

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

(CANS)

Indiana BIRTH to 5 CANS Manual

Short Form

An Information Integration Tool for Young Children



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Acknowledgements

A large number of individuals have collaborated in the development of the CANS-Comprehensive. Along with the CANS versions for developmental disabilities, juvenile justice, and child welfare, and mental health this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The CANS-Comprehensive Birth to 5 is an open domain tool for use in service delivery systems that address the mental health of young children and their families. For more information on the CANS-Comprehensive assessment tool contact:

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In early 2013, the Indiana CANS birth to 5 and 5 to 17 manuals were revised to enhance item and rating descriptions and to add trauma related items. Primary resources included *Indiana CANS Birth to 5 Glossary*, the *NCTSN CANS Comprehensive – Trauma Version* (Kisiel, et al., 2010), and the *Child and Adolescent Needs and Strengths, Illinois Department of Children and Family Services Version*.

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INTRODUCTION

The Child and Adolescent Needs and Strengths (CANS) Comprehensive Assessment for young children is a multi-purpose tool developed to support care planning and level of care decision-making, to facilitate quality improvement initiatives, and to monitor progress.

As an information integration tool, the CANS tool supports communication in a complex environment to help reach agreement about the needs and strengths of children and families. The CANS integrates information from available resources. To accurately reflect the needs and strengths/resources of a youth and family, the six key characteristics of a Communimetric tool and scoring guidelines are considered.

Six Key Principles Characteristics of a Communimetric Tool (CANS)

1. Items were selected because they are each relevant to service/treatment planning. An item exists because it might lead you down a different pathway in terms of planning actions.
2. Each item uses a 4 (“0-3”) level rating system. The levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths.
3. Consider cultural and developmental factors before rating any item and establishing the action level.
4. Rating should describe the child and family, not the child and family in services. If an intervention is present that is masking a need but must stay in place, it is factored into the rating and would result in the rating of an ‘actionable’ need (i.e. ‘2’ or ‘3’).
5. The ratings are generally “agnostic as to etiology”. In other words, this is a descriptive tool. It is about the “what” not the “why”. The CANS describes what is happening with the individual, but does not seek to assign a cause for a behavior or situation.
6. Unless otherwise specified, a 30-day window is used for ratings in order to make sure assessments stay ‘fresh’ and relevant to the individual’s present circumstances. However, if the need remains relevant, the action levels can be used to over-ride the 30-day rating period.

The CANS is easy to learn and is well liked by youth and families, providers and other partners in the services system because it is easy to understand. The way CANS works is that each item

suggests different pathways for service planning. There are four levels of rating of each item using anchored definitions; based on evidence of how needs impact functioning and strengths might help moderate needs, the anchored definitions are designed to translate into the following action levels:

The basic design for rating NEEDS

Rating	Level of Needs	Appropriate Action
0	No evidence of need	No action needed
1	Significant history or possible need which is not interfering with functioning	Watchful waiting/ Prevention/ Additional assessment
2	Need interferes with functioning	Action/Intervention
3	Need is dangerous or disabling	Immediate and/or Intensive action

Remember that the item anchored definitions or descriptions are examples of circumstances which fit each rating (0, 1, 2, or 3). The descriptions are not inclusive. Sometimes the rater must consider the basic meaning of each level to determine the appropriate rating on a dimension (item) for an individual.

Using the CANS and Related Information in Practice

In Indiana the short form of the early childhood CANS tool is used only by crisis shelters. The CANS can be used in practice to engage a child and family; to reach agreement about and describe needs and strengths; to help develop targeted, individualized intervention plans; to recommend the appropriate intensity of intervention, and to monitor progress. Resulting information can help plan, monitor and improve services.

The CANS was developed from a communication perspective to facilitate the linkage between the assessment process and the design of individualized service plans. As quality improvement activity, a number of settings have utilized a fidelity model approach to look at service/treatment/action planning based on the CANS assessment. A rating of ‘2’ or ‘3’ on a CANS need suggests that this area must be addressed in the plan.

Decision support applications include the development of specific algorithms for levels of care including treatment foster care, residential treatment, intensive community services, supportive, and traditional outpatient care. Algorithms can be localized for sensitivity to varying service delivery systems and cultures. Algorithms can also be developed for specific evidence based practices.

The CANS tool can be used to monitor outcomes. This can be accomplished in two ways. First, items that are initially rated a ‘2’ or ‘3’ are monitored over time to determine the percent of individuals who move to a rating of ‘0’ or ‘1’ (resolved need, built strength). Or, domain scores can be generated by calculating the mean of items within each of the domains (Symptoms, Risk Behaviors, Functioning, etc). These scores can be compared over the course of treatment. CANS domain scores have been shown to be valid outcome measures in

residential treatment, intensive community treatment, foster care and treatment foster care, community mental health, and juvenile justice programs.

