

Uniform Foster Care Rate Setting Policy



Division of Safety and Permanence

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Uniform Foster Care Rate Policy

Purpose

The Uniform Foster Care Rate for Wisconsin's foster care programs was established in accordance with s. 48.62(4) Stats., to provide consistency in foster care payments. The basic maintenance rates are designed to meet the maintenance needs of the child and are intended to provide for the basic costs of raising a foster child (i.e., food, shelter, basic transportation, personal and recreational needs, clothing). Foster children who require more than the usual care and supervision may receive a supplemental or exceptional rate payment based on the needs of the child.

For purposes of this policy, the terms "foster child," "foster home," "foster parent," and "foster care" relate to licensed family foster homes and family-operated group homes.

Applicability

This policy applies to children in foster care placed by agencies who have "Placement and Care Responsibility." The agency refers to either a county agency or the department.

This does not apply to a child placed or to be placed into a foster home that is licensed solely for the purpose of adoption of a domestic infant under s. 48.837, Stats., or a foreign child under s. 48.839 or 48.97, Stats. Agencies must assure all actions of either agency or contracted provider staff comply with this policy.

Definitions

The four components of the Uniform Foster Care Rate are defined as follows:

Initial Clothing Allowance: an allowance for the actual cost of clothing needed by a child upon initial entry into foster care. The allowance may not exceed the maximum amount specified for the child's age. The placement of a child in foster care 120 days or more after the child has been removed from out-of-home care shall be considered to be an initial placement. The maximum rates are established by the Department by this policy.

Basic Maintenance Rate: a fixed monthly payment for the usual and customary costs incurred in caring for a foster child (including food, clothing, shelter, personal care, transportation, recreation) as determined for Level 1 foster parents by the certification of the provider or by the age of the child. These rates are established biennially by the Wisconsin Legislature.

Supplemental Rate: an additional monthly payment intended to cover the costs of caring for a child whose needs exceed normal limits of care and supervision for that child's age. The descriptors (i.e., criteria) are established by the Department by administrative rule. The funding levels associated with these descriptors are established by the Department by this policy.

Exceptional Rate: an additional monthly payment for caring for a child whose needs may be so extreme that the basic maintenance and supplemental payments do not provide sufficient funding to ensure the child's care in the foster home and to prevent placement in a more restrictive setting. The criteria are established by the Department by administrative rule. The funding level associated with these criteria is indirectly established by the Department by this policy through the establishment of a maximum monthly foster care payment.

Team: is the group appointed by the placing and supervising agencies to assess a child, develop and implement the case and permanency plans, and evaluate the child's progress for a child this includes members of the placing, supervising, licensing and tribal agencies involved.

I. ELIGIBILITY

- Uniform foster care rates shall be determined for all foster children whose cost of care is paid directly to foster parents by a County Department of Social or Human Services, the Department of Children and Families, or a private Child Placing Agency under contract with a public agency.
- If the agency providing services to a child placed in foster care is different than the agency having "placement and care responsibility," the providing agency, using the criteria set forth in this policy, shall recommend the rate to be paid by the financially responsible agency. A County Department of Social Services, which is the designated providing agency for the 51.42/51.437 Board, shall determine the payment amount using the Uniform Foster Care Rate criteria consistent with the process outlined in Ch. DCF 56.16(2) (c).
- All the components of the Uniform Foster Care Rate are designed to maintain the child in the foster home and **do not** include service payments to foster parents or licensed child placing agencies. Agencies may enter into purchase of service contracts for services or bed holding costs with individual foster care providers. Such expenses shall not be reported as foster care costs.
- Section 48.62(2), Stats, allows relatives to apply for a foster care license. The agency shall license the relative as a foster parent if the requirements of Ch. DCF 56, Adm. Code, are met. The agency **is not** required to provide a foster care payment unless the child is in out-of-home care under a court order with "placement and care responsibilities."
- Payments made on behalf of children placed in institutions, residential care centers, shelter care facilities or incorporated group homes are **not** covered by the provisions of the Uniform Foster Care Rate Policy.
- Each foster parent shall be provided with current information regarding the Uniform Foster Care Rate Policy at the time of licensure, when a child is placed and when a rate change occurs. A brochure entitled, "Understanding the Uniform Foster Care Rate" is available for distribution to foster parents and will meet the requirement under this provision. The brochure is available on the internet at http://dcf.wisconsin.gov/publications/pdf/pcf_p_pfs0142.pdf or from Document Sales (for information on ordering DCF forms and publications, see the Division of Safety and Permanence Info Memo 2009-03 at <http://dcf.wisconsin.gov/memos/infomemos/DSP/2009/2009-03.pdf>

II. INITIAL CLOTHING ALLOWANCE

An initial clothing allowance, in the amount of the actual cost but not exceeding established maximums, may be paid for children initially entering foster care without sufficient clothing.

The amount of the initial clothing allowance shall be the actual cost of the clothing not to exceed the maximums listed below.

If a child is placed in foster care 120 days or more after a previous out-of-home care placement episode was terminated, the placement shall be considered an initial placement for the purposes of eligibility for an initial clothing allowance.

A child who re-enters foster care within 120 days whose clothing allowance has not been exhausted may use the remaining balance.

The current maximum rates are:

Age Group	Clothing Allowance
0-4	Up to \$225
5-11	Up to \$263
12-14	Up to \$300
15-18	Up to \$300

III. BASIC MAINTENANCE RATES

The basic maintenance rate for children is statutorily set by the Legislature and published by the department. The “Understanding the Uniform Foster Care Rate” brochure provides current basic maintenance rates for children placed with foster parents certified at a Level 1 and for those placed with providers above Level 1 in the following age categories: Birth to 4; 5-11; 12-14; and 15 and older.

III. A. Changes to the Basic Maintenance Rate for a Child’s Birthday

When a child in foster care attains the age of 5, 12 and 15, the agency shall authorize the next higher basic maintenance rate effective on the date on which the birthday occurs.

This procedure is automated and reflected in eWiSACWIS and will create and prorate the payment to the foster parent based on the child’s birthday.

IV. SUPPLEMENTAL RATE

A **supplemental rate** payment for a foster child is determined using the *criteria* established at Ch. DCF 56.23, Admin. Code. through the use of the Child and Adolescent Needs and Strengths (CANS) tool, the calculation of the child's Level of Need, and the providers' Level of Certification.

IV. A. Child's Identified Needs and Strengths

The agency with "placement and care responsibility" for a child placed in foster care shall determine a child's identified needs and strengths through the use of the CANS tool. Before administering the CANS tool the person who administers the tool shall first do all of the following:

1. Review the case record.
2. Interview or collect information from an individual who has interviewed the child, child's family, foster parent or other out-of-home care provider, the child's team or treatment team, and the licensing agency.
3. Review information gathered in collaboration with the child's team or treatment team and the licensing agency.

An individual performing the assessment shall be trained and certified in the use of the department's standardized assessment tool. The assessment requires a certified CANS user to complete a CANS assessment of the information obtained about the child. (See Appendix A for the CANS tool and glossary) Re-certification to complete the assessment process must be completed on an annual basis.

The agency shall use the CANS assessment to determine whether or not a foster child qualifies for a supplemental rate payment. The identified needs and strengths rated a '2' or '3' shall be used to calculate this portion of the supplemental payment.

See Appendix B for which items in the CANS tool are specifically used to calculate the child's assessed needs and strengths for the Supplemental Rate.

In using the CANS tool, the assessor must:

- Determine if the child exhibits characteristics described as a 2 or 3 in **one or more** of the following domains: trauma; life functioning; school; acculturation; behavioral / emotional needs; or risk behaviors.
- Determine the appropriate level within each applicable domain. The three levels are: basic; moderate; and intensive. In order for a rating to be above basic, characteristics exhibited must be inappropriate for what is deemed developmentally age appropriate for a child who is of a similar age.
- Determine ratings for each item within the domains listed in the "Point Distribution Table" below.

- Assign points only once for each item in each domain (e.g., points cannot be given at both the “moderate” and “intensive” level for any one item within a domain).
- Calculate the child’s identified needs and strengths Supplemental Points based on adding the items rated a 2 or 3 on the domains listed in the “Point Distribution Table.” The sum is then multiplied by \$8.00 to determine the child’s portion of the Supplemental payment. The calculation of the supplemental points and the subsequent rate will be automated for all placements that exist in eWiSACWIS.

Point Distribution Table

	<u>Basic</u>	<u>Moderate</u>	<u>Intensive</u>	Total Items Rated 0-5 years	Total Items Rated 5 – 17 years
CANS RATING	0-1	2	3		
CANS DOMAIN					
Trauma	0-1	2	3	5	5
Life Domain Functioning	0-1	2	3	30	37
School	0-1	2	3	7	4
Acculturation	0-1	2	3	1	1
Behavioral / Emotional	0-1	2	3	7	11
Risk Behaviors	0-1	2	3	8	18
Strengths	0-1	2	3	8	17
TOTAL				66	93
Maximum Points				198	279

IV. B. Providers Level of Care / Child's assessed Level of Need Value

When the providers' Level of Care (LOC) Certification for Level of 3 or 4 exceeds a child's assessed Level of Need (LON) (Appendix C), an LOC/LON value of \$100.00 will be added to the supplemental portion of the foster care rate.

IV. C. Total Supplemental Rate

The total value of the Supplemental Rate is determined by adding the child's identified needs and strengths to the LOC/LON value.

V. EXCEPTIONAL RATE

The placing agency may determine the frequency and amount of an exceptional payment necessary to meet one or more of the purposes listed below, provided no total monthly payment to the foster parent exceeds the \$2,000.00 maximum amount determined by the department in this policy. Exceptional costs are those costs that are above and beyond what is covered by the Basic and Supplemental portions of the foster care rate.

The exceptional payment may be made for time-limited durations or for the average monthly costs. Any use of an exceptional payment must be accompanied by a justification by the rate setter of the costs and what it is to be used for.

An **exceptional rate** payment may be provided on behalf of a foster child only if at least one of the following situations exists:

- The payment will enable the child to be placed or remain in a foster home instead of being placed or remaining in a more restrictive setting.
 - When considering this section, the following areas should be considered and its intensity level, this is not an exhaustive list:
 - Activities the foster parent is expected to participate in for or with the foster child including, but not limited to:
 - Specialized activities to support the needs of the child.
 - Loss of work hours / losing sleep at night due to the child's needs.
 - Increased frequency and interaction with the school (weekly or more).
 - Transportation for family interaction, court events, or agency related activities that are greater than 30 miles.
 - Level of supervision the child needs
 - Examples include stepping down from residential care, children with multiple previous placements, etc.
 - Specialized trainings / care knowledge, outside of licensing requirements the foster parent is expected to know and be able to complete such as shared parenting assisting with family interaction.

- Administration and supervision of medication that require specialized training.
- Increase in laundry or cleaning materials due to child's specialized needs.
- Specialized foods to meet a child's dietary needs (i.e. gluten free products, supplements, or cultural needs).
- Property destruction (it should be noted that if this is included in the foster care rate, then the foster parent may not seek a claim through the Foster Parent Insurance Program for damage that is foreseen/expected and included in the foster care rate).
- Incidentals for the child not covered under the basic maintenance or the supplemental payments such as costs related to allow the child to attend a camp, participate in sports, etc.
- Child care costs not covered by Wisconsin Shares (Shares) under the following circumstances:
 - The foster parent must have applied for and been denied Shares or the amount approved by Shares does not cover the costs to the foster parent. In the instance where Shares does not cover the full costs only the difference between what Shares will cover and the costs from the Child care provider may be covered.
 - The foster parent was unable to identify a child care provider with a YoungStar rating of 3 or more stars within reasonable vicinity relative to their home or place of employment; or there are no openings available with a provider with a higher YoungStar rating.
 - For new placements only, the child care costs differences between a YoungStar rating of 2 may be included for up to 3 months to allow the foster parent time to enroll with a provider with a higher YoungStar rating.
 - Child care costs shall not be included in the exceptional rate if the foster parent chooses to use a child care provider with a YoungStar rating of 1 or 2 and there are providers with a YoungStar rating of 3 or higher available. Child care costs to a provider with a YoungStar rating of 1 or to an unrated provider shall not be included in the exceptional rate.
- The payment will enable the placement of siblings or minor parent and minor children together.
 - Typically a \$100 payment is added to each sibling's rate when placed in the same home.
 - For minor parents placed with their minor children who are not on their own court order, the basic rate for the minor child if that child were placed in foster care shall be added to the minor parents foster care rate to provide for the needs of the minor child.

- The payment will assist with transportation to the school the child was attending prior to placement in out-of-home care.
 - To promote the educational stability of children in foster care, agencies may provide payments for costs associated with transporting a child to and from the school the child was enrolled in (school of origin) at the time of placement into out-of-home care. This cost shall be documented under the Exceptional Payments under Transportation to School of Origin. Only reimbursement made to foster parents shall be claimed here.
 - To qualify, the transportation shall be out of the foster parent's normal route and longer than would normally be expected for a prudent parent to travel to take a child to school, such as a distance greater than 20 miles each way. The agency shall use the average monthly miles multiplied by the agencies transportation rate for foster parents to determine the amount to be included.
- To replace a child's basic wardrobe that has been lost or destroyed in a manner other than normal wear and tear.
 - An as-needed exceptional rate payment for wardrobe replacement is appropriate for reasons such as sudden growth spurts that are not equated with average growth of the child. For children with special circumstances that result in unusual wear and tear of clothing (such as those wearing prosthesis) those circumstances are taken into account in the supplemental rate, therefore agencies should not build in an additional amount for clothing into the exceptional rate.
- For a child placed in a foster home before February 21, 2011, and who remains placed in that foster home, equalize the total payment amount lost by the child's foster parent due to implementation of the method of determining supplemental payments listed in section IV. of this policy.
 - All children placed in any foster home prior to February 21, 2011 shall continue at the same total foster care rate for the duration of that child's placement with that provider. Level 1 or 2 foster homes who become certified as a Level 3 or 4 home or any foster parent who becomes licensed by a different licensing agency and who has continually cared for a child in their home that was placed prior to February 21, 2011 shall continue at the rate they were eligible for at that time and was previously justified, unless the child's needs necessitate a higher rate.
 - This portion of the rate may decrease if the child's needs change significantly.
 - This rate does not follow the child if the child moves to a new placement. If a child moves the rate shall be established according to this policy based on the foster parent the child is placed with and the child's assessed needs.

While it would be somewhat unusual, there is nothing to prohibit a child from receiving an exceptional payment without also receiving a supplemental payment.

VI. TOTAL UNIFORM FOSTER CARE RATE

The Uniform Foster Care Rate is the total of the basic maintenance, supplemental, and exceptional rates.

The total foster care payment (including the basic maintenance, supplemental and exceptional rates) shall not exceed \$2,000 per month per child. Any costs that exceeds this limit shall be documented under “Costs > Spending Limit” in eWiSACWIS and are not IV-E reimbursable. Any payment for a placement that is less than a full calendar month shall be pro-rated based on the actual numbers of days in that month.

Example:

A child is 15 years old and has characteristics that result in actionable items for the domains rated in supplemental rates. In addition, it is determined that the foster parent should receive an exceptional rate payment because of placement of siblings together and to provide placement to enable the child to live in the least restrictive environment. In numerical terms this example is expressed on the next page:

Basic Maintenance Rate:	\$475
+	
Supplemental Rate:	\$700
• Child’s Assessed Needs (75 points x \$8.00=\$600)	
• Child LON/Provider LOC (\$100)	
+	
Exceptional Rate:	\$250
• Transportation to School of Origin (\$50)	
• Siblings and least restrictive (\$200)	
<hr/>	
Total Uniform Foster Care Rate:	\$1,425

VII. INITIAL DETERMINATION AND RE-DETERMINATION

The initial determination of the child’s Level of Need and value of supplemental points shall be made within 30 days of the child’s placement in a foster home and no less frequently than every 6 months thereafter.

A foster parent or a private child placing agency on behalf of a foster parent may request a redetermination

at any time by providing a description and evidence of changes to the child's condition or needs.

A description of the child's condition, justification for any supplemental or exceptional rate payment recommendation and the recommended rate must be submitted to the designated agency rate setter for approval in eWiSACWIS. This information shall also be placed in the child's case record. Documentation in eWiSACWIS of the information shall be considered documented in the child's record.

Supplemental and exceptional rate payments must be based on the child's current situation. As such, it is always possible and probable that the rates could increase or decrease as the result of a determination. If approved the supplemental or exceptional rate payment shall be made from the agency's foster care account. All supplemental or exceptional rate payments shall be made to the foster parent for the care of the child.

VIII. AGENCY RATE SETTER RESPONSIBILITY

Each agency shall designate a person to determine supplemental and exceptional rates for foster children. The rate setting function shall be performed by an administrator, supervisor or advanced social work practitioner. The designated rate setter shall not have an active foster care caseload.

When a child is placed with a licensing agency that is different than the placing agency, such as a private child placing agency or another county agency, then the rate setter shall allow the licensing agency of the foster parent to participate in the determination of supplemental and exceptional payments as required under Ch. DCF 56.16(2) (c) by allowing the licensing agency to:

- Review the payment amount that a placing agency is proposing for a child's placement and discuss the child's needs with the placing agency.
- Inform a prospective foster parent of the placing agency's proposed payment amount.
- Recommend any modifications to the payment amount that the placing agency has proposed.
- Participate with the placing agency, foster parent, and treatment team members in the redetermination of the payment amount following a reassessment.
- At a foster parent's request, assist a foster parent in resolving a disagreement between the foster parent and the placing agency regarding a payment amount before the foster parent requests a fair hearing.

The rate setter, after reviewing the recommendation and documentation submitted by the child's caseworker, and if applicable the licensing agency, shall approve, deny or modify the uniform foster care rate payments according to this policy.

IX. FAIR HEARING

The foster parent has the right to request a fair hearing if he or she disagrees with the result of a determination or redetermination. The procedures for requesting a fair hearing are described at s. DCF 56.10, Adm. Code.

X. UNALLOWABLE COSTS FOR SERVICES OR OTHER PAYMENT SOURCES

The Department and County Departments of Social and Human Services may not make any payments for maintenance items in addition to the basic maintenance, supplemental and exceptional rate payments and the initial clothing allowance.

Agencies may not include the following in the foster care rate:

- Services, such as respite care,
- Medicaid reimbursable services that should be covered through Medicaid, such as medical equipment, transportation to medical / therapeutic appointments, etc.
- Medical services not covered by Medicaid such as therapies.
- Periodic clothing allowances, other than those described in this policy
 - An amount for clothing is included in the initial clothing allowance, the basic maintenance rate and, possibly, the supplemental or exceptional rate. Any additional payment for clothing would be considered a duplicate payment and subject to financial disallowance.

As stated above, respite care should not be included in the foster care rate for the child because it is a service to the foster parents. Child welfare agencies can make payments to foster parents to purchase their own respite care or agencies can pay the respite care provider directly. Under either payment method, the respite care payment is a service payment and not a foster care maintenance payment.

Foster care maintenance payments are not reportable as taxable income. Service payments, however, are reportable as taxable income. If the child welfare agencies make more than \$600 annually in payments to a provider for respite care, the agencies have to issue a 1099 form. The 1099 form should go to the respite care provider that provided the service. If the child welfare agency is paying the foster parent who in turn pays the respite care provider, the agency should track the providers of respite care so the 1099 form can be issued to the appropriate respite care provider(s). The agency should also issue a letter to the foster parent so if there are any tax questions about whether the respite care payments need to be included in the foster parent's income, the foster parent has a letter to show the tax authorities.

ADOPTION ASSISTANCE

XI. SUPPLEMENTAL RATE FOR ADOPTION ASSISTANCE

For an adoption assistance agreement under Ch. DCF 50 entered into on or after February 21, 2011, the child has a total of 5 or more needs that have been identified as moderate or intensive in the areas listed in s. DCF 56.23 (2) (a) 1. a. to e. in the rate schedule under s. DCF 56.23 (2) (a) as determined through the use of the Child and Adolescent Needs and Strengths tool.

XI. A. Child's Identified Needs

The agency with "placement and care responsibility" for a child for whom an adoption assistance agreement is being entered into shall determine a child's identified needs through the use of the CANS tool. Before administering the CANS tool the person who administers the tool shall first do all of the following:

1. Review the case record.
2. Interview or collect information from an individual who has interviewed the child, child's family, proposed adoptive parent or other out-of-home care provider, and the child's team or treatment team.
3. Review information gathered in collaboration with the child's team or treatment team.

An individual performing the assessment shall be trained and certified in the use of the department's standardized assessment tool. The assessment requires a certified CANS user to complete a CANS assessment of the information obtained about the child. (See Appendix A for the CANS tool and glossary) Re-certification to complete the assessment process must be completed on an annual basis.

The agency shall use the CANS assessment to determine whether or not a child qualifies for a supplemental rate payment. There must be 5 or more identified needs, rated a '2' or '3', that shall be used to calculate this portion of the supplemental payment.

See Appendix D for which items in the CANS tool are specifically used to calculate the child's assessed needs for the Supplemental Rate for an adoption assistance agreement / amendment for a child whose original agreement is entered into on or after February 21, 2011.

In using the CANS tool, the assessor must:

- Determine if the child exhibits characteristics described as a 2 or 3 in **one or more** of the following domains: trauma; life functioning; school; acculturation; behavioral / emotional needs; or risk behaviors.
- Determine the appropriate level within each applicable domain. The three levels are: basic; moderate; and intensive. In order for a rating to be above basic, characteristics exhibited must be inappropriate for what is deemed developmentally age appropriate for a child who is of a similar age.
- Determine ratings for each item within the domains listed in the "Point Distribution Table" below.

- Assign points only once for each item in each domain (e.g., points cannot be given at both the “moderate” and “intensive” level for any one item within a domain).
- Calculate the child’s identified needs Supplemental Points based on adding the items rated a 2 or 3 on the domains listed in the “Point Distribution Table.” The sum is then multiplied by \$8.00 to determine the child’s portion of the Supplemental payment.

	<u>Basic</u>	<u>Mode rate</u>	<u>Intensive</u>	Total Items Rated 0-5 years	Total Items Rated 5 – 17 years
CANS RATING	0-1	2	3		
CANS DOMAIN					
Trauma	0-1	2	3	5	5
Life Domain Functioning	0-1	2	3	28	31
School	0-1	2	3	7	4
Behavioral / Emotional	0-1	2	3	7	11
Risk Behaviors	0-1	2	3	6	18
TOTAL				53	69
Maximum Points				159	207

XI. B. Adoption Agreement Amendments

1. For amendments to adoption agreements entered into prior to February 21, 2011 the Department, after receiving the Behavioral Review Forms shall review them in reference to Ch. DCF 56.11(2) & (3) to establish whether any modification to the supplemental portion of the adoption assistance agreement shall be made under Ch. DCF 50.
2. For Adoption Agreement Amendments entered into on or after February 21, 2011 the Department, after receiving the Behavioral Review Forms from the applicant for an amendment, shall review them in reference to Ch. DCF 56.23 (2) (a) 1. a. to e to establish whether any modification to the supplemental portion of the adoption assistance agreement shall be made under Ch. DCF 50.

SUBSIDIZED GUARDIANSHIP

XII. SUPPLEMENTAL RATE FOR SUBSIDIZED GUARDIANSHIP PAYMENT

For subsidized guardianship payments received through an agreement under s. 48.623 Wis. Stats., that were entered into prior to August 1, 2011, the supplemental payments shall be determined on the schedule-of-difficulty of care listed in DCF 56.11(3).

For subsidized guardianship payments received through an agreement under s. 48.623 Wis. Stats., entered into on or after August 1, 2011, the child has needs in the areas listed in s. DCF 56.23 (2) (a) 1. a. to e. in the rate schedule under s. DCF 56.23 (2) (a) as determined through the use of the Child and Adolescent Needs and Strengths tool.

XII. A. Child's Identified Needs

The agency with "placement and care responsibility" for a child for whom a subsidized guardianship payment is being made shall determine a child's identified needs through the use of the CANS tool. Before administering the CANS tool the person who administers the tool shall first do all of the following:

1. Review the case record.
2. Interview or collect information from an individual who has interviewed the child, child's family, proposed guardian or other out-of-home care provider, and the child's team or treatment team.
3. Review information gathered in collaboration with the child's team or treatment team.

An individual performing the assessment shall be trained and certified in the use of the department's standardized assessment tool. The assessment requires a certified CANS user to complete a CANS assessment of the information obtained about the child. (See Appendix A for the CANS tool and glossary) Re-certification to complete the assessment process must be completed on an annual basis.

The agency shall use the CANS assessment to determine whether or not a child qualifies for a supplemental rate payment. There must be identified needs, rated a '2' or '3', that shall be used to calculate this portion of the supplemental payment.

See Appendix E for which items in the CANS tool are specifically used to calculate the child's assessed needs for the Supplemental Rate for a subsidized guardianship payment under the agreement / amendment for a child whose original agreement is entered into on or after August 1, 2011.

