



CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)

COMPREHENSIVE MULTISYSTEM ASSESSMENT

For Infants and Children Ages 0 to 5

New York State

Reference Guide

November 2, 2016



Medicaid
Redesign Team

Department
of Health

Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office of Children
and Family Services

A large number of individuals from the New York State Office of Children and Family Services, the Office of Mental Health, the Office of Substance Abuse Services, the Department of Health, and dozens of community agencies collaborated in the development of the **CANS-New York 0-5**. This information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The **CANS-New York 0-5** is an open domain tool for use in service delivery systems that address the health and well-being of children, adolescents and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. For specific permission to use please contact the Foundation. For more information on the **CANS-New York 0-5** 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. A description of the actions levels can be found on the following page.
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 FOR “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.

GUIDANCE FOR COMPLETING THE CAREGIVER SECTION OF THE CANS (0-5)

Identifying the appropriate adults to include in the Caregiver section of the CANS is extremely important as it can affect the amount of care coordination and home-based services the child is eligible for, in addition to being critical to developing a suitable care plan for the child and family.

- ◆ For children who live at home, any parents or parent substitutes with a significant role in the child’s life are considered caregivers that need to be rated in the CANS. In addition to the biological parent the child lives with, examples of parent substitutes or other “caregivers” may include a biological parent who does not live with the child but shares custody, a step-parent who does live with the child, or a grandparent who has custody of the child.
- ◆ If children are in the legal custody of their parent(s), but are temporarily living elsewhere (hospital, nursing home) then these children’s CANS would include the parent(s) in the Caregiver section.

Other children and families have unique circumstances where it may not be obvious which parents, and/or parent substitutes, if any, should be included in the CANS. This section provides guidance on Caregiver selection in a variety of circumstances that you may encounter for children ages 0 to 5.

- ◆ For children in foster care, consider the child’s current residence and the child’s permanency goal to help decide which parent or parent substitute needs to be included in the Caregiver Section.

IF YOUNG CHILD IS IN FOSTER CARE			
CHILD’S RESIDENCE	PERMANENCY GOAL		
	Reunification	Live with Relative	Adoption
Foster Home	Both Parent(s) and Foster Parent(s)	Relative(s) and Foster Parent(s)	Pre-adoptive parent(s) and /or foster parent(s)
Congregate Care	Parent(s)	Relative(s)	Pre-adoptive Parent or No Caregiver

A. CAREGIVER STRENGTHS & NEEDS		P.1
1	Physical Health	
2	Developmental	
3	Mental Health	
4	Substance Use	
5	Partner Relationship	
6	Caregiver Adjustment to Trauma	
7	Legal	
8	Acculturation/Language	
9	Culture Stress	
10	Self-Care/Daily Living	
11	Organization	
12	Supervision	
13	Resourcefulness	
14	Decision-Making	
15	Parenting Stress	
16	Housing Safety	
17	Residential Stability	
18	Financial Resources	
19	Safety from Others	
20	Informal Supports	
21	Cultural Differences within a Family	
22	Transportation of Child	
23	Knowledge of Condition	
24	Care/Treatment Involvement	
25	Knowledge Congruence	
26	Family Relationship to the System	
27	Accessibility to Child Care Services	

B. CHILD STRENGTHS		P.7
28	Family of Origin	
29	Foster Family	
30	Social Relationships	
31	Relationship Stability	
32	Optimism/Positive Affect	
33	Curiosity	
34	Adaptability	
35	Persistence	

C. CHILD NEEDS & FUNCTIONING		P.9
36	Attachment	
37	Living Situation	
38	Acculturation/Language	
39	Sleep	
40	Physical Limitations	
41	Dental Needs	
42	Recreational/Play	
43	Social Functioning	

D. CHILD DEVELOPMENT		P.11
44	Cognitive	
45	Agitation	
46	Self-Stimulation	
47	Motor	
48	Communication	
49	Developmental Delay	
50	Sensory	
51	Atypical Behaviors	
52	Failure to Thrive	
53	Eating	
54	Mobility	
55	Positioning	
56	Transferring	
57	Elimination	
58	Sensory Reactivity	
59	Emotional Control	
60	Frustration Tolerance/Tantrumming	
61	Temperament	

E. CHILD RISK FACTORS		P.16
<i>Only complete this section if child is 36 months old or younger</i>		
62	Birth Weight	
63	Prenatal Care	
64	Length of Gestation	
65	Labor and Delivery	
66	Sibling Developmental Issues	
67	Parental Availability	
68	Lead Exposure	

F. RISK BEHAVIORS P.18	
69	Self-Harm
70	Aggressive Behavior
71	Fire Setting
72	Problematic Social Behavior

G. ADVERSE CHILDHOOD EXPERIENCES P.19	
73	Sexual Abuse
74	Physical Abuse
75	Emotional Abuse/Neglect
76	Neglect
77	Witness to Abuse of Another Child
78	Medical Trauma
79	Domestic Violence
80	Community Violence
81	Exploitation
82	School Violence
83	Natural or Manmade Disasters
84	Criminal Activity
85	Parental Incarceration
86	Disruptions in Caregiving/Attachment
87	Death of a Loved One
88	Substance Exposure
89	Sexual Orientation/Gender Identity r Expression
90	Bullied

H. SCREENING QUESTIONS FOR MODULES P. 22	
91	Trauma Symptoms
92	Behavioral Health
93	Medical Health
94	Preschool/Child Care Functioning

91. TRAUMA SYMPTOMS MODULE P.24	
A	Traumatic Grief
B	Re-Experiencing
C	Hyperarousal
D	Avoidance
E	Numbing
F	Dissociation
G	Affective/Physiological Dysregulation

92. BEHAVIORAL HEALTH MODULE P.27	
A	Attention/Concentration
B	Impulsivity
C	Depression
D	Anxiety
E	Oppositional
F	PICA
G	Anger Control

93. MEDICAL HEALTH MODULE P.29	
A	Life Threatening
B	Chronicity
C	Diagnostic Complexity
D	Emotional Response
E	Impairment in Functioning
F	Intensity of Treatment
G	Organizational Complexity
H	Family Stress

94. PRESCHOOL/CHILD CARE FUNCTIONING MODULE P.31	
A	Educational Partnership
B	Preschool/Child Care Behavior
C	Preschool/Child Care Achievement
D	Preschool/Child Care Attendance
E	Relationship with Teachers
F	Relationship with Peers
G	Learning Ability

A. CAREGIVER STRENGTHS & NEEDS The CANS score sheet for the caregiver domain has space to rate multiple caregivers, if applicable. The score sheet has space to indicate the caregiver's relationship to the child, such as parent or foster parent.

If the child lives in a foster boarding home, complete (at least) 2 caregiver sections – one for the foster parent and one for the parent(s) from who the child was removed.

If the child is freed for adoption, do not complete a caregiver section for the child's parents.

If the child has a permanency goal other than return home, complete a caregiver section on the intended permanency person (if identified).

If the child lives in a congregate foster care setting, there will be no foster parent to rate. For children whose permanency goal is APLA, no caregiver section should be completed. For children with other permanency goals, rate the parent from whom the child was removed and/or a different permanency resource person.

1	PHYSICAL HEALTH: <i>This item describes the presence of any medical or physical challenges to caregiving.</i>
0	Caregiver is generally healthy.
1	Caregiver is in recovery from medical/physical problems.
2	Caregiver has medical/physical problems that interfere with capacity to parent.
3	Caregiver has medical/physical problems that make it impossible to parent at this time.

2	DEVELOPMENTAL: <i>This item describes the presence of any developmental challenges to caregiving.</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 the capacity to parent.
3	Caregiver has severe developmental challenges that make it impossible to parent at this time.

3	MENTAL HEALTH: <i>This item describes the presence of any mental health challenges to caregiving.</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 the capacity to parent.
3	Caregiver has mental health difficulties that make it impossible to parent at this time.

4	SUBSTANCE USE: <i>This item describes the presence of any substance use that presents challenges to caregiving.</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 capacity to parent.
3	Caregiver has substance use difficulties that make it impossible to parent at this time.

5	PARTNER RELATIONSHIP: <i>This item refers to the primary caregiver's intimate relationship with another adult. If married, this refers to the primary caregiver's husband or wife.</i>
0	Caregiver has a generally positive partner relationship with another adult. This adult functions as a member of the family.
1	Caregiver has a generally positive partner relationship with another adult. This adult does not function as a member of the family.
2	Caregiver is currently involved in a negative, unhealthy relationship with another adult. This adult does not live with the caregiver and children (include recent break-ups here if the partner still has access to the household or has contact with the children).
3	Caregiver is currently involved in a negative, unhealthy relationship with another adult who is living with the primary caregiver and children.
NA	Primary Caregiver does not have an adult partner relationship.

6	CAREGIVER ADJUSTMENT TO TRAUMA: <i>This item is used to describe a caregiver who is having difficulty adjusting to traumatic experiences or events defined as traumatic by the caregiver. Informed speculation about why a person is displaying certain behavior, linking trauma and behavior, may be entertained.</i>
0	There is no evidence of problems associated with traumatic life events.
1	There is a history or suspicion of mild problems associated with a traumatic life event(s), or the caregiver is making progress adapting to trauma, or the caregiver recently experienced a trauma where the impact on their wellbeing is not yet known.
2	There is clear evidence of negative symptoms associated with a traumatic life event(s). The symptoms are interfering with the caregiver's functioning in at least one life domain or the caregiver has been diagnosed with a trauma-related disorder.
3	The caregiver has been diagnosed with PTSD or has an extensive history of trauma exposure and there is clear evidence of trauma symptoms (e.g., numbing, nightmares, anger, dissociation) that interfere with multiple areas of functioning.

7	LEGAL: <i>This item describes the caregiver's involvement in any legal system due to caregiver's behavior.</i>
0	Caregiver has no known legal difficulties.
1	Caregiver has a history of legal problems but is not currently 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 them at risk for incarceration or caregiver is currently imprisoned.