The CANS has demonstrated reliability and validity. With training, anyone with a bachelor's degree can learn to complete the tool reliably, although some applications require a higher degree. The average reliability of the CANS is 0.75 with vignettes, 0.84 with case records, and can be above 0.90 with live cases. The CANS is auditable; audit reliabilities demonstrate that the CANS tool is reliable at the item level. Validity is demonstrated with the CANS relationship to level of care decisions and other similar measures of symptoms, risk behaviors, and functioning.

The CANS is an open domain tool that is free for anyone to use with training and certification. There is a community of people who use the various versions of the CANS and share experiences and additional items and supplementary tools.

The structure and coding descriptions (anchored definitions) for Indiana's comprehensive Birth to 6 CANS follow. A related rating/summary sheet is also available.

References

Lyons, J.S (2009). *Communimetrics: A communication theory of measurement in human service settings*. New York: Springer.

Kisiel, C., Lyons, J. S. Blaustein, M., Fehrenbach, T., Griffin, G., Germain, J., Saxe, G., Ellis, H., Praed Foundation, & national Child Trauma Stress Network. (2010). *Child and adolescent needs and strengths (CANS) manual: The NCTSN CANS Comprehensive—Trauma Version: A comprehensive information integration tool for children and adolescents exposed to traumatic events*. Chicago, IL: Praed Foundation/Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.

CODING DEFINITIONS

LIFE FUNCTIONING DOMAIN

	FAMILY FUNCTIONING <i>Family ideally should be defined by the child; however, in the absence of this knowledge consider biological and adoptive relatives and their significant others with whom the child has contact as the definition of family. Foster families should only be considered if they have made a significant commitment to the child. For youth involved with child welfare, family refers to the person(s) fulfilling the permanency plan.</i>
0	No evidence of problems in interaction with family members.
1	Child is doing adequately in relationships with family members although some problems may exist. For example, some family members may have mild problems in their relationships with child including sibling rivalry or under-responsiveness to child needs.
2	Child is having moderate problems with parents, siblings and/or other family members. Frequent arguing, strained interaction with parent, and poor sibling relationships may be observed.
3	Child is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, constant arguing, and aggression with siblings.

	LIVING SITUATION <i>This item refers to the functioning of the child within their current living arrangement. When the child is potentially returning to biological parents, this item is rated independent of the Family Functioning item. When the child lives with biological or adoptive parents this item is rated the same as the Family Functioning item. Hospital and shelters do not count as “living situations”. If a child is presently in one of these places, rate the previous living situation.</i>
0	No evidence of problem with functioning in current living environment.
1	Mild problems with functioning in current living situation. Caregivers concerned about child’s behavior or needs at home.
2	Moderate to severe problems with functioning in current living situation. Child has difficulties maintaining his/her behavior in this setting creating significant problems for others in the residence. Parents of infants concerned about irritability of infant and ability to care for infant.
3	Profound problems with functioning in current living situation. Child is at immediate risk of being removed from living situation due to his/her behaviors or unmet needs.

	PRESCHOOL/DAYCARE <i>This item rates the child’s experiences in preschool or day care settings and the child’s ability to get his/her needs met in these settings. This item also considers the presence of problems within these environments in terms of attendance, academic achievement, support from the day care or preschool staff to meet the child’s needs, and child’s behavioral response to these environments.</i>
0	No evidence of problem with functioning in current preschool or daycare environment.
1	Mild problems with functioning in current preschool or daycare environment.
2	Moderate to severe problems with functioning in current preschool or daycare environment. Child has difficulties maintaining his/her behavior in this setting creating significant problems for others.
3	Profound problems with functioning in current preschool or daycare environment. Child is at immediate risk of being removed from program due to his/her behaviors or unmet needs.

	SOCIAL FUNCTIONING <i>This item rates the child's current social and relationship functioning. This includes age appropriate behavior and the ability to make and maintain relationships during the past 30 days. When rating this item, consider the child's level of development.</i>
0	No evidence of problems in social functioning.
1	Child is having some minor problems in social relationships. Infants may be slow to respond to adults, Toddlers may need support to interact with peers and preschoolers may resist social situations.
2	Child is having some moderate problems with his/her social relationships. Infants may be unresponsive to adults, and unaware of other infants. Toddlers may be aggressive and resist parallel play. Preschoolers may argue excessively with adults and peers and lack ability to play in groups even with adult support.
3	Child is experiencing severe disruptions in his/her social relationships. Infants show no ability to interact in a meaningful manner. Toddlers are excessively withdrawn and unable to relate to familiar adults. Preschoolers show no joy or sustained interaction with peers or adults, and/or aggression may be putting others at risk.

