Child and Adolescent Needs and Strengths (CANS)
Early Childhood (0-5 years-old)
User Manual

December 2015

A large number of individuals have collaborated in the development of the CANS version. Along with the CANS, versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support child case planning and the planning and evaluation of service systems. The CANS-Comprehensive is an open domain tool for use in service delivery systems that address the mental health of young adults and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. For specific permission to use please contact the Foundation. For more information on the CANS-Comprehensive assessment tool contact:

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We greatly appreciate the support of **Manuel Jimenez** (Behavioral Health Director) and **Alex Briscoe** (Health Care Services Agency Director) who provided the resources needed to develop this manual. In addition, we owe special thanks to our Alameda County BHCS CANS Provider Collaborative consultants whose constructive feedback helped to shape the form and content of this manual: **April Fernando** (WestCoast Children's Clinic), **David Channer** (A Better Way), **Jennifer Cardenas** (Seneca Family of Agencies), **Jen Leland** (East Bay Agency for Children), and **Lisa Hilley** (Alternative Family Services).

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Introduction to the Child and Adolescent Needs and Strengths 0-5 year-old version

The Child and Adolescent Needs and Strengths 0-5 year-old version is a multi-purpose tool developed to support care planning and level of care decision-making, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The CANS was developed from a communication perspective in order to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices.

The CANS gathers information on clients' and caregivers' needs and strengths. Strengths are areas of a child's life where he or she is doing well or has an interest or ability. Needs are areas where a child requires help or serious intervention. Service providers in Alameda County use an assessment process to get to know the child and families with whom they work and to understand their strengths and needs. The CANS can help providers decide which of a child's needs are the most important to address in a treatment plan. The CANS also helps identify strengths, which can be the basis of a treatment plan. By working with the client and family closely during the assessment process and talking together about the CANS, providers can develop a treatment plan that addresses a child's strengths and needs while building strong engagement.

The CANS is made of domains that focus on an area in the child's life. Each section is made up of a group of specific items. There are sections on how a child functions in everyday life, on specific emotional or behavioral concerns, on risk behaviors, on strengths and on skills needed to grow and develop. There is also a section that asks about the family's beliefs and preferences, and a section that asks about general family concerns. The provider gives a number rating to each of these items. These ratings help the provider understand where intensive or immediate action is most needed, and also where a child has strengths that could be a major part of the treatment plan.

Of course, ratings do not tell the whole story of a child's strengths and needs. Each CANS section is merely the output of a comprehensive assessment process and is documented alongside narratives where a provider can give more information about that area of life. The provider can note questions that need to be explored further, or areas where people involved with the child have different ideas.

Six Key Components of a Communimetric Tool

The CANS has six key principles that, if remembered, will make the assessment process move more smoothly.

1. **Items impact service planning**. An item exists because it helps in identifying needs for the treatment plan.
2. **Items ratings translate into Action Levels.** An item rated 2 or 3 requires action.
3. **Consider culture and development**. Culture and development must be considered before establishing the action level for each item.
4. **Agnostic as to etiology**. It is descriptive tool. Rate the "what" and 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.
5. **It's about the individual, not the service**. Don't rate behavior with a low score if the individual has been in a controlled environment. 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 a rating of an actionable need (i.e., 2 or 3).
6. **Specific ratings window (e.g. 30 days) can be over-ridden based on action levels.** Keep the information fresh and RELEVANT. Don't get stuck on 30 days – if the need is relevant and older than 30 days, still use the information. Action Levels trump Time Frames – if it should be on your treatment plan, rate it higher!

Rating Needs and Strengths

The CANS is easy to learn and is well liked by children and families, providers and other partners in the services system because it is easy to understand and does not necessarily require scoring in order to be meaningful to the child and family.

- Basic core items – grouped by domain - are rated for all individuals.
- A rating of 1, 2 or 3 on key core questions triggers extension modules.
- A few additional questions are required for the decision models to function.

The way the CANS works is that each item suggests different pathways for service planning. There are four levels of each item with anchored definitions; however, these definitions are designed to translate into the following action levels (separate for needs and strengths):

The basic design for rating NEEDS

Rating	Level of Need	Appropriate Action
0	No evidence of need.	No action needed.
1	Significant history or possible need that is not interfering with functioning.	Watchful waiting / prevention / additional assessment.
2	Need interferes with functioning.	Action / Intervention required
3	Need is dangerous or disabling.	Immediate action / Intensive action required

The basic design for rating STRENGTHS

Rating	Level of Strength	Appropriate Action
0	Centerpiece strength.	Central to planning.
1	Strength present.	Useful in planning.
2	Identified strength.	Build or develop strength.
3	No strength identified	Strength creation or identification may be indicated.

The rating of *NA* or not applicable should be used with cases in the rare instances where an item does not apply to that particular client. *NA i*s available for a few items under specified circumstances (see manual descriptions).

The CANS is an effective information integration tool for use in the development of individual plans of care, to monitor outcomes, and to help design and plan systems of care for children with behavioral health (mental health or substance use) challenges.

To administer the CANS, the provider should read the anchor descriptions for each item (or dimension) and then record the appropriate rating on the CANS assessment form or electronic entry system. This should be done after gathering relevant information, including talking with the child and other important people in the child's life.

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

Ratings of 1, 2 or 3 on key core items trigger additional questions in extension modules: **School, Developmental Needs, Substance Abuse, Trauma/Sexual Abuse, Suicide Risk, Dangerousness/Violence, Sexually Aggressive Behavior, Runaway, Juvenile Justice, Fire Setting.**

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.

In terms of quality improvement activities, 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. A rating of a '0' or '1' identifies a strength that can be used for strength-based planning and a '2' or '3' a strength that should be the focus on strength-building activities.

Finally, 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 summing items within each of the domain (Symptoms, Risk Behaviors, Functioning, etc.). These scores can be compared over the course of treatment. CANS dimension (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, and 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. There is a community of people who use the various versions of the CANS and share experiences and additional items and supplementary tools.

Reference

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

How is the CANS Used?

In Alameda County, we use the CANS in many ways to transform the lives of children and their families and to improve our programs. Hopefully, this guide will help you to also use the CANS as a multi-purpose tool. What is the CANS?

It is an Assessment Strategy

When you first meet your clients and their caregivers, you can use this guide to make sure you gather all the information you need. Most items include "***questions to consider"*** which you may find useful in when asking about needs and strengths. These are not questions that you must ask, but are available to you as suggestions. Many clinicians have found this useful to use during initial sessions either in person or over the phone if there are follow up sessions required to get a full picture of needs before beginning therapy and treatment planning.

It Guides Care and Treatment Planning

When we mark an item on the CANS as a '2' or '3' ('action needed' or 'immediate action needed') we are indicating not only that it is a serious need for our client, but one that we are going to attempt to work on during the course of our treatment. As such, when you write your treatment plan, you should do your best to address any Needs, Impacts on Functioning, or Risk factors that you rate as a 2 or higher in that document.

It Establishes Medical Necessity

For many insurance plans, including services billed to Medicare/Medi-Cal, it is important that we establish that the work we do is medically necessary. We may know that it is, but it also needs to be reflected in documentation tools like the CANS. Individuals who have been referred to us for service generally have at least one score of '2'or '3' in both their Needs and Impact and Functioning areas. Although you do not need to score the CANS in any particular way, a low enough score would indicate that our client might not really need our services. The scores we give on the CANS can guide us in choosing the best diagnosis, the best level of care or intensity of supports, and the most critical areas where individuals may need our support and crisis interventions.

It Facilitates Outcomes Measurement

Many users of the CANS and organizations complete the CANS every six months to measure change and transformation. We work with children and families and their needs tend to change over time. Needs may change in response to many factors including the quality of clinical support provided. One way we determine how our supports are helping to alleviate suffering and restore functioning is by re-assessing needs and tracking change.

It is a Communication Tool

When a client leaves one of our programs, we may do a closing CANS to define progress, measure ongoing needs and help us make continuity of care decisions. Doing a closing CANS, much like a discharge summary integrated with CANS scoring, gives us a picture of how much progress has been made, and allows us to make recommendations for future care which tie to current needs. And finally, it gives us a shared language to talk about our clients and creates opportunities for collaboration. It is our hope that this guide will help you to make the most out of the CANS and guide you in filling it out in an accurate way that helps you make good clinical decisions.

CANS as a Mental Health Strategy

The CANS is organized into parts: You can start with any of the sections—Life Domain Functioning or Behavioral/Emotional Needs, Risk Behaviors or Individual Strengths, or Caregiver Needs—this is your judgment call. Sometimes, people need to talk about needs before they can acknowledge strengths. Sometimes, after talking about strengths, then they can better explain the needs. Trust your judgment, and when in doubt, always ask—" we can start by talking about what you feel that you and your child need, or we can start by talking about the things that are going well and that you want to build on. Do you have a preference?"

It also is a good idea to know the CANS. If you are constantly flipping through the pages, or if you read verbatim without shifting your eyes up, it can feel more like an interview than a conversation. A conversation is more likely to give you good information, so have a general idea of the items.

Also, some people may "take off" on a topic. The great thing about the CANS is that you can follow their lead. So, if they are talking about anger control and then shift into something like---"you know, he only gets angry when he is in Mr. S's classroom", you can follow that and ask some questions about situational anger. So that you are not searching and flipping through papers, have some idea of what page that item is on.

Making the best use of the CANS

Children have families involved in their lives, and their families can be a great asset to the their treatment. To increase family involvement and understanding, encourage the family to look over the CANS prior to the time you sit down to fit it out. The best time is your decision—you will have a sense of the timing as you work with each family. Families often feel respected as partners when they are prepared for a meeting or a process. A copy of the completed CANS should be offered to each family. Encourage families to contact you if they wish to change their answers in any area that they feel needs more or less emphasis.

Listening using the CANS

Listening is the most important skill that you bring to the CANS. Everyone has an individual style of listening. The better you are at listening, the better the information you will receive. Some things to keep in mind that make you a better listener and that will give you the best information:

- **Use nonverbal and minimal verbal prompts.** Head nodding, smiling and brief "yes", "and"—things that encourage people to continue
- **Be nonjudgmental and avoid giving person advice.** You may find yourself thinking "if I were this person, I would do X" or "that's just like my situation, and I did "X". But since you are not that person, what you would do is not particularly relevant. Avoid making judgmental statements or telling them what you would do. It's not really about you.
- **Be empathic.** Empathy is being warm and supportive. It is the understanding of another person from their point of reference and acknowledging feelings. You demonstrate empathetic listening when you smile, nod, maintain eye contact. You also demonstrate empathetic listening when you follow the person's lead and acknowledge when something may be difficult, or when something is great. You demonstrate empathy when you summarize information correctly. All of this demonstrates to the child that you are with him/her.
- **Be comfortable with silence.** Some people need a little time to get their thoughts together. Sometimes, they struggle with finding the right words. Maybe they are deciding how they want

to respond to a question. If you are concerned that the silence means something else, you can always ask "does that make sense to you"? "Or do you need me to explain that in another way"?

- **Paraphrase and clarify—avoid interpreting.** Interpretation is when you go beyond the information given and infer something—in a person's unconscious motivations, personality, etc. The CANS is not a tool to come up with causes. Instead, it identifies things that need to be acted upon. Rather than talk about causation, focus on paraphrasing and clarifying. Paraphrasing is restating a message very clearly in a different form, using different words. A paraphrase helps you to (1) find out if you really have understood an answer; (2) clarify what was said, sometimes making things clearer; (3) demonstrate empathy. For example, you ask the questions about health, and the person you are talking to gives a long description. You paraphrase by saying "Ok, it sounds like ……is that right? Would you say that is something that you feel needs to be watched, or is help needed?"

Redirect the conversation to parents'/caregivers' own feelings and observations

Often, people will make comments about other people's observations such as "well, my mother thinks that his behavior is really obnoxious." It is important to redirect people to talk about their observations: "so your mother feels that when he does X, that is obnoxious. What do YOU think?" The CANS is a tool to organize all points of observation, but the parent or caregiver 's perspective is the most important at the time when you are doing the CANS. Once you have his/her perspective, you can then work on organizing and coalescing the other points of view. In addition, the statements made by others can be noted in the comments section.

Acknowledge Feelings

People will be talking about difficult things and it is important to acknowledge that. Simple acknowledgement such as "I hear you saying that it can be difficult when ..." demonstrates empathy.

Wrapping it Up

At the end of the CANS, we recommend the use of two open-ended questions. These questions ask if there are any past experiences that people want to share that might be of benefit to planning for their young adult, and if there is anything that they would like to add. This is a good time to see if there is anything "left over"—feelings or thoughts that they would like to share with you.