8	ACCULTURATION/LANGUAGE: <i>This item includes both spoken and sign language.</i>
0	Caregiver(s) speaks and understands English well.
1	Care giver(s) speaks some English but potential communication problems exist due to limits on vocabulary or understanding of the nuances of the language.
2	Caregiver(s) does not speak English. A translator or native language speaker is needed for successful intervention and someone can be identified within natural supports (do not include children under 18 years of age).
3	Caregiver(s) does not speak English. A translator or native language speaker is needed for successful intervention and no such individual is available from among natural supports.

9	CULTURE STRESS: <i>Culture stress refers to experiences and feelings of discomfort or distress arising from friction (real or perceived) between an individual's own cultural identity and the predominant culture in which the individual 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 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.

10	SELF-CARE/DAILY LIVING: <i>This item describes the caregiver's ability to provide for the basic needs (e.g., shelter, food, and clothing) of self.</i>
0	The caregiver has the skills needed to complete the daily tasks required to care for self.
1	The caregiver needs verbal prompting to complete the daily tasks required to care for self.
2	The caregiver needs physical prompting to complete the daily tasks required to care for self.
3	The caregiver is unable to complete some or all of the daily tasks required to care for self.

11	ORGANIZATION: <i>This item describes the ability of the caregiver to organize and manage everyday responsibilities, including the household duties, as well as caregiver's and children's appointments and activities.</i>
0	Caregiver is well organized and efficient and the household runs smoothly.
1	Caregiver has minimal difficulties with organizing and maintaining a household that supports children's needs or services.
2	Caregiver has moderate difficulty organizing and maintaining a household that supports children's needs or services.
3	Caregiver is unable to organize a household that supports children's needs or services.

12	SUPERVISION: <i>This item describes the caregivers' ability to monitor and discipline the child in all the ways that are required.</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 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.

13	RESOURCEFULNESS: <i>This item describes the caregiver's ability to identify and use external resources necessary to manage challenges faced by self or child.</i>
0	Caregiver is quite skilled at finding resources that are useful in achieving and maintaining safety and well-being for self and child.
1	Caregiver has some skills in finding resources that are useful in achieving and maintaining safety and well-being for self and child, but sometimes requires assistance in identifying or accessing resources.
2	Caregiver has limited skills finding resources that are useful in achieving and maintaining safety and well-being for self and child. Caregiver requires temporary assistance with identifying and accessing resources.
3	Caregiver has no skills in finding resources that are useful in achieving and maintaining safety and well-being for self and child. Caregiver requires ongoing assistance with identifying and accessing resources.

14	DECISION-MAKING: <i>This item describes the caregiver's ability to comprehend and anticipate the consequences of decisions; to plan, implement, and monitor a course of action; and to judge and self-regulate behavior according to anticipated outcomes.</i>
0	The caregiver has no evidence of problems with decision-making.
1	The caregiver has mild or occasional problems thinking through problems or situations but decision-making abilities do not interfere with caregiver's functioning as a parent.
2	The caregiver has moderate or frequent problems thinking through problems or situations and this interferes with their ability to function as a parent.
3	The caregiver has severe problems with decision-making and judgment placing the child at risk.

15	PARENTING STRESS: <i>This item reflects the degree of stress or burden experienced by the caregiver as a result of the needs of all children in the household, including target child.</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.

16	HOUSING SAFETY: <i>This item describes whether the caregiver's current housing circumstances are safe and accessible. Consider the child's specific medical or physical challenges when rating this item.</i>
0	Current housing has no challenges with regard to fully supporting the child's health, safety, and accessibility.
1	Current housing has minor challenges with regard to fully supporting the child's health, safety and accessibility but these challenges do not currently interfere with functioning or present any notable risk to the child or others.
2	Current housing has notable limitations with regard to supporting the child's health, safety, and accessibility. These challenges interfere with or limit the child's functioning.
3	Current housing is unable to meet the child's health, safety, and accessibility needs. Housing presents a significant risk to the child's health and well-being.

17	RESIDENTIAL STABILITY: <i>This item describes the housing stability of the caregiver.</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.

18	FINANCIAL RESOURCES: <i>This item refers to the income and other sources of money available to caregivers that can be used to address family need.</i>
0	No evidence of financial issues or caregiver has financial resources necessary to meet needs.
1	History or suspicion, or existence of mild difficulties. Caregiver has financial resources necessary to meet most needs; however, some limitations exist.
2	Moderate difficulties. Caregiver has financial difficulties that limit ability to meet significant family needs.
3	Significant difficulties. Caregiver is experiencing financial hardship, poverty.

19	SAFETY FROM OTHERS: <i>This item describes the caregiver's ability to ensure the child's safety within the home and community.</i>
0	Caregiver's household is safe and secure from potentially dangerous individuals – no risk from others.
1	Caregiver's household is safe but concerns exist about the safety of the child due to history or others in the neighborhood that might be abusive.
2	Child is in some danger from one or more individuals with access to the household.
3	Child is in immediate danger from one or more individuals with unsupervised access.

20	INFORMAL SUPPORTS: <i>This item refers to the caregiver's relationship with extended family, friends, and neighbors who can provide emotional and instrumental support.</i>
0	The caregiver has adaptive relationships. Extended family members, friends or neighbors play a central role in the functioning and well-being of the caregiver and family. Caregiver has predominately positive relationships and conflicts are resolved quickly.
1	The caregiver's relationships are mostly adaptive. Extended family members, friends, or neighbors play a supportive role in caregiver and family functioning. They generally have positive relationships. Conflicts may linger but are eventually resolved.
2	The caregiver has limited relationships. Extended family members, friends, or neighbors are marginally involved in the functioning and well-being of the caregiver and family. The caregiver has generally strained or absent relationships with these informal supports.
3	The caregiver has significant difficulties with relationships. The caregiver is not in contact or estranged from extended family members. They may report they have no friends or no contact with neighbors. The family has negative relationships involving continuing conflicts with extended family and friends. The family does not feel supported and may feel shunned by their neighbors.

21	CULTURAL DIFFERENCES WITHIN A FAMILY: <i>Sometimes individual members within a family have different backgrounds, values or perspectives. In many cases, this may not cause any difficulties in the family as they are able to communicate about their differences, but for others it may cause conflict, stress, or disengagement between family members and impact the child’s functioning. This might occur in a family where a child is adopted from a different race, culture, ethnicity, or socioeconomic status. The parent may struggle to understand or lack awareness of the child’s experience of discrimination. Additionally this may occur in families where the parents are first generation immigrants to the United States. The child may refuse to adhere to certain cultural practices, choosing instead to participate more in popular U.S. culture.</i>
0	No evidence of conflict, stress, or disengagement within the family due to cultural differences or family is able to communicate effectively in this area.
1	Child and family have struggled with cultural differences in the past, but are currently managing them well or there are mild issues of disagreement.
2	Child and family experience difficulties managing cultural differences within the family which negatively impacts the functioning of the child.
3	Child and family experience such significant difficulty managing cultural differences within the family that it interferes with the child’s functioning or requires immediate action.

22	TRANSPORTATION OF CHILD: <i>This item reflects the caregiver’s ability to provide appropriate transportation for the child.</i>
0	Child and caregiver have no transportation needs. Caregiver is able to get child to appointments, school, activities, etc. consistently.
1	Child and caregiver have occasional transportation needs for appointments. Caregiver has difficulty getting child to appointments, school, activities, etc. less than once a month.
2	Child and caregiver have frequent transportation needs. Caregiver has difficulty getting child to appointments, school, activities, etc. regularly (e.g. once a week). Caregiver needs assistance transporting child and access to transportation resources or may require a special vehicle.
3	Child and caregiver have no access to appropriate transportation and are unable to get child to appointments, school, activities, etc. Caregiver needs immediate intervention and development of transportation resources.

23	KNOWLEDGE OF CONDITION: <i>This item seeks to identify whether the caregiver requires more information about the child’s developmental, behavioral or medical condition(s) in order to be the best advocate for the child.</i>
0	Caregiver is knowledgeable about the child’s condition(s), needs and strengths.
1	Caregiver is generally knowledgeable about the child but may require additional information to improve their parenting capacity.
2	Caregiver has clear need for information to improve knowledge about the child. Current lack of information is interfering with ability to parent.
3	Caregiver’s lack of knowledge places the child at risk for significant negative outcomes.

24	CARE/TREATMENT INVOLVEMENT: <i>This item describes the degree to which the caregiver is involved in seeking and supporting care/treatment to address the needs of the child.</i>
0	Caregiver is actively involved in treatment and ensures that treatment is provided consistently or caregiver is an effective advocate for child.
1	Caregiver is open to support, education, and information. Caregiver is generally involved in treatment but may struggle to stay consistent and lapses are not significant.
2	Caregiver is generally uninvolved in treatment although they are sometimes compliant to treatment recommendations or lack of treatment consistency is having an effect on the child’s health.
3	Caregiver does not wish to participate in services or interventions intended to assist the child. Caregiver’s lapse in treatment involvement/consistency places child at imminent risk.

25	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 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.

26	FAMILY RELATIONSHIP TO THE SYSTEM: <i>This item describes the degree to which the family’s apprehension to engage with the formal health care system creates a barrier to receipt of care. For example, if a family refuses to see a psychiatrist due to their belief that medications are over-prescribed for children, a clinician must consider this belief and understand its impact on the family’s choices. These complicated factors may translate into generalized discomfort with the formal health care system and may require the clinician to reconsider their approach.</i>
0	The caregiver expresses no concerns about engaging with the formal helping system.
1	The caregiver expresses little or mild hesitancy to engage with the formal helping system that is easily rectified with clear communication about intentions or past issues engaging with the formal helping system.
2	The caregiver expresses moderate hesitancy to engage with the formal helping system that requires significant discussions and possible revisions to the treatment plan.
3	The caregiver expresses significant hesitancy to engage with the formal helping system that prohibits the family’s engagement with the treatment team at this time. When this occurs, the development of an alternate treatment plan may be required.

