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## OVERVIEW

During Michigan Department of Health and Human Services (MDHHS) Child Protective Services (CPS) involvement, assessments may need to occur at various points. Assessments include structured decision-making tools that assist caseworkers with meeting goals to promote safety and well-being of children, and their families.

Assessments included in this item are:

- Safety Assessment.
- Risk Assessment.
- Risk Re-assessment.
- Threatened harm assessment.
- Family Assessment of Strengths and Needs.
- Child Assessment of Strengths and Needs.

## SAFETY ASSESSMENT

The Safety Assessment is a structured decision-making tool designed to classify and identify:

- Safety concerns for a child.
- Protective interventions initiated.
- An overall safety decision.

### When to Complete the DHHS-1016, Safety Assessment

The Safety Assessment must be completed at or near the end of the investigation, when sufficient evidence and information has been collected to accurately complete the tool.

***Exception:*** A Safety Assessment is not required in abbreviated investigations, except those in which the Family Division of Circuit Court is asked to order family cooperation in the investigation but declines, and the family still will not cooperate with CPS.

### Completion of the Safety Assessment

Complete the Safety Assessment in the Safety Assessment tab in MiSACWIS. Check each safety factor present and provide an explanation.

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**Section 1: Safety  
Assessment*****Safety Factor Identification Directions:***

For each safety factor, identify the presence or absence of each factor by checking either yes or no. If the response is yes, an explanation is required within the narrative to provide facts from the investigation relating to the factor.

When assessing the safety factors below, the word serious denotes an elevated level of concern regarding child safety.

***Number 1***

Caretaker(s) caused serious physical harm to the child and/or made a plausible threat to cause serious physical harm in the current investigation, indicated by:

- Severe injury or abuse to child other than accidental.
- Caretaker(s) caused severe injury (defined as an injury to the child that requires medical treatment or hospitalization and that seriously impairs the child's health or physical well-being).
- Threat to cause harm or retaliate against child.
- A threat of action which would result in serious harm (such as kill, starve, lock out of home, etc.), or plans to retaliate against child for CPS investigation.
- Excessive discipline or physical force.
- Caretaker(s) has used torture, physical force or acted in a way which bears no resemblance to reasonable discipline, or punished child beyond the duration of the child's endurance.
- Potential harm to child as a result of domestic violence.
- The child was previously injured in domestic violence incident.
- The child exhibits severe anxiety (such as nightmares, insomnia) related to situations associated with domestic violence.
- The child cries, cowers, cringes, trembles or otherwise exhibits fear as a result of domestic violence in the home.

- The child is at potential risk of physical injury and/or the child's behavior increases risk of injury (such as attempting to intervene during violent dispute, participating in the violent dispute).
- Caretaker(s) use guns, knives or other instruments in a violent, threatening and/or intimidating manner.
- There is evidence of property damage resulting from domestic violence.
- One or more caretaker(s) fear they will maltreat child.
- Alcohol-or substance-exposed infant.
- Alcohol or substances found in the child's system.

### ***Number 2***

Caretaker(s) has previously maltreated a child in their care, and the maltreatment or the caretaker(s) response to the previous incident and current circumstances suggest that child safety may be an immediate concern. There must be both current immediate threats to child safety and related previous maltreatment that was severe and/or represents an unresolved pattern of maltreatment.

- Check all that apply:
- Prior death of a child.
- As a result of maltreatment.
- Previous maltreatment that caused severe harm to any child.
- Previous maltreatment by the caretaker(s) that was serious enough to cause severe injury (defined as an injury to the child that requires medical treatment or hospitalization and that seriously impairs the child's health or physical well-being).
- Prior termination of parental rights.
- One or more caretaker(s) had parental rights terminated as a result of a prior CPS investigation; see [PSM 715-3, Family Court: Petitions, Hearings and Court Orders, the Mandatory Petition-Request for Termination of Parental Rights section.](#)
- Prior removal of any child.

- One or more caretaker(s) had a prior removal of any child, either formal placement by CPS staff or informal placement with friends or relatives.
- Prior confirmed CPS case.
- Prior threat of serious harm to child.
- Previous maltreatment that could have caused severe physical injury, retaliation or threatened retaliation against a child for previous incidents, prior domestic violence which resulted in serious harm or threatened harm to a child, or escalating pattern of maltreatment.

### ***Number 3***

Caretaker(s) fails to protect child from serious physical harm or threatened harm.

- Live-in partner found to be a perpetrator.
- Caretaker(s) fails to protect child from serious physical harm or threatened harm as a result of physical abuse, neglect or sexual abuse by other family members, other household members or others having regular access to the child.

### ***Number 4***

Caretaker(s) explanation for the injury is unconvincing and the nature of the injury suggests that the child's safety may be of immediate concern.

- Medical exam shows injury is result of abuse or neglect; caretaker(s) offers no explanation, denies or attributes to accident.
- Caretaker(s) explanation for the observed injury is inconsistent with the type of injury.
- Caretaker(s) description of the causes of the injury minimizes the extent of harm to the child.
- Caretaker(s) and/or collateral contacts' explanation for injury has significant discrepancies or contradictions.

**Number 5**

The family refuses access to the child, or there is reason to believe that the family is about to flee, or the child's whereabouts cannot be ascertained.

- Family currently refuses access to the child and cannot or will not provide child's location.
- Family has removed child from a hospital against medical advice.
- Family has previously fled in response to a CPS investigation.
- Family has history of keeping child at home, away from peers, school, other outsiders for extended periods.
- Family refuses to cooperate or is evasive.

**Number 6**

- Child is fearful of caretaker(s), other family members, or other people living in or having access to the home.
- Child cries, cowers, cringes, trembles, or exhibits or verbalizes fear in front of certain individuals.
- Child exhibits anxiety, nightmares, insomnia related to a situation associated with a person in the home.
- Child fears unreasonable retribution/retaliation from caretaker(s), others in home or others having access to the child.

**Number 7**

Caretaker(s) does not provide supervision necessary to protect child from potentially serious harm.

- Caretaker(s) present but child wanders outdoors alone, plays with dangerous objects or on window ledges, etc.
- Caretaker(s) leave(s) child alone (period of time varies with age and developmental stage).
- Caretaker(s) makes inadequate/inappropriate child care arrangements or plans very poorly for child's care.
- Parent(s) whereabouts are unknown.

**Number 8**

- Caretaker(s) does not meet the child's immediate need for food, clothing, shelter, and/or medical or mental health care.
- No housing/emergency shelter; child must sleep in the street, car, etc.; housing is unsafe, without heat, etc.
- No food provided or available to child, or child starved/deprived of food/drink for long periods.
- Child without minimally warm clothing in cold months.
- Caretaker(s) does not seek treatment for child's immediate medical condition(s) or follow prescribed treatments.
- Child appears malnourished.
- Child has exceptional needs which parent(s) cannot/will not meet.
- Child is suicidal, and parent(s) will not take protective action.
- Child exhibits effects of maltreatment, such as emotional symptoms, lack of behavior control or physical symptoms.

**Number 9**

Child's physical living conditions are hazardous and immediately threatening based on the child's age and developmental stage.

- Leaking gas from stove or heating unit.
- Dangerous substances or objects stored in unlocked lower shelves or cabinets, under sink or in open.
- Lack of water, heat, plumbing, electricity or provisions are inappropriate, such as stove/space heaters.
- Open windows; broken/missing windows.
- Exposed electrical wires.
- Excessive garbage or rotted or spoiled food, which threatens health.

- Serious illness/significant injury due to current living conditions and these conditions still exist, such as lead poisoning, rat bites, etc.
- Evidence of human or animal waste throughout living quarters.
- Guns and other weapons are not stored in a locked or inaccessible area.

**Number 10**

Caretaker(s)' current substance use seriously affects his/her ability to supervise, protect, or care for the child.

- Caregiver(s) has abused legal or illegal substances or alcoholic beverages to the extent that control of his/her actions is significantly impaired. As a result, the caregiver is unable, or will likely be unable, to care for the child; has harmed the child; or is likely to harm the child.

**Number 11**

Caretaker(s)' behavior toward child is violent or out-of-control.

- Behavior that indicates a serious lack of self-control, such as reckless, unstable, raving, explosive, etc.
- Behavior, such as scalding, burning with cigarettes, forced feeding, killing or torturing pets, as punishment.
- Extreme action/reaction, such as physical attacks, violently shaking or choking, a verbal hostile outburst, etc.
- Use of guns, knives, or other instruments in a violent and/or out -of-control manner.

**Number 12**

Caretaker(s) describes or acts toward child in predominantly negative terms or has extremely unrealistic expectations.

- Caretaker(s) describes child in a demeaning or degrading manner, such as evil, possessed, stupid, ugly, etc.
- Caretaker(s) curses and/or repeatedly puts child down.
- Actions by the caretaker(s) may occur periodically, but overall form a negative image of the child.

- Caretaker(s) scapegoats a particular child in the family.
- Caretaker(s) blames child for a particular incident or distorts child's behavior as a reason to abuse.
- The caregiver expects the child to perform or act in a way that is impossible or improbable for the child's age or developmental stage (for example, babies and young children expected not to cry, expected to be still for extended periods, be toilet-trained, eat neatly, expected to care for younger siblings or expected to stay alone, etc.).
- Caretaker(s) overwhelmed by a child's dysfunctional emotional, physical, or mental characteristics.
- Caretaker(s) view child as responsible for the caretaker(s) or family's problems.

### **Number 13**

Child sexual abuse is suspected, and circumstances suggest that child safety may be an immediate concern.

- Suspicion of sexual abuse may be based on indicators such as:
  - The child discloses sexual abuse either verbally or behaviorally (for example, age-inappropriate or sexualized behavior toward self or others, etc.).
  - Medical findings consistent with sexual abuse.
  - Caregiver(s) or others in the household have been convicted, investigated, or accused of rape or sodomy, or have had other sexual contact with the child.
  - Caregiver(s) or others in the household have forced or encouraged the child to engage in sexual performances or activities (including forcing child to observe sexual performances or activities).
  - Access to a child by possible or confirmed/known sexual abuse perpetrator exists.

### **Number 14**

Caretaker(s)' emotional stability seriously affects current ability to supervise, protect, or care for child.



- *Caregiver(s)' inability to control emotions impedes ability to parent the child.*
- *Caregiver(s)' refusal to follow prescribed medications impedes ability to parent the child.*
- *Caregiver(s)' inability to control emotions impedes ability to parent the child.*
- *Caregiver(s) acts out or exhibits a distorted perception that impedes his/her ability to parent the child.*
- *Caregiver(s)' depression impedes his/her ability to parent the child.*
- *Due to cognitive delay, the caregiver(s) lacks the basic knowledge related to parenting skills such as:*
  - Not knowing that infants need regular feedings.
  - Proper diet.
  - Adequate supervision.
  - Failure to access and obtain basic/emergency medical care.

**Number 15**

Other (specify).

- Specify other factors that are present that impact the child's safety.

**Section 2: Safety  
Response -  
Protecting  
Interventions**

A protecting intervention is a safety response taken by staff or others to address the safety of the child. These interventions help protect the child from present or imminent danger. A protecting intervention must be in place if any safety factor is indicated.

If one or more safety factors are present, it does not necessarily indicate that a child must be placed outside the home. In many cases, a temporary plan will mitigate the safety factor(s) sufficiently so that the child may remain in the home while the investigation continues. Consider the relative severity of the safety factor(s), the caregiver(s)' protective capacities and response to the

investigation/situation, and the vulnerability of the child when identifying protecting interventions.

For each safety factor identified in Section 1, consider the resources available in the family and the community that might help to keep the child safe. Check each protecting intervention taken to protect the child and explain in the narrative. Describe all protecting safety interventions taken and explain how each intervention protects (or protected) each child.

***Number 1***

Monitoring or direct services by MDHHS worker.

***Number 2***

Use of family resources, neighbors or other individuals in the community as safety resources.

***Number 3***

Use of community agencies or services as safety resources (check one).

- Intensive home-based.
- Other community services.