Take time to summarize with the individual and family those areas of strengths and of needs. Help them to get a "total picture" of the individual and family, and offer them the opportunity to change any ratings as you summarize or give them the "total picture".

Take a few minutes to talk about what the next steps will be. Now you have information organized into a framework that moves into the next stage—planning.

So you might close with a statement such as: "OK, now the next step is a "brainstorm" where we take this information that we've organized and start writing a plan—it is now much clearer which needs must be met and what we can build on. So let's start….."

Developmental History

Question to Consider for this Domain: What is the developmental history of the child? **Please rate based on history reported from all sources.**

For Developmental History, the following categories and action levels are used:

0 = A dimension where there is no evidence of any needs.

1 = An identified need that requires monitoring, watchful waiting, or preventive activities.

2 = Action or intervention is required to ensure that the identified need is addressed.

3 = Intensive, immediate action is required to address the need.

1. BIRTH WEIGHT - This dimension describes the child's birth weight as compared to normal development.

Questions to Consider	Ratings & Definitions	
→ How did the child's birth weight compare to typical averages?	**0**	Child was within normal range for weight at birth. A child with a birth weight of 2500 grams (5.5 pounds) or greater would be rated here.
	1	Child was born underweight. A child with a birth weight of between 1500 grams (3.3. pounds) and 2499 grams would be rated here.
	2	Child was considerably under weight at birth to the point of presenting a development risk to him/her. A child with a birth weight of 1000 grams (2.2 pounds) to 1499 grams would be rated here.
	3	Child was extremely under weight at birth to the point of threatening his/her life. A child with a birth weight of less than 1000 grams (2.2 pounds) would be rated here.

2. PRENATAL CARE - This dimension refers to the health care and birth circumstances experience by the child in utero.

Questions to Consider	Ratings & Definitions	
→ What kind of prenatal care did the biological mother receive? → Did the mother have any unusual illnesses or risks during pregnancy?	**0**	Child's biological mother had adequate prenatal care (e.g. 10 or more planned visits to a physician) that began in the first trimester. Child's mother did not experience any pregnancy-related illnesses.
	1	Child's mother had some shortcomings in prenatal care, or had a mild form of a pregnancy-related illness. A child whose mother had 6 or fewer planned visits to a physician would be rated here (her care must have begun in the first or early second trimester). A child whose mother had a mild or well-controlled form of pregnancy-related illness such as gestational diabetes, or who had an uncomplicated high-risk pregnancy, would be rated here.
	2	Child's biological mother received poor prenatal care, initiated only in the last trimester, or had a moderate form of pregnancy-related illness. A child whose mother had 4 or fewer planned visits to a physician would be rated here. A mother who experienced a high-risk pregnancy with some complications would be rated here.
	3	Child's biological mother had no prenatal care, or had a severe form of pregnancy-related illness. A mother who had toxemia/preeclampsia would be rated here.

3. SUBSTANCE EXPOSURE - This dimension describes the child's exposure to substance use and abuse both before and after birth.

Questions to Consider	Ratings & Definitions	
→ Was the child exposed to substances during the pregnancy? If so, what substances?	**0**	Child had no in utero exposure to alcohol or drugs, and there is currently no exposure in the home.
	1	Child had either mild in utero exposure (e.g. mother ingested alcohol or tobacco in small amounts fewer than four times during pregnancy), 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 (e.g. heroin, cocaine), 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. Any child who evidenced symptoms of substance withdrawal at birth (e.g. crankiness, feeding problems, tremors, weak and continual crying) would be rated here.

4. LABOR AND DELIVERY - This dimension refers to conditions associated with, and consequences arising from, complications in labor and delivery of the child during childbirth.

Questions to Consider	Ratings & Definitions	
→ Were there any unusual circumstances related to the labor and delivery of the child as baby?	**0**	Child and biological mother had normal labor and delivery. A child who received an Apgar score of 7-10 at birth would be rated here.
	1	Child or mother had some mild problems during delivery, but there is no history of adverse impact. An emergency C-Section or a delivery-related physical injury (e.g. shoulder displacement) to the baby would be rated here.
	2	Child or mother had problems during delivery that resulted in temporary functional difficulties for the child or mother. Extended fetal distress, postpartum hemorrhage, or uterine rupture would be rated here. A child who received an Apgar score of 4-7, or who needed some resuscitative measures at birth, would be rated here.
	3	Child had severe problems during delivery that have long-term implications for development (e.g. extensive oxygen deprivation, brain damage). A child who received an Apgar score of 3 or lower, or who needed immediate or extensive resuscitative measures at birth, would be rated here.

5. MATERNAL/PRIMARY CAREGIVER AVAILIBILITY - This dimension addresses the primary caretaker's emotional and physical availability to the child in the weeks immediately following the birth. Rate maternal availability up until 3 months (12 weeks) post-partum.

Questions to Consider	Ratings & Definitions	
→ Was the primary caregiver available to meet the child's needs in the first 3 months after birth?	**0**	The child's mother/primary caregiver was emotionally and physically available to the child in the weeks following the birth.
	1	The primary caregiver experienced some minor or transient stressors, which made her slightly less available to the child (e.g. another child in the house under two years of age, an ill family member for whom the caretaker had responsibility, a return to work before the child reached six weeks of age).
	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 (e.g. major marital conflict, significant post-partum recuperation issues or chronic pain, two or more child in the house under four years of age).
	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 (e.g. a psychiatric hospitalization, a clinical diagnosis of severe Post-Partum Depression, any hospitalization for medical reasons which separated caretaker and child for an extended period of time, divorce or abandonment).

Life Functioning Domain

Life domains are the different arenas of social interaction found in the lives of children and their families. This domain rates how they are functioning in the individual, family, peer, school, and community realms. This section is rated using the needs scale and therefore will highlight any struggles the child and family are experiencing.

Question to Consider for this Domain: How is the child functioning in individual, family, peer, school, and community realms? **Please rate the highest level from the past 30 days.**

For Life Functioning Domain, the following categories and action levels are used:

0 = A dimension in which there is not current need; no need for action/intervention.

1 = A dimension in that indicates mild problems; requires monitoring, watchful waiting, or preventive activities.

2 = A dimension that indicates moderate problems; requires action to ensure that the identified need is addressed.

3 = A dimension that indicates significant problem; requires immediate or intensive action to improve functioning.

6. FAMILY RELATIONSHIPS - This item evaluates and rates the child's relationships with those who are in his/her family. It is recommended that the definition of family should come from the child's perspective (i.e. who the child describes as his/her family). If you do not know this information, then we recommend a definition of family that includes biological relatives and their significant others with whom the child is still in contact. When rating this item, you should take into account the relationship the child has with his/her family as well as the relationship of the family as a whole.

Questions to Consider	Ratings & Definitions	
→ How does the child get along with the family?	**0**	No evidence of problems in relationships with family members and/or child is doing well in relationships with family members.
→ Are there problems between family members?	**1**	There is a history or suspicion of problems and/or child is doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships with child. Arguing may be common but does not result in major problems.
→ Has there ever been any violence in the family?	**2**	Child is having significant problems with parents, siblings and/or other family members. Frequent arguing, difficulty maintaining positive 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, absence of any positive relationships, etc.

7. DAYCARE/PRESCHOOL* - *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*

Note: *for the school items, if the child is receiving special education services, rate the child's performance and behavior relative to their peer group. If it is planned for the child to be mainstreamed, rate the child's school functioning relative to that peer group*.

Questions to Consider	Ratings & Definitions	
→ How is the child doing in preschool / daycare?	**0**	No evidence of problem with functioning in current preschool or daycare environment.
→ Has the child had any problems with behavior at preschool / daycare?	**1**	Mild problems with functioning in current preschool or daycare environment.
→ Has the caregiver been contacted by the teacher / daycare provider to talk about the child's behavior?	**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.
→ How is the child doing academically? Any problems with material / activities?	**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.

*A rating of 1, 2 or 3 on this item will trigger the **School Module**.

8. MEDICAL - This item rates the child's current physical health status.

Questions to Consider	Ratings & Definitions	
→ Is the child generally healthy?	**0**	Child is healthy.
→ Does s/he have any medical problems?	**1**	Child has some medical problems that require medical treatment. These conditions are transient and treatable.
→ How much does this interfere with his/her life?	**2**	Child has chronic illness that requires ongoing medical intervention.
	3	Child has life threatening illness or medical condition.

9. PHYSICAL - *This item is used to identify any physical limitations and could include chronic conditions such a limitations in vision, hearing or difficulties with fine or gross motor.* This item rates the child's physical limitations. Included in this rating will be conditions that limit activity, such as, impaired hearing, vision, as well as asthma. A rating of '2' includes sensory disorders such as blindness and deafness.

Questions to Consider	Ratings & Definitions	
→ Does your child have any physical limitations (such as may be caused by asthma e.g. child cannot go to gym, or needs an inhaler)?	**0**	There is no evidence that the child has any physical limitations.
→ What activities can your child not do because of a physical or medical condition? How much does this interfere with his/her life?	**1**	There may be a history, suspicion or the child has some physical condition that places mild limitations on activities. Conditions such as impaired hearing or vision would be rated here. Treatable medical conditions that result in physical limitations (e.g. asthma) will be rated here.
	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.

Developmental Functioning

10. MOTOR - *This rating describes the child's fine (e.g. hand grasping and manipulation) and gross (e.g. sitting, standing, walking) motor functioning*.

→ **Questions to Consider**	**Ratings & Definitions**	
→ Has anyone ever mentioned or have you noticed your child having difficulty grasping or holding onto objects that other children his/her age can do without difficulty?	**0**	Child's fine and gross motor functioning appears normal. There is no reason to believe that the child has any problems with motor functioning.
→ Is your child falling frequently or having difficulty with gross motor skills (standing/walking without falling, etc.)?	**1**	The child has mild fine (e.g. using scissors) or gross motor skill deficits. The child may previously have exhibited delays in reaching developmental milestones for fine/gross motor functioning but has since reached those milestones.
→ Does your child need additional assistance or accommodations to engage in tasks requiring grasping (coloring, grabbing papers, etc.)?	**2**	The child has moderate motor deficits. A non-ambulatory child with fine motor skills (e.g. reaching, grasping) or an ambulatory child with severe fine motor deficits would be rated here. A full-term newborn that does not have a sucking reflex in the first few days of life would be rated here.
	3	The child has severe or profound motor deficits. . Delay causes impairment in functioning. A non-ambulatory child with additional movement deficits would be rated here, as would any child older than 6 months who cannot lift his or her head.

11. COMMUNICATION (Receptive/Expressive) - *This item refers to learning disabilities involving expressive and/or receptive language and the child's ability to communicate through any medium including all spontaneous vocalizations and articulations. This item does not refer to challenges expressing feelings. In this item, it is important to look at each piece individually and rate as such. A child may have communication problems but may comprehend well, while another child is able to comprehend well but has communication and expression issues. Rate the highest level of need*.

Questions to Consider	**Ratings & Definitions**	
→ Has the child ever been diagnosed w/problem understanding or using words to express him/herself?	**0**	Child's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child has any problems communicating.
→ Are there concerns that the child could have a learning problem related with understanding others or expressing him/herself?	**1**	Child's receptive abilities are intact, but child has limited expressive capabilities (e.g. if the child is an infant, he or she engages in limited vocalizations; if older than 24 months, he or she can understand verbal communication, but others have unusual difficulty understanding child.
	2	Child has limited receptive and expressive capabilities.
	3	Child is unable to communicate in any way, including pointing or grunting.

12. AUTISM SPECTRUM - This dimension describes presence of autism spectrum disorders.

Questions to Consider	**Ratings & Definitions**	
→ Is the child diagnosed or being evaluated for autism or spectrum disorders?	**0**	There is no history of autism spectrum disorders.
→ Does child exhibit deviant styles of communication with formal or fussy expressions or idiosyncratic words and expressions? Does child express sounds involuntarily?	**1**	Evidence of a low end Autism Spectrum Disorder. The child may have had symptoms of autism but those symptoms were below the threshold for an Autism diagnosis and did not have significant effect on the development.
	2	This rating indicates a child who met criteria for a diagnosis of Autism.
	3	This rating indicates a child who met criteria for autism and had a history of high end needs to treat and manage severe or disabling symptoms on the autism spectrum.

13. SOCIAL FUNCTIONING - This item rates social skills and relationships from a developmental perspective. It includes age appropriate behavior and the ability to make and sustain relationships. Social functioning is different from Interpersonal (Strengths) in that functioning is a description of how the child is doing currently. Strengths are longer-term assets.

