Perth District Health Unit

HURON COUNTY

2014

RED FLAGS

A Quick Reference Guide for Early Years Professionals in Perth and Huron Counties

Early Identification of Red Flags in Child Development Prenatally to Age Six

DISCLAIMER NOTICE

A Quick Reference Guide for Early Years Professionals in Perth and Huron Counties, Early Identification of Red Flags in Child Development Prenatally to Age Six is a quick reference guide designed to assist Early Years Professionals in deciding whether to refer for additional advice, screening, assessment and/or treatment.

It is not a formal assessment or diagnostic tool.

The information contained in the *Quick Reference Guide for Early Years Professionals in Perth and Huron Counties, Early Identification of Red Flags in Child Development Prenatally to Age Six* ('this document' or 'this guide' or 'Red Flags') has been provided as a public service for professionals working with children up to the age of six years ('early years professionals'). Although every attempt has been made to ensure its accuracy, no warranties or representations, expressed or implied, are made concerning the accuracy, reliability or completeness of the information contained in this document. The information in this document is provided on an "as is" basis without warranty or condition.

This document cannot substitute for the advice, formal assessment and/or diagnosis, of professionals trained to properly assess the growth and development of infants, toddlers and preschool children. Although this document may be helpful to determine when to seek out advice and/or treatment, this document should not be used to diagnose or treat perceived growth and developmental limitations and/or other health care needs.

This document also refers to websites, screening tools, and other documents that are created or operated by independent bodies. These references are provided as a public service and do not imply the investigation or verification of the websites or other documents. No warranties or representations, expressed or implied, are made concerning the products, services and information found on these independent sources.

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INTRODUCTION

Introduction

Purpose and Goal
The purpose of this guide is to promote the early identification of children who are in need of additional resources to meet their developmental milestones.

The goal is to ensure that all children in Perth and Huron Counties are able to develop to their optimal developmental potential.

Acknowledgement
The original *Red Flags* document was developed by the Simcoe County Early Intervention Council and piloted in the Let's Grow Screening Clinic 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.

The document was reviewed and revised by the York Region Early Identification Planning Coalition and supported by York Region Health Services through 2003. The first edition of York Region's *Red Flags Guide* was released in June, 2004. The revisions to this guide were completed in September, 2009 by York Region and with their permission, further revised to reflect local services, by the Perth District Health Unit and Huron County Health Unit in 2014.

Early Identification

Thanks to Dr. Fraser Mustard and other scientists, many 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 the optimal development of neural pathways. The early years of development from conception to age six, particularly the first three years, set the base for competence and coping skills that will affect learning, behaviour and health throughout life (McCain, Mustard and Shanker 2007).

It follows, then, that children who may need additional services and supports to ensure healthy growth and development must be identified as quickly as possible and referred to the appropriate programs and services in Perth and Huron Counties. 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 (McCain, Mustard and Shanker 2007).

A "wait and see" approach is no longer an acceptable option.

What Is the Red Flags Guide?

This document is a quick reference guide to assess children up to the age of six years for growth and development by domains. It also includes other areas that may impact child health, growth, and development due to the dynamics of parent-child interaction, such as perinatal mood disorder, abuse, etc.

Red Flags allows early years professionals to review and better understand on a continuum the domains that are traditionally outside their own area of expertise. This will help them to better understand when and where to make referrals for further investigation or intervention in Perth and Huron Counties. Domains used in this document have been organized alphabetically for easy use.

Who Should Use the Red Flags Guide?

This document is intended to be used by early years professionals working with young children up to the age of six years 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 or her expected health outcomes or developmental milestones. Use of this document will help professionals to identify the need for further investigation by the appropriate discipline.

How to Use This Guide

- ❑ If children are not meeting the milestones for their specific age, further investigation is strongly recommended. Please see the "Screening Tools" section of this document to assist you in screening for a specific concern.
- ❑ Cultural competence is vital in assessing child growth and development. Please see the "Cultural Sensitivity when Working with Families" section for further information.
- ❑ Note that some of the indicators focus on the parent/caregiver, or the interaction between the parent/caregiver and the child, rather than solely on the child.

- ❑ Refer for further assessment even if you are uncertain whether the red flags noted are a reflection of a cultural variation or a real concern.
- ❑ If a child appears to have multiple domains requiring formal assessment by several disciplines, the early years professional using this document is encouraged to refer to the agencies that can coordinate a collaborative and comprehensive assessment process.
- ❑ Perth and Huron Counties contact information can be found at the end of each domain and additional contact information is in Appendix B: Contacts and Resources.
- ❑ If referrals are made to private sector agencies, alert families that they will be responsible for costs incurred.

Evidence-Informed Decision Making

"Evidence-Informed Decision Making" has been used for revisions of this document. References are indicated throughout the body of the guide, at the end of each domain/section, with detailed referencing at the end of the document.

According to the Public Health Agency of Canada (2008) the term evidence-based policy is used in the literature, yet largely relates to only one type of evidence – research. Using the term "evidence-influenced" or "evidence-informed" reflects the need to be context sensitive and consider use of the best available evidence when dealing with everyday circumstances. A variety of distinct pieces of evidence and sources of knowledge inform policy, such as histories and experience, beliefs, values, competency/skills, legislation, politics and politicians, protocols, and research results.

Source: Bowen S, Zwi AB (2005) Pathways to "evidence-informed" policy and practice: A framework for action. PLoS Med 2(7): p. 166.

Screening Tools

Perth District Health Unit (PDHU) and the Huron County Health Unit (HCHU) provide screening tools that can be used in conjunction with this document. These screening tools can help you to identify children at risk of poor growth, development or health as well as environments that place the child at risk.

Examples of screening tools used in Perth and Huron Counties are:

- Nipissing District Development Screen (NDDS): a developmental screening tool for infants and children up to 6 years of age. For further information or to access the different age appropriate screens check www.ndds.ca/ontario
- The NutriSTEP® (Nutrition Screening Tool for Every Preschooler) questionnaires for preschoolers (3-5 years) and for toddlers (18-35 months) are valid and reliable nutrition risk screening questionnaires. They were developed with multicultural and geographically diverse parents of young children across Ontario and Canada. For more information go to www.nutristep.ca/

Screening is only a first step in identifying 'red flags' and informing whether a more thorough assessment is advisable. Screening helps ensure that children and families who need a full assessment receive one, and if necessary are referred to skilled professionals who are best able to provide service and /or intervention.

Enhanced 18-Month Well-Baby Visit

The 18-month well-baby visit may be the last regular check-up a child has with their primary healthcare provider before starting school. This is a crucial opportunity to determine whether a child is meeting important developmental milestones. Following the advice of an expert panel to expand the 18-month visit, the province now funds a longer and more in-depth visit. This enhanced visit allows healthcare providers to take the time they need, using standardized tools, to:

- assess a child's developmental progress
- identify concerns early and refer to specialized services if needed
- engage in a discussion with parents about healthy child development and parenting
- connect parents to community programs that promote early learning

Don't Play "Wait & See" With Your Child's Development is an initiative, promoted by PDHU, to educate parents about normal child development at 18 months and help them identify any potential concerns early. Promotional resources for physician offices and ommunity service providers are available by contacting PDHU's Health Line at 519-271-7600 ext 267. Healthcare providers can also check the Health Professionals section, 18-Month Enhanced Well-Baby Visit at www.pdhu.on.ca for support regarding strategies and resources to assist with implementation of this program.

In Huron County, healthcare providers can contact Huron County Children's Services at 519-482-8505 or the Health Unit at 519-482-3416 ext 2256 for more information about the **Don't "Wait & See" With Your Child's Development** resource as well as provide support with strategies and resources to assist with implementation of the enhanced 18-month well-baby visit.

A list of resources associated with specific domains is accessible in Appendix B – Contacts and Resources at the back of this guide.

How to Talk to Parents/Caregivers about Sensitive Issues

Sharing Sensitive News

One of the most challenging issues in recognizing a potential concern with a child's development is sharing this concern with the parents/caregivers. It is important to be sensitive when suggesting that there might be a reason to have further assessment. You want parents/caregivers to feel capable and to be empowered to make decisions.

The way in which sensitive news is shared has both immediate and long term effects on the family (and child) in terms of how they perceive the situation and how ready or willing they are to access support (TeKolste, 2009; First Signs, 2009).

Sharing sensitive news can be challenging both for the parents as well as the person delivering the news. Upon receiving sensitive news about their child, parents might react with a variety of negative emotions including shock, anger, disbelief, and fear. Other parents, however, might express relief at having their observations about their child acknowledged. Parents hearing sensitive news might also feel overwhelmed and might need time to process and then accept the information.

For the professional, sharing sensitive news with families is often challenging and may sometimes play out in a reluctance to initiate the discussion. Among barriers expressed by professionals are fears of the following:

- causing the parents/caregivers pain and negative emotional reactions
- parents being unready to discuss concerns
- parents rejecting this information
- being culturally inappropriate

There is no one way that always works best but there are some things to keep in mind when addressing concerns. It is hoped that the following framework will be useful in preparing professionals for sharing concerns in a clear, informative, sensitive and supportive manner, acknowledging the parents'/caregivers' perspectives and feelings. Presenting information in a professional manner lends credibility to your concerns (TeKolste, 2009; First Signs, 2009).

Plan to set the stage for a successful conversation:

- It is extremely helpful if you have previously set the expectation that part of your professional role is to monitor the development of all children in your care to ensure they get support if necessary to optimize their potential.
- Set up the meeting in a private space.
- Allow for as much time as might be necessary without interruption.
- Developing a warm, trusting relationship with the parent/caregiver is helpful in easing the process of sharing concerns. It is most supportive if the staff member with the best relationship with the family is selected to share the information.
- It is also often helpful if the supervisor is present.
- Ensure that your concerns have been documented and that there is a plan for follow-up action with respect to referrals and follow-up meetings (First Signs, 2009).

Empathize: Put yourself in the parents'/caregivers' shoes.

Empathy allows for the development of a trusting, collaborative relationship. It is important to acknowledge that the parents/caregivers are the experts in knowing their child, even though you have knowledge of child development. Ensure you listen carefully and acknowledge and reflect their responses. When parents/caregivers have a chance to share feelings without feeling judged they might be more receptive to hearing sensitive information.

It is useful to begin the discussion with sensitive probing questions to find out what the parents already know and what their concerns are, allowing you to gauge their emotional state. It is also important to find out how much detail the family wants to know. If you give too much information when the parent is not ready, they may feel overwhelmed or inadequate (First Signs, 2009).

Sharing the information

Be sensitive to a parent's/caregiver's readiness for information. You may want to offer information you have by asking parents what they would like to know or what they feel they need to know. When you try to be more of a resource than an authority, parents may feel less threatened.

It is important that you do not make assumptions about a potential diagnosis, but only suggest further assessment. You might start by asking how they feel their child is progressing. Begin from what the family already knows about their child's development and what they have already been told. Some parents/caregivers have concerns but just have not yet expressed them to a professional.

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 understand their child's development and to learn about new activities that encourage growth and development.

Link what you are telling them with what they already know. Avoid the use of jargon. Make use of the written documentation you have accumulated on their child's strengths and needs on age-based screening tools.

Approach the opportunity for accessing extra help in a positive manner - e.g., *"you can get extra help for your child so he will be as ready as he can be for school".*

Try to balance the concerns you raise with genuine positive comments 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 . . ."*).

Once again, remember throughout the conversation that it is important to empathize with the parents/caregivers even if they are distressed, confrontational, angry or disagree with you (TeKolste, 2009; First Signs, 2009).

Planning the next steps

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

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 or developmental concern that has a specific treatment. Early intervention helps parents/caregivers understand child behaviour and health issues, and will increase confidence that everything possible is being done to ensure that the child reaches his full potential.

Be genuine and caring. You are raising concerns because you want their child to do the best that he can, not because you want to point out "weaknesses" or "faults." Your body language is important; parents may already be fearful of the information (TeKolste, 2009; First Signs, 2009).

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 further assessment is needed."*

Sources: Adapted from *Early Identification in York Region: Red Flags for Infant, Toddler and Preschool Children* (June 2004), and revised by M. Green, Speech-Language Pathologist from Markham Stouffville Hospital Child Development Programs: York Region Speech and Language Program using TeKolste (2009) and First Signs (2009).

Cultural Sensitivity When Working with Families

Early years professionals have the privilege of working with families from many cultural groups. These families come with their various beliefs, values, and knowledge which influence their childrearing practices. Childrearing is what caregivers do on a daily basis in response to children's needs (Evans and Myers 1994). This, in turn, impacts a child's growth and development.

To be able to provide the best care and service to the families they work with, it is important for early years professionals to become culturally aware and culturally sensitive.

Culture is the pattern of beliefs, values, knowledge, traditions, and norms which are learned, shared, and handed down from generation to generation. A group of individuals is said to be of a specific culture if they share a historical, geographical, religious, racial, ethnic, or social context (Hate Crimes Community Working Group, 2006; Leininger as cited in Wesley, 1995).

To be culturally aware involves the ability to stand back and become aware of one's own cultural values, beliefs, and perceptions (Quappe and Cantatore 2005).

To be culturally sensitive is to be aware that cultural differences and similarities exist and have an effect on one's values, learning and behaviour. The components of cultural sensitivity include valuing and recognizing the importance of one's own culture, valuing diversity, and being willing to learn about the traditions and characteristics of other cultures (Stafford, Bowman, Eking, Hanna and Lopoes-DeFede as cited in Mavropoulos 2000).

While cultural patterns will guide a culture as a whole, these patterns may or may not be followed by individual parents/caregivers, creating individual variations in childrearing practices (Evans and Myers, 1994). Culture is constantly changing, and being reshaped by a variety of influences, including life experiences in Canada (Greey 1994 as cited in Kongnetiman and Okafor 2005).

Cultural practices of a particular group may sometimes conflict with Canadian law. In working with children of other cultures, early years professionals should be aware that families may include practices such as severe forms of corporal punishment. Professionals should remember that it is not their job to determine whether a suspicion of child abuse falls within a cultural context. Consultation with a Children's Aid Society is the best route (Rimer 2002).

