Early identification in Durham Region

Red Flags: Signals for Support

For infant, toddler and preschool children

A quick reference guide for early years professionals

2025

Disclaimer notice

Red Flags: Signals for Support is a quick reference guide designed to assist early years professionals with identifying early signs of developmental concern, and to support with encouraging families to seek additional screening, assessment and/or treatment from healthcare professionals and other specialists. This guide is not a formal screening or diagnostic tool.

Content warning: This guide contains information on identifying red flags/ signals for support, including explicit examples of abuse and violence, which may be distressing for readers.

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Table of Contents

Signals for support

Early identification

There is considerable evidence about early brain development and how brief some of the "windows of opportunity" are for optimal growth and development of neural pathways. The early years of development from conception to age six, particularly within the first three years, set the foundation for competence and coping skills that will affect learning, behaviour and health throughout life.

As such, 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. Children benefit from early identification and intervention during the period of the greatest development of neural pathways. This is when alternative coping pathways are most easily built, which means it is critical to ensure the best outcomes for the child.

Time is of the essence!

What is Red Flags: Signals for Support?

Red Flags: Signals for Support is a quick reference guide for early years professionals. It can be used in conjunction with a validated screening tool, such as the Looksee Checklist[1, 2] or Ages and Stages Questionnaire (ASQ). The guide outlines a range of functional indicators and domains commonly used to monitor healthy child development, as well as potential areas of concern. The guide is intended to assist in the determination of when and where to refer for additional advice, formal assessment and/or treatment.

Who should use Red Flags: Signals for Support?

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. The guide will assist professionals in identifying when a child could be at risk of not meeting their health and/or developmental milestones and is used as a resource to explore the potential need for further investigation by the appropriate discipline.

This guide is evidence-informed. References are indicated in the information resources after each section and in the endnotes.

How to use this guide

This is a quick reference guide to look at child development by domain, reviewing each domain from birth to age six (unlike screening tools that look at a particular child's development across many areas of development at a specific age). The guide considers other areas that may impact child health, growth and development due to the dynamics of parent-child interaction, determinants of health and adverse childhood experience.

Red Flags: Signals for Support allows professionals to review early childhood growth and development across a continuum, to better understand when and where to refer a family for further developmental support and/or treatment in Durham Region.

- Red Flags: Signals for Support can be used in conjunction with a checklist or screening tool, such as the Looksee Checklist or Ages Stages Questionnaire (ASQ) to review developmental milestones and signals for support in a particular domain or indicator.
- If a child is not exhibiting typical developmental skills in a specific milestone for their age, further investigation is strongly recommended. If using the Looksee Checklist or the ASQ, remember that the screens are age-adjusted; therefore, the skills in each

screen are expected to be mastered by most children at the age shown. If there are two or more "No" responses, it is encouraged to refer to a professional for assessment.

- When Red Flags: Signals for Support are marked with an asterisk (*), this is a reminder that there is a "**duty to report**" to the Children's Aid Society (Child, Youth & Family Services Act, 2017).
- Cultural sensitivity is vital in assessing child health, growth and development. Please see the "**Cultural sensitivity when working with families**" section for further information. Refer a child for further assessment, even if you are uncertain if the flags noted reflect a cultural variation or a developmental concern.
- Some of the indicators focus on the parent/caregiver, or the interaction between the parent/caregiver and the child, rather than solely on the child.
- Contact information is indicated at the end of each domain under "**Where to go for help**" with further description of each contact found in the "**Durham Region contacts**" section.
- If a child appears to have multiple domains requiring formal investigation by professionals spanning several disciplines, screeners are encouraged to refer to the agencies that can co-ordinate a collaborative and comprehensive assessment process.
- For additional assistance in the areas of referral, developmental programming, developmental assessment, resource information, and service coordination, families may contact:
  - Grandview Kids, Smart Start Hub at 905-728-1673;
  - Durham Region Infant and Child Development Program (for children birth to school entry) at (905)-668-4113 or 1-800-841-2729 extension 3203/3247;
  - Resources for Exceptional Children and Youth (for children two to 12 years) at (905)-427-8862 or 1-800-968-0066;
  - or Children's Developmental and Behavioural Supports at 905-668-4113 extension 2829 or 1-800-387-0642.
- If referrals are made to private sector agencies, alert families that fees may apply.

Why early identification impacts the successful transition to school

"Children are competent, capable of complex thinking, curious and rich in potential. They grow up in families with diverse social, cultural, and linguistic perspectives. Every child should feel that he or she belongs, is a valuable contributor to his or her surroundings, and deserves the opportunity to succeed."[3]

Starting school is a significant milestone in the life of a family. There are many factors that contribute to a child's transition to school and ongoing success. The child's capacity to learn when they enter school is strongly influenced by the neural wiring that takes place in the early years of life.[4] By doing everything possible to enhance early development, a child can be provided with an equal opportunity to maximize their potential.[5]

Current brain research shows that children's capacity for deep learning begins before birth, with 700 neural connections being made every second in the first three years of life.[6] The first years of a child's life are a period of heightened opportunity and also a time of

increased risk that can compromise optimal development for life.[6]

To maximize early potential, How Does Learning Happen? (2014) establishes four foundational conditions or "ways of being" for children that optimize their learning and healthy development:

- Belonging: a sense of connectedness and relationship to others.
- Well-being: a state of mental wellness and physical health.
- Engagement: a sense of involvement, curiosity and wonder.
- Expression: the ability to communicate for different purposes and in different ways.

When these four foundations are the focus of children's early experiences, both at home and in the community, children are supported in the development of:

- Playing and getting along with others.
- Talking, listening, questioning and problem-solving.
- Making decisions.
- Creating, building, exploring, wondering, investigating and sharing.
- Showing interest in symbols and text.
- Feeling comfortable in new places.
- Demonstrating self-help and self-regulation skills.[3]

The above skills and abilities contribute to a child's successful transition to school.

Why the Red Flags: Signals for Support guide?

Sometimes there are areas of a child's growth and development that are delayed or not progressing as expected, which can hinder the child's advancement in these skills and abilities.

A "wait and see" approach can be detrimental. Early identification of possible concerns in a child's development will lead to early referral, assessment and intervention, ensuring that they start school at their full potential, ready to learn.

The community collectively wraps around children and their families and builds on their strengths. The community also comes together to provide supports and services when the progression of a child's development differs from what is anticipated.

The Red Flags: Signals for Support guide has been developed to identify those children who need extra support. If there are concerns about a particular area(s) of development for a child, refer to the appropriate domain in this guide (see Table of Contents).

How to talk to parents/caregivers about sensitive issues

One of the most challenging parts of recognizing a potential difficulty in a child's development is sharing these concerns with the parents/caregivers. When a potential concern is identified, either by observation or screening, the family should be notified so that positive next steps can be taken. Effective communication is essential in these circumstances. It can be very difficult to relay these concerns to parents and caregivers; however, for a child to reach their full developmental potential, it is important to have these conversations. If concerns are presented in a positive and caring manner, this will build trust between the professional and the family.[7]

Although there is no single way that works best, there are some things to keep in mind when addressing concerns with a family. The following framework will provide some tips

and encouragement for sharing concerns in a clear, informative and supportive manner:

Prepare for a successful conversation with parents/caregivers

- Know the facts.
- Plan to meet face-to-face.
- Meet in a private location.
- Allow plenty of time without interruptions.[8]
- Be sensitive to a parent/caregiver's readiness for information. If you give too much information when people are not ready, they may feel overwhelmed. Start by sharing their child's strengths and discuss with the parent how they feel about their child's progress. Some parents/caregivers have concerns but just have not yet expressed them. Having a parent use a tool such as the Looksee Checklist may help the family look at their child's development more easily and to learn about new activities that encourage growth and healthy development.
- Share the observations that have been noted about their child's development.
- Value the parent/caregiver's knowledge and build a relationship of trust using cultural sensitivity while working with them. You may say something like: "I have had training in child development, but you know your child best. You are the expert on your child." When you try to be more of a resource, the parents/caregivers may feel more supported.
- Have the family participate fully in the final decision about what to do next. The final decision is theirs; your role is simply to provide information and resources.
- Give the family time to talk about how they feel, if they choose to. If you have only a limited time to listen, make this clear to them and offer another appointment, if needed.
- Be genuine and caring. You are raising concerns because you want their child to do the best that they can, not because you want to point out "weaknesses" or "faults." Approach the opportunity for extra help positively.
- Be mindful of your body language.
- Do not 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, if appropriate, offer reasons why it is not helpful to "wait and see".

Early intervention can support a child's optimal development and prevent additional concerns. The "wait and see" approach may delay addressing a medical concern that requires specific treatment.

Early intervention may increase a family's comfortability and confidence, and help with understanding their child's development and health. This helps support a child to reach their full potential.

Cultural sensitivity when working with families.

Early years and health care professionals have the privilege of working with families from many different identities and backgrounds. A family's culture can have a role in shaping values, beliefs, perceptions, behaviour, and expectations.

In this section, we are using the term 'culture' in its broadest sense. It is being used to encompass more than ancestral background or where a family may have immigrated from. It includes things like families with gender diverse members, families where the primary caregivers are older adults, families with members with disabilities, and families with same-sex parents and caregivers. Culture, in this context, can be defined as a set of "distinctive patterns of beliefs and behaviours that are shared by a group of people and that serve to regulate their daily living."[9]

"The child-parent relationship has a major influence on most aspects of child development,"[9, 10] and, since culture shapes how parents care for their children, it makes sense that parenting practices impact a child's growth and development.[9] As such, to better understand the child within the context of their growth and development, it is important for professionals to provide culturally appropriate care and service. To do so, it is necessary for early years and health care professionals to possess cultural awareness and sensitivity.

Cultural awareness involves the ability to stand back and be conscious of the similarities and differences between diverse groups[11], including one's own. To be culturally sensitive is to build on this awareness by recognizing that these similarities and differences affect one's values, learning, and behaviour.[11] The components of cultural sensitivity include valuing and recognizing the importance of one's own culture, valuing diversity, and being willing to learn about the traditions and characteristics of other cultures.[11]

As individuals and professionals, it is important to acknowledge that our own preferences, biases, and misinformation may contribute to falling into the stereotyping trap. To stereotype is to create a mental image of a population group and subsequently overgeneralize it by ascribing the same characteristics to all members of that group, regardless of individual differences.[12] All families, children and individuals are unique and cultural aspects influence them; they are not fully defined by them.

Cultural patterns may or may not be followed by individual parents/caregivers within their cultural group, creating individual variations in child-raising practices.[9, 13] This is true of many newcomer families residing in Durham region. Cultures are constantly changing and being reshaped by a variety of influences, including life experiences in Canada. Therefore, part of the role of the professional in supporting diverse families is helping navigate the dominant culture in which they are operating.[13] When a parent/caregiver is recognized as an individual with a unique set of social and cultural influences, interactions between the professional and the family are enhanced and free from stereotypes and preconceived notions.

