

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

**ITEM AND RATING DEFINITIONS**

**MANUAL**

Standard  
Comprehensive and Reassessment Versions  
for  
Ages Birth to Four

**Children's Services Act (CSA)**

**Virginia Office of Children's Services**

**June, 2016**

## I. INTRODUCTION:

The CANS was developed by John S. Lyons, Ph.D. and has been refined through the “mass collaboration” of a significant number of individuals in many local jurisdictions, states and countries. The CANS-Comprehensive Birth to Age 4 and the Ages 5-21 as well as the Reassessment versions are open domain tools for use in service delivery systems that address the needs and strengths of at-risk children, youth and families. Designed to work across multiple child-serving agencies, modules are included to target and identify specific needs and strengths in families served by child welfare, juvenile justice, mental health, developmental disabilities and behavioral/emotional health. The copyright for the CANS is held by the Praed Foundation to ensure that it remains free for use by appropriately certified raters. For more general information on the CANS Comprehensive and Reassessment versions for children and youth Birth to Four and Ages 5-21, please contact the Praed Foundation at [www.praedfoundation.com](http://www.praedfoundation.com).

## II. VIRGINIA CANS:

The CANS is the mandatory uniform assessment instrument for all children and youth (Ages Birth-21) and their families served by the Virginia Children’s Services Act (COV §2.2-2648, §2.2-5209, §2.2-5212). Local public agency case managers (Department of Social Services, Court Services Units, Community Services Boards and schools) administer the CANS for these children and youth. CANS are completed online using the CANVaS software (<https://canvas.csa.virginia.gov>). Only local public agency case managers may establish accounts for CANVaS to create assessments. Private providers do not administer the CANS for children and youth receiving CSA-funded services and do not have access to CANVaS.

The 2016 version of the Virginia CANS includes numerous revisions, most notably an expanded Trauma module, a new “Child Welfare” Module with the ability to rate more than one caregiver, and wording changes in item definitions for clarity.

As a rater when you read through this *Item & Rating Definitions Manual*, as well as when you navigate the new CANVaS 2.0 software to complete the assessment, you will note guidance on what and when modules are completed, depending on the type of assessment.

## III. FREQUENCY OF ADMINISTRATION OF THE CANS

The Comprehensive version of the Standard CANS is required initially, (prior to the start of services), annually thereafter, and at discharge from CSA. A discharge CANS must be completed on each child.

Recommendations on the frequency of the Reassessment version of the CANS may be found at [Frequency of Administration of CANS 12 13.pdf](#)

#### IV. TRAINING AND CERTIFICATION ON THE CANS

Current certification on the CANS is required for all raters who administer the assessment. Certification must be renewed annually. As noted above, the Praed Foundation holds the copyright to the CANS and allows its public use at no charge. Certification is not an optional state requirement; it is a requirement of the owner of the assessment for its use. Any CANS administered by a non-currently certified individual is invalid and may not be used for any purpose, including service planning, data collection, or audit documentation.

The Office of Children’s Services through a contract with the Praed Foundation provides access to training and certification on the use of the Virginia CANS. Although the training site ([www.canstraining.com](http://www.canstraining.com)) is primarily provided to ensure raters may obtain certification for CSA purposes, it is also available for private providers, parents and other family members of children to learn about the CANS.

Raters are encouraged to complete the entire training to ensure understanding of the rating logic, the definitions of each rating on each item and the timeframe of each item. Because the CANS often uses “everyday” language, raters sometimes miss the specifics of item or rating definitions. For example, “Physical Health” does not refer to whether or not a child is currently sick. The Physical Health item is intended to identify a physical issue, such as chronic asthma, that may interfere with the child’s successful daily functioning.

Information and updates about the Virginia CANS may be found on the following websites:

- [www.csa.virginia.gov](http://www.csa.virginia.gov) (state CSA website/CANS folder)
- [www.canstraining.com](http://www.canstraining.com) (CANS training and certification site)
- <https://csa.canvas.virginia.gov> (News and Updates CANVaS 2.0)

For more information about Virginia’s administration of the CANS for CSA, contact the Office of Children’s Services at (804) 662-9815 or by e-mail at [csa.office@csa.virginia.gov](mailto:csa.office@csa.virginia.gov).

## V. IMPORTANT INFORMATION ABOUT RATING THE CANS

### *Six Key Principles*

The CANS is rated reliably only when the Six Key Principles are understood and applied prior to rating an item. The Six Key Principles are:

- Items are on the CANS because they are relevant to service/treatment planning.
- Each item uses a 4 (“0-3”) level rating system. The levels are designed to translate immediately into action levels.
- Before establishing the action levels, cultural and developmental factors must be considered.
- Ratings should describe the child, not the child “in services.” If an intervention is present that is masking a need, but must stay in place, the intervention is factored into the rating and results in the rating of an “actionable” item need.
- CANS is a descriptive tool. It is about the “what”, not the “why.”
- A thirty (30) day window is used for ratings in order to make sure assessments stay “fresh” and relevant to the child or youth’s present circumstances. However, the action levels may override the thirty day rating period.