The greatest resource for understanding each family's unique culture is the family themselves. By acknowledging the family's origins and all the influences on their cultural expression and childrearing practices, the early years professional will be better able to provide culturally sensitive care.

Duty to Report

The welfare of children is the responsibility of all members of society, both those of the general public as well as professionals.

As professionals working directly with children, you may come across situations in which you suspect abuse and/or neglect. According to the *Child and Family Services Act (2005)*, any person who has reasonable grounds to suspect that a child is, or may be, in need of protection must promptly report their suspicions to a Children's Aid Society (CAS).

'Reasonable grounds' refers to information that an average person, exercising normal and honest judgement, would need in order to make the decision to report.

A child is defined as:

- being in need of protection as one who appears to be suffering from abuse and/or neglect
- anyone who is, or appears to be, 16 years of age or younger

The report must be made directly to the Children's Aid Society by the person with reasonable grounds to suspect abuse or neglect. **Remember "if in doubt call to consult"!**

The ongoing duty to report is also important to remember. Even if you have already made a report to the Children's Aid Society regarding a certain child, if you determine further reasonable grounds, you must file an additional report.

Cultural practices of a particular group may sometimes conflict with Canadian law. In working with children of diverse cultures, early years professionals should be aware that families may include practices such as severe forms of corporal punishment. Professionals should remember that it is not their job to determine whether a suspicion of child abuse falls within a cultural context. Consultation with a Children's Aid Society is the best route (Rimer, 2002).

Where to Go for Help

In Perth and Huron Counties, contact the Huron-Perth Children's Aid Society at 519-271-5290 or 1-800-668-5094; or in Goderich at 519-524-7356 or 1-800-265-5198.

DOMAINS

Domain sections are in alphabetical order

Abuse

There are four types of child abuse: neglect, physical abuse, emotional abuse and sexual abuse. Although not conclusive, the presence of one or more of the following indicators of abuse should alert parents/caregivers and professionals to the possibility of child 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 indicator. Also keep in mind the age of the child; e.g., a two year old child requires more hands-on help getting dressed than a 12 year old child.

If you suspect child abuse, you are legally obligated to report to Child Protection Services - Huron-Perth Children's Aid Society at 519-271-5290 or 1-800-668-5094 or in Goderich at 519-524-7356 or 1-800-265-5198. (See Duty to Report on page 14). Professionals are expected to consult with CAS regarding any incident of a child witnessing family violence (see Witnessing Family Violence on page 25).

When in doubt always consult!
Note: For related medical issues, contact the family physician or paediatrician. Acute injuries may require that the child be taken to the emergency department at the closest hospital.

Abuse – Emotional: Possible Indicators

Abuse - Emotional: Possible Indicators		
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, or stomach aches without any obvious reason • wets or dirties pants • may have "unusual" appearance (e.g., strange haircuts, dress, decorations) • bedwetting, non-medical in origin • child fails to thrive	• is unhappy, stressed out, withdrawn, aggressive or angry for long periods of time • severe depression • 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 • too neat or too clean • displays extreme inhibition in play • tries really hard to get attention	• 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; states that "things are not turning out the way I wanted" • talks about or treats the child as being different from other children and family members • compares the child to someone who is not liked • calls the child names, puts the child down, overcritical of child and child's behaviours • does not pay attention to the child • refuses to help the child (when the child requires help e.g., when getting dressed)

Abuse - Emotional: Possible Indicators		
Physical Indicators in Children	**Behavioural Indicators in Children**	**Behaviours Observed in Adults Who Abuse Children**
	• tries to hurt oneself (e.g., cutting) • 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 from home • has a lot of adult responsibility • does not get along well with other children • discloses abuse	• 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 television, 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 he/she can do (physically) • does not provide food, clothing and care for one child, as well as provides for the other child(ren) in the same family

If you suspect child abuse, you are legally obligated to report to Child Protection Services - Huron-Perth Children's Aid Society at 519-271-5290 or 1-800-668-5094 or in Goderich at 519-524-7356 or 1-800-265-5198. (See Duty to Report section on page 14). Professionals are advised to consult with CAS regarding any incident of a child witnessing family violence (see Witnessing Family Violence on page 25).

Note: For related medical issues, contact the family physician or paediatrician. Acute injuries may require that the child be taken to the emergency department at the closest hospital.

Sources: Toronto Child Abuse Centre June 2004, revised in 2008 by York Region 0-6 Tri-Agency Children's Mental Health Services: Blue Hills Child and Family Centre, Kinark Child and Family Services, The York Centre for Children, Youth and Families; and Catholic Community Services of York 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
- ☐ Misusing adult privilege
- ☐ Bullying behaviours
- ☐ Severe, chronic or capacity-reducing 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 or incarceration of parent
- ☐ Lack of parent literacy

Social/Family Factors

- ☐ Family breakdown
- ☐ Recent immigration
- ☐ Geographic isolation
- ☐ Lack of cultural, linguistic community
- ☐ Frequent changes in home location
- ☐ Frequent changes in school district
- ☐ 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
- ☐ A series of losses in a short time frame
- ☐ Recent death of a parent/child
- ☐ Immigrant status, language barrier
- ☐ Race, culture
- ☐ Substandard shelter
- ☐ No fixed address over a time frame

Economic Factors

- ☐ Inadequate income
- ☐ Unemployment
- ☐ Over employment – needing to work multiple jobs
- ☐ Business failure
- ☐ Debt
- ☐ Inadequate housing or eviction
- ☐ Change in economic status related to immigration

Where to Go for Help

If there are concerns, advise the parent/caregiver to contact their family physician or paediatrician.
Family assessments are available through the Healthy Babies, Healthy Children program by calling Health Line at the Perth District Health Unit at 519-271-7600 ext 267 or 1-877-271-7348 or the Huron County Health Unit at 519-482-3416 or 1-877-6143 ext 2256.

For Child Protection Services, call the Huron-Perth Children's Aid Society at 519-271-5290 or 1-800-668-5094. In Goderich at 519-524-7356 or 1-800-265-5198.

Sources: "A Curriculum for Training Public Health Nurses Conducting Postpartum Home Visits", Invest in Kids, (2000) revised in 2008 by York Region 0-6 Tri-Agency Children's Mental Health Services: Blue Hills Child and Family Centre, Kinark Child and Family Services, The York Centre for Children, Youth and Families; and Catholic Community Services of York Region.

Abuse - Neglect: Possible Indicators

Abuse - Neglect: Possible Indicators		
Physical Indicators in Children	**Behavioural Indicators in Children**	**Behaviours Observed in Adults Who Abuse 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
• unattended physical problems or medical or dental needs
• 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)
• often found in solitary position (e.g., alone in a car seat or crib)
	• does not show skills as expected
	• listless
	• frequently absent from school
	• engaged in delinquent acts, alcohol/drug abuse
	• frequently "forgets" a lunch
	• takes care of a lot of their own needs on their own
	• has a lot of adult responsibility at home
	• appears to have little energy due to lack of sleep or proper nutrition
	• cries very little (at times when a child would be expected to cry, appropriate for age)
	• 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
	• discloses neglect (e.g., says there is no one at home)
	• hoards and hides food
		• 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, or describes the child as demanding
		• may attribute adult negative motivations to actions of child - e.g., reports that the child is out to get the parent/caregiver, or that the child does not like the parent/caregiver
		• 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)

If you suspect child abuse, you are legally obligated to report to Child Protection Services - Huron-Perth Children's Aid Society at 519-271-5290 or 1-800-668-5094 or in Goderich at 519-524-7356 or 1-800-265-5198. (See Duty to Report on page 14). Professionals are expected to consult with CAS regarding any incident of a child witnessing family violence (see Witnessing Family Violence on page 25).

Note: For related medical issues, contact the family physician or paediatrician. Acute injuries may require that the child be taken to the emergency department at the closest hospital.

Sources: Toronto Child Abuse Centre June 2004, revised in 2008 by York Region 0-6 Tri-Agency Children's Mental Health Services: Blue Hills Child and Family Centre, Kinark Child and Family Services, The York Centre for Children, Youth and Families; and Catholic Community Services of York Region.

Abuse - Physical: Possible Indicators

Abuse - Physical: Possible Indicators		
Physical Indicators in Children	**Behavioural Indicators in Children**	**Behaviours Observed in Adults Who Abuse Children**

• presence of several injuries over a period of time
• presence of several injuries that are in various stages of healing
• facial injuries in infants and preschool children
• injuries inconsistent with the child's age and developmental phase
• 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
	• 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 from home
	• is away a lot and upon return there are signs of a healing injury
	• does not show skills as expected
		• 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
		• delays seeking medical attention for injuries or illnesses
		• has little or no help caring for the child

Abuse - Physical: Possible Indicators		
Physical Indicators in Children	**Behavioural Indicators in Children**	**Behaviours Observed in Adults Who Abuse Children**

• 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
• pain with breathing
• difficulty raising arms
• human bite marks
• cuts and scrapes inconsistent with normal play (e.g., bruises on face, torso, upper back, head)
• signs of female genital mutilation (e.g., trouble going to the bathroom)
• fractured or missing front teeth
	• does not get along well with other children
	• tries to hurt him/herself (e.g., cutting oneself, suicide)
	• discloses corporal punishment, hitting that results in injuries, abuse, or threats	

If you suspect child abuse, you are legally obligated to report to Child Protection Services - Huron-Perth Children's Aid Society at 519-271-5290 or 1-800-668-5094 or in Goderich at 519-524-7356 or 1-800-265-5198. (See Duty to Report on page 14). Professionals are expected to consult with CAS regarding any incident of a child witnessing family violence (see Witnessing Family Violence on page 25).

Note: For related medical issues, contact the family physician or paediatrician. Acute injuries may require that the child be taken to the emergency department at the closest hospital.

Sources: Toronto Child Abuse Centre June 2004, revised in 2008 by York Region 0-6 Tri-Agency Children's Mental Health Services: Blue Hills Child and Family Centre, Kinark Child and Family Services, The York Centre for Children, Youth and Families; and Catholic Community Services of York Region.

Abuse - Sexual: Possible Indicators

Abuse - Sexual: Possible Indicators		
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:
  ▪ trying to go to the bathroom
  ▪ sitting down
  ▪ walking
  ▪ swallowing
• blood in urine or stool
• injury to the breasts or genital area:
  ▪ redness
  ▪ bruising
  ▪ cuts
  ▪ swelling
	• copying the sexual behaviour of adults
	• engages in sexual behaviour that is beyond the child's age and stage of development
	• knowing more about sex than expected
	• details of sex in the child's drawings/writing
	• inappropriate sexual behaviours with other children or adults
	• 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 sexual abuse, exposure to pornography, or inappropriate touching from adult or older caregiver
		• may be very protective of the child that results in the child being isolated from adults and peers
		• 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 a sexual behaviour

If you suspect child abuse, you are legally obligated to report to Child Protection Services - Huron-Perth Children's Aid Society at 519-271-5290 or 1-800-668-5094 or in Goderich at 519-524-7356 or 1-800-265-5198. (See Duty to Report on page 14). Professionals are expected to consult with CAS regarding any incident of a child witnessing family violence (see Witnessing Family Violence on page 25).

Note: For related medical issues, contact the family physician or paediatrician. Acute injuries may require that the child be taken to the emergency department at the closest hospital.

Sources: Toronto Child Abuse Centre June 2004, revised in 2008 by York Region 0-6 Tri-Agency Children's Mental Health Services: Blue Hills Child and Family Centre, Kinark Child and Family Services, The York Centre for Children, Youth and Families; and Catholic Community Services of York Region.

Witnessing Family Violence

Family violence is the result of an imbalance of power. The aim of the perpetrator or abuser is to intimidate, frighten, and gain control. The well-being and development of the children in homes where there is family violence can be severely compromised.

Witnessing family violence refers to the multiple ways in which a child is exposed to family violence, i.e., directly seeing and/or hearing the violence, being used by the perpetrator, and/or experiencing the physical, emotional, and psychological results of the violence.

If you suspect child abuse, you are legally obligated to report to Child Protection Services - Huron-Perth Children's Aid Society at 519-271-5290 or 1-800-668-5094 or in Goderich at 519-524-7356 or 1-800-265-5198. (See Duty to Report on page 14). Professionals are expected to consult with CAS regarding any incident of a child witnessing family violence (see Witnessing Family Violence on page 25).

Note: For related medical issues, contact the family physician or paediatrician. Acute injuries may require that the child be taken to the emergency department at the closest hospital.

