

# Omaha System Knowledge-Behavior-Status (KBS) Problem Rating Manual

**Washington State  
Children's Administration for  
Early Family Support Service (EFSS) &  
Early Intervention Program (EIP)  
April 2010**

<b>Omaha Problem</b>	<b>Page #</b>
<b>Abuse – Adult (Domestic Violence)</b>	<b>3-4</b>
<b>Abuse - Child</b>	<b>5-7</b>
<b>Caretaking/Parenting</b>	<b>8-10</b>
<b>Growth &amp; Development - Child</b>	<b>11-13</b>
<b>Health Care Supervision - Child</b>	<b>14-16</b>
<b>Income</b>	<b>17-18</b>
<b>Mental Health</b>	<b>19-20</b>
<b>Neglect - Child</b>	<b>21-24</b>
<b>Residence</b>	<b>25-26</b>
<b>Substance Abuse - Alcohol/Drugs</b>	<b>27-28</b>
<b>Substance Abuse - Tobacco</b>	<b>29-30</b>

This Omaha System Knowledge, Behavior and Status (KBS) rating manual for Washington State Early Family Support Services and Early Intervention Program has been adapted from the following sources:

- Martin, K. (2005). *The Omaha System: A Key to Practice, Documentation, and Information Management*, Second Edition. St. Louis, MO: Elsevier Saunders.
- We would also like to recognize the efforts of the Spokane Regional Health District and Tacoma-Pierce Health District for their first versions of the Omaha System KBS manual.

The Omaha System Knowledge, Behavior and Status (KBS) rating manual for Washington State Early Family Support Services and Early Intervention Program manual was developed under the leadership of the Washington State HUB Facilitators Group. We would like to thank the following participants for their valuable contributions to this project:

Connie Arias, Tacoma-Pierce County Public Health  
Rebecca Benson, Public Health – Seattle & King County  
Erin Galvin, Public Health – Seattle & King County  
Deborah Greenleaf, Public Health – Seattle & King County  
Patricia Kennedy, Public Health – Seattle & King County  
Caroline Law, Spokane Regional Health District  
April Potts, Washington State Children's Administration  
Vivian Stevenson, Public Health – Seattle & King County

We also would like to recognize the outstanding consultation and support we received from Dr. Karen Monsen, University of Minnesota with the development of this manual.

## **Abuse (Adult) Domestic Violence: (pg 219)**

Child or adult subjected to non-accidental physical, emotional, or sexual violence or injury

### **Signs/Symptoms**

- Welts/bruises/burns/other injuries
- Questionable explanation of injury
- Attacked verbally
- Fearful/hyper vigilant behavior
- Violent environment
- Consistent negative messages
- Assaulted sexually
- Other

### **KBS rating considerations:**

<b><u>Knowledge</u></b> <b>(What client knows)</b>	<b><u>Behavior</u></b> <b>(What client does)</b>	<b><u>Status</u></b> <b>(How the client is)</b>
Consider knowledge of: <ul style="list-style-type: none"><li>• Cycle of power and control</li><li>• Effects of abuse on self and others</li><li>• Legal protection from abuse</li><li>• Community resources</li><li>• Safety promoting behaviors</li><li>• Awareness of own history and effect on present situation</li><li>• Safety planning</li></ul>	Consider client's: <ul style="list-style-type: none"><li>• Safety planning</li><li>• Readiness to take action</li><li>• Acknowledgement of abuse</li><li>• Client accepting/seeking of information</li></ul>	Consider: <ul style="list-style-type: none"><li>• All types of abuse</li><li>• Visible injuries</li><li>• Isolation from family and friends</li><li>• Financial independence, support</li><li>• Emotional status</li><li>• Client-family safety</li></ul> Observations that are not overtly manifested in client's <ul style="list-style-type: none"><li>• physical condition such as reaction to partner's presence, etc.</li></ul> <b><u>Do not</u></b> consider abuser's behavior or status

### **Guidelines & Notes:**

- Adult Abuse is opened for DV survivors

References:

- Children's Administration Washington State Department of Social and Health Services. (2010) Social Worker's Practice Guideline to Domestic Violence. <http://www.dshs.wa.gov/pdf/Publications/22-1314.pdf>
- Family Violence Prevention Fund: (2004) "National consensus guidelines on identifying and responding to DV victimization in health care settings", see <http://endabuse.org>

## Abuse (Adult) Domestic Violence

	1 <b>None</b>	2 <b>Minimal</b>	3 <b>Basic</b>	4 <b>Adequate</b>	5 <b>Superior</b>
<b>Caregiver's Knowledge</b>	<ul style="list-style-type: none"> <li>• Unable or unwilling to talk about relationship problems or abuse</li> <li>• May be unaware that abuse is a problem</li> </ul>	<ul style="list-style-type: none"> <li>• Able to articulate some unsafe or abusive behaviors by partner</li> </ul>	<ul style="list-style-type: none"> <li>• Able to articulate safety risks</li> <li>• Identifies who to contact for emergencies</li> </ul>	<ul style="list-style-type: none"> <li>• Recognizes and understands abusive behavior and risks to self/others</li> <li>• Able to identify supportive persons or other community resources</li> </ul>	<ul style="list-style-type: none"> <li>• Articulates what is a healthy relationship</li> <li>• Articulates right to live without harm or abuse in personal relationships</li> </ul>
	<b>Extreme Concern</b>	<b>Severe Concern</b>	<b>Moderate Concern</b>	<b>Minimal Concern</b>	<b>No Concern</b>
<b>Caregiver Behavior</b>	<ul style="list-style-type: none"> <li>• Unable to or rarely accesses health care for abuse related injuries</li> <li>• Unable or unwilling to discuss community resources or other supports for abuse</li> <li>• May appear fearful/guarded when talking about abusive partner</li> </ul>	<ul style="list-style-type: none"> <li>• Seeks medical care for injuries</li> <li>• Takes initiative to ask questions or ask for support with abusive behaviors</li> <li>• May take responsibility or makes excuses for partner's abuse</li> <li>• Begins to recognize and discuss safety issues</li> </ul>	<ul style="list-style-type: none"> <li>• Identifies safety risks and starts to develop safety plans</li> <li>• Engages in community resources or other supports for the abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Able to articulate a short term/long term safety plan for self/child</li> <li>• Demonstrates a greater sense of control and comfort with personal relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Reports feeling safe in personal relationships</li> <li>• Lives in an environment that is free of abuse</li> <li>• Client reports/provider observes that personal relationships are positive and meets social/emotional needs</li> </ul>
	<b>Extreme S/S</b>	<b>Severe S/S</b>	<b>Moderate S/S</b>	<b>Minimal S/S</b>	<b>No S/S</b>
<b>Caregiver Status</b>	<ul style="list-style-type: none"> <li>• Client reports/provider observes symptoms of physical abuse, sexual abuse, or emotional abuse in the past month</li> <li>• Client reports/provider observes extreme concern for safety with self/children</li> </ul>	<ul style="list-style-type: none"> <li>• Client reports/provider observes periodic physical, sexual or emotional abuse in the past few months</li> <li>• Client reports/provider observes frequent concern for safety with self/children</li> </ul>	<ul style="list-style-type: none"> <li>• Client reports/provider observes occasional abuse in the past year</li> <li>• Client reports some concern of safety for self/children</li> </ul>	<ul style="list-style-type: none"> <li>• Client reports/provider observes minimal abuse in relationships</li> <li>• Client reports having formal/informal support systems</li> <li>• Client reports/provider observes little concern for safety with self/children</li> </ul>	<ul style="list-style-type: none"> <li>• Client reports/provider observes no evidence of physical, sexual or emotional abuse</li> <li>• Client actively engages and utilizes formal/informal support systems</li> <li>• Client reports no safety concerns</li> </ul>

## **Abuse (Child): (pg 219)**

Child subjected to non-accidental physical, emotional, or sexual violence or injury

### **Signs/Symptoms**

- Harsh / excessive discipline
- Welts/bruises/burns/other injuries
- Questionable explanation of injury
- Attacked verbally
- Fearful/hyper vigilant behavior
- Violent environment
- Consistent negative messages
- Assaulted sexually
- Other

### **KBS rating considerations:**

#### **Caregiver's Knowledge**

Consider knowledge of:

- What abuse is
- What appropriate discipline is
- Effects of a violent environment
- Appropriate and positive parenting practices

#### **Child's Behavior**

Consider child behaviors for red flags for abuse, such as:

- Unusual responses to caregiver
- Indiscriminant friendliness
- Watchfulness
- Sexual actions
- Affect
- Sudden onset of bedwetting
- Guardedness

#### **Child's Status**

Consider:

- Visible injuries
- Emotional status
- Child safety
- Presence of violence in child's environment
- Harsh, abusive, or excessive physical discipline of child
- Child left with inappropriate or dangerous caregivers

### **Guidelines & Notes:**

- Abuse-Child is a child problem / pathway. Assess and document child's behavior and status
- Assess caregiver's knowledge  
Caregiver knowledge about abuse is documented in the Abuse/Child Problem.  
Caregiver behavior and status are documented in the Caretaking/Parenting Problem.
- Domestic Violence is an Abuse-Adult problem and documented on the caregiver's pathway

References:

Children's Trust Fund of Washington, Protective Factors. Available on [www.wcpca.washington](http://www.wcpca.washington)

Attachment Theory Research. Available <http://childandfamilypolicy.duke.edu/eca/Attachment/index.htm>

The Massie-Campbell scale of mother-infant attachment indicators during stress. Available: <http://adscale.com>

## Abuse - Child

	1	2	3	4	5
	<b>None</b>	<b>Minimal</b>	<b>Basic</b>	<b>Adequate</b>	<b>Superior</b>
<b>Caregiver's Knowledge</b>	Caregiver unaware that current parenting practices have negative impacts on child well being	Caregiver acknowledges some negative impacts from current parenting practices	Caregiver articulates basic knowledge of age appropriate positive parenting practices	Caregiver has adequate knowledge of age appropriate positive parenting practices and gives 3-4 examples	Caregiver readily gives examples of age appropriate positive parenting practices in daily routines
	Caregiver unable to recognize/unwilling to talk about abusive incidents or abusive discipline practices	Caregiver acknowledges some negative impacts of current disciplinary practices on child	Caregiver has basic knowledge of age appropriate discipline and gives 1-2 examples	Caregiver has adequate knowledge of age appropriate discipline practices and gives 3-4 examples	Caregiver articulates a variety of age appropriate ways to discipline and manage child behavior
	Caregiver has no knowledge of parenting practices which promote positive social-emotional development of child	Caregiver asks little questions on ways to positively respond to child's behaviors & needs	Caregiver has basic knowledge on ways to positively respond to child's behaviors & needs and gives 1-2 examples	Caregiver has adequate knowledge on ways to positively respond to child's behaviors & needs and gives 3-4 examples	Caregiver articulates appropriate ways to promote positive social-emotional development and behaviors of child
	<b>Extreme Concern</b>	<b>Severe Concern</b>	<b>Moderate Concern</b>	<b>Minimal Concern</b>	<b>No Concern</b>
<b>Child's Behavior</b>	Child appears anxious and fearful in caregiver's presence	Child appears insecure or ambivalent in caregiver's presence	Child intermittently shows pleasure and anxiousness in caregiver's presence	Child is less tense around caregiver and is able to smile and interact for brief periods	Child enjoys being with caregiver
	Child does not actively seek out caregiver's attention or avoids interacting with caregiver	Child rarely seeks caregiver's attention and rarely interacts	Child sometimes seeks caregiver's attention	Child frequently seeks out or interacts with caregiver	Child readily seeks caregiver when needing help, needing attention, when wanting to play, or when distressed
	Child avoids or never looks at, vocalizes to, or reaches out to caregiver	Child rarely looks at, vocalizes to, or reaches out to caregiver	Child sometimes looks at, vocalizes to, or reaches out to caregiver	Child frequently looks at, vocalizes to, or reaches out to caregiver	Child readily smiles, laughs, vocalizes, reaches out to caregiver
	Child avoids or pulls away from caregiver's touch	Child frequently pulls away from caregiver's touch	Child occasionally pulls away from caregiver's touch	Child rarely pulls away from caregiver's touch	Child seeks out caregiver's touch and enjoys being held by caregiver

## Abuse – Child Continued

	1	2	3	4	5
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
<b>Child's Status</b>	Child actively resists or stiffens when caregiver attempts to soothe or hold child	Child does not relax when caregiver attempts to soothe or hold child	Child intermittently relaxes when caregiver attempts to soothe or hold child	Child relaxes and will allow caregiver to soothe or hold child	Child readily responds to parent's attempt to soothe, caress, or hold child
	Caregiver reports/provider observes multiple or severe incidents of child physical abuse or sexual abuse that require assessment and interventions	Caregiver reports/provider observes some incidents of child physical abuse or sexual abuse that require assessment and interventions	Caregiver reports/provider observes sporadic incidents of child physical abuse, or sexual abuse	Caregiver reports/provider observes rare incidents of child physical abuse, or sexual abuse	No reports or observations of child physical abuse, or sexual abuse
	Child is harshly disciplined with corporal punishment or with psychologically/emotionally abusive discipline methods <i>(examples: severe isolation, demeaning child, punishing child by withholding affection)</i>	Child frequently disciplined with corporal punishment and some emotionally abusive methods	Child is occasionally disciplined with corporal punishment and/or emotionally abusive methods	Child rarely is disciplined with corporal punishment methods  Child is rarely disciplined of emotionally abusive discipline methods	Child receives age appropriate behavior management or discipline that is free from abuse
	Child exhibits significant social-emotional health disturbance which requires mental health interventions	Child exhibits some social-emotional health disturbance which requires mental health interventions or Child is accessing mental health interventions	Child having little social-emotional health disturbance  Child may have a history of social-emotional health disturbance	Child usually exhibits appropriate social-emotional health patterns for age	Child consistently exhibits appropriate social-emotional health patterns for age
	Child exposed to ongoing incidents of domestic violence	Child frequently exposed to incidents of domestic violence	Child exposed to incidents of domestic violence in the past year	Child has a history of exposure to incidents of domestic violence	Child has never been exposed to domestic violence incidents

## Caretaking / Parenting: (pg 208)

Providing support, nurturance, stimulation, and physical care for dependent child or adult

### Signs/Symptoms

- Difficulty providing physical care / safety
- Difficulty providing emotional nurturance
- Difficulty providing cognitive learning experiences and activities
- Difficulty providing preventive and therapeutic health care
- Expectations incongruent with stage of growth and development
- Dissatisfaction / difficulty with responsibilities
- Difficulty interpreting or responding to verbal/nonverbal communication
- Neglectful
- Abusive
- Other

### KBS rating considerations:

<u>Knowledge</u> (What caregiver knows)	<u>Behavior</u> (What caregiver does)	<u>Status</u> (How the caregiver is)
<p>Consider knowledge of:</p> <ul style="list-style-type: none"> <li>• Age/developmental appropriate parenting</li> <li>• Infant/child cues</li> <li>• Fostering social emotional and cognitive growth</li> <li>• Physical care, safety</li> <li>• Positive/effective discipline practices</li> <li>• Developmental Stages</li> </ul>	<p>Consider client's:</p> <ul style="list-style-type: none"> <li>• Responding to infant cues &amp; behavior</li> <li>• Providing structure (routines)</li> <li>• Makes eye contact</li> <li>• Engages in nurturing interaction</li> <li>• Uses appropriate discipline methods for age, development, and situation</li> <li>• Physically/emotionally abusive to child</li> </ul>	<p>Consider:</p> <ul style="list-style-type: none"> <li>• Child Protection, Dependency Court, or legal issues</li> <li>• Enjoyment of parenting</li> <li>• Prioritization of child's needs</li> <li>• Meets child's physical, developmental, emotional, safety needs</li> <li>• Parent/caregiver's cognitive ability</li> </ul>

### Guidelines & Notes:

- Assess and document caregiver's knowledge, behavior and status on Caretaking-Parenting
- Child's behavior is charted under Abuse-Child, or Neglect-Child, or Growth and Development
- Suggested tools: TIPP Safety Survey, ASQ/ASQSE, PFR