### *Rating Needs Items*

Rating (Number)	Level of Need	Appropriate Action
0	No evidence of need	No action needed
1	Significant history or possible need which is not interfering with functioning-mild level of need	Watchful waiting/Prevention
2	Need interferes with functioning-moderate level of need	Action/Intervention must be taken
3	Need is dangerous or disabling-severe level of need	Immediate/Intensive action must be taken

### *Rating Strengths Items*

Rating (Number)	Level of Strength	Appropriate Action
0	Centerpiece strength	Central to planning*
1	Strength present	Useful in planning*
2	Identified strength or interest	Build/Develop**
3	No strength identified	May identify or create strength

\*Use/build strengths to address needs of children who are younger than 13; use/build strengths to create resiliency separate from treatment for adolescents.

\*\*Building/developing strengths is helpful. Child and youth with strengths tend to function better even if significant needs are present.

### **A Special Note: Reliably Rating the Strengths and Needs of Children and Youth who are Receiving Residential Services**

It may be difficult to reliably rate the needs of a child or youth receiving interventions or services, particularly those residing in an intensive treatment setting. To reliably rate the CANS, the assessor must know the needs of the individual, needs which may be masked by services or the setting. A helpful strategy is to understand the needs that brought the youth to treatment and then look for any evidence that these needs have changed and determine if the change is a “setting effect” or a “treatment effect” (an actual improvement). Setting effects are different than treatment effects. A setting effect is a change in behavior due to the structured environment. A treatment effect is a change in the individual that is likely to transcend environments.

For example, waking a student and walking with him to an on-campus school would be a setting effect for School Attendance. Identifying the factors that led to the youth’s previous School Attendance needs (for example, social anxiety, learning problems) and effectively addressing those issues would be a treatment effect.

***As long as the youth continues to need the treatment in the residential environment (or treatment foster care), the CANS must reflect those needs at an actionable level (ratings of “2s” and/or “3s”).*** Home visits may be a helpful way to determine if ratings may be reduced (improved) in a given area. Remember the assessor may note improvement on some items, while leaving ratings at an actionable level on others. Generally speaking, improvement will be noted in ratings when a youth is ready for discharge to a less restrictive environment or a lesser level of services (or no services) in the community.

The same rule applies with community-based services. If a service is in place that is addressing a need, but the need remains, the item must remain actionable on the CANS and be rated a “2” or a “3”. For example, if a child’s hyperactive behavior improves after being placed on medication, but the need for that medication continues; the “Hyperactive” item would continue to be rated a “2”.

## VI. HOW TO USE THIS MANUAL

### General Information

This manual contains both the Comprehensive and Reassessment versions of the “Standard Virginia CANS Ages Birth to Four.” The Standard CANS is used with all children and youth in who are receiving CSA-funded services primarily through the schools, court services unit, community services board/behavioral health authority, or CSA office.

A separate “DSS-Enhanced Virginia CANS 5-21” is used for all children and youth in LDSS foster care placement (including children served through Non-Custodial Foster Care Agreements), children receiving CSA-funded foster care prevention services from the local department of social services, and youth receiving Independent Living services. Please refer to the “*Item Rating and Definitions Manual for the DSS-Enhanced Virginia CANS*” for guidance on rating the CANS if you are a local DSS case manager.

All five Domains of the CANS are required for both the Comprehensive and Reassessment versions for all children, regardless of primary agency/referral source. The five Domains are:

- Life Functioning
- Child Strengths/Resiliency
- Child Behavioral/Emotional Needs
- Child Risk Factors
- Parent/Guardian Strengths and Needs

In addition to the Domains, there are five Child and Family Functioning *Modules* which are as follows:

- Preschool/Daycare
- Developmental Disability
- Regulatory Functioning
- Trauma
- Child Welfare

The *Modules* are rated in a flexible fashion, depending on the version of the assessment and the individual child’s needs.

### Standard Assessments

The Standard Comprehensive version of the assessment includes the General Questions section, the Domains and the “triggered” *Modules*. The Child and Family Functioning *Modules* are completed only if the assessor rates a “1” or higher on the corresponding “trigger” item. For example, rating a “1” or higher on the “Developmental” item triggers the need to complete the “Developmental Disability” module.

The Standard Reassessment version consists of only the General Questions section and the five Domains, and if appropriate, the Residential Treatment Center (RTC) *Module*. If a child is in residential treatment (not a group home) the RTC *Module* is rated on both the Comprehensive and Reassessment versions of the Standard CANS.

You will see “tips” or notes regarding rating specific items throughout this Manual.

### **Specific Components of Standard Comprehensive Version**

The following are completed:

- General Questions Section
- Life Functioning Domain
- Child Strengths/Resiliency Domain
- Child Behavioral/Emotional Needs Domain
- Child Risk Factors Domain
- Child and Family Functioning Modules if triggered based on the individual needs of the child and family
- Parent/Guardian Strengths and Needs

### **Specific Components of Standard Reassessment Version**

The following are completed:

- General Questions Section
- Life Functioning Domain
- Child Strengths/Resiliency Domain
- Child Behavioral/Emotional Needs
- Child Risk Factors
- Parent/Guardian Strengths and Needs