	RECREATION/PLAY <i>This item rates the degree to which an infant/child is given opportunities for and participates in age appropriate play. Play should be understood developmentally. When rating this item, you should consider if the child is interested in play and/or whether the child needs adult support while playing. Problems with either solitary or group (e.g. parallel) play could be rated here.</i>
0	No evidence that infant or child has problems with recreation or play.
1	Child is doing adequately with recreational or play activities although some problems may exist. Infants may not be easily engaged in play. Toddlers and preschoolers may seem uninterested and poorly able to sustain play.
2	Child is having moderate problems with recreational activities. Infants resist play or do not have enough opportunities for play. Toddlers and preschoolers show little enjoyment or interest in activities within or outside the home and can only be engaged in play/recreational activities with ongoing adult interaction and support.
3	Child has no access to or interest in play or recreational activities. Infant spends most of time non interactive. Toddlers and preschoolers even with adult encouragement cannot demonstrate enjoyment or use play to further development.

	DEVELOPMENTAL <i>This item rates the presence of Mental Retardation or Developmental Disabilities. All developmental disabilities occur on a continuum; a child with Autism may be designated a 0, 1, 2, or 3 depending on the significance of the disability and the impairment.</i>
0	Child has no developmental problems.
1	Child has some problems with immaturity or there are concerns about possible developmental delay. Child may have low IQ.
2	Child has developmental delays or mild mental retardation.
3	Child has severe and pervasive developmental delays or profound mental retardation.

	MOTOR <i>This rating describes the child's fine (e.g. hand grasping and manipulation) and gross (e.g. sitting, standing, walking) motor functioning).</i>
0	No evidence of fine or gross motor development problems.
1	Child has some indicators that motor skills are challenging and there may be some concern that there is a delay.
2	Child has either fine or gross motor skill delays.
3	Child has significant delays in fine or gross motor development or both. Delay causes impairment in functioning.

	COMMUNICATION <i>This rating describes the child's ability to communicate through any medium including all spontaneous vocalizations and articulations. This item refers to learning disabilities involving expressive and/or receptive language. This item does not refer to challenges expressing feelings.</i>
0	No evidence of communication problems.
1	Child has a history of communication problems but currently is not experiencing problems. An infant may rarely vocalize. A toddler may have very few words and become frustrated with expressing needs. A preschooler may be difficult for others to understand.
2	Child has either receptive or expressive language problems that interfere with functioning. Infants may have trouble interpreting facial gestures or initiate gestures to communicate needs. Toddlers may not follow simple 1-step commands. Preschoolers may be unable to understand simple conversation or carry out 2-3 step commands.
3	Child has serious communication difficulties and is unable to communicate in any way including pointing and grunting.

	MEDICAL <i>This item rates the child's current health status.</i>
0	Child is healthy.
1	Child has some medical problems that require medical treatment.
2	Child has chronic illness that requires ongoing medical intervention.
3	Child has life threatening illness or medical condition.

	PHYSICAL <i>This item is used to identify any physical limitations and could include chronic physical conditions such as limitations in vision or hearing or difficulties with fine or gross motor functioning.</i>
0	Child has no physical limitations.
1	Child has some physical condition that places mild limitations on activities. Conditions such as impaired hearing or vision would be rated here. Rate here, treatable medical conditions that result in physical limitations (e.g. asthma).
2	Child has physical condition that notably impacts activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.
3	Child has severe physical limitations due to multiple physical conditions.

	SLEEP <i>This item is used to describe any problems with sleep, regardless of the cause including difficulties falling asleep or staying asleep as well as sleeping too much. Bedwetting and nightmares should be considered a sleep issue.</i> The child must be 12 months of age or older to rate this item.
0	No evidence of problems with sleep.
1	Child has some problems with sleep. Toddlers resist sleep and consistently need a great deal of adult support to sleep. Preschoolers may have either a history of poor sleep or continued problems 1-2 nights per week.
2	Child is having problems with sleep. Toddlers and preschoolers may experience difficulty falling asleep, night waking, night terrors or nightmares on a regular basis.
3	Child is experiencing significant sleep problems that result in sleep deprivation. Parents have exhausted numerous strategies for assisting child.
NA	Child is younger than 12 months of age.

	RELATIONSHIP PERMANENCE <i>This rating refers to the stability of significant relationships in the child or youth's life. This likely includes family members but may also include other individuals.</i>
0	This level indicates a child who has very stable relationships. Family members, friends, and community have been stable for most of child's life and are likely to remain so in the foreseeable future. Child is involved with both parents.
1	This level indicates a child who has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.
2	This level indicates a child has had at least one stable relationship over his/her lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.
3	This level indicates a child who does not have any stability in relationships with any caregiver. Independent living or adoption must be considered.

