York Region

2009

# RED FLAGS

A Quick Reference Guide For Early Years Professionals in York Region

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

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

Revised September 2009

## DISCLAIMER NOTICE

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

**It is not a formal assessment or diagnostic tool.**

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

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

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

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# INTRODUCTION

# Introduction

## Purpose and Goal

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

The goal is to ensure that all children in York Region are able to develop to their optimal developmental potential.

## Acknowledgement

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

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. The first edition of York Region's *Red Flags Guide* was released in June, 2004. The revisions to this guide were completed in September, 2009.

## Contributors

The development of the revised document was a complex and lengthy process. We would like to thank many colleagues for their tremendous effort and collaboration in developing the domain sections of this document. These colleagues include, but are not limited to, community partners, some of whom are service providers, educators, childcare providers, specialists in other fields such as child development and mental health, stakeholders, and those who are part of the York Region Early Identification Planning Network Committee.

We hope that the efforts of all contributors have provided a useful document for those who directly work with young children in the York Region community.

## Editors

The York Region Red Flags Task Group:

- **Debbie Easton** – Kinark Child and Family Services, Supervisor 0-6, Child Care Service Coordinator for Triple P in York Region
- **Marlene Green** – Speech-Language Pathologist, Markham Stouffville Hospital Child Development Programs: York Region Speech and Language Program
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- **Nadia Waddell** – Public Health Nurse, York Region Community and Health Services, Early Identification Program

## 2009 Revised Edition

In November 2007, York Region's *Red Flags June 2004 Guide* was evaluated using an internet survey. The project of updating the *Red Flags Guide* and incorporating the suggestions from the evaluation took place from July 2007 to September 2009. Each section was completely reviewed, updated, and revised by experts in the specific field for each domain. Evidence-informed decision making was used (see Evidence-Informed Decision Making section for further information). Relevant references and sources were added.

### Highlights of Changes

- Table of Contents, Domain Section, and Appendices are alphabetical for easy use
- Updated contacts found at the end of each domain section and additional contact information at the end of the guide in Appendix B - Contacts and Resources
- All content in this guide has been reviewed, updated, revised, and referenced

### Additions:

- clear purpose and goal
- cultural sensitivity when working with families
- explanation of "duty to report"
- definition of evidence-informed decision making
- overview of screening tools used in York Region, more detail in Appendix C

### New domains added:

- Attention Difficulties
- Prematurity
- School Readiness
- Sleep - Infant Sleep Environment (0-6 months)

### Domains deleted:

- Psychology
- Quick Reference System Guide diagram
- Evaluation Form – last page of the document

## Domains/Sections that received major revision:

- How to talk to parents/caregivers about sensitive issues
- Learning Disabilities
- Nutrition
- Speech and Language
- Vision
- Sources are listed under each domain section
- "Where to go for help" updated at the end of each domain section

## Appendices added:

1) Appendix A - Important Telephone Numbers
2) Appendix B - Contacts and Resources
3) Appendix C - Screening Tools Used in York Region
4) Appendix D - References

**For questions/comments, please contact:**

- York Region *Health Connection* at 1-800-361-5653
- York Region Community and Health Services, Early Identification Program

## Early Identification

Thanks to Dr. Fraser Mustard and other scientists, many professionals working with young children are aware of the considerable evidence about early brain development and how brief some of the “windows of opportunity” are for the optimal development of neural pathways. The early years of development from conception to age six, particularly the first three years, set the base for competence and coping skills that will affect learning, behaviour and health throughout life (McCain, Mustard and Shanker 2007).

It follows, then, that children who may need additional services and supports to ensure healthy growth and development must be identified as quickly as possible and referred to the appropriate programs and services in York Region. Early intervention during the period of the greatest development of neural pathways, when alternative coping pathways are most easily built, is critical to ensure the best outcomes for the child (McCain, Mustard and Shanker 2007).

**A “wait and see” approach is no longer an acceptable option.**

### What Is the Red Flags Guide?

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

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

### Who Should Use the Red Flags Guide?

This document is intended to be used by early years professionals working with young children up to the age of six years and their families. **A basic knowledge of healthy child development is assumed.** *Red Flag*s will assist professionals in identifying when a child could be at risk of not meeting his or her expected health outcomes or developmental milestones. Use of this document will help professionals to identify the need for further investigation by the appropriate discipline.

### How to Use This Guide

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

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

## Evidence-Informed Decision Making

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

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

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

## Screening Tools

York Region Community and Health Services provide screening tools that can be used in conjunction with this document. These screening tools can help you to identify children at risk of poor growth, development or health as well as environments that place the child at risk. Families requiring extra support may receive services by telephone, or by home or centre-based visits. If you have any questions on how to access or use these screening tools please call York Region *Health Connection* at 1-800-361-5653.

**NOTE: Please see Appendix C: Screening Tools used in York Region (at the end of the guide) for further information on screening tools.**

# How to Talk to Parents/Caregivers about Sensitive Issues

## Sharing Sensitive News

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

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

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

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

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

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

## Plan to set the stage for a successful conversation:

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

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

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

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

## Sharing the information:

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

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

Having a parent use a tool such as the Nipissing District Developmental Screen may help open the way for discussion. It may help to specify that the screening tool is something given to many parents to help them understand their child's development and to learn about new activities that encourage growth and development.

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

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

Try to balance the concerns you raise with genuine positive comments about the child (e.g., *"Johnny is a real delight. He is so helpful when things need tidying up. I have noticed that he seems to have some trouble . . ."*).

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

## Planning the next steps:

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

Finally, it is helpful to offer reasons why it is not appropriate to "wait and see." Early intervention can dramatically improve a child's development and prevent additional concerns such as behaviour issues. The "wait and see" approach may delay addressing a medical or developmental concern that

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

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

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

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

## Cultural Sensitivity When Working with Families

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

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

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

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

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

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

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

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

## Duty to Report

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

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

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

A child is defined as:

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

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

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

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

### Where to go for help:

In York Region, contact the York Region Children's Aid Society at 1-800-718-3850 or Jewish Family and Child, York Region Branch at 905 882-2331.

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# DOMAINS

Domain sections are in alphabetical order

# Abuse

There are four types of child abuse: neglect, physical abuse, emotional abuse and sexual abuse. Although not conclusive, the presence of one or more of the following indicators of abuse should alert parents/caregivers and professionals to the possibility of child abuse. However, these indicators should not be taken out of context or used individually to make unfounded generalizations. Pay special attention to duration, consistency, and pervasiveness of each indicator. Also keep in mind the age of the child; e.g., a two year old child requires more hands-on help getting dressed than a 12 year old child.

If you suspect child abuse, you are legally obligated to consult with or report to the York Region Children's Aid Society at 1-800-718-3850 or 905 895-2318, or Jewish Family and Child, York Region Branch at 905 882-2331 (see the Duty to Report section of this document). Professionals must also report any incidence of a child witnessing family violence (see the Witnessing Family Violence domain in this document).

**When in doubt always consult!**

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

# Abuse – Emotional: Possible Indicators

| Abuse - Emotional: Possible Indicators | | |
|---|---|---|
| **Physical Indicators in Children** | **Behavioural Indicators in Children** | **Behaviours Observed in Adults Who Abuse Children** |
| • the child does not develop as expected<br>• often complains of nausea, headaches, or stomach aches without any obvious reason<br>• wets or dirties pants<br>• may have "unusual" appearance (e.g., strange haircuts, dress, decorations)<br>• bedwetting, non-medical in origin<br>• child fails to thrive | • is unhappy, stressed out, withdrawn, aggressive or angry for long periods of time<br>• severe depression<br>• goes back to behaving like a young child (e.g., toileting problems, thumb-sucking, constant rocking)<br>• tries too hard to be good and to get adults to approve<br>• too neat or too clean<br>• displays extreme inhibition in play<br>• tries really hard to get attention | • often rejects, insults or criticizes the child, even in front of others<br>• does not touch or speak to the child with love<br>• talks about the child as being the cause for problems; states that "things are not turning out the way I wanted"<br>• talks about or treats the child as being different from other children and family members<br>• compares the child to someone who is not liked<br>• calls the child names, puts the child down, overcritical of child and child's behaviours<br>• does not pay attention to the child<br>• refuses to help the child (when the child requires help e.g., when getting dressed) |

| Abuse - Emotional: Possible Indicators | | |
|---|---|---|
| **Physical Indicators in Children** | **Behavioural Indicators in Children** | **Behaviours Observed in Adults Who Abuse Children** |
| | • tries to hurt oneself (e.g., cutting)<br>• criticizes oneself a lot<br>• does not participate because of fear of failing<br>• may expect too much of him/herself so gets frustrated and fails<br>• is afraid of what the adult will do if he or she does something the adult does not like<br>• runs away from home<br>• has a lot of adult responsibility<br>• does not get along well with other children<br>• discloses abuse | • isolates the child, does not allow the child to see others both inside and outside the family (e.g., locks the child in a closet or room)<br>• does not provide a good example for children on how to behave with others (e.g., swears all the time, hits others)<br>• lets the child be involved in activities that break the law<br>• uses the child to make money (e.g., child pornography)<br>• lets the child see sex and violence on television, videos and magazines<br>• terrorizes the child (e.g., threatens to hurt or kill the child or threatens someone or something that is special to the child)<br>• forces the child to watch someone special being hurt<br>• asks the child to do more than he/she can do (physically)<br>• does not provide food, clothing and care for one child, as well as provides for the other child(ren) in the same family |

If you suspect child abuse, you are legally obligated to consult with or report to the York Region Children's Aid Society at 1-800-718-3850 or 905 895-2318 and/or Jewish Family and Child, York Region Branch at 905 882-2331 (see the Duty to Report section in this document). Professionals must also report any incidence of a child witnessing family violence (see the Witnessing Family Violence domain in this document).

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

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

## Family/Environmental Stressors

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

**Parental Factors**

- ❑ History of abuse – parent or child
- ❑ Misusing adult privilege
- ❑ Bullying behaviours
- ❑ Severe, chronic or capacity-reducing health problems
- ❑ Substance abuse
- ❑ Partner abuse
- ❑ Difficulty controlling anger or aggression
- ❑ Feelings of inadequacy, low self-esteem
- ❑ Lack of knowledge or awareness of child development
- ❑ A young, immature, developmentally delayed parent
- ❑ History of postpartum depression
- ❑ History of crime or incarceration of parent
- ❑ Lack of parent literacy

**Social/Family Factors**

- ❑ Family breakdown
- ❑ Recent immigration
- ❑ Geographic isolation
- ❑ Lack of cultural, linguistic community
- ❑ Frequent changes in home location
- ❑ Frequent changes in school district
- ❑ Multiple births
- ❑ Several children close in age
- ❑ A special needs child
- ❑ An unwanted child
- ❑ Personality and temperament challenges in child or adult
- ❑ Mental or physical illness, or special needs of a family member
- ❑ Alcohol or drug abuse
- ❑ Lack of a support network or caregiver relief
- ❑ Inadequate social services or supports to meet family's needs
- ❑ Prematurity and low birth weight
- ❑ A series of losses in a short time frame
- ❑ Recent death of a parent/child

- ❑ Immigrant status, language barrier
- ❑ Race, culture
- ❑ Substandard shelter
- ❑ No fixed address over a time frame

**Economic Factors**

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

## Where To Go for Help

If there are concerns, advise the parent/caregiver to contact their family physician or paediatrician.

Family assessments are available through the Healthy Babies, Healthy Children program by calling York Region *Health Connection* at 1-800-361-5653.

For Child Protection Services, call York Region Children's Aid Society 1-800-718-3850 or 905 895-2318 and/or Jewish Family and Child, York Region Branch 905 882-2331.

