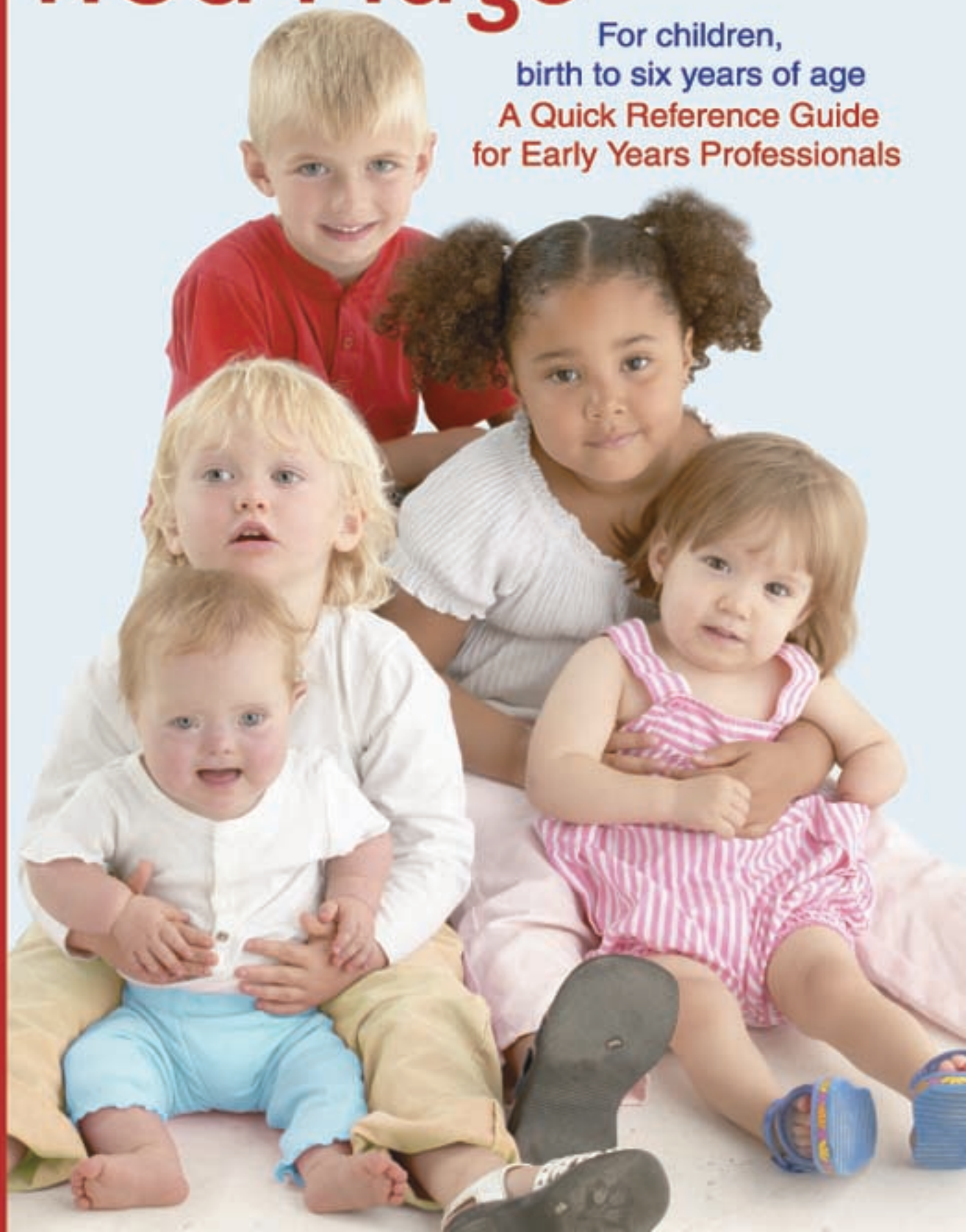


Early Identification in
Peterborough County and City

Red Flags

For children,
birth to six years of age
A Quick Reference Guide
for Early Years Professionals



www.pcchu.ca/redflags

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For the most current version of this document please see www.pcchu.ca/redflags

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), Rourke Baby Record 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.

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

² Nipissing District Developmental Screens refer to 13 parent checklists available to assist parents to record and monitor development of children from birth to age 6 years. The screens cover development related to vision, hearing, communication, gross and fine motor, social/emotional and self-help and offer suggestions to parents for age appropriate activities to enhance child development. In Peterborough County, copies of Nipissing District Developmental Screens can be obtained by calling the Peterborough County-City Health Unit Family HEALTHline at (705) 743-1000. Parents are encouraged to call the Family HEALTHline if two or more items are checked “No” on the screen. 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 2 ‘No’s’ are identified. For more information about Nipissing District Developmental Screens or to access them online, go to: www.ndds.ca.

How to Use this Document

This is a Quick Reference to look at child development from birth to age six years. 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.

- ❑ Use “Red Flags” in conjunction with a screening tool, such as Nipissing District Developmental Screens, Rourke Baby Record or Ages Stages Questionnaire (ASQ) to review developmental milestones and problem signs. Some information is cross-referenced to other domains, such as speech with hearing, to assist the screener in pursuing questions or ‘gut feelings’.
- ❑ Throughout this document the Peterborough County-City Health Unit’s Family HEALTHline is often the first contact in the “Where to go for help” sections. The **Family HEALTHline (705) 743-1000** is the main telephone number for parents and professionals to call about any topics in this document. The Family HEALTHline also hosts the local speech and language screening program. A Public Health Nurse is available to discuss concerns, provide information, and make referrals, Monday to Friday, 8:30 a.m. to 4:30 p.m. with an option of leaving a message after hours.
- ❑ 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. Referrals can be made to the Family HEALTHline or the health care provider.
- ❑ When there is any suspicion of child abuse or neglect, please remember that there is a “**duty to report**” to the Children’s Aid Society (Child and Family Services Act, 1990, amended 2002). The Kawartha-Haliburton Children’s Aid Society can be reached at (705) 743- 9751.
- ❑ 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 concerns or delays requiring formal investigation by several disciplines, screeners are encouraged to refer to the agencies that can coordinate a collaborative and comprehensive assessment process.
- ❑ If referrals are made to private sector agencies, alert families that **fees will not be funded by OHIP.**

How to Talk to Parents about Sensitive Issues

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

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

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

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

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

Problem Signs... if a 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 a children's mental health professional at Kinark Child and Family Services at 1-888-454-6275 or the Family and Youth Clinic at (705) 876-5114. Contact the Family HEALTHline at (705) 743-1000 for referral to the Healthy Babies, Healthy Children Program or the Infant Toddler Development Program and other community programs and resources. For information on parenting programs and groups contact the Ontario Early Years Centre at (705) 748-9144.

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

The key characteristics of ADHD such as poor attention control, impulsiveness, easily distracted and a high activity level can all be seen in normal children. It is important to consider the child's developmental age and other factors such as stress, boredom and other developmental problems (i.e. speech, hearing, vision, fine motor, behaviour) before considering ADHD as a potential diagnosis.