CHILD BEHAVIORAL/EMOTIONAL NEED DOMAIN

	ATTACHMENT <i>This item rates the relationship between the parent/primary caregiver and the child.</i>
0	No evidence of problems with attachment.
1	Mild problems with attachment are present. Infants appear uncomfortable with caregivers, may resist touch, or appear anxious and clingy some of the time. Caregivers feel disconnected from infant. Older children may be overly reactive to separation or seem preoccupied with parent. Boundaries may seem inappropriate with others.
2	Moderate problems with attachment are present. Infants may fail to demonstrate stranger anxiety or have extreme reactions to separation resulting in interference with development. Older children may have ongoing problems with separation, may consistently avoid caregivers and have inappropriate boundaries with others putting them at risk.
3	Severe problems with attachment are present. Infant is unable to use caregivers to meet needs for safety and security. Older children present with either an indiscriminate attachment patterns or a withdrawn, inhibited attachment patterns. A child that meets the criteria for Reactive Attachment Disorder would be rated here.

	REGULATORY: BODY CONTROL/EMOTIONAL CONTROL <i>This item refers to the child's ability to control bodily functions such as eating, sleeping and elimination as well as activity level/intensity and sensitivity to external stimulation. The child's ability to control and modulate intense emotions is also rated here.</i>
0	No evidence of regulatory problems.
1	Some problems with regulation are present. Infants may have unpredictable patterns and be difficult to console. Older children may require a great deal of structure and need more support than other children in coping with frustration and difficult emotions.
2	Moderate problems with regulation are present. Infants may demonstrate significant difficulties with transitions, and irritability such that consistent adult intervention is necessary and disruptive to the family. Older children may demonstrate severe reactions to sensory stimuli and emotions that interfere with their functioning and ability to progress developmentally. Older children may demonstrate such unpredictable patterns in their eating and sleeping routines that the family is disrupted and distressed.
3	Profound problems with regulation are present that place the child's safety, well being and/or development at risk.

	FAILURE TO THRIVE <i>This item rates the presence of problems with weight gain or growth. Symptoms of failure to thrive focus on normal physical development such as growth and weight gain.</i>
0	No evidence of failure to thrive.
1	The infant/child may have experienced past problems with growth and ability to gain weight and is currently not experiencing problems. The infant/child may presently be experiencing slow development in this area.
2	The infant or child is experiencing problems in their ability to maintain weight or growth. The infant or child may be below the 5 th percentile for age and sex, may weigh less than 80% of their ideal weight for age, have depressed weight for height, have a rate of weight gain that causes a decrease in two or more major percentile lines over time, (75 th to 25 th).
3	The infant/child has one or more of all of the above and is currently at serious medical risk.

	DEPRESSION <i>This item refers to any symptoms of depression which may include sadness, irritable mood most of the day nearly every day, changes in eating and sleeping, and diminished interest in playing or activities that were once of interest. A rating of '2' could be a two year old who is often irritable, does not enjoy playing with toys as s/he used to, is clingy to his/her caregiver, and is having sleep issues.</i>
0	No evidence of problems with depression.
1	There are some indicators that the child may be depressed or has experienced situations that may lead to depression. Infants may appear to be withdrawn and slow to engage at times during the day. Older children are irritable or do not demonstrate a range of affect.
2	Moderate problems with depression are present. Infants demonstrate a change from previous behavior and appear to have a flat affect with little responsiveness to interaction most of the time. Older children may have negative verbalizations, dark themes in play and demonstrate little enjoyment in play and interactions. The child meets criteria for a DSM IV diagnosis.
3	Clear evidence of disabling level of depression that makes it virtually impossible for the child to function in any life domain. This rating is given to a child with a severe level of depression.

	ANXIETY <i>This item describes the child's level of fearfulness, worrying or other characteristics of anxiety.</i>
0	No evidence
1	History or suspicion of anxiety problems or mild to moderate anxiety associated with a recent negative life event. An infant may appear anxious in certain situations but has the ability to be soothed. Older children may appear in need of extra support to cope with some situations but are able to be calmed.
2	Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in child's ability to function in at least one life domain. Infants may be irritable, over reactive to stimuli, have uncontrollable crying and significant separation anxiety. Older children may have all of the above with persistent reluctance or refusal to cope with some situations.
3	Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain.

	ATYPICAL BEHAVIORS <i>This item rates whether the child repeats certain actions over and over again, or demonstrates behaviors that are unusual or difficult to understand. Behaviors may include mouthing after 1 year, head banging, smelling objects, spinning, twirling, hand flapping, finger-flicking, rocking, toe walking, staring at lights, or repetitive and bizarre verbalizations. This is important in early childhood to assess due to the possible indication that this may be related to pervasive developmental disorders. Early intervention to assess the etiology of these symptoms is critical.</i>
0	No evidence of atypical behaviors in the infant/child.
1	History or reports of atypical behaviors from others that have not been observed by caregivers.
2	Clear evidence of atypical behaviors reported by caregivers that are observed on an ongoing basis.
3	Clear evidence of atypical behaviors that are consistently present and interfere with the infants/child's functioning on a regular basis.