## Caretaking/Parenting

	1	2	3	4	5
	<b>None</b>	<b>Minimal</b>	<b>Basic</b>	<b>Adequate</b>	<b>Superior</b>
<b>Caregiver Knowledge</b>	No knowledge of appropriate parenting practices for child's age/development/situation  Believes inaccurate parenting & discipline information	Minimal knowledge of appropriate parenting practices for child's age/development/situation  Some belief of inaccurate parenting & discipline information	Able to identify some appropriate parenting & discipline practices for child's age/development/situation	Usually knows appropriate parenting & discipline practices for child's age/development/situation	Consistently knows appropriate parenting & discipline practices for child's age/development/situation
	No knowledge or awareness of need to prioritize child's welfare over personal gratification needs	Minimally aware of need to prioritize child's welfare over personal gratification needs	Some understanding of prioritizing child's welfare over personal gratification needs	Adequate understanding of prioritizing child's welfare over personal gratification needs	Consistently prioritizes child's welfare over personal gratification needs
	No knowledge of child's developmental stages	Minimal knowledge of child's developmental stages	Some understanding of child's developmental stages	Adequate understanding of child's developmental stages	Completely understands child's developmental stages
	No knowledge of age/developmentally appropriate safety measures	Minimal knowledge of age/developmentally appropriate safety measures	Some understanding of age/developmentally appropriate safety measures	Adequate understanding of age/developmentally appropriate safety measures	Completely understands age/developmentally appropriate safety measures
	<b>Extreme Concern</b>	<b>Severe Concern</b>	<b>Moderate Concern</b>	<b>Minimal Concern</b>	<b>No Concern</b>
<b>Caregiver Behavior</b>	Does not provide basic physical or health care	Minimally provides for child's physical or health needs	Intermittently provides for child's physical or health needs	Adequately provides for child's physical or health needs	Consistently provides for child's physical or health needs
	Is indifferent or hostile with child. Not able to provide emotional care	Relates to infant or child in indifferent or hostile manner. Minimally provides for child's emotional needs	Sometimes shows nurturing behavior and sometimes supports child's emotional needs	Often shows positive nurturing behaviors that supports child's emotional needs	Consistently shows nurturing behaviors that supports child's emotional needs
	Ignores or inappropriately responds to child cues	Frequently misreads child's cues	Sometimes responds appropriately to child's cues	Usually responds appropriately to child's cues	Consistently responds appropriately to child's cues
	Frequently uses harsh or inappropriate discipline for age, development & situation	Sometimes uses harsh or inappropriate discipline for age, development & situation	Occasionally uses harsh or inappropriate discipline methods that are appropriate for age, development	Often uses disciplines methods that are appropriate for age, development & situation	Consistently uses appropriate discipline for age, development & situation

## Caretaking/Parenting - Continued

	1	2	3	4	5
<b>Behavior</b>	<b>Extreme Concern</b>	<b>Severe Concern</b>	<b>Moderate Concern</b>	<b>Minimal Concern</b>	<b>No Concern</b>
	Leaves child in unsafe situation or with unsafe caregivers	Frequently leaves child in unsafe situations or with unsafe caregivers	Sometimes leaves child in unsafe situations or with unsafe caregivers	Rarely leaves child in unsafe situations or with unsafe caregivers	Consistently provides for child's safety needs
	Unable to seek out resources/ help for parenting concerns	Rarely seeks out resources/ help for parenting concerns	Sometimes seeks out resources/ help for parenting concerns	Often seeks out resources/ help for parenting concerns	Consistently and independently seeks out new parenting information.
	<b>Extreme S/S</b>	<b>Severe S/S</b>	<b>Moderate S/S</b>	<b>Minimal S/S</b>	<b>No S/S</b>
<b>Caregiver Status</b>	Anxious and/or negative about parenting/caretaking responsibilities	Expresses discomfort and/or is ambivalent about parenting/caretaking responsibilities	Expresses some positive feelings about parenting/caretaking responsibilities	Usually positive about parenting/caretaking responsibilities.	Consistently satisfied parenting/caretaking responsibilities
	Caregiver unable to demonstrate realistic and appropriate expectations and learning activities for child's age/developmental level.	Caregiver rarely demonstrates appropriate expectations and learning activities for child's age/developmental level.	Caregiver sometimes demonstrates appropriate expectations and learning activities for child's age/developmental level.	Caregiver often demonstrates appropriate expectations and learning activities for child's age/developmental level	Caregiver consistently demonstrates realistic expectations and learning activities for child's age/developmental level
	Caregiver is open to CPS or has court/legal involvement for child abuse or neglect concerns	Caregiver is open to CPS for child abuse or neglect	Caregiver sometimes provides safe and appropriate care for child	Caregiver usually provides safe and appropriate care for child	Caregiver consistently provides safe and appropriate care for child

## Growth and Development: (pg. 223)

Progressive physical, emotional, and social maturation along the age continuum from birth to death.

### Signs/Symptoms

- Abnormal weight/height/head circumference in relation to growth/age standards
- Abnormal results of developmental screening
- Age-inappropriate behavior
- Inadequate achievement / maintenance of developmental tasks
- Other

---

### KBS rating considerations:

#### Knowledge (What caregiver knows)

Consider knowledge of:

- All aspects of child growth and development, including physical, cognitive, emotional, and social
- Age appropriate tasks

#### Behavior (What child does)

Consider client's:

- Is behavior congruent with developmental stage
- How well child responds to environment
- Child's interaction with others

#### Status (How the child is)

Consider:

- Developmental testing results
- Height/Weight/Head Circumference
- Attainment of Developmental Milestones

### Guidelines & Notes:

- Behavior/Status relationship: a child's behavior should be considered within the context of their status. For example, a child may have a permanent delay, which will result in a lower status. If the child's behavior is appropriate considering s/he has a permanent delay, the behavior rating may be high while the status rating is low.
- Consider familial growth patterns
- Growth and Development is a child problem/pathway. Assess and document child's behavior and status
- Assess and document caregiver's knowledge
- Open caregiver to Caretaking/Parenting problem. Caregiver's behavior and status are documented in the Caretaking/Parenting Problem.
- **Suggested tools:** ASQ, ASQ-SE

#### **References:**

- Early Childhood Milestone map 2008 (For parents of children 0-5)
- Website [www.cdc.gov/actearly](http://www.cdc.gov/actearly)
- Website [www.nichc.org](http://www.nichc.org) (National Dissemination Center for Children with Disabilities)
- Denver II training manual 1992
- ASQ II and ASQ III manual 2008
- ASQ: SE Manual 2002
- Standardized CDC Growth Charts 2000

## Growth and Development

	1	2	3	4	5
	<b>None</b>	<b>Minimal</b>	<b>Basic</b>	<b>Adequate</b>	<b>Superior</b>
<b>Caregiver's Knowledge</b>	<ul style="list-style-type: none"> <li>• No knowledge about child growth and development or developmental needs</li> <li>• Frequently has inappropriate developmental expectations for child with/without disability</li> <li>• No knowledge of child's medical diagnosis, disability, or developmental delay</li> </ul>	<ul style="list-style-type: none"> <li>• Little knowledge of child's growth and development or developmental needs.</li> <li>• Often has inappropriate developmental expectations for a child with/without a disability</li> <li>• Minimal knowledge of child's medical diagnosis disability, or developmental delay</li> </ul>	<ul style="list-style-type: none"> <li>• Basic knowledge of child's growth and developmental needs</li> <li>• Sometimes has inappropriate developmental expectations for a child with/without a disability</li> <li>• Basic knowledge of child's medical diagnosis, disability, or developmental delay</li> </ul>	<ul style="list-style-type: none"> <li>• Good knowledge of child's growth and development and developmental needs.</li> <li>• Has an adequate understanding of appropriate developmental expectations for child with/without disability</li> <li>• Adequate knowledge of child's medical diagnosis, or developmental delay</li> </ul>	<ul style="list-style-type: none"> <li>• Superior knowledge of child's growth and development and developmental needs</li> <li>• Consistently has appropriate developmental expectations for a child with/ without a disability</li> <li>• Superior knowledge of child's medical diagnosis, disability, or developmental delay</li> </ul>
	<b>Extreme Concern</b>	<b>Severe Concern</b>	<b>Moderate Concern</b>	<b>Minimal Concern</b>	<b>No Concern</b>
<b>Child's Behavior</b>	<ul style="list-style-type: none"> <li>• Child not able to perform developmental skills at age level</li> <li>• Reports of extreme social-emotional or behavioral concerns</li> <li>• Extreme difficulty with age appropriate choices/ decision making</li> <li>• Extremely poor school attendance and/or performance</li> </ul>	<ul style="list-style-type: none"> <li>• Child rarely able to perform developmental skills at age level</li> <li>• Reports of severe social-emotional or behavioral concerns</li> <li>• Severe difficulty with age appropriate choices/ decision making</li> <li>• Irregular school attendance and/or performance is marginal</li> </ul>	<ul style="list-style-type: none"> <li>• Child sometimes able to perform developmental skills at age level</li> <li>• Reports of moderate social-emotional or behavioral concerns</li> <li>• Some difficulty with age appropriate choices/ decision making</li> <li>• Satisfactory school attendance and/or performance</li> </ul>	<ul style="list-style-type: none"> <li>• Child usually able to perform developmental skills at age level</li> <li>• Reports of minimal social-emotional or behavior concerns</li> <li>• Usually demonstrates age appropriate choices/ decision making</li> <li>• Good school attendance and/or performance</li> </ul>	<ul style="list-style-type: none"> <li>• Child consistently able to perform developmental skills at age level</li> <li>• Child does not have social-emotional or behavioral concerns</li> <li>• Consistently demonstrates age appropriate choices/ decision making</li> <li>• Excellent school attendance and/or performance</li> </ul>

