



**A Quick Reference Guide
For Early Year Professionals**

**Early Identification in
Lambton County**

Red Flags

For Infant, Toddler and Preschool Children

December 2008

DISCLAIMER NOTICE

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

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The most current version of this document can be found under the Resource Materials section on our website at www.lambtonhealth.on.ca

Early Identification

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

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

What is “Red Flags”

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

Links to Validated Screening & Charting Tools

1. Nipissing District Developmental Screens (NDDS) at www.ndds.ca
2. Ages and Stages Questionnaire (ASQ) at www.agesandstages.com/downloads/ASQ-3%2048mo%20sample.pdf
3. Rourke Baby Record (RBR) at http://www.cfpc.ca/local/files/Programs/Rourke%20Baby/RBR_Ont_English.pdf

Who Should Use “Red Flags”

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

Special Note

In the “Where to Go for Help” sections, it is often suggested to advise parents to contact their primary care provider. Due to a shortage of primary care providers/physicians in the Sarnia Lambton area, some parents may not have access to a primary care provider/physician. If available, call the secondary contact under the “Where to Go for Help” sections or the County of Lambton Children Services Department at 519 383-8331 if you have concerns about a child’s development.

For a single point of access to Early Learning Programs, Services, Licensed Early Learning, and Care for both Professional and Parental supports in Lambton County, call the **Best Start toll free number at 1-888-542-6101**.

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

² Nipissing District Developmental Screens refer to 13 parent checklists available to assist parents to record and monitor development of children from birth to age 6. The screens cover development related to vision, hearing, communication, gross and fine motor, social/emotional and self-help and offers suggestions to parents for age appropriate activities to enhance child development. In Lambton County, copies of Nipissing District Developmental Screens can be obtained from Children Services at 519 383-8331 or 1-800-667-1839. Parents are encouraged to call Children Services if 1 or more items are checked ‘No’. A Public Health Nurse will review the results of the screen and suggest next steps. It is particularly important for a screen to be reviewed by a professional if a ‘No’ is identified.

How to Use this Document

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

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

- ❑ Use “Red Flags” in conjunction with a screening tool, such as Nipissing District Developmental Screens or Ages Stages Questionnaire (ASQ) to review developmental milestones and problem signs in a particular domain or indicator. Some information is cross-referenced to other domains, such as speech with hearing, to assist the screener in pursuing questions or ‘gut feelings’.
- ❑ If children are not exhibiting the milestones for their age, further investigation is needed. If using Nipissing District Developmental Screens, remember that the Screens are age-adjusted; therefore the skills in each screen are expected to be mastered by most children at the age shown. If there are one or more “No” responses, refer to a professional for assessment.
- ❑ Refer for further assessment even if you are uncertain if the flags noted are a reflection of a cultural variation or a real concern.
- ❑ Note that some of the indicators focus on the parent/caregiver, or the interaction between the parent and the child, rather than solely on the child.
- ❑ Contact information is indicated at the end of each heading, and summarized at the end of this document.
- ❑ If a child appears to have multiple domains requiring formal investigation by several disciplines, screeners are encouraged to refer to the appropriate agencies for a collaborative and comprehensive assessment and services.
- ❑ If you have concerns about a child's development and are working in an early learning environment, consider contacting an Early Childhood Education (ECE) Resource Teacher through Pathways Health Centre for Child at 519 542-3471, www.pathwayscentre.org. An ECE Resource Teacher is available in every licensed childcare environment throughout Sarnia-Lambton.
- ❑ There is a “**duty to report**” to the Children's Aid Society any suspicions that a child is or may be in need of protection as a result of physical, sexual, emotional abuse and/or neglect having occurred or if there is a risk of physical, sexual, emotional abuse or neglect occurring. (Child & Family Services Act, 1990, amended 2002).
- ❑ For a complete description of the programs and services available in Lambton County, refer to “The Directory of Services for Children, Adolescents and their Families in Lambton County”, commonly known as “The Green Book”, available online at www.slcas.on.ca or print copies are available at all the Lambton County libraries.

How to Talk to Parents about Sensitive Issues

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

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

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

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

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

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

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

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

WHERE TO GO FOR HELP

If there are concerns, contact St. Clair Child & Youth Services at 519 337-3701, www.stclairchild.ca. Contact the Children's Services Department at 519 383-8331, www.lambtonhealth.on.ca for a referral to the Healthy Babies Healthy Children Program for parenting information and classes.

Attention Deficit/Hyperactivity Disorder (ADHD)

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

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

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

Adapted from Peterborough Red Flags December 2006

WHERE TO GO FOR HELP

If there are concerns, advise the parent to contact their primary care provider/physician and/or pediatrician. For more information contact St. Clair Child & Youth Services at 519 337-3701, www.stclairchild.ca.

Preschoolers may show signs of learning disabilities through difficulties in a variety of developmental areas. For support services see Learning Disabilities Association of Lambton County at 519 344-4919, www.ldao.ca.

Refer also to the Speech, Language & Literacy, Fine Motor, Vision and Behaviour sections.

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

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

Social Concerns

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

Communication Concerns

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

Behavioural Concerns

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

WHERE TO GO FOR HELP

If there are any concerns, arrange a referral to a pediatrician through their primary care provider/physician or contact Pathways Health Centre for Children at 519 542-3471, www.pathwayscentre.org.

If there is a diagnosis of autism, a referral can be made to the Southwest Region Autism Program at 1-866-516-5368, www.tvcc.on.ca/autism-program-2.htm. For more information about autism, visit the Geneva Centre for Autism at www.autism.net, or Improving the Odds: Healthy Child Development (Appendix K and L: Checklist for Autism in Toddlers (CHAT) at www.beststart.org/resources.