***Number 4***

Recommend that the alleged perpetrator leave the home, either voluntarily or in response to legal action.

***Number 5***

Recommend that the non-maltreating caretaker move to a safe environment with the child.

***Number 6***

Recommend that the caretaker(s) voluntarily allow the child to stay outside the home; see *temporary voluntary arrangements* in this item.

***Number 7***

Other.

**Number 8**

Legal action must be taken which may include a recommendation to place child outside the home.

If CPS is initiating legal action and placing the child:

1. Explain why responses 1-7 could not be used to keep the child safe.
2. Describe your discussion with the caretaker(s) regarding placement.

If services were recommended but caretakers refused to participate, briefly describe the services that were offered.

**Safety Response-Protecting Interventions**

Caseworkers must explain all protecting interventions regardless of association with a safety factor. If there are safety factors present, there must be protecting interventions described within the narrative box.

**Initiating Legal Action**

If a caseworker is initiating legal action the caseworker must explain why responses 1-7 could not be used to keep children safe and describe the discussion with the caretaker(s) regarding placement.

**Service Refusal**

If services were recommended but caretakers refused to participate, describe the services that were offered.

**Section 3: Safety Decision**

MiSACWIS will compute a safety decision based on responses from the safety factors. A (Safe) should be checked only if no safety factors were identified in Section 1, Part A, Safety Factor Identification.

- A. **Safe** - Children are safe; no safety factors exist.
- B. **Safe with Services** - At least one safety factor is indicated, and at least one protecting intervention has been put into place that has resolved the unsafe situation for the present time.

- C. **Unsafe** - At least one safety factor is indicated, and the only possible protecting intervention is the removal of the child from the family.

### Injury to the Child

Was any child injured in this case?

If yes, indicate the age of youngest child with most serious injury.

If yes, indicate what was the most serious injury to a child:

1. Death.
2. Hospitalization.
3. Medical treatment, but no hospitalization.
4. Exam only of alleged injuries. No medical treatment required.
5. Bruises, cuts, abrasions or other minor injuries; no medical exam or treatment.

### RISK ASSESSMENT

The Risk Assessment determines the level of risk of future harm to the children in the family. Interviews with the family should be structured to allow the worker to discuss all risk and safety issues with the caretakers and complete the risk assessment following the conclusion of contacts with the family. Risk levels are intensive, high, moderate, or low, based on the scoring of the scale.

In each case in which a preponderance of evidence of child abuse and/or neglect (CA/N) has been found and a Risk Assessment is completed, the risk level determines in which category (Category II or III) the case must be classified. If a petition is filed (mandatory or discretionary), the case must be classified as a Category I, and the risk level must be either high or intensive.

For more information on case categories, see [PSM 714-1, Post-Investigative Services](#).

### When to Complete a Risk Assessment

The Risk Assessment must be completed for all required investigations when investigation activities (gathering of evidence, interviews, etc.) are completed, prior to disposition of the case.

A Risk Assessment is required on all assigned investigations with the following exceptions:

- Supervisory approval is obtained to complete an abbreviated investigation on the complaint.
- There is a preponderance of evidence of CA/N and the perpetrator is one of the following:
  - A nonparent adult who resides outside the child's home. (If there is also a perpetrator who resides in the child's home, a risk assessment must be done (for example, mom is the primary caretaker and found to be a perpetrator of failure to protect and mom's boyfriend, who is a nonparent adult who resides outside the child's home, is a perpetrator of sexual abuse).
  - A licensed foster parent. (If a licensed foster parent is also a perpetrator of CA/N on their biological/adoptive children, a risk assessment must be completed, and services provided, as required/necessary.)

When two separate households are being investigated on the same complaint (for example, complaint is regarding abuse of a child when visiting the non-custodial parent), complete a Risk Assessment on the household where the alleged or confirmed perpetrator resides or for which services will be provided. If there is an alleged or confirmed perpetrator in both households or services will be provided to both households, a **separate** Risk Assessment must be completed on each household. Two households must **not** be combined on one Risk Assessment.

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 Risk Assessment on the non-custodial parent's household **within 24 hours or the next business day**. See [PSM 715-2, Removal and Placement of Children](#), for more information on placement with non-custodial parents.

### Risk Assessment Scoring

The Risk Assessment calculates risk based on answers to the abuse and the neglect scales. The risk level is based on the higher score of either the abuse or neglect scales. After completion of the Risk Assessment, the caseworker may determine if conditions exist

for a mandatory or discretionary override; see override section in this policy item.

## Risk Assessment Definitions

Select one score for each question and provide an explanation for the selection if the question is scored as a risk factor.

## Neglect Scale

### **N1. Current complaint and/or finding includes neglect.**

- a. **No.**
- b. **Yes, the current complaint includes allegations of neglect, abuse and neglect, or a preponderance of evidence of neglect is found to exist, even if not alleged in the current complaint.**

### **N2. Number of prior assigned neglect complaints and/or findings.**

Count all assigned complaints for neglect, confirmed or denied; and complaints in which a preponderance of evidence of neglect was found to exist that was not alleged in the complaint.

- a. **One or less.**
- b. **Two or more.**

### **N3. Number of children in the household.**

The number of individuals under 18 years of age **residing** in the household at the time of the current complaint. If a child was removed as a result of the investigation or is on runaway status, count the child as residing in the household. If the child was removed from the household as the result of a previous investigation and the goal is reunification, count the child as residing in the household. If the child was removed as the result of a previous investigation and parental rights to that child were terminated or the goal is termination of parental rights, do not count the child as residing in the household.

- a. **Three or less.**
- b. **Four or more.**

### **N4. Primary caretaker's social support.**

Relatives, friends, or neighbors are able to help when a caretaker(s) or other adult is not functioning well and/or is in need of assistance to provide for the child's safety and well-being. Relatives, friends, or neighbors have come forward to help when the family and child needed support, and/or the child needed placement. Relatives, friends, or neighbors have followed through on commitments in the past and provide ongoing support and assistance to the caretaker.

a. **The primary caretaker accesses or can access relatives, friends, or neighbors for positive social support.**

b. **Limited or negative social support** (check all that apply):

\_\_\_ **No or limited supportive relationships with relatives, friends, or neighbors.**

Caretaker does not, cannot, or will not access others for assistance in care for child when needed.

\_\_\_ **Relatives, friends, or neighbors have a negative impact on caretaker.** People that the caretaker uses for social support have a negative influence on the caretaker's ability to provide for, protect, or supervise the child. Examples include, but are not limited to:

- Encourages caretaker to physically discipline children when abuse has occurred, or abuse is a concern.
- Encourages caretaker not to seek services.
- Discourages the department's attempts to assist the parent in a positive manner.
- Encourages inappropriate parenting practices.

**N5. Primary caretaker is unable/unwilling to control impulses.**

a. **No, the primary caretaker is able and willing to control impulses.**

b. **Yes, the primary caretaker is unable and/or unwilling to control impulses.** Examples include, but are not limited to:

- **Regularly** acting without weighing alternatives or considering consequences.
- Spur-of-the-moment actions, and/or heedless, self-centered actions that **regularly** result in threatened or actual harm to the child.
- A **regular** inability to delay gratification of personal needs to assume child care responsibility.
- Lashing out verbally (yells/screams, berates, uses hostile language, etc.) and/or physically (hits, shoves, threatens violence, etc.) in response to (undesired or negative) actions of the child and/or others.

**N6. Primary caretaker provides inadequate physical care and/or inadequate supervision of child.**

- a. **No, the primary caretaker provides adequate physical care and supervision of child.**
- b. **One or both of the following is true** (check all that apply):

\_\_\_ **Provides inadequate physical care:** The provision of physical care (the appropriate feeding, clothing, shelter, hygiene, and medical care) is inconsistent with and/or not appropriate for the child's needs. There has been harm or threatened harm to the child's health and/or well-being due to the inadequate physical care. Examples include, but are not limited to:

- Failure to obtain medical care for severe or chronic illness.
- Repeated failure to provide child with clothing appropriate for the weather.
- Poisonous substances or dangerous objects lying within reach of child.
- Child's clothing or hygiene causes negative social consequences for the child.

\_\_\_ **Provides inadequate supervision:** Supervision is inconsistent with and/or not appropriate for the child's



safety, resulting in threatened or actual harm to the child.

**N7. Primary caretaker currently has a mental health problem.**

- a. **No.**
- b. **Yes, in the past year, the primary caretaker has been assessed as needing, been referred for, or participated in mental health treatment.** This includes, but is not limited to:
  - DSM-IV-TR diagnosis by a mental health practitioner.
  - Repeated referrals for mental health/psychological evaluations.
  - Recommended or actual hospitalization for mental health problems.
  - Current or recommended use of psychotropic medication prescribed by mental health clinician (for example, physician, psychiatrist, etc.).

**N8. Primary caretaker involved in harmful relationships.**

The primary caretaker is, or has been, involved in relationships that are harmful to domestic functioning or child care within the past year. Include only domestic violence between caretakers or between a caretaker and another adult. Do not include parent-child or child-child violence.

- a. **No.**
- b. **Harmful relationship(s) or one domestic violence incident** – Relationships with adults inside or outside the home that are harmful to domestic functioning. Examples include, but are not limited to:
  - Criminal activities.
  - Domestic discord.
  - One incident of physical violence and/or intimidation/threats/harassment.
- c. **Multiple domestic violence incidents** – Primary caretaker is currently involved in a relationship (either as a victim or as a perpetrator) in which two or more incidents of

physical violence or fighting and/or intimidation/threats/harassment have occurred.

**N9. Primary caretaker currently has a substance abuse problem.**

- a. **No.**
- b. **Yes, within the past year, the primary caretaker has, or had, a problem with alcohol and/or other drugs that interferes, or interfered, with the caretaker's or the household's functioning.** Examples include, but are not limited to:
- Substance use has negatively affected caretaker's employment, and/or marital or family relationships.
  - Substance use has negatively affected caretaker's ability to provide protection, supervision, care, and nurturing of the child.
  - Substance use has led to criminal involvement.

**N10. Family is homeless, or children are unsafe due to housing conditions.**

- a. **No.**
- b. **Yes, one or more of the following is true** (check all that apply):
- The family is homeless or about to be evicted (current eviction notice).**
- Current housing is physically unsafe; not meeting the health and/or safety needs of the child.**  
Examples include, but are not limited to:
- Structural defects or is unsound.
  - Exposed wiring, inoperable heat or plumbing.
  - Human/animal waste on floors that is due to failure to consistently clean or maintain the environment.
  - Rotten or rotting food due to failure to consistently clean or maintain the environment.

- Disconnection of major utilities (gas, electric or water).

**N11. Primary caretaker able to put child's needs ahead of own.**

- a. **Yes, the primary caretaker demonstrates ability to put child's needs ahead of his/her own.**
- b. **No, the primary caretaker makes choices or behaves out of self-interest rather than the best interest of the child and this has a negative effect on child safety and well-being.** Examples include, but are not limited to:
  - Regularly does not make or keep appointments for the child that will interfere with caretaker's social activities.
  - Ignores child when other adults are present.
  - Leaves the child with others for extended periods of time to pursue social activities.

**Abuse Scale**

**A1. Current complaint and/or finding includes mental injury.**

- a. **No.**
- b. **Yes, the current complaint includes allegations of mental injury or a preponderance of evidence of mental injury is found to exist, even if not alleged in the current complaint.**

**A2. Number of prior assigned abuse complaints and/or findings.**

Count all assigned complaints for abuse of any type (sexual, physical, child maltreatment, or mental injury), confirmed or denied; and complaints in which a preponderance of evidence of abuse of any type was found to exist that was not alleged in the complaint.

- a. **None.**
- b. **One or two.**
- c. **Three or more.**

**A3. Age of youngest child.**

Indicate whether one or more children **residing** in the household at the time of the current complaint is age six years or younger. If a child was removed as a result of the investigation or is on runaway status, count the child as residing in the household. If the child was removed from the household as the result of a previous investigation and the goal is reunification, count the child as residing in the household. If the child was removed as the result of a previous investigation and parental rights to that child were terminated or the goal is termination of parental rights, do not count the child as residing in the household.

