

**Early Identification in
Hastings &
Prince Edward Counties**



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

Red Flags



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

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Early Identification

Thanks to Dr. Fraser Mustard and other scientists, most professionals working with young children are aware of the considerable evidence about early brain development and how brief some of the “windows of opportunity” are for optimal development of neural pathways. The early years of development from conception to age six, particularly for the first three years, set the base for competence and coping skills that will affect learning, behaviour and health throughout life¹.

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

Time is of the essence!

What is “Red Flags”

“Red Flags” is a Quick Reference Guide for Early Years professionals. It can be used in conjunction with a validated screening tool, such as Nipissing District Developmental Screens (the Nipissing Screen²) or Ages and Stages Questionnaire (ASQ). Red Flags outlines a range of functional indicators or domains commonly used to monitor healthy child development, as well as potential problem areas for child development. It is intended to assist in the determination of when and where to refer for additional advice, formal assessment and/or treatment.

Who Should Use “Red Flags”

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

¹ Early Years Study, Reversing the Real Brain Drain, Hon. Margaret McCain and Fraser Mustard, April, 1999. See report at www.children.gov.on.ca/mcys/english/resources/publications/beststart-early.asp

² Nipissing District Developmental Screens refer to 13 parent checklists available to assist parents to record and monitor development of children from birth to age 6. The screens cover development related to vision, hearing, communication, gross and fine motor, social/emotional and self-help and offers suggestions to parents for age appropriate activities to enhance child development. In Hastings & Prince Edward Counties, copies of Nipissing District Developmental Screens can be obtained from Hastings & Prince Edward Counties Health Unit, Child Health CARELine at 613-966-5513 ext. 223 or if long-distance 1-800-267-2803 ext. 223. Parents are encouraged to call the Child Health CARELine if 2 or more items are checked ‘No’. A Public Health Nurse will review the results of the screen and suggest next steps. It is particularly important for a screen to be reviewed by a professional if a ‘No’ is identified. For more information about Nipissing District Developmental Screens, visit: www.ndds.ca.

How to Use this Document

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

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

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

How to Talk to Parents about Sensitive Issues

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

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

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

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

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

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

Children's Mental Health Services at:
 613-966-3100 (Belleville)
 613-332-3807 (Bancroft)
 613-473-1685 (Madoc)
 613-476-8252 (Picton)
 613-392-4331 (Trenton)

Parent-Child & Youth Clinic at:
 613-969-7400 ext. 2691

Community Living Prince Edward
 Resource Consultant Program
 613-476-6038

Counselling Services of Belleville and District, Infant Development Program 613-966-7413

Family Space, Resource Consultant Program 613-966-9427 for long distance 1-800-952-2279

Hastings & Prince Edward Counties Health Unit, Child Health CARELine at 613-966-5513 ext. 223 or if long-distance 1-800-267-2803 ext. 223 www.hpechu.on.ca

For additional information visit, www.sickkids.on.ca/imp

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

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

Social Concerns

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

Communication Concerns

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

Behavioural Concerns

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

WHERE TO GO FOR HELP

If there are any concerns, advise the parent to contact their family physician or paediatrician. For a referral to assess and determine the child's needs, contact:

Pathways for Children and Youth, Southeast Regional Autism Program at 613-546-1422 ext. 1

Counseling Services of Belleville and District, Autism Intervention Program at 613-966-7413

For additional information visit the Geneva Centre for Autism at www.autism.net

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

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

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

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

Self-Injurious Behaviour	<ul style="list-style-type: none"> <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 inedibles <input type="checkbox"/> Intentional vomiting (when not ill) <input type="checkbox"/> Potentially harmful risk taking (e.g. running into traffic, setting fires)
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 trauma 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

WHERE TO GO FOR HELP

For social-emotional concerns, advise the parent to contact their family physician or paediatrician.

For help with behaviours contact:

Children's Mental Health Services at:
 613-966-3100 (Belleville)
 613-332-3807 (Bancroft)
 613-473-1685 (Madoc)
 613-476-8252 (Picton)
 613-392-4331 (Trenton)

Parent Child & Youth Clinic at:
 613-969-7400 ext. 2691

Counselling Services of Belleville & District, Behavioural Consulting Services, Development Program at:
 613-966-7413

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

Prolonged exposure of teeth to fermentable carbohydrates

(includes formula, juice, milk and breast milk)

- Through the use of bottle, breast, sippee cups, plastic bottles with straws
- High sugar consumption in infancy
- Sweetened pacifiers
- Long term sweetened medication
- Going to sleep with a bottle containing anything but water
- Prolonged use of a bottle beyond one year
- Bottle feeding or breastfeeding without cleaning gums and teeth recommended 2 times per day.

