A Quick Reference Guide
for Early Years Professionals

Early Identification in the United Counties of Stormont, Dundas & Glengarry

Red Flags

For Infant, Toddler and Preschool Children

Best Start
Together for a Best Start
Stormont, Dundas & Glengarry

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

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Red Flags Committee

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

With the permission of our colleagues in Simcoe County, the document was reviewed and revised by the York Region Early Identification Planning Coalition and supported by York Region Health Services through 2003. Many additions have been made with the assistance of professionals serving young children in York Region.

December 2008
With the permission of the York Region, Early Identification Planning Coalition, this document was reviewed and revised by the SDG Red Flags Committee consisting of members from:

- Cornwall Community Hospital/Child and Youth Counselling Services
- City of Cornwall Child Care Services
- Community Living Stormont County/Early Childhood Integration Support Services
- Conseil scolaire de district catholique de l'Est ontarien
- Eastern Ontario Health Unit
- Ontario Early Years Centre of SDG
- Ottawa Children's Treatment Centre
- S.D.& G. Developmental Services Centre

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- Children's Aid Society of SDG
- CHEO/ROMHC SDG Mental Health Services
- Équipe psycho-sociale pour enfants & adolescents francophones SDG
- Ontario Early Literacy Specialist serving SDG, Prescott-Russell Region
- Pinecrest-Queensway Community Health Centre; Infant Hearing and Blind-Low Vision Programs

For additional copies, contact the City of Cornwall, Child Care Services Department at 613-933-6282 or submit your request via e-mail to cmsm@cornwall.ca.

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Early Identification

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

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

Time is of the essence!

What is "Red Flags"

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

Who Should Use "Red Flags"

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

How to Use this Document

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

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

[2] Nipissing District Developmental Screens refer to 13 parent checklists available to assist parents to record and monitor development of children from birth to age 6. The screens cover development related to vision, hearing, communication, gross and fine motor, social/emotional and self-help and offers suggestions to parents for age appropriate activities to enhance child development. In the SDG Region, copies of Nipissing District Developmental Screens can be obtained by going to the web site at www.ndds.ca, or by visiting your local Ontario Early Years Centre, or by calling the Eastern Ontario Health Unit at 1-800-267-7120 and asking for the Health Line. Parents are encouraged to talk to their health care or child care professional if 2 or more items are checked 'No'. It is particularly important for a screen to be reviewed by a professional if a 'No' is identified. For more information about Nipissing District Developmental Screens, go to: www.ndds.ca.

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

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

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

- When "Red Flags" are marked with an asterisk (*), please remember that there is a "**duty to report"** to the Children's Aid Society (Child & Family Services Act, 1990, amended 2002). Please refer to pages 7 through 10.

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

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

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

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

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

- To learn more about services available in SDG, please contact Single Point Access at (613) 938-9909 or toll-free at 1 888 286-5437.

How to Talk to Parents about Sensitive Issues

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

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

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

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

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

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

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

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

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

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

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

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

Ontario's *Child and Family Services Act* (CFSA) provides for a broad range of services for families and children, including children who are or may be victims of child abuse or neglect.

- The paramount purpose of the Act is to promote the best interests, protection and well being of children.

- The Act recognizes that each of us has a responsibility for the welfare of children. It states clearly that members of the public, including professionals who work with children, have an obligation to report promptly to a children's aid society if they suspect that a child is or may be in need of protection.

- The Act defines the term "child in need of protection" and sets out what must be reported to a children's aid society. This definition (CFSA s.72(1)) is set out in detail on the following pages. It includes physical, sexual and emotional abuse, neglect and risk of harm.

This section summarizes reporting responsibilities under Ontario's *Child and Family Services Act*. It is not meant to give specific legal advice. If you have questions about a given situation, you should consult a lawyer or your local children's aid society.

Duty to Report

Responsibility to report a child in need of protection
CFSA s.72(1)

If a person has reasonable grounds to suspect that a child is or may be in need of protection, the person must promptly report the suspicion and the information upon which it is based to a children's aid society.

The situations that must be reported are listed in detail below.

Child and Family Services Act CFSA s.72(1)

Despite the provisions of any other Act, if a person, including a person who performs professional or official duties with respect to children, has reasonable grounds to suspect one of the following, that person shall forthwith report the suspicion and the information on which it is based to a society.

The child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's failure to adequately care for, provide for, supervise or protect the child, or pattern of neglect in caring for, providing for, supervising or protecting the child.

There is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's failure to adequately care for, provide for, supervising or protecting the child.

The child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child.

There is a risk that the child is likely to be sexually molested or sexually exploited as described in paragraph 3.

The child requires medical treatment to cure, prevent or alleviate physical harm or suffering and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent, to the treatment.

The child has suffered emotional harm, demonstrated by serious,

i. anxiety,
ii. depression,
iii. withdrawal,
iv. self-destructive or aggressive behaviour, or
v. delayed development,

and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.

The child has suffered emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm.

There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 resulting from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.

There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 and that the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm.

The child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the condition.

The child has been abandoned, the child's parent has died or is unavailable to exercise his or her custodial rights over the child and has not made adequate provision for the child's care and custody, or the child is in a residential placement and the parent refuses or is unable or unwilling to resume the child's care and custody.

The child is less than 12 years old and has killed or seriously injured another person or caused serious damage to another person's property, services or treatment are necessary to prevent a recurrence and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, those services or treatment.

The child is less than 12 years old and has on more than one occasion injured another person or caused loss or damage to another person's property, with the encouragement of the person having charge of the child or because of the person's failure or inability to supervise the child adequately.

Ongoing duty to report CFSA s.72(2)

The duty to report is an ongoing obligation. If a person has made a previous report about a child, and has additional reasonable grounds to suspect that a child is or may be in need of protection, that person must make a further report to a children's aid society.