Refer also to Speech, Language & Literacy and 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. These include:

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

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

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

WHERE TO GO FOR HELP

For concerns, advise the parent to contact St. Clair Child & Youth Services at 519 337-3701, www.stsclairchild.ca or consult a primary care provider/physician or pediatrician. If there are concerns about behaviour in conjunction with a developmental delay, advise the parent to contact St. Clair Child & Youth Services as above or Pathways Health Centre for Children at 519 542-3471, www.pathwayscentre.org.

If a child attends a licensed early learning program, an ECE Resource Teacher may be available for further screening/assessment and support through Pathways Health Centre for Child at the above number.

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

Prolonged exposure of teeth to fermentable carbohydrates

(includes formula, juice, milk and breast milk)

- Through the use of bottle, breast, sippee cups, plastic bottles with straws
- High sugar consumption in infancy
- Sweetened pacifiers
- Long-term sweetened medication
- Going to sleep with a bottle containing anything but water
- Prolonged use of a bottle beyond one year
- Breastfeeding or bottle feeding without cleaning teeth

Physiological Factors

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

Other Risk Factors

- Poor oral hygiene
- Sibling history of early childhood tooth decay
- Lack of education of caregivers
- Lower socioeconomic status
- Limited access to dental care
- Deficits in parenting skills and child management

WHERE TO GO FOR HELP

If there are concerns, advise parents to contact their dentist, or the Oral Health Program at the Children's Service Department at 519 383-8331 ext. 3531, www.lambtonhealth.on.ca, where children may be eligible for CINOT, Children in Need of Treatment Program. For parenting education, or referral to the Healthy Babies Healthy Children Program call 519 383-8331.

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

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

Family and Environmental Stressors

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

Parental Factors

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

Social/Family Factors

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

Economic Factors

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

WHERE TO GO FOR HELP

The primary care provider/physician or pediatrician is an important contact for all health issues. If concerned, a referral may be warranted to St. Clair Child & Youth Services at 519 337-3701, www.stclairchild.ca, the Family Counselling Centre at 1-800-831-3031, www.familycounsellingctr.com, or Healthy Babies Healthy Children Program at 519 383-8331, www.lambtonhealth.on.ca.

There is a **“duty to report”** to the Children's Aid Society any suspicions that a child is or may be in need of protection as a result of physical, sexual, emotional abuse and/or neglect having occurred or if there is a risk of physical, sexual, emotional abuse or neglect occurring. (Child & Family Services Act, 1990, amended 2002).

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

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

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

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

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

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

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

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

Adapted from Morris and Klein, Pre-Feeding Skills; 1987 Therapy Skill Builders and from Ernspenger and Stegen-Hanson, Just Take a Bite, 2004.

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

- Child appears distressed during feeding
- Experiences frequent coughing/choking during feeding
- Shows refusal to eat with no obvious reason

WHERE TO GO FOR HELP

If there are any concerns about feeding and swallowing, contact Pathways Health Centre for Children at 519 542-3471, www.pathwayscentre.org or the primary care provider/physician.

If there are breast feeding concerns contact Community Health Services Department to speak with the lactation consultant at 519 383-8331, www.lambtonhealth.on.ca.

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

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

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

Infants

- Low birth weight; failure to thrive; small size; small head circumference; and ongoing growth retardation
- Disturbed sleep, irritability, persistent restlessness
- Failure to develop routine patterns of behaviour
- Prone to infections
- May be floppy or too rigid because of poor muscle tone (all or parts of the body)
- 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 may persist
- Sensory hyper-sensitivity (irritability, stiffness when held or touched, refusal to brush hair or teeth, over-reaction to injury)
- Late development of motor skills – clumsy and accident prone
- Facial dysmorphology as above

JK/SK

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

WHERE TO GO FOR HELP

If there are concerns, contact the primary care provider/physician for referral to the appropriate specialist. For FASD concerns related to specific characteristics, refer to Sensory, Behaviour, Gross Motor and Fine Motor sections.

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

For more information on FASD, see Best Start: www.beststart.org or the Public Health Agency of Canada: <http://www.phac-aspc.gc.ca/fasd-etcaf/faq-eng.php>

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

- By 2 months**
 - Sucks well on a nipple
 - Holds an object momentarily if placed in hand
- By 4 months**
 - Sucks well on a nipple
 - Brings hands or toy to mouth
 - Turns head side to side to follow a toy or an adult face
 - Brings hands to midline while lying on back
- By 6 months**
 - Eats from a spoon (e.g. infant cereal)
 - Reaches for a toy when lying on back
 - Uses hands to reach and grasp toys
- By 9 months**
 - Picks up small items using thumb and first finger
 - Passes an object from one hand to the other
 - Releases objects voluntarily
- By 12 months**
 - Holds, bites and chews foods (e.g. crackers)
 - Takes things out of a container
 - Points with index finger
 - Plays games like peek-a-boo
 - Holds a cup to drink using two hands
 - Picks up and eats finger foods
- By 18 months**
 - Helps with dressing by pulling out arms and legs
 - Stacks two or more blocks
 - Scribbles with crayons
 - Eats foods without coughing or choking
- By 2 years**
 - Takes off own shoes, socks or hat
 - Stacks five or more blocks
 - Eats with a spoon with little spilling
- By 3 years**
 - Turns the pages of a book
 - Dresses or undresses with help
 - Unscrews a jar lid
 - Holds a crayon with fingers
 - Draws vertical and horizontal lines in imitation
 - Copies a circle already drawn
- By 4 years**
 - Holds a crayon correctly
 - Undoes buttons or zippers
 - Cuts with scissors
 - Dresses and undresses with minimal help
- By 5 years**
 - Draws diagonal lines and simple shapes
 - Uses scissors to cut along a thick line drawn on paper
 - Dresses and undresses without help except for small buttons, zippers, snaps
 - Draws a stick person

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

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

WHERE TO GO FOR HELP

If there are concerns, contact Pathways Health Centre for Children at 519 542-3471, www.pathwayscentre.org or the primary care provider/physician.