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

- distracted very easily
- difficulty concentrating on tasks for a reasonable length of time
- difficulty paying attention to detail (often makes careless mistakes)
- problems following instructions and completing activities
- difficulty keeping track of personal belongings and materials
- struggles to remember routines and organize tasks/activities
- difficulty getting started on activities, particularly those that are challenging
- does not seem to be listening when spoken to directly
- often fidgets, squirms and turns around in seat constantly
- constantly on the go
- makes a lot of noise even during play
- talks incessantly when not supposed to talk
- blurts out answers before hearing the whole question
- becomes easily frustrated waiting in line or when asked to take turns
- leaves seat when expected to stay in seat
- runs or climbs excessively when it is not appropriate

WHERE TO GO FOR HELP

If there are concerns, advise the parent to contact their family physician and/or paediatrician. For more information contact the Family HEALTHline at (705) 743-1000. Preschoolers may show signs of learning disabilities through difficulties in a variety of developmental areas. Refer to the Speech and Language, Fine Motor, Gross Motor, Vision, and Behaviour sections.

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"> <input type="checkbox"/> Doesn't smile in response to another person <input type="checkbox"/> Delayed imaginative play - lack of varied, spontaneous make-believe play <input type="checkbox"/> Prefers to play alone, decreased interest in other children <input type="checkbox"/> Poor interactive play <input type="checkbox"/> Poor eye contact - this does not mean it is absent <input type="checkbox"/> Less showing, giving, sharing and directing others' attention than usual <input type="checkbox"/> Any loss of social skills at any age (regression) <input type="checkbox"/> Prefers to do things for him/herself rather than ask for help <input type="checkbox"/> Awkward or absent greeting of others |
| Communication Concerns | <ul style="list-style-type: none"> <input type="checkbox"/> Language is delayed (almost universal) <input type="checkbox"/> Inconsistent response or does not respond to his/her name or instructions <input type="checkbox"/> Unusual language – repeating phrases from movies, involuntarily echoing other people (echolalia), repetitive use of phrases, odd intonation <input type="checkbox"/> Decreased ability to compensate for delayed speech by gesture/pointing <input type="checkbox"/> Poor comprehension of language (words and gestures) <input type="checkbox"/> Any loss of language skills at any age (regression), but particularly between 15 and 24 months <input type="checkbox"/> Inability to carry on a conversation |
| Behavioural Concerns | <ul style="list-style-type: none"> <input type="checkbox"/> Severe repeated tantrums due to frustration, lack of ability to communicate, interruption of routine, or interruption of repetitive behaviour <input type="checkbox"/> Narrow range of interests that he/she engages in repetitively <input type="checkbox"/> High pain tolerance <input type="checkbox"/> Insistence on maintaining sameness in routine, activities, clothing, etc. <input type="checkbox"/> Repetitive hand and/or body movements: finger wiggling, hand and arm flapping, tensing of fingers, complex body movements, spinning, jumping, etc. <input type="checkbox"/> Unusual sensory interests - visually squinting or looking at things out of the corner of eye; smelling, licking, mouthing objects; hypersensitive hearing <input type="checkbox"/> Unusual preoccupation with objects (e.g. light switches, fans, spinning objects, vertical blinds, wheels, balls) |

WHERE TO GO FOR HELP

If there is suspicion of autism, advise the parent to arrange a referral to a paediatrician and contact Five Counties Children's Centre at (705) 748-2221 and the Central East Autism Service at 1-888-454-6275.

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:

- | | |
|-----------------------------------|--|
| Aggression | <ul style="list-style-type: none"> <input type="checkbox"/> Temper tantrums; excessive anger; threats <input type="checkbox"/> Hits; kicks; bites; scratches others; pulls hair <input type="checkbox"/> Bangs, slams objects; property damage <input type="checkbox"/> Cruelty to animals <input type="checkbox"/> Hurting those less able/bullies others |
| Social Behaviour | <ul style="list-style-type: none"> <input type="checkbox"/> Difficulty paying attention/hyperactive; overly impulsive <input type="checkbox"/> Screams; cries excessively; swears <input type="checkbox"/> Hoarding; stealing <input type="checkbox"/> No friends; socially isolated; will not make eye or other contact; withdrawn <input type="checkbox"/> Anxious; fearful/extreme shyness; agitated <input type="checkbox"/> Compulsive behaviour; obsessive thoughts; bizarre talk <input type="checkbox"/> Embarrassing behaviour in public; undressing in public <input type="checkbox"/> Touches self or others in inappropriate ways; precocious knowledge of a sexual nature <input type="checkbox"/> Flat affect, inappropriate emotions, unpredictable angry outburst, disrespect or striking female teachers are examples of post traumatic red flags for children who have witnessed violence |
| Noncompliance | <ul style="list-style-type: none"> <input type="checkbox"/> Oppositional behaviour <input type="checkbox"/> Running away <input type="checkbox"/> Resisting assistance that is inappropriate to age |
| Life Skills | <ul style="list-style-type: none"> <input type="checkbox"/> Deficits in expected functional behaviours (e.g. eating, toileting, dressing, poor play skills) <input type="checkbox"/> Regression; loss of skills; refusal to eat; sleep disturbances <input type="checkbox"/> Difficulty managing transitions/routine changes |
| Self-Stimulatory Behaviour | <ul style="list-style-type: none"> <input type="checkbox"/> Hand-flapping; hand wringing; rocking; swaying <input type="checkbox"/> Repetitious twirling; repetitive object manipulation |
| Self-Injurious Behaviour | <ul style="list-style-type: none"> <input type="checkbox"/> Bites self; slaps self; grabs at self <input type="checkbox"/> Picks at skin; sucks excessively on skin; bangs head on surfaces <input type="checkbox"/> Eats inedible items <input type="checkbox"/> Intentional vomiting (when not ill) <input type="checkbox"/> Potentially harmful risk taking (e.g. running into traffic, setting fires) |

WHERE TO GO FOR HELP

If there are concerns, advise the parent to contact a children's mental health professional at Kinark Child and Family Services at 1-888-454-6275, the Family and Youth Clinic at (705) 876-5114 or Tri-County Community Support Services at (705) 876-9245. Contact the Family HEALTHline at (705) 743-1000 for referral to the Healthy Babies, Healthy Children Program or the Infant and Toddler Development Program and other community programs and resources. For information on parenting programs and groups contact the Peterborough Family Resource Centre/Ontario Early Years Centre at (705) 748-9144. If there are concerns about Autism, refer to the Autism Spectrum Disorder section.