27	ACCESSIBILITY TO CHILD CARE SERVICES: <i>This item describes the access or availability the caregiver has to child care services.</i>
0	Caregiver has access to sufficient child care services or doesn’t have a need (i.e., primary caregiver is the sole caretaker and doesn’t require external child care services).
1	Caregiver has some limited access to child care services. Needs are met minimally by existing services.
2	Caregiver has limited access child care services. Current services do not meet the caregiver’s needs.
3	Caregiver has no access to child care services.

B. CHILD STRENGTHS

28	FAMILY OF ORIGIN: <i>This item describes the degree to which positive and supportive relationships exist within the family of origin (however the family defines it-may include extended family member) as well as child's inclusion in family activities. (Do not rate foster families here.)</i>
0	Significant family strengths exist and family members display much love and respect for one another. Family members are central in each other's lives. Child is fully included in family activities.
1	Moderate level of strengths and family members are loving 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 and family members are able to communicate and participate in each other's lives; however, family members are not 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.

29	FOSTER FAMILY: <i>This item describes whether positive and supportive relationships exist within the foster family and the child's inclusion in foster family's activities. Check NA if child is not in a foster family.</i>
0	Significant family strengths exist and family members display much love and respect for one another. Family members are central in each other's lives. Child is fully included in family activities.
1	Moderate level of strengths and family members are loving 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 and family members are able to communicate and participate in each other's lives; however, family members are not 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.
NA	Child does not live a family-type foster home (i.e., not in foster care, or lives in congregate care).

30	SOCIAL RELATIONSHIPS: <i>This item describes the child's ability to make and maintain positive relationships with people other than their primary caregivers.</i>
0	Child has a pro-social or "easy" temperament and, if old enough, is interested and effective at initiating relationships with other children or adults. Infants exhibits anticipatory behavior when fed or held.
1	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.
2	Child may be shy or uninterested in forming relationships with others. If still an infant, child may have a temperament that makes connecting to others a challenge.
3	Child has 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.

31	RELATIONSHIP STABILITY: <i>This item refers to the stability of significant relationships in the child's life. This likely includes family members but may also include other individuals.</i>
0	Child has stable relationships. Family members, friends, and community have been stable for most of life and are likely to remain so in the foreseeable future.
1	Child has had stable relationships but there is some concern about instability in the near future due to such things as impending transitions such as an illness, divorce, or move.
2	Child has had at least one stable relationship over lifetime but has experienced other instability through factors such as divorce, moving, removal from home, or death, for example.
3	Child does not have relationship stability. A child in foster care would be rated here.

32	OPTIMISM/POSITIVE AFFECT: <i>Optimism in an older child refers to the child's positive orientation toward self and the future. In a young child, observations of the child's general disposition as being open and cheerful versus having an anxious, fearful, or flat affect when interacting with objects or known people could be considered a precursor to optimism. An infant/child with a strong positive affect often mirrors others expressions and behavior. Child is frequently smiling, laughing, clapping, and really seems to enjoy himself.</i>
0	Child usually displays a strong positive affect.
1	Child frequently displays positive affect.
2	Child rarely displays positive affect.
3	Child very rarely or never displays positive affect.

33	CURIOSITY: <i>This item describes the child's eagerness or desire to know; inquisition.</i>
0	Child has exceptional curiosity. Infant displays mouthing and banging of objects within grasp; older children crawl or walk to objects of interest.
1	Child has good curiosity. An ambulatory child who does not walk to interesting objects, but who will actively explore them when presented to him or her, would be rated here.
2	Child has limited curiosity. Child may be hesitant to seek out new information or environments, or reluctant to explore even presented objects.
3	Child has very limited or no observable curiosity.

34	ADAPTABILITY: <i>This item describes the child's ability to respond to changing circumstances, even when the caregiver is present.</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 child is successful with caregiver support.
2	Much of the time, child has difficulties adjusting to changes and transitions even with caregiver support.
3	Most of the time, child has difficulties coping with changes and transitions. Adults are minimally able to impact child's difficulties in this area.

35	PERSISTENCE: <i>This item describes the act of persevering or working towards accomplishing tasks or activities.</i>
0	Child has a strong ability to continue an activity that is challenging even in the face of obstacles or distractions.
1	Child has some ability to continue an activity that is challenging. Adults are able to assist the 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.

C. CHILD NEEDS & FUNCTIONING

36	ATTACHMENT: <i>This item describes the child's ability to form relationships with significant caregivers in an age appropriate way. Note that, on average, children younger than nine months old do not display a preference for a particular caregiver.</i>
0	No evidence of attachment problems; parent-child relationship is characterized by satisfaction of needs and child's development of a sense of safety, security and trust.
1	Mild problems with attachment; this could involve either mild problems with separation or detachment.
2	Moderate problems with attachment; child is having problems with attachment that require intervention; child who displays behaviors of disorganized attachment would be rated here (e.g., fear around caregiver, freezing or stilling, role-reversal such as parentified or punitive behavior towards the caregiver).
3	Severe problems with attachment; child who is unable to separate or appears to have severe problems with forming or maintaining relationships with caregivers would be rated here. Child who meets the criteria for an Attachment Disorder diagnosis (e.g., Reactive Attachment Disorder) would be rated here.
37	LIVING SITUATION: <i>This item describes the child's functioning in their current living environment.</i>
0	No evidence of problem with functioning in current living environment.
1	Mild problems with functioning in current living situation; caregivers are concerned about child's behavior in living situation.
2	Moderate problems with functioning in current living situation; child has difficulties maintaining acceptable behavior in this setting, creating significant problems for others in the residence.
3	Severe problems with functioning in current living situation; child is at immediate risk of being removed from living situation due unacceptable behavior.
38	ACCULTURATION/LANGUAGE: <i>This item describes the need for translation services when there is a mismatch between the child's dominant language (including sign) and the service provider's language.</i>
0	Child speaks and understands English well or infant is too young for translation services to be a concern.
1	Child speaks and understands some English but potential communication problems exist. A very young child may have difficulty understanding verbal commands in English.
2	Child does not speak or understand English well-enough so that a translator or native language speaker is needed for successful intervention and a qualified individual can be identified within natural supports.
3	Child does not speak or understand English well enough so that a translator or native language speaker is needed for successful intervention and no such individual is available among natural supports.
39	SLEEP: <i>This item describes any challenges for the child or environment with regards to pattern of sleeping. The child must be 12 months of age or older to rate this item.</i>
0	There is no evidence of problems with sleep or child gets a full night's sleep each night. Toddlers may wake up on occasion but a consistent sleep pattern has been established.
1	Child has some problems sleeping. 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 preschooler may experience difficulty falling asleep, night waking, night terrors, or nightmares on a regular basis.
3	Child is rarely able to get a full night's sleep and is generally sleep deprived. Parents have exhausted numerous strategies for assisting child.
NA	Child is less than 12 months of age.

40	PHYSICAL LIMITATIONS: <i>This item refers to any changes in body structures, functioning or health that negatively impacts child's performance in activities. Aspects of physical health affecting performance include gross and fine motor deficits, sensory deficits related to vision and hearing, and health status. Please review the child's most recent health assessment to assist with completion of this section.</i>
0	Child has no physical limitations.
1	Child has one or more physical conditions that place mild limitations on activities. Conditions such as impaired hearing or vision would be rated here. Treatable medical conditions that result in physical limitations (e.g. asthma) could also be rated here.
2	Child has one or more physical conditions that moderately impact activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.
3	Child has physical limitations due to multiple physical conditions that severely impact activities.

41	DENTAL NEEDS: <i>This item refers to the child's need for dental health services.</i>
0	No evidence of any dental health needs or needs are currently being addressed appropriately.
1	Child has not received dental health care and requires a checkup. 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.
3	Child has serious dental health needs that require intensive or extended treatment/intervention.

42	RECREATIONAL/PLAY: <i>This item describes any needs in the child's use of leisure time, including play.</i>
0	No evidence of any problems with recreational functioning. Child has access to sufficient enjoyable activities.
1	Child participates in some recreational activities although problems may exist, such as lack of frequency or variety. Child may seem uninterested in play but with some assistance, is able to engage in activities. Toddlers and preschoolers may seem uninterested and poorly able to sustain play without some assistance.
2	Child is having moderate problems with recreational activities. Infants resist play or do not have enough opportunities for play. Toddlers and preschoolers may 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 recreational activities. Infant spends most of time non interactive. Toddlers and preschoolers even with adult encouragement cannot demonstrate enjoyment or use play to further development.

43	SOCIAL FUNCTIONING: <i>This item describes the child's ability to establish connections with others.</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 social relationships. Infants may be unresponsive to adults, or unaware of other infants. Toddlers may be aggressive or resist parallel play. Preschoolers may argue excessively with adults and peers or lack ability to play in groups even with adult support.
3	Child is experiencing severe disruptions in 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, or aggression may be putting others at risk.

D. CHILD DEVELOPMENT

44	COGNITIVE: <i>This item refers to the cognitive or intellectual functioning of the child. Cognitive functions include the child’s ability to comprehend ideas and involve aspects of perception, thinking, reasoning, remembering, awareness, and judgment. In an infant, cognitive functions relate to the infant’s ability to understand and relate to the world around them.</i>
0	Child’s intellectual functioning appears to be in normal range Infant is demonstrating developmentally appropriate skills/reactions to understand and relate to the world around them (i.e. learning through their senses, recognizing and responding to caregiver, and exploring and manipulating their environment).
1	Child has mild intellectual disabilities. Infant appears to have mild delays in understanding and relating to the world around them. Infants may not consistently demonstrate familiarity with routines and anticipatory behavior. Infants may seem unaware of surroundings at times. Preschoolers may have challenges in remembering routines, and completing tasks such as sorting, or recognizing colors.
2	Child has moderate intellectual disabilities. Infant appears to have moderate delay in understanding and relating to the world around them. Infants may not have the ability to indicate wants/needs. Infants may not demonstrate anticipatory behavior all or most of the time. Preschoolers may be unable to demonstrate understanding of simple routines or the ability to complete simple tasks.
3	Child has severe intellectual disabilities. Infant appears to have profound delays in understanding and relating to the world around them.