In using the CANS tool, the assessor must:

- Determine if the child exhibits characteristics described as a 2 or 3 in **one or more** of the following domains: trauma; life functioning; school; acculturation; behavioral /emotional needs; or risk behaviors.
- Determine the appropriate level within each applicable domain. The three levels are: basic; moderate; and intensive. In order for a rating to be above basic, characteristics exhibited must be inappropriate for what is deemed developmentally age appropriate for a child who is of a similar age.

- Determine ratings for each item within the domains listed in the “Point Distribution Table” below.
- Assign points only once for each item in each domain (e.g., points cannot be given at both the “moderate” and “intensive” level for any one item within a domain).
- Calculate the child’s identified needs Supplemental Points based on adding the items rated a 2 or 3 on the domains listed in the “Point Distribution Table.” The sum is then multiplied by \$8.00 to determine the child’s portion of the Supplemental payment.

	<u>Basic</u>	<u>Moderate</u>	<u>Intensive</u>	Total Items Rated 0-5 years	Total Items Rated 5 – 17 years
CANS RATING	0-1	2	3		
CANS DOMAIN					
Trauma	0-1	2	3	5	5
Life Domain Functioning	0-1	2	3	28	31
School	0-1	2	3	7	4
Behavioral/Emotional	0-1	2	3	7	11
Risk Behaviors	0-1	2	3	6	18
TOTAL				53	69
Maximum Points				159	207

XII. B. Subsidized Guardianship Payments under an Agreement Amendments

3. For amendments to Subsidized Guardianship Agreements entered into prior to August 1, 2011 the Department, after receiving the Behavioral Review Forms specified in Ch. DCF 55 Subsidized Guardianship Admin. Code, shall review them in reference to Ch. DCF 56.11(2) & (3) to establish whether any modification to the supplemental portion of the subsidized guardianship payment under the agreement shall be made.
4. For amendments to Subsidized Guardianship Agreements payments that were entered into on or after August 1, 2011 the Department or county agency, after receiving the Behavioral Review Forms specified in Ch. DCF 55 Subsidized Guardianship Admin. Code, from the applicant for an amendment, shall review them in reference to Ch. DCF 56.23 (2) (a) 1. a. to e to establish whether any modification to the supplemental portion of the subsidized guardianship payment under the agreement shall be made.

XIII. Monitoring and Compliance

All placing, licensing, and supervising agencies are required to comply with the requirements set forth in Ch. DCF 56.23 Admin. Rule and the Uniform Foster Care Rate Setting policy as required in ch. 48.62(4) and 48.62(8) (c) Wis. Stats.

Changes were made to the Administrative Code and the Uniform Foster Care Rate Setting policy in 2011 that included:

1. Supplemental Points calculation based on the CANS;
2. Adding two categories to the Exceptional Payment: Transportation to School of Origin and to promote the placement together of Minor Parents with their Minor Child or Siblings;
3. Removed the ability of private Child Placing Agencies to establish maintenance rates without adhering to the Uniform Foster Care Rate Setting policy.

Licensing Agencies shall no longer participate in:

1. Recruitment efforts that set forth specific dollar amount foster parents may expect to receive for each child placed with them.
2. Standardized cost calculations or contracts for child maintenance payments for placements with their foster parents; rather each child placement shall be based on that foster parent and that child.
3. Specific rate demands with the threat of “notice to remove the child.”

Protocol for Concerns

The Bureau of Permanence and Out-of-Home Care has developed the following protocol when concerns are raised to the Bureau and agencies involved cannot come to resolution or feel that state law or policy are not being adhered to:

1. The Bureau staff will review the situation with the requesting party to see if the state law or policy is being adhered to.
 - a. In this review the Bureau will ask what efforts were made by the requesting agency to remedy the situation with the other agency / foster parent.
 - b. The Bureau will then contact the other agency to understand their side of the situation.
 - c. Response:
 - i. If it is concluded that the county agency is not in compliance with state law or policy the central office staff will work with the Bureau of Regional Operations (BRO) to:
 - Incident 1: Provided targeted technical assistance.
 - Incident 2: If concerns continue to persist, then BRO will request a corrective action plan from the county agency.
 - Incident 3: If concerns continue to persist, then DSP will consider fiscal with holdings.

- ii. If any of the above mentioned behaviors are identified as actions of a Child Placing Agency (CPA), the bureau staff will refer the situation to Child Welfare Licensing Staff for enforcement.
 - Incident 1: written letter to cease actions not in compliance.
 - Incident 2: citation and the CPA will no longer be able to accept new placements until a “Plan of Correction” is filed and accepted by DCF.
 - Incident 3: citation and possible revocation process.
 - Note: Financial penalties and the Right to Appeal may apply as allowed by state statute and administrative rule.
- iii. If the Division finds a foster parent is threatening “notice to remove the child” based on rate setting alone, the Division will request the foster care licensing agency to:
 - Incident 1: provide a verbal warning to the foster parent of the requirement to comply with Ch. DCF 56.05(1) (b), Ch. DCF 56.23 admin. Rule and the Uniform Foster Care Rate setting policy and discuss with foster parents how rates are established. If there is a concern on reliance of foster care maintenance to support the foster parent, then this shall include the prohibition on reliance on the foster care maintenance payments to support their own financial needs. Evaluate the appropriateness of continuing a foster care license.
 - Incident 2: provide a written notice of violations to Ch. DCF 56.05(1) (b) and Ch. DCF 56.23. Enact a corrective action plan and evaluate the appropriateness of continuing a foster care license.
 - Incident 3: Place the home on hold, enact a corrective action plan and evaluate the appropriateness of continuing a foster care license.
 - Note: If a licensing action is taken against the foster parent they shall be provided the right to appeal as required in Ch. DCF 56 Administrative Rule.

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS
(CANS)**

**WISCONSIN
DEPARTMENT OF CHILDREN AND FAMILIES
VERSION 12-7-10**

Birth to 5

Manual

**Praed Foundation
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A large number of individuals have collaborated in the development of the CANS-Comprehensive. Along with the CANS versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual 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 children, adolescents and their families. The copyright is held by the Buddin 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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INTRODUCTION

The **CANS** is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the **CANS** is to accurately represent the shared vision of the child serving system—child and families. As such, completion of the **CANS** is accomplished in order to allow for the effective communication of this shared vision for use at all levels of the system. Since its primary purpose is communication, the **CANS** is designed based on communication theory rather than the psychometric theories that have influenced most measurement development. There are six key principles of a communimetric measure that apply to understanding the **CANS**.

Six Key Principles of the CANS

1. Items were selected because they are each relevant to service/treatment planning. An item exists because it might lead you down a different pathway in terms of planning actions.
2. Each item uses a 4-level rating system. Those levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths. For a description of these action levels please see below.
3. Rating should describe the child/youth, not the child/youth in services. If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an “actionable” need (i.e. “2” or “3”).
4. Culture and development should be considered prior to establishing the action levels. Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the child/youth’s developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young child but would be for an older child or youth regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the child/youth’s developmental age.
5. The ratings are generally “agnostic as to etiology”. In other words this is a descriptive tool. It is about the “what” not the “why”. Only one item, Adjustment to Trauma, has any cause-effect judgments.
6. A 30-day window is used for ratings in order to make sure assessments stay “fresh” and relevant to the child or youth’s present circumstances. However, the action levels can be used to over-ride the 30-day rating period.

Action Levels for “Need” Items

0 – No Evidence of Need – This rating indicates that there is no reason to believe that a particular need exists. Based on current assessment information there is no reason to assume this is a need. For example, “does Johnny smoke weed?” He says he doesn’t, his mother says he doesn’t, no one else has expressed any concern – does this mean Johnny is not smoking weed?

NO, but we have no reason to believe that he does and we would certainly not refer him to programming for substance related problems.

1 - Watchful Waiting/Prevention – This level of rating indicates that you need to keep an eye on this area or think about putting in place some preventive actions to make sure things do not get worse (e.g. a child/youth who has been suicidal in the past). We know that the best predictor of future behavior is past behavior, and that such behavior may recur under stress, so we would want to keep an eye on it from a preventive point of view.

2 - Action Needed – This level of rating implies that something must be done to address the identified need. The need is sufficiently problematic, that it is interfering in the child/youth's or family's life in a notable way.

3 - Immediate/Intensive Action Needed – This level rating indicates a need that requires immediate or intensive effort to address. Dangerous or disabling levels of needs are rated with this level. A child/youth who is not attending school at all or an acutely suicidal youth would be rated with a "3" on the relevant need.

Action Levels of "Strengths" Items

0 - Centerpiece Strength. This rating indicates a domain where strengths exist that can be used as a centerpiece for a strength-based plan. In other words, the strength-based plan can be organized around a specific strength in this area.

1 - Useful Strength. This rating indicates a domain where strengths exist and can be included in a strength-based plan but not as a centerpiece of the plan.

2 - Identified Strength. This rating indicates a domain where strengths have been identified but that they require significant strength building efforts before they can be effectively utilized in a strength-based plan.

3 - No Strength Identified. This rating indicates a domain in which efforts are needed in order to identify potential strengths for strength building efforts.

CODING DEFINITIONS

TRAUMA EXPERIENCE

These items describe static events that may have happened at anytime in the child/youth's lifetime. They are unlikely to change over time unless previously unknown trauma experiences become identified.

<i>Check</i>	SEXUAL ABUSE <i>Please rate within the lifetime.</i>
0	There is no evidence that child has experienced sexual abuse.
1	Child has experienced one episode of sexual abuse or there is a suspicion that the child has experienced sexual abuse but no confirming evidence.
2	Child has experienced repeated sexual abuse.
3	Child has experienced severe and repeated sexual abuse. Sexual abuse may have caused physical harm.

If a child has been sexually abused:

<i>Check</i>	EMOTIONAL CLOSENESS TO PERPETRATOR
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).

<i>Check</i>	FREQUENCY OF ABUSE
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.

<i>Check</i>	DURATION
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.

<i>Check</i>	FORCE
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.

<i>Check</i>	REACTION TO DISCLOSURE
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.

<i>Check</i>	PHYSICAL ABUSE <i>Please rate within the lifetime.</i>
0	There is no evidence that the child has experienced physical abuse.
1	Child has experienced one episode of physical abuse or there is a suspicion that the child has experienced physical abuse but no confirming evidence.
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.

<i>Check</i>	NEGLECT <i>Please rate within the lifetime.</i>
0	There is no evidence that the child has experienced neglect.
1	Child has experienced minor or occasional neglect. Child may have been left at home alone with no adult supervision or there may be occasional failure to provide adequate supervision of the child.
2	Child has experienced a moderate level of neglect. This may include occasional unintended failure to provide adequate food, shelter, or clothing with corrective action.
3	Child has experienced a severe level of neglect including prolonged absences by adults, without minimal supervision, and failure to provide basic necessities of life on a regular basis.

<i>Check</i>	EMOTIONAL ABUSE <i>Please rate within the lifetime.</i>
0	There is no evidence that the child has experienced emotional abuse.
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).

<i>Check</i>	MEDICAL TRAUMA <i>Please rate within the lifetime.</i>
0	There is no evidence that the child has experienced any medical trauma.
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.

<i>Check</i>	NATURAL DISASTER <i>Please rate within the lifetime.</i>
0	There is no evidence that the child has experienced any natural disaster.
1	Child has been indirectly affected by a natural disaster.
2	Child has experienced a natural disaster which has had a notable impact on his/her well-being.
3	Child has experienced life-threatening natural disaster.

Check	WITNESS TO FAMILY VIOLENCE <i>Please rate within the lifetime.</i>
0	There is no evidence that the child has witnessed family violence.
1	Child has witnessed one episode of 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.

Check	WITNESS TO COMMUNITY VIOLENCE <i>Please rate within the lifetime.</i>
0	There is no evidence that child has witnessed violence in his/her community.
1	Child has witnessed fighting or other forms of violence in his/her 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.

Check	WITNESS/VICTIM TO CRIMINAL ACTIVITY <i>Please rate within the lifetime.</i>
0	There is no evidence that the child has been victimized or witnessed 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 the child witnessed the death of a loved one.

ADJUSTMENT TO TRAUMA

Check	AFFECT REGULATION <i>Please rate the highest level from the past 30 days.</i>
0	Infant/child has no problems with affect regulation.
1	Infant/child has mild to moderate problems with affect regulation.
2	Infant/child has significant problems with affect regulation but is able to control affect at times. Problems with affect regulation interfere with child's functioning in some life domains.
3	Infant/child has severe problems regulating affect even with caregiver's support.

Check	REXPERIENCING THE TRAUMA <i>Please rate the highest level from the past 30 days.</i>
0	There is no evidence that infant/child re experiences the trauma
1	The infant/child experienced some indications that the trauma was being re experienced in the form of sleep disruption or play after the trauma but is no longer present. Presently there may be some subtle changes in the infant/child's functioning.
2	Infant/child experiences consistent indications that the trauma is being re experienced. Infants may demonstrate significant sleep disturbance, nightmares and periods of disorganization. Older children may have the same symptoms with themes present in play.
3	Child experiences repeated and severe incidents of re experiencing trauma that significantly interferes with functioning and can not be mediated by caregivers.

Check	AVOIDANCE <i>Please rate the highest level from the past 30 days.</i>
0	No evidence of avoidant behavior.
1	Mild problems with avoiding some situations either after the trauma or presently on an infrequent basis. Infants due to limited mobility rarely exhibit this symptom.
2	Moderate problems with avoidant behavior that occurs on a consistently when child is exposed to triggers related to the trauma. Caregiver can support the child.
3	Severe problems with avoidant behavior that occurs consistently but can not be mediated by caregivers and causes significant distress.

Check	INCREASED AROUSAL <i>Please rate the highest level from the past 30 days.</i>
0	There is no evidence of increased arousal.
1	Infant/child may have a history of increased arousal or currently show this behavior on an infrequent basis.
2	Infant/child demonstrates increased arousal most of the time. Infants appear wide eyed, over reactive to stimuli, and have an exaggerated startle response. Older children may have all of the above with behavioral reactions such as tantrums.
3	Infant/child demonstrates increased arousal most of the time with significant impairment in their functioning that can not be mediated by the caregiver.

Check	NUMBING RESPONSE <i>Please rate the highest level from the past 30 days.</i> These symptoms include numbing responses that are part of the DSM-IV criteria for PTSD. These responses are not present before the trauma.
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 an inability to express or experience certain emotions (e.g., anger or sadness).
2	This rating is given to a child with moderate difficulties with 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.

LIFE DOMAIN FUNCTIONING

Check	FAMILY-NUCLEAR <i>Please rate the highest level from the past 30 days.</i>
0	Child is doing well in relationships with nuclear family members.
1	Child is doing adequately in relationships with nuclear family members although some problems may exist. For example, some family members may have some problems in their relationships with the child.
2	Child is having moderate problems with parents and/or siblings. Frequent arguing, difficulties in maintaining any positive relationship may be observed.
3	Child is having severe problems with parents and/or siblings. This would include problems of domestic violence, constant arguing, etc.

Check	FAMILY-EXTENDED <i>Please rate the highest level from the past 30 days.</i>
0	Child is doing well in relationships with extended family members.
1	Child is doing adequately in relationships with extended family members although some problems may exist. For example, some family members may have some problems in their relationships with the child.
2	Child is having moderate problems with extended family members. Frequent arguing, difficulties in maintaining any positive relationship may be observed.
3	Child is having severe problems with extended family members. This would include problems of domestic violence, constant arguing, etc.

Check	LIVING SITUATION <i>Please rate the highest level from the past 30 days.</i>
0	No evidence of problem with functioning in current living environment.
1	Mild problems with functioning in current living situation. Caregivers concerned about child's behavior at home.
2	Moderate to severe problems with functioning in current living situation. Child has difficulties maintaining his/her behavior in this setting creating significant problems for others in the residence.
3	Profound problems with functioning in current living situation. Child is at immediate risk of being removed from living situation due to his/her behaviors.

<i>Check</i>	DEVELOPMENTAL <i>Please rate the highest level from the past 30 days.</i>
0	Child has no developmental problems.
1	Child has some problems with physical immaturity or there are concerns about possible developmental delay. Child may have low IQ.
2	Child has developmental delays or mild mental retardation.
3	Child has severe and pervasive developmental delays or profound mental retardation.

If Child has DD Needs Identified**DEVELOPMENTAL DISABILITY (DD) MODULE****Coding Definitions**

<i>Check</i>	COGNITIVE <i>Please rate the highest level from the past 30 days.</i>
0	No evidence of cognitive development problems.
1	Infant/child has some indicators that cognitive skills are not appropriate for age or are at the upper 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.

<i>Check</i>	AUTISM SPECTRUM <i>Please rate the highest level from the past 30 days.</i>
0	Child's development appears within normal range. There is no reason to believe that the child has any developmental problems associated with the autism spectrum
1	Evidence of a mild symptoms of autism spectrum. Child/youth may meet criteria for Asberger's.
2	Child meets diagnostic criteria for autism disorder.
3	Severe autism. Symptoms are disabling in at least one life domain.

<i>Check</i>	COMMUNICATION <i>Please rate the highest level from the past 30 days.</i>
0	Child's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child has any problems communicating.
1	Child has receptive communication skills but limited expressive communication skills.
2	Child has both limited receptive and expressive communication skills.
3	Child is unable to communicate.

<i>Check</i>	SELF-CARE DAILY LIVING SKILLS <i>Please rate the highest level from the past 30 days.</i>
0	Child's self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the child has any problems performing daily living skills.
1	Child requires excessive verbal prompting on self-care tasks or daily living skills.
2	Child requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g. eating, bathing, dressing, and toileting).
3	Child requires attendant care on more than one of the self-care tasks-eating, bathing, dressing, toileting.

Check	MEDICAL Please rate the highest level from the <i>past 30 days</i> .
0	Child is healthy.
1	Child has some medical problems that require medical treatment.
2	Child has chronic illness that requires ongoing medical intervention.
3	Child has life threatening illness or medical condition.

If the child has Medical Needs Identified

MEDICAL MODULE

CODING DEFINITIONS

Check	LIFE THREAT Please rate the highest level from the <i>past 30 days</i> .
0	Child's medical condition has no implications for shortening his/her life.
1	Child's medical condition may shorten life but not until later in adulthood.
2	Child's medical condition places him/her at some risk of premature death before he/she reaches adulthood.
3	Child's medical condition places him/her at eminent risk of death.

Check	CHRONICITY Please rate the highest level from the <i>past 30 days</i> .
0	Child is expected to fully recover from his/her current medical condition within the next six months.
1	Child is expected to fully recover from his/her current medical condition after at least six months but less than two years.
2	Child is expected to fully recover from his/her current medical condition but not within the next two years.
3	Child's medical condition is expected to continue throughout his/her lifetime.

Check	DIAGNOSTIC COMPLEXITY Please rate the highest level from the <i>past 30 days</i> .
0	The child's medical diagnoses are clear and there is no doubt as to the correct diagnoses. Symptom presentation is clear.
1	Although there is some confidence in the accuracy of child's diagnoses, there also exists sufficient complexity in the child's symptom presentation to raise concerns that the diagnoses may not be accurate.
2	There is substantial concern about the accuracy of the child's medical diagnoses due to the complexity of symptom presentation.
3	It is currently not possible to accurately diagnose the child's medical condition(s).

Check	EMOTIONAL RESPONSE Please rate the highest level from the <i>past 30 days</i> .
0	Child is coping well with his/her medical condition.
1	Child is experiencing some emotional difficulties related to his/her medical condition but these difficulties are not interfering with other areas of functioning.
2	Child is having difficulties coping with medical condition. His/her emotional response is interfering with functioning in other life domains.
3	Child is having severe emotional response to his/her medical condition that is interfering with treatment and functioning.

<i>Check</i>	IMPAIRMENT IN FUNCTIONING <i>Please rate the highest level from the past 30 days.</i>
0	Child's medical condition is not interfering with his/her functioning in other life domains.
1	Child's medical condition is having a limited impact on his/her functioning in at least one other life domain.
2	Child's medical condition is interfering with functioning in more than one life domain or is disabling in at least one.
3	Child's medical condition has disabled him/her in all other life domains.

<i>Check</i>	TREATMENT INVOLVMENT <i>Please rate the highest level from the past 30 days.</i>
0	Child and family are actively involved in treatment.
1	Child and/or family are generally involved in treatment but may struggle to stay consistent.
2	Child and/or family are generally uninvolved in treatment although they are sometimes compliant to treatment recommendations.
3	Child and/or family are currently resistant to all efforts to provide medical treatment.

<i>Check</i>	INTENSITY OF TREATMENT <i>Please rate the highest level from the past 30 days.</i>
0	Child's medical treatment involves taking daily medication or visiting a medical professional no more than weekly.
1	Child's medical treatment involves taking multiple medications or visiting a medical professional multiple times per week.
2	Child's treatment is daily but non-invasive. Treatment can be administered by a caregiver.
3	Child's medical treatment is daily and invasive and requires either a medical professional to administer or a well trained caregiver.

<i>Check</i>	ORGANIZATIONAL COMPLEXITY <i>Please rate the highest level from the past 30 days.</i>
0	All medical care is provided by a single medical professional.
1	Child's medical care is generally provided by a coordinated team of medical professionals who all work for the same organization.
2	Child's medical care requires collaboration of multiple medical professionals who work for more than one organization but current communication and coordination is effective.
3	Child's medical care requires the collaboration of multiple medical professionals who work for more than one organization and problems currently exist in communication among these professionals.

<i>Check</i>	PHYSICAL <i>Please rate the highest level from the past 30 days.</i>
0	Child has no physical limitations.
1	Child has some physical condition that places mild limitations on activities. Conditions such as impaired hearing or vision would be rated here. Rate here, treatable medical conditions that result in physical limitations (e.g. asthma).
2	Child has physical condition that notably impacts activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.
3	Child has severe physical limitations due to multiple physical conditions.

<i>Check</i>	DENTAL <i>Please rate the highest level from the past 30 days.</i>
0	No evidence of any dental health needs.
1	Child has not received dental health care and requires a check up. Child may have some dental health needs but they are not clearly known at this time.
2	Child has dental health needs that require attention. Dental health is interfering with child's functioning in at least one life domain.
3	Child has serious dental health needs that require intensive and/or extended treatment/intervention.

Check	DAILY FUNCTIONING <i>Please rate the highest level from the past 30 days.</i>
0	Child demonstrates age appropriate or advanced self-care skills. Relies on others as expected for his/her age group.
1	Child shows mild or occasional problems in self-care skills for his/her age, but is generally self-reliant.
2	Child demonstrates moderate or routine problems in self-care skills and relies on others for help more than is expected for his/her age group.
3	Child shows severe or almost constant problems in self-care skills, and relies on others for help much more than is expected for his/her age group.

Check	SOCIAL FUNCTIONING <i>Please rate the highest level from the past 30 days.</i>
0	No evidence of problems in social functioning.
1	Child is having some minor problems in social relationships. Infants may be slow to respond to adults, Toddlers may need support to interact with peers and preschoolers may resist social situations.
2	Child is having some moderate problems with his/her social relationships. Infants may be unresponsive to adults, and unaware of other infants. Toddlers may be aggressive and resist parallel play. Preschoolers may argue excessively with adults and peers and lack ability to play in groups even with adult support.
3	Child is experiencing severe disruptions in his/her social relationships. Infants show no ability to interact in a meaningful manner. Toddlers are excessively withdrawn and unable to relate to familiar adults. Preschoolers show no joy or sustained interaction with peers or adults, and/or aggression may be putting others at risk.

Check	RECREATION/PLAY <i>Please rate the highest level from the past 30 days.</i>
0	No evidence that infant or child has problems with recreation or play.
1	Child is doing adequately with recreational or play activities although some problems may exist. Infants may not be easily engaged in play. Toddlers and preschoolers may seem uninterested and poorly able to sustain play.
2	Child is having moderate problems with recreational activities. Infants resist play or do not have enough opportunities for play. Toddlers and preschoolers show little enjoyment or interest in activities within or outside the home and can only be engaged in play/recreational activities with ongoing adult interaction and support.
3	Child has no access to or interest in play or recreational activities. Infant spends most of time non interactive. Toddlers and preschoolers even with adult encouragement can not demonstrate enjoyment or use play to further development.

Check	REGULATORY: <i>This item refers to the child's ability to control bodily functions such as eating, sleeping and elimination as well as activity level/intensity and sensitivity to external stimulation. The child's ability to control and modulate intense emotions is also rated here. Please rate based on the past 30 days.</i>
0	No evidence of regulatory problems.
1	Some problems with regulation are present. Infants may have unpredictable patterns and be difficult to console. Older children may require a great deal of structure and need more support than other children in coping with frustration and difficult emotions.
2	Moderate problems with regulation are present. Infants may demonstrate significant difficulties with transitions, and irritability such that consistent adult intervention is necessary and disruptive to the family. Older children may demonstrate severe reactions to sensory stimuli and emotions that interfere with their functioning and ability to progress developmentally. Older children may demonstrate such unpredictable patterns in their eating and sleeping routines that the family is disrupted and distressed.
3	Profound problems with regulation are present that place the child's safety, well being and/or development at risk.