## Growth and Development - Continued

	1	2	3	4	5
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
<b>Child Status</b>	<ul style="list-style-type: none"> <li>• Based on test parameters, developmental screen/assessment results show extreme delays in 3 or more developmental domains (Gross Motor, Fine Motor, Communication, Problem Solving, Personal/Social)</li> <li>• Infant/child's growth pattern extremely inadequate, either over weight or under weight based on BMI parameters for age/health status (CDC growth charts)</li> <li>• Failing more than 1 subject in school</li> </ul>	<ul style="list-style-type: none"> <li>• Based on test parameters, developmental screen/assessment results show moderate delays or severe delay in one developmental domain (Gross Motor, Fine Motor, Communication, Problem Solving, Personal/Social)</li> <li>• Infant/child's growth pattern inadequate either over weight, under weight based on BMI parameters for age/health status (CDC growth charts)</li> <li>• Failing 1 subject in school</li> </ul>	<ul style="list-style-type: none"> <li>• Based on test parameters, developmental screen/assessment results show one moderate delay or 2 minimal delays in developmental domains (Gross Motor, Fine Motor, Communication, Problem Solving, Personal/Social)</li> <li>• Infant/Child growth patterns show questionable concerns but are improving based on BMI parameters for age/health status (CDC growth charts)</li> <li>• No failing grades At grade level in most school subjects</li> </ul>	<ul style="list-style-type: none"> <li>• Based on test parameters, developmental screen/assessment results show only one minimal delay in developmental domains (Gross Motor, Fine Motor, Communication, Problem Solving, Personal/Social)</li> <li>• Infant/child growth patterns show only minimal concerns and improving based on BMI standards for age/health status (CDC growth charts)</li> <li>• Usually at grade level in all school subjects</li> </ul>	<ul style="list-style-type: none"> <li>• Based on test parameters, developmental screen/assessment results are all within normal range of developmental domains (Gross Motor, Fine Motor, Communication, Problem Solving, Personal/Social)</li> <li>• Infant/child growth patterns show no growth concerns based on BMI standards for age/health status (CDC growth charts)</li> <li>• Consistently at grade level in all subjects. May be above grade level in one or more school subjects</li> </ul>

## **Health Care Supervision: (Pg. 346)**

Management of the health care treatment plan by health care providers.

### **Signs/Symptoms**

- Fails to obtain routine/ preventive health care
- Fails to seek care for symptoms requiring evaluation/treatment
- Fails to return as requested to health care provider
- Inability to coordinate multiple appointments/ treatment plans
- Inconsistent source of health care
- Inadequate source of health care
- Inadequate treatment plan
- Other

---

### **KBS rating considerations:**

#### **Knowledge** **(What caregiver knows)**

Consider caregiver's knowledge of:

- Health, wellness, disease process
- Health care beliefs and accuracy of medical information
- How to use emergency care, primary care, and specialty care resources

#### **Behavior** **(What caregiver does)**

Consider caregiver's behavior:

- Use of ER, preventive care visits and choices of providers
- History of medical care behavior and current challenges
- If caregiver arranges and follows through with plan of care, and appointments independently

#### **Status** **(How the child is)**

Consider child's status:

- State of disease process
- History of medical care behavior and current challenges
- Access to primary and specialty health care and medical home

### **Guidelines & Notes:**

- Child problem/pathway
- Assess caregiver's knowledge and behavior
- Assess child's status

## Health Care Supervision – Child Page 346

	1	2	3	4	5
	None	Minimal	Basic	Adequate	Superior
<b>Caregiver's Knowledge</b>	<ul style="list-style-type: none"> <li>• Does not know how to access health care providers or resources to help with health care</li> <li>• Does not know when to seek health care for physical or mental illness, injuries, or chronic health conditions</li> <li>• Does not know preventative/wellness health care practices</li> <li>• Believes in myths or inaccurate health practices or has mistrust of providers that prevents usage of health care services</li> </ul>	<ul style="list-style-type: none"> <li>• Has little knowledge of health care providers and resources to access care</li> <li>• Has little knowledge on when to seek care for physical or mental illness, injuries, or chronic health conditions</li> <li>• Has little knowledge of preventive/wellness care practices</li> <li>• Often has belief in myths or inaccurate health practices or has some mistrust of providers that prevents usage of health care services</li> </ul>	<ul style="list-style-type: none"> <li>• Has some knowledge of health care providers and resources to access care</li> <li>• Has some knowledge on when to seek care for physical or mental illness, injuries, or chronic health conditions</li> <li>• Has some knowledge of preventive/wellness care practices</li> <li>• Sometimes has belief in myths or inaccurate health practices or sometimes has mistrust of providers</li> </ul>	<ul style="list-style-type: none"> <li>• Has good knowledge of health care providers and resources to access care</li> <li>• Has good knowledge on when to seek care for physical or mental illness, injuries, or chronic health conditions</li> <li>• Has good knowledge of preventive/wellness care and articulates its importance</li> <li>• Usually understands the importance of health care practices and access</li> </ul>	<ul style="list-style-type: none"> <li>• Has exceptional knowledge of health care providers and resources to access care</li> <li>• Has excellent knowledge on when to seek care for physical or mental illness, injuries, or chronic health conditions</li> <li>• Has excellent knowledge of preventive/wellness care and can articulate examples</li> <li>• Fully understands the importance of health care practices and access</li> </ul>
	Extreme Concern	Severe Concern	Moderate Concern	Minimal Concern	No Concern
<b>Caregiver's Behavior</b>	<ul style="list-style-type: none"> <li>• Does not make/follow up on scheduled health care appointments for illness/injuries or chronic health conditions</li> <li>• Does not follow or is unable to manage plans of care &amp; services</li> <li>• Does not seek preventive/wellness health care</li> </ul>	<ul style="list-style-type: none"> <li>• Rarely makes/follow up on scheduled health care appointments for illness/injuries or chronic health conditions</li> <li>• Rarely follows or manages plans of care &amp; services</li> <li>• Rarely seeks preventive/wellness health care</li> </ul>	<ul style="list-style-type: none"> <li>• Sometimes makes/follow up on scheduled health care appointments for illness/injuries or chronic health conditions</li> <li>• Sometimes follows or manages plans of care &amp; services</li> <li>• Sometimes seeks preventive/wellness health care</li> </ul>	<ul style="list-style-type: none"> <li>• Usually makes/follow up on scheduled health care appointments for illness/injuries or chronic health conditions</li> <li>• Usually follows plans of care &amp; services</li> <li>• Usually provides preventive, wellness health care</li> </ul>	<ul style="list-style-type: none"> <li>• Consistently makes/follow up on scheduled health care appointments for illness/injuries or chronic health conditions</li> <li>• Consistently follows and manages plans of care &amp; services</li> <li>• Consistently provides preventive/wellness health care</li> </ul>

## Health Care Supervision – Child Continued

	1	2	3	4	5
	<b>Extreme S/S</b>	<b>Severe S/S</b>	<b>Moderate S/S</b>	<b>Minimal S/S</b>	<b>No S/S</b>
<b>Child Status</b>	<ul style="list-style-type: none"> <li>• Exhibits signs and symptoms physical or mental illness, injuries, or chronic health conditions that have not been assessed, and does not have a plan of care with a health care provider</li> <li>• Has no access to a medical home or consistent source of health care</li> <li>• Receives no preventive/wellness health care</li> </ul>	<ul style="list-style-type: none"> <li>• Exhibits signs and symptoms of physical or mental illness, injuries, or chronic health conditions. Has had some assessment but has little follow up on a plan of care</li> <li>• Rarely has access to medical providers</li> <li>• Rarely is provided preventative/wellness health care</li> </ul>	<ul style="list-style-type: none"> <li>• Sometimes receives appropriate health care and follow up on plans of care</li> <li>• Inconsistently has access to a source of health care</li> <li>• Inconsistently provided with preventive/wellness health care</li> </ul>	<ul style="list-style-type: none"> <li>• Usually receives appropriate health care and follow up with plans of care</li> <li>• Usually has a consistent source of health care or medical home</li> <li>• Usually provided with preventative/wellness health care</li> </ul>	<ul style="list-style-type: none"> <li>• Consistently receives appropriate and timely health care.</li> <li>• Consistently has access to health care providers and has a medical home.</li> <li>• Consistently provided with preventative/wellness health care</li> </ul>

## **Income: (pg. 169)**

Money from wages, pensions, subsidies, interest, dividends, or other sources available for living and health care expenses

### **Signs/Symptoms**

- Low / no income
- Uninsured medical expenses
- Difficulty with money management
- Able to buy only necessities
- Difficulty buying necessities
- Other

---

### **KBS rating considerations:**

<b><u>Knowledge</u></b> <b>(What client knows)</b>	<b><u>Behavior</u></b> <b>(What client does)</b>	<b><u>Status</u></b> <b>(How the client is)</b>
Consider knowledge of: <ul style="list-style-type: none"><li>• Expenses</li><li>• Income</li><li>• Budgeting</li><li>• Community resources for financial assistance and money management</li><li>• Need to continue education</li></ul>	Consider client's: <ul style="list-style-type: none"><li>• Spending for needs vs. wants</li><li>• Attendance at school or job</li><li>• Living within means</li></ul>	Consider: <ul style="list-style-type: none"><li>• Essentials vs. extras</li><li>• Amount of debt</li><li>• Health insurance</li><li>• Employment status</li><li>• Education status</li></ul>

---

### **Guidelines & Notes:**

- Adult problem
- Because of limited income, it is unlikely that a client on State assistance/TANF would have a status of 4 or 5.
- If client receives any form of financial assistance i.e. SSI, WIC, etc. status can never be a 5.
- When client has protective payee, there is an actual problem.
- Transportation, food, clothing, rent and other financial needs can be included under income as are any problems were money alone would solve the problem.