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

# Abuse - Neglect: Possible Indicators

| Abuse - Neglect: Possible Indicators | | |
|---|---|---|
| **Physical Indicators in Children** | **Behavioural Indicators in Children** | **Behaviours Observed in Adults Who Abuse Children** |
| • an infant or young child may:<br>▪ not be growing as expected<br>▪ be losing weight<br>▪ have a "wrinkly old face"<br>▪ look pale<br>▪ not be eating well<br>• not dressed properly for the weather<br>• unattended physical problems or medical or dental needs<br>• dirty or unwashed<br>• bad diaper rash or other skin problems<br>• always hungry<br>• lack of medical and/or dental care<br>• signs of deprivation which improve with a more nurturing environment (e.g., hunger, diaper rash)<br>• often found in solitary position (e.g., alone in a car seat or crib) | • does not show skills as expected<br>• listless<br>• frequently absent from school<br>• engaged in delinquent acts, alcohol/drug abuse<br>• frequently "forgets" a lunch<br>• takes care of a lot of their own needs on their own<br>• has a lot of adult responsibility at home<br>• appears to have little energy due to lack of sleep or proper nutrition<br>• cries very little (at times when a child would be expected to cry, appropriate for age)<br>• does not play with toys or notice people<br>• does not seem to care for anyone in particular<br>• may be very demanding of affection or attention from others<br>• older children may steal<br>• takes care of a lot of their needs<br>• has a lot of adult responsibility at home<br>• discloses neglect (e.g., says there is no one at home)<br>• hoards and hides food | • does not provide for the child's basic needs<br>• has a disorganized home life, with few regular routines (e.g., always brings the child very early, picks up the child very late)<br>• 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)<br>• may indicate that the child is hard to care for, hard to feed, or describes the child as demanding<br>• may attribute adult negative motivations to actions of child - e.g., reports that the child is out to get the parent/caregiver, or that the child does not like the parent/caregiver<br>• may say that the child was or is unwanted<br>• may ignore the child who is trying to be loving<br>• has difficulty dealing with personal problems and needs<br>• is more concerned with own self than the child<br>• is not very interested in the child's life (e.g., fails to use services offered or to keep child's appointments, does not do anything about concerns that are discussed) |

If you suspect child abuse, you are legally obligated to consult with or report to the York Region Children's Aid Society at 1-800-718-3850 or 905 895-2318 and/or Jewish Family and Child, York Region Branch at 905 882-2331 (see the Duty to Report section at the beginning of this document). Professionals must also report any incidence of a child witnessing family violence (see the Witnessing Family Violence domain in this document).

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

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

## Abuse - Physical: Possible Indicators

| Abuse - Physical: Possible Indicators | | |
|---|---|---|
| **Physical Indicators in Children** | **Behavioural Indicators in Children** | **Behaviours Observed in Adults Who Abuse Children** |
| • presence of several injuries over a period of time<br>• presence of several injuries that are in various stages of healing<br>• facial injuries in infants and preschool children<br>• injuries inconsistent with the child's age and developmental phase<br>• a lot of bruises in the same area of the body<br>• bruises in the shape of an object (e.g., spoon, hand/ fingerprints, belt)<br>• burns:<br>▪ from a cigarette<br>▪ in a pattern that looks like an object (e.g., iron)<br>• wears clothes to cover up injury, even in warm weather<br>• patches of hair missing | • cannot remember how injuries happened<br>• the story of what happened does not match the injury<br>• refuses or is afraid to talk about injuries<br>• is afraid of adults or of a particular person<br>• does not want to be touched<br>• may be very:<br>▪ aggressive<br>▪ unhappy<br>▪ withdrawn<br>▪ obedient and wanting to please<br>▪ uncooperative<br>• is afraid to go home<br>• runs away from home<br>• is away a lot and upon return there are signs of a healing injury<br>• does not show skills as expected | • does not tell the same story as the child about how the injury happened<br>• may say that the child seems to have a lot of accidents<br>• severely punishes the child<br>• cannot control anger and frustration<br>• expects too much from the child<br>• talks about having problems dealing with the child<br>• talks about the child as being bad, different or "the cause of my problems"<br>• does not show love toward the child<br>• delays seeking medical attention for injuries or illnesses<br>• has little or no help caring for the child |

| Abuse - Physical: Possible Indicators | | |
|---|---|---|
| **Physical Indicators in Children** | **Behavioural Indicators in Children** | **Behaviours Observed in Adults Who Abuse Children** |
| • signs of possible head injury:<br>▪ swelling and pain<br>▪ nausea or vomiting<br>▪ feeling dizzy<br>▪ bleeding from the scalp or nose<br>• signs of possible injury to arms and legs:<br>▪ pain<br>▪ sensitive to touch<br>▪ cannot move properly<br>▪ limping<br>• pain with breathing<br>• difficulty raising arms<br>• human bite marks<br>• cuts and scrapes inconsistent with normal play (e.g., bruises on face, torso, upper back, head)<br>• signs of female genital mutilation (e.g., trouble going to the bathroom)<br>• fractured or missing front teeth | • does not get along well with other children<br>• tries to hurt him/herself (e.g., cutting oneself, suicide)<br>• discloses corporal punishment, hitting that results in injuries, abuse, or threats | |

If you suspect child abuse, you are legally obligated to consult with or report to the York Region Children's Aid Society at 1-800-718-3850 or 905-895-2318 and/or Jewish Family and Child, York Region Branch at 905 882-2331 (see the Duty to Report section at the beginning of this document). Professionals must also report any incidence of a child witnessing family violence (see the Witnessing Family Violence domain in this document).

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

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

# Abuse - Sexual: Possible Indicators

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

If you suspect child abuse, you are legally obligated to consult with or report to the York Region Children's Aid Society at 1-800-718-3850 or 905 895-2318 and/or Jewish Family and Child, York Region Branch at 905 882-2331 (see the Duty to Report section at the beginning of this document). Professionals must also report any incidence of a child witnessing family violence (see the Witnessing Family Violence domain this document).

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

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

## Witnessing Family Violence

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

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

If you suspect a child has witnessed violence in the home, you are legally obligated to consult with or report to the York Region Children's Aid Society at 1-800-718-3850 or 905 895-2318 and/or Jewish Family and Child, York Region Branch 905 882-2331 (see the Duty to Report section of this document).

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

## Witnessing Family Violence: Possible Indicators

| Witnessing Family Violence: Possible Indicators | | |
|---|---|---|
| **Physical Indicators in Children** | **Behavioural Indicators in Children** | **Behaviours Observed in Adults Who Abuse Children** |
| • the child does not develop as expected<br>• often complains of nausea, headaches, or stomach aches without any obvious reason, medical ailments | • may be aggressive and have temper tantrums, destructiveness<br>• may show withdrawn, depressed, and nervous behaviours (e.g., clinging, whining, excessive crying) | The abuser:<br>• has trouble controlling self<br>• uses power games, intimidation<br>• instills fear through looks, actions<br>• has trouble talking and getting along with others |

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

| Witnessing Family Violence: Possible Indicators | | |
|---|---|---|
| **Physical Indicators in Children** | **Behavioural Indicators in Children** | **Behaviours Observed in Adults Who Abuse Children** |
| | • food-hoarding<br>• tries to hurt oneself (e.g., cutting)<br>• cruelty to animals<br>• stays around the house to keep watch, or tries not to spend much time at home; runs away from home<br>• difficulties at school<br>• expects a lot of oneself and is afraid to fail and so works very hard<br>• takes the job of protecting and helping the mother, siblings<br>• does not get along well with other children | • seems to be frightened, humiliated and full of shame with a heightened sense of powerlessness<br>• discloses family violence<br>• discloses that the abuser assaulted or threw objects at someone holding a child |

If you suspect child abuse, you are legally obligated to consult with or report to the York Region Children's Aid Society at 1-800-718-3850 or 905-895-2318 and/or Jewish Family and Child, York Region Branch at 905 882-2331 (see the Duty to Report section in this document). Professionals must also report any incidence of a child witnessing family violence (see the Witnessing Family Violence domain in this document).

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

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

## Attachment

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

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

**0-8 months**

- ❑ Is difficult to comfort by physical contact such as rocking or holding
- ❑ Does things or cries just to annoy you
- ❑ Sensory issues, reacting to loud sounds

**8-18 months**

- ❑ Does not reach out to you for comfort
- ❑ Easily allows a stranger to hold him/her
- ❑ Sensory issues, reacting to loud sounds, limited food preferences

**18 months – 3 years**

- ❑ Is not beginning to develop some independence
- ❑ Seems angry or ignores you after you have been apart
- ❑ Sensory issues, reacting to loud sounds, limited food preferences, avoiding certain texture of clothing

**3–4 years**

- ❑ Easily goes with a stranger
- ❑ Is too passive or clingy with you
- ❑ Sensory issues, reacting to loud sounds, limited food preferences, avoiding certain texture of clothing

**4–5 years**

- ❑ Becomes aggressive for no reason (e.g., with someone who is upset)
- ❑ Is too dependent on adults for attention, encouragement and help

**Problem Signs… if a parent/caregiver is frequently displaying any of the following, consider this a red flag:**

- ❑ Being insensitive to a baby's communication cues
- ❑ Often unable to recognize baby's cues
- ❑ Providing inconsistent patterns of responses to the baby's cues
- ❑ Frequently ignoring or rejecting the baby
- ❑ Speaking about the baby in negative terms
- ❑ Often appearing to be angry with the baby
- ❑ Often expressing their own emotions in a fearful or intense way

If there are concerns, advise the parent/caregiver to contact a York Centre for Children, Youth and Families, Children's Mental Health Program for 0-6 at 905 883-9413, Kinark Child and Family Services 1-800-230-8530 or 905 713-0700 or Blue Hills Child and Family Centre (905) 773-4323. Also York Region *Health Connection* at 1-800-361-5653 can be contacted. If the infant is at risk for, or has special needs, contact Early Intervention Services at 1-888-703-5437.

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

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

# Attention Difficulties

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

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

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

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

**Red flags if:**

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

If there are concerns, advise the parent/caregiver to contact their family physician and/or paediatrician. The parent/caregiver can also call York Region 0-6 Tri-Agency Children's Mental Health Services: Kinark Child and Family Services 1-800-230-8530 or 905 713-0700; or Blue Hills

Child and Family Centre 905 773-4323; or The York Centre for Children, Youth, and Family 905 883-9413. Further resources to contact are York Region *Health Connection* at 1-800-361-5653, or Learning Disabilities Association of York Region at 905 884-7933.

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

## Autism Spectrum Disorder (ASD)

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

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

**Social Concerns**

- ❑ Does not smile in response to another person
- ❑ Poor eye contact - decreased eye contact with people, although may look intently at objects
- ❑ Lack of "joint engagement" (e.g., does not play Peek-a-Boo games)
- ❑ Lack of imitation (e.g., does not wave bye-bye)
- ❑ Limited showing, giving, sharing and directing of others' attention
- ❑ Delayed imaginative play – lack of varied, spontaneous make-believe play
- ❑ Prefers to play alone, decreased interest in other children
- ❑ Poor interactive play
- ❑ Any loss of social skills at any age (regression)
- ❑ Prefers to do things for him/herself rather than ask for help
- ❑ Awkward or absent greeting of others

**Communication Concerns**

- ❑ Language is delayed or atypical
- ❑ Unusual language - repeating phrases from movies, echoing other people, repetitive use of phrases, odd intonation (echolalia)
- ❑ Inconsistent response or lack of response to his/her name or instructions (may respond to sounds, but not language)
- ❑ Decreased ability to compensate for delayed speech by gesturing/pointing
- ❑ Poor comprehension of language (words and gestures)

- ❑ Any loss of language skills at any age (regression), but particularly between 15 and 24 months
- ❑ Inability to carry on a conversation

**Behavioural Concerns**

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

## Where To Go for Help

If there are concerns, advise the parent/caregiver to arrange a referral to a paediatrician through their family physician or contact York Region Early Intervention Services/York Region Preschool Speech and Language Program 1-888-703-5437.