If a child attends a licensed early learning program, an ECE Resource Teacher may be available for further screening/assessment and support through Pathways Health Centre for Child at the above number.

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

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

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

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

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

- By 12 months**
 - Gets up to a sitting position on own
 - Pulls to stand at furniture
 - Takes steps holding onto furniture or adult's hands

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

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

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

- By 4 years**
 - Stands on one foot for one to three seconds without support
 - Goes up stairs alternating feet
 - Rides a tricycle using foot peddles
 - Able to walk along a 4 inch wide line taking typical steps without stepping off (i.e. NOT heel to toe steps)

- By 5 years**
 - Hops on one foot
 - Able to catch a ball with two hands thrown from 5 feet away, throws overhand and underhand successfully
 - Plays on playground equipment without difficulty and safely

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

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

WHERE TO GO FOR HELP

If there are concerns, contact a primary care provider/physician or Pathways Health Centre for Children at 519 542-3471, www.pathwayscentre.org.

If a child attends a licensed early learning program, an ECE Resource Teacher may be available for further screening/assessment and support through Pathways Health Centre for Child at the above number.

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

- Birth to 3 months**
 - Looks at you while getting fed
 - Quiets when hearing familiar voices and sounds
 - Makes cooing and gurgling sounds
 - Gets startled by loud noises
- 3-6 months**
 - Turns eyes or head toward sound
 - Responds to you by making sounds and /or moving arms and legs
 - Smiles and laughs
- 6-9 months**
 - Responds to hearing own name
 - Understands "No"
 - Looks at some common objects or family members when named
- 9 - 12 months**
 - Babbles sounds in a series – *bababa, dadada, mamama*
 - Understands simple requests – "Give it to mommy", "Don't touch"
 - Understands simple questions – "Where's the ball?"
 - Uses gestures or sounds to let you know what he/she wants or needs
 - Says first words
 - Begins to play *pat-a-cake* and *peek-a-boo*
- 12 to 18 months**
 - Follows simple spoken directions, such as "Get the ball"
 - Points to people, body parts or toys when asked
 - Uses connected sounds that sound like sentences in a different language (gibberish)
 - Uses 10 or more words
- 18 to 24 months**
 - Uses common expression – "*oh no*", "*all gone*"
 - Uses 20 or more words, such a "*more juice*"
 - Combines two or more words, such as "*more juice*"
 - Uses many different speech sounds at beginning of words, such as *p, b, m, t, d, n*
 - Takes turns "talking" back and forth with you
 - Listens to simple stories, rhymes and songs
- 3-4 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
- 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/she hears fine

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

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

WHERE TO GO FOR HELP

If a permanent childhood hearing loss is suspected, contact the Southwest Regional Infant Hearing program through tykeTalk at 519 663-5317 ext 2224 or 1 877- 818- 8255, <http://www.tyketalk.com>. tykeTalk partners with Healthy Babies Healthy Children for hearing screenings in babies newborn to four months of age at 519 383-8331, www.lambtonhealth.on.ca and with Pathways Health Centre for Children for children 4 months to Grade 1 age at 519 542-4371, www.pathwayscentre.org.

Hearing and Speech go together. A problem with one could mean a problem with the other. For a hearing assessment, advise the parent to contact the primary care provider for a referral to an audiologist, contact an audiologist directly, or contact Pathways Health Centre for Children 519 542-3471.

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

Learning disabilities are related to difficulties in processing information:

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

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

Preschool

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

WHERE TO GO FOR HELP

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

The psychologist will assess:

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

For more information about learning disabilities, contact the Learning Disabilities Association of Lambton County at 519 344-4919, www.sarnia.com/groups/lda-lc or visit the Learning Disabilities Association of Ontario website at www.ldao.ca.

Children with a learning disability may also have difficulties with speech, hearing, or vision. Refer to the sections on Speech, Language & Literacy, Hearing and Vision.

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

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

Physical

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

Cognitive Impairments

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

Behavioural/Emotional (Severe)

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

WHERE TO GO FOR HELP

If a parent reports changes in their child's behaviour, advise them to contact the primary care provider/physician or pediatrician for a medical assessment and referral to the appropriate specialist.

ABUSE

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

There is a **“duty to report”** to the Children’s Aid Society at 519 336-0623, any suspicions that a child is or may be in need of protection as a result of physical, sexual, emotional abuse and/or neglect having occurred or if there is a risk of physical, sexual, emotional abuse or neglect occurring. (Child & Family Services Act, 1990, amended 2002). Professionals must also report any incidence of a child witnessing family violence.

For related medical issues, contact the primary care provider/physician or pediatrician. Acute injuries may require that the child be taken to the closest emergency department at Bluewater Health, at 220 N. Mitton Street, Sarnia, 519 464-4400 or Charlotte Eleanor Englehart, at 450 Blanche Street, Petrolia, 519 882-4325.

POSSIBLE SIGNS OF NEGLECT

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

Sometimes a subtle sign is nothing. However, when several exist, there could be a problem. There is a **“duty to report”** to the Children’s Aid Society at 519 336-0623, any suspicions that a child is or may be in need of protection as a result of physical, sexual, emotional abuse and/or neglect having occurred or if there is a risk of physical, sexual, emotional abuse or neglect occurring. (Child & Family Services Act, 1990, amended 2002).