- a. **Seven years or older.**
- b. **Six years or younger.**

**A4. Number of children in the household.**

The number of individuals under 18 years of age **residing** in the household at the time of the current complaint. If a child is removed as a result of the investigation or is on runaway status, count the child as residing in the household. If the child was removed from the home as the result of a previous investigation and the goal is reunification, count the child as residing in the household. If the child was removed as the result of a previous investigation and parental rights to that child were terminated or the goal is termination of parental rights, do not count the child as residing in the household.

- a. **Two or less.**
- b. **Three or more.**

**A5. Either caretaker was abused and/or neglected as a child.**

- a. **No, neither caretaker was abused or neglected as a child.**
- b. **Yes, past records (CPS, foster care, etc.), self-reporting by the caretaker, credible statements by others, or other credible information indicates that either caretaker was abused and/or neglected as a child.**

**A6. Secondary caretaker has low self-esteem.**

**Note:** The risk assessment in MiSACWIS only presents this question when there is a secondary caretaker listed in the household.

- a. **No, secondary caretaker does not demonstrate low self-esteem or no secondary caretaker present in the household.**
- b. **Yes, secondary caretaker's behavior and/or expressions indicate feelings of inferiority/inadequacy and/or low self-esteem.** Examples may include, but are not limited to:
  - Self-conscious behavior, self-doubting, or self-abasing.
  - Behavior/expressions demonstrating that caretaker feels that he/she is inadequate, inferior, unlovable, or unworthy.
  - Describes self as not being good enough for others, a loser, misfit, or failure.

**A7. Either caretaker is domineering and/or employs excessive and/or inappropriate discipline.**

Consider the circumstances of the current complaint and past practices by either caretaker.

a. **No.**

b. **Yes** (check all that apply):

\_\_\_ **Domineering:** Either caretaker is domineering, indicated by controlling, abusive, overly restrictive, or unfair behavior or over-reactive rules.

\_\_\_ **Inappropriate discipline:** Disciplinary practices caused harm or threatened harm to child because they were excessively harsh physically, emotionally, and/or were inappropriate for child's age or development. Examples include, but are not limited to:

- Persistent berating.
- Belittling and/or demeaning the child.
- Consistent deprivation of affection or emotional support to the child.

**A8. Either caretaker has current or a history of domestic violence.**

Include only domestic violence between caretakers or between caretaker and another adult. Do not include parent-child or child-child violence.

- a. **No, neither caretaker has current or past domestic violence.**
- b. **Yes, either caretaker is currently involved or has ever had involvement in relationships characterized by domestic violence (either as a victim or as a perpetrator), evidenced by two or more incidents of physical violence or fighting and/or intimidation/threats/harassment.**

**A9. A child in the household has one or more of the following characteristics.**

- a. **No child in the household has any of the below listed characteristics.**
- b. **Yes (check all that apply to any child in the household).**

\_\_\_ **Diagnosed developmental disability:**

- Intellectual Developmental Disorder.
- Attention deficit disorder or ADHD.
- Learning disability or any other significant developmental problem. The child may be in a special education class(es).

\_\_\_ **History of Delinquency:** Any child in the household has been referred to juvenile court for delinquent or status offenses or is an adjudicated delinquent. Include status offenses not brought to court attention, such as run-away children, habitual truants from school, and drug or alcohol problems.

\_\_\_ **Mental health issue:** Any child with any diagnosed mental health problem not related to a physical or developmental disability.

\_\_\_ **Behavioral issue:** Behavioral problems not related to a physical or developmental disability. Examples include, but are not limited to:

- Problems at school as reported by school or caretakers.

- Attendance in a special classroom for behavioral needs.

**A10. All caretakers are motivated to improve parenting skills.**

- a. **All caretaker(s) are motivated or parenting skills are appropriate and no improvement needed.**
- b. **Yes, caretakers are willing to participate in parenting skills program or other services to improve parenting or initiate appropriate services for parenting without referral by the department.**
- c. **No, one or both caretakers need to improve parenting skills but either:**
  - Refuse services.
  - Agree to participate but indicate that parenting style will not change.
  - Agree to participate but history shows a pattern of uncompleted services when working with CPS or foster care.

**A11. Primary caretaker views incident less seriously than the department.**

- a. **No**, the primary caretaker views the allegations/findings of abuse or neglect **as serious or more serious** than the department and/or accepts responsibility for investigated behaviors.
- b. **Yes**, there is evidence that the primary caretaker views the current allegations/findings **less seriously** than the department. Examples include, but are not limited to:
  - Justifying abuse and/or neglect of child.
  - Minimizing harm or threatened harm to child.
  - Blaming the child.
  - Displacing responsibility for the incident.
  - Downplaying the severity of the incident.

## Overrides

Overrides to risk levels have been established to ensure that the level of risk for a case accurately reflects the risk level for the children. The two types of overrides to the risk level are mandatory and discretionary overrides.

### ***Mandatory Overrides***

Mandatory overrides automatically override the risk level of the case to intensive, regardless of the initial risk level. Mandatory overrides are required for the following cases:

- Sexual abuse cases in which the perpetrator is likely to have access to the child victim.
- Cases with non-accidental physical injury to an infant except in situations of substance exposure to an infant.
- Severe, non-accidental, physical injury requiring medical treatment or hospitalization and that seriously impairs the child's health or physical well-being.
- Death (previous or current) of a child/sibling as a result of abuse or neglect.

### ***Discretionary Overrides***

A discretionary override may be applied by the caseworker to increase the risk level in any case in which it is determined that the risk level set by the risk assessment is too low. This may occur when the worker is aware of conditions affecting risk that are not captured within the items on the Risk Assessment and/or there are unique circumstances in the family that increases risk.

Discretionary overrides must have supervisory approval and may only be used to increase the risk level by one risk level.

## **RISK REASSESSMENT**

The Risk Reassessment must be completed on ongoing protective services cases. See [PSM 714-4, CPS Updated Services Plan and Case Closure](#), for more information on when to complete risk reassessments.



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**Risk  
Reassessment  
Definitions****R1. Number of prior assigned neglect complaints and/or findings.**

Count all assigned complaints that included allegations of neglect, abuse and neglect, or a preponderance of evidence of neglect was found to exist, even if not alleged in the complaint, **prior** to the complaint resulting in the current open case.

- a. **One or less.**
- b. **Two or more.**

**R2. Number of prior assigned abuse complaints and/or findings.**

Count all assigned complaints that included allegations of any type of abuse (physical, sexual, child maltreatment or mental injury) or a preponderance of evidence of any type of abuse was found to exist, even if not alleged in the complaint, **prior** to the complaint resulting in the current open case.

- a. **None.**
- b. **One or two prior complaints.**
- c. **Three or more prior complaints.**

**R3. Number of children in the household.**

The number of individuals under 18 years of age **residing** in the household at the time the current complaint (which resulted in the current open case). If a child was removed as a result of the investigation or is on runaway status, count the child as residing in the household. If the child was removed from the household as the result of a previous investigation and the goal is reunification, count the child as residing in the household. If the child was removed as the result of a previous investigation and parental rights to that child were terminated or the goal is termination of parental rights, do not count the child as residing in the household.

- a. **Three or less.**
- b. **Four or more.**

**R4. New confirmed complaints in the past ninety (90) days.**

- a. **No complaints have been received, or a complaint was received and rejected or assigned for investigation but was denied.**
- b. **Yes, a complaint was received, assigned for investigation, and was confirmed.**

**R5. Either caretaker has a current substance abuse problem.**

- a. **No.** No problems with substances or has successfully completed treatment and shows no evidence of a current problem.
- b. **Yes.** Either or both caretaker(s) is (are) abusing drugs and/or alcohol. This includes caretaker(s) who is (are) currently in a drug or alcohol abuse treatment program.
- c. **Yes, and refuses treatment.** Either or both caretaker(s) has(have) a current alcohol and/or drug problem; treatment has been offered or recommended and has been refused.

**R6. Family is, or children are, unsafe due to housing conditions.**

- a. **No.**
- b. **Yes, one or more of the following is true** (check all that apply):

**The family is homeless or about to be evicted (current eviction notice).**

**Current housing is physically unsafe; not meeting the health and/or safety needs of the child.**

Examples include, but are not limited to:

- Structural defects or is unsound.
- Exposed wiring, inoperable heat or plumbing.
- Human/animal waste on floors that is due to failure to consistently clean or control other adults in the household, children, pets, etc.
- Rotten or rotting food due to failure to consistently clean or control other adults in the household, children, pets, etc.

- Disconnection of major utilities (gas, electric or water).

**R7. Primary caretaker is unable/unwilling to control impulses.**

- a. **No, the primary caretaker is able and willing to control impulses.**
- b. **Yes, the primary caretaker is unable and/or unwilling to control impulses.** Examples include, but are not limited to:
  - **Regularly** acting without weighing alternatives or considering consequences.
  - Spur-of-the-moment actions, and/or heedless, self-centered actions that **regularly** result in threatened or actual harm to the child.
  - A **regular** inability to delay gratification of personal needs to assume child care responsibility.
  - Lashing out verbally (yells/screams, berates, uses hostile language, etc.) and/or physically (hits, shoves, threatens violence, etc.) in response to (undesired or negative) actions of the child and/or others.

**R8. Primary caretaker provides inadequate physical care and/or inadequate supervision of child.**

- a. **No, the primary caretaker provides adequate physical care and supervision of child.**
- b. **One or both of the following is true** (check all that apply):
  - \_\_\_ **Provides inadequate physical care:** The provision of physical care (the appropriate feeding, clothing, shelter, hygiene, and medical care) is inconsistent with and/or not appropriate for the child's needs. There has been harm or threatened harm to the child's health and/or well-being due to the inadequate physical care. Examples include, but are not limited to:
    - Failure to obtain medical care for severe or chronic illness.

- Repeated failure to provide child with clothing appropriate for the weather.
- Poisonous substances or dangerous objects lying within reach of child.
- Child's clothing or hygiene causes negative social consequences for the child.

— **Provides inadequate supervision:** Supervision is inconsistent with and/or not appropriate for the child's safety resulting in threatened or actual harm to the child.

### **R9. Either caretaker is in a violent domestic relationship.**

Either caretaker is involved in relationships that are harmful to domestic functioning or child care. Include only domestic violence between caretakers or between a caretaker and another adult. Do not include parent-child or child-child domestic violence.

- a. **No.**
- b. **Yes.** Either caretaker is currently involved in a relationship (either as a victim or as a perpetrator), in which incidents of physical violence or fighting and/or intimidation/threats/harassment have occurred.

### **R10. Primary caretaker's progress in service plan and reduction of prioritized needs.**

Evaluate the primary caretaker's overall effort to reduce or resolve needs identified and scored on the family assessment of needs and strengths. The evaluation is based on worker assessment of the caretaker's engagement in the plan; and the caretaker's behavior in priority needs areas, determined by observing appropriate caretaker behaviors in caring for children in the home and/or interacting with children, service providers, and others, as well as reports from collateral sources.

- a. **Demonstrates substantial progress in reducing all prioritized needs identified in the service plan.**

The caretaker is actively engaged in services identified in the plan, and/or routinely (three-fourths or more of the

time) demonstrates appropriate behaviors during interactions with children, service providers, and others in all prioritized needs areas.

**b. Demonstrates at least partial progress in all prioritized needs and substantial progress in one or more prioritized needs.**

The caretaker routinely (three-fourths or more of the time) demonstrates appropriate behaviors in at least one area identified as a priority need and is engaged in services identified to meet that need.

In all other priority need areas, demonstrates appropriate behavior and engagement in services or service plan objectives often (half to three-fourths of the time).

**c. Demonstrates at least partial progress in two or more prioritized needs but has not shown substantial progress in any prioritized needs.**

The caretaker often (half to three-fourths of the time) demonstrates appropriate behaviors in two or more areas identified as a priority need.

In addition, caretaker is, at least half the time, engaged in services or meeting service plan objectives identified to meet those needs. Caretaker's efforts may be inconsistent but occur at least half of the time.