For more information about autism, visit the Autism Children's Intervention Services (ACIS) at 416 219-2316 www.aciscanada.com, Autism Ontario York Region Chapter 905 780-1590 or www.autismontario.com/york, BBB Autism Support Network at www.bbbautism.com, Geneva Centre for Autism at www.autism.net or call 416 322-7877, *Improving the Odds: Healthy Child Development* document go to www.beststart.org

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

## Behaviour

Children may engage in one or more problem behaviours from time to time. Some factors should be considered in determining whether the behaviour is truly of concern on its own or as part of a more complex situation. These include:

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

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

**Self-Injurious Behaviour**

- ❑ Bites self; slaps self; grabs at self
- ❑ Picks at skin; sucks excessively on skin/bangs head on surfaces
- ❑ Eats inedible items
- ❑ Intentional vomiting (when not ill)
- ❑ Potentially harmful risk taking (e.g., running into traffic, setting fires)

**Aggression**

- ❑ Excessive temper tantrums; excessive anger, or threats
- ❑ Hits; kicks; bites; scratches others; pulls hair
- ❑ Bangs, slams objects; property damage
- ❑ Cruelty to animals
- ❑ Hurting those less able/bullies others

**Difficulties with Social Behaviour**

- ❑ Difficulty paying attention/hyperactive; overly impulsive
- ❑ Screams; cries excessively; swears
- ❑ Hoarding; stealing
- ❑ No friends; socially isolated; will not make eye or other contact; withdrawn
- ❑ Anxious; fearful/extreme shyness; agitated
- ❑ Compulsive behaviour; obsessive thoughts; bizarre talk
- ❑ Embarrassing behaviour in public; undressing in public
- ❑ Touches self or others in inappropriate ways; precocious knowledge of a sexual nature
- ❑ Flat affect, inappropriate emotions, unpredictable angry outburst, disrespect or striking female teachers are examples of post trauma red flags for children who have witnessed violence

| | |
|---|---|
| **Noncompliance** | ❑ Oppositional behaviour<br>❑ Running away<br>❑ Resisting assistance that is inappropriate to age |
| **Life Skills** | ❑ Deficits in expected functional behaviours (e.g., eating, toileting, dressing, poor play skills)<br>❑ Regression; loss of skills; refusal to eat; sleep disturbances<br>❑ Difficulty managing transitions/routine changes |
| **Repetitive Behaviours** | ❑ Hand-flapping; hand wringing; rocking; swaying<br>❑ Repetitious twirling; repetitive object manipulation |

## Where To Go for Help

If there are concerns, advise the parent/caregiver to contact Children's Mental Health Program for 0-6 at The York Centre for Children, Youth and Families, 905 883-9413, Kinark Child and Family Services 1-800-230-8530 or 905 713-0700 or Blue Hills Child and Family Centre 905 773-4323. Also York Region *Health Connection* at 1-800-361-5653 can be contacted.

For concerns about behaviour in conjunction with a developmental delay, advise the parent/caregiver to contact York Region Early Intervention Services 1-888-703-5437 and Behaviour Management Services of York Region and Simcoe County 905 773-2362.

For Child Protection Services, call York Region Children's Aid Society 1-800-718-3850 or 905 895-2318 and/or Jewish Family and Child, York Region Branch 905 882-2331.

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

## Dental and Oral Health

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

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

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

**Exposure of teeth to fermentable carbohydrates through:**

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

**Physiological Factors:**

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

**Other Risk Factors:**

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

### Where To Go for Help

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

If there are concerns advise the parent/caregiver to contact their dentist, or Dental Program at York Region Community and Health Services at 1-800-735-6625 or 905 895-4512, where children may be eligible for the Children in Need of Treatment (CINOT) program. The CINOT program is for families who do not have dental insurance and paying for dental treatment will create financial hardship.

For more information contact York Region *Health Connection* at 1-800-361-5653.

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

## Feeding and Swallowing

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

**0-3 months**

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

**4-6 months**

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

**6-8 months**

- ❑ Shows an interest in solid foods and opens mouth and may lean forward when solids are offered
- ❑ Swallows thicker pureed foods and tiny, soft, slightly noticeable lumps
- ❑ Food is not pushed out by the tongue, but minor loss of food will occur

| | |
|---|---|
| | ❑ Tongue moves up and down in a munching pattern, with no side to side 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 |
| | ❑ Can hold a soft cracker between the gums or teeth without biting all the way through |
| | ❑ Begins to transfer food from the center of the tongue to the side |
| | ❑ Uses side to side tongue movement with ease when food is placed on the side of the mouth |
| | ❑ Upper lip moves downward and forward to assist in food removal from spoon |
| | ❑ Reaches for finger food using full hand grasp and then pincer grip and brings food to mouth |
| **12-18 months** | ❑ Sequences of at least three suck-swallows occurs |
| | ❑ Some coughing and choking may occur if the liquid flows too fast |
| | ❑ Able to bite a soft cracker |
| | ❑ May lose food or saliva while chewing |
| **18 months** | ❑ Tongue does not protrude from the mouth or rest beneath the cup during drinking |
| | ❑ No loss of food or saliva during swallowing, but may still lose some during chewing |
| | ❑ Attempts to keep lips closed during chewing to prevent spillage |
| | ❑ Able to bite through a hard cracker |
| **2 years** | ❑ Chewing motion is rapid and skilful from side to side without pausing in the centre |
| | ❑ No longer loses food or saliva when chewing |
| | ❑ Will use tongue to clean food from the upper and lower lips |
| | ❑ Able to open jaw to bite foods of varying thicknesses |

## Where To Go for Help

If there are concerns advise the parent/caregiver to contact a Registered Dietitian at York Region *Health Connection*, 1-800-361-5653, for referral to Breastfeeding Clinic/Feeding Challenges Clinic or the Children's Treatment Network of Simcoe York, 1-877-719-4795 or www.ctn-simcoeyork.ca

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

# Fetal Alcohol Spectrum Disorder (FASD)

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

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

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

**Infants**

- ❑ Low birth weight; failure to thrive; small size; small head circumference, and ongoing growth retardation
- ❑ Disturbed sleep, irritability, persistent restlessness
- ❑ Failure to develop routine patterns of behaviour
- ❑ Prone to infections
- ❑ Erratic feeding schedule: may not experience feelings of hunger
- ❑ May be floppy or too rigid because of poor muscle tone
- ❑ May have one of the following birth defects: congenital heart disease, cleft lip and palate, anomalies of the urethra and genitals, spina bifida
- ❑ Facial dysmorphology – the characteristic facial features include small eye openings, flat mid-face, thin upper lip, flattened ridges between base of nose and upper lip; ear anomalies

**Toddlers and Preschoolers**

- ❑ Developmental delays
- ❑ Slow to acquire skills
- ❑ Sleep and feeding problems persist
- ❑ Memory impairment: may have poor recall and will fill in the blanks
- ❑ Hypo-sensitivity: may not sense extreme temperatures or pain
- ❑ Excessively "busy"
- ❑ Sensory hyper-sensitivity (irritability, stiffness when held or touched, refusal to brush hair or teeth, over-reaction to injury)
- ❑ Late development of motor skills – clumsy and accident prone
- ❑ Late development or regression of speech and language
- ❑ Facial dysmorphology (same as above with *Infants*)

**Junior Kindergarten/ Senior Kindergarten**

- ❑ Learning and neuro-behavioural problems (distractible, poor memory, impaired learning, impulsive)
- ❑ Discrepancy between good expressive and poor receptive language (is less capable than he/she looks)
- ❑ Attention deficit and/or hyperactivity; extreme tactile and auditory defensiveness
- ❑ Sensory integration disorders – may seek or avoid tactile or auditory input
- ❑ Information processing problems
- ❑ Difficulty reading non-verbal cues; unable to relate cause and effect; poor social judgment
- ❑ Dysmaturity: less mature than expected for their age; may seek out younger children or toys
- ❑ Attachment issues: may be inappropriately friendly with strangers; may take things belonging to others
- ❑ Facial dysmorphology (same as above with *Infants*)

### Where To Go for Help

If there are concerns, advise the parent/caregiver to contact their physician for referral to one of the following diagnostic centres: Motherisk (birth to 16 years of age) 1-877-327-4636 or 416 813-6780 or www.motherisk.org St. Michael's Hospital (children and adults) 416 867-3655 (ask for FASD clinic).

For more information on FASD, contact Canadian Centre on Substance Abuse at www.ccsa.ca/fas, Best Start: www.beststart.org, Health Canada at 1-866-999-7612 or www.hc-sc.gc.ca or Fetal Alcohol Spectrum Disorder (FASD) Coalition of York Region (1-877-464-9675, ext. 2015)

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

## Fine Motor

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

**By 2 months**

- ❑ Sucks well on a nipple
- ❑ Holds an object momentarily if placed in hand

**By 4 months**

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

**By 6 months**

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

**By 9 months**

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

**By 12 months**

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

**By 18 months**

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

**By 2 years**

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

**By 3 years**

- ❑ Turns the pages of a book
- ❑ Dresses or undresses with help
- ❑ Unscrews a jar lid
- ❑ Holds a crayon with fingers
- ❑ Draws vertical and horizontal
- ❑ 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/caregiver to contact Early Intervention Services at 1-888-803-5437, or their family physician. The physician may refer to the Community Care Access Centre at 1-888-470-2222 for assessment by an occupational therapist, or to a private occupational therapist.

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

## Gross Motor

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

**By 3 months**

- ❑ Lifts head up when held at your shoulder
- ❑ Lifts head up when on the tummy

**By 4 months**

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

**By 6 months**

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

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

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

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

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

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

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

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

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

- ❑ Baby is unable to hold head in the middle to turn and left and right
- ❑ Unable to walk with heels down, four months starting to walk
- ❑ Asymmetry (i.e., a difference between two sides the body; or body too stiff or too floppy)
- ❑ Baby has significant flattening of head (risk of plagiocephaly)
- ❑ Baby prefers to hold head to one side – can be as early as birth (risk of torticollis)

### Where To Go for Help

If there are concerns, advise the parent/caregiver to contact Early Intervention Services at 1-888-703-5437 or a physician, who can refer to Community Care Access Centre 1-888-470-2222 for assessment by a physiotherapist. Parents/Caregivers can also contact a private physiotherapist (not covered by OHIP/Health Card) through the Ontario Physiotherapy Association website at 1-800-672-9668 or www.opa.on.ca.

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

## Hearing

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

0-3 months
- ❑ Startles, cries or wakens to loud sounds
- ❑ Moves head, eyes, arms and legs in response to a noise or voice
- ❑ Smiles when spoken to, or calms down; appears to listen to sounds and talking

4-6 months
- ❑ Responds to changes in your voice tone
- ❑ Looks around to determine where new sounds are coming from; responds to music

7-12 months
- ❑ Turns or looks up when her/his name is called
- ❑ Responds to the word "no"; listens when spoken to
- ❑ Knows common words like "cup", "shoe", "mom"
- ❑ Responds to requests such as "want more", "come here"

12 months- 2 years
- ❑ Turns toward you when you call their name from behind
- ❑ Follows simple commands
- ❑ Tries to 'talk' by pointing, reaching and making noises
- ❑ Knows sounds like a closing door and a ringing phone

2-3 years
- ❑ Listens to a simple story
- ❑ Follows two requests (e.g., "get the ball and put it on the table")
- ❑ Learns new words every week

| | |
|---|---|
| 3-4 years | ❑ Hears you when you call from another room |
| | ❑ Listens to the television at the same loudness as the rest of the family |
| | ❑ Answers simple questions |
| | ❑ Speaks clearly enough to be understood most of the time by family |
| 4-5 years | ❑ Pays attention to a story and answers simple questions |
| | ❑ Hears and understands most of what is said at home and school |
| | ❑ Family, teachers, babysitters, and others think he or she hears fine |
| | ❑ Speaks clearly enough to be understood most of the time by anyone |

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

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

### Where To Go for Help

If there are concerns, advise the parent/caregiver to contact the family doctor for a referral to an audiologist, or contact an audiologist directly. For a list of private audiologists, visit www.osla.on.ca or call the Ontario Association of Speech- Language Pathologists and Audiologists at 1-800-718-6752 or 416 920-3676.