Questions to Consider	Ratings & Definitions	
→ Currently, how well does the child get along with others? → Has there been an increase in peer conflicts? → Does s/he have unhealthy friendships? → Does he/she tend to change friends frequently?	**0**	No evidence of problems and/or child has developmentally appropriate 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

14. RECREATION/PLAY - 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.

Questions to Consider	Ratings & Definitions	
→ Does your child seek out opportunities to engage in self-directed or cooperative play? → Is anyone concerned that your child is avoiding play, not showing enjoyment during play or unable to engage in developmentally appropriate play	**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 toddlers and preschoolers even with adult engagement cannot demonstrate enjoyment or use play to further development.

15. COGNITIVE - This rating describes the child's development as compared to standard developmental milestones (see Table 1, page 43) as well as the child's cognitive/intellectual functioning, including attention span, persistence and distractibility. It does include Intellectual Developmental Disorder, IQ and issues on the Autism spectrum. A rating of '1' would be used to describe a child with mild developmental delays or suspected delays. Asperger's Syndrome would likely receive a rating of '2,' while Autism would receive a rating of '3.'

Questions to Consider

→ Has the child been tested for or diagnosed with a learning disability?

→ Does the child have an intellectual disability or delay?

Ratings & Definitions

0	No evidence of cognitive development problems. There is no evidence of developmental delay or the child has no developmental/cognitive problems.
1	Infant/child has some indicators that cognitive skills are not appropriate for age or are at the lower end of age expectations. Infants may not consistently demonstrate familiarity with routines and anticipatory behavior. Infants may seem unaware of surroundings at times. Older children may have challenges in remembering routines, and completing tasks such as sorting, or recognizing colors some of the time.
2	Infant/child has clear indicators that cognitive development is not at expected level and interferes with functioning much of the time. Infants may not have the ability to indicate wants/needs. Infants may not demonstrate anticipatory behavior all or most of the time. Older children may be unable to demonstrate understanding of simple routines or the ability to complete simple tasks.
3	Infant/child has significant delays in cognitive functioning that are seriously interfering with their functioning. Infant/child is completely reliant on caregiver to function.

16. SLEEP - This item rates the child's sleep patterns. 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.

Questions to Consider

→ Does the child appear rested?

→ Is he/she often sleepy during the day?

→ Does he/she have frequent nightmares or difficulty sleeping?

→ How many hours does the child sleep each night?

Ratings & Definitions

NA	Child is younger than 12 months of age.
0	No evidence of problems with sleep. Sleep patterns are normative for age/developmental level.
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.

Regulatory Functioning

17. REGULATORY: BODY CONTROL/EMOTIONAL CONTROL – This item refers to the child's ability to be comforted as well as regulate bodily functions such as eating, sleeping and elimination, as well as activity level/intensity and sensitivity to external stimulation. The child's ability to regulate intense emotions is also rated here, which includes coping with frustration and transitions.

Questions to Consider

→ Does your child have particular challenges around transitioning from activity to another resulting at times in the inability to engage in activities?

→ Does your child exhibit severe reactions to changes in temperature or clothing such that it interferes with engaging in activities/school or play?

→ Does your child require more adult supports to cope with frustration than other children in similar settings? Are you concerned that your child has more distressing tantrums or yelling fits than other children or has a teacher/childcare worker expressed concern about intensity or frequency of tantrums?

Ratings & Definitions

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. There is a history, suspicion of or some mild 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.

18. EATING - *This category refers to all items of eating*. Pica would be rated here.

Questions to Consider

→ Did the child have any difficulties with breast or formula feeding?

→ Did the child have any issues in the transition to solid foods?

Ratings & Definitions

0	There is no evidence of problems related to eating.
1	Mild problems with eating that have been present in the past or are currently present some of the time causing mild impairment in functioning.
2	Infant/child has moderate problems with eating are present and impair the child's functioning. Infants may be finicky eaters, spit food or overeats. Infants may have problems with oral motor control. Older children may overeat, have few food preferences and not have a clear pattern of when they eat.
3	Infant/child has severe problems with eating are present putting the infant/child at risk developmentally. The child and family are very distressed and unable to overcome problems in this area.

19. ELIMINATION - This category refers to all dimensions of elimination during infancy/childhood.

Questions to Consider	Ratings & Definitions	
→ Did the child have any unusual difficulties with urination or defecation?	**0**	There is no evidence of elimination problems.
	1	Infant/child may have a history of elimination difficulties but is presently not experiencing this other than on rare occasion.
	2	Infant/child demonstrates problems with elimination on a consistent basis. This is interfering with child's functioning. Infants may completely lack a routine in elimination and develop constipation as a result. Older children may experience the same issues as infants along with encopresis and enuresis.
	3	Infant/child demonstrates significant difficulty with elimination to the extent that child/parent are in significant distress or interventions have failed.

20. SENSORY REACTIVITY - This rating describes the history of child's sensory functioning and sensory reactivity.

Questions to Consider	Ratings & Definitions	
→ Does the child become easily overwhelmed by sensory stimuli? Underreact to stimuli?	**0**	The child's sensory functioning appears normal (no evidence of being hyper or hypo-reactive to stimuli). There is no reason to believe that the child has any problems with sensory functioning.
	1	Infant/child may have a history of sensory issues or have mild issues currently that are controlled by caregiver support.
	2	Infant/child demonstrates hyper/hypo reactivity to sensory input in one or more sensory modality such that impairment in functioning is present.
	3	Infant/child demonstrates significant reactivity to sensory input such that caregiver cannot mediate the effects of such.

Child Strengths

This domain describes the assets of the child that can be used to advance healthy development. It is important to remember that strengths are NOT the opposite of needs. Increasing a child's strengths while also addressing his or her behavioral/emotional needs leads to better functioning, and better outcomes, than does focusing just on the child's needs. Identifying areas where strengths can be built is a significant element of service planning.

In these items the 'best' assets and resources available to the child are rated based on how accessible and useful those strengths are. These are the only items that use the Strength Rating Scale with action levels.

For Child Strengths, the following categories and action levels are used:

0 = Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
1 = A domain where a useful strength is evident but require some effort to maximize the strength. Strength might be used and built upon in treatment.
2 = A domain where strengths have been identified but require significant strength building efforts before it can be effectively utilized as part of a plan.
3 = A domain in which no current strength is identified; efforts are needed to identify potential strengths.

Question to Consider for this Domain: What are the child's assets that can be used in treatment planning to support healthy development? **Please rate the highest level from the past 30 days.**

21. FAMILY SUPPORT - This item refers to the presence of a sense of family identity as well as love and communication among family members. Even families who are struggling often have a firm foundation that consists of a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify. As with Family Relationships, the definition of family comes from the child's perspective (i.e., who the child describes as his/her family). If you do not know this information, then we recommend a definition of family that includes biological/adoptive relatives and their significant others with whom the child is still in contact.

Questions to Consider	Ratings & Definitions	
→ Does the child have good relationships with any family member? → Is there a family member that the child can go to in time of need for support? That can advocate for the child? → Is there potential to develop positive family relationships?	**0**	Significant family strengths. This level indicates a family with much love and respect for one another. Family members are central in each other's lives. Child is fully included in family activities. There is at least one family member who has a strong loving relationship with the child and is able to provide significant emotional or concrete support.
	1	Moderate level of family strengths. This level indicates a loving family with generally good communication and ability to enjoy each other's company. There may be some problems between family members. There is at least one family member with a strong loving relationship who is able to provide limited emotional or concrete support to the child
	2	Mild level of family strengths. Family is able to communicate and participate in each other's lives, but support that child gets from family members is less than child needs. Such supportive relationships need to be developed.
	3	This level indicates a child with no known family strengths. There are no known family members, or there are no family members who are providing emotional/relational support to the child.

22. INTERPERSONAL - This item is used to identify a child's social and relationship skills. Interpersonal skills are rated independently of Social Functioning because a child can have social skills but still struggle in his or her relationships at a particular point in time. This strength indicates an ability to make and maintain long-standing relationships.

Questions to Consider	Ratings & Definitions	
→ Does the child have the trait ability to make friends?	**0**	Significant interpersonal strengths. Child has well-developed interpersonal skills and friends. Child is seen as well liked by others and has significant ability to form and maintain positive relationships.
→ Do you feel that the child is pleasant and likeable?	**1**	Moderate level of interpersonal strengths. Child has good interpersonal skills and has shown the ability to develop healthy friendships
→ Do adults or other children like him/her?	**2**	Mild level of interpersonal strengths. Child has some social skills that facilitate positive relationships with others but needs assistance in developing good interpersonal skills and/or healthy friendships.
	3	Child needs significant help in developing interpersonal skills and healthy friendships. Child currently does not have any friends nor has he/she had any friends in the past. Child does not have positive relationships with adults.

23. ADAPTABILITY Some children move from one environment or activity to another smoothly. Others struggle with any such changes. This item rates how well a child can adjust in times of transition. A toddler who cries when transitioning from one activity to another but is able to make the transition with the support of a supervising adult would be rated '1.'

Questions to Consider	Ratings & Definitions	
→ Can child easily and willingly transition between activities?	**0**	Child has a strong ability to adjust to changes and transitions.
→ Does child require little support to adapt to changes in activities and schedules or is this a source of challenge for your child?	**1**	Child has some ability to adjust to changes and transitions and when challenged, the infant/child is successful with support from a supervising adult.
	2	Child has difficulties much of the time adjusting to changes and transitions even with caregiver support.
	3	Child has difficulties most of the time coping with changes and transitions. Adults are minimally able to impact child's difficulties in this area.

24. PERSISTENCE - This item rates the child's ability to keep trying a new task/skill, even when it is difficult'.

Questions to Consider	Ratings & Definitions	
→ Does child show grit / ability to hang in there even when frustrated by a challenging task/game?	**0**	Infant/child has a strong ability to continue an activity when challenged or meeting obstacles.
→ Does child routinely require adult support in trying a new game/skill/activity that does not come easily at first?	**1**	Infant/child has some ability to continue an activity that is challenging. Adults can assist a child to continue attempting the task or activity.
	2	Child has limited ability to continue an activity that is challenging and adults are only sometimes able to assist the infant/child in this area.
	3	Child has difficulties most of the time coping with challenging tasks. Support from adults minimally impacts the child's ability to demonstrate persistence.

25. PLAYFULNESS - This rating describes the child's enjoyment of play alone and with others.

Questions to Consider	Ratings & Definitions	
→ How can you tell when your child is enjoying his or her playtime? → Does child often avoid play or isolate during cooperative play?	**0**	This level indicates a child with substantial ability to play with self and others. Child enjoys play, and if old enough, regularly engages in symbolic and means-end play. If still an infant, child displays changing facial expressions in response to different play objects.
	1	This level indicates a child with good play abilities. Child may enjoy play only with self or only with others, or may enjoy play with a limited selection of toys.
	2	This level indicates a child with limited ability to enjoy play. Child may remain preoccupied with other children or adults to the exclusion of engaging in play, or may exhibit impoverished or unimaginative play.
	3	This level indicates a child who has significant difficulty with play both by his/her self and with others. Child does not engage in symbolic or means-end play, although he or she will handle and manipulate toys.

26. CREATIVITY/IMAGINATION - This item rates the child's ability to problems solve and develop new ideas.

Questions to Consider	Ratings & Definitions	
→ Does your child enthusiastically engage in creative activities or find creative solutions to problems → Has a teacher or childcare worker expressed that your child is skilled in this area?	**0**	Significant level of creativity/imagination. The child consistently demonstrates strong skills in this area.
	1	Moderate level of creativity/imagination. The child usually demonstrates good skills in creativity/imagination but continues to need development in this area.
	2	Mild level of creativity/imagination. The child usually demonstrates only marginal skills in creativity/imagination but can be encouraged in this area by adults.
	3	This level indicates a child with no known skills in creativity/imagination. Adults are minimally able to impact child's skills in this area.

27. CURIOSITY - This rating describes the child's self-initiated efforts to discover his/her world. This item rates whether the child is interested in his/her surroundings and in learning and experiencing new things.

Questions to Consider	Ratings & Definitions	
→ Does your child seek out new experiences or actively explore new objects? → Does your child avoid new objects or experiences, looking away or showing fear/anxiety?	**0**	This level indicates a child with exceptional curiosity. Infants display mouthing and banging of objects within grasp; older children crawl or walk to objects of interest.
	1	This level indicates a child with good curiosity. An ambulatory child who does not walk to interesting objects, but who will actively explore them when presented to him/her, would be rated here
	2	This level indicates a child with limited curiosity. Child may be hesitant to seek out new information or environments, or reluctant to explore even presented objects.
	3	This level indicates a child with very limited or no observable curiosity. Child may seem frightened of new information or environments.