The greatest resource for understanding each family's unique culture is the family themselves. By gaining the necessary knowledge, skills, and approach for working with families of diverse cultures, professionals will practice cultural sensitivity and become effective early years professionals, meeting the needs of the families they support.

Information resource: Regional Municipality of York Infant and Child Development Services, Social Services Branch, Community and Health Services and the Regional Municipality of Durham – Diversity, Equity, and Inclusion Division

Reviewed by: The Regional Municipality of Durham - Diversity, Equity, and Inclusion Division.

Mild traumatic brain injury

Changes in behaviour may be related to a mild traumatic brain injury, also known as a concussion. Concussions are most commonly caused by falls, vehicle accidents, sports injuries and being struck by objects.

If the child presents one or more of the following behaviours that are different from the child's norm, consider these signals for support:

Physical

- Dizziness.
- Headache or persistent rubbing of head.
- Nausea or vomiting.
- 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).
- Significantly decreased motor function.
- Dramatic and consistent increase or decrease in appetite.
- Seizures.
- Persistent tinnitus (ringing in the ears).

Cognitive impairments

- Decreased attention.
- Gets confused about time and place.
- Decreased concentration.
- Reduced perception.
- Memory problems or reduced learning speed.
- Develops difficulty finding words or generating sentences consistently.
- Problem-solving (planning, organizing, and initiating tasks).
- Increased time required to learn new information.
- 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 to for help

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

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

Speech and language

Healthy child development: if a child is missing one or more of these expected age outcomes, consider it a signal for support.

By three months

- Cries and grunts; has different cries for different needs.
- Makes a lot of "cooing" and "gooing" sounds.

By six months

- Makes different cries for different needs – I'm hungry, I'm tired; watches your face as you talk.
- Imitates coughs or other sounds – ah, eh, buh.
- Smiles/laughs in response to parent/caregiver as they talk.

By nine months

- Responds to their name.
- Understands being told "no" and other short instructions.
- Plays social games with you, e.g., peek-a-boo.
- Babbles and repeats sounds – babababa, duhduhduh.

By 12 months

- Follows simple one-step directions – "sit down."
- Uses three or more words.
- Uses gestures to communicate – waves "bye bye," shakes head "no."
- Brings toys to show you.

By 18 months

- Points to three or more body parts.
- Uses at least 20 words.
- Responds with words or gestures to simple questions – "Where's teddy?", "What's that?"
- Makes at least four different consonant sounds – b, n, d, g, w, h.

By 24 months

- Follows two-step directions – "go find your teddy bear and show it to Grandma."
- Uses 100 or more words.
- Consistently combines two or more words in short phrases – "daddy hat," "truck go down."
- People can understand their words 50 to 60 per cent of the time.

By 30 months

- Understands the concepts of size (big/little) and quantity (a little, a lot, more).
- Uses some adult grammar – "two cookies," "bird flying," "I jumped."
- Uses more than 350 words.
- Begins taking short turns with other children, using both toys and words.

By three years

- Understands "who," "what" and "why" questions.
- Creates long sentences using five or more words.
- Talks about past events – trip to grandparents' house, day at child care.
- Engages in multi-step pretend play – cooking a meal, repairing a car.

By four years

- Follows directions involving three or more steps – "first get some paper, then draw a picture and last, give it to me."
- Uses adult-type grammar.
- Is understood by strangers almost all of the time.

By five years

- Follows group directions – "all the children wearing red get a toy."
- Understands directions involving "if... then" – "if you're wearing runners, then line up for gym."
- Describes past, present and future events in detail.
- Uses almost all of the sounds of their language with few to no errors.

If a child is experiencing any of the following, consider it a signal for support:

- Getting stuck on words or sounds (stuttering).
- Ongoing hoarse voice.
- Excessive drooling.
- Problems with swallowing, chewing, or eating foods with certain textures (gagging). (See also "Feeding and swallowing" section in the guide.)
- By age 2.5, a child's words are not understood except by family members.
- Lack of eye contact and poor social skills for their age.
- Frustrated when verbally communicating.

Speech and language challenges are sometimes associated with other developmental concerns. Also, refer to the following domains in this guide for other potential referrals:

- **Autism Spectrum Disorders (ASD).**
- **Hearing.**
- **Feeding and swallowing.**

Where to go to for help

If there are concerns, advise the parent/caregiver to make a referral by visiting grandviewkids.ca/refer/ to initiate a call with Grandview Kids Service Navigation team. Parents/caregivers may also call the Preschool Speech and Language Program at Grandview Kids at 905-728-1673. For a list of private Speech and Language Pathologists, visit sac-oac.ca or call Speech-Language & Audiology Canada at 1-800-259-8519.

Information resource: Preschool Speech and Language Program | ontario.ca.

Reviewed by: Grandview Kids.

Feeding and swallowing

Healthy child development: if a child is missing one or more of these general milestones, consider it a signal for support and encourage the family to speak with a health care professional.

Zero to three months

- Uses a sucking pattern.

- Co-ordinates sequences of two or more sucks before pausing to breathe or swallow.
- Oral reflexes present (e.g., rooting, sucking, gag, tongue thrust).
- Relaxed and comfortable during most feedings (is not constantly fussy, arching, vomiting, fatigued or panicky).

Four to six months

- Uses a co-ordinated sucking/swallowing from the breast or bottle.
- Pauses to breathe after 10 to 30 sucks.
- Completes full feed in 20 to 30 minutes.
- Opens mouth for spoon when smooth purées are offered.
- Relaxed and comfortable during most feedings.

Seven to nine months

- No liquid lost during sucking from the breast or bottle.
- Uses sucking pattern with a cup, making wide jaw movements, and there is a loss of liquid from mouth.
- Swallows puréed foods and tiny, soft, slightly noticeable lumps.
- Tongue thrust reflex starts to disappear; up-and-down tongue movement begins.
- Swallows thicker purée and finely mashed foods.
- Begins to finger feed with up-and-down munching pattern emerging when chewing.

10 to 12 months

- Drinks from cup held by an adult.
- Finger feeds many soft foods (finely chopped and small pieces of soft table foods).
- Begins to use tongue to move food to and from the side of mouth for chewing.
- Can manage more textured food and food with chunks.
- Upper lip actively removes food from spoon.

12 to 18 months

- Drinks from cup or straw.
- Eats a variety of table foods (bite-sized pieces of soft vegetables and fruits, soft pasta and easily chewed proteins/meats).
- Able to take a bite of food and use the tongue to move food to sides and centre of mouth.
- May lose food or saliva while chewing.
- Holds a spoon.

18 to 24 months

- Drinks from open cup with little spilling.
- Chews and swallows a variety of table foods (raw fruits/vegetables, meats).
- Attempts to keep lips closed during chewing to prevent spillage.
- Able to bite through a hard cookie.
- Mature chewing, rotary chewing pattern is well-established.
- 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.

Note: Consistent coughing, gagging, choking or increased congestion with eating or drinking is considered a feeding concern at any stage.

Where to go for help

Speak to a pediatrician and/or family doctor.

For self-feeding, see “Fine motor skills” section. For nutritional concerns, see “Nutrition” section.

If there are any concerns about feeding and swallowing, advise the parent/caregiver to visit grandviewkids.ca/refer/ to initiate a call with the service navigation team or contact:

- Grandview Kids at 905-728-1673,
- Lakeridge Health Feeding and Swallowing Clinic at 905-576-8711 extension 36390, or
- Durham Region Infant and Child Development Program at 1-800-841-2729 or 905-668-4113 extension 3203/3247.

Information resources: Holland Bloorview Kids Rehabilitation Hospital (2017). Optimizing feeding and swallowing in children with physical and developmental disabilities:

A practical guide for clinicians. (https://hollandbloorview.ca/sites/default/files/migrate/files/HollandBloorview_FeedingSwallowing2017.pdf)

Morris, S. & Klien, M. (2000), Pre-feeding skills: a comprehensive resource for mealtime development (2nd ed.). Austin, Tx: PRO-ED.

Marcus, S. & Breton, S., (2013). Infant and child feeding and swallowing: occupational therapy assessment and intervention. American Occupational Therapy Association, ISBN 13: 978-1-56900-427-2.

Reviewed by: Durham Region Infant and Child Development Program.

Hearing

Healthy child development: if a child is missing one or more of these expected age outcomes, consider it a signal for support.

Zero to three months

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

Four to six months

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

Seven to 12 months

- Turns or looks up when their name is called.
- Responds to the word “no;” listens when spoken to; knows common words like “cup” or “shoe.”
- Responds to requests such as “want more” and “come here.”

12 months to two 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.

Two to three years

- Listens to a simple story.
- Follows two requests (e.g., “get the ball and put it on the table”).

Three to four years

- Hears you when you call from another room.
- Listens to the television at the same loudness as the rest of the family.
- Answers simple questions.

Four to five 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 they hear fine.

Problem signs: if a child is experiencing any of the following, consider it a signal for support.

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

Where to go for help

Hearing and speech go together; a problem with one could mean a problem with the other. For a hearing assessment, advise the parent/caregiver to visit grandviewkids.ca/refer/ to initiate a call with the service navigation team or contact Grandview Kids for an assessment with an audiologist 905-728-1673. Visit the Canadian Hearing Society website at chs.ca for additional information.

Reviewed by: Grandview Kids.

Vision

Healthy child development: if a child is missing one or more of these expected age outcomes, consider it a signal for support.

Zero to three months

- Focuses on your face, bright colours and lights; follows slow-moving, close objects.
- Blinks when bright lights come on or if a fast-moving object comes into close view; watches as you walk around the room.
- Looks at hands and begins to reach out and touch nearby objects.

Four to six months

- Tries to copy your facial expression.
- Reaches across the crib for objects/reaches for objects when playing with you.
- Grasps small objects close by.
- Follows moving objects with eyes only (less moving of head).

Seven to twelve months

- Plays games like “peek-a-boo,” “pat-a-cake,” waves “bye-bye”.
- Reaches out to play with toys and other objects on their own.
- Moves around to explore what’s in the room; searches for a hidden object; looks for dropped toys.
- Reaches for and grasps small pieces of food from high chair tray.
- Finds a favourite toy or person from eight to 10 feet away.
- Looks into container and reaches for an object.

- Looks and points at objects and/or pictures in a book.

12 months to two years

- Moves eyes and hands together (e.g., stack blocks, place pegs).
- Judges depth (e.g., climbs up and down stairs).
- Links pictures with real life objects.
- Follows objects as they move from above head to feet.
- Interested in scribbling.

Two to three years

- Sits a normal distance when watching television.
- Follows moving objects with both eyes working together (co-ordinated).
- Awareness of colour (can usually find a named colour).
- Imitates vertical and horizontal lines.
- Observes movement of things that turn or spin.