**d. Demonstrates poor progress in reducing two or more of the prioritized needs.**

The caretaker rarely (less than half of the time) demonstrates or fails to demonstrate appropriate behaviors in two or more areas identified as a priority need, although partial or substantial progress may have been made in reducing one or more identified priority needs.

Caretaker is not meeting service plan objectives identified to meet prioritized needs or is not engaged in services or demonstrates service plan engagement less than half the time.

**e. Refuses involvement or fails to participate in the service plan.**

The caretaker refuses or does not participate in services or service plan objectives necessary to address the priority needs identified in the case plan.

**R11. Secondary caretaker's progress in service plan and reduction of prioritized needs.**

Evaluate the secondary caretaker's overall effort to reduce or resolve the priority needs identified and scored on the family assessment of needs and strengths. The evaluation is based on worker assessment of the caretaker's engagement in the plan; and the caretaker's behavior in priority needs areas, determined by observing appropriate caretaker behaviors in caring for children in the home and/or interacting with children, service providers, and others, as well as reports from collateral sources.

**a. Not applicable; only one caretaker in the household.**

**b. Demonstrates substantial progress in reducing all prioritized needs identified in the service plan.**

The caretaker is actively engaged in services identified in the plan, and/or routinely (three-fourths or more of the time) demonstrates appropriate behaviors during interactions with children, service providers and others in all prioritized needs areas.

**c. Demonstrates at least partial progress in all prioritized needs and substantial progress in one or more prioritized needs.**

The caretaker routinely (three-fourths or more of the time) demonstrates appropriate behaviors in at least one area identified as a priority need and is engaged in services identified to meet that need.

In all other priority need areas, demonstrates appropriate behavior and engagement in services or service plan objectives often (half to three-fourths of the time).

**d. Demonstrates at least partial progress in two or more prioritized needs but has not shown substantial progress in any prioritized needs.**

The caretaker often (half to three-fourths of the time) demonstrates appropriate behaviors in two or more areas identified as a priority need.

In addition, caretaker is, at least half the time, engaged in services or meeting service plan objectives identified to meet those needs. Caretaker's efforts may be inconsistent but occur at least half of the time.

**e. Demonstrates poor progress in reducing two or more of the prioritized needs.**

The caretaker rarely (less than half of the time) demonstrates or fails to demonstrate appropriate behaviors in two or more areas identified as a priority need, although partial or substantial progress may have been made in reducing one or more identified priority needs.

Caretaker is not engaged in services or is not meeting service plan objectives identified to meet those needs or demonstrates service plan engagement less than half the time. Evidence of poor progress includes a caretaker's failure or refusal to attend services or work toward service plan objectives identified to address a priority need.

**f. Refuses involvement or fails to participate in the service plan.**

The caretaker refuses or does not participate in services or service plan objectives necessary to address the priority needs identified in the case plan.

### Overrides

For more information overrides on a risk reassessment, see [PSM 714-4, CPS Updated Services Plan and Case Closure](#).

### THREATENED HARM ASSESSMENT

In cases in which threatened harm is discovered, alleged, or confirmed, a threatened harm assessment must occur. The caseworker must assess all five areas including: Severity of past behavior, length of time since past incident, evaluation of services, benefit from services (including if conditions have been rectified), and vulnerability of child(ren). For more information on historical threatened harm, see [PSM 713-8, Special Investigative Situations](#).

Caseworkers must consider all information obtained from the assessment to comprehensively determine if threatened harm remains a factor for maltreatment, and/or to determine if legal action is needed. See [PSM 715-3, Family Court: Petitions, Hearings and Court Orders](#) for more information on potential mandatory legal action.

### ***Severity of Past Behavior***

Caseworkers should review past behavior and assess severity. Individuals with prior criminal convictions or prior substantiation for following factors would be considered more severe and concerning behavior:

- (a) Abuse or neglect was the suspected cause of a child's death.
- (b) The child was the victim of suspected sexual abuse or sexual exploitation.
- (c) Abuse or neglect resulted in severe physical injury to the child that required medical treatment or hospitalization and seriously impaired the health or physical well-being of the child.
- (d) Child exposure to methamphetamine production.

Caseworkers should document the past behavior based on child welfare record, or criminal history.

### ***Length of Time Since Past Incident***

Caseworkers must document the length of time that has passed since the historical incident occurred.

### ***Evaluation of Services***

Caseworkers must attempt to obtain information and documentation of participation with services and describe participation in all services.

Caseworkers must evaluate benefit from services through feedback from the individual as well as record or report obtained from previous service providers.

Caseworkers must review progress since the prior incident(s) and document if the individual has received services in the past and re-offended.



### ***Comparison Between the Past and Current Complaints***

Caseworkers must evaluate historical incidents in relation to current circumstance to determine if there is relationship between past concerns and the current circumstance, or a demonstration of repetitive behavior.

### ***Vulnerability of Child***

Caseworkers must consider the vulnerability of the child. A child may be more vulnerable due to age, mental capacity, a disability, etc.

## **FAMILY ASSESSMENT OF NEEDS AND STRENGTHS (FANS) AND CHILD ASSESSMENT OF NEEDS AND STRENGTHS Overview**

In most cases where a preponderance of evidence of child abuse/neglect (CA/N) is found to exist, and ongoing services are provided to a family, 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.

**Family  
Assessment of  
Needs and  
Strengths  
(FANS-CPS)**

When ongoing services are provided to a family, a FANS-CPS must be completed. When two separate households are participating on the same case, 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.

**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](#), for more information on placement with non-custodial parents.

***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 associated 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.

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

If a preponderance of evidence of CA/N is found to exist, and ongoing services are being provided to the family 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.
- Every child in a household if services will be provided to that household.

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

**ASSESSMENT  
DOMAINS AND  
Scoring  
DEFINITIONS for  
Children Ages 0-3  
Years**

Caseworkers who are assessing children ages three and under who were born prematurely must assess the child based on chronological age, not based on their adjusted age. For example, a child who was born four months prior to the assessment and two months prematurely would be assessed according to their chronological age of four months old, **not** their adjusted age of two months old.

**C1.  
Medical/Physical**

Caseworkers must specifically document in this section whether the child is or is not in need of follow up medical treatment **and** follow up dental treatment.

- A. Good health. Child has no known health care needs. Child receives routine preventive and medical/dental/vision care, immunizations, health screenings, and hygiene care. If child is nine months of age or older and resides in a high-risk environment for lead exposure, the child has received a lead exposure screening.



- B. Adequate health. Child has no unmet health care needs or has minor health problems (e.g., allergy shots/medications, etc.) that can be addressed with routine intervention. Age-appropriate immunizations, annual medical exams, and required health screenings are current.
- C. Situational concern. Child has a special condition(s)/health concern(s) (e.g., lice, cold/flu, ear infections, bone fracture, etc.) that may require temporary (anticipated not to exceed 90 days) medical treatment (e.g., follow-up with medical personnel, administering of prescription or over-the-counter medications, etc.); and/or child has not received required immunizations or health screenings (including lead exposure if child resided in a high risk environment for lead exposure).
- D. Impaired health. Child has a medical condition(s) that may impair daily functioning (e.g., fragile asthmatic, eczema, allergies, etc.) and requires ongoing interventions. This may include effects of prenatal drug exposure and/or effects of lead exposure.
- E. Severely impaired health. Child has a serious, chronic, or acute health condition(s) (e.g., failure to thrive, diabetes, cerebral palsy, pronounced effects of lead exposure, etc.) that severely impairs functioning and requires ongoing intervention(s).

## C2. Social/Emotional Development and Attachment

The caseworker must specifically document in this section whether the child is or is not in need of follow up mental health assessment or services **and** developmental assessments or services.

If the MDHHS-5719, Trauma Screening Checklist (Ages 0-5), was completed during this report period, the caseworker must summarize the results in this section.

For additional information on social and emotional development to assist in assessing this item, visit [The Whole Child - ABCs of Child Care - Social and Emotional Development](#) and [Enfamil US Articles and Videos of Child Development](#).

- A. Healthy social/emotional development/attachment. Child consistently exhibits an age-appropriate range of emotional behaviors (e.g., self-confidence, competency, highly self-

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regulated, independence) within his/her caregiving situations and social environments. Caregiving situations include, but are not limited to, parents, foster parents, or fictive kin.

- B. Appropriate social/emotional development/attachment. Child generally exhibits an age-appropriate range of emotional behaviors (e.g., happiness, pleasure, contentment, distress, anxiety, anger, sadness, playfulness, etc.) that are consistent with his/her caregiving situations and social environment. Caregiving situations include, but are not limited to, parents, foster parents, or fictive kin.
- C. Situational concern. Child demonstrates some symptoms reflecting situational emotional responses related to changes in primary caregiving relationships (e.g., removal, placement changes, reunification, etc.). Caregiving situations include, but are not limited to, parents, foster parents, or fictive kin. This does not include temporary responses to parental visitation (e.g., minor sleep disturbances during the night following visitation, uncharacteristic temper tantrums during the days following visitation, etc.).
- D. Limited social/emotional development/attachment. Child displays a limited range of age-appropriate emotional behaviors and responses to the caregiving relationship. Child is irritable in general and not soothed by caregivers. Problems may include, but are not limited to, withdrawal from social contact, flat affect, changes in sleeping or eating patterns, increased aggression, low frustration/tolerance, etc. Caregiving situations include, but are not limited to, parents, foster parents, or fictive kin.
- E. Severely limited social/emotional development/attachment. Child displays a severely limited range of age-appropriate emotional behaviors and response to the caregiving relationship, which may be characterized by a persistent lack of affect, no boundaries, severe temper tantrums, head banging, hair pulling, breath holding, severe anxiety, inability to calm self, etc. Caregiving situations include, but are not limited to, parents, foster parents, or fictive kin.

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**C3. Cognitive/  
Intellectual  
Development**

For this item, base assessment on developmental milestones as described in the Physical and Cognitive Developmental Milestones Table in this item.

The caseworker must specifically document in this section whether the child is or is not in need of follow up developmental assessments or services.

- A. Advanced cognitive/intellectual development. Child's cognitive skills are above chronological age level. Child meets all cognitive developmental milestones.
- B. Age-appropriate cognitive/intellectual development. Child's cognitive development skills are consistent with chronological age level. Child demonstrates most cognitive developmental milestones.
- C. Situational concern. Child has a situational concern in cognitive development that causes an interruption in progress toward developmental milestone achievement.
- D. Limited cognitive/intellectual development. Child has some delays in meeting age-appropriate cognitive developmental milestones that require support services and intervention.
- E. Severely limited cognitive/intellectual development. Child has significant delays in meeting cognitive developmental milestones that require formalized services and structured intervention.

**C4. Sexual  
Behavior**

- A. Healthy sexual adjustment/behavior. Child displays no signs or history of sexual abuse or exploitation. Child exhibits developmentally appropriate sexual awareness and interest (e.g., temporary heightened awareness of genitalia because of toilet training).
- B. Appropriate sexual adjustment/behavior. Child does not show any indications of their past sexual abuse and responds to treatment/intervention. Child may participate in age-appropriate sexual behavior or may show age-appropriate interest in

sexuality (e.g., temporary heightened awareness of genitalia because of toilet training).

- C. Situational concern. Child has begun to exhibit a heightened interest/awareness of sexuality that may be a developmental response to the current situation (e.g., child recently placed in out-of-home care, toilet training, stress, and over-stimulation in the child's environment).
- D. Compromised sexual adjustment/behavior. Child displays ongoing behaviors that are more sexualized than same-aged children exhibit, such as increased masturbation, regression in toilet training, etc.
- E. Severely compromised sexual adjustment/behavior. Child exhibits extreme sexualized behaviors, which may include frequent masturbation, persistent sexually acting out behaviors toward others, etc.

### **C5. Physical/Motor Development**

For this item, base assessment on developmental milestones as described in the Physical and Cognitive Developmental Milestones Table in this item.

The caseworker must specifically document in this section whether the child is or is not in need of follow up developmental assessments or services.