If the Child has Regulatory Needs Identified:**REGULATORY MODULE****CODING DEFINITIONS**

Check	EATING <i>Please rate the highest level from the past 30 days.</i>
0	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	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	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.

Check	ELIMINATION <i>Please rate the highest level from the past 30 days.</i>
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.

Check	SENSORY REACTIVITY <i>Please rate the highest level from the past 30 days.</i>
0	There is no evidence of sensory reactivity that is hyper or hypo reactive.
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 can not mediate the effects of such.

Check	EMOTIONAL CONTROL <i>Please rate the highest level from the past 30 days.</i>
0	Infant/child has no problems with emotional control.
1	Infant/child has mild problems with emotional control that can be overcome with caregiver support.
2	Infant/child has a moderate level of problems with emotional control that interferes most of the time with functioning. Infants may be difficult to console most of the time and do not respond well to caregiver support. Older children may quickly become frustrated and hit or bite others.
3	Infant/child has a significant level of emotional control problems that are interfering with development. Caregivers are not able to mediate the effects of this.

<i>Check</i>	MOTOR <i>Please rate the highest level from the past 30 days.</i>
0	No evidence of fine or gross motor development problems.
1	Child has some indicators that motor skills are challenging and there may be some concern that there is a delay.
2	Child has either fine or gross motor skill delays.
3	Child has significant delays in fine or gross motor development or both. Delay causes impairment in functioning.

<i>Check</i>	COMMUNICATION <i>Please rate the highest level from the past 30 days.</i>
0	No evidence of communication problems.
1	Child has a history of communication problems but currently is not experiencing problems. An infant may rarely vocalize. A toddler may have very few words and become frustrated with expressing needs. A preschooler may be difficult for others to understand.
2	Child has either receptive or expressive language problems that interfere with functioning. Infants may have trouble interpreting facial gestures or initiate gestures to communicate needs. Toddlers may not follow simple 1-step commands. Preschoolers may be unable to understand simple conversation or carry out 2-3 step commands.
3	Child has serious communication difficulties and is unable to communicate in any way including pointing and grunting.

<i>Check</i>	SLEEP <i>Please rate the highest level from the past 30 days.</i> The child must be 12 months of age or older to rate this item.
0	No evidence of problems with sleep.
1	Child has some problems with sleep. Toddlers resist sleep and consistently need a great deal of adult support to sleep. Preschoolers may have either a history of poor sleep or continued problems 1-2 nights per week.
2	Child is having problems with sleep. Toddlers and preschoolers may experience difficulty falling asleep, night waking, night terrors or nightmares on a regular basis.
3	Child is experiencing significant sleep problems that result in sleep deprivation. Parents have exhausted numerous strategies for assisting child.

<i>Check</i>	PRESCHOOL/CHILD CARE <i>Please rate the highest level from the past 30 days.</i>
0	No evidence of problem with functioning in current preschool or child care environment.
1	Mild problems with functioning in current preschool or child care environment.
2	Moderate to severe problems with functioning in current preschool or child care environment. Child has difficulties maintaining his/her behavior in this setting creating significant problems for others.
3	Profound problems with functioning in current preschool or child care environment. Child is at immediate risk of being removed from program due to his/her behaviors or unmet needs.

If the child Attends Preschool or Child Care

PRESCHOOL/CHILD CARE MODULE

Coding Definitions

<i>Check</i>	ATTENDANCE <i>Please rate the highest level from the past 30 days.</i>
0	Child attends preschool/child care regularly.
1	Child has some problems attending preschool/child care 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 preschool/child care 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.

<i>Check</i>	COMPATABILITY <i>Please rate the highest level from the past 30 days.</i>
0	Infant/child's preschool/child care meets the needs of the infant/child.
1	Infant/child's preschool/child care is marginal in its ability to meet the needs of the infant/child. The environment may be weak in areas.
2	Infant/child's preschool/child care does not meet the needs of the infant/child in most areas. The environment may not support the child's growth or promote further learning.
3	The infant/child's preschool/child care is contributing to problems for the infant/child in one or more areas.

<i>Check</i>	BEHAVIOR <i>Please rate the highest level from the past 30 days.</i>
0	Child is behaving well in preschool/child care.
1	Child is behaving adequately in preschool/child care although some mild behavior problems may exist. Child may have a history of behavioral problems.
2	Child is having moderate behavioral problems at preschool/child care. He/she is disruptive and many types of interventions have been implemented.
3	Child is having severe problems with behavior in preschool/child care. He/she is frequently or severely disruptive. The threat of expulsion is present.

<i>Check</i>	ACHIEVEMENT <i>Please rate the highest level from the past 30 days.</i>
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.

Check	RELATIONS WITH TEACHER(S) <i>This rating should be based on relationships with teachers, staff, and other school personnel.</i>
0	Child has good relations with teachers.
1	Child has occasional difficulties relating with at least one teacher. Child may have difficulties during one class period (e.g. math, gym).
2	Child has difficult relations with teachers that notably interferes with his/her education.
3	Child has very difficult relations with all teachers or all the time with their only teacher. Relations with teachers currently prevents child from learning.

Check	RELATIONS WITH PEER(S) <i>This rating should be based on relationships with teachers, staff, and other school personnel.</i>
0	Child has good relations with peers.
1	Child has occasional difficulties relating with at least one peer.
2	Child has difficult relations with peers that notably interferes with his/her education.
3	Child has very difficult relations with all peers. Relations with peers currently prevents child from learning.

CHILD BEHAVIORAL/EMOTIONAL NEEDS

Check	ATTACHMENT <i>Please rate based on the past 30 days.</i>
0	No evidence of problems with attachment.
1	Mild problems with attachment are present. Infants appear uncomfortable with caregivers, may resist touch, or appear anxious and clingy some of the time. Caregivers feel disconnected from infant. Older children may be overly reactive to separation or seem preoccupied with parent. Boundaries may seem inappropriate with others.
2	Moderate problems with attachment are present. Infants may fail to demonstrate stranger anxiety or have extreme reactions to separation resulting in interference with development. Older children may have ongoing problems with separation, may consistently avoid caregivers and have inappropriate boundaries with others putting them at risk.
3	Severe problems with attachment are present. Infant is unable to use caregivers to meet needs for safety and security. Older children present with either an indiscriminate attachment patterns or a withdrawn, inhibited attachment patterns. A child that meets the criteria for Reactive Attachment Disorder would be rated here.

Check	FAILURE TO THRIVE <i>Please rate based on the past 30 days.</i>
0	No evidence of failure to thrive.
1	The infant/child may have experienced past problems with growth and ability to gain weight and is currently not experiencing problems. The infant/child may presently be experiencing slow development in this area.
2	The infant or child is experiencing problems in their ability to maintain weight or growth. The infant or child may be below the 5 th percentile for age and sex, may weigh less than 80% of their ideal weight for age, have depressed weight for height, have a rate of weight gain that causes a decrease in two or more major percentile lines over time, (75 th to 25 th).
3	The infant/child has one or more of all of the above and is currently at serious medical risk.

Check	DEPRESSION (WITHDRAWN) <i>Please rate based on the past 30 days.</i>
0	No evidence of problems with depression.

1	There are some indicators that the child may be depressed or has experienced situations that may lead to depression. Infants may appear to be withdrawn and slow to engage at times during the day. Older children are irritable or do not demonstrate a range of affect.
2	Moderate problems with depression are present. Infants demonstrate a change from previous behavior and appear to have a flat affect with little responsiveness to interaction most of the time. Older children may have negative verbalizations, dark themes in play and demonstrate little enjoyment in play and interactions. The child meets criteria for a DSM IV diagnosis.
3	Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain.

Check	ANXIETY <i>Please rate based on the past 30 days.</i>
0	No evidence
1	History or suspicion of anxiety problems or mild to moderate anxiety associated with a recent negative life event. An infant may appear anxious in certain situations but has the ability to be soothed. Older children may appear in need of extra support to cope with some situations but are able to be calmed.
2	Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in child's ability to function in at least one life domain. Infants may be irritable, over reactive to stimuli, have uncontrollable crying and significant separation anxiety. Older children may have all of the above with persistent reluctance or refusal to cope with some situations.
3	Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain.

Check	ATYPICAL BEHAVIORS <i>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. Please rate based on the past 30 days.</i>
0	No evidence of atypical behaviors in the infant/child.
1	History or reports of atypical behaviors from others that have not been observed by caregivers.
2	Clear evidence of atypical behaviors reported by caregivers that are observed on an ongoing basis.
3	Clear evidence of atypical behaviors that are consistently present and interfere with the infants/child's functioning on a regular basis.

Check	IMPULSIVE/HYPERACTIVITY <i>Please rate based on the past 30 days. The child should be 3 years of age or older to rate this item.</i>
0	No evidence
1	Some problems with impulsive, distractible or hyperactive behavior that places the child at risk of future functioning difficulties.
2	Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child's ability to function in at least one life domain. The child may run and climb excessively even with adult redirection. The child may not be able to sit still even to eat and is often into things. The child may blurt out answers to questions without thinking, have difficulty waiting turn and intrude on others space.
3	Clear evidence of a dangerous level of impulsive and hyperactive behavior that can place the child at risk of physical harm.

Check	OPPOSITIONAL <i>Please rate based on the past 30 days. The child should be 3 years of age or older to rate this item.</i>
0	No evidence
1	History or recent onset (past 6 weeks) of defiance towards authority figures.

2	Clear evidence of oppositional and/or defiant behavior towards authority figures, which is currently interfering with the child's functioning in at least one life domain. Behavior is persistent and caregiver's attempts to change behavior have failed.
3	Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others or problems in more than one life domain that is resulting in interference with child's social and emotional development.

CHILD RISK FACTORS

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

Check	PICA <i>Please rate the highest level from the past 30 days.</i> Child must be older than 18 months to rate this item.
0	No evidence that the child eats unusual or dangerous materials.
1	Child has a history of eating unusual or dangerous materials but has not done so in the last 30 days.
2	Child has eaten unusual or dangerous materials consistent with a diagnosis of Pica in the last 30 days.
3	Child has become physically ill during the past 30 days by eating dangerous materials.

Check	PRENATAL CARE
0	Child's biological mother received adequate prenatal care that began in the first trimester. Child's mother did not experience any pregnancy related illnesses.
1	Child's biological mother had some short-comings in prenatal care, or had a mild form of a pregnancy related illness.
2	Child's biological mother received poor prenatal care, initiated only in the last trimester or had a moderate form of a pregnancy related illness.
3	Child's biological mother had no prenatal care or had a severe pregnancy related illness.

Check	LENGTH OF GESTATION
0	Child was born full-term.
1	Child was born pre-mature or overdue, however no significant concerns at birth.
2	Child was born pre-mature or overdue, and there were some complications at birth...
3	Child was born pre-mature or overdue, and had severe problems during delivery that have resulted in long term implications for development.

Check	LABOR AND DELIVERY
0	Child and biological mother had normal labor and delivery.
1	Child or mother had some mild problems during delivery, but child does not appear affected by problems.
2	Child or mother had problems during delivery that resulted in temporary functional difficulties for the child or mother.
3	Child had severe problems during delivery that have resulted in long term implications for development.

<i>Check</i>	SUBSTANCE EXPOSURE
0	Child had no in utero exposure to alcohol or drugs, and there is no current exposure in the home.
1	Child had either mild in utero exposure or there is current alcohol and/or drug use in the home.
2	Child was exposed to significant alcohol or drugs in utero. Any ingestion of illegal drugs during pregnancy or significant use of alcohol or tobacco would be rated here.
3	Child was exposed to alcohol or drugs in utero and continues to be exposed in the home.

<i>Check</i>	PARENT/ SIBLING PROBLEMS
0	The child's parents have no developmental disabilities. The child has no siblings, or existing siblings are not experiencing any developmental or behavioral problems.
1	The child's parents have no developmental disabilities. The child has siblings who are experiencing some mild developmental or behavioral problems. It may be that the child has at least one healthy sibling.
2	The child's parents have no developmental disabilities. The child has a sibling who is experiencing a significant developmental or behavioral problem.
3	One or both of the child's parents have been diagnosed with a developmental disability, or the child has multiple siblings who are experiencing significant developmental or behavioral problems.

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

CHILD RISK BEHAVIORS

<i>Check</i>	SELF HARM <i>Please rate the highest level from the past 30 days.</i>
0	No evidence
1	Mild level of self harm behavior or history of self harm.
2	Moderate level of self harm behavior such as head banging that can not be impacted by caregiver and interferes with child's functioning.
3	Severe level of self harm behavior that puts the child's safety and well being at risk.

<i>Check</i>	AGGRESSIVE BEHAVIOR <i>Please rate the highest level from the past 30 days.</i>
0	No evidence of aggressive behavior towards people or animals.
1	There is either a history of aggressive behavior towards people or animals or mild concerns in this area that have not yet interfered with functioning.
2	There is clear evidence of aggressive behavior towards animals or others. Behavior is persistent, and caregiver's attempts to change behavior have not been successful. Help is needed.

3	The child has significant challenges in this area that is characterized as a dangerous level of aggressive behavior that involves harm to animals or others. Caregivers have difficulty managing this behavior.
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Check	SOCIAL BEHAVIOR <i>Please rate the highest level from the past 30 days.</i> The child should be 3 years of age or older to rate this item.
0	No evidence of problematic social behavior. Child does not engage in behavior that forces adults to sanction him/her.
1	Mild level of problematic social behavior. This might include occasional inappropriate social behavior that forces adults to sanction the child. Infrequent inappropriate comments to strangers or unusual behavior in social settings might be included in this level.
2	Moderate level of problematic social behavior. Social behavior is causing problems in the child's life. Child may be intentionally getting in trouble in school or at home.
3	Severe level of problematic social behavior. This level would be indicated by frequent serious social behavior that forces adults to seriously and/or repeatedly sanction the child. Social behaviors are sufficiently severe that they place the child at risk of significant sanctions (e.g. expulsion, removal from the community)

CHILD/YOUTH AND FAMILY ACCULTURATION

Check	LANGUAGE <i>This item includes both spoken and sign language.</i>
0	Child and family speak English well.
1	Child and family speak some English but potential communication problems exist due to limits on vocabulary or understanding of the nuances of the language.
2	Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention but qualified individual can be identified within natural supports.
3	Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention and no such individual is available from among natural supports.

Check	IDENTITY <i>Cultural identity refers to the child's view of his/herself as belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography or lifestyle.</i>
0	Child has clear and consistent cultural identity and is connected to others who share his/her cultural identity.
1	Child is experiencing some confusion or concern regarding cultural identity.
2	Child has significant struggles with his/her own cultural identity. Child may have cultural identity but is not connected with others who share this culture.
3	Child has no cultural identity or is experiencing significant problems due to conflict regarding his/her cultural identity.

Check	RITUAL <i>Cultural rituals are activities and traditions that are culturally 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).</i>
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.

Check	CULTURE STRESS <i>Culture stress refers to experiences and feelings of discomfort and/or distress arising from friction (real or perceived) between an individual's own cultural identity and the predominant culture in which he/she lives.</i>
0	No evidence of stress between caregiver's cultural identify and current living situation.
1	Some mild or occasional stress resulting from friction between the caregiver's cultural identify and his/her current living situation.
2*	Caregiver is experiencing cultural stress that is causing problems of functioning in at least one life domain. Caregiver needs to learn how to manage culture stress.
3	Caregiver is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Caregiver needs immediate plan to reduce culture stress.

Check	KNOWLEDGE CONGRUENCE - <i>This item refers to a family's explanation about their children's presenting issues, needs and strengths in comparison to the prevailing professional/helping culture(s) perspective.</i>
0	There is no evidence of differences/disagreements between the family's explanation of presenting issues, needs and strengths and the prevailing professional/helping cultural view(s), i.e., the family's view of the child is congruent with the prevailing professional/helping cultural perspective(s).
1	Small or mild differences between the family's explanation and the prevailing professional/helping cultural perspective(s), but these disagreements do not interfere with the family's ability to meet its needs.
2	Disagreement between the family's explanation and the prevailing professional/helping cultural perspective(s) creates challenges for the family and/or those who work with them.
3	Significant disagreement in terms of explanation between the family and the prevailing professional/helping cultural perspective(s) that places the family in jeopardy of significant problems or sanctions.

Check	HELP SEEKING CONGRUENCE - <i>This item refers to a family's approach to help seeking behavior in comparison to the prevailing professional/helping culture(s) perspective.</i>
0	There is no evidence of differences/disagreements between the family's approach to help seeking and the prevailing professional/helping cultural view(s), i.e. the family's approach is congruent with prevailing professional/helping cultural perspective(s) on help seeking behavior.
1	Small or mild differences between the family's help seeking beliefs and/or behavior and the prevailing professional/helping cultural perspective(s), but these disagreements do not interfere with the family's ability to meet its needs.
2	Disagreement between the family's help seeking beliefs and/or behavior and the prevailing professional/helping cultural perspective(s) creates challenges for the family and/or those working with them.
3	Significant disagreement in terms of help seeking beliefs and/or behaviors between the family and the prevailing professional/helping cultural perspective(s) places the family in jeopardy of significant problems or sanctions.

Check	EXPRESSION OF DISTRESS - <i>This item refers to a family's style of expressing distress in comparison to the prevailing professional/helping culture(s) perspective.</i>
0	There is no evidence of differences/disagreements between the way the family expresses distress and the prevailing professional/helping cultural view(s), i.e. family's style of expressing distress is congruent with prevailing professional/helping cultural perspective(s).
1	Small or mild differences between the way the family expresses distress and the prevailing professional/helping cultural perspective(s) but these disagreements do not interfere with the family's ability to meet its needs.
2	Disagreement between the way the family expresses distress and the prevailing professional/helping cultural perspective(s) creates challenges for the family and/or those who work with them.

3	Dramatic disagreement in terms of the way the family expresses distress and the prevailing professional/helping cultural perspective(s) places the family in jeopardy of significant problems or sanctions.
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CHILD STRENGTHS

Check	RELATIONSHIP PERMANENCE <i>This rating refers to the stability of significant relationships in the child or youth's life. This likely includes family members but may also include other individuals.</i>
0	This level indicates a child who has very stable relationships. Family members, friends, and community have been stable for most of 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.

Check	FAMILY-NUCLEAR <i>Please rate the highest level from the past 30 days.</i>
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 full included in family activities.
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.
2	Mild level of family strengths. Family is able to communicate and participate in each other's lives; however, family members may not be able to provide significant emotional or concrete support for each other.
3	This level indicates a child with no known family strengths. Child is not included in normal family activities.

Check	FAMILY-EXTENDED <i>Please rate the highest level from the past 30 days.</i>
0	Infant/child has well established relationships with extended family that serve to support his/her growth and development. Family members are a significant support to parents and involved most of the time with infant/child.
1	Child has extended family relationships that are supportive most of the time. Extended family participates in the life of the child and his/her family much of the time.
2	Infant/child has infrequent contact with extended family members. The support the infant/child receives is not harmful but inconsistent.
3	Infant/child has no contact with extended family members or the contact with extended family is detrimental to the infant/child.

Check	INTERPERSONAL <i>Please rate the highest level from the past 30 days.</i>
0	Significant interpersonal strengths. Child has a prosocial or "easy" temperament and, if old enough, is interested and effective at initiating relationships with other children or adults. If still an infant, child exhibits anticipatory behavior when fed or held.
1	Moderate level of interpersonal strengths. Child has formed a positive interpersonal relationship with at least one non-caregiver. Child responds positively to social initiations by adults, but may not initiate such interactions by him-or herself.
2	Mild level of interpersonal strengths. Child may be shy or uninterested in forming relationships with others, or –if still an infant–child may have a temperament that makes attachment to others a challenge.
3	This level indicates a child with no known interpersonal strengths. Child does not exhibit any age-

	appropriate social gestures (e.g. Social smile, cooperative play, responsiveness to social initiations by non-caregivers). An infant that consistently exhibits gaze aversion would be rated here.
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Check	ADAPTABILITY <i>Please rate the highest level from the past 30 days.</i>
0	Child has a strong ability to adjust to changes and transitions.
1	Child has the ability to adjust to changes and transitions, when challenged the infant/child is successful with caregiver support.
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.

Check	PERSISTENCE <i>Please rate the highest level from the past 30 days.</i>
0	Infant/child has a strong ability to continue an activity when challenged or meeting obstacles.
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.

Check	CURIOSITY <i>Please rate the highest level from the past 30 days.</i>
0	This level indicates a child with exceptional curiosity. Infant displays 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.

Check	RESILIENCY <i>This rating should be based on the child/youth's ability to identify and use internal strengths in managing his/her healthy development.</i>
0	This level indicates an infant/child who is able to both identify and use internal strengths to better themselves and successfully manage difficult challenges.
1	This level indicates an infant/child who able to identify most of his/her internal strengths and is able to partially utilize them.
2	This level indicates an infant/child who is able to identify internal strengths but is not able to utilize them effectively.
3	This level indicates an infant/child who is not yet able to identify personal/internal strengths.

CURRENT CAREGIVER

Check	SUPERVISION <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has good monitoring and discipline skills.
1	Caregiver provides generally adequate supervision. May need occasional help or technical assistance.
2	Caregiver reports difficulties monitoring and/or disciplining child. Caregiver needs assistance to improve supervision skills.
3	Caregiver is unable to monitor or discipline the child. Caregiver requires immediate and continuing assistance. Child is at risk of harm due to absence of supervision.

Check	PROBLEM SOLVING <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver appears to have good problem solving skills.
1	Caregiver has generally good problem solving but may struggle with some problems occasionally leading to some difficulties in parenting
2	Caregiver has challenges with problem solving that interfere with capacity to parent.
3	Caregiver has severe challenges with problem solving.

Check	INVOLVEMENT WITH CARE <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver is actively involved in planning or implementation of services and able to act as an effective advocate for the child.
1	Caregiver has a history of seeking help for their children. Caregiver is open to receiving support, education, and information.
2	Caregiver does not wish to participate in services and/or interventions intended to assist their child.
3	Caregiver wishes for child to be removed from their care or is not visiting the child in residential care.

Check	KNOWLEDGE <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver is knowledgeable about the child's needs and strengths.
1	Caregiver is generally knowledgeable about the child but may require additional information to improve their capacity to parent.
2	Caregiver has a clear need for information to improve how knowledgeable they are about the child. Current lack of information is interfering with their ability to parent.
3	Caregiver has knowledge problems that place the child at risk of significant negative outcomes.

Check	EMPATHY WITH CHILD <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has strong empathic relationship with the child/youth.
1	Caregiver has generally empathic relationship with the child/youth.
2	Caregiver demonstrates only limited empathy with the child/youth.
3	Caregiver is does not have any empathy with the child/youth.

Check	ORGANIZATION <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver is well organized and efficient.
1	Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return caseworker 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.

Check	SOCIAL RESOURCES <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has significant family and social network that actively helps with raising the child (e.g., child rearing).
1	Caregiver has some family or social network that actively helps with raising the child (e.g. child rearing).
2	Caregiver has some family or social network that may be able to help with raising the child (e.g., child rearing).
3	Caregiver has no family or social network that may be able to help with raising the child (e.g. child rearing).

Check	PHYSICAL HEALTH <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver is generally healthy.
1	Caregiver is in recovery from medical/physical problems.
2	Caregiver has medical/physical problems that interfere with their capacity to parent.

3	Caregiver has medical/physical problems that make it impossible for them to parent at this time.
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Check	MENTAL HEALTH <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has no mental health needs.
1	Caregiver is in recovery from mental health difficulties.
2	Caregiver has some mental health difficulties that interfere with their capacity to parent.
3	Caregiver has mental health difficulties that make it impossible for them to parent at this time.

Check	SUBSTANCE USE <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has no substance use needs.
1	Caregiver is in recovery from substance use difficulties.
2	Caregiver has some substance use difficulties that interfere with their capacity to parent.
3	Caregiver has substance use difficulties that make it impossible for them to parent at this time.

Check	DEVELOPMENTAL <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has no developmental needs.
1	Caregiver has developmental challenges but they do not currently interfere with parenting.
2	Caregiver has developmental challenges that interfere with their capacity to parent.
3	Caregiver has severe developmental challenges that make it impossible for them to parent at this time.

Check	FAMILY STRESS <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver is able to manage the stress of the child/children's needs.
1	Caregiver has some problems managing the stress of the child/children's needs.
2	Caregiver has notable problems managing the stress of the child/children's needs. This stress interferes with their capacity to give care.
3	Caregiver is unable to manage the stress associated with the child/children's needs. This stress prevents caregiver from parenting.

Check	Cultural Congruence <i>Please rate the highest level from the past 30 days.</i>
0	The family does not have cultural differences related to child rearing practices, child development and early intervention that are considered by the majority culture as problematic for the child.
1	The family has some cultural differences related to child rearing practices, child development and early intervention that are not generally accepted but not considered to put the child at risk.
2	The family has cultural differences related to child rearing practices, child development and early intervention that are considered by the majority culture as problematic for the child.
3	The family has cultural differences related to child rearing practices, child development and early intervention that is considered abusive or neglectful and may result in intervention.