Three to four years

- Knows people from a distance (e.g., across the street).
- Uses hands and eyes together (e.g., catches a large ball).
- Builds a tower of blocks, strings beads and copies a circle, triangle and square.
- Makes circles and crosses in drawings.

Four to five years

- Knows colours and shadings; picks out detail in objects and pictures.
- Holds a book at a normal distance.

If a child is experiencing any of the following, consider it a signal for support:

- Blinking and/or rubbing eyes often; a lot of tearing or eye-rubbing.
- Headaches, nausea, dizziness; blurred or double vision.
- Eyes that itch or burn, sensitive to bright light and sun.
- Unusually short attention span, will only look at you if he or she hears you.
- Avoidance of tasks with small objects or fine motor activities.
- Turning or tilting head to use only one eye to look at things.
- Covering one eye; has difficulty or is irritable with reading or with close work.
- Eyes that cross, turn in or out, move independently.
- Holding toys close to eyes, or no interest in small objects and pictures.
- Bumping into things, tripping; clumsiness, restricted mobility.
- Squinting, frowning; pupils of different sizes.
- Redness, soreness (eyes or eyelids); recurring sties; discoloration or cloudiness of eye.
- Constant jiggling or moving of eyes side-to-side (roving).
- Has hesitancy/difficulty walking across changes in grade or walking across changes in surface coverings.

Note: Children should have their first vision exam around six months of age and then two more vision exams before starting school. All children should have vision exams.

Where to go for help

If there are any concerns about a child's vision, advise the parent to arrange for a vision test with an optometrist, or contact the family physician who can refer to an ophthalmologist. Remember, a visit to an optometrist is covered by OHIP every year. It is recommended that children have their first vision exam at six months of age and have at least two more before starting school.

- Visit the Canadian National Institute for the Blind website at cnib.ca or reach the CNIB Whitby Chapter at (905) 430-7611.
- You may also wish to contact the Tri-Regional Blind-Low Vision Early Intervention Program at 1-888-703-5437 or visit their website at childdevelopmentprograms.ca/vision.

Information resource: Simcoe County District Health Unit, and Canadian National Institute for the Blind.

Reviewed by: Surrey Place, Blind-Low Vision Early Intervention Program, Ontario Parents of Visually Impaired Children – Durham Region, Canadian National Institute for the Blind.

Fine motor and self-help

Healthy child development: if a child is missing one or more of these expected age outcomes, consider it a signal for support.

By two months

- Holds an object momentarily if placed in hand.

By four months

- Sucks well on a nipple.
- Brings hands or toy to mouth.
- Turns head side-to-side to follow a toy or an adult's face.
- Brings hands to midline while lying on back.

By six months

- Passes an object from one hand to another.
- Reaches for a toy when lying on back.
- Uses hands to reach and grasp toys.
- Bangs object on a surface.

By nine months

- Picks up small items using thumb and first finger.
- Bangs object at midline.
- Releases objects voluntarily.

By 12 months

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

By 18 months

- Helps with dressing by pulling out arms and legs.
- Stacks two or more blocks.
- Scribbles with crayons.
- Eats foods without coughing or choking.
- Points with index finger.
- Draws vertical and horizontal lines in imitation.

By two years

- Takes off own shoes, socks or hat.
- Stacks five or more blocks.
- Eats with a spoon with little spilling.
- Completes simple wooden puzzles.

By three years

- Strings beads.
- Dresses or undresses with help.
- Unscrews a jar lid.
- Holds a crayon with fingers and thumb.
- Copies a cross.
- Copies a circle already drawn.

By four years

- Holds a crayon correctly.
- Undoes buttons or zippers.
- Cuts with scissors.
- Dresses and undresses with minimal help.

By five years

- Draws diagonal lines and simple shapes and letters.
- Uses scissors to cut along a thick line drawn on paper.
- Dresses and undresses without help except for small buttons, zippers and snaps.
- Draws a stick person.
- Prints name.

If a child is experiencing any of the following, encourage the family to seek a referral for a developmental assessment, as these are signals for support:

- Infants who are unable to hold or grasp an adult finger or a toy/object for a short period of time.
- Unable to play with a variety of toys or avoids creative arts and manipulatives.
- Consistently ignores or has difficulty using one side of their body, or predominantly uses one hand over the other.
- Hands are fisted more than 50 per cent of the time after four months of age.

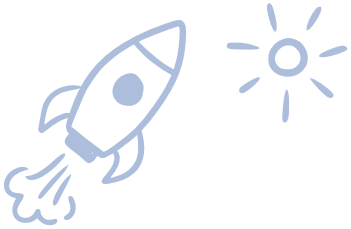
Where to go for help

If there are any concerns, advise the parent/caregiver to visit grandviewkids.ca/refer/ to initiate a call with the service navigation team or contact:

- Grandview Kids at 905-728-1673.
- Parents may also contact the Durham Infant and Child Development Program at 1-800-841-2729 or 905-668-4113 extension 3203/3247. The parent/caregiver may also contact a private occupational therapist (not covered by OHIP).

Information resources: Adapted from materials developed by members of the Pediatric Working Group, Occupational Therapists and Physiotherapists, Orillia Soldiers' Memorial Hospital and Royal Victoria Hospital.

Reviewed by: Grandview Kids and Durham Region Infant and Child Development Program.



Gross motor

Healthy child development: if a child is missing one or more of these expected age outcomes, consider it a signal for support.

By three months

- Lifts head up when held at your shoulder.
- Lifts head up when on tummy.

By four 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 six months

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

By nine months

- Sits on floor without support.
- Moves self forward on tummy or rolls continuously to get item.
- Stands with support.

By 12 months

- Gets up to a sitting position on own.
- Pulls to stand at furniture.
- Walks holding onto caregiver's hands or furniture.

By 18 months

- Walks alone.
- Crawls up stairs.
- Plays in a squat position.

By two years

- Walks backwards or sideways pulling a toy.
- Jumps on the spot.
- Kicks a ball.

By three years

- Stands on one foot briefly.
- Climbs stairs with minimal or no support.
- Kicks a ball forcefully.

By four years

- Stands on one foot for one to three seconds without support.
- Goes up stairs alternating feet.
- Rides a tricycle using foot pedals.
- Walks on a straight line without stepping off.

By five years

- Hops on one foot.
- Throws and catches a ball successfully most of the time.
- Plays safely on playground equipment without difficulty.

If a child is experiencing any of the following, consider these signals for support and encourage the family to seek a referral for a developmental assessment:

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

Where to go for help

If there are concerns, advise the parent/caregiver to visit grandviewkids.ca/refer/ to initiate a call with the service navigation team or contact Grandview Kids at 905-728-1673.

Parents/caregivers may also contact Durham Region Infant and Child Development Program at 905-668-4113 extension 3203/3247 or 1-800-841-2729.

Assessment by a private physiotherapist (not covered by OHIP) may also be an option.

Reviewed by: Grandview Kids.

Sensory processing

Sensory processing is the way our brain processes information received through the senses of movement, sight, smell, sound, taste, touch and internal organs. Sensory processing impacts the way we learn about our bodies, the environment, other people and sets the foundation for learning how to move, communicate, regulate our emotions and form relationships.

Children may have sensory preferences and/or differences that impact their ability to participate in daily routines and activities. The following could indicate a reason for follow up with a health care professional and are signals for support:

Auditory

- Easily startled by sudden noises.
- Becomes upset by unexpected or loud sounds.
- Difficulty participating in activities if there is a lot of background noise.
- Appears to enjoy making sounds with their mouth and/or makes noises with objects (e.g., repeatedly pressing a button on a cause-and-effect toy).
- Does not always respond when their name when called.

Interoception (the sense that helps many people experience sensations from inside their body)

- Increased or decreased response to pain.
- Decreased feeling of hunger/thirst.
- Difficulty with toilet learning.

Taste/smell

- Appears to strongly seek or avoid certain tastes and/or smells.

Touch

- Selective with food textures.
- Gags easily when eating certain food and with brushing teeth.
- Mouths/licks/chews non-food items such as toys and clothing.
- Becomes upset with self-care activities (e.g., hair cutting, face washing, fingernail clipping).
- Has difficultly standing close to other people and may avoid touch from others.
- Reacts negatively to touch.
- Prefers small group interactions or solitude during play.
- Prefers to wear minimal clothing.
- Sensitive to certain fabrics.
- Unaware when face or hands are messy.
- Seeks lots of touch from others.

Movement and body position

- Seeks movement activities (e.g., being whirled by an adult, playground equipment, spinning, rocking).
- Bumps into furniture, walls and other people.
- Becomes upset when feet lift off ground and is fearful of heights.
- Becomes nauseous easily in cars, elevators and rides.
- Frequently wiggles/moves in seat.
- Prefers to be moving.
- Decreased strength and endurance– tires easily, seems to have weak muscles and prefers activities involving less movement.
- Avoids climbing, jumping, uneven ground and/or roughhousing.
- Walks on toes.
- Decreased coordination.

Visual

- Avoids eye contact.
- Squints, looks at objects out of the corner of the eye.
- Enjoys staring at bright, flashing objects or lights.
- Uncomfortable with bright lights, prefers to be in the dark.

Where to go for help

If there are behaviour concerns associated with sensory integration issues (for children between the ages of two to six with a developmental delay and for children between the ages of two to 12 in licensed child care), advise parents or caregivers to contact:

- Children's Developmental and Behavioural Supports at 905-668-4113 extension 2829, or 1-800-387-0642.

If these signals for support are interfering in the child's daily activities, advise the parent/caregiver to visit grandviewkids.ca/refer/ to initiate a call with the service navigation or contact:

- Grandview Kids at 905-728-1673 for more information about occupational therapy.

Information resources: Dunn, W. (2014). Sensory Profile 2

Mahler, K. (204). What is interoception? kelly-mahler.com/what-is-interoception/

Star Institute. (2024). Sensory processing health and wellness. sensoryhealth.org/.

Reviewed by: Grandview Kids, Durham Region Infant and Child Development Program, and Children's Developmental and Behavioural Supports.

Attachment

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

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

If a parent/caregiver states that one or more of these statements describes their child, the child may be exhibiting signs of an insecure attachment, which is **considered a signal for support:**

Zero to eight months

- Is difficult to comfort by physical contact, such as rocking or holding.
- Does things or cries just to annoy them.

Eight to 18 months

- Does not reach out to be comforted by them.
- Easily allows a stranger to hold them.

18 months to three years

- Is not beginning to develop some independence.
- Seems angry or ignores them after they have been apart.

Three to four years

- Easily goes with a stranger.
- Is too passive or clingy with them.

Four to five years

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

If a primary caregiver is frequently displaying any of the following, consider it a signal for support:

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

Where to go for help

If there are concerns, advise the parent/caregiver to consult a general practitioner or pediatrician. Contact:

- Kinark Child and Family Services toll free at 1-888- 454-6275.
- Healthy Babies Healthy Children Durham by calling Durham Health Connection Line at (905) 668-2020 or 1-800-841-2729.
- Durham Region Infant and Child Development Program at (905) 668-4113 or 1-800-841- 2720 or
- Resources for Exceptional Children and Youth – Durham Region at (905) 427-8862 or 1-800-968-0066.