28. RELATIONSHIP PERMANENCE - This rating refers to the stability and consistency of significant relationships in the child's life. This includes parents and other family members but may also include other adults or peers.

Questions to Consider	Ratings & Definitions	
→ What relationships with adults have lasted throughout the child's lifetime? → What contact does the child have with both parents? → What relatives has he/she maintained long-lasting relationships with?	**0**	This level indicates a child who has very stable relationships. Family members, friends, and community have been stable for most of his/her 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 who 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. Independent living or adoption must be considered.

29. NATURAL SUPPORTS - Refers to unpaid helpers in the child's natural environment. All family members and paid caregivers are excluded.

Questions to Consider	Ratings & Definitions	
→ Does the child have non-family members in his/her life that are positive influences and provide support?	**0**	Child has significant natural supports that contribute to helping support the child's healthy development.
	1	Child has identified natural supports that provide some assistance in supporting the child's healthy development.
	2	Child has some identified natural supports however he/she is not actively contributing to the child's healthy development.
	3	Child has no known natural supports (outside of family and paid caregivers).

Behavioral/Emotional Needs

These ratings identify the behavioral health needs of the child. While the CANS is not a diagnostic tool, it is designed to be consistent with diagnostic communication. In the DSM, a diagnosis is defined by a set of symptoms that is associated with either dysfunction or distress. This definition is consistent with the ratings of '2' or '3' as defined by the action levels below.

For Behavioral/Emotional Needs, the following categories and action levels are used:

0 = A dimension in which there is not current need; no need for action/intervention.

1 = Identified need indicates mild problems; requires monitoring, watchful waiting, or preventive activities.

2 = Identified need indicates moderate problems; action or intervention is required to ensure that the identified need is addressed.

3 = A dimension that indicates significant problem; requires immediate or intensive action.

Question to Consider for this Domain: What are the presenting social, emotional and behavioral needs of the child? **Please rate based on the last 30 days.**

30. ATTACHMENT - This item should be rated within the context of the child's significant parental or caregiver relationships.

Questions to Consider	Ratings & Definitions	
→ Does your child struggle with separating from caregiver? → Does your child approach or attach to strangers in indiscriminate ways? → Does your child have the ability to make healthy attachments to appropriate adults or are their relationships marked by intense fear or avoidance? → Does your child have separation anxiety issues that interfere with ability to engage in childcare or preschool?	**0**	No evidence of attachment problems. Caregiver-child relationship is characterized by mutual satisfaction of needs and child's development of a sense of security and trust. Caregiver appears able to respond to child cues in a consistent, appropriate manner, and child seeks age-appropriate contact with caregiver for both nurturing and safety needs.
	1	Mild problems with attachment. There is some evidence of insecurity in the child-caregiver relationship. Caregiver may at times have difficulty accurately reading child's bids for attention and nurturance; may be inconsistent in response; or may be occasionally intrusive. Child may have mild problems with separation (e.g., anxious/clingy behaviors in the absence of obvious cues of danger) or may avoid contact with caregiver in age-inappropriate way. Child may have minor difficulties with appropriate physical/emotional boundaries with others.
	2	Moderate problems with attachment. Attachment relationship is marked by sufficient difficulty as to require intervention. Caregiver may consistently misinterpret child cues, act in an overly intrusive way, or ignore/avoid child bids for attention/nurturance. Child may have ongoing difficulties with separation, may consistently avoid contact with caregivers, and may have ongoing difficulties with physical or emotional boundaries with others.
	3	Severe problems with attachment. Child is unable to form attachment relationships with others (e.g., chronic dismissive/avoidant/detached behavior in care giving relationships) OR child presents with diffuse emotional/physical boundaries leading to indiscriminate attachment with others. Child is considered at ongoing risk due to the nature of his/her attachment behaviors. A child who meets the criteria for an Attachment Disorder in DSM would be rated here. Child may have experienced significant early separation from or loss of caregiver, or have experienced chronic inadequate care from early caregivers, or child may have individual vulnerabilities (e.g., mental health, developmental disabilities) that interfere with the formation of positive attachment relationships.

31. DEPRESSION -This item refers to any symptoms of *Depression* which may include irritability, changes in eating and sleeping, and withdrawal from 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 he used to, is clingy to caretaker and is having sleep issues.

Questions to Consider

→ Are the caregivers concerned that the child is depressed, has chronic low mood or irritability?

→ Has s/he withdrawn from normal activities?

→ Does the child seem lonely or not interested in others?

Ratings & Definitions

0	No evidence of problems with depression.
1	History, suspicion, or mild depression associated with a recent negative life event with minimal impact on life domain functioning. Brief duration of depression, irritability, or impairment of peer, family, or academic functioning that does not lead to gross avoidance behavior. 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 or may express emotions in a muted way at times during the day. Older children are irritable or do not demonstrate a range of affect
2	This rating is given to a child with moderate problems with depression. 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. This level is used to rate children who meet the criteria for an affective disorder.
3	This rating is given to a child with a severe level of depression. This would include a child who stays at home or in bed all day due to depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. Disabling forms of depressive diagnoses would be coded here. This level is used to indicate an extreme case of one of the disorders listed above. 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

Supplemental information: Depression is a disorder that is thought to affect about 5% of the general population of the United States. It appears to be equally common in adolescents and adults. It might be somewhat less common among child, particularly young children. The main difference between depression in children and adolescents and depression in adults is that among children and adolescents it is thought that depression is as likely to come with an irritable mood as a depressed mood. In adults, a depressed mood is a cardinal symptom of depression.

32. ANXIETY - This item rates evidence of symptoms associated with Anxiety Disorders characterized by worry, dread, fearfulness, or panic attacks.

Questions to Consider

→ Does the child have any problems with anxiety or fearfulness?

→ Is s/he avoiding normal activities out of fear?

→ Does the child act frightened or afraid?

→ Does the child worry a lot?

Ratings & Definitions

0	No evidence of anxiety symptoms. .
1	Mild level of disturbance. History or suspicion of anxiety problems or mild anxiety associated with a recent negative life event that does not lead to gross avoidance behavior. This level is used to rate either a mild phobia or anxiety problem or a level of symptoms that is below the threshold for the other listed disorders. 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	Moderate level of disturbance. 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. This is used to rate children who meet the criteria for an anxiety disorder listed above. 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	Severe level of disturbance. This would include evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain. More severe forms of anxiety diagnoses would be coded here. This level is used to indicate an extreme case of one of the disorders listed above.

Supplemental information: Symptoms of **Generalized Anxiety Disorder** include **e**xcessive worrying associated with restlessness, being easily fatigued, difficulty concentrating, irritable mood, muscle tension, sleep disturbance, worry not about other psychiatric conditions, or anxiety or worry causes significant impairment of functioning or distress.

33. FAILURE TO THRIVE - Symptoms of failure to thrive focus on normal physical development such as growth and weight gain.

Questions to Consider

→ Has the child ever been diagnosed with failure to thrive? If so, why?

→ Are there any reports indicate that the child has had difficulty gaining weight or growing?

Ratings & Definitions

0	Child does not appear to have any problems with regard to weight gain or development. There is no evidence of failure to thrive.
1	The infant/child may have experienced past problems with growth and ability to gain weight. The infant/child may presently be experiencing slow development in this area. The child has mild delays in physical development (e.g. is below the 25th percentile in terms of height or weight).
2	Child had significant delays in physical development that could be described as failure to thrive (e.g. is below the 10th percentile in terms of height or weight).
3	Child had severe problems with physical development that puts their life at risk (e.g. is at or beneath the 1st percentile in height or weight).

34. ATYPICAL BEHAVIORS - 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.

Questions to Consider	Ratings & Definitions	
→ Are there any unusual or odd behaviors that concern you in your child (especially repetitive behaviors that stand out)?	**0**	No evidence of atypical behaviors in the infant/child.
→ Has anyone ever expressed concern around your child's odd behaviors (e.g., teacher commenting that your child spins in corners or other children making fun of your child for unusual actions)?	**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 infant's/child's functioning on a regular basis.

35. SELF HARM -This item includes reckless and dangerous behaviors that, while not intended to harm self or others, place the child or others at some jeopardy. Self-mutilative behaviors are NOT rated here.

Questions to Consider	Ratings & Definitions	
→ Has the child head banged or done other self-harming behaviors?	**0**	No evidence.
→ If the child does self-harming behaviors, does the caregiver's support help stop the behavior?	**1**	Mild level of self-hard behavior, or history of self-harm.
	2	Moderate level of self-harm behavior such as head banging that cannot be influenced 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.

36. AGGRESSION – This item rates the child's violent or aggressive behaviors. The intention of the behavior is to cause significant bodily harm to others. A supervising adult is also taken into account in this rating, as a rating of '2' or '3' could signify a supervising adult who is not able to control the child's violent behaviors.

Questions to Consider	Ratings & Definitions	
Does your child seem to get into frequent fights with other children?	**0**	There is no evidence of aggressive behaviors.
Has your child been aggressive with caregivers?	**1**	There is either a history of aggressive behavior or mild concerns in this area that have not yet interfered with functioning.
Does your child frequently attempt to hurt others, throw objects or attack?	**2**	There is clear evidence of aggressive behavior towards others, behavior is persistent and a supervising adult's attempts to change behavior have not been successful.
Have teachers/childcare workers contacted you with concerns about child's aggression or hitting/biting behaviors?	**3**	The child has significant challenges in this area that is characterized as a dangerous level of aggressive behavior that involves the threat of harm to others or problems in more than one life domain that significantly threatens the child's growth and development.

37. ADJUSTMENT TO TRAUMA* - This item is used to describe the child who is having difficulties adjusting to a traumatic experience, as defined by the child. Please note: To rate this item a traumatic event is not required to meet the DSM definition of trauma, but rather an event defined as traumatic by the child, e.g., changing schools could be viewed as traumatic. This is one item where speculation about why a child is displaying a certain behavior is considered. There should be an inferred link between the trauma and current behavior. A rating of '2' would indicate significant problems with adjustment where an infant may be regressing developmentally. A rating of '3' represents a debilitating level of symptoms for the child

Questions to Consider

- → Has child experienced a traumatic event?
- → Does s/he experience frequent nightmares?
- → Is s/he troubled by flashbacks?
- → Is s/he unusually afraid of being alone, or of participating in normal activities?

Ratings & Definitions

0	No evidence of problems associated with traumatic life events. The child has experienced a traumatic event and is not demonstrating symptoms or there are mild changes in the child's behavior that are controlled by caregivers.
1	History or suspicion of problems associated with traumatic life event/s. The child has experienced a traumatic event and is not demonstrating symptoms or there are mild changes in the child's behavior that are controlled by caregivers.
2	Clear evidence of traumatic stress symptoms such those present in Post Traumatic Stress Disorder or Acute Stress Disorder. Adjustment is interfering with child's functioning in at least one life domain. Infants may have developmental regression, and/or eating and sleeping disturbance. Older children may have all of the above as well as behavioral symptoms, tantrums and withdrawn behavior.
3	Clear evidence of debilitating symptoms of Post-Traumatic Stress Disorder or Acute Stress Disorder, which may include flashbacks, nightmares, significant anxiety, and intrusive thoughts of the trauma experience.

*A rating of 1, 2 or 3 on this item will trigger the **Trauma Module.**

Supplemental information: Symptoms of PTSD include the following: **(1)** The traumatic event is re-experienced (e.g. recurrent and intrusive recollections, recurrent distressing dreams of the event, child may re-enact the event, or act or feel as if the event were recurring, intense distress at exposure to either stimuli that reminds the person of the event). **(2)** Persistent avoidance of stimuli associated with the trauma (e.g. efforts to avoid thoughts, feelings, or conversations associated with the event, efforts to avoid activities, places or people that arouse recollections of the events, inability to recall an important aspect of the event, diminished interest or participation in significant activities, feeling of detachment or estrangement from others, restricted range of affect (e.g. unable to have loving feelings), or sense of foreshortened future (e.g. does not expect to finish school, have career, get married). **(3)** Marked arousal as indicated by difficulty falling asleep or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance, exaggerated startle response.

