A Quick Reference Guide
For Early Years Professionals

Early Identification in Durham Region

Red Flags

For Infant, Toddler and Preschool Children

DRAFT: July 25, 2005

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Red Flags is a Quick Reference Guide designed to assist early years professionals in deciding whether to refer for additional advice, assessment and/or treatment.
It is not a formal screening or diagnostic tool.

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Early Identification

Thanks to Dr. Fraser Mustard and other scientists, most professionals working with young children are aware of the considerable evidence about early brain development and how brief some of the "windows of opportunity" are for optimal development of neural pathways. The early years of development from conception to age six, particularly for the first three years, set the base for competence and coping skills that will affect learning, behaviour and health throughout life[1].

It follows, then, that children who may need additional services and supports to ensure healthy development must be identified as quickly as possible and referred to appropriate programs and services. Early intervention during the period of the greatest development of neural pathways, when alternative coping pathways are most easily built, is critical to ensure the best outcomes for the child.

Time is of the essence!

What is "Red Flags"

"Red Flags" is a Quick Reference Guide for Early Years professionals. It can be used in conjunction with a validated screening tool, such as Nipissing District Developmental Screens (the Nipissing Screen[2]) or Ages and Stages Questionnaire (ASQ). Red Flags outlines a range of functional indicators or domains commonly used to monitor healthy child development, as well as potential problem areas for child development. It is intended to assist in the determination of when and where to refer for additional advice, formal assessment and/or treatment.

Who Should Use "Red Flags"

This Quick Reference Guide is intended to be used by any professional working with young children and their families. **A basic knowledge of healthy child development is assumed**. Red Flags will assist professionals in identifying when a child could be at risk of not meeting his/her health and/or developmental milestones, triggering an alert for the need for further investigation by the appropriate discipline.

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[1] Early Years Study, Reversing the Real Brain Drain, Hon. Margaret McCain and Fraser Mustard, April, 1999. See report at www.childcarecanada.org/policy/polstudies/can/earlyyrs.html.

[2] Nipissing District Developmental Screens refer to 13 parent checklists available to assist parents to record and monitor development of children from birth to age 6. The screens cover development related to vision, hearing, communication, gross and fine motor, social/emotional and self-help and offers suggestions to parents for age appropriate activities to enhance child development. In York Region, copies of Nipissing District Developmental Screens can be obtained from Health Connection at 1-800-361-5653. Parents are encouraged to call Health Connection if 2 or more items are checked 'No'. A Public Health Nurse will review the results of the screen and suggest next steps. It is particularly important for a screen to be reviewed by a professional if a 'No' is identified. For more information about Nipissing District Developmental Screens, go to: www.ndds.ca.

How to Use this Document

This is a Quick Reference to look at child development by domain, reviewing each domain from birth to age 6 (unlike screening tools that look at a particular child's development across many areas of development at a specific age). It includes other areas that may impact child health, growth and development due to the dynamics of parent-child interaction, such as postpartum depression, abuse, etc.

"Red Flags" allow professionals to review and better understand domains on a continuum that are traditionally outside their own area of expertise. This increased awareness will help professionals better understand when and where to refer for further investigation or treatment in York Region.

- Use "Red Flags" in conjunction with a screening tool, such as Nipissing District Developmental Screens or Ages Stages Questionnaire (ASQ) to review developmental milestones and problem signs in a particular domain or indicator. Some information is cross-referenced to other domains, such as speech with hearing, to assist the screener in pursuing questions or 'gut feelings'.

- If children are not exhibiting the milestones for their age, further investigation is needed. If using Nipissing District Developmental Screens, remember that the Screens are age-adjusted; therefore the skills in each screen are expected to be mastered by most children at the age shown. If there are two or more "No" responses, refer to a professional for assessment.

- When "Red Flags" are marked with an asterisk (*), please remember that there is a "**duty to report"** to the Children's Aid Society (Child & Family Services Act, 1990, amended 2002).

- Refer for further assessment even if you are uncertain if the flags noted are a reflection of a cultural variation or a real concern.

- Note that some of the indicators focus on the parent/caregiver, or the interaction between the parent and the child, rather than solely on the child.

- Contact information is indicated at the end of each heading, and summarized at the end of this document.

- If a child appears to have multiple domains requiring formal investigation by several disciplines, screeners are encouraged to refer to the agencies that can coordinate a collaborative and comprehensive assessment process.

- If referrals are made to private sector agencies, alert families that **fees will not be funded by OHIP.**

How to Talk to Parents about Sensitive Issues

One of the most difficult parts of recognizing a potential difficulty in a child's development is sharing these concerns with the parents/caregivers. It is important to be sensitive when suggesting that there may be a reason to have further assessment done. You want parents/caregivers to feel capable and to be empowered to make decisions. There is no one way that always works best but there are some things to keep in mind when addressing concerns.

- Be sensitive to a parent/caregiver's readiness for information. If you give too much information when people aren't ready, they may feel overwhelmed or inadequate. You might start by probing how they feel their child is progressing. Some parents/caregivers have concerns but just have not yet expressed them. Having a parent use a tool such as the Nipissing District Developmental Screen may help open the way for discussion. It may help to specify that the screening tool is something given to many parents to help them look at their child's development more easily and to learn about new activities that encourage growth and development.

- Be sure to value the parent/caregiver's knowledge. The ultimate decision about what to do is theirs. Express what it is that you have to offer and what they have to offer as well. You may say something like: "I have had training in child development but you know your child. You are the expert on your child". When you try to be more of a resource than an "authority", parents/caregivers feel less threatened. Having the parents/caregivers discover how their child is doing and whether or not extra help would be beneficial is best. You may want to offer information you have by asking parents/caregivers what they would like to know or what they feel they need to know.

- Have the family participate fully in the final decision about what to do next. The final decision is theirs. You provide only information, support and guidance.

- Give the family time to talk about how they feel – if they choose to. If you have only a limited time to listen, make this clear to them, and offer another appointment if needed.

- Be genuine and caring. You are raising concerns because you want their child to do the best that he/she can, not because you want to point out "weaknesses" or "faults". Approach the opportunity for extra help positively; "you can get extra help for your child so he/she will be as ready as he/she can be for school". Also try to balance the concerns you raise with genuine positives about the child (e.g. "Johnny is a real delight. He is so helpful when things need tidying up. I have noticed that he seems to have some trouble . . .").

- Your body language is important; parents may already be fearful of the information.

- Don't entertain too many "what if" questions. A helpful response could be "*Those are good questions. The professionals who will assess your child will be able to answer them. This is a first step to indicate if an assessment is needed".*

- Finally, it is helpful to offer reasons why it is not appropriate to "wait and see":

    - *Early intervention can dramatically improve a child's development and prevent additional concerns such as behaviour issues.*

    - *The wait and see approach may delay addressing a medical concern that has a specific treatment.*

    - *Early intervention helps parents understand child behaviour and health issues, and will increase confidence that everything possible is being done to ensure that the child reaches his/her full potential.*

Healthy Child Development…if a child is missing one or more of these expected age outcomes, consider this a red flag:

0-3 months

- ❑ Cries and grunts; has different cries for different needs
- ❑ Makes a lot of "cooing" and "gooing" sounds

4-6 months

- ❑ Babbles using different sounds
- ❑ Lets you know by voice sounds to do something again
- ❑ Makes "gurgling" noises

7-12 months

- ❑ "Performs" for social attention
- ❑ Waves hi/bye (emerging)
- ❑ Gives a few very familiar objects on verbal request
- ❑ Uses a lot of different voice sounds when playing
- ❑ Uses voice sounds to get and keep your attention
- ❑ Copies sounds like a "click" or a "cough"

12-18 months

- ❑ Tries to copy your sounds
- ❑ Uses a vocabulary of a minimum of 10 spoken words
- ❑ Understands “no” and shakes his/her head
- ❑ Will reach or point to something wanted while making a sound
- ❑ Understands simple directions or questions like “where is your nose?”

18 months-2 years

- ❑ Tries to copy your words
- ❑ Uses a variety of words
- ❑ Uses 50 or more words and combines 2 words
- ❑ Follows novel commands
- ❑ Follows directions with 2 objects and one action
- ❑ Takes turns in a conversation

2-3 years

- ❑ Responds to simple questions
- ❑ Understands location words like in, on and under
- ❑ Identifies some objects by their functions
- ❑ Tries to talk, even if you don't understand
- ❑ Uses phrases with 2-3 words like "Want juice" or "Mommy go now"
- ❑ Uses 200 or more words; asks a lot of questions

3-4 years

- ❑ Talks about what happened at a friend's house or at school
- ❑ Says most words right except perhaps r, th, s, ch, j and v sounds
- ❑ Uses sentences with 4 or more words

4-5 years

- ❑ Talks easily with other children and adults (and they understand)
- ❑ Uses long sentences like "she climbed the ladder and got the cat"
- ❑ Tells and retells detailed stories
- ❑ Understands long verbal directions
- ❑ Understands spatial relationships – on top of, under, behind, in front of etc
- ❑ Explains concepts using words – “What is a cup? What is a car?”
- ❑ Understands the concept of rhymes; able to make own rhymes
- ❑ Able to associate a letter with the sound it makes
- ❑ Understands many descriptive words

Problem signs…if a child is experiencing any of the following, consider this a red flag:

- Stumbling or getting stuck on words or sounds (stuttering)
- Ongoing hoarse voice
- Excessive drooling
- Problems with swallowing or chewing, or eating foods with certain textures (gagging). See also Feeding and Swallowing section
- By age 2½, a child's words are not understood except by family members
- Lack of eye contact and poor social skills for age
- Frustrated when verbally communicating

WHERE TO GO FOR HELP

If there are concerns, advise the parent to contact the Durham Preschool Speech & Language Program at 1-800-304-6180 ext 2261 or visit the website at www.grtc.ca. For a list of private Speech and Language Pathologists, visit www.osla.on.ca or call the Ontario Association of Speech- Language Pathologists and Audiologists at 1-877-740-6009.