If there are behaviour concerns (for children between the ages of two to six with a developmental delay and for children between the ages of two to 12 in licensed child care) that result from difficulties with attachment, advise the parent or care provider to contact Children's Developmental and Behavioural Supports at 905-668-4113 extension 2829, or 1-800-387-0642.

For more information on attachment, visit the Infant Mental Health Promotion Project website at sickkids.ca/en/learning/our-programs/infant-and-early-mental-health-promotion/.

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

Reviewed by: Kinark Child and Family Services-Durham Program, and Children's Developmental and Behavioural Supports.

Social/emotional

If a child is experiencing any of the following, consider it a signal for support:

Zero to eight months

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

Eight to 18 months

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

18 months to three years

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

Three to five years

- Child ignores adult, and behaviour changes or becomes worse when given positive feedback.
- Child is excessively clingy or attention seeking with adults, or refuses to speak.
- Child is hypervigilant or aggressive without provocation.

- Child does not seek adult comfort when hurt or show empathy when peers are distressed.
- Child's play repeatedly portrays abuse, family violence or explicit sexual behaviour*.
- Child can rarely be settled from temper tantrums within five to 10 minutes.
- Child cannot become engaged in self-directed play.
- Child is threatening, dominating, humiliating, reassuring or sexually intrusive with adult*.
- Parent/caregiver uses ineffective behaviour management techniques, which includes corporal punishment*.

Where to go for help

If there are concerns, advise the parent to contact a children's mental health professional for further discussion at Kinark Child and Family Services at 1-888-454-6275. Contact the Durham Health Connection Line at 905-668-2020, or 1-800-841-2729 for more information or for a referral to Healthy Babies Healthy Children Durham.

If there are behaviour concerns (for children between the ages of two to six with a developmental delay and all children between the ages of two to 12 in licensed child care), advise the parent or caregiver to contact Children's Developmental and Behavioural Supports at 905-668-4113 extension 2829, or 1-800-387-0642.

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

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

Reviewed by: Kinark Child and Family Services-Durham Program, and Children's Developmental and Behavioural Supports.

Family/environmental stressors

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

Child

- Diagnosed medical disorder.
- Prematurity and low birth weight.
- Birth trauma.
- Physically handicapped conditions.
- Feeding difficulty.

Parental attitudes, behaviours and interactions

- Lack of sensitivity to infant cues.
- Lack of knowledge about developmental and parenting strategies.
- Negative attitudes towards parenting.
- Inconsistent and unpredictable responses to child.
- Punitive and/or inconsistent discipline.
- Low self-esteem.

Parent history and current functioning

- Mental or physical illness.
- Maternal Depression.
- Substance use.
- Parental cognitive level.

- History of crime.
- Parent's own experience of being parented.
- Previous involvement with a child protection agency.
- Loss of a child.
- Socio-demographic and societal factors.
- Low socioeconomic status.
- Experiencing homelessness or lacking stable housing.
- Violent and/or unsafe environment.
- Adolescent parenting.
- Severe family dysfunction, including abuse.
- Isolation and lack of social supports.
- Chronic family adversity or stresses.

Where to go for help

The family physician or pediatrician is an important contact for all health issues. If families indicate that they are stressed by one or more of the signals for support, family assessments are available through Healthy Babies Healthy Children Durham.

Contact Durham Health Connection Line at 905-668-2020 or 1-800-841-2729 for more information or for a referral to Healthy Babies Healthy Children Durham.

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

Information resource: Adapted from "Home Visiting for Professionals Working with High-Risk Families", Invest in Kids, 2004.

Reviewed by: Durham Region Health Department.

Abuse – Neglect

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

Possible indicators of neglect

Physical indicators in children	Behavioural indicators in children	Behaviours observed in adults who neglect children

• An infant or young child may:
  ▫ not be growing as expected.
  ▫ be losing weight.
  ▫ have a "wrinkly old face."
  ▫ look pale.
  ▫ not be eating well.
• Not dressed properly for the weather.
• Dirty or unwashed.
• Bad diaper rash or other skin problems.
• Always hungry.
• Lack of medical and/or dental care.
 	
Signs of deprivation, which improve with a more nurturing environment (e.g., hunger, diaper rash).
	• Does not show skills as expected.
	• Appears to have little energy and 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).
		• Does not provide for the child's basic needs.
		• Has a disorganized home life, with few regular routines (e.g., always brings the child very early, picks up the child very late).
		• Does not supervise the child properly (e.g., leaves the child alone, in a dangerous place, or with someone who cannot look after the child safely).
		• May indicate that the child is hard to care for, hard to feed, describes the child as demanding.
		• May say that the child was or is unwanted.
		• May ignore the child, who is trying to be loving.
		• Has difficulty dealing with personal problems and needs.
		• Is more concerned with own self than the child.
		• Is not very interested in the child's life (e.g., fails to use services offered or to keep child's appointments, does not do anything about concerns that are discussed).

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

Where to go for help

If there are suspicions, professionals are legally obligated to consult or report to the Durham Children's Aid Society at 905-433-1551. Professionals must also report any incidence of a child witnessing family violence.

For related medical issues, contact the family physician or pediatrician. Acute injuries may require the child to be taken to the emergency department at the nearest hospital.

Abuse – Physical

Possible indicators of physical abuse

Physical indicators in children	Behavioural indicators in children	Behaviours observed in adults who physically abuse children

• A lot of bruises in the same area of the body.
• Bruises in the shape of an object (e.g., spoon, handprints/ fingerprints, belt).
• Burns:
  ▫ from a cigarette.
  ▫ in a pattern that looks like an object (e.g., iron).
• Wears clothes to cover up injury, even in warm weather.
• Patches of hair missing.
• Signs of possible head injury:
  ▫ Swelling and pain.
  ▫ Nausea or vomiting.
  ▫ Feeling dizzy.
  ▫ Bleeding from the scalp or nose.
	• 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 and may be very:
	  ▫ Aggressive.
	  ▫ Unhappy.
	  ▫ Withdrawn.
	  ▫ Obedient and wanting to please.
	  ▫ Uncooperative.
	• Is afraid to go home, runs away.
	• Is away a lot and when they come back, there are signs of healing injury.
		• 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 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 an injury checked.

• Signs of possible injury to arms and legs:
  ▫ Pain.
  ▫ Sensitive to touch.
  ▫ Cannot move properly.
  ▫ Limping.
• Breathing causes pain.
• Difficulty raising arms.
• Human bite marks.
• Cuts and scrapes inconsistent with normal play.
• Signs of female genital mutilation (e.g., trouble going to the bathroom).
• Fractured or missing front teeth.
	• 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.
		• Has little or no help caring for the child.

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

Abuse – Sexual

Possible indicators of sexual abuse

Physical indicators in children	Behavioural indicators in children	Behaviours observed in adults who sexually abuse children

• A lot of itching or pain in the throat, genital or anal area.
• A smell or discharge from the genital area.
• Underwear that is bloody.
• Pain when:
  ▫ Trying to go to the bathroom.
  ▫ Sitting down.
  ▫ Walking.
  ▫ Swallowing.
• Blood in urine or stool.
• Injury to the breasts or genital area.
• Redness.
• Bruising.
• Cuts.
• Swelling.
	• Copying the sexual behaviour of adults.
	• Knowing more about sex than expected.
	• Details of sex in the child's drawings/writing.
	• Sexual actions with other children or adults that are inappropriate.
	• Fears or refuses to go to a parent, relative or friend for no clear reason.
	• Does not trust others.
	• Changes in personality that do not make sense (e.g., happy child becomes withdrawn).
	• Problems or change in sleep pattern (e.g., nightmares).
	• Very demanding of affection, attention or clinging.
	• Goes back to behaving like a young child (e.g., bed-wetting, thumb-sucking).
	• Refuses to be undressed or shows fear when undressing.
	• Tries to hurt oneself (e.g., uses drugs or alcohol, eating disorder, suicide).
	• Discloses abuse.
		• May be very protective of the child.
		• Clings to the child for comfort.
		• Is often alone with the child.
		• May be jealous of the child's relationships with others.
		• Does not like the child to be with friends unless the parent is present.
		• Talks about the child being "sexy."
		• Touches the child in a sexual way.
		• May use drugs or alcohol to feel freer to sexually abuse.
		• Allows or tries to get the child to participate in sexual behaviour.

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

Abuse – Emotional

Possible indicators of emotional abuse

Physical indicators in children	Behavioural indicators in children	Behaviours observed in adults who emotionally abuse children
• The child does not develop as expected. • Often complains of nausea, headaches and/or stomach aches without any obvious reason. • Wets or dirties pants. • Is not given food, clothing and care as well as other children.	• Is unhappy, stressed out, withdrawn, aggressive or angry for long periods of time. • Goes back to behaving like a young child (e.g., toileting problems, thumb-sucking, constant rocking). • Tries too hard to be good and to get approval from adults. • Tries really hard to get attention. • Tries to hurt themself. • Criticizes themself a lot. • Does not participate because of fear of failure. • May expect too much of themself, so gets frustrated and fails. • Is afraid of what the adult will do if they do something the adult does not like. • Runs away. • Has a lot of adult responsibility.	• 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 being the cause of 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).

	• Does not get along well with other children. • Discloses abuse.	• Lets the child be involved in activities that break the law. • Uses the child to make money (e.g., child pornography). • Lets the child see sex and violence on television, 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 they can do.

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

Witnessing violence

Possible indicators of witnessing family violence

Physical indicators in children	Behavioural indicators in children	Behaviours observed in adults who are abusive

• The child does not develop as expected.
• Often complains of nausea, headaches and/or stomach aches without any obvious reason.
• Physical harm, whether deliberate or accidental, from a violent episode, including:
  ▫ while trying to protect others.
  ▫ the result of objects thrown.
	• 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 approval from adults.
	• Afraid of:
	  ▫ Someone's anger.
	  ▫ One's own anger (e.g., feeling so angry they want to kill their 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.
		• Abuser has trouble controlling self.
		• Abuser has trouble talking to 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.
		• Uses drugs or alcohol.

	• 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, so works very hard. • Takes the job of protecting and helping the parent and/or siblings. • Does not get along well with other children.	• The abused person seems to be frightened. • Discloses family violence. • Discloses that the abuser assaulted or threw objects at someone holding a child.

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

Fetal Alcohol Spectrum Disorder

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

The following are characteristics of FASD. The facial features and physical anomalies noted occur only in a small percentage of children (about two to five per cent of people in North America). Problematic behaviour, adaptive learning and memory impairments are the more obvious indicators of central nervous system damage, the most common trait associated with this disability.