Persons must report directly CFSA s.72(3)

The person who has the reasonable grounds to suspect that a child is or may be in need of protection must make the report directly to a children's aid society. The person must not rely on anyone else to report on his or her behalf.

What are "reasonable grounds to suspect?"

You do not need to be sure that a child is or may be in need of protection to make a report to a children's aid society. "Reasonable grounds" are what an average person, given his or her training, background and experience, exercising normal and honest judgment, would suspect.

Special responsibilities of professionals and officials, and penalty for failure to report CFSA s.72(4), (6.2)

Professional persons and officials have the same duty as any member of the public to report a suspicion that a child is in need of protection. The Act recognizes, however, that persons working closely with children have a special awareness of the signs of child abuse and neglect, and a particular responsibility to report their suspicions, and so makes it an offence to fail to report.

Any professional or official who fails to report a suspicion that a child is or may be in need of protection, where the information on which the suspicion is based was obtained in the course of his or her professional or official duties, is liable on conviction to a fine of up to $1,000.

Professionals affected CFSA s.72(5)

Persons who perform professional or official duties with respect to children include the following:

- health care professionals, including physicians, nurses, pharmacists and psychologists;
- teachers, and school principals;
- social workers and family counselors;
- priests, rabbis and other members of the clergy;
- operators or employees of day nurseries;
- youth and recreation workers;
- peace officers and coroners;
- solicitors;
- service providers and employees of service providers; and
- any other person who performs professional or official duties with respect to a child.

This list sets out examples only. If your work involves children but is not listed above, i.e. a volunteer or student, you may still be considered to be a professional for purposes of the duty to report. If you are not sure whether you may be considered to be a professional for purposes of the duty to report, contact your local children's aid society, professional association or regulatory body.

Professional confidentiality CFSA s.72(7), (8)

The professional's duty to report overrides the provisions of any other provincial statue, specifically, those provisions that would otherwise prohibit disclosure by the professional or official.

That is, the professional must report that a child is or may be in need of protection even when the information is supposed to be confidential or privileged. (The only exception for "privileged" information is in the relationship between a solicitor and a client).

Protection from liability CFSA s.72(7)

If a civil action is brought against a person who made a report, that person will be protected unless he or she acted maliciously or without reasonable grounds for his or her suspicion.

What will the children's aid society do?

Children's aid society workers have the responsibility and the authority to investigate allegations and to provide services to protect children.

A children's aid society worker may, as part of the investigation and plan to protect the child, involve the police and other community agencies.

Where to go for help

If you have concerns about a child, please call your local children's aid society **immediately**. All children aid societies have emergency service 24 hours a day, so you can call anytime.

For the United Counties of Stormont, Dundas and Glengarry and the City of Cornwall, contact the Children's Aid Society of SDG at 613-933-2292 or 1-866-939-9915.

Adapted with permission from the Ontario Association of Children's Aid Societies

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

0-3 months

- ❑ Cries and grunts; has different cries for different needs
- ❑ Makes a lot of "cooing" sounds (oohs and ahs)

4-6 months

- ❑ Plays with sounds (squeals, growls, gurgles, raspberries, maybe even speech sounds ex. ma, buh)
- ❑ Starts to imitate sounds (ba) and non-speech sounds (tongue clicks or coughing)
- ❑ Looks towards a sound source

7-12 months

- ❑ Babbles using different sounds
- ❑ "Performs" for social attention
- ❑ Waves hi/bye (emerging)
- ❑ Gives a few very familiar objects on verbal request
- ❑ Recognizes family members' names
- ❑ Understands "no"
- ❑ Says his/her first words
- ❑ Follows simple commands "come to mommy"; "sit down"

12-18 months

- ❑ Tries to copy your sounds
- ❑ Uses a vocabulary of a minimum of 10 (and up to 50) spoken words
- ❑ Shakes his/her head for "no"
- ❑ Will reach or point to something wanted while making a sound
- ❑ Understands simple directions or questions like "where is your nose?"
- ❑ Uses connected sounds (jargon) that sound like sentences in a foreign language

18 months-2 years

- ❑ Uses a variety of words
- ❑ Uses 50 to 250 words and combines 2 words
- ❑ Follows directions with 2 objects and one action
- ❑ Takes turns in a conversation
- ❑ Uses pronouns such as "me, mine, my, you"
- ❑ Uses negative forms such as "not" and "no" with another word

2-3 years

- ❑ Responds to simple questions
- ❑ Understands location words like in, on and under
- ❑ Identifies some objects by their functions
- ❑ Uses phrases with 2-3 words like "Want juice" or "Mommy go now"
- ❑ Uses 250 to 500 words; asks a lot of questions
- ❑ Uses plurals to indicate that there is more than one
- ❑ Follows longer 2-3 step commands
- ❑ Recites simple and familiar rhymes and songs

3-4 years

- ❑ Talks about what happened at a friend's house or at school
- ❑ Says most words right except perhaps r, th, s, ch, sh, j, l and v sounds
- ❑ Uses sentences with 4 or more words
- ❑ Asks "what", "where", "who" and "why" questions
- ❑ Uses past tense "-ed" correctly
- ❑ Is interested in and is able to listen to longer stories

4-5 years

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

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

- Stumbling or getting stuck on words or sounds (stuttering)
- Ongoing hoarse voice
- Excessive drooling
- Problems with swallowing or chewing, or eating foods with certain textures (gagging). See also Feeding and Swallowing section
- By age 2½, a child's words are not understood except by family members
- Lack of eye contact, poor social skills and play skills for age
- Frustrated when verbally communicating
- History of chronic ear infections
- Risk history or diagnosis such as: cerebral palsy, cleft lip and/or palate, syndrome, etc.