Physiological Factors

- Those associated with poor enamel development, such as prenatal nutritional status of mother and child, poor prenatal health, and malnutrition of the child
- Possible enamel deficiencies related to prematurity or low birth weight
- Mother and child's lack of exposure to fluoride
- Transference of decay causing bacteria from parent/caregiver saliva to child by sharing utensils, cleaning pacifier in mouth and wet kisses

Other Risk Factors

- Poor oral hygiene
- Sibling history of early childhood tooth decay
- Lack of knowledge of caregivers regarding risk
- Lower socioeconomic status
- Limited access to dental care

WHERE TO GO FOR HELP

If there are concerns, advise parents to contact their dentist, or call the Oral Health Department, Hastings & Prince Edward Counties Health Unit at 613-966-5513 ext. 282 or if long distance 1-800-267-2803 ext. 282, where children may be eligible for the Children in Need of Treatment (CINOT) Program.

Hastings & Prince Edward Counties Health Unit, Child Health CARELine at 613-966-5513 ext. 223 or if long distance 1-800-267-2803 ext. 223. www.hpechu.on.ca

The Ontario Association of Public Health Dentistry recommends that the first visit to a dentist should occur when the first tooth appears or at one year of age (whichever occurs first).

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

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

Social/Family Factors

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

Economic Factors

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

WHERE TO GO FOR HELP

If there are concerns, advise the parent to contact their family physician.

DUTY TO REPORT

For Prince Edward County, contact Prince Edward County Children's Aid at 613-476-7957 or after hours at 613-967-3161.

For Hastings County contact Hastings Children's Aid Society at 613-962-9291, toll free at 1-800-267-0570. TDP/TTY 613-962-1019

If family stressors are impacting on family functioning, parenting or the children, advise the parent to contact:

Hastings & Prince Edward Counties Health Unit, Child Health CARELine at 613-966-5513 ext. 223 or if long distance 1-800-267-2803 ext. 223. www.hpechu.on.ca

Services listed on page 6.

For family violence/safe shelter refer to listing on page 35

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

- 0-3 months**
- Sequences two or more sucks before pausing to breathe or swallow
 - Uses a sucking pattern and loses some liquid during sucking
- 4-6 months**
- Uses a sucking pattern as food approaches or touches the lips
 - Uses a suck-swallow pattern to move food to the back of the mouth
 - Some food is pushed out of the mouth
 - Periodic choking, gagging or vomiting can occur
 - Sequences twenty or more sucks from the breast or bottle
 - Swallowing follows sucking with no obvious pauses when hungry
 - Pauses for breathing are infrequent
- 6-8 months**
- No longer loses liquid during sucking
 - Uses sucking motion with cup, wide jaw movements with loss of liquid
 - Swallows some thicker pureed foods and tiny, soft, slightly noticeable lumps
 - Food is not pushed out by the tongue, but minor loss of food will occur
 - Tongue moves up and down in a munching pattern, with no side to side movement
 - Does not yet use teeth and gums to clean food from lips
- 9-12 months**
- Usually takes up to three sucks before stopping or pulling away from the cup to breathe
 - Holds a soft cookie between the gums or teeth without biting all the way through
 - Begins to transfer food from the center of the tongue to the side
 - Uses side to side tongue movement with ease when food is placed on the side of the mouth
 - Upper lip moves downward and forward to assist in food removal from spoon
- 12-18 months**
- Sequences of at least three suck-swallows occurs
 - Some coughing and choking may occur if the liquid flows too fast
 - Able to bite a soft cookie
 - May lose food or saliva while chewing
- 18 months**
- Tongue does not protrude from the mouth or rest beneath the cup during drinking
 - No loss of food or saliva during swallowing, but may still lose some during chewing
 - Attempts to keep lips closed during chewing to prevent spillage
 - Able to bite through a hard cookie
- 2 years**
- Chewing motion is rapid and skillful from side to side without pausing in the centre
 - No longer loses food or saliva when chewing
 - Will use tongue to clean food from the upper and lower lips
 - Able to open jaw to bite foods of varying thicknesses

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

WHERE TO GO FOR HELP

Parents should consult with their family physician, paediatrician or contact the Children's Treatment Centre at 613-969-7400 ext. 2247 or the Hastings & Prince Edward Counties Health Unit, Child Health CARELine at 613-966-5513 ext. 223 or if long distance 1-800-267-2803 ext. 223.