Infants

- Low birth weight, small size and small head circumference.
- Failure to thrive.
- Erratic feeding schedule; may not experience feelings of hunger.
- Disturbed sleep patterns, irritability and persistent restlessness.
- Failure to develop routine patterns of behaviour.
- Prone to infections.
- May be floppy or too rigid because of poor muscle tone.

- One or more of the following birth defects occur in a small percentage of children: congenital heart disease, cleft lip and palate, anomalies of the urethra and genitals, deformed digits/limbs.
- Facial dysmorphology occurs in a small percentage of children; features include small eye opening, thin upper lip and flat philtrum.

Toddlers and preschoolers

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

Junior Kindergarten/Senior Kindergarten

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

Where to go for help

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

If a parent/caregiver is aware of a history of prenatal alcohol exposure and their child is demonstrating behaviour challenges or developmental delays, visit grandviewkids.ca/refer/ to initiate a call with the service navigation team, or contact:

- Grandview Kids at 905-728-1673 (a doctor's referral is required) for children under Senior Kindergarten (SK) age.

- For children SK and older, contact the Intake Coordinator at Resources for Exceptional Children and Youth and Youth – Durham Region at 1-800-968-0066 extension 401 and identify that you are making a referral for an FASD assessment. Please note: Not all diagnostic assessment services are free of charge.

If there are behaviour concerns for children between the ages of two to six years of age with a developmental delay, and for all children between the ages of two to 12 in licensed child care, advise them to contact:

- Children's Developmental and Behavioural Supports at 905-668-4113 extension 2829, or 1-800-387-0642.

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

For more information for parents of children with FASD, visit the FAS Community Resource Centre at come-over.to/FASCRC.

Reviewed by: FASD Durham, Grandview Kids, and Children's Developmental and Behavioural Supports.

Oral health

Risk factors for early childhood caries (cavities)

The presence of one or more of these risk factors should be considered a signal for support:

- Prolonged exposure of teeth to fermentable carbohydrates (includes formula, juice, milk and breast milk) through the use of bottle, breast, sippy cups, plastic bottles with straws.
- High sugar consumption in infancy.
- Sweetened pacifiers.
- Long-term sweetened medication.
- Going to sleep with a bottle containing anything but water.
- Prolonged use of a bottle beyond one year.
- Breastfeeding or bottle feeding without cleaning teeth.
- Physiological factors.
- Factors associated with poor enamel development, such as prenatal nutritional status of mother and child, poor prenatal health, malnutrition of the child, and acute illness or prolonged fever.
- Possible enamel deficiencies related to 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 to 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 oral hygiene education of caregivers.
- Lower socioeconomic status.
- Limited access to dental care.

- Deficits in parenting skills and child management.
- Trauma to the teeth.

Where to go for help

If there are concerns, advise parents to contact their dentist or The Oral Health Division at the Durham Region Health Department at 905-433-5511. Parents may contact the Oral Health Division for children that may be eligible for the Healthy Smiles Ontario (HSO) Program. For more information, visit durham.ca/oralhealth.

For parenting education, or referral to the Healthy Babies Healthy Children program, contact the Durham Health Connection Line at 905-668-2020 or 1-800-841-2729. For nutritional concerns, see "Nutrition" or "Feeding and swallowing" sections.

Information resource: Public Health Dental Services in York Region and Simcoe County.

Reviewed by: Oral Health Division at the Durham Region Health Department.

Postpartum Mood Disorder

Parental mental illness (also known as perinatal mental illness), if experienced during or after a pregnancy, is a significant factor that can place both mother and her children's development and health at risk. The following statements are reflective of the parent's ability to be attentive, attuned and able to respond sensitively to the infant.

If the parent states that one or more of these statements are true, consider it a signal for support:

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

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

- Unrealistic expectations (e.g., "this baby will not change my life.").
- Social isolation: very thin support system (e.g., "I have very little contact with my family or friends.").
- Family history of depression or mental illness.
- Perfectionist tendencies (e.g., "I like to have everything in order.").
- Views asking for help as a weakness (e.g., "I'm not used to asking anyone for help. I like to do things myself, in my own way. I'll be seen as a failure.").
- Personal history of mood disorder (e.g., "I had postpartum depression (anxiety) with my first child.").
- Personal crisis or losses during last two years.
- Sleeping difficulties/insomnia (e.g., "I can't sleep when the baby sleeps.").
- Possible obsessive thinking/phobias/unreasonable fears (e.g., "I am afraid to leave the house"; the mother stays home for weeks or is afraid of being in a crowd or travelling in a bus or car).

- Substance abuse* (e.g., “I drink alcohol or smoke dope, etc., to kill the pain.”).
- Scary thoughts of harm (e.g., “I’m scared of knives”; “I see the bath water turn into blood”; “I’m afraid to stand by the window because the baby might fall.”).
- Suicide risk* (e.g., “this baby would be better off without me”; “I am not worthy to have this child”; “I am such a burden to my family.”).
- Sudden change of mood (e.g., “I am much better now. I feel calm”), and/or giving away possessions.
- Possible history of abuse or neglect (e.g., “I would never leave my baby with anyone else. I would not trust anyone.”).
- Psychotic episodes* (e.g., “the devil [or other religious figure] told me they would tell me what to do with my baby.”).

Where to go for help

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

Contact Durham Health Connection Line at 905-668-2020, or 1-800-841-2729 for more information or for a referral to Healthy Babies Healthy Children Durham. For crisis intervention, call Durham Mental Health Services at 905-666-0483 or 1-800-742-1890.

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

Information resource: Adapted from materials from the Women’s Health Centre, St. Joseph’s Health Centre, Toronto.

Reviewed by: Durham Region Health Department.

Nutrition

If a child presents one or more of the following risk factors, consider it a signal for support:

Zero to six months

- Has less than six wet diapers each day after five days.
- Loses more than 10 per cent of birth weight within the first two weeks; eight by two weeks; and does not regain birth weight or does not gain more than 20 grams per day.
- Consumes cow’s or goat’s milk (including pasteurized or raw), plant-based beverages (soy, rice, almond), evaporated milk or homemade formula.
- Consumes water, juice, herbal teas, or other liquids.
- Introduces complementary foods too early (before infant is showing signs of developmental readiness), including adding cereal to a bottle.
- Uses a propped bottle or infant is not supervised during feeding.
- Feedings are forced or restricted.
- Skips feeds in attempts to facilitate longer sleep times.
- Parent has depressive symptomatology in the early postpartum period (may impact breastfeeding duration, self-efficacy and increase breastfeeding difficulties).

Six to nine months

- Does not consume iron-rich foods daily.
- Consumes cow’s or goat’s milk or plant-based beverages (soy, rice, almond) as main milk source.

- Consumes fruit juice, fruit drinks/ punch, sports drinks, pop, or beverages containing artificial sweeteners or caffeine (coffee, tea, hot chocolate).
- Consumes raw or unpasteurized milk or milk products or unpasteurized juice.
- By nine months, lumpy textures have not been introduced or consumed.
- Unsupervised during feedings.
- Feedings are forced, restricted or infant is pressured to eat.

Nine to 12 months

- Does not consume iron-rich foods daily.
- By nine months, lumpy textures have not been introduced or consumed.
- Consumes 750 mL (24 oz) of cow's or goat's milk a day.
- Consumes skim or partly skimmed (two per cent or one per cent Milk Fat.) cow's or goat's milk or plant-based beverages (soy, rice, almond) as main milk source.
- Consumes fruit juice, fruit drinks/ punch, sports drinks, pop or beverages containing artificial sweeteners or caffeine (coffee, tea, hot chocolate).
- Consumes raw or unpasteurized milk or milk products, or unpasteurized juice.
- Unsupervised during feedings.
- Feedings are forced, restricted or infant is pressured to eat.

12 to 24 months

- Does not eat a variety of textures and family foods, including iron-rich foods each day.
- Dietary fat intake is restricted.
- Consumes more than 750 ml (24 oz) cow's or goat's milk a day, and/ or more than 175 ml (6 oz) of juice a day. Consuming these beverages in excessive amounts displaces complementary foods.
- Does not eat a variety of foods from Canada's Food Guide.
- Has not transitioned from bottle to an open cup by 18 months.
- Drinks from a bottle filled with fluids other than water at night.
- Consumes skim or partly skimmed (two per cent or one per cent Milk Fat) cow's or goat's milk or plant-based beverages (soy, rice, almond) as main milk source.
- Consumes fruit drinks/punch, sports drinks, pop, or beverages containing artificial sweeteners or caffeine (coffee, tea, hot chocolate).
- Consumes raw or unpasteurized milk or milk products, or unpasteurized juice.
- Unsupervised during feedings.
- Feeding is forced, restricted or child is pressured to eat.
- Coughs and chokes often when eating at 24 months.

Two to six years

- Consumes most of their milk and other beverages from a bottle.
- Consumes fruit drinks/punch, sports drinks, pop or beverages containing artificial sweeteners or caffeine (coffee, tea, hot chocolate).
- Feeding is coerced, restricted or child is pressured to eat. Rarely or never eats meals with their family.

- Consumes plant-based beverages other than fortified soy beverage (rice, almond) as main milk source.
- Consumes raw or unpasteurized milk or milk products, or unpasteurized juice.
- Consumes more than 750 mL (24 oz) cow's or goat's milk a day, and/or more than 175 mL (6 oz) of juice a day.
- Depends on vitamin/mineral supplements or specialty oral supplements instead of offering a variety of foods.

Where to go for help

If there are any concerns, advise the parent to call the Durham Region Health Connection Line at 905-668-2020 or 1-800-841-2729, or to call their family physician or pediatrician.

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

For more information on nutrition, visit: Government of Canada - Canada's Food Guide food-guide.canada.ca/en/.

Government of Canada - Healthy eating at school food-guide.canada.ca/en/tips-for-healthy-eating/school/.

Government of Canada - Tips for healthy eating food-guide.canada.ca/en/tips-for-healthy-eating/.

UnlockFood.ca™ - Expert Guidance. Everyday Eating. Brought to you by Dietitians of Canada unlockfood.ca/en/default.aspx.

Canadian Paediatric Society caringforkids.cps.ca/handouts/healthy-living.

World Health Organization who.int/en/.

La Leche League of Canada lllc.ca.

Information resource: Developed by the Ontario Dietitians in Public Health (ODPH) – Family Health Nutrition Advisory Group, 2019 ODPH.ca

Reviewed by: Public Health Nutritionist – Durham Region Health Department.

Literacy

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 may include completing daily tasks, like making shopping lists, singing, enjoying nursery rhymes, sharing stories, and passing on skills and cultural traditions. Parents/caregivers have always been their children's first and most important teachers.

If a child is missing one or more of these expected age outcomes, consider it a signal for support:

Zero to three months

- Listens to parent/caregiver's voice.
- Makes cooing or gurgle sounds.
- Looks at pictures of baby faces.