IDENTIFIED PERMANENT RESOURCE NEEDS AND STRENGTHS

Check	RESIDENTIAL STABILITY <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has stable housing for the foreseeable future.
1	Caregiver has relatively stable housing but either has moved in the past three months or there are indications of housing problems that might force them to move in the next three months.
2	Caregiver has moved multiple times in the past year. Housing is unstable.
3	Caregiver has experienced periods of homelessness in the past six months.
Check	SELF-CARE/DAILY LIVING <i>This rating describes the caregiver's ability to provide for the basic needs (e.g., shelter, food, safety, and clothing) of their child.</i>
0	The caregiver has the daily living skills needed to care for their child
1*	The caregiver needs verbal prompting to complete the daily living skills required to care for their child.

2	The caregiver needs assistance (physical prompting) to complete the daily living skills required to care for their child.
3	The caregiver is unable to complete the daily living skills required to care for their child. Caregiver needs immediate intervention.

Check	ACCESSIBILITY TO CHILD CARE SERVICES <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has access to sufficient child care services.
1	Caregiver has limited access to child care services. Needs are met minimally by existing, available services.
2	Caregiver has limited access or access to limited child care services. Current services do not meet the caregiver's needs.
3	Caregiver has no access to child care services.

Check	ACCULTURATION <i>This item includes both spoken and sign language.</i>
0	Caregiver and family are acculturated.
1	Caregiver and family have some cultural differences from their primary environment that have created challenges in the past or might lead to future challenges.
2	Caregiver and/or significant family members have notable cultural differences from their primary environment that currently lead to functional problems.
3	Caregiver and/or significant family members have notable cultural differences with their primary environment that are causing profound difficulties for the child and/or family.

Check	EMPLOYMENT/EDUCATIONAL FUNCTIONING <i>This rates the performance of the caregiver in school or work settings. This performance can include issues of behavior, attendance or achievement/productivity.</i>
0	Caregiver is gainfully employed and/or in school.
1*	A mild degree of problems with school or work functioning. Caregiver may have some problems in work environment. Caregiver needs to be monitored and assessed further.
2	A moderate degree of school or work problems and/or difficulties with learning. Caregiver may have history of frequent job loss or may be recently unemployed. Caregiver needs an intervention to address employment and/or learning difficulties.
3	A severe degree of school or work problems. Caregiver is chronically unemployed and not attending any education program. Caregiver needs immediate intervention.

Check	EDUCATIONAL ATTAINMENT <i>This rates the degree to which the individual has completed his/her planned education.</i>
0	Caregiver has achieved all educational goals or has none but educational attainment has no impact on lifetime vocational functioning.
1	Caregiver has set educational goals and is currently making progress towards achieving them.
2	Caregiver has set educational goals but is currently not making progress towards achieving them.
3	Caregiver has no educational goals and lack of educational attainment is interfering with individual's lifetime vocational functioning. Caregiver needs educational/vocational intervention.

Check	FINANCIAL RESOURCES <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has sufficient financial resources to raise the child (e.g., child rearing).

1	Caregiver has some financial resources that actively help with raising the child (e.g. child rearing).
2	Caregiver has limited financial resources that may be able to help with raising the child (e.g., child rearing).
3*	Caregiver has no financial resources to help with raising the child (e.g. child rearing). Caregiver needs financial resources.

Check	COMMUNITY CONNECTION <i>This rating should be based on the individual's level of involvement in the cultural aspects of life in his/her community.</i>
0	This level indicates an individual with extensive and substantial long-term ties with the community. For example, involvement in a community group for more than one year, may be widely accepted by neighbors, or involved in other community activities or informal networks.
1	This level indicates an individual with significant community ties although they may be relatively short-term (i.e., past year).
2	This level indicates an individual with limited ties and/or supports from the community.
3	This level indicates an individual with no known ties or supports from the community.

Check	LEGAL <i>Please rate the highest level from the past 30 days.</i>
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 that place him/her at risk for incarceration. Caregiver needs an immediate comprehensive and community-based intervention.

Check	TRANSPORTATION <i>This rating reflects the caregiver's ability to provide appropriate transportation for his/her child. Please rate the highest level from the past 30 days.</i>
0	Child and his/her caregiver have no transportation needs. Caregiver is able to get his/her child to appointments, school, activities, etc. consistently.
1	Child and his/her caregiver have occasional transportation needs (e.g. appointments). Caregiver has difficulty getting his/her child to appointments, school, activities, etc. less than once a week.
2*	Child and his/her caregiver have frequent transportation needs. Caregiver has difficulty getting his/her child to appointments, school, activities, etc. regularly (e.g. once a week). Caregiver needs assistance transporting child and access to transportation resources.
3	Child and his/her caregiver have no access to appropriate transportation and are unable to get his/her child to appointments, school, activities, etc. Caregiver needs immediate intervention and development of transportation resources.

Check	SUPERVISION <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has good monitoring and discipline skills.
1	Caregiver provides generally adequate supervision. May need occasional help or technical assistance.
2	Caregiver reports difficulties monitoring and/or disciplining child. Caregiver needs assistance to improve supervision skills.
3	Caregiver is unable to monitor or discipline the child. Caregiver requires immediate and continuing assistance. Child is at risk of harm due to absence of supervision.

Check	PROBLEM SOLVING <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver appears to have good problem solving skills.
1	Caregiver has generally good problem solving but may struggle with some problems occasionally leading to some difficulties in parenting
2	Caregiver has challenges with problem solving that interfere with capacity to parent.
3	Caregiver has severe challenges with problem solving.

Check	INVOLVEMENT WITH CARE <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver is actively involved in planning or implementation of services and able to act as an effective advocate for the child.
1	Caregiver has a history of seeking help for their children. Caregiver is open to receiving support, education, and information.
2	Caregiver does not wish to participate in services and/or interventions intended to assist their child.
3	Caregiver wishes for child to be removed from their care or is not visiting the child in residential care.

Check	KNOWLEDGE <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver is knowledgeable about the child's needs and strengths.
1	Caregiver is generally knowledgeable about the child but may require additional information to improve their capacity to parent.
2	Caregiver has a clear need for information to improve how knowledgeable they are about the child. Current lack of information is interfering with their ability to parent.
3	Caregiver has knowledge problems that place the child at risk of significant negative outcomes.

Check	EMPATHY WITH CHILD <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has strong empathic relationship with the child/youth.
1	Caregiver has generally empathic relationship with the child/youth.
2	Caregiver demonstrates only limited empathy with the child/youth.
3	Caregiver is does not have any empathy with the child/youth.

Check	ORGANIZATION <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver is well organized and efficient.
1	Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return caseworker 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.

Check	SOCIAL RESOURCES <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has significant family and social network that actively helps with raising the child (e.g., child rearing).
1	Caregiver has some family or social network that actively helps with raising the child (e.g. child rearing).
2	Caregiver has some family or social network that may be able to help with raising the child (e.g., child rearing).
3	Caregiver has no family or social network that may be able to help with raising the child (e.g. child rearing).

Check	PHYSICAL HEALTH <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver is generally healthy.
1	Caregiver is in recovery from medical/physical problems.
2	Caregiver has medical/physical problems that interfere with their capacity to parent.
3	Caregiver has medical/physical problems that make it impossible for them to parent at this time.

Check	MENTAL HEALTH <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has no mental health needs.
1	Caregiver is in recovery from mental health difficulties.
2	Caregiver has some mental health difficulties that interfere with their capacity to parent.
3	Caregiver has mental health difficulties that make it impossible for them to parent at this time.

Check	SUBSTANCE USE <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has no substance use needs.
1	Caregiver is in recovery from substance use difficulties.
2	Caregiver has some substance use difficulties that interfere with their capacity to parent.
3	Caregiver has substance use difficulties that make it impossible for them to parent at this time.

Check	DEVELOPMENTAL <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has no developmental needs.
1	Caregiver has developmental challenges but they do not currently interfere with parenting.
2	Caregiver has developmental challenges that interfere with their capacity to parent.
3	Caregiver has severe developmental challenges that make it impossible for them to parent at this time.

Check	FAMILY STRESS <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver is able to manage the stress of the child/children's needs.
1	Caregiver has some problems managing the stress of the child/children's needs.
2	Caregiver has notable problems managing the stress of the child/children's needs. This stress interferes with their capacity to give care.
3	Caregiver is unable to manage the stress associated with the child/children's needs. This stress prevents caregiver from parenting.

Check	Cultural Congruence <i>Please rate the highest level from the past 30 days.</i>
0	The family does not have cultural differences related to child rearing practices, child development and early intervention that are considered by the majority culture as problematic for the child.
1	The family has some cultural differences related to child rearing practices, child development and early intervention that are not generally accepted but not considered to put the child at risk.
2	The family has cultural differences related to child rearing practices, child development and early intervention that are considered by the majority culture as problematic for the child.
3	The family has cultural differences related to child rearing practices, child development and early intervention that is considered abusive or neglectful and may result in intervention.

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS
(CANS)**

**WISCONSIN
DEPARTMENT OF CHILDREN AND FAMILIES
VERSION 12-7-10**

Children and Youth 5 to 17

Manual

**Praed Foundation
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A large number of individuals have collaborated in the development of the CANS-Comprehensive. Along with the CANS versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual 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 children, adolescents and their families. The copyright is held by the Buddin 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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INTRODUCTION

The **CANS** is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the **CANS** is to accurately represent the shared vision of the child services system—child and families. As such, completion of the **CANS** is accomplished in order to allow for the effective communication of this shared vision for use at all levels of the system. Since its primary purpose is communication, the **CANS** is designed based on communication theory rather than the psychometric theories that have influenced most measurement development. There are six key principles of a communimetric measure that apply to understanding the **CANS**.

Six Key Principles of the CANS

1. Items were selected because they are each relevant to service/treatment planning. An item exists because it might lead you down a different pathway in terms of planning actions.
2. Each item uses a 4-level rating system. Those levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths. For a description of these action levels please see below.
3. Rating should describe the child/youth, not the child/youth in services. If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an “actionable” need (i.e. “2” or “3”).
4. Culture and development should be considered prior to establishing the action levels. Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the child/youth’s developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young child but would be for an older child or youth regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the child/youth’s developmental age.
5. The ratings are generally “agnostic as to etiology”. In other words this is a descriptive tool. It is about the “what” not the “why”. Only one item, Adjustment to Trauma, has any cause-effect judgments.
6. A 30-day window is used for ratings in order to make sure assessments stay “fresh” and relevant to the child or youth’s present circumstances. However, the action levels can be used to over-ride the 30-day rating period.

Action Levels for “Need” Items

0 – No Evidence of Need – This rating indicates that there is no reason to believe that a particular need exists. Based on current assessment information there is no reason to assume this is a need. For example, “does Johnny smoke weed?” He says he doesn’t, his mother says he doesn’t, no one else has expressed any concern – does this mean Johnny is not smoking weed?

NO, but we have no reason to believe that he does and we would certainly not refer him to programming for substance related problems.

1 - Watchful Waiting/Prevention – This level of rating indicates that you need to keep an eye on this area or think about putting in place some preventive actions to make sure things do not get worse (e.g. a child/youth who has been suicidal in the past). We know that the best predictor of future behavior is past behavior, and that such behavior may recur under stress, so we would want to keep an eye on it from a preventive point of view.

2 - Action Needed – This level of rating implies that something must be done to address the identified need. The need is sufficiently problematic, that it is interfering in the child/youth's or family's life in a notable way.

3 - Immediate/Intensive Action Needed – This level rating indicates a need that requires immediate or intensive effort to address. Dangerous or disabling levels of needs are rated with this level. A child/youth who is not attending school at all or an acutely suicidal youth would be rated with a "3" on the relevant need.

Action Levels of "Strengths" Items

0 - Centerpiece Strength This rating indicates a domain where strengths exist that can be used as a centerpiece for a strength-based plan. In other words, the strength-based plan can be organized around a specific strength in this area.

1 - Useful Strength This rating indicates a domain where strengths exist and can be included in a strength-based plan but not as a centerpiece of the plan.

2 - Identified Strength This rating indicates a domain where strengths have been identified but that they require significant strength building efforts before they can be effectively utilized in a strength-based plan.

3 - No Strength Identified This rating indicates a domain in which efforts are needed in order to identify potential strengths for strength building efforts.

CODING DEFINITIONS

TRAUMA EXPERIENCE

These items describe static events that may have happened at anytime in the child/youth's lifetime. They are unlikely to change over time unless previously unknown trauma experiences become identified.

<i>Check</i>	SEXUAL ABUSE <i>Please rate within the lifetime.</i>
0	There is no evidence that child has experienced sexual abuse.
1	Child has experienced one episode of sexual abuse or there is a suspicion that the child has experienced sexual abuse but no confirming evidence.
2	Child has experienced repeated sexual abuse.
3	Child has experienced severe and repeated sexual abuse. Sexual abuse may have caused physical harm.

If a child has been sexually abused:

<i>Check</i>	EMOTIONAL CLOSENESS TO PERPETRATOR
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).

<i>Check</i>	FREQUENCY OF ABUSE
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.

<i>Check</i>	DURATION
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.

<i>Check</i>	FORCE
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.

<i>Check</i>	REACTION TO DISCLOSURE
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.

<i>Check</i>	PHYSICAL ABUSE <i>Please rate within the lifetime.</i>
0	There is no evidence that the child has experienced physical abuse.
1	Child has experienced one episode of physical abuse or there is a suspicion that the child has experienced physical abuse but no confirming evidence.
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.

<i>Check</i>	NEGLECT <i>Please rate within the lifetime.</i>
0	There is no evidence that the child has experienced neglect.
1	Child has experienced minor or occasional neglect. Child may have been left at home alone with no adult supervision or there may be occasional failure to provide adequate supervision of the child.
2	Child has experienced a moderate level of neglect. This may include occasional unintended failure to provide adequate food, shelter, or clothing with corrective action.
3	Child has experienced a severe level of neglect including prolonged absences by adults, without minimal supervision, and failure to provide basic necessities of life on a regular basis.

<i>Check</i>	EMOTIONAL ABUSE <i>Please rate within the lifetime.</i>
0	There is no evidence that the child has experienced emotional abuse.
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).

<i>Check</i>	MEDICAL TRAUMA <i>Please rate within the lifetime.</i>
0	There is no evidence that the child has experienced any medical trauma.
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.

<i>Check</i>	NATURAL DISASTER <i>Please rate within the lifetime.</i>
0	There is no evidence that the child has experienced any natural disaster.
1	Child has been indirectly affected by a natural disaster.
2	Child has experienced a natural disaster which has had a notable impact on his/her well-being.
3	Child has experienced life-threatening natural disaster.

Check	WITNESS TO FAMILY VIOLENCE <i>Please rate within the lifetime.</i>
0	There is no evidence that the child has witnessed family violence.
1	Child has witnessed one episode of 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.

Check	WITNESS TO COMMUNITY VIOLENCE <i>Please rate within the lifetime.</i>
0	There is no evidence that child has witnessed violence in his/her community.
1	Child has witnessed fighting or other forms of violence in his/her 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.

Check	WITNESS/VICTIM TO CRIMINAL ACTIVITY <i>Please rate within the lifetime.</i>
0	There is no evidence that the child has been victimized or witnessed 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 the child witnessed the death of a loved one.

ADJUSTMENT TO TRAUMA

Check	ADJUSTMENT TO TRAUMA <i>Please rate based on the adjustment over the past 30 days.</i>
0	No evidence
1	History or suspicion of problems associated with traumatic life event/s.
2	Clear evidence of adjustment problems associated with traumatic life event/s. Adjustment is interfering with child's functioning in at least one life domain.
3	Clear evidence of symptoms of Post Traumatic Stress Disorder, which may include flashbacks, nightmares, significant anxiety, and intrusive thoughts of trauma experience.

Check	TRAUMATIC GRIEF/SEPARATION <i>This rating describes the level of traumatic grief due to death or loss or separation from significant caregivers.</i>
0	There is no evidence that the child has experienced traumatic grief or separation from significant caregivers.
1	Child is experiencing some level of traumatic grief due to death or loss of a significant person or distress from caregiver separation in a manner that is 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 certain but not all areas. This could include withdrawal or isolation from others.
3	Child is experiencing significant traumatic grief or separation reactions. Child exhibits impaired functioning across several areas (e.g. interpersonal relationships, school) for a significant period of time following the loss or separation.

Check	INTRUSIONS <i>Please rate the highest level from the past 30 days.</i>
0	There is no evidence that child experiences intrusive thoughts of trauma.
1	Child experiences some intrusive thoughts of trauma but they do 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.

Check	ATTACHMENT <i>Please rate the highest level from the past 30 days.</i>
0	No evidence of attachment problems. Parent-child relationship is characterized by satisfaction of needs, child's development of a sense of security and trust.
1	Mild problems with attachment. This could involve either mild problems with separation or mild problems of detachment.
2	Moderate problems with attachment. Child is having problems with attachment that require intervention. A child who meets the criteria for an Attachment Disorder in DSM-IV would be rated here.
3	Severe problems with attachment. A child who is unable to separate or a child who appears to have severe problems with forming or maintaining relationships with caregivers would be rated here.

Check	DISSOCIATION <i>Please rate the highest level from the past 30 days.</i>
0	There is no evidence of dissociation.
1	Child may experience some symptoms of dissociation.
2	Child clearly experiences episodes of dissociation.
3	Profound dissociation occurs.

LIFE DOMAIN FUNCTIONING

Check	FAMILY-NUCLEAR <i>Please rate the highest level from the past 30 days.</i>
0	Child is doing well in relationships with nuclear family members.
1	Child is doing adequately in relationships with nuclear family members although some problems may exist. For example, some family members may have some problems in their relationships with the child.
2	Child is having moderate problems with parents and/or siblings. Frequent arguing, difficulties in maintaining any positive relationship may be observed.
3	Child is having severe problems with parents and/or siblings. This would include problems of domestic violence, constant arguing, etc.

Check	FAMILY-EXTENDED <i>Please rate the highest level from the past 30 days.</i>
0	Child is doing well in relationships with extended family members.
1	Child is doing adequately in relationships with extended family members although some problems may exist. For example, some family members may have some problems in their relationships with the child.
2	Child is having moderate problems with extended family members. Frequent arguing, difficulties in maintaining any positive relationship may be observed.
3	Child is having severe problems with extended family members. This would include problems of domestic violence, constant arguing, etc.

Check	LIVING SITUATION <i>Please rate the highest level from the past 30 days.</i>
0	No evidence of problem with functioning in current living environment.
1	Mild problems with functioning in current living situation. Caregivers concerned about child's behavior at home.
2	Moderate to severe problems with functioning in current living situation. Child has difficulties maintaining his/her behavior in this setting creating significant problems for others in the residence.
3	Profound problems with functioning in current living situation. Child is at immediate risk of being removed from living situation due to his/her behaviors.

<i>Check</i>	DEVELOPMENTAL <i>Please rate the highest level from the past 30 days.</i>
0	Child has no developmental problems.
1	Child has some problems with physical immaturity or there are concerns about possible developmental delay. Child may have low IQ.
2	Child has developmental delays or mild mental retardation.
3	Child has severe and pervasive developmental delays or profound mental retardation.

If Child has Developmental Disability Needs Identified

DEVELOPMENTAL DISABILITY (DD) MODULE

Coding Definitions

<i>Check</i>	COGNITIVE <i>Please rate the highest level from the past 30 days.</i>
0	Child's intellectual functioning appears to be in normal range. There is no reason to believe that the child has any problems with intellectual functioning.
1	Child has low IQ (70 to 85) or has identified learning challenges.
2	Child has mild mental retardation. IQ is between 55 and 70.
3	Child has moderate to profound mental retardation. IQ is less than 55.

<i>Check</i>	AUTISM SPECTRUM <i>Please rate the highest level from the past 30 days.</i>
0	Child's development appears within normal range. There is no reason to believe that the child has any developmental problems associated within the autism spectrum
1	Evidence of mild symptoms of an autism spectrum disorder. Child/youth may meet criteria for Aspergers disorder.
2	Child meets diagnostic criteria for an autism spectrum disorder.
3	Severe autism. Symptoms are disabling in at least one life domain.

<i>Check</i>	COMMUNICATION <i>Please rate the highest level from the past 30 days.</i>
0	Child's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child has any problems communicating.
1	Child has receptive communication skills but limited expressive communication skills.
2	Child has both limited receptive and expressive communication skills.
3	Child is unable to communicate.

<i>Check</i>	SELF-CARE DAILY LIVING SKILLS <i>Please rate the highest level from the past 30 days.</i>
0	Child's self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the child has any problems performing daily living skills.
1	Child requires excessive verbal prompting on self-care tasks or daily living skills.
2	Child requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g. eating, bathing, dressing, and toileting).
3	Child requires attendant care on more than one of the self-care tasks-eating, bathing, dressing, toileting.

Check	MEDICAL Please rate the highest level from the <i>past 30 days</i>
0	Child is healthy.
1	Child has some medical problems that require medical treatment.
2	Child has chronic illness that requires ongoing medical intervention.
3	Child has life threatening illness or medical condition.

If the child has Medical Needs Identified

MEDICAL MODULE

Coding Definitions

Check	LIFE THREAT Please rate the highest level from the <i>past 30 days</i> .
0	Child's medical condition has no implications for shortening his/her life.
1	Child's medical condition may shorten life but not until later in adulthood.
2	Child's medical condition places him/her at some risk of premature death before he/she reaches adulthood.
3	Child's medical condition places him/her at eminent risk of death.

Check	CHRONICITY Please rate the highest level from the <i>past 30 days</i> .
0	Child is expected to fully recover from his/her current medical condition within the next six months.
1	Child is expected to fully recover from his/her current medical condition after at least six months but less than two years.
2	Child is expected to fully recover from his/her current medical condition but not within the next two years.
3	Child's medical condition is expected to continue throughout his/her lifetime.

Check	DIAGNOSTIC COMPLEXITY Please rate the highest level from the <i>past 30 days</i> .
0	The child's medical diagnoses are clear and there is no doubt as to the correct diagnoses. Symptom presentation is clear.
1	Although there is some confidence in the accuracy of child's diagnoses, there also exists sufficient complexity in the child's symptom presentation to raise concerns that the diagnoses may not be accurate.
2	There is substantial concern about the accuracy of the child's medical diagnoses due to the complexity of symptom presentation.
3	It is currently not possible to accurately diagnose the child's medical condition(s).

Check	EMOTIONAL RESPONSE Please rate the highest level from the <i>past 30 days</i> .
0	Child is coping well with his/her medical condition.
1	Child is experiencing some emotional difficulties related to his/her medical condition but these difficulties are not interfering with other areas of functioning.
2	Child is having difficulties coping with medical condition. His/her emotional response is interfering with functioning in other life domains.
3	Child is having severe emotional response to his/her medical condition that is interfering with treatment and functioning.

Check	IMPAIRMENT IN FUNCTIONING Please rate the highest level from the <i>past 30 days</i> .
0	Child's medical condition is not interfering with his/her functioning in other life domains.
1	Child's medical condition is having a limited impact on his/her functioning in at least one other life domain.
2	Child's medical condition is interfering with functioning in more than one life domain or is disabling in at least one.
3	Child's medical condition has disabled him/her in all other life domains.

<i>Check</i>	TREATMENT INVOLVEMENT <i>Please rate the highest level from the past 30 days.</i>
0	Child and family are actively involved in treatment.
1	Child and/or family are generally involved in treatment but may struggle to stay consistent.
2	Child and/or family are generally uninvolved in treatment although they are sometimes compliant to treatment recommendations.
3	Child and/or family are currently resistant to all efforts to provide medical treatment.

<i>Check</i>	INTENSITY OF TREATMENT <i>Please rate the highest level from the past 30 days.</i>
0	Child's medical treatment involves taking daily medication or visiting a medical professional no more than weekly.
1	Child's medical treatment involves taking multiple medications or visiting a medical professional multiple times per week.
2	Child's treatment is daily but non-invasive. Treatment can be administered by a caregiver.
3	Child's medical treatment is daily and invasive and requires either a medical professional to administer or a well trained caregiver.

<i>Check</i>	ORGANIZATIONAL COMPLEXITY <i>Please rate the highest level from the past 30 days.</i>
0	All medical care is provided by a single medical professional.
1	Child's medical care is generally provided by a coordinated team of medical professionals who all work for the same organization.
2	Child's medical care requires collaboration of multiple medical professionals who work for more than one organization but current communication and coordination is effective.
3	Child's medical care requires the collaboration of multiple medical professionals who work for more than one organization and problems currently exist in communication among these professionals.

<i>Check</i>	PHYSICAL <i>Please rate the highest level from the past 30 days.</i>
0	Child has no physical limitations.
1	Child has some physical condition that places mild limitations on activities. Conditions such as impaired hearing or vision would be rated here. Rate here, treatable medical conditions that result in physical limitations (e.g. asthma).
2	Child has physical condition that notably impacts activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.
3	Child has severe physical limitations due to multiple physical conditions.

