**Child and Adolescent Needs and Strengths (CANS) Results – Ages 0 to 5**

**Use of form:** The CANS Assessment is required documentation for any child that is placed in out-of-home care. This form provides a breakdown and summary of the child’s CANS score and any actionable items for the child, current caregiver, and permanent resource.

**Instructions:** The CANS Assessment is required to be completed at 30 days of placement and every six months thereafter when the child is with the same provider. The CANS is completed by a child welfare professional trained and certified to complete the CANS in collaboration with the child’s team and current caregiver. Information on this form is pre-filled from the child’s electronic record in eWiSACWIS upon supervisory approval of the CANS Assessment.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child/Youth Full Name | | | | | Date Of Birth (mm/dd/yyyy) | | | Court File Number | |
|  | | | | |  | | |  | |
| Effective Date (mm/dd/yyyy) | Age at Time of Assessment | Assessment Type | | | Current Caregiver Full Name | | | | |
|  |  |  | | |  | | | | |
| **CHILD/PROVIDER MATCH** | | | | | | | | | | |
| Child’s Assessed Level of Need (LON): | | | | | Provider’s Level of Care (LOC): | | | | | |
|  | | | | | | | | | | |
| **MENTAL HEALTH SCREEN** | | | | | | | | | | |
|  | | | | | | | | | | |
| **CHILD/YOUTH RESULTS** | | | | | | | | | | |
| **Module** | | | | **Score** | | | | | | |
| Trauma | | | | of | | | | | | |
| Sexual Abuse | | | | of | | | | | | |
| Life Functioning | | | | of | | | | | | |
| Developmental | | | | of | | | | | | |
| Regulatory | | | | of | | | | | | |
| Medical | | | | of | | | | | | |
| Preschool / Child Care | | | | of | | | | | | |
| Child and Family Cultural Factors | | | | of | | | | | | |
| Child Behavioral / Emotional Needs | | | | of | | | | | | |
| Child Risk Factors | | | | of | | | | | | |
| Child Risk Behaviors | | | | of | | | | | | |
| Child Strengths | | | | of | | | | | | |
| TOTAL SCORE | | | | of | | | | | | |
| **CURRENT CAREGIVER RESULTS** | | | | | | | | | | |
| **Full Name** | | | | **Score** | | | **Level of Care** | | | |
|  | | | | of | | |  | | | |
| **IDENTIFIED PERMANENT RESOURCE RESULTS** | | | | | | | | | | |
| **Full Name** | | | | **Type** | | | | **Score** | | **Level of Care** |
|  | | | |  | | | | of | |  |

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child/Youth Full Name | | | | Date Of Birth (mm/dd/yyyy) | | | Court File Number | |
|  | | | |  | | |  | |
| Effective Date (mm/dd/yyyy) | | Age at Time of Assessment | Assessment Type | Current Caregiver Full Name | | | | |
|  | |  |  |  | | | | |
| **SIGNATURES** | | | | | | | | | |
|  |  | | | |  |  | |  |
|  |  |  |
|  | **SIGNATURE** – Parent / Legal Guardian | | | |  | Date Signed | |  |
|  | | | | | | | | |
|  |  | | | |  |  | |  |
|  | **SIGNATURE** – Parent / Legal Guardian | | | |  | Date Signed | |  |
|  | | | | | | | | |
|  |  | | | |  |  | |  |
|  | **SIGNATURE** – Current Caregiver | | | |  | Date Signed | |  |
|  | | | | | | | | |
|  |  | | | |  |  | | |
|  | Child Welfare Professional Full Name | | | |  |  | | |
|  | | | | | | | | |
|  |  | | | |  |  | |  |
|  | **SIGNATURE** – Child Welfare Professional Full Name | | | |  | Date Signed | |  |