	IMPULSIVITY/HYPERACTIVITY <i>This item refers to the child's level of difficulty controlling activity level or actions. This item refers to both a child's ability to control impulses as well as his/her activity level.</i> The child should be 3 years of age or older to rate this item.
0	No evidence.
1	Some problems with impulsive, distractible or hyperactive behavior that places the child at risk of future functioning difficulties.
2	Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child's ability to function in at least one life domain. The child may run and climb excessively even with adult redirection. The child may not be able to sit still even to eat and is often into things. The child may blurt out answers to questions without thinking, have difficulty waiting turn and intrude on others space.
3	Clear evidence of a dangerous level of impulsive and hyperactive behavior that can place the child at risk of physical harm.
NA	Child is younger than 3 years of age.

	OPPOSITIONAL (Compliance with authority) <i>This item is intended to capture how the child relates to authority. Oppositional behavior refers to reactions towards adults, not peers.</i> The child should be 3 years of age or older to rate this item.
0	No evidence.
1	History or recent onset (past 6 weeks) of defiance towards authority figures.
2	Clear evidence of oppositional and/or defiant behavior towards authority figures, which is currently interfering with the child's functioning in at least one life domain. Behavior is persistent and caregiver's attempts to change behavior have failed.
3	Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others or problems in more than one life domain that is resulting in interference with child's social and emotional development.
NA	Child is younger than 3 years of age.

	<p>ADJUSTMENT TO TRAUMA. <i>This item covers the child’s reaction to any of a variety of traumatic experiences—such as emotional, physical, or sexual abuse, disasters, neglect, separation from family members, witnessing violence, or the victimization or murder of family members or close friends.</i></p> <p><i>This item should be rated 1 -3 for individuals who are exhibiting any symptoms related to a traumatic or adverse experience in their past. The item allows you to rate the overall severity of the broad range of symptoms the child may be experiencing. The remaining items in the CANS will allow you to rate the specific types of symptoms. (Adjustment to Trauma language Adapted from Kisiel, et al., 2011)</i></p> <p><u>If abuse or neglect of the child/youth has been substantiated by child welfare, the rating would be a 1, 2, or 3.</u></p>
0	Child has not experienced any significant trauma.
1	History or suspicion of problems associated with traumatic life event/s. Child has some mild problems with adjustment due to trauma that might ease with the passage of time. This may include one or mental health difficulty (such as depression, sleep problems) that may be associated with their trauma history. Child may also be in the process of recovering from a more extreme reaction to a traumatic experience.
2	Clear evidence of moderate adjustment problems associated with traumatic life event/s. Adjustment is interfering with child’s functioning in at least one life domain. Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Child may have features of one or more diagnoses and may meet full criteria for a specific DSM diagnosis including but not limited to diagnoses of Post-Traumatic Stress Disorder (PTSD) or Adjustment Disorder.
3	Clear evidence of severe adjustment problems associated with traumatic life event/s, which may include flashbacks, nightmares, significant anxiety, and intrusive thoughts, re-experiencing trauma (consistent with PTSD). OR Child likely meets criteria for more than one diagnosis or may have several symptoms consistent with complex trauma (e.g. problems with attachment, affect and behavioral regulation, cognition/learning, etc.). Child has severe symptoms as a result of traumatic or adverse childhood experiences that require intensive or immediate attention.

CHILD RISK FACTORS DOMAIN

	BIRTH WEIGHT <i>This dimension describes the child’s weight as compared to normal development.</i>
0	Child is within normal range for weight and has been since birth. A child 5.5 pounds or over would be rated here.
1	Child was born under weight but is now within normal range or child is slightly beneath normal range. A child with a birth weight of between 3.3 pounds and 5.5 pounds would be rated here.
2	Child is considerably under weight to the point of presenting a developmental risk to the child. A child with a birth weight of 2.2 pounds to 3.3 pounds would be rated here.
3	Child is extremely under weight to the point of the child’s life being threatened. A child with a birth weight of less than 2.2 pounds would be rated here.

	PICA <i>Pica refers to the child eating dangerous or unusual materials. This dimension includes the symptoms of Pica as specified in DSM.</i> Child must be older than 18 months to rate this item.
0	No evidence that the child eats unusual or dangerous materials.
1	Child has a history of eating unusual or dangerous materials but has not done so in the last 30 days.
2	Child has eaten unusual or dangerous materials consistent with a diagnosis of Pica in the last 30 days.
3	Child has become physically ill during the past 30 days by eating dangerous materials.
NA	Child is younger than 18 months of age.