<i>Check</i>	DENTAL <i>Please rate the highest level from the past 30 days.</i>
0	No evidence of any dental health needs.
1	Child has not received dental health care and requires a check up. Child may have some dental health needs but they are not clearly known at this time.
2	Child has dental health needs that require attention. Dental health is interfering with child's functioning in at least one life domain.
3	Child has serious dental health needs that require intensive and/or extended treatment/intervention.

Check	DAILY FUNCTIONING <i>Please rate the highest level from the past 30 days.</i>
0	Child demonstrates age appropriate or advanced self-care skills. Relies on others as expected for his/her age group.
1	Child shows mild or occasional problems in self-care skills for his/her age, but is generally self-reliant.
2	Child demonstrates moderate or routine problems in self-care skills and relies on others for help more than is expected for his/her age group.
3	Child shows severe or almost constant problems in self-care skills, and relies on others for help much more than is expected for his/her age group.

Check	SOCIAL FUNCTIONING--PEER <i>Please rate the highest level from the past 30 days.</i>
0	Child has positive social relationships with same age peers.
1	Child is having some minor problems in social relationships with same age peers.
2	Child is having some moderate problems with his/her social relationships with same age peers.
3	Child is experiencing severe disruptions in his/her social relationships with same age peers.

Check	SOCIAL FUNCTIONING-ADULT <i>Please rate the highest level from the past 30 days.</i>
0	Child has positive social relationships with adults.
1	Child is having some minor problems in social relationships with adults.
2	Child is having some moderate problems with his/her social relationships with adults.
3	Child is experiencing severe disruptions in his/her social relationships with adults.

Check	LEGAL <i>Please rate the highest level from the past 30 days.</i>
0	Child has no known legal difficulties.
1	Child has a history of legal problems but currently is not involved with the legal system.
2	Child has some legal problems and is currently involved in the legal system.
3	Child has serious current or pending legal difficulties that place him/her at risk for a court ordered out of home placement.

If the Child/Youth has Legal Issues Identified

LEGAL - JUVENILE JUSTICE (JJ) MODULE

Coding Definitions

For the purposes of this module a delinquent act or criminal act are interchangeable if the youth is being charged as an adult.

Check	SERIOUSNESS <i>Please rate the highest level from the past 30 days.</i>
0	Youth has engaged only in status violations (e.g. curfew).
1	Youth has engaged in delinquent behavior equivalent to a misdemeanor.
2	Youth has engaged in delinquent behavior equivalent to a felony.
3	Youth has engaged in delinquent behavior that places other citizens at risk of significant physical harm.

Check	HISTORY <i>Please rate using time frames provided in the anchors.</i>
0	Current criminal/delinquent behavior is the first known occurrence.
1	Youth has engaged in multiple criminal/delinquent acts in the past one year.
2	Youth has engaged in multiple criminal/delinquent acts for more than one year but has had periods of at least 3 months where he/she did not engage in delinquent behavior.
3	Youth has engaged in multiple criminal/delinquent acts for more than one year without any period of at least 3 months where he/she did not engage in criminal or delinquent behavior.

Check	ARRESTS <i>Please rate the highest level from the past 30 days.</i>
0	Youth has no known arrests in past.
1	Youth has history of delinquency, but no arrests past 30 days.
2	Youth has 1 to 2 arrests in last 30 days.
3	Youth has more than 2 arrests in last 30 day.

Check	PLANNING <i>Please rate the highest level from the past 30 days.</i>
0	No evidence of any planning. Criminal/delinquent behavior appears opportunistic or impulsive.
1	Evidence suggests that youth places him/herself into situations where the likelihood of criminal/delinquent behavior is enhanced.
2	Evidence of some planning of criminal/delinquent behavior.
3	Considerable evidence of significant planning of criminal/delinquent behavior. Behavior is clearly premeditated.

Check	COMMUNITY SAFETY <i>Please rate the highest level from the past 30 days.</i>
0	Youth presents no risk to the community. He/she could be unsupervised in the community.
1	Youth engages in behavior that represents a risk to community property.
2	Youth engages in behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the youth's behavior.
3	Youth engages in behavior that directly places community members in danger of significant physical harm.

Check	LEGAL COMPLIANCE <i>Please rate the highest level from the past 30 days.</i>
0	Youth is fully compliant with all responsibilities imposed by the court (e.g. school attendance, treatment, restraining orders) or no court orders are currently in place.
1	Youth is in general compliance with responsibilities imposed by the court (e.g. occasionally missed appointments).
2	Youth is in partial noncompliance with standing court orders (e.g. youth is going to school but not attending court-order treatment).
3	Youth is in serious and/or complete noncompliance with standing court orders (e.g. parole violations).

Check	PEER INFLUENCES <i>Please rate the highest level from the past 30 days.</i>
0	Youth's primary peer social network does not engage in delinquent/criminal behavior.
1	Youth has peers in his/her primary peer social network who do not engage in criminal/delinquent behavior but has some peers who do.
2	Youth predominantly has peers who engage in delinquent behavior but youth is not a member of a gang.
3	Youth is a member of a gang whose membership encourages or requires illegal behavior as an aspect of gang membership.

<i>Check</i>	PARENTAL CRIMINAL BEHAVIOR (INFLUENCES) <i>Please rate the highest level from the past 30 days.</i>
0	There is no evidence that youth's parents have ever engaged in criminal/delinquent behavior.
1	One of youth's parents has history of criminal/delinquent behavior but youth has not been in contact with this parent for at least one year.
2	One of youth's parents has history of criminal/delinquent behavior and youth has been in contact with this parent in the past year.
3	Both of youth's parents have history of criminal/delinquent behavior.

<i>Check</i>	ENVIRONMENTAL INFLUENCES <i>Please rate the environment around the youth's living situation.</i>
0	No evidence that the child's environment stimulates or exposes the child to any criminal/delinquent behavior.
1	Mild problems in the child's environment that might expose the child to criminal/delinquent behavior.
2	Moderate problems in the child's environment that clearly expose the child to criminal/delinquent behavior.
3	Severe problems in the child's environment that stimulate the child to engage in criminal/delinquent behavior.

<i>Check</i>	EATING DISTURBANCE <i>Please rate the highest level from the past 30 days.</i>
0	No evidence of eating disturbance.
1	Mild level of eating disturbance. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns.
2	Clear evidence of eating disturbance. This could include a more intense preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising in order to maintain below normal weight, and/or emaciated body appearance. This level could also include more notable binge eating episodes that are followed by compensatory behaviors in order to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). This child may meet criteria for a DSM-IV Eating Disorder (Anorexia or Bulimia Nervosa). Food hoarding also would be rated here.
3	Eating disturbance is disabling. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors (at least once per day).

<i>Check</i>	SLEEP <i>Please rate the highest level from the past 30 days.</i>
0	Child gets a full night's sleep each night.
1	Child has some problems sleeping. Generally, child gets a full night's sleep but at least once a week problems arise. This may include occasionally waking or bed wetting or nightmares.
2	Child is having problems with sleep. Sleep is often disrupted and child seldom obtains a full night of sleep.
3	Child is generally sleep deprived. Sleeping is difficult for the child and they are not able to get a full night's sleep.

<i>Check</i>	SEXUAL DEVELOPMENT <i>Please rate the highest level from the past 30 days.</i>
0	No evidence of any problems with sexual development.
1	Mild to moderate problems with sexual development. May include concerns about sexual identity or anxiety about the reactions of others.
2	Significant problems with sexual development. May include multiple and/or older partners or high-risk sexual behaviors.
3	Profound problems with sexual development. This level would include prostitution, very frequent risky sexual behavior, or sexual aggression.

Check	LIFE SKILLS <i>This rating focuses on the presence or absence of short or long-term risks associated with impairments in independent living abilities.</i>
0	This level indicates a person who is fully capable of independent living. No evidence of any deficits that could impede maintaining own home.
1	This level indicates a person with mild impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet and so forth. Problems with money management may occur at this level. This level indicates a person who is fully capable of independent living. Youth needs to learn additional independent living skills.
2	This level indicates a person with moderate impairment of independent living skills. Notable problems with completing tasks necessary for independent living (e.g., difficulty with cooking, cleaning, and self-management when unsupervised) are apparent. Youth needs to learn independent living skills.
3	This level indicates a person with profound impairment of independent living skills. This individual would be expected to be unable to live independently given their current status. Problems require a structured living environment. Youth needs an immediate intervention to develop an independent living plan.

Check	Expectant Parent or Parenting
0	Child is not an expectant parent or parenting.
1	Child is an expectant parent.
2	Child is an expectant parent or is parenting a child with no additional child protective services involvement for the child.
3	Child/Youth is an expectant parent or is parenting a child with concerns being addressed through a child protective services order for the minor child.

SCHOOL

Check	ATTENDANCE <i>Please rate the highest level from the past 30 days.</i>
0	Child attends school regularly.
1	Child has some problems attending school but generally goes to school.
2	Child is having problems with school attendance. He/she is missing at least two days each week on average.
3	Child is generally truant or refusing to go to school.

Check	BEHAVIOR <i>Please rate the highest level from the past 30 days.</i>
0	Child is behaving well in school.
1	Child is behaving adequately in school although some behavior problems exist.
2	Child is having moderate behavioral problems at school. He/she is disruptive and may have received sanctions including suspensions.
3	Child is having severe problems with behavior in school. He/she is frequently or severely disruptive. School placement may be in jeopardy due to behavior.

Check	ACHIEVEMENT <i>Please rate the highest level from the past 30 days.</i>
0	Child is doing well in school.
1	Child is doing adequately in school although some problems with achievement exist.
2	Child is having moderate problems with school achievement. He/she may be failing some subjects.
3	Child is having severe achievement problems. He/she may be failing most subjects or more than one year behind same age peers in school achievement.

Check	RELATION WITH TEACHER(S) <i>This rating should be based on relationships with teachers, staff, and other school personnel.</i>
0	Child has good relations with teachers.
1	Child has occasional difficulties relating with at least one teacher. Child may have difficulties during one class period (e.g. math, gym).
2	Child has difficult relations with teachers that notably interferes with his/her education.
3	Child has very difficult relations with all teachers or all the time with their only teacher. Relations with teachers currently prevents child from learning.

CHILD/YOUTH AND FAMILY ACCULTURATION

Check	LANGUAGE <i>This item includes both spoken and sign language.</i>
0	Child and family speak English well.
1	Child and family speak some English but potential communication problems exist due to limits on vocabulary or understanding of the nuances of the language.
2	Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention but qualified individual can be identified within natural supports.
3	Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention and no such individual is available from among natural supports.

Check	IDENTITY <i>Cultural identity refers to the child's view of his/herself as belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography or lifestyle.</i>
0	Child has clear and consistent cultural identity and is connected to others who share his/her cultural identity.
1	Child is experiencing some confusion or concern regarding cultural identity.
2	Child has significant struggles with his/her own cultural identity. Child may have cultural identity but is not connected with others who share this culture.
3	Child has no cultural identity or is experiencing significant problems due to conflict regarding his/her cultural identity.

Check	RITUAL <i>Cultural rituals are activities and traditions that are culturally 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).</i>
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.

Check	CULTURE STRESS <i>Culture stress refers to experiences and feelings of discomfort and/or distress arising from friction (real or perceived) between an individual's own cultural identity and the predominant culture in which he/she lives.</i>
0	No evidence of stress between caregiver's cultural identity and current living situation.
1	Some mild or occasional stress resulting from friction between the caregiver's cultural identity and his/her current living situation.
2	Caregiver is experiencing cultural stress that is causing problems of functioning in at least one life domain. Caregiver needs to learn how to manage culture stress.
3	Caregiver is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Caregiver needs immediate plan to reduce culture stress.

<i>Check</i>	KNOWLEDGE CONGRUENCE - <i>This item refers to a family's explanation about their children's presenting issues, needs and strengths in comparison to the prevailing professional/helping culture(s) perspective.</i>
0	There is no evidence of differences/disagreements between the family's explanation of presenting issues, needs and strengths and the prevailing professional/helping cultural view(s), i.e., the family's view of the child is congruent with the prevailing professional/helping cultural perspective(s).
1	Small or mild differences between the family's explanation and the prevailing professional/helping cultural perspective(s), but these disagreements do not interfere with the family's ability to meet its needs.
2	Disagreement between the family's explanation and the prevailing professional/helping cultural perspective(s) creates challenges for the family and/or those who work with them.
3	Significant disagreement in terms of explanation between the family and the prevailing professional/helping cultural perspective(s) that places the family in jeopardy of significant problems or sanctions.

<i>Check</i>	HELP SEEKING CONGRUENCE - <i>This item refers to a family's approach to help seeking behavior in comparison to the prevailing professional/helping culture(s) perspective.</i>
0	There is no evidence of differences/disagreements between the family's approach to help seeking and the prevailing professional/helping cultural view(s), i.e. the family's approach is congruent with prevailing professional/helping cultural perspective(s) on help seeking behavior.
1	Small or mild differences between the family's help seeking beliefs and/or behavior and the prevailing professional/helping cultural perspective(s), but these disagreements do not interfere with the family's ability to meet its needs.
2	Disagreement between the family's help seeking beliefs and/or behavior and the prevailing professional/helping cultural perspective(s) creates challenges for the family and/or those working with them.
3	Significant disagreement in terms of help seeking beliefs and/or behaviors between the family and the prevailing professional/helping cultural perspective(s) places the family in jeopardy of significant problems or sanctions.

<i>Check</i>	EXPRESSION OF DISTRESS - <i>This item refers to a family's style of expressing distress in comparison to the prevailing professional/helping culture(s) perspective.</i>
0	There is no evidence of differences/disagreements between the way the family expresses distress and the prevailing professional/helping cultural view(s), i.e. family's style of expressing distress is congruent with prevailing professional/helping cultural perspective(s).
1	Small or mild differences between the way the family expresses distress and the prevailing professional/helping cultural perspective(s) but these disagreements do not interfere with the family's ability to meet its needs.
2	Disagreement between the way the family expresses distress and the prevailing professional/helping cultural perspective(s) creates challenges for the family and/or those who work with them.
3	Dramatic disagreement in terms of the way the family expresses distress and the prevailing professional/helping cultural perspective(s) places the family in jeopardy of significant problems or sanctions.

CHILD/YOUTH BEHAVIORAL/EMOTIONAL NEEDS

Check	PSYCHOSIS <i>Please rate based on the past 30 days.</i>
0	No evidence.
1	History or suspicion of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.
2	Clear evidence of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.
3	Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder which places the child or others at risk of physical harm.

Check	IMPULSIVE / HYPERACTIVITY <i>Please rate based on the past 30 days.</i>
0	No evidence.
1	Some problems with impulsive, distractible or hyperactive behavior that places the child at risk of future functioning difficulties.
2	Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child's ability to function in at least one life domain.
3	Clear evidence of a dangerous level of impulsive behavior that can place the child at risk of physical harm.

Check	DEPRESSION <i>Please rate based on the past 30 days.</i>
0	No evidence.
1	History or suspicion of depression or mild to moderate depression associated with a recent negative life event with minimal impact on life domain functioning.
2	Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child's ability to function in at least one life domain.
3	Clear evidence of disabling level of depression that makes it virtually impossible for the child to function in any life domain.

Check	ANXIETY <i>Please rate based on the past 30 days.</i>
0	No evidence.
1	History or suspicion of anxiety problems or mild to moderate anxiety associated with a recent negative life event.
2	Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in child's ability to function in at least one life domain.
3	Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain.

Check	OPPOSITIONAL <i>Please rate based on the past 30 days.</i>
0	No evidence.
1	History or recent onset (past 6 weeks) of defiance towards authority figures.
2	Clear evidence of oppositional and/or defiant behavior towards authority figures, which is currently interfering with the child's functioning in at least one life domain. Behavior causes emotional harm to others.
3	Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others.

Check	CONDUCT <i>Please rate the highest level from the past 30 days.</i>
0	No evidence.
1	History or suspicion of problems associated with antisocial behavior including, but not limited to, lying, stealing, manipulating others, sexual aggression, violence towards people, property or animals.
2	Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals.
3	Evidence of a severe level of conduct problems as described above that places the child or community at significant risk of physical harm due to these behaviors.

Check	ANGER CONTROL <i>Please rate based on the past 30 days.</i>
0	No evidence of any significant anger control problems.
1	Some problems with controlling anger. Child may sometimes become verbally aggressive when frustrated. Peers and family may be aware of and may attempt to avoid stimulating angry outbursts.
2	Moderate anger control problems. Child's temper has gotten him/her in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.
3	Severe anger control problems. Child's temper is likely associated with frequent fighting that is often physical. Others likely fear him/her.

Check	SUBSTANCE USE <i>Please rate the highest level from the past 30 days.</i>
0	No evidence.
1	History or suspicion of substance use.
2	Clear evidence of substance abuse that interferes with functioning in any life domain.
3	Child requires detoxification OR is addicted to alcohol and/or drugs. Include here a child/youth who is intoxicated at the time of the assessment (i.e., currently under the influence).

Check	SOMATIZATION
0	This rating is for a child with no evidence of unexplained somatic symptoms.
1	This rating indicates a child with a mild level of somatic problems. This could include occasional headaches, stomach problems (nausea, vomiting), joint, limb or chest pain without medical cause.
2	This rating indicates a child with a moderate level of somatic problems or the presence of conversion symptoms. This could include more persistent physical symptoms without a medical cause or the presence of several different physical symptoms (e.g., stomach problems, headaches, backaches). This child may meet criteria for a somatoform disorder. Additionally, the child could manifest any conversion symptoms here (e.g., pseudoseizures, paralysis).
3	This rating indicates a child with severe somatic symptoms causing significant disturbance in school or social functioning. This could include significant and varied symptomatic disturbance without medical cause.

Check	BEHAVIORAL REGRESSION
0	This rating is given to a child with no evidence of behavioral regression.
1	This rating is given to a child with some regressions in age-level of behavior (e.g., thumb sucking, whining when age inappropriate).
2	This rating is given to a child with moderate regressions in age-level of behavior including loss of ability to engage with peers, stopping play or exploration in environment that was previously evident, or occasional bedwetting.
3	This rating is given to a child with more significant regressions in behaviors in an earlier age as demonstrated by changes in speech or loss of bowel or bladder control.

Check	AFFECT DYSREGULATION <i>Please rate the highest level from the past 30 days.</i>
0	Child has no problems with affect regulation.
1	Child has mild to moderate problems with affect regulation.
2	Child has severe problems with affect regulation but is able to control affect at times. Problems with affect regulation interferes with child's functioning in some life domains.
3	Child unable to regulate affect.

CHILD/YOUTH RISK BEHAVIORS

Check	SUICIDE RISK <i>Please rate the highest level from the past 30 days.</i>
0	No evidence.
1	History but no recent ideation or gesture.
2	Recent ideation or gesture but not in past 24 hours.
3	Current ideation and intent OR command hallucinations that involve self-harm.

Check	SELF-INJURIOUS BEHAVIOR <i>Please rate the highest level from the past 30 days.</i>
0	No evidence.
1	History of self-mutilation.
2	Engaged in self-mutilation that does not require medical attention.
3	Engaged in self-mutilation that requires medical attention.

Check	OTHER SELF HARM <i>Please rate the highest level from the past 30 days.</i>
0	No evidence of behaviors other than suicide or self-mutilation that place the child at risk of physical harm.
1	History of behavior other than suicide or self-mutilation that places child at risk of physical harm. This includes reckless and risk-taking behavior that may endanger the child.
2	Engaged in behavior other than suicide or self-mutilation that places him/her in danger of physical harm. This includes reckless behavior or intentional risk-taking behavior.
3	Engaged in behavior other than suicide or self-mutilation that places him/her at immediate risk of death. This includes reckless behavior or intentional risk-taking behavior.

Check	EXPLOITED – <i>This item is used to examine a history and pattern of abuse, and/or includes a level of current risk for re-victimization. This can include parentification of children, being bullied, prostituted, or taken advantage of by others.</i>
0	There is no evidence of a history of exploitation OR no evidence of recent exploitation and no significant history of victimization within the past year. The person may have been robbed or burglarized on one or more occasions in the past, but no pattern of victimization exists. Person is not presently at risk for re-victimization.
1	Suspicion or history of exploitation, but a person has not been exploited to any significant degree during the past year. Person is not presently at risk for re-victimization.
2	This level indicates a person who has been recently exploited (within the past year) but is not at acute risk of re-exploitation. This might include experiences of physical or sexual abuse, significant psychological abuse by family or friends, extortion or violent crime.
3	This level indicates a person who has been recently exploited and has an acute risk of re-exploitation. Examples include working as a prostitute and living in an abusive relationship.

<i>Check</i>	DANGER TO OTHERS <i>Please rate the highest level from the past 30 days.</i>
0	No evidence.
1	History of homicidal ideation, physically harmful aggression or fire setting that has put self or others in danger of harm.
2	Recent homicidal ideation, physically harmful aggression, or dangerous fire setting but not in past 24 hours.
3	Acute homicidal ideation with a plan or physically harmful aggression OR command hallucinations that involve the harm of others. Or, child set a fire that placed others at significant risk of harm.

<i>Check</i>	SEXUAL AGGRESSION <i>Please rate the highest level from the past 30 days.</i>
0	No evidence of any history of sexually aggressive behavior. No sexual activity with younger children, non-consenting others, or children not able to understand consent.
1	History of sexually aggressive behavior (but not in past year) OR sexually inappropriate behavior in the past year that troubles others such as harassing talk or excessive masturbation.
2	Child is engaged in sexually aggressive behavior in the past year but not in the past 30 days.
3	Child has engaged in sexually aggressive behavior in the past 30 days.

<i>Check</i>	RUNAWAY <i>Please rate the highest level from the past 30 days.</i>
0	No evidence.
1	History of runaway from home or other settings involving at least one overnight absence, at least 30 days ago.
2	Recent runaway behavior or ideation but not in past 7 days.
3	Acute threat to runaway as manifest by either recent attempts OR significant ideation about running away OR child is currently a runaway.

If Runaway Issues are Identified

RUNAWAY MODULE Coding Definitions

<i>Check</i>	FREQUENCY OF RUNNING
0	Youth has only run once in past year.
1	Youth has run on multiple occasions in past year.
2	Youth runs often but not always.
3	Youth runs at every opportunity.

<i>Check</i>	CONSISTENCY OF DESTINATION
0	Youth always runs to the same location.
1	Youth generally runs to the same location or neighborhood.
2	Youth runs to the same community but the specific locations change.
3	Youth runs to no planned destination.

<i>Check</i>	SAFETY OF DESTINATION
0	Youth runs to a safe environment that meets his/hers basic needs (e.g. food, shelter).
1	Youth runs to generally safe environments; however, they might be somewhat unstable or variable.
2	Youth runs to generally unsafe environments that cannot meet his/her basic needs.
3	Youth runs to very unsafe environments where the likelihood that he/she will be victimized is high.

Check	INVOLVEMENT IN ILLEGAL ACTIVITIES
0	Youth does not engage in illegal activities while on run beyond those involved with the running itself.
1	Youth engages in status offenses beyond those involved with the running itself while on run (e.g. curfew violations, underage drinking).
2	Youth engages in delinquent activities while on run.
3	Youth engages in dangerous delinquent activities while on run (e.g. prostitution).

Check	LIKELIHOOD OF RETURN ON OWN
0	Youth will return from run on his/her own without prompting.
1	Youth will return from run when found, but not without being found.
2	Youth will make him/her difficult to find and/or might passively resist return once found.
3	Youth makes repeated and concerted efforts to hide so as to not be found and/or resists return.

Check	INVOLVEMENT WITH OTHERS
0	Youth runs by self with no involvement of others. Others may discourage behavior or encourage youth to return from run.
1	Others enable youth running by not discouraging youth's behavior.
2	Others involved in running by actively helping or encouraging youth.
3	Youth actively is encouraged to run by others. Others actively cooperate to facilitate running behavior.

Check	REALISTIC EXPECTATIONS
0	Youth has realistic expectations about the implications of his/her running behavior.
1	Youth has reasonable expectations about the implications of his/her running behavior but may be hoping for a somewhat 'optimistic' outcome.
2	Youth has unrealistic expectations about the implications of their running behavior.
3	Youth has obviously false or delusional expectations about the implications of their running behavior.

Check	INTENTIONAL MISBEHAVIOR <i>Please rate the highest level from the past 30 days.</i>
0	No evidence of problematic social behavior. Child does not engage in behavior that forces adults to sanction him/her.
1	Mild level of problematic social behavior. This might include occasional inappropriate social behavior that forces adults to sanction the child. Infrequent inappropriate comments to strangers or unusual behavior in social settings might be included in this level.
2	Moderate level of problematic social behavior. Child is intentionally engaging in problematic social behavior that is causing problems in his/her life. Child is intentionally getting in trouble in school, at home, or in the community.
3	Severe level of problematic social behavior. This level would be indicated by frequent serious social behavior that forces adults to seriously and/or repeatedly sanction the child. Behaviors are sufficiently severe that they place the child at risk of significant sanctions (e.g. expulsion, removal from the community)

Check	FIRE SETTING <i>Please rate using time frames provided in the anchors.</i>
0	No evidence.
1	History of fire setting but not in the past six months.
2	Recent fire setting behavior (in past six months) but not of the type that has endangered the lives of others OR repeated fire-setting behavior over a period of at least two years even if not in the past six months.
3	Acute threat of fire setting. Set fire that endangered the lives of others (e.g. attempting to burn down a house).