For self-feeding, see Fine Motor skills section. For nutritional concerns, see Nutrition section.

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

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

Infants

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

Toddlers and Preschoolers

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

JK/SK

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

WHERE TO GO FOR HELP

If there are concerns, advise parents to contact their physician. For help with behaviour, social interactions and parenting challenges refer to agency listing on page 35

For additional information on FASD visit:
www.alcoholfreepregnancy.ca

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 two or more blocks
 - Scribbles with crayons
 - Eats foods without coughing or choking

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

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

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

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

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

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

WHERE TO GO FOR HELP

If there are concerns, advise the parent to contact their family physician to discuss a referral to the Quinte Children's Treatment Centre at: 613-969-7400 ext. 2247.

Counselling Services of Belleville & District – Infant Development Program at: 613-966-7413

South East Community Care Access Centre at: 613-966-3530 or if long distance 1-800-668-0901

Hastings & Prince Edward Counties Health Unit, Child Health CARELine at:
613-966-5513 ext. 223 or if long distance 1-800-267-2803 ext. 223

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

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

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

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

Other services as listed on page 12.

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

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

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

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

WHERE TO GO FOR HELP

Hearing and speech go together. A problem with one could mean a problem with the other. For a hearing assessment, advise the parent to contact their family doctor for a referral to an audiologist.

For hearing concerns up to 24 months of age, contact Southeastern Region Infant Hearing Program for Hastings, Prince Edward, Kingston, Frontenac, and Lennox & Addington, Leeds, and Grenville Counties at: 613-549-1232, ext. 145 or 1-800-267-7875, ext. 145.

For children 2+, contact Sir James Whitney School at: 613-967-2823, ext. 3883 to speak with the audiologist, or ext. 3801 to schedule a hearing assessment.

Preschool Speech and Language System at: 613-969-7400 ext. 2249

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

Learning disabilities are related to difficulties in processing information:

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

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

Preschool

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

WHERE TO GO FOR HELP

If there are concerns, advise the parents to contact their family physician.

For additional information about learning disabilities, visit the Learning Disabilities Association of Ontario Web site at: www.LDAO.ca.

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 gurgle 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, in his/her full name, when attempting to spell words)
- ❑ Makes connections between his/her own experiences and those of storybook characters

WHERE TO GO FOR HELP

If there are concerns, advise the parents to contact the Early Years Literacy Specialist, Ontario Early Years Centre, Hastings & Prince Edward listed on page 36. www.ontarioearlyyears.ca

Preschool Speech and Language System at: 613-969-7400 ext. 2249

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

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

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

Physical

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

Cognitive Impairments

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

Behavioural/Emotional (Severe)

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

WHERE TO GO FOR HELP

If a parent reports change in their child's behaviour, advise them to contact their family physician or paediatrician for a medical assessment and referral to the appropriate specialist.

ABUSE

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

POSSIBLE INDICATORS OF NEGLECT

PHYSICAL INDICATORS IN CHILDREN	BEHAVIOURAL INDICATORS IN CHILDREN	BEHAVIOURS OBSERVED IN ADULTS WHO NEGLECT CHILDREN
<ul style="list-style-type: none"> • an infant or young child may: <ul style="list-style-type: none"> • not be growing as expected * • be losing weight * • have a "wrinkly old face" • look pale • not be eating well • not dressed properly for the weather * • dirty or unwashed • bad diaper rash or other skin problems • always hungry • lack of medical and/or dental care * • signs of deprivation which improve with a more nurturing environment (e.g. hunger, diaper rash) 	<ul style="list-style-type: none"> • does not show skills as expected • appears to have little energy • cries very little • does not play with toys or notice people • does not seem to care for anyone in particular • may be very demanding of affection or attention from others • older children may steal • takes care of a lot of their needs on their own • has a lot of adult responsibility at home • discloses neglect (e.g. says there is no one at home) 	<ul style="list-style-type: none"> • does not provide for the child's basic needs * • has a disorganized home life, with few regular routines (e.g. always brings the child very early, picks up the child very late) • does not supervise the child properly * (e.g. leaves the child alone, in a dangerous place, or with someone who cannot look after the child safely) • may indicate that the child is hard to care for, hard to feed, describes the child as demanding • may say that the child was or is unwanted • may ignore the child who is trying to be loving • has difficulty dealing with personal problems and needs • is more concerned with own self than the child • is not very interested in the child's life (e.g. fails to use services offered or to keep child's appointments, does not do anything about concerns that are discussed) *