Four to eight months

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

Nine to 12 months

- Understands short instructions (e.g., “get the ball,” “come here”).
- Babbles a series of different sounds (e.g., ba, da, tongue clicks, dugu-dugu).
- Makes sounds to get attention, to make needs known or to protest.
- Shows interest in looking at books.

12 to 18 months

- Follows one-step directions when given without gestures (e.g., “throw the ball”).
- Uses common expressions (e.g., “all gone,” “oh-oh”).
- Says five or more words; words do not have to be clear.
- Identifies pictures in a book (e.g., “show me the baby”).
- Holds books and turns pages.

By two years

- Asks for help using words or actions.
- Joins two words together (e.g., “want cookie,” “more milk”).
- Learns and uses one or more new words a week; may only be understood by family.
- Asks for favourite books to be read over and over again.

By three years

- Can be understood by strangers approximately 75 per cent of the time.
- Uses five-word sentences.
- Is learning the meaning of several new words every week (in spoken language).
- Sings simple songs and familiar rhymes.
- Knows how to use a book (holds/turns pages properly, starts at beginning, points/talks about pictures).
- Looks carefully at and makes comments about books.
- Fills in missing words in familiar books that are read aloud (e.g., Brown Bear, Brown Bear, what do you...“see!”).
- Draws/scribbles.
- Talks about memorable past events (e.g., birthday party).
- Is aware of the function of print (e.g., menus, lists, signs).
- Shows interest in rhyming words.

By three to 4½ years (end of JK)

- Can be mostly understood by most adults when speaking (75 to 90 per cent of the time).
- Speaks in complete sentences using some details.
- Recites nursery rhymes and sings familiar songs.
- Makes up rhyming words.
- Reads a book by memory or by making up the story to go along with the pictures.
- Can guess what will happen next in a story.
- Retells simple stories including a beginning, middle and end.
- Recognizes most uppercase letters, some lowercase letters, and identifies the sound they make.

By 4½ to 5½ years (end of SK)

- Uses complete sentences (that sound almost like an adult).

- Knows parts of a book (e.g., title, author, front and back of the book).
- Understands basic concepts of print (difference between letters, words, sentences, able to count the number of words in a sentence, understands the text runs left to right, top to bottom).
- Makes predictions about stories.
- Reads some familiar words by sight (high frequency words).
- Points to and says the name of most letters of the alphabet when they're randomly presented (upper and lower case).
- Says the beginning and ending sounds in words (in spoken language).
- Breaks down three-sound words into individual sounds in spoken language (e.g., sit as "s," "I,""t").
- Breaks down and identifies the number of syllables in words (e.g., "ba-na-na").
- Changes a sound in a word to make a new word in familiar games and songs (e.g., say "hat" but don't say the "h" – "at").
- Can spell and print first and last name.
- Able to sound out and read simple three-sound words, like "dog."
- Makes connections between his/her own experiences and those of storybook characters.

Where to go for help

If there are concerns, advise the parents to contact their family physician or talk to the kindergarten teacher at their school.

Literacy issues may also be the result of difficulties with speech, vision or learning.

Refer to the sections on "Speech and language, vision and psychology."

Reviewed by: Grandview Kids.

Autism Spectrum Disorder

Autism is a lifelong developmental disorder characterized by impairments in 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 unusual responses to sensory input).

If the child presents any of the following behaviours, consider it a signal for support:

Social concerns

- Does not 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 eye contact 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 themself 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 their 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 they engage in repetitively.
- High pain tolerance.
- Insistence on maintaining sameness in routine, activities, clothing, etc.
- Repetitive hand and/or body movements: finger wiggling, hand and arm flapping, tensing of fingers, complex body movements, spinning, jumping, etc.
- Unusual sensory interests: visually squinting or looking at things out of the corner of eye; smelling, licking, mouthing objects; hypersensitive hearing.
- Unusual preoccupation with objects (e.g., light switches, fans, spinning objects, vertical blinds, wheels, balls).

Where to go for help

If there is a suspicion of autism, parents/caregivers can contact:

- Grandview Kids ASD Hub
  Speak with a Service Navigator at Grandview Kids to learn how to access a diagnosis for your child. Visit https://grandviewkids.ca/smartstarthub/ or call 905-7281673,
- AccessOAP at email: info@AccessOAP.ca or 1-833-425-2445,
- Kerry's Place 905-841-6611 or 1-833-775-3779,
- Autism Ontario at 416-246-9592 or 1-800-472-7789,
- Kinark Child and Family Services at 1-800-283-3377 for services and support.

If a parent/caregiver is experiencing behaviour or skill development concerns with their child between the ages of two to six years with a diagnosis of Autism Spectrum Disorder (ASD), advise them to contact Children's Developmental and Behavioural Supports at 905-668-4113 extension 2829 or 1-800-387-0642.

For any developmental concerns or further information, the parent/caregiver can contact Durham Region Infant and Child Development Program (children birth to school entry) at 905-668-4113/1-800-841-2729, Resources for Exceptional Children and Youth – Durham Region (children two to 12 years) at 905-427-8862/1-800-968-0066, or advise the parent/caregiver to seek a referral to a developmental pediatrician.

For more information about ASD, visit the Geneva Centre for Autism at autism.net.

Refer also to the sections on “Speech and language” and “Behaviour”.

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

Reviewed by: Kinark Child and Family Services-Durham Program, and Children’s Developmental and Behavioural Supports.

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 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 occur at one time.
- Significant change in the child’s behaviour.

If the child presents any of the following behaviours, consider it a signal for support:

Self-injurious behaviour

- Bites self; slaps self; grabs at self.
- Picks at skin; sucks excessively on skin; bangs head on surfaces.
- Puts inedible items in mouth.
- Intentional vomiting (when not ill).
- Potentially harmful risk-taking (e.g., running into traffic, leaving home environment unattended).

Aggression

- Temper tantrums; excessive anger; threats.
- Hits; kicks; bites; scratches others; pulls hair; bangs/slams objects; property damage.
- Cruelty to animals*.
- Hurting those less able/bullies others*.

Social behaviour

- Difficulty paying attention/hyperactive; overly impulsive.
- Screams; cries excessively; swears.
- Hoarding; stealing.
- No friends; socially isolated; will not make eye or other contact; withdrawn.
- Anxious; fearful of others, extreme shyness; agitated.
- Compulsive behaviour; obsessive thoughts; bizarre talk.
- Embarrassing behaviour in public; undressing in public.
- Touches self or others in inappropriate ways; precocious knowledge of a sexual nature*.
- Flat affect, inappropriate emotions, unpredictable angry outburst.

Non-compliance

- Oppositional behaviour.
- Running away.
- Resisting assistance that is inappropriate for their age.

Life skills

- Deficits in expected functional behaviours (e.g., eating, toileting, dressing, poor play skills).
- Regression; loss of skills; refusal to eat; sleep disturbances.
- Difficulty managing transitions/ routine changes.
- Self-stimulatory behaviour.
- Hand-flapping; hand wringing; rocking; swaying.
- Repetitious twirling; repetitive object manipulation.

Where to go for help

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

If there are behaviour concerns for all children between the ages of two to 12 in licensed child care or between the ages of two to six with a developmental delay, advise parents/caregivers to contact Children's Developmental and Behavioural Supports at 905-668-4113 extension 2829 or 1-800-387-0642.

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

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

Information resource: Adapted from information developed by Behaviour Management Services of York and Simcoe.

Reviewed by: Kinark Child and Family Services-Durham Program, and Children's Developmental and Behavioural Supports.

Psychology

Concern in the following areas may indicate need for further investigation, especially if more than one area is noted. For age-specific skills, please refer to "Speech," "Fine motor" and "Gross motor" sections.

If a child presents any of the following characteristics, consider it a signal for support:

Receptive language characteristics

- Slow processing of information/slow to understand what is said.
- Scattered receptive skills.
- Delayed receptive language (unexplained).

Expressive language characteristics

- Frequent difficulty retrieving words.
- Persistent stuttering.
- Echolalia (refer to the section on "Autism Spectrum Disorder").
- Expressive language significantly higher than receptive skills.

Play

- Lack of age-appropriate play/trouble figuring out an age-appropriate toy.
- Inappropriate social skills (refer to the section on "Social behaviour").
- Signs of sudden withdrawal or depression; plays alone most of the time.

General/learning readiness/academic

- Significant attention difficulties.
- Behaviour affecting ability to learn new things.
- Sudden change in behaviour uncharacteristic for the individual.

- Difficulties with pre-academic skills/ concepts (e.g., colours, shapes).
- History of learning disabilities in family.
- Indications of Autism Spectrum Disorder/ qualitative impairment in reciprocal social interaction, verbal/non-verbal communication, and a restricted or repetitive range of activities (refer to the section on Autism Spectrum Disorder).
- Delay in self-help skills (e.g., toileting), if not explained by another condition.
- High risk medical diagnosis– risk for learning disabilities or cognitive delay, regression.
- Inconsistent performance (cannot do what they could do last week).
- Poorly focused and disorganized.

Where to go for help

If there are any concerns or for further information, ask the family to contact:

- Durham Region Infant and Child Development Program (children birth to school entry) at 905-668-4113/ 1-800-841-2729,
- Resources for Exceptional Children and Youth – Durham Region (for children two to 12 years) at 905-427-8862/1-800-968-0066,
- Kinark Child and Family Services at 1-888-454-6275,
- the family physician or pediatrician, or the school principal for a referral to a psychologist.

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

If a parent/caregiver of a child (between the ages of two to 12 in licensed child care or between the ages of two to six with a developmental delay), are experiencing behaviour concerns as a result of the child's speech/language, play and general learning, contact Children's Developmental and Behavioural Supports at 905-668-4113 extension 2829, or 1-800-387-0642.

Information resource: Developed by Ann Johnston, Dip. C.S., C. Psych. Assoc. Orillia Soldiers' Memorial Hospital, with Simcoe County Preschool Speech and Language Program; Revised by Chief Psychologists, York Catholic District School Board and York Region District School Board.

Reviewed by: Children's Developmental and Behavioural Supports.

Learning disabilities

Current research indicates that early appropriate intervention can successfully remediate many disabilities, particularly those related to reading. Parents/caregivers 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 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 them signals for support:

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.
- Processing (understanding) speed.
- Organization.
- Memory (short- and long-term storage and retrieval).
- Fine motor skills.
- Gross motor skills.
- Attention (focus).
- Abstractions (interpreting symbolism).
- Social competence (effective interactions with others).

If a parent or care provider of a child (between the ages of two to 12 in licensed child care or between the ages of two to six with a developmental delay) is experiencing behaviour concerns as a result of the child's learning disabilities, contact Durham Children's Developmental and Behavioural Supports at 905-668-4113 extension 2829, or 1-800-387-0642.

For more information about learning disabilities, visit the Learning Disabilities Association of Ontario website at LDAO.ca or contact LDA – Durham Region chapter at 905-430-9230 or via email at info@ldadr.on.ca.

Reviewed by: Resources for Exceptional Children & Youth – Durham Region, and Children's Developmental and Behavioural Supports.