WHERE TO GO FOR HELP

If there are concerns, advise the parent to contact the Eastern Ontario Health Unit "Words in Bloom" Preschool Speech & Language Program at 613-933-1375 or 1-800-267-7120 or visit the website at www.eohu.ca. For a list of private Speech and Language Pathologists, visit www.osla.on.ca or call the Ontario Association of Speech- Language Pathologists and Audiologists at 1-877-740-6009.

Adapted by the Speech-Language Pathologists of the Eastern Ontario Health Unit and the Ottawa Children's Treatment Centre from materials developed by Simcoe County Health Unit in collaboration with Simcoe County and York Region Professionals.

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

0-3 months

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

4-6 months

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

6-8 months

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

9-12 months

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

12-18 months

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

18 months

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

2 years

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

WHERE TO GO FOR HELP

For self-feeding, see Fine Motor Skills Section. For nutritional concerns, see Nutrition Section.
If there are any concerns about feeding and swallowing, contact the Ottawa Children's Treatment Centre at 1-800-565-4839.

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

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

By 6 months

- ❑ Turns to source of sounds
- ❑ Startles in response to sudden, loud noises
- ❑ Makes different cries for different needs - I'm hungry, I'm tired
- ❑ Watches your face as you talk
- ❑ Smiles and laughs in response to your smiles and laughs
- ❑ Imitates coughs or other sounds - 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 - babababa, duhduhduh

By 12 months

- ❑ Follows simple one-step directions - "sit down"
- ❑ Looks across the room to something you point to
- ❑ Consistently uses three to five words
- ❑ Uses gestures to communicate - waves "bye bye", shakes head "no"
- ❑ Gets your attention using sounds, gestures and pointing while looking at your eyes
- ❑ Brings you toys to show you
- ❑ "Performs" for attention and praise
- ❑ Combines lots of sounds as though talking - abada bbaduh abee
- ❑ Shows 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
- ❑ Uses at least 20 words consistently
- ❑ Responds with words or gestures to simple questions - "Where's teddy?", "What's that?"
- ❑ Demonstrates some pretend play with toys - gives teddy a drink, pretends a bowl is a hat
- ❑ Makes at least four different consonant sounds - p, b, m, n, d, g, w, h
- ❑ Enjoys being read to and looking a simple books with you
- ❑ Points to pictures using one finger

By 24 months

- ❑ Follows two-step directions - "Go find your teddy bear and show it to Grandma"
- ❑ Uses 100 to 150 words
- ❑ Uses at least two pronouns - "you", "me", "mine"
- ❑ Consistently combines two to four words in short phrases - "daddy hat", "truck go down"
- ❑ Enjoys being with other children
- ❑ Begins to offer toys to peers and imitates other children's actions and words
- ❑ People can understand his/her words 50 to 60 per cent of the time
- ❑ Forms words and sounds easily and effortlessly
- ❑ 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 - "two cookies", "bird flying", I jumped"

- Uses more than 350 words
- Uses action words - run, spill, fall
- Begins taking short turns with other children, using both toys and words
- Shows concern when another child is hurt or sad
- Combines several actions in play - feeds doll then puts her to sleep; puts blocks in train then drives train and drops blocks off
- Puts sounds at the start of most words
- Produces words with two or more syllables or beats - "ba-na-na", "com-pu-ter", "a-pple"
- Recognizes familiar logos and signs - McDonalds golden arches, stop sign
- Remembers and understands familiar stories

WHERE TO GO FOR HELP

Hearing and Speech go together. A problem with one could mean a problem with the other. For a hearing assessment, advise the parent to contact the family doctor for a referral to an audiologist. Up to 24 months of age, contact the Infant Hearing Program at 1-866-432-7447.

Developed by Ontario Ministry of Children and Youth Services, Infant Hearing Program

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
- ❑ Begins to look at hands, food and bottle

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 or 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 toward a 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 or climbing

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 with you by three months of age
- ❑ Does not watch or follow an object with the eyes by three months of age
- ❑ Haziness or whitish appearance inside the pupil
- ❑ Frequent “wiggling”, “drifting” or “jerky” eye movements
- ❑ Misalignment between 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

WHERE TO GO FOR HELP

If there are any concerns about a child’s vision, advise the parent to arrange for a vision test with an optometrist, or contact the family physician who can refer to an ophthalmologist. Remember, a visit to an optometrist is covered by OHIP every two years.

Developed by Ontario Ministry of Children and Youth Services, Blind Low Vision Early Intervention Program

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 side to side to follow a toy or an adult face
- ❑ Brings hands to midline while lying on back
- ❑ Starts to reach for a toy

By 6 months

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

By 9 months

- ❑ Picks up small items using thumb and first finger
- ❑ Passes an object from one hand to the other
- ❑ Releases objects voluntarily
- ❑ Plays pat-a-cake

By 12 months

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

By 18 months

- ❑ Helps with dressing by pulling out arms and legs
- ❑ Stacks two or more blocks (up to 4 blocks)
- ❑ Scribbles with crayons
- ❑ Eats foods without coughing or choking

By 2 years

- ❑ Takes off own shoes, socks or hat
- ❑ Stacks five or more blocks
- ❑ Eats with a spoon with little spilling
- ❑ Turns pages of a book individually

By 3 years

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

By 4 years

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

By 5 years

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

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

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

WHERE TO GO FOR HELP

If there are concerns, advise the parent to contact their family physician, the S.D.& G. Developmental Services Centre at 613-937-3072 or 1-800-267-1724 or the Ottawa Children's Treatment Centre at 1-800-565-4839, or a private occupational therapist (not covered by OHIP).

For school-aged children, the family or physician may contact the Community Care Access Centre at 613-936-1171.

Adapted by S.D.& G. Developmental Services Centre from materials developed by members of the Paediatric Working Group, Occupational Therapists and Physiotherapists, Orillia Soldiers' Memorial Hospital and Royal Victoria Hospital.

