

May 2012

A Quick Reference Guide for Early Years Professionals

Early Identification in Durham Region

Red Flags

For Infant, Toddler and Preschool Children

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

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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 life¹.

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 Screen²) or Ages and Stages Questionnaire (ASQ). Red Flags outlines a range of functional indicators or domains commonly used to monitor healthy child development, as well as potential problem areas for child development. It is intended to assist in the determination of when and where to refer for additional advice, formal assessment and/or treatment.

Who Should Use “Red Flags”

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

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- 1 Early Years Study, Reversing the Real Brain Drain, Hon. Margaret McCain and Fraser Mustard, April, 1999.
 - 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 Durham Region, copies of Nipissing District Developmental Screens can be obtained from Durham Health Connection Line at 1-800-841-2729 or are available for free to parents at www.ndds.ca. Parents are encouraged to call Durham Health Connection Line if 2 or more items are checked ‘No’. A Public Health Nurse will review the results of the screen and suggest next steps. It is particularly important for a screen to be reviewed by a professional if a ‘No’ is identified. For more information about Nipissing District Developmental Screens, go to: www.ndds.ca.

How to Use this Document

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

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

- Use “Red Flags” in conjunction with a screening tool, such as Nipissing District Developmental Screens or Ages Stages Questionnaire (ASQ) to review developmental milestones and problem signs in a particular domain or indicator. Some information is cross-referenced to other domains, such as speech with hearing, to assist the screener in pursuing questions or ‘gut feelings’.
- If children are not exhibiting the milestones for their age, further investigation is needed. If using Nipissing District Developmental Screens, remember that the Screens are age-adjusted; therefore the skills in each screen are expected to be mastered by most children at the age shown. If there are two or more “No” responses, refer to a professional for assessment.
- When “Red Flags” are marked with an asterisk (*), please remember that there is a **“duty to report”** to the Children’s Aid Society (Child & Family Services Act, 1990, amended 2002).
- Refer for further assessment even if you are uncertain if the flags noted are a reflection of a cultural variation or a real concern.
- Note that some of the indicators focus on the parent/caregiver, or the interaction between the parent and the child, rather than solely on the child.
- Contact information is indicated at the end of each heading, and summarized at the end of this document.
- If a child appears to have multiple domains requiring formal investigation by several disciplines, screeners are encouraged to refer to the agencies that can coordinate a collaborative and comprehensive assessment process.
- For additional assistance in the area of referral, developmental programming, developmental assessment, resource information and service coordination, families may contact Infant and Child Development Services Durham (for children 0-6 years) at (905) 668-7711 or 1-800-841-2729 or Resources for Exceptional Children (for children 2-12 years) at (905) 427-8862 or 1-800-968-0066.
- If referrals are made to private sector agencies, alert families that **fees will not be funded by OHIP.**

How to Talk to Parents about Sensitive Issues

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

- Be sensitive to a parent/caregiver's readiness for information. If you give too much information when people aren't ready, they may feel overwhelmed or inadequate. You might start by probing how they feel their child is progressing. Some parents/caregivers have concerns but just have not yet expressed them. Having a parent use a tool such as the Nipissing District Developmental Screen may help open the way for discussion. It may help to specify that the screening tool is something given to many parents to help them look at their child's development more easily and to learn about new activities that encourage growth and development.
- Be sure to value the parent/caregiver's knowledge. The ultimate decision about what to do is theirs. Express what it is that you have to offer and what they have to offer as well. You may say something like: "I have had training in child development but you know your child. You are the expert on your child". When you try to be more of a resource than an "authority", parents/caregivers feel less threatened. Having the parents/caregivers discover how their child is doing and whether or not extra help would be beneficial is best. You may want to offer information you have by asking parents/caregivers what they would like to know or what they feel they need to know.
- Have the family participate fully in the final decision about what to do next. The final decision is theirs. You provide only information, support and guidance.
- Give the family time to talk about how they feel - if they choose to. If you have only a limited time to listen, make this clear to them, and offer another appointment if needed.
- Be genuine and caring. You are raising concerns because you want their child to do the best that he/she can, not because you want to point out "weaknesses" or "faults". Approach the opportunity for extra help positively; "you can get extra help for your child so he/she will be as ready as he/she can be for school". Also try to balance the concerns you raise with genuine positives about the child (e.g. "Johnny is a real delight. He is so helpful when things need tidying up. I have noticed that he seems to have some trouble . . .").
- Your body language is important; parents may already be fearful of the information.
- Don't entertain too many "what if" questions. A helpful response could be *"Those are good questions. The professionals who will assess your child will be able to answer them. This is a first step to indicate if an assessment is needed"*.
- Finally, it is helpful to offer reasons why it is not appropriate to "wait and see":
 - Early intervention can dramatically improve a child's development and prevent additional concerns such as behaviour issues.
 - The wait and see approach may delay addressing a medical concern that has a specific treatment.
 - Early intervention helps parents understand child behaviour and health issues, and will increase confidence that everything possible is being done to ensure that the child reaches his/her full potential.

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

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

Physical

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

Cognitive Impairments

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

Behavioural/Emotional (Severe)

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

WHERE TO GO FOR HELP

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

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

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

- | | |
|---------------------|---|
| By 3 months | <ul style="list-style-type: none"> • Cries and grunts; has different cries for different needs • Makes a lot of "cooing" and "gooing" sounds |
| By 6 months | <ul style="list-style-type: none"> • Makes different cries for different needs - I'm hungry, I'm tired • Watches your face as you talk • Imitates coughs or other sounds - ah, eh buh |
| By 9 months | <ul style="list-style-type: none"> • Responds to his/her name • Understands being told "no" • Plays social games with you e.g., peek-a-boo • Babbles and repeats sounds - babababa, duhduhduh |
| By 12 months | <ul style="list-style-type: none"> • Follows simple one-step directions - "sit down" • Uses three or more words • Uses gestures to communicate - waves "bye bye", shakes head "no" • Brings you toys to show you |
| By 18 months | <ul style="list-style-type: none"> • Points to several body parts when asked • Uses at least 20 words • Responds with words or gestures to simple questions - "Where's teddy?", "What's that?" • Makes at least four different consonant sounds - b, n, d, g, w, h |
| By 24 months | <ul style="list-style-type: none"> • Follows two-step directions - "go find your teddy bear and show it to Grandma" • Uses 100 or more words • Consistently combines two or more words in short phrases - "daddy hat", "truck go down" • People can understand his/her words 50 to 60 percent of the time |
| By 30 months | <ul style="list-style-type: none"> • 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 • Begins taking short turns with other children, using both toys and words |
| By 3 years | <ul style="list-style-type: none"> • Understands "who", "what", and "why" questions • Creates long sentences, using 5 or more words • Talks about past events - trip to grandparents' house, day at childcare • Engages in multi-step pretend play - cooking a meal, repairing a car • |
| By 4 years | <ul style="list-style-type: none"> • Follows directions involving 3 or more steps - "first get some paper, then draw a picture, last, give it to mom" • Uses adult-type grammar • Is understood by strangers almost all of the time |
| By 5 years | <ul style="list-style-type: none"> • Follows group directions - "all the boys get a toy" • Understands directions involving "if...then" - "if you're wearing runners, then line up for gym" • Describes past, present and future events in detail • Uses almost all of the sounds of their language with few to no errors |