## VII. TIPS ON RATING THE CANS

- **IMPORTANT:** Familiarize yourself with the item meanings and the definition of each rating on an item found in this manual.
- **IMPORTANT:** Print this “Item and Rating Definitions Manual” and use it as a resource for understanding the meaning of each item and the specific definition for each rating on an item when completing an assessment.
- Remember the CANS assessment is based on observation, not clinical diagnosis or skills. As a rater, you are recording **what** is observed, not **why**.
- Gather information, including observations from parents and the child, providers and other appropriate sources, prior to (or while) rating the CANS.
- Remember “Strengths” items are rated the opposite of “Needs” items. A “0” on a Needs item means there is no evidence of this need or this need is fully met. A “3” on a Strengths item means there is no evidence of a strength in this area or it has not been identified.
- For both Strengths and Needs, the lower the rating number, the better the child or family is functioning.
- If undecided about determining a rating, remember that the need for action “trumps” the level of severity of the need. (See *Six Key Principles* above.) If action is needed or will be planned to address an area, select the higher rating.
- Before taking the certification exam, be sure to read the information posted regarding the “vignette assumption” and any other tips provided prior to the test.



## GENERAL QUESTIONS SECTION

The first page of the assessment in CANVaS, entitled “General Questions”, must be completed. These questions may be viewed if you click on “Interview Mode” at the bottom of the screen (you can switch back to “Rapid Entry Mode.”) The questions and rating definitions are:

- 1. Child’s Placement (Rate “0” for NO and “1” for YES.) Rate the child’s primary placement with a “1.” Rate all remaining choices with a “0.” Do not mark two choices with “1”.**

**Foster Home:** Is the child currently placed in a foster home?

- “0” No, the child spends no time in a foster home.
- “1” Yes, the child’s primary placement is a foster home.

**Group Home:** Is the child currently placed in a group home?

- “0” No, the child spends no time in a group home.
- “1” Yes, the child’s primary placement is a group home.

**Residential Treatment Center:** Is the child currently placed in a residential treatment center?

- “0” No, the child spends no time in a residential treatment center.
- “1” Yes, the child’s primary placement is a residential treatment center.

**Family/Relation Home:** Is the child currently placed with family or relative?

- “0” No, the child spends no time in a family or relative’s home (other than visits).
- “1” Yes, the child’s primary placement is at home or with a relative.

## LIFE FUNCTIONING DOMAIN

<i>Rating</i>	<b>FAMILY</b> <i>Please rate the highest level from the past 30 days.</i>
0	No evidence of problems in interaction with family members.
1	Child is doing adequately in relationships with family members although some problems may exist. For example, some family members may have mild problems in their relationships with child including sibling rivalry or under-responsiveness to child needs.
2	Child is having moderate problems with parents, siblings and/or other family members. Frequent arguing, strained interaction with parent, and poor sibling relationships may be observed.
3	Child is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, constant arguing, and aggression with siblings.

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

<i>Rating</i>	<b>PRESCHOOL/DAYCARE</b> <i>Please rate the highest level from the past 30 days. If child is NOT in preschool/daycare, please rate a "0".</i>
0	No evidence of problem with functioning in current preschool or daycare environment.
1*	Mild problems with functioning in current preschool or daycare environment.
2*	Moderate to severe problems with functioning in current preschool or daycare environment. Child has difficulties maintaining his/her behavior in this setting creating significant problems for others.
3*	Profound problems with functioning in current preschool or daycare environment. Child is at immediate risk of being removed from program due to his/her behaviors or unmet needs.

**\*A rating of "1", "2" or "3" on this item requires the completion of the Preschool/Daycare Module on the Comprehensive version.**

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

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

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

<i>Rating</i>	<b>DEVELOPMENTAL</b> <i>Please rate the highest level from the past 30 days.</i>
0	Child has no problems in cognitive, communication, social or motor development.
1*	There are some concerns that child may have a low IQ or possible delay in communication, social-emotional or motor development.
2*	Child has mental intellectual disability and/or developmental delays in one or more areas (communications, social-emotional, motor).
3*	Child has moderate or profound intellectual disability and/or severe delays in multiple areas of development.

**\*A rating of "1", "2" or "3" on this item requires the completion of the Developmental Disability Module on the Comprehensive version.**

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

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

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

<i>Rating</i>	<b>SELF CARE/DAILY LIVING</b> <i>Please rate the highest level from the past 30 days.</i>
0	Child's self-care and daily living appear developmentally appropriate. There is no reason to believe the child has any problems performing daily living skills.
1	Child requires some assistance on self-care tasks or daily living skills at a greater level than would be expected for age. Development in this area may be slow. Infants may require greater than expected level of assistance in eating and may demonstrate a lack of progression in skills.
2	Infant/child requires consistent assistance (physical prompting) on developmentally appropriate self-care tasks and/or does not appear to be developing the needed skills in this area.
3	Child is not able to function independently at all in this area.

<i>Rating</i>	<b>RELATIONSHIP PERMANENCE</b> <i>Please rate the highest level from the past 30 days. This rating refers to the stability of significant relationships in the child's life. This likely includes family members but may also include other individuals.</i>
0	This level indicates a child who has very stable relationships. Family members, friends and community have been stable for most of child's life and are likely to remain so in the foreseeable future. Child is involved with both parents.
1	This level indicates a child who has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.
2	This level indicates a child who has had at least one stable relationship over his/her lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.
3	This level indicates a child who does not have any stability in relationships with any caregiver. Adoption must be considered.