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

- | | |
|--|--|
| <p>Risk of prolonged exposure of teeth to fermentable carbohydrates
(includes formula, juice, milk and breast milk)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Use of bottle, breast, sippy cups, plastic bottles with straws <input type="checkbox"/> High sugar consumption in infancy <input type="checkbox"/> Sweetened pacifiers <input type="checkbox"/> Long term sweetened medication <input type="checkbox"/> Going to sleep with a bottle containing anything but water <input type="checkbox"/> Prolonged use of a bottle beyond one year <input type="checkbox"/> Breastfeeding or bottle feeding without cleaning teeth |
| <p>Physiological Risk Factors</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Factors associated with poor enamel development, such as poor prenatal nutrition, poor prenatal health, and malnutrition of the child <input type="checkbox"/> Possible enamel deficiencies related to prematurity or low birth weight <input type="checkbox"/> Mother and child's lack of exposure to fluoridated water <input type="checkbox"/> Transference of saliva containing oral bacteria from the parent/caregiver to the child during the first two years of life, through frequent, intimate contact by kissing on the mouth, licking the child's pacifier or bottle to "clean" it or by tasting the child's food |
| <p>Other Risk Factors</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Poor oral hygiene <input type="checkbox"/> Sibling history of early childhood tooth decay <input type="checkbox"/> Lack of education of caregivers <input type="checkbox"/> Lower socioeconomic status <input type="checkbox"/> Limited access to dental care <input type="checkbox"/> Deficits in parenting skills and child management |

WHERE TO GO FOR HELP

If there are concerns, advise parents to contact their dentist. Families with limited finances may contact the Peterborough County-City Health Unit at (705) 743-1000, where children may be eligible for the Children in Need of Treatment (CINOT) Program. For parenting education, detailed information on early childhood tooth decay or referral to the Healthy Babies, Healthy Children Program, contact the Family HEALTHline at (705) 743-1000.

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

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

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

- | | |
|------------------------------|--|
| Parental Factors | <ul style="list-style-type: none"><input type="checkbox"/> History of abuse – parent or child<input type="checkbox"/> Severe health problems<input type="checkbox"/> Substance abuse*<input type="checkbox"/> Partner abuse*<input type="checkbox"/> Difficulty controlling anger or aggression*<input type="checkbox"/> Feelings of inadequacy, low self-esteem<input type="checkbox"/> Lack of knowledge or awareness of child development<input type="checkbox"/> A young, immature, or developmentally delayed parent*<input type="checkbox"/> History of postpartum depression<input type="checkbox"/> History of crime<input type="checkbox"/> Lack of parent literacy |
| Social/Family Factors | <ul style="list-style-type: none"><input type="checkbox"/> Family breakdown<input type="checkbox"/> Multiple births<input type="checkbox"/> Several children close in age<input type="checkbox"/> A special needs child<input type="checkbox"/> An unwanted child<input type="checkbox"/> Personality and temperament challenges in child or adult<input type="checkbox"/> Mental or physical illness*, or special needs of a family member<input type="checkbox"/> Alcohol or drug abuse*<input type="checkbox"/> Lack of a support network or caregiver relief<input type="checkbox"/> Inadequate social services or supports to meet family's needs<input type="checkbox"/> Prematurity or low birth weight |
| Economic Factors | <ul style="list-style-type: none"><input type="checkbox"/> Inadequate income<input type="checkbox"/> Unemployment<input type="checkbox"/> Business failure<input type="checkbox"/> Debt<input type="checkbox"/> Inadequate housing or eviction*<input type="checkbox"/> Change in economic status related to immigration |

WHERE TO GO FOR HELP

The family physician or paediatrician is an important contact for all health issues. If families indicate that they are stressed by one or more of the red flags, family assessments are available through the Healthy Babies, Healthy Children Program at (705) 743-1000 or the Kawartha-Haliburton Children's Aid Society (705) 743-9751. Contact the Family HEALTHline at (705) 743-1000 for more information or referrals to community resources and supports. Counselling services are available at the Community Counselling and Resource Centre at (705)-742-4258.

***Duty to Report** - Contact the Kawartha-Haliburton Children's Aid Society at (705) 743-9751 if there are concerns about child protection.

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

- 0-3 months**
 - Opens mouth to latch
 - Recognizes bottle or breast/organized response
 - Sequences two or more sucks before pausing to breathe or swallow
 - Uses a sucking pattern and loses some liquid during sucking

- 4-6 months**
 - Uses a sucking pattern as food approaches or touches the lips
 - Uses a suck-swallow pattern to move food to the back of the mouth
 - Some food is pushed out of the mouth
 - Periodic choking, gagging or vomiting can occur
 - Sequences 20 or more sucks from the breast or bottle
 - Swallowing follows sucking with no obvious pauses when hungry
 - Pauses for breathing are infrequent

- 6-8 months**
 - No longer loses liquid during sucking
 - Uses sucking motion with cup, wide jaw movements with loss of liquid
 - Swallows some thicker pureed foods and tiny, soft, slightly noticeable lumps
 - Food is not pushed out by the tongue, but minor loss of food will occur
 - Tongue moves up and down in a munching pattern, with no side to side movement
 - Does not yet use teeth and gums to clean food from lips

- 9-12 months**
 - Usually takes up to three sucks before stopping or pulling away from the cup to breathe
 - Holds a soft cookie between the gums or teeth without biting all the way through
 - Begins to transfer food from the center of the tongue to the side
 - Uses side to side tongue movement with ease when food is placed on the side of the mouth
 - Upper lip moves downward and forward to assist in food removal from spoon

- 12-18 months**
 - Sequences of at least three suck-swallows occurs
 - Some coughing and choking may occur if the liquid flows too fast
 - Able to bite a soft cookie
 - May lose food or saliva while chewing

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

2 years

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

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

WHERE TO GO FOR HELP

For self-feeding, see Fine Motor Skills Section. For nutritional concerns, see Nutrition Section. If there are any concerns about feeding and swallowing, contact the Infant and Toddler Development Program at (705) 743-1000 or Five Counties Children's Centre at (705) 748-2221.

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

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

- | | |
|----------------------------------|---|
| Infants | <ul style="list-style-type: none"> <input type="checkbox"/> Low birth weight; failure to thrive; small size; small head circumference; and ongoing growth retardation <input type="checkbox"/> Disturbed sleep, irritability, persistent restlessness <input type="checkbox"/> Failure to develop routine patterns of behaviour <input type="checkbox"/> Prone to infections <input type="checkbox"/> May be floppy or too rigid because of poor muscle tone (all or parts of the body) <input type="checkbox"/> May have one of the following birth defects: congenital heart disease, cleft lip and palate, anomalies of the urethra and genitals, spina bifida <input type="checkbox"/> Facial dysmorphology – the characteristic facial features include small eye openings, flat mid-face, thin upper lip, flattened ridges between base of nose and upper lip; ear anomalies |
| Toddlers and Preschoolers | <ul style="list-style-type: none"> <input type="checkbox"/> Developmental delays <input type="checkbox"/> Slow to acquire skills <input type="checkbox"/> Sleep and feeding problems may persist <input type="checkbox"/> Sensory hyper/hypo-sensitivity (irritability, stiffness when held or touched, refusal to brush hair or teeth, over/under-reaction to injury) <input type="checkbox"/> Late development of motor skills – clumsy and accident prone <input type="checkbox"/> Facial dysmorphology – as above |
| Kindergarten | <ul style="list-style-type: none"> <input type="checkbox"/> Learning and neurobehavioral problems (distractible, poor memory, impaired learning, impulsive) <input type="checkbox"/> Discrepancy between good expressive and poor receptive language (is less capable than he/she looks) <input type="checkbox"/> Attention Deficit and/or Hyperactivity <input type="checkbox"/> Sensory Integration Disorders – may seek or avoid tactile or auditory input <input type="checkbox"/> Information processing problems <input type="checkbox"/> Difficulty reading non-verbal cues; unable to relate cause and effect; poor social judgment resulting in behaviour problems <input type="checkbox"/> Facial dysmorphology – as above |

WHERE TO GO FOR HELP

If there are concerns, advise parents to contact their physician for referral to a paediatrician. For children two years of age and over with behavioural concerns, parents can contact Tri-County Community Support Services at (705) 876-9245. For concerns related to specific characteristics refer to Sensory, Behaviour, Gross Motor, and Fine Motor sections. Literacy issues may also be the result of difficulties with speech, vision, or hearing; refer to the Speech and Language, Vision, and Hearing sections.