Up to 24 months of age, contact the Tri-Regional Infant Hearing Program at 1-888-703-5437. Visit the Canadian Hearing Society website at www.chs.ca or call 1-877-347-3427.

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

## Learning Disabilities

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

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

Learning disabilities are related to difficulties in processing information:

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

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

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

## Where To Go for Help

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

Typically learning disabilities are only diagnosed by an educational psychologist after the child enters school and is learning to read and write.

The psychologist will assess:

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

For more information about learning disabilities, contact the Learning Disabilities Association of York Region at 905 884-7933 or visit www.ldayr.org

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

# Literacy

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

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

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

**0-3 months**

- ❑ Listens to parent's/caregiver's voice
- ❑ Makes cooing or gurgle sounds

**4-8 months**

- ❑ Imitates sounds heard
- ❑ Makes some sounds when looking at toys or people
- ❑ Brightens to sound, especially to people's voices
- ❑ Seems to understand some words (e.g., daddy, bye-bye)

**9-12 months**

- ❑ Responds to simple verbal requests accompanied with a gesture (e.g., come here)
- ❑ Babbles a series of different sounds (e.g., ba, da, tongue clicks, dugu-dugu)
- ❑ Makes sounds to get attention, to make needs known, or to protest
- ❑ Shows interest in looking at books

**12-18 months**

- ❑ Follows simple directions (e.g., "Throw the ball")
- ❑ Uses common expressions (e.g., "all gone," "oh-oh")
- ❑ Says five or more words; words do not have to be clear
- ❑ Identifies pictures in a book (e.g., "Show me the baby")
- ❑ Holds books and turns pages
- ❑ Enjoys being read to and sharing simple books with you

**By 2 years**

- ❑ Asks for help using words or actions
- ❑ Joins two to four words together (e.g., "want cookie," "more milk please")
- ❑ Learns and uses new words; may mostly be understood by family
- ❑ Asks for favourite books to be read over and over again

**By 3 years**

- ❑ Can be understood by strangers approximately 75 per cent of the time
- ❑ Uses longer sentences (e.g., five to eight words)
- ❑ Continues to learn and use new words in spoken language
- ❑ Sings simple songs and familiar rhymes
- ❑ Demonstrates how books work (e.g., holds book, turns pages, points and talks about pictures)
- ❑ Demonstrates an interest in books
- ❑ Holds a pencil or crayon and uses it to draw/scribble
- ❑ Joins in repetitive sections of familiar book when being read to (e.g., "You can't catch me, I'm the Gingerbread Man!")

**By 3½ -4½ years**

- ❑ Can be fully understood by most adults when speaking
- ❑ Speaks in complete sentences using some details
- ❑ Uses and gains new vocabulary in spoken language
- ❑ Recites familiar nursery rhymes and/or sings familiar songs
- ❑ Understands the concept of rhyme; generates simple rhymes
- ❑ Reads a book by memory or by making up the story to go along with the pictures
- ❑ Can guess what will happen next in a story
- ❑ Retells some details of stories read aloud but not necessarily in order
- ❑ Holds a pencil and uses it to draw and/or print his/her first name along with other random letters
- ❑ Follows one and two-step directions
- ❑ Describes personal experiences

**By 4½ - 5½ years**

- ❑ Uses complete sentences (that sound almost like an adult)
- ❑ Uses and gains new vocabulary in spoken language
- ❑ Knows parts of a book and demonstrates appropriate book handling skills (e.g, front and back of back, holds book right way up, turns pages in correct order)
- ❑ Understands basic concepts of print (e.g., difference between letters, words, how the text runs from left to right and top to bottom)
- ❑ Makes predictions about stories; retells the story in proper sequence
- ❑ Re-reads simple patterned texts (i.e., poems, chants, pattern books) and points to the individual words while reading
- ❑ Reads some familiar vocabulary by sight (high frequency words)
- ❑ Points to and says the name of most letters of the alphabet when randomly presented (upper and lower case)
- ❑ Identifies the sounds of the beginning of some words (in spoken language)

- ❑ Claps syllables in words (e.g., bi-cy-cle)
- ❑ Recognizes and generates rhyming words
- ❑ Prints his/her own name
- ❑ Beginning to write simple messages using a combination of pictures, symbols, letters, sounds, and/or familiar words
- ❑ Makes connections between his/her own experiences and those of storybook characters

### Where To Go for Help

If there are concerns, advise parents/caregivers to contact York Region Preschool Speech and Language and/or Early Intervention Services 1-888-703-5437 or 905 830-9487, or contact early literacy specialists through the Ontario Early Years Centers at 416 922- 9556 or www.ontarioearlyyears.ca. Also, parents/caregivers should speak to the kindergarten teacher to access appropriate school resources.

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

## Mild Traumatic Brain Injury

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

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

**Physical**

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

**Cognitive**

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

**Behavioural/ Emotional**

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

## Where To Go for Help

If there are concerns, advise the parent/caregiver to contact their family physician or paediatrician for a medical assessment and referral to the appropriate specialist. York Region Head Injury Support Group at 905 780-1236 or www.yrhisg.netfirms.com or the Ontario Brain Injury Association at 1-800-263-5404 or www.obia.ca

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

# Nutrition

**If one or more of the following risk factors are present, consider this a red flag:**

**Birth-6 months**

- ❑ Infants are not fed whenever they show signs of hunger
- ❑ Healthy, full term infants are not having appropriate diapers:

| | |
|---|---|
| Day One | One wet diaper, one black stool |
| Day Two | Two wet diapers, one to two brown stools |
| Day Three | Three wet diapers, two to three lighter brown stools |
| Day Four | Four **heavy** wet diapers, at least two to three yellow stools |
| Day Five | Five **heavy** wet diapers, at least two to three yellow stools |
| Day Six+ | Six **heavy** wet diapers, at least two to three yellow stools which may be runny and seedy |
| After four to six weeks | Six **heavy** wet diapers, stools may decrease in frequency to once per day, once per week or even longer |

- ❑ Cow's milk or other preparations are given instead of breastmilk or iron-fortified infant formula
- ❑ Powdered infant formula is used prior to two months of age
- ❑ For the first four months, water for infant formula is not brought to a rolling boil for one minute and equipment is not being sanitized
- ❑ Infant formula is not being mixed at the correct dilution
- ❑ Breastfed or partially breastfed infant is not receiving a vitamin D supplement
- ❑ Liquids (including water) or solids other than breastmilk or iron-fortified infant formula are given before four months (preferably six months)
- ❑ Unsafe foods are given (e.g., honey, egg white, cow's milk, herbal tea)

**6-12 months**

- ❑ Iron-containing foods (e.g., iron-fortified infant cereal, pureed meat) have not been introduced by seven months
- ❑ Cow's milk is given instead of breastmilk or infant formula before nine months
- ❑ Low-fat milk (2%, 1% or skim), soy, rice or other vegetarian beverage is given regularly
- ❑ Breastfed or partially breastfed infant is not receiving a vitamin D supplement
- ❑ Infant drinks more than four ounces of juice per day
- ❑ Fruit drinks, pop, coffee, tea, cola, hot chocolate, herbal tea, herbal products, egg white or honey are given
- ❑ At 10 months, child consistently refuses lumpy or textured foods

**1-2 Years**

- ❑ Child drinks less than 16 ounces, or more than 24 ounces, of milk per day
- ❑ Skim milk, soy, rice or other vegetarian beverage are given regularly before two years
- ❑ Child consumes excessive amounts of other calorie-containing fluids, e.g., juice (more than four to six ounces per day), pop and fruit drinks
- ❑ Child drinks liquids primarily from a baby bottle
- ❑ Child does not eat a variety of table foods from the four food groups
- ❑ Child consistently refuses lumpy or textured foods
- ❑ At 15 months, child does not finger/self feed
- ❑ Child spends a long time at meals, e.g., one hour

**2-5 Years**

- ❑ Child drinks less than 16 ounces, or more than 24 ounces, of milk per day
- ❑ Child consumes excessive amounts of other calorie-containing fluids, e.g., juice (more than four to six ounces per day), pop and fruit drinks
- ❑ Child drinks liquids primarily from a baby bottle
- ❑ Child does not eat a variety of table foods from the four food groups
- ❑ Child does not eat at regular times throughout the day (breakfast, lunch and supper plus two to three snacks)
- ❑ Child does not finger/self feed
- ❑ BMI-for-age is greater than or equal to the 95th percentile
- ❑ Child watches more than two hours of television per day

**General Risk Factors**

- ❑ Serial growth measurements have unexpectedly crossed two or more percentiles downwards (failure to thrive)
- ❑ Use of bottles made from bisphenol A (BPA)
- ❑ Food allergy or food intolerance which results in food restrictions
- ❑ Problems with sucking, chewing, swallowing, gagging, vomiting or coughing while eating
- ❑ Suffers from tooth or mouth problems that make it difficult to eat or drink
- ❑ Frequent constipation and/or diarrhea
- ❑ Follows a special diet that limits or includes special foods
- ❑ Excludes all animal products, including milk and eggs
- ❑ Unsafe or inappropriate foods are given (e.g., raw eggs, unpasteurized milk or cider, herbal tea, pop, fruit drink, coffee, alcohol, foods that are choking hazards)
- ❑ Eats non-food items

- ❑ Consumes small amounts of food or beverages many times during the day instead of sitting down to eat meals and snacks at scheduled times.
- ❑ Family uses pressure, reward or punishment to get child to eat
- ❑ Family has problems with inadequate food storage or cooking facilities
- ❑ Family is unable to obtain adequate food (e.g., due to financial constraints)

### Where To Go for Help

If there are any concerns, advise the parent/caregiver to talk to a family physician or paediatrician. Also, parents can contact a registered dietitian at EatRight Ontario by calling 1-877-510-5102 or visiting www.eatrightontario.ca and clicking "send an email".

For more information on healthy eating, visit York Region Community and Health Services Department, Nutrition Services' website at www.york.ca/nutrition or call 1-800-735-6625 ext. 4335. To speak to a Public Health Nurse at *Health Connection*, call 1-800-361-5653.

Sources: Originally developed by public health nutritionists and dietitians from York Region Community and Health Services and reviewed by dietitians from Markham Stouffville Hospital and Southlake Regional Health Centre and public health nurses from York Region Community and Health Services. In 2008, revised by public health nutritionists, dietitians, and nurses, and International Board-Certified Lactation Consultants (IBCLC) from York Region Community and Health Services, according to nutrition guidelines from Health Canada (www.healthcanada.gc.ca/nutrition), and from the Canadian Paediatric Society (www.cps.ca). References include the American Academy of Pediatrics (2001); the American Dietetic Association and Dietitians of Canada (2000, 2003); the Canadian Paediatric Society (1999, 2005, 2006, 2007); Dietitians of Canada (2005, 2007); Groh-Warg, Thompson, Cox and Hartline (2000); Health Canada (2004, 2007); and Satter (2003).