## CHILD STRENGTHS/RESILIENCY

<i>Rating</i>	<b>FAMILY</b> <i>Please rate the highest level from the past 30 days.</i>
0	Significant family strengths. This level indicates a family with much love and respect for one another. Family members are central in each other's lives. Child is fully included in family activities.
1	Moderate level of family strengths. This level indicates a loving family with generally good communication and ability to enjoy each other's company. There may be some problems between family members.
2	Mild level of family strengths. Family is able to communicate and participate in each other's lives; however, family members may not be able to provide significant emotional or concrete support for each other.
3	This level indicates a family with no known family strengths. Child is not included in normal family activities.

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

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

<i>Rating</i>	<b>ADAPTABILITY</b> <i>Please rate the highest level from the past 30 days.</i>
0	Child has a strong ability to adjust to changes and transitions.
1	Child has the ability to adjust to changes and transitions; when challenged the infant/child is successful with caregiver support.
2	Child has difficulties much of the time adjusting to changes and transitions even with caregiver support.
3	Child has difficulties most of the time coping with changes and transitions. Adults are minimally able to impact child's difficulties in this area.

<i>Rating</i>	<b>PERSISTENCE</b> <i>Please rate the highest level from the past 30 days.</i>
0	Infant/child has a strong ability to continue an activity when challenged or meeting obstacles.
1	Infant/child has some ability to continue an activity that is challenging. Adults can assist a infant/child to continue attempting the task or activity.
2	Infant/child has limited ability to continue an activity that is challenging and adults are only sometimes able to assist the infant/child in this area.
3	Child has difficulties most of the time coping with challenging tasks. Support from adults minimally impacts the child's ability to demonstrate persistence in this area.

<i>Rating</i>	<b>CURIOSITY</b> <i>Please rate the highest level from the past 30 days.</i>
0	This level indicates a child with exceptional curiosity. Infant displays mouthing and banging of objects within grasp; older children crawl or walk to objects of interest.
1	This level indicates a child with good curiosity. An ambulatory child who does not walk to interest objects, but who will actively explore them when presented to him/her would be rated here.
2	This level indicates a child with limited curiosity. Child may be hesitant to seek out new information or environments, or reluctant to explore even presented objects.
3	This level indicates a child with very limited or no observable curiosity.

## CHILD BEHAVIORAL/EMOTIONAL NEEDS

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

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<i>Rating</i>	<b>REGULATORY: BODY CONTROL/EMOTIONAL CONTROL:</b> <i>Please rate the highest level from the past 30 days.</i>
0	No evidence of regulatory problems.
1*	Some problems with regulation are present. Infants may have unpredictable patterns and be difficult to console. Older children may require a great deal of structure and need more support than other children in coping with frustration and difficult emotions.
2*	Some problems with regulation are present. Infants may have unpredictable patterns and be difficult to console. Older children may require a great deal of structure and need more support than other children in coping with frustration and difficult emotions. Moderate problems with regulation are present. Infants may demonstrate significant difficulties with transitions, and irritability such that consistent adult intervention is necessary and disruptive to the family. Older children may demonstrate severe reactions to sensory stimuli and emotions that interfere with their functioning and ability to progress developmentally. Older children may demonstrate such unpredictable patterns in their eating and sleeping routines that the family is disrupted and distressed.
3*	Profound problems with regulation are present that place the infant/child's safety, well-being and/or development at risk.

***\*A rating of "1", "2" or "3" on this item requires the completion of the Regulatory Module on the Comprehensive version.***

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

<i>Rating</i>	<b>FAILURE TO THRIVE</b> <i>Please rate based on the past 30 days.</i>
0	No evidence of failure to thrive.
1	The infant/child may have experienced past problems with growth and ability to gain weight and is currently not experiencing problems. The infant/child may presently be experiencing slow development in this area.
2	The infant or child is experiencing problems in their ability to maintain weight or growth. The infant or child may be below the 4 <sup>th</sup> percentile for age and sex, may weigh less than 80% of their ideal weight for age, have depressed weight for height, have a rate of weight gain that causes a decrease in two or more major percentile lines over time, (74 <sup>th</sup> to 24 <sup>th</sup> ).
3	The infant/child has one or more of all of the above and is currently at serious medical risk.

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<i>Rating</i>	<b>DEPRESSION</b> <i>Please rate based on the past 30 days.</i>
0	No evidence of problems with depression.
1	There are some indicators that the child may be depressed or has experienced situations that may lead to depression. Infants may appear to be withdrawn and slow to engage at times during the day. Older children are irritable or do not demonstrate a range of affect.
2	Moderate problems with depression are present. Infants demonstrate a change from previous behavior and appear to have a flat affect with little responsiveness to interaction most of the time. Older children may have negative verbalizations, dark themes in play and demonstrate little enjoyment in play and interactions.
3	Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain.

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

<i>Rating</i>	<b>ATYPICAL BEHAVIORS</b> <i>Please rate based on the past 30 days. Behaviors may include mouthing after 1 year, head banging, smelling objects, spinning, twirling, hand flapping, finger-flicking, rocking, toe walking, staring at lights, or repetitive and bizarre verbalizations.</i>
0	No evidence of atypical behaviors in the infant/child.
1	History or reports of atypical behaviors from others that have not been observed by caregivers.
2	Clear evidence of atypical behaviors reported by caregivers that are observed on an ongoing basis.
3	Clear evidence of atypical behaviors that are consistently present and interfere with the infants/child's functioning on a regular basis.