Witnessing Family Violence: Possible Indicators

Witnessing Family Violence: Possible Indicators		
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, or stomach aches without any obvious reason, medical ailments	• may be aggressive and have temper tantrums, destructiveness • may show withdrawn, depressed, and nervous behaviours (e.g., clinging, whining, excessive crying)	The abuser: • has trouble controlling self • uses power games, intimidation • instills fear through looks, actions • has trouble talking and getting along with others

Witnessing Family Violence: Possible Indicators

Physical Indicators in Children	Behavioural Indicators in Children	Behaviours Observed in Adults Who Abuse Children

• fatigued due to lack of sleep or disrupted sleep
• failure to thrive
• may suffer serious unintended injuries
• may exhibit signs and symptoms of post traumatic stress disorder
• rigid body when experiencing stress
• physical harm, whether deliberate or accidental, during or after a violent episode, including:
  ▪ while trying to protect others
  ▪ as a result of objects thrown
	• acts out what has been seen or heard between the parents/ caregivers; discloses family violence; may act out sexually
	• tries too hard to be good and to get adults to approve
	• afraid of:
	  ▪ someone's anger
	  ▪ one's own anger (e.g., killing the abuser)
	  ▪ self or other loved ones being hurt or killed
	  ▪ 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)
	• overly responsible
	• may believe that:
	  ▪ it is alright for men to hit women
	  ▪ violence is a way to win arguments
	  ▪ men are bullies who push women and children around
	  ▪ big people have power they often misuse
	  ▪ women are victims and can't take care of themselves
	• bed-wetting (inappropriate for age)
		• uses threats and violence (e.g., threatens to hurt, kill or destroy someone or something that is special; is cruel to animals)
		• is physically, emotionally and economically controlling of his/ her partner
		• forces the child to watch a parent/ partner being hurt
		• is always watching what the partner is doing
		• insults, blames, and criticizes the partner/abused in front of others; distorts reality
		• jealous of partner/abused talking or being with others
		• does not allow the child or family to talk with or see others
		• uses money to control behaviour and withholds basic needs from the abused
		• uses violence as a way to win; to get what they want
		• uses drugs and/or alcohol
		The abused person:
		• holds the belief that men have the power and women have to obey
		• is not able to care properly for the children because of isolation, depression, trying to survive, or because the abuser uses money to control behaviour and withholds basic needs

Witnessing Family Violence: Possible Indicators		
Physical Indicators in Children	**Behavioural Indicators in Children**	**Behaviours Observed in Adults Who Abuse Children**
	• food-hoarding • tries to hurt oneself (e.g., cutting) • cruelty to animals • stays around the house to keep watch, or tries not to spend much time at home; runs away from home • difficulties at 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	• seems to be frightened, humiliated and full of shame with a heightened sense of powerlessness • discloses family violence • discloses that the abuser assaulted or threw objects at someone holding a child

If you suspect child abuse, you are legally obligated to report to Child Protection Services - Huron-Perth Children's Aid Society at 519-271-5290 or 1-800-668-5094 or in Goderich at 519-524-7356 or 1-800-265-5198. (See Duty to Report on page 14). Professionals are expected to consult with CAS regarding any incident of a child witnessing family violence (see Witnessing Family Violence on page 25).

Note: For related medical issues, contact the family physician or paediatrician. Acute injuries may require that the child be taken to the emergency department at the closest hospital.

Sources: Toronto Child Abuse Centre June 2004, revised in 2008 by York Region 0-6 Tri-Agency Children's Mental Health Services: Blue Hills Child and Family Centre, Kinark Child and Family Services, The York Centre for Children, Youth and Families; and Catholic Community Services of York Region.

Attachment

Children's Mental Health research shows that the quality of early parent-child relationships has an important impact on a child's development and ability to form secure attachments. A child who has a secure attachment feels confident that they can rely on the parent/caregiver to protect them 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/caregivers's perspective**, rather than the child's. If a parent/caregiver 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 ☐ Sensory issues, reacting to loud sounds
8-18 months	☐ Does not reach out to you for comfort ☐ Easily allows a stranger to hold him/her ☐ Sensory issues, reacting to loud sounds, limited food preferences
18 months – 3 years	☐ Is not beginning to develop some independence ☐ Seems angry or ignores you after you have been apart ☐ Sensory issues, reacting to loud sounds, limited food preferences, avoiding certain texture of clothing
3–4 years	☐ Easily goes with a stranger ☐ Is too passive or clingy with you ☐ Sensory issues, reacting to loud sounds, limited food preferences, avoiding certain texture of clothing
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 parent/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
- ☐ Providing inconsistent patterns of responses to the baby's cues
- ☐ Frequently ignoring or rejecting the baby
- ☐ Speaking about the baby in negative terms
- ☐ Often appearing to be angry with the baby
- ☐ Often expressing their own emotions in a fearful or intense way

Where to Go for Help

If there are concerns, advise the parent/caregiver to contact an agency from the following list:

- Huron-Perth Centre for Children and Youth at 519-273-3373 (Stratford) or 519-291-1088 (Listowel) or 519-482-3931 (Clinton).
- City of Stratford Children's Resource Consultant Program at 519-271-3773 or 1-800-669-2948 ext 229
- Huron County Growing Together Program at 519-482-8505 or 1-888-371-5718
- For information regarding support from the Healthy Babies, Healthy Children program call Perth District Health Unit at 519-271-7600 or 1-877-271-7348 ext 267 or the Huron County Health Unit at 519-482-3416 or 1-877-837-6143 ext 2256
- Family Services Perth Huron at 519-273-1020 or 1-800-268-0903 for service in Perth County
- Child Parent Resource Institute (CPRI) at 519-858-2774 ext 2024 or 1-877-494-2774 ext 2024

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

Sources: New Path Youth and Family Services June 2004, revised in 2008 by York Region 0-6 Tri-Agency Children's Mental Health Services: Blue Hills Child and Family Centre, Kinark Child and Family Services, The York Centre for Children, Youth and Families; and Catholic Community Services of York Region.

Attention Difficulties

The key characteristics of attention difficulties – e.g., attention deficit/hyperactivity disorder (ADHD), such as poor attention control, impulsiveness, becoming easily distracted and a high activity level can all be seen in typically developing children. However, when these behaviours are excessive they may negatively affect the child's ability to function in academic and social situations.

In deciding whether these behaviours are red flags warranting further intervention, please consider the following:

- Child's developmental age
- Factors such as stress and boredom
- Red flags for attention difficulties may be associated with ADHD or may potentially be signs of a learning disability or autism spectrum disorder (ASD). Therefore, red flags in a variety of developmental areas need to be considered (e.g., speech, hearing, vision, fine motor, behaviour and sensory) to make appropriate referrals.

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

Red flags if:

- Distracted very easily
- Difficulty concentrating on tasks for a reasonable length of time
- Difficulty paying attention to detail (often makes careless mistakes)
- Problems following instructions and completing activities
- Difficulty keeping track of personal belongings and materials
- Struggles to remember routines and organize tasks/activities
- Difficulty getting started on activities, particularly those that are challenging
- Does not seem to be listening when spoken to directly
- Often fidgets, squirms and turns around in seat
- Constantly on the go
- Makes a lot of noise even during play
- Talks incessantly when not supposed to talk
- Blurts out answers before hearing the whole question
- Becomes easily frustrated waiting in line or when asked to take turns
- Leaves seat when expected to stay in seat
- Runs or climbs excessively when it is not appropriate

Where to Go for Help

If there are concerns, advise the parent/caregiver to contact an agency from the following list:

- Huron-Perth Centre for Children and Youth at 519-273-3373 (Stratford) or 519-291-1088 (Listowel) or 519-482-3931 (Clinton).
- City of Stratford Children's Resource Consultant Program at 519-271-3773 or 1-800-669-2948 ext 229.
- Huron County Growing Together Program at 519-482-8505 or 1-888-371-5718
- For information regarding support from the Healthy Babies, Healthy Children program, call the Perth District Health Unit at 519-271-7600 ext 267 or 1-877-271-7348 ext 267 or Huron County Health Unit at 519-482-3416 or 1-877-837-6143 ext 2256
- Family Services Perth Huron at 519-273-1020 or 1-800-268-0903 for service in Perth County.

Sources: York Region 0-6 Tri-Agency Children's Mental Health Services: Blue Hills Child and Family Centre, Kinark Child and Family Services, The York Centre for Children, Youth and Families; and Catholic Community Services of York Region.

Autism Spectrum Disorder (ASD)

Autism spectrum disorders are lifelong developmental disorders characterized by impairments in all of the following areas of development: communication, social interaction, restricted repertoire of activities and interests. Associated features, which may or may not be present, include difficulties in eating and/or sleeping, unusual fears, learning problems, repetitive behaviours, self-injury and peculiar responses to sensory input.

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

Social Concerns

- ☐ Does not smile in response to another person
- ☐ Poor eye contact - decreased eye contact with people, although may look intently at objects
- ☐ Lack of "joint engagement" (e.g., does not play Peek-a-Boo games)
- ☐ Lack of imitation (e.g., does not wave bye-bye)
- ☐ Limited showing, giving, sharing and directing of others' attention
- ☐ Delayed imaginative play – lack of varied, spontaneous make-believe play
- ☐ Prefers to play alone, decreased interest in other children
- ☐ Poor interactive play
- ☐ 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 or atypical
- ☐ Unusual language - repeating phrases from movies, echoing other people, repetitive use of phrases, odd intonation (echolalia)
- ☐ Inconsistent response or lack of response to his/her name or instructions (may respond to sounds, but not language)
- ☐ Decreased ability to compensate for delayed speech by gesturing/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

- ☐ Repetitive hand and/or body movements: finger wiggling, hand and arm flapping, tensing of fingers, complex body movements, spinning, jumping, etc.
- ☐ Severe repeated tantrums due to interruption of routine, interruption of repetitive behaviour, or unknown reasons
- ☐ Unusual sensory interests - visually squinting or looking at things out of the corner of the eye; smelling, licking, mouthing objects; hypersensitive hearing

- ☐ Narrow range of interests that he/she engages in repetitively
- ☐ Insistence on maintaining sameness in routine, activities, clothing, etc.
- ☐ Unusual preoccupation with objects (e.g., light switches, fans, spinning objects, vertical blinds, wheels, balls)
- ☐ Unusual response to pain (high or low tolerance)

Where to Go for Help

If there are concerns, advise the parent/caregiver to arrange a referral to a paediatrician through their physician or a developmental or clinical psychologist.

- All referrals for an ASD screening are to be directed to Child and Parent Resource Institute (CPRI) at 519-858-2774 or 1-877-494-2774 ext 2024
- If a child has a confirmed diagnosis of ASD, refer to Thames Valley Children's Centre, ABA-based services at 519-685-8700, press 1, or 1-866-590-8822, press 1
- DO NOT refer to both TVCC and CPRI.

For more information and resources about autism, contact Autism Ontario:

- Huron Perth 1-877-818-8867 ext 227 or www.autismontario.com
- smallTALK: Huron-Perth Preschool Speech Language System at 519-272-8216 or 1-866-333-7716

Sources: Dr. Nicola Jones-Stokreef, MD, FRCP © from a presentation by A. Perry, Ph.D. and R.A. Condillac, M.A. June 2004. Revised in 2008 by the York Region Autism Spectrum Disorder Working Group comprised of Early Intervention Services (York Region Community Health Services, Social Services Branch), Developmental Assessment and Consultation Services (Children's Treatment Network of Simcoe York), and York Region Preschool Speech and Language Program (Markham Stouffville Hospital, Child Development Programs).

Behaviour

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 on its own or as part of a more complex situation. These include:

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

If a 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 inedible items
	☐	Intentional vomiting (when not ill)
Aggression	☐	Potentially harmful risk taking (e.g., running into traffic, setting fires)
	☐	Excessive temper tantrums; excessive anger, or threats
	☐	Hits; kicks; bites; scratches others; pulls hair
	☐	Bangs, slams objects; property damage
	☐	Cruelty to animals
	☐	Hurting those less able/bullies others
Difficulties with 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 toward 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

- ☐ 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
- ☐ Hand-flapping; hand wringing; rocking; swaying
- ☐ Repetitious twirling; repetitive object manipulation

Where to Go for Help

If there are concerns, advise the parent/caregiver to contact an agency from the following list:

- Huron-Perth Centre for Children and Youth at 519-273-3373 (Stratford) or 519-291-1088 (Listowel) or 519-482-3931 (Clinton)
- City of Stratford Children's Resource Consultant Program at 519-271-3773 or 1-800-669-2948 ext 229
- Huron County Growing Together Program at 519-482-8505 or 1-888-371-5718
- For information regarding support from the Healthy Babies, Healthy Children program, call Perth District Health Unit at 519-271-7600 or 1-877-271-7348 ext 267 or Huron County Health Unit at 519-482-3416 or 1-877-837-6143 ext 2256.
- Child Parent Resource Institute (CPRI) at 519-858-2774 ext 2024 or 1-877-494-2774 ext 2024
- Family Services Perth Huron at 519-273-1020 or 1-800-268-0903 for service in Perth County
- For children in school a referral form can be faxed to the CCAC Mental Health and Addictions Nurse (MHAN) at 519-657-0062 or 1-800-720-1320.

Sources: Behaviour Management Services of York and Simcoe June 2004, revised in 2008 by York Region 0-6 Tri-Agency Children's Mental Health Services: Blue Hills Child and Family Centre, Kinark Child and Family Services, The York Centre for Children, Youth and Families; and Catholic Community Services of York Region.

Dental and Oral Health

Poor oral care can result in the development of early childhood tooth decay (ECTD) even before the first tooth erupts. ECTD often begins on a child's top front teeth just under the lip. Chalky white or brown spots may be early signs of tooth decay.

Dental problems in early childhood have also been shown to impact general growth and cognitive development by interfering with sleep, appetite, eating patterns, and cause poor school behaviour and negative self-esteem. Therefore, access to dental care and early development of good oral hygiene habits are important for children.

Risk factors for early childhood tooth decay…the presence of one or more of these risk factors should be considered a red flag:

Exposure of teeth to fermentable carbohydrates through:

- Prolonged feeding sessions with a bottle, sippy cup, plastic bottles with straws
- Retaining the nipple in an infant's mouth for prolonged periods when not actively drinking during breastfeeding
- Consuming high amounts of sugar in infancy
- Sweetening pacifiers
- Long term use of sweetened medications
- Using a bottle beyond one year of age

Physiological Factors:

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

Other Risk Factors:

- Poor oral hygiene – ineffective or infrequent brushing (less than twice per day)
- Sibling history of early childhood tooth decay
- Lack of education of caregivers
- Lower socioeconomic status
- Limited access to dental care
- Deficit in the parental dental knowledge

Where to Go for Help

Note: 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

If there are concerns, advise the parent/caregiver to contact their dentist, or appropriate Health Unit. The Perth District Health Unit at 519-271-7600 or 1-877-271-7348 ext 267 or Huron County Health Unit at 519-482-3416 or 1-877-837-6143 ext 2231. Two dental programs for children and youth:

- **Children in Need of Treatment (CINOT)** program is for children who require urgent or immediate dental treatment whose families do not have dental insurance and paying for dental treatment will create financial hardship.
- **Healthy Smiles Ontario** is a no-cost dental program for children 17 and under who do not have access to any dental coverage and who meet the program's eligibility requirements. Eligible children will receive regular dental care, including preventive and early treatment, at no cost.