|  | | | | | | | | |
|  |  | | | |  |  | | |
|  | Supervisor Full Name | | | |  |  | | |
|  | | | | | | | | |
|  |  | | | |  |  | |  |
|  | **SIGNATURE** – Supervisor | | | |  | Date Signed | |  |

**ACTIONABLE ITEMS FOR CHILD / YOUTH**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Child/Youth Full Name | | | | | Date Of Birth (mm/dd/yyyy) | Court File Number |
|  | | | | |  |  |
| Effective Date (mm/dd/yyyy) | | Age at Time of Assessment | Assessment Type | | Current Caregiver Full Name | |
|  | |  |  | |  | |
| **Immediate / Intensive Action Needed (3s)** | | | | | | |
|  | **Item and Module** | | | **Actions to be Taken and by Whom** | | |
|  |  | | |  | | |
| **Action Needed (2s)** | | | | | | |
|  | **Item and Module** | | | **Actions to be Taken and by Whom** | | |
|  |  | | |  | | |
| **Watchful Waiting / Prevention (1s)** | | | | | | |
|  | **Item and Module** | | | **Actions to be Taken and by Whom** | | |
|  |  | | |  | | |

**ACTIONABLE ITEMS FOR CURRENT CAREGIVER**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Child/Youth Full Name | | | | | Date Of Birth (mm/dd/yyyy) | Court File Number |
|  | | | | |  |  |
| Effective Date (mm/dd/yyyy) | | Age at Time of Assessment | Assessment Type | | Current Caregiver Full Name | |
|  | |  |  | |  | |
| **Immediate / Intensive Action Needed (3s)** | | | | | | |
|  | **Item and Module** | | | **Actions to be Taken and by Whom** | | |
|  |  | | |  | | |
| **Action Needed (2s)** | | | | | | |
|  | **Item and Module** | | | **Actions to be Taken and by Whom** | | |
|  |  | | |  | | |

**ACTIONABLE ITEMS FOR IDENTIFIED PERMANENT RESOURCE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Child/Youth Full Name | | | | | Date Of Birth (mm/dd/yyyy) | Court File Number |
|  | | | | |  |  |
| Effective Date (mm/dd/yyyy) | | Age at Time of Assessment | Assessment Type | | Current Caregiver Full Name | |
|  | |  |  | |  | |
| **Immediate / Intensive Action Needed (3s)** | | | | | | |
|  | **Item and Module** | | | **Actions to be Taken and by Whom** | | |
|  |  | | |  | | |
| **Action Needed (2s)** | | | | | | |
|  | **Item and Module** | | | **Actions to be Taken and by Whom** | | |
|  |  | | |  | | |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child/Youth Full Name | | | | | | | | | Date Of Birth (mm/dd/yyyy) | Court File Number | | | | | | | | | |
|  | | | | | | | | |  |  | | | | | | | | | |
| Effective Date (mm/dd/yyyy) | Age at Time of Assessment | | Assessment Type | | | | | | Current Caregiver Full Name | | | | | | | | | | |
|  |  | |  | | | | | |  | | | | | | | | | | |
| **TRAUMA** | | **0** | | **1** | **2** | **3** |  | **PRESCHOOL / CHILD CARE** | | | **0** | | **1** | | **2** | | **3** | | |
| Sexual Abuse | |  | |  |  |  |  | Preschool / Child Care | | |  | |  | |  | |  | | |
| a. Emotional Closeness to Perpetrator | |  | |  |  |  |  | a. Attendance | | |  | |  | |  | |  | | |
| b. Frequency of Abuse | |  | |  |  |  |  | b. Compatibility | | |  | |  | |  | |  | | |
| c. Duration | |  | |  |  |  |  | c. Behavior | | |  | |  | |  | |  | | |
| d. Physical Force | |  | |  |  |  |  | d. Achievement | | |  | |  | |  | |  | | |