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

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

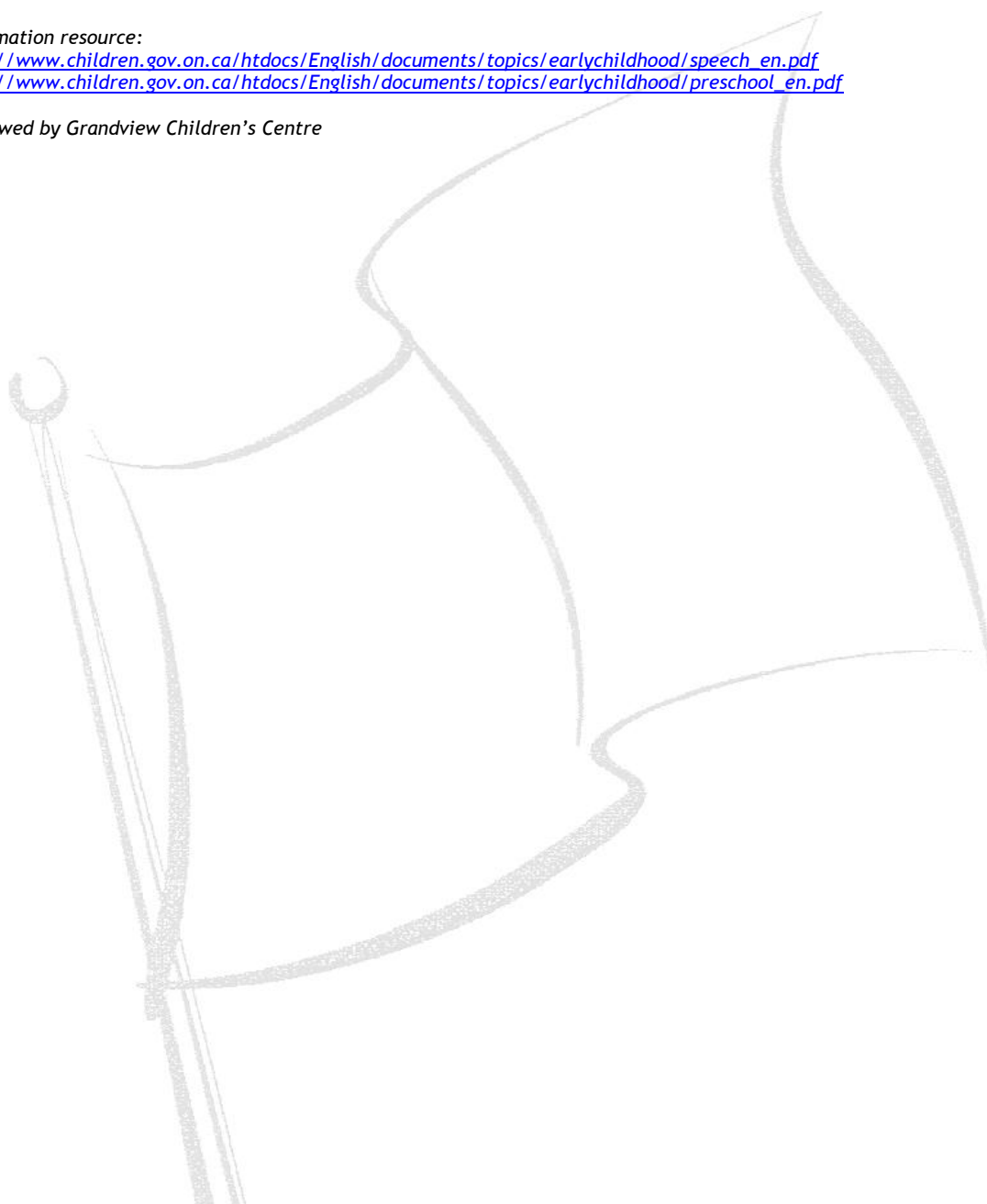
WHERE TO GO FOR HELP

If there are concerns, advise the parent to contact the Preschool Speech & Language Program at Grandview Children's Centre at 1-800-304-6180 ext 2261 or visit the website at www.grandviewcc.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 1-800-718-6852.

Information resource:

http://www.children.gov.on.ca/htdocs/English/documents/topics/earlychildhood/speech_en.pdf
http://www.children.gov.on.ca/htdocs/English/documents/topics/earlychildhood/preschool_en.pdf

Reviewed by Grandview Children's Centre



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

- | | |
|---------------------|---|
| 0-3 months | <ul style="list-style-type: none"> • Sequences two or more sucks before pausing to breathe or swallow • Uses a sucking pattern and loses some liquid during sucking • Oral reflexes present - e.g. rooting, sucking, gag |
| 4-6 months | <ul style="list-style-type: none"> • Sequences twenty or more sucks from the breast or bottle • Swallowing follows sucking • Pauses for breathing are infrequent |
| 6-8 months | <ul style="list-style-type: none"> • No longer loses liquid during sucking • Uses sucking motion with cup, wide jaw movements with loss of liquid • Swallows pureed foods and tiny, soft, slightly noticeable lumps • Tongue moves up and down in a munching pattern, with minimal side to side movement • Begins to finger feed |
| 9-12 months | <ul style="list-style-type: none"> • Drinks from cup held by adult • Finger feeds many soft foods • Begins to transfer food from the center of the tongue to the side • Can manage more textured food and food with chunks • Upper lip assists in removal of food from spoon |
| 12-18 months | <ul style="list-style-type: none"> • Drinks from cup or straw • Some coughing and choking may occur if the liquid flows too fast • Able to bite through soft cookie • May lose food or saliva while chewing • Eats table food • Holds spoon |
| 18 months | <ul style="list-style-type: none"> • Drinks from cup or straw • Feeds self with spoon • Attempts to keep lips closed during chewing to prevent spillage • Able to bite through a hard cookie |
| 2 years | <ul style="list-style-type: none"> • Mature chewing • 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 • Drinks from open cup with little spilling |

WHERE TO GO FOR HELP

Speak to a pediatrician and/or family doctor.

For self-feeding, see Fine Motor Skills Section. For nutritional concerns, see Nutrition Section.

Infant and Child Development Durham provides priority home visits to infants with feeding issues birth to 2 years of age. Please contact Infant and Child Development Services Durham at 905-668-7711 or 1-800-841-2729.

If there are any concerns about feeding and swallowing, contact Grandview Children's Centre at 1-800-304-6180 ext 2259 or visit the website at www.grandviewcc.ca or Lakeridge Health Feeding Clinic at (905) 576-8711 ext 4559.

*Adapted from Morris and Klein, Pre-Feeding Skills; 1987 Therapy Skill Builders.
Reviewed by Infant and Child Development Services Durham.*

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

- | | |
|---------------------------|---|
| 0-3 months | <ul style="list-style-type: none"> • Startles, cries or wakens to loud sounds • Moves head, eyes, arms and legs in response to a noise or voice • Smiles when spoken to, or calms down; appears to listen to sounds and talking |
| 4-6 months | <ul style="list-style-type: none"> • Responds to changes in your voice tone • Looks around to determine where new sounds are coming from; responds to music |
| 7-12 months | <ul style="list-style-type: none"> • Turns or looks up when her/his name is called • Responds to the word “no”; listens when spoken to • Knows common words like “cup”, “shoe”, “mom” • Responds to requests such as “want more”, “come here” |
| 12 months- 2 years | <ul style="list-style-type: none"> • Turns toward you when you call their name from behind • Follows simple commands • Tries to ‘talk’ by pointing, reaching and making noises • Knows sounds like a closing door and a ringing phone |
| 2-3 years | <ul style="list-style-type: none"> • Listens to a simple story • Follows two requests (e.g. “get the ball and put it on the table”) |
| 3-4 years | <ul style="list-style-type: none"> • Hears you when you call from another room • Listens to the television at the same loudness as the rest of the family • Answers simple questions |
| 4-5 years | <ul style="list-style-type: none"> • Pays attention to a story and answers simple questions • Hears and understands most of what is said at home and school • Family, teachers, babysitters, and others think he or she hears fine |

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

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

WHERE TO GO FOR HELP

Hearing and Speech go together. A problem with one could mean a problem with the other. For a hearing assessment, advise the parent to contact Grandview Children’s Centre for an assessment with an audiologist 1-800-304-6180 ext. 2259, or visit the website at www.grandviewcc.ca. Visit the Canadian Hearing Society website at www.chs.ca for additional information.

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

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

- | | |
|--------------------------|--|
| 0-3 months | <ul style="list-style-type: none"> • Focuses on your face, bright colors and lights; follows slow-moving, close objects • Blinks when bright lights come on or if a fast moving object comes into close view; watches as you walk around the room • Looks at hands and begins to reach out and touch nearby objects |
| 4-6 months | <ul style="list-style-type: none"> • Tries to copy your facial expression • Reaches across the crib for objects/reaches for objects when playing with you • Grasps small objects close by • Follows moving objects with eyes only (less moving of head) |
| 7-12 months | <ul style="list-style-type: none"> • Plays games like 'peek-a-boo', 'pat-a-cake', 'waves bye-bye' • Reaches out to play with toys and other objects on own • Moves around to explore what's in the room; searches for a hidden object • Looks for dropped toys • Reaches for and grasps small pieces of "safe food" from highchair tray • Finds a favorite toy or person from 8-10 feet away. • Looks into container and reaches for an object • Looks and points at objects and/or pictures in a book |
| 12 months-2 years | <ul style="list-style-type: none"> • Moves eyes and hands together (e.g. stack blocks, place pegs) • Judges depth e.g. climbs up and down stairs • Links pictures with real life objects • Follows objects as they move from above head to feet • Interested in scribbling |
| 2-3 years | <ul style="list-style-type: none"> • Sits a normal distance when watching television • Follows moving objects with both eyes working together (coordinated) • Awareness of colour - can usually find a named colour • Imitates vertical and horizontal lines • Observes movement of things that turn or spin. |
| 3-4 years | <ul style="list-style-type: none"> • Knows people from a distance (across the street) • Uses hands and eyes together (e.g. catches a large ball) • Builds a tower of blocks, string beads; copies a circle, triangle and square • Makes circles and crosses in drawings |
| 4-5 years | <ul style="list-style-type: none"> • Knows colors and shadings; picks out detail in objects and pictures • Holds a book at a normal distance |