Developed by Simcoe County Health Unit in collaboration with Simcoe County and York Region Professionals.
Reviewed by Grandview Children's Centre Durham

Feeding and Swallowing

Healthy Child Development…if a child is missing one or more of these expected age outcomes, consider this a red flag:

0-3 months

- ❑ Sequences two or more sucks before pausing to breathe or swallow
- ❑ Uses a sucking pattern and loses some liquid during sucking

4-6 months

- ❑ Uses a sucking pattern as food approaches or touches the lips
- ❑ Uses a suck-swallow pattern to move food to the back of the mouth
- ❑ Some food is pushed out of the mouth
- ❑ Periodic choking, gagging or vomiting can occur
- ❑ Sequences twenty or more sucks from the breast or bottle
- ❑ Swallowing follows sucking with no obvious pauses when hungry
- ❑ Pauses for breathing are infrequent

6-8 months

- ❑ No longer loses liquid during sucking
- ❑ Uses sucking motion with cup, wide jaw movements with loss of liquid
- ❑ Swallows some thicker pureed foods and tiny, soft, slightly noticeable lumps
- ❑ Food is not pushed out by the tongue, but minor loss of food will occur
- ❑ Tongue moves up and down in a munching pattern, with no side to side movement
- ❑ Does not yet use teeth and gums to clean food from lips

9-12 months

- ❑ Usually takes up to three sucks before stopping or pulling away from the cup to breathe
- ❑ Holds a soft cookie between the gums or teeth without biting all the way through
- ❑ Begins to transfer food from the center of the tongue to the side
- ❑ Uses side to side tongue movement with ease when food is placed on the side of the mouth
- ❑ Upper lip moves downward and forward to assist in food removal from spoon

12-18 months

- ❑ Sequences of at least three suck-swallows occurs
- ❑ Some coughing and choking may occur if the liquid flows too fast
- ❑ Able to bite a soft cookie
- ❑ May lose food or saliva while chewing

18 months

- ❑ Tongue does not protrude from the mouth or rest beneath the cup during drinking
- ❑ No loss of food or saliva during swallowing, but may still lose some during chewing
- ❑ Attempts to keep lips closed during chewing to prevent spillage
- ❑ Able to bite through a hard cookie

2 years

- ❑ Chewing motion is rapid and skillful from side to side without pausing in the centre
- ❑ No longer loses food or saliva when chewing
- ❑ Will use tongue to clean food from the upper and lower lips
- ❑ Able to open jaw to bite foods of varying thicknesses

Adapted from Morris and Klein, Pre-Feeding Skills; 1987 Therapy Skill Builders.

WHERE TO GO FOR HELP

For **self-feeding**, see Fine Motor Skills Section. For nutritional concerns, see Nutrition Section.
If there are any concerns about feeding and swallowing, contact Grandview Children's Centre at 1-800-304-6180 ext 2259 or visit the website at www.grtc.ca, or Lakeridge Health Bowmanville Feeding Clinic at (905) 623-3331 ext.1216.If there are any further concerns please contact Durham Infant Development Services at 1-800-841-2729.

Reviewed by Grandview Children's Centre Durham, and the Region of Durham.

Healthy Child Development…if a child is missing one or more of these expected age outcomes, consider this a red flag:

0-3 months
- ❑ Startles, cries or wakens to loud sounds
- ❑ Moves head, eyes, arms and legs in response to a noise or voice
- ❑ Smiles when spoken to, or calms down; appears to listen to sounds and talking

4-6 months
- ❑ Responds to changes in your voice tone
- ❑ Looks around to determine where new sounds are coming from; responds to music

7-12 months
- ❑ Turns or looks up when her/his name is called
- ❑ Responds to the word "no"; listens when spoken to
- ❑ Knows common words like "cup", "shoe", "mom"
- ❑ Responds to requests such as "want more", "come here"

12 months- 2 years
- ❑ Turns toward you when you call their name from behind
- ❑ Follows simple commands
- ❑ Tries to 'talk' by pointing, reaching and making noises
- ❑ Knows sounds like a closing door and a ringing phone

2-3 years
- ❑ Listens to a simple story
- ❑ Follows two requests (e.g. "get the ball land put it on the table")

3-4 years
- ❑ Hears you when you call from another room
- ❑ Listens to the television at the same loudness as the rest of the family
- ❑ Answers simple questions

4-5 years
- ❑ Pays attention to a story and answers simple questions
- ❑ Hears and understands most of what is said at home and school
- ❑ Family, teachers, babysitters, and others think he or she hears fine

Problem Signs…if a child is experiencing any of the following, consider this a red flag:

- ❑ Early babbling stops
- ❑ Ear pulling (with fever or crankiness)
- ❑ Does not respond when called
- ❑ Draining ears
- ❑ A lot of colds and ear infections
- ❑ Loud talking

WHERE TO GO FOR HELP

Hearing and Speech go together. A problem with one could mean a problem with the other. For a hearing assessment, advise the parent to contact Grandview Children's Centre for an assessment with an audiologist 1-800-304-6180 ext. 2259, or visit the website at **www.grtc.ca**. Up to 24 months of age, contact the Tri-Regional Infant Hearing Program at 1-888-703-5437. Visit the Canadian Hearing Society website at **www.chs.ca** .

Developed by Simcoe County District Health Unit, in collaboration with partners.
Reviewed by Grandview Children's Centre Durham

Healthy Child Development… if a child is missing one or more of these expected age outcomes, consider this a red flag:

0-3 months
- ❑ Focuses on your face, bright colors and lights; follows slow-moving, close objects
- ❑ Blinks when bright lights come on or if a fast moving object comes into close view; watches as you walk around the room
- ❑ Looks at hands and begins to reach out and touch nearby objects

4-6 months
- ❑ Tries to copy your facial expression
- ❑ Reaches across the crib for objects/reaches for objects when playing with you
- ❑ Grasps small objects close by
- ❑ Follows moving objects with eyes only (less moving of head)

7-12 months
- ❑ Plays games like 'peek-a-boo', 'pat-a-cake', 'waves bye-bye'
- ❑ Reaches out to play with toys and other objects on own
- ❑ Moves around to explore what's in the room; searches for a hidden object
  - ➢ Looks for dropped toys
  - ➢ Reaches for and grasps small pieces of "safe food" from highchair tray
  - ➢ Finds a favorite toy or person from 8-10 feet away.
  - ➢ Looks into container and reaches for an object
  - ➢ Looks and points at objects and/or pictures in a book

12 months-2 years
- ❑ Moves eyes and hands together (e.g. stack blocks, place pegs)
- ❑ Judges depth e.g. climbs up and down stairs
- ❑ Links pictures with real life objects
- ❑ Follows objects as they move from above head to feet
  - ➢ Interested in scribbling

2-3 years
- ❑ Sits a normal distance when watching television
- ❑ Follows moving objects with both eyes working together (coordinated)
  - ➢ Awareness of colour – can usually find a named colour
  - ➢ Imitates vertical and horizontal lines
  - ➢ Observes movement of things that turn or spin.

3-4 years
- ❑ Knows people from a distance (across the street)
- ❑ Uses hands and eyes together (e.g. catches a large ball)
- ❑ Builds a tower of blocks, string beads; copies a circle, triangle and square
  - ➢ Makes circles and crosses in drawings

4-5 years
- ❑ Knows colors and shadings; picks out detail in objects and pictures
- ❑ Holds a book at a normal distance

Problem Signs…if a child is experiencing any of the following, consider this a red flag:
- ❑ Blinking and/or rubbing eyes often; a lot of tearing or eye-rubbing
- ❑ Headaches, nausea, dizziness; blurred or double vision
- ❑ Eyes that itch or burn; sensitive to bright light and sun
- ❑ Unusually short attention span; will only look at you if he or she hears you
- ❑ Avoidance of tasks with small objects or fine motor activities
- ❑ Turning or tilting head to use only one eye to look at things
- ❑ Covering one eye; has difficulty, or is irritable with reading or with close work
- ❑ Eyes that cross, turn in or out, move independently
- ❑ Holding toys close to eyes, or no interest in small objects and pictures
- ❑ Bumping into things, tripping; clumsiness, restricted mobility
- ❑ Squinting, frowning; pupils of different sizes
- ❑ Redness, soreness (eyes or eyelids); recurring sties; discoloration or cloudiness of eye
- ❑ Constant jiggling or moving of eyes side-to-side (roving)
- ❑ Has hesitancy/difficulty walking across changes in grade or walking across changes in surface coverings.

WHERE TO GO FOR HELP

If there are any concerns about a child's vision, advise the parent to arrange for a vision test with an optometrist, or contact the family physician who can refer to an ophthalmologist. Remember, a visit to an optometrist is covered by OHIP every two years. Visit the Canadian National Institute for the Blind website at **www.cnib.ca** . You may also wish to contact the Ontario Foundation for Visually impaired Children (Family and Community Resource Program) **www.ontarioearlyyears.ca**

From Simcoe County District Health Unit, and Canadian National Institute for the Blind
Reviewed by the Ontario Foundation for Visually Impaired Children – Durham Region
Reviewed by Durham Region, Canadian National Institute for the Blind

Healthy Child Development…if a child is missing one or more of these expected age outcomes, consider this a red flag:

By 2 months
- ❑ Holds an object momentarily if placed in hand

By 4 months
- ❑ Sucks well on a nipple
- ❑ Brings hands or toy to mouth
- ❑ Turns head side to side to follow a toy or an adult face
- ❑ Brings hands to midline while lying on back

By 6 months
- ❑ Eats from a spoon (e.g. infant cereal)
- ❑ Reaches for a toy when lying on back
- ❑ Uses hands to reach and grasp toys

By 9 months
- ❑ Picks up small items using thumb and first finger
- ❑ Passes an object from one hand to the other
- ❑ Releases objects voluntarily

By 12 months
- ❑ Holds, bites and chews foods (e.g. crackers)
- ❑ Takes things out of a container
- ❑ Points with index finger
- ❑ Plays games like peek-a-boo
- ❑ Holds a cup to drink using two hands
- ❑ Picks up and eats finger foods

By 18 months
- ❑ Helps with dressing by pulling out arms and legs
- ❑ Stacks two or more blocks
- ❑ Scribbles with crayons
- ❑ Eats foods without coughing or choking

By 2 years
- ❑ Takes off own shoes, socks or hat
- ❑ Stacks five or more blocks
- ❑ Eats with a spoon with little spilling

By 3 years
- ❑ Turns the pages of a book
- ❑ Dresses or undresses with help
- ❑ Unscrews a jar lid
- ❑ Holds a crayon with fingers
- ❑ Draws vertical and horizontal lines in imitation
- ❑ Copies a circle already drawn

By 4 years
- ❑ Holds a crayon correctly
- ❑ Undoes buttons or zippers
- ❑ Cuts with scissors
- ❑ Dresses and undresses with minimal help

By 5 years
- ❑ Draws diagonal lines and simple shapes
- ❑ Uses scissors to cut along a thick line drawn on paper
- ❑ Dresses and undresses without help except for small buttons, zippers, snaps
- ❑ Draws a stick person

Problem signs…if a child is experiencing any of the following, consider this a red flag:

- Infants who are unable to hold or grasp an adult finger or a toy/object for a short period of time
- Unable to play appropriately with a variety of toys; or avoids crafts and manipulatives
- Consistently ignores or has difficulty using one side of body; or uses one hand exclusively

WHERE TO GO FOR HELP

If there are concerns, advise the parent to contact the family physician for a referral to Grandview Children's Centre at 1-800-304-6180 ext 2259, for an assessment with an occupational therapist or visit the website at www.grtc.ca. Parents may also contact a private occupational therapist (not covered by OHIP). Or Durham Infant Development at 1-800-841-2729.

