Community Making Substantial Progress

Criteria	Measures
1. Community engaged	1.1 Strategic plan is developed that identifies critical issues encompassing all six dimensions of WC
	1.2. Strategic plan is available and promoted throughout the community.
	1.3 Evaluation process in place
2. WCC in use	2.1 All geographical and demographic segments of the community using WC
	2.2 Profiles reaching all census tracts and diverse economic, race/ethnic population groups.
3. WC community providers responsive	3.1 80% of service requests are responded to by all providers in the WCC within 48 working hours.
	3.2 WC community has implemented a process for assisting providers to meet this standard if having difficulty.
4. Family Satisfaction	4.1 Periodic surveys of persons completing profiles are conducted.
	4.2 80% of respondents are very satisfied with the services received from WCC providers.
5. Data Collection	5.1 Statewide WC website includes aggregate data on the performance of the WC community.
	5.2 Statewide WC website includes summaries from WC community of products, new approaches to providing holistic services, breakthroughs in addressing all six dimensions, etc.
6. Oversight and Direction	6.1 Management reports are provided to governance team according to established schedule.
	6.2 Process is operational for the community to address all six dimensions of WC.
7. Engagement of WC community Leadership and Professional Network councils	7.1 WC community conducted at least one annual self-assessment that includes how deficient areas will be addressed. 7.2 Periodic reports are presented to the community that review the progress made toward building a Whole Child community.

## Level 3 (Living) Whole Child Community Improving Child Well Being

Criteria	Measures
1. The “no wrong door” culture has taken root.	<p>1.1 All key agencies are included in the WCC.</p> <hr/> <p>1.2 WC advisors are established in all key WC agencies.</p> <hr/> <p>1.3 WC partner signs are visible throughout the community.</p> <hr/> <p>1.4 Service providers have reengineered their policy, staff and processes to improve their ability to provide a holistic approach to meeting the needs of children and families.</p>
2. Increased Investment in prevention	<p>2.1 Funding of prevention services has increased by ____% since WC began.</p> <hr/> <p>2.2 Documented volunteer effort dedicated to prevention services has increased.</p>
3. Performance Accountability	<p>3.1 Products and activities related to mitigating the critical issues identified in the strategic plan have been completed.</p>
4. The WC community has improved key child well being indicators.	<p>Examples of child well being indicators for which improvement can be measured against existing baselines at the county level:</p> <ul style="list-style-type: none"> <li>• Rate of women receiving adequate prenatal care</li> <li>• Low birth weight and premature births</li> <li>• Rate of children with health insurance</li> <li>• Rate of children periodically screened for physical, cognitive, emotional, nutritional delays</li> <li>• Rate of children born to single moms</li> <li>• Rate of children who have a medical home.</li> <li>• Rate of measurable childhood disease.</li> <li>• Rate of children 0-5 who receive preventive dental care</li> <li>• Rate of children 0-5 who receive restorative dental care</li> <li>• Rate of child maltreatment</li> <li>• Rate of domestic violence</li> </ul>

## Level 3 (Living) Whole Child Community Improving Child Well Being

Criteria	Measures
<p>4. The WC community has improved key child well being indicators.</p>	<ul style="list-style-type: none"> <li>• Rate of homeless children</li> <li>• Rate of childhood accidents</li> <li>• Rate of families with health insurance</li> <li>• Rate of children who experience hunger</li> <li>• Rate of children in poverty</li> <li>• Rate of children eligible for school lunch program • Rate of child care centers (centers and homes) that are rated as quality centers.</li> <li>• Rate of children ready for school</li> <li>• Rate of children in special education at selected points in life cycle.</li> <li>• Rate of children who receive medication for social and emotional problems.</li> <li>• Rate of children suspended or expelled from school, by age.</li> <li>• Rate of children entering the juvenile justice system</li> <li>• Rate of children who drop out of school</li> <li>• Rate of children who graduate</li> <li>• Rate of family income in the community</li> </ul>