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

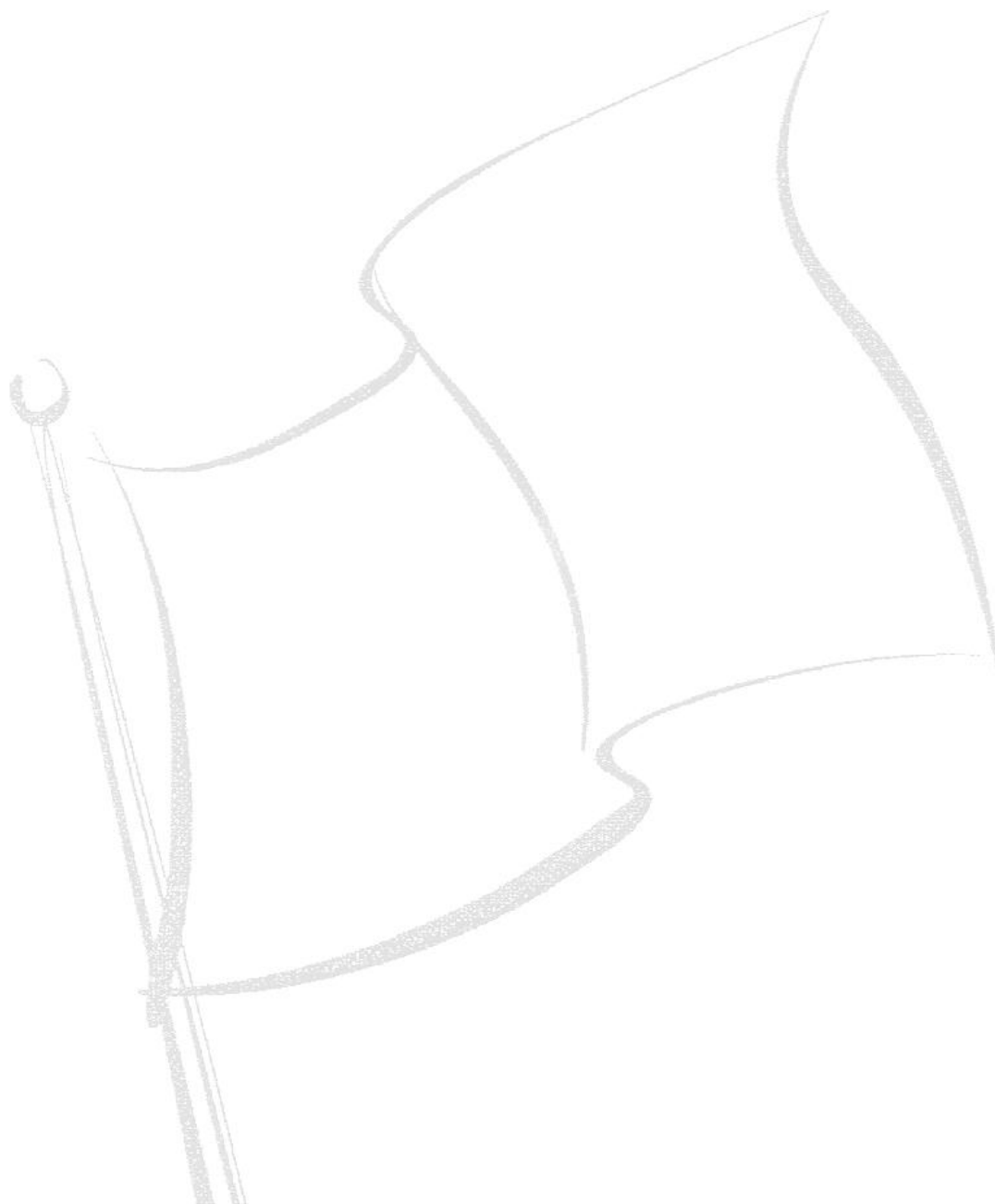
- Blinking and/or rubbing eyes often; a lot of tearing or eye-rubbing
- Headaches, nausea, dizziness; blurred or double vision
- Eyes that itch or burn; sensitive to bright light and sun
- Unusually short attention span; will only look at you if he or she hears you
- Avoidance of tasks with small objects or fine motor activities
- Turning or tilting head to use only one eye to look at things
- Covering one eye; has difficulty, or is irritable with reading or with close work
- Eyes that cross, turn in or out, move independently
- Holding toys close to eyes, or no interest in small objects and pictures

- Bumping into things, tripping; clumsiness, restricted mobility
- Squinting, frowning; pupils of different sizes
- Redness, soreness (eyes or eyelids); recurring sties; discoloration or cloudiness of eye
- Constant jiggling or moving of eyes side-to-side (roving)
- Has hesitancy/difficulty walking across changes in grade or walking across changes in surface coverings.

WHERE TO GO FOR HELP

If there are any concerns about a child's vision, advise the parent to arrange for a vision test with an optometrist, or contact the family physician who can refer to an ophthalmologist. Remember, a visit to an optometrist is covered by OHIP every two years. Visit the Canadian National Institute for the Blind website at www.cnib.ca or reach the CNIB Durham Service Chapter at (905) 436-7732. You may also wish to contact the Ontario Foundation for Visually impaired Children (Family and Community Resource Program) 416-767-5977 or the Tri-Regional Blind-Low Vision Early Intervention Program at 1-888-703-5437.

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



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

By 2 months	<ul style="list-style-type: none"> • Holds an object momentarily if placed in hand
By 4 months	<ul style="list-style-type: none"> • Sucks well on a nipple • Brings hands or toy to mouth • Turns head side to side to follow a toy or an adult face • Brings hands to midline while lying on back
By 6 months	<ul style="list-style-type: none"> • Passes an object from one hand to another • Reaches for a toy when lying on back • Uses hands to reach and grasp toys • Bangs object on a surface
By 9 months	<ul style="list-style-type: none"> • Picks up small items using thumb and first finger • Bangs object at midline • Releases objects voluntarily
By 12 months	<ul style="list-style-type: none"> • Holds, bites and chews foods (e.g. crackers) • Takes things out of a container • Releases object into a container • Plays games like peek-a-boo • Holds a cup to drink using two hands • Picks up and eats finger foods
By 18 months	<ul style="list-style-type: none"> • Helps with dressing by pulling out arms and legs • Stacks two or more blocks • Scribbles with crayons • Eats foods without coughing or choking • Points with index finger • Draws vertical and horizontal lines in imitation
By 2 years	<ul style="list-style-type: none"> • Takes off own shoes, socks or hat • Stacks five or more blocks • Eats with a spoon with little spilling • Completes simple wooden puzzles
By 3 years	<ul style="list-style-type: none"> • Strings beads • Dresses or undresses with help • Unscrews a jar lid • Holds a crayon with fingers and thumb • Copies a cross • Copies a circle already drawn
By 4 years	<ul style="list-style-type: none"> • Holds a crayon correctly • Undoes buttons or zippers • Cuts with scissors • Dresses and undresses with minimal help
By 5 years	<ul style="list-style-type: none"> • Draws diagonal lines and simple shapes and letters • 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
- Prints name

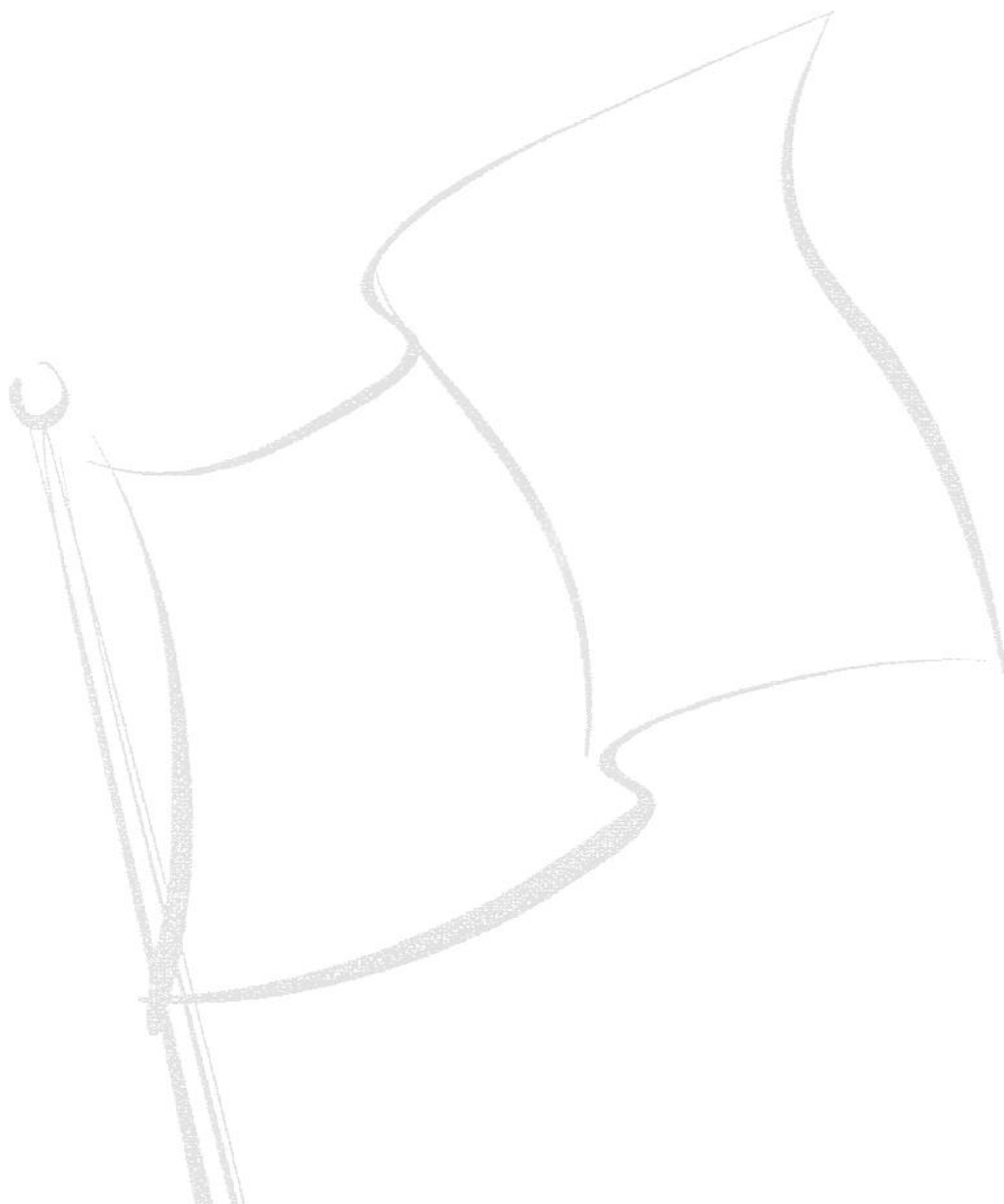
Problem signs...if a child is experiencing any of the following, consider this a red flag:

- 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
- Hands are fisted more than 50% of time after 4 months

WHERE TO GO FOR HELP

If there are any concerns, advise the parent to contact the family physician for a referral to Grandview Children's Centre at 1-800-304-6180 ext 2259, for an assessment with the team at Grandview, visit the website at www.grandviewcc.ca. Parents may also contact Infant and Child Development Services Durham at 905-668-7711 or 1-800-841-2729 or a private occupational therapist (not covered by OHIP).