More information on these programs can be found by searching "Dental Health" at www.pdhu.on.ca or www.huronhealthunit.ca

Sources: Originally created by Public Health Dental Services in York Region and Simcoe County. Revised in 2009 by the York Region Community and Health Services Dental Program using these references: American Academy of Paediatric Dentistry (2008), American Dental Association (2008), Berkowitz (2003), and Ontario Association of Public Health Dentistry (2003).

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

- ☐ Uses a rhythmic sucking pattern that includes a coordinated suck swallow breath pattern with sucking bursts of 10-20 sucks with pauses of 5-10 seconds between sucking bursts
- ☐ Continues to breathe during sucking bursts after each swallow then breathes deeper and more rapidly during pause between bursts
- ☐ Uses negative pressure to create an effective seal on breast or bottle without losing grasp on breast or leaking on bottle
- ☐ Uses tongue effectively to breastfeed or bottle feed without signs of stress or fatigue
- ☐ Any coughing or gasping during feeds if flow is too fast is alleviated by reducing flow rate

4-6 months

- ☐ Sucking bursts lengthen to include twenty or more sucks from the breast or bottle before pausing
- ☐ Maintain latch on breast or bottle
- ☐ Uses tongue effectively to breastfeed or bottle feed

6-8 months

- ☐ Shows an interest in solid foods and opens mouth and may lean forward when solids are offered
- ☐ Swallows 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 movementt
- ☐ 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
- ☐ Can hold a soft cracker 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
- ☐ Reaches for finger food using full hand grasp and then pincer grip and brings food to mouth

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 cracker
- ☐ 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 cracker

2 years

- ☐ Chewing motion is rapid and skilful 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

Risk Factors

- Recurrent chest infections
- Poor weight gain despite adequate intake
- Refusal to eat (panicked look, pulling away from food)
- Chest sounds noisy or wheezy with oral feeds
- Coughing during swallowing (may still be aspirating without coughing)
- Apnea during swallowing (child stops breathing for longer that usual)
- Changes in face colour - can be flushed or pale around the eyes or mouth or full face

Where to Go for Help

Overall questions that clinicians may want to ask:

i. Are meal times stressful?
ii. Does the child show signs of respiratory stress?
iii. Has the child not gained weight in the past 2 to 3 months?

If yes to any of these, a referral for further assessment is warranted.

If there are concerns about feeding and swallowing, contact:

- For children with more severe feeding needs, contact the Community Care Access Centre in Perth at 519-273-2222 or 1-800-269-3683 or in Huron at 519-527-0000 or 1-800-267-0535.
- Developmental Resources for Infants (DRI) at 519-685-8710 for children under 2 years of age.
- Thames Valley Children's Centre (TVCC) at 519-685-8716 or 1-866-590-8822 ext 58716 or Smalltalk at 519-272-8216 or 1-866-333-7716 for children 2-6 years of age.
- If there are concerns regarding breastfeeding, advise the parent/caregiver to contact their local Health Unit. Perth District Health Unit at 519-271-7600 or 1-877-271-7348 ext 267 or Huron County Health Unit at 519-482-3416 or 1-877-837-6143 ext 2256.

Also see the Speech/Language section as speech concerns often relate to feeding/swallowing. For self-feeding, see Fine Motor Skills section. For nutritional concerns, see Nutrition section.

Sources: Originally adapted from Morris and Klein, Pre-Feeding Skills; 1987 Therapy Skill Builders and in 2008 revised by Feeding Assessment and Consultation Services, Children's Treatment Network of Simcoe York, and Breastfeeding Team Public Health Nurses, and International Board Certified Lactation Consultants (IBCLC) from York Region Community and Health Services using Watson Genna (2008) and Wolf and Glass (1992).

Fetal Alcohol Spectrum Disorder (FASD)

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.

Most children with FASD have no external physical characteristics. Only 20 per cent of children have facial dysmorphology. Children exposed prenatally to alcohol, who do not show physical/external or facial characteristics, may suffer from equally severe central nervous system damage. The following are characteristics of children with FASD:

If a child presents with any of the following…consider this a red flag.

Infants

- ☐ 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
- ☐ Erratic feeding schedule: may not experience feelings of hunger
- ☐ 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
- ☐ 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

Toddlers & Preschoolers

- ☐ Developmental delays
- ☐ Slow to acquire skills
- ☐ Sleep and feeding problems persist
- ☐ Memory impairment: may have poor recall and will fill in the blanks
- ☐ Hypo-sensitivity: may not sense extreme temperatures or pain
- ☐ Excessively "busy"
- ☐ 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
- ☐ Late development or regression of speech and language
- ☐ Facial dysmorphology (same as above with *Infants*)

Junior Kindergarten/ Senior Kindergarten

- ☐ 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)
- ☐ Attention deficit and/or hyperactivity; extreme tactile and auditory defensiveness
- ☐ Sensory integration disorders – may seek or avoid tactile or auditory input
- ☐ Information processing problems
- ☐ Difficulty reading non-verbal cues; unable to relate cause and effect; poor social judgment
- ☐ Dysmaturity: less mature than expected for their age; may seek out younger children or toys
- ☐ Attachment issues: may be inappropriately friendly with strangers; may take things belonging to others
- ☐ Facial dysmorphology (same as above with Infants)

Where to Go for Help

If the child is under 2 years, contact Developmental Resources for Infants (DRI) at 519-685-8710.
If the child is between 2 and 6 years, contact the Child and Parent Resource Institute (CPRI) at 519-858-2774 ext 2024 or 1-877-494-2774 or refer to a developmental paediatrician.

For more information on FASD, see Best Start at www.beststart.org, or the Public Health Agency of Canada at http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/fasd-etcaf/index-eng.php

Sources: Originally from York Region Red Flags (June 2004), and in 2008 revised by Fetal Alcohol Spectrum Disorder (FASD) Coalition of York Region.

Fine Motor

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

By 2 months
- ☐ Sucks well on a nipple
- ☐ Holds an object momentarily if placed in hand

By 4 months
- ☐ Sucks well on a nipple
- ☐ Brings hands or toy to mouth
- ☐ Turns head from side to side to follow a toy or an adult face
- ☐ Brings hands to the middle of the body while lying on the back

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

By 9 months
- ☐ Picks up small items using the 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 three or more blocks
- ☐ Scribbles with crayons
- ☐ Eats foods without coughing or choking
- ☐ Puts items into a container
- ☐ Can match shape-sorters

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 the child is under 2 years contact Developmental Resources for Infants (DRI) at 519-685-8710
- If the child is between 2-6 years contact Thames Valley Children's Centre (TVCC) at 519-685-8716 or 1-866-590-8822 ext 58716
- Stratford General Hospital Occupational Therapy Department at 519-272-8210 ext 2631
- An assessment can be provided by a resource consultant by contacting in Perth County, the City of Stratford Children's Resource Consultant Program at 519-271-3773 or 1-800-669-2948 ext 229 or in Huron County, the Huron County Growing Together Program at 519-482-8505 or 1-888-371-5718.

Sources: Originally adapted from materials developed by members of the Paediatric Working Group, Occupational Therapists and Physiotherapists, Orillia Soldiers' Memorial Hospital and Royal Victoria Hospital and in 2008 revised by M. Thomson-Mintz and team from York Region Community and Health Services, Early Intervention Services, Intake Early Intervention Services, York Region Preschool Speech and Language Program, Blind Vision Program using Landy (2000) and other sources.

Gross Motor

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 the tummy

By 4 months
- ☐ Keeps head in line with the middle of the body and brings hands to chest when lying on the back
- ☐ Lifts head and supports self on forearms on the tummy
- ☐ Holds head steady when supported in a sitting position

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

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

By 12 months
- ☐ Gets up to a sitting position on own
- ☐ Pulls to stand at furniture
- ☐ Walks holding onto hands (of parent) 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 using 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 safely and without difficulty

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 the body; or body too stiff or too floppy)
- ☐ Baby has significant flattening of head (risk of plagiocephaly)
- ☐ Baby prefers to hold head to one side – can be as early as birth (risk of torticollis)

Where to Go For Help

- If the child is under 2 years, contact Developmental Resources for Infants (DRI) at 519-685-8710
- If the child is between 2 and 6 years, contact the Thames Valley Children's Centre (TVCC) at 519-685-8716 or 1-866-590-8822 ext 58716; Stratford General Hospital Physiotherapy Department at 519-272-8210 ext 2908; St. Marys Memorial Hospital Physiotherapy Department at 519-284-1330 ext 3313; Listowel Memorial Hospital Physiotherapy Department at 519-292-2072
- An assessment can be provided by a resource consultant by contacting, in Perth, the City of Stratford Children's Resource Consultant Program at 519-271-3773 or 1-800-669-2948 ext 229 or in Huron, the Huron County Growing Together Program at 519-482-8505 or 1-888-371-5718
- The Community Care Access Centre in Perth County at 519-273-2222 or 1-800-269-3683 or in Huron County at 519-527-0000 or 1-800-267-0535 for assessment by a physiotherapist or contact a private physiotherapist (not covered by OHIP).

Sources: Originally adapted from materials developed by members of the Paediatric Working Group, Occupational Therapists and Physiotherapists, Orillia Soldiers' Memorial Hospital and Royal Victoria Hospital and in 2008 revised by M. Thomson-Mintz and team from York Region Community and Health Services, Early Intervention Services, Intake Early Intervention Services, York Region Preschool Speech and Language Program, Blind Vision Program using Landy (2000) and other sources.

Hearing

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 and put it on the table")
- ☐ Learns new words every week

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
- ☐ Speaks clearly enough to be understood most of the time by family

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
- ☐ Speaks clearly enough to be understood most of the time by anyone

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

If there are concerns, advise the parent/caregiver to contact the family doctor for a referral to an audiologist.

- For a list of private audiologists, visit www.osla.on.ca or call the Ontario Association of Speech-Language Pathologists and Audiologists at 1-800-718-6752.
- Contact the Infant Hearing Program for more information at 519-663-0273 or 1-877-818-8255.
- Visit the Canadian Hearing Society website at www.chs.ca
- Call 211 or check www.211Ontario.ca and search under Hearing Services for local audiologists
- Go to Yellow Pages under Hearing Aids for local audiologists.

Sources: Originally developed by Simcoe District Health Unit, in collaboration with partners and in 2008 revised by Tri-Regional Infant Hearing Program, Child Development Programs, Markham Stouffville Hospital.

Learning Disabilities

A learning disability is the result of impairment in one or more psychological processes related to learning in combination with otherwise average or above average intelligence. These impairments are life-long. However, it is possible to cope successfully by using areas of strength and accommodation. Frequently, learning disabilities co-exist with other conditions, including attention, behavioural and emotional disorders, sensory impairments or other medical conditions. Learning disabilities can affect how a person interprets, remembers, understands and expresses information. Learning disabilities take many forms and vary in severity and intensity and may impact many areas of functioning from childhood. Learning disabilities may affect academic performance (e.g., spelling, reading, listening, focusing, remembering and writing), social functioning, life skills (e.g., planning, organizing, predicting), and physical interaction with the world (e.g., balance, coordination, movement).

Approximately one in 10 Canadians has a learning disability. Learning disabilities are not caused by factors such as cultural or language differences, inadequate or inappropriate instruction, socio-economic status or lack of motivation.

Learning disabilities are related to difficulties in processing information:

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

If a child under six experiences a delay in one or more of the following domains in this document, this may possibly be considered a red flag for a future learning disability:

- Speech and language
- Literacy
- Social/emotional
- Behaviour
- Fine motor
- Attention
- School readiness

Where to Go for Help

Refer to the specific domains above to find out where to go for help as early as possible to reduce the impact on the child's learning. Long term support is usually indicated.

Typically learning disabilities are only diagnosed by an educational psychologist 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 site at www.ldao.ca
- If the child is between 2-6 years, contact the Child and Parent Resource Institute (CPRI) at 519-858-2774 ext 2024 or 1-877-494-2774.
- In Perth County, contact the City of Stratford Children's Resource Consultant Program at 519-271-3773 or 1-800-669-2948 ext 229. In Huron County, contact the Huron County Growing Together Program at 519-482-8505 or 1-888-371-5718.

Source: Originally from York Region Red Flags (June 2004) and in 2009 reviewed by Learning Disabilities Association York Region.

Literacy

Family literacy encompasses the ways parents/caregivers, 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/Caregivers have always been their children's first and most important teachers.

NOTE: For English language learners, it will be essential to speak with the parents/caregivers about the child's language and literacy skills in the first language. An interpreter may be needed to ensure that there is clear communication between teacher and family.

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

0-3 months

- ☐ Listens to parent's/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

- ☐ Responds to simple verbal requests accompanied with a gesture (e.g., come here)
- ☐ 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 simple directions (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
- ☐ Enjoys being read to and sharing simple books with you

By 2 years

- ☐ Asks for help using words or actions
- ☐ Joins two to four words together (e.g., "want cookie," "more milk please")
- ☐ Learns and uses new words; may mostly 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 per cent of the time
- ☐ Uses longer sentences (e.g., five to eight words)
- ☐ Continues to learn and use new words in spoken language
- ☐ Sings simple songs and familiar rhymes
- ☐ Demonstrates how books work (e.g., holds book, turns pages, points and talks about pictures)
- ☐ Demonstrates an interest in books
- ☐ Holds a pencil or crayon and uses it to draw/scribble
- ☐ Joins in repetitive sections of familiar book when being read to (e.g., "You can't catch me, I'm the Gingerbread Man!")