Traumatic/Adverse Childhood Experiences

All of the traumatic experiences /adverse childhood event items are static indicators. In other words, these items indicate whether or not a child experienced the particular trauma. **If he/she has ever had one of these experiences it would always be rated in this section, even if the experience were not currently causing problems or distress in the child's life.** Thus these items are not expected to change except in the case that the child has a new trauma experience or a historical trauma is identified that was not previously known.

These ratings are made based on LIFETIME exposure of trauma or adverse childhood experiences. The following categories and action levels are used:

0 = No evidence of any trauma of this type.

1= A single incident of trauma occurred, or suspicion exists of this trauma type.

2 = The child has experienced multiple incidents or moderate degree of this trauma type.

3 = Repeated and severe incidents of trauma with medical/physical consequences.

Question to Consider for this Domain: Has the child experienced adverse life events that may impact his/her behavior? **Please rate within the Child's lifetime.**

38. SEXUAL ABUSE* - This item rates the severity and frequency of sexual abuse.

Questions to Consider	Ratings & Definitions	
→ Has the caregiver or Child disclosed sexual abuse?	**0**	There is no evidence that Child has experienced sexual abuse.
→ How often did the abuse occur?	**1**	Child has experienced one episode of sexual abuse or there is a suspicion that Child has experienced sexual abuse but no confirming evidence.
→ What was the Child's relationship to the perpetrator?	**2**	Child has experienced repeated sexual abuse.
→ Did the abuse result in physical injury	**3**	Child has experienced severe and repeated.

*A rating of 1, 2 or 3 on this item will trigger the **Sexual Abuse Sub-Module located in the Trauma Module**.

39. PHYSICAL ABUSE - This item rates the severity and frequency of experiences of physical abuse.

Questions to Consider	Ratings & Definitions	
→ Has the child or caregiver disclosed a history of physical abuse?	**0**	There is no evidence that child has experienced physical abuse.
→ Is physical discipline used in the home? What forms?	**1**	Child has experienced one episode of physical abuse or there is a suspicion that child has experienced physical abuse but no confirming evidence.
→ Has the child every received bruises, marks, or injury from physical discipline?	**2**	Child has experienced repeated physical abuse.
	3	Child has experienced severe and repeated physical abuse that causes sufficient physical harm to necessitate hospital treatment.

40. NEGLECT - This rating describes the degree of severity of neglect a child has experienced. Neglect can refer to a lack of food, shelter or supervision (physical neglect) or lack of access to needed medical care (medical neglect), or failure to receive an academic instruction (educational neglect).

Questions to Consider	Ratings & Definitions	
→ Is the child getting adequate supervision?	**0**	There is no evidence that child has experienced neglect.
→ Are the child's basic needs for food and shelter being met?	**1**	Child has experienced minor occasional neglect. Child may have been left home alone for a short period of time with no adult supervision or there may be occasional failure to provide adequate supervision of child
→ Is the child allowed access to necessary medical care by caregivers?	**2**	Child has experienced a moderate level of neglect. Child may have been left home alone overnight or there may be occasional failure to provide adequate food, shelter, or clothing with corrective action.
→ Do the caregivers prevent the child from accessing education?	**3**	Child has experienced a severe level of neglect including multiple and/or prolonged absences by adults, with minimal supervision, and failure to provide basic necessities of life on a regular basis.

41. EMOTIONAL ABUSE - This item rates the severity and intensity of experiences of emotional abuse, including belittling, shaming, and humiliating an child, calling names, making negative comparisons to others, or telling an child that he or she is, "no good."

Questions to Consider	Ratings & Definitions	
→ How does the caregiver talk to/ interact with the child?	**0**	There is no evidence that child has experienced emotional abuse.
→ Is there name calling or shaming in the home?	**1**	Child has experienced mild emotional abuse.
	2	Child has experienced emotional abuse over an extended period of time (at least one year).
	3	Child has experienced severe and repeated emotional abuse over an extended period of time (at least one year).

42. MEDICAL TRAUMA - This item rates the severity of medically related trauma, including inpatient hospitalizations, outpatient procedures, and significant injuries.

Questions to Consider	Ratings & Definitions	
→ Has the child broken any bones?	**0**	There is no evidence that child has experienced any medical trauma.
→ Has the child had to go to the emergency room or stay overnight in the hospital?	**1**	Child has experienced mild medical trauma including minor surgery (e.g. stitches, bone setting).
	2	Child has experienced moderate medical trauma including major surgery or injuries requiring hospitalization.
	3	Child has experienced life threatening medical trauma.

43. NATURAL DISASTER - This rating describes the severity of exposure to either natural or man-made disasters.

Questions to Consider	Ratings & Definitions	
→ Has the child been present during a natural or man-made disaster? These could include but are not limited to earthquakes, tsunamis, tornados, fires, car accidents, plane crashes and bombings? → Does the child watch television shows containing these themes or overhear adults talking about these kinds of disasters?	**0**	There is no evidence that child has been exposed to natural or man-made disasters.
	1	Child has been exposed to disasters second-hand (i.e. on television, hearing others discuss disasters). This would include second-hand exposure to natural disasters such as a fire or earthquake or manmade disaster, including car accident, plane crashes, or bombings.
	2	Child has been directly exposed to a disaster or witnessed the impact of a disaster on a family or friend. For instance, an child may observe a caregiver who has been injured in a car accident or fire or watch his neighbor's house burn down).
	3	Child has been directly exposed to multiple and severe natural or manmade disasters and/or a disaster that caused significant harm or death to a loved one or there is an ongoing impact or life disruption due to the disaster (e.g. house burns down, caregiver or child loses job).

44. WITNESS TO FAMILY VIOLENCE -This item rates the severity and frequency of violence within the child's home or family.

Questions to Consider	Ratings & Definitions	
→ Is there frequent fighting in the child's family? → Does the fighting ever become physical?	**0**	There is no evidence that child has witnessed family violence.
	1	Child has witnessed one episode of family violence or suspicion of exposure to family violence.
	2	Child has witnessed repeated episodes of family violence but no significant injuries (i.e. requiring emergency medical attention) have been witnessed.
	3	Child has witnessed repeated and severe episodes of family violence. Significant injuries have occurred as a direct result of the violence.

45. WITNESS TO COMMUNITY VIOLENCE - This item rates the severity and frequency of incidents of violence the child has witnessed in his/her community.

Questions to Consider	Ratings & Definitions	
→ Does the child live in a neighborhood with frequent violence?	**0**	There is no evidence that child has witnessed violence in the community.
	1	Child has witnessed fighting or other forms of violence in the community.
	2	Child has witnessed the significant injury of others in his/her community).
	3	Child has witnessed the death of another person in his/her community.

46. SCHOOL VIOLENCE - This item rates the child's exposure to school based violence.

Questions to Consider	Ratings & Definitions	
→ Are there frequent fights or other acts of violence at the child's school? → Are weapons involved? → Has the child witness or directly experienced violence at the school?	**0**	There is no evidence that child has witnessed violence in the school setting.
	1	Child has witnessed occasional fighting or other forms of violence in the school setting. Child has not been directly impacted by the violence (i.e., violence not directed at self or close friends) and exposure has been limited.
	2	Child has witnessed multiple instances of school violence and/or the significant injury of others in his/her school setting, or has had friends injured as a result of violence or criminal activity in the school setting, or has directly experienced violence in the school setting leading to minor injury.
	3	Child has witnessed repeated and severe instances of school violence and/or the death of another person in his/her school, or has been seriously injured or has had friends who were seriously injured as a result of violence or criminal activity in the school setting.

47. WAR AFFECTED - This rating describes the degree of severity of exposure to war, political violence or torture. Violence or trauma related to Terrorism is not included here.

Questions to Consider	Ratings & Definitions	
→ Has the child or his/her family lived in a war torn region? → How close was he/she to violence? → Was the family displaced? → What acts of war did the child or family witness or experience directly?	**0**	There is no evidence that child has been exposed to war, political violence, or torture.
	1	Child did not live in war-affected region or refugee camp, but family was affected by war. Family members directly related to the child may have been exposed to war, political violence or torture; family may have been forcibly displaced due to the war, or both. This does not include child who have lost one or both parents during a war.
	2	Child has been affected by war or political violence. He or she may have witnessed others being injured in the war, may have family members who were hurt or killed in the war, and may have lived in an area where bombings or fighting took place. Child may have lost one or both parents during the war or parents may suffer physical or psychological effects. Child may have spent extended time in refugee camp.
	3	Child has experienced the direct effects of war. Child may have feared for his/her own life. He/ She may have been injured, tortured, kidnapped or forced to become a child soldier.

48. TERRORISM AFFECTED - This rating describes the degree to which a child has been affected by terrorism. Terrorism is defined as "the calculated use of violence or the threat of violence to inculcate fear, intended to coerce or to intimidate governments or societies in the pursuit of goals that are generally political, religious or ideological." Terrorism includes attacks by individuals acting in isolation (e.g. sniper attacks).

Questions to Consider	Ratings & Definitions	
→ Has the child witnessed an act of terrorism? → Was his/her community targeted in an act of terrorism? → Does the child know people injured or killed in an act of terrorism?	**0**	There is no evidence that child has been affected by terrorism.
	1	Child's community has experienced an act of terrorism, but the child was not directly impacted by the violence. Exposure has been limited to pictures on television terrorist activities.
	2	Child has been affected by terrorism within his/her community, but did not directly witness the attack. Child may live near the area where attack occurred and be accustomed to visiting regularly in the past, infrastructure of child's daily life may be disrupted due to attack (e.g. utilities or school), and child may see signs of the attack in neighborhood (e.g. destroyed building). Child may know people who were injured in the attack.
	3	Child has witnessed the death of another person in a terrorist attack; or has had friends; or has family members seriously injured as a result of terrorism; or has directly been injured by terrorism leading to significant injury or lasting impact.

49. WITNESS/VICTIM OF CRIMINAL ACTS - This item rates the child's proximity to criminal acts.

Questions to Consider	Ratings & Definitions	
→ Has the child ever been the victim of a crime? → Has the child seen criminal activity in his/her community or home? → Has someone in the child's family been the victim of a crime? Did the child witness this?	**0**	There is no evidence that child has been victimized or witness significant criminal activity.
	1	Child is a witness of significant criminal activity.
	2	Child is a direct victim of criminal activity or witnessed the victimization of a family or friend.
	3	Child is a victim of criminal activity that was life threatening or caused significant physical harm or child witnessed the death of a loved one.

50. PARENTAL CRIMINAL BEHAVIOR (birth parents & legal guardians only) - This item rates the criminal behavior of both biological and stepparents, and other legal guardians, not foster parents.

Questions to Consider	Ratings & Definitions	
→ Do the child's parents engage in criminal acts? → Is either of the parents in jail? If so, do they have contact with the child?	**0**	There is no evidence that child's parents have ever engaged in criminal behavior.
	1	One of child's parents has history of criminal behavior but child has not been in contact with this parent for at least one year.
	2	One of child's parents has history of criminal behavior and child has been in contact with this parent in the past year.
	3	Both of child's parents have history of criminal behavior.

51. DISRUPTION IN CAREGIVING/ ATTACHMENT LOSSES - This rating describes the extent to which the child has been exposed to disruptions in caregiving involving separation from primary attachment figure(s) and/or attachment losses. Childs who have experienced the death of a primary attachment figure, had placement changes, including stays in foster care, residential treatment facilities or juvenile justice settings can be rated here. Short-term hospital stays or brief juvenile detention stays, during which the child's caregiver remains the same, would not be rated on this item.

Questions to Consider	Ratings & Definitions	
→ Has the child ever been placed in foster care? → Has the child lost contact with a caregiver or had limited access to the caregiver?	**0**	There is no evidence that the Child has experienced disruptions in caregiving and/or attachment losses.
	1	Child may have experienced one disruption in caregiving but was placed with a familiar alternative caregiver, such as a relative (i.e., child's care shifted from biological mother to paternal grandmother). Child may or may not have had ongoing contact with primary attachment figure(s) during this disruption. Shift in caregiving may be temporary or permanent.
	2	Child has been exposed to 2 or more disruptions in caregiving with known alternate caregivers, or the child has had at least one disruption involving placement with an unknown caregiver. Childs who have been placed in foster or other out-of-home care such as residential care facilities would be rated here.
	3	Child has been exposed to multiple/repeated placement changes (i.e., 3+ placements with a known caregiver or 2+ with unknown caregiver) resulting in caregiving disruptions in a way that has negatively impacted various domains of a child's life (i.e., loss of community, school placement, peer group). Examples would include an child in several short-term unknown placements (i.e., moved from emergency foster care to additional foster care placements and/or multiple transitions in and out of the family-of-origin (i.e., several cycles of removal and reunification).