45	AGITATION: <i>This item describes the degree to which a child’s behaviors indicate irritation or restlessness. An infant may cry uncontrollably, be resistant to being held, be wildly or excessively restless that is beyond what is considered developmentally appropriate for that age or may bite or hit at an older age. Other examples of agitation for older children include hand-wringing, dressing and undressing, general restlessness, scratching, grabbing, and spitting.</i>
0	Child or infant does not exhibit agitated behavior.
1	Child or infant becomes agitated on occasion but can be calmed relatively easily.
2	Child or infant becomes agitated often or can be difficult to calm.
3	Child exhibits a dangerous level of agitation. Child or infant becomes agitated often and easily becomes aggressive or danger towards self or others.

46	SELF-STIMULATION: <i>This item describes refers to self-stimulation behavior (pacing, rocking, gesticulating, some verbalizations, and other stereotypical behaviors; this rating does not include masturbation), related to the over- or under-stimulation of the sensory environment. Children are not able to control the circumstances (where, when) or how often they repeat the behavior so it is impairing their ability to function in life activities.</i>
0	No evidence of self-stimulation when exposed to sensory stimuli.
1	Mild level of self-stimulation including such behaviors as periodic pacing or rocking; sensitivity to touch or texture or to loud or bright environments; or the child seeks out stimulation. The child’s self-stimulating behaviors do not impact their ability to function in their daily activities or the child easily responds to intervention from a caregiver.
2	Moderate level of self-stimulation. Examples may include frequent rocking, odd behaviors, pacing, etc. The child does not respond to intervention from a caregiver and will continue with behaviors having a moderate impact on their ability to participate in their daily activities. The child may be easily distressed by stimulation of their senses: touch (tactile), taste, noise (hearing), lights (sight), smell, and kinesthesia/proprioception (movement/pressure).
3	Severe level of self-stimulation causes physical harm to self, others, or destruction of property. Child is unable to tolerate stimulation of senses. The child does not respond to intervention from a caregiver. The child has significant difficulty participating in their daily life activities.

47	MOTOR: <i>This item describes the child's fine (e.g. hand grasping and manipulation) and gross (e.g. lifting head, lifting chest, rolling over, sitting, standing, walking, running) motor functioning.</i>
0	No evidence of problems with motor functioning.
1	Mild fine or gross motor skill deficits.
2	Moderate motor deficits. A non-ambulatory child with fine motor skills or an ambulatory child with significant fine motor deficits or a child who meets criteria for a motor disorder would be rated here.
3	Severe motor deficits. A non-ambulatory child with fine motor skill deficits is rated here.

48	COMMUNICATION: <i>This item refers to the infant/child's ability to communicate at an age and developmentally appropriate level. Communication is made up of two parts: receptive and expressive communication. Receptive communication refers to the way a listener receives and understands a message. Expressive communication refers to how one conveys a message by cooing, babbling, gesturing, speaking, writing, or signing and includes how much meaning is relayed by using specific body language or vocal inflection. If the child does not have an identified assessment regarding their communication ability, use information to score the item, including input from child and family team members regarding the child's ability to communicate.</i>
0	Child/infant's receptive and expressive communication appears developmentally appropriate; there is no reason to believe that the child has any problems communicating.
1	Child/infant has a history of communication problems but currently is not experiencing problems. A toddler may have very few words and become frustrated with expressing needs. A preschooler may be difficult for others to understand.
2	Child/infant has either receptive or expressive language problems that moderately 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. Child may rely on alternative communication systems (including, but not limited to signing or electronic communication device) for most of communication needs.
3	Child/infant has serious communication difficulties and is unable to summon assistance or cannot communicate in any way, including pointing or grunting.

49	DEVELOPMENTAL DELAY: <i>This item rates whether the child has a suspected or diagnosed developmental delay or disorder. Developmental delays are life-long disabilities attributable to mental or physical impairments and can include both psychological and physical disorders. Developmental delays or disorders may affect a single area of development (specific developmental disorders) or several (pervasive developmental disorders). Examples of "pervasive developmental disorders" include Autism Spectrum Disorder and Down's Syndrome. If the child does not have an identified diagnosis or assessment regarding their developmental ability, please use available information in order to score the item, including input from child and family team members regarding the developmental level of the child.</i>
0	Child/infant's development appears to be within normal range in all areas.
1	Evidence of a mild developmental delay.
2	Evidence of a moderate developmental delay or has been diagnosed with a pervasive developmental disorder that causes moderate developmental delays.
3	Evidence of a severe developmental disorder or has been diagnosed with a pervasive developmental disorder that causes severe developmental delays.

50	SENSORY: <i>This item describes the child's ability to use all senses including vision, hearing, smell, or touch.</i>
0	The child's sensory functioning appears normal or infant is developmentally on target.
1	The child has mild impairment on a single sense (e.g. mild hearing deficits, correctable vision problems).
2	The child has moderate impairment on a single sense or mild impairment on multiple senses (e.g. difficulties with sensory integration, diagnosed need for occupational therapy).
3	The child has significant impairment on one or more senses (e.g., profound hearing or vision loss).

51	ATYPICAL BEHAVIORS: <i>This item describes behavior that is not developmentally typical. Behavior may include mouthing after age one, head banging, smelling objects, spinning, twirling, hand flapping, finger-flicking, rocking, toe walking, staring at lights, or repetitive and bizarre verbalizations.</i>
0	No evidence of atypical behaviors. Infant/child is demonstrating developmentally appropriate behaviors.
1	History or reports of atypical behaviors from others that have been occasionally observed by caregivers and don't interfere with infant/child functioning.
2	Clear evidence of atypical behaviors reported by caregivers that are observed on an ongoing basis and affect functioning intermittently.
3	Clear evidence of atypical behaviors that are consistently present and interfere with the infants/child's functioning in their daily routine.

52	FAILURE TO THRIVE: <i>This item describes the child/infant experience with growth and ability to gain weight or problems with their ability to maintain weight or growth.</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, or 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.

53	EATING: <i>This item refers to the process of getting food into the body by any means.</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. Child some difficulty eating but manages by self.
2	Moderate problems with eating are present. Infants may be finicky eaters, spit food or overeat. Infants may have problems with oral motor control. Older child may have few food preferences or not have a clear pattern of when they eat. Child may need help from another person or the use of adaptive equipment (e.g., adapted utensils) to feed self but manages by self.
3	Severe problems with eating are present, putting the child at risk developmentally. Child needs to be totally fed (including parenteral nutrition and G tube) or the child and family are very distressed and unable to overcome problems in this area.

54	MOBILITY: <i>This item describes the ability of the child/infant to get from one place to another (e.g., creeping, crawling, walking).</i>
0	Child is fully independent in ability to ambulate or infant is developmentally on target.
1	Child is generally independent in mobility but has some adaptive technology that facilitates independent mobility. Mobility challenges do not have a notable impact on functioning.
2	Child has notable challenges with mobility that interfere with functioning. Limited mobility for short distances or short periods of time can occur when assisted by another person or adaptive technology.
3	Child has severe motor challenges that prevent from any mobility without total assistance of another person or support of an adaptive device (e.g., wheelchair or crutches).

55	POSITIONING: <i>This item describes the child's ability to move a limb or their entire body while stationary.</i>
0	Child is fully independent in ability to position body or infant appears to be developmentally on target.
1	Child is generally independent in position but has some adaptive technology that facilitates independent positioning. Positioning challenges do not have a notable impact on functioning.
2	Child has notable challenges with positioning that interfere with functioning. Physical assistance from others or adaptive technology provides some independence in positioning.
3	Child is unable to reposition self and requires 24 hour monitoring and physical assistance from others to reposition self.

56	TRANSFERRING: <i>This item refers to the process of moving between positions (e.g., to and from bed, chair to standing).</i>
0	Child is fully independent in ability to transfer (e.g., in and out of bed, sitting to standing) or infant is developmentally on target.
1	Child is generally independent in mobility. Child has some difficulty but is able to transfer unassisted and transfer challenges do not have a notable impact on functioning. May require the use of assistive devices.
2	Child has notable challenges with transfers that interfere with functioning; child needs some assistance from another person to transfer. May or may not require the use assistive devices.
3	Child is unable to transfer without assistance from another person.

57	ELIMINATION: <i>This item describes any needs related to urination or moving bowels.</i>
0	There is no evidence of elimination problems.
1	Child may have a history of elimination difficulties but is presently not experiencing this other than on rare occasion.
2	Child demonstrates problems with elimination on a consistent basis or elimination is maintained with the use of an appliance or catheter. This is interfering with child's functioning. Infants may completely lack a routine in elimination and develop constipation as a result.
3	Child demonstrates significant difficulty with elimination to the extent that child is in significant distress or caregiver interventions have failed.

58	SENSORY REACTIVITY: <i>This item refers to the child's ability to organize (process) sensation (vision, hearing, smell, touch, taste, and kinesthetic) coming from the body and the environment. Difficulty in this area would impact the child's performance in one or more of their main functional areas such as play or activities of daily living. Examples include difficulty wearing certain fabrics or eating certain textures, tolerating background sounds such as florescent lights or heating systems.</i>
0	There is no evidence of sensory reactivity that is hyper or hypo reactive.
1	Child may have a history of sensory issues or have mild issues currently that are managed by caregiver support.
2	Child demonstrates moderate hyper/hypo reactivity to sensory input in one or more sensory areas (including but not limited to touch, sound, movement) such that impairment in functioning is present and caregiver is able to mediate effect such that infant/child is occasionally able to participate in age appropriate activities.
3	Child demonstrates significant reactivity to sensory input such that caregiver cannot mediate the effects of such and frequently prevents the infant/child from participation in age appropriate activities.