## Postpartum Mood Disorders (PPMD)

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

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

- Depression or anxiety while pregnant
- Personal and/or family history of mental illness
- History of problems related to hormones or the thyroid gland
- Recently moved or immigrated to a new culture
- Negative thinking pattern
- Worrier or perfectionist
- History of abuse or significant conflict with parents
- Body image issues
- Stressful events experienced during pregnancy or birth

- Serious financial problems
- Lack of a support system
- Disappointment about the gender of the baby
- Colicky baby or sick newborn
- Complications during pregnancy or birth
- Teenage mother
- Pregnancy was, or is, unwanted
- Serious fertility issues
- Breastfeeding issues

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

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

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

- Having thoughts of harming self or baby
- Hearing or seeing things that are not there

- Believing people or things are going to harm them or their baby
- Being confused or out of touch with reality

**If the mother has any of the above thoughts or feelings, do not wait.**

**Get help right away. Do not leave the mother alone.**

**If unable to contact a family member, call her Family Physician**

**Or**

**Call the local crisis intervention line – 310 COPE**

**Or**

**Accompany her to your local hospital's emergency department.**

### Where To Go for Help

If there are concerns, advise the woman/family to contact her physician and/or contact York Region *Health Connection* at 1-800-361-5653 for a referral to the Healthy Babies, Healthy Children program and/or the Transition to Parenting group.

For Child Protection Services contact the York Region Children's Aid Society at 1-800-718-3850 or 905 895-2318 or contact Jewish Family and Child, York Region Branch at 905 882-2331.

For crisis intervention, call the Community Crisis Response Service at 905 310-COPE (2673).

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

## Prematurity

Children born prematurely (37 weeks gestation or earlier) are more at risk for developmental delays than full term babies. Monitoring of a child's growth and development by a professional is important to ensure that children at risk can access appropriate services. York Region Early Intervention Services (EIS) provides this service in their "Preterm Care Pathways" program. Monitoring a child on the "Preterm Care Pathways" considers factors such as the degree of prematurity, medical history, and family situation. Early Interventionists use "Preterm Care Pathways" to monitor children at set intervals for the first few years of their lives, and, when indicated, provide enhanced Early Intervention Services for these children and their families and make referrals to appropriate agencies within York Region.

### Where To Go for Help

If a child is born at 37 weeks gestation or earlier, contact York Region Early Intervention Services at 1-888-703-KIDS (5437) toll free or 905 830-9437 in Newmarket. In addition, advise the parent to arrange a referral to a paediatrician through their family physician. Information is also available on www.york.ca under Services and click on Children's Services.

Sources: This section was created in 2009 using York Region Community and Health Services, Social Services (January 2009). York Region Early Intervention Services. Preterm care pathways for children born prematurely. [Pamphlet]

## School Readiness

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

The child should be able to:

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

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

- Significant attention difficulties
- Behaviour affecting ability to learn new things
- Sudden change in behaviour uncharacteristic for the individual
- Difficulties with pre-academic skills/concepts (e.g., colours, shapes)
- History of learning disabilities in the family
- Delay in self-help skills
- Inconsistent performance (can not do what he/she could do last week)
- Poorly focused and disorganized

### Where To Go for Help

If there are any concerns or for further information contact the local Ontario Early Years Centre (OEYC), visit www.ontarioearlyyears.ca, or call 416 922-9557, to find an OEYC close to you please see the York Region Contact Information Appendix B: Contacts and Resources at the end of this document.

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

# Sensory

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

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

**Auditory**

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

**Visual**

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

**Taste/Smell**

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

**Movement and Body Position**

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

**Touch**

- ❑ Becomes upset during grooming (e.g., hair cutting, face washing, fingernail cutting)
- ❑ Has difficulty standing in line or close to other people; or stands too close, always touching others
- ❑ Is sensitive to certain fabrics
- ❑ Fails to notice when face or hands are messy or wet
- ❑ Cannot tolerate hair washing, hair cutting, nail clipping, teeth brushing

- ❑ Craves lots of touch: heavy pressure, long-sleeved clothing, hats and certain textures

**Activity Level**

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

**Emotional/ Social**

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

### Where To Go for Help

If there are concerns, advise the parent/caregiver to contact Early Intervention Services at 1-888-803-5437 or the family physician for a referral to a developmental paediatrician or a private occupational therapist.

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

## Sleep

### Infant Sleep Environment (0 to 6 months)

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

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

### Evidence-informed Recommendations

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

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

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

## Definitions

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

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

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

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

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

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

| Infant Sleep Environment (0 to 6 months) | | | |
|---|---|---|---|
| **Sleep Position** | **Co-Sleeping** | **Sleep Environment** | **Bed Sharing** |
| Infants should sleep on their back in cribs meeting Canadian safety regulations. The Canadian Paediatric Society (2009) recommends this sleeping arrangement for the first year of life.<br><br>**SAFER OPTION**<br>• Back-lying<br>(Canadian Paediatric Society, 2009)<br><br>**UNSAFE OPTION (any of the following)**<br>• Side-lying<br>• Stomach-lying<br>• Propping with rolled blankets or wedges<br>(Canadian Paediatric Society, 2009; Task Force on Sudden Infant Death, 2005) | Infants should sleep within arms reach in their parent's room for the first six months, on their back, in cribs meeting Canadian safety regulations.<br><br>(Canadian Paediatric Society, 2009)<br><br>**SAFER OPTION (all must be present)**<br>• Crib or cradle that meets Canadian safety regulations in the room that the infant's caregiver sleeps<br>• An infant is **within arm's reach** of his or her caregiver, but not on the same sleeping surface<br>(Canadian Paediatric Society, 2009)<br><br>**RISKIER OPTION**<br>• Crib or cradle in room, not **within arm's reach** of his or her caregiver | An infant's sleep environment should be free of quilts comforters, bumper pads, pillows and pillow-like items (e.g., toys). It should also be free of tobacco smoke with a temperature that is neither too warm nor cold.<br><br>(Canadian Paediatric Society, 2009)<br><br>**SAFER OPTION (all must be present)**<br>• Environment is free of quilts, comforters, bumper pads, pillows and pillow-like items<br>• Use of a firm sleep surface<br>• Dressing infant for sleep so that they are warm – not hot<br>• Non smoking home environment<br>• Discontinuing smoking prior to or early in pregnancy and not allowing others to smoke around infant or to expose infant to smoke-filled environments<br>• Breastfeeding<br>(Canadian Paediatric Society, 2009; Task Force on Sudden Infant Death, 2005; Office of the Chief Coroner, 2008) | Bed sharing refers to a sleeping arrangement in which an infant baby shares the same sleeping surface with another person. (Canadian Paediatric Society, 2009)<br><br>According to Office of the Chief Coroner's report (2008), infant death has been associated with unsafe sleeping environments and bed sharing practices. See coroner's recommendations for *reducing the chances a baby will die from SIDS and SUD* on previous page of this document.<br><br>Families who choose to bed share should be given all the information that is known regarding safe sleep environment for their infants. Families should be informed about the Coroner's recommendation to not let babies share a sleep surface with another child or with an adult and not to put babies in an adult bed or on a sofa to sleep (Office of the Chief Coroner, 2008). It is important to remind parents that adult beds have potential risks and are not designed to meet Canadian safety regulations for infants.<br><br>**SAFER OPTION (all must be present)**<br>• Infant placed in back-lying position for sleep<br>• Non smoking home environment<br>• Bed sharing with only the infant's primary caregiver<br>• Use of a firm, flat sleeping surface<br>• Ensuring that the infant's head is not covered |

| Infant Sleep Environment (0 to 6 months) | | | |
|---|---|---|---|
| **Sleep Position** | **Co-Sleeping** | **Sleep Environment** | **Bed Sharing** |
| | **UNSAFE OPTION (any of the following)**<br>• Waterbed<br>• Couch<br>• Recliner<br>• Air mattresses<br>• Sleeping on pillows or soft materials<br>• Car seats and infant seat carriers<br>• Swing<br>• Any makeshift bed or hammock<br>(Canadian Paediatric Society, 2009; Task Force on Sudden Infant Death, 2005) | **UNSAFE OPTION (any of the following)**<br>• Use of bumper pads in crib<br>• Use of pillows, quilts, comforters, adult bed covers or pillow like items in crib<br>• Over dressing or overheating infant<br>• Smoking during pregnancy<br>• Maternal smoking<br>• Infant exposure to smoke<br>(Canadian Paediatric Society, 2009) | • Never placing an infant down to sleep on a pillow or adjacent to a pillow• Never leaving an infant alone on an adult bed<br>• No spaces between the mattress and headboard, walls, and other surfaces which may entrap the infant and lead to suffocation<br>• Use of a firm mattress directly on the floor away from walls<br>(Canadian Paediatric Society, 2009; The Academy of Breast Feeding Protocols Committee, 2008)<br>**UNSAFE OPTION (any of the following)**<br>• Prenatal or postnatal smoking and bed sharing<br>• Bed sharing with people other than the infant's parents or usual caregivers<br>• Infant bed sharing with other children and/or pets<br>• Bed sharing if caregiver is a smoker, extremely tired, under the influence of alcohol or drugs (legal or illegal)<br>• Bed sharing on waterbeds, couches, sofas<br>• Use of quilts, duvets, comforters, pillows, soft materials, loose bedding or stuffed toys and other objects<br>• Allowing infant's head to become covered<br>• Allowing an infant to sleep on an adult bed alone<br>• Bed sharing with adjacent spaces that could trap an infant<br>(Canadian Paediatric Society, 2009; www.sidscanada.org) |

## Where To Go for Help

If there are concerns advise the parent/caregiver to contact York Region Community and Health Services, *Health Connection* at
1-800-361-5653, the Canadian Paediatric Society (www.caringforkids.cps.ca) or their family physician, paediatrician, and/or nurse practitioner.

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

## Social/Emotional

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

**0-8 months**

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

**8-18 months**

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

**18 months – 3 years**

- ❑ Child and parent/caregiver have little or no playful or verbal interaction
- ❑ Child initiates overly friendly or affectionate interactions with strangers
- ❑ Child ignores, avoids or is hostile with parent/caregiver when distressed or after separation
- ❑ Child is excessively distressed by separation from parent/caregiver
- ❑ Child freezes or moves toward parent/caregiver by approaching sideways, backwards or circuitously
- ❑ Child alternates between being hostile and overly affectionate with parent/caregiver

**18 months – 3 years**

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

**3–5 years**

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

## Where To Go for Help

If there are concerns, advise the parent/caregiver to contact a children's mental health professional for further discussion at The York Centre for Children, Youth, and Family 905 883-9413, Kinark Child and Family Services 1-800-230-8530 or 905 713-0700 or Blue Hills Child and Family Centre 905 773-4323.

Contact York Region *Health Connection* at 1-800-361-5653 for referral to the Healthy Babies, Healthy Children Program.

For Child Protection Services contact York Region Children's Aid Society at 1-800-718-3850 or 905 895-2318 and/or Jewish Family and Child, York Region Branch at 905 882-2331.