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

POSSIBLE INDICATORS OF EMOTIONAL ABUSE *

PHYSICAL INDICATORS IN CHILDREN	BEHAVIOURAL INDICATORS IN CHILDREN	BEHAVIOURS OBSERVED IN ADULTS WHO ABUSE CHILDREN
<ul style="list-style-type: none"> • the child does not develop as expected • often complains of nausea, headaches, stomach aches without any obvious reason • wets or dirties pants • is not given food, clothing and care as good as what the other children get • may have unusual appearance (e.g. strange haircuts, dress, decorations) 	<ul style="list-style-type: none"> • is unhappy, stressed out, withdrawn, aggressive or angry for long periods of time • goes back to behaving like a young child (e.g. toileting problems, thumb-sucking, constant rocking) • tries too hard to be good and to get adults to approve • tries really hard to get attention • tries to hurt oneself • criticizes oneself a lot • does not participate because of fear of failing • may expect too much of him/herself so gets frustrated and fails • is afraid of what the adult will do if he or she does something the adult does not like • runs away • has a lot of adult responsibility • does not get along well with other children • discloses abuse 	<ul style="list-style-type: none"> • often rejects, insults or criticizes the child, even in front of others • does not touch or speak to the child with love • talks about the child as being the cause for problems and things not going as wished • talks about or treats the child as being different from other children and family members • compares the child to someone who is not liked • does not pay attention to the child and refuses to help the child • isolates the child, does not allow the child to see others both inside and outside the family (e.g. locks the child in a closet or room) • does not provide a good example for children on how to behave with others (e.g. swears all the time, hits others) • lets the child be involved in activities that break the law • uses the child to make money (e.g. child pornography) • lets the child see sex and violence on TV, videos and magazines • terrorizes the child (e.g. threatens to hurt or kill the child or threatens someone or something that is special to the child) • forces the child to watch someone special being hurt • asks the child to do more than s/he can do

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

POSSIBLE INDICATORS OF 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 of a particular person • does not want to be touched • may be very: <ul style="list-style-type: none"> • aggressive • unhappy • withdrawn • obedient and wanting to please • uncooperative • is afraid to go home • runs away • is away a lot and when comes back there are signs of healing injury • does not show skills as expected • does not get along well with other children • tries to hurt him/herself (e.g. cutting oneself, suicide) • discloses abuse 	<ul style="list-style-type: none"> • does not tell the same story as the child about how the injury happened • may say that the child seems to have a lot of accidents • severely punishes the child • cannot control anger and frustration • expects too much from the child • talks about having problems dealing with the child • talks about the child as being bad, different or "the cause of my problems" • does not show love toward the child • does not go to the doctor right away to have injury checked • has little or no help caring for the child

