
OVERVIEW

In most cases where a preponderance of evidence of child abuse/neglect (CA/N) is found to exist, a family assessment of needs and strengths (FANS-CPS) and a child assessment of needs and strengths (CANS-CPS) need to be completed. These assessments are completed with family input and are used to identify areas which the family needs to focus on to reduce risk of future CA/N. These assessments are used to:

- Develop a service agreement with the family that prioritizes the needs that contributed most to the maltreatment as identified by the FANS-CPS and CANS-CPS.
- Identify services needed for cases that are opened for service provision or closed and referred to other agencies for service provision.
- Identify gaps in resources for client services.
- Identify strengths that may aid in building a safe environment for families.

See PSM 714-1, Post-Investigative Services, for information on service provision and service agreements.

When the investigation is complete (all fact-gathering activities, interviews, risk assessment, etc. have been done) and there is a preponderance of evidence of CA/N, complete the FANS-CPS and CANS-CPS.

**FAMILY
ASSESSMENT OF
NEEDS AND
STRENGTHS
(FANS-CPS)**

If a preponderance of evidence of CA/N is found to exist, the family assessment of needs and strengths (FANS-CPS) must be completed, with the following exceptions:

- The perpetrator is a nonparent adult who resides outside the child's home and there is no other perpetrator.
- The perpetrator is a licensed foster parent. (If the licensed foster parent is also a perpetrator of CA/N of their

biological/adoptive children, a FANS-CPS must be completed.)
See PSM 716-9 New Complaint When Child Is In Foster Care.

If services will be provided in either of the situations listed above, a FANS-CPS must be completed. When two separate households are investigated on the same complaint, a FANS-CPS must be completed for all households in which a perpetrator resides or for which services will be provided; for example, when the non-custodial parent is found to be a perpetrator of abuse and the custodial parent is not found to be a perpetrator, a FANS-CPS is needed only on the non-custodial parent's household, unless services will also be provided to the custodial parent. A **separate** FANS-CPS must be completed if needed for more than one household. Two households must **not** be combined on one FANS-CPS; see PSM 713-01 CPS Investigation-General Instructions and Checklist, Case Member Information section, for more information on establishing households in SWSS CPS.

Note: If CPS is requesting removal of the child from the home and placement with the non-custodial parent is being evaluated (either through a voluntary placement made by the custodial parent or a court order), CPS must complete a FANS-CPS on the non-custodial parent's household **within 24 hours or the next business day**. See PSM 715-2 Removal and Placement of Children, Placement With Non-Custodial Parents and Relatives section, for more information on placement with non-custodial parents and PSM 713-01 CPS Investigation-General Instructions and Checklist, Case Member Information section, for more information on establishing households in SWSS CPS.

To view the Family Assessment of Needs and Strengths (DHS 259) form, a summary of the FANS-CPS, go to RFF 259.

FANS-CPS Definitions

Select one score for each caretaker for each question. Provide an explanation for the selection for each caretaker if the question is scored as a strength or a need (score other than 0). Primary and secondary caretakers may score differently on each item. The explanation should include specific, concise examples to support the scoring of the item. The answers to the FANS-CPS questions and explanations should include an assessment of family dynamics and description of issues which place a child at risk, including behaviors of significant other persons who live with, or are associ-

ated with the family. In addition, the assessment should outline the family strengths that will help to eliminate future risk to the family.

S1. EMOTIONAL STABILITY

- A. Exceptional Coping Skills** – Caretaker displays the ability to deal with adversity, crises and long term problems in a positive manner. Has a positive, hopeful attitude.
- B. Appropriate responses** – Caretaker displays appropriate emotional responses. No apparent dysfunction.
- C. Some problem** – Caretaker displays depression, low self-esteem, apathy and/or is currently receiving outpatient therapy. Caretaker has difficulty dealing with situational stress, reacting inappropriately to crisis and problems.
- D. Chronic or significant problems** – Caretaker displays chronic depression, apathy and/or significant loss of self-esteem. Caretaker is hospitalized for emotional problems and/or is dependent upon medication for behavior control.

S2. PARENTING SKILLS

- A. Strong skills** – Caretaker displays knowledge and understanding of parenting skills and is utilizing these skills with the child on a daily basis. Parent shows an ability to identify positive traits in their child (recognize abilities, intelligence, social skills, etc.), encourages cooperation and a positive identification within the family.
- B. Adequate skills** – Caretaker displays adequate parenting patterns which are age appropriate for the child in the areas of expectations, discipline, communication, protection, and nurturing. Caretaker has the basic knowledge and skills to parent.
- C. Improvement needed** – Improvement of basic parenting skills needed by caretaker. Caretaker has some unrealistic expectations, gaps in parenting skills, demonstrates poor knowledge of age appropriate disciplinary methods, and/or lacks knowledge of child development which interferes with effective parenting.
- D. Destructive/abusive parenting** – Caretaker displays destructive/abusive parenting patterns.