POSSIBLE SIGNS OF PHYSICAL ABUSE

SUBTLE SIGNS OF ABUSE MAY INCLUDE (BUT ARE NOT LIMITED TO)	BEHAVIOURAL INDICATORS IN CHILDREN	BEHAVIOURS OBSERVED IN ADULTS WHO ABUSE CHILDREN
<ul style="list-style-type: none"> • a lot of bruises in the same area of the body or in the shape of an object (e.g. spoon, hand prints, belt) • wears clothes to cover up injury, even in warm weather • excessive crying or anxious when other children cry • loss of appetite for no apparent reason or excessive appetite • recurrent nightmares or disturbed sleep patterns <p>Burns:</p> <ul style="list-style-type: none"> • from a cigarette • in a pattern that looks like an object (e.g. iron) <p>Signs of possible head injury:</p> <ul style="list-style-type: none"> • swelling and pain • nausea and vomiting • feeling dizzy • bleeding from the scalp or nose <p>Signs of possible injury to arms and legs:</p> <ul style="list-style-type: none"> • pain • sensitive to touch • cannot move properly • limping • breathing causes pain • difficulty raising arms • human bite marks • cuts and scrapes inconsistent with normal play • signs of female genital mutilation (e.g. trouble going to the bathroom) • reenactment of abuse using dolls, drawings or friends 	<ul style="list-style-type: none"> • cannot remember how injuries happened • the story of what happened does not match the injury • refuses or is afraid to talk about injuries • is afraid of adults or of a particular person • does not want to be touched <p>May have behaviour extremes:</p> <ul style="list-style-type: none"> • aggressive • unhappy • withdrawn • obedient and wanting to please • uncooperative <ul style="list-style-type: none"> • is afraid to go home • runs away • is away a lot and when comes back there are signs of healing injury • does not show skills as expected • does not get along well with other children • tries to hurt him/herself (e.g. cutting oneself, suicide) • discloses abuse • clinging 	<ul style="list-style-type: none"> • does not tell the same story as the child about how the injury happened • may say that the child seems to have a lot of accidents • severely punishes the child • cannot control anger and frustration • expects too much from the child • talks about having problems dealing with the child • talks about the child as being bad, different or "the cause of my problems" • does not show love toward the child • does not go to the doctor right away to have injury checked • has little or no help caring for the child

Sometimes a subtle sign is nothing. However, when several exist, there could be a problem. There is a **“duty to report”** to the Children’s Aid Society at 519 336-0623, any suspicions that a child is or may be in need of protection as a result of physical, sexual, emotional abuse and/or neglect having occurred or if there is a risk of physical, sexual, emotional abuse or neglect occurring (Child & Family Services Act, 1990, amended 2002).

POSSIBLE SIGNS OF SEXUAL ABUSE

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

Sometimes a subtle sign is nothing. However, when several exist, there could be a problem. There is a **“duty to report”** to the Children’s Aid Society at 519 336-0623, any suspicions that a child is or may be in need of protection as a result of physical, sexual, emotional abuse and/or neglect having occurred or if there is a risk of physical, sexual, emotional abuse or neglect occurring.

POSSIBLE SIGNS OF EMOTIONAL ABUSE

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

Sometimes a subtle sign is nothing. However, when several exist, there could be a problem. There is a **“duty to report”** to the Children’s Aid Society at 519 336-0623, any suspicions that a child is or may be in need of protection as a result of physical, sexual, emotional abuse and/or neglect having occurred or if there is a risk of physical, sexual, emotional abuse or neglect occurring.

POSSIBLE SIGNS OF WITNESSING FAMILY VIOLENCE

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

Sometimes a subtle sign is nothing. However, when several exist, there could be a problem. There is a **“duty to report”** to the Children’s Aid Society at 519 336-0623, any suspicions that a child is or may be in need of protection as a result of physical, sexual, emotional abuse and/or neglect having occurred or if there is a risk of physical, sexual, emotional abuse or neglect occurring.

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

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

General Risk Factors

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

WHERE TO GO FOR HELP

If there are any concerns, advise the parent to call the Community Health Services dietitian at 519 344-2062 ext. 2349 or 519 383-8331 for a referral to Healthy Babies Healthy Children Program, www.lambtonhealth.on.ca.

Parents may prefer to contact their primary care provider/physician or pediatrician.

Nutrition concerns may also be the result of feeding and swallowing difficulties; refer to the section on Feeding and Swallowing.

For more information on nutrition, visit <http://www.caringforkids.cps.ca/healthybodies/healthyeating.htm>

Parental mental illness is a significant factor that can place children's development and health at risk and affect the parents' ability to be attentive, attuned and able to respond sensitively to the infant. Early identification and treatment is important.

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

- Feelings of profound sadness
- Extreme irritability, frustration, anger
- Hopelessness, guilt
- Ongoing exhaustion
- Loss of appetite or overeating
- No interest or pleasure in infant
- Anxious or panicky feelings
- Thoughts about hurting self or baby
- Crying for no reason
- Scary thoughts (e.g. "I'm scared of knives."; "I see the bath water turn into blood."; "I'm afraid to stand by the window because the baby might fall.")
- Suicidal comments (e.g. "This baby would be better off without me"; "I am not worthy to have this child"; "I am such a burden to my family.")
- Feel confused or out of touch with reality, seeing things that aren't there
- Believe things or people are going to harm her and her baby

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

- Unrealistic expectations (e.g. "This baby will not change my life, I want to be a perfect mom.")
- Social isolation; very thin support system (e.g. "I have very little contact with my family or friends.")
- Family history of depression or mental illness
- Perfectionist tendencies (e.g. "I like to have everything in order.")
- Sees asking for help as a weakness (e.g. "I'm not used to asking anyone to help. I like to do things myself in my own way.")
- Personal history of mood disorder (e.g. "I had postpartum depression (anxiety) with my first child.")
- Personal crisis or losses during last 2 years
- Severe insomnia (e.g. "I can't sleep when the baby sleeps.")
- Obsessive thinking/phobias/unreasonable fears (e.g. "I am afraid to leave the house"; the mother stays home for weeks, or is afraid of being in a crowd or traveling in a bus or car)
- Substance abuse (e.g. "I drink alcohol or smoke dope, etc. to kill the pain.")
- History of abuse or neglect (e.g. "I would never leave my baby with anyone else. I would not trust anyone.")

WHERE TO GO FOR HELP

If there are concerns, encourage the mother to contact her physician/primary healthcare provider and St. Clair Child & Youth Services for the Postpartum Adjustment Services at 519 337-3701, www.stsclairchild.ca.