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



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

- By 3 months**
 - Lifts head up when held at your shoulder
 - Lifts head up when on tummy
- By 4 months**
 - Keeps head in midline and bring hands to chest when lying on back
 - Lifts head and supports self on forearms on tummy
 - Holds head steady when supported in sitting position
- By 6 months**
 - Rolls from back to stomach or stomach to back
 - Pushes up on hands when on tummy
 - Sits on floor with support
- By 9 months**
 - Sits on floor without support
 - Moves self forward on tummy or rolls continuously to get item
 - Stands with support
- By 12 months**
 - Gets up to a sitting position on own
 - Pulls to stand at furniture
 - Walks holding onto hands or furniture
- By 18 months**
 - Walks alone
 - Crawls up stairs
 - Plays in a squat position
- By 2 years**
 - Walks backwards or sideways pulling a toy
 - Jumps on the spot
 - Kicks a ball
- By 3 years**
 - Stands on one foot briefly
 - Climbs stairs with minimal or no support
 - Kicks a ball forcefully
- By 4 years**
 - Stands on one foot for one to three seconds without support
 - Goes up stairs alternating feet
 - Rides a tricycle using foot peddles
 - Walks on a straight line without stepping off
- By 5 years**
 - Hops on one foot
 - Throws and catches a ball successfully most of the time
 - Plays on playground equipment without difficulty and safely

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

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

WHERE TO GO FOR HELP

If there are concerns, advise the parent to contact their family physician for a referral to Grandview Children's Centre at 1-800-304-6180 ext 2259 for an assessment with the team at Grandview or the physiotherapist. Visit the website at www.grandviewccc.ca. Parents may also contact Durham Infant and Child Development Services at 905-668-7711 or 1-800-841-2729. Assessment by a private physiotherapist (not covered by OHIP) may also be an option.

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

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 | <ul style="list-style-type: none"> • Startles easily, responds negatively to unexpected or loud noises • Is distracted or has trouble functioning if there is a lot of background noise • Makes noise or sound to block out other sounds • Does not attend to name when called, seems to be in his/her own world |
| Visual | <ul style="list-style-type: none"> • Avoids eye contact • Squints, looks at objects out of the corner of the eye • Enjoys staring at bright, flashing objects or lights • Uncomfortable with bright lights, prefers to be in the dark |
| Taste/Smell | <ul style="list-style-type: none"> • Avoids certain tastes/smells that are typically part of a child's diet • Mouths/licks/chews non-food items such as toys and clothing • Selective • Picky eater, especially regarding textures • Gags easily with eating and teeth brushing |
| Movement and Body Position | <ul style="list-style-type: none"> • Continually seeks out all kinds of movement activities (being whirled by adult, playground equipment, spinning, rocking) • Unknowingly bumps into furniture, walls • Becomes anxious or distressed when feet leave ground, fearful of heights • Becomes sick easily in cars, elevators, rides • Frequently fidgets in seat • Always on the go; Problems remaining seated for age appropriate amount of time • Poor endurance - tires easily, seems to have weak muscles, inactive • Avoids climbing, jumping, uneven ground or roughhousing • Moves stiffly or walks on toes; clumsy or awkward • Does not enjoy a variety of playground equipment |
| Touch | <ul style="list-style-type: none"> • Becomes upset with grooming activities (hair cutting, face washing, fingernail clipping) • Has difficulty standing in line or close to other people, avoids touch from others • Reacts negatively or aggressively to touch • Prefers small group interaction or solitude during play • Excessively neat, dislikes messy • Dislikes clothing, prefers to be naked • Stands too close to others, touches them inappropriately • Is sensitive to certain fabrics • Fails to notice when face or hands are messy or wet |

WHERE TO GO FOR HELP

If there are behaviour concerns associated with sensory integration issues (for children between the ages of 2-6 with a developmental delay and for children between the ages of 2-12 without a developmental delay), advise parents or care providers to contact Durham Behaviour Management at (905) 668-4113 ext. 2829, or 1-800-387-0642.

If these "red flags" are interfering in the child's daily activities, advise the parent to contact their physician for a referral to Grandview Children's Centre at 1-800-304-6180 ext. 2259 for an assessment with an occupational therapist

Parents of children under 3 years may contact Infant and Child Development Services Durham at 905-668-7711 or 1-800-841-2729. Parents of children 2-12 with special needs contact Resources for Exceptional Children and Youth-Durham Region at (905) 427-8862 or 1-800-968-0066.

Reviewed by Grandview Children's Centre, Infant and Child Development Services Durham, and Durham Behaviour Management Services.

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

The following items are considered from the **parent's perspective**, rather than the child's.

If a **parent states** that one or more of these statements describes their child, the child may be exhibiting signs of an insecure attachment; **consider this a red flag**:

- | | |
|----------------------------|---|
| 0-8 months | <ul style="list-style-type: none"> • Is difficult to comfort by physical contact such as rocking or holding • Does things or cries just to annoy you |
| 8-18 months | <ul style="list-style-type: none"> • Does not reach out to you for comfort • Easily allows a stranger to hold him/her |
| 18 months - 3 years | <ul style="list-style-type: none"> • Is not beginning to develop some independence • Seems angry or ignores you after you have been apart |
| 3-4 years | <ul style="list-style-type: none"> • Easily goes with a stranger • Is too passive or clingy with you |
| 4-5 years | <ul style="list-style-type: none"> • Becomes aggressive for no reason (e.g. with someone who is upset) • Is too dependent on adults for attention, encouragement and help |

Problem Signs... if a mother or primary caregiver is frequently displaying any of the following, consider this a red flag:

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

WHERE TO GO FOR HELP

If there are concerns, advise the parent to contact Kinark Child and Family Services toll free at 1-888-454-6275. For more information or for a referral to Healthy Babies Healthy Children Durham contact Durham Health Connection Line at (905) 666-6241 or 1-800-841-2729. If the infant is at risk for or has special needs, contact Infant and Child Development Services Durham at (905) 668-7711 or 1-800-841-2729. For children age 2-12 with special needs contact Resources for Exceptional Children and Youth-Durham Region at (905) 427-8862 or 1-800-968-0066.

If there are behaviour concerns (for children between the ages of 2-6 with a developmental delay and for children between the ages of 2-12 without a developmental delay), that result from difficulties with Attachment, advise the parent or care provider to contact Durham Behaviour Management Services at (905) 668-4113 ext. 2829, or 1-800-387-0642.

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

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

Reviewed by Kinark Child and Family Services Durham Program, and Durham Behaviour Management 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 Kinark Child and Family Services at 1888-454-6275. Contact the Durham Health Connection Line at (905) 666-6241, or 1-800-841-2729 for more information or for a referral to Healthy Babies Healthy Children Durham.

If there are behaviour concerns (for children between the ages of 2-6 with a developmental delay and for children between the ages of 2-12 without a developmental delay), that are associated with the child's social/emotional development, advise parent or care provider to contact Durham Behaviour Management Services at (905) 668-4113 ext. 2829, or 1-800-387-0642.

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

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

Reviewed by Kinark Child and Family Services Durham Program, and Durham Behaviour Management Services.

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

Child	<ul style="list-style-type: none"> • Diagnosed medical disorder • Prematurity and low birth weight • Birth trauma • Physically handicapped conditions • Feeding difficulty
Parental Attitudes, Behaviours and Interactions	<ul style="list-style-type: none"> • Lack of sensitivity to infant cues • Lack of knowledge about developmental and parenting strategies • Negative attitudes towards parenting • Inconsistent and unpredictable responses to child • Punitive and/or inconsistent discipline • Low self esteem
Parent History and Current Functioning	<ul style="list-style-type: none"> • Mental or physical illness • Maternal depression • Substance abuse • Parental level of intelligence • History of crime • Parent's own experience of being parented • Previous involvement with a child protection agency • Loss of a child
Socio-demographic and Societal Factors	<ul style="list-style-type: none"> • Low socioeconomic status • Homelessness • Violent and/or unsafe environment • Adolescent parenting • Severe family dysfunction, including abuse • Isolation and lack of social supports • Chronic family adversity or stresses

WHERE TO GO FOR HELP

The family physician or paediatrician is an important contact for all health issues. If families indicate that they are stressed by one or more of the red flags, family assessments are available through the Healthy Babies, Healthy Children Durham. Contact Durham Health Connection Line at 905-666-6241 or 1-800-841-2729 for more information or for a referral to Healthy Babies Healthy Children Durham.