By 3½ -4½ years

- ☐ Can be fully understood by most adults when speaking
- ☐ Speaks in complete sentences using some details
- ☐ Uses and gains new vocabulary in spoken language
- ☐ Recites familiar nursery rhymes and/or sings familiar songs
- ☐ Understands the concept of rhyme; generates simple rhymes
- ☐ 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 and/or print his/her first name along with other random letters
- ☐ Follows one and two-step directions
- ☐ Describes personal experiences

By 4½ - 5½ years

- ☐ Uses complete sentences (that sound almost like an adult)
- ☐ Uses and gains new vocabulary in spoken language
- ☐ Knows parts of a book and demonstrates appropriate book handling skills (e.g, front and back of back, holds book right way up, turns pages in correct order)

- ☐ Understands basic concepts of print (e.g., difference between letters, words, how the text runs from left to right and top to bottom)
- ☐ Makes predictions about stories; retells the story in proper sequence
- ☐ Re-reads simple patterned texts (i.e., poems, chants, pattern books) and points 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)
- ☐ Identifies the sounds of the beginning of some words (in spoken language)
- ☐ Claps syllables in words (e.g., bi-cy-cle)
- ☐ Recognizes and generates rhyming words
- ☐ Prints his/her own name
- ☐ Beginning to write simple messages using a combination of pictures, symbols, letters, sounds, and/or familiar 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/caregivers to contact:

- Perth-Middlesex Early Years Centres
  Stratford: 519-273-9082
  North Perth: 519-291-6626
  West Perth: 519-348-8618
- Their local library
- Talk to the kindergarten teacher at school
- In Huron, contact the Huron County Growing Together Program at 519-482-8505 or 1-888-371-5718
- Huron County Ontario Early Years Centres
  Main Centre Clinton: 519-482-8505 or 1-888-371-5718
  Wingham: 519-357-2424
  For a complete list of programs and sites in Huron County, call the Main Centre or visit www.huroncounty.ca/childcare

If there are concerns and child is of pre-school age, advise the parent to contact smallTALK: Huron-Perth Preschool Speech Language System (see Apprendix B for contact information).

For information about English as a Second Language programs for adults, in Perth County, contact Perth District Health Unit at 519-271-7600 or 1-877-271-7348 ext 267.
For English as a Second Language services contact one of the Centres for Employment and Learning: 519-524-2515 (Goderich), 519-357-4995 (Wingham), 519-235-0471 (Exeter), 519-291-9453 (Listowel) or 519-271-4896 (Stratford).
Literacy issues may also be the result of difficulties with speech, vision, or learning. Refer to the sections on Speech and Language, Learning Disabilities, and Vision.

Sources: Originally developed by the literacy specialist at York Region District School Board, York Catholic District School Board, and the Ontario Early Years Literacy Specialists in Simcoe County and York Region. Revised in 2008 using The Kindergarten Program (2006), Ministry of Education website available at www.edu.gov.on.ca with the working team of T. Kelly, M. McGuire, N. Russiello, L. Vien, and G. Whitehead from York Region District School Board.

Mild Traumatic Brain Injury

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

- ☐ 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

- ☐ Irritability; aggression
- ☐ Emotional changes/swings; 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; egocentric behaviour

Where to Go for Help

If a parent/caregiver reports changes in their child's behaviour, advise them to contact their primary care provider or paediatrician for a medical assessment and referral to the appropriate specialist. Information about services is also available through the Paediatric Acquired Brain Injury Community Outreach Programs at Thames Valley Children's Centre at 519-685-8704.

Sources: Originally reviewed by Bloorview MacMillan Children's Centre and the York Region Head Injury Support Group and in 2008 revised by the York Region Head Injury Support Group.

Nutrition

If one or more of the following risk factors are present, consider this a red flag
(Also see general non-age specific nutrition risk factors below):

Birth-6 months

- ☐ After 5 days of age, has less than 6 wet diapers each day
- ☐ Within the first 2 weeks, loses more than 10% of birth weight
- ☐ By 2 weeks, does not regain birth weight OR does not gain 20 grams or more per day
- ☐ Not fed based on baby's feeding cues
- ☐ Drinks cow's milk or homemade formula
- ☐ Drinks water, juice or other liquids
- ☐ Consumes infant cereal or other pureed foods before 4 months
- ☐ Consumes infant cereal or other pureed foods in a bottle
- ☐ Breastfed or partially breastfed infant is not receiving a vitamin D supplement of 400 IU each day

6-9 months

- ☐ Has less than 6 wet diapers each day
- ☐ Consumes infant cereal or other pureed foods in a bottle
- ☐ By 7 months, does not eat iron-containing foods daily
- ☐ By 9 months, does not eat solid foods 2-3 times per day
- ☐ Drinks cow's milk or homemade formula
- ☐ Consumes juice frequently throughout the day OR more than 125 mL (4 oz) per day
- ☐ Breastfed or partially breastfed infant is not receiving a vitamin D supplement of 400 IU each day

9-12 months

- ☐ Drinks skim milk, low fat milk or soy beverage as main milk source
- ☐ Does not eat iron-containing foods daily
- ☐ By 10 months, does not eat lumpy textured foods
- ☐ By 12 months, does not eat solid foods 3-4 times per day
- ☐ Consumes juice frequently throughout the day OR more than 175 mL (6 oz) per day
- ☐ Consumes more than 750 mL (3 cups) of milk per day
- ☐ Breastfed or partially breastfed infant is not receiving a vitamin D supplement of 400 IU each day

1-2 years

- ☐ Does not eat a variety of table foods daily
- ☐ Does not eat iron-containing foods daily
- ☐ Is restricted from foods containing dietary fat
- ☐ Refuses lumpy or textured foods
- ☐ Drinks skim milk, low fat milk or soy beverage regularly
- ☐ Drinks fluids other than breastmilk, infant formula, whole milk or 100% fruit juice
- ☐ Consumes large amounts of fluids and very little food
- ☐ Consumes more than 175 mL (6 oz) juice per day
- ☐ Consumes more than 750 mL (3 cups) of milk per day
- ☐ Does not eat 3 meals plus 2-3 snacks per day regularly
- ☐ 18-24 month old scores "high risk" on Toddler NutriSTEP nutrition screen

2-6 years

- ☐ Does not eat the recommended number of Canada's Food Guide servings from the 4 food groups
- ☐ Does not eat 3 meals plus 2-3 snacks per day regularly
- ☐ Consumes large amount of fluids and very little food
- ☐ Consumes more than 175 mL (6 oz) juice per day
- ☐ Consumes more than 750 mL (3 cups) of milk per day
- ☐ 3-5 year old scores "high nutrition risk" on NutriSTEP nutrition screen

General non-age specific nutrition risk factors

- ☐ Growth measures plotted at below the 3rd or above the 85th percentile OR sharp incline or decline in growth in serial growth measures, OR a growth-line that remains flat, on the WHO Growth Charts for Canada
- ☐ Infant formula is not prepared and/or stored properly
- ☐ Drinks from a propped bottle
- ☐ Drinks from bottles that contain bisphenol A (BPA)
- ☐ Has food allergy or food intolerance which results in food restrictions
- ☐ Consumes special foods (e.g., gluten-free) without a diagnosed medical reason
- ☐ Diet excludes all animal products including milk and eggs
- ☐ Beverages other than milk, water or 100% fruit juice are consumed regularly
- ☐ Not supervised during feeding
- ☐ Consumes unsafe or inappropriate foods (e.g., honey before 1 year of age, raw eggs, unpasteurized milk or cider, alcohol, foods that are choking hazards)
- ☐ Has persistent problems with sucking, chewing, swallowing, gagging, vomiting or coughing while eating
- ☐ Has tooth or mouth problems that make it difficult to eat or drink
- ☐ Frequently has stools that are runny and loose OR small, hard and dry
- ☐ Eats non-food items (e.g., paper, sand)
- ☐ Is force-fed OR restricted from eating
- ☐ Pressured to eat particular foods through praise, rewards, bribery or punishment
- ☐ Food storage or cooking facilities are inadequate
- ☐ Access to healthy food is inadequate (e.g., financial constraints, social isolation)

Where to Go for Help

Parents/caregivers can contact a registered dietitian at EatRight Ontario by calling 1-877-510-5102 or visiting www.eatrightontario.ca and clicking "send an email".

- If there are concerns regarding nutrition or breastfeeding, advise the parent/caregiver to contact their local Health Unit. The Perth District Health Unit at 519-271-7600 or 1-877-271-7348 ext 267 or the Huron County Health Unit at 519-482-3416 or 1-877-837-6143 ext 2256.
- For more information on nutrition, visit www.caringforkids.cps.ca, www.dietitians.ca and www.eatrightontario.ca.

Sources: Adapted from Pediatric Nutrition Guidelines for Primary Health Care Providers, 2011, Ontario Society of Nutrition Professionals in Public Health. References include key documents from Health Canada; Canadian Paediatric Society; American Academy of Pediatrics; and Dietitians of Canada.

Perinatal Mood Disorders (PMD)

Perinatal mood disorder (PMD) is one of the most common complications that can occur within the first year after a child is born. PMD can have serious side effects on the mother, infant and family. If left untreated, it may hinder the parent's ability to meet the baby's basic needs, to read the baby's cues and to respond sensitively. Without intervention this could place the child's health and development at risk.

The presence of any one of the following risk factors should alert health professionals that the parent might be at risk for PMD (e.g., depression, anxiety, obsessive compulsive disorder, etc.)

- Depression or anxiety while pregnant
- Personal and/or family history of mental illness
- History of problems related to hormones or the thyroid gland
- Recently moved or immigrated to a new culture
- Negative thinking pattern
- Worrier or perfectionist
- History of abuse or significant conflict with parents
- Body image issues
- Stressful events experienced during pregnancy or birth
- Serious financial problems
- Lack of a support system
- Disappointment about the gender of the baby
- Colicky baby or sick newborn
- Complications during pregnancy or birth
- Teenage mother
- Pregnancy was, or is, unwanted
- Serious fertility issues
- Breastfeeding issues

If the parent states or you observe one or more of the symptoms, consider this a red flag:

- Not feeling herself
- Is sad and tearful
- Feels exhausted, but unable to sleep
- Has changes in eating or sleeping pattern

- Feels overwhelmed and cannot concentrate
- Has no interest or pleasure in activities previously enjoyed
- Feels hopeless or frustrated
- Feels restless, irritable or angry
- Feels extremely high and full of energy
- Feels anxious – may feel this as aches, chest pain, shortness of breath, numbness, tingling or "lump" in throat
- Feels guilty and ashamed, thinks she is not a good mother
- Is not bonding with the baby or is afraid to be alone with the baby
- Has scary thoughts about the baby
- Has disturbing nightmares or flashbacks
- Avoids people, places or events
- No interest or pleasure in infant
- Extreme irritability, frustration or anger
- Thoughts about hurting self or baby

Very rarely women will have Postpartum Psychosis. This is a serious illness with risks to the mother and baby. The symptoms are:

- Having thoughts of harming self or baby
- Hearing or seeing things that are not there
- Believing people or things are going to harm them or their baby
- Being confused or out of touch with reality

If the mother has any of the above thoughts or feelings, do not wait.
Get help right away. Do not leave the mother alone.
If unable to contact a family member, call her Family Physician
Or: Call the local crisis intervention
Or: Accompany her to your local hospital's emergency department.

Where to Go for Help

If there are concerns, advise the woman/family to contact her physician or inform clients about the 24 hour emergency number Huron Perth Crisis Intervention 1-888-829-7484.
Additionally:

- Your local Health Unit - the Perth District Health Unit at 519-271-7600 or 1-877-271-7348 ext 267 or the Huron County Health Unit at 519-482-3416 or 1-877-837-6143 ext 2256
- Huron-Perth Branch of the Canadian Mental Health Association at 519-273-1391 or 1-888-875-2944
- Listowel Mental Health Outpatient Services at 519-291-1320
- In Huron County, Community Psychiatric Services at 519-482-3961 or 1-877-695-2524
- Some Family Health Teams may provide support services to their clients
- Huron-Perth Children's Aid Society in Stratford at 519-271-5290 or 1-800-668-5094 or in Goderich at 519-524-7356 or 1-800-265-5198 if the child's safety is a concern.

Sources: Originally adapted from York Region Red Flags (June 2004) and materials from Women's Health Centre, and St. Joseph's Health Care, Toronto. Revised in 2009 by P. Ingber-Brooks, C. Zorzit, S. Cunningham and P. Youssef, Public Health Nurses from York Region Community and Health Services, using Best Start Resource Centre (2007); Dalton (2009); Gottman and Shwartz-Gottman (2007); Nonacs, R. (2006); and Ross, Dennis, Blackmore, and Stewart (2005).

Prematurity

Children born prematurely (37 weeks gestation or earlier) are more at risk for developmental delays than full term babies. Monitoring of a child's growth and development by a professional is important to ensure that children at risk can access appropriate services. Monitor children at set intervals for the first few years of their lives, and, when indicated, provide enhanced Early Intervention Services for these children and their families and make referrals to appropriate agencies.

School Readiness

Is this child ready for school? There is no single or simple factor that determines whether a child is ready for kindergarten. Instead, a child's development needs to be evaluated in several areas. His ability to think logically, speak clearly, and interact well with other children and adults are all critically important to success in school. A child's physical development also needs to be considered. In reality, very few children are equally competent in all areas. Here's how to tell if a child is physically, socially, and cognitively ready to begin attending school.

The child should be able to:

- Get dressed with help
- Go to the bathroom independently
- Open lunch items
- Be away from parents/caregivers
- Ask for help
- Share and take turns with other children
- Follow routines
- Communicate so a teacher and other students can understand
- Listen and follow directions
- Understand basic safety rules
- Feel good about trying new things
- Take part in group activities

If the child presents with one or more of the following behaviours consider this a red flag:

- 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 the family
- Delay in self-help skills
- Inconsistent performance (can not do what he/she could do last week)
- Poorly focused and disorganized

Where to Go for Help

If there are any concerns or for further information contact Perth-Middlesex Early Years Centres (Stratford: 519-273-9082, North Perth: 519-291-6626, West Perth: 519-348-8618).