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

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

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

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

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

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

- By 18 months**
 - Helps with dressing by pulling out arms and legs
 - Stacks three or more blocks
 - Scribbles with crayons
 - Eats foods without coughing or choking
 - Puts items into a container
 - Can match shape-sorters

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

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

- By 4 years**
 - Holds a crayon correctly – rests the crayon on the second finger (don't count thumb) and held between the first finger and thumb. Be sure the child does not pinch too tightly or push too hard
 - Undoes buttons or zippers
 - Cuts with scissors
 - Dresses and undresses with minimal help

- By 5 years**
 - Draws diagonal lines, simple shapes and a few 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

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

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

WHERE TO GO FOR HELP

If there are concerns, advise the parent to contact the Family HEALTHline at (705) 743-1000 for referral to the Infant and Toddler Development Program. Referrals can be made directly to a Preschool Resource Teacher and an Occupational Therapist at Five Counties Children's Centre at (705) 748-2221.

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

- By 2 months**
 - Lifts head up when held at parent/caregiver's 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
 - Bears weight on feet and balances
- 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 or walks up stairs
 - Squats to pick up a toy without falling
- 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 pedals
 - Walks on a straight line without stepping off
- By 5 years**
 - Hops on one foot
 - Throws and catches a ball successfully most of the time
 - Plays on playground equipment safely and without difficulty

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

- Asymmetry (i.e. a difference between two sides of body; or body too stiff or too floppy)
- Baby has significant flattening of head (risk of plagiocephaly)
- Baby prefers to hold head to one side - can be as early as birth (risk of torticollis)
- 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

WHERE TO GO FOR HELP

If there are concerns, advise the parent to contact the Family HEALTHline at (705) 743-1000 for referral to the Infant and Toddler Development Program. Referrals can be made directly to Five Counties Children's Centre at (705) 748-2221 for assessment by a physiotherapist.

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

- 0-3 months**
 - Startles, cries or wakens to loud sounds
 - Moves head, eyes, arms and legs in response to a noise or voice
 - Smiles when spoken to, or calms down; appears to listen to sounds and talking
- 4-6 months**
 - Responds to changes in voice tone
 - Looks around to determine where new sounds are coming from; responds to music
- 7-12 months**
 - Turns or looks up when her/his name is called
 - Responds to the word “no”; listens when spoken to
 - Knows common words like “cup”, “shoe”, “mom”
 - Responds to requests such as “want more”, “come here”
- 12 months - 2 years**
 - Turns toward speaker when calling their name from behind
 - Follows simple commands
 - Tries to ‘talk’ by pointing, reaching and making noises
 - Knows sounds like a closing door and a ringing phone
- 2-3 years**
 - Listens to a simple story
 - Follows two requests (e.g. “get the ball and put it on the table”)
- 3-4 years**
 - Hears when speaker calls from another room
 - Listens to the television at the same loudness as the rest of the family
 - Answers simple questions
- 4-5 years**
 - Pays attention to a story and answers simple questions
 - Hears and understands most of what is said at home and school
 - Family, teachers, babysitters, and others think he or she hears fine

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

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

WHERE TO GO FOR HELP

See the Speech and Language section for concerns as hearing and speech go together. A problem with one could mean a problem with the other. For a hearing assessment, advise the parent to contact the family doctor for a referral to an audiologist, or contact an audiologist directly. Contact the Family HEALTHline at (705) 743-1000 for more information or for a list of audiologists and prices. Contact the Childhood Hearing Program at Five Counties Children’s Centre (705) 748-2221 to have an infant’s hearing screened and to obtain support for any child from birth to six years of age identified with permanent hearing loss. Information is also available at the Canadian Hearing Society at www.chs.ca or call (705) 743-1573.

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”. Learning Disabilities result from impairments in one or more psychological process related to learning in combination with otherwise average to above average abilities and can vary in severity. 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
- non-verbal communication (reading social language, social skills, motor development)

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

Preschool

- Speaks later than most children
- Has pronunciation difficulties
- Slow vocabulary growth, often unable to find the right word
- Has difficulty rhyming words
- Has trouble learning colours, shapes, days of the week, songs, 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, does not read social cues
- Has trouble learning left from right
- Has trouble learning self-help skills
- Is reluctant to draw or colour

WHERE TO GO FOR HELP

For information, advise the parent to contact the Family *HEALTHline*. Learning Disabilities are diagnosed by a psychologist, and generally after the child enters school and is learning to read and write. However, preschoolers may show signs of learning disabilities through difficulties in a variety of developmental areas. Refer to the Speech and Language, Fine Motor, Gross Motor, Vision, and Behaviour sections.

For more information about learning disabilities, contact the Learning Disabilities Association of Peterborough at (705) 748-9455.