- A. Advanced physical/motor development. Child's physical development skills are above chronological age level. Child meets all physical developmental milestones.
- B. Age-appropriate physical/motor development. Child's physical development skills are consistent with chronological age level. Child meets most physical developmental milestones.
- C. Situational concern. Child has a situational concern in physical development that causes an interruption in progress toward developmental milestone achievement.
- D. Limited physical/motor development. Child has some delays in meeting physical developmental milestones that require some intervention.

- E. Severely limited physical/motor development. Child has significant delays in meeting physical developmental milestones that require formalized, structured intervention.

### **C6. Language/ Communication Skills**

For this item, base assessment on developmental milestones as described in the Physical and Cognitive Developmental Milestones Table in this item.

The caseworker must specifically document in this section whether the child is or is not in need of follow up developmental assessments or services.

- A. Advanced language/communication skills. Child's language and communication skills are above chronological age level. Child meets all language developmental milestones.
- B. Age-appropriate language/communication skills. Child's language and communication skills are consistent with chronological age level. Child meets most language developmental milestones.
- C. Situational concern. Child has a situational concern in language and communication development as the result of a traumatic experience that causes an interruption in progress toward developmental milestone achievement and/or minor regression.
- D. Limited language/communication skills. Child has some delays in meeting language/communication developmental milestones that require some intervention.
- E. Severely limited language/communication skills. Child has significant delays in meeting language/communication developmental milestones that require formalized, structured intervention.

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**ASSESSMENT  
DOMAINS AND  
SCORING  
DEFINITIONS FOR  
CHILDREN AGES 4-9  
YEARS****C1. Medical/  
Physical**

Caseworkers must specifically document in this section whether the child is or is not in need of follow up medical treatment **and** follow up dental treatment.

- A. Good health. Child has no known health care needs. Child receives routine preventive and medical/dental/vision care, immunizations, health screenings, and hygiene care. If child resided in a high-risk environment for lead exposure, the child has received a lead exposure screening.
- B. Adequate health. Child has no unmet health care needs or has minor health problems (e.g., allergy shots/medications, etc.) that can be addressed with routine intervention. Age-appropriate immunizations, annual medical exams, and required health screenings are current.
- C. Situational concern. Child has a special condition(s)/health concern(s) (e.g., lice, cold/flu, ear infections, bone fracture, etc.) that may require temporary (anticipated not to exceed 90 days) medical treatment (e.g., follow-up with medical personnel, administering of prescription or over-the-counter medications, etc.); and/or child has not received required immunizations or health screenings (including lead exposure if child resided in a high risk environment for lead exposure).
- D. Impaired health. Child has a medical condition(s) that may impair daily functioning (e.g., fragile asthmatic, eczema, allergies, etc.) and requires ongoing interventions. This may include effects of prenatal drug exposure and/or effects of lead exposure.
- E. Severely impaired health. Child has a serious, chronic, or acute health condition(s), (e.g., diabetes, cerebral palsy, physical disability, pronounced effects of lead exposure, etc.) that severely impairs functioning and requires ongoing

intervention(s). This may include effects of prenatal drug exposure.

## **C2. Mental Health and Well-Being**

If the MDHHS-5719, Trauma Screening Checklist (Ages 0-5), or the MDHHS-5720, Trauma Screening Checklist (Ages 6-18), were completed during this report period, the caseworker must summarize the results in this section.

The caseworker must specifically document in this section whether the child is or is not in need of follow up mental health assessments or services.

- A. Healthy emotional behavior/coping skills. Child consistently exhibits an age-appropriate range of emotional behaviors. Child displays strong age-appropriate coping skills in dealing with disappointment, anger, grief, stress, and daily challenges in home, school, and community. Child is able to identify the need for, seeks, and accepts guidance. Child has a positive and hopeful attitude and readily adjusts to new situations.
- B. Appropriate emotional behavior/coping skills. Child generally exhibits an age-appropriate range of emotional behaviors. Child displays developmentally appropriate emotional coping responses that do not, or minimally, interfere with school, family, or community functioning. Child has age-appropriate ability to cope with a range of emotions and social environments. Child has ability to adjust to new situations.
- C. Situational concern. Child may demonstrate some symptoms reflecting situational sadness, anxiety, aggression, or withdrawal. Maintains situationally appropriate emotional control. This does not include short-term adverse reactions to parental visitation but could include response to initial placement or re-placement (e.g., temper tantrums, nightmares, loss of appetite, bedwetting, etc.).
- D. Limited emotional behavior/coping skills. Child has some difficulty dealing with daily stresses, crises, or problems, which interferes with family, school, and/or community functioning. Problems may include, but are not limited to, withdrawal from social interaction, flat affect, changes in sleeping or eating patterns, increased aggression, unusually low frustration tolerance, etc.

- E. Severely limited emotional behavior/coping skills. Child has consistent difficulty dealing with daily stresses, crises, or problems, which severely impairs family, school, and/or community functioning. Child may have diagnosed psychiatric disturbance and may demonstrate severe behavior such as fire setting, suicidal behavior, violence toward people and/or animals, self-mutilation, etc. Child frequently threatens to run away from placement.

### **C3. Child Development**

For this item, base assessment on developmental milestones as described in the Physical and Cognitive Developmental Milestones Table in this item.

The caseworker must specifically document in this section whether the child is or is not in need of follow up developmental assessments or services.

- A. Advanced development. Child's development is above chronological age level. Child meets all physical, language/communication, and cognitive developmental milestones.
- B. Age-appropriate development. Child's development is consistent with chronological age level. Child meets most physical, language/communication, and cognitive developmental milestones.
- C. Situational concern. Child has a situational concern in physical, language/communication, and/or cognitive development as the result of an experience, which causes an interruption in progress toward developmental milestone achievement.
- D. Limited development. Child has some delays in meeting physical, language/communication, and/or cognitive developmental milestones. Some services and intervention required.
- E. Severely limited development. Child has severe delays in meeting physical, language/communication, and/or cognitive developmental milestones. Formalized services and structured intervention required.



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**C4. Family and Kin/Fictive Kin Relationships/ Attachments**

Score the child's interaction with his/her family (those individuals the child is related to or views as family). For children in placement, base assessment on visits and other contact such as telephone contact or letters.

- A. Nurturing/supportive relationships/attachments. Child has positive interactions with and exhibits strong attachments to family, kin, fictive kin, and/or caregiver. Child has sense of belonging with family.
- B. Appropriate relationships/attachments. Child has positive interactions with and exhibits appropriate attachments to family, kin, fictive kin, and/or caregiver despite some minor conflicts.
- C. Situational concern. Child experiences temporary strain in interaction with family members. Child may be temporarily angry with the family and/or lacks desire for family interaction (e.g., visitation, telephone contact, threatens truancy if visit occurs, refuses to participate in family therapy, etc.).
- D. Limited relationships/attachments. Child does not have positive interactions with family and does not exhibit appropriate attachments to family, kin, fictive kin, and/or caregiver. Child does not have a sense of belonging with family.
- E. Severely limited or no relationships/attachments. Child does not interact, or has non-supportive, destructive interactions, with family and exhibits negative attachments to family, kin, fictive kin, and/or caregiver.

**C5. Education**

- A. Exceptional academic achievement. Child is working above grade level and/or is exceeding the expectations of the child's specific educational plan. If child is not of mandatory school age and is not attending school, the child's cognitive functioning exceeds developmental milestones.
- B. Adequate achievement. Child is working at grade level and/or is meeting expectations of the child's specific educational plan. If the child is not of mandatory school age and is not attending

school, the child meets most cognitive developmental milestones. If there are early intervention needs, the child is participating in early intervention services and is meeting or exceeding the goals/expectations of the early intervention plan.

- C. Situational concern. Child may demonstrate some school difficulties (e.g., decreased concentration in the classroom, acting-out behavior, regression in academic performance, etc.) that appear temporary in nature.
- D. Minor difficulty. Child is working below grade level in at least one but not more than half of subject areas, indicating that the current educational plan may need modification. The child may be exhibiting minor truancy or school behavioral problems. If the child is not of mandatory school age and is not attending school, the child has minor cognitive developmental delays and/or is not meeting some of the goals of the early intervention plan.
- E. Major/chronic difficulty. Child is working below grade level in more than half of subject areas and/or is not meeting the goals of the existing educational plan, indicating that the current plan needs modification, or the child needs a specific educational plan and does not have one in place. Score this item for a child who is legally required to attend school and is not attending or who has been expelled/excluded from school. If the child is not of mandatory school age and is not attending school, the child has severe cognitive developmental delays and/or is not meeting any of the goals of the early intervention plan.

## C6. Substance Use

Substances include alcohol, tobacco, and other drugs.

- A. No substance uses. Child does not use alcohol, drugs, or other substances and is age-appropriately aware of consequences of use. Child is not in peer relationships/social activities involving alcohol and/or other drugs and/or chooses not to use despite peer-pressured opportunities to use. No demonstrated history or current problems related to substance use.
- B. Past experience. Child may have experience with alcohol and/or other drugs but there is no indication of sustained use.
- C. Situational concern. Child may have an isolated incident or experience with alcohol, tobacco, or other drugs that is not recurring.

- D. Current substance use. Child's alcohol and/or other drug use has resulted in problematic behavior at home, school, and/or in the community. Use may include multiple drugs. Child may be involved in peer relationships/social activities involving alcohol, drugs, and other substances.
- E. Frequent substance use. Child's frequent alcohol, drug, or other substance usage results in severe behavior disturbances at home, school, and/or in the community. Child may require medical intervention to detoxify.

### **C7. Sexual Behavior**

Examples of sexually inappropriate behavior may include, but are not limited to, a child who engages in persistent self-stimulation, chronically acts out toward other children in sexually inappropriate ways or engages in sexual contact with others.

- A. Healthy sexual adjustment/responsible behavior. Child displays no signs or history of sexual abuse or exploitation. Child exhibits developmentally appropriate sexual awareness and interest.
- B. Appropriate sexual adjustment/behavior. Child does not show any indications of their past sexual abuse and responds to treatment/intervention. Child may participate in age-appropriate sexual behavior or may show age-appropriate interest in sexuality.
- C. Situational concern. Child has begun to exhibit heightened interest/awareness of sexuality that may be a response to a change in situation or incident, such as inappropriate touching and/or comments/language.
- D. Compromised sexual adjustment/behavior. Child is displaying inappropriate behavior due to known or suspected sexual abuse or exploitation. Behaviors may include more sexualized behaviors than same aged children, preoccupation with sexual themes, increased masturbation, and/or simulating sex acts.
- E. Severely compromised sexual adjustment/behavior. Child exhibits extreme sexualized behaviors which may include frequent masturbation, persistent sexually acting out behaviors toward others, etc.

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**C8. Peer/Adult  
Social  
Relationships  
(Non-Family)**

- A. Strong social relationships. Child routinely interacts with social groups having positive support and influence, model's responsible behavior, participates in constructive age-appropriate activities. Child engages actively with a positive support network that is comprised of at least one supportive, caring, non-family adult. Child displays age-appropriate solutions to social conflict.
- B. Adequate social relationships. Child frequently interacts with social groups having positive support and influence. Child displays age-appropriate social behavior and frequently participates in positive age-appropriate activities. Child engages with a positive support network. Child frequently displays age-appropriate solutions to social conflict.
- C. Situational concern. Child has a situational concern with peer/adult relationships as the result of an experience (e.g., a new school, change of placement, relationship loss, etc.) that may require additional support.
- D. Limited social relationships. Child has limited peer/social relationships and limited adult support. Child demonstrates inconsistent social skills. Child has limited positive interactions with others and demonstrates limited ability to resolve conflicts. Child occasionally engages in high risk behavior/activities.
- E. Severely limited social relationships. Child has severely limited and/or negative peer social relationships, has no or minimal non-family adult support, and/or is isolated and lacks access to a support network. Child is unable to resolve social conflict. Child chronically engages in high risk behaviors/activities.