Contact Children's Services for at 519 383-8331, www.lambtonhealth.on.ca, for referral to the Healthy Babies Healthy Children Program.

There is a "**duty to report**" to the Children's Aid Society at 519 336-0623, any suspicions that a child is or may be in need of protection as a result of physical, sexual, emotional abuse and/or neglect having occurred or if there is a risk of physical, sexual, emotional abuse or neglect occurring (Child & Family Services Act, 1990, amended 2002).

For urgent or crisis intervention, encourage the family to go to the nearest hospital emergency department. Contact Lambton Mental Health crisis services at 519 336-3445 or 1-800-307-4319, www.victimservices.on.ca; Distress Line at 519 336-3000 or 1-888-DISTRESS/1-888-347-8737, www.familycounsellingctr.com.

Is this child ready for school?

This child should be able to:

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

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

- significant attention difficulties
- behaviour affecting ability to learn new things
- sudden change in behaviour uncharacteristic for the individual
- difficulties with pre-academic skills/concepts (e.g. colours, shapes)
- history of learning disabilities in the family
- delay in self-help skills
- inconsistent performances (unable to do what he/she could last week)
- poorly focused and unorganized

Source: Red Flags, Early Identification in Peterborough County and City, December 2006.

WHERE TO GO FOR HELP

If there is concern, advise the parent to call the Children's Services Department at 519 383-8331 ext. 3536.

To book an appointment at the Ready Set Grow...Preschool Checkpoint contact Children's Services at the above number or register online at www.lambtonhealth.on.ca. The preschool checkpoint offers developmental screening, speech and language, fine motor skill, early literacy, behavioural, and nutritional assessments.

If there are literacy concerns, advise the parents to contact an early literacy specialist through the Ontario Early Years Centres at 519 542-6100, www.ontarioearlyyears.ca.

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

If a child attends a licensed early learning program, an ECE Resource Teacher may be available for further screening/assessment and support through Pathways Health Centre for Child at 519 542-3471, www.pathwayscentre.org.

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
 - Distracted or has trouble functioning if there is a lot of background noise
 - Enjoys strange noises/seeks to make noise for noise sake
 - Seems to be "in his/her own world"
- Visual**
- Children over 3 – trouble staying between the lines when colouring
 - Avoids eye contact
 - Squinting or looking out of the corner of the eye
 - Staring at bright, flashing objects
- Taste/Smell**
- Avoids certain tastes/smells that are typically part of a child's diet
 - Chews/licks non-food objects
 - Gags easily
 - Picky eater, especially regarding textures
- Movement and Body Position**
- Continually seeks out all kinds of movement activities (being whirled by adult, playground equipment, moving toys, spinning, rocking)
 - Becomes anxious or distressed when feet leave ground
 - Poor endurance – tires easily; Seems to have weak muscles
 - Avoids climbing, jumping, uneven ground or roughhousing
 - Moves stiffly or walks on toes; clumsy or awkward, falls frequently
 - Does not enjoy a variety of playground equipment
 - Enjoys exaggerated positions for long periods (e.g. lies head-upside-down off sofa)
- Touch**
- Becomes upset during grooming (hair cutting, face washing, fingernail cutting)
 - Has difficulty standing in line or close to other people; or stands too close, always touching others
 - Is sensitive to certain fabrics
 - Fails to notice when face or hands are messy or wet
 - Cannot tolerate hair washing, hair cutting, nail clipping, teeth brushing
 - Craves lots of touch: heavy pressure, long-sleeved clothing, hats and certain textures
- Activity Level**
- Always on the go; difficulty paying attention
 - Very inactive, under-responsive
- Emotional/Social**
- Needs more protection from life than other children
 - Has difficulty with changes in routines
 - Is stubborn or uncooperative; gets frustrated easily
 - Has difficulty making friends
 - Has difficulty understanding body language or facial expressions
 - Does not feel positive about own accomplishments

WHERE TO GO FOR HELP

If there are concerns, contact the primary care provider/physician or Pathways Health Centre for Children at 519 542-3471, www.pathwayscentre.org. The primary care provider/physician can also make a referral to a pediatrician.

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

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

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

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

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

WHERE TO GO FOR HELP

If there are concerns, advise the parent to contact St. Clair Child & Youth Services at 519 337-3701, www.stclairchild.ca. Contact the Children Services Department at 519 383-8331, www.lambtonhealth.on.ca for a referral to the Healthy Babies Healthy Children Program.

There is a **"duty to report"** to the Children's Aid Society at 519 336-0623, any suspicions that a child is or may be in need of protection as a result of physical, sexual, emotional abuse and/or neglect having occurred or if there is a risk of physical, sexual, emotional abuse or neglect occurring. (Child & Family Services Act, 1990, amended 2002).