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"> <input type="checkbox"/> Listens to parent/caregiver's voice <input type="checkbox"/> Makes cooing or gurgling sounds |
| 4-8 months | <ul style="list-style-type: none"> <input type="checkbox"/> Imitates sounds heard <input type="checkbox"/> Makes some sounds when looking at toys or people <input type="checkbox"/> Brightens to sound, especially to people's voices <input type="checkbox"/> Seems to understand some words (e.g. daddy, bye-bye) |
| 9-12 months | <ul style="list-style-type: none"> <input type="checkbox"/> Understands short instructions (e.g. "Where is the ball?") <input type="checkbox"/> Babbles a series of different sounds (e.g. ba, da, tongue clicks, dugu-dugu) <input type="checkbox"/> Makes sounds to get attention, to make needs known, or to protest <input type="checkbox"/> Shows interest in looking at books |
| 12-18 months | <ul style="list-style-type: none"> <input type="checkbox"/> Follows directions when given without gestures (e.g. "Throw the ball") <input type="checkbox"/> Uses common expressions (e.g. "all gone", "oh-oh") <input type="checkbox"/> Says five or more words; words do not have to be clear <input type="checkbox"/> Identifies pictures in a book (e.g. "Show me the baby") <input type="checkbox"/> Holds books and turns pages |
| By 2 years | <ul style="list-style-type: none"> <input type="checkbox"/> Asks for help using words or actions <input type="checkbox"/> Joins two words together (e.g. "want cookie", "more milk") <input type="checkbox"/> Learns and uses one or more new words a week; may only be understood by family <input type="checkbox"/> Asks for favourite books to be read over and over again |
| By 3 years | <ul style="list-style-type: none"> <input type="checkbox"/> Can be understood by strangers approximately 75% of the time <input type="checkbox"/> Uses 5 word sentences <input type="checkbox"/> Is learning the meaning of several new words every week (in spoken language) <input type="checkbox"/> Sings simple songs and familiar rhymes <input type="checkbox"/> Knows how to use a book (holds/turns pages properly, starts at beginning, points/talks about pictures) <input type="checkbox"/> Looks carefully at and makes comments about books <input type="checkbox"/> Fills in missing words in familiar books that are read aloud <input type="checkbox"/> Holds a pencil and uses it to draw/scribble |
| By 3 - 4½ years
(end of JK) | <ul style="list-style-type: none"> <input type="checkbox"/> Can be fully understood by most adults when speaking <input type="checkbox"/> Speaks in complete sentences using some details <input type="checkbox"/> Is learning the meaning of and using several "new words" every week (in spoken language) <input type="checkbox"/> Recites nursery rhymes and sings familiar songs <input type="checkbox"/> Makes up rhyming words <input type="checkbox"/> Reads a book by memory or by making up the story to go along with the pictures <input type="checkbox"/> Can guess what will happen next in a story <input type="checkbox"/> Retells some details of stories read aloud but not necessarily in order <input type="checkbox"/> 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, (e.g. 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 the Family HEALTHline at (705) 743-1000 or the early literacy specialist through the Peterborough Family Resource Centre/Ontario Early Years Centre at (705) 748-9144. Literacy issues may also be the result of difficulties with speech, vision, or hearing. Refer to the Speech and Language, Vision, and Hearing sections.

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; geocentricism

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. Parents can also contact Five Counties Children Centre at (705) 748-2221.

ABUSE

Although not conclusive, the presence of one or more of 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.

Duty to Report: if there are suspicions, you are legally obligated to consult or report to the Kawartha-Haliburton Children's Aid Society at (705) 743-9751. Professionals must also report any incident of a child witnessing family violence. For related medical issues, contact the family physician or paediatrician. Acute injuries may require that the child be taken to the emergency department at the closest hospital.

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) • often found in solitary position (e.g. alone in car seat or crib) 	<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)

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 	<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 she/he can do

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/fingerprints, 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) 	<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 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 a 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

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

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

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

- 0-3 months**
- Foods other than breast milk or iron fortified infant formula are given
 - Water for infant formula is not being boiled for one minute
 - Infant formula is not being mixed correctly (i.e. correct dilution)
 - Breast milk or infant formula is not being fed on demand
 - Honey or herbal tea is given
 - Not producing an average of six heavy, wet diapers per day (from six days on)
- 4-6 months**
- Infant formula is not iron fortified
 - Solid foods have been introduced prior to infant displaying readiness to feed (e.g. good head control, can turn away if food is not wanted, opens mouth wide when food is seen coming)
 - Breast milk or infant formula is not being fed on demand
 - Unsafe foods are given (e.g. honey, egg whites, cow's milk, herbal teas)
 - Not producing an average of six heavy, wet diapers per day
 - Drinking any fruit juice, fruit drink or soft drink
- 6-9 months**
- Cow's milk is being given instead of breast milk or iron fortified infant formula
 - Drinking more than 2-3 oz (1/4 – 1/3 cup) per day of juice
 - Iron fortified infant cereal has not been introduced
 - Pureed solid foods have not been introduced (e.g. vegetables, fruit, meat/meat alternatives)
 - Unsafe foods are given (e.g. honey, egg whites, herbal teas)
 - Drinking any fruit drink or soft drink
- 9-12 months**
- If receiving cow's milk, a low-fat version (2%, 1%, or skim) is given
 - 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**
- 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
 - Not eating a variety of table foods
 - Parent or caregiver still feeding child; not allowing child to self-feed (finger, spoon, cup)
 - A low fat cow's milk is provided before the age of two years
 - Food is used as a reward or punishment
- 2-5 Years**
- Drinking less than 16 oz (2 cups) or more than 24 oz (3 cups) of milk per day
 - Drinking more than 4 oz (1/2 cup) per day of juice
 - Still drinking from a bottle; still being spoon-fed
 - Not eating a variety of table foods from the four food groups
 - Does not eat at regular times throughout the day (breakfast, lunch, and supper, plus 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 five hours per day)
 - Food is used as a reward or punishment

General Risk Factors

- Breastfed infant is not receiving a vitamin D supplement
- Unexpected and/or unexplained weight loss or gain
- Rate of growth is falling off the growth curve
- Healthcare professional identifies that infant or child is not following his/her percentile curve on growth chart
- 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 caregiver is unable to obtain adequate food due to financial constraints
- Parent or caregiver offers inappropriate amounts of food or force feeds

WHERE TO GO FOR HELP

If there are any concerns, advise the parent to call the Family HEALTHline at (705) 743-1000, the family physician or paediatrician. Nutrition difficulties that are perceived as behavioural can sometimes be a developmental issue; refer to the Feeding and Swallowing section. For more information on nutrition, visit www.caringforkids.cps.ca/eating

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

WHERE TO GO FOR HELP

If there are health concerns, advise the woman/family to contact her physician. For more information contact the Family HEALTHline at (705) 743-1000. Counselling is available through the Women's Health Care Centre at (705) 743-4132.

*Contact the Kawartha-Haliburton Children's Aid Society at (705) 743-9751 if the child's safety is a concern. For crisis intervention, call the Four County Crisis Response Program at (705) 745-6484.

Is this child ready for school?

The child should be able to:

- get dressed with help
- engage in bathroom hygiene routines
- understand the steps to good handwashing
- open lunch items
- be away from you
- ask for help
- share and take turns with other children
- follow routines
- communicate so a teacher and other students can understand
- listen and follow directions
- understand basic safety rules
- feel good about trying new things
- take part in group activities

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

- significant attention difficulties
- behaviour affecting ability to learn new things
- sudden change in behaviour uncharacteristic for the individual
- difficulties with pre-academic skills/concepts (e.g., colours, shapes)
- history of learning disabilities in the family
- delay in self-help skills
- inconsistent performances (can't do what she could do last week)
- poorly focused and unorganized

Source: Red Flags, Early Identification in Kingston, Frontenac and Lennox & Addington, August 2006.

WHERE TO GO FOR HELP

If there are concerns, advise the parent to contact the Family HEALTHline at (705) 743-1000. For school readiness information contact the Peterborough Family Resource Centre/Ontario Early Years Centre at (705) 748-9144, or the local school board; Kawartha Pine Ridge District School Board at (705) 742-7801 or Peterborough Victoria Northumberland and Clarington Catholic District School Board at (705) 748-4861.