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

## Speech and Language

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

**By 6 months**

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

**By 9 months**

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

**By 12 months**

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

**By 18 months**

- ❑ Understands the concepts of “in and out”, “off and on”
- ❑ Points to several body parts when asked
- ❑ Responds with words or gestures to simple questions (e.g., “Where’s teddy?”, “What’s that?”)
- ❑ Uses at least 20 words consistently, even if not clear
- ❑ Makes at least four different consonant sounds (e.g., p, b, m, n, d, g, w, h)
- ❑ Enjoys being read to and sharing simple books with you
- ❑ Points to pictures using one finger

- ❑ Demonstrates some pretend play with toys (e.g., gives teddy a drink, pretends a bowl is a hat)

**By 24 months**

- ❑ Follows two-step directions (e.g., "Go find your teddy bear and show it to Grandma")
- ❑ Uses 100 or more words
- ❑ Uses at least two pronouns (e.g., "you," "me," "mine")
- ❑ Consistently combines two to four words in short phrases (e.g., "Daddy hat," "truck go down")
- ❑ Forms words/sounds easily and effortlessly
- ❑ Words are understood by others 50 per cent to 60 per cent of the time
- ❑ Enjoys being around other children
- ❑ Begins to offer toys to peers and imitate other children's actions and words
- ❑ Holds books the right way up and turns pages
- ❑ "Reads" to stuffed animals or toys
- ❑ Scribbles with crayons

**By 30 months**

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

**By 3 years**

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

- ❑ Aware of the function of print (e.g., in menus, lists, signs)
- ❑ Beginning interest in, and awareness of, rhyming

**By 4 years**

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

**By 5 years**

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

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

- ❑ If the child has lost any previously obtained skills, language or social skills
- ❑ Inconsistent or no response when name is called
- ❑ Rarely engages socially (e.g., smiling, eye contact)
- ❑ More interested in looking at objects than people's faces
- ❑ Lack of interest in toys or plays with them in an unusual way (e.g., lining up, spinning, opening/closing parts rather than using the toy as a whole)
- ❑ Preoccupation with unusual interests such as light switches, doors, fans, wheels
- ❑ Echoing others' phrases or sentences (for example parent/caregiver says "put on your shoes"; child responds "put on your shoes")
- ❑ Talking in "whole phrases" or "scripts" from television shows or books, when these do not seem relevant to the situation

- ❑ Unusual interest in letters or numbers and/or may show some ability to recognize words in print – but no clear indication of comprehension
- ❑ Compulsions or rituals (has to perform activities in a special way or certain sequence: is prone to temper tantrums if rituals are interrupted)

**Stuttering:**

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

**Voice:**

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

### Where To Go for Help

**Note:** Children must be referred to York Region Preschool Speech and Language Program before December 31st of the year they begin junior kindergarten.

If there are concerns, complete an ERIK referral and fax to 905 762-2099 or advise parents/caregivers to contact York Region Preschool Speech and Language program at 1-888-703-KIDS or visit the website at www.beyond-words.org.

If there are concerns after December 31st of the child's junior kindergarten year, please advise parent/caregiver to contact the child's school for referral to a Speech-Language Pathologist from the school board.

For a list of private Speech-Language Pathologists, visit www.osla.on.ca or call the Ontario Association of Speech – Language Pathologists and Audiologists at 1-800-718-6752 or 416 920-3676.

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

## Vision

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

**By 6 weeks**

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

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

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

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

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

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

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

**By 5 years**
- ❑ Knows colors and shadings; picks out detail in objects and pictures
- ❑ Holds a book at a normal distance

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

- ❑ Swollen or encrusted eyelids
- ❑ Bumps, sores or styes on or around the eyelids
- ❑ Drooping eyelids
- ❑ Does not make eye contact by three months of age
- ❑ Does not watch or follow an object with the eyes by three months
- ❑ Haziness or whitish appearance inside the pupil

- ❑ Frequent “wiggling” “drifting” or “jerky” eye movements, misalignment of the eyes (eye turns or crossing of eyes)
- ❑ Lack of coordinated eye movements
- ❑ Drifting of one eye when looking at objects
- ❑ Turning or tilting of the head when looking at objects
- ❑ Squinting, closing or covering of one eye when looking at objects
- ❑ Excessive tearing when not crying
- ❑ Excessive blinking or squinting
- ❑ Excessive rubbing or touching of the eyes
- ❑ Avoidance of, or sensitivity to, bright lights

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

## Where To Go for Help

If there are concerns, advise the parent/caregiver to contact the Tri-Regional Blind-Low Vision Early Intervention Program by calling 1-888-703-KIDS (5437) (select #2 from the menu options) by downloading a referral form from www.beyond-words.org and faxing it to 905 762-2099.

Parents/Caregivers, guardians, family physicians, optometrists or ophthalmologists and other professionals can refer to Tri-Regional Blind-Low Vision Program.

Children need an ophthalmologist's referral prior to admission to services, however, this program can assist you with obtaining a referral if you do not already have one and can provide support in the interim.

Visit the Canadian National Institute for the Blind website at www.cnib.ca.

Visit the Ontario Foundation for Visually Impaired Children (OFVIC) www.ofvic.org.

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

York Region

# RESOURCES

# Appendix A

## Important Telephone Numbers

**Police, Ambulance, Fire**

Emergency Number ........ 9-1-1

**York Region Police, Non-Emergency Numbers**

Markham and Vaughan ........ 905 881-1221

Aurora, Georgina, Newmarket, Nobleton and Sharon ........ 905 895-1221

Oak Ridges, Richmond Hill and Thornhill ........ 905 773-1221

**Crisis Intervention**

York Region Children's Aid Society ........ 905 895-2318
Toll Free ........ 1-800-718-3850

Kids Help Phone ........ 1-800-668-6868

Community Crisis Response Service ........ 905 310-COPE (2673)

Domestic Abuse and Sexual Assault Care and Resource Centre ........ 905 832-1406 ext. 3

Women's Support Network of York Region ........ 905 895-3646

**Hospitals and Health**

**Newmarket**
Southlake Regional Health Centre ........ 905 895-4521

**Richmond Hill**
York Central Hospital ........ 905 883-1212

**Markham**
Markham Stouffville Hospital ........ 905 472-7000

York Region *Health Connection* ........ 1-800-361-5653

Telehealth Ontario ........ 1-866-797-0000

# Appendix B

## Contacts and Resources

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| **Autism Children's Intervention Services (ACIS)** | 416 219-2316<br>www.aciscanada.com | **Autism Children's Intervention Services (ACIS)** is infant, preschool and school aged child development and IBI/ ABA programs. It provides speech language therapy, occupational therapy, social skills, and summer/winter camps for children with developmental and learning disabilities. Services children with autism spectrum disorders (ASDs), oppositional defiance disorder (ODD), anxiety disorders, attention deficit/hyperactivity disorder (ADHD), and communication delays/disorders. |
| **Autism Ontario – York Region Chapter** | 905 780-1590<br>www.autismontario.com/york | **Autism Ontario – York Region Chapter** provides information, education, advocacy, and a self-help support group with links to community agencies for families living with autism spectrum disorder (ASD). Twice-monthly educational workshops, monthly support groups meetings, and summer day camp. |
| **BBB Autism Support Network** | www.bbbautism.com | **BBB Autism Support Network** provides online information and support to individuals, families and professionals who love or work with someone with autism spectrum disorders (ASDs) using a co-op system of patent volunteers. Provides a free e-newsletter, online community support, information about special education in York Region, service providers, agencies, funding and more. Services are offered online only and strictly on a volunteer basis. |
| **Behaviour Management Services of York and Simcoe** | 905 773-2362 | **Behaviour Management Services of York and Simcoe** provides comprehensive behavioural assessment followed by positive-based teaching and programming assistance. Services individuals who have a developmental delay, a significant cognitive delay of two years or more and a delay in at least two other areas. |

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| **Best Start: Improving the Odds: Healthy Child Development** | 1-800-397-9567 or 416 408-2249<br>www.beststart.org | **Best Start:** Ontario's Maternal Newborn and Early Child Development Resource Centre supports service providers across the province of Ontario who are working on health promotion projects to improve the health of expectant parents and their young children. |
| **Blue Hills Child and Family Centre** | 905 773-4323<br>www.bluehillschildandfamily.ca | **Blue Hills Child and Family Centre** focuses on social and emotional well being, primarily for children, youth, and their families, and includes residential and non-residential programs, and programs for the support and education of staff of other child serving systems. Provides a range of children's mental health services. |
| **Canadian Centre on Substance Abuse (CCSA)** | 613 235-4048<br>www.ccsa.ca/fas | The **Canadian Centre on Substance Abuse (CCSA)** has a legislated mandate to provide national leadership and evidence-informed analysis and advice to mobilize collaborative efforts to reduce alcohol-related and other drug-related harms. |
| **Canadian National Institute for the Blind (CNIB)** | 1-800-563-2642<br>www.cnib.ca | **Canadian National Institute for the Blind (CNIB)** is a nationwide, community-based, registered charity committed to research, public education and vision health for all Canadians. CNIB provides the services and support necessary for people to enjoy a good quality of life while living with vision loss. CNIB is active in every region of the country, with staff and volunteers working in offices and often traveling to provide support to clients in their homes and in rural communities. CNIB provides vital programs and services, innovative consumer products, research, peer support and one of the world's largest libraries for people with print disabilities. |
| **Canadian Paediatric Society (CPS) – Caring for Kids** | 613 526-9397<br>www.cps.ca<br>www.caringforkids.cps.ca | The **Canadian Paediatric Society (CPS)** is the national association of paediatricians, committed to working together to advance the health of children and youth by nurturing excellence in health care, advocacy, education, research and support of its membership. The Caring for Kids website is designed to provide parents/caregivers with information about their child's health and wellbeing. |

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| **Children's Treatment Network of Simcoe York (CTN)** | 1-877-719-4795<br>www.ctn-simcoeyork.ca | **Children's Treatment Network (CTN)** will serve more than 4,200 children with multiple disabilities and their families in Simcoe County and York Region. They include children with physical, developmental and communications needs who may already be receiving services from network partners and require more ongoing, intensive or specialized rehabilitation treatment. Services are available to kids from birth to age 19 with a wide range of disabilities and complex conditions, including: cerebral palsy, muscular dystrophy, acquired brain injury, developmental and learning difficulties, spina bifida, autism or pervasive developmental disorder (PDD), chronic and/or long-term medical conditions that require intensive therapy, specialized equipment or travel to treatment centres outside of the community. |
| **Community Care Access Centre (CCAC)** | 1-888-470-2222<br>www.ccac-ont.ca | **Community Care Access Centres (CCACs)** are local organizations that can help you to access government-funded home care services, and long-term care homes. CCACs are funded and regulated by the Ministry of Health and Long-Term Care and coordinate a variety of health services to maintain an individual's health, independence and quality of life. The health care services include: nursing, personal support (help with bathing, dressing, etc.), physiotherapy, occupational therapy, speech-language therapy, social work, nutritional counselling, and medical supplies and equipment. Specialized programs include acquired brain injury, child and family services, school health support, and mental health. |

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| **Community Crisis Response Service** | 905 310-COPE (2673)<br>www.yssn.ca | **Community Crisis Response Service** 24 hours per day, seven days per week service providing a range of crisis response series throughout York Region including: telephone mental health crisis support, mobile outreach response (when required) to adults and children, enhanced mobile response in partnership with the York Region Police (as needed), short-term community crisis support beds, joint mobile response with Kinark Child and Family Services (as needed). |
| **Dental program at York Region Community and Health Services – Children in Need of Treatment (CINOT) program** | 905 895-4512 or<br>1-800-735-6625<br>www.york.ca<br>Click Services ><br>Public Health and Safety ><br>Dental Services | **Dental Program** provides services to promote the dental health of York Region residents, including health promotion and illness prevention programs for parents/caregivers, teachers, and students in the school community.<br>**Children in Need of Treatment (CINOT)** program provides services for families with eligible children, up to and including 13 years and with dental conditions requiring emergency or essential care. |

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| **Early Intervention Services of York Region (EIS)** | 1-888-703-5437<br>www.york.ca<br>Click Services > Children's Services > Children with Special Needs | **Early Intervention Services (EIS)** is available to families and to children ages birth to school-entry, who live in York Region, are at risk of delayed development due to prematurity/low-birth weight, have delayed development, and have a condition such as cerebral palsy, autism or Down syndrome. Additionally, EIS provides the **Preterm Care Pathways** program to children born prematurely (37 weeks gestation or earlier). The different EIS programs will:<br>• screen and assess children<br>• help families understand their child's growth and development<br>• provide intervention programs<br>• assist parents and caregivers to teach children new skills<br>• provide occupational and/or physiotherapy consultation<br>• offer play groups for children with special needs<br>• promote and support participation in a community child care program<br>• consult with and support child care providers<br>• connect families with community resources<br>• offer workshops for parents and caregivers of children with special needs<br>• educate the community about developmental delays<br>• work closely with school board staff to facilitate a smooth transition to elementary school |