Adapted from materials developed by members of the Paediatric Working Group, Occupational Therapists and Physiotherapists, Orillia Soldiers' Memorial Hospital and Royal Victoria Hospital.
Reviewed by Grandview Children's Centre Durham
Review by the region of Durham.

Healthy Child Development…if a child is missing one or more of these expected age outcomes, consider this a red flag:

By 3 months
- ❑ Lifts head up when held at your shoulder
- ❑ Lifts head up when on tummy

By 4 months
- ❑ Keeps head in midline and bring hands to chest when lying on back
- ❑ Lifts head and supports self on forearms on tummy
- ❑ Holds head steady when supported in sitting position

By 6 months
- ❑ Rolls from back to stomach or stomach to back
- ❑ Pushes up on hands when on tummy
- ❑ Sits on floor with support

By 9 months
- ❑ Sits on floor without support
- ❑ Moves self forward on tummy or rolls continuously to get item
- ❑ Stands with support

By 12 months
- ❑ Gets up to a sitting position on own
- ❑ Pulls to stand at furniture
- ❑ Walks holding onto hands or furniture

By 18 months
- ❑ Walks alone
- ❑ Crawls up stairs
- ❑ Plays in a squat position

By 2 years
- ❑ Walks backwards or sideways pulling a toy
- ❑ Jumps on the spot
- ❑ Kicks a ball

By 3 years
- ❑ Stands on one foot briefly
- ❑ Climbs stairs with minimal or no support
- ❑ Kicks a ball forcefully

By 4 years
- ❑ Stands on one foot for one to three seconds without support
- ❑ Goes up stairs alternating feet
- ❑ Rides a tricycle using foot peddles
- ❑ Walks on a straight line without stepping off

By 5 years
- ❑ Hops on one foot
- ❑ Throws and catches a ball successfully most of the time
- ❑ Plays on playground equipment without difficulty and safely

Problem signs…if a child is experiencing any of the following, consider this a red flag:
- ❑ Baby is unable to hold head in the middle to turn and look left and right
- ❑ Unable to walk with heels down four months after starting to walk
- ❑ Asymmetry (i.e. a difference between two sides of body; or body too stiff or too floppy)

WHERE TO GO FOR HELP

If there are concerns, advise the parent to contact the family physician for a referral to Grandview Children's Centre at 1-800-304-6180 ext 2259 for an assessment with a physiotherapist, or visit the website at www.grtc.ca. Parents may also contact a private physiotherapist (not covered by OHIP). Or Durham Infant Development at 1-800-841-2729

Adapted from materials developed by members of the Paediatric Working Group, Occupational Therapists and Physiotherapists, Orillia Soldiers' Memorial Hospital and Royal Victoria Hospital.
Reviewed by Grandview Children's Centre Durham, and the Durham Region

Sensory integration refers to the ability to receive input through all of the senses - taste, smell, auditory, visual, touch, movement and body position, and the ability to process this sensory information into automatic and appropriate adaptive responses.

Problem signs…if a child's responses are exaggerated, extreme and do not seem typical for the child's age, consider this a red flag:

Auditory

- ❑ Responds negatively to unexpected or loud noises
- ❑ Is distracted or has trouble functioning if there is a lot of background noise
- ❑ Enjoys strange noises/seeks to make noise for noise sake
- ❑ Seems to be "in his/her own world"

Visual

- ❑ Children over 3 – trouble staying between the lines when colouring
- ❑ Avoids eye contact
- ❑ Squinting, or looking out of the corner of the eye
- ❑ Staring at bright, flashing objects

Taste/Smell

- ❑ Avoids certain tastes/smells that are typically part of a child's diet
- ❑ Chews/licks non-food objects
- ❑ Gags easily
- ❑ Picky eater, especially regarding textures

Movement and Body Position

- ❑ Continually seeks out all kinds of movement activities (being whirled by adult, playground equipment, moving toys, spinning, rocking)
- ❑ Becomes anxious or distressed when feet leave ground
- ❑ Poor endurance – tires easily; Seems to have weak muscles
- ❑ Avoids climbing, jumping, uneven ground or roughhousing
- ❑ Moves stiffly or walks on toes; Clumsy or awkward, falls frequently
- ❑ Does not enjoy a variety of playground equipment
- ❑ Enjoys exaggerated positions for long periods (e.g. lies head-upside-down off sofa)

Touch

- ❑ Becomes upset during grooming (hair cutting, face washing, fingernail cutting)
- ❑ Has difficulty standing in line or close to other people; or stands too close, always touching others
- ❑ Is sensitive to certain fabrics
- ❑ Fails to notice when face or hands are messy or wet
- ❑ Cannot tolerate hair washing, hair cutting, nail clipping, teeth brushing
- ❑ Craves lots of touch: heavy pressure, long-sleeved clothing, hats and certain textures

Activity Level

- ❑ Always on the go; difficulty paying attention
- ❑ Very inactive, under-responsive

Emotional/Social

- ❑ Needs more protection from life than other children
- ❑ Has difficulty with changes in routines
- ❑ Is stubborn or uncooperative; gets frustrated easily
- ❑ Has difficulty making friends
- ❑ Has difficulty understanding body language or facial expressions
- ❑ Does not feel positive about own accomplishments

WHERE TO GO FOR HELP

If there are concerns, advise the parent to contact their family physician for a referral to a developmental paediatrician. Physician may recommend an assessment by an occupational therapist.

Reviewed by Grandview Children's Centre Durham

Children's Mental Health research shows that the quality of early parent-child relationships has important impact on a child's development and his/her ability to form secure attachments. A child who has secure attachment feels confident that he or she can rely on the parent to be protect him or her in times of distress. This confidence gives the child security to explore the world and establish trusting relationships with others. As a result, current mental health practice is to screen the quality of the parent-child interactions.

The following items are considered from the ***parent's perspective,*** *rather than the child's.*
If a parent states *that one or more of these statements describes their child, the child may be exhibiting signs of an insecure attachment;* ***consider this a red flag****:*

0-8 months	❑ Is difficult to comfort by physical contact such as rocking or holding ❑ Does things or cries just to annoy you
8-18 months	❑ Does not reach out to you for comfort ❑ Easily allows a stranger to hold him/her
18 months – 3 years	❑ Is not beginning to develop some independence ❑ Seems angry or ignores you after you have been apart
3–4 years	❑ Easily goes with a stranger ❑ Is too passive or clingy with you
4–5 years	❑ Becomes aggressive for no reason (e.g. with someone who is upset) ❑ Is too dependent on adults for attention, encouragement and help

Problem Signs… if a <u>mother</u> or primary caregiver is frequently displaying any of the following, consider this a red flag:

- ❑ Being insensitive to a baby's communication cues
- ❑ Often unable to recognize baby's cues
- ❑ Provides inconsistent patterns of responses to the baby's cues
- ❑ Frequently ignores or rejects the baby
- ❑ Speaks about the baby in negative terms
- ❑ Often appears to be angry with the baby
- ❑ Often expresses emotions in a fearful or intense way

WHERE TO GO FOR HELP

If there are concerns, advise the parent to contact Kinark Child and Family Services at (905) 433-0241 or toll free at 1888-454-6275. Contact Durham Health Connection Line at (905) 723-8521, ext. 2158, or 1-800-841-2729 for more information or for a referral to Healthy Babies Healthy Children Durham. If the infant is at risk for or has special needs, contact Infant Development Service at the Durham Region Health Department at (905) 723-8521 or 1-800-841-2729.

For more information on attachment, visit the Infant Mental Health Promotion Project website at www.sickkids.on.ca/imp

Adapted from materials developed by New Path Youth & Family Services.
Reviewed by Kinark Child and Family Services Durham Region

Problem signs…if a child is experiencing any of the following, consider this a red flag:

0-8 months

- ❑ Failure to thrive with no medical reason*
- ❑ Parent and child do not engage in smiling and vocalization with each other
- ❑ Parent ignores, punishes or misreads child's signals of distress
- ❑ Parent pulls away from infant or holds infant away from body with stiff arms
- ❑ Parent is overly intrusive when child is not wanting contact
- ❑ Child is not comforted by physical contact with parent

8-18 months

- ❑ Parent and child do not engage in playful, intimate interactions with each other
- ❑ Parent ignores or misreads child's cues for contact when distressed
- ❑ Child does not seek proximity to parent when distressed
- ❑ Child shows little wariness towards a new room or stranger
- ❑ Child ignores, avoids or is hostile with parent after separation
- ❑ Child does not move away from parent to explore, while using parent as a secure base
- ❑ Parent has inappropriate expectations of the child for age

18 months – 3 years

- ❑ Child and parent have little or no playful or verbal interaction
- ❑ Child initiates overly friendly or affectionate interactions with strangers
- ❑ Child ignores, avoids or is hostile with parent when distressed or after separation
- ❑ Child is excessively distressed by separation from parent
- ❑ Child freezes or moves toward parent by approaching sideways, backwards or circuitously
- ❑ Child alternates between being hostile and overly affectionate with parent
- ❑ Parent seems to ignore, punish or misunderstand emotional communication of child
- ❑ Parent uses inappropriate or ineffective behaviour management techniques *

3–5 years

- ❑ Child ignores adult or becomes worse when given positive feedback
- ❑ Child is excessively clingy or attention seeking with adults, or refuses to speak
- ❑ Child is hyper vigilant or aggressive without provocation
- ❑ Child does not seek adult comfort when hurt, or show empathy when peers are distressed
- ❑ Child's play repeatedly portrays abuse, family violence or explicit sexual behaviour*
- ❑ Child can rarely be settled from temper tantrums within 5-10 minutes
- ❑ Child cannot become engaged in self-directed play
- ❑ Child is threatening, dominating, humiliating, reassuring or sexually intrusive with adult *
- ❑ Parent uses ineffective or abusive behaviour management techniques *

WHERE TO GO FOR HELP

If there are concerns, advise the parent to contact a children's mental health professional for further discussion at Kinark Child and Family Services (905) 433-0241 or 1888-454-6275. Contact the Durham Health Connection Line at (905) 723-8521 ext. 2158, or 1-800-841-2729 for more information or for a referral to Healthy Babies Healthy Children Durham.

* Contact the Durham Children's Aid Society at (905) 433-1551 if there are concerns about child protection.

Adapted from materials developed by New Path Youth and Family Services.
Reviewed by Kinark Child and Family Services Durham Region.