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



<b>Rating</b>	<b>OPPOSITIONAL</b> Please rate using time frames provided in the anchors. <b>Only rate this item if child is three years of age or older. Rate "0" if child is under the age of 3.</b>
0	No evidence
1	History or recent onset (past 6 weeks) of defiance towards authority figures.
2	Clear evidence of oppositional and/or defiant behavior towards authority figures, which is currently interfering with the child's functioning in at least one life domain. Behavior is persistent and caregiver's attempts to change behavior have failed.
3	Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others or problems in more than one life domain that is resulting in interference with child's social and emotional development.

<b>Rating</b>	<b>INTENTIONAL MISBEHAVIOR</b> Please rate the highest level from the past 30 days. <b>Only rate this item if child is three years of age or older. Rate "0" if child is under the age of 3.</b>
0	No evidence of problematic intentional misbehavior. Child does not engage in behavior that forces adults to sanction him/her.
1	Mild level of problematic intentional misbehavior. This might include occasional inappropriate social behavior that forces adults to sanction the child. Infrequent inappropriate comments to strangers or unusual behavior in social settings might be included in this level.
2	Moderate level of problematic intentional misbehavior. Social behavior is causing problems in the child's life. Child may be intentionally getting into trouble in school or home.
3	Severe level of problematic intentional misbehavior. This level would be indicated by frequent serious social behavior that forces adults to seriously and/or repeatedly sanction the child. Intentional misbehaviors are sufficiently severe and they place the child at risk of significant sanctions (e.g. expulsion, removal from the community).

<b>Rating</b>	<b>ADJUSTMENT TO TRAUMA</b> Please rate based on the past 30 days.
0	No evidence of trauma.
1	The child has experienced a traumatic event and is not demonstrating symptoms or there are mild changes in the child's behavior that are controlled by caregivers.
2	Clear evidence of adjustment problems associated with traumatic life event/s. Adjustment is interfering with child's functioning in at least one life domain. Infants may have developmental regression, and/or eating and sleeping disturbance. Older children may have all of the above as well as behavioral symptoms, tantrums and withdrawn behavior.
3	Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the child to function in any life domain.

## CHILD RISK FACTORS

<b>Rating</b>	<b>BIRTH WEIGHT:</b> Please rate Risk based on Low Birth Weight and Small for Gestational Age Status. (see chart)
0	Child born within normal range for weight. A child born 5.5 pounds or over would be rated here.
1	Child was born underweight but is now within normal range or child is slightly beneath normal range. A child's birth weight of between 3.3 pounds and 5.5 pounds would be rated here.
2	Child was born considerably underweight to the point of presenting a developmental risk to the child. A child with a birth weight of 2.2 pounds to 3.3 pounds would be rated here.
3	Child was born extremely underweight to the point of the child's life being threatened. A child with a birth weight of less than 2.2 pounds would be rated here.

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

<i>Rating</i>	<b>PRENATAL CARE</b> <i>Please rate on time frames indicated in the anchor definitions.</i>
0	Child's biological mother received adequate prenatal care that began in the first trimester. Child's mother did not experience any pregnancy related illnesses.
1	Child's biological mother had some short-comings in prenatal care, or had a mild form of a pregnancy related illness.
2	Child's biological mother received poor prenatal care, initiated only in the last trimester or had a moderate form of a pregnancy related illness.
3	Child's biological mother had no prenatal care or had a severe pregnancy related illness.

<i>Rating</i>	<b>LABOR AND DELIVERY</b> <i>Please rate using time frames indicated in the anchor definitions.</i>
0	Child and biological mother had normal labor and delivery.
1	Child or mother had some mild problems during delivery, but child does not appear affected by problems.
2	Child or mother had problems during delivery that resulted in temporary functional difficulties for the child or mother.
3	Child had severe problems during delivery that have resulted in long term implications for development.

<i>Rating</i>	<b>SUBSTANCE EXPOSURE</b> <i>Please rate using time frames indicated in the anchor definitions.</i>
0	Child's birth mother did not use any alcohol, tobacco or drugs throughout the pregnancy.
1	Child's birth mother used minimal amounts of alcohol and or tobacco throughout the pregnancy. (e.g., smoked less than 6 cigarettes per day, ingested alcohol fewer than 4 times during pregnancy).
2	Child's birth mother used moderate amounts of alcohol, tobacco and/or drugs throughout the pregnancy (e.g. smoked 6 or more cigarettes per day, ingested alcohol more than 4 times during the pregnancy). Any minimal or moderate ingestion of illegal drugs (e.g. heroine, cocaine) would be rated here.
3	Child's birth mother used alcohol, drugs, and or tobacco extensively throughout the pregnancy. Any child who evidenced substance withdrawal at birth (e.g. crankiness, feeding problems, tremors, weak and continual crying) or has neurological or birth defects as a result of substance exposure should be noted here.