Cultural Factors

Items in the Cultural Factors domain describe difficulties that children may experience or encounter as a result of their membership in any cultural group, and/or because of the relationship between members of that group and members of the dominant society.

Health care disparities are differences in health care quality, affordability, access, utilization and outcomes between groups. Culture in this domain is defined broadly to include cultural groups that are racial, ethnic or religious, or are based on age, sexual orientation, gender identity, socio-economic status and/or geography. Literature exploring issues of health care disparity states that race and/or ethnic group membership may be a primary influence on health outcomes.

It is it important to remember when using the CANS that the family should be defined from the individual client's perspective (who the individual describes as part of her/his family). The cultural issues in this domain should be considered in relation to the impact they are having on the life of the individual when rating these items and creating a treatment or service plan.

For Cultural Factors, the following categories and action levels are used:

0 = A dimension where there is no evidence of any needs.

1 = An identified need that requires monitoring, watchful waiting, or preventive activities.

2 = Action or intervention is required to ensure that the identified need is addressed.

3 = Intensive, immediate action is required to address the need.

Question to Consider for this Domain: How does the child or family's membership to a particular cultural group impact his or her stress and wellbeing? **Please rate the highest level from the past 30 days**

52. LANGUAGE - This item looks at whether the child and family need help to communicate with you or others in English. This item includes spoken, written, and sign language, as well as addresses issues of literacy.

Questions to Consider

- → What language does the family speak at home?
- → Is there a child interpreting for the family in situations that may compromise the child or family's care?
- → Is information presented in treatment plan documents, legal documents, and case conference discussions in the language preferred by the family?
- → Does the child or significant family members have any difficulty communicating (either because English is not their first language or s/he uses ASL, Braille, or assisted technology)?

Ratings & Definitions

0	No evidence that there is a need or preference for an interpreter or bilingual services and/or the child and family speak, hear and read English.
1	Child and/or family speak or read English, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language.
2	Child and/or significant family members possess only limited ability to speak and/or read English. While basic communication may be possible, a bilingual provider or interpreter is needed to assure that adequate communication is possible for extensive work.
3	Child and/or significant family members do not speak English. A bilingual provider or interpreter is needed for all communication.

53. CULTURAL IDENTITY - This item refers to a child's feelings about her/his cultural identity. This cultural identity may be defined by a number of factors including race, religion, ethnicity, geography or lifestyle. This item measures extent to which feelings related to cultural identity cause stress or influence the behavior of the child.

Questions to Consider

- → Does the child identify with any racial/ ethnic/cultural group? Does the child find this group a source of support?
- → Does the child ever feel conflicted about her/his racial/ethnic/cultural identity?
- → Does the child feel pressured to join/leave a racial/ethnic/cultural subgroup for another?
- → Does the child openly denigrate members of her/his own group?

Ratings & Definitions

0	No evidence of an issue with the child's cultural identity or child has a strong and positive racial/ethnic/cultural identity.
1	Child has struggled in the past with her/his group or sub group membership, but is presently comfortable with her/his identity or there are mild issues related to identity.
2	Child expresses some distress or conflict about her/his racial/ethnic/cultural identity that interferes with the child's or family's functioning.
3	Child expresses significant distress or conflict about her/his racial/ethnic/cultural identity. Child may reject her/his cultural group identity, which severely interferes with the child or family's functioning and/or requires immediate action.

54. RITUAL - This item rates the child and family's access to and participation in cultural rituals and practices, including the celebration of culturally specific holidays such as kwanza, Cinco de mayo, etc. Rituals also may include daily activities that are culturally specific (e.g. praying toward Mecca at specific times, eating a specific diet, access to media).

Questions to Consider

- → What holidays does the child's family celebrate?
- → What traditions are important to the child and his/her family?
- → Does the child or family fear discrimination for practicing their rituals and traditions?

Ratings & Definitions

0	Child and family are consistently able to practice rituals consistent with their cultural identity.
1	Child and family are generally able to practice rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these rituals.
2	Child and family experience significant barriers and are sometimes prevented from practicing rituals consistent with their cultural identity.
3	Child and family are unable to practice rituals consistent with their cultural identity.

55. DISCRIMINATION/BIAS - This item refers to any experience of discrimination or bias that is purposeful or accidental, direct or indirect. Discrimination may be based on gender, race, ethnicity, socioeconomic status, religion, sexual orientation, skin shade/color/complexion, linguistic ability, body shape/size, etc. Any statement of discrimination by a child should be acknowledged and respected. Children and families' feelings are what matter. These feelings can impact how a child or family function, and creates stress for the child and/or family, which can correlate with depression and/or poor health outcomes. The presence of such discrimination or experiences may present a barrier to accessing supports or services that may be helpful to the child or family. When families report feelings of discrimination providers can discuss those feelings and how they impact functioning, create an advocacy statement in the treatment plan, or assist the family in finding a better fit for necessary services**.**

Questions to Consider	**Ratings & Definitions**	
→ Does the child or his/her family experience racism, sexism, or any other kind of discrimination? → How does discrimination impact his/her life?	**0**	No report of experiences of discrimination that impacts the child or family's ability to function and/or creates stress.
	1	Child or family reports experiences of discrimination that occurred recently or in the past, but it is not currently causing any stress or difficulties for the Child or family.
	2	Child or family reports experiences of discrimination that are currently interfering with the child's or family's functioning.
	3	Child or family reports experiences of discrimination that substantially and immediately interferes with the child or family's functioning on a daily basis and requires immediate action.

56. CULTURAL DIFFERENCES WITHIN A FAMILY - Sometimes child members within a family have different backgrounds, values and/or perspectives. This might occur in a family where a child is adopted from a different race, culture, ethnicity, or socioeconomic status. The parent may struggle to understand or lack awareness of the Child's experience of discrimination. Additionally this may occur in families where the parents are first generation immigrants to the United States. The child may refuse to adhere to certain cultural practices, choosing instead to participate more in popular US culture.

Questions to Consider	**Ratings & Definitions**	
→ Do the parents and the child have different understandings of appropriate behaviors that are rooted in cultural traditions? → Do the family and child understand and respect each other's perspectives? → Do the family and child have conflicts that result from different cultural perspectives?	**0**	No evidence of conflict, stress or disengagement within the family due to cultural differences or family is able to communicate effectively in this area.
	1	Child and family have struggled with cultural differences in the past, but are currently managing them well or there are mild issues of disagreement.
	2	Child and family experience difficulties managing cultural differences within the family that negatively impacts the functioning of the child.
	3	Child and family experience such significant difficulty managing cultural differences within the family that it interferes with the Child's functioning and/or requires immediate action.

Extension Modules

(1) School Module

(2) Trauma Module

- Traumatic Stress Symptoms
- Sexual Abuse Sub-Module (2a)

School Module (1)

Question to Consider for this Module: How well is the child functioning at daycare or preschool? What are his/her strengths and areas of need? **Please rate the highest level from the past 30 days.**

PRESCHOOL/DAYCARE QUALITY - This item rates the overall quality of the preschool or daycare as well as the ability of the program to meet the needs of the child within a larger care giving context.

Questions to Consider	Ratings & Definitions	
→ Does the daycare or preschool provide for the needs of the child?	**0**	Infant/child's preschool/daycare meets the needs of the infant/child.
	1	Infant/child's preschool/daycare is marginal in its ability to meet the needs of the infant/child. Caregivers may be inconsistent or curriculum may be weak in areas.
	2	Infant/child's preschool/daycare does not meet the needs of the infant/child in most areas. Care giving may not support the child's growth or promote further learning.
	3	The infant/child's preschool/daycare is contributing to problems for the infant/child in one or more areas.

PRESCHOOL/DAYCARE BEHAVIOR - This item rates the child's behavior in day care or preschool. This is rated independently from attendance. Sometimes children are often absent but when they are in school they behave appropriately. If the child's behavior is disruptive and multiple interventions have been tried, rate this item '2'. If the day care/preschool placement is in jeopardy due to behavior, this would be rated a "3."

Questions to Consider	Ratings & Definitions	
→ How is the child's behavior at daycare or preschool? → How does the child respond to interventions regarding his/her behavior?	**0**	Child is behaving well in preschool/daycare.
	1	Child is behaving adequately in preschool/daycare although some mild behavior problems may exist. Child may have a history of behavioral problems.
	2	Child is having moderate behavioral problems at school. He/she is disruptive and many types of interventions have been implemented.
	3	Child is having severe problems with behavior in preschool/daycare. He/she is frequently or severely disruptive. The threat of expulsion is present.

PRESCHOOL/DAY CARE ACHIEVEMENT - This item rates the child's level of developmentally appropriate achievement.

Questions to Consider	Ratings & Definitions	
→ How is the child doing in acquiring new skills at daycare or preschool?	**0**	Child is doing well acquiring new skills.
	1	Child is doing adequately acquiring new skills with some challenges. Child may be able to compensate with extra adult support.
	2	Child is having moderate problems with acquiring new skills. Child may not be able to retain concepts or meet expectations even with adult support in some areas.
	3	Child is having severe achievement problems. Child may be completely unable to understand or participate in skill development in most or all areas.

PRESCHOOL/DAYCARE ATTENDANCE - This item assesses the degree to which the child attends preschool or day care.

Questions to Consider

→ How often does the child miss school?

→ Do absences interfere with his/her learning?

Ratings & Definitions

0	Child attends preschool/daycare regularly.
1	Child has some problems attending preschool/daycare but generally is present. May miss up to one day per week on average OR may have had moderate to severe problem in the past six months but has been attending regularly in the past month.
2	Child is having problems with school attendance. He/she is missing at least two days each week on average.
3	Child is absent most of the time and this causes a significant challenge in achievement, socialization and following routine.

Trauma Module (2)

Question to Consider for this Module: How is the child responding to traumatic events? **Please rate the highest level from the past 30 days.**

Traumatic Stress Symptoms

AFFECTIVE/PHYSICAL DYSREGULATION - This item rates the child's ability to respond to the demands of experience with a range of emotions in a way that is socially appropriate, flexible enough to allow for spontaneous reaction and able to delay reaction as necessary. Consider both facial affect and physical movement here.

Questions to Consider	Ratings & Definitions	
→ Does the child have reactions that seem larger or smaller than appropriate to the situation? → Does the child have extreme or unchecked reactions to situations?	**0**	Child has no problems with affective or physical regulation.
	1	Child has mild to moderate problems with affect or physical regulation.
	2	Child has severe problems with affect or physical regulation but is able to control affect at times. Problems with regulation interfere with child's functioning in some life domains.
	3	Child unable to regulate affect.

INTRUSIONS - This item rates the frequency with which the child experiences thoughts of his/her trauma that he/she cannot control and how much/how little these thoughts impact his/her ability to function.

Questions to Consider	Ratings & Definitions	
→ Does the child think about the traumatic event when he/she does not want to? → Do reminders of the traumatic event bother the child?	**0**	There is no evidence that the child experiences intrusive thoughts of trauma.
	1	Child experiences some intrusive thoughts of trauma but it does not affect his/her functioning.
	2	Child experiences intrusive thoughts that interfere in his/her ability to function in some life domains.
	3	Child experiences repeated and severe intrusive thoughts of trauma.

TRAUMATIC GRIEF - This rating describes the level of traumatic grief the child is experiencing due to death or loss / separation from significant caregivers, siblings, or other significant figures.

Questions to Consider	Ratings & Definitions	
→ Is the trauma reaction of the child based on a grief/loss experience? → How much does the child's reaction to the loss impact his/her functioning?	**0**	There is no evidence that the child is experiencing traumatic grief or separation from the loss of significant caregivers. Either the child has not experienced a traumatic loss (e.g., death of a loved one) or the child has adjusted well to separation.
	1	Child is experiencing a mild level of traumatic grief due to death or loss/separation from a significant person in a manner that is expected and/or appropriate given the recent nature of loss or separation.
	2	Child is experiencing a moderate level of traumatic grief or difficulties with separation in a manner that impairs functioning in some but not all areas. This could include withdrawal or isolation from others or other problems with day-to-day functioning.
	3	Child is experiencing significant traumatic grief reactions. Child exhibits impaired functioning across several areas (e.g. interpersonal relationships, school) for a significant period of time following the loss or separation. Symptoms require immediate or intensive intervention.

REEXPERIENCING - These symptoms consist of intrusive memories or reminders of traumatic events, including nightmares, flashbacks, intense reliving of the events, and repetitive play with themes of specific traumatic experiences. These symptoms are part of the DSM criteria for PTSD.