- In Huron County, contact the Huron County Growing Together Program at 519-482-8505 or 1-888-371-5718 or the Kinderoo Program through Rural Response for Healthy Children at 519-482-8777 or 1-800-479-0716

- Huron County Ontario Early Years Centres, Main Centre Clinton at 519-482-8505 or 1-888-371-5718, or Wingham at 519-357-2424
  For a complete listing of programs and sites throughout the County, call the Main Centre Clinton office or visit www.huroncounty.ca/childcare

Sources: In 2008 this section was created using The Kindergarten Program (2006), Ministry of Education website (www.edu.gov.on.ca) by the working team of T. Kelly, M. McGuire, N. Russiello, L. Vien, and G. Whitehead from York Region District School Board.

Sensory

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 three – 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 (e.g., 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 (e.g., 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 the child is under 2 years, contact Developmental Resources for Infants (DRI) at 519-685-8710 for assessment and treatment.
- If the child is between 2 and 6 years, contact the Child Parent Resource Institute (CPRI) at 519-858-2774 ext 2024 or 1-877-494-2774 or Thames Valley Children's Centre (TVCC) at 519-685-8716 or 1-866-590-8822 ext 58716. (Also see the Fine Motor and Gross)

Sources: Adapted from Early Identification in York Region Red Flags for Infant, Toddler and Preschool Children (June 2004), and revised in 2008 by M. Thomson-Mintz and team from York Region Community and Health Services, Early Intervention Services, Intake Early Intervention Services, York Region Preschool Speech and Language Program, Blind Vision Program.

Sleep

Infant Sleep Environment (0 to 6 months)

The US Consumer Product Safety Commission and the Office of the Chief Coroner have warned parents of the risks of unsafe sleep practices. These warnings are a result of sudden unexpected deaths (SUD) in infancy.

Whether or not infants should co-sleep or bed share with a caregiver has been a controversial issue. The decision of where an infant will sleep is influenced by culture, beliefs, individual practices, preferences and information obtained from health care providers.

Evidence-informed Recommendations

THE SAFEST SLEEP ENVIRONMENT FOR AN INFANT 0 TO 6 MONTHS OF AGE IS ON HIS OR HER BACK WITHIN ARM'S REACH OF HIS OR HER CAREGIVER, IN A CRIB THAT MEETS CURRENT CANADIAN SAFETY REGULATIONS (Canadian Paediatric Society, 2009).

An exception to this is when an infant is required to sleep side-lying or prone as advised by a primary health care provider for a medical condition.

*****No sleep environment is completely risk free.**

Definitions

Sudden unexpected death (SUD): A sudden unexpected death in infancy that may be the result of sudden infant death syndrome, accidental injury, non-accidental injury due to neglect, abuse or a previously undiagnosed natural disease (Office of the Chief Coroner, 2008, pg 17).

Sudden infant death syndrome (SIDS): is defined as the sudden death of an infant less than one year of age, which remains unexplained after a thorough case investigation and a review of the clinical history. "SIDS is a diagnosis of exclusion, providing all other aspects of the death investigation are negative" (Office of the Chief Coroner, 2008, pg 17).

Co-sleeping: is a sleeping arrangement in which an infant sleeps within arm's reach of his or her caregiver, but not on the same sleeping surface. "Sleeping in the same room (room-sharing), but not in the same bed, is co-sleeping" (Canadian Paediatric Society, 2009, pg 659).

Bed Sharing: is a sleeping arrangement in which an infant shares the same sleeping surface with another person (Canadian Paediatric Society, 2009, pg 659).

According to the Office of the Chief Coroner (Office of the Chief Coroner, 2008)	
Reducing the chances a baby will die from SIDS or SUD	
Do	**Don't**
• Place them down for sleep only on their back until they are one year of age • Put them on a firm mattress in a crib • Keep the baby's room temperature cool (about 65°F) when he or she is sleeping • Encourage the baby's mother not to smoke while she is pregnant or afterward around her baby and not to take the baby into smoke-filled environments • Encourage the baby's mother to breastfeed the child. If mother is a heavy smoker or taking prescription or non-prescription drugs and breastfeeds, please ask her to talk with her doctor. • Encourage the baby's parents to seek medical care for the baby when he or she becomes ill • Tell other caregivers of the baby (parents, aunts, uncles, baby sitters, etc.) to follow these simple rules, too	• Use pillows, crib bumper pads, blankets, afghans, duvets or quilts (especially adult bed covers), over or under an infant. • Smoke around babies or let anyone else smoke around them • Overdress or overheat the baby, especially if he or she is ill • Use sleeping surfaces not designed or approved for infant sleep • Let babies share a sleep surface with another child or with an adult. • Put babies in an adult bed or on a sofa to sleep

Taken in whole from the Report of the Paediatric death review committee and deaths under five committee, Office of the Chief Coroner, Province of Ontario. June 2008, p. 18.

Infant Sleep Environment (0 to 6 months)

Sleep Position

Infants should sleep on their back in cribs meeting Canadian safety regulations. The Canadian Paediatric Society (2009) recommends this sleeping arrangement for the first year of life.

SAFER OPTION

- Back-lying

(Canadian Paediatric Society, 2009)

UNSAFE OPTION
(any of the following)

- Side-lying
- Stomach-lying
- Propping with rolled blankets or wedges

(Canadian Paediatric Society, 2009; Task Force on Sudden Infant Death, 2005)

Co-Sleeping

Infants should sleep within arms reach in their parent's room for the first six months, on their back, in cribs meeting Canadian safety regulations.

(Canadian Paediatric Society, 2009)

SAFER OPTION
(all must be present)

- Crib or cradle that meets Canadian safety regulations in the room that the infant's caregiver sleeps
- An infant is within arm's reach of his or her caregiver, but not on the same sleeping surface

(Canadian Paediatric Society, 2009)

RISKIER OPTION

- Crib or cradle in room, not within arm's reach of his or her caregiver

Sleep Environment

An infant's sleep environment should be free of quilts comforters, bumper pads, pillows and pillow-like items (e.g., toys). It should also be free of tobacco smoke with a temperature that is neither too warm nor cold.

(Canadian Paediatric Society, 2009)

SAFER OPTION
(all must be present)

- Environment is free of quilts, comforters, bumper pads, pillows and pillow-like items
- Use of a firm sleep surface
- Dressing infant for sleep so that they are warm – not hot
- Non smoking home environment
- Discontinuing smoking prior to or early in pregnancy and not allowing others to smoke around infant or to expose infant to smoke-filled environments
- Breastfeeding

(Canadian Paediatric Society, 2009; Task Force on Sudden Infant Death, 2005; Office of the Chief Coroner, 2008)

Bed Sharing

Bed sharing refers to a sleeping arrangement in which an infant baby shares the same sleeping surface with another person. (Canadian Paediatric Society, 2009)

According to Office of the Chief Coroner's report (2008), infant death has been associated with unsafe sleeping environments and bed sharing practices. See coroner's recommendations for reducing the chances a baby will die from SIDS and SUD on previous page of this document.

Families who choose to bed share should be given all the information that is known regarding safe sleep environment for their infants. Families should be informed about the Coroner's recommendation to not let babies share a sleep surface with another child or with an adult and not to put babies in an adult bed or on a sofa to sleep (Office of the Chief Coroner, 2008). It is important to remind parents that adult beds have potential risks and are not designed to meet Canadian safety regulations for infants.

SAFER OPTION
(all must be present)

- Infant placed in back-lying position for sleep
- Non smoking home environment
- Bed sharing with only the infant's primary caregiver
- Use of a firm, flat sleeping surface
- Ensuring that the infant's head is not covered

Infant Sleep Environment (0 to 6 months)

Sleep Position

Co-Sleeping

UNSAFE OPTION
(any of the following)

- Waterbed
- Couch
- Recliner
- Air mattresses
- Sleeping on pillows or soft materials
- Car seats and infant seat carriers
- Swing
- Any makeshift bed or hammock

(Canadian Paediatric Society, 2009; Task Force on Sudden Infant Death, 2005)

Sleep Environment

UNSAFE OPTION
(any of the following)

- Use of bumper pads in crib
- Use of pillows, quilts, comforters, adult bed covers or pillow like items in crib
- Over dressing or overheating infant
- Smoking during pregnancy
- Maternal smoking
- Infant exposure to smoke

(Canadian Paediatric Society, 2009)

Bed Sharing

- Never placing an infant down to sleep on a pillow or adjacent to a pillow
- Never leaving an infant alone on an adult bed
- No spaces between the mattress and headboard, walls, and other surfaces which may entrap the infant and lead to suffocation
- Use of a firm mattress directly on the floor away from walls

(Canadian Paediatric Society, 2009; The Academy of Breast Feeding Protocols Committee, 2008)

UNSAFE OPTION
(any of the following)

- Prenatal or postnatal smoking and bed sharing
- Bed sharing with people other than the infant's parents or usual caregivers
- Infant bed sharing with other children and/or pets
- Bed sharing if caregiver is a smoker, extremely tired, under the influence of alcohol or drugs (legal or illegal)
- Bed sharing on waterbeds, couches, sofas
- Use of quilts, duvets, comforters, pillows, soft materials, loose bedding or stuffed toys and other objects
- Allowing infant's head to become covered
- Allowing an infant to sleep on an adult bed alone
- Bed sharing with adjacent spaces that could trap an infant

(Canadian Paediatric Society, 2009; www.sidscanada.org)

Where To Go for Help

If there are concerns advise the parent/caregiver to contact their primary care provider or paediatrician.
The Canadian Paediatric Society www.caringforkids.cps.ca
Perth District Health Unit at 519-271-7600 ext 267 or 1-877-271-7348 ext 267.
Huron County Health Unit at 519-482-3416 or 1-877-837-6143 ext 2256.

Sources: This section was created in 2009 by York Region Community and Health Services, Practice Enhancement Team using the York Region Community and Health Service, Public Health, Child and Family Health *Infant Sleep Environment Recommendation and Practice Applications* document (revised September 2009).

Social/Emotional

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/Caregiver and child do not engage in smiling and vocalization with each other
- ☐ Parent/Caregiver ignores, punishes or misreads child's signals of distress
- ☐ Parent/Caregiver pulls away from infant or holds infant away from body with stiff arms
- ☐ Parent/Caregiver is overly intrusive when child is not wanting contact
- ☐ Child is not comforted by physical contact with parent/caregiver
- ☐ Sensory issues, reacting to loud sounds

8-18 months

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

18 months – 3 years

- ☐ Child and parent/caregiver 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/caregiver when distressed or after separation
- ☐ Child is excessively distressed by separation from parent/caregiver
- ☐ Child freezes or moves toward parent/caregiver by approaching sideways, backwards or circuitously
- ☐ Child alternates between being hostile and overly affectionate with parent/caregiver

18 months – 3 years

- ☐ Parent/Caregiver seems to ignore, punish or misunderstand emotional communication of child
- ☐ Parent/Caregiver uses inappropriate or ineffective behaviour management techniques
- ☐ Sensory issues, limited food preferences, avoiding certain textures

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 five to 10 minutes
- ☐ Child cannot become engaged in self-directed play
- ☐ Child is threatening, dominating, humiliating, reassuring or sexually intrusive with adult
- ☐ Parent/Caregiver uses ineffective or abusive behaviour management techniques

Where to Go for Help

- Huron-Perth Centre for Children and Youth at 519-273-3373 (Stratford), 519-291-1088 (Listowel), 519-482-3931 (Clinton)
- Resource Consultant Services: In Perth, City of Stratford Children's Resource Consultant Program at 519-271-3773 or 1-800-669-2948 ext 229. In Huron, Huron County Growing Together Program at 519-482-8505 or 1-888-371-5718
- For information regarding the Healthy Babies Healthy Children program, call the Perth District Health Unit at 519-271-7600 or 1-877-271-7348 ext 267 or the Huron County Health Unit at 519-482-3416 or 1-877-837-6143 ext 2256
- Child Parent Resource Institute (CPRI) at 519-858-2774 or 1-877-494-2774 ext 2024
- For children in school, a referral form can be faxed to the CCAC Mental Health and Addictions Nurse (MHAN) at 519-657-0062 or 1-800-720-1320. See Appendix B resource listing.
- Family Services Perth Huron at 519-273-1020 or 1-800-268-0903.

Sources: New Path Youth and Family Services (June 2004), revised in 2008 by York Region 0-6 Tri-Agency Children's Mental Health Services: Blue Hills Child and Family Centre, Kinark Child and Family Services, The York Centre for Children, Youth and Families; and Catholic Community Services of York Region.