Durham Region contacts

Service	Phone number and website	Description
Grandview Kids	905-728-1673 grandviewkids.ca/ All referrals: grandviewkids.ca/refer/	Founded in 1953, Grandview Kids is an independently operated, not-for-profit children's treatment centre in Durham Region. Grandview Kids supports children and youth with physical, communication and developmental needs to live, learn and play through specialized centre and community-based rehabilitation, and medical and peer support services. Rooted in shared values of belonging, excellence, connection, discovery and celebration, Grandview Kids strives to ensure every child and youth lives at their full potential. **Preschool Speech and Language Program** Grandview Kids is the lead agency for preschool speech and language services in Durham Region. This program is an initiative funded by Ontario's Ministry of Children, Community and Social Services. The program was created to ensure that all preschool children are given the best chance of reaching their full communication potential. **The Preschool Outreach Program (POP)** provides support to early childhood educators in licensed child care programs. The goal is to assist the child care provider to help the child fully participate in the program. The multidisciplinary clinical team can provide support from physiotherapy, occupational therapy, and speech-language pathology based on issues expressed by the child care provider. Referrals are also facilitated to other appropriate community agencies. **The Ontario Autism Program (OAP)** is funded by the Ministry of Children, Community and Social Services and offers support to families of children and youth on the Autism spectrum. Children and youth who have been diagnosed with Autism Spectrum Disorder (ASD) by a qualified professional are eligible for the program. The OAP Durham Partnership provides OAP Caregiver Mediated Early Years Programs and OAP Entry to School from eligible children and caregivers. OAP-Durham partners include Grandview Kids, Lake Ridge Community Support Services, The Regional Municipality of Durham and Resources for Exceptional Children and Youth. For more information about the OAP, visit ontario.ca/page/ontario-autism-program.

Service	Phone number and website	Description
Durham Children's Aid Society (CAS)	905-433-1551 1-800-718-3850 durhamcas.ca	Durham CAS works collaboratively with families, community members and service providers to overcome barriers to safe and healthy development of children and youth. It is a mandated child welfare organization whose principle activities are investigating child abuse/child neglect allegations, providing care for these children and placing children up for adoption. To achieve goals for children, Durham CAS needs the assistance of community colleagues and a committed core of foster parents and volunteers. Child protection services are available 24 hours a day, 365 days a year.
Speech-Language and Audiology Canada (SAC)	1-800-259-8519 613-567-9968 sac-oac.ca/	SAC is a national association supporting and representing speech-language pathologists, audiologists and communication health assistants inclusively. The online **Find a Professional** directory of members is a public resource for locating speech-language pathologists and audiologists in your area.
Lakeridge Health Feeding and Swallowing Clinic	905-576-8711 lakeridgehealth.on.ca/en/ourservices/feedingandswallowingclinic.asp	The Feeding and Swallowing Clinic serves children and youth in Durham Region, from birth to 17 and 364 days of age. For the clinic visit, the child will be reviewed by a team, which may include a pediatrician, dietitian and an occupational therapist. Referrals are appropriate for the following: Oral motor dysfunction, impacting breast/bottle feeding; oral solids (difficulty sucking, chewing, swallowing, gagging and coughing); unable to meet nutrition needs resulting in poor weight gain due to oral dysfunction; severe gastroesophageal reflux disease (GERD) and frequent spitting up; poor progress to age-appropriate textures; patients with high-risk of aspiration; noisy breathing or gurgly voice before, during or after drinking and/or eating; difficulty with transitioning from enteral tube feed to oral feeding; nasogastric (NG) tube or gastrostomy (G) tube.
Learning Disabilities Association of Durham Region	905-430-9230 ldadr.on.ca/	Learning Disabilities Association of Durham Region services include a resource library, advocacy support within the school system, representation on the Special Education Advisory Committee for Durham Region school boards, scholarships for Grade 12 students and a variety of workshops/speakers throughout the year.

Service	Phone number and website	Description
Resources for Exceptional Children and Youth – Durham Region	905-427-8862 1-800-968-0066 Fax: 905-427-3107 rfecydurham.com	Resources for Exceptional Children and Youth - Durham Region (RFECY) offers a range of services to hundreds of children and youth with special needs who live in Durham Region. Services are voluntary in nature and require guardian consent before the initiation of any supports. RFECY's family-centred approach emphasizes collaboration with families, school boards, child care centres and other community agencies. **Access Service** Provides information or short-term consultation to support a child with special needs and their family. When there is a need for more intensive service, the Access Service will collect referral information and link families to other RFECY services or community. **Co-ordinated Service Planning** Supports children and youth with multiple and/or complex needs and their families. A Service Planning Coordinator will develop a Coordinated Service Plan that reflects the family's priorities. The staff, working with the family and community service providers, will implement and monitor the plan to help the child, youth and family achieve their goals. **Coordination Services for Children and Youth (CSCY)** CSCY responds to the needs of children and youth when the complexity of their needs requires support beyond the local service system. Through collaboration with families and community service providers, the program facilitates the service planning required to meet the unique needs of each client. **Early Learning Inclusion (ELI) Program** Resource Consultants provide support to licensed child care, home child care, approved recreation programs, and EarlyON programs. They work with early learning program staff to identify strengths and opportunities for inclusion and help access resources, training and hands-on support as needed.

Service	Phone number and website	Description
Durham Region Health Department	1-800-841-2729 or 905-668-4113 extension 3203/3247. durham.ca/en/health-and-wellness/babies-with-developmental-concerns.aspx	**Infant and Child Development Program** The Infant and Child Development (ICD) program is a voluntary service that partners with families to promote the healthy growth and development of children between the ages of birth to school entry and who have a developmental concern. Durham residents can self-refer to the program or be referred by a service provider. ICD Consultants partner with families to plan developmental intervention goals and establish ways to achieve these goals within the child's routines using a family-centred, strengths-based approach. Intervention and Occupation Therapy consultation services may include: • Home visiting to support modelling and parent coaching. • Support with transition to early learning and child care and/or kindergarten. • Assessments and developmental screening. • Connecting families to community programs and services. • Family education.
	1-800-841-2729 905-668-2020 Healthy Babies Healthy Children Program (durham.ca)	**The Healthy Babies Healthy Children** program is a home visiting program for families. It supports women and families during pregnancy, after the baby is born and as the child grows up until school entry. The program works best when families are visited on a regular schedule. A plan for support will be created with families. Families pick topics they would like to learn more about: having a healthy pregnancy and birth; caring for oneself; healthy eating; breastfeeding; parenting; connecting with your baby; growth and development; and other services and programs in the community.
	1-800-841-2729 905-668-2020	**Public Health Nutritionist** The nutritionist will answer general questions about foods and nutrition by telephone and/or will send reading materials that provide more specific information about nutritional needs or concerns.

Service	Phone number and website	Description
	905-668-2020 311 Clinic: 1-866-853-1326 extension 4567	**Oral Health Division** The Oral Health Division provides dental screenings at schools, child care centres, clinics and EarlyON Child and Family Centres. Financial assistance is available through the Healthy Smiles Ontario program for those who qualify. Families in receipt of Ontario Works or the Ontario Disability Support Program have dental benefits for children. Children with urgent dental needs are referred to dentists in the community. **Oral Health Clinic** The Oral Health Clinic is free for any child in the Healthy Smiles Ontario program; The Oral Health Clinic can help families apply to this program. Also, any parent that has a concern about their child's dental health can call and book an appointment for a free dental screening.
	1-800-841-2729 905-668-2020	**Durham Health Connection Line (DHCL)** DHCL is a free confidential helpline available to people living, working and visiting in Durham Region. Public Health Nurses help clients access the information and resources they need to protect and promote their health. DHCL is the frontline connection to the Public Health Nursing and Nutrition Division programs and services such as healthy living, parenting issues, breastfeeding, immunization, injury prevention, sexual health and nutrition. The line is available Monday to Friday from 9 a.m. to 6 p.m.

Service	Phone number and website	Description
Tri-Regional Infant Hearing Program	905-446-0278 1-888-703-5437 Infant Hearing Services - Child Development Programs	Hearing screens are provided for babies under the age of two months with the goal of identifying permanent hearing loss as early as possible. Early detection and intervention are critical for a child's language development. The Tri-Regional Infant Hearing Program contracts with local audiologists to provide hearing assessments for children referred from the program. These audiologists are trained and registered with the Ontario Infant Hearing Program and are provided with the necessary equipment to properly assess and monitor children with hearing loss following the protocols of the program. Family Support Workers are available to families of children identified with permanent hearing loss to help with the process of accepting the hearing loss and dealing with its implications. They can provide counselling to families, investigate funding options for families needing financial support for hearing aids or other devices, and help them to connect with other local services that can help to monitor and encourage their child's development.
Ontario Parents of Visually Impaired Children (OPVIC)	416-767-5977 opvic.ca/	OPVIC is provincially recognized as the organized non-profit, non-partisan advocacy voice of parents and guardians of children with vision loss in Ontario. This includes children and youth who are blind, or who have low vision, deaf blindness, or vision loss combined with one or more disabilities. OPVIC cannot represent individual children or their families, or give them legal advice, but do represent all children with vision loss on Ontario school boards' Special Education Advisory Committees (SEAC). OPVIC is eager to offer peer support to each other, and to help our members and supporters plug into the resources and supports they need.
Canadian Institute for the Blind (CNIB)	905-430-7611 1-800-563-2642 cnib.ca	Founded in 1918, the CNIB Foundation is a non-profit organization driven to change what it is to be blind today. It delivers innovative programs and powerful advocacy that empower people impacted by blindness to live their dreams and tear down barriers to inclusion. CNIB's work as a blind foundation is powered by a network of volunteers, donors and partners from coast to coast to coast.

Service	Phone number and website	Description
Tri-Regional Blind-Low Vision Early Intervention Program	1-888-703-5437 childdevelopmentprograms.ca/vision/	The Tri-Regional Blind-Low Vision (BLV) Early Intervention Program focuses on providing specialized resources that support the healthy development of the preschool child (from birth to school entry) who is blind or has vision loss. The Program supports children residing in the York and Durham Regions, Peterborough, Northumberland, Haliburton Counties and City of Kawartha Lakes. Funded by the Ontario Ministry of Children, Community and Social Services, and offered through Oak Valley Health, the program provides support and education to families, child care providers and other team members in the home and community setting. Through consultation with parents and community agencies, children participating in the BLV Program will be offered early childhood vision consultation, as well as family support services to help children achieve their optimal potential.
Autism Services	905-668-4113 extension 2829 1-800-387-0642 311 durham.ca/children with special needs and concerns	**Children's Developmental and Behavioural Supports** Children's Developmental and Behavioural Supports provides consultation to parents and care providers of children between the ages of two to six with a developmental delay and between the ages of two to 12 in licensed child care. They assess behaviour concerns and develop program recommendations, teach new skills to replace problem behaviour, and support parents and child care teachers to intervene in a positive and effective manner. Behaviour consultation is a caregiver-mediated model provided in child care settings, home environment or out in the community, dependent on the service being received. Behavioural based parent/guardian education workshops are available to parents/guardians, as well as to child care providers, to support and teach an understanding as to why a behaviour may occur and how to effectively deal with it. Parents and child care providers can refer directly to the service.