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

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

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

<b>Rating</b>	<b>SEXUALLY REACTIVE</b> <i>Please rate the highest level from the past 30 days.</i>
0	No evidence of problems with sexually reactive behavior.
1	Some evidence of sexually reactive behavior. Child may exhibit occasional inappropriate sexual language or has age inappropriate knowledge of sexual behavior. This behavior does not place child at great risk.
2	Moderate problems with sexually reactive behavior that places child at some risk. Child may exhibit more frequent sexually provocative behaviors in a manner that impairs functioning, engages in age inappropriate sexual touching.
3	Significant problems with sexually reactive behaviors. Child exhibits sexual behaviors that place child or others at immediate risk.

<b>Rating</b>	<b>ABUSE/NEGLECT*</b> <i>Please rate the highest level from the past 30 days.</i>
0	No evidence nor does the caregiver have any history of abuse/neglect.
1	Parent has history of abuse/neglect but has successfully completed treatment.
2	Parent has history of abuse/neglect without treatment.
3	Evidence of current abuse/neglect.

**\*All mandated reporters are legally required to report suspected abuse/neglect to CPS.**

## INDIVIDUALIZED CHILD FUNCTIONING MODULES COMPREHENSIVE VERSION

### MODULE #1 PRESCHOOL/DAYCARE

**This module is rated only when triggered by a rating of “1” or higher on the “Preschool/Daycare” item in the Life Functioning Domain of the Comprehensive Version. Modules are not rated on the Reassessment Version.**

Rating	<b>PRESCHOOL/DAYCARE BEHAVIOR</b> <i>Please rate the highest level from the past 30 days;</i>
0	Child is behaving well in preschool/daycare.
1	Child is behaving adequately in preschool/daycare although some mild behavior problems may exist. Child may have a history of behavioral problems.
2	Moderate level of self-harm behavior such as head banging that cannot be impacted by caregiver and interferes with child’s functioning.
3	Severe level of self-harm behavior that puts the child’s safety and well-being at risk.

Rating	<b>PRESCHOOL/DAY CARE ACHIEVEMENT</b> <i>Please rate the highest level from the past 30 days.</i>
0	Child is doing well acquiring new skills.
1	Child is doing adequately acquiring new skills with some challenges. Child may be able to compensate with extra adult support.
2	Child is having moderate problems with acquiring new skills. Child may not be able to retain concepts or meet expectations even with adult support in some areas.
3	Child is having severe achievement problems. Child may be completely unable to understand or participate in skill development in most or all areas.

Rating	<b>PRESCHOOL/DAYCARE ATTENDANCE</b> <i>Please rate the highest level from the past 30 days.</i>
0	Child attends preschool/daycare regularly.
1	Child has some problems attending preschool/daycare but generally is present. May miss up to one day per week on average OR may have had moderate to severe problem in the past six months but has been attending regularly in the past month.
2	Child is having problems with school attendance. He/she is missing at least two days each week on average.
3	Child is absent most of the time and this causes a significant challenge in achievement, socialization and following routine.

Rating	<b>PRESCHOOL/DAY CARE ACHIEVEMENT</b> <i>Please rate the highest level from the past 30 days.</i>
0	Child is doing well acquiring new skills.
1	Child is doing adequately acquiring new skills with some challenges. Child may be able to compensate with extra adult support.
2	Child is having moderate problems with acquiring new skills. Child may not be able to retain concepts or meet expectations even with adult support in some areas.
3	Child is having severe achievement problems. Child may be completely unable to understand or participate in skill development in most or all areas.

## **MODULE #2 DEVELOPMENTAL DISABILITY**

**This module is rated only when triggered by a rating of “1” or higher on the “Developmental” item in the Life Functioning Domain of the Comprehensive Version.**

<i>Rating</i>	<b>COGNITIVE</b> <i>Please rate the highest level from the past 30 days.</i>
0	No evidence of cognitive development problems.
1	Infant/child has some indicators that cognitive skills are not appropriate for age or are at the lower end of age expectations. Infants may not consistently demonstrate familiarity with routines and anticipatory behavior. Infants may seem unaware of surroundings at times. Older children may have challenges in remembering routines, and completing tasks such as sorting, or recognizing colors some of the time.
2	Infant/child has clear indicators that cognitive development is not at expected level and interferes with functioning much of the time. Infants may not have the ability to indicate wants/needs. Infants may not demonstrate anticipatory behavior all or most of the time. Older children may be unable to demonstrate understanding of simple routines or the ability to complete simple tasks.
3	Infant/child has significant delays in cognitive functioning that are seriously interfering with their functioning. Infant/child is completely reliant on caregiver to function.

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

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

<i>Rating</i>	<b>SOCIAL-EMOTIONAL DEVELOPMENTAL</b> <i>Please rate the highest level from the past 30 days.</i>
0	Child's social interactions and emotional responses appear within normal range.
1	Some concerns that child's social interactions and/or emotional responses are not developing normally.
2	Clear evidence of impaired social interactions (failure to develop peer reaction to others) and/or a lack of emotional reciprocity (failure to express empathy, pleasure, curiosity) and/or repetitive, stereotyped patterns of behaviors, interests (hand flapping, preoccupation with parts of toys rather than playing with toys).
3	Clear evidence of severely impaired social interactions, lack of emotional reciprocity, and/or repetitive, stereotyped patterns of behaviors or interests to the degree that the child is unable to participate in a wide range of age appropriate activities and settings.