## Income

	1	2	3	4	5
	<b>None</b>	<b>Minimal</b>	<b>Basic</b>	<b>Adequate</b>	<b>Superior</b>
<b>Client Knowledge</b>	<ul style="list-style-type: none"> <li>• Cannot identify sources/amounts of expenses and income.</li> <li>• Unaware of relationship between education and future earnings.</li> <li>• Unrealistic expectations about winning gambling/lottery.</li> <li>• Not aware of financial assistance programs.</li> </ul>	<ul style="list-style-type: none"> <li>• Identifies some sources/amounts of income and a few expenses.</li> <li>• Knows she should be going to school to potentially earn more.</li> <li>• Knows some financial resources such as welfare and child support but not how to access.</li> </ul>	<ul style="list-style-type: none"> <li>• Identifies all sources/amounts of income and some expenses.</li> <li>• Can identify benefits of education/job training.</li> <li>• Knows several financial resources.</li> <li>• Aware of need for budgeting.</li> </ul>	<ul style="list-style-type: none"> <li>• Identifies all sources/amounts of income and expenses.</li> <li>• Understands importance of prioritizing expenditures.</li> <li>• Knows several financial resources and how to access them.</li> <li>• Knows how to plan budget for short term.</li> </ul>	<ul style="list-style-type: none"> <li>• Understands current financial situation and can predict and plan for future education, and job training needs.</li> </ul>
	<b>Extreme Concern</b>	<b>Severe Concern</b>	<b>Moderate Concern</b>	<b>Minimal Concern</b>	<b>No Concern</b>
<b>Client Behavior</b>	<ul style="list-style-type: none"> <li>• Lives beyond means to the point can't pay rent or buy necessities.</li> <li>• Gambles or spends excessively.</li> <li>• Does not attend school or job.</li> <li>• Spends impulsively beyond means</li> </ul>	<ul style="list-style-type: none"> <li>• Lives beyond means but pays rent and buys bare necessities.</li> <li>• Inconsistent attendance at school.</li> <li>• Inconsistent attendance at job.</li> <li>• Looks for jobs but doesn't follow through with application / interview.</li> <li>• Doesn't follow through on paperwork for financial assistance.</li> </ul>	<ul style="list-style-type: none"> <li>• Lives within means most of the time.</li> <li>• Begins to develop a budget.</li> <li>• Usually consistent in school attendance.</li> <li>• Usually consistent in job attendance.</li> <li>• Applies and interviews for jobs.</li> <li>• Usually keeps up on paperwork required for financial assistance.</li> </ul>	<ul style="list-style-type: none"> <li>• Begins to, follow a budget.</li> <li>• Attends school consistently.</li> <li>• Attends job consistently.</li> <li>• Looks for and prepares for job applications and interviews.</li> <li>• Seeks a better job.</li> <li>• Uses financial assistance as needed.</li> </ul>	<ul style="list-style-type: none"> <li>• Follows budget consistently.</li> <li>• Has maximized income assistance resources.</li> <li>• Saves little most months.</li> <li>• Plans ahead.</li> <li>• Regularly attends school and makes good progress or has regular job attendance</li> </ul>
	<b>Extreme S/S</b>	<b>Severe S/S</b>	<b>Moderate S/S</b>	<b>Minimal S/S</b>	<b>No S/S</b>
<b>Client Status</b>	<ul style="list-style-type: none"> <li>• No income.</li> <li>• Homeless due to lack of income.</li> <li>• Income doesn't cover all bare necessities.</li> <li>• Unable to pay for any health care expenses.</li> <li>• Eligible for but not on Medicaid.</li> </ul>	<ul style="list-style-type: none"> <li>• Has housing but utilities disconnected due to nonpayment.</li> <li>• No consistent source of income.</li> <li>• Usually has at least enough money for bare necessities.</li> <li>• Aware of but does not follow through with Medicaid application.</li> </ul>	<ul style="list-style-type: none"> <li>• Has enough money for necessities month to month.</li> <li>• Most health care expenses covered or paid for.</li> </ul>	<ul style="list-style-type: none"> <li>• Consistent income decreasing debt.</li> <li>• Income meets most expenses.</li> </ul>	<ul style="list-style-type: none"> <li>• Expenses do not exceed income.</li> <li>• Has consistent source of income.</li> <li>• Health care expenses are covered or paid for.</li> </ul>

## **Mental Health: (pg. 199)**

Development and use of mental/emotional abilities to adjust to life situations, interact with others, and engage in activities.

### **Signs/Symptoms**

- Sadness/hopelessness/decreased self-esteem
- Apprehension/undefined fear
- Loss of interest/involvement in activities / self care
- Narrowed to scattered attention/focus
- Flat affect
- Irritable / agitated / aggressive
- Purposeless / compulsive activity
- Difficulty managing stress
- Difficulty managing anger
- Somatic complaints / fatigue
- Delusions
- Hallucinations / illusions
- Expresses suicidal / homicidal thoughts
- Attempts suicide / homicide
- Self-mutilation
- Mood swings
- Flashbacks
- Other

### **KBS rating considerations:**

<b><u>Knowledge</u></b> <b>(What client knows)</b>	<b><u>Behavior</u></b> <b>(What client does)</b>	<b><u>Status</u></b> <b>(How the client is)</b>
Consider knowledge of: <ul style="list-style-type: none"><li>• Client's knowledge and awareness of own mental health needs and concerns</li><li>• Knows options for management of symptoms/treatment</li><li>• Knows self care</li></ul>	Consider client's: <ul style="list-style-type: none"><li>• Seeking help for behavior(s)</li><li>• Follows through with treatment</li><li>• Monitors own self-care</li></ul>	Consider: <ul style="list-style-type: none"><li>• Ability to function and cope</li><li>• Effectiveness of treatment/self-care</li><li>• Management of symptoms</li></ul>

### **Guidelines & Notes:**

- Self-care may include sleep, exercise, stress management, meditation, herbs, etc.
- Having a mental health diagnosis does not automatically mean the problem Mental Health should be assessed as Actual. If the mental illness is being treated effectively and consistently, and the mental illness is not significantly impacting other problem areas, the assessment could be Potential.