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| **Fetal Alcohol Spectrum Disorder (FASD) Coalition of York Region** | 1-877-464-9675 ext. 2015 | **Fetal Alcohol Spectrum Disorder (FASD) Coalition of York Region** is a regional coalition of service providers that offers a bi-annual conference, periodic educational opportunities for professionals, parents and foster parents, an FASD resource library and a monthly parent/foster parent support group. |
| **Fetal Alcohol Spectrum Disorder Diagnostic Clinic –**<br><br>**St. Michael's Hospital** | 416 867-3655<br>www.stmichaelshospital.com | **St. Michael's Hospital Fetal Alcohol Spectrum Disorder Diagnostic Clinic** uses a pre-assessment process to determine if criteria for full assessment are met, and to ensure earlier entry into the diagnostic process. The clinic also offers a developmental clinic for infants, toddlers and children to age seven years. Research and education is also a priority of the clinic. St. Michael's Hospital's FASD Clinic uses a multi-disciplinary team approach to assess individuals of all ages: infants, children and adults. |
| **Geneva Centre for Autism** | 416 322-7877<br>www.autism.net | **Geneva Centre for Autism** is an international leader in the development and delivery of clinical intervention services and training. Geneva Centre for Autism offers a wide range of clinical services which are determined individually for each person with an autism spectrum disorder (ASD). All of the services are supported by a team of speech-language pathologists, behaviour analysts, therapists, early childhood educators, occupational therapists, developmental paediatricians, psychiatrists, psychologists and social workers. |
| **Health Canada** | 1-866-999-7612 or<br>416 873-4389<br>www.hc-sc.gc.ca | **Health Canada** is the federal department responsible for helping Canadians maintain and improve their health, while respecting individual choices and circumstances. |

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| **Hearing Program - The Ontario Infant Hearing Program, York Region Community and Health Services, Early Intervention Services** | 1-888-703-KIDS (5437)<br>www.beyond-words.org | The **Ontario Infant Hearing Program** is dedicated to serving the needs of children who are deaf or hard of hearing from birth through senior kindergarten. It has comprehensive services to identify babies who are deaf or hard of hearing and give them the supports and services they need. |
| **Jewish Family and Child, York Region Branch** | 905 882-2331<br>www.jfandcs.com | **Jewish Family and Child** is committed to a vibrant Jewish future for all members of the community, a future in which those on the margin are able to participate fully in Jewish communal life, women and children are safe from abuse, neglect and violence, and services are readily available to support and educate families. Jewish Family and Child focuses on services and programs that promote wellness through the prevention of serious problems before they escalate. |
| **Kinark Child and Family Services** | 1-800-230-8530 or<br>905 713-0700<br>www.kinark.on.ca | **Kinark Child and Family Services** is a children's mental health organization that provides help to children and youth, families and communities. Their mission states "caring, helping, healing - so children and youth can live socially and emotionally healthy lives." |
| **Learning Disabilities Association of York Region** | 905 884-7933<br>www.ldayr.org | The **Learning Disabilities Association of York Region** provides information, support, guidance and resources to individuals five years and above with learning disabilities (LD) and attention deficit hyperactivity disorder (ADHD). They try to help people increase their opportunities and realize their potential. Furthermore they provide leadership in learning disabilities advocacy, research, education and services and in advancing the full participation of children, youth and adults with learning disabilities in today's society. |

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| **Motherisk** | 1-877-327-4636<br>416 813-6780<br>www.motherisk.org | The **Motherisk** program at The Hospital for Sick Children in Toronto, is a clinical, research and teaching program dedicated to antenatal drug, chemical, and disease risk counselling. It is affiliated with the University of Toronto. Created in 1985, Motherisk provides evidence-based information and guidance about the safety or risk to the developing fetus or infant, of maternal exposure to drugs, chemicals, diseases, radiation and environmental agents.<br>**FASD diagnostic services** began in 1994 to address increased requests for services from Motherisk. Families receive follow-up service after assessment is completed. Research and teaching resources are also available regarding FASD and diagnosis. |
| **Nutrition Services at York Region Community and Health Services** | 905 895-4512 or<br>1-800-735-6625 ext. 4335<br>www.york.ca/nutrition | **York Region Community and Health Services, Nutrition Services** provide a variety of programs by registered dietitians and nutrition educators. Services include workshops and resources to help parents/caregivers with feeding, planning meals and the nutritional needs of their infants and young children. |
| **Ontario Association of Speech-Language Pathologists and Audiologists (OSLA)** | 1-800-718-6752 or<br>416 920-3676<br>www.osla.on.ca | The **Ontario Association of Speech-Language Pathologists and Audiologists (OSLA)** represents, promotes, and supports its members in their work on behalf of all Ontarians, especially those with communication disorders, swallowing difficulties, or hearing health care needs. OSLA provides a wide range of services, including provincial advocacy, promotion of the professions, educational opportunities, and professional resources.<br>OSLA ensures that speech, language, swallowing, hearing and balance are recognized as part of total wellness. OSLA works with other professional associations and consumer organizations and is dedicated to ensuring Ontarians have access to the services provided by Audiologists and Speech-Language Pathologists. |

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| **Ontario Brain Injury Association (OBIA)** | 1-800-263-5404 or<br>905 641-8877<br>www.obia.ca | **Ontario Brain Injury Association (OBIA)** is committed to providing on-going support to people whose lives have been affected. They can attempt to answer questions about acquired brain injury (ABI), rehabilitation programs, WSIB financial assistance (ODSP, CRP, etc.), provide information about the services and benefits people may be entitled to receive, discuss issues regarding medical and legal professionals, explain the often confusing terminology associated with ABI, and provide contact information for local brain injury community associations. |
| **Ontario Early Years Centres** | 416 922-9556<br>www.ontarioearlyyears.ca<br>Markham:<br>905 479-0002<br>Oak Ridges:<br>905 883-6901<br>or 1-866-297-9622<br>Thornhill:<br>905 709-6159<br>Vaughan-King-Aurora:<br>905 856-5511 or 1-866-404-2077<br>York North:<br>905 853-0754 | **Ontario Early Years Centres** offer universal access to programs, information services and resources to families with children pre-natal to six years, including for children with special needs. Staffed by experts, professionals and volunteers, including early literacy experts.<br>**Ontario Early Year Centres** York Region sites include Markham, Oak Ridges, Thornhill, Vaughan-King-Aurora, and York North. Each of these main sites has many satellite sites. |
| **Ontario Foundation for Visually Impaired Children (OFVIC)** | 416 767-5977<br>www.ofvic.org | **Ontario Foundation for Visually Impaired Children (OFVIC)** provides services specific to the needs of visually impaired infants, young children and their families. Parents/Caregivers are assisted to provide a stimulating and consistent environment to help their child adjust to the sighted world. Programs are designed to meet the unique needs of each child and include training in daily living skills, orientation and mobility, play and social skills, language and listening. Functional vision assessment and programming is offered when appropriate. |

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| **Ontario Physiotherapy Association (OPA)** | 1-800-672-9668<br>www.opa.on.ca | **Ontario Physiotherapy Association (OPA)** is committed to leadership in physiotherapy through the provision of advocacy, professional development and career support services for its members, enabling them to be successful in their careers and in providing quality physiotherapy services to the citizens of Ontario. |
| **The Tri-Regional Blind-Low Vision Early Intervention Program** | 1-888-703-KIDS (5437)<br>www.beyond-words.org | **The Tri-Regional Blind-Low Vision Early Intervention Program** supports families with children who are blind or have low vision. Families are given the resources they need to support the healthy development of their child in the first years of life from birth until they enter grade one. Partnerships have been developed with **Canadian National Institute for the Blind (CNIB)**, and the **Ontario Foundation for Visually Impaired Children (OFVIC)**, infant development and early intervention services as well as the network of paediatric ophthalmologists, optometrists, and physicians across the region. |
| **The York Centre for Children, Youth and Families** | 905 883-9413<br>www.theyorkcentre.ca | **The York Centre for Children, Youth and Families** is an accredited children's mental health centre providing day treatment and other mental health services to clients in York Region. There is no residential component to the services. The York Centre will provide a range of preventative, therapeutic and educational interventions developed in partnership with families and community resources. |

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| **York Region Children's Aid Society (CAS)** | 1-800-718-3850<br>or 905 895-2318<br>www.yorkcas.org | **York Region Children's Aid Society (CAS)** is a non-profit organization whose mission is to work in partnership with our increasingly diverse community to protect children from abuse and neglect and provide a safe, secure and caring environment. CAS work to keep children safe and families together by providing child protection services 24 hours per day, seven days per week, engaging and supporting families at risk, in problem solving, linking with essential community services to ensure the best outcome, and providing prevention and awareness programs to keep children safe and families strong. The CAS goal is, whenever possible, to maintain a child in the home or with extended family, but if this is not viable, children are placed in safe, nurturing environments, including foster homes. |
| **York Region Head Injury Support Group** | 905 780-1236<br>www.yrhisg.netfirms.com | **York Region Head Injury Support Group** is a group that provides information, monthly newsletters and support for families and survivors of acquired brain injury. Regular monthly support groups for both survivors and caregivers and weekly activity groups for survivors. Also hosts a monthly support group for children and youth with brain injury, the brothers and sisters, and parents. |
| **York Region *Health Connection*** | 1-800-361-5653<br>www.york.ca<br>Search "Health Connection" | ***Health Connection*** is a free and confidential health information/education telephone service provided by public health nurses, dietitians and inspectors. The health care professionals at *Health Connection* can provide you and your family with current health information and can provide support and counselling for your individual health-related concerns and questions. |

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| **York Region Preschool Speech and Language Program** | 1-888-703-KIDS (5437)<br>or 905 830-9487<br>www.beyond-words.org | **York Region Preschool Speech and Language Program** partners with **York Region Early Intervention Services of York Region** and **Markham Stouffville Hospital - Child Development Programs** (formally known as Beyond Words) delivers a group of programs which provide services to children from birth to senior kindergarten with a focus on prevention, early identification and treatment of: speech and language, hearing, and vision. Programs include York Region Preschool Speech and Language, Tri-Regional Infant Hearing, and Tri-Regional Blind Low Vision. |

# Appendix C

## A Guide to Screening Tools Used in York Region

### What is Screening?

Screening is the use of a brief, usually non-invasive procedure designed to identify, from within a large population, those who may need further assessment to verify the presence of characteristics that might require support or intervention. In children 0 – 6 years old, the purpose of screening is to identify those who may need further assessment to verify the presence of developmental or health risks (Council of Chief State School Officers, 2008). Some universal screenings are offered to all families in York Region, for example, within a few days of birth, infants in Ontario are screened for several different metabolic disorders through the Ontario Newborn Screening Program via blood test, as well as receiving newborn hearing screening to flag potential hearing loss (see Hearing section in chart below). These screens are typically carried out in the hospital setting. Because their purpose is to ensure delivery of care or appropriate services to all children with an identified problem or risk, the screening is designed to minimize false negatives, even though there is a potential for a false positive result. False positives would flag some unaffected children who initially might appear to need further support, but who are in fact unaffected by the potential concern identified during screening. It is important to ensure that individual children who fail the screen are followed up with further assessment, to either confirm or exclude the presence of the condition. Further assessment will often specify the sources of the difficulty and lead to appropriate support and intervention (Snow & Van Hemel, 2008).

### What Happens after a Screening?

Screening is only a first step in identifying "red flags" and informing whether a more thorough assessment is advisable. Screening helps ensure that children and families who need a full assessment receive one, and if necessary are referred to skilled professionals who are best able to provide service and/or intervention. A list of resources associated with specific domains is accessible in Appendix B – Contacts and Resources.