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

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

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

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

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

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

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

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

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

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

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

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

- ❑ Baby is unable to hold head in the middle to turn and look left and right
- ❑ Unable to walk with heels down four months after starting to walk
- ❑ Asymmetry (i.e. a difference between two sides of body; or body too stiff or too floppy)

WHERE TO GO FOR HELP

If there are concerns, advise the parent to contact their family physician, or the S.D.& G. Developmental Services Centre at 613-937-3072 or 1-800-267-1724 or the Ottawa Children's Treatment Centre at 1-800-565-4839 or a private physiotherapist (not covered by OHIP).

For school-aged children, the family or physician may contact the Community Care Access Centre at 613-936-1171.

Developed by members of the Paediatric Working Group, Occupational Therapists and Physiotherapists, Orillia Soldiers' Memorial Hospital and Royal Victoria Hospital.

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

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

Auditory

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

Visual

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

Taste/Smell

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

Movement and Body Position

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

Touch

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

Activity Level

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

Emotional/Social

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

WHERE TO GO FOR HELP

If there are concerns, advise the parent to contact the Ottawa Children's Treatment Centre at 1-800-565-4839 or the family physician for a referral to a developmental pediatrician or a private occupational therapist (not covered by OHIP).

For school-aged children, the family or family physician may contact the Community Care Access Centre at 613-936-1171.

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

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

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

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

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

Cautionary Note: All behaviours should be considered in the context of the situations.

WHERE TO GO FOR HELP

If there are concerns, advise the parent to contact a Children's Mental Health Program for 0-6 at the Cornwall Community Hospital/Child and Youth Counselling Services at 613-932-1558 or l'Équipe psycho-sociale pour enfants & adolescents francophones SDG at 613-938-7112. Contact the Eastern Ontario Health Unit at 1-800-267-7120 for a referral to the Healthy Babies, Healthy Children Program. If the infant has special needs, contact S.D.& G. Developmental Services Centre at 613-937-3072 or 1-800-267-1724 or the Ottawa Children's Treatment Centre at 1-800-565-4839. For more information on attachment, visit the Infant Mental Health Promotion Project website at www.sickkids.on.ca/imp or www.brocku.ca/teacherresource/ABC/

Adapted by S.D.& G. Developmental Services Centre and Cornwall Community Hospital/Child and Youth Counselling Services from materials developed by New Path Youth & Family Services.

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

0-8 months

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

8-18 months

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

18 months – 3 years

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

3–5 years

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

WHERE TO GO FOR HELP

If there are concerns, advise the parent to contact a children's mental health professional for further discussion at the Cornwall Community Hospital/Child and Youth Counselling Services at 613-932-1558 or l'Équipe psycho-sociale pour enfants & adolescents francophones SDG at 613-938-7112. Contact the Eastern Ontario Health Unit at 1-800-267-7120 for a referral to the Healthy Babies, Healthy Children Program. If the child has special needs, contact S.D.& G. Developmental Services Centre at 613-937-3072 or 1-800-267-1724 or the Ottawa Children's Treatment Centre at 1-800-565-4839.

* Contact Children's Aid Society of SDG at 613-933-2292 or 1-866-939-9915 if there are concerns about child protection.

Adapted from materials developed by New Path Youth and Family Services.

Family/Environmental Stressors

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

Parental Factors

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

Social/Family Factors

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

Economic Factors

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

WHERE TO GO FOR HELP

The family physician or pediatrician is an important contact for all health issues. If families indicate that they are stressed by one or more of the red flags, family assessments are available through the Healthy Babies, Healthy Children Program at 1-800-267-7120, the Family Counselling Centre at 613-932-4610, the Cornwall Community Hospital/Child and Youth Counselling Services at 613-932-1558, l'Équipe psycho-sociale pour enfants & adolescents francophones SDG at 613-938-7112 or private counselling services. If the child has special needs, contact S.D.& G. Developmental Services Centre at 613-937-3072 or 1-800-267-1724 or the Ottawa Children's Treatment Centre at 1-800-565-4839.

* Contact Children's Aid Society of SDG at 613-933-2292 or 1-866-939-9915 if there are concerns about child protection.

Adapted from "A Curriculum for Training Public Health Nurses Conducting Postpartum Home Visits", Invest in Kids, 2000 and Cornwall Community Hospital/Child and Youth Counselling Services.

ABUSE

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

If there are suspicions, you are legally obligated to consult or report to the Children's Aid Society of SDG at 613-933-2292 or 1-866-939-9915. Professionals must also report any incidence of a child witnessing family violence. For related medical issues, contact the family physician or pediatrician. Acute injuries may require that the child be taken to the emergency department at the closest hospital.

POSSIBLE INDICATORS OF NEGLECT

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

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

These indicators of NEGLECT have been used with the permission of Children's Aid Society of SDG.

POSSIBLE INDICATORS OF PHYSICAL ABUSE *

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

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

These indicators of PHYSICAL ABUSE have been used with the permission of Children's Aid Society of SDG.

POSSIBLE INDICATORS OF SEXUAL ABUSE *

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

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

These indicators of SEXUAL ABUSE have been used with the permission of Children's Aid Society of SDG.

POSSIBLE INDICATORS OF EMOTIONAL ABUSE *

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

These indicators of EMOTIONAL ABUSE have been used with the permission of Children's Aid Society of SDG.

POSSIBLE INDICATORS OF WITNESSING FAMILY VIOLENCE *

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

These indicators of WITNESSING VIOLENCE have been used with the permission of Children's Aid Society of SDG.

Fetal Alcohol Spectrum Disorder

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

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

Infants

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

Toddlers and Preschoolers

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

JK/SK

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

WHERE TO GO FOR HELP

If there are concerns, advise parents to contact their physician for referral to the appropriate specialist.

If the child has special needs, contact S.D.& G. Developmental Services Centre at 613-937-3072 or 1-800-267-1724 or the Ottawa Children's Treatment Centre at 1-800-565-4839.