Check	BULLYING
0	Youth has never engaged in bullying at school or in the community.
1	Youth has been involved with groups that have bully other youth either in school or the community; however, youth has not had a leadership role in these groups.
2	Youth has bullied other youth in school or community. Youth has either bullied the other youth individually or led a group that bullied youth.
3	Youth has repeated utilized threats or actual violence to bully youth in school and/or community.

CHILD/YOUTH STRENGTHS

Check	RELATIONSHIP PERMANENCE <i>This rating refers to the stability of significant relationships in the child or youth's life. This likely includes family members but may also include other individuals.</i>
0	This level indicates a child who has very stable relationships. Family members, friends, and community have been stable for most of 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.

Check	FAMILY-NUCLEAR <i>Please rate the highest level from the past 30 days.</i>
0	Nuclear family has strong relationships and excellent communication.
1	Nuclear family has some good relationships and good communication.
2	Nuclear family needs some assistance in developing relationships and/or communications.
3	Nuclear family needs significant assistance in developing relationships and communications or child has no identified family.

Check	FAMILY-EXTENDED <i>Please rate the highest level from the past 30 days.</i>
0	Extended family has strong relationships and excellent communication.
1	Extended family has some good relationships and good communication.
2	Extended family needs some assistance in developing relationships and/or communications.
3	Extended family needs significant assistance in developing relationships and communications or child has no identified family.

Check	POSITIVE PEER RELATIONS <i>Please rate the highest level from the past 30 days.</i>
0	Child has well-developed interpersonal skills and friends.
1	Child has good interpersonal skills and has shown the ability to develop healthy friendships.
2	Child needs assistance in developing good interpersonal skills and/or healthy friendships.
3	Child needs significant help in developing interpersonal skills and healthy friendships.

Check	OPTIMISM <i>Please rate the highest level from the past 30 days.</i>
0	Child has a strong and stable optimistic outlook on his/her life.
1	Child is generally optimistic.
2	Child has difficulties maintaining a positive view of him/herself and his/her life. Child may vary from overly optimistic to overly pessimistic.
3	Child has difficulties seeing <i>any</i> positives about him/herself or his/her life.

Check	DECISION-MAKING <i>This rating describes the child/youth's problem solving abilities including his/her ability to assess a situation and anticipate likely consequences of various responses in a developmentally appropriate manner.</i>
0	Child/youth has excellent and consistent decision-making.
1	Child/youth has generally good decision-making.
2	Child/youth has some limited ability to assess situations and anticipate consequences but generally needs assistance.
3	Child/youth has no demonstrated ability to make appropriate decisions.

Check	WELL-BEING <i>This rating should be based on the psychological strengths that the child or adolescent might have developed including both the ability to enjoy positive life experiences and manage negative life experiences. This should be rated independent of the child's current level of distress.</i>
0	This level indicates a child with exceptional psychological strengths. Both coping and savoring skills are well developed.
1	This level indicates a child with good psychological strengths. The person has solid coping skills for managing distress or solid savoring skills for enjoying pleasurable events.
2	This level indicates a child with limited psychological strengths. For example, a person with very low self-esteem would be rated here.
3	This level indicates a child with no known or identifiable psychological strengths. This may be due to intellectual impairment or serious psychiatric disorders.

Check	EDUCATIONAL <i>Please rate the highest level from the past 30 days.</i>
0	School works closely with child and family to identify and successfully address child's educational needs OR child excels in school.
1	School works with child and family to identify and address child's educational needs OR child likes school.
2	School currently unable to adequately address child's needs.
3	School unable and/or unwilling to work to identify and address child's needs.

Check	RECREATIONAL <i>This rating refers to leisure time activities outside of school.</i>
0	Child/youth has notable recreational opportunities that play a significant role in his/her well-being.
1	Child/youth has recreational opportunities that are consistent with his/her talents/interests.
2	Child/youth has limited recreational opportunities or those available do not fit the child/youth's talents/interests.
3	Child/youth has no recreational opportunities.

Check	VOCATIONAL <i>Please rate the highest level from the past 30 days.</i>
0	Child has vocational skills and relevant work experience.
1	Child has some vocational skills or work experience.
2	Child has some prevocational skills or vocational interests.
3	No vocational strengths identified or youth needs significant assistance developing vocational skills.

Check	TALENTS/INTERESTS <i>Please rate the highest level from the past 30 days.</i>
0	Child has a talent that provides him/her with pleasure and/or self esteem.
1	Child has a talent, interest, or hobby with the potential to provide him/her with pleasure and self esteem.
2	Child has identified interests but needs assistance converting those interests into a talent or hobby.
3	Child has no identified talents, interests or hobbies.

Check	SPIRITUAL/RELIGIOUS <i>Please rate the highest level from the past 30 days.</i>
0	Child receives comfort and support from religious and/or spiritual beliefs and practices.
1	Child is involved in a religious community whose members provide support.
2	Child has expressed some interest in religious or spiritual belief and practices.
3	Child has no identified religious or spiritual beliefs or interest in these pursuits.

Check	COMMUNITY LIFE <i>This rating refers to the connection and child/youth has to the community in which he/she lives.</i>
0	Child is well-integrated into his/her community. He/she is a member of community organizations and has positive ties to the community.
1	Child is somewhat involved with his/her community.
2	Child has an identified community but has only limited ties to that community.
3	Child has no identified community to which he/she is a member. A child/youth placed in a campus based residential program with no community links would be rated here.

Check	YOUTH INVOLVEMENT WITH CARE <i>This item refers to the youth's participation in efforts to address his/her identified needs.</i>
0	Child is knowledgeable of needs and helps direct planning to address them.
1	Child is knowledgeable of needs and participate in planning to address them.
2	Child is at least somewhat knowledgeable of needs but is not willing to participate in plans to address them.
3	Child is neither knowledgeable about needs nor willing to participate in any process to address them.

Check	NATURAL SUPPORTS <i>Refers to unpaid helpers in the child's natural environment. All family members and paid care givers are excluded.</i>
0	Child has significant natural supports who contribute to helping support the child's healthy development.
1	Child has identified natural supports who provide some assistance in supporting the child's healthy development.
2	Child has some identified natural supports however they are not actively contributing to the child's healthy development.
3	Child has no known natural supports (outside of family and paid caregivers).

Check	RESILIENCY <i>This rating should be based on the child/youth's ability to identify and use internal strengths in managing his/her healthy development.</i>
0	This level indicates a child/youth who is able to both identify and use internal strengths to better themselves and successfully manage difficult challenges.
1	This level indicates a child/youth who able to identify most of his/her internal strengths and is able to partially utilize them.
2	This level indicates a child/youth who is able to identify internal strengths but is not able to utilize them effectively.
3	This level indicates a child/youth who is not yet able to identify personal/internal strengths.

Check	RESOURCEFULNESS <i>This rating should be based on the child/youth's ability to identify and use external strengths in managing his/her healthy development.</i>
0	This level indicates a child/youth who is able to both identify and use external strengths to better themselves and successfully manage difficult challenges.
1	This level indicates a child/youth who able to identify most of his/her external strengths and is able to partially utilize them.
2	This level indicates a child/youth who is able to identify external strengths but is not able to utilize them effectively.
3	This level indicates a child/youth who is not yet able to identify environmental/external strengths.

CURRENT CAREGIVER

Check	SUPERVISION <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has good monitoring and discipline skills.
1	Caregiver provides generally adequate supervision. May need occasional help or technical assistance.
2	Caregiver reports difficulties monitoring and/or disciplining child. Caregiver needs assistance to improve supervision skills.
3	Caregiver is unable to monitor or discipline the child. Caregiver requires immediate and continuing assistance. Child is at risk of harm due to absence of supervision.

Check	PROBLEM SOLVING <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver appears to have good problem solving skills.
1	Caregiver has generally good problem solving but may struggle with some problems occasionally leading to some difficulties in parenting
2	Caregiver has challenges with problem solving that interfere with capacity to parent.
3	Caregiver has severe challenges with problem solving.

Check	INVOLVEMENT WITH CARE <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver is actively involved in planning or implementation of services and able to act as an effective advocate for the child.
1	Caregiver has a history of seeking help for their children. Caregiver is open to receiving support, education, and information.
2	Caregiver does not wish to participate in services and/or interventions intended to assist their child.
3	Caregiver wishes for child to be removed from their care or is not visiting the child in residential care.

Check	KNOWLEDGE <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver is knowledgeable about the child's needs and strengths.
1	Caregiver is generally knowledgeable about the child but may require additional information to improve their capacity to parent.
2	Caregiver has a clear need for information to improve how knowledgeable they are about the child. Current lack of information is interfering with their ability to parent.
3	Caregiver has knowledge problems that place the child at risk of significant negative outcomes.

Check	EMPATHY WITH CHILD <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has strong empathic relationship with the child/youth.
1	Caregiver has generally empathic relationship with the child/youth.
2	Caregiver demonstrates only limited empathy with the child/youth.
3	Caregiver is does not have any empathy with the child/youth.

Check	ORGANIZATION Please rate the highest level from the <i>past 30 days</i> .
0	Caregiver is well organized and efficient.
1	Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return caseworker 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.

Check	SOCIAL RESOURCES Please rate the highest level from the <i>past 30 days</i> .
0	Caregiver has significant family and social network that actively helps with raising the child (e.g., child rearing).
1	Caregiver has some family or social network that actively helps with raising the child (e.g. child rearing).
2	Caregiver has some family or social network that may be able to help with raising the child (e.g., child rearing).
3	Caregiver has no family or social network that may be able to help with raising the child (e.g. child rearing).

Check	PHYSICAL HEALTH Please rate the highest level from the <i>past 30 days</i> .
0	Caregiver is generally healthy.
1	Caregiver is in recovery from medical/physical problems.
2	Caregiver has medical/physical problems that interfere with their capacity to parent.
3	Caregiver has medical/physical problems that make it impossible for them to parent at this time.

Check	MENTAL HEALTH Please rate the highest level from the <i>past 30 days</i> .
0	Caregiver has no mental health needs.
1	Caregiver is in recovery from mental health difficulties.
2	Caregiver has some mental health difficulties that interfere with their capacity to parent.
3	Caregiver has mental health difficulties that make it impossible for them to parent at this time.

Check	SUBSTANCE USE Please rate the highest level from the <i>past 30 days</i> .
0	Caregiver has no substance use needs.
1	Caregiver is in recovery from substance use difficulties.
2	Caregiver has some substance use difficulties that interfere with their capacity to parent.
3	Caregiver has substance use difficulties that make it impossible for them to parent at this time.

Check	DEVELOPMENTAL Please rate the highest level from the <i>past 30 days</i> .
0	Caregiver has no developmental needs.
1	Caregiver has developmental challenges but they do not currently interfere with parenting.
2	Caregiver has developmental challenges that interfere with their capacity to parent.
3	Caregiver has severe developmental challenges that make it impossible for them to parent at this time.

Check	FAMILY STRESS Please rate the highest level from the <i>past 30 days</i>
0	Caregiver is able to manage the stress of the child/children's needs.
1	Caregiver has some problems managing the stress of the child/children's needs.
2	Caregiver has notable problems managing the stress of the child/children's needs. This stress interferes with their capacity to give care.
3	Caregiver is unable to manage the stress associated with the child/children's needs. This stress prevents caregiver from parenting.

Check	Cultural Congruence <i>Please rate the highest level from the past 30 days</i>
0	The family does not have cultural differences related to child rearing practices, child development and early intervention that are considered by the majority culture as problematic for the child.
1	The family has some cultural differences related to child rearing practices, child development and early intervention that are not generally accepted but not considered to put the child at risk.
2	The family has cultural differences related to child rearing practices, child development and early intervention that are considered by the majority culture as problematic for the child.
3	The family has cultural differences related to child rearing practices, child development and early intervention that is considered abusive or neglectful and may result in intervention.

IDENTIFIED PERMANENT RESOURCE NEEDS AND STRENGTHS

Check	RESIDENTIAL STABILITY <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has stable housing for the foreseeable future.
1	Caregiver has relatively stable housing but either has moved in the past three months or there are indications of housing problems that might force them to move in the next three months.
2	Caregiver has moved multiple times in the past year. Housing is unstable.
3	Caregiver has experienced periods of homelessness in the past six months.

Check	SELF-CARE/DAILY LIVING <i>This rating describes the caregiver's ability to provide for the basic needs (e.g., shelter, food, safety, and clothing) of their child.</i>
0	The caregiver has the daily living skills needed to care for their child
1	The caregiver needs verbal prompting to complete the daily living skills required to care for their child.
2	The caregiver needs assistance (physical prompting) to complete the daily living skills required to care for their child.
3	The caregiver is unable to complete the daily living skills required to care for their child. Caregiver needs immediate intervention.

Check	ACCESS TO CHILD CARE <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has access to sufficient child care services.
1	Caregiver has limited access to child care services. Needs are met minimally by existing, available services.
2	Caregiver has limited access or access to limited child care services. Current services do not meet the caregiver's needs.
3	Caregiver has no access to child care services.

Check	ACCULTURATION <i>This item includes both spoken and sign language.</i>
0	Caregiver and family are acculturated.
1	Caregiver and/family have some cultural differences from their primary environment that have created challenges in the past or might lead to future challenges.
2	Caregiver and/or significant family members have notable cultural differences from their primary environment that currently lead to functional problems.
3	Caregiver and/or significant family members have notable cultural differences with their primary environment that are causing profound difficulties for the child and/or family.

Check	EMPLOYMENT/EDUCATIONAL FUNCTIONING <i>This rates the performance of the caregiver in school or work settings. This performance can include issues of behavior, attendance or achievement/productivity.</i>
0	Caregiver is gainfully employed and/or in school.
1	A mild degree of problems with school or work functioning. Caregiver may have some problems in work environment. Caregiver needs to be monitored and assessed further.
2	A moderate degree of school or work problems and/or difficulties with learning. Caregiver may have history of frequent job loss or may be recently unemployed. Caregiver needs an intervention to address employment and/or learning difficulties.
3	A severe degree of school or work problems. Caregiver is chronically unemployed and not attending any education program. Caregiver needs immediate intervention.

Check	EDUCATIONAL ATTAINMENT <i>This rates the degree to which the individual has completed his/her planned education.</i>
0	Caregiver has achieved all educational goals or has none but educational attainment has no impact on lifetime vocational functioning.
1	Caregiver has set educational goals and is currently making progress towards achieving them.
2	Caregiver has set educational goals but is currently not making progress towards achieving them.
3	Caregiver has no educational goals and lack of educational attainment is interfering with individual's lifetime vocational functioning. Caregiver needs educational/vocational intervention.

Check	FINANCIAL RESOURCES <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has sufficient financial resources to raise the child (e.g., child rearing).
1	Caregiver has some financial resources that actively help with raising the child (e.g. child rearing).
2	Caregiver has limited financial resources that may be able to help with raising the child (e.g., child rearing).
3	Caregiver has no financial resources to help with raising the child (e.g. child rearing). Caregiver needs financial resources.

Check	COMMUNITY CONNECTION <i>This rating should be based on the individual's level of involvement in the cultural aspects of life in his/her community.</i>
0	This level indicates an individual with extensive and substantial long-term ties with the community. For example, involvement in a community group for more than one year, may be widely accepted by neighbors, or involved in other community activities or informal networks.
1	This level indicates an individual with significant community ties although they may be relatively short-term (i.e., past year).
2	This level indicates an individual with limited ties and/or supports from the community.
3	This level indicates an individual with no known ties or supports from the community.

Check	LEGAL <i>Please rate the highest level from the past 30 days.</i>
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 that place him/her at risk for incarceration. Caregiver needs an immediate comprehensive and community-based intervention.

Check	TRANSPORTATION <i>This rating reflects the caregiver's ability to provide appropriate transportation for his/her child.</i>
0	Child and his/her caregiver have no transportation needs. Caregiver is able to get his/her child to appointments, school, activities, etc. consistently.
1	Child and his/her caregiver have occasional transportation needs (e.g. appointments). Caregiver has difficulty getting his/her child to appointments, school, activities, etc. less than once a week.
2*	Child and his/her caregiver have frequent transportation needs. Caregiver has difficulty getting his/her child to appointments, school, activities, etc. regularly (e.g. once a week). Caregiver needs assistance transporting child and access to transportation resources.
3	Child and his/her caregiver have no access to appropriate transportation and are unable to get his/her child to appointments, school, activities, etc. Caregiver needs immediate intervention and development of transportation resources.

Check	SUPERVISION <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has good monitoring and discipline skills.
1	Caregiver provides generally adequate supervision. May need occasional help or technical assistance.
2	Caregiver reports difficulties monitoring and/or disciplining child. Caregiver needs assistance to improve supervision skills.
3	Caregiver is unable to monitor or discipline the child. Caregiver requires immediate and continuing assistance. Child is at risk of harm due to absence of supervision.

Check	PROBLEM SOLVING <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver appears to have good problem solving skills.
1	Caregiver has generally good problem solving but may struggle with some problems occasionally leading to some difficulties in parenting
2	Caregiver has challenges with problem solving that interfere with capacity to parent.
3	Caregiver has severe challenges with problem solving.

Check	INVOLVEMENT WITH CARE <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver is actively involved in planning or implementation of services and able to act as an effective advocate for the child.
1	Caregiver has a history of seeking help for their children. Caregiver is open to receiving support, education, and information.
2	Caregiver does not wish to participate in services and/or interventions intended to assist their child.
3	Caregiver wishes for child to be removed from their care or is not visiting the child in residential care.

Check	KNOWLEDGE <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver is knowledgeable about the child's needs and strengths.
1	Caregiver is generally knowledgeable about the child but may require additional information to improve their capacity to parent.
2	Caregiver has a clear need for information to improve how knowledgeable they are about the child. Current lack of information is interfering with their ability to parent.
3	Caregiver has knowledge problems that place the child at risk of significant negative outcomes.

Check	EMPATHY WITH CHILD <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has strong empathic relationship with the child/youth.
1	Caregiver has generally empathic relationship with the child/youth.
2	Caregiver demonstrates only limited empathy with the child/youth.
3	Caregiver is does not have any empathy with the child/youth.

Check	ORGANIZATION <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver is well organized and efficient.
1	Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return caseworker 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.

Check	SOCIAL RESOURCES <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has significant family and social network that actively helps with raising the child (e.g., child rearing).
1	Caregiver has some family or social network that actively helps with raising the child (e.g. child rearing).
2	Caregiver has some family or social network that may be able to help with raising the child (e.g., child rearing).
3	Caregiver has no family or social network that may be able to help with raising the child (e.g. child rearing).

Check	PHYSICAL HEALTH <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver is generally healthy.
1	Caregiver is in recovery from medical/physical problems.
2	Caregiver has medical/physical problems that interfere with their capacity to parent.
3	Caregiver has medical/physical problems that make it impossible for them to parent at this time.

Check	MENTAL HEALTH <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has no mental health needs.
1	Caregiver is in recovery from mental health difficulties.
2	Caregiver has some mental health difficulties that interfere with their capacity to parent.
3	Caregiver has mental health difficulties that make it impossible for them to parent at this time.

Check	SUBSTANCE USE <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has no substance use needs.
1	Caregiver is in recovery from substance use difficulties.
2	Caregiver has some substance use difficulties that interfere with their capacity to parent.
3	Caregiver has substance use difficulties that make it impossible for them to parent at this time.

Check	DEVELOPMENTAL <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver has no developmental needs.
1	Caregiver has developmental challenges but they do not currently interfere with parenting.
2	Caregiver has developmental challenges that interfere with their capacity to parent.
3	Caregiver has severe developmental challenges that make it impossible for them to parent at this time.

Check	FAMILY STRESS <i>Please rate the highest level from the past 30 days</i>
0	Caregiver is able to manage the stress of the child/children's needs.
1	Caregiver has some problems managing the stress of the child/children's needs.
2	Caregiver has notable problems managing the stress of the child/children's needs. This stress interferes with their capacity to give care.
3	Caregiver is unable to manage the stress associated with the child/children's needs. This stress prevents caregiver from parenting.

<i>Check</i>	Cultural Congruence <i>Please rate the highest level from the past 30 days</i>
0	The family does not have cultural differences related to child rearing practices, child development and early intervention that are considered by the majority culture as problematic for the child.
1	The family has some cultural differences related to child rearing practices, child development and early intervention that are not generally accepted but not considered to put the child at risk.
2	The family has cultural differences related to child rearing practices, child development and early intervention that are considered by the majority culture as problematic for the child.
3	The family has cultural differences related to child rearing practices, child development and early intervention that is considered abusive or neglectful and may result in intervention.

Child and Adolescent Needs and Strengths (CANS)

Wisconsin

Multi-system Comprehensive Version 12-7-10

GLOSSARY OF ITEMS

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GLOSSARY FOR THE CANS-Wisconsin

The decision support and information management tools support communication in a complex environment. They serve to integrate information from whatever sources are available.

Five Key Principles of the CANS

1. Items were selected because they are each relevant to service/treatment planning. An item exists because it might lead you down a different pathway in terms of planning actions.
2. Each item uses a 4-level rating system. Those levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths.
3. Rating should describe the child not the child in services. If an intervention is present that is masking a need but must stay in place, that is factored into the rating and would result in the rating of an 'actionable' need (i.e. '2' or '3').
4. The ratings are generally 'agnostic as to etiology'. In other words this is a descriptive tool. It is about the 'what' not the 'why'. Only two items, Adjustment to Trauma and Social Behavior, have any cause-effect judgments.
5. A 30-day window is used for ratings in order to make sure assessments stay 'fresh' and relevant to the child or youth's present circumstances. However, the action levels can be used to over-ride the 30-day rating period.

Action Levels for Need Items:

0 – no evidence – This rating indicates that there is no reason to believe that a particular need exists. It does not state that the need categorically does not exist, it merely indicates that based on current assessment information there is no reason to address this need. e.g. does Johnny smoke weed? He says he doesn't, his mother says he doesn't, no one else has expressed any concern – does this mean Johnny is not smoking weed? NO, but we have no reason to believe that he does and we would certainly not refer him to programming for substance related problems.

1 - watchful waiting/prevention – This level of rating indicates that you need to keep an eye on this area or think about putting in place some preventive actions to make sure things do not get worse. e.g. a child who has been suicidal in the past. We know that the best predictor of future behavior is past

behavior, and that such behavior may recur under stress, so we'd want to keep an eye on it from a preventive point of view.

2 - action needed – This level of rating implies that something must be done to address the identified need. The need is sufficiently problematic that it is interfering in the child or family's life in a notable way.

3 - immediate/intensive action – This level rating indicates a need that requires immediate or intensive effort to address. Dangerous or disabling levels of needs are rated with this level. A child who is not attending school at all or a acutely suicidal youth would be rated with a '3' on the relevant need.

On the Needs Assessment there are "U's" for unknowns – on the CANS there are none as by the time we are doing service planning, we should have enough information about the child and family to be able to develop a rating. Thus not knowing key information is not acceptable when doing service planning.

TRAUMA EXEPRIENCES

TRAUMA STRESS SYMPTOMS

LIFE DOMAIN FUNCTIONING

Life domains are the different arenas in a child and family's life. These areas were selected from New Jersey's model of wraparound.

Family-nuclear

This item rates who the child is functioning within his/her nuclear family. This refers exclusively to parents and siblings only. We 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 recommended a definition of family that includes biological relatives and their significant others with whom the child is still in contact.

Family-extended

Family-nuclear

This item rates who the child is functioning within his/her extended family. This refers to all family members excluding parents and siblings. We 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 recommended a definition of family that includes biological relatives and their significant others with whom the child is still in contact.

Living Situation

If a child is living with his/her family this rating is likely similar to the previous one. However, for children in out of home placements this refers to the child's functioning in his/her current living arrangement. Detention Centers, hospitals, and shelters do not count as living situations. If a child is presently in one of these places, rate the previous living situation.

Social Functioning--Peer

This item rates the child social skills and relationship functioning with same age children or youth. This includes age appropriate behavior and the ability to make and maintain relationship during the past 30 days. Social function is different from Interpersonal strengths in that functioning is a description of how the child/youth is doing currently. Strengths are longer term assets. A child with friends may be struggling to get along with them currently.

Social Functioning--Peer

This item rates the child social skills and relationship functioning with adults. This includes age appropriate behavior and the ability to make and maintain relationship during the past 30 days. Social function is different from Interpersonal strengths in that functioning is a description of how the child/youth is doing currently. Strengths are longer term assets. Further, functioning describes any difficulties while strengths describe any assets.

Recreational

This item rates the degree to which a child has identified and utilizes positive leisure time activities. A '0' would be used to indicate a child who makes full use of leisure time activities to pursue recreational activities that support his/her healthy development and enjoyment.

Developmental

This item rates the presence of Mental Retardation or Developmental Disabilities only and does not refer to broader issues of healthy development. A '1' would be a low IQ child. Asperger's Syndrome would likely be rated a '2' while Autism would be rated a '3'.