### What is a Diagnostic Assessment?

After a developmental or health concern has been identified by the use of screening tools or via parental concern, a diagnostic assessment is performed by a professional (or team of professionals) in the area of their expertise. The purpose of a diagnostic assessment is to determine the extent of the developmental concern, to identify the child's skills and deficits, and to recommend appropriate support or intervention. Evidence is gleaned from multiple sources including a detailed analysis of case history, standardized testing and/or informal observation (McAfee, Leong and Bodrova, 2004; Council of Chief State School Officers, 2008).

## Other helpful terms:

**Reliability:** A term used to describe that the same test used repeatedly by the same observer, yields similar results. There is no single, preferred approach to measuring reliability (Last, 2007; Snow, Van Hemel, 2008).

**Sensitivity:** The proportion of true positives that are correctly identified by the specific test (Altman & Bland, 1994).

**Specificity:** The proportion of true negatives that are correctly identified by the specific test (Altman & Bland, 1994).

**Validity:** A term used to assess how accurately a test actually measures the variables it was designed to measure. There are several kinds of validity and they include; content, concurrent, construct, study, predictive, and ecological validity (Last, 2007; Snow & Van Hemel, 2008).

## Points to Consider before Screening

- Are you qualified to administer this screen?
- Do you know how to follow up after screening should a concern be identified?
- What level of confidentiality will be used when screening? How will this level of confidentiality be ensured?
- Where and when will the screening take place?
- Are there any cultural implications to consider when applying the screening? (see Cultural Sensitivity when Working with Families section at the beginning of this guide)
- Do you know how to discuss sensitive issues with families related to using the screening tool and reporting the results? (see How to Talk with Parents/Caregivers about Sensitive Issues section at the beginning of this guide)
- Are you prepared and confident to talk to parents/caregivers? (see How to Talk to Parents/Caregivers about Sensitive Issues section at the beginning of this guide)
- Is the screening tool valid, reliable and accurate?
- Is it free of bias and is it non-discriminatory?
- Is it easy to administer?
- Is it cost-effective?

**Regardless of the results of screening and/or assessment, children and families should be assisted in accessing appropriate community supports, resources and education.**

Table 1 (see page 89) provides an inventory of early childhood screening tools used in York Region when working with children from birth to age six and their families. Some of these tools are for use with prenatal families. **A number of these tools are restricted to use by professionals who have specific training and qualifications.**

**Table C-1**
**Inventory of Childhood Screening Tools used in York Region**

| *Tool* | Focus | Age Range | General Description | Research | Available Languages |
|---|---|---|---|---|---|
| ***AIMS - Alberta Infant Motor Scale*** | Motor | Infants between 4 - 18 months | Identification of motor delays in four positions: supine, prone, sitting, standing. | Reliability and validity testing were conducted. For full details refer to reference Abbott & Bartlett (2000); Tse, Mayson, Leo, Lee, Harris, Hayes, Backman, Cameron & Tardif (2008). | English |
| ***ASQ - Ages and Stages Questionnaire®*** | Communication<br>Gross Motor<br>Fine Motor<br>Problem-solving<br>Personal Social skills | 4 months - 60 months | The ASQ can be use for two purposes:<br>-as a first-level screening tool to identify infants and children that may require further assessment<br>-as a monitoring tool to gauge the development of children who are at-risk for developmental disabilities or delays | Validity, specificity, and sensitivity testing were conducted. For full details refer to Bricker & Squires (1999). | English<br>French<br>Spanish<br>and some ages available in Korean |
| ***Blind - Low Vision Early Intervention Program*** | Vision | 6 weeks - 24 months | The purpose is to identify children who are not meeting developmental milestones that mark early vision development for further assessment by a physician or licensed optometrist (Ontario Health Insurance Plan [OHIP] will cover one visit per year until age 19). Children should be seen by an optometrist before their first birthday. If there are concerns with eye contact, eye tracking or eye misalignment then they should be seen as soon as possible. | Not available | English |
| ***CHAT - Checklist for Autism in Toddlers*** | Autistic Spectrum Disorder | 18 - 24 months | To detect children at risk for social communication disorders and autism spectrum disorders. Children identified as at risk to be referred to Early Intervention Services and York Region Preschool Speech and Language Program. | Research was conducted. For full details refer to Drew, Baird, Baron-Cohen, Cox, Slonims, Wheelwright, Swettenham, Berry & Charman (2002). | English |
| ***M-CHAT - Modified Checklist for Autism in Toddlers*** | | 16 - 30 months | To detect children at risk for Autism Spectrum Disorders. Children identified as at risk to be referred to Early Intervention Services and York Region Preschool Speech and Language Program. | Sensitivity and specificity testing was conducted. For full details refer to Snow, & Lecavalier (2008) | English<br>Spanish |

**Table C-1**
**Inventory of Childhood Screening Tools used in York Region**

| *Tool* | Focus | Age Range | General Description | Research | Available Languages |
|---|---|---|---|---|---|
| ***Dental Screening*** | Dental and Oral Health | 6 months - 18 years | This screening is a quick visual inspection by a dental hygienist to see if an obvious dental condition exists and to identify children at risk for Early Childhood Tooth Decay. | As determined by Ontario Public Standards 2008, Child Health Standard as per Oral Health Assessment and Surveillance protocol. | English |
| ***Dental Screening Tool*** <br> ***Healthy Teeth Healthy Kids*** | Dental and Oral Health | 18 - 36 months | Early identification of children at risk for or having dental caries (oral diseases and/or disorders). <br> To help monitor child's dental development. It also provides dental healthcare tips. <br> It represents an oral health supplement to the Nipissing District Developmental Screen. | Validity and reliability testing were conducted. For full details refer to Prakash, Jokovic, & Locker (2006). | English |
| ***DPOAE - Automated Distortion Product Otoacoustic Emissions Test #1*** <br> ***AABR - Automated Auditory Brainstem Response Test #2*** | Hearing (Infant Hearing Program) | Neonatal - 4 months | To identify significant hearing loss in neonatal and infant population. <br> Children who score "refer" on the second newborn screen are sent to audiology (at no charge) for diagnostics. <br> Children identified as having risk factors for hearing loss are monitored up to 30 months. | Please see Infant Hearing Program, Screening Training Manual (2002) for details. | English |

## Table C-1
## Inventory of Childhood Screening Tools used in York Region

| *Tool* | Focus | Age Range | General Description | Research | Available Languages |
|---|---|---|---|---|---|
| ***E.R.I.K. - Early Referral Identification Kit*** | To identify risk for:<br><br>Cognitive delays<br><br>Emergent literacy delays<br><br>Feeding difficulties<br><br>Fine and gross motor delays<br><br>Hearing loss<br><br>Language delays and disorders<br><br>Sensory difficulties<br><br>Social skills difficulties<br><br>Speech and language delays (including motor speech disorders, articulation delays; stuttering; voice disorders) | 6 months - 4 years | A developmental screening tool for early identification and referral of children at risk for developmental delays to Early Intervention Services and York Region Preschool Speech and Language Program.<br><br>For detailed information visit: www.beyond-words.org | Not available | English |

**Table C-1**
**Inventory of Childhood Screening Tools used in York Region**

| *Tool* | Focus | Age Range | General Description | Research | Available Languages |
|---|---|---|---|---|---|
| ***EPDS - Edinburgh Post Partum Depression Scale*** | Post partum Mood Disorders (PPMD) or depressive symptoms which can occurs from the time of conception. | The EPDS has been validated for use with: prenatal and postnatal mothers, adoptive parents and mothers and fathers of toddlers | EPDS has been effectively used internationally to screen and identify women experiencing depressive symptoms postnatally. | Validity testing was conducted. For full details refer to Perinatal Mental Health – a Guide to the Edinburgh Postnatal Depression Scale by Cox & Holden (2003). | English plus 21 languages Arabic, Chinese (Mandarin), Czech, Dutch, French, German, Greek, Hebrew, Hindi, Icelandic, Japanese, Maltese, Norwegian, Portuguese, Punjabi, Slovenian, Spanish, Swedish, Urdu, Vietnamese |

## Table C-1
## Inventory of Childhood Screening Tools used in York Region

| *Tool* | Focus | Age Range | General Description | Research | Available Languages |
|---|---|---|---|---|---|
| ***NDDS - Nipissing District Developmental Screen ™*** | Cognitive Skills<br>Fine Motor<br>Gross Motor<br>Communication<br>Hearing<br>Social-Emotional<br>Self-help Skills<br>Speech and Language<br>Vision | 1 month - 7 years | Early Identification of children at risk for developmental delays and post screening referral when indicated.<br>A developmental screening tool, intended to assist parents/ caregivers with helpful information and activities to enhance their infants/child's development. | Validity, reliability, and accuracy testing were conducted for the English version. Validity testing has been completed for the French version. For full details refer to Dahinten, & Ford (2004). | English<br>French<br>Chinese<br>Spanish<br>Vietnamese |
| ***Newborn Screening Test*** | Health | 1 -7 days old | Ontario Newborn Screening Program (ONSP)<br>offers screening for serious diseases to all babies born in Ontario. Early identification of these diseases allows treatment that may prevent growth problems, health problems, mental retardation, and sudden infant death. Currently the tool screens for 25 different diseases. Approximately 150 out of 140,000 babies born in the province each year will be affected with one or more of theses diseases.<br>Sample for screening of newborn is a blood specimen from heel prick.<br>For detailed information visit: www.newbornscreening.on.ca | Screening is done for 25 different diseases. For specific research on each screening please go to www.newbornscreening.on.ca | Fact Sheet Pamphlet are available in:<br>English,<br>French,<br>Arabic,<br>Chinese,<br>Hindi,<br>Persian,<br>Punjabi,<br>Spanish,<br>Tagalog,<br>Vietnamese<br>Urdu |

**Table C-1**
**Inventory of Childhood Screening Tools used in York Region**

| *Tool* | Focus | Age Range | General Description | Research | Available Languages |
|---|---|---|---|---|---|
| ***NutriSTEP® - Nutrition Screening Tool for Every Preschooler*** | Nutrition<br>Feeding and Swallowing | 3-5 years | To identify preschool children at nutritional risk. Topics include: food and nutrient<br>intake; physical growth; developmental and<br>physical capabilities; physical activity; family food and eating preferences; parental concerns; nutrition knowledge, beliefs and practices; food security and the feeding environment.<br>Parents of children identified as at risk should to talk a registered dietitian or their child's doctor<br>For detailed information visit:<br>www.york.ca/NutriSTEP | Validity testing was conducted in both English and French. For full details refer to Randall Simpson, Keller, Rysdale, & Beyers (2007). | English<br>French |
| ***Parkyn Tool, HBHC Postpartum Screening Tool*** | Areas include development factors, congenital or acquired health challenges, family interaction factors | Post partum women and infants | As of part of Healthy Babies Healthy Children (HBHC) program, newborns and their families are screened for risk factors associated with poor child developmental outcomes. The families and newborns can be followed-up by a public health nurse for further assessment. The purpose of the screen is to identify families who may benefit from more comprehensive home visiting services. | It appears from the evaluation that the Parkyn is valid, effective screens when all the questions are completed. For full details refer to "Early Years" (2003). | English |
| ***REEL-3 – Receptive Expressive Emergent Language Test – Third Edition*** | Language | Birth - 3 years | Screens receptive language (the child's language comprehension) and expressive language (the child's verbal communication). | Validity testing was conducted. For full details refer to Piper, & Darrah (1994). | English |
| ***RUCS – Routine Universal Comprehen-sive Screening Research*** | Woman Abuse | All females | Using the routine universal comprehensive screening approach avoids stigmatization of abused woman. RUCS is effective in achieving early identification and intervention. | Research was conducted. For full details refer to Middlesex-London Unit (2000); RNAO (2005) | English |

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# Appendix D

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