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

POSSIBLE INDICATORS OF SEXUAL ABUSE *

PHYSICAL INDICATORS IN CHILDREN	BEHAVIOURAL INDICATORS IN CHILDREN	BEHAVIOURS OBSERVED IN ADULTS WHO ABUSE CHILDREN
<ul style="list-style-type: none"> • a lot of itching or pain in the throat, genital or anal area • a smell or discharge from the genital area • underwear that is bloody • pain when: <ul style="list-style-type: none"> • trying to go to the bathroom • sitting down • walking • swallowing • blood in urine or stool • injury to the breasts or genital area: <ul style="list-style-type: none"> • redness • bruising • cuts • swelling 	<ul style="list-style-type: none"> • copying the sexual behaviour of adults • knowing more about sex than expected • details of sex in the child's drawings/writing • sexual actions with other children or adults that are inappropriate • fears or refuses to go to a parent, relative, or friend for no clear reason • does not trust others • changes in personality that do not make sense (e.g. happy child becomes withdrawn) • problems or change in sleep pattern (e.g. nightmares) • very demanding of affection or attention, or clinging • goes back to behaving like a young child (e.g. bed-wetting, thumb-sucking) • refuses to be undressed, or when undressing shows fear • tries to hurt oneself (e.g. uses drugs or alcohol, eating disorder, suicide) • discloses abuse 	<ul style="list-style-type: none"> • may be very protective of the child • clings to the child for comfort • is often alone with the child • may be jealous of the child's relationships with others • does not like the child to be with friends unless the parent is present • talks about the child being "sexy" • touches the child in a sexual way • may use drugs or alcohol to feel freer to sexually abuse • allows or tries to get the child to participate in sexual behaviour

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

POSSIBLE INDICATORS OF WITNESSING FAMILY VIOLENCE *

PHYSICAL INDICATORS IN CHILDREN	BEHAVIOURAL INDICATORS IN CHILDREN	BEHAVIOURS OBSERVED IN ADULTS
<ul style="list-style-type: none"> • the child does not develop as expected • often complains of nausea, headaches, stomach aches without any obvious reason • physical harm, whether deliberate or accidental, during or after a violent episode, including: <ul style="list-style-type: none"> • while trying to protect others • are a result of objects thrown 	<ul style="list-style-type: none"> • may be aggressive and have temper tantrums • may show withdrawn, depressed, and nervous behaviours (e.g. clinging, whining, a lot of crying) • acts out what has been seen or heard between the parents ; discloses family violence; may act out sexually • tries too hard to be good and to get adults to approve • afraid of: <ul style="list-style-type: none"> • someone's anger • one's own anger (e.g. killing the abuser) • self or other loved ones being hurt or killed • being left alone and not cared for • problems sleeping (e.g. cannot fall asleep, afraid of the dark, does not want to go to bed, nightmares) • bed-wetting; food-hoarding • tries to hurt oneself; cruel to animals • stays around the house to keep watch, or tries not to spend much time at home; runs away from home • problems with school • expects a lot of oneself and is afraid to fail and so works very hard • takes the job of protecting and helping the mother, siblings • does not get along well with other children 	<ul style="list-style-type: none"> • abuser has trouble controlling self • abuser has trouble talking and getting along with others • abuser uses threats and violence (e.g. threatens to hurt, kill or destroy someone or something that is special; cruel to animals) • forces the child to watch a parent/partner being hurt • abuser is always watching what the partner is doing • abuser insults, blames, and criticizes partner in front of others • jealous of partner talking or being with others • abuser does not allow the child or family to talk with or see others • the abused person is not able to care properly for the children because of isolation, depression, trying to survive, or because the abuser does not give enough money • holds the belief that men have the power and women have to obey • uses drugs or alcohol • the abused person seems to be frightened • discloses family violence • discloses that the abuser assaulted or threw objects at someone holding a child

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

WHERE TO GO FOR HELP

If you have child protection concerns, please call your local children's aid society **immediately**. All CASs have emergency service 24 hours a day.

For Prince Edward County, contact Prince Edward County Children's Aid at: 613-476-7957 or after hours at 613-967-3161.

For Hastings County, contact Hastings Children's Aid Society at: 613-962-9291, toll free at: 1-800-267-0570 or TDP/TTY 613-962-1019.

For safe shelter and programs see listing on page 35.

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

General Risk Factors

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

WHERE TO GO FOR HELP

If there are health concerns, advise the parent to contact their family physician.

For nutritional information, advise the parent to call the Hastings & Prince Edward Counties Health Unit, Child Health CARELine at: 613-966-5513 ext. 223 or if long distance 1-800-267-2803 ext. 223

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

For additional information on nutrition, visit www.caringforkids.cps.ca/eating or www.hpechu.on.ca

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

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

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

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

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

WHERE TO GO FOR HELP

If there are any concerns, advise the mother to contact their physician.