### **MODULE #3 -REGULATORY FUNCTION**

**This module is rated only if triggered by a rating of "1" or higher on the Regulatory; Body Control/Emotional Control item in the Child Behavioral/Emotional Needs Domain of the Comprehensive Version.**

<i>Rating</i>	<b>EATING</b> <i>Please rate the highest level from the past 30 days.</i>
0	No evidence of problems related to eating.
1	Mild problems with eating that have been present in the past or are currently present some of the time causing mild impairment in functioning.
2	Moderate problems with eating are present and impair the child's functioning. Infants may be finicky eaters, spit food or overeats. Infants may have problems with oral motor control. Older children may overeat, have few food preferences and not have a clear pattern of when they eat.
3	Severe problems with eating are present putting the infant/child at risk developmentally. The child and family are very distressed and unable to overcome problems in this area.

<i>Rating</i>	<b>ELIMINATION</b> <i>Please rate the highest level from the past 30 days.</i>
0	There is no evidence of elimination problems.
1	Infant/child may have a history of elimination difficulties but is presently not experiencing this other than on rare occasion.
2	Infant/child demonstrates problems with elimination on a consistent basis. This is interfering with child's functioning. Infants may completely lack a routine in elimination and develop constipation as a result. Older children may experience the same issues as infants along with encopresis and enuresis.
3	Infant/child demonstrates significant difficulty with elimination to the extent that child/parent is in significant distress or interventions have failed.

<i>Rating</i>	<b>SENSORY REACTIVITY</b> <i>Please rate the highest level from the past 30 days.</i>
0	There is no evidence of sensory reactivity that is hyper- or hypo- reactive.
1	Infant/child may have a history of sensory issues or have mild issues currently that are controlled by caregiver support.
2	Infant/child demonstrates hyper/hypo reactivity to sensory input in one or more sensory modality such that impairment in functioning is present.
3	Infant/child demonstrates significant reactivity to sensory input such that caregiver cannot mediate the effects.

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

## **MODULE #4 TRAUMA**

**This module is rated only when triggered by a rating of “1” or higher on the “Adjustment to Trauma” item in the Child Behavioral/Emotional Needs Domain of the Comprehensive Version.**

<i>Rating</i>	<b>SEXUAL ABUSE</b> <i>Please rate within the lifetime.</i>
0	There is no evidence than the infant/child has experienced sexual abuse.
1*	Infant/child has experienced one episode of sexual abuse or there is a suspicion that infant/child has experienced sexual abuse but no confirming evidence.
2*	Infant/child has experienced repeated sexual abuse.
3*	Infant/child has experience sever and or/repeated sexual abuse. Sexual abuse may have caused physical harm.

**\*If a child is rated a “1”, “2”, or “3” on the Sexual Abuse item, you must complete the following sub-module. If child is rated a “0” on the Sexual Abuse item, move to the next item in the Trauma Module which is “Physical Abuse.”**

### **SEXUAL ABUSE SUB-MODULE**

<b>Rating</b>	<b>EMOTIONAL CLOSENESS TO PERPETRATOR</b>
0	Perpetrator was a stranger at the time of the abuse.
1	Perpetrator was known to the child at the time of event but only as an acquaintance.
2	Perpetrator had a close relationship with the child. (e.g. teacher, coach, mentor, close family friend)
3	Perpetrator was a family member with whom the child has a strong and durable emotional bond. (e.g. primary caretaker, parent, sibling)

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Rating	FREQUENCY OF ABUSE
0	Abuse occurred only one time.
1	Abuse occurred two times.
2	Abuse occurred two to ten times.
3	Abuse occurred more than ten times.

Rating	DURATION
0	Abuse occurred only one time.
1	Abuse occurred within a six month time period.
2	Abuse occurred within a six-month to one year time period.
3	Abuse occurred over a period of longer than one year.

Rating	PHYSICAL FORCE
0	No physical force or threat of force occurred during the abuse episode(s).
1	Sexual abuse was associated with threat of violence but no physical force.
2	Physical force was used during the sexual abuse.
3	Significant physical force/violence was used during the sexual abuse. Physical injuries occurred as a result of the force.

Rating	REACTION TO DISCLOSURE
0	All significant family members are aware of the abuse and supportive of the child coming forward with the description of his/her abuse experience.
1	Most significant family members are aware of the abuse and supportive of the child for coming forward. One or two family members may be less supportive. Parent may be experiencing anxiety/depression/guilt regarding abuse.
2	Significant split among family members in terms of their support of the child for coming forward with the description of his/her experience.
3	Significant lack of support from close family members of the child for coming forward with the description of his/her abuse experience. Significant relationship (e.g. parent, care-giving grandparent) is threatened.

**TRAUMA MODULE RESUMES...**

Rating	PHYSICAL ABUSE <i>Please rate within the lifetime.</i>
0	There is no evidence that the infant/child has experienced physical abuse.
1	Infant/child has experienced one episode of physical abuse or there is a suspicion that child has experienced physical abuse but no confirming evidence.
2	Infant/child has experienced repeated physical abuse.
3	Infant/child has experienced severe and/or repeated physical abuse that causes sufficient physical harm to necessitate hospital treatment.