For more information on FASD, see Best Start: www.beststart.org or Health Canada: www.hc-sc-gc.ca/hecs-sesc/cds.pdf/BestpracticesEnglishclosed.pdf]

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

Prolonged exposure of teeth to fermentable carbohydrates

- ❑ Through the use of bottle, breast, sippee cups, plastic bottles with straws
- ❑ High sugar consumption in infancy
- ❑ Sweetened pacifiers
- ❑ Long term sweetened medication
- ❑ Going to sleep with a bottle containing anything but water (includes formula, juice, milk and breast milk)
- ❑ Prolonged use of a bottle beyond one year
- ❑ Breastfeeding or bottle feeding without cleaning teeth
- ❑ Frequent/continuous snacking or grazing

Physiological Factors

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

Other Risk Factors

- ❑ Poor oral health status of parent
- ❑ Poor oral hygiene
- ❑ Sibling history of early childhood tooth decay
- ❑ Lack of education of caregivers
- ❑ Lower socioeconomic status
- ❑ Limited access to dental care
- ❑ Deficits in parenting skills and child management
- ❑ Special health care needs
- ❑ Psychological factors, such as depression or anxiety, that may interfere with oral care
- ❑ Attitudes and beliefs regarding oral health (eg. "They are just baby teeth.")

WHERE TO GO FOR HELP

Advise parents that their children may be eligible for the Children in Need of Treatment (CINOT) Program. They can contact their dentist or Dental Services at the Eastern Ontario Health Unit at 613-933-1375 or 1-800-267-7120 or visit the website at www.eohu.ca. The Health Unit also offers parenting education or referral to the Healthy Babies, Healthy Children Program.

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

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

Adapted by the Dental Hygienist of the Eastern Ontario Health Unit from materials created by Public Health Dental Services in York Region and Simcoe County.

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

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

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

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

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

WHERE TO GO FOR HELP

If there are health concerns, advise the woman /family to contact her physician. For referral to the *Healthy Babies, Healthy Children* Program, contact the Healthline at the Eastern Ontario Health Unit at 613-933-1375 or 1-800-267-7120. Contact * Children's Aid Society at 1-613-932-3986 if the child's safety is a concern. For crisis intervention, call the Crisis Line at 1-866-996-0991.

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

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

0-3 months

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

4-6 months

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

6-9 months

- ❑ Cow's milk is being given instead of breast milk or iron fortified infant formula
- ❑ Drinking more than 4 oz (1/2 cup) per day of fruit juice
- ❑ Iron-containing foods have not been introduced by 7 months
- ❑ Infant is not eating willingly or parents imply that they force-feed
- ❑ Unsafe foods are given (e.g. honey, egg whites, herbal teas, coffee, tea)
- ❑ Drinking any fruit drink or soft drink

9-12 months

- ❑ If receiving cow's milk, a low-fat version (2%, 1%, or skim) is given
- ❑ Drinking more than 4 oz (1/2 cup) per day of fruit juice
- ❑ Drinks juice in a bottle or a transportable covered cup that allows the baby to consume juice easily throughout the day
- ❑ Drinking any fruit drink or soft drink
- ❑ Refuses mashed or chopped foods
- ❑ Infant is not supervised during feeding
- ❑ Unsafe foods are given (e.g. honey, egg whites, herbal teas, coffee, tea)

1-2 Years

- ❑ Drinking less than 16 oz (2 cups) or more than 24 oz (3 cups) of milk per day
- ❑ Drinking more than 4-6 oz (1/2 – ¾ cup) per day of fruit juice
- ❑ Not eating a variety of table foods
- ❑ Consistently refuses lumpy or textured foods
- ❑ Parent or caregiver still feeding child; not allowing child to self-feed (finger, spoon, cup)
- ❑ Drinking liquids primarily from a baby bottle
- ❑ A low fat cow's milk is provided before the age of 2
- ❑ Food is used as a reward or punishment
- ❑ Parents not recognizing and responding to the child's verbal and non-verbal hunger cues
- ❑ Child is not supervised during feeding
- ❑ Child "grazes" on food all day

2-5 Years

- ❑ Drinking less than 16 oz (2 cups) or more than 24 oz (3 cups) of milk per day
- ❑ Drinking more than 4-6 oz (1/2 – 3/4 cup) per day of fruit juice
- ❑ Still drinking from a bottle; still being spoon-fed
- ❑ Not eating a variety of table foods from the four food groups
- ❑ Does not eat at regular times throughout the day (breakfast, lunch, and supper plus 2-3 between meal snacks)
- ❑ Parent not allowing the child to decide how much to eat
- ❑ Parents are using a highly restrictive approach to feeding
- ❑ Child "grazes" on food all day

- ❑ Spending a long time at meals, (e.g. an hour)
- ❑ Lack of physical activity (e.g. watches TV or videos, uses the computer, plays video games more than 5 hours per day)
- ❑ Food is used as a reward or punishment

General Risk Factors

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

WHERE TO GO FOR HELP

To find a consulting registered dietitian in your area, visit
www.dietitians.ca/public/content/find_a_nutrition_professional/find_a_dietitian.asp

If there are any concerns, advise the parent to call the family physician or paediatrician.

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

For more information on nutrition, visit www.caringforkids.cps.ca/healthybodies/index.htm
Eastern Ontario Health Unit Services can be visited at www.eohu.ca

Visit www.eatrightontario.ca or call 1-877-510-5102 to speak to a Registered Dietitian.

Developed by Public Health Nutritionists and Dietitians from York Region Health Services. Reviewed and adapted by Dietitians from Eastern Ontario Health Unit.

Early or emergent literacy refers to the set of skills that children will use to learn to read, write and communicate. Early literacy begins prenatally and combines a child's ability to speak, to listen, to experience, to understand and to talk about the events and experiences in their world. Early literacy skills evolve in relation to a child's interaction with their family and community environment.