**C9. Cultural/  
Community  
Identity**

- A. Strong cultural/community identity. Child relates positively to his/her cultural, ethnic, and/or religious heritage. Child identifies with and participates in cultural and community heritage, beliefs, and practices. Child expresses age-appropriate inquiries about his/her cultural/community identity.

- B. Adequate cultural/community identity. Child relates to his/her cultural, ethnic, and/or religious heritage. Child has a developing sense of identity with his/her cultural and community heritage. Child expresses an age-appropriate awareness of his/her cultural/community identity.
- C. Situational concern. Child has a situational concern related to the development of a positive cultural/community identity, which causes an interruption in progress toward achievement of such an identity.
- D. Limited cultural/community identity. Child has some conflict with his/her cultural, ethnic, and/or religious heritage. Child's sense of identity with his/her cultural and community heritage is limited. Child does not express an age-appropriate awareness of his/her cultural identity.
- E. Disconnected from cultural/community identity. Child lacks a sense of identity with his/her cultural and community heritage or has a sense of identity but his/her understanding of it results in negative self-concept, distorted perceptions about identity, and/or impaired social functioning.

**ASSESSMENT  
DOMAINS AND  
SCORING  
DEFINITIONS FOR  
CHILDREN AGES 10-  
13 YEARS**

**C1.  
Medical/Physical**

Caseworkers must specifically document in this section whether the child is or is not in need of follow up medical treatment **and** follow up dental treatment.

- A. Good health. Child has no known health care needs; child receives routine preventive and medical/dental/vision care, immunizations, health screenings, and hygiene care. If child resided in a high-risk environment for lead exposure, the child has received a lead exposure screening. Child has knowledge of puberty and is not experiencing any related medical problems.

- B. Adequate health. Child has no unmet health care needs or has minor health problems (e.g., allergy shots/medications, etc.) that can be addressed with routine intervention. Age-appropriate immunizations, annual medical exams, and required health screenings are current. Child has some knowledge of puberty and is experiencing minor or no related medical problems.
- C. Situational concern. Child has a special condition(s)/health concern(s) (e.g., lice, cold/flu, ear infections, bone fracture, etc.) that may require temporary (anticipated not to exceed 90 days) medical treatment (e.g., follow-up with medical personnel, administering of prescription or over-the-counter medications, etc.); and/or child has not received required immunizations or health screenings (including lead exposure if child resided in a high-risk environment for lead exposure).
- D. Impaired health. Child has a medical condition(s) that may impair daily functioning (e.g., fragile asthmatic, eczema, allergies, etc.) and requires ongoing interventions. This may include effects of prenatal drug/alcohol exposure and/or effects of lead exposure. Child has limited knowledge of puberty and/or is experiencing some related medical problems.
- E. Severely impaired health. Child has a serious, chronic, or acute health condition(s), (e.g., diabetes, cerebral palsy, physical disability, pronounced effects of lead exposure, etc.) that severely impairs functioning and requires ongoing intervention(s). Child has no knowledge of puberty and/or is experiencing significant related medical problems.

## **C2. Mental Health and Well-Being**

The caseworker must specifically document in this section whether the child is or is not in need of follow up mental health assessments or services.

If the MDHHS-5720, Trauma Screening Checklist (Ages 6-18), was completed during this report period, the caseworker must summarize the results in this section.

- A. Healthy emotional behavior/coping skills. Child consistently exhibits an age-appropriate range of emotional behaviors. Child displays strong age-appropriate coping skills in dealing with disappointment, anger, grief, stress, and daily challenges

in home, school, and community. Child is able to identify the need for, seek, and accept guidance. Child has a positive and hopeful attitude and readily adjusts to new situations.

- B. Appropriate emotional behavior/coping skills. Child generally exhibits an age-appropriate range of emotional behaviors. Child displays developmentally appropriate emotional coping responses that do not, or minimally, interfere with school, family, or community functioning. Child has age-appropriate ability to cope with a range of emotions and social environments. Child has ability to adjust to new situations.
- C. Situational concern. Child may demonstrate some symptoms reflecting situational sadness, anxiety, aggression, or withdrawal but maintains situationally appropriate emotional control. This does not include short-term, adverse reactions to parental visitation, but could include response to initial placement or re-placement (e.g., temper tantrums, nightmares, loss of appetite, bedwetting, etc.).
- D. Limited emotional behavior/coping skills. Child has some difficulty dealing with daily stresses, crises, or problems that interferes with family, school, and/or community functioning. Problems may include, but are not limited to, withdrawal from social interaction, flat affect, changes in sleeping or eating patterns, increased aggression, unusually low frustration tolerance, frequent threats to run away, etc.
- E. Severely limited emotional behavior/coping skills. Child has consistent difficulty in dealing with daily stresses, crises, or problems that severely impairs family, school, and/or community functioning. Child may have diagnosed psychiatric disturbance and may demonstrate severe behavior such as fire setting, suicidal behavior, violence toward people and/or animals, self-mutilation, running away from placement, etc.

### **C3. Family and Kin/Fictive Kin Relationships/ Attachments**

Score the child's interaction with his/her family (those individuals the child is related to or views as family). For children in placement, base assessment on visits and other contact such as telephone contact or letters.

- A. Nurturing/supportive relationships/attachments. Child has positive interactions with and exhibits strong attachments to family, kin, fictive kin, and/or caregiver. Child has sense of belonging with family.
- B. Appropriate relationships/attachments. Child has positive interactions with and exhibits appropriate attachments to family, kin, fictive kin, and/or caregiver despite some minor conflicts.
- C. Situational concern. Child experiences temporary strain in interaction with family members. Child may be temporarily angry with the family and/or lacks desire for family interaction (e.g., visitation, telephone contact, threatens truancy if visit occurs, refuses to participate in family therapy, etc.).
- D. Limited relationships/attachments. Child does not have positive interactions with family and does not exhibit appropriate attachments to family, kin, fictive kin, and/or caregiver. Child does not have a sense of belonging with family.
- E. Severely limited or no relationships/attachments. Child does not interact, or has non-supportive, destructive interactions, with family. Child exhibits negative attachments to family, kin, fictive kin, and/or caregiver.

#### C4. Education

- A. Exceptional academic achievement. Child is working above grade level and/or is exceeding the expectations of the child's specific educational plan.
- B. Adequate achievement. Child is working at grade level and/or is meeting expectations of the child's specific educational plan.
- C. Situational concern. Child may demonstrate some school difficulties (e.g., decreased concentration in the classroom, acting-out behavior, regression in academic performance, etc.) that appear temporary in nature.
- D. Minor difficulty. Child is working below grade level in at least one but not more than half of subject areas, indicating that the current educational plan may need modification. The child may be exhibiting some truancy or school behavioral problems.
- E. Major/chronic difficulty. Child is working below grade level in more than half of subject areas and/or is not meeting the goals



of the existing educational plan, indicating that the current plan needs modification, or the child needs a specific educational plan and does not have one in place. Child is frequently truant. Score this item for a child who is legally required to attend school and is not attending or who has been expelled/excluded from school.

### **C5. Substance Use**

Substances include alcohol, tobacco, and other drugs.

- A. No substance uses. Child does not use alcohol, drugs, or other substances and is age-appropriately aware of consequences of use. Child is not in peer relationships/social activities involving alcohol and/or other drugs and/or chooses not to use despite peer-pressured opportunities to use. No demonstrated history or current problems related to substance use.
- B. Past experimentation. Child may have experience with alcohol and/or other drugs but there is no indication of sustained use.
- C. Situational concern. Child may have an isolated incident or experience with alcohol, tobacco, or other drugs that is not recurring.
- D. Periodic substance use. Child's alcohol and/or other drug use has resulted in problematic behavior at home, school, and/or in the community. Use may include multiple drugs. Child may be involved in peer relationships/social activities involving alcohol, drugs, and other substances.
- E. Frequent substance use. Child's frequent alcohol, drug, or other substance usage results in severe behavior disturbances at home, school, and/or in the community. Child may require medical intervention to detoxify.

### **C6. Sexual Behavior**

Examples of sexually inappropriate behavior may include, but are not limited to, a child who engages in persistent self-stimulation, chronically acts out toward other children in sexually inappropriate ways or engages in sexual contact with others.

- A. Healthy sexual adjustment/responsible behavior. Child displays no signs or history of sexual abuse or exploitation. Child

exhibits developmentally appropriate sexual awareness and interest. Child has accurate knowledge of reproduction.

- B. Appropriate sexual adjustment/behavior. Child does not show any indications of their past sexual abuse and responds to treatment/intervention. Child may participate in age-appropriate sexual behavior or may show age-appropriate interest in sexuality. Child has some knowledge of reproduction.
- C. Situational concern. Child exhibits a heightened interest/awareness of sexuality that may be a response to a current change in situation or incident (e.g., traumatic event, initial or change in placement, too much stimulus in environment, etc.).
- D. Compromised sexual adjustment/behavior. Child is displaying inappropriate behavior due to known or suspected sexual abuse or exploitation. Behaviors may include more sexualized behaviors than same-aged children exhibit, preoccupation with sexual themes, increased masturbation, and/or simulating sex acts. Child participates in sexual activities.
- E. Severely compromised sexual adjustment/reckless behavior. Child exhibits severe sexual dysfunction. Indicators may include perpetrating behaviors involving force or coercion, severe sexual preoccupation, compulsive masturbation, and sexual victimization. Child engages in high risk sexual behaviors and may become involved in illegal sexual activity such as prostitution or pornography.

## C7. Life Skills

- A. Appropriate life skills. Child consistently demonstrates age-appropriate ability to feed, bathe, and groom him/herself. Child manages daily routine without intervention.
- B. Adequate life skills. Child demonstrates some age-appropriate ability to feed, bathe, and groom him/herself. Child may need occasional intervention with daily routine.
- C. Situational concern. Child may need intervention in daily routine due to temporary situation, such as physical injury.
- D. Limited life skills. Child does not consistently demonstrate age-appropriate ability to feed, bathe, and groom him/herself. Child requires intervention with daily routines.

- E. Severely limited life skills. Child rarely demonstrates an age-appropriate ability to feed, bathe, and groom him/herself. Child requires extensive or constant intervention and supervision to manage daily routine.

**C8. Peer/Adult  
Social  
Relationships  
(Non-Family)**

- A. Strong social relationships. Child routinely interacts with social groups having positive support and influence, model's responsible behavior, and participates in constructive age-appropriate activities. Child engages actively with a positive support network and has some close, positive relationships with adults. Child displays age-appropriate solutions to social conflict. Child does not exhibit any delinquent behavior.
- B. Adequate social relationships. Child frequently interacts with social groups having positive support and influence. Child displays age-appropriate social behavior and frequently participates in positive age-appropriate activities. Child engages with a positive support network. Child frequently displays age-appropriate solutions to social conflict.
- C. Situational concern. Child has a situational concern with peer/adult relationships as the result of an experience (e.g., a new school, change of placement, relationship loss, etc.) that may require additional support.
- D. Limited social relationships. Child has limited peer/social relationships and limited adult support. Child demonstrates inconsistent social skills. Child has limited positive interactions with others and demonstrates limited ability to resolve conflicts. Child occasionally engages in high risk behavior/activities.
- E. Severely limited social relationships. Child has severely limited and/or negative peer social relationships, has minimal or no adult support, and/or is isolated and lacks access to a support network. Child is unable to resolve social conflict. Child chronically engages in high risk behaviors/activities.

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**C9. Cultural/  
Community  
Identity**

- A. Strong cultural/community identity. Child relates positively to his/her cultural, ethnic, and/or religious heritage. Child identifies with and participates in cultural and community heritage, beliefs, and practices. Child expresses age-appropriate inquiries about his/her cultural/community identity.
- B. Adequate cultural/community identity. Child relates to his/her cultural, ethnic, and/or religious heritage. Child has a developing sense of identity with his/her cultural and community heritage. Child expresses an age-appropriate awareness of his/her cultural/community identity.
- C. Situational concern. Child has a situational concern related to the development of a positive cultural/community identity, which causes an interruption in progress toward achievement of such an identity.
- D. Limited cultural/community identity. Child has some conflict with his/her cultural, ethnic, and/or religious heritage. Child's sense of identity with his/her cultural and community heritage is limited. Child does not express an age-appropriate awareness of his/her cultural identity.
- E. Disconnected from cultural/community identity. Child lacks a sense of identity with his/her cultural and community heritage or has a sense of identity but his/her understanding of it results in negative self-concept, distorted perceptions about identity, and/or impaired social functioning.