## Mental Health

	1	2	3	4	5
	<b>None</b>	<b>Minimal</b>	<b>Basic</b>	<b>Adequate</b>	<b>Superior</b>
<b>Client's Knowledge</b>	<ul style="list-style-type: none"> <li>• Not aware that symptoms are unusual or could be a sign of mental illness.</li> <li>• Unaware of impact of behaviors on family</li> </ul>	<ul style="list-style-type: none"> <li>• Aware that symptoms are signs of mental illness, but is unaware of treatment options.</li> <li>• Does not understand the impact of symptoms on self/family.</li> </ul>	<ul style="list-style-type: none"> <li>• Aware of symptoms</li> <li>• Knows some treatment option and basic information about impact of illness on life.</li> </ul>	<ul style="list-style-type: none"> <li>• Aware that symptoms are due to mental illness and impact mental illness has on self/family.</li> <li>• Knows various treatment options.</li> </ul>	<ul style="list-style-type: none"> <li>• Aware that symptoms are due to mental illness.</li> <li>• Knows lifestyle choices to decrease or prevent symptoms from returning.</li> <li>• Understands which symptoms suggest exacerbation, and knows treatment options.</li> </ul>
	<b>Extreme Concern</b>	<b>Severe Concern</b>	<b>Moderate Concern</b>	<b>Minimal Concern</b>	<b>No Concern</b>
<b>Client's Behavior</b>	<ul style="list-style-type: none"> <li>• Does not take medications, attend therapy, or see counselor/physician.</li> <li>• Self diagnoses and/or self medicates mental health symptoms.</li> </ul>	<ul style="list-style-type: none"> <li>• Takes medications only when symptoms are severe, in hospital, or treatment is ordered by court.</li> <li>• Attends only initial therapy appointment.</li> <li>• Often uses ineffective self-care.</li> </ul>	<ul style="list-style-type: none"> <li>• Takes occasional "medication holidays".</li> <li>• Attends therapy inconsistently.</li> <li>• Occasionally uses ineffective self-care.</li> <li>• Inconsistent with treatment follow through.</li> </ul>	<ul style="list-style-type: none"> <li>• Usually takes medications as prescribed.</li> <li>• Attends most therapy sessions.</li> <li>• Mental health self-care usually appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>• Sees counselor/physician regularly and takes medications as prescribed.</li> <li>• Makes lifestyle changes to promote wellness.</li> <li>• Seeks appropriate alternative healing.</li> <li>• No behaviors demonstrating mental illness.</li> </ul>
	<b>Extreme S/S</b>	<b>Severe S/S</b>	<b>Moderate S/S</b>	<b>Minimal S/S</b>	<b>No S/S</b>
<b>Client's Status</b>	<ul style="list-style-type: none"> <li>• Agitated, aggressive, depressed, frequent thoughts about suicide.</li> <li>• Needs hospitalization.</li> <li>• Harmful to self or others.</li> <li>• Unable to cope at all.</li> </ul>	<ul style="list-style-type: none"> <li>• Talks about depression and other fears, does not express suicidal thoughts.</li> <li>• Minimal coping ability.</li> </ul>	<ul style="list-style-type: none"> <li>• Occasionally depressed, increased awareness of self and others needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Increasingly engages in purposeful activity.</li> <li>• Has not expressed suicidal thoughts for 6 months.</li> </ul>	<ul style="list-style-type: none"> <li>• Coping with daily stressors.</li> <li>• Positive social functioning.</li> <li>• No current signs &amp; symptoms of mental illness.</li> </ul>

## **Neglect (Child): (pg. 214)**

Child or adult deprived of minimally accepted standards of food, shelter, clothing or care.

### **Signs/Symptoms**

- Lacks adequate physical care
- Lacks emotional nurturance / support
- Lacks appropriate stimulation / cognitive experiences
- Inappropriately left alone
- Lacks necessary supervision
- Inadequate/delayed medical care
- Other

---

### **KBS rating considerations:**

<b><u>Knowledge</u></b> <b>(What caregiver knows)</b>	<b><u>Behavior</u></b> <b>(What child does)</b>	<b><u>Status</u></b> <b>(How the child is)</b>
Consider knowledge of: <ul style="list-style-type: none"><li>• Standards of child physical care and emotional and safety needs</li><li>• Knowledge of appropriate stimulation and nurturance</li><li>• Knowledge of child supervision and safe caretakers</li><li>• Knowledge of child's medical care needs</li></ul>	Consider client's: <ul style="list-style-type: none"><li>• Child behaviors/social-emotional health that may be red flags for neglect</li><li>• Child's interaction with caregiver</li></ul>	Consider: <ul style="list-style-type: none"><li>• Affect and appearance</li><li>• Illness</li><li>• Growth and development</li><li>• Medical care</li><li>• Injuries</li></ul>

### **Guidelines & Notes:**

- Neglect -Child problem is a child pathway. Assess and document child's behavior and status
- Caregiver knowledge is documented in the Child Neglect Problem.  
Open caregiver to Caretaking/Parenting problem  
Caregiver behavior and status are documented in the Caretaking/Parenting Problem.
- Assess child's behavior and status

#### **References**

- Leeb, R., Paulozzi, L., Melanson, C., Simon, T., & Arias, I. (2008). Child maltreatment surveillance: Uniform definitions for public health and recommended data elements. Atlanta: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control

### **Definition of Negligent treatment or maltreatment: Revised Code of Washington 26.44.020**

(13) "Negligent treatment or maltreatment" means an act or a failure to act, or the cumulative effects of a pattern of conduct, behavior, or inaction, that evidences a serious disregard of consequences of such magnitude as to constitute a clear and present danger to a child's health, welfare, or safety, including but not limited to conduct prohibited under RCW 9A.42.100.

When considering whether a clear and present danger exists, evidence of a parent's substance abuse as a contributing factor to negligent treatment or maltreatment shall be given great weight. The fact that siblings share a bedroom is not, in and of itself, negligent treatment or maltreatment.

Poverty, homelessness, or exposure to domestic violence as defined in RCW 26.50.010 that is perpetrated against someone other than the child does not constitute negligent treatment or maltreatment in and of itself

### **Child Neglect Definitions Continued**

#### **Definition of Child Neglect, Washington State Administration Code: WAC-388-15-009**

(5) Negligent treatment or maltreatment means an act or a failure to act, or the cumulative effects of a pattern of conduct, behavior, or inaction, on the part of a child's parent, legal custodian, guardian, or caregiver that shows a serious disregard of the consequences to the child of such magnitude that it creates a clear and present danger to the child's health, welfare, or safety. A child does not have to suffer actual damage or physical or emotional harm to be in circumstances which create a clear and present danger to the child's health, welfare, or safety.

Negligent treatment or maltreatment includes, but is not limited, to:

- (a) Failure to provide adequate food, shelter, clothing, supervision, or health care necessary for a child's health, welfare, or safety. Poverty and/or homelessness do not constitute negligent treatment or maltreatment in and of themselves;
- (b) Actions, failures to act, or omissions that result in injury to or which create a substantial risk of injury to the physical, emotional, and/or cognitive development of a child; or
- (c) The cumulative effects of a pattern of conduct, behavior or inaction by a parent or guardian in providing for the physical, emotional and developmental needs of a child's, or the effects of chronic failure on the part of a parent or guardian to perform basic parental functions, obligations, and duties, when the result is to cause injury or create a substantial risk of injury to the physical, emotional, and/or cognitive development of a child.

## Neglect – Child

	1	2	3	4	5
	<b>None</b>	<b>Minimal</b>	<b>Basic</b>	<b>Adequate</b>	<b>Superior</b>
<b>Caregiver's Knowledge</b>	Caregiver lacks basic knowledge on appropriate foods and feeding procedures	Is aware of some information on appropriate foods and feeding procedures	Caregiver can give few examples of appropriate foods and feeding procedures	Has participated in nutrition education/feeding programs	Caregiver readily articulates appropriate foods and feeding procedures for child
	Caregiver lacks basic knowledge on adequate stimulation and nurturance for a child	Caregiver is aware of child's need for stimulation and nurturance, but does not sure how to do	Caregiver has some knowledge of how to provide stimulation and nurturance of child	Caregiver seeks out information or support on how to provide adequate stimulation and nurturance of child	Caregiver readily articulates on how to provide adequate stimulation and nurturance of child
	Caregiver lacks basic knowledge on appropriate supervision and how to keep child free of accidents & injuries	Caregiver is aware that child needs supervision to keep safe but now sure how to do	Caregiver has some knowledge of appropriate supervision and how to keep child safe	Caregiver seeks out information or support on appropriate supervision and how to keep child safe	Caregiver readily articulates supervision and safety needs of child
	Caregiver lacks basic knowledge on appropriate physical care and hygiene needs of child	Caregiver is aware that infants/children need physical care and hygiene but not sure how to do	Caregiver has some knowledge on how to provide physical care and hygiene	Caregiver seeks out information on how to provide physical care and hygiene	Caregiver readily articulates how to provide physical care and hygiene needs of child
	<b>Extreme Concern</b>	<b>Severe Concern</b>	<b>Moderate Concern</b>	<b>Minimal Concern</b>	<b>No Concern</b>
<b>Child's Behavior</b>	Child unable to seek out or positively engage with caregiver	Child minimally seeks out or engages with caregiver	Child sometimes seeks out or engages with caregiver	Child often seeks out and positively engages with caregiver	Child readily seeks out and positively engages with caregiver
	Child exhibits severe social-emotional problems, behavioral problems or developmental delays	Child exhibits some social-emotional problems, behavioral problems or developmental delays	Child is at risk for social-emotional problems, behavioral problems or developmental delays	Child has successfully attained most social-emotional/behavioral milestones for age	Child has successfully mastered social-emotional/behavioral milestones for age
<b>Child's Status</b>	<b>Extreme S/S</b>	<b>Severe S/S</b>	<b>Moderate S/S</b>	<b>Minimal S/S</b>	<b>No S/S</b>
	Child does not receive adequate nutrition and does not exhibit adequate height/weight pattern	Child rarely receives adequate nutrition and does not exhibit adequate height/weight pattern	Child is inconsistently provided with <b>adequate</b> nutrition, and child's <b>weight/height pattern is marginally appropriate</b>	Child usually has <b>adequate</b> nutrition and child usually has an <b>adequate weight/height</b> pattern	Child is consistently provided with <b>adequate</b> nutrition, and has a <b>normal weight/height</b> pattern