Questions to Consider

→ Do sights, verbal cues, smells, sounds, etc. trigger the child to feel as though he/she is suddenly immersed in their traumatic experience once again?

→ Does the child have nightmares related to the traumatic experience?

→ Are flashbacks part of the child's experience?

Ratings & Definitions

0	This rating is given to a child with no evidence of intrusive symptoms.
1	This rating is given to a child with some problems with intrusions, including occasional nightmares about traumatic events.
2	This rating is given to a child with moderate difficulties with intrusive symptoms. This child may have recurrent frightening dreams with or without recognizable content or recurrent distressing thoughts, images, perceptions or memories of traumatic events. This child may exhibit trauma-specific reenactments through repetitive play with themes of trauma or intense physiological reactions to exposure to traumatic cues.
3	This rating is given to a child with severe intrusive symptoms. This child may exhibit trauma-specific reenactments that include sexually or physically traumatizing other child or sexual play with adults. This child may also exhibit persistent flashbacks, illusions or hallucinations that make it difficult for the child to function.

HYPERAROUSAL - These symptoms include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance and/or exaggerated startle response. Child may also commonly manifest physical symptoms such as stomachaches and headaches. These symptoms are part of the DSM criteria for PTSD.

Questions to Consider

→ Is the child always on edge?

→ Can the child fall/stay asleep?

→ Is the child easily startled?

Ratings & Definitions

0	This rating is given to a child with no evidence of hyperarousal symptoms.
1	This rating is given to a child who exhibits mild hyperarousal that does not significantly interfere with his or her day-to-day functioning. Child may also occasionally manifest physical symptoms such as stomachaches and headaches.
2	This rating is given to a child with moderate symptoms of hyperarousal. The child may exhibit one significant symptom or a combination of two or more of the following symptoms: difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance and/or exaggerated startle response. Child may also commonly manifest physical symptoms such as stomachaches and headaches.
3	This rating is given to an child who exhibits multiple and or severe hyperarousal symptoms including but not limited to difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance and/or exaggerated startle response. The intensity or frequency of these symptoms are distressing for the child and lead to frequent problems with day-to-day functioning.

AVOIDANCE - These symptoms include efforts to avoid stimuli associated with traumatic experiences. These symptoms are part of the DSM criteria for PTSD.

Questions to Consider	Ratings & Definitions	
→ Does the child make specific and concerted attempts to avoid sights, sounds, smells, etc. that are related to their trauma experience?	**0**	This rating is given to a child with no evidence of avoidance symptoms.
	1	This rating is given to a child who exhibits some avoidance. This child may exhibit one primary avoidant symptom, including efforts to avoid thoughts, feelings or conversations associated with the trauma.
	2	This rating is given to a child with moderate symptoms of avoidance. In addition to avoiding thoughts or feelings associated with the trauma, the child may also avoid activities, places, or people that arouse recollections of the trauma.
	3	This rating is given to a child who exhibits significant or multiple avoidant symptoms. This child may avoid thoughts and feelings as well as situations and people associated with the trauma and are unable to recall important aspects of the trauma.

NUMBING - These symptoms include numbing responses that are part of the DSM criteria for PTSD. These responses were not present before the trauma.

Questions to Consider	Ratings & Definitions	
→ Does the child seem to experience a normal range of emotions? → Does the child have a normal range of affect?	**0**	This rating is given to a child with no evidence of numbing responses.
	1	This rating is given to a child who exhibits some problems with numbing. This child may have a restricted range of affect or be unable to express or experience certain emotions (e.g., anger or sadness).
	2	This rating is given to a child with moderately severe numbing responses. This child may have a blunted or flat emotional state or have difficulty experiencing intense emotions or feel consistently detached or estranged from others following the traumatic experience.
	3	This rating is given to a child with significant numbing responses or multiple symptoms of numbing. This child may have a markedly diminished interest or participation in significant activities and a sense of a foreshortened future.

DISSOCIATION - Symptoms included in this dimension are daydreaming, spacing or blanking out, forgetfulness, fragmentation, detachment, and rapid changes in personality often associated with traumatic experiences. This dimension may be used to rate dissociative disorders (e.g., Dissociative Disorder NOS, Dissociative Identity Disorder) but can also exist when other diagnoses are primary (e.g., PTSD, depression).

Questions to Consider	Ratings & Definitions	
→ Does the child seem to lose touch with the present moment sometimes? → Is the child frequently forgetful or caught daydreaming?	**0**	This rating is given to a child with no evidence of dissociation.
	1	This rating is given to a child with minor dissociative problems, including some emotional numbing, avoidance or detachment, and some difficulty with forgetfulness, daydreaming, spacing or blanking out.
	2	This rating is given to a child with a moderate level of dissociation. This can include amnesia for traumatic experiences or inconsistent memory for trauma (e.g., remembers in one context but not another), more persistent or perplexing difficulties with forgetfulness (e.g., loses things easily, forgets basic information), frequent daydreaming or trance-like behavior, depersonalization and/or derealization. This rating would be used for someone who meets criteria for Dissociative Disorder Not Otherwise Specified or another diagnosis that is specified "with dissociative features."
	3	This rating is given to a child with severe dissociative disturbance. This can include significant memory difficulties associated with trauma that also impede day to day functioning. Child is frequently forgetful or confused about things he/she should know about (e.g., no memory for activities or whereabouts of previous day or hours). Child shows rapid changes in personality or evidence of distinct personalities. Child who meets criteria for Dissociative Identity Disorder or a more severe level of Dissociative Disorder NOS would be rated here.

TIME BEFORE TREATMENT - This item identifies the amount of time that passed between the trauma and the beginning of treatment.

Questions to Consider	Ratings & Definitions	
→ How long after the trauma occurred did the child begin receiving treatment?	**0**	Trauma was recognized and treatment started within one month of initial experience.
	1	Trauma was recognized and treatment started within one to six months of initial experience.
	2	Trauma was recognized and treatment started within six months to one year of the initial experience.
	3	Trauma was not recognized nor treated for more than one year after the initial experience.

Sexual Abuse Sub-Module (2a)

EMOTIONAL CLOSENESS OF PERPETRATOR - This item defines the relationship between the child and the perpetrator of sexual abuse.

Questions to Consider	Ratings & Definitions	
→ Did the child know the perpetrator? → Was the perpetrator a family member?	**0**	Perpetrator was a stranger at the time of the abuse.
	1	Perpetrator was known to the child at the time of event but only as an acquaintance.
	2	Perpetrator had a close relationship with the child at the time of the event but was not an immediate family member.
	3	Perpetrator was an immediate family member (e.g. parent, sibling).

FREQUENCY OF ABUSE - This item identifies the frequency of sexual abuse.

Questions to Consider	Ratings & Definitions	
→ How often did the abuse occur?	**0**	Abuse occurred only one time.
	1	Abuse occurred two times.
	2	Abuse occurred two to ten times.
	3	Abuse occurred more than ten times.

DURATION - This item identifies the length of time during which the abuse occurred.

Questions to Consider	Ratings & Definitions	
→ For how long did the abuse occur?	**0**	Abuse occurred only one time.
	1	Abuse occurred within a six month time period.
	2	Abuse occurred within a six-month to one year time period.
	3	Abuse occurred over a period of longer than one year.

PHYSICAL FORCE - This item rates the severity of physical force or violence used during episodes of abuse.

Questions to Consider	Ratings & Definitions	
→ Was there physical violence or the threat of physical violence used during the abuse?	**0**	No physical force or threat of force occurred during the abuse episode(s).
	1	Sexual abuse was associated with threat of violence but no physical force.
	2	Physical force was used during the sexual abuse.
	3	Significant physical force/violence was used during the sexual abuse. Physical injuries occurred as a result of the force.

REACTIONS TO DISCLOSURE - This item rates the level of support the child received from family after disclosing the sexual abuse.

Questions to Consider	Ratings & Definitions	
→ Was the family supportive of the child during the disclosure process? → Is the family aware of the abuse?	**0**	All significant family members are aware of the abuse and supportive of the child coming forward with the description of his/her abuse experience.
	1	Most significant family members are aware of the abuse and supportive of the child for coming forward. One or two family members may be less supportive. Parent may be experiencing anxiety/depression/guilt regarding abuse.
	2	Significant split among family members in terms of their support of the child for coming forward with the description of his/her experience.
	3	Significant lack of support from close family members of the child for coming forward with the description of his/her abuse experience. Significant relationship (e.g. parent, care-giving grandparent) is threatened.

Caregiver Needs

The items in this section represent potential areas of need for caregivers while simultaneously highlighting the areas in which the caregivers can be a resource for the child. In general, it is recommended that the caregiver (or caregivers) with whom the child is currently living be rated. If the child has been placed temporarily, then focus on the caregiver to whom the child will be returned. If it is a long-term foster care placement, then rate that caregiver(s). If the child is currently in a congregate care setting, such as a hospital, shelter, group home, or residential treatment center it would be more appropriate to rate the community caregivers where the child will be placed upon discharge from congregate care. It is advised to focus on the planned permanent caregiver in this section.

For situations in which a child has multiple caregivers it is recommended to rate based on the needs of the set of caregivers as they affect the child. For example, the supervisory capacity of a father who is not involved in monitoring or disciplining of a child may not be relevant to the ratings. Alternatively, if the father is responsible for the children because he works the first shift and the mother works the second shift, then his skills should be factored into the ratings of the child's supervision.

For Caregiver Needs the following definitions and action levels are used:

0 = There is no evidence of any needs. This could be a potential resource for the child.

1 = An identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.

2 = Action or intervention is required to ensure that the identified need or risk behavior is address as it is currently interfering with the caregiver's ability to parent or support the child.

3 = An identified need that requires immediate or intensive action as it is currently preventing the caregiver from effectively parenting or supporting the child.

Questions to Consider for this Domain: What are the strengths and needs of the child's caregiver(s)? **Please rate for the past 30 days.**

76. SUPERVISION - This item rates the caregiver's ability to monitor and discipline the child. Discipline is defined in the broadest sense, and includes all of the things that parents/caregivers can do to promote positive behavior with their children. A mother who reports frequent arguments with her teenage son who is not following house rules, is staying out all night, and may be using drugs or alcohol would receive a rating of '2' because her current parenting is not effective in monitoring and disciplining her child.

Questions to Consider	Ratings & Definitions	
→ How do caregivers keep an eye on and discipline their child/children?	**0**	No evidence caregiver needs help or assistance in monitoring or disciplining the child and/or caregiver has good monitoring and discipline skills.
→ Do caregivers think they need some help with these issues?	**1**	There is a history or suspicion of need for assistance monitoring or disciplining child, but caregiver generally provides adequate supervision. Caregiver may need occasional help or assistance.
	2	Caregiver reports difficulties monitoring and/or disciplining the 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.

77. INVOLVEMENT WITH CARE - This item rates the caregiver's participation in the child's care and ability to advocate for the Child. A '0' on this item is reserved for caregivers who are able to advocate for their child and who participate in services. This requires knowledge of their child, their rights, options, and opportunities. A '1' is used to indicate caregivers who are willing participants with service provision, but who may not yet be able to serve as advocates for their child. A '2' would indicate a parent who does not wish to participate in child's treatment or is so emotionally exhausted that they are unable to effective assist the child in treatment right now

Questions to Consider	Ratings & Definitions	
→ How involved are the caregivers in services for the child? → Is the caregiver an advocate? → Would they like any help to become more involved?	**0**	No evidence of problems with caregiver involvement in services or interventions and/or caregiver is able to act as an effective advocate for child.
	1	There is a history or suspicion of need for assistance seeking help, and/or caregiver has history of seeking help for their child. Caregiver is open to receiving support, education, and information.
	2	Caregiver does not actively involve him/herself in services and/or interventions intended to assist.
	3	Caregiver wishes for child to be removed from their care.

78. KNOWLEDGE - This item identifies the caregiver's knowledge of the child's strengths and needs.

Questions to Consider	Ratings & Definitions	
→ How comfortable are the caregivers w/what they know about their child's needs? → How much of what professionals tell them about their child do they understand? → Are the caregivers/parents interested in knowing more about their child?	**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 he/she is about the needs of 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.

79. ORGANIZATION - This item rates the caregiver's ability to manage their household within the context of community services.

Questions to Consider	Ratings & Definitions	
→ Do caregivers need or want help with managing their home? → Do they have difficulty getting to appointments, managing a schedule? → Do they have difficulty getting their child to appointments or school?	**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.

80. RESOURCES - This item rates the financial and social assets (extended family) and resources that the caregiver(s) can bring to bear in addressing the multiple needs of the child and family.

