




Phone (586) 466-6912

Oakland/Macomb Child Care Enhancement Program (CCEP) WHEN TO REFER AN INFANT OR TODDLER TO CCEP

Macomb County Community Mental Health Early Childhood Programs

Fax (586) 498-8581

CCEP serves children birth to 36 months who receive or are eligible to receive the Department of Human Services child care subsidy. Below are possible reasons for referring an infant or toddler to CCEP. Note that most young children will engage in many of these behaviors from time to time as part of their normal development and don't need to be referred. The children who do need to be referred are those who engage in these behaviors **frequently**, or **for long periods of time**, or at an **extreme level of intensity**. For example, most toddlers have tantrums, but a toddler who has 4-5 tantrums a day, or whose tantrums last a half-hour, or who hurts himself during tantrums, probably needs help. Bottom line: if you are worried about the behavior of a particular child, please call a CCEP consultant to find out if a referral is indicated.

INFANT (birth to 12 months)	TODDLER (12-36 months)
<ol style="list-style-type: none"> 1. Shows little preference for any particular adult 2. Resists holding 3. Cries for prolonged periods 4. Is difficult to console 5. Rarely makes eye contact with others 6. Doesn't show interest in people or things going on around him or her 7. Doesn't respond to simple games like peek-a-boo 8. Doesn't smile; often appears sad 9. Has little energy; appears listless 10. Appears fearful or tense 11. Has strong reactions to environmental stimuli (light, sound, touch, movement) 12. Has sleeping difficulties (sleeps too much or too little) 13. Has eating difficulties; is not gaining weight or is losing weight; not growing physically 14. Rarely coos, babbles or vocalizes; no babbling or pointing or other gesture by 12 months 15. Shows any loss of language or social skills 	<ol style="list-style-type: none"> 1. Shows little preference for any particular adult 2. Shows no fear of strangers; goes with strangers easily 3. Shows excessive dependence on parent or other primary caregiver (e.g., clinginess) 4. Does not turn to familiar adults for comfort or help 5. Rarely makes eye contact with others 6. Doesn't respond when spoken to 7. Appears excessively irritable or fearful 8. Experiences frequent night terrors 9. Appears sad or withdrawn 10. Has limited use of words to express feelings 11. Is unable to comfort or calm self 12. Has difficulty with transitions 13. Doesn't explore the environment 14. Lacks interest in other people 15. Does not engage in play with peers 16. Has strong reactions to environmental stimuli (light, sound, touch, movement) 17. Exhibits inappropriate aggressive behaviors (e.g., biting, hitting, kicking, tantrums) 18. Has no real fear of danger 19. Has a very high activity level 20. Exhibits inappropriate sexual behavior 21. Fixates on a single object 22. Makes repetitive body motions such as rocking or hand-flapping 23. Laughs or giggles inappropriately 24. Has sleeping difficulties 25. Exhibits significant language delays, especially: <ol style="list-style-type: none"> a. No single words by 16 months b. No two-word spontaneous phrases by 24 months (although may be repeating words over and over) 26. Shows any loss of language or social skills 