	PRENATAL CARE <i>This dimension refers to the health care and birth circumstances experienced by the child in utero.</i>
0	Child's biological mother received adequate prenatal care that began in the first trimester. Child's mother did not experience any pregnancy related illnesses.
1	Child's biological mother had some short-comings in prenatal care, or had a mild form of a pregnancy related illness.
2	Child's biological mother received poor prenatal care, initiated only in the last trimester or had a moderate form of a pregnancy related illness.
3	Child's biological mother had no prenatal care or had a severe pregnancy related illness.

	LABOR AND DELIVERY <i>This dimension refers to conditions associated with and consequences arising from complications in labor and delivery of the child.</i>
0	Child and biological mother had normal labor and delivery.
1	Child or mother had some mild problems during delivery, but child does not appear affected by problems.
2	Child or mother had problems during delivery that resulted in temporary functional difficulties for the child or mother.
3	Child had severe problems during delivery that have resulted in long term implications for development.

	SUBSTANCE EXPOSURE <i>This item refers to the child's exposure to substance use and abuse both before and after birth.</i>
0	Child had no in utero exposure to alcohol or drugs, and there is no current exposure in the home.
1	Child had either mild in utero exposure or there is current alcohol and/or drug use in the home.
2	Child was exposed to significant alcohol or drugs in utero. Any ingestion of illegal drugs during pregnancy or significant use of alcohol or tobacco would be rated here.
3	Child was exposed to alcohol or drugs in utero and continues to be exposed in the home.

	PARENT OR SIBLING PROBLEMS <i>This dimension describes how this child's parents and older siblings have done/are doing in their respective developments.</i>
0	The child's parents have no developmental disabilities. The child has no siblings, or existing siblings are not experiencing any developmental or behavioral problems.
1	The child's parents have no developmental disabilities. The child has siblings who are experiencing some mild developmental or behavioral problems. It may be that the child has at least one healthy sibling.
2	The child's parents have no developmental disabilities. The child has a sibling who is experiencing a significant developmental or behavioral problem.
3	One or both of the child's parents have been diagnosed with a developmental disability, or the child has multiple siblings who are experiencing significant developmental or behavioral problems.

	PARENTAL AVAILABILITY <i>This dimension addresses the primary caretaker's emotional and physical availability to the child in the weeks immediately following the birth. Rate paternal availability up until 12 weeks post partum.</i>
0	The child's parent/primary caretaker was emotionally and physically available to the child in the weeks following the birth.
1	The primary caretaker experienced some minor or transient stressors which made the parent slightly less available to the child.
2	The primary caregiver experienced a moderate level of stress sufficient to make him/her significantly less emotionally and physically available to the child in the weeks following the birth.
3	The primary caregiver was unavailable to the child to such an extent that the child's emotional or physical well being was severely compromised.

CHILD RISK BEHAVIORS DOMAIN

	SELF HARM <i>This item refers to repetitive behaviors that result in physical injury to the child, e.g. head banging.</i>
0	No evidence.
1	Mild level of self harm behavior or history of self harm.
2	Moderate level of self harm behavior such as head banging that cannot be impacted by caregiver and interferes with child's functioning.
3	Severe level of self harm behavior that puts the child's safety and well being at risk.

	AGGRESSIVE BEHAVIOR <i>This item rates whether there have been times when the child hurt or threatened to hurt another child or adult.</i>
0	No evidence of aggressive behavior towards people or animals.
1	There is either a history of aggressive behavior towards people or animals or mild concerns in this area that have not yet interfered with functioning.
2	There is clear evidence of aggressive behavior towards animals or others. Behavior is persistent, and caregiver's attempts to change behavior have not been successful. Help is needed.
3	The child has significant challenges in this area that is characterized as a dangerous level of aggressive behavior that involves harm to animals or others. Caregivers have difficulty managing this behavior.

	INTENTIONAL MISBEHAVIOR (Social Behavior) <i>This item refers to obnoxious behaviors that force adults to sanction the child. These behaviors occur in such a way that the child is intentionally seeking negative attention, acting out, or the behavior could be seen as a cry for help. It is not necessary that the child have an awareness of the purpose of his/her misbehavior as it is not always conscious or planned. This item should not be rated for children who engage in such behavior solely due to developmental delays or lack of social skill. The child should be 3 years of age or older to rate this item.</i>
0	No evidence of problematic social behavior. Child does not engage in behavior that forces adults to sanction him/her.
1	Mild level of intentional misbehavior.. This might include occasional inappropriate social behavior that forces adults to sanction the child. Infrequent inappropriate comments to strangers or unusual behavior in social settings might be included in this level.
2	Moderate level of problematic intentional misbehavior. Such behavior is causing problems in the child’s life. Child may be intentionally getting in trouble in preschool or at home.
3	Severe level of problematic intentional misbehavior. This level would be indicated by frequent serious misbehavior that forces adults to seriously and/or repeatedly sanction the child. Behaviors are sufficiently severe that they place the child at risk of significant sanctions (e.g. expulsion from preschool, removal from the home, or community).
NA	Child is younger than 3 years of age.