For information about postpartum mood disorders and community resources contact the Hastings & Prince Edward Counties Health Unit, Child Health CARELine at: 613-966-5513 ext. 223 or if long distance 1-800-267-2803 ext. 223

For crisis intervention contact: Quinte Healthcare Corporation – Crisis Intervention Centre at: 613-969-5511 ext. 2753 or 1-888-757-7766

For help with parent/infant interactions and relationships, refer to agency listing on page 35.

For additional information on postpartum depression visit: www.postpartum.net

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 a parent has concerns, advise them to contact their family physician or the Hastings & Prince Edward Counties Health Unit, Child Health CARELine at: 613-966-5513 ext. 223 or if long distance 1-800-267-2803 ext. 223. www.hpechu.on.ca

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/seeking 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"/> Children over 3 – trouble staying between the lines when colouring <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) <input type="checkbox"/> Has difficulty standing in line or close to other people; or stands too close, always touching others <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"/> Cannot tolerate hair washing, hair cutting, nail clipping, teeth brushing <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; difficulty paying attention <input type="checkbox"/> Very inactive, under-responsive |
| Emotional/Social | <ul style="list-style-type: none"> <input type="checkbox"/> Needs more protection from life than other children <input type="checkbox"/> Has difficulty with changes in routines <input type="checkbox"/> Is stubborn or uncooperative; gets frustrated easily <input type="checkbox"/> Has difficulty making friends <input type="checkbox"/> Has difficulty understanding body language or facial expressions <input type="checkbox"/> Does not feel positive about own accomplishments |

WHERE TO GO FOR HELP

If there are concerns, advise the parent to contact their family physician to discuss a referral to the Quinte Children's Treatment Centre at 613-969-7400 ext. 2247.

Hastings & Prince Edward Counties Health Unit, Child Health CARELine at:
613-966-5513 ext. 223 or if long distance 1-800-267-2803 ext. 223. www.hpechu.on.ca

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

- 0-8 months**
 - Failure to thrive with no medical reason*
 - Parent and child do not engage in smiling and vocalization with each other
 - Parent ignores, punishes or misreads child's signals of distress
 - Parent pulls away from infant or holds infant away from body with stiff arms
 - Parent is overly intrusive when child is not wanting contact
 - Child is not comforted by physical contact with parent

- 8-18 months**
 - Parent and child do not engage in playful, intimate interactions with each other
 - Parent ignores or misreads child's cues for contact when distressed
 - Child does not seek proximity to parent when distressed
 - Child shows little wariness towards a new room or stranger
 - Child ignores, avoids or is hostile with parent after separation
 - Child does not move away from parent to explore, while using parent as a secure base
 - Parent has inappropriate expectations of the child for age

- 18 months – 3 years**
 - Child and parent have little or no playful or verbal interaction
 - Child initiates overly friendly or affectionate interactions with strangers
 - Child ignores, avoids or is hostile with parent when distressed or after separation
 - Child is excessively distressed by separation from parent
 - Child freezes or moves toward parent by approaching sideways, backwards or circuitously
 - Child alternates between being hostile and overly affectionate with parent
 - Parent seems to ignore, punish or misunderstand emotional communication of child
 - Parent uses inappropriate or ineffective behaviour management techniques *

- 3–5 years**
 - Child ignores adult or becomes worse when given positive feedback
 - Child is excessively clingy or attention seeking with adults, or refuses to speak
 - Child is hyper vigilant or aggressive without provocation
 - Child does not seek adult comfort when hurt, or show empathy when peers are distressed
 - Child's play repeatedly portrays abuse, family violence or explicit sexual behaviour*
 - Child can rarely be settled from temper tantrums within 5-10 minutes
 - Child cannot become engaged in self-directed play
 - Child is threatening, dominating, humiliating, reassuring or sexually intrusive with adult *
 - Parent uses ineffective or abusive behaviour management techniques *

WHERE TO GO FOR HELP

If there are concerns, advise the parent to contact a children's mental health professional for further discussion.