Family/Environmental Stressors

If any one of these stressors is found, this could affect a child's normal development and should be considered a red flag:

Parental Factors

- ❑ History of abuse – parent or child
- ❑ Severe health problems
- ❑ Substance abuse*
- ❑ Partner abuse*
- ❑ Difficulty controlling anger or aggression*
- ❑ Feelings of inadequacy, low self-esteem
- ❑ Lack of knowledge or awareness of child development
- ❑ A young, immature, developmentally delayed parent*
- ❑ History of postpartum depression
- ❑ History of crime
- ❑ Lack of parent literacy

Social/Family Factors

- ❑ Family breakdown
- ❑ Multiple births
- ❑ Several children close in age
- ❑ A special needs child
- ❑ An unwanted child
- ❑ Personality and temperament challenges in child or adult
- ❑ Mental or physical illness*, or special needs of a family member
- ❑ Alcohol or drug abuse*
- ❑ Lack of a support network or caregiver relief
- ❑ Inadequate social services or supports to meet family's needs
- ❑ Prematurity and low birth weight

Economic Factors

- ❑ Inadequate income
- ❑ Unemployment
- ❑ Business failure
- ❑ Debt
- ❑ Inadequate housing or eviction*
- ❑ Change in economic status related to immigration

WHERE TO GO FOR HELP

The family physician or paediatrician is an important contact for all health issues. If families indicate that they are stressed by one or more of the red flags, family assessments are available through the Healthy Babies, Healthy Children Program at 905-666-6200, the Children's Aid Society* 1-800-718-3850. If a family needs to speak with a Public Health Nurse they may also call the Durham Region Health Connection Line, 905-666-6241.

Adapted from "A Curriculum for Training Public Health Nurses Conducting Postpartum Home Visits", Invest in Kids, 2000.
Reviewed by the Durham Health Department

ABUSE

Although not conclusive, the presence of one or more the following indicators of abuse should alert parents and professionals to the possibility of child abuse. There are four types of child abuse: neglect, physical abuse, emotional abuse and sexual abuse. However, these indicators should not be taken out of context or used individually to make unfounded generalizations. Pay special attention to duration, consistency, and pervasiveness of each characteristic.

If there are suspicions, you are legally obligated to consult or report to the Children's Aid Society of York Region at 1-800-718-3850, or to Jewish Family and Child Services (905) 882-2331. Professionals must also report any incidence of a child witnessing family violence. For related medical issues, contact the family physician or pediatrician. Acute injuries may require that the child be taken to the emergency department at the closest hospital.

POSSIBLE INDICATORS OF NEGLECT

PHYSICAL INDICATORS IN CHILDREN	BEHAVIOURAL INDICATORS IN CHILDREN	BEHAVIOURS OBSERVED IN ADULTS WHO NEGLECT CHILDREN

• an infant or young child may:
  • not be growing as expected *
  • be losing weight *
  • have a "wrinkly old face"
  • look pale
  • not be eating well
• not dressed properly for the weather *
• dirty or unwashed
• bad diaper rash or other skin problems
• always hungry
• lack of medical and/or dental care *
• signs of deprivation which improve with a more nurturing environment (e.g. hunger, diaper rash)
	• does not show skills as expected
	• appears to have little energy
	• cries very little
	• does not play with toys or notice people
	• does not seem to care for anyone in particular
	• may be very demanding of affection or attention from others
	• older children may steal
	• takes care of a lot of their needs on their own
	• has a lot of adult responsibility at home
	• discloses neglect (e.g. says there is no one at home)
		• does not provide for the child's basic needs *
		• has a disorganized home life, with few regular routines (e.g. always brings the child very early, picks up the child very late)
		• does not supervise the child properly * (e.g. leaves the child alone, in a dangerous place, or with someone who cannot look after the child safely)
		• may indicate that the child is hard to care for, hard to feed, describes the child as demanding
		• may say that the child was or is unwanted
		• may ignore the child who is trying to be loving
		• has difficulty dealing with personal problems and needs
		• is more concerned with own self than the child
		• is not very interested in the child's life (e.g. fails to use services offered or to keep child's appointments, does not do anything about concerns that are discussed) *

These indicators of NEGLECT have been used with the permission of Toronto Child Abuse Centre.

POSSIBLE INDICATORS OF PHYSICAL ABUSE *

PHYSICAL INDICATORS IN CHILDREN	BEHAVIOURAL INDICATORS IN CHILDREN	BEHAVIOURS OBSERVED IN ADULTS WHO ABUSE CHILDREN

• a lot of bruises in the same area of the body
 	
• bruises in the shape of an object (e.g. spoon, hand/fingerprints, belt)
 	
• burns:
  • from a cigarette
  • in a pattern that looks like an object (e.g. iron)
 	
• wears clothes to cover up injury, even in warm weather
 	
• patches of hair missing
 	
• signs of possible head injury:
  • swelling and pain
  • nausea or vomiting
  • feeling dizzy
  • bleeding from the scalp or nose
 	
• signs of possible injury to arms and legs:
  • pain
  • sensitive to touch
  • cannot move properly
  • limping
 	
• breathing causes pain
 	
• difficulty raising arms
 	
• human bite marks
 	
• cuts and scrapes inconsistent with normal play
 	
• signs of female genital mutilation (e.g. trouble going to the bathroom)
	• cannot remember how injuries happened
	
	• the story of what happened does not match the injury
	
	• refuses or is afraid to talk about injuries
	
	• is afraid of adults or of a particular person
	
	• does not want to be touched
	
	• may be very:
	  • aggressive
	  • unhappy
	  • withdrawn
	  • obedient and wanting to please
	  • uncooperative
	
	• is afraid to go home
	
	• runs away
	
	• is away a lot and when comes back there are signs of healing injury
	
	• does not show skills as expected
	
	• does not get along well with other children
	
	• tries to hurt him/herself (e.g. cutting oneself, suicide)
	
	• discloses abuse
		• does not tell the same story as the child about how the injury happened
		
		• may say that the child seems to have a lot of accidents
		
		• severely punishes the child
		
		• cannot control anger and frustration
		
		• expects too much from the child
		
		• talks about having problems dealing with the child
		
		• talks about the child as being bad, different or "the cause of my problems"
		
		• does not show love toward the child
		
		• does not go to the doctor right away to have injury checked
		
		• has little or no help caring for the child

These indicators of PHYSICAL ABUSE have been used with the permission of Toronto Child Abuse Centre.

POSSIBLE INDICATORS OF SEXUAL ABUSE *

PHYSICAL INDICATORS IN CHILDREN	BEHAVIOURAL INDICATORS IN CHILDREN	BEHAVIOURS OBSERVED IN ADULTS WHO ABUSE CHILDREN
• a lot of itching or pain in the throat, genital or anal area • a smell or discharge from the genital area • underwear that is bloody • pain when: o trying to go to the bathroom o sitting down o walking o swallowing • blood in urine or stool • injury to the breasts or genital area: o redness o bruising o cuts o swelling	• copying the sexual behaviour of adults • knowing more about sex than expected • details of sex in the child's drawings/writing • sexual actions with other children or adults that are inappropriate • fears or refuses to go to a parent, relative, or friend for no clear reason • does not trust others • changes in personality that do not make sense (e.g. happy child becomes withdrawn) • problems or change in sleep pattern (e.g. nightmares) • very demanding of affection or attention, or clinging • goes back to behaving like a young child (e.g. bed-wetting, thumb-sucking • refuses to be undressed, or when undressing shows fear • tries to hurt oneself (e.g. uses drugs or alcohol, eating disorder, suicide) • discloses abuse	• may be very protective of the child • clings to the child for comfort • is often alone with the child • may be jealous of the child's relationships with others • does not like the child to be with friends unless the parent is present • talks about the child being "sexy" • touches the child in a sexual way • may use drugs or alcohol to feel freer to sexually abuse • allows or tries to get the child to participate in sexual behaviour

These indicators of SEXUAL ABUSE have been used with the permission of Toronto Child Abuse Centre.

POSSIBLE INDICATORS OF EMOTIONAL ABUSE *

PHYSICAL INDICATORS IN CHILDREN	BEHAVIOURAL INDICATORS IN CHILDREN	BEHAVIOURS OBSERVED IN ADULTS WHO ABUSE CHILDREN
• the child does not develop as expected • often complains of nausea, headaches, stomach aches without any obvious reason • wets or dirties pants • is not given food, clothing and care as good as what the other children get • may have unusual appearance (e.g. strange haircuts, dress, decorations)	• is unhappy, stressed out, withdrawn, aggressive or angry for long periods of time • goes back to behaving like a young child (e.g. toileting problems, thumb-sucking, constant rocking) • tries too hard to be good and to get adults to approve • tries really hard to get attention • tries to hurt oneself • criticizes oneself a lot • does not participate because of fear of failing • may expect too much of him/herself so gets frustrated and fails • is afraid of what the adult will do if he or she does something the adult does not like • runs away • has a lot of adult responsibility • does not get along well with other children • discloses abuse	• often rejects, insults or criticizes the child, even in front of others • does not touch or speak to the child with love • talks about the child as being the cause for problems and things not going as wished • talks about or treats the child as being different from other children and family members • compares the child to someone who is not liked • does not pay attention to the child and refuses to help the child • isolates the child, does not allow the child to see others both inside and outside the family (e.g. locks the child in a closet or room) • does not provide a good example for children on how to behave with others (e.g. swears all the time, hits others) • lets the child be involved in activities that break the law • uses the child to make money (e.g. child pornography) • lets the child see sex and violence on TV, videos and magazines • terrorizes the child (e.g. threatens to hurt or kill the child or threatens someone or something that is special to the child) • forces the child to watch someone special being hurt • asks the child to do more than s/he can do

These indicators of EMOTIONAL ABUSE have been used with the permission of Toronto Child Abuse Centre.

POSSIBLE INDICATORS OF WITNESSING FAMILY VIOLENCE *

PHYSICAL INDICATORS IN CHILDREN	BEHAVIOURAL INDICATORS IN CHILDREN	BEHAVIOURS OBSERVED IN ADULTS
• the child does not develop as expected • often complains of nausea, headaches, stomach aches without any obvious reason • physical harm, whether deliberate or accidental, during or after a violent episode, including: o while trying to protect others o are a result of objects thrown	• may be aggressive and have temper tantrums • may show withdrawn, depressed, and nervous behaviours (e.g. clinging, whining, a lot of crying) • acts out what has been seen or heard between the parents ; discloses family violence; may act out sexually • tries too hard to be good and to get adults to approve • afraid of: o someone's anger o one's own anger (e.g. killing the abuser) o self or other loved ones being hurt or killed o being left alone and not cared for • problems sleeping (e.g. cannot fall asleep, afraid of the dark, does not want to go to bed, nightmares) • bed-wetting; food-hoarding • tries to hurt oneself; cruel to animals • stays around the house to keep watch, or tries not to spend much time at home; runs away from home • problems with school • expects a lot of oneself and is afraid to fail and so works very hard • takes the job of protecting and helping the mother, siblings • does not get along well with other children	• abuser has trouble controlling self • abuser has trouble talking and getting along with others • abuser uses threats and violence (e.g. threatens to hurt, kill or destroy someone or something that is special; cruel to animals) • forces the child to watch a parent/partner being hurt • abuser is always watching what the partner is doing • abuser insults, blames, and criticizes partner in front of others • jealous of partner talking or being with others • abuser does not allow the child or family to talk with or see others • the abused person is not able to care properly for the children because of isolation, depression, trying to survive, or because the abuser does not give enough money • holds the belief that men have the power and women have to obey • uses drugs or alcohol • the abused person seems to be frightened • discloses family violence • discloses that the abuser assaulted or threw objects at someone holding a child

These indicators of WITNESSING VIOLENCE have been used with the permission of Toronto Child Abuse Centre.