CAREGIVER STRENGTHS & NEEDS DOMAIN

(For this domain, rate the permanency plan caregiver’s capacity to meet the child or youth’s needs and to build strengths. Document who is rated as the “caregiver” in your clinical or case notes.)

	PHYSICAL <i>Physical health includes medical and physical challenges faced by the parent/caregiver(s).</i>
0	Caregiver is generally healthy.
1	Caregiver is in recovery from medical/physical problems.
2	Caregiver has medical/physical problems that interfere with their capacity to parent.
3	Caregiver has medical/physical problems that make it impossible for them to parent at this time.

	MENTAL HEALTH <i>This item refers to the parent/caregiver’s mental health status. Serious mental illness would be rated as a ‘2’ or ‘3’ unless the individual is in recovery or successfully managing illness.</i>
0	Caregiver has no mental health needs.
1	Caregiver is in recovery from mental health difficulties.
2	Caregiver has some mental health difficulties that interfere with their capacity to parent.
3	Caregiver has mental health use difficulties that make it impossible for them to parent at this time.

	SUBSTANCE USE <i>This item rates the caregiver’s pattern of alcohol and/or drug use. Substance-related disorders would be rated as a ‘2’ or ‘3’ unless the individual is in recovery.</i>
0	Caregiver has no substance use needs.
1	Caregiver is in recovery from substance use difficulties.
2	Caregiver has some substance use difficulties that interfere with their capacity to parent.
3	Caregiver has substance use difficulties that make it impossible for them to parent at this time.

	DEVELOPMENTAL <i>This item describes the parent/caregiver's developmental status in terms of low IQ, mental retardation or other developmental disabilities and the impact of these conditions on his/her ability to care for child.</i>
0	Caregiver has no developmental needs.
1	Caregiver has developmental challenges but they do not currently interfere with parenting.
2	Caregiver has developmental challenges that interfere with their capacity to parent.
3	Caregiver has severe developmental challenges that make it impossible for them to parent at this time.

	SAFETY <i>This rating refers to the safety of the assessed child. It does not refer to the safety of other family or household members based on any danger presented by the assessed child.</i>
0	Household is safe and secure. Child is at no risk from others. This level indicates that the present placement environment is as safe or safer for the child (in his or her present condition) as could be reasonably expected.
1	Household is safe but concerns exist about the safety of the child due to history or others in the neighborhood who might be abusive. This level indicates that the present placement environment presents some mild risk of neglect, exposure to undesirable environments (e.g. drug use or gangs in the neighborhood, etc.) but that no immediate risk is present.
2	Child is in some danger from one or more individuals with access to the household. This level indicates that the present placement environment presents a moderate level of risk to the child, including such things as the risk of neglect or abuse or exposure to individual who could harm the child.
3	Child is in immediate danger from one or more individuals with unsupervised access. This level indicates that the present placement environment presents a significant risk to the well being of the child. Risk or neglect or abuse is imminent and immediate. An individual in the environment offers the potential of significantly harming the child.

	SUPERVISION <i>This item refers to the parent/caregiver's ability to provide monitoring and discipline to the rated child. Discipline is defined in the broadest sense as all of the things that parents/caregivers can do to promote positive behavior with their children.</i>
0	Caregiver has good monitoring and discipline skills.
1	Caregiver provides generally adequate supervision. May need occasional help or technical assistance.
2	Caregiver reports difficulties monitoring and/or disciplining child. Caregiver needs assistance to improve supervision skills.
3	Caregiver is unable to monitor or discipline the child. Caregiver requires immediate and continuing assistance. Child is at risk of harm due to absence of supervision.

	INVOLVEMENT with CARE <i>This rating should be based on the level of involvement and follow-through the caregiver(s) has in the planning and provision of treatment, health, preschool/day care, child welfare, and related services.</i>
0	Caregiver is able to act as an effective advocate for child.
1	Caregiver has history of seeking help for their children. Caregiver is open to receiving support, education, and information.
2	Caregiver does not wish to participate in services and/or interventions intended to assist their child.
3	Caregiver wishes for child to be removed from their care.

	KNOWLEDGE <i>This rating should be based on caregiver's knowledge of the specific strengths of the child and any needs experienced by the child and their ability to understand the rationale for the treatment or management of these problems.</i>
0	Caregiver is knowledgeable about the child's needs and strengths.
1	Caregiver is generally knowledgeable about the child but may require additional information to improve their capacity of parent.
2	Caregiver has clear need for information to improve how knowledgeable they are about the child. Current lack of information is interfering with their ability to parent.
3	Caregiver has knowledge problems that place the child at risk of significant negative outcomes.