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

*Adapted from "Home Visiting for Professionals Working with High-Risk Families", Invest in Kids, 2004.
Reviewed by the Durham Region Health Department*

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.

WHERE TO GO FOR HELP

If there are suspicions, you are legally obligated to consult or report to the Durham Children's Aid Society at (905) 433-1551. 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
<ul style="list-style-type: none"> • an infant or young child may: <ul style="list-style-type: none"> - 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) 	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • does not provide for the child's basic needs * • has a disorganized home life, with few regular routines (e.g. always brings the child very early, picks up the child very late) • does not supervise the child properly * (e.g. leaves the child alone, in a dangerous place, or with someone who cannot look after the child safely) • may indicate that the child is hard to care for, hard to feed, describes the child as demanding • may say that the child was or is unwanted • may ignore the child who is trying to be loving • has difficulty dealing with personal problems and needs • is more concerned with own self than the child • is not very interested in the child's life (e.g. fails to use services offered or to keep child's appointments, does not do anything about concerns that are discussed) *

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

POSSIBLE INDICATORS OF PHYSICAL ABUSE *

PHYSICAL INDICATORS IN CHILDREN	BEHAVIOURAL INDICATORS IN CHILDREN	BEHAVIOURS OBSERVED IN ADULTS WHO ABUSE CHILDREN
<ul style="list-style-type: none"> • a lot of bruises in the same area of the body • bruises in the shape of an object (e.g. spoon, hand/finger prints, belt) • burns: <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> - swelling and pain - nausea or vomiting - feeling dizzy - bleeding from the scalp or nose • signs of possible injury to arms and legs: <ul style="list-style-type: none"> - 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) • fractured or missing front teeth 	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> - 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 	<ul style="list-style-type: none"> • does not tell the same story as the child about how the injury happened • may say that the child seems to have a lot of accidents • severely punishes the child • cannot control anger and frustration • expects too much from the child • talks about having problems dealing with the child • talks about the child as being bad, different or "the cause of my problems" • does not show love toward the child • does not go to the doctor right away to have injury checked • has little or no help caring for the child

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

POSSIBLE INDICATORS OF SEXUAL ABUSE *

PHYSICAL INDICATORS IN CHILDREN	BEHAVIOURAL INDICATORS IN CHILDREN	BEHAVIOURS OBSERVED IN ADULTS WHO ABUSE CHILDREN
<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> - trying to go to the bathroom - sitting down - walking - swallowing • blood in urine or stool • injury to the breasts or genital area: <ul style="list-style-type: none"> - redness - bruising - cuts - swelling 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • may be very protective of the child • clings to the child for comfort • is often alone with the child • may be jealous of the child's relationships with others • does not like the child to be with friends unless the parent is present • talks about the child being "sexy" • touches the child in a sexual way • may use drugs or alcohol to feel freer to sexually abuse • allows or tries to get the child to participate in sexual behaviour

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

POSSIBLE INDICATORS OF EMOTIONAL ABUSE *

PHYSICAL INDICATORS IN CHILDREN	BEHAVIOURAL INDICATORS IN CHILDREN	BEHAVIOURS OBSERVED IN ADULTS WHO ABUSE CHILDREN
<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • often rejects, insults or criticizes the child, even in front of others • does not touch or speak to the child with love • talks about the child as being the cause for problems and things not going as wished • talks about or treats the child as being different from other children and family members • compares the child to someone who is not liked • does not pay attention to the child and refuses to help the child • isolates the child, does not allow the child to see others both inside and outside the family (e.g. locks the child in a closet or room) • does not provide a good example for children on how to behave with others (e.g. swears all the time, hits others) • lets the child be involved in activities that break the law • uses the child to make money (e.g. child pornography) • lets the child see sex and violence on TV, videos and magazines • terrorizes the child (e.g. threatens to hurt or kill the child or threatens someone or something that is special to the child) • forces the child to watch someone special being hurt • asks the child to do more than s/he can do

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

POSSIBLE INDICATORS OF WITNESSING FAMILY VIOLENCE *

PHYSICAL INDICATORS IN CHILDREN	BEHAVIOURAL INDICATORS IN CHILDREN	BEHAVIOURS OBSERVED IN ADULTS WHO ABUSE CHILDREN
<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> - while trying to protect others - are a result of objects thrown 	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> - someone's anger - one's own anger (e.g. killing the abuser) - self or other loved ones being hurt or killed - being left alone and not cared for • problems sleeping (e.g. cannot fall asleep, afraid of the dark, does not want to go to bed, nightmares) • 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 	<ul style="list-style-type: none"> • abuser has trouble controlling self • abuser has trouble talking and getting along with others • abuser uses threats and violence (e.g. threatens to hurt, kill or destroy someone or something that is special; cruel to animals) • forces the child to watch a parent/partner being hurt • abuser is always watching what the partner is doing • abuser insults, blames, and criticizes partner in front of others • jealous of partner talking or being with others • abuser does not allow the child or family to talk with or see others • the abused person is not able to care properly for the children because of isolation, depression, trying to survive, or because the abuser does not give enough money • holds the belief that men have the power and women have to obey • uses drugs or alcohol • the abused person seems to be frightened • discloses family violence • discloses that the abuser assaulted or threw objects at someone holding a child

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

Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term for the range of disabilities caused by fetal exposure to alcohol. Early detection and appropriate professional intervention makes a significant difference in enhancing the quality of life for affected individuals.

The following are characteristics of Fetal Alcohol Spectrum Disorder. The facial features and physical anomalies noted occur only in a small percentage of children. Problematic behaviour, adaptive learning, and memory impairments are the more obvious indicators of central nervous system damage, the most common trait associated with this disability.

Infants

- Low birth weight, small size, and small head circumference
- Failure to thrive
- Erratic feeding schedule: may not experience feeling of hunger
- Disturbed sleep patterns, irritability, persistent restlessness
- Failure to develop routine patterns of behaviour
- Prone to infections
- May be floppy or too rigid because of poor muscle tone
- One or more of the following birth defects occur in a small percentage of children: congenital heart disease, cleft lip and palate, anomalies of the urethra and genitals, deformed digits/limbs
- Facial dysmorphology occurs in a small percentage of children: features include small eye opening, thin upper lip, and flat philtrum

Toddlers and Preschoolers

- Developmental delays
- Signs of processing impairment: slow to acquire skills, not able to follow simple directions independently
- Memory impairment: may have poor recall and will fill in the blanks
- Hyper-sensitivity, irritability, stiffness when held or touched: may experience pain for normal activities i.e. brushing hair or teeth, or small injury
- Hypo-sensitivity: may not sense extreme temperatures or pain
- Sleep and feeding problems persist
- Late development of motor skills - appear clumsy and/or accident prone
- Facial dysmorphology and small size - as above - these may be diminishing as they grow

JK/SK

- Learning and neuro-behavioural problems may include distractibility, poor memory, impaired learning, impulsivity
- Discrepancy between expressive and receptive language: may speak better than they understand - they are less capable than they appear
- Hyperactive
- Sensory impairment: may include extreme tactile and auditory defensiveness and hyper or hypo sensitivity
- Information processing problems: may have difficulty putting words into action
- Processing impairment: may have difficulty reading non-verbal cues, unable to relate cause and effect, perseverates mistakes (repeats the same error)
- Poor social judgment: may have trouble making or keeping friends
- Dysmaturity: less mature than expected for their age; may seek out younger children or toys
- Attachment issues: may be inappropriately friendly with strangers; may take things belonging to others
- Facial dysmorphology and small size - as above, these may be diminishing

WHERE TO GO FOR HELP

Encourage any parent with a child experiencing a cluster of behaviours and developmental delays to seek medical evaluation.