Questions to Consider	Ratings & Definitions	
→ Does family have extended family or friends who provide emotional support? → Can they call on social supports to watch the child occasionally? → Do the parents/ caregivers have enough of what they need to meet the family's needs?	**0**	Caregiver has sufficient resources and significant social and family networks that actively help with caregiving.
	1	Caregiver has necessary resources and some family or friend social network that actively helps with caregiving.
	2	Caregiver has limited resources some family or friend social network that may be able to help with parenting/caregiving.
	3	Caregiver has severely limited resources and no family or social network to help with parenting/caregiving.

81. RESIDENTIAL STABILITY- This item rates the housing stability of the caregiver(s) and does not include the likelihood that the child will be removed from the household.

Questions to Consider	Ratings & Definitions	
→ Is the family current housing situation stable? → Are there concerns that they might have to move in the near future? → Has family lost their housing? → Does the family move often?	**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 him/her 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.

82. PHYSICAL - This item refers to medical and/or physical problems that the caregiver(s) may be experiencing that prevent or limit his or her ability to parent the child. This item does not rate depression or other mental health issues.

Questions to Consider	Ratings & Definitions	
→ How is the caregiver's health? → Does he/she have any health problems that limit their ability to care for the family? → Does anyone else in the family have serious physical needs that the caregiver is taking care of?	**0**	Caregiver is generally healthy.
	1	There is a history or suspicion of, and/or caregiver is in recovery from medical/physical problems.
	2	Caregiver has medical/physical problems that interfere with his or her capacity to parent.
	3	Caregiver has medical/physical problems that make parenting impossible at this time.

83. MENTAL HEALTH - This item refers to any serious mental health issues (not including substance abuse) among caregivers that might limit their capacity for parenting/caregiving to child. A parent with a serious mental illness would likely be rated a '2' or even a '3' depending on the impact of the illness. A parent whose mental illness is currently well controlled by medication and therapy, however, might be rated a '1'.

Questions to Consider	Ratings & Definitions	
→ Do caregivers have any mental health needs that make parenting difficult? → Does anyone else in the family have serious mental health needs that the caregiver is taking care of?	**0**	No evidence of caregiver mental health difficulties.
	1	There is a history or suspicion of mental health difficulties, and/or caregiver is in recovery from mental health difficulties.
	2	Caregiver has some mental health difficulties that interfere with his or her capacity to parent.
	3	Caregiver has mental health difficulties that make it impossible for him/her to parent at this time.

84. SUBSTANCE USE - This item rates the impact of any notable substance use by caregivers that might limit their capacity to provide care for the child. If substance use interferes with the user's ability to parent, a rating of '2' is indicated. If substance use prevents a caregiver from providing adequate care, a rating of '3' is warranted. A '1' indicates that a caregiver is currently in recovery, or is used when substance use is suspected but is not confirmed.

Questions to Consider	Ratings & Definitions	
→ Do caregivers have any substance abuse needs that make parenting difficult?	**0**	No evidence of caregiver substance use issues.
→ Does anyone else in the family have a serious substance abuse need that is impacting the resources for caregiving?	**1**	There is a history of, suspicion or mild use of substances and/or caregiver is in recovery from substance abuse difficulties where there is no interference in his/her ability to parent.
	2	Caregiver has some substance abuse difficulties that interfere with his or her capacity to parent.
	3	Caregiver has substance abuse difficulties that make it impossible for him/her to parent at this time.

85. DEVELOPMENTAL - This item describes the presence of limited cognitive capacity or developmental disabilities that challenges his or her ability to parent.

Questions to Consider	Ratings & Definitions	
→ Do the caregivers have developmental challenges that make parenting/caring for the child difficult?	**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 him/her to parent at this time.

86. SAFETY - This item describes the caregiver's ability to maintain safety within the household. This rating refers to the safety of the child assessed. It does not refer to the safety of other family or household members based on any danger presented by the assessed child.

Questions to Consider	Ratings & Definitions	
→ Is the caregiver able to protect the Child from harm in the home?	**0**	Household is safe and secure. Child is at no risk from others.
→ Are there individuals living in the home or visiting the home that may be abusive to the child?	**1**	Household is safe but concerns exist about the safety of the child due to history or others who might be abusive.
	2	Child is in some danger from one or more individuals with access to the household.
	3	Child is in immediate danger from one or more individuals with unsupervised access.

87. FAMILY STRESS - This is the impact of the child's behavioral and emotional needs on the family's stress level. A family that is so stressed by a child's behavior that parents/caregivers are requesting the child be removed from their responsibility would receive a rating of '3'. Evaluations of stress can reflect the physical or time burdens of caring for the child, or the emotional impact of the child's needs on the family.

Questions to Consider	Ratings & Definitions	
→ Do caregivers find it stressful at times to manage the challenges in dealing with the child's needs? → Is the stress hard for them to manage at times? → Does the stress ever interfere with ability to care for the child?	**0**	No evidence of caregiver having difficulty managing the stress of the child's needs and/or caregiver is able to manage the stress of child's needs.
	1	There is a history or suspicion and/or caregiver has some problems managing the stress of child's needs.
	2	Caregiver has notable problems managing the stress of child's needs. This stress interferes with his or her capacity to provide care.
	3	Caregiver is unable to manage the stress associated with child's needs. This stress prevents caregiver from parenting.

88. LEGAL - This item rates the caregiver's involvement with the justice system. This includes any legal issues related to immigration.

Questions to Consider	Ratings & Definitions	
→ Has the caregiver been arrested? → Is one or more caregiver incarcerated or on probation?	**0**	Caregiver has no known legal difficulties.
	1	Caregiver has a history of legal problems but currently is not involved with the legal system.
	2	Caregiver has some legal problems and is currently involved in the legal system.
	3	Caregiver has serious current or pending legal difficulties. A caregiver may be incarcerated.

Appendices

(1) Supplemental Information on Life Domain Functioning
- Table 1. Developmental Health Watch: Possible Delays; Potential Signs of Delay at Later Stages
- Table 2. Sensory Milestones; Infants
- Table 3. Motor Milestones

(2) CANS 0-5 years-old Rating Sheet

Table 1. Developmental Health Watch: Possible Delays

Age	Normative Sensory Milestones – 1st Year	Potential Signs of Delay
1 Month	Vision focuses 8 to 12 inches away, e.g., looks at parent's face while feeding Turns to, and looks longer at black- and-white or high-contrast patterns than other patterns Hearing appears to be fully mature. Attends and responds to a variety of voices and sounds (loud, moderate, high pitch, low pitch), other than very quiet sounds	**Sucks poorly and feeds slowly** **Doesn't blink when shown a bright light** **Doesn't focus and follow a nearby object moving side to side** **Rarely moves arms and legs; seems stiff**
3 Months	Watches faces intently Follows moving objects, e.g., will track a toy that you move in front of his face Recognizes familiar objects & people at a distance, e.g., smiles at a parent walking towards her Starts using hands and eyes in coordination, e.g., Inspects his/her hands, watching their movements Begins to imitate simple cooing sounds	**Doesn't respond to loud sounds** **Doesn't notice hands (by 2 mos.)** **Doesn't smile at the sounds of your voice (by 2 mos.)** **Doesn't follow moving objects with her eyes by (2 – 3 mos.)**
7 Months	Distance vision matures, so may notice a parent leaving the room Ability to track moving objects improves, and can follow a moving toy with both eyes Can distinguish between lumpy and smooth objects with mouth, so may respond differently to different textures of food; may show preferences	**Seems very stiff, with tight muscles** **Seems very floppy, like a rag doll** **Reaches with one hand only** **Refuses to cuddle**
12 Months	Pays increasing attention to speech, e.g., will babble long strings in response to sentences directed at him/her by others; takes "turns" in conversations Responds to simple verbal requests, e.g., "Can you give me that book?" Finger feeds self items such as cheerios Looks at correct picture when image is named Imitates gestures, e.g., waiving.	**Does not crawl** **Cannot stand when supported** **Does not search for objects that are hidden while he watches** **Says no single words ("mama" or "dada")**

Potential Signs of Delay at Later Stages

Age	Potential Signs of Delay
18 Months	Cannot walk. Does not speak at least fifteen words
2 Years	Does not use two-word sentences. Does not follow simple instructions
3 to 4 Years	Cannot throw a ball overhand. Cannot jump in place. Cannot stack four blocks. Resists dressing, sleeping, using the toilet

Adapted from: *Caring for Your Baby and Young Child: Birth to Age 5*. 2004. American Academy of Pediatrics. 8 Jan. 2009 <http://www.aap.org/healthtopics/stages.cfm>.

Table 2. Sensory Milestones

Age Range	Sensory Milestone
Ages 8-14 Months	Can process touch information more efficiently, e.g., will demonstrate reactions to touching different objects/surfaces in recognition of differences (touch of sandpaper and touch of plastic)
Ages 12-19 Months	Achieves adult sensitivity to bitter tastes, e.g., will grimace when tasting something bitter
Ages 12-22 Months	Can see about 20/60 level, gradually reaching a norm of 20/25, e.g., recognizes objects near and far, such as a speck of dust on the floor or a familiar person coming down the street

Adapted from: *Sensory Development.* 2003. Talaris Research Institute. 29 Jan. 2009.

Infants

Age Range	Typical Development Sensory Processing	Signs of Potential Processing Problems
1 – 12 months	Infant molds to adult holding him	**Infant arches away from adult holding him, avoids cuddling, may prefer being held face out**
	Explores toys by putting them in his/her mouth	**Avoids putting toys in mouth**
	After 6 months accepts solids and textured foods	**Has difficulty with or rejects solid or textured foods**
	Plays with two hands in the mid-body, moves toys hand to hand	**Only uses one hand to play with toys (after 8 months)**
12 – 18 months	Enjoys touching textures (note: most toddlers do have a brief phase where they avoid messiness)	**Avoids touching textures, messy play, messy finger foods, etc.**
	Accepts various clothing choices	**Has difficulty with new clothes, socks with seams, tags. Won't wear shoes OR always has to wear shoes on grass, sand, etc.**
	Is not excessively frightened of loud noises	**Is very afraid of loud noises like thunder, vacuum cleaners, and sirens.**
18 months – 3 years	Adjusts to various play settings: quiet indoors, active outdoors	**Intense need for active movement: swinging, rocking jumping; OR avoids movement**
	Explores new play equipment with good balance and body control	**Has difficulty getting on and off play equipment; may be clumsy; doesn't like feet off the ground**
	Tolerates loud sounds and other unusual stimulation	**Is upset by loud noises, hearing distant sounds others don't notice; has unusual reactions to light, smells, and other sensory experiences**

From http://www.hceip.org/Sensory_Observation_Guide.htm

Sensory Processing Issues: Some children have difficulty with taking in information through their senses, due to neurological differences. Some children are hyper-sensitive to sound, sight, touch, or smell, or to all these senses. Not being able to "tune out" or turn down a sensory input like sound can interfere with learning, interactions, and other critical components of healthy development. For other children, the challenge is that they are hypo-sensitive, which means they don't get enough input from sight, sound, smell or touch. They may seek out brighter, louder, smellier, harder/softer stimulation, which again can interfere with learning and relationships. For other children, the challenge is with the feedback their body gets through proprioception (having to do with balance, coordination and special awareness). Here are some examples of typical sensory development and sensory processing issues for young children.

Table 3. Motor Milestones

Age Range	Typical Development Motor Processing
By Age 1 Month	Makes jerky, quivering arm thrusts Brings hands within range of eyes and mouth Moves head from side to side while lying on stomach Keeps hands in tight fists
By Age 3 Months	Raises head and chest when lying on stomach Opens and shuts hands Pushes down on legs when feet are placed on firm surface Brings hand to mouth
By Age 7 Months	Rolls both ways (front to back, back to front) Sits with, and then without, support of her hands Supports her whole weight on her legs Reaches with one hand
By Age 12 Months	Crawls forward on belly by pulling with arms & pushing with legs Creeps on hands and knees supporting trunk on hands and knees Gets from sitting to crawling or prone (lying on stomach) position Pulls self up to standing position
By Age 2 Years	Walks alone Pulls toys behind her while walking Begins to run Might use one hand more frequently than the other
By Ages 3 to 4	Hops and stands on one foot up to five seconds Kicks ball forward Copies square shapes Uses scissors

Adapted from: *Caring for Your Baby and Young Child: Birth to Age 5*. 2004. American Academy of Pediatrics. 8 Jan. 2009 <http://www.aap.org/healthtopics/stages.cfm>.

CANS 0 – 5 years-old version Rating Sheet