59	EMOTIONAL CONTROL: <i>This item describes the child's ability to manage emotions (positive or negative). It describes symptoms of affect dysregulation.</i>
0	Child has no problems with emotional control.
1	Child has mild problems with emotional control that can be overcome with caregiver support.
2	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	Child has a significant level of emotional control problems that are interfering with development and put child at imminent risk of harming self or others. Caregivers are not able to mediate the effects.

60	FRUSTRATION TOLERANCE/TANTRUMMING: <i>This item rates a child's level of agitation or anger when frustrated. This may include a demonstration of aggressive behaviors when things do not go as the child has wished. Some sources of frustration for preschoolers can be peers, adults, and new prospects at this developmental stage.</i>
0	Infant/child is developmentally appropriate in learning to deal with frustration and does not tantrum. In toddlers, tantrums are minimal, and when they do occur, the child can be easily distracted or redirected.
1	Child demonstrates some difficulties dealing with frustration. Child may occasionally tantrum or become agitated, verbally hostile, aggressive, or anxious when frustrated.
2	Child struggles with tolerating frustration. Child's reaction to frustration impairs functioning in at least one life domain. The child frequently tantrums when frustrated.
3	Child engages in violent tantrums when frustrated. Others may be afraid of child's tantrums or child may hurt self or others during tantrums.

61	TEMPERAMENT: <i>This item describes the child's general way of being and ability to be soothed.</i>
0	Child has an easy temperament. The child is easily calmed or distracted when angry or upset.
1	Child has some mild problems being calmed, soothed, or distracted when angry or upset. Child may have occasional episodes or extended crying or tantrums. Child may display some fear or clinginess in new situations or around new people, but with encouragement child can eventually acclimate.
2	Child has a difficult temperament. Child has difficulty being calmed, soothed, or distracted when angry or upset. Persistent episodes of crying, tantrums, clinginess, or other difficult behaviors are observed.
3	Child has significant difficulties being calmed, soothed, or distracted when scared, angry, or upset. Repeated and extreme persistent episodes of crying, tantrums, clinginess, or other difficult behaviors are observed.

E. CHILD RISK FACTORS

Only complete this section if child is 36 months old or younger. If information is not available, you may check NA on the score sheet for those items.

62	BIRTH WEIGHT: <i>This item describes in pounds and ounces the official weight immediately after the child was born.</i>
0	Child weighed 5 pounds 8 ounces or more at birth – within normal range.
1	Child weighed 3 pounds 5 ounces or more, but less than 5 pounds 8 ounces at birth – under normal range.
2	Child weighed 2 pounds 1 ounces or more but less than 3 pounds 5 ounces at birth – considerably underweight.
3	Child weighed less than 2 pounds 1 ounce at birth – extremely underweight.

63	PRENATAL CARE: <i>This item describes the care provided to the mother during pregnancy in order to prevent complications, and decrease the incident of maternal and infant mortality.</i>
0	Child's biological mother received adequate prenatal care that began in the first trimester. Child's mother did not experience any pregnancy related illnesses.
1	Child's biological mother had some short-comings in prenatal care, or had a mild form of a pregnancy related illness.
2	Child's biological mother received poor prenatal care, initiated only in the last trimester or had a moderate form of a pregnancy related illness.
3	Child's biological mother had no prenatal care or had a severe pregnancy related illness.

64	LENGTH OF GESTATION: <i>This item describes the time from conception until birth.</i>
0	Child was born full-term.
1	Child was born pre-mature or overdue (only consider if overestimated due date caused medical issues), however no significant concerns at birth.
2	Child was born pre-mature or overdue (only consider if overestimated due date caused medical issues), and there were some complications at birth.
3	Child was born pre-mature or overdue (only consider if overestimated due date caused medical issues), and had severe problems during delivery that have resulted in significant long term implications for development.

65	LABOR AND DELIVERY: <i>This item describes the process of normal child birth and delivery.</i>
0	Child and biological mother had normal labor and delivery.
1	Mother had some mild problems during delivery, but child does not appear affected by problems.
2	Mother had problems during delivery that resulted in temporary functional difficulties for the child.
3	Mother had severe problems during delivery that have resulted in long term implications for the child's development.

66	SIBLING DEVELOPMENTAL ISSUES: <i>This item describes the degree to which the child's siblings are experiencing developmental or behavioral problems.</i>
0	The child's siblings have no developmental disabilities or child has no siblings.
1	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 has a sibling who is experiencing a significant developmental or behavioral problem.
3	The child has multiple siblings who are experiencing significant developmental or behavioral problems.

67	PARENTAL AVAILABILITY: <i>This item addresses the primary caretaker's emotional and physical availability to the child in the weeks immediately following the birth. Rate maternal/primary caregiver 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 mother/primary caretaker experienced some minor or transient stressors which made him/her slightly less available to the child.
2	The mother/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 mother/primary caregiver was unavailable to the child to such an extent that the child's emotional or physical well-being was severely compromised.

68	LEAD EXPOSURE: <i>This item describes the child's level of exposure to lead-based products or paints. Lead exposure is most often measured by Blood Lead Level (BLL). All children must have BLL assessed at ages one and two and must be assessed for risk and tested as needed annually up to age six.</i>
0	Child has been assessed and BLL is under five.
1	Child has been assessed and has a BLL between five and nine. Child's blood lead levels, development and environments should be monitored over the next six months, especially if the child is two or younger.
2	There is no record of a BLL test or risk assessment in the past year, or the child's BLL is ten to 14. Lead testing is required every three months until the BLL is below ten.
3	Child has been assessed and BLL is 15 or higher, indicating high lead exposure. Medical and local DOH attention is required and continued BLL testing is required.

F. RISK BEHAVIORS
Lifetime histories, as well as the recency of acts, are considered when rating child risk factors and behaviors.

69	SELF-HARM: <i>This item is used to describe repetitive behaviors that result in physical injury to the child, e.g. head banging. In this rating, you should take into account whether a supervising adult (parent, early childhood professional, medical professional or other involved adult) can impact these behaviors.</i>
0	No evidence.
1	Mild level of self-harm behavior or history of self-harm.
2	Moderate level of self-harm behavior such a head banging that cannot be mediated by caregiver and interferes with child’s functioning.
3	Severe level of self-harm behavior that put’s the child’s safety and well-being at risk.

70	AGGRESSIVE BEHAVIOR: <i>This item rates the child’s violent or aggressive behaviors. The intention of this behavior is to cause significant bodily harm to others. A supervising adult is also taken into account in this rating, as a rating of 2 or 3 could signify a supervising adult who is not able to control the child’s violent behaviors.</i>
0	No evidence of aggressive behaviors.
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 a caregiver/supervising adult’s attempts to change behavior have not been successful.
3	The child has significant challenges in this area that is characterized as a dangerous level of aggressive behavior that involves the threat of harm to animals or others. Caregivers are unable to mediate this dangerous behavior.

71	FIRE SETTING: <i>This item describes behavior related to setting fires whether intentional or accidental.</i>
0	There is no evidence of fire setting.
1	History of fire setting ideation but <i>not in the past six months.</i>
2	The child has repeatedly engaged in fire-setting behaviors (i.e., playing with matches) or ideation (i.e., talk, play, or art that involves fire-setting) within the past six months. Please note that children who are victims of fire may exhibit preoccupation with fire but this is different from ideations involving the setting of fires.
3	Current acute threat of fire setting as evidenced by excessive ideation or actual fire setting behavior.

72	PROBLEMATIC SOCIAL BEHAVIOR: <i>This item refers to problematic social behavior that often leads to sanctions from adults. These behaviors occur in such a way that the child is seeking sanctions and negative attention, or acting out, or the behavior could also be seen as a cry for help.</i>
0	No evidence of problematic social behavior; child does not typically engage in behavior that results in sanctions from adults.
1	Mild level of problematic social behavior that might include occasional inappropriate social behavior that provokes adults to sanction the child; infrequent inappropriate comments to strangers or infrequent unusual behavior in social settings.
2	Moderate level of problematic social behavior that is causing problems in the child’s life at home or in the community or school. This may include frequent moderately disruptive behavior in a variety of settings, including home and school and provokes adults to sanction child.
3	Severe level of problematic social behavior that includes frequent serious inappropriate social behavior that provokes adults to seriously or repeatedly sanction the child; or inappropriate social behaviors that are sufficiently severe that they place the child at risk of significant sanctions (e.g. expulsion from school or removal from the community).

G. EXPOSURE TO POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES
 This section is based on the child’s exposure to adverse childhood experiences during the child’s entire **LIFETIME** so far.

73	SEXUAL ABUSE: <i>This item describes if the child has experienced sexual abuse at any point in the child’s lifetime.</i>
0	There is NO evidence that the child has experienced sexual abuse.
1	Child has experienced or there is a suspicion that child has experienced sexual abuse.

74	PHYSICAL ABUSE: <i>This item describes if the child has experienced physical abuse at any point in the child’s lifetime.</i>
0	There is NO evidence that the child has experienced physical abuse.
1	Child has experienced or there is a suspicion that child has experienced physical abuse.

75	EMOTIONAL ABUSE/NEGLECT: <i>This item describes if the child has experienced emotional abuse at any point in the child’s lifetime, including verbal and nonverbal forms. This item includes both “emotional abuse,” which would include psychological maltreatment such as insults or humiliation towards a child or “emotional neglect” defined as the denial of emotional attention or support from caregivers.</i>
0	There is NO evidence that the child has experienced emotional abuse.
1	Child has experienced or there is a suspicion that child has experienced emotional abuse or neglect.