Fetal Alcohol Spectrum Disorder

Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term for the range of harm that is caused by alcohol use during pregnancy. It includes several medical diagnostic categories including Fetal Alcohol Syndrome (FAS). FASD is preventable, but not curable. Early diagnosis and intervention can make a difference.

The following are characteristics of children with Fetal Alcohol Spectrum Disorder. Children exposed prenatally to alcohol, who do not show the characteristic physical/external or facial characteristics of FAS, may suffer from equally severe central nervous system damage.

Infants

- Facial dysmorphology – the characteristic facial features include small eye openings, flat mid-face, thin upper lip, flattened ridges between base of nose and upper lip; ear anomalies
- Low birth weight; failure to thrive; small size; small head circumference, and ongoing growth retardation
- Disturbed sleep, irritability, persistent restlessness
- Failure to develop routine patterns of behaviour
- Prone to infections
- May be floppy or too rigid because of poor muscle tone
- May have one of the following birth defects: congenital heart disease, cleft lip and palate, anomalies of the urethra and genitals, spina bifida

Toddlers and Preschoolers

- Facial dysmorphology – as above
- Developmental delays
- Slow to acquire skills
- Sleep and feeding problems persist
- Sensory hyper-sensitivity (irritability, stiffness when held or touched, refusal to brush hair or teeth, over-reaction to injury)
- Late development of motor skills – clumsy and accident prone

JK/SK

- Facial dysmorphology – as above
- Learning and neuro-behavioural problems (distractible, poor memory, impaired learning, impulsive)
- Discrepancy between good expressive and poor receptive language (is less capable than he/she looks)
- Hyperactivity; extreme tactile and auditory defensiveness
- Information processing problems
- Difficulty reading non-verbal cues; unable to relate cause and effect; poor social judgment

WHERE TO GO FOR HELP

Durham Infant Development services (905) 668-7711 or 1-800-841-2729. Encourage any parent with a child experiencing a cluster of behaviours and developmental delays to seek medical evaluation.

If a parent is aware of a history of prenatal alcohol exposure and their child is demonstrating behaviour challenges or developmental delays, contact Grandview Children's Centre for children under SK age. For children SK and older refer to Resources for Exceptional Children – Durham Region and ask to speak to the FASD Assessment Coordinator.
(Not all diagnostic assessment services are free of charge).
FASD Durham hosts a monthly facilitated parents support group, in-service training and consultation. For more information contact FASD Durham Project at 905-427-8862 ex 346

For more information on FASD, (if this information is for parents of children with FASD I would suggest a support website like FASlink at http://www.acbr.com/fas/ or FAS Community Resource Centre at http://www.come-over.to/FASCRC/
For professionals Best Start: www.beststart.org or Health Canada: www.hc-sc-gc.ca/hecs-sesc/cds.pdf/BestpracticesEnglishclosed.pdf] would provide some information;
Add RFEC's FASD Site information here)
Reviewed by Sheila Burns, FASD Durham

Risk Factors for Early Childhood Tooth Decay…the presence of one or more of these risk factors should be considered a red flag:

Prolonged exposure of teeth to fermentable carbohydrates

(includes formula, juice, milk and breast milk)

- Through the use of bottle, breast, sippee cups, plastic bottles with straws
- High sugar consumption in infancy
- Sweetened pacifiers
- Long term sweetened medication
- Going to sleep with a bottle containing anything but water
- Prolonged use of a bottle beyond one year
- Breastfeeding or bottle feeding without cleaning teeth

Physiological Factors

- Factors associated with poor enamel development, such as prenatal nutritional status of mother and child, poor prenatal health, and malnutrition of the child
- Possible enamel deficiencies related to prematurity or low birth weight
- Mother and child's lack of exposure to fluoridated water
- Window of infectivity: transference of oral bacteria from parent/caregiver to the child between 19-31 months of age, through frequent, intimate contact or sharing of utensils

Other Risk Factors

- Poor oral hygiene
- Sibling history of early childhood tooth decay
- Lack of education of caregivers
- Lower socioeconomic status
- Limited access to dental care
- Deficits in parenting skills and child management

WHERE TO GO FOR HELP

If there are concerns, advise parents to contact their dentist, or Dental Services at the Health Department, Durham Region (905) 723-8521 or 1-800-841-2729, where children may be eligible for the Children in Need of Treatment (CINOT) Program. For parenting education, or referral to the Healthy Babies, Health Children Program, contact Durham Health Connection Line at (905) 723-8521, ext. 2158, or 1-800-841-2729.

The Ontario Association of Public Health Dentistry recommends that the first visit to a dentist should occur at one year of age. For more information, visit www.cdho.org

For nutritional concerns, see Nutrition, or Feeding and Swallowing Sections.

Created by Public Health Dental Services in York Region and Simcoe County.

Postpartum Mood Disorder

Parental mental illness is a significant factor that can place children's development and health at risk. The following statements are reflective of the parent's ability to be attentive, attuned and able to respond sensitively to the infant.

If the <u>parent states</u> that one or more of these statements are true, consider this a red flag:

- ❑ Feelings of profound sadness
- ❑ Extreme irritability, frustration, anger*
- ❑ Hopelessness, guilt
- ❑ Ongoing exhaustion
- ❑ Loss of appetite or overeating
- ❑ No interest or pleasure in infant*
- ❑ Anxious or panicky feelings
- ❑ Thoughts about hurting self or baby*
- ❑ Crying for no reason

The presence of any one of the following risk factors should alert health professionals that the client may be at risk for postpartum mood disorders *(e.g. anxiety, obsessive compulsive disorder, depression etc.).*

- ❑ Unrealistic expectations (e.g. "This baby will not change my life.")
- ❑ Social isolation; very thin support system (e.g. "I have very little contact with my family or friends.")
- ❑ Family history of depression or mental illness
- ❑ Perfectionist tendencies (e.g. "I like to have everything in order.")
- ❑ Sees asking for help as a weakness (e.g. "I'm not used to asking anyone to help. I like to do things myself in my own way.")
- ❑ Personal history of mood disorder (e.g. "I had postpartum depression (anxiety) with my first child.")
- ❑ Personal crisis or losses during last 2 years
- ❑ Severe insomnia (e.g. "I can't sleep when the baby sleeps.")
- ❑ Possible obsessive thinking/phobias/unreasonable fears (e.g. "I am afraid to leave the house"; the mother stays home for weeks, or is afraid of being in a crowd or traveling in a bus or car)
- ❑ Substance abuse* (e.g. "I drink alcohol or smoke dope, etc. to kill the pain.")
- ❑ Scary thoughts of harm (e.g. "I'm scared of knives."; "I see the bath water turn into blood."; "I'm afraid to stand by the window because the baby might fall.")
- ❑ Suicide risk* (e.g. "This baby would be better off without me"; "I am not worthy to have this child"; "I am such a burden to my family.")
- ❑ Sudden change of mood (e.g. "I am much better now. I feel calm.")
- ❑ Giving away of possessions
- ❑ Possible history of abuse or neglect (e.g. "I would never leave my baby with anyone else. I would not trust anyone.")
- ❑ Psychotic episodes* (e.g. " the devil [or other religious figure] told me he/she would tell me what to do with my baby.")

WHERE TO GO FOR HELP

If there are health concerns, advise the woman /family to contact her physician.
Contact Durham Health Connection Line at (905) 723-8521, ext. 2158, or 1-800-841-2729 for more information or for a referral to Healthy Babies Healthy Children Durham. Contact * Children's Aid Society at 1-800-461-8140 or (905) 433-1551, if the child's safety is a concern. For crisis intervention, call 310-COPE.

Adapted from materials from the Women's Health Centre, St. Joseph's Health Care, Toronto.
Reviewed Durham Health Department

If a child presents one or more of the following risk factors, consider this a red flag:

0-3 months

- ❑ Foods other than breast milk or iron fortified infant formula are given
- ❑ Water for infant formula is not being boiled for at least two minutes
- ❑ Infant formula is not being mixed correctly (i.e. correct dilution)
- ❑ Breast milk or infant formula is not being fed on demand
- ❑ Honey or herbal tea is given
- ❑ Not producing an average of six heavy, wet diapers per day (from six days on)

4-6 months

- ❑ Infant formula is not iron fortified
- ❑ Solid foods have been introduced prior to infant displaying readiness to feed (e.g. good head control, can turn away if food is not wanted, opens mouth wide when food is seen coming)
- ❑ Breast milk or infant formula is not being fed on demand
- ❑ Unsafe foods are given (e.g. honey, egg whites, cow's milk, herbal teas)
- ❑ Not producing an average of six heavy, wet diapers per day
- ❑ Drinking any fruit juice, fruit drink or soft drink

6-9 months

- ❑ Drinking more than 2-3 oz (1/4 – 1/3 cup) per day of juice
- ❑ Iron fortified infant cereal has not been introduced
- ❑ Pureed solid foods have not been introduced (e.g. vegetables, fruit, meat/meat alternatives)
- ❑ Unsafe foods are given (e.g. honey, egg whites, herbal teas)
- ❑ Drinking any fruit drink or soft drink

9-12 months

- ❑ Soy, rice or other vegetarian beverage is being given instead of breast, iron fortified formula or whole cow's milk
- ❑ Drinking more than 2-3 oz (1/4 to 1/3 cup) per day of juice; drinking any fruit drink or soft drink
- ❑ Refuses mashed or chopped foods
- ❑ Unsafe foods are given (e.g. honey, egg whites, herbal teas)
- ❑ Parents/caregivers not allowing child to self-feed

1-2 Years

- ❑ Soy, rice or other vegetarian beverage is being given instead of breast, iron fortified formula or whole cow's milk
- ❑ Drinking more than 4 oz (1/2 cup) per day of juice
- ❑ Not eating a variety of table foods
- ❑ Parent or care giver still feeding child; not allowing child to self-feed (finger, spoon, cup)
- ❑ A low fat cow's milk is provided before the age of 2 (2%, 1%, or skim)
- ❑ Food is used as a reward or punishment