S3. SUBSTANCE ABUSE

- A. No evidence of problems** – No evidence of a substance abuse problem with caretaker.
- B. Caretaker with some problem** – Caretaker displays some substance abuse problem resulting in disruptive behavior, or causing some discord in family, or is currently receiving treatment or attending support program.
- C. Caretaker with significant problem** – Caretaker has significant substance abuse problems resulting in such things as loss of job, problems with the law, family dysfunction.
- D. Problems resulting in chronic dysfunction** – Caretaker has chronic substance abuse problems resulting in a chaotic and dysfunctional household/lifestyle.

S4. DOMESTIC RELATIONS

- A. Supportive relationship** - Supportive relationship exists between caretakers and/or adult household members. Caretakers share decision-making and responsibilities.
- B. Single caretaker not involved in domestic relationship** - Single caretaker.
- C. Domestic discord/lack of cooperation** - Lack of cooperation between partners (or other adult household members), open disagreement on how to handle child problems/discipline. Frequent and/or multiple live-in partners.
- D. Significant domestic discord/domestic violence** - Repeated history of leaving and returning to abusive spouse/partner. Involvement of law enforcement and/or domestic violence problems. Personal protection orders, criminal complaints.

S5. SOCIAL SUPPORT SYSTEM

- A. Strong support system** - Caretaker has a strong, constructive support system. Active extended family (may be blood relatives or close friends) who provide material resources, childcare, supervision, role modeling for the parent and child, and/or parenting and emotional support.

- B. Adequate support system** - Caretaker uses extended family, friends, community resources to provide a support system for guidance, access to child care, and available transportation, etc.
- C. Limited support system** - Caretaker has limited support system, is isolated, or is reluctant to use available support.
- D. No support or destructive relationships** - Caretaker has no support system and/or caretaker has destructive relationships with extended family and community resources.

Note: An explanation must be provided for this question. Identify relatives or unrelated caregivers who have an established bond/support system with the family. The explanation should reflect the type of support provided, frequency and circumstances under which this support was needed and used and if relative/unrelated caregivers are willing to continue to give support to this family. Identify if there are other relative/unrelated caregivers available for assistance. If no extended family support exists for this family, document why not.

See PSM 715-2 Removal and Placement of Children, if CPS is seeking to place the child outside the care of the primary caretaker and place with the non-custodial parent or relative (either through a voluntary placement made by the custodial parent or a court order).

S6. COMMUNICATION/INTERPERSONAL SKILLS

- A. Appropriate skills** – Caretaker appears to be able to clearly communicate needs of self and child and to maintain both social and familial relationships.
- B. Limited or ineffective skills** – Caretaker appears to have limited or ineffective interpersonal skills which limit their ability to make friends, keep a job, communicate needs of self or child to schools or agencies.
- C. Hostile/destructive** – Caretaker isolates self/child from outside influences or contact, and/or have interpersonal skills that are hostile/destructive.

S7. LITERACY

- A. **Adequate literacy skills** – Caretaker has functional literacy skills, is able to read and write adequately to obtain employment, and assist child with school work.
- B. **Marginally literate** – Caretaker is marginally literate with functional skills that limit employment possibilities and ability to assist child.
- C. **Illiterate** – Caretaker is functionally illiterate and/or totally dependent upon verbal communication.

S8. INTELLECTUAL CAPACITY

- A. **Average or above functional intelligence** – Caretaker appears to have average or above average functional intelligence.
- B. **Some impairment/difficulty in decision making skills** – Caretaker has limited intellectual and/or cognitive functioning which impairs ability to make sound decisions or to integrate new skills being taught, or to think abstractly.
- C. **Significant limitations** – Caretaker is limited intellectually and/or cognitively to the point of being marginally able or unable to make decisions and care for self and/or child, or to think abstractly.

S9. EMPLOYMENT

- A. **Employed** – Caretaker is gainfully employed and plans to continue employment.
- B. **No Need** – Caretaker is out of labor force, such as, full time student, disabled person or homemaker.
- C. **Unemployed, but looking** – Caretaker needs employment or is underemployed and engaged in realistic job seeking or job preparation activities.
- D. **Unemployed, but not interested** – Caretaker needs employment, has no recent connection with the labor market, is not engaged in any job preparation activities or seeking employment.

S10. PHYSICAL HEALTH ISSUES

- A. **No problem** – Caretaker does not have health problems that negatively affect family functioning.

- B. Health problem/physical limitation that negatively affects family** – Caretaker has a health problem or physical limitation (including pregnancy) that negatively affects family functioning.
- C. Significant health problem/physical limitation** – Caretaker has a significant/chronic health problem or physical limitation that affects their ability to provide for and/or protect their child.