Rating	EMOTIONAL ABUSE <i>.Please rate within the lifetime.</i>
0	There is no evidence that the infant/child has experienced emotional abuse.
1	Infant/child has experienced mild emotional abuse.
2	Infant/child has experienced emotional abuse over an extended period of time (at least one year).
3	Infant/child has experienced severe and repeated emotional abuse over an extended period of time (at least one year).



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<i>Rating</i>	<b>MEDICAL TRAUMA</b> <i>Please rate within the lifetime</i>
0	There is no evidence that infant/child has experienced any medical trauma.
1	Infant/child has experienced mild medical trauma including minor surgery (e.g. stitches, bone setting).
2	Infant/child has experienced moderate medical trauma including major surgery or injuries requiring hospitalization.
3	Infant/child has experienced life threatening medical trauma.

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

<i>Rating</i>	<b>WITNESS TO DOMESTIC VIOLENCE</b> <i>Please rate within the lifetime.</i>
0	There is no evidence that the infant/child has witnessed domestic violence.
1	Infant/child has witnessed physical violence or repeated threats of violence in household on at least one occasion but the violence did not result in injury.
2	Infant/child has witnessed repeated domestic violence that has resulted in the injury of at least one family member.
3	Infant/child has witnessed repeated and/or severe episode(s) of family violence. Significant injuries have occurred as a direct result of the violence.

<i>Rating</i>	<b>WITNESS TO COMMUNITY VIOLENCE</b> <i>Please rate within the lifetime.</i>
0	There is no evidence that infant/child has witnessed violence in the community.
1	Infant/child has witnessed fighting or other forms of violence in the community
2	Infant/child has witnessed the significant injury of others in his/her community.
3	Infant/child has witnessed the death/rape of another person in his/her community.

<i>Rating</i>	<b>WITNESS/VICTIM TO CRIMINAL ACTIVITY</b> <i>Please rate within the lifetime.</i>
0	There is no evidence that infant/child has been victimized or witnessed significant criminal activity.
1	Infant/child is a witness of significant criminal activity.
2	Infant/child is a direct victim of criminal activity or witnessed the victimization of a family or friend.
3	Infant/child is a victim of criminal activity that was life threatening or caused significant physical harm or child witnessed the death/rape of a loved one.

## PARENT/GUARDIAN/CAREGIVER STRENGTHS & NEEDS DOMAIN

*Please rate the child's PARENT(S), CUSTODIAN OR LEGAL GUARDIAN for children and youth receiving services.*

*The terms "parent", "guardian," "custodian" and "caregiver" are used interchangeably in this domain. Items in this domain are rated based on the parent/guardian/caregiver's ability to care for the specific child being assessed.*

*This Domain is rated for both the Comprehensive and Reassessment versions of the Standard CANS.*

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

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

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

Rating	<b>ORGANIZATION</b> <i>Please rate the highest level from the past 30 days.</i>
0	Caregiver is well-organized and efficient.
1	Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.
2	Caregiver has moderate difficulty organizing and maintaining household to support needed services.
3	Caregiver is unable to organize household to support needed services.

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<b>Rating</b>	<b>SOCIAL AND FAMILY CONNECTIONS</b> <i>This item refers to non-paid help or assistance. Please rate the highest level from the past 30 days.</i>
0	Caregiver has significant family and social network that actively helps with raising the child (i.e., child rearing).
1	Caregiver has some family or social network that actively helps with raising the child (i.e., child rearing).
2	Caregiver has some family or social network that may be able to help with raising the child (i.e., child rearing).
3	Caregiver has no family or social network that may be able to help with raising the child (i.e., child rearing).

<b>Rating</b>	<b>RESIDENTIAL STABILITY</b> <i>Please rate using the time frames in the anchors.</i>
0	Caregiver has stable housing for the foreseeable future.
1	Caregiver has relatively stable housing but either has moved in the past three months or there are indications of housing problems that might force them to move in the next three months.
2	Caregiver has moved multiple times in the past year. Housing is unstable.
3	Caregiver has experienced periods of homelessness in the past year.

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

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

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

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

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

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

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

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

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

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<i>Rating</i>	<b>LEGAL/CRIMINAL</b> <i>Please rate according to language in the anchor definitions.</i>
0	Caregiver has no known legal/criminal difficulties.
1	Caregiver has a history of legal/criminal problems but currently is not involved with the legal system.
2	Caregiver has some legal/criminal problems and is currently involved in the legal system.
3	Caregiver has serious current or pending legal/criminal difficulties that place him/her at risk of incarceration. Caregiver needs an immediate comprehensive and community-based intervention.

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

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

<i>Rating</i>	<b>SAFETY*</b> <i>This rating refers to safety of the assessed child. It does not refer to the safety of others based on any danger presented by the child. Please rate the highest level from the past 30 days.</i>
0	Household is safe and secure. Child is at no risk from others.
1	Household is safe but concerns exist about the safety of the child due to unsafe circumstances in the past which warrant continued monitoring of safety threats.
2	Threats to child's safety have been identified but may be effectively managed by caregiver protective capacities and supportive services.
3	Safety threats to child have been identified and caregiver's protective capacities are not sufficient to ensure the child's safety. Safety plan or protective custody is needed or has occurred.

***\*All mandated reporters are legally required to report suspected abuse/neglect to CPS.***

**END**