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"> <input type="checkbox"/> Responds negatively to unexpected or loud noises <input type="checkbox"/> Is distracted or has trouble functioning if there is a lot of background noise <input type="checkbox"/> Enjoys strange noises/seeks to make noise for noise sake <input type="checkbox"/> Seems to be "in his/her own world" |
| Visual | <ul style="list-style-type: none"> <input type="checkbox"/> Has trouble staying between the lines when colouring: particularly for children over three years of age <input type="checkbox"/> Avoids eye contact <input type="checkbox"/> Squinting, or looking out of the corner of the eye <input type="checkbox"/> Staring at bright, flashing objects |
| Taste/Smell | <ul style="list-style-type: none"> <input type="checkbox"/> Avoids certain tastes/smells that are typically part of a child's diet <input type="checkbox"/> Chews/licks non-food objects <input type="checkbox"/> Gags easily <input type="checkbox"/> Picky eater, especially regarding textures |
| Movement and Body Position | <ul style="list-style-type: none"> <input type="checkbox"/> Continually seeks out all kinds of movement activities (being whirled by adult, playground equipment, moving toys, spinning, rocking) <input type="checkbox"/> Becomes anxious or distressed when feet leave ground <input type="checkbox"/> Poor endurance – tires easily; Seems to have weak muscles <input type="checkbox"/> Avoids climbing, jumping, uneven ground or roughhousing <input type="checkbox"/> Moves stiffly or walks on toes; Clumsy or awkward, falls frequently <input type="checkbox"/> Does not enjoy a variety of playground equipment <input type="checkbox"/> Enjoys exaggerated positions for long periods (e.g. lies head-upside-down off sofa) |
| Touch | <ul style="list-style-type: none"> <input type="checkbox"/> Becomes upset during grooming (hair cutting, face washing, fingernail cutting or teeth brushing) <input type="checkbox"/> Has difficulty standing in line or close to other people; or stands too close, always touching others or bumps into people and objects and does not notice <input type="checkbox"/> Is sensitive to certain fabrics <input type="checkbox"/> Fails to notice when face or hands are messy or wet <input type="checkbox"/> Craves lots of touch: heavy pressure, long-sleeved clothing, hats and certain textures |
| Activity Level | <ul style="list-style-type: none"> <input type="checkbox"/> Always on the go; has difficulty paying attention <input type="checkbox"/> Very inactive, under-responsive |

Emotional/Social

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

WHERE TO GO FOR HELP

If there are concerns, advise the parent to contact the Family *HEALTHline* at (705) 743-1000. The family physician can make a referral to a paediatrician. Parents can contact an Occupational Therapist through Five Counties Children's Centre at (705) 748-2221.

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 at Kinark Child and Family Services at 1-888-454-6275 or the Family and Youth Clinic at (705) 876-5114. For more information contact the Family Health *line* at (705) 743-1000. For parenting programs and groups contact the Ontario Early Years Centre at (705) 748-9144.

***Duty to Report** - Contact the Kawartha-Haliburton Children's Aid Society at (705) 743-9751 if there are concerns about child protection.

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

- By 6 months**
- Orients to sounds
 - Startles in response to loud noises
 - Makes different cries for different needs (i.e. hungry, tired)
 - Watches your face as you talk
 - Smiles/laughs in response to your smiles and laughs
 - Imitates coughs or other sounds (e.g. “ah”, “eh”, “buh”)
- By 9 months**
- Responds to his/her name
 - Responds to the telephone ringing or a knock at the door
 - Understands being told “no”
 - Gets what s/he wants through gestures (e.g. reaching to be picked up)
 - Plays social games with you (e.g. “Peek-A-Boo”)
 - Enjoys being around people
 - Babbles and repeats sounds such as “babababa” or “duhduhduh”
- By 12 months**
- Follows simple one-step directions (e.g. “sit down”)
 - Looks across the room to a toy when adult points at it
 - Consistently uses three to five words
 - Uses gestures to communicate (e.g. waves hi/bye, shakes head “no”)
 - Gets your attention using sounds, gestures and pointing while looking at your eyes
 - Brings toys to show you
 - “Performs” for social attention and praise
 - Combines lots of sounds together as though talking (e.g. “abada baduh abee”)
 - Shows an interest in simple picture books
- By 18 months**
- Understands the concepts of “in and out”, “off and on”
 - Points to several body parts when asked
 - Uses at least 20 words consistently
 - Responds with words or gestures to simple questions (e.g. “Where’s teddy?”, “What’s that?”)
 - Demonstrates some pretend play with toys (e.g. gives teddy a drink, pretends a bowl is a hat)
 - Makes at least four different consonant sounds (e.g. p, b, m, n, d, g, w, h)
 - Enjoys being read to and sharing simple books
 - Points to pictures using one finger
- By 2 years**
- Follow two-step directions (e.g. “Go find your teddy bear and show it to Grandma”)
 - Uses 100-150 words
 - Uses at least two pronouns (e.g. “you”, “me”, “mine”)
 - Consistently combines two to four words in short phrases (e.g. “Daddy hat”, “truck go down”)
 - Enjoys being around other children
 - Begins to offer toys to peers and imitate other children’s actions and words
 - Words are understood by other 50% to 60% of the time
 - Forms words/sounds easily and effortlessly
 - Holds books the right way up and turns pages
 - “Reads” to stuffed animals or toys
 - Scribbles with crayons

By 30 months

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

By 3 years

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

By 4 years

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

By 5 years

- ❑ Follows group directions (e.g. “All the boys get a toy”)
- ❑ Understands directions involving “if...then” (e.g. “If you’re wearing runners, then line up for gym”)
- ❑ Describes past, present and future events in detail
- ❑ Seeks to please his/her friends
- ❑ Shows increasing independence in friendships (e.g. may visit neighbour by him/herself)
- ❑ Uses almost all of the sounds of their language with few to no errors
- ❑ Knows all the letters of the alphabet
- ❑ Identifies the sounds at the beginning of some words (e.g. “Pop starts with the ‘puh’ sound”)

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

- ❑ 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 two and a half, 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 any concerns, advise the parent to contact the Haliburton Kawartha Pine Ridge District Speech and Language Program by calling the Family *HEALTHline* at (705) 743-1000. Referrals for assessment can be made directly to Five Counties Children's Centre at (705) 748-2221 by the parent or physician. A list of private Speech Language Pathologists is available through the above contacts. For social or behavioural concerns, refer to the Autism, Social and Emotional and Behaviour sections.

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

- 0-3 months**
 - Focuses on parent/caregiver's 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 parent/caregiver walks around the room
 - Looks at hands and begins to reach out and touch nearby objects
- 4-6 months**
 - Tries to copy your facial expression
 - Reaches across the crib for objects and reaches for objects when playing with parent/caregiver
 - Grasps small objects close by
 - Follows moving objects with eyes only (less moving of head)
- 7-12 months**
 - Plays games like 'peek-a-boo', 'pat-a-cake', 'waves bye-bye'
 - Reaches out to play with toys and other objects on own
 - Moves around to explore what's in the room; searches for a hidden object
- 12 months - 2 years**
 - Moves eyes and hands together (e.g. stacks blocks, places 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
- 2-3 years**
 - Sits at a normal distance when watching television
 - Follows moving objects with both eyes working together (coordinated)
- 3-4 years**
 - Knows people from a distance (across the street)
 - Uses hands and eyes together (e.g. catches a large ball)
 - Builds a tower of blocks, string beads; copies a circle, triangle and square
- 4 years**
 - Knows colors and shadings; picks out detail in objects and pictures
 - Holds a book at a normal distance

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

- Blinking and/or rubbing eyes often; a lot of tearing or eye-rubbing
- Headaches, nausea, dizziness; blurred or double vision
- Eyes that itch or burn; sensitive to bright light and sun
- Unusually short attention span; will only look at parent/caregiver if he or she hears them speak or make sounds
- Avoidance of tasks with small objects
- 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; any discoloration
- Constant jiggling or moving of eyes side-to-side (roving)

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 year. For more information contact the Family HEALTHline at (705) 743-1000. Information is also available at the Canadian National Institute for the Blind website at www.cnib.ca or call (705) 745-6918.