S11. RESOURCE AVAILABILITY/MANAGEMENT

- A. Strong Money Management Skills** – Family has limited means and resources but family's minimum needs are consistently met.
- B. Sufficient income** – Family has sufficient income to meet their basic needs and manages it adequately.
- C. Income Mismanagement** – Family has sufficient income, but does not manage it to provide food, shelter, utilities, clothing, or other basic or medical needs, etc.
- D. Financial crisis** – Family is in serious financial crisis and/or has little or no income to meet basic family needs.

S12. HOUSING

- A. Adequate housing** – Family has adequate housing of sufficient size to meet their basic needs.
- B. Some, but correctable problems** – Family has housing, but it does not meet the health/safety needs of the child due to such things as inadequate plumbing, heating, wiring, housekeeping, or size.
- C. No housing/eviction notice** – Family has eviction notice, house has been condemned or is uninhabitable or family has no housing.

S13. SEXUAL ABUSE

- A. No evidence of problem** – Caretaker is not known to be perpetrator of child sexual abuse.
- B. Failed to protect** – Caretaker has failed to protect a child from sexual abuse indicated by a preponderance of evidence of failure to protect.

- C. Evidence of sexual abuse** – Caretaker is known to be a perpetrator of child sexual abuse by a preponderance of evidence by CPS or a criminal conviction.

**CHILD
ASSESSMENT OF
NEEDS AND
STRENGTHS
(CANS-CPS)**

If a preponderance of evidence of CA/N is found to exist, the CANS-CPS must be completed for every child victim and for every child residing in a household in which a perpetrator of CA/N resides. A CANS-CPS must also be completed for every child in a household if services will be provided to that household. (For example, the custodial parent has three children and one of those three children has a non-custodial parent. The non-custodial parent is found to be a perpetrator and the custodial parent is not a perpetrator. A CANS-CPS must be completed on the child that is the victim. A CANS-CPS does not need to be completed for the two other children in the custodial parent's household, unless services will be provided to that household.)

Note: If a child does not reside in the household (such as, child resides with a relative and this child's well-being was only verified for the investigation), a CANS-CPS does not need to be completed on that child. If the perpetrator is a licensed foster parent, a CANS-CPS does not need to be completed on the foster children (even if they are the child victims) because this is done by the foster care worker quarterly. If the licensed foster parent is also a perpetrator of CA/N of their biological/adoptive children, a CANS-CPS must be completed on each of the biological/adoptive children; see also PSM 716-9-New Complaint When Child Is In Foster Care.

A **separate** CANS-CPS must be completed for each child. Children must **not** be combined on one CANS-CPS.

**CANS-CPS
Definitions**

When completing the CANS-CPS, consider the physical, social and emotional characteristics of the child. Describe the effect the neglect or abuse has on the child. Consider both needs and strengths to describe:

- How the child relates behaviorally to peers and other adults.

- How the child interacts with parent(s) or other caretaker(s) (including a nonparent adult, relative or significant others) and with siblings or other children.

Document any physical or mental limitations of the child that may challenge family functioning.

After selecting an answer to each question on the CANS-CPS, enter an explanation for the answer in the Explanation box if the question is scored as a need (answer other than A). The explanation should include specific, concise examples to support the scoring of the item.

C1. Medical/Physical

- A. Adequate health** – Child has no known health care needs.
- B. Physical health need** – Child has a medical condition(s) that requires ongoing treatment and/or interventions regardless of whether a treatment/intervention is in place. Examples of medical conditions include, but are not limited to:
 - Fragile asthmatic.
 - Eczema.
 - Allergies.
 - Diabetes.
 - Cerebral palsy.
 - Physical disability.
 - Effects of lead exposure.
 - Prenatal drug/alcohol exposure.
 - Poor dental care.
 - Significant vision problem such as blindness, partial blindness.

C2. Mental Health and Well-being

- A. Adequate emotional behavior/coping skills** – Child displays interactions and/or behaviors that do not, or minimally, interfere with school, family, peer and community functioning.
- B. Emotional behavior/coping needs** – Child has difficulties dealing with daily stresses or crises or has problems that interfere with family, school, peer and/or community

functioning. Examples of problems include, but are not limited to:

- Withdrawal from social interaction.
- Changes in sleeping or eating patterns.
- Increased aggression.
- Very easily frustrated.
- Frequent threats to run away or running away.
- Fire setting.
- Suicidal behavior/idealization.
- Violence toward people and/or animals.
- Self-mutilation.
- Enuresis, encopresis.
- Diagnosed with psychiatric disturbance/mental health condition.

C3. Education

- A. Adequate academic achievement** – Child is working at or above grade level or is too young or not required to attend school.
- B. Educational needs** – Child is working below grade level. Child has a special education plan or is in need of a special education plan. Child exhibits behavioral problems at school, including frequent truancy.