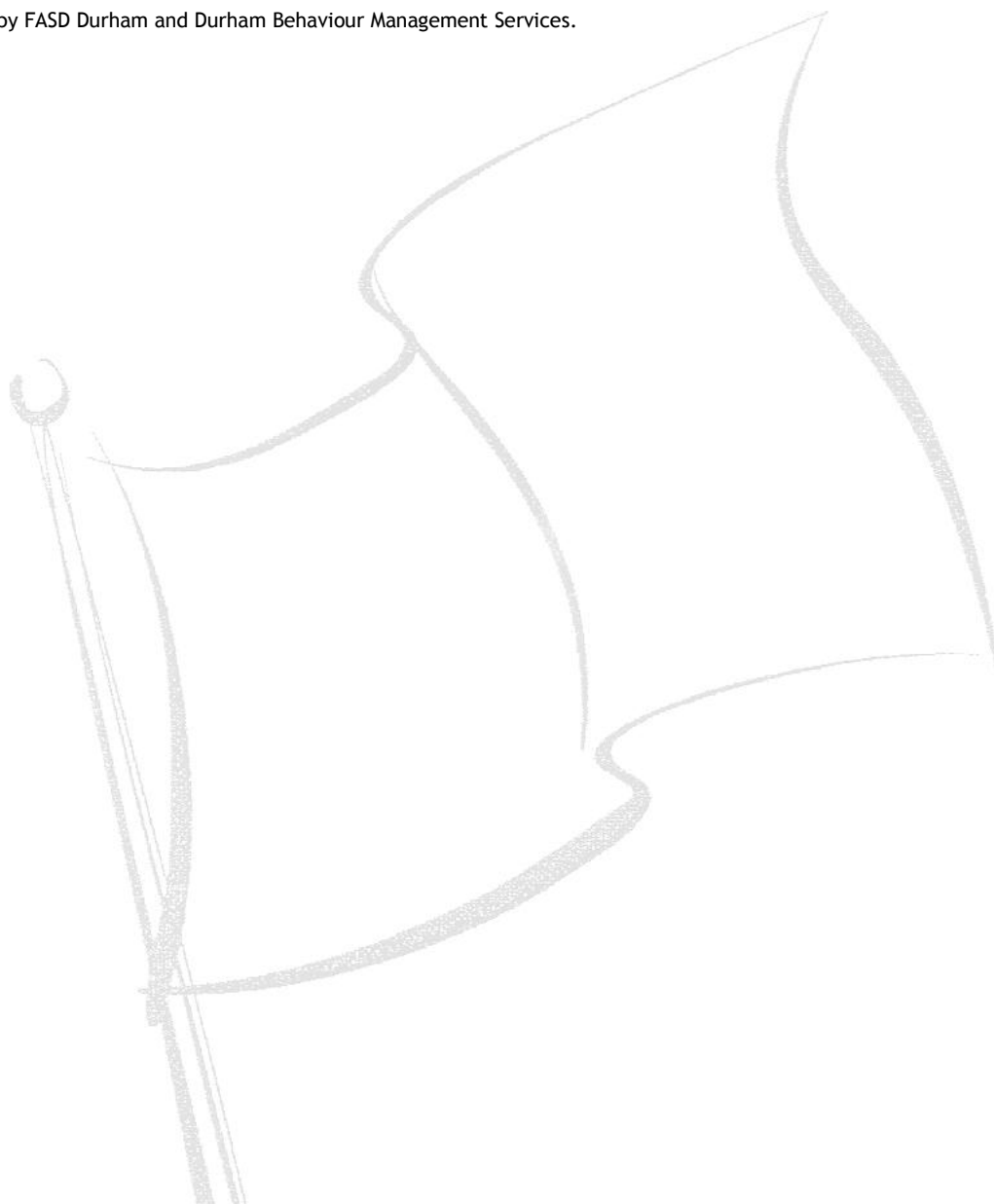
If a parent is aware of a history of prenatal alcohol exposure and their child is demonstrating behaviour challenges or developmental delays, contact Grandview Children's Centre at 1-800-304-6180 ext 2259 (doctors referral required) for children under SK age. For children SK and older, contact the Intake Coordinator at Resources for Exceptional Children and Youth - Durham Region at 1-800-968-0066 ext 401 and identify that you are making a referral for an FASD assessment. (Not all diagnostic assessment services are free of charge).

If a parent or caregiver is experiencing behavioural difficulties with a child (between the ages of 2-12 without a developmental delay, or between the ages of 2-6 with a developmental delay), who has FASD or is suspected to have FASD, advise them to contact Durham Behaviour Management Services at (905) 668-4113 ext. 2829, or 1-800-387-0642.

FASD Durham hosts a monthly facilitated parent support group, and training for local service providers. For more information contact FASD Durham Project at 905-427-8862 ext 346

For more information on FASD for parents of children with FASD <http://www.acbr.com/fas/> or the FAS Community Resource Centre at <http://www.come-over.to/FASCRC/>
For professionals Best Start: www.beststart.org

Reviewed by FASD Durham and Durham Behaviour Management Services.



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

- | | |
|--|---|
| Prolonged exposure of teeth to fermentable carbohydrates
(includes formula, juice, milk and breast milk) | <ul style="list-style-type: none"> • Through the use of bottle, breast, sippy cups, plastic bottles with straws • High sugar consumption in infancy • Sweetened pacifiers • Long term sweetened medication • Going to sleep with a bottle containing anything but water • Prolonged use of a bottle beyond one year • Breastfeeding or bottle feeding without cleaning teeth |
| Physiological Factors | <ul style="list-style-type: none"> • Factors associated with poor enamel development, such as prenatal nutritional status of mother and child, poor prenatal health, malnutrition of the child, and acute illness or prolonged fever • Possible enamel deficiencies related to pre-maturity 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 | <ul style="list-style-type: none"> • 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 • Trauma to the teeth |

WHERE TO GO FOR HELP

If there are concerns, advise parents to contact their dentist, or The Oral Health Division at the Durham Region Health Department at (905) 723-1365. Parents may contact the Oral Health Division for children that may be eligible for the Children in Need of Treatment (CINOT) Program, Health Smiles Ontario (HSO) Program, or receive free preventive services for families without dental insurance. For more information visit their website at www.durham.ca

For parenting education, or referral to the Healthy Babies, Health Children Program, contact Durham Health Connection Line at (905) 666-6241 or 1-800-841-2729.

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

*Created by Public Health Dental Services in York Region and Simcoe County.
Reviewed by the Oral Health Division at the Durham Region Health Department*

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 parent states 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. I'll be seen as a failure.")
- Personal history of mood disorder (e.g. "I had postpartum depression (anxiety) with my first child.")
- Personal crisis or losses during last 2 years
- Sleeping difficulties/insomnia (e.g. "I can't sleep when the baby sleeps.")
- Possible obsessive thinking/phobias/unreasonable fears (e.g. "I am afraid to leave the house"; the mother stays home for weeks, or is afraid of being in a crowd or traveling in a bus or car)
- Substance abuse* (e.g. "I drink alcohol or smoke dope, etc. to kill the pain.")
- Scary thoughts of harm (e.g. "I'm scared of knives."; "I see the bath water turn into blood."; "I'm afraid to stand by the window because the baby might fall.")
- Suicide risk* (e.g. "This baby would be better off without me"; "I am not worthy to have this child"; "I am such a burden to my family.")
- Sudden change of mood (e.g. "I am much better now. I feel calm.")
- Giving away of possessions
- Possible history of abuse or neglect (e.g. "I would never leave my baby with anyone else. I would not trust anyone.")
- Psychotic episodes* (e.g. "the devil [or other religious figure] told me he/she would tell me what to do with my baby.")

WHERE TO GO FOR HELP

If there are health concerns, advise the woman /family to contact her physician.

Contact Durham Health Connection Line at (905) 666-6241, or 1-800-841-2729 for more information or for a referral to Healthy Babies Healthy Children Durham. For crisis intervention, call Durham Mental Health Service at (905) 666-0483 or 1-800-742-1890.

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

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

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

- | | |
|--------------------|---|
| 0-3 months | <ul style="list-style-type: none"> • Foods other than breast milk or iron fortified infant formula are given • Water for infant formula is not being boiled for at least two minutes • Infant formula is not being mixed correctly (i.e. correct dilution) • Breast milk or infant formula is not being fed on demand • Honey or herbal tea is given • Not producing an average of six heavy, wet diapers per day (from six days on) |
| 4-6 months | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • Drinking more than 2-3 oz (1/4 - 1/3 cup) per day of juice • Iron-rich foods have not been introduced (e.g. iron fortified infant cereal, meat/meat alternatives) • Pureed solid foods have not been introduced (e.g. vegetables, fruit, meat/meat alternatives) • Unsafe foods are given (e.g. honey, egg whites, herbal teas) • Drinking any fruit drink or soft drink |
| 9-12 months | <ul style="list-style-type: none"> • Soy, rice or other vegetarian beverage is being given instead of breast, iron fortified formula or whole cow's milk • Drinking more than 2-3 oz (1/4 to 1/3 cup) per day of juice; drinking any fruit drink or soft drink • Refuses mashed or chopped foods • Unsafe foods are given (e.g. honey, egg whites, herbal teas) • Parents/caregivers not allowing child to self-feed |
| 1-2 Years | <ul style="list-style-type: none"> • Soy, rice or other vegetarian beverage is being given instead of breast, iron fortified formula or whole cow's milk • Drinking more than 4 oz (1/2 cup) per day of juice • Not eating a variety of table foods • Parent or care giver still feeding child; not allowing child to self-feed (finger, spoon, cup) • A low fat cow's milk (2%, 1%, or skim) is provided before the age of 2 • Food is used as a reward or punishment • Still drinking from a bottle; still being spoon fed |
| 2-5 Years | <ul style="list-style-type: none"> • Drinking less than 16 oz (2 cups) or more than 24 oz (3 cups) of milk per day • Drinking more than 4 oz (1/2 cup) per day of juice • Still drinking from a bottle; still being spoon-fed • Not eating a variety of table foods from the four food groups • Does not eat at regular times throughout the day (breakfast, lunch, and supper plus 2-3 between meal snacks) • Spending a long time at meals, (e.g. an hour) • Lack of physical activity (e.g. watches TV or videos, uses the computer, plays video games more than 5 hours per day) • Food is used as a reward or punishment |

General Risk Factors

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

WHERE TO GO FOR HELP

If there are any concerns, advise the parent to call the Durham Region Health Connection Line, 905-666-6241 or 1-800-841-2729 the family physician or paediatrician.