| e. Reaction to Disclosure | |  | |  |  |  |  | e. Relationships with Teachers | | |  | |  | |  | |  | | |
| f. Victim of Sex Trafficking | |  | |  |  |  |  | f. Relationships with Peers | | |  | |  | |  | |  | | |
| Physical Abuse | |  | |  |  |  |  |  | | |  | |  | |  | |  | | |
| Neglect | |  | |  |  |  |  |  | | |  | |  | |  | |  | | |
| Emotional Abuse | |  | |  |  |  |  |  | | |  | |  | |  | |  | | |
| Medical Trauma | |  | |  |  |  |  | **CHILD AND FAMILY CULTURAL FACTORS** | | | | **0** | | **1** | | **2** | | **3** | |
| Natural or Manmade Disaster | |  | |  |  |  |  | Language | | | |  | |  | |  | |  | |
| Witness to Family Violence | |  | |  |  |  |  | Cultural Identity | | | |  | |  | |  | |  | |
| Witness to Community Violence | |  | |  |  |  |  | Traditions and Rituals | | | |  | |  | |  | |  | |
| Witness / Victim to Criminal Activity | |  | |  |  |  |  | Cultural Stress | | | |  | |  | |  | |  | |
| **Adjustment to Trauma** | | **0** | | **1** | **2** | **3** |  | Knowledge Congruence | | | |  | |  | |  | |  | |
| Affect Regulation | |  | |  |  |  |  | Help Seeking Congruence | | | |  | |  | |  | |  | |
| Re-experiencing the Trauma | |  | |  |  |  |  | Expression of Distress | | | |  | |  | |  | |  | |
| Avoidance | |  | |  |  |  |  |  | | | |  | |  | |  | |  | |
| Increased Arousal | |  | |  |  |  |  |  | | | |  | |  | |  | |  | |
| Numbing Response | |  | |  |  |  |  |  | | | |  | |  | |  | |  | |
|  | |  | |  |  |  |  | **CHILD BEHAVIORAL / EMOTIONAL NEEDS** | | | | **0** | | **1** | | **2** | | | **3** |
|  | |  | |  |  |  |  | Attachment | | | |  | |  | |  | |  | |
| **LIFE FUNCTIONING** | | **0** | | **1** | **2** | **3** |  | Failure to Thrive | | | |  | |  | |  | |  | |
| Family - Nuclear | |  | |  |  |  |  | Depression (Withdrawn) | | | |  | |  | |  | |  | |
| Family - Extended | |  | |  |  |  |  | Anxiety | | | |  | |  | |  | |  | |
| Living Situation | |  | |  |  |  |  | Atypical Behaviors | | | |  | |  | |  | |  | |
| Developmental | |  | |  |  |  |  | Impulsive / Hyperactive | | | |  | |  | |  | |  | |
| a. Cognitive | |  | |  |  |  |  | Oppositional | | | |  | |  | |  | |  | |
| b. Autism Spectrum | |  | |  |  |  |  |  | | | |  | |  | |  | |  | |
| c. Communication | |  | |  |  |  |  |  | | | |  | |  | |  | |  | |
| d. Self-Care Daily Living Skills | |  | |  |  |  |  |  | | | |  | |  | |  | |  | |
| Medical | |  | |  |  |  |  | **CHILD RISK FACTORS** | | | | **0** | | **1** | | **2** | | **3** | |
| a. Life Threat | |  | |  |  |  |  | Birth Weight | | | |  | |  | |  | |  | |
| b. Chronicity | |  | |  |  |  |  | Pica | | | |  | |  | |  | |  | |
| c. Diagnostic Complexity | |  | |  |  |  |  | Prenatal Care | | | |  | |  | |  | |  | |
| d. Emotional Response | |  | |  |  |  |  | Length of Gestation | | | |  | |  | |  | |  | |
| e. Impairment in Functioning | |  | |  |  |  |  | Labor and Delivery | | | |  | |  | |  | |  | |
| f. Treatment Involvement | |  | |  |  |  |  | Substance Exposure | | | |  | |  | |  | |  | |
| g. Intensity of Treatment | |  | |  |  |  |  | Parent / Sibling Problems | | | |  | |  | |  | |  | |
| h. Organizational Complexity | |  | |  |  |  |  | Maternal Availability | | | |  | |  | |  | |  | |
| Physical | |  | |  |  |  |  |  | | | |  | |  | |  | | |  |