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

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

- By 6 months**
- Orients to sounds
 - Startles in response to loud noises
 - Makes different cries for different needs (i.e. hungry, tired)
 - Watches your face as you talk
 - Smiles/laughs in response to your smiles and laughs
 - Imitates coughs or other sounds (e.g. "ah", "eh", "buh")
- By 9 months**
- Responds to his/her name
 - Responds to the telephone ringing or a knock at the door
 - Understands being told "no"
 - Gets what she/he wants through gestures (e.g. reaching to be picked up)
 - Plays social games with you (e.g. "Peek-A-Boo")
 - Enjoys being around people
 - Babbles and repeats sounds such as "babababa" or "duhduhduh"
- By 12 months**
- Follows simple one-step directions (e.g. "sit down")
 - Looks across the room to a toy when adult points at it
 - Consistently uses three to five words
 - Uses gestures to communicate (e.g. waves hi/bye, shakes head "no")
 - Gets your attention using sounds, gestures and pointing while looking at your eyes
 - Brings toys to show you
 - "Performs" for social attention and praise
 - Combines lots of sounds together as though talking (e.g. "abada baduh abee")
 - Shows an interest in simple picture books
- By 18 months**
- Understands the concepts of "in and out", "off and on"
 - Points to several body parts when asked
 - Uses at least 20 words consistently
 - Responds with words or gestures to simple questions (e.g. "Where's teddy?", "What's that?")
 - Demonstrates some pretend play with toys (e.g. gives teddy a drink, pretends a bowl is a hat)
 - Makes at least four different consonant sounds (e.g. p, b, m, n, d, g, w, h)
 - Enjoys being read to and sharing simple books
 - Points to pictures using one finger
- By 2 years**
- Follow two-step directions (e.g. "Go find your teddy bear and show it to Grandma.")
 - Uses 100-150 words
 - Uses at least two pronouns (e.g. "you", "me", "mine")
 - Consistently combines 2-4 words in short phrases (e.g. "Daddy hat", "truck go down")
 - Enjoys being around other children
 - Begins to offer toys to peers and imitate other children's actions and words
 - Uses words that are understood by others 50% to 60% of the time
 - Forms words/sounds easily and effortlessly
 - Holds books the right way up and turns pages
 - "Reads" to stuffed animals or toys
 - Scribbles with crayons
- By 30 months**
- Understands the concepts of size (big/little) and quantity (a little/a lot, more)
 - Uses some adult grammar (e.g. "two cookies", "bird flying", "I jumped")
 - Uses over 350 words
 - Uses action words (e.g. run, spill, fall)

- By 30 months continues**
- Begins taking short turns with peers, using both words and toys
 - Demonstrates concern when another child is hurt/sad
 - Combines several actions in play (e.g. feeds doll and then puts her to sleep, puts blocks in train then drives train, drops blocks off)
 - Puts sounds at the start of most words
 - Produces words with two or more syllables or beats (e.g. “ba-na-na”, “com-puter”, “apple”)
 - Recognizes familiar logos and signs involving print (e.g. golden arches of McDonalds, “Stop” sign)
 - Remembers and understands familiar stories
- By 3 years**
- Understands “who”, “what”, “where”, and “why” questions
 - Creates long sentences (e.g. using 5-8 words)
 - Talks about past events (e.g. trip to grandparents’ house, day at childcare)
 - Tells simple stories
 - Shows affection for favourite playmates
 - Engages in multi-step pretend play (e.g. pretending to cook a meal, repair a car, etc.)
 - Understood by most people outside of the family most of the time
 - Aware of the function of print (e.g. in menus, lists, signs)
 - Beginning interest in, and awareness of, rhyming
- By 4 years**
- Follows directions involving three or more steps (e.g. “First get some paper, then draw a picture, last give it to Mom”)
 - Uses adult-type grammar
 - Tells stories with a clear beginning, middle and end
 - Talks to try to solve problems with adults and other children
 - Demonstrates increasingly complex imaginative play
 - Understood by strangers almost all of the time
 - Able to generate simple rhymes (e.g. “cat-bat”)
 - Matches some letters with their sounds (e.g. “letter T says ‘tuh’”)
- By 5 years**
- Follows group directions (e.g. “All the boys get a toy”)
 - Understands directions involving “if...then” (e.g. “If you’re wearing runners, then line up for gym”)
 - Describes past, present and future events in detail
 - Seeks to please his/her friends
 - Shows increasing independence in friendships (e.g. may visit neighbour by him/herself)
 - Uses almost all of the sounds of their language with few-to-no errors
 - Knows all the letters of the alphabet
 - Identifies the sounds at the beginning of some words (e.g. “Pop starts with the ‘puh’ sound”)

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

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

Source: *Red Flags, Early Identification in Peterborough County and City, December 2006.*

WHERE TO GO FOR HELP

If there are concerns, contact SoundStart - Lambton Preschool Speech and Language Program at 1-8-SPEECH-025, 519 542-2074 or the website at www.soundstart.org. SoundStart is administered through Pathways Health Centre for Children at 519 542-3471, www.pathwayscentre.org.

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

- By 6 weeks**
 - Stares at surroundings when awake
 - Briefly looks at bright lights/objects
 - Blinks in response to light
 - Eyes and head move together
- By 3 months**
 - Eyes glance from one object to another
 - Eyes follow a moving object/person
 - Stares at caregiver's face
 - Begins to look at hands, food and bottle
- By 6 months**
 - Eyes move to inspect surrounding
 - Eyes move to look for source of sounds
 - Swipes at or reaches for objects
 - Looks at more distant objects
 - Smiles and laughs when he/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 toward favourite toy
- By 2 years**
 - Guides reaching and grasping for objects with the use of their 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 3-4 years**
 - Knows people from a distance (across the street)
 - Uses hands and eyes together (e.g. catches a large ball)
 - Builds a tower of blocks, string beads; copies a circle, triangle and square
- By 4-5 years**
 - Knows colors and shadings; picks out detail in objects and pictures
 - Holds a book at a normal distance

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

- Swollen or encrusted eyelids
- Bumps, sores or styes on or around the eyelids
- Drooping eyelids
- Does not make eye contact with you by three months of age
- Does not watch or follow an object with the eyes by three months
- Haziness or whitish appearance inside the pupil
- Frequent "wiggling", "drifting", or "jerky" eye movement
- Misalignment between the eyes (eye turns or crossing of eyes)
- Lack of coordinated eye movements
- Drifting of one eye when looking at objects
- Turning or tilting of the head when looking at objects
- Squinting, closing or covering of one eye when looking at objects
- Excessive tearing when not crying
- Excessive blinking or squinting
- Excessive rubbing or touching of the eyes
- Avoidance of or sensitivity to bright lights

WHERE TO GO FOR HELP

If there are any concerns about a child's vision, advise the parent to arrange for a vision test with an optometrist, or contact the primary care practitioner/physician who can refer to an ophthalmologist. Remember, a visit to an optometrist is covered by OHIP every 12 months for those less than 20 years of age.