Literacy & Numeracy

By 3 months

- Shows interest in contrast between light and dark
- Makes eye contact with pictures in book
- Looks intensely at pictures for several minutes

By 6 months

- Enjoys music, songs and rhymes
- Reaches for and explores books with hands and mouth
- Sits on lap and holds head up steadily
- Shows preference for photographs of faces
- Uses both hands to manipulate the book to make the pages open and close

By 12 months

- Shows interest in looking at books
- Holds book with help
- Tries to turn several pages at a time
- Looks at pictures, vocalizes and pats picture
- Sits up without support
- Plays social games with you (e.g. peek a boo)

By 18 months

- Points at pictures with one finger
- Enjoys tickle, bounce and nursery rhymes
- Identifies pictures in a book (e.g., Show me the baby)
- Able to carry book and turn pages well
- Holds a crayon or pencil in fist and marks paper, scribbles
- Labels a particular picture with a specific sound
- Enjoys being read to and enjoys looking at books
- Relates an object or an action in a book to the real world

By 2 years

- Asks for favourite books to be read over and over again
- Pretends to read
- Names familiar pictures
- Scribbles
- Holds books the right way up and turns pages easily, one at a time
- Relates events in books to his/her own past experiences
- Notices print rather than just the pictures
- Can join in and recite phrases

By 30 months

- Produces words with two or more syllables or beats: ba-na-na, comu-ter
- Recognizes familiar logos and signs - (e.g., stop sign)
- Remembers and understands familiar stories

By 3 years

- Sings simple songs and familiar rhymes
- Pretends to read familiar books aloud
- Knows how to use a book (holds/turns pages one at a time, starts at beginning, points/talks about pictures)
- Looks carefully and makes comments about books
- Fills in missing words/phrases in familiar books that are read aloud
- Holds a pencil/crayon with pincer grasp and uses it to draw/scribble
- Imitates writing with linear scribbles
- Copies a circle, vertical and horizontal lines when shown
- Talks about past events
- Tells simple stories
- Engages in multi step pretend play – cooking a meal, repairing a car
- Is aware of the functions of print – in menus, signs
- Has a beginning interest in, and awareness of, rhyming
- Understands that print carries a message
- Shows ability to participate in routines

By 4 ½ years

- Tells stories with clear beginning, middle and end
- Matches some letters with their sounds (e.g., Letter "t" says tuh)
- Recites nursery rhymes and sings familiar songs
- Reads a book by memory or by making up the story to go along with the pictures
- Can guess what will happen next in the story
- Retells some details of stories read aloud but not necessarily in order
- Traces circle, triangle, square using templates
- Recognizes signs and symbols in daily environment (e.g., traffic signs, washroom signs)
- Holds a pencil correctly
- Identifies the names of 10 alphabet letters (likely from own name)
- Understands the concept of rhyme; recognizes and generates rhyming words
- Changes a sound in a word to make a new word in familiar games and songs
- Enjoys being read to
- Is motivated to try to read

By 5 ½ years

- Can match all letter symbols to letter sounds
- Reads some familiar vocabulary by sight (high frequency words)
- Can label pictures quickly
- Knows parts of a book
- Understands the basic concepts of print (difference between letters, words, sentences, how the text runs from left to right, top to bottom, white space between words)
- Knowledge of the basic concepts of print shows in child's writing (letters instead of scribbles, letter groupings that look like words, invented spelling)
- Points to and says the name of most letters of the alphabet when randomly presented (upper and lower case); recognizes how many words are in a sentence
- Prints letters (by copying, or in her full name, or when attempting to spell words)
- Makes predictions about stories; retells the beginning, middle and end of familiar stories
- Can recall a brief story that has just been heard
- When being read a story, connects information and events to real life experiences
- Can identify the beginning and ending sounds in words e.g., "Pop" starts with the "puh" sound
- Can shift attention from meanings of words to sounds of words
- Draws diagonal lines and simple shapes
- Able to sort objects by size, colour, use, etc.
- Able to understand simple patterning
- One to one correspondence for numbers from 1 through 10

See also Speech & Language
Speech and language difficulties are often associated with weak literacy skills.

Note: Low literacy level of parents is also a risk factor for literacy development.

WHERE TO GO FOR HELP

If there are concerns, advise the parents to contact: Early Literacy Specialists through the Ontario Early Years Centres at 613-930-9211 or 1-866-996-0499 or talk to the Kindergarten teacher at school.

Developed by the Ontario Early Literacy Specialist serving the Stormont, Dundas & Glengarry, Prescott-Russell Region.

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

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

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

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

WHERE TO GO FOR HELP

For social-emotional concerns, advise the parent to contact a 0-6 Children's Mental Health Program (Cornwall Community Hospital/Child and Youth Counselling Services at 613-932-1558 or l'Équipe psycho-sociale pour enfants & adolescents francophones SDG at 613-938-7112) or consult a family physician or pediatrician. If there are concerns about behaviour in conjunction with a developmental delay, advise the parent to contact the S.D.& G. Developmental Services Centre at 613-937-3072 or 1-800-267-1724. If there are concerns about autism, refer to the Autism Spectrum Disorders Section.
* Contact Children's Aid Society of SDG at 613-933-2292 or 1-866-939-9915 if there are concerns about child protection.

Autism Spectrum Disorder

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

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

Social Concerns

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

Communication Concerns

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

Behavioural Concerns

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

WHERE TO GO FOR HELP

If there are any concerns, advise the parent to contact their family physician or the Ottawa Children's Treatment Centre at 1-800-565-4839. The Cornwall Community Hospital/Child and Youth Counselling Services can be contacted at 613-932-1558 if there is a diagnosis of Aspergers Syndrome.