PETERBOROUGH COUNTY and CITY AGENCIES and ORGANIZATIONS

Service	Contacts	Description
Canadian Hearing Society	T - (705) 743-1573 F - (705) 741-0708 www.chs.ca TTY - (705) 743-1621	Provides advocacy, education, services, counselling and support to deaf and hard of hearing children and their families.
Canadian Institute for the Blind (CNIB)	T - (705) 745-6918 F - (705) 745-9899 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.
Central East Autism Service (CEAS)	T - 1-888-454-6275 www.kinark.on.ca	Provides a range of services to children who qualify under the Ministry of Children and Youth's Program Guidelines for Regional Intensive Early Intervention Programs for Children with Autism. Kinark Child and Family Services is the lead agency. As a first step, children must undergo an eligibility assessment to find out if they qualify for Intensive Behavioural Intervention (IBI) Therapy.
Central East Community Care Access Centre (Peterborough)	T - (705) 743-2212 T - 1-888-235-7222 F - (705) 743-9559 www.peterborough.ccac-ont.ca TTY - (705) 743-7939	Children's Services provides in-home health services to children and respite services to parents of medically fragile children. This program offers treatment and consultation to children with special health and learning needs when such services are considered essential to a student's participation at school. Services may include nursing, dietary, social work, speech and language, physio and occupational therapy.
(Children's Services) City of Peterborough, Social Services Department, Community Partnership and Family Services Division, Children's Services Program birth-12 years	T - (705) 748-8830 ext. 3616 F - (705) 748-8858 www.city.peterborough.on.ca	Offers financial assistance for day care services, Ontario Works information, LEAP (Learning Earning and Parenting program), community placements, social and special needs, and confirmation of crisis referral for child care assistance.

Community Counselling and Resource Centre	T - (705) 742-4258 F - (705) 741-1734 www.ccrcc-ptbo.com	Community Counselling staff are skilled professional counsellors noted for their clinical excellence in both assessment and ongoing counselling. Individual, couple, family and group counselling are available. Counselling is confidential, short-term, and strengths-based. Challenges could involve personal, job, relationship, parenting, or family issues, Caregiving, separation/divorce, or any form of abuse including domestic violence. Fees are geared to income, however, no one is turned away. Locations in Peterborough, Norwood and Apsley.
Five Counties Children's Centre	T (705) 748-2221 T - 1-888-779-9916 F - (705) 748-3526 www.fivecounties.on.ca www.beyond-words.org www.kidtalk.on.ca	Provides therapy assessment and treatment to children from birth to 19 years of age including: Speech and Language Therapy, Physiotherapy, Occupational Therapy, Augmentative Communication Services, Family Services and Therapeutic Recreation. Specialized clinics offered include Palatofacial Management Clinic, Spina Bifida Clinic, Orthopedic Clinic, Botox Clinic and ADOS-G assessment for autism spectrum disorder. Preschool Resource Teacher Program Supports parents and childcare programs who have children from two to six years of age with confirmed or possible delays in their development. Childhood Hearing Program Hearing screening provided for newborns in hospital prior to discharge or by midwife. Community infant hearing screening through Five Counties Children's Centre. Children (birth to six years of age) identified with permanent hearing loss are eligible for family support services, audiology assessments, hearing aid assistance and communication development (American Sign Language or Auditory Verbal Therapy). Haliburton Kawartha Pine Ridge Preschool Speech and Language Program Speech screening through Peterborough County-City Health Unit Family HEALTHline. Speech and language therapy services for preschool aged children provided through Five Counties Children's Centre.
Four Counties Addiction Services Team (FourCAST)	T - (705) 876-1292 T - 1-800-461-1909 F - (705) 876-9125	Offers free, confidential counselling. Provides information, awareness, assessment, referrals and support services for people who have drug, alcohol or gambling related problems.
Four County Crisis Response Program	T - (705) 748-6711 F - (705) 748-2577 Crisis numbers: T - (705) 745-6484 T - 1-866-995-9933 www.4countycrisis.com	Provides crisis intervention support directly over the phone to people 16 years of age and up. Staff will respond and assist callers in dealing with their immediate crisis, provide information, support and referrals to appropriate resources. The team is also available for community outreach and short term follow up.

<p>Healthy Families Initiative</p>	<p>www.peterboroughhealthyfamilies.ca</p>	<p>The Healthy Families Initiative provides reliable information to parents/caregivers and professionals.</p> <p>Healthy Families Collection is housed in the Children's Department of the Peterborough Public Library, (705) 745-6152. The Collection is comprised of books, audio books, videos and internet access.</p> <p>Healthy Families Website offers resource lists on parenting and children's mental health topics such as Attention Deficit Disorder, Bullies/Teasing and Breastfeeding. The website also includes upcoming parent education courses, over 100 links to relevant websites and connections to on-line search databases.</p> <p>Healthy Families Workshop Series offers workshops four to six times per year. For more information call Kinark Child and Family Services (705) 742-3803. The Healthy Families Initiative is a partnership of Kinark Child and Family Services, Learning Disabilities Association of Peterborough, Peterborough County-City Health Unit, Peterborough Family Resource Centre and Peterborough Public Library.</p>
<p>Kawartha-Haliburton Children's Aid Society</p>	<p>T - (705) 743-9751 T - 1-800-661-2843 F - (705) 743-7858 www.khcas.on.ca</p>	<p>Offers support through family intervention team; assists families with behaviour management techniques, foster care, adoption and funding for summer camp programs.</p> <p>Child Protection: mandated responsibility to protect children from abuse, abandonment and neglect.</p> <p>Duty to Report - If a person, including a person who performs professional or official duties with respect to children, has grounds to suspect physical, sexual or emotional abuse or neglect; including a lack of supervision and a lack of medical or therapeutic attention, shall report the suspicion and the information on which it is based to a society. There is an ongoing duty to report as further information may present itself. Failure to report by a professional could result in a fine of \$1000.</p>
<p>Kawartha Pine Ridge District School Board</p>	<p>T - (705) 742-9773 T - 1-877-741-4577 F - (705) 742-7801 www.kprschoools.ca</p>	<p>Serves the communities located in the Kawarthas to the north, and south to Lake Ontario. Hastings County is our eastern border and our western border extends to the City of Kawartha Lakes and to the edge of the City of Oshawa. Parents should register their children for kindergarten by January, the year they are to begin, by calling their local school. If their child has special needs the parent should make an appointment with the school principal to discuss services.</p>