Children's Mental Health Services at:
 613-966-3100 (Belleville)
 613-332-3807 (Bancroft)
 613-473-1685 (Madoc)
 613-476-8252 (Picton)
 613-392-4331 (Trenton)

Parent Child & Youth Clinic at:
 613-969-7400 ext. 2691

Counselling Services of Belleville and District,
 Infant Development Program at:
 613-966-7413

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

- by 0-3 months**
 - Cries and grunts; has different cries for different needs
 - Makes a lot of "cooing" and "gooing" sounds
- by 4-6 months**
 - Babbles using different sounds
 - Lets you know by voice sounds to do something again
 - Makes "gurgling" noises
- by 6-9 months**
 - Performs and uses sounds for social attention; takes turns with sounds
 - Waves hi/bye (emerging) and begins to use other gestures
 - Uses many different sounds when playing (e.g. bababa, dadada, nanana)
 - Copies sounds like a click or a cough
- by 9 months**
 - Responds to his/her name
 - Understands "no" and simple requests (e.g. "give it to Mommy", "don't touch" and "where's the ball")
 - Uses gestures (reaching to be picked up)
 - Plays social games with you (e.g. peekaboo)
- by 12 months**
 - Gives objects on request
 - Uses sounds to get and keep your attention
 - Says first word; usually uses 3 to 5 words
 - Follows simple one-step directions (e.g. sit down)
 - Imitates sounds
 - Uses gestures to communicate (e.g. waves bye bye, shakes head no)
 - Brings toys to show you
 - Combines lots of sounds
 - Shows interest in simple picture books
 - Makes at least 2 different consonant sounds (b,p,m,n)
- by 18 months**
 - Uses 20 or more words
 - Tries to copy your words
 - Understands in, out, off, on
 - Points to several body parts when asked
 - Demonstrates some pretend play with toys (e.g. gives Teddy a drink, pretends bowl is a hat)
 - Makes at least 4 different consonant sounds (e.g. p,b,m,n,d,g,w,t,h)
 - Responds with words or gestures to simple questions (e.g. what's that, where's Teddy)
 - Enjoys being read to and looking at simple books with you
 - Points to pictures using one finger
- by 2 years**
 - Uses at least 100 words on their own
 - Combining words to make a two to four word sentence (e.g. Mommy come, hi Daddy)
 - Follows two step directions (e.g. go find your teddy bear and show it to Grandma)
 - Uses at least two pronouns (e.g. you, me, mine)
 - People can understand his/her words 50-60% of the time
 - Holds books right way up and turns pages
 - Scribbles with crayons
 - Enjoys being with other children
 - Have good eye contact with their conversational partner

- by 2 ½ years**
- Understands the concept of size (big/little) and quantity (little, a lot and more)
 - Uses some grammar (e.g. plural cat/cats and ing as in walking)
 - Uses more than 350 words
 - Uses action words (e.g. eat, drink, sleep)
 - Shows concern when another child is hurt
 - Puts sounds at the start of most words
- by 3 years**
- Using long sentences of 4-8 words
 - Talks about experiences (e.g. trip to zoo)
 - Tells simple stories
 - Engages in pretend play (e.g. cooking a meal, repairing a car)
 - Is understood by most people outside of the family, most of the time
 - Is aware of print in books, menus, signs and lists
 - Has a beginning awareness of and interest in rhyming
- by 4 years**
- Follows three step directions (e.g. first get a picture, then your crayons and bring them to the table)
 - Uses more advanced grammar (e.g. past tense, he, she, they, is, are)
 - Tells stories with a clear beginning, middle and end
 - Is understood by strangers all of the time
 - Is able to generate simple rhymes
 - Has most sounds
 - Matches some letters with their sounds (e.g. letter T says “tuh”)

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

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

WHERE TO GO FOR HELP

If there are concerns, advise the parent to contact Preschool Speech and Language System at: 613-969-7400 ext. 2249

For a list of private Speech and Language Pathologist, call the Ontario Association of Speech-Language Pathologist and Audiologists at 1-877-740-6009 or Canadian Association of Speech-Language Pathologist and Audiologists at 1-800-259-8519.