**ASSESSMENT  
DOMAINS AND  
SCORING  
DEFINITIONS FOR  
CHILDREN AGES 14  
YEARS AND OLDER****C1.  
Medical/Physical**

Caseworkers must specifically document in this section whether the child is or is not in need of follow up medical treatment **and** follow up dental treatment.

- A. Good health. Youth has no known health care needs; youth receives routine preventive and medical/dental/vision care, immunizations, health screening. Youth consistently demonstrates good hygiene. Youth has knowledge of puberty (physical growth and development) and is not experiencing any related medical problems.
- B. Adequate health. Youth has no unmet health care needs or has minor health problems (e.g., allergy shots/medications, etc.) that can be addressed with routine intervention. Age-appropriate immunizations, annual medical exams, and required health screenings are current. Youth has some knowledge of puberty (growth and development) and is experiencing minor or no related medical problems.
- C. Situational concern. Youth has a special condition(s)/health concern(s) (e.g., lice, cold/flu, ear infections, bone fracture, etc.) that may require temporary (anticipated not to exceed 90 days) medical treatment (e.g., follow-up with medical personnel, administering of prescription or over-the-counter medications, pregnancy testing or testing for sexually transmitted diseases, etc.).
- D. Impaired health. Youth has a medical condition(s) that may impair daily functioning (e.g., fragile asthmatic, eczema, allergies, etc.) and requires ongoing interventions. This may include effects of prenatal drug/alcohol exposure. Youth has limited knowledge of puberty (growth and development) and is experiencing some related medical problems.
- E. Severely impaired health. Youth has a serious, chronic, or acute health condition(s), (e.g., diabetes, cerebral palsy, physical disability, pronounced effects of lead exposure, etc.) that severely impairs functioning and requires ongoing intervention(s). Youth has no knowledge of puberty (growth and development) and is experiencing significant related medical problems.

## **C2. Mental Health and Well-Being**

The caseworker must specifically document in this section whether the child is or is not in need of follow up mental health assessments or services.

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If the MDHHS-5720, Trauma Screening Checklist (Ages 6-18), was completed during this report period, the caseworker must summarize the results in this section.

- A. Healthy emotional behavior/coping skills. Youth consistently exhibits an age-appropriate range of emotional behaviors. Youth displays strong age-appropriate coping skills in dealing with challenges at home, school, and in the community. Youth is able to identify the need for, seek, and accept guidance. Youth has a positive and hopeful attitude and readily adjusts to new situations.
- B. Appropriate emotional behavior/coping skills. Youth generally exhibits an age-appropriate range of emotional behaviors. Youth displays developmentally appropriate emotional coping responses that do not, or minimally, interfere with school, family, or community functioning. Youth has age-appropriate ability to cope with a range of emotions and social environments. Youth has ability to adjust to new situations.
- C. Situational concern. Youth may demonstrate some symptoms reflecting situational sadness, anxiety, aggression, or withdrawal. Maintains situationally appropriate emotional control. This does not include short-term adverse reactions to parental visitation but could include response to initial placement or re-placement (e.g., lack of impulse control, nightmares, loss of appetite, etc.).
- D. Limited emotional behavior/coping skills. Youth has some difficulty dealing with daily stresses, crises, or problems that interferes with family, school, and/or community functioning. Problems may include, but are not limited to, withdrawal from social interaction, flat affect, changes in sleeping or eating patterns, increased aggression, unusually low frustration tolerance, threatened self-harm, frequent threats to run away, etc.
- E. Severely limited emotional behavior/coping skills. Youth has consistent difficulty in dealing with daily stresses, crises, or problems that severely impairs family, school, and/or community functioning. Youth may have diagnosed psychiatric disturbance and may demonstrate severe behavior such as fire setting, suicidal behavior, violence toward people and/or animals, self-mutilation, running away from placement, etc.

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**C3. Family and Kin/Fictive Kin Relationships/ Attachments**

Score the youth's interaction with his/her family (those individuals to whom the youth is related or the youth views as family). For youth in placement, base assessment on visits and other contact such as telephone contact or letters.

- A. Nurturing/supportive relationships/attachments. Youth has positive interactions with and exhibits strong attachments to family, kin, fictive kin, and/or caregiver(s). Youth has sense of belonging with family.
- B. Appropriate relationships/attachments. Youth has positive interactions with and exhibits appropriate attachments to family, kin, fictive kin, and/or caregiver(s) despite some minor conflicts.
- C. Situational concern. Youth experiences temporary strain in interaction with family members. Youth may be temporarily angry with the family and/or lacks desire for family interaction (e.g., does not want to participate in visitation or telephone contact, threatens truancy if visit occurs, refuses to participate in family therapy, etc.).
- D. Limited relationships/attachments. Youth does not have positive interactions with family and does not exhibit appropriate attachments to family, kin, fictive kin, and/or caregiver(s). Youth does not have a sense of belonging with family.
- E. Severely limited or no relationships/attachments. Youth does not interact, or has non-supportive, destructive interactions, with family, and exhibits negative attachments to family, kin, fictive kin, and/or caregiver(s).

**C4. Education**

- A. Exceptional academic achievement. Youth is working above grade level and/or is exceeding the expectations of the youth's specific educational plan.
- B. Adequate achievement. Youth is working at grade level and/or is meeting expectations of the youth's specific educational plan.

- C. Situational concern. Youth may demonstrate some school difficulties (e.g., decreased concentration in the classroom, acting-out behavior, regression in academic performance, etc.) that appear temporary in nature.
- D. Minor difficulty. Youth is working below grade level in at least one but not more than half of subject areas, indicating that the current educational plan may need modification. The youth may be exhibiting some truancy or school behavioral problems.
- E. Major/chronic difficulty. Youth is working below grade level in more than half of subject areas and/or is not meeting the goals of the existing educational plan, indicating that the current plan needs modification, or the youth needs a specific educational plan and does not have one in place. Youth is frequently truant. Score this item for a youth who is legally required to attend school and is not attending or who has been expelled/excluded from school.

## C5. Substance Use

Substances include alcohol, tobacco, and other drugs.

- A. No substance uses. Youth does not use alcohol, drugs, or other substances and is age-appropriately aware of consequences of use. Youth is not in peer relationships/social activities involving alcohol and/or other drugs and/or chooses not to use despite peer-pressured opportunities to use. No demonstrated history or current problems related to substance use.
- B. Past experimentation. Youth may have experience with alcohol and/or other drugs but there is no indication of sustained use.
- C. Situational concern. Youth may have an isolated incident or experience with alcohol, tobacco, or other drugs that is not recurring.
- D. Periodic substance use. Youth's alcohol and/or other drug use has resulted in problematic behavior at home, school, and/or in the community. Use may include multiple drugs. Youth may be involved in peer relationships/social activities involving alcohol, drugs, and other substances.
- E. Frequent substance use. Youth's frequent alcohol, drug, or other substance usage results in severe behavior disturbances



at home, school, and/or in the community. Youth may require medical intervention to detoxify.

## **C6. Sexual Behavior**

Examples of sexually inappropriate behavior may include, but are not limited to, persistent self-stimulation, chronically acting out toward others in sexually inappropriate ways, or engaging in high-risk sexual behavior.

- A. Healthy sexual adjustment/responsible behavior. Youth displays no signs or history of sexual abuse or exploitation. Youth exhibits developmentally appropriate sexual awareness, behavior, and interest. For example, accurate knowledge of reproduction, birth control, and sexually transmitted diseases.
- B. Appropriate sexual adjustment/behavior. Youth does not show any indications of their past sexual abuse and responds to treatment/intervention. Youth exhibits developmentally appropriate sexual awareness, behavior, and interest (e.g., some knowledge of reproduction, birth control, and sexually transmitted diseases).
- C. Situational concern. Youth exhibits a heightened interest/awareness of sexuality that may be a response to a current change in situation or incident (e.g., traumatic event, initial or change in placement, etc.).
- D. Compromised sexual adjustment/irresponsible behavior. Youth is displaying inappropriate behavior due to known or suspected sexual abuse or exploitation. Behaviors may include more sexualized behaviors than same aged youth, preoccupation with sexual themes, increased masturbation, and/or simulating sex acts. Youth may exhibit irresponsible sexual behavior (e.g., unprotected sex or multiple partners).
- E. Severely compromised sexual adjustment/reckless behavior. Youth exhibits severe sexual dysfunction. Indicators may include perpetrating behaviors involving force or coercion, severe sexual preoccupation, compulsive masturbation, and sexual victimization. Youth may become involved in illegal sexual activity such as prostitution or pornography.

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**C7. Life Skills**

- A. Appropriate life skills. Youth consistently demonstrates age-appropriate ability to feed, bathe, and groom him/herself. Youth is able to manage money (e.g., buy groceries/clothing, budgeting, etc.), do laundry, prepare meals, and perform basic housecleaning activities. The youth manages daily routine without intervention.
- B. Adequate life skills. Youth demonstrates some age-appropriate ability to feed, bathe, and groom him/herself. Youth has some ability to manage money (e.g., buying groceries/clothing, budgeting, etc.), carry out housekeeping chores, meal preparation, etc. Youth may need occasional intervention with daily routine.
- C. Situational concern. Youth may need intervention in daily routine due to temporary situation, such as physical injury.
- D. Limited life skills. Youth does not consistently demonstrate age-appropriate ability to feed, bathe, and groom him/herself. Youth has limited knowledge about money management (e.g., buying groceries/clothes, budgeting, etc.), meal preparation, housekeeping tasks, etc. Youth requires intervention with daily routines.
- E. Severely limited life skills. Youth rarely demonstrates an age-appropriate ability to feed, bathe, and groom him/herself. Youth lacks knowledge about money management (e.g., buying groceries/clothing, budgeting, etc.), meal preparation, housekeeping tasks, etc., or is unable to acquire such skills. Youth requires extensive or constant intervention and supervision to manage daily routine.

**C8. Peer/Adult  
Social  
Relationships  
(Non-Family)**

- A. Strong social relationships. Youth routinely interacts with social groups having positive support and influence, model's responsible behavior, and participates in constructive age-appropriate activities. Youth engages actively with a positive support network and has some close, positive relationships with adults. Youth displays age-appropriate solutions to social conflict. Youth does not exhibit any delinquent behavior.

- B. Adequate social relationships. Youth frequently interacts with social groups having positive support and influence. Youth displays age-appropriate social behavior and frequently participates in positive age-appropriate activities. Youth engages with a positive support network. Youth frequently displays age-appropriate solutions to social conflict.
- C. Situational concern. Youth has a situational concern with peer/adult relationships as the result of an experience (e.g., a new school, change of placement, relationship loss, etc.) that may require additional support.
- D. Limited social relationships. Youth has limited peer/social relationships and limited adult support. Youth demonstrates inconsistent social skills. Youth has limited positive interactions with others and demonstrates limited ability to resolve conflicts. Youth occasionally engages in high risk behavior/activities.
- E. Severely limited social relationships. Youth has severely limited and/or negative peer social relationships, has minimal or no adult support, and/or is isolated and lacks access to a support network. Youth is unable to resolve social conflict. Youth chronically engages in high risk behaviors/activities.

### **C9. Cultural/ Community Identity**

- A. Strong cultural/community identity. Youth relates positively to his/her cultural, ethnic, and/or religious heritage. Youth identifies with and participates in cultural and community heritage, beliefs, and practices. Youth expresses age-appropriate inquiries about his/her cultural/community identity.
- B. Adequate cultural/community identity. Youth relates to his/her cultural, ethnic, and/or religious heritage. Youth has a developing sense of identity with his/her cultural and community heritage. Youth expresses an age-appropriate awareness of his/her cultural/community identity.
- C. Situational concern. Youth has a situational concern related to the development of a positive cultural/community identity, which causes an interruption in progress toward achievement of such an identity.
- D. Limited cultural/community identity. Youth has some conflict with his/her cultural, ethnic, and/or religious heritage. Youth's

sense of identity with his/her cultural and community heritage is limited. Youth does not express an age-appropriate awareness of his/her cultural identity.