Kinark Child & Family Services	T - (705) 742-3803 T - 1-800-386-6561 T - 1-888-454-6275 (central intake) F - (705) 743-4144 www.kinark.on.ca	A not-for-profit, accredited children’s mental health agency. Kinark provides a full range of free and confidential services to children and youth (ages birth to 18) with emotional, social and behavioural problems and provides support to their families and caregivers. Families make their own referral by calling the central intake number. Specific services for children aged six and under include Preschool Consultation; C.O.P.E. (Community Outreach Parent Education) and Incredible Years Parenting Programs, 0-6 Intensive Services and Family Counselling. Kinark’s multidisciplinary team is composed of social workers, psychologists, psychiatrists, child and youth workers and nursing staff.
Learning Disabilities Association of Peterborough	T- (705) 748-9455 T- 1-866-503-3303 F - (705) 748-9455 www.ldaptbo.com	Offers services for individuals, families and professionals. Strives to enable individuals with learning disabilities to reach their full potential by providing families with guidance, resources, advocacy, tutoring, and workshops.
Ministry of Children and Youth Services	T - (705) 742-9292 www.children.gov.on.ca	Financial assistance for children with severe disabilities.
Peterborough County-City Health Unit	T- (705) 743-1000 T- 1-877-743-0101 F- (705) 743-2897 www.pcchu.ca TTY - (705)743-4700	<p>Family HEALTHline 743-1000 A free and confidential health information telephone service provided by Public Health Nurses who will answer your health related questions, provide health education and individual counselling. Encourage parents to call for information about child development or to have their child’s speech screened over the phone. For speech and language information also visit www.kidtalk.on.ca. Monday-Friday, 8:30 a.m. - 4:30 p.m., with the option of leaving messages 24 hours/day.</p> <p>Healthy Babies, Healthy Children (HBHC) A prevention/early intervention initiative designed to give all families the information and support they need to give their children (birth - six years) a healthy start in life, and to provide more intensive services and supports for families with children who may not reach their full potential (i.e. are at high risk). HBHC includes both universal (screening and assessment) and targeted services (in-depth family assessment, blended model of public health nurse and family visitor home visiting, and service coordination).</p>

		<p>Infant and Toddler Development Program (ITDP) Services are for families with infants and young children who may become delayed in development because of prematurity, social, or economic concerns; or are diagnosed with special needs such as Down Syndrome, cerebral palsy, or spina bifida; or are delayed in development. Provides developmental assessments to identify children's strengths and needs through home visits and consultations. Will suggest activities that promote learning and development and provide information about community resources and professional services.</p> <p>Nutrition Services Provides telephone nutrition counselling, consultation to health professionals and answers inquires on nutrition topics. Directs callers to nutrition counselling services. Provides nutrition resources to help parents with planning meals for their children. Offers workshops on feeding infants, as well as supermarket tours.</p> <p>Dental Services Provides dental screening at schools and screening assessments at Health Unit clinics for children with suspected dental problems. Provides financial assistance through the Children in Need of Treatment (CINOT) Program, for children who require urgent dental treatment. Children to the 14th birthday or the end of grade 8, whichever is later and have no dental coverage and are not on social assistance, may be eligible. For children who require urgent dental treatment, the Health Unit shall provide referrals to oral health care providers and monitor the action taken. Provides preventative services in Health Unit clinics, at no cost, for children who meet eligibility criteria.</p> <p>Genetics Provides counselling related to preconception, pregnancy, family history of cancer or adult-onset conditions, and other general genetic concerns. Clinics (usually three times yearly) also offer assessment and consultation by Medical Geneticists.</p>
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Peterborough Family Resource Centre/ Ontario Early Years Centre	T - (705) 748-9144 T – 1-800-661-2843 F - (705) 748-9177 www.pfrc.ca	Offers universal access to programs, information services and resources to families with children prenatal to six years of age including those children with special needs. Staffed by experts, professionals and volunteers, including an early literacy expert. Brighter Futures Peterborough Services for pregnant women and families living in conditions or risk. Prenatal nutrition and education services for pregnant women. Offers a variety of services for families and children birth to six years including parent/child groups, parent education and telephone supports. Transportation available and nutrition supports offered. Services provided in the city and county of Peterborough.
Peterborough Regional Health Centre	T - (705) 743-2121 www.prhc.on.ca T - (705) 876-5114 F - (705) 876-5013 T - (705) 743-4132 T - 1-800-419-3111 F - (705) 743-6577	Peterborough and area local hospital. Family and Youth Clinic Outpatient program offering treatment to people up to 18 years of age, who have significant mental health difficulties, and their families. Family assessment and treatment as well as individual child assessment and therapy in selected cases. A quick response service for situations that involve serious risk of suicide, school avoidance or thought disturbance. Multi-disciplinary team including social work, psychology, dietician and psychiatry. Women’s Health Care Centre Offers information, support, counselling and treatment to help women prevent health problems and understand their choices when problems occur. The breastfeeding clinic and postnatal mood disorder counselling are two of the many services offered.
Peterborough Victoria Northumberland and Clarington Catholic District School Board	T - (705) 748-4861 T - 1-800-461-8009 F - (705) 748-9734 www.pvnccdsb.on.ca	Serves the Counties of Peterborough, Northumberland and Clarington, and the City of Kawartha Lakes. Parents should register children for kindergarten in November, the year before they are to begin, by calling their local school. If their child has special needs the parent should make an appointment with the school principal to discuss services.
Tri-County Community Support Services	T - (705) 876-9245 T - 1-888-616-3456 F - (705) 876-9247 www.tricountyss.ca	Provides assessment, educational and consultative services for children ages two to 13 years of age that enhances the ability of families, community agency workers and other professionals to facilitate the growth and community participation of individuals with intellectual disabilities and/or behavioural exceptionalities. Referrals may be made by parents, teachers, social service personnel, or other professionals.

The original Red Flags document was developed by the Simcoe County Early Intervention Council. It was printed and distributed 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 colleagues in Simcoe County, the document was reviewed and revised by the York Region Early Identification Planning Coalition and supported by York Region Health Services through 2003. Many additions were made with the assistance of professionals serving young children in York Region.

In September 2006, Peterborough's Early Identification Committee obtained permission from York Region Early Identification Planning Coalition, through the York Region Health Services Department, to adapt their version of Red Flags. The Peterborough Red Flags Sub-committee was established consisting of representatives from:

- Five Counties Children's Centre
- Kawartha Pine Ridge District School Board
- Kinark Child and Family Services
- Peterborough County-City Health Unit
- Peterborough Family Resource Centre / Ontario Early Years Centre

The Sub-committee reviewed and revised content to reflect local programming and the most recent guidelines, research, and best practice.

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For permission to reproduce this document, or any questions or feedback, please contact Leisa Baker, Public Health Nurse or Karen Chomniak, Manager, Peterborough County-City Health Unit, at (705) 743-1000.