76	NEGLECT: <i>This item describes if the child has experienced neglect at any point in the child’s lifetime. Neglect can refer to a lack of food, shelter or supervision (physical neglect) or a lack of access to needed medical care (medical neglect) or failure to receive academic instruction (educational neglect).</i>
0	There is NO evidence that the child has experienced neglect.
1	Child has experienced or there is a suspicion that child has experienced physical, medical, or educational neglect.

77	WITNESS TO ABUSE OF ANOTHER CHILD: <i>This item describes if the child has witnessed the abuse or maltreatment of another child in the home at any point in the child’s lifetime.</i>
0	There is NO evidence that the child has witnesses the abuse of another child in the home.
1	Child has witnessed or there is a suspicion that child has witnesses the abuse of another child in the home.

78	MEDICAL TRAUMA: <i>This item describes if the child has experienced medical trauma at any point in the child’s lifetime. Potential traumas include but are not limited to: the onset of a life threatening illness; sudden painful medical events; chronic medical conditions resulting from an injury or illness or another type of medically related traumatic event. This could include witnessing a close relative’s medical trauma as well.</i>
0	There is NO evidence that the child has experienced medical trauma.
1	Child has experienced a medical trauma.

79	DOMESTIC VIOLENCE: <i>This item describes if the child has been exposed to domestic violence between adults at any point in the child’s lifetime.</i>
0	There is NO evidence that the child has been exposed to domestic violence.
1	Child has been exposed or there is a suspicion that child has been exposed to domestic violence.

80	COMMUNITY VIOLENCE: <i>This item describes if the child has been exposed to community violence at any point in the child's lifetime. Community violence may include direct victimization or hearing/seeing fights, muggings, gunshots, people being killed, etc. Terrorism or war-affected can be rated here.</i>
0	There is NO evidence that child has been exposed to violence in the community.
1	Child has been exposed or there is a suspicion that child has been exposed community violence.
81	EXPLOITATION: <i>This item describes if the child has been forced into unlawful activities such as prostitution, drug dealing or forced labor at any point in the child's lifetime.</i>
0	There is NO evidence that child has been exploited.
1	Child has been exploited or there is a suspicion that child has been exploited.
82	SCHOOL VIOLENCE: <i>This item describes if the child has been exposed to school violence at any point in the child's lifetime. School violence may include direct victimization or hearing/seeing fights, gunshots, muggings, people being killed, etc.</i>
0	There is NO evidence that child has been exposed to school violence.
1	Child has been exposed or there is a suspicion that child has been exposed to school violence.
83	NATURAL OR MANMADE DISASTERS: <i>This item describes if the child has experienced a natural or man-made disaster at any point in the child's lifetime.</i>
0	There is NO evidence that the child has been exposed to natural or man-made disasters.
1	Child has been exposed to a natural or manmade disaster.
84	CRIMINAL ACTIVITY: <i>This item describes if the child has been exposed to criminal activity at any point in the child's lifetime. Criminal behavior includes any behavior for which an adult could go to prison including drug dealing, prostitution, assault, or battery.</i>
0	There is NO evidence that the child has been victimized or witnessed significant criminal activity.
1	Child has been exposed or there is a suspicion that child has been exposed to criminal activity.
85	PARENTAL INCARCERATION: <i>This item describes whether child's parents have ever been incarcerated during child's lifetime (include both biological and stepparents, and other legal guardians, not foster parents).</i>
0	There is NO evidence that the child's parents have ever been incarcerated.
1	Child's parents have a history of incarceration or are currently incarcerated.
86	DISRUPTIONS IN CAREGIVING/ATTACHMENT: <i>This item describes if the child has experienced disruptions in caregiving involving separation from primary attachment figure(s) or attachment losses. Children, who have had placement changes, including stays in foster care, residential treatment facilities or juvenile justice settings, are rated here. Short term hospital stays or brief juvenile detention stays, during which the child's caregiver remains the same, would not be included in this item.</i>
0	There is NO evidence that the child has experienced disruptions in caregiving or attachment losses.
1	Child has experienced disruptions in caregiving or attachment losses.
87	DEATH OF A LOVED ONE: <i>This item describes if the child has experienced the death of a loved one. This includes anyone who the child had a significant attachment to including, grandparents, siblings, and other caregivers.</i>
0	There is NO evidence that the child has experienced the death of a loved one.
1	Child has experienced the death of a loved one.

88	SUBSTANCE EXPOSURE: <i>This item describes the child's exposure to substance use and abuse before birth.</i>
0	Child had NO exposure to alcohol or drugs while in utero.
1	Child was exposed to alcohol or drugs while in utero.

89	SEXUAL ORIENTATION/GENDER IDENTITY OR EXPRESSION: <i>This item refers to times when child may have been bullied, physically or emotionally abused by peers or adults, including the child's parents, because of the child's sexual orientation, gender identity or expression.</i>
0	Child has NOT been targeted for physical or emotional abuse due to sexual orientation, gender identity or expression.
1	Child has been targeted for physical or emotional abuse due to sexual orientation, gender identity or expression.

90	BULLIED: <i>This item refers to times when child may have been bullied, physically or emotionally abused by peers for reasons other than sexual orientation, gender identity or expression. Bullying could have occurred at school or in the community. Include bullying via social media.</i>
0	Child has NOT been targeted for physical or emotional abuse.
1	Child has been targeted for physical or emotional abuse.

H. SCREENING QUESTIONS FOR MODULES

91	<p>TRAUMA SYMPTOMS: <i>This item is used to describe an individual who is having difficulties adjusting to a traumatic experience. Please note that to score this item as a 1, 2 or 3, a traumatic event needs to have occurred and been scored in the Adverse Childhood Experiences domain (Domain G). A rating of '0' would describe a person who has not experienced any trauma or whose exposure to traumatic/adverse experiences did not impact functioning.</i></p> <p>Note: A score of 1, 2 or 3 on this item means that both the Trauma Symptoms and Behavioral Health Modules must be completed.</p>
0	There is no history or suspicion of exposure to potentially traumatic or adverse childhood experiences or the exposure to traumatic/adverse events has not affected the child's functioning. In order to fully conclude that there is no impact on functioning, the event must have occurred at least 12 months before this CANS is completed.
1	There is a history of exposure or suspicion of potentially traumatic or adverse childhood experiences. Child may display mild trauma symptoms or functional limitations or the child is too young, or the adverse childhood experiences occurred too recently to determine traumatic effects.
2	There is a known history of exposure to traumatic or adverse childhood events and child displays moderate trauma symptoms or functional limitations.
3	There is a known history of exposure to traumatic or adverse childhood events and child displays severe trauma symptoms or functional limitations.

92	<p>BEHAVIORAL HEALTH: <i>This item relates information regarding a child's behavioral and emotional issues. Diagnosis is not required in rating these items, as you are only rating symptoms and behaviors. When rating these items, it is important to take the child's development into account. Remember we are rating the "What" not the "Why". This means for the purpose of this assessment you are looking at what is, what you can see, what is known, evidence of behavior, but not trying to identify why some behavior is present.</i></p> <p>Note: A score of 1, 2 or 3 on this item means that the Behavioral Health Module must be completed. If the child has a score of 1 or more in the Trauma Screening question then the Behavioral Health Module must also be completed.</p>
0	Child has no emotional or behavioral difficulties.
1	Child has some emotional or behavioral difficulties but these challenges do not interfere with current functioning.
2	Child has notable emotional or behavioral difficulties that currently interfere with the child, family or community functioning.
3	Child has dangerous or disabling emotional or behavioral difficulties.

93	<p>MEDICAL HEALTH: <i>This item rates the child's current health status. This item does not rate depression or other mental health issues. Most transient, treatable conditions would receive a rating of '1.' Most chronic conditions (e.g. diabetes, severe asthma, HIV) would receive a rating of '2.' The rating of '3' is reserved for life threatening medical conditions or a disabling physical condition.</i></p> <p>Note: A score of 1, 2 or 3 means that the Medical Health Module must be completed.</p>
0	Child is healthy.
1	Child has some medical problems that require medical treatment. These problems are acute and not expected to have a duration of a year or more.
2	Child has chronic illness that requires ongoing medical intervention.
3	Child has life threatening or disabling medical condition.

94	PRESCHOOL/CHILD CARE FUNCTIONING: <i>This item describes behavior when attending school, including day care, preschool or center-based early intervention.</i> Note: A score of 1, 2 or 3 means that the Preschool/Child Care Functioning Module must be completed.
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 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 child's behaviors or unmet needs.
NA	Child is not currently attending preschool or child care.

91. TRAUMA SYMPTOMS MODULE

If the Trauma Symptoms Module is completed, the Behavioral Health Module should be completed as well.

A	TRAUMATIC GRIEF: <i>This item refers to the grief a child may experience as a result of the death or separation from significant caregivers, siblings or other important figures in the child's life. This child may be preoccupied with the separation from their parents (i.e., clinginess, worrying about caregivers' safety) and this preoccupation may impact their ability to function in one or more areas. Conversely, the child may actively avoid thinking or talking about the person they lost. This child may also experience repeated images regarding this loss (i.e., intrusive memories or nightmares).</i>
0	There is no evidence that the child is experiencing traumatic grief reactions or separation from the loss of significant caregivers. Either the child has not experienced a traumatic loss (e.g., death of a loved one) or the child has adjusted well to separation.
1	Child is experiencing a mild level of traumatic grief due to death or loss/separation from a significant person in a manner that is expected or appropriate given the recent nature of loss or separation.
2	Child is experiencing a moderate level of traumatic grief or difficulties with separation in a manner that impairs functioning in some, but not all areas of daily functioning. This could include withdrawal or isolation from others or other problems with day-to-day functioning.
3	Child is experiencing significant traumatic grief reactions. Child exhibits impaired functioning across most or all areas (e.g., interpersonal relationships, school) for a significant period of time following the loss or separation. Symptoms require immediate or intensive intervention.
B	RE-EXPERIENCING: <i>This item refers to a child who re-enacts or has intrusive memories following a traumatic event(s). These symptoms consist of intrusive memories or reminders of traumatic events, including nightmares, flashbacks, and repetitive play with themes of specific traumatic experiences. Symptoms also include intense distress or physiological reactivity (sweating, heart racing) after exposure to reminders (external or internal) of the event(s).</i>
0	No evidence of intrusive symptoms.
1	Child exhibits mild re-experiencing symptoms that do not significantly interfere with day-to-day functioning.
2	Child exhibits moderate re-experiencing symptoms associated with the traumatic event(s). Symptoms are distressing for the child or caregiver(s) and negatively impact day-to-day functioning.
3	Child exhibits multiple and/or severe re-experiencing symptoms associated with the traumatic event(s). Symptoms are highly distressing for the child or caregiver(s) and negatively impact day-to-day functioning. This child may experience frequent and overwhelming intrusive symptoms/distressing memories. The child may exhibit trauma-specific reenactments that include sexually or physically harmful behavior that could be traumatizing to other children or sexual play with adults or related behaviors that put the safety of the child or others at risk. The child may also exhibit persistent flashbacks, delusions or hallucinations related to the trauma.