A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the [Developmental Needs Module](#).

The Developmental Module specifies the type of developmental problem and associated self care and assistive needs.

Communication

This item refers to learning disabilities involving expressive and/or receptive language. This item **does not** refer to challenges expressing feelings.

Legal

This item indicates the youth's level of involvement with the juvenile justice system. Family involvement with the courts is not rated here—only the identified child's involvement is relevant to this rating. Issues of family involvement in the justice system are not rated here.

A rating of a 1, 2 or 3 triggers the completion of the juvenile justice module.

Medical

This item rates the child's current health status. Most transient, treatable conditions would be rated as a '1'. Most chronic conditions (e.g. diabetes, severe asthma, HIV) would be as a '2'. The rating of '3' is reserved for life threatening medical conditions.

A rating of a 1, 2 or 3 triggers the completion of the health module.

Physical

This item is used to identify any physical limitations and could include chronic conditions such as limitations in vision, hearing or difficulties with fine or gross motor.

Sleep

This item is used to describe any problems with sleep, regardless of the cause including difficulties falling asleep or staying asleep. Bedwetting and nightmares should be considered a sleep issue.

Independent Living

This item is used to describe the youth's ability to do relevant activities of daily living. Independent living skills include money management, cooking, transportation, etc. If consideration of independent living is not in the current planning process, this item can be rated "Not Applicable".

School Functioning**School Attendance**

This item assesses the degree to which the child attends school. Truancy and expulsion/suspension are all attendance problems.

School Behavior

This item rates the child behavior in school. This is rated independently from attendance. Sometimes children are often truant but when they are in school they behave appropriately. If the school placement is in jeopardy due to behavior, this would be rated a "3."

School Achievement

This item rates the child's level of academic achievement. A child having moderate problems with achievement and failing some subjects would be rated a "2." A child failing most subjects or who is more than one year behind his/her peers would be a "3."

Relationship with Teachers

This item describes any challenges that the child experiences in his/her relationship with teachers, regardless of the cause. Conflictual relations, and withdrawn (unable to seek help) would both be rated here.

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.

CHILD STRENGTHS

NOTE: Think about how the trumps work in a strength-based direction when rating strengths for the **child, the caregiver and acculturation categories.**

A "0" would indicate that this is a significant and functional strength that could become the centerpiece in service planning. For example, a child with a significant interest and involvement in different sports or dance activities and who feels good about his/her involvement.

A "1" would indicate that the strength clearly exists and could become part of the service plan.

A "2" would indicate that a potential strength has been identified but requires building and development to become useful to the child. For example a teen who loves animals but has no vocational interest or experience. A plan could be developed that explores combining the teen's interest to develop prevocational and vocational experience in their area of interest.

A "3" would indicate that no strength has been identified at this time. A rating at this level would suggest that in this area the effort would be towards identifying and building strengths that can become useful to the child. For example a teen with no identified areas of vocational interest. A planning focus may be to work with the teen to begin to identify possible areas of interest and educate them about different kinds of jobs.

Remember that strengths are NOT the opposite of needs. Increasing strengths while addressing behavioral/emotional needs leads to better functioning and outcomes than just focusing on the needs. Identifying

areas where strengths can be built is an important element of service planning.

Family-nuclear

This item refers to the presence of a family identify and love and communication among nuclear family members (i.e. parents and siblings). Even families who are struggling often have a bedrock 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.

Family-extended

This item refers to the presence of a family identify and love and communication among extended family members. Even families who are struggling often have a bedrock 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.

Positive Peer Relations

This item is used to identify a child's social and relationship skills and involvement with same age children or youth who are positive aspects of his/her life.

Optimism

This refers to the child's sense of future orientation. There is a strong literature that indicates that kids with a solid sense of themselves and their future have better outcomes than children who do not. A "1" would be a child who is generally optimistic. A "3" would be a child who has difficulty seeing any positives about her/himself or his/her future.

Educational

Certainly a child who loves and excels at school would be rated as having this strength. However, this item predominantly refers more to the nature of the school's relationship to the child and family and the level of support the child is receiving from the school. A rating of "0" would be given if the school was an active participant with the child and family. A rating of "2" would be given if the school was not able to address the child's needs.

Vocational

Vocational Strengths are rated independently of functioning (a youth can have considerable strengths but not be doing well at the moment). Developing vocational skills and having a job is a significant indicator of positive outcomes in adult life. A "1" would indicate that the child has some vocational skills or work experience. A "3" would indicate that the child needs significant assistance in developing those skills. Working to build such skills would become an important part of a service plan for a teen.

Talents/Interests

This item refers to hobbies, skills, artistic interests and talents that are positive ways that kids can spend time and also gives them pleasure and a positive sense of themselves. A kid who likes to collect car stereos without paying for them may need some assistance in developing other interests such as learning to fix his friends' car stereos.

Spiritual/Religious

This item refers to the child (and family's) experience of receiving comfort and support from religious or spiritual involvement.

This is the most controversial item in the category of child strengths in terms of peoples' comfort levels. For example, one DYFS worker took the children she worked with to her church, while another refused to even discuss the topic as she thought it was not her business. A "0" on this item indicates that the child's and families' spiritual/religious beliefs and practices are a comfort and significant source of support. For example, a child who is very involved in her church youth group and gives her a source of belonging and in which she has many friends.

Community Life

This item reflects the youth's connection to their community. Kids with a sense of belonging and a stake in their community do better than kids who don't. Children who have moved a lot or who have been in multiple foster care settings may have lost this sense of connection to community life and so might be rated a "3".

Relationship Permanence

This item identifies whether parents or other relatives have been a consistent part of the child's life *regardless of the quality* of that relationship. A child with no involvement with his/her parents would be a '3'. A '0' would be for a child who has been consistently involved with both biological parents. A child with divorced parents would be rated a "1."

Youth Involvement

This item identifies whether the youth is an active partner in planning and implementing any treatment plan or service package. Like all ratings this should be done in a developmentally informed way. Expectations for involvement in planning are lower for children than for adolescents. Small children are not expected to participate so a '3' rating is OK since this is a strength.

Natural Supports

To be a Natural Support one has to be an unpaid individual who has demonstrated the willingness to become involved in the youth's life in a positive

and helpful manner. Family members who provide support are rated under Family Strengths, so these supports should be restricted to non-family.

ACCULTURATION

Language

This item looks at whether the child and family need help in communication with you or others in their world. In immigrant families, the child(ren) often becomes the translator. While in some instances, this might work well, it may become a burden on the child, or the child, say in a juvenile justice situation might not translate accurately, and so assessing this item depends on the particular circumstances.

Identity

This item refers to whether the child is experiencing any difficulties or barriers to their connection to their cultural identity. Can the child be with others who share a common culture? A newly immigrated Indian child living in a predominantly Caucasian neighborhood and attending a predominantly Caucasian school may be rated a "1" or a "2."

Ritual

This item looks to identify whether barriers exist for a youth to engage in rituals relevant to his/her culture. For example, can a Buddhist child in a residential setting have place to chant? Can a Muslim youth pray in the direction of Mecca at the requisite times during the day?

Cultural Stress

This item identifies circumstances in which the youth's cultural identity is met with hostility or other problems within his/her environment due to differences in the attitudes, behaviors, or beliefs of others. Racism is a form of cultural stress as are all forms of discrimination.

CAREGIVER STRENGTHS & NEEDS

In general, we recommend that you rate the unpaid caregiver or caregivers with whom the child is currently living. If the child has been placed, then focus on the permanency plan caregiver to whom the child will be returned. If it is a long term foster care or pre-adoptive 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 then it may be more appropriate to rate the community caregivers where the child will be placed upon discharge from congregate care. If there is NO community caregiver, this section might need to be left blank with an indication that no caregiver is identified.

In situations where there are multiple caregivers, we recommend making the ratings based on the needs of the set of caregivers as they affect the child. For example, the supervision capacity of a father who is uninvolved in monitoring and discipline 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 Supervision.

Supervision

This item refers to the caregiver's ability to provide monitoring and discipline to the rated child. Discipline is defined in the broadest sense as all of the things that parents/caregivers can do to promote positive behavior with their children. A mother who reports frequent arguments with her teenage son, who is not following house rules, is staying out all night and who may be using drugs or alcohol may be rated a "2."

Involvement

A '0' on this item is reserved for caregivers who are able to advocate for their child. This requires both knowledge of their child, their rights, options, and opportunities. A '1' is used to indicate caregivers who are willing participants with service provision, but may not yet be able to serve as advocates for their child.

Knowledge

This item is perhaps the one most sensitive to issues of cultural competence. It is natural to think that what you know, someone else should know and if they don't then it's a knowledge problem.

In order to minimize the cultural issues, we recommend thinking of this item in terms of whether there is information that if you made available to the caregivers they could be more effective in working with their child.

Organization

This item is used to rate the caregiver's ability to organize and manage their household within the context of intensive community services. Parents who need help organizing themselves and/or their family would be rated a '2' or '3'.

Social Resources

If a family has money, it can buy help. In the absence of money, families often rely on social supports to help out in times of need. This item is used to rate the availability of these supports. This item is the caregiver equivalent to the Natural Supports items for children and youth.

Residential Stability

Stable housing is the foundation of intensive community-based services. A '3' indicates problems of recent homelessness. A '1' indicates concerns about instability in the immediate future. A family having difficulty paying utilities, rent or a mortgage might be rated as a '1'. This item refers *exclusively* to the housing stability of the caregiver and should **not** reflect whether the child might be placed outside of the home.

Physical

This item refers to medical and/or physical problems that the caregiver(s) may be experiencing that limit or prevents their ability to parent the child. For example a single parent who has recently had a stroke and has mobility or communication limitations might be rated a '2' or even a '3'. If the parent has recently recovered from a serious illness or injury or if there are some concerns of problems in the immediate future they might be rated a '1'.

Mental Health

This item allows for the identification of serious mental illness among caregivers that might limit caregiver capacity. A parent with serious mental illness would likely be rated a '2' or even a '3' depending on the impact of the illness. However, a parent whose mental illness is currently well controlled by medication might be rated a '1'. This item should be rated independently from substance use.

Substance Use

This item describes the impact of any notable substance use on caregivers. If substance use interferes with parenting a rating of '2' is indicated. If it prevents caregiving, a '3' would be used. A '1' indicates a caregiver currently in recovery or a situation where problems of substance use are suspected but not confirmed.

Developmental

This item describes the presence of mental retardation among caregivers. A parent with limited cognitive capacity that challenges their ability to provide parenting would be rated here. Like the Developmental item for children and youth, rating on this item should be restricted to the identification of developmental disabilities (i.e. mental retardation and other disabilities) and does not refer to a broad spectrum of developmental issues (e.g. aging is **not** rated here).

Accessibility to Care

This item describes the caregiver's access to child care supports such as baby-sitting or day care.

Family Stress

This item refers to the impact the child or youth's challenges place on the family system. A very high need child or one that engages in specific behavior that is very disruptive to a family can create a substantial amount of Family Stress. Historically, this item was referred to a burden in that raising a child with many needs can weigh on the family.

Safety

This item describes whether individuals in the home present a danger to the child. This item does **not** describe situations in which the caregiver is unable to prevent a child from hurting him/herself despite well-intentioned efforts. A '2' or '3' on this item requires child protective services involvement. This item is only an indicator of the need for child protective services.

BEHAVIORAL/EMOTIONAL NEEDS

Psychosis

The primary symptoms of psychosis include hallucinations (experiencing things other do not experience), delusions (a false belief based on an incorrect inference about reality that is firmly sustained despite the fact that nearly everybody thinks the belief is false or proof exists of its inaccuracy), or bizarre behavior. The most common form of hallucination is tactile, followed by auditory and then visual.

While the growing evidence suggests that schizophrenia can start as early as age nine, schizophrenia is more likely to begin to develop in the teenage years. Even young children can have psychotic disorders, most often characterized by hallucinations. Posttraumatic stress disorder secondary to sexual or physical abuse can be associated with visions of the abuser when they are falling asleep

or waking up. These would not be rated as hallucinations unless they occur during normal waking hours.

Impulsivity/Hyperactivity

This item is designed to allow for the description of the child or adolescents level of impulsiveness or hyperactivity. The types of disorders included within this item are Attention Deficit/Hyperactivity Disorder (ADHD) and disorders of impulse control.

Children and adolescents with impulse problems tend to engage in behavior without thinking, regardless of the consequences. A '3' on this item is reserved for those whose impulsive behavior has placed them in physical danger during the period of the rating.

According to DSM-IV, ADHD is characterized by the following:

1. Either of the following:
 - a. six or more of the following symptoms of inattention to a degree that it causes functioning problems over a six month period:
 1. often fails to give close attention to details or makes careless mistakes
 2. often has difficulty sustaining attention in tasks or play activities
 3. often does not seem to listen when spoken to directly
 4. often does not follow through on instruction and fails to finish tasks
 5. often has difficulty organizing tasks and activities
 6. often avoids, dislikes, or is reluctant to engage in tasks that require sustained attention
 7. often loses things necessary for tasks or activities
 8. is often easily distracted by extraneous stimuli
 9. is often forgetful in daily activities
 - b. six or more of the following symptoms of hyperactivity or impulsivity to a degree that it causes functioning problems over a 6 month period:
 1. often fidgets with hands or feet or squirms in seat
 2. often leaves seat in classroom or in other situations in which remaining seated is expected
 3. often runs about or climbs excessively in inappropriate situations
 4. often has difficulty playing or engaging in leisure activities quietly
 5. is often 'on the go' or often acts as if 'driven by a motor'

6. often talks excessively
7. often blurts out answers before questions have been completed
8. often has difficulty waiting turn
9. often interrupts or intrudes on others

Depression

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 although it might be somewhat less common among children, particularly young children. The following provides the DSM-IV diagnostic criteria for the presence of a Major Depressive Episode. 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.

The person exhibiting five or more of the following symptoms during the same two-week period and representing a change from prior status characterizes Major Depression:

1. depressed or irritable mood most of the day, nearly every day
2. markedly diminished interest or pleasure in all or almost all activities, most of the day, nearly every day
3. significant weight loss or gain (not a growth spurt)
4. sleep difficulties or too much sleep nearly every night.
5. agitation or retardation in movement nearly everyday
6. fatigue or loss of energy nearly everyday
7. feelings of worthlessness or excessive or inappropriate guilt
8. diminished ability to think or concentrate or indecisiveness, nearly every day
9. recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or specific plan for committing suicide

Dysthymic Disorder is a chronic condition in which the child or adolescent must have a depressed or irritable mood most of the time for at least one year. The level of symptoms may be lower to qualify for this condition, but the duration must be at least one year.

Anxiety

Anxiety disorders are characterized by either a constant sense of worry or dread or 'out-of-the blue' panic attacks in which the child or adolescent becomes terrified of losing control, dying, or becoming crazy.

A '1' is used to indicate a child or adolescent who has some problems with anxiety or worrying or may have had a single panic attack in the past six months. A '2' would indicate a child who has had repeated panic attacks or who fits the criteria for a Generalized Anxiety Disorder. A '3' would indicate such a level of anxiety as to put the child at some physical risk.

In DSM-IV the symptoms of **Generalized Anxiety Disorder** are the following

1. Excessive worrying lasting for at least six months
2. Anxiety and worry are associated with at least three of the following (note: children only need one of these symptoms)
 - a. restlessness or feeling keyed up
 - b. being easily fatigued
 - c. difficulty concentrating or mind going blank
 - d. irritability
 - e. muscle tension
 - f. sleep disturbance
3. The anxiety or worry is not about other psychiatric conditions
4. The anxiety or worry causes significant functioning impairment or distress

Oppositional

This item describes the child or adolescent's relationship to authority figures. Generally oppositional behavior is in response to conditions set by a parent, teacher or other figure with responsibility for and control over the child or youth. A '0' is used to indicate a child or adolescent who is generally compliant, recognizing that all children and youth fight authority some. A '1' is used to indicate a problem that has started recently (in past six months) and has not yet begun to cause significant functional impairment or a problem that has begun to be resolved through successful intervention.

A '2' would be used to indicate a child or adolescent whose behavior is consistent with **Oppositional Defiant Disorder (ODD)**. A '3' should be used only for children and adolescents whose oppositional behavior put them at some physical peril.

According to DSM-IV, the criteria for ODD include at least four of the following occurring for at least six months:

1. often loses temper
2. often argues with adults
3. often actively defies or refuses to comply with adults' requests or rules
4. often deliberately annoys people
5. often blames others for his or her mistakes or misbehavior

6. is often touchy or easily annoyed by others
7. is often angry and resentful
8. is often spiteful and vindictive

Conduct

This item is used to describe the degree to which a child or adolescent engages in behavior that is consistent with the presence of a ***Conduct Disorder***. Although the actual prevalence is not known, it is believed that Conduct Disorder occurs in 1% to 3% of children and adolescents. This is the disorder that is the childhood equivalent to Antisocial Personality Disorder in adults. Although for an adult to have an Antisocial Personality it requires that they had a Conduct Disorder as a youth, most youth with Conduct Disorders do not grow up to be adults with Antisocial Personalities.

According to DSM-IV, at least three of the following four primary behaviors have been present in the past year, and at least one in the past 6 months:

1. Aggression to people and animals
 - a. bullies, threatens, and intimidates others
 - b. initiates physical fights
 - c. has used a weapon that can cause serious physical harm
 - d. has been physically cruel to people
 - e. has been physically cruel to animals
 - f. has stolen while confronting a victim
 - g. has forced someone into sexual activity
2. Destruction of property
 - a. has deliberately engaged in fire setting
 - b. has deliberately destroyed others property (by means other than fire setting)
3. Deceitfulness or theft
 - a. has broken into someone else's house, building, or car
 - b. often lies to obtain goods or favors or to avoid obligations
 - c. has stolen items of nontrivial value without confronting a victim
4. Serious violations of rules
 - a. often stays out at night despite parental prohibitions, beginning before age 13
 - b. has run away from home overnight at least twice while living in parental or parental surrogate home
 - c. is often truant from school, beginning before age 13

Adjustment to Trauma

This item is used to describe the child or adolescent who is having difficulties adjusting to a traumatic experience. If a child has not experienced any trauma

or if they have their traumatic experiences no longer impact their functioning, then he/she would be rated a '0'.

A '1' would indicate a child who is making progress learning to adapt to a trauma or a child who recently experienced a trauma where their impact on his/her well-being is not yet known.

A '2' would indicate significant problems with adjustment or the presence of an acute stress reaction.

A '3' indicates ***Post Traumatic Stress Disorder (PTSD)***.

*A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the **Trauma Module**.*

The trauma module was taken from the Trauma Experiences and Adjustment version of the CANS which was developed in collaboration with several sites of the National Child Traumatic Stress Network. The module includes specification of traumatic experiences that can be associated with PTSD. In addition, specific trauma stress symptoms are described.

DSM-IV defines a traumatic event as one in which both of the following were present:

1. the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or threat to the physical integrity of self or others.
2. the person's response involved intense fear, helplessness, or horror. Or a child reacted with disorganized or agitated behavior

According to the DSM-IV the symptoms of PTSD include the following

1. The traumatic event is re-experienced in at least one of the following ways:
 - a. recurrent and intrusive recollections
 - b. recurrent distressing dreams of the event (children may have nightmares and be unable to recall the theme)
 - c. acting or feeling as if the event were recurring or children may re-enact the event.
 - d. Intense distress at exposure to either internal or external stimuli that reminds the person of the event.
 - e. Physiological reactivity to either internal or external stimuli that reminds the person of the event.
2. Persistent avoidance of stimuli associated with the trauma as indicated by three or more of the following:
 - a. efforts to avoid thoughts, feelings, or conversations associated with the event.
 - b. Efforts to avoid activities, places or people that arouse recollections of the events.

- c. Inability to recall an important aspect of the event.
 - d. Markedly diminished interest or participation in significant activities.
 - e. Feeling or detachment or estrangement from others
 - f. Restricted range of affect (e.g. unable to have loving feelings)
 - g. Sense of foreshortened future (e.g. does not expect to finish school, have career, get married)
3. Marked arousal as indicated by:
- a. difficulty falling asleep or staying asleep
 - b. irritability or outbursts of anger
 - c. difficulty concentrating
 - d. hypervigilance
 - e. exaggerated startle response

Anger Control

This item describes the child and adolescent's ability to manage his/her anger and frustration tolerance.

The '0' level indicates a child or adolescent without problems on this dimension. Everybody gets angry sometime, so this item is intended to identify individuals who are more likely than average to become angry and that this control problem leads to problems with functioning.

A '1' level is occasional angry outbursts or a situation where the individual has begun to successfully exercise control over his/her temper.

A '2' level describes an individual who has functioning problems as a result of anger control problems. An individual who meets criteria for Intermittent Explosive Disorder would be rated here.

A '3' level describes an individual whose anger control has put them in physical peril within the rating period.

According to DSM-IV, the criteria for *Intermittent Explosive Disorder* include the following:

1. Several discrete episodes of failure to resist aggressive impulses that result in serious assaultive acts or destruction of property.
2. The degree of aggressiveness expressed during the episodes is grossly out of proportion to any precipitating psychological stressors.

Substance Use

The main distinction in this rating is that if a child or adolescents uses any alcohol or drugs, then he/she would be rated as at least a '1'.

If this use causes any functioning problems, then he/she would be rated as at least a '2'.

If the child or adolescent were dependent on a substance or substances, then he/she would be rated as a '3'.

*A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the **Substance Use Module**.*

The Substance Use Module allows for a specification of the history and duration of substance use along with a clarification of the drug(s) of choice and stage of recovery.

In DSM-IV ***Substance Dependence*** is characterized by a pattern of maladaptive substance use, leading to significant impairment or distress as evidenced by at least three (or more) or the following occurring in a 12-month period:

1. tolerance to the substance, as defined as either
 - a. a need for a markedly increased amount to achieve intoxication; or,
 - b. a markedly diminished effect of using the same amount
2. withdrawal, as defined as either
 - a. a characteristic withdrawal syndrome of a specific substance
 - b. the same substance taken to relieve or avoid symptoms of a withdrawal syndrome.
3. the substance is taken in larger amount over a longer period of time than intended
4. there is a persistent desire or unsuccessful efforts to cut down or control substance use
5. a great deal of time is spent in activities necessary to obtain the substance
6. important social, educational, or recreational activities are given up or reduced because of substance use
7. the substance use is continued despite knowledge of having a persistent or recurrent problem.

Eating Disturbance

Anorexia and Bulimia nervosa would be rated here; however, this item also would be used to describe a number of other problems with eating including very picky eating, over-eating, and Pica. Food hoarding also would be rated here.

RISK BEHAVIORS

Suicide Risk

This item is intended to describe the presence of suicidal behavior. Only overt and covert thoughts and efforts at attempting to kill oneself are rated on this item. Other self-destructive behavior is rated elsewhere.

Since a history of suicidal ideation and gestures is a predictor of future suicide, any child or adolescent with a history is rated at least a '1'.

Therefore, a '0' is reserved for children and adolescents with no current suicidal thoughts, ideation, or behavior nor any history.

A '2' is used to describe a child or adolescent who is recently suicidal but who is not currently planning to kill him/herself. Thus, a youth who was thinking about suicide but was able to contract for safety would be rated a '2'.

A '3' is used to identify an individual who is either attempted suicide during the rating period or who during this time has an active intention and plan to commit suicide.

Self-Mutilation

This item is used to describe repetitive behavior that results in physical injury to the child or adolescent. Carving and cutting on the arms or legs would be common examples of self-mutilation behavior. Generally body piercing and tattoos are not considered a form of self mutilation. Repeatedly piercing or scratching one's skin would be included. Self mutilation is thought to have addictive properties since generally the self abusive behavior results in the release of endorphins (naturally produced morphine-like substances) that provide a calming feeling.

Other Self Harm

This item is used to describe behavior not covered by either Suicide Risk or Self-Mutilation that places a child or adolescent at risk of physical injury. This item could be called "Recklessness." Any behavior that the child engages in has significant potential to place the child in danger of physical harm would be rated here. This item provides an opportunity to identify other potentially self-destructive behaviors (e.g. reckless driving, subway surfing). If the child frequently exhibits significantly poor judgment that has the potential to place them in danger, but has yet to actually place themselves in such a position, a rating of '1' might be used to indicate the need for prevention.

To rate a '3', the child or adolescent must have placed himself or herself in significant physical jeopardy during the rating period.

Danger to Others

This item rates the child or adolescents violent or aggressive behavior. Like 'Suicide Risk' a '1' is reserved for history of violence or dangerous aggressiveness. The behavior rated in this item must have the potential to cause significant bodily harm. The behavior also should be intentional. Reckless behavior that may cause physical harm to others is not rated on this item.

Thus a '0' is used to indicate neither history nor any current violent or aggressive behavior.

A '1' indicates history but not recent (as defined in the criteria of the tool used).

A '2' indicates recent but not immediate.