2-5 Years

- ❑ Drinking less than 16 oz (2 cups) or more than 24 oz (3 cups) of milk per day
- ❑ Drinking more than 4 oz (1/2 cup) per day of juice
- ❑ Still drinking from a bottle; still being spoon-fed
- ❑ Not eating a variety of table foods from the four food groups
- ❑ Does not eat at regular times throughout the day (breakfast, lunch, and supper plus 2-3 between meal snacks)
- ❑ Spending a long time at meals, (e.g. an hour)
- ❑ Lack of physical activity (e.g. watches TV or videos, uses the computer, plays video games more than 5 hours per day)
- ❑ Food is used as a reward or punishment

General Risk Factors

- Breastfed infant is not receiving a vitamin D supplement
- Unexpected and/or unexplained weight loss or gain
- Rate of growth is falling off the growth curve
- Identified as Failure to Thrive *
- Identified as overweight or obese by a health care professional
- Food allergies (e.g. cow's milk) or food intolerance (e.g. lactose intolerance)
- Problems with sucking, chewing, swallowing, gagging, vomiting or coughing while eating
- Frequent constipation and/or diarrhea; abdominal pain
- Displays signs of iron deficiency (e.g. irritability, recurrent illness)
- Follows a "special diet" that limits or includes special foods
- Eats non-food items
- Suffers from tooth or mouth problems that make it difficult to eat or drink
- Mealtimes are rarely pleasant
- Consistently not eating from one or more of the food groups
- Excludes all animal products including milk and eggs
- Drinks throughout the day and is not hungry at mealtimes
- Unsafe or inappropriate foods are given (e.g. raw eggs, unpasteurized milk, foods that are choking hazards, herbal teas, pop, fruit drink)
- Home has inadequate food storage/cooking facilities
- Parent or care provider is unable to obtain adequate food due to financial constraints
- Parent or care provider offers inappropriate amounts of food or force feeds

WHERE TO GO FOR HELP

If there are any concerns, advise the parent to call the Connection Line, 905-666-6241or the family physician or paediatrician.

Nutrition difficulties that are perceived as behavioural can sometimes be a developmental issue; refer to the section on Feeding and Swallowing.

For more information on nutrition, visit www.caringforkids.cps.ca/eating, Health Canada at www.hc-sc.gc.ca, www.phac-aspc.gc.ca/dca-dea/publications/pdf/infant_e.pdf, Dietitians of Canada www.dietitians.ca, World Health Organization www.who.int/en/, INFACT Canada www.infactcanada.ca, La Leche League of Canada www.lalechleaguecananda.ca/.

Developed by Public Health Nutritionists and Dietitians from York Region Health Services. Reviewed by Dietitians from York Central Hospital, Markham-Stouffville Hospital and Southlake Regional Health Centre.
Reviewed by Public Health Nutritionist – Durham Region
Reviewed by the Durham Health Department

Family literacy encompasses the ways parents, children and extended family members use literacy at home and in their community. It occurs naturally during the routines of daily living and helps adults and children 'get things done' - from lullabies to shopping lists, from stories to the passing on of skills and traditions. Parents have always been their children's first and most important teachers.

If a child is missing one or more of these expected age outcomes, consider this a red flag:

0-3 months

- ❑ Listens to parent/caregiver's voice
- ❑ Makes cooing or gurgle sounds

4-8 months

- ❑ Imitates sounds heard
- ❑ Makes some sounds when looking at toys or people
- ❑ Brightens to sound, especially to people's voices
- ❑ Seems to understand some words (e.g. daddy, bye-bye)

9-12 months

- ❑ Understands short instructions (e.g. "Where is the ball?")
- ❑ Babbles a series of different sounds (e.g. ba, da, tongue clicks, dugu-dugu)
- ❑ Makes sounds to get attention, to make needs known, or to protest
- ❑ Shows interest in looking at books

12-18 months

- ❑ Follows directions when given without gestures (e.g. "Throw the ball")
- ❑ Uses common expressions (e.g. "all gone", "oh-oh")
- ❑ Says five or more words; words do not have to be clear
- ❑ Identifies pictures in a book (e.g. "Show me the baby")
- ❑ Holds books and turns pages

By 2 years

- ❑ Asks for help using words or actions
- ❑ Joins two words together (e.g. "want cookie", "more milk")
- ❑ Learns and uses one or more new words a week; may only be understood by family
- ❑ Asks for favourite books to be read over and over again

By 3 years

- ❑ Can be understood by strangers approximately 75% of the time
- ❑ Uses 5 word sentences
- ❑ Is learning the meaning of several new words every week (in spoken language)
- ❑ Sings simple songs and familiar rhymes
- ❑ Knows how to use a book (holds/turns pages properly, starts at beginning, points/talks about pictures)
- ❑ Looks carefully at and makes comments about books
- ❑ Fills in missing words in familiar books that are read aloud
- ❑ Holds a pencil and uses it to draw/scribble

By 3-4½ years (end of JK)

- ❑ Can be fully understood by most adults when speaking
- ❑ Speaks in complete sentences using some details
- ❑ Is learning the meaning of and using several "new words" every week (in spoken language)
- ❑ Recites nursery rhymes and sings familiar songs
- ❑ Makes up rhyming words
- ❑ Reads a book by memory or by making up the story to go along with the pictures
- ❑ Can guess what will happen next in a story
- ❑ Retells some details of stories read aloud but not necessarily in order
- ❑ Holds a pencil and uses it to draw or print his/her first name along with other random letters

By 4½ - 5½ years (end of SK)

- ❑ Uses complete sentences (that sound almost like an adult)
- ❑ Is learning the meaning of and is using several new words every week (in spoken language)
- ❑ Knows parts of a book
- ❑ Understands basic concepts of print (difference between letters, words, sentences, how the text runs in a left to right, top to bottom fashion)
- ❑ Makes predictions about stories; retells the beginning, middle and end of familiar stories
- ❑ Reads simple pattern books smoothly pointing to the individual words while reading
- ❑ Reads some familiar vocabulary by sight (high frequency words)
- ❑ Points to and says the name of most letters of the alphabet when randomly presented (upper and lower case); recognizes how many words are in a sentence
- ❑ Says the beginning and ending sounds in words (in spoken language)
- ❑ Breaks down three-sound words into individual sounds in spoken language (e.g. bi-cy-cle)
- ❑ Understands the concept of rhyme; recognizes and generates rhyming words
- ❑ Changes a sound in a word to make a new word in familiar games and songs
- ❑ Prints letters (by copying, in his/her full name, when attempting to spell words)
- ❑ Makes connections between his/her own experiences and those of storybook characters

WHERE TO GO FOR HELP

If there are concerns, advise the parents to contact: early literacy specialists through the Ontario Early Years Centres at 905-697-3171 or talk to the Kindergarten teacher at school.

Literacy issues may also be the result of difficulties with speech, vision, or learning. Refer to the sections on Speech and Language, Vision, and Psychology.

Developed by the Literacy Specialists at York Region District School Board, York Catholic District School Board, and the Ontario Early Years Literacy Specialists in Simcoe County and York Region.

Children may engage in one or more problem behaviours from time to time. Some factors should be considered in determining whether the behaviour is truly of concern. These include:

- Injuring themselves or others
- Behaving in a manner that presents immediate risk to themselves or others
- Frequency and severity of the behaviour
- Number of problematic behaviours that are occurring at one time
- Significant change in the child's behaviour

If the child presents any of the following behaviours, consider this a red flag:

Self-Injurious Behaviour	❑ Bites self; slaps self; grabs at self ❑ Picks at skin; sucks excessively on skin/bangs head on surfaces ❑ Eats inedibles ❑ Intentional vomiting (when not ill) ❑ Potentially harmful risk taking (e.g. running into traffic, setting fires)
Aggression	❑ Temper tantrums; excessive anger, threats ❑ Hits; kicks; bites; scratches others; pulls hair ❑ Bangs, slams objects; property damage ❑ Cruelty to animals* ❑ Hurting those less able/bullies others*
Social Behaviour	❑ Difficulty paying attention/hyperactive; overly impulsive ❑ Screams; cries excessively; swears ❑ Hoarding; stealing ❑ No friends; socially isolated; will not make eye or other contact; withdrawn ❑ Anxious; fearful/extreme shyness; agitated ❑ Compulsive behaviour; obsessive thoughts; bizarre talk ❑ Embarrassing behaviour in public; undressing in public ❑ Touches self or others in inappropriate ways; precocious knowledge of a sexual nature* ❑ Flat affect, inappropriate emotions, unpredictable angry outburst, disrespect or striking female teachers are examples of post trauma red flags for children who have witnessed violence*
Noncompliance	❑ Oppositional behaviour ❑ Running away ❑ Resisting assistance that is inappropriate to age
Life Skills	❑ Deficits in expected functional behaviours (e.g. eating, toileting, dressing, poor play skills) ❑ Regression; loss of skills; refusal to eat; sleep disturbances ❑ Difficulty managing transitions/routine changes
Self-Stimulatory Behaviour	❑ Hand-flapping; hand wringing; rocking; swaying ❑ Repetitious twirling; repetitive object manipulation

WHERE TO GO FOR HELP

For social-emotional concerns, advise the parent to contact Kinark Child and Family Services at (905) 433-0241 or 1-888-454-6275, or consult a family physician or paediatrician. If there are concerns about behaviour in conjunction with a developmental delay, advise the parent to contact Durham Behaviour Management at (905) 723-5338. If there are concerns about autism, refer to Autism Spectrum Disorders.

Developed by Behaviour Management Services of York and Simcoe.
Reviewed by Kinark Child and Family Services Durham Region

Autism Spectrum Disorder

Autism is a lifelong developmental disorder characterized by impairments in *all* of the following areas of development: communication, social interaction, restricted repertoire of activities and interests, and associated features, which may or may not be present (e.g. difficulties in eating, sleeping, unusual fears, learning problems, repetitive behaviours, self-injury and peculiar responses to sensory input).

If the child presents any of the following behaviours, consider this a red flag:

Social Concerns

- ❑ Doesn't smile in response to another person
- ❑ Delayed imaginative play – lack of varied, spontaneous make-believe play
- ❑ Prefers to play alone, decreased interest in other children
- ❑ Poor interactive play
- ❑ Poor eye contact - this does not mean it is absent
- ❑ Less showing, giving, sharing and directing others' attention than usual
- ❑ Any loss of social skills at any age (regression)
- ❑ Prefers to do things for him/herself rather than ask for help
- ❑ Awkward or absent greeting of others

Communication Concerns

- ❑ Language is delayed (almost universal)
- ❑ Inconsistent response or does not respond to his/her name or instructions
- ❑ Unusual language - repeating phrases from movies, echoing other people, repetitive use of phrases, odd intonation (echolalia)
- ❑ Decreased ability to compensate for delayed speech by gesture/pointing
- ❑ Poor comprehension of language (words and gestures)
- ❑ Any loss of language skills at any age (regression), but particularly between 15 and 24 months
- ❑ Inability to carry on a conversation

Behavioural Concerns

- ❑ Severe repeated tantrums due to frustration, lack of ability to communicate, interruption of routine, or interruption of repetitive behaviour
- ❑ Narrow range of interests that he/she engages in repetitively
- ❑ High pain tolerance
- ❑ Insistence on maintaining sameness in routine, activities, clothing, etc.
- ❑ Repetitive hand and/or body movements: finger wiggling, hand and arm flapping, tensing of fingers, complex body movements, spinning, jumping, etc.
- ❑ Unusual sensory interests - visually squinting or looking at things out of the corner of eye; smelling, licking, mouthing objects; hypersensitive hearing
- ❑ Unusual preoccupation with objects (e.g. light switches, fans, spinning objects, vertical blinds, wheels, balls)

WHERE TO GO FOR HELP

If there are any concerns, advise the parent to arrange a referral to a paediatrician through their family physician or contact Resources for Exceptional Children at (905) 427-8862.