| Dental | |  | |  |  |  |  |  | | | |  | |  | |  | | |  |
| Daily Functioning | |  | |  |  |  |  |  | | | |  | |  | |  | | |  |
| Social Functioning | |  | |  |  |  |  | **CHILD RISK BEHAVIORS** | | | | **0** | | **1** | | **2** | | **3** | |
| Recreation / Play | |  | |  |  |  |  | Self-Harm | | | |  | |  | |  | |  | |
| Regulatory | |  | |  |  |  |  | Aggressive Behavior | | | |  | |  | |  | |  | |
| a. Eating | |  | |  |  |  |  | Intentional Misbehavior | | | |  | |  | |  | | |  |
| b. Elimination | |  | |  |  |  |  | **CHILD STRENGTHS** | | | | **0** | | **1** | | **2** | | **3** | |
| c. Sensory Reactivity | |  | |  |  |  |  | Relationship Permanence | | | |  | |  | |  | |  | |
| d. Emotional Control | |  | |  |  |  |  | Family - Nuclear | | | |  | |  | |  | |  | |
| Motor | |  | |  |  |  |  | Family - Extended | | | |  | |  | |  | |  | |
| Communication | |  | |  |  |  |  | Interpersonal | | | |  | |  | |  | |  | |
| Sleep | |  | |  |  |  |  | Adaptability | | | |  | |  | |  | |  | |
|  | |  | |  |  |  |  | Persistence | | | |  | |  | |  | |  | |
|  | |  | |  |  |  |  | Curiosity | | | |  | |  | |  | |  | |
|  | |  | |  |  |  |  | Resiliency | | | |  | |  | |  | |  | |
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**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child/Youth Full Name | | | | | Date Of Birth (mm/dd/yyyy) | | | | Court File Number |
|  | | | | |  | | | |  |
| Effective Date (mm/dd/yyyy) | Age at Time of Assessment | Assessment Type | | | Current Caregiver Full Name | | | | |
|  |  |  | | |  | | | | |
| **CURRENT CAREGIVER** | | | | **0** | **1** | | **2** | **3** |
| Supervision | | | |  |  | |  |  |
| Problem Solving | | | |  |  | |  |  |
| Involvement with Care | | | |  |  | |  |  |
| Knowledge | | | |  |  | |  |  |
| Empathy with Child | | | |  |  | |  |  |
| Organization | | | |  |  | |  |  |
| Social Resources | | | |  |  | |  |  |
| Physical Health | | | |  |  | |  |  |
| Mental Health | | | |  |  | |  |  |
| Substance Use | | | |  |  | |  |  |
| Developmental | | | |  |  | |  |  |
| Family Stress | | | |  |  | |  |  |
| Cultural Congruence | | | |  |  | |  |  |
| **IDENTIFIED PERMANENT RESOURCE STRENGTHS AND NEEDS** | | | | **0** | **1** | | **2** | **3** |
| : | | | |  |  | |  |  |
| Residential Stability | | | |  |  | |  |  |
| Self-Care / Daily Living | | | |  |  | |  |  |
| Accessibility to Child Care Services | | | |  |  | |  |  |
| Cultural Stress | | | |  |  | |  |  |
| Employment / Educational Functioning | | | |  |  | |  |  |
| Educational Attainment | | | |  |  | |  |  |
| Financial Resources | | | |  |  | |  |  |
| Community Connection | | | |  |  | |  |  |
| Legal | | | |  |  | |  |  |
| Transportation | | | |  |  | |  |  |
| Supervision | | | |  |  | |  |  |
| Problem Solving | | | |  |  | |  |  |
| Involvement with Care | | | |  |  | |  |  |
| Knowledge | | | |  |  | |  |  |
| Empathy with Child | | | |  |  | |  |  |
| Organization | | | |  |  | |  |  |
| Social Resources | | | |  |  | |  |  |
| Physical Health | | | |  |  | |  |  |
| Mental Health | | | |  |  | |  |  |
| Substance Use | | | |  |  | |  |  |
| Developmental | | | |  |  | |  |  |
| Family Stress | | | |  |  | |  |  |
| Cultural Congruence | | | |  |  | |  |  |