- E. Disconnected from cultural/community identity. Youth lacks a sense of identity with his/her cultural and community heritage or has a sense of identity but his/her understanding of it results in negative self-concept, distorted perceptions about identity, and/or impaired social functioning.

### **C10. Independent Living Services/ Needs**

- A. Youth is able to live independently. Based on all available information and assessment of the youth's functioning across all critical domains, the youth is able to live independently at this time.
- B. Youth is unable to live independently. Based on all available information and assessment of the youth's functioning across all critical domains, the youth is unable to live independently at this time.

#### **1. Education**

**Adequate:** Youth received either an "a" or "b" rating in CANS item C4. Youth is functioning and performing at or above grade level. Academic achievement is not a barrier to the youth's ability to live independently.

**Inadequate:** Youth received a rating of "c," "d," or "e," in CANS item C4. Youth is functioning below grade level or is experiencing situational difficulty related to school performance. Youth requires intervention and services to address educational needs in order to live independently.

#### **2. Employment/Training**

**Adequate:** Youth knows how to seek employment or is currently employed with sufficient income to meet his/her needs. Youth demonstrates positive work skills or is enrolled in a job-training program, or the youth is unemployed but demonstrates age-appropriate work skills or vocational interests.

**Inadequate:** Youth does not know how to seek employment or is not familiar with how to seek employment. Youth is underemployed

or currently employed but is experiencing problems on the job that might affect current employment status. Youth does not demonstrate age-appropriate or realistic work skills, employment goals, or vocational interests.

### ***3. Daily Living Skills***

**Adequate:** Youth received either an “a” or “b” rating in CANS item C7. Youth demonstrates an ability to feed, bathe, and groom him/herself without intervention with daily routine. Youth knows how to access appropriate transportation when needed (subway, bus line, taxi, etc.).

**Inadequate:** Youth received a rating of “c,” “d,” or “e,” in CANS item C7. Youth lacks sufficient knowledge and/or ability to feed, bathe, and groom him/herself. Youth needs services and intervention to improve daily living skills in order to live independently.

### ***4. Preventive Health Services***

**Adequate:** Youth received either an “a” or “b” rating in CANS item C1. Youth has no, or minor, unmet health needs. Youth possesses the ability to access preventive medical and dental services when necessary (dental exam every 6 months, annual physicals, etc.). Youth knows how to access health related services including family planning and emergency/urgent care services

**Inadequate:** Youth received a rating of “c,” “d,” or “e,” in CANS item C1. Youth has a medical condition or unmet health need(s) and does not possess the knowledge or ability to access necessary services without intervention. Youth is unaware of preventive health care needs (routine dental exams, physicals, etc.). Youth lacks knowledge of available preventive health care services, including family planning and emergency/urgent care services.

### ***5. Parenting Skills***

**Adequate:** Youth has a child(ren) of his/her own and demonstrates appropriate parenting skills including nurturing, developmental knowledge, nutrition, and appropriate discipline. Youth is pregnant and demonstrates an understanding of parenting responsibilities and expectations. Youth does not have children or is not pregnant but demonstrates an understanding of family planning choices and responsible decision-making.

**Inadequate:** Youth has a child(ren) of his/her own and does not demonstrate responsible parenting skills or abilities. Youth is pregnant and does not have a plan for child rearing and/or does not demonstrate the skills necessary to parent a child. Youth is not pregnant and/or does not currently have a child but demonstrates poor skills and/or lacks knowledge of family planning issues and responsible behavior.

**N/A-Young:** Does not have children.

### ***6. Money Management Skills***

**Adequate:** Youth can manage financial resources appropriately and demonstrates budgeting skills, including prioritization of short and long-term expenses necessary for independent living.

**Inadequate:** Youth lacks knowledge and skills to manage money appropriately. Youth is not able to budget financial resources for short and/or long-term planning.

### ***7. Housing/Community Resources***

**Adequate:** Youth knows how to access housing and community resources as needed. Youth proactively plans for housing related needs such as utilities, furnishings, etc. Youth utilizes housing and community resources when referred, or youth demonstrates the ability to follow through with referrals for assistance within the community related to housing assistance and provision of housing-related needs.

**Inadequate:** Youth lacks knowledge of housing resources. Youth accesses community resources but fails to comply with program/service. Youth infrequently or inconsistently follows through with referrals or community services for housing assistance and housing-related needs. Youth refuses to access available community resources related to housing needs.

**PHYSICAL AND  
COGNITIVE  
DEVELOPMENTAL  
MILESTONES**

	<b>Physical</b>	<b>Cognitive</b>
<b>0-4 weeks</b>	Lifts head briefly when on abdomen. Head momentarily to midline when on back. Equal extremity movements. Sucking reflex. Grasp reflex (no reaching, and hand usually closed). Increasing body tone and stabilization of basic body functions, growing capacity to stay awake.	Looks at face transiently. By 3 to 4 weeks, smiles selectively to mother's voice and human voice leads to quieting of cries. Cries if uncomfortable or in state of tension; undifferentiated initially, but gradually varies with cause (i.e. hungry, tired, pain).
<b>1-3 months</b>	Head to 45 degrees when on abdomen, erect when sitting. Bears fraction of weight when held in standing position. Uses vocalizations. By 2-3 months, grasps rattle briefly. Puts hands together. Head is more frequently to midline and comes to 90 degrees when on abdomen. Rolls side to back.	Increased babbles and coos. Most laugh out loud, squeal, and giggle. Smiles responsively to human face. Increases attention span. Able to visually track moving objects side to side and up and down. While lying on back, will wave arms toward a toy dangling from above.
<b>3-6 months</b>	Rolls from abdomen to back, then from back to abdomen. Bears increasing weight when held in standing position. No head lag when pulled to sitting. By 3-4 months, many reaches for objects, suck hand or fingers. Head, eyes, and hands work well together to reach for toys or human face.	Spontaneously vocalizes vowels, begins to make consonant sounds (da, ga, ka, ba). Makes sounds to show joy or displeasure. Smiles or coos at image in mirror. Inspects objects with hands, eyes, mouth. Recognizes familiar people or objects from a distance.
<b>6-9 months</b>	Crawls with left-right alternation. Takes solid food well. Sits without support. Able to support full weight when standing while holding caregiver's hands for support/balance. Picks up small objects, like crumbs, using all fingers in a raking motion. Picks up a toy with fingertips and thumb (space visible between toy and palm).	Imitates speech sounds. Babbles repetitive syllables (ba-ba, da-da, ga-ga, etc.). Beginning sense of humor. Responds to tone of voice and will stop an activity briefly when told "no." Will look for the source of a loud sound. Responds to own name. Bangs a toy up and down on the floor or table.

	Physical	Cognitive
<b>9-12 months</b>	Walks with support from caregiver or by using furniture to cruise. Stands briefly and takes a few uneasy steps. Most have neat pincer grasp. Most can drink from sippy cup unassisted. While holding onto furniture, can bend down, pick up a toy, and return to standing position.	Correctly uses mama/dada. Understands simple commands (“give it to me”). Plays pat-a-cake, peek-a-boo, or similar nursery game. Bangs together objects held in each hand. Can find an object after seeing it hidden (such as covering a toy with a blanket while baby watches).
<b>12-15 months</b>	Stands well alone, walks well, stoops and recovers. Neat pincer grasp. Can put a ball in a box and a raisin in a bottle. Can build a tower of two cubes. Spontaneous scribbling with palmer grasp of crayon. Throws with forward arm motion.	Three to five-word vocabulary. Uses gestures, such as pointing, to communicate. Vocalizing replaces crying for attention. Understands “no.” Shakes head for no. Sense of me and mine. 50% imitate household tasks. Assists with dressing by pushing arms through sleeves or lifting foot for shoe, sock, or pant leg.
<b>15-18 months</b>	Runs stiffly. Walks backwards. Attempts to kick. Climbs on furniture. Crude page turning. Most use spoon well. 50% can help in little household tasks. Most can take off pieces of clothing.	Vocabulary of about ten words. Uses words with gestures. 50% begin to point to body parts. Vocalizes “no.” Points to pictures of common objects (i.e., dog). Knows when something is complete such as waving good-bye. Knows where things are or belong. More claiming of mine. Beginning distinction of you and me but does not perceive others as individuals like self. Resistant to change in routine. Autonomy expressed as defiance. Words are not important discipline techniques.



	Physical	Cognitive
<b>18-24 months</b>	While holding on, walks upstairs, then walks down stairs. Turns single pages. Builds tower of 4-6 cubes. Most copy vertical line. Strings beads or places rings on spindles. Helps dress and undress self. Can wash and dry hands. Most can do simple household tasks.	Markedly increased vocabulary (mostly nouns). Consistently points to body parts. Combines two to three words. Names pictures of common objects. Follows simple directions. Matches colors frequently but uses color names randomly. Uses number words randomly. May indicate wet or soiled diapers. Asks for food or drink. Understands and asks for "another." Mimics real life situations during play. Self-centered, but distinguishes between self and others. Conscious of family group.
<b>2 Years</b>	Jumps in place with both feet. Most throw ball overhead. Can put on clothing; most can dress self with supervision. Can use zippers, buckles, and buttons. Most are toilet trained. Good steering on push toys. Can carry a breakable object. Can pour from one container to another. By 30 months, alternates feet on stair climbing, pedals tricycle, briefly stands on one foot, builds eight cube tower, proper pencil grasp, imitates horizontal line.	Learns to avoid simple hazards (stairs, stoves, etc.). By 30 months, vocabulary reaches 300 words. Identity in terms of names, gender, and place in family are well established. Uses "I," but often refers to self by first name. Phrases and 3-4-word sentences. By 36 months, vocabulary reaches 1000 words, including more verbs and some adjectives. Understands big vs. little. Interest in learning, often asking, "What's that?"
<b>3 Years</b>	Most stand on one foot for 4 seconds. Most hop on one foot. Most broad jump. Toilets self during daytime. By 38 months, draws picture and names it. Draws two-part person.	Counts to three. Tells age by holding up fingers. Tells first and last name (foster children may not know last name). Most answer simple questions. Repeats three or four digits or nonsense syllables. Readiness to conform to spoken word. Understands turn taking. Uses language to resist. Can bargain with peers. Understands long vs. short. By end of third year, vocabulary is 1500 words.

	Physical	Cognitive
<b>4-5 Years</b>	Most hop on one foot, skip alternating feet, balance on one foot for 10 seconds, catch bounced ball, does forward heel-toe walk. Draws three-part person. Copies triangles, linear figures (may have continued difficulty with diagonals, and may have rare reversals). Most dress independently other than back buttons and shoe tying. Washes face and brushes teeth. Laces shoes.	By end of fifth year, vocabulary is over 2000 words including adverbs and prepositions. Understands opposites (day/night). Understands consecutive concepts (big, bigger, biggest). Lots of why and how questions. Correctly counts five to ten objects. Correctly identifies colors. Dogmatic and dramatic. May argue about parental requests. Good imagination. Likes silly rhymes, sound, names, etc. Beginning sense of time in terms of yesterday, tomorrow, sense of how long an hour is, etc. Increasingly elaborate answers to questions.
<b>6-11 Years</b>	Practices, refines, and masters complex gross and fine motor and perceptual skills.	Concrete operational thinking replaces egocentric cognition. Thinking becomes more logical and rational. Develops ability to understand others' perspectives.
<b>12-17 Years</b>	Physiological changes at puberty promote rapid growth, maturity of sexual organs, and development of secondary sex characteristics.	<p>In early adolescence, precursors to formal operational thinking appear, including limited ability to think hypothetically and to take multiple perspectives.</p> <p>During middle and late adolescence, formal operational thinking becomes well developed and integrated in a significant percentage of adolescents.</p>