If there is a suspicion of autism, a referral can be made to the Central East Preschool Autism Service via Kinark Child and Family Services at 1-800-283-3377. Other services and supports are available through Kerry's Place (905) 665-9267 and the Autism Society of Ontario (416) 246-9592.

* For more information about autism, visit the Geneva Centre for Autism at www.autism.net, or Improving the Odds: Healthy Child Development (Appendix K and L: Checklist for Autism in Toddlers (CHAT) at www.beststart.org/resources. Refer also the Rerd Flags sections on Speech and Language and Behaviour.

Adapted by Dr. Nicola Jones-Stokreef, MD, FRCP (C) from a presentation by A. Perry, Ph.D. and R.A. Condillac, M.A.
Reviewed by Kinark Child and Family Services Durham Region.

Concern in the following areas may indicate need for further investigation, especially if more than one area is noted. For age-specific skills, please refer to Speech, Fine Motor and Gross Motor sections.

If a child presents any of the following characteristics, consider this a red flag:

Receptive Language Characteristics	❑ Slow processing of information/slow to understand what is said ❑ Scattered receptive skills ❑ Delayed receptive language (unexplained)
Expressive Language Characteristics	❑ Frequent difficulty retrieving words ❑ Persistent stuttering ❑ Echolalia (refer to the section on Autism Spectrum Disorder) ❑ Expressive language significantly higher than receptive skills
Play	❑ Lack of age appropriate play/trouble figuring out an age appropriate toy ❑ Inappropriate social skills (refer to the section on Social Behaviour) ❑ Signs of sudden withdrawal or depression; plays alone most of the time
General/Learning Readiness/Academic	❑ Significant attention difficulties ❑ Behaviour affecting ability to learn new things ❑ Sudden change in behaviour uncharacteristic for the individual ❑ Difficulties with pre-academic skills/concepts (e.g. colours, shapes) ❑ History of learning disabilities in family ❑ Indications of autism spectrum disorder/qualitative impairment in reciprocal social interaction, verbal/nonverbal communication, and a restricted or repetitive range of activities (refer to the section on Autism Spectrum Disorder) ❑ Delay in self-help skills (e.g. toileting) if not explained by another condition ❑ High risk medical diagnosis – risk for Learning Disabilities or cognitive delay, regression ❑ Inconsistent performance (can't do what he/she could do last week) ❑ Poorly focused and organized

WHERE TO GO FOR HELP

If there are any concerns or for further information ask the family to contact Early Intervention Services at 1-888-803-5437, a children's mental health program, the family physician or paediatrician, or the school principal for a referral to a psychologist.

Referrals are made when there is a need for: IQ score for School Board ISA claims (Individual Support Amount) for globally delayed children; assessing specific learning disabilities or cognitive potential, strengths and weaknesses for programming.

Developed by Ann Johnston, Dip.C.S., C.Psych.Assoc.Orillia Soldiers' Memorial Hospital, with Simcoe County Preschool Speech and Language Program; Revised by Chief Psychologists, YCDSB and YRDSB

Current research indicates that early appropriate intervention can successfully remediate many disabilities, particularly those related to reading. Parents are often the first to notice that "something doesn't seem right". The following is a list of characteristics that MAY point to a learning disability. Most people will, from time to time, see one or more of these warning signs in their children. This is normal.

Learning disabilities are related to difficulties in processing information:

- the reception of information
- the integration or organization of that information
- the ability to retrieve information from its storage in the brain
- the communication of retrieved information to others

If a child exhibits several of the following characteristics over a long period of time, consider this a red flag:

Preschool

- ❑ Speaks later than most children
- ❑ Has pronunciation difficulties
- ❑ Slow vocabulary growth, often unable to find the right word
- ❑ Has difficulty rhyming words
- ❑ Has trouble learning colours, shapes, days of the week, numbers and the alphabet
- ❑ Fine motor skills are slow to develop
- ❑ Is extremely restless and easily distracted
- ❑ Has difficulty following directions and/or routines
- ❑ Has trouble interacting appropriately with peers

WHERE TO GO FOR HELP

Learning Disabilities are diagnosed by a psychologist, and generally after the child enters school and is learning to read and write.

The psychologist will assess:

- auditory and visual perceptual skills (understanding)
- processing speed
- organization
- memory (short and long term storage and retrieval)
- fine motor skills
- gross motor skills
- attention (focus)
- abstractions (interpreting symbolism)
- social competence (effective interactions with others)

For more information about learning disabilities, visit the Learning Disabilities Association of Ontario website at www.LDAO.on.ca

Changes in behaviour may be related to a mild traumatic brain injury (e.g. falls, accidents, medical treatment, sports injuries, shaken baby syndrome).

If the child presents with one or more of the following behaviours that are different from the child's norm, consider this a red flag:

Physical

- ❑ Dizziness
- ❑ Headache recurrent or chronic
- ❑ Blurred vision or double vision
- ❑ Fatigue that is persistent
- ❑ Reduced endurance that is consistent
- ❑ Insomnia/severe problems falling asleep
- ❑ Poor coordination and poor balance
- ❑ Sensory impairment (change in ability to smell, hear, see, taste the same as before)
- ❑ Significantly decreased motor function
- ❑ Dramatic and consistent increase or decrease in appetite
- ❑ Seizures
- ❑ Persistent tinnitus (ringing in the ears)

Cognitive Impairments

- ❑ Decreased attention
- ❑ Gets mixed up about time and place
- ❑ Decreased concentration
- ❑ Reduced perception
- ❑ Memory or reduced learning speed
- ❑ Develops problems finding words or generating sentences consistently
- ❑ Problem solving (planning, organizing and initiating tasks)
- ❑ Learning new information (increased time required for new learning to occur)
- ❑ Abstract thinking
- ❑ Reduced motor speed
- ❑ Inflexible thinking; concrete thinking
- ❑ Decreased processing speed
- ❑ Not developing age-appropriately
- ❑ Difficulties with multi-tasking and sequencing

Behavioural/Emotional (Severe)

- ❑ Irritability; aggression
- ❑ Emotional lability; impulsivity; confusion; distractibility; mind gets stuck on one issue
- ❑ Loss of self esteem
- ❑ Poor social judgment or socially inappropriate behaviour
- ❑ Decreased initiative or motivation; difficulty handling transitions or routines
- ❑ Personality change; sleep disturbances
- ❑ Withdrawal; depression; frustration
- ❑ Anxiety
- ❑ Decreased ability to empathize; egocentricism

WHERE TO GO FOR HELP

If a parent reports changes in their child's behaviour, advise them to contact their family physician or paediatrician for a medical assessment and referral to the appropriate specialist. In the case that neither is available, directly contact an urgent care clinic or hospital emergency department.

Reviewed by Bloorview MacMillan Children's Centre and the York Region Head Injury Support Group.
Reviewed by Frank Murphy, Executive Director, Head Injury Association of Durham Region

DURHAM REGION CONTACTS

Service	Phone Number	Description
The Kids Line	1-888-703-5437	
Grandview Children's Centre	(905)728-1673 1-800-304-6180	**Grandview Children's Centre** www.grtc.ca Offers a range of outpatient services in Durham Region to children and young adults with physical and communication disabilities. These include physiotherapy, occupational therapy, speech language pathology, audiology, family support services, medical services and specialty services including orthopaedics, orthotics and muscle tone clinics. Referrals may be initiated by parents or agency staff but must be signed by a physician. Audiology referrals are accepted by telephone from any service provider, provided that they confirm the referral with the child's physician. Our family-centered approach emphasizes collaboration with parents, community agencies, educators and physicians. All services are available to individuals 0-21 years of age with the exception of Speech and Language Pathology which is primarily for preschool aged children.
Grandview Children's Centre -Durham Preschool Speech & Language Program	Ext 2261	**Durham Preschool Speech & Language Program** www.grtc.ca Services preschool children until they are eligible for senior kindergarten enrollment. A range of services is offered for children with suspected or actual communication problems, and their families. These are provided at all Grandview sites, in addition to small satellites in Whitby, Bownmanville, Port Perry and Uxbridge. The program provides the services of professional speech-language pathologists and communicative disorder assistants with extensive training in communication development, disorders and intervention. The program offers a wide range of services including: assessment, early identification, group and one-on-one therapy and parent education. Direct referrals from parents are encouraged at extension 261.
Grandview Children's Centre - Family Outreach Program	Ext 2341	**Family Outreach Program** www.grtc.ca Provides a wide range of information and resources on general health, parenting children with special needs and family life. It is located at Grandview (Oshawa).
Grandview Children's Centre - Infant Hearing Program	Ext 2341	**Infant Hearing Program** www.grtc.ca Is provided under the auspices of the Durham Preschool Speech and Language Program to identify hearing loss in newborn babies and provide appropriate intervention. Information is available at extension 341
Ontario Association of Speech - Language Pathologists and Audiologists	1-877-740-6009	**Ontario Association of Speech- Language Pathologists and Audiologists** www.osla.on.ca
Lakeridge Health Bowmanville Feeding Clinic	(905) 623-3331 ext.1216	**Lakeridge Health Bowmanville Feeding Clinic**
Resources for Exceptional Children	(905) 427-8862 1-800-968-0066	**Resources for Exceptional Children** www.rfecdurham.com RFEC provides services to families and caregivers of children with special needs (ages 2-12), living in or utilizing services in Durham Region. Programs offered are in-home consultation, support/consultation in the licensed child care setting, assessments, resource library and education. Services are delivered in a family-centered fashion and are geared to meet the needs of each family individually. Referrals are accepted from the parent, service provider, or other professional.
Tri-Regional Infant Hearing Program Visit the Canadian Hearing Society	1-888-703-5437	**Tri-Regional Infant Hearing Program Visit the Canadian Hearing Society** website at www.chs.ca **.**