C	HYPERAROUSAL: <i>This item refers to a child who experiences prolonged states of physiological arousal following trauma exposure. This may manifest behaviorally, emotionally, and cognitively. These children may appear on edge, easily startled or wound up. They may be irritable and display outbursts of anger with little or no provocation. They may constantly be on the lookout for threats around them (i.e., Hypervigilant). Because of a constant state of hypervigilance regarding their own safety, these children may have a hard time concentrating. They may also exhibit physical symptoms such as headaches or stomach aches and may have difficulty falling or staying asleep. They may engage in reckless or self-destructive behavior.</i>
0	No evidence of hyperarousal symptoms.
1	Child exhibits mild hyperarousal symptoms that do not significantly interfere with day-to-day functioning.
2	Child exhibits moderate hyperarousal symptoms associated with the traumatic event(s). Symptoms are distressing for the child or caregiver(s) and negatively impact day-to-day functioning.
3	Child exhibits multiple or severe hyperarousal symptoms associated with traumatic event(s). The intensity or frequency of these symptoms are overwhelming for the child or caregiver(s) and impede day-to-day functioning in many areas. The child may experience frequent difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance or exaggerated startle response.

D	AVOIDANCE: <i>This item refers to a child who avoids or tries to avoid places or people who remind them of earlier traumatic experiences. This may manifest as avoidance of thoughts, feelings or conversations about a traumatic event; avoidance of actual places or people connected to the event or who may remind the child of the event. Given a child's lack of control over their circumstances avoidance behaviors may manifest as clinginess to caregivers.</i>
0	No evidence of avoidance symptoms.
1	Child exhibits mild avoidance symptoms that do not significantly interfere with day-to-day functioning.
2	Child exhibits moderate avoidance symptoms associated with the traumatic event(s). Symptoms are distressing for the child or caregiver(s) and negatively impact day-to-day functioning.
3	Child exhibits multiple or severe avoidance symptoms. The intensity or frequency of these symptoms are overwhelming for the child or caregiver(s) and impede day-to-day functioning in many areas. The child may avoid thoughts and feelings as well as situations and people associated with the trauma.

E	NUMBING: <i>This item refers to a child who has experienced traumatic events and displays a diminished capacity to feel or experience and express a range of emotions. This may manifest as difficulty feeling or expressing emotions such as happiness, anger or fear. The child may also withdraw from people and activities she/he used to enjoy (i.e., play). The child may also have a sense of a foreshortened future (i.e., no expectation of finishing school) or negative beliefs about self or the world (i.e., "I am bad" "I did this"). The child may also have difficulty remembering important aspects of the event.</i>
0	No evidence of numbing responses.
1	Child exhibits mild numbing symptoms that do not significantly interfere with day-to-day functioning.
2	Child exhibits moderate numbing symptoms associated with the traumatic event(s). Symptoms are distressing for the child or caregiver(s) and negatively impact day-to-day functioning.
3	Child exhibits multiple or severe numbing symptoms associated with the traumatic event(s). The intensity or frequency of these symptoms are overwhelming for the child or caregiver(s) and impede day-to-day functioning in many areas. The child may have a markedly diminished interest or participation in significant activities, have difficulty experiencing intense emotions or feel detached from others, and experience a sense of a foreshortened future.

F	DISSOCIATION: <i>This item refers to a child who may be experiencing severe numbing symptoms that are extreme enough to include feelings of depersonalization and derealization. This child can exhibit withdrawn behavior and appear detached or disconnected from self and others. She/he may exhibit rapid changes in personality associated with triggers of traumatic experiences. This child may also space or blank out, have a difficult time remembering past experiences (related to trauma or not) and exhibit a loss of orientation to time and place. This child may appear to be in a trance or may say that they feel like an outside observer of their feelings and behavior, or like their memories are not their own (depersonalization). The child may also say that they feel like their surroundings are artificial as if they are in a movie or in a distorted reality (derealization). Note: Dissociation is more notable among youth exposed to complex trauma (chronic and interpersonal).</i>
0	No evidence of dissociation.
1	Child exhibits mild dissociation that does not significantly interfere with day-to-day functioning.
2	Child exhibits moderate dissociation associated with the traumatic event(s). Symptoms are distressing for the child or caregiver(s) and negatively impact day-to-day functioning.
3	Child exhibits multiple or severe dissociation symptoms associated with the traumatic event(s). Symptoms are highly distressing for the child or caregiver(s) and negatively impact day-to-day functioning. Child may exhibit significant memory difficulties associated with trauma that also impede day-to-day functioning. Child is frequently forgetful or confused about things the child should know about (e.g., no memory for activities or whereabouts of previous day or hours). Child shows rapid changes in personality or evidence of distinct personalities.

G	AFFECTIVE OR PHYSIOLOGICAL DYSREGULATION: <i>This item refers to a cluster of symptoms often seen among children who have experienced complex (chronic and interpersonal) trauma. This child often demonstrates difficulty identifying, describing and regulating internal emotional states (affect) and may also have difficulty managing energy level and related body states/systems (physiological) such as hunger, thirst, sleep, and elimination. Affect dysregulation may manifest as problems labeling or expressing feelings, difficult or inability in controlling or modulating emotions, and difficulty communicating needs. The child may also exhibit restricted affect punctuated by outbursts of anger or sadness. Overall, it is a pattern of repeated dysregulation that is triggered by exposure to trauma cues or reminders. Once aroused this child has difficulty modulating feelings and returning to a state of equilibrium. This child may also display over-reactivity or under-reactivity to touch and sounds. Affective and physiological dysregulation may also lead to somatic complaints such as headaches and stomachaches. The child may also exhibit persistent anxiety, intense fear or helplessness, lethargy/loss of motivation. NOTE: This item should be rated in the context of what is normative for a child’s age/developmental stage and the child’s exposure to trauma. This item is highly related to other items such as hyperarousal, numbing, and anger control therefore scores in these items will likely be similar.</i>
0	No evidence of dysregulation responses.
1	Child exhibits mild dysregulation symptoms that do not significantly interfere with day-to-day functioning.
2	Child exhibits moderate dysregulation symptoms associated with the traumatic event(s). Symptoms are distressing for the child or caregiver(s) and negatively impact day-to-day functioning.
3	Child exhibits multiple or severe dysregulation symptoms associated with the traumatic event(s). The intensity or frequency of these symptoms are overwhelming for the child or caregiver(s) and impede day-to-day functioning in many areas. Child presents with severe and chronic problems with highly dysregulated affective or physiological responses. The child may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of emotions or lacking control over their movement as it relates to emotional states). The child may exhibit tightly contained emotions with intense outbursts under stress. Alternately, the child may be characterized by extreme lethargy, loss of motivation or drive, and no ability to concentrate or sustain engagement in activities (emotionally “shut down”). The child may have more persistent and severe difficulties regulating sleep/wake cycle, eating patterns or elimination problems.

92. BEHAVIORAL HEALTH MODULE

A	ATTENTION/CONCENTRATION: <i>Problems with attention, concentration and task completion would be rated here. These may include symptoms that are part of a diagnosis of Attention Deficit/Hyperactivity Disorder. Inattention/distractibility not related to opposition would be rated here. The child should be 3 years of age or older to rate this item.</i>
0	No evidence of attention or concentration problems. Child stays on task in an age-appropriate manner.
1	Minor problems with attention and concentration. Child may have some difficulties staying on task for an age-appropriate time period on school or play.
2	In addition to problems with sustained attention, child may become easily distracted or forgetful in daily activities, have trouble following through on activities, and become reluctant to engage in activities that require sustained effort. A child who meets diagnostic criteria for ADHD would be rated here.
3	Child has severe impairment of attention or concentration. A child with profound symptoms of ADHD or significant attention difficulties related to another diagnosis would be rated here.
NA	Child is under 3 years of age.

B	IMPULSIVITY: <i>Problems with impulse control, impulsive behaviors, including motoric disruptions would be rated here. The child should be 3 years of age or older to rate this item.</i>
0	No evidence of age-inappropriate impulsivity in action or thought.
1	Child may be impulsive in action or thought, such as occasional difficulty waiting turn or yelling out answers in class that are inappropriate for child's age.
2	Child is frequently impulsive and may represent a significant management problem. Child intrudes on others, demonstrates motoric difficulties (such as pushing or shoving others), or is impulsively aggressive.
3	Frequent impulsive behavior carries considerable safety risk (e.g., running into the street, dangerous driving or bike riding). The child may be impulsive on a nearly continuous basis. He or she endangers self or others without thinking.
NA	Child is under 3 years of age.