## Neglect – Child Continued

	1	2	3	4	5
	<b>Extreme S/S</b>	<b>Severe S/S</b>	<b>Moderate S/S</b>	<b>Minimal S/S</b>	<b>No S/S</b>
<b>Child's Status</b>	Child is usually left <b>unsupervised</b> , or is usually left with <b>inappropriate/unsafe caregivers</b>	Child is often left <b>unsupervised</b> or left with <b>inappropriate/unsafe caregivers</b>	Child sometimes is left <b>unsupervised</b> or left with <b>inappropriate/unsafe caregivers</b>	Child rarely is left <b>unsupervised</b> or left with <b>inappropriate/unsafe caregivers</b>	Child is consistently <b>supervised</b> and consistently has safe & appropriate caregivers
	Child has <b>unsafe environment</b> which has resulted in severe accidents/injuries	Child frequently has <b>unsafe environment</b> which has resulted in accidents/injuries	Child sometimes is provided with <b>safe environment</b> which has resulted in minor accidents/injuries	Child mostly has a <b>safe environment</b> and has not had accidents/injuries	Child consistently has a <b>safe environment</b> and is free of injuries
	Child lacks necessary <b>medical, mental health, &amp; dental care</b> for serious injuries, serious illness, or chronic health conditions	Child is minimally provided with necessary <b>medical, mental health, &amp; dental care</b> for serious injuries, serious illness, or chronic health conditions	Child is inconsistently provided with necessary <b>medical, mental health, &amp; dental care</b> for serious injuries, serious illness or chronic health conditions	Child usually has necessary <b>medical, mental health, &amp; dental care</b> for serious injuries, serious illness or chronic health conditions most of the time	Child's <b>medical, mental health, &amp; dental care</b> needs are consistently met
	Usually has <b>dirty skin or inadequate clothing</b>  Child has little to no <b>diaper/toileting management</b>	Frequently has <b>dirty skin or inadequate clothing</b> .  Child has poor <b>diaper/toileting management</b> .	Child sometimes has <b>dirty skin or inadequate clothing</b>  Child sometimes has appropriate <b>diaper/toileting management</b> .	Child usually provided with appropriate <b>hygiene and clothing</b>  Usually provided with appropriate <b>diaper/toileting management</b>	Child consistently has appropriate <b>hygiene and clothing</b>  Consistently has appropriate <b>diaper/toileting management</b>

## **Residence: (pg. 175)**

Living Area

### **Signs/Symptoms**

- Structurally unsound
- Inadequate heating/cooling
- Steep unsafe stairs
- Inadequate/ obstructed exits/ entries
- Cluttered living space
- Unsafe storage of dangerous objects/ substances
- Unsafe mats/ throw rugs
- Inadequate safety devices
- Presence of lead-based paint
- Unsafe appliances/equipment
- Inadequate/ crowded living space
- Exposed Wiring
- Structural barriers
- Homeless
- Other

### **KBS rating considerations:**

#### **Knowledge** **(What client knows)**

Consider knowledge of:

- Client's level of awareness of basic home safety
- Client's knowledge of housing resources
- Knowledge of community resources for home repair/safety needs

#### **Behavior** **(What client does)**

Consider client's:

- Client's willingness to make the home safe
- Seeking adequate housing

#### **Status** **(How the client is)**

Consider:

- Findings from Home Safety Screen
- Presence of Home-Safety hazards and risks for injury
- Appropriate childproofing devices and smoke detectors

### **Guidelines & Notes:**

- Adult Problem

## Residence

	1	2	3	4	5
	<b>None</b>	<b>Minimal</b>	<b>Basic</b>	<b>Adequate</b>	<b>Superior</b>
<b>Caregiver's Knowledge</b>	<ul style="list-style-type: none"> <li>• Unaware of hazards in living area</li> <li>• No knowledge                             <ul style="list-style-type: none"> <li>- housing</li> <li>- resources</li> <li>- tenant rights</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Identifies some hazards</li> <li>• Aware of few                             <ul style="list-style-type: none"> <li>- housing</li> <li>- resources</li> <li>- tenant rights</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Identifies hazards, but presents no solutions</li> <li>• Aware of some                             <ul style="list-style-type: none"> <li>- housing</li> <li>- resources</li> <li>- tenant rights</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Identifies hazards and a partial plan for correction</li> <li>• Aware of many                             <ul style="list-style-type: none"> <li>- housing</li> <li>- resources</li> <li>- tenant rights</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Identifies hazards and solutions</li> <li>• Aware of all                             <ul style="list-style-type: none"> <li>- housing</li> <li>- resources</li> <li>- tenant rights</li> </ul> </li> </ul>
	<b>Extreme Concern</b>	<b>Severe Concern</b>	<b>Moderate Concern</b>	<b>Minimal Concern</b>	<b>No Concern</b>
<b>Caregiver's Behavior</b>	<ul style="list-style-type: none"> <li>• Takes no action</li> <li>• Has made no changes when HS rechecked</li> <li>• Not looking for affordable housing</li> </ul>	<ul style="list-style-type: none"> <li>• Occasionally attempts to decrease clutter</li> <li>• Failure to maintain improvements</li> <li>• Does not follow through with housing resources</li> </ul>	<ul style="list-style-type: none"> <li>• Sometimes de-clutters</li> <li>• Minimal improvement in home safety scores</li> <li>• Some effort looking for stable housing.</li> </ul>	<ul style="list-style-type: none"> <li>• Usually keeps clutter to a minimum</li> <li>• Childproofing Evident</li> <li>• Turns in housing applications.</li> <li>• Applies for public housing.</li> </ul>	<ul style="list-style-type: none"> <li>• Maintaining stable adequate residence</li> <li>• All changes to Home Safety Check implemented</li> </ul>
	<b>Extreme S/S</b>	<b>Severe S/S</b>	<b>Moderate S/S</b>	<b>Minimal S/S</b>	<b>No S/S</b>
<b>Status</b>	<ul style="list-style-type: none"> <li>• Home needs major repair and may be dangerous for residents</li> <li>• Exits blocked</li> <li>• Homeless</li> </ul>	<ul style="list-style-type: none"> <li>• Very cluttered and crowded</li> <li>• Deteriorating lead paint</li> <li>• Living in a shelter</li> </ul>	<ul style="list-style-type: none"> <li>• Moderately cluttered, some exits obstructed</li> <li>• Lead source that can be reduced fairly easily</li> <li>• Living in temporary situation</li> </ul>	<ul style="list-style-type: none"> <li>• Minimal clutter e.g. toys scattered throughout the house – no exits obstructed</li> <li>• Plans in place for stable housing</li> </ul>	<ul style="list-style-type: none"> <li>• Home functional; Adequate size for number of residents</li> <li>• Living independently in stable housing</li> </ul>

## **Substance Use Alcohol/Drugs: (pg 337)**

Consumption of medicines, recreational drugs, or other materials likely to cause mood changes and/or psychological/physical dependence, illness, and disease.

### **Signs/Symptoms**

- Abuses over-the-counter / prescription medications
- Uses "street" recreational drugs
- Abuses alcohol
- Difficulty performing normal routines
- Reflex disturbances
- Behavior change
- Buys/sells illegal substances
- Smokes/uses tobacco products
- Exposure to cigarette/cigar smoke
- Other

### **KBS rating considerations:**

<b><u>Knowledge</u></b> <b>(What client knows)</b>	<b><u>Behavior</u></b> <b>(What client does)</b>	<b><u>Status</u></b> <b>(How the client is)</b>
Consider knowledge of: <ul style="list-style-type: none"><li>• Harm to self/others</li><li>• Benefits of not using</li><li>• Cessation/treatment or support group options and how to access</li><li>• Knowledge of potential association between substance use and abuse of others</li></ul>	Consider client's: <ul style="list-style-type: none"><li>• Amount of use</li><li>• Cutting down</li><li>• Implementing self-help behaviors</li><li>• Use of Cessation/treatment program/Support Groups</li></ul>	Consider: <ul style="list-style-type: none"><li>• Health status impairment</li><li>• Cessation/treatment program or support group</li><li>• Reflex disturbances/Withdrawal symptoms</li><li>• Impairments to employment, finances, relationships, and family life from usage patterns</li><li>• Legal problems from usage</li></ul>

### **Guidelines & Notes:**

- **Substance Abuse** refers to the loss of control with substance usage and consequences from substance usage
- KBS the "most serious" concern such as alcohol abuse, , or prescription drug/other medication abuse, or illegal substances abuse
- **Reference:**  
Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR).2000, Washington DC: American Psychiatric Association