Speech and Language

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

By 6 months

- ☐ Orients to sounds
- ☐ Startles in response to loud noises
- ☐ Makes different cries for different needs (i.e., hungry, tired)
- ☐ Watches your face as you talk
- ☐ Smiles/laughs in response to your smiles and laughter
- ☐ Imitates coughs or other sounds (e.g., "ah," "eh," buh")

By 9 months

- ☐ Responds to his/her name
- ☐ Responds to the telephone ringing or a knock at the door
- ☐ Understands being told "no"
- ☐ Gets what he/she wants through gestures (e.g., reaching to be picked up)
- ☐ Plays social games with you (e.g., peek-a-boo)
- ☐ Enjoys being around people
- ☐ Babbles and repeats sounds such as "babababa" or "duhduhduh"

By 12 months

- ☐ Follows simple one-step directions (e.g., "sit down")
- ☐ Looks across the room to a toy when an adult points at it
- ☐ Consistently uses three to five words, even if not clear
- ☐ Uses gestures to communicate (e.g., waves hi/bye, shakes head "no")
- ☐ Gets your attention using sounds, gestures and pointing while looking at your eyes
- ☐ Brings/extends toys to show you
- ☐ "Performs" for social attention and praise
- ☐ Combines lots of sounds together as though talking (e.g., "abada baduh abee")
- ☐ Shows an interest in simple picture books

By 18 months

- ☐ Understands the concepts of "in and out", "off and on"
- ☐ Points to several body parts when asked
- ☐ Responds with words or gestures to simple questions (e.g., "Where's teddy?", "What's that?")
- ☐ Uses at least 20 words consistently, even if not clear
- ☐ Makes at least four different consonant sounds (e.g., p, b, m, n, d, g, w, h)
- ☐ Enjoys being read to and sharing simple books with you
- ☐ Points to pictures using one finger
- ☐ Demonstrates some pretend play with toys (e.g., gives teddy a drink, pretends a bowl is a hat)

By 24 months

- ☐ Follows two-step directions (e.g., "Go find your teddy bear and show it to Grandma")
- ☐ Uses 100 or more words
- ☐ Uses at least two pronouns (e.g., "you," "me," "mine")
- ☐ Consistently combines two to four words in short phrases (e.g., "Daddy hat," "truck go down")
- ☐ Forms words/sounds easily and effortlessly
- ☐ Words are understood by others 50 per cent to 60 per cent of the time

- ☐ Enjoys being around other children
- ☐ Begins to offer toys to peers and imitate other children's actions and words
- ☐ Holds books the right way up and turns pages
- ☐ "Reads" to stuffed animals or toys
- ☐ Scribbles with crayons

By 30 months

- ☐ Understands the concepts of size (big/little) and quantity (a little/a lot, more)
- ☐ Uses some adult grammar (e.g., "two cookies," "bird flying," "I jumped")
- ☐ Uses over 350 words
- ☐ Uses action words (e.g., run, spill, fall)
- ☐ Produces words with two or more syllables or beats (e.g., "ba-na-na," "com-pu-ter," "a-pple")
- ☐ Puts sounds at the start of most words
- ☐ Begins taking short turns with peers, using both words and toys
- ☐ Demonstrates concern when another child is hurt/sad
- ☐ Combines several actions in play (e.g., feeds doll and then puts them to sleep, puts blocks in train then drives train, drops blocks off)
- ☐ Recognizes familiar logos and signs involving print (e.g., golden arches of McDonalds, "Stop" sign)
- ☐ Understands and retells familiar stories

By 3 years

- ☐ Understands "who," "what," "where" and "why" questions
- ☐ Creates long sentences (e.g., using five to eight words)
- ☐ Talks about past events (e.g., trip to Grandparents' house, day at childcare)
- ☐ Tells simple stories
- ☐ Understood by most people outside of the family, most of the time
- ☐ Shows affection for favourite playmates
- ☐ Engages in multi-step pretend play (e.g., pretending to cook a meal, repair a car, etc.)
- ☐ Aware of the function of print (e.g., in menus, lists, signs)
- ☐ Beginning interest in, and awareness of, rhyming

By 4 years

- ☐ Follows directions involving three or more steps (e.g., "First get some paper, then draw a picture, last give it to Mom")
- ☐ Uses adult-type grammar
- ☐ Tells stories with a clear beginning, middle and end
- ☐ Talks to try to solve problems with adults and other children
- ☐ Understood by strangers almost all of the time
- ☐ Demonstrates increasingly complex imaginative play
- ☐ Able to generate simple rhymes (e.g., "cat-bat")
- ☐ Matches some letters with their sounds (e.g., "letter T says 'tuh')

By 5 years

- ☐ Follows group directions (e.g., "All the boys get a toy")
- ☐ Understands directions involving "if…then" (e.g., "If you're wearing runners, then line up for gym")
- ☐ Describes past, present and future events in detail
- ☐ Uses almost all of the sounds of their language with few to no errors
- ☐ Seeks to please his/her friends
- ☐ Shows increasing independence in friendships (e.g., may visit neighbour by him/herself)

- ☐ Knows all the letters of the alphabet
- ☐ Identifies the sounds at the beginning of some words (e.g., "Pop starts with the 'puh' sound")

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

- ☐ If the child has lost any previously obtained skills, language or social skills
- ☐ Inconsistent or no response when name is called
- ☐ Rarely engages socially (e.g., smiling, eye contact)
- ☐ More interested in looking at objects than people's faces
- ☐ Lack of interest in toys or plays with them in an unusual way (e.g., lining up, spinning, opening/closing parts rather than using the toy as a whole)
- ☐ Preoccupation with unusual interests such as light switches, doors, fans, wheels
- ☐ Echoing others' phrases or sentences (for example parent/caregiver says "put on your shoes"; child responds "put on your shoes")
- ☐ Talking in "whole phrases" or "scripts" from television shows or books, when these do not seem relevant to the situation
- ☐ Unusual interest in letters or numbers and/or may show some ability to recognize words in print – but no clear indication of comprehension
- ☐ Compulsions or rituals (has to perform activities in a special way or certain sequence: is prone to temper tantrums if rituals are interrupted)

Stuttering:

- ☐ Parents/Caregivers report child "stutters" using repetitions of words (e.g., "I-I-I") or syllables (e.g., "da-da-daddy"), sound prolongations (e.g., "mmmommy) or blocks (e.g., "b----all").

Voice:

- ☐ Ongoing hoarse voice or unusual voice quality
- ☐ Excessive drooling
- ☐ Problems with swallowing or chewing, or gagging when eating foods with certain textures (See Feeding and Swallowing section of this document)

Where to Go for Help

If there are concerns and the child is of preschool age, advise the parent/caregiver to contact smallTALK: Huron-Perth Preschool Speech Language System at 519-272-8216 or 1-866-333-7716.

Note: Referrals are redirected to school-based services as of June 1st of the year they begin junior kindergarten.

- If the child is in school, please advise the parent/caregiver to contact the child's school.
- For a list of private Speech-Language pathologists, visit www.osla.on.ca or call the Ontario Association of Speech-Language Pathologists and Audiologists at 1-800-718-6752.

Sources: Originally developed by Simcoe County Health Unit in collaboration with Simcoe County and York Region professionals. Revised in 2008 by M. Green, Speech-Language Pathologist and team from Markham Stouffville Hospital Child Development Programs: York Region Speech and Language Program using the Early Referral Identification Kit (ERIK) (revised in 2009), and Ontario Ministry of Children and Youth Services (2007).

Vision

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

By 6 weeks
- ☐ Stares at surroundings when awake
- ☐ Briefly looks at bright lights/objects
- ☐ Blinks in response to light
- ☐ Eyes and head move together

By 3 months
- ☐ Eyes glance from one object to another
- ☐ Eyes follow a moving object/person
- ☐ Stares at caregiver's face

By 6 months
- ☐ Eyes move to inspect surroundings
- ☐ Eyes move to look for source of sounds
- ☐ Swipes at or reaches for objects
- ☐ Looks at more distant objects
- ☐ Smiles and laughs when he or she sees you smile and laugh

By 12 months
- ☐ Eyes turn inward as objects move close to the nose
- ☐ Watches activities in surroundings for longer time periods
- ☐ Looks for a dropped toy
- ☐ Visually inspects objects and people
- ☐ Creeps towards favourite toy

By 2 years
- ☐ Guides reaching and grasping for objects with the vision
- ☐ Looks at simple pictures in a book
- ☐ Points to objects or people
- ☐ Looks for and points to pictures in books
- ☐ Looks where he or she is going when walking and climbing

By 3 years
- ☐ Sits a normal distance away when watching television
- ☐ Follows moving objects with both eyes working together (coordinated)

By 4 years
- ☐ Knows people from a distance (e.g., across the street)
- ☐ Uses hands and eyes together (e.g., catches a large ball)
- ☐ Builds a tower of blocks, strings beads; copies a circle, triangle and square

By 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:

- ☐ Swollen or encrusted eyelids
- ☐ Bumps, sores or styes on or around the eyelids
- ☐ Drooping eyelids
- ☐ Does not make eye contact by three months of age
- ☐ Does not watch or follow an object with the eyes by three months
- ☐ Haziness or whitish appearance inside the pupil
- ☐ Frequent "wiggling" "drifting" or "jerky" eye movements, misalignment of the eyes (eye turns or crossing of eyes)
- ☐ Lack of coordinated eye movements

- ☐ Drifting of one eye when looking at objects
- ☐ Turning or tilting of the head when looking at objects
- ☐ Squinting, closing or covering of one eye when looking at objects
- ☐ Excessive tearing when not crying
- ☐ Excessive blinking or squinting
- ☐ Excessive rubbing or touching of the eyes
- ☐ Avoidance of, or sensitivity to, bright lights

From the Ontario Ministry of Children and Youth Services' brochure: "Blind-Low Vision Early Intervention Program." Published in July 2007.

Where to Go for Help

If there are any concerns about a child's vision, advise the parent/caregiver to arrange for a vision test with an optometrist or a primary care provider who can refer to an ophthalmologist.

- Vision assessments for children are covered by OHIP.
- The Ontario Association of Optometrists recommends that the first eye exam occur at 6 months of age. For more information, visit www.optom.on.ca.
- Parents/caregivers can contact the "Blind and Low Vision" program at 519-663-0273 or 1-877-818-8255 or www.children.gov.on.ca for information.
- Visit the Canadian National Institute for the Blind website at www.cnib.ca or call 519-685-8420 or 1-800-265-4127.

Sources: Originally from Simcoe District Health Unit, and Canadian National Institute for the Blind. Revised in 2008 by M. Thomson-Mintz and team from York Region Community and Health Services, Early Intervention Services, Intake Early Intervention Services, York Region Preschool Speech and Language Program, Blind Vision Program, using materials from the Ontario Ministry of Youth and Children Services (2007).

RESOURCES

Appendix A

Important Telephone Numbers

Police, Ambulance, Fire

Emergency Number 9-1-1

Crisis Intervention

Huron-Perth Children's Aid Society ..... Stratford: 519-271-5290
Toll Free: 1-800-668-5094
Goderich: 519-524-7356
Toll Free: 1-800-265-5198

Kids Help Phone 1-800-668-6868

Huron Perth Crisis Intervention Program 1-888-829-7484

Hospitals and Health Service

Perth County

Stratford General Hospital ..... (519) 272-8210 ext 2908 (PT)
ext 2631 (OT)
St. Marys Memorial Hospital ..... 519-284-1332 ext 3313 (PT)
Listowel Memorial Hospital 519-291-3120
519-292-2072 (PT)

Huron County

Alexandra Marine & General Hospital (Goderich) 519-524-8689
Clinton Public Hospital 519-482-3440
Seaforth Community Hospital 519-527-1650
South Huron Hospital (Exeter) 519-235-2770
Wingham & District Hospital 519-357-3210

Eat Right Ontario 1-877-510-5102
www.eatrightontario.ca

Perth District Health Unit *Health Line* ..... 519-271-7600 ext 267
Toll-free: 1-877-271-7348 ext 267

Huron County Health Unit ..... 519-482-3416 ext 2256
Toll-free: 1-877-837-6143 ext 2256

Telehealth Ontario 1-866-797-0000

Appendix B

Contacts and Resources

211 Ontario	211 www.211ontario.ca	211 is a three-digit phone number and website that provides information and referral to community and social services in Ontario. 211 can be used to search many local services including local optometrists/ophthalmologists, libraries, audiologists, and dentists.
Autism Ontario: Huron Perth	www.autismontario.com 1-877-818-8867 ext 227	Autism Ontario is the leading source of information and referral on autism and one of the largest collective voices representing the autism community.
Blind-Low Vision Early Intervention Program (intake through tykeTALK)	519-663-0273 1-877-818-8255 Fax: 519-963-0305 www.children.gov.on.ca	The Blind & Low Vision Program responds to the needs of visually impaired and blind children from birth to the child's seventh birthday.
Canadian National Institute for the Blind (CNIB) Southwest Region-London	519-685-8420 1-800-265-4127 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 services are 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. Referral will require an optometrist exam
Canadian Mental Health (Stratford)	519-273-1391 1-888-875-2944 www.cmha-hp.on.ca	Various counseling and mental health programs to support clients with mental illnesses and their families.
Community Psychiatric Services	519-482-3961 1-877-695-2524	There are sites in Clinton, Exeter, Goderich, Seaforth and Wingham. This free service supports individuals 16 years and older with mental health problems to enhance their coping skills and improve their quality of life. Referrals accepted from a psychiatrist, physician, or self referral.
Child and Parent Resource Institute (CPRI)	519-858-2774 ext 2024 1-877-494-2774 Fax: 519-858-3930 www.cpri.ca	This children's centre is located in London and provides a variety of specialized services to children who have received assistance in their local community and find a need for more specialized diagnostic, assessment, and short-term treatment services for developmental disabilities, emotional disturbances, and behavioural disorders.

Huron-Perth Children's Aid Society	Stratford: 519-271-5290 1-800-668-5094 Goderich: 519-524-7356 1-800-265-5198 www.h-pcas.ca	Has a mandated responsibility to protect children from abuse, abandonment, and neglect. Offers family support through family intervention team and assist families with behaviour management techniques. Services include foster care, adoption, and funding for summer camp programs.
Community Care Access Centre (CCAC)	Perth: 519-273-2222 1-800-269-3683 Huron: 519-527-0000 1-800-267-0535 www.sw.ccac-ont.ca	Provides paediatric services in physiotherapy and case management as well as speech/language services to school-age children.
SWCCAC Mental Health and Addictions Nurse (MHAN)	1-855-474-5751 519-474-5751 Fax: 519-657-0062 1-800-720-1320	A mental health and addictions nurse will contact the student/parent/guardian to confirm consent. The nurse then meets the student at school for assessment and treatment as needed.
Developmental Resources for Infants (DRI)	519-685-8710 Fax: 519-685-8705	DRI is a coordinating service that provides easy to access developmental resources for families and their children from birth to two. DRI coordinates a wide range of resources that supports growth and development. The DRI intake team listens and gathers information about each individual situation, concerns, and needs in a wide variety of areas.
EatRight Ontario	1-877-510-5102 www.eatrightontario.ca	EatRight Ontario allows individuals to ask nutrition-related questions and receive feedback by phone or email from a Registered Dietitian. Nutrition tools and links offer additional resources to support individuals in developing healthy eating habits for their families.
Emily Murphy Centre (Second Stage Housing)	519-273-7350 1-888-826-8117 www.emilymurphycentre.com	Provides safe transitional housing and supportive services to abused women with or without children.
Huron Second Stage Housing	519-524-1620 ext 200 http://huronwomensshelter.ca/second-stage-housing	Locations in Clinton, Exeter and Goderich. Provides safe transitional housing and supportive services to abused women with or without children.
Family Services Perth Huron	519-273-1020 1-800-268-0903 Fax: 519-273-6993	Family support services and counseling available. Specialized services in the home for children with special needs and respite care available.
Huron Respite Network	519-482-3115 Fax: 519-482-7667 www.respiteservices.com	Respite services and supports are for the rest and renewal of the caregiving family. It is a flexible, periodic, short term break from the caregiving of children with developmental disabilities, Autism, or mental health needs. The respite provider is a person who promotes active living opportunities in the child's home or in the community.
Community Support for Families	519-482-3557 Fax: 519-482-9350	Family support services and counseling available. Specialized services in the home for children with special needs and respite care available.