If there is suspicion that the child has developmental delays, contact S.D.& G. Developmental Services Centre at 613-937-3072 or 1-800-267-1724 For more information about autism, visit the Geneva Centre for Autism at www.autism.net , or Improving the Odds: Healthy Child Development (Appendix K and L: Checklist for Autism in Toddlers (CHAT) at www.beststart.org/resources . Refer also to the Red Flags sections on Speech and Language and Behaviour. Further information can also be found on the Autism Society Ontario website at www.autismontario.com and the Upper Canada District Chapter's website at www.geocities.com/autismcornwall.

Adapted by Dr. Nicola Jones-Stokreef, MD, FRCP (C) from a presentation by A. Perry, Ph.D. and R.A. Condillac, M.A.

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

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

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

WHERE TO GO FOR HELP

If there are any concerns, the family can contact ~~your~~ their family physician who can refer to the CHEO/ROMHC SDG Mental Health Services. A referral can also be made to the Cornwall Community Hospital/Child and Youth Counselling Services at 613-932-1558 or l'Équipe psycho-sociale pour enfants & adolescents francophones SDG at 613-938-7112.

If a child has special needs, contact the S.D.& G. Developmental Services Centre at 613-937-3072 or 1-800-267-1724.

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

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

Learning disabilities are related to difficulties in processing information:

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

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

Preschool

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

WHERE TO GO FOR HELP

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

For more information, contact the Cornwall Community Hospital/Child and Youth Counselling Services at 613-932-1558, l'Équipe psycho-sociale pour enfants & adolescents francophones SDG at 613-938-7112 or the family can contact ~~your~~ their family physician who can refer to the CHEO/ROMHC SDG Mental Health Services.

For school-aged children, ask the family to contact the school principal for a referral to their school psychologist.

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

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

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

Physical

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

Cognitive Impairments

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

Behavioural/Emotional (Severe)

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

WHERE TO GO FOR HELP

If a parent reports changes in their child's behaviour, advise them to contact their family physician or pediatrician for a medical assessment and referral to the appropriate specialist or to take the child to the nearest hospital.

Reviewed by Bloorview MacMillan Children's Centre and the York Region Head Injury Support Group.

SDG REGION CONTACTS

Services	Phone Number	Description
Addiction Services of Eastern Ontario	613-936-9236 1-800-272-1937	www.dart.on.ca **Mother Connection Program:** This program provides treatment to women who are pregnant or mothers of children under the age of 6 with substance abuse youth concerns.
Canadian Nation Institute for the Blind (CNIB) Early Intervention Program	613-936-2300 613-563-4021	www.cnib.ca The CNIB Early Intervention Program responds to the needs of visually impaired and blind children from birth to the child's seventh birthday. Intensive service is provided through the early years to assist families in helping their child reach his/her fullest potential. After the child turns seven, CNIB continues to provide a full range of services including Rehabilitation Teaching and Orientation and Mobility instruction within the child's home and community.
Centre de santé communautaire de l'Estrie	613-937-2683	www.cscestrie.on.ca Offers physical, mental and community health services to French speaking individuals. Services are delivered by a multi-disciplinary team of health professionals: physicians, nurse practitioners, nurses, dieticians, mental health counsellors, health promoter and community outreach coordinator. Branch offices in Cornwall, Alexandria and Crysler.
Centre York Centre	613-933-1253	**Centre York Centre** A supervised access centre, which offers, separated and divorced families experiencing difficulties, a safe setting where visits and exchanges can take place without the children witnessing conflicts between parties. Centre York Centre will provide a safe, neutral and child-focused setting for visits with a child and non-custodial parent and/or the other family members. **Visits:** To provide a safe and non-threatening, child-focused neutral environment for access parents or other family members, to visit with, or exchange their children. **Exchanges:** To provide a safe drop-off or exchange point where children may be transferred between a custodial parent or other relative, and the access parent.
Champlain Community Care Access Centre (CCAC)	1-800-267-0852	www.champlain.ccac-ont.ca Provides health care and personal support to enable people to live independently at home in a safe environment. Provides School Health Support Services (nursing, dietician, social work, Speech & Language, Physio and Occupational Therapy).

SDG REGION CONTACTS

Services	Phone Number	Description
Children's Aid Society of the United counties of Stormont, Dundas and Glengarry	1-866-939-9915 613- 933-2292	www.cwcas.ca Child Protection: mandated responsibility to protect children from abuse and neglect. Ensures child safety while promoting safe and healthy development of children in their families and community. Offers support through specialized programs and family intervention.
Children's Hospital of Eastern Ontario Autism Intervention Program	1 877 542-2294 613-745-5963	www.cheo.on.ca Working with families to optimize the potential of children with autism in Eastern Ontario.
Community Living Stormont County, Early Childhood Integration Support Services	613-938-9550	www.communitylivingstormontcounty.ca A family centred support system which integrates children who have a special need or who may be developmentally "at risk" in licensed child care settings.
Cornwall Community Hospital	613-932-1558	www.cornwallhospital.ca **Child and Youth Counselling Services** Range of children and youth mental health services from birth-18th birthday for Anglophone children and their families. Services include office based, in home and in school supports. Services are provided by an interdisciplinary team. Satellite office in Winchester.
	1-888-286-5437 613-938-9909	www.ementalhealth.ca **Single Point Access** Assessment, information and referral for services for children, youth and their families. Directory of services is available on www.ementalhealth.ca; Bilingual services for youth up to their 18th birthday. Satellite offices in Winchester and Alexandria
Eastern Ontario Health Unit	1-800-267-7120 613-933-1375	www.eohu.ca **Healthy Babies, Healthy Children (HBHC):** A prevention/early intervention initiative designed to give all families the information and support they need to give their children (0-6 years) 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. are at high risk). HBHC includes both universal (screening and assessment) and targeted services (in-depth family assessment, blended model of public health nurse and family visitor home visiting, and service coordination).
		www.eohu.ca **Nutrition Services**: Provides nutrition resources such as pamphlets and handouts on feeding infants and young children. Offers presentations, workshops and programs such as Baby Talks and Collective kitchens on a variety of child feeding issues and topics. Directs callers to appropriate nutrition services.