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

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

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

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

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

- | | |
|--------------------------------------|---|
| 0-3 months | <ul style="list-style-type: none"> • Listens to parent/caregiver's voice • Makes cooing or gurgle sounds • Looks at picture of baby face |
| 4-8 months | <ul style="list-style-type: none"> • Imitates sounds heard • Makes some sounds when looking at toys or people • Brightens to sound, especially to people's voices • Seems to understand some words (e.g. daddy, bye-bye) |
| 9-12 months | <ul style="list-style-type: none"> • Understands short instructions (e.g. "Where is the ball?") • Babbles a series of different sounds (e.g. ba, da, tongue clicks, dugu-dugu) • Makes sounds to get attention, to make needs known, or to protest • Shows interest in looking at books |
| 12-18 months | <ul style="list-style-type: none"> • Follows directions when given without gestures (e.g. "Throw the ball") • Uses common expressions (e.g. "all gone", "oh-oh") • Says five or more words; words do not have to be clear • Identifies pictures in a book (e.g. "Show me the baby") • Holds books and turns pages |
| By 2 years | <ul style="list-style-type: none"> • Asks for help using words or actions • Joins two words together (e.g. "want cookie", "more milk") • Learns and uses one or more new words a week; may only be understood by family • Asks for favourite books to be read over and over again |
| By 3 years | <ul style="list-style-type: none"> • Can be understood by strangers approximately 75% of the time • Uses 5 word sentences • Is learning the meaning of several new words every week (in spoken language) • Sings simple songs and familiar rhymes • Knows how to use a book (holds/turns pages properly, starts at beginning, points/talks about pictures) • Looks carefully at and makes comments about books • Fills in missing words in familiar books that are read aloud • Holds a pencil and uses it to draw/scribble |
| By 3-4½ years
(end of JK) | <ul style="list-style-type: none"> • Can be fully understood by most adults when speaking • Speaks in complete sentences using some details • Is learning the meaning of and using several "new words" every week (in spoken language) • Recites nursery rhymes and sings familiar songs • Makes up rhyming words • Reads a book by memory or by making up the story to go along with the pictures • Can guess what will happen next in a story • Retells some details of stories read aloud but not necessarily in order • Holds a pencil and uses it to draw or print his/her first name along with other random letters |

**By 4½ - 5½ years
(end of SK)**

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

WHERE TO GO FOR HELP

If there are concerns, advise the parents to contact: early literacy specialists through the Ontario Early Years Centres at (905) 723-9922 or talk to the Kindergarten teacher at their school.

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

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

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 | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 is a suspicion of autism, a referral can be made to the Central East Autism Program via Kinark Child and Family Services at 1-888-454-6275. Other services and supports are available through Kerry's Place (905) 665-9267 and the Autism Society of Ontario (416) 246-9592.

If there are any concerns or for further information ask the family to contact Infant and Child Development Services Durham (for children 0 - 6 yrs) at (905) 668-7711/1-800-841-2729, Resources for Exceptional Children and Youth - Durham Region (for children 2 - 12 yrs) at (905) 427-8862/1-800-968-0066, or advise the parent to arrange a referral to a paediatrician through their family physician.

If a parent or care provider is experiencing behaviour or skill development concerns with their child between the ages of 2-6 with a diagnosis of Autism Spectrum Disorder, advise them to contact Durham Behaviour Management Services at (905) 668-4113 ext. 2829, or 1-800-387-0642.

If there is a confirmed diagnosis of Autism Spectrum Disorder (ASD) including Autism/Autistic Disorder, Pervasive Development Disorder-Not Specified (PDD-NOS), and Asperger's, parent can make a referral to the Durham Applied Behaviour Analysis (ABA) - Based Services and Supports for Children and Youth with Autism Spectrum Disorder (ASD) Intake, Grandview Children's Centre, 1-800-304-6180 ext. 2248.

For more information about the Ministry of Children and Youth Services ABA-Based Services and Supports for Children and Youth with Autism Spectrum Disorder Program visit: www.children.gov.on.ca.

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

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



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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Oppositional behaviour • Running away • Resisting assistance that is inappropriate to age
Life Skills	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Hand-flapping; hand wringing; rocking; swaying • Repetitious twirling; repetitive object manipulation

WHERE TO GO FOR HELP

For social-emotional concerns, advise the parent to contact Kinark Child and Family Services at 1-888-454-6275, or consult a family physician or paediatrician.

If there are behaviour concerns for children between the ages of 2-12 without a developmental delay or between the ages of 2-6 with a developmental delay, advise parents or care providers to contact Durham Behaviour Management Services at (905) 668-4113 ext. 2829 or 1-800-387-0642.

If there are concerns about autism, refer to Autism Spectrum Disorders.

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

Developed by Behaviour Management Services of York and Simcoe.

Reviewed by Kinark Child and Family Services Durham Program, and Durham Behaviour Management Services

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:

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|--|---|
| Receptive Language Characteristics | <ul style="list-style-type: none"> • Slow processing of information/slow to understand what is said • Scattered receptive skills • Delayed receptive language (unexplained) |
| Expressive Language Characteristics | <ul style="list-style-type: none"> • Frequent difficulty retrieving words • Persistent stuttering • Echolalia (refer to the section on Autism Spectrum Disorder) • Expressive language significantly higher than receptive skills |
| Play | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • Significant attention difficulties • Behaviour affecting ability to learn new things • Sudden change in behaviour uncharacteristic for the individual • Difficulties with pre-academic skills/concepts (e.g. colours, shapes) • History of learning disabilities in family • Indications of autism spectrum disorder/qualitative impairment in reciprocal social interaction, verbal/nonverbal communication, and a restricted or repetitive range of activities (refer to the section on Autism Spectrum Disorder) • Delay in self-help skills (e.g. toileting) if not explained by another condition • High risk medical diagnosis - risk for Learning Disabilities or cognitive delay, regression • Inconsistent performance (can't do what he/she could do last week) • Poorly focused and organized |

WHERE TO GO FOR HELP

If there are any concerns or for further information ask the family to contact Infant and Child Development Services Durham (for children 0 - 6 yrs) at (905) 668-7711/1-800-841-2729, Resources for Exceptional Children and Youth - Durham Region (for children 2 - 12 yrs) at (905) 427-8862/1-800-968-0066, Kinark Child and Family Services at 1-888-454-6275, the family physician or paediatrician, or the school principal for a referral to a psychologist.

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

If a parent or care provider of a child (between the ages of 2-12 without a developmental delay or between the ages of 2-6 with a developmental delay), are experiencing behaviour concerns as a result of the child's speech/language, play, and general learning concerns, contact Durham Behaviour Management Services at (905) 668-4113 ext. 2829, or 1-800-387-0642.

*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.
Reviewed by Durham Behaviour Management Services.*

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:

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|------------------|---|
| Preschool | <ul style="list-style-type: none"> • Speaks later than most children • Has pronunciation difficulties • Slow vocabulary growth, often unable to find the right word • Has difficulty rhyming words • Has trouble learning colours, shapes, days of the week, numbers and the alphabet • Fine motor skills are slow to develop • Is extremely restless and easily distracted • Has difficulty following directions and/or routines • Has trouble interacting appropriately with peers |
|------------------|---|

WHERE TO GO FOR HELP

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

The psychologist will assess:

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

If a parent or care provider of a child (between the ages of 2-12 without a developmental delay or between the ages of 2-6 with a developmental delay), are experiencing behaviour concerns as a result of the child’s learning disabilities, contact Durham Behaviour Management Services at (905) 668-4113 ext. 2829, or 1-800-387-0642.

For more information about learning disabilities, visit the Learning Disabilities Association of Ontario website at www.LDAO.ca or contact LDA - Durham Region chapter at (905) 426-1442 or visit their website at info@ldadr.on.ca.

Reviewed by Resources for Exceptional Children & Youth - Durham Region, and Durham Behaviour Management Services.