For children birth to Grade 1 age that are diagnosed blind or with uncorrectable low vision, supports are available through the Provincial Blind-Low Vision Program. The program provides education and supports. Contact the Southwest Regional Blind-Low Vision Early Intervention Program through tykeTalk at 519-663-5317 ext 2224 or 1-877-818-8255, <http://www.tyketalk.com>.

Best Start	1-888-542-6101 519 383-8331 www.lambtonhealth.on.ca	Maternal, newborn and early child development supports with baby/parent drop-ins, literacy & parenting programs. Best Start programs include Before & After School Care, Child Care Spaces, Early Learning Programs (ELP) and Wrap Around Care. A variety of these programs are available in neighbourhood schools or Ontario Early Years Centres throughout Lambton County.
Children's Aid Society	519 336-0623 www.slcas.on.ca	The Children's Aid Society has the legislated responsibility to protect children from physical, sexual and emotional abuse and neglect as per the Child and Family Services Act. Child protection is the responsibility of the Children's Aid Society and the agency must intervene in any situation where a child under the age of 16 has been, is, or appears to be threatened with or if there is a risk that the child is likely to suffer from physical or emotional harm, sexual abuse and/or neglect.
County of Lambton, <i>Children Services & Community Health Services</i>	1-800-667-1839 519 383-8331 www.lambtonhealth.on.ca	<p>Healthy Babies Healthy Children (HBHC) A voluntary program that emphasizes prevention and early intervention. Designed to give information and support to families with children (birth to six years), a healthy start and offer more intensive services and supports for high risk families. HBHC include both universal screening and assessment and targeted services (in depth family assessment, nurse and family visitor home visiting and service coordination.)</p> <p>Preconception, prenatal and postnatal education, parent education and workshops.</p> <p>Oral Health (Dental) Program offers an oral health assessment at schools and at the Children's Services Department for children with potential dental problems. Option of financial assistance through CINOT, Children in Need of Treatment, for children/adolescent up to age 17 years who may be eligible to qualify and have no dental coverage and are not on social assistance.</p> <p>Ready Set Grow...the Preschool Checkpoint provides proactive screening intended for children 18 months to 4 years of age, for developmental, dental, speech and language, early literacy, behaviour, occupational therapy and nutrition. The preschool checkpoint gives a parent a sense of what to expect and an opportunity to establish their child's normal ranges, ability, and behavior. If there is a concern, the earlier it is recognized and corrected, the better it is for the child, and for the family.</p> <p>Nutritional services provide consultation to health professionals and answers inquiries on nutrition topics. Provides nutrition resources to help parents with planning meals for children. Offers information and resources through the Preschool Checkpoints. For a complete description of the programs and services see The Directory of Services for Children, Adolescents and their Families available online at www.slcas.on.ca/default.asp?q=thebook&action=singleitem&utoid=97</p>

<p>ECE Resource Teacher</p> <ul style="list-style-type: none"> Administered through Pathways Health Centre for Child 	<p>519 542-3471</p>	<p>Every licensed childcare environment throughout Sarnia Lambton has access to an Early Childhood Education (ECE) Resource Teacher. Contact the ECE Resource Teacher for further screening, assessment and support services.</p>
<p>Family Counselling Centre</p>	<p>519 336-0120 1-800-831-3031</p> <p>519 336-3000 or 1-888-DISTRESS/1-888-347-8737.</p> <p>www.familycounsellingctr.com</p>	<p>STARRting Point is a single point of access for all children's residential placements and a source of information and referral for all other children's services.</p> <p>Special Services At Home provides individualized funding for children with physical and developmental disabilities to purchase in-home supports and/or services not available elsewhere in the community.</p> <p>Autism Spectrum Disorder Respite provides individualized funding for the temporary relief of the emotional and physical demands involved in caring for children with Autism Spectrum Disorder.</p> <p>Bridge The Gap provides immediate short-term counselling to children who have been sexually abused and their families.</p> <p>Families And Schools Together is an early intervention and prevention program designed for families with children ages 4-9 in select schools.</p> <p>Distress Line Sarnia is a telephone support service for persons who are in crisis and need information, support and referral.</p> <p>For a complete description of the programs and services see The Directory of Services for Children, Adolescents and their Families available online at http://www.slcas.on.ca/default.asp?q=thebook&action=singleitem&autoid=115</p>
<p>Learning Disabilities Association of Lambton County</p>	<p>519 344-4919</p> <p>www.ldao.ca</p>	<p>Provides leadership in learning disabilities advocacy, research, education and services. Program provides specific skill instruction and aid in the development of compensatory strategies, designed to improve social skills and build self esteem. For a complete description of the programs and services see The Directory of Services for Children, Adolescents and their Families available online at http://www.slcas.on.ca/default.asp?q=thebook&action=singleitem&autoid=164</p>
<p>Ministry of Children and Youth Services</p> <ul style="list-style-type: none"> South West Region Office 	<p>1-800-387-7327</p> <p>www.children.gov.on.ca</p>	<p>Across Ontario, the ministry is developing a seamless, integrated system of services to better serve children, youth, and their families. The Ministry of Child and Youth was created to make it easier for families to find the services to give kids the best start in life, make it easier for families to access the services they need at all stages of a child's development, and help youth become productive adults.</p> <p>Assistance For Children With Severe Disabilities is an income-tested program that provides a monthly benefit to help offset the ongoing extraordinary costs associated with the care of a child who has a severe disability. Funding may be used to cover costs associated with special diets, speech therapy, transportation, parent relief, childcare, recreation programs, learning equipment and special clothing including diapers.</p>