## Substance Use - Alcohol/Drugs

	1	2	3	4	5
	None	Minimal	Basic	Adequate	Superior
Client's Knowledge	<ul style="list-style-type: none"> <li>Unaware of negative effects of substance abuse on self or others</li> <li>Has no knowledge of treatment options</li> </ul>	<ul style="list-style-type: none"> <li>Has minimal knowledge of dangers of substance abuse to self and others</li> <li>Has some awareness of treatment options but is not interested in them</li> </ul>	<ul style="list-style-type: none"> <li>Is aware of the dangers of substance abuse to self, and others</li> <li>Knows some benefits of cutting down usage patterns</li> <li>Knows some treatment options or support groups</li> </ul>	<ul style="list-style-type: none"> <li>Understands benefits of not abusing substances</li> <li>Knows treatment options &amp; cessation support groups and states how to access them</li> </ul>	<ul style="list-style-type: none"> <li>Readily articulates problems that can happen with substance abuse</li> </ul>
	Extreme Concern	Significant Concern	Moderate Concern	Minimal Concern	No Concern
Client's Drug - Alcohol Behavior	<ul style="list-style-type: none"> <li>Frequently abuses legal or illegal substances <u>and</u> frequently engages in behavior while under the influence of legal or illegal substances that endangers self or others</li> <li>Not interested in changing behavior or receiving treatment</li> </ul>	<ul style="list-style-type: none"> <li>Often abuses legal or illegal substances <u>and</u> often engages in behavior while under the influence that endangers self or others</li> <li>Considers changing behavior</li> </ul>	<ul style="list-style-type: none"> <li>Occasionally abuses legal or illegal substances <u>and</u> occasionally engages in behavior while under the influence that endangers self or others</li> <li>Prepares to change behavior or is taking steps to change usage</li> </ul>	<ul style="list-style-type: none"> <li>Rarely abuses legal or illegal substance <u>and</u> rarely engages in harmful behaviors when using substances</li> <li>Taking appropriate actions to decrease substance usage</li> </ul>	<ul style="list-style-type: none"> <li>Does not abuse legal or illegal substances</li> </ul>
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Client's Status	<ul style="list-style-type: none"> <li>Frequently experiences tremors, blackouts, sleep disruptions, cognitive changes, emotional instability, or agitation from substance abuse</li> <li>Frequently experiences legal, financial, employment, or family problems from substance abuse</li> <li>Not engaged in substance cessation/treatment programs or supports</li> </ul>	<ul style="list-style-type: none"> <li>Often experiences tremors, blackouts, sleep disruptions, cognitive changes, emotional instability, or agitation from substance abuse</li> <li>Often experiences legal, financial, employment, or family problems from substance abuse</li> <li>Has limited experience is seeking out substance cessation/treatment programs or supports</li> </ul>	<ul style="list-style-type: none"> <li>Occasionally experiences sleep disruptions, cognitive changes, emotional instability, or agitation from substance abuse</li> <li>Occasionally experiences legal, financial, employment, or family problems from substance abuse</li> <li>Actively seeking information or attempts use of treatment services or substance cessation/treatment support program</li> </ul>	<ul style="list-style-type: none"> <li>Rarely experiences sleep disruptions, cognitive changes, emotional instability, or agitation from substance usage</li> <li>Rarely experiences legal, financial, employment or family problems from substance usage</li> <li>Engages in treatment services or support for substance cessation/treatment</li> </ul>	<ul style="list-style-type: none"> <li>Has no physical, emotional, or behavior problems from using medications/alcohol or is not using substances</li> <li>Consistently meets family, social and work obligations</li> </ul>

## **Substance Use - Tobacco: (pg 337)**

Consumption of medicines, recreational drugs, or other materials likely to cause mood changes and/or psychological/physical dependence, illness, and disease.

### **Signs/Symptoms**

- **Smokes/uses tobacco products**
- **Exposure to cigarette/cigar smoke**
- **Abuses over-the-counter / prescription medications**
- **Uses "street" recreational drugs**
- **Abuses alcohol**
- **Difficulty performing normal routines**
- **Reflex disturbances**
- **Behavior change**
- **Buys/sells illegal substances**
- **Other**

### **KBS rating considerations:**

<b><u>Knowledge</u></b> <b>(What client knows)</b>	<b><u>Behavior</u></b> <b>(What client does)</b>	<b><u>Status</u></b> <b>(How the client is)</b>
Consider knowledge of: <ul style="list-style-type: none"><li>• Harm to self/others</li><li>• Benefits of not using</li><li>• Treatment options and how to access</li></ul>	Consider client's: <ul style="list-style-type: none"><li>• Amount of use</li><li>• Cutting down</li><li>• Cessation program</li><li>• Implementing self-help behaviors</li></ul>	Consider: <ul style="list-style-type: none"><li>• S/S of health status impairment</li><li>• Withdrawal symptoms</li></ul>

### **Guidelines & Notes:**

- **Use this KBS tool for tobacco usage only. Use the Substance Use-Alcohol/Drugs KBS if there are drugs, illegal substances or alcohol abuse concerns.**

## Substance Use - Tobacco

	1	2	3	4	5
	None	Minimal	Basic	Adequate	Superior
<b>Client's Knowledge</b>	<ul style="list-style-type: none"> <li>• Unaware of negative effects of tobacco use on health status to self.</li> <li>• Unaware of negative effects of 2nd hand smoke to self or others.</li> <li>• Unaware of benefits of tobacco cessation and resources</li> </ul>	<ul style="list-style-type: none"> <li>• Knows some dangers of tobacco use/exposure to self and others.</li> <li>• Knows some cessation support options.</li> <li>• Little knowledge on benefits of tobacco cessation and resources</li> </ul>	<ul style="list-style-type: none"> <li>• Understands danger of tobacco use to self and others.</li> <li>• Knows some benefits of cutting down: health, financial, social</li> <li>• Some knowledge on benefit of tobacco cessation and resources</li> </ul>	<ul style="list-style-type: none"> <li>• Aware that there is short term and long-term harm of tobacco use to self and others</li> <li>• Knows some benefits of quitting: health, financial, social.</li> <li>• Knows tobacco cessation and resources</li> </ul>	<ul style="list-style-type: none"> <li>• Aware of dangers of tobacco use to self and others</li> <li>• Understands benefits of not smoking to self and others.</li> <li>• Understands importance of protecting self from 2nd hand smoke.</li> </ul>
	<b>Extreme Concern</b>	<b>Significant Concern</b>	<b>Moderate Concern</b>	<b>Minimal Concern</b>	<b>No Concern</b>
<b>Client's Behavior</b>	<ul style="list-style-type: none"> <li>• Frequently uses tobacco products</li> <li>• Smokes continuously or is a chain smoker</li> <li>• Not interested in changing tobacco usage</li> </ul>	<ul style="list-style-type: none"> <li>• Often uses tobacco products.</li> <li>• Smokes frequently throughout the day or at least 1 pack per day</li> <li>• Considers changing tobacco usage</li> </ul>	<ul style="list-style-type: none"> <li>• Sometimes uses tobacco products</li> <li>• Smokes ½ to 1 packs per day</li> <li>• Prepares changing tobacco usage or is taking steps to change</li> </ul>	<ul style="list-style-type: none"> <li>• Rarely uses tobacco products</li> <li>• Smokes sporadically or less than ½ pack per day</li> <li>• Taking appropriate steps to change tobacco usage</li> </ul>	<ul style="list-style-type: none"> <li>• Does not use tobacco products</li> <li>• Does not expose self to second hand smoke.</li> </ul>
	<b>Extreme S/S</b>	<b>Severe S/S</b>	<b>Moderate S/S</b>	<b>Minimal S/S</b>	<b>No S/S</b>
<b>Client's Status</b>	<ul style="list-style-type: none"> <li>• Unable to control or limit tobacco usage</li> <li>• Not interested in tobacco cessation plan or programs</li> </ul>	<ul style="list-style-type: none"> <li>• Having difficulty in attempts to control or limit tobacco usage</li> <li>• Experiences withdrawal symptoms or is fearful of withdrawal symptoms if decreases tobacco use</li> <li>• Investigates or considers tobacco cessation options/programs.</li> </ul>	<ul style="list-style-type: none"> <li>• Some withdrawal symptoms with changes in tobacco use</li> <li>• Sporadically follows cessation plan or attempts to use tobacco cessation program</li> </ul>	<ul style="list-style-type: none"> <li>• Minimal problems with tobacco withdrawal when decreasing usage</li> <li>• Following tobacco cessation plan or is engaged in a tobacco cessation program</li> </ul>	<ul style="list-style-type: none"> <li>• Not using tobacco.</li> </ul>