Financial Assistance		
• **Assistance for Children with Special Needs- Ministry of Children and Youth Services** • **City of Stratford** Childcare Subsidy Ontario Works • **Easter Seals Ontario** • **Huron County Childcare Subsidy** • **Huron County Ontario Works**	519-438-5111 1-800-265-4197 www.children.gov.on.ca 519-271-3773 ext 271 519-271-3773 ext 254 www.city.stratford.on.ca www.easterseals.org 1-866-630-3336 519-482-8505 1-888-371-5718 Fax: 519-482-5710 www.huroncounty.ca/childcare/childcaresub.php Fax: 519-482-1632 www.huroncounty.ca/ontarioworks/index.php	The Assistance for Children with Severe Disabilities Program helps parents/caregivers with some of the extra costs of caring for a child who has a severe disability. • To provide financial and employment assistance for persons who are in financial need in The City of Stratford, Town of St. Marys, and Perth and Huron Counties. • To provide subsidized child care for parents/ caregivers who are persons in need as defined in the Day Nurseries Act. Children and young adults (birth to 19th birthday) with physical disabilities, who are registered with Easter Seals Ontario qualify for financial assistance towards the purchase of eligible services and special equipment.
Huron Perth Centre for Children and Youth	Clinton: 519-482-3931 Stratford: 519-273-3373 Listowel: 519-291-1088 www.hpcentre.on.ca	Offers individual, family, and group counseling and a variety of parent education programs.
Huron Perth Crisis Intervention Program	1-888-829-7484 Stratford: 519-274-8000 Seaforth: 519-527-0155	24 hour phone line for those in crisis. Provides telephone support and referral to other appropriate agencies if necessary.
Infant Hearing Program (Southwest Region)	519-663-0273 1-877-818-8255 Fax: 519-963-0305 www.infanthearingprogram.com	Infant Hearing screening and assessment for children under two years. (OHIP funded) • conducts hearing screening for all newborn infants in the hospital or in the community • provides follow-up supports and services for all infants identified with permanent hearing loss including family support, audiology, and communication development

<table>
<tr><th colspan="3">Licensed Child Care Programs (Perth)</th></tr>
<tr><td>1-2-3 Look At Me Co-operative Nursery School</td><td>Stratford: 519-418-1122</td><td rowspan="8">In Ontario, anyone who cares for more than five unrelated children under the age of 10 years must be licensed by the Ministry of Children and Youth Services. Licensed child care providers have to meet certain provincial health, safety and caregiver training standards.</td></tr>
<tr><td>Anne Hathaway Child Care Centre</td><td>Stratford: 519-273-1803</td></tr>
<tr><td>Avon Co-operative Nursery School</td><td>Stratford: 519-271-6400</td></tr>
<tr><td>North Perth Day Care Centre</td><td>Listowel: 519-291-4222
Fax: 519-291-1058</td></tr>
<tr><td>Perth Care for Kids</td><td>519-348-8618
Fax: 519-348-4550</td></tr>
<tr><td>St. John's Co-operative Preschool Centre</td><td>Stratford: 519-271-3683</td></tr>
<tr><td>St. Marys Early Learning Centre</td><td>St. Marys: 519-284-3121
Fax: 519-273-2308</td></tr>
<tr><td>YMCA of Stratford-Perth</td><td>519-273-9622</td></tr>
<tr><th colspan="3">Licensed Child Care Programs (Huron)</th></tr>
<tr><td>Bean Sprouts Nursery School</td><td>519-482-5825</td><td rowspan="9">Huron County Child Care
In Huron County there are different types of licensed child care options to help meet the needs of families and children. Child Care Centres offer high quality care and learning activities for children aged six weeks right up to twelve years of age. These centres are licensed and monitored by the Ministry of Education. The operating hours for centres vary, but most provide full-time care Monday to Friday during regular working hours. Some centres also offer part-time care or nursery school programs, as well as before and/or after school care in school settings.

Licensed Home Child Care
Licensed home child care provided in a family-like setting for infants, toddlers, pre-school and school-age children, up to age 12, which may suit the needs of individual families. Children from the same family can be cared for together, often near their own home or school. Caregivers, usually called providers, use their own homes to care for up to five children, occasionally providing child care beyond the regular operating hours of community child care centres, including evenings, weekends and overnight. Licensed home child care programs are also licensed and monitored by the Ministry of Education.</td></tr>
<tr><td>Walton Little School</td><td>519-887-8440
Fax: 519-887-8515</td></tr>
<tr><td>Clinton Cooperative Child Care Centre</td><td>519-482-5777
Fax: 519-482-8721</td></tr>
<tr><td>Goderich Municipal Child Care Centre</td><td>519-524-7441
Fax: 519-524-7853
www.goderich.ca/en/townhall/childcare.asp</td></tr>
<tr><td>Seaforth Cooperative Children's Centre</td><td>519-527-0682
Fax: 519-527-0682
www.simplesite.com/seaforthdaycare</td></tr>
<tr><td>Tuckersmith Day Nursery</td><td>519-482-7634
Fax: 519-482-7071
www.huroneast.com/index.php?sltb=serv&dept_lnk=childcare</td></tr>
<tr><td>North Huron Children's Centre</td><td>519-357-2424
Fax: 519-357-2091
www.northhuron.ca/childcare.php?area=de07</td></tr>
<tr><td>Relouw Early Childhood Learning Centre</td><td>519-235-0710
Fax: 519-235-0711
http://londonbridge.com/exeter-relouw.html</td></tr>
</table>

West Huron Early Childhood Learning Centre	519-236-7071 Fax: 519-236-7853 http://londonbridge.com/zurich-westhuron.html	
Huron County Community Home Child Care	519-482-8505 Fax: 519-482-5710 www.huroncounty.ca/childcare/currentlocations.php	
YMCAs Across Southwestern Ontario	519-524-2125 www.ymcaswo.ca/child_care	
Listowel Mental Health Outpatient Services	519-291-1320	Patients can refer themselves. Provides one-on-one counseling services and mental health services to residents of Listowel.
Optimism Place (Women's Shelter and Support Services)	519-271-5550 } Crisis 1-800-265-8598 } Line www.optimismplace.com	Provides shelter, support, counseling, and advocacy for women and children experiencing domestic violence.
Women's Shelter and Second Stage Housing of Huron	519-524-6245 } Crisis 1-800-265-5506 } Line http://huronwomensshelter.ca	Provides shelter, support, counseling, and advocacy for women and children experiencing domestic violence.
City of Stratford Children's Resource Consultant Program	519-271-3773 ext 229 1-800-669-2948 ext 229 Fax: 519-271-5038 www.city.stratford.on.ca	Provides inclusive family centred support to families of young children with special needs. Developmental screening available.
Huron County Growing Together Program	519-482-8505 1-888-371-5718 Fax: 519-482-5710	This is a free service that supports children and their families with concerns in their growth and development to reach their full potential. An Early Literacy Resource consultant provides early intervention strategies which enable all children to participate in early learning and care opportunities within their own community. Working with the child and the family, and community program, Early Literacy Resource Consultants provide: developmental screenings; modeling and mentoring of early intervention techniques; co-ordination of multidisciplinary programs and services; support with transition to school (CATYO) and other community agencies and services.

Perth District Health Unit	519-271-7600 ext 267 1-877-271-7348 ext 267 Fax: 519-271-8243 www.pdhu.on.ca	**Health Line** Health Line is a free and confidential health information telephone service provided by Public Health Nurses who will answer your health-related questions about infectious diseases, sexual health, parenting, pregnancy, nutrition, and more. You can also contact this line for information on English as a Second Language programs. Health Line operates Mon-Fri, 8:30am-4:30pm, with the option of leaving 24 hour/day messages.
		Healthy Babies Healthy Children (HBHC) A prevention/early intervention initiative designed to give families the information and support they need to give their children (from birth to transition into school) a healthy start in life, and to provide more intensive services and supports for families with children who may not reach their full potential (i.e. with risk). HBHC includes universal screening, targeted blended home visiting (with public health nurse and parent resource visitor) and service coordination. If outside Perth County, contact your local health unit for this program.
		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. Preventative services are provided at Perth County dental clinics at no cost to children who meet eligibility criteria. • Healthy Smiles Ontario is a no-cost dental program for children 17 and under who do not have access to any dental coverage and who meet the program's eligibility requirements. Eligible children will receive regular dental care, including preventive and early treatment, at no cost.
		Mother & Young Child Clinics These clinics improve access to wellness health care for mothers and their children 6 years of age and younger for Anabaptist Amish, Mennonite and Low German Speaking Mennonite from Mexico communities. Primary health care services are provided at weekly clinics by a nurse practitioner. The clinics are especially for women and children who don't get regular health care because they don't have a doctor, have no OHIP, don't speak English or find it difficult to travel.

Huron County Health Unit	519-482-3416 1-877-837-6143 Fax: 519-482-9014 www.huronhealthunit.ca Hours are 8:30-4:30 with the option of leaving a message. **Breastfeeding support** www.facebook.com/ breastfeedingconnections HuronCounty **Parenting support** www.facebook.com/ parentinginhuron **Nutrition support** www.hereonfood.ca	**Public Health Nursing Services** Public Health Nurses will answer your health-related questions about infant feeding, child development, parenting, pregnancy, nutrition, infectious disease, sexual health and more. The nurse can also provide information on the ongoing parenting groups that they have around the County. Call the Health Unit for information about Huron County Health Unit Infant Feeding Clinics located in Exeter, Goderich and Wingham.
		Healthy Babies Healthy Children (HBHC) A prevention/early intervention initiative designed to give families the information and support they need to give their children (from birth to transition into school) a healthy start in life, and to provide more intensive services and supports for families with children who may not reach their full potential (i.e. with risk). HBHC includes universal screening, targeted blended home visiting (with public health nurse and parent resource visitor) and service coordination. If outside Huron County, contact your local health unit for this program.
		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. Preventative services are provided at Perth County dental clinics at no cost to children who meet eligibility criteria. • Healthy Smiles Ontario is a no-cost dental program for children 17 and under who do not have access to any dental coverage and who meet the program's eligibility requirements. Eligible children will receive regular dental care, including preventive and early treatment, at no cost.
Perth-Middlesex Ontario Early Years Centres	Stratford: 519-273-9082 Fax: 519-273-7434 North Perth: 519-291-6626 Fax: 519-291-1058 West Perth: 519-348-8618 Fax: 519-348-4550 www.ontarioearlyyears.ca www.pcfk.on.ca	Offers universal access to programs, information services, and resources to families with children prenatal to 6 years including those for children with special needs. Staffed by experts, professionals and volunteers, including early literacy experts.

Huron County Ontario Early Years Centres	Clinton: 519-482-8505 1-888-371-5718 Fax: 519-482-5710 Wingham: 519-357-2424 www.huroncounty.ca/childcare/currentlocations.php	Ontario Early Years programs are free, play based group for children birth to six years of age, and their parents and caregivers that encourage playing and learning together. These interative programs include information on healthy child development, parenting resources and sessions, school readiness skills, and additional community resources. These early learning programs operate out of Huron County Child and Family Centres and several satellite sites throughout the county. Public Health Nurses attend these groups on a regular basis. Check website for calendar.
Rural Response for Healthy Children (RRHC)	519-482-8777 1-800-479-0717 Fax: 519-482-8340 www.rrhc.on.ca	Rural Response for Health Children provides parent support and education, and school readiness programs. T.H.E. Bus (Toys for Homes Everywhere), a mobile parent resource service connects 18 communities throughout Huron County providing parent education, child development play groups and toy lending. Personal safety education for children with disabilities and Kids on the Block child abuse prevention for grades 3 and 4 are also offered. Visit the website for the calendar of locations.
Physiotherapy (PT)		
Stratford General Hospital (PT) **St. Marys Memorial Hospital (PT)** **Listowel Memorial Hospital (PT)**	519-272-8210 ext 2908 www.hpha.ca 519-284-1330 ext 3313 www.hpha.ca 519-292-2072 www.hpha.ca	
Robarts School for the Deaf	519-453-4400 1-866-640-0044 www.psbnet.ca	The Robarts School for the Deaf in London is one of the three provincial schools for deaf students in Ontario and includes preschool, elementary, and high school classrooms. Students living in the following areas are eligible to apply for admission: The counties of Essex (including the city of Windsor), Lambton, Kent, Elgin, Brant, Oxford, Haldimand, Norfolk, Grey, Bruce, Perth, Huron and Middlesex.
smallTALK: Huron-Perth Preschool Speech Language System	519-272-8216 1-866-333-7716 Fax: 519-272-8240 www.smalltalkinfo.ca	Speech language acquisition and intervention for preschool children.
Occupational Therapy (OT)		
Stratford General Hospital (OT)	519-272-8210 ext 2631 www.hpha.ca	
Thames Valley Children's Centre	519-685-8716 1-866-590-8822 ext 58716 Fax: 519-685-8705 www.tvcc.on.ca	TVCC is a regional rehabilitation centre for children and youth with physical disabilities, developmental delays, communication disorders, and Autism Spectrum Disorders. Services are provided at the centre, in homes, and at daycares.

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Appendix C

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