SDG REGION CONTACTS

Services	Phone Number	Description
Eastern Ontario Health Unit	1-800-267-7120 613-933-1375	www.eohu.ca **Dental Services**: The **Children in Need of Treatment** (CINOT) program offers financial assistance for the dental treatment of children who have been screened by Health Unit dental hygienists. Eligibility to this program is determined by the child's age, oral health, and financial need. For more information, call **613-933-1375** or **1 800 267-7120** and ask for the Health Line.
		www.eohu.ca **Preschool Speech & Language**: Children will learn to talk by imitating others, but what if the child is not developing his communication skills as fast as he/she should? **Words in Bloom** is a speech and language development program for children up to the age of five. Speech and language pathologists will work with the child to improve his/her communication skills. Early detection of a speech or language development problem is often the key to successful treatment. The sooner a child's delays are corrected, the sooner he/she can meet their age-appropriate milestones. For more information about this program or to refer a child for services, call **613-933-1375** or **1 800 267-7120** and ask for the Health Line.
Équipe psycho-sociale pour enfants et adolescents	613- 938-7112	**L'Équipe psycho-sociale** offers a wide variety of counselling and workshops in mental health for children and adolescents and their parents.
	613-938-2000	**Partir d'un bon pas** A primary prevention program which offers 3 different programs to French speaking families. A school enrichment and breakfast program in 4 regional francophone schools. A family support program offering various workshops for parents with children ages 0 to 5. A partnership program to support various activities in the community.
Family Counselling Centre of Cornwall and United Counties	613-932-4610	www.familycounsellingcentre.ca **Creative Coping For Kids** – An eight (8) week program with small groups that run at the same time for mom and her child(ren). It is a response to an identified need to assist children and moms who have experienced family violence.
		www.familycounsellingcentre.ca **Child's Group** To support children as they heal from their experience of seeing mom being abused; to help children to understand that what has happened to their mothers is not their fault or their responsibility; to help children to feel good about themselves; to show children that they are not alone by connecting them with other children who have similar experiences; to provide children with better ways to deal with their angry feelings and show them that anger is okay but abuse and violence is not; to help children learn conflict resolution skills; to help children develop safety skills and a safety plan.

SDG REGION CONTACTS

Services	Phone Number	Description
Family Counselling Centre of Cornwall and United Counties	613-932-4610	www.familycounsellingcentre.ca **Mom's Group**: To help mothers to understand the impact of abuse and learn skills, which help them to help their children heal. To support mothers as they gain confidence in their parenting skills around managing behaviour and promoting positive feelings of self worth in their children. To help mothers to connect with others to break the isolation of abuse.
		www.familycounsellingcentre.ca **Individual / Couple / Family Counselling:** Provides counselling to individuals, couples, parents, and families for the purpose of alleviating problem situations and encouraging positive personal growth. Issues may include relationships, separation, divorce, grief, parenting, balancing work and family, personal and or job stress. Also offers Adult, Teen and Children Educational Workshops.
Ontario Early Years Centre Stormont, Dundas and Glengarry Cornwall Main Site Winchester Neighbourhood Site Morrisburg Neighbourhood Site Williamstown Neighbourhood Site Alexandria Neighbourhood Site	1-866-996-0499 613-930-9211 613-774-5487 613-543-4114 613-525-3163 613-525-3163	www.earlyyear.ca The Ontario Early Year Centres offers: • Early learning and literacy programs for parents and their children; • Programs to support parents and caregivers in all aspects of early childhood development, e.g., programs on nutrition and health; • Information and training for new parents about pregnancy and parenting; • Information about other early years programs in the community that ensure children have the best start in life; • Toy and resource lending for parents/caregivers and professionals; • Special needs resource lending library.
Ottawa Children's Treatment Centre	Intake: 1-800-565-4839 Cornwall site 613-932-2327 1-866-558-2327	www.octc.ca The Ottawa Children's Treatment Centre (OCTC) provides specialized care for those with multiple physical and developmental needs, focusing on our Region's children, and youth. Specializes in family centered rehabilitation, specialized assessments, and provides education, research and advocacy. We exemplify community partnership, maximizing integration and independence for clients and their families.

SDG REGION CONTACTS

Services	Phone Number	Description
Pinecrest –Queensway Community Health Centre	1-866-432-7447 613-688-3979 fax: 613-820-7427	www.firstwords.ca **Infant Hearing Program** Services provided to children from birth to entry to Grade 1. Screening of hearing of all newborn babies (in hospital or community setting). Audiology assessment. Hearing aid evaluation and communication development (sign language instruction, auditory verbal therapy or speech-language pathology therapy). Family Support Worker case coordination available. **Ontario's Blind - Low Vision Early Intervention Program** (BLV) for children who are born blind or with low vision and their families; from birth to Grade 1. Children with a diagnosis of blindness or low-vision and their families are eligible to receive services of a family support worker, early intervention services, child care consultation and transition to school.
S.D.& G. Developmental Services Centre	1-800-267-1724 613- 937-3072	www.developmentalservices.ca Our Mission is to provide specialized services and information in both English and French to: • Children and adults facing developmental challenges • Children at risk of developmental delay • Children with physical challenges • Caregivers, families, agencies and the general public within the counties of Stormont, Dundas, Glengarry, The City of Cornwall and Cornwall Island. Services offered • Infant and Child Development • Child and Adolescent Services Program (case management, link to services etc...) • Clinical Services(psychological assessment, consultation, counselling and therapy) • Respite Services (in-home, out-of-home, Autism, residential etc...) • Occupational Therapy(children 0-5 yrs)