DURHAM REGION CONTACTS		
Service	Phone Number	Description
Grandview Children's Centre	1-800-304-6180 (905)728-1673 ext 2259	Grandview Children's Centre www.grandviewcc.ca offers programs and services for children with special needs, from infancy through adolescence. Among the services offered are: Medical Services; Audiology; Speech-Language Pathology; Occupational Therapy; Physiotherapy; Family Support Services; and Recreation.
	ext 2261	Preschool Speech and Language Program www.grandviewcc.ca , is part of a province-wide initiative to enhance preschool speech and language services and ensure that every preschool child, from infancy to eligibility for senior kindergarten, has access to appropriate services and is as "school-ready" as possible, when the time comes. This unique program focuses on early identification of special needs, early intervention, education, public awareness and prevention.
	ext 2227/2228	Preschool Outreach Program www.grandviewcc.ca , offers service for children from infancy to six years of age. Services are provided in licensed child care facilities throughout the Durham Region. The goal of the Preschool Outreach Program is to assist the child care provider in ensuring the child is fully able to participate in the preschool. Services provided in this program are based on a child care provider's identification of issues and needs in the areas of gross motor, fine motor, communication or hearing.
	ext 2248	Durham Applied Behaviour Analysis (ABA) - Based Services and Supports for Children and Youth with Autism Spectrum Disorder (ASD) www.grandviewcc.ca is an expansion of ABA-based services and supports for children with ASD. This service is designed to help a broader range of children and youth with ASD develop skills in key areas and to address behaviours that interfere with functioning. ABA-based skill building services and supports include those that increase functional life skills and decrease interfering behaviours. In Durham Region, this program is a partnership between Grandview Children's Centre (Lead), Lake Ridge Community Support Services, Resources for Exceptional Children and Youth-Durham Region, and University of Ontario Institute of Technology. For more information visit: www.children.gov.on.ca
Durham Children's Aid Society	(905) 433-1551 1-800-718-3850	www.durhamcas.ca Is a mandated child welfare organization whose principle activities are investigating child abuse/child neglect allegations, providing care for these children and placing children for adoption. In order to achieve goals for children, Durham CAS needs the assistance of our community colleagues and a committed core of foster parents and volunteers. Child protection services are available 24 hours a day, 365 days a year.
Ontario Association of Speech - Language Pathologists and Audiologists	1-877-740-6009	www.osla.on.ca
Lakeridge Health Feeding Clinic	(905) 576-8711 ext 4559	Lakeridge Health Feeding/Swallowing Clinic
Learning Disabilities Association Durham Region	905-426-1442	Learning Disabilities Association Durham Region Service includes a resource library, advocacy support within the school system and monthly support meetings. Meetings are held every last Thursday of every month except June, July, August and December at 7:30pm at St. Andrew's Presbyterian Church in Ajax.

DURHAM REGION CONTACTS		
Service	Phone Number	Description
Resources for Exceptional Children and Youth - Durham Region	(905) 427-8862 1-800-968-0066	www.rfecydurham.com , RFECY provides services to families and caregivers of children with special needs (ages 0-18 years), living in or utilizing services in Durham Region. Child care onsite for children 2-6 years of age. Families of children 2-12 years can receive consultation focusing on developmental programming, transition planning to school and case management. Child Care centres can receive consultation. Limited funding for additional staffing support within the child care community is available for those children with exceptionally high needs. Families of children/youth 0-18 years with complex needs may access service planning and support. Family networking events, workshops and access to a resource library also available. Services are delivered in a family-centered fashion and are geared to meet the needs of each family individually. Referrals are accepted from the parent, service provider, or other professional.
Durham Region Health Department	1-800-841-2729 905-668-7711 ext 3203/3247	Infant and Child Development Services at Durham Region Health Department www.durham.ca , Infant and Child Development Services provides home-based, family-centered early intervention services to infants and young children at risk for delay (birth to six years) and their families. Infants who have experienced problems before, during or after birth, are developmentally delayed, or have a physical or developmental disability are eligible. Any family, community agency or professional may refer by telephone with the parent's verbal consent. Consultations or assessments are available to families who have concerns about their child's development.
	1-800-841-2729 905-666-6241	Healthy Babies, Healthy Children (HBHC) Program is designed to support families (prenatal to children age 6) promote healthy child development and to help them access services in order to give their children the best start in life. Public Health Nurses work with families to help them identify their needs, make referrals to other services including HBHC Home Visiting Program with public health nurses and family visitors, and provide service coordination as needed. HBHC is a voluntary program.
	1-800-841-2729 666-6241	Public Health Nutritionist The nutritionist will answer general questions about foods and nutrition by telephone, or will send reading materials that provide more specific information about nutritional needs or concerns.
	905-723-1365	Oral Health Division provides dental screening at schools, child care centres, clinics and Ontario Early Years Centres. Financial assistance is available through the Children in Need of Treatment Program (CINOT) and the Healthy Smiles Ontario (HSO) program for those who qualify. Families on OW and ODSP have dental benefits for children. Children with urgent dental needs are referred to dentists in the community.
	1-800-841-2729 905-666-6241	Durham Health Connection Line (DHCL) is a free confidential telephone help line available to people living, working and visiting in Durham Region. Public Health Nurses help clients access the information and resources they need to protect and promote their health. DHCL is the front line connection to the Public Health Nursing and Nutrition Division programs and services such as healthy living, parenting issues, breastfeeding, immunization, injury prevention, sexual health and nutrition. Monday to Friday 9am to 6pm.
Tri-Regional Infant Hearing Program	905-446-0278	www.beyond-words.org , hearing screenings and assessment of newborns and babies/young children with a risk factor for permanent hearing loss. If hearing loss is confirmed, follow-up supports and services are offered to the family and child until school entry.

DURHAM REGION CONTACTS		
Service	Phone Number	Description
Ontario Foundation for Visually Impaired (OFVIC)	416-767-5977	Provides services specific to the needs of visually impaired infants, young children and their families. Parents are assisted to provide a stimulating and consistent environment to help their child adjust to the sighted world. Programs are designed to meet the unique needs of each child and include training in daily living skills, orientation and mobility, play and social skills, language and listening. Functional vision assessment and programming is offered when appropriate.
Canadian Institute for the Blind (CNIB)	905-883-8854	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.
Tri-Regional Blind-Low Vision Early Intervention Program	1-888-703-5437	www.beyond-words.org This program is designed to give children who are born blind or with low vision the best possible start in life. Specialized services are available for children from birth to Grade 1.
Autism Services	(905) 668-4113 ext 2829 1-800-387-0642	Durham Behaviour Management Services
	1-800-304-6180 Ext 2248	Durham Applied Behaviour Analysis (ABA) - Based Services and Supports for Children and Youth with Autism Spectrum Disorder (ASD) Intake, Grandview children's Centre
		Geneva Centre for Autism www.autism.net
	(905) 665-9267	Kerry's Place Innovative supports offered including residential services, consultation and community outreach.
	1-866-495-4680	Autism Society of Ontario www.autismsociety.on.ca
Kinark Child and Family Services	(905) 668-2411 1-888-454-6275	www.kinark.on.ca Kinark offers services to children and their families age twelve and under using Evidence Based Practices: Cognitive Behavioural Therapy, Brief Narrative/SFBT, Triple P, MST (Multi-Systemic Treatment), SNAP (Stop Now and Plan) and Collaborative Problem Solving, to address a number of social, emotional and behavioural difficulties. Service delivery includes treatment groups, office based therapy, in-home intensive services; community and school outreach, day treatment and residential treatment. Kinark also partners with Durham Mental Health Services; Frontenac Youth Services and Chimo Youth and Family Services to provide 24 hour crisis support for children, youth and their families in Durham Region. The Durham Region Crisis Response number is: 1-905-666-0483 or 1-800-742-1890
Head Injury Association of Durham Region (HIAD)	(905) 723-2732	This organization provides support, advocacy and information to head injury survivors and their families. Services include support, advocacy and information to head injury survivors and their families, support groups, community support services individual and group advocacy and a resource library. Support group meetings are held every third Wednesday at 7:30 pm except for the month of June, August and December.

DURHAM REGION CONTACTS		
Service	Phone Number	Description
Durham Behaviour Management, Social Services and Children's Services	(905) 668-4113 ext 2829 1-800-387-0642	www.durham.ca Durham Behaviour Management Services provides consultation to parents and care providers of children between the ages of 2-6 with a developmental disability and between the ages of 2-12 without a developmental disability. We apply the principles of Applied Behaviour Analysis (ABA) to assess behaviour concerns and develop program recommendations to prevent behaviour concerns, to teach new skills to replace problem behaviour and to teach and support parents and childcare teachers to intervene in a positive and effective manner. Behaviour consultation can be comprehensive when behaviours are more complex, or more generalized for less complicated behavioural concerns. Behavioural services and supports can be provided in the child's home environment, in our office, or in the childcare setting. Behavioural based parent education workshops are available to our parents, including foster and kinship care families, as well as to childcare providers, to support and teach an understanding as to why a behaviour may occur and how to effectively deal with it. Parents and Childcare providers can refer directly to our service.
Private Occupational Therapy Services		www.caot.ca Canadian Association of Occupational Therapists
Private Physiotherapy Services		www.collegept.org College of Physiotherapists of Ontario
Family and Community Action Program (FCAP)	1-800-214-7163 (905) 686-6466	Aims to help communities develop comprehensive, integrated programs to promote the health and social development of at-risk children. FCAP offers parent support groups in twenty-one communities across Durham Region. These include informal parent/child interaction, Nobody's Perfect Parenting Programs and Schools Cool.
Ontario Early Years Centres Ajax/Pickering/Uxbridge Riding YMCA Durham Ajax/Whitby Riding YMCA Durham Satellites -YMCA Whitby -YMCA Westminster Durham Riding - YMCA Durham Bowmanville Satellites -YMCA Scugog -YMCA Newcastle -YMCA North Oshawa Oshawa Riding YWCA Durham	(905) 839-3007 ext 300 (905) 619-4565 ext 310 (905) 666-4794 (905) 243-4403 (905) 697-3171 (905) 985-2824 (905) 987-6914 (905) 434-3831 (905) 723-9922	www.ontarioearlyyears.ca Offers universal access to programs, information services and resources to families with children pre-natal to 6 years including those for children with special needs. Staffed by experts, professionals and volunteers, including early literacy experts.

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

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

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