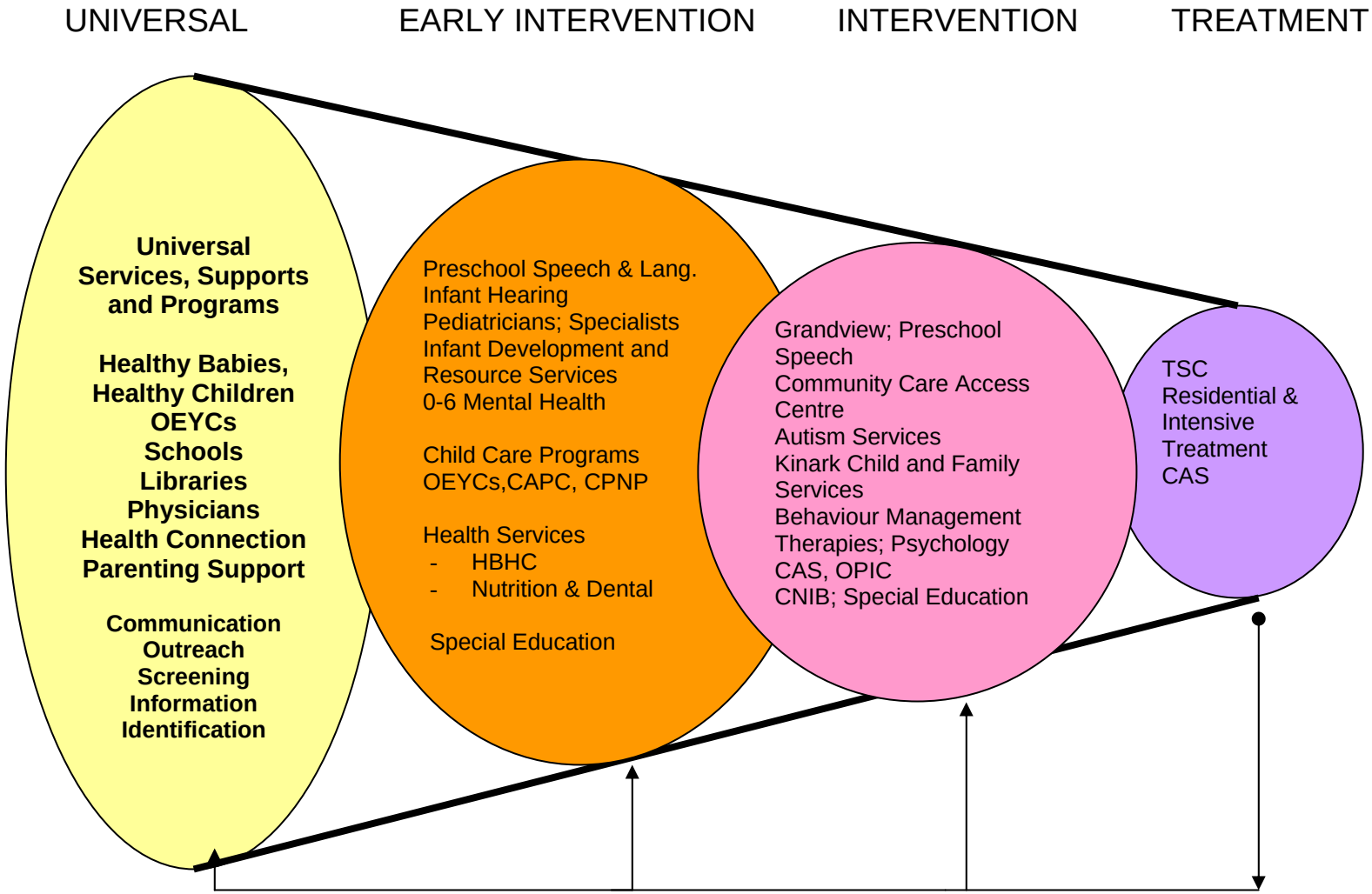
DURHAM REGION CONTACTS

Service	Phone Number	Description
Infant Development Service at Durham Region Health Department	(905) 668-7711 1-800-841-2729	**Infant Development Service at Durham Region Health Department** www.region.durham.on.ca Infant Development provides home-base, family-centered early intervention services to infants and young children at risk for delay (birth to six years) and their families. Infants who have experienced problems before, during or after birth, are developmentally delayed, or have a physical or developmental disability are eligible. Any family, community agency or professional may refer by telephone with the parent's verbal consent. Consultations or assessments are available to families who have concerns about their child's development.
Durham Region Health Services	905-666-6200 1-800-841-2729 ext 2158	**Healthy Babies, Healthy Children Program** This program is designed to support families (prenatal to children age 6) and to help them access services in order to give their babies the best start in life. Public Health Nurses phone and/or home visit families to help them identify their needs, make referrals including Family Visiting services, and provide service coordination as needed. HBHC is available to all families at no charge and participation is voluntary.
Public Health Nutritionist	(905) 723-8521	**Public Health Nutritionist** The nutritionist will answer general questions about foods and nutrition by telephone, or will send reading materials that provide more specific information about nutritional needs or concerns.
Dental Services	(905) 723-8521 1-800-841-2729	**Dental Services** Provides dental screening at schools, child care centres, clinics and Ontario Early Years Centres. Refers children with urgent dental needs to dentists in the community. Financial assistance is available through Children in Need of Treatment Program (CINOT) for those who qualify. Preventive services are provided in York Region Health Services dental clinics at no cost to children who meet eligibility criteria.
DRHC- Health Connection	905) 723-8521 ext. 2158 1-800-841-2729	**Health Connection** is a free and confidential health information telephone service provided by Public Health Nurses, Dietitians, Public Health Inspectors and Dental Hygienists, who will answer your health related questions, provide health education and individual counseling. Monday-Friday, 8:30 – 4:30, with the option of leaving 23 hour/day messages.
Durham Region Community Care	1-888-255-6680 905-404-2224	**Community Care** www.communitycaredurham.on.ca Helps people live at home with a network of support in caring communities. Individuals served are adults and their caregivers with needs related to physical disability, aging and/or mental health who live in the Durham Region. A nominal fee applies to Respite and some Home Support Services.
Ontario Foundation for Visually Impaired (OFVIC)	416-767-5977	**Ontario Foundation for Visually Impaired** Provides services specific to the needs of visually impaired infants, young children and their families. Parents are assisted to provide a stimulating and consistent environment to help their child adjust to the sighted world. Programs are designed to meet the unique needs of each child and include training in daily living skills, orientation and mobility, play and social skills, language and listening. Functional vision assessment and programming is offered when appropriate.
Canadian Institute for the Blind (CNIB)	905-883-8854	**Canadian Institute for the Blind** www.cnib.ca The CNIB Early Intervention Program responds to the needs of visually impaired and blind children from birth to the child's seventh birthday. Intensive service is provided through the early years to assist families in helping their child reach his/her fullest potential. After the child turns seven, CNIB continues to provide a full range of services including Rehabilitation Teaching and Orientation and Mobility instruction within the child's home and community.

DURHAM REGION CONTACTS

Service	Phone Number	Description
Autism Services **Kerry's Place** **Autism Society of Ontario – Durham Chapter**	(905) 665-9267 1-866-495-4680	www.autism.net (Geneva Centre for Autism) **Kerry's Place** Innovative supports offered including residential services, consultation and community outreach **Autism Society of Ontario** www.autismsociety.on.ca
Kinark Child and Family Services	(905) 433-0241 1-888-454-6275	**Kinark Child and Family Services** www.kinark.on.ca Kinark offers an Intensive Family Servies Program, which provides both community/home-based treatment and a therapeutic day nursery for children at risk for mental health problems. A Families First Program is also available to children ages 0-12 who are at imminent risk of placement outside the home due to child welfare or mental health concerns. There is also an Outpatient Service offering counseling and parent education groups. Lastly, Kinark offers a Crisis Response Service including a telephone crisis line as well as a mobile response if required. Crisis Line: **1-888-337-0841** operates 9:00-5:00 Monday-Friday. The Crisis Response Service is intended to support a childe your and/or family where a situational, non-life threatening crisis requires an immediate response.
Durham Behaviour Management	(905) 723-5338 ext. 2255 1-800-841-2729	**Durham Behaviour Management** www.region.durham.on.ca This service provides information and consultation regarding child behaviour management strategies to parents, child care providers and professionals. Parents of children ages 2-6 may apply via Simplified Access, telephone number (905) 427-8862 ext 338. (Parents of children without developmental disabilities ages 6-12 may apply directly to the program.)
Durham Children's Aid Society	905 433-1551 1-800-718-3850	**Durham Children's Aid Society** www.durhamcas.ca Durham Children's Aid Society is mandated child welfare organization whose principle activities are investigating child abuse/child neglect allegations, providing care for these children and placing children for adoption. In order to achieve goals for children, Durham CAS needs the assistance or our community colleagues and a committed core of foster parents and volunteers. Child protection services are available 24 hours a day, 265 days a year.
Head Injury Association of Durham Region (HIAD)	(905) 723-2732	**Head Injury Association of Durham Region (HIAD)** This organization provides support, advocacy and information to head injury survivors and their families. Services include support, advocacy and information to head injury survivors and their families. Services include support groups, community support services individual and group advocacy and a resource library. Support group meetings are held every third Wednesday at 7:30 pm except for the month of June, August and December.
Ontario Early Years Centres **Satellite –YMCA Whitby** **Satellite –YMCA Westminster** **Pickering/Uxbridge Riding** **Ajax/Whitby Riding** **Oshawa Riding**	905 697-3171 905-666-4794 905-243-4403 905-839-3007 ext 300 905-619-4565 ext 310 905-723-9922	www.ontarioearlyyears.ca Offers universal access to programs, information services and resources to families with children pre-natal to 6 years including those for children with special needs. Staffed by experts, professionals and volunteers, including early literacy experts.
Learning Disabilities Association Durham Region	905-426-1442	**Learning Disabilities Association Durham Region** Service include a resource library, advocacy support within the school system and monthly support meetings. Meetings are held every last Thursday of every month except June, July, August and December at 7:30pm at St. Andrew's Presbyterian Church in Ajax.
Family and Community Action Program	1-800-214-7163	**Family and Community Action Program** The Family and Community Action Program aims to help communities develop comprehensive, integrated programs to promote the health and social development of at-risk children. FCAP offers parent support groups in twenty-one communities across Durham Region. These include informal parent/child interaction, Nobody's Perfect Parenting Programs and Schools Cool.
FASD Durham Project	905-427-8862 ex 346	**FASD Durham Project**

Quick Reference System Guide in Durham Region for Children 0-6



The original Red Flags document was developed by the Simcoe County Early Intervention Council and piloted in the Let's Grow Screening Clinics in early 2002. It was printed and disseminated by the Healthy Babies, Healthy Children program, Simcoe County District Health Unit as Red Flags – Let's Grow With Your Child, in March, 2003.

With the permission of our colleagues in York Region, and Simcoe County, this Document was reviewed and revised by the Under 6 Committee of Durham Region. (Durham Region Red Flags Task Group).

The Durham Region Red Flags Task Group consists of:

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