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

- 0-3 months**
 - Focuses on your face, bright colors and lights; follows slow-moving, close objects
 - Blinks when bright lights come on or if a fast moving object comes into close view; watches as you walk around the room
 - Looks at hands and begins to reach out and touch nearby objects
- 4-6 months**
 - Tries to copy your facial expression
 - Reaches across the crib for objects/reaches for objects when playing with you
 - Grasps small objects close by
 - Follows moving objects with eyes only (less moving of head)
- 7-12 months**
 - Plays games like 'peek-a-boo', 'pat-a-cake', 'waves bye-bye'
 - Reaches out to play with toys and other objects on own
 - Moves around to explore what's in the room; searches for a hidden object
- 12 months-2 years**
 - Moves eyes and hands together (e.g. stack blocks, place pegs)
 - Judges depth e.g. climbs up and down stairs
 - Links pictures with real life objects
 - Follows objects as they move from above head to feet
- 2-3 years**
 - Sits 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
- 4-5 years**
 - Knows colors and shadings; picks out detail in objects and pictures
 - Holds a book at a normal distance

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

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

WHERE TO GO FOR HELP

The Southeastern Ontario Blind-Low Vision Early Intervention Program provides family support and early intervention services for children who have been identified as blind or having low vision. If there are any concerns about a child's vision, advise the parent to arrange for a vision test with an optometrist, or contact their family physician for a referral to an ophthalmologist. Children up to 6 years of age who are diagnosed as blind or low vision by an ophthalmologist can be referred to the program by contacting KFLA Public Health at 613-549-1232 ext. 145 or 1-800-267-7875 ext. 145 or visit our website at www.healthunit.on.ca.

For more information about vision loss, visit the Canadian National Institute for the Blind website at www.cnib.ca.

Where to Go for Additional Information & Resources

Ontario Early Years Centres:

Bancroft – North Hastings
Children's Services
20 Hastings Heritage Trail Crt.
Bancroft, ON
613-332-0179

Picton – OEYC at Prince Edward
Child Care Services
10 McFarland Court
Picton, ON
613-476-8142

Belleville – OEYC at Family Space
Quinte Inc.
301 MacDonald Ave.
Belleville, ON
613-966-9427

Trenton – Trenton Military Family
Resource Centre
50 Rivers Drive E.
Trenton, ON
613-965-3575

YMCA OEYC Trenton
Satellite Centre
St. Peter Catholic School
101 Queen Street
Trenton, ON
613-965-4272

Safe Shelters & Programs:

Three Oaks Foundation – 613-966-3074 or 1-800-267-0533

Maggie's Resource Centre (Bancroft) – 613-332-3010

Red Cedars (Tyendinega) – 613-967-8212 or 1-800-672-9515

Alternatives for Women (Picton) – 613-476-2787 or 1-877-499-6636

Sexual Assault Centre for Quinte and District – 613-967-6000 or 1-800-909-7007

Assault Women's Helpline – 1-866-863-0511

Community Key – Volunteer & Information Quinte – <http://quinte.cioc.ca>

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

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

February 2007

With the permission of the York Region, Early Identification Planning Coalition, this document was reviewed and revised by the Hastings and Prince Edward Counties Health Unit.

For additional copies: contact the Hastings & Prince Edward Counties Health Unit – Healthy Babies, Healthy Children at 613-966-5500.

Additional Contact Information

**EARLY IDENTIFICATION IN Hastings & Prince Edward Counties
Red Flags for Infant, Toddler and Preschool Children
A Quick Reference Guide for Early Years Professionals Evaluation Form**

Please take a few moments to complete this form. Your feedback will be used to make improvements to the guide.

Where did you receive your copy of the reference guide?

Red Flags Workshop OEYC Conference Mail
Other (please specify) _____

Have you used the reference guide in your work? Yes No If "No", why not?

How have you used the reference guide? (mark all that apply)

- In conjunction with Nipissing District Developmental Screen(s)
- To determine whether a child may be at risk
- To make a recommendation or suggestion to a parent
- To make a formal referral

Rate the Reference Guide:

Excellent Good Satisfactory Poor

1. Overall clarity
2. Overall ease of use
3. Overall usefulness in identifying when a child could be at risk of not meeting health and/or developmental milestones
4. Overall usefulness in determining when and where to refer for additional advice, formal assessment and/or treatment

How would you improve the reference guide?

What is your profession?

Child Care Professional/ECE	Dietitian	Early Learning Specialist, OEYC
Early Interventionist	Physician	Public Health Nurse
Social Worker	Teacher	Family Home Visitor
Other, please specify _____		

Other comments:

Thank you for completing this survey!
Please FAX BACK this form to:
Hasting & Prince Edward Counties Health Unit
Child Health Program
(613) 968-1482
Attention: Program Manager



HASTINGS &
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HEALTH UNIT