	ORGANIZATION <i>This rating should be based on the ability of the parent/caregiver to participate in or direct the organization of the household, services, and related activities.</i>
0	Caregiver is well organized and efficient.
1	Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.
2	Caregiver has moderate difficulty organizing and maintaining household to support needed services.
3	Caregiver is unable to organize household to support needed services.

	EMPATHY FOR CHILD <i>This item refers to the parent/caregiver's ability to understand and respond to the joys, sorrows, anxieties and other feelings of children with helpful, supportive emotional responses.</i>
0	Caregiver is strong in his/her capacity to understand how the child is feeling and consistently demonstrates this in interactions with the child.
1	Caregiver has the ability to understand how the child is feeling in most situations and is able to demonstrate support for the child in this area most of the time.
2	Caregiver is only able to be empathetic toward the child in some situations and at times the lack of empathy interferes with the child's growth and development.
3	Caregiver shows no empathy for the child in most situations especially when the child is distressed. Caregiver's lack of empathy is impeding the child's development.

	SOCIAL RESOURCES <i>This item refers to the financial and social assets (e.g. extended family) and resources that the caregiver(s) can bring to bear in addressing the multiple needs of the child and family.</i>
0	Caregiver has significant family and friend social network that actively helps with raising the child (e.g., child rearing).
1	Caregiver has some family or friend social network that actively helps with raising the child (e.g. child rearing).
2	Caregiver has some family or friend social network that may be able to help with raising the child (e.g., child rearing).
3	Caregiver no family or social network that may be able to help with raising the child (e.g. child rearing).

	RESIDENTIAL STABILITY <i>This item rates the parent/caregiver's current and likely future housing circumstances.</i>
0	Caregiver has stable housing for the foreseeable future.
1	Caregiver has relatively stable housing but either has moved in the past three months or there are indications of housing problems that might force them to move in the next three months.
2	Caregiver has moved multiple times in the past year. Housing is unstable.
3	Caregiver has experienced periods of homelessness in the past six months.

	ACCESSIBILITY TO CHILD CARE SERVICES <i>This item refers to the caregiver's access to appropriate child care for young children.</i>
0	Caregiver has access to sufficient child care services.
1	Caregiver has limited access to child care services. Needs are met minimally by existing, available services.
2	Caregiver has limited access or access to limited child care services. Current services do not meet the caregiver's needs.
3	Caregiver has no access to child care services.

	FAMILY STRESS <i>This item rates the impact of the managing the child's needs on the caregiver(s).</i>
0	Caregiver able to manage the stress of child/children's needs.
1	Caregiver has some problems managing the stress of child/children's needs.
2	Caregiver has notable problems managing the stress of child/children's needs. This stress interferes with their capacity to give care.
3	Caregiver is unable to manage the stress associated with child/children's needs. This stress prevents caregiver from parenting.

	MARITAL/PARTNER VIOLENCE IN THE HOME <i>This rating describes the degree of difficulty or conflict in the parent/caregiver's relationship and the impact on parenting and childcare.</i>
0	Parent/caregiver(s) appear to be functioning adequately. There is no evidence of notable conflict in the parenting relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.
1	Mild to moderate level of family problems including marital difficulties and partner arguments. Parent/caregivers are generally able to keep arguments to a minimum when child is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.
2	Significant level of caregiver difficulties including frequent arguments that often escalate to verbal aggression, the use of verbal aggression by one partner to control the other or significant destruction of property. Child often witnesses these arguments between caregivers, the use of verbal aggression by one partner to control the other or significant destruction of property.
3	Profound level of caregiver or marital violence that often escalates to the use of physical aggression by one partner to control the other. These episodes may exacerbate child's difficulties or put the child at greater risk.

	ABUSE and/or NEGLECT <i>This item refers to physical, emotional, or sexual abuse occurring, or at risk of occurring in the child's living situation, AND/OR the failure to provide adequate supervision and expectations and access to the basic necessities of life, including food, shelter, and clothing.</i>
0	No evidence of emotional, physical, sexual abuse or neglect.
1	Mild level of emotional abuse or occasional spanking without physical harm, or intention to commit harm. No sexual abuse. OR Mild level of neglect of caretaker responsibilities, such as failure to provide adequate expectations or supervision to child.
2	Moderate level of emotional abuse and/or frequent spanking or other forms of physical punishment. OR Moderate level of neglect, including some supervision and occasional unintentional failure to provide adequate food, shelter, or clothing, with rapid corrective action.
3	Severe level of emotional or physical abuse with intent to do harm and/or actual physical harm, or any form of sexual abuse. This would include regular beatings with physical harm and frequent and ongoing emotional assaults. OR Severe level of neglect, including prolonged absences by adults, without minimal supervision, and failure to provide basic necessities of life on a regular basis.

***All referrants are legally required to report suspected child abuse or neglect to DCS.**