C	DEPRESSION: <i>With children the mood state might be irritable rather than sad. This item rates displayed symptoms of a change in emotional state and can include sadness, irritability and diminished interest in previously enjoyed activities.</i>
0	No evidence of depression.
1	History or suspicion of depression; or within the past 30 days, mild to moderate depression associated with a recent negative life event with minimal impact on life domain functioning at this time. 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	Within the last 30 days, clear evidence of depression associated with either depressed mood or significant irritability which has interfered significantly in child's ability to function in at least one life domain. 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.
3	Within the last 30 days, clear evidence of disabling level of depression that makes it virtually impossible for the child to function in any life domain.

D	ANXIETY: <i>This item describes worries or fearfulness that interferes with functioning.</i>
0	No evidence of anxiety.
1	History or suspicion of anxiety problems; or within the past 30 days, mild to moderate anxiety associated with a recent negative life event with minimal impact on life domain functioning at this time. 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	Within the last 30 days, clear evidence of anxiety associated with either anxious mood or significant fearfulness that interferes 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	Within the last 30 days, clear evidence of a debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain.

E	OPPOSITIONAL: <i>This item describes deviance or non-compliance with authority figures.</i>
0	No evidence of oppositional behavior.
1	History or recent onset (past 6 weeks) of defiance towards authority figures.
2	Oppositional or defiant behavior towards authority figures, which is currently interfering with the child's functioning in at least one life domain; behavior may cause emotional harm to others.
3	A dangerous level of oppositional behavior involving the threat of physical harm to others.

F	PICA: <i>This item describes the child who has eaten unusual or dangerous non-food materials in the last 30 days.</i>
0	No evidence that the child ingests unusual or dangerous materials.
1	Child has a history of ingesting unusual or dangerous materials but has not done so in the last 30 days.
2	Child has ingested unusual or dangerous materials consistent with a diagnosis of Pica in the last 30 days.
3	Child has become physically ill or experienced abnormal laboratory levels (elevated blood lead levels greater than 10 mcg/dL) during the past 30 days due to ingesting dangerous materials.

G	ANGER CONTROL: <i>This item describes problems associated with anger; it may or may not be associated with loss of control of behavior.</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 child in significant trouble with peers, family 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 child.

93. MEDICAL HEALTH MODULE

A	LIFE THREATENING: <i>This item refers to conditions that pose an impending danger to life or carry a high risk of death if not treated. An infant with frequent apneic episodes requiring tactile stimulation or respiratory treatment or a child who has experienced frequent, uncontrolled seizures requiring respiratory treatment within the past month would be rated a 3.</i>
0	Child's medical condition has no implications for shortening child's life.
1	Child's medical condition may shorten life but not until later in adulthood.
2	Child's medical condition places child at some risk of premature death before reaching adulthood.
3	Child's medical condition places child at imminent risk of death.
B	CHRONICITY: <i>This item refers to a condition that is persistent or long-lasting in its effects or a disease that develops gradually over time and is expected to last a long time even with treatment (e.g., development of Type 2 diabetes in child who has been obese for many years). Chronic conditions are in contrast to acute conditions which have a sudden onset; a child may fully recover from an acute condition or it may become chronic.</i>
0	Child is expected to fully recover from current medical condition within the next six months to one year. Note: A child with this rating does not have a chronic condition.
1	Child's chronic condition is minor or well controlled with current medical management (e.g., a child with acne).
2	Child's chronic condition(s) is moderate in nature with significant effects/exacerbations despite medical management. Child may experience more frequent medical visits, including ER visits, surgeries or hospitalizations for acute manifestation or complications of chronic condition.
3	Child's chronic condition(s) is severe and places the child at risk for prolonged inpatient hospitalization or out of home placement (or in home care with what would be equivalent to institutionalized care).
C	DIAGNOSTIC COMPLEXITY: <i>This item refers to the degree to which symptoms can be attributed to medical, developmental, or behavioral conditions, or there is an acknowledgement that symptoms/behaviors may overlap, and are contributing to the complexity.</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).
D	EMOTIONAL RESPONSE: <i>This item refers to the strain the child's medical conditions are placing on the individual child. This family response will be measured in the FAMILY STRESS item in the MEDICAL HEALTH MODULE.</i>
0	Child is coping well with medical condition.
1	Child is experiencing some emotional difficulties related to medical condition but these difficulties do not interfere with other areas of functioning.
2	Child is having difficulties coping with medical condition. Child's emotional response is interfering with functioning in other life domains.
3	Child is having a severe emotional response to medical condition that is interfering with treatment and functioning.

E	IMPAIRMENT IN FUNCTIONING: <i>This item refers to either a reduction in physical or mental capacity that is sufficient to interfere with managing day-to-day tasks of life. This limitation can range from a slight loss of function to a total impairment which is usually considered a disability. Some impairments may be short term while others may be permanent. Assessing the impairment can help identify the best course of treatment and whether it is responding to treatment.</i>
0	Child's medical condition is not interfering with functioning in other life domains.
1	Child's medical condition has a limited impact on functioning in at least one other life domain.
2	Child's medical condition is interfering in more than one life domain or is disabling in at least one.
3	Child's medical condition has disabled child in most other life domains.

F	INTENSITY OF TREATMENT: <i>This item refers to special medical services or equipment provided to a child.</i>
0	Child's medical treatment involves taking daily medication or visiting a medical professional for routine follow up no more than 2 times a year.
1	Child's medical treatment involves taking multiple medications daily and visiting a medical professional(s) 3-4 times a year.
2	Child's medical treatment is daily but non-invasive; treatment can be administered by a caregiver. Non-invasive treatments could include daily nebulizer treatments, chest percussion therapy, application of splints/braces and stretching exercises etc. Without a caregiver, this child's care might be provided in an alternate setting (i.e. intermediate care facility). The child could require visits every 4-6 weeks to a medical professional(s) for adjustments in medication dosing and treatment and take multiple daily medications with dosing spaced throughout the day.
3	Child's medical treatment is daily and invasive and requires either a medical professional to administer or a well-trained caregiver. Examples of treatment provided by medical professional or well-trained caregiver include catheterization of bladder, suctioning of tracheostomy tube, provision of tube feedings etc. Without a well-trained caregiver or medical professional, this child's care would be provided in a skilled alternate setting (i.e. hospital, nursing home).

G	ORGANIZATIONAL COMPLEXITY: <i>This item refers to how effectively organizations and medical/ancillary service providers caring for a child work together. The more organizations and professionals, the increased likelihood of complexity and need for ongoing communication and collaboration. A child who receives primary and specialty care from one institution in which professionals are successfully communicating (i.e. within a tertiary medical center) would score lower than a child who receives primary care from a community provider, behavioral health care from another community provider, specialty medical care from a tertiary care center and communication issues exist amongst professionals regarding the treatment plan.</i>
0	All care is provided by a single medical provider; there are no ancillary service providers involved.
1	Care is provided by a single or multiple medical provider(s) plus ancillary services provider(s), and communication/collaboration among providers is effective.
2	Care is provided by a single or multiple medical and/or ancillary services provider(s) and communication/collaboration among providers may present some challenges for the child's care.
3	Care is provided by a single or multiple medical and/or ancillary services provider(s) and lack of communication/collaboration among providers is presenting significant challenges for the child's care.

H	FAMILY STRESS: <i>This item refers to the physical, emotional, or financial stress on the family due to the provision of direct care, making and coordinating appointments, or obtaining medical supplies and equipment.</i>
0	Child's medical condition or care is not adding stress to the family.
1	Child's medical condition or care is a stressor on the family but family is functioning well.
2	Child's medical condition or care is a stressor and is somewhat interfering with family functioning.
3	Child's medical condition or care is a severe stressor and is significantly impacting family functioning.

94. PRESCHOOL/CHILD CARE FUNCTIONING MODULE

A	EDUCATIONAL PARTNERSHIP: <i>This item rates the degree of partnership between the school and others in meeting the child's educational needs, including but not limited to any medical accommodations needed.</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 educational needs.
2	School is currently unable to adequately identify or address child's needs.
3	School is unable or unwilling to work to identify and address child's needs.

B	PRESCHOOL/CHILD CARE BEHAVIOR: <i>This item describes behavior when attending school.</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. Child is disruptive and many types of interventions have been implemented.
3	Child is having severe problems with behavior in preschool/child care. Child is frequently or severely disruptive. The threat of expulsion is present.

C	PRESCHOOL/CHILD CARE ACHIEVEMENT: <i>This item is rated based on developmental age rather than chronological age.</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.

D	PRESCHOOL/CHILD CARE ATTENDANCE: <i>This item describes any challenge, including medically excused absences, with regard to being physically present at school.</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. Child 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.

E	RELATIONSHIP WITH TEACHER(S): <i>This item should be based on relationships with teachers, staff, and other school personnel.</i>
0	Child has good relationships with teachers and staff members.
1	Child has occasional difficulties relating with at least one teacher or staff member.
2	Child has difficult relationships with teachers or staff that notably interferes with child's education.
3	Child has very difficult relationships with all teachers and staff or all the time with their only teacher. Relations with teachers currently prevents child from learning.

F	RELATIONSHIP WITH PEERS: <i>This item should be based on relationships with peers.</i>
0	Child has good relationships with peers.
1	Child has occasional difficulties relating with at least one peer.
2	Child has difficult relationships with peers that notably interfere with child's education.
3	Child has very difficult relationships with all peers. Relationships with peers currently prevents child from learning.
NA	Infant is too young (less than 12 months old) to have developed peer relationships.

G	LEARNING ABILITY: <i>This item refers to the child's ability to learn. Learning disabilities are rated as a '2' or '3' depending on severity. Special educational strategies may be needed to create an environment where child can learn.</i>
0	The child appears fully able to effectively learn.
1	There is a history, suspicion of, or evidence of a mild learning disability.
2	There is evidence of a moderate learning disability. The child is struggling to learn and unless challenges are addressed, learning will remain impaired.
3	There is evidence of a severe learning disability. The child is currently unable to learn as current challenges are preventing any progress.