A '3' is reserved for a youth who is acutely dangerous to others at the time of the rating (generally within the past 24 hours). A boy who threatens his mother with a knife would be a '3' at the time of the incident. If he remains committed to killing or injuring his mother even several days after the threat, he would remain a '3'. If on the other hand, he calms down and feels bad about his earlier threats, he would be reduced to a '2' and then a '1' with the passage of time so long as no other violent behavior or plans are observed.

A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the [Violence Module](#).

Sexual Aggression

This item is intended to describe sexually aggressive (or abusive) behavior. Only perpetrators of sexual behavior are rated here. The severity and recency of the behavior provide the information needed to rate this item. If sexually aggressive behavior is at the level of molestation, penetration, or rape that would lead to a rating of a '3'. Any of this behavior in the past year, but not in the rating window would result in a rating of '2'.

Several situations could result in a rating of '1'. A history of sexually aggressive behavior but not in the past year or harassment of others using sexual language would be rated as a '1'.

A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the [Sexually Abusive Behavior Module](#).

Runaway

This item describes the risk of or actual runaway behavior. A "0" is no evidence; a "1" some history of runaway behavior at least 30 days ago; a "2" recent runaway, but not in the past 7 days and a "3" is an acute threat or significant ideation about running away, or that the child is currently a runaway.

A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the [Runaway Module](#).

Delinquency

This relates to delinquent behavior for which the youth may or may not have been caught (thus may not have any legal involvement) and juvenile justice issues.

A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the Delinquency Module.

Fire-setting

This item describes whether the child intentionally starts fires using matches or other incendiary devices. A '3' is used to describe a child who set a fire that endangered others within the rating window (i.e., 24 hours for the crisis assessment, and 30 days for the CSA referral).

A '2' is used to indicate recent fire-setting behavior or repeated fire setting that did not occur within the rating window.

A '1' is used to indicate history without any evidence of current or recent behavior (past month). A '1' might also be used if fire-setting behavior is suspected but not confirmed.

A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the Fire-setting Module.

Social Behavior

This item refers to obnoxious behaviors that force adults to sanction the child. The key to rating this behavior is to understand that the child or youth is intentionally try to force sanctions. For example, a youth who is try to get away with something is not engaged in this behavior. But, a youth who does something that obviously requires a sanction in a manner in which there is no doubt that a sanction must be provided may be seeking that sanction. A child who forces his/her teacher to send him/her out of class because he is having trouble learning would fit this category.

Bullying

This item describes behavior that involves intimidation (either verbal or physical or both) of peers and younger children. Threatening others with harm if they do not do comply with the child or youth's demands would be rated here.

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) 5 - 17

Name – Child/Youth			DOB	Court File Number
Effective Date	Age at Time of Assessment	Assessment Type	Current Caregiver	

TRAUMA	0	1	2	3
Sexual Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. Emotional Closeness to Perpetrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Frequency of Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Duration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Force	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Reaction to Disclosure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Disaster	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Family Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Community Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness/Victim - Criminal Acts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment to Trauma	0	1	2	3
Adjustment to Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traumatic Grief/Separation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intrusions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attachment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dissociation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SCHOOL	0	1	2	3
Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relation with Teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD/YOUTH & FAMILY ACCULTURATION	0	1	2	3
Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ritual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge Congruence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help seeking Congruence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expression of Distress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

LIFE FUNCTIONING	0	1	2	3
Family – Nuclear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family – Extended	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living Situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. Cognitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Autism Spectrum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Self Care/Daily Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. Life Threat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Chronicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Diagnostic Complexity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Emotional Response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Impairment in Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Treatment Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Intensity of Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Organizational Complexity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Daily Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Functioning – Adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. Seriousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Arrests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Community Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Legal Compliance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Peer Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Parental Criminal Behavior (Influences)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Environmental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating Disturbance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Life Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expectant Parent/Parenting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD/YOUTH BEHAVIORAL/EMOTIONAL NEEDS	0	1	2	3
Psychosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulse/Hyperactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oppositional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Somatization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral Regression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affect Dysregulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD/YOUTH RISK BEHAVIORS	0	1	2	3
Suicide Risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self Injurious Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Self Harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exploited	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Danger to Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Aggression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delinquent Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runaway	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. Frequency of Running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Consistency of Destination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Safety of Destination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Involvement in Illegal Acts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Likelihood of Return on Own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Involvement of Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Realistic Expectations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intentional Misbehavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fire Setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) 5 - 17

Name – Child/Youth			DOB	Court File Number
Effective Date	Age at Time of Assessment	Assessment Type	Current Caregiver	

CHILD/YOUTH STRENGTHS	0	1	2	3
Relationship Permanence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family - Nuclear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family - Extended	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Positive Peer Relations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Optimism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decision Making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Well Being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vocational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talents/Interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual/Religious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resiliency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resourcefulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CURRENT CAREGIVER	0	1	2	3
Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem Solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement with Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Empathy with Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Congruence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IDENTIFIED PERMANENT RESOURCE STRENGTHS & NEEDS	0	1	2	3
Residential Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acculturation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Connect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem Solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement with Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Empathy with Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Congruence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) 0 - 5

Name – Child			DOB	Court File Number
Effective Date	Age at Time of Assessment	Assessment Type	Current Caregiver	

TRAUMA	0	1	2	3
Sexual Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. Emotional Closeness to Perpetrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Frequency of Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Duration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Force	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Reaction to Disclosure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Disaster	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Family Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Community Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness/Victim - Criminal Acts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment to Trauma	0	1	2	3
Affect Regulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Re-Experiencing the Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased Arousal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Numbing Responsiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PRESCHOOL/CHILD CARE	0	1	2	3
Preschool/Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Compatibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Relation with Teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Relation with Peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD BEHAVIORAL/EMOTIONAL NEEDS	0	1	2	3
Attachment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Failure to Thrive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression (Withdrawn)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Atypical Behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulsive/Hyperactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oppositional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

LIFE FUNCTIONING	0	1	2	3
Family - Nuclear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family - Extended	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living Situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. Cognitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Autism Spectrum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Self Care/Daily Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. Life Threat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Chronicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Diagnostic Complexity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Emotional Response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Impairment in Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Treatment Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Intensity of Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Organizational Complexity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Daily Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreation/Play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regulatory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. Eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Elimination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Sensory Reactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Emotional Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD RISK FACTORS	0	1	2	3
Birth Weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pica	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Length of Gestation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Labor and Delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Exposure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent/Sibling Problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maternal Availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD RISK BEHAVIORS	0	1	2	3
Self Harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aggressive Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD & FAMILY ACCULTURATION	0	1	2	3
Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ritual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge Congruence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help seeking Congruence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expression of Distress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD STRENGTHS	0	1	2	3
Relationship Permanence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family - Nuclear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family - Extended	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adaptability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Persistence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Curiosity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resiliency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) 0 - 5

Name – Child/Youth			DOB	Court File Number
Effective Date	Age at Time of Assessment	Assessment Type	Current Caregiver	

CURRENT CAREGIVER	0	1	2	3
Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem Solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement with Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Empathy with Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Congruence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IDENTIFIED PERMANENT RESOURCE STRENGTHS & NEEDS	0	1	2	3
Residential Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acculturation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Connect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem Solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement with Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Empathy with Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Congruence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) 5 - 17

Name – Child/Youth			DOB	Court File Number
Effective Date	Age at Time of Assessment	Assessment Type	Current Caregiver	

TRAUMA	0	1	2	3
Sexual Abuse	○	○	○	○
a. Emotional Closeness to Perpetrator	○	○	○	○
b. Frequency of Abuse	○	○	○	○
c. Duration	○	○	○	○
d. Force	○	○	○	○
e. Reaction to Disclosure	○	○	○	○
Physical Abuse	○	○	○	○
Neglect	○	○	○	○
Emotional Abuse	○	○	○	○
Medical Trauma	○	○	○	○
Natural Disaster	○	○	○	○
Witness to Family Violence	○	○	○	○
Witness to Community Violence	○	○	○	○
Witness/Victim - Criminal Acts	○	○	○	○
Adjustment to Trauma	0	1	2	3
Adjustment to Trauma	○	○	○	○
Traumatic Grief/Separation	○	○	○	○
Intrusions	○	○	○	○
Attachment	○	○	○	○
Dissociation	○	○	○	○

LIFE FUNCTIONING	0	1	2	3
Family – Nuclear	○	○	○	○
Family – Extended	○	○	○	○
Living Situation	○	○	○	○
Developmental	○	○	○	○
a. Cognitive	○	○	○	○
b. Autism Spectrum	○	○	○	○
c. Communication	○	○	○	○
d. Self Care/Daily Living	○	○	○	○
Medical	○	○	○	○
a. Life Threat	○	○	○	○
b. Chronicity	○	○	○	○
c. Diagnostic Complexity	○	○	○	○
d. Emotional Response	○	○	○	○
e. Impairment in Functioning	○	○	○	○
f. Treatment Involvement	○	○	○	○
g. Intensity of Treatment	○	○	○	○
h. Organizational Complexity	○	○	○	○
Physical	○	○	○	○
Dental	○	○	○	○
Daily Functioning	○	○	○	○
Social Functioning – Adult	○	○	○	○
Social Functioning - Peers	○	○	○	○
Legal	○	○	○	○
a. Seriousness	○	○	○	○
b. History	○	○	○	○
c. Arrests	○	○	○	○
d. Planning	○	○	○	○
e. Community Safety	○	○	○	○
f. Legal Compliance	○	○	○	○
g. Peer Influences	○	○	○	○
h. Parental Criminal Behavior (Influences)	○	○	○	○
i. Environmental Influences	○	○	○	○
Eating Disturbance	○	○	○	○
Sleep	○	○	○	○
Sexual Development	○	○	○	○
Life Skills	○	○	○	○
Expectant Parent/Parenting	○	○	○	○

SCHOOL	0	1	2	3
Attendance	○	○	○	○
Behavior	○	○	○	○
Achievement	○	○	○	○
Relation with Teachers	○	○	○	○

CHILD/YOUTH & FAMILY ACCULTURATION	0	1	2	3
Language	○	○	○	○
Identity	○	○	○	○
Ritual	○	○	○	○
Cultural Stress	○	○	○	○
Knowledge Congruence	○	○	○	○
Help seeking Congruence	○	○	○	○
Expression of Distress	○	○	○	○

CHILD/YOUTH BEHAVIORAL/EMOTIONAL NEEDS	0	1	2	3
Psychosis	○	○	○	○
Impulse/Hyperactivity	○	○	○	○
Depression	○	○	○	○
Anxiety	○	○	○	○
Oppositional	○	○	○	○
Conduct	○	○	○	○
Anger Control	○	○	○	○
Substance Use	○	○	○	○
Somatization	○	○	○	○
Behavioral Regression	○	○	○	○
Affect Dysregulation	○	○	○	○

CHILD/YOUTH RISK BEHAVIORS	0	1	2	3
Suicide Risk	○	○	○	○
Self Injurious Behavior	○	○	○	○
Other Self Harm	○	○	○	○
Exploited	○	○	○	○
Danger to Others	○	○	○	○
Sexual Aggression	○	○	○	○
Delinquent Behavior	○	○	○	○
Runaway	○	○	○	○
a. Frequency of Running	○	○	○	○
b. Consistency of Destination	○	○	○	○
d. Safety of Destination	○	○	○	○

e. Involvement in Illegal Acts	○	○	○	○
f. Likelihood of Return on Own	○	○	○	○
g. Involvement of Others	○	○	○	○
h. Realistic Expectations	○	○	○	○
Intentional Misbehavior	○	○	○	○
Fire Setting	○	○	○	○
Bullying	○	○	○	○

SUPPLEMENTAL POINT CALCULATIONS – Subsidized Guardianship Payments and Adoption Assistance

ALGORITHM

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) 5 - 17

Name – Child/Youth			DOB	Court File Number
Effective Date	Age at Time of Assessment	Assessment Type	Current Caregiver	

CHILD/YOUTH STRENGTHS	0	1	2	3
Relationship Permanence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family - Nuclear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family - Extended	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Positive Peer Relations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Optimism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decision Making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Well Being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vocational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talents/Interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual/Religious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resiliency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resourcefulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CURRENT CAREGIVER	0	1	2	3
Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem Solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement with Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Empathy with Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Congruence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IDENTIFIED PERMANENT RESOURCE STRENGTHS & NEEDS	0	1	2	3
Residential Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acculturation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Connect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem Solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement with Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Empathy with Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Congruence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) 0 - 5

Name – Child			DOB	Court File Number
Effective Date	Age at Time of Assessment	Assessment Type	Current Caregiver	

TRAUMA	0	1	2	3
Sexual Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. Emotional Closeness to Perpetrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Frequency of Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Duration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Force	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Reaction to Disclosure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Disaster	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Family Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Community Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness/Victim - Criminal Acts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment to Trauma	0	1	2	3
Affect Regulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Re-Experiencing the Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased Arousal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Numbing Responsiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

LIFE FUNCTIONING	0	1	2	3
Family - Nuclear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family - Extended	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living Situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. Cognitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Autism Spectrum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Self Care/Daily Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. Life Threat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Chronicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Diagnostic Complexity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Emotional Response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Impairment in Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Treatment Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Intensity of Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Organizational Complexity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Daily Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreation/Play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regulatory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. Eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Elimination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Sensory Reactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Emotional Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PRESCHOOL/CHILD CARE	0	1	2	3
Preschool/Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Compatibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Relation with Teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Relation with Peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD BEHAVIORAL/EMOTIONAL NEEDS	0	1	2	3
Attachment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Failure to Thrive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression (Withdrawn)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Atypical Behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulsive/Hyperactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oppositional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD RISK FACTORS	0	1	2	3
Birth Weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pica	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Length of Gestation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Labor and Delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Exposure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent/Sibling Problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maternal Availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD RISK BEHAVIORS	0	1	2	3
Self Harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aggressive Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD & FAMILY ACCULTURATION	0	1	2	3
Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ritual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge Congruence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help seeking Congruence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expression of Distress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD STRENGTHS	0	1	2	3
Relationship Permanence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family - Nuclear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family - Extended	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adaptability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Persistence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Curiosity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resiliency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) 0 - 5

Name – Child/Youth			DOB	Court File Number
Effective Date	Age at Time of Assessment	Assessment Type	Current Caregiver	

CURRENT CAREGIVER	0	1	2	3
Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem Solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement with Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Empathy with Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Congruence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IDENTIFIED PERMANENT RESOURCE STRENGTHS & NEEDS	0	1	2	3
Residential Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acculturation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Connect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem Solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement with Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Empathy with Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Congruence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Decision Support Model based on the
Child and Adolescent Needs and Strengths (CANS)**

CHILD/YOUTH ASSESSED LEVEL OF NEED

The algorithm for a child or youth's assessed Level of Need (LON) shall be used to inform decisions, supports, and services for children in out-of-home care. The algorithms for each LON are described here. The LON correlates with placement settings that should be able to provide for the child's assessed LON. The Placement Complexity chart shows how the LON of a child or youth is used to make placements in foster home, group home, and residential care center settings.

A description of the items rated to determine each LON are contained next. For each LON that contains groups of items together to make a LON determination, there are tables describing the necessary groupings of items to establish the LON determination. When a table contains multiple columns, that section of the determination is made when a child meets the criteria for one of the columns. There may be multiple criteria and this is delineated by the word "AND" between tables. For users with access to the eWiSACWIS database, the system will perform the calculations for you to arrive at the LON of the child or youth.

LEVEL 1

Child-Specific. Foster Care with a child specific relation option.

All children and youth are assumed appropriate for regular foster care with a child specific relation if they do not meet decision criteria for any other level of care and have an identified caregiver(s) who has a specific prior relationship with the child/youth.

LEVEL 2

All children and youth are assumed appropriate for regular foster care without a child specific relation if they do not meet decision criteria for any other level of care but do not have an identified caregiver(s) who has a specific prior relationship with the child/youth.

LEVEL 3

A rating of at least one '2' or '3' on one of the following:

Impulse/Hyperactivity

Depression (Withdrawn)

Anxiety

Oppositional

Attachment

AND

A rating of '3' on at least one of the following:	A rating of '2' or '3' on at least one of the following:
--	---

Motor	Self Harm
-------	-----------

Sensory Reactivity	
--------------------	--

Communication	
---------------	--

Failure to Thrive	
-------------------	--

Regulatory	
------------	--

Substance Exposure	
--------------------	--

Developmental	
---------------	--

Self-Care/Daily Living	
------------------------	--

LEVEL 4

A rating of within the following criteria is met:
--

At least one '2' or '3' on one of the following:

Impulse/Hyperactivity

Depression (Withdrawn)

Anxiety

Oppositional

Attachment

AND

A rating of '3' on at least one of the following:
--

Motor

Sensory Reactivity

Communication

Failure to Thrive

Regulatory

Substance Exposure

Developmental

Self-Care/Daily Living

AND

One of the following Risk Behaviors is rated at '3'
--

Self Harm

OR

At least one of the following criteria (columns) are met

At least one '2' or '3' on one of the following

Medical

Physical

Level 5

At least one of the following criteria (columns) are met:	
A rating of at least two or more '3' among the following needs:	A rating of three or more '2' among the following needs:
Impulse/Hyperactivity	Impulse/Hyperactivity
Depression (Withdrawn)	Depression (Withdrawn)
Anxiety	Anxiety
Oppositional	Oppositional
Attachment	Attachment
Developmental	Developmental
Physical	Physical
Daily Functioning	Daily Functioning

OR

The following criteria (columns) are met:
A rating of '2' or '3' on either of these needs:
Intensity of Treatment
Organizational Complexity

LEVEL 6

At least one of the following criteria (columns) are met:

A rating of at least three or more '3' among the following needs:	A rating of four or more '2' or '3' among the following needs:
Impulse/Hyperactivity	Impulse/Hyperactivity
Depression (Withdrawn)	Depression (Withdrawn)
Anxiety	Anxiety
Oppositional	Oppositional
Attachment	Attachment
Developmental	Developmental
Physical	Physical
Daily Functioning	Daily Functioning

AND

A rating of '2' or '3' on either of these needs:

Intensity of Treatment
Organizational Complexity

**Decision Support Model based on the
Child and Adolescent Needs and Strengths (CANS)**

CHILD/YOUTH ASSESSED LEVEL OF NEED

The algorithm for a child or youth's assessed Level of Need (LON) shall be used to inform decisions, supports, and services for children in out-of-home care. The algorithms for each LON are described here. The LON correlates with placement settings that should be able to provide for the child's assessed LON. The Placement Complexity chart shows how the LON of a child or youth is used to make placements in foster home, group home, and residential care center settings.

A description of the items rated to determine each LON are contained next. For each LON that contains groups of items together to make a LON determination, there are tables describing the necessary groupings of items to establish the LON determination. When a table contains multiple columns, that section of the determination is made when a child meets the criteria for one of the columns. There may be multiple criteria and this is delineated by the word "AND" between tables. For users with access to the eWiSACWIS database, the system will perform the calculations for you to arrive at the LON of the child or youth.

LEVEL 1

Child-Specific. Foster Care with a child specific relation Option.

All children and youth are assumed appropriate for regular foster care with a child specific relation if they do not meet decision criteria for any other level of care and have an identified caregiver(s) who has a specific prior relationship with the child/youth.

LEVEL 2

All children and youth are assumed appropriate for regular foster care without a child specific relation if they do not meet decision criteria for any other level of care but do not have an identified caregiver(s) who has a specific prior relationship with the child/youth.

LEVEL 3

A rating of at least one '2' or '3' on one of the following:

Psychosis
Impulse/Hyperactivity
Depression
Anxiety
Oppositional
Conduct
Anger Control
Attachment
Adjustment to Trauma
Substance Use
Affect Dysregulation
Behavioral Regression
Somatization

AND**At least one of the following criteria (columns) are met:**

A rating of '3' on at least one of the following:	A rating of '3' on at least one of the following:	A rating of '2' or '3' on at least one of the following:
Communication	Behavior	Suicide Risk
Developmental	Intentional Misbehavior	Self-Injurious Behavior
Self-Care/Daily Living	Sexual Development	Other Self Harm
		Danger to Others
		Runaway
		Sexual Aggression
		Fire Setting
		Delinquent Behavior
		Intentional Misbehavior
		Bullying

LEVEL 4

A rating of within the following criteria is met:

At least one '2' or '3' on one of the following:

Psychosis
Impulse/Hyperactivity
Depression
Anxiety
Oppositional
Conduct
Anger Control
Attachment
Adjustment to Trauma
Substance use
Affect Dysregulation
Behavioral Regression
Somatization

AND

At least one of the following criteria (columns) are met:

A rating of '3' on at least one of the following:	A rating of '3' on at least one of the following:	A rating of '2' or '3' on at least one of the following:
Communication	Behavior	Suicide Risk
Developmental	Intentional Misbehavior	Self-Injurious Behavior
Self-Care/Daily Living	Sexual Development	Other Self Harm
		Danger to Others
		Runaway
		Sexual Aggression
		Fire Setting
		Delinquent Behavior
		Intentional Misbehavior
		Bullying

AND

At least one of the following criteria (columns) are met:

rated as a '1', '2' or '3'	rated as a '1', '2' or '3'	One of the following Risk Behaviors is rated a '3'	This condition exists (1,2, or 3)
Sexual Aggression	Fire setting	Suicide Risk	Pregnant/Parenting
		Self-Injurious Behavior	
		Exploited	
		Other Self Harm	

OR

At least one of the following criteria (columns) are met

At least one '2' or '3' on one of the following

Medical
Physical

LEVEL 5: Foster Care Only

At least one of the following criteria (columns) are met:

A rating of at least two or more '3' among the following needs:	A rating of three or more '2' among the following needs:
Psychosis	Psychosis
Impulse/Hyperactivity	Impulse/Hyperactivity
Depression	Depression
Anxiety	Anxiety
Oppositional	Oppositional
Conduct	Conduct
Attachment	Attachment
Adjustment to Trauma	Adjustment to Trauma
Substance use	Substance use
Anger Control	Anger Control
Affect Dysregulation	Affect Dysregulation
Behavioral Regression	Behavioral Regression
Somatization	Somatization
Developmental	Developmental
Physical	Physical
Daily Functioning	Daily Functioning

AND

At least one of the following criteria (columns) are met:

A rating of at least two or more '3' among the following needs:	A rating of three or more '2' among the following needs:
Suicide Risk	Suicide Risk
Self-Injurious Behavior	Self-Injurious Behavior
Other Self Harm	Other Self Harm
Danger to Others	Danger to Others
	Runaway
	Intentional Misbehavior

AND

At least one of the following criteria (columns) are met:

rating of '0' or '1' on EVERY ONE of the following risk behaviors

Sexual Aggression

Fire Setting

Delinquent Behavior

Bullying

OR

The following criteria (columns) are met:

A rating of '2' or '3' on either of the following:

Intensity of Treatment

Organizational Complexity

LEVEL 5: RCC

At least one of the following criteria (columns) are met:

A rating of at least two or more '3' among the following needs:	A rating of three or more '2' among the following needs:
Psychosis	Psychosis
Impulse/Hyperactivity	Impulse/Hyperactivity
Depression	Depression
Anxiety	Anxiety
Oppositional	Oppositional
Conduct	Conduct
Attachment	Attachment
Adjustment to Trauma	Adjustment to Trauma
Substance use	Substance use
Anger Control	Anger Control
Affect Dysregulation	Affect Dysregulation
Behavioral Regression	Behavioral Regression
Somatization	Somatization
Developmental	Developmental
Physical	Physical
Daily Functioning	Daily Functioning

AND

At least one of the following criteria (columns) are met:

A rating of at least one '3' among the following needs:	A rating of three or more '2' among the following needs:
Suicide Risk	Suicide Risk
Self-Injurious Behavior	Self-Injurious Behavior
Other Self Harm	Other Self Harm
Danger to Others	Runaway
Sexual Aggression	Sexual Aggression
Delinquent Behavior	Fire Setting
Fire Setting	Intentional Misbehavior
Bullying	Bullying

LEVEL 6

At least one of the following criteria (columns) are met:

A rating of at least three or more '3' among the following needs:	A rating of four or more '2' or '3' among the following needs:
Psychosis	Psychosis
Impulse/Hyperactivity	Impulse/Hyperactivity
Depression	Depression
Anxiety	Anxiety
Oppositional	Oppositional
Conduct	Conduct
Attachment	Attachment
Adjustment to Trauma	Adjustment to Trauma
Substance Use	Substance Use
Anger Control	Anger Control
Affect Dysregulation	Affect Dysregulation
Behavioral Regression	Behavioral Regression
Somatization	Somatization
Developmental	Developmental
Physical	Physical
Daily Functioning	Daily Functioning

AND

At least one of the following criteria (columns) are met:

A rating of '2' or '3' on either of the following:	A rating of at least two '3' among the following needs:	A rating of three or more '2' among the following needs:
Intensity of Treatment	Suicide Risk	Suicide Risk
Organizational Complexity	Self-Injurious Behavior	Self-Injurious Behavior
	Other Self Harm	Other Self Harm
	Danger to Others	Runaway
	Sexual Aggression	Sexual Aggression
	Delinquent Behavior	Fire Setting
	Fire Setting	Intentional Misbehavior
	Bullying	Bullying