<p>Ontario Early Year Centres (OEYC)</p> <ul style="list-style-type: none"> <i>Sarnia Lambton</i> <i>North Lambton/Kent</i> 	<p>519 542-6100</p> <p>519 786-6082</p> <p>www.ontarioearlyyears.on.ca</p>	<p>Programs are designed to help children 0-6 years achieve optimal cognitive, physical, emotional and social development and provide support, education and referral services for their families. Services include:</p> <ul style="list-style-type: none"> -Early learning and literacy programs for parents and their children; -Parenting programs that support parents and caregivers of young children in all aspects of early child development; -Information and training for new parents about pregnancy and parenting. <p>For a complete description of the programs and services see The Directory of Services for Children, Adolescents and their Families available online at http://www.slcas.on.ca/default.asp?q=thebook&action=singleitem&autoid=234</p>
<p>Organization for Literacy</p> <ul style="list-style-type: none"> <i>Sarnia Lambton</i> 	<p>519 332-4876</p> <p>www.readsarnia.com</p>	<p>Free programs to promote literacy. Reading Activity Packages and Christmas "Give a Book" Program available.</p> <p>For a complete description of the programs and services see The Directory of Services for Children, Adolescents and their Families available online at http://www.slcas.on.ca/default.asp?q=thebook&action=singleitem&autoid=245</p>
<p>Pathways Health Centre for Children</p>	<p>519 542-3471</p> <p>www.pathwayscentre.org</p>	<p>Children's Treatment Centre services include audiology, augmentative communication, behaviour therapy, early childhood education resource support services, occupational therapy, physiotherapy, respite services, seating and mobility, social work, speech-language pathology (through SoundStart) and therapeutic recreation. Pathways also provide Family Support Services through the Blind-Low Vision Program, and Family Support and Audiology Services through the Infant Hearing Program.</p> <p>For a complete description of the programs and services see The Directory of Services for Children, Adolescents and their Families available online at http://www.slcas.on.ca/default.asp?q=thebook&action=singleitem&autoid=250</p>
<p>SoundStart - Lambton Preschool Speech & Language Program</p> <ul style="list-style-type: none"> <i>Administered through Pathways Health Centre for Children</i> 	<p>519 542-2074 or 1-8-SPEECH-025</p> <p>www.soundstart.org</p>	<p>Provides prevention/early identification/assessment and intervention services for children at risk for or identified with communication difficulties.</p> <p>New referrals are accepted until March 31 of the year a child is eligible to attend senior kindergarten.</p> <p>For a complete description of the programs and services see The Directory of Services for Children, Adolescents and their Families available online at http://www.slcas.on.ca/default.asp?q=thebook&action=singleitem&autoid=293</p>

<p>Southwest Region Autism Program</p> <ul style="list-style-type: none"> Administered through Thames Valley Children's Centre 	<p>1-866-516-5368</p> <p>1-519-685-8680</p> <p>www.tvcc.on.ca</p>	<p>Provides autism support services including an early intensive behavioural intervention program for preschool children and a program to facilitate the transition of children into the school system. Services may occur in the child's home, preschool or school environment. Children eligible for services may include those identified with autism or a pervasive developmental disorder that would be considered toward the severe end of the autism spectrum.</p> <p>For a complete description of the programs and services see The Directory of Services for Children, Adolescents and their Families available online at</p> <p>http://www.slcas.on.ca/default.asp?q=thebook&action=singleitem&autoid=304</p>
<p>Southwest Regional Blind-Low Vision Program</p> <ul style="list-style-type: none"> Administered through "tykeTalk" 	<p>519 663-5317 ext. 2224</p> <p>1-877-818-8255</p> <p>www.tyketalk.com</p>	<p>Provides education and supports for young children birth to Grade 1 age that are diagnosed blind or with uncorrectable low vision.</p> <p>For a complete description of the programs and services see The Directory of Services for Children, Adolescents and their Families available online at:</p> <p>http://www.slcas.on.ca/default.asp?q=thebook&action=singleitem&autoid=135</p>
<p>Southwest Regional Infant Hearing Program</p> <ul style="list-style-type: none"> Administered through "tykeTalk" 	<p>519 663-5317 ext. 2224</p> <p>1-877-818-8255</p> <p>www.tyketalk.com</p>	<p>Conducts hearing screenings for all infants in Sarnia Lambton in hospital or community settings.</p> <p>Provides follow-up services and supports for all infants identified with permanent hearing loss including family support, audiology and communication development. tykeTalk partners with Healthy Babies Healthy Children and Pathways Health Centre for Children Infant Hearing Program.</p>
<p>St. Clair Child & Youth Services</p> <ul style="list-style-type: none"> Children's Mental Health Centre 	<p>519 337-3701</p> <p>www.stclairchild.ca</p>	<p>Prevention, assessment & treatment services for children, youth & families with or at-risk for emotional, social, behavioural mental health needs.</p> <p>Ages 0-6 years: Interactive parent-infant programs, in-home developmental screening, programming & parent support; family support for children with Downs Syndrome, attachment, and postpartum adjustment. Mobile early identification & intervention program. OEYC Unique Satellite (Lochiel Family Drop-In Centre and Outreach).</p>

Red Flags Working Group Acknowledgements

The original Red Flags document was developed by the Simcoe County Early Intervention Council and piloted in the Let's Grow Screening Clinics in early 2002. It was printed and disseminated by the Healthy Babies Healthy Children program, Simcoe County District Health Unit as Red Flags – Let's Grow with Your Child, in March, 2003 reviewed and revised by the York Region Early Identification Planning Coalition and supported by York Region Health Services, April, 2004.

The **Lambton County Red Flags Early Identification** document was **adapted and reprinted with permission of York Region Community and Health Services Department**, on behalf of the *York Region Early Identification Planning Network*.

The document has been revised by the County of Lambton Children Service and Community Health Service Departments in collaboration with the Ontario Early Years Centre, Pathways Health Centre for Children, and St. Clair Child & Youth Services.

Special thanks go out to these agencies for assisting with the revisions: Children's Aid Society, Family Counselling Centre and Optometrists of Sarnia Lambton.