Service	Phone number and website	Description
	1-800-304-6180 extension 2248	**The Ontario Autism Program (OAP)** is funded by the Ministry of Children, Community and Social Services and offers support to families of children and youth on the Autism spectrum. Children and youth who have been diagnosed with Autism Spectrum Disorder (ASD) by a qualified professional are eligible for the program. Children receive services and supports until the age of 18.
	416-322-7877 autism.net	**Geneva Centre for Autism** For families living in the Durham region, please note that service navigation support is only provided for families living within the catchment area of an 'M' postal code. Families living outside of this catchment area are welcome to access fee for service programs. Families living within the catchment area can complete an online intake form to connect with a service coordinator to learn information about services and supports available at the Geneva Centre, additional community resources and funding options.
	905-841-6611 1-833-775-3779 kerrysplace.org	**Kerry's Place Autism Services** Since 1974, Kerry's Place has been creating and providing evidence-based supports and services across the province of Ontario that enhance the quality of life of those with Autism Spectrum Disorder (ASD). Through the Ontario Autism Program, it provides children and youth – and their families – a menu of timely, evidence-based services needed to achieve their goals at home, at school and within their communities. This initiative serves individuals with ASD up to age 18, delivering skill-building groups, individual consultation, parent training and coaching, system navigation and family support. Kerry's Place provides numerous community services and supports, including day and overnight respite options, along with many camps, swim programs and leisure groups. The Adult Skill-Building and Peer Support Groups broaden the social circle for every individual we support. Employment Programs assist young adults with Autism to develop skills that lead to meaningful, lasting employment opportunities. Kerry's Place provide adults with ASD Residential and Semi-Independent Living Supports at 90 distinct properties across Ontario.

Service	Phone number and website	Description
	416-246-9592 1-800-472-7789 Durham: 1-866-495-4680 autismontario.com/	**Autism Ontario** (legally incorporated as Autism Society Ontario) Autism Ontario is a charitable organization with a history of over 49 years representing the thousands of people on the autism spectrum and their families across Ontario. Made up of knowledgeable parents and professionals, as well as autistic self-advocates who can speak to the key issues that impact autistic individuals and their families, Autism Ontario is the province's leading source of information and referral on autism, and one of the largest collective voices representing the autism community. Autism Ontario is guided by the board of directors, composed of parents, people on the spectrum and respected professionals, who provide governance, expertise and guidance to the organization on a volunteer basis. The work we do helps all autistic individuals and families in their communities have access to meaningful supports, information, and connections so they are equitably and seamlessly supported across their life course.
Autism Services	905-479-0158 1-800-283-3377 Email: Autisminfo@kinark.on.ca	**Kinark Autism Services** Kinark Autism Services provides a range of programs and services to best meet the individual needs of children and youth with Autism Spectrum Disorder (ASD) and their families. Services include Foundational Family Services, Applied Behaviour Analysis (ABA) Services, Psychological Assessments and Respite.

Service	Phone number and website	Description
Kinark Child and Family Services	905-668- 2411 1-888-454-6275 kinark.on.ca	Kinark is committed to helping children and youth with complex needs achieve better life outcomes. Kinark offers services to children up to12 years of age, and their families. Kinark uses evidence-based practices, including: Cognitive Behavioural Therapy, Brief/SFBT, Triple P, SNAP (Stop Now and Plan) and Collaborative Problem Solving to address a number of social, emotional and behavioural difficulties. Service delivery includes treatment groups, office-based therapy, day treatment, and residential treatment. Kinark serves more than 9,900 children and youth each year in our three program streams: Community-Based Child and Youth Mental Health, Autism, and Forensic Mental Health/Youth Justice Services. Kinark Child and Family Services partners with 310-COPE through Your Support Services Network (YSSN) to provide 24/7 crisis support for children, your and families. Crisis response at 1-855-310-COPE (2673).
Brain Injury Association of Durham Region (BIAD)	905-723-2732 1-866-354-4464 biad.ca/	Formerly known as the Head Injury Association of Durham, this organization provides support, advocacy, and information to head and brain injury survivors and their families. Their aim is to promote a positive image and the acceptance of people who have been affected by brain injuries. This is done through research, public awareness and education regarding brain injuries and their effects. BIAD also enables people who have been affected by brain injuries, and their families, to establish effective connections within the Durham community, in particular, with local service providing agencies. Since 2019, BIAD has offered a Supported Independent Living Program. Both the day service and the outreach services continue to provide much-needed support to people of Durham Region who have experienced brain injuries. BIAD also continues its work to learn more about people's needs and how to address them.

Service	Phone number and website	Description
Durham Region's Children's Developmental and Behavioural Supports	905-668-4113 extension 2829 1-800-387-0642 Children with Special Concerns and Needs - Region of Durham	**Children's Developmental and Behavioural Supports** Children's Developmental and Behavioural Supports provides consultation to parents and care providers of children between the ages of two to six with a developmental disability and between the ages of two to 12 in licensed child care. It assesses behaviour concerns and develop program recommendations to replace problem behaviour, and to teach and support parents and child care teachers to intervene in a positive and effective manner. Behaviour consultation is a caregiver-mediated model provided in child care settings, home environment or out in the community dependent on the service being received. Behavioural based parent/guardian education workshops are available to parents/guardians, as well as to child care providers, to support and teach an understanding as to why a behaviour may occur and how to effectively reduce the behaviour. Parents and child care providers can refer directly to the service.
Private Occupational Therapy Services	416-214-1177 1-800-890-6570 ext. 240 coto.org	**College of Occupational Therapists of Ontario (COTO)**

Service	Phone number and website	Description
Private Physiotherapy Services	416-591-3828 1-800-583-5885 collegept.org	**The College of Physiotherapists of Ontario** The College of Physiotherapists of Ontario regulates physiotherapists, also known as physical therapists, to ensure the ongoing improvement of the practice of physiotherapists and to serve the public interest. When a client sees a physiotherapist, they can expect to receive safe, quality care from a qualified health professional who is registered with the College of Physiotherapists of Ontario, the body that regulates physiotherapists in Ontario. The College sets rules and develops programs to ensure that members of the physiotherapy profession practice in the best interest of the public. There are more than 11,000 physiotherapists in Ontario. Many health professionals provide services similar to those offered by physiotherapists, but only those who are registered with the College may use the titles: physiotherapist, physical therapist or PT. The College is not a school or educational facility. It exists to protect the patients and the public. This means the College protects patients' rights to safe, competent and ethical care by supporting physiotherapists to maintain the standards of practice of the profession and by holding them accountable for their conduct and practice.
Family and Community Action Program (FCAP)	1-800-214-7163 905-686-6466 Family and Community Action Program (FCAP) (ymcagta.org)	**The Family and Community Action Program of Durham (FCAP)** FCAP is a federally funded program by the Public Health Agency of Canada (Childhood and Adolescent Branch) for children located throughout Canada and unique to local community needs. The program provides support to families who have children ages six years of age and under and are at risk of not meeting their optimum potential. The risk factors are based on the social determinants of health and include mental health, substance abuse, economic factors, environmental issues, educational levels, teen parents and newcomers to Canada. FCAP partners with community agencies, organizations and groups to provide programs for parents and/or primary caregivers and their children. The YMCA of Greater Toronto has 27 sites throughout the Durham Region offering this program. FCAP is available weekdays from 9 a.m. to 5 p.m.

Service	Phone number and website	Description
EarlyON Child and Family Centres	905-723-9922 705-324-7900 (905) 839-3007 extension 300 **General Durham:** 905-666-6239, 311 **General Ontario:** 416-325-2929 1-800-387-5514 **Ajax:** 905-619-4565 extension 300 **Bowmanville:** 905-697-3171 extension 302 **Brock:** 905-862-3131 **Newcastle:** 905-987-6914 **North Oshawa:** 905-434-3831 **Pickering:** 905-839-3007 **Port Perry:** 905-985-2824 **Uxbridge:** 905-862-3131 **Whitby:** 905-666-4794 EarlyON Child and Family Centres - Region of Durham Find an EarlyON child and family centre | ontario.ca	**EarlyON Child and Family Centres** EarlyON Child and Family Centres offer free, high-quality programs for families and children from birth to six years old. Families can learn and play with your child, meet people, and get advice from early childhood professionals. EarlyON Child and Family Centres provide opportunities for children from birth to six years of age to participate in play and inquiry-based programs, and support parents and caregivers in their roles. These centres offer safe and welcoming environments open to all families across the Durham Region, with qualified professionals and quality programs. Families and caregivers will be able to find support, make personal connections and access a network of resources. These services are available at any EarlyON Centre in Ontario. Many centres are open weekdays, evenings, and weekends to fit the needs of families in their communities. There are nearly 400 EarlyON Child and Family Centres, and an additional 700 locations operating out of libraries, schools, parks and community centres. In Durham Region, there are EarlyON programs in Ajax, Whitby, Clarington, Brock, Oshawa, Pickering, Scugog and Uxbridge.

The history of Red Flags

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.

This guide was adapted with the permission of The Regional Municipality of York.

If you are an early years professional and have questions about the Red Flags: Signals for Support guide, please email Durham Region’s Child Care and Early Years Division at CCEYD@durham.ca.

We would like to thank all the community partners who contributed to the 2025 edition of Red Flags: Signals for Support.

Endnotes

1 The Looksee Checklists are online and easy to use. They look at stages from infancy to six years of age. For one to three years, you will find the checklists for 12 months, 15 months, 18 months, two years, 30 months and three years. They also give examples of activities you can do with your child. Looksee Checklists 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, self-help, and offers suggestions to parents for age-appropriate activities to enhance child development. In Durham Region, copies of the Looksee Checklist can be obtained from the Durham Health Connection line at 905-668-2020.

2 Call 905-668-2020 or visit www.lookseechecklist.ca. Parents are encouraged to call Durham Health Connection Line if two 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.

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12 Lynch EW, Hanson M., “Developing cross-cultural competence: a guide for working with children and their families. 3rd ed. Michigan: Paul H. Brookes Publishing,” 2004.

13 Child and Family Services Act, “*In addition to providing protection from sexual abuse, the Child and Family Services Act states, that a child is also in need of protection when a caregiver is aware of the possibility of abuse and fails to protect the child.,” 2017, S.O. 2017, c. 14, Sched. 1.. [Online]. Available: Child, Youth and Family Services Act, 2017, S.O. 2017, c. 14, Sched. 1

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If this information is required in an accessible format, please contact the Communications and Engagement Office at 1-800-372-1102.