

# HEALTHY CHILD DEVELOPMENT REPORT

**DCI number/Fiscal year:**  
HC-P144 (2024-2025)

**Purpose:**  
This report is for reporting on the performance of health programs and services. This report is **not** for reporting financial and audit information. Indigenous Services Canada will use the performance information to develop reports at the regional or national level. This allows Indigenous Services Canada and funding recipients to identify strengths and weaknesses in programming and to adjust programming to better serve the needs of First Nations and Inuit communities. For information on financial and audit reporting requirements, please refer to your contribution agreement.

**Reporting period:**  
for the fiscal year ending March 31, 2025

**Due date:**  
the due date specified in your contribution agreement

- Note:**
- Collection and analysis of program performance information should be on-going to support your program management and reviews, and in order to submit the completed Healthy Child Development Report by the due date specified in your contribution agreement.
  - For a multi-community agreement, the recipient must complete a separate Healthy Child Development Report for each community under its agreement.
  - When completing questions that require numbers as answers, be sure to enter “0” when the answer is none. **Do not leave any answers blank.**
  - Submit your completed report to the [First Nations and Inuit Health \(FNIH\) Regional Office, Indigenous Services Canada](#) by the due date stated in your contribution agreement.
  - The following important reference documents from your FNIH regional office may help assist you in completing the Healthy Child Development Report:
    - Program Component Performance Measurement Strategies, which are available from your FNIH regional office.

**Field definitions:**

Field	Definition
<b>Identification</b>	
Recipient/Organization name	The name of the organization that has received a transfer payment, and can be found in the contribution agreement.
Recipient number	The number assigned by Indigenous Services Canada to the organization that has received a transfer payment and can be found in the contribution agreement.

<b>Field</b>	<b>Definition</b>
Province/Territory of community	Select the province or territory of the community in the drop-down menu from which the recipient is reporting.
Community name	Indicate the name of the community where the services are delivered.
Health facility name	Indicate the name of the health facility where community members access services.
<b>Contact</b>	
<ul style="list-style-type: none"> <li>- Given name</li> <li>- Family name</li> <li>- Title/Position</li> <li>- Telephone number</li> <li>- Extension</li> <li>- Email address</li> </ul>	<p>The given name, family name, position title, telephone number and email address (if applicable) of the person who can be contacted for further information about the report.</p> <p>A valid telephone number includes the 3 digit area code in the format ###-###-####.</p> <p>A valid email address may be in upper or lower case in the format a@a.ca.</p>
<b>Reporting period</b>	
<ul style="list-style-type: none"> <li>- From (YYYYMMDD)</li> <li>- To (YYYYMMDD)</li> </ul>	Indicate the reporting period 'from' and 'to' dates from the drop-down calendar. Dates are in the format of "Year-Month-Day"
<b>Program information</b>	
<b>Health Child Development program</b>	Healthy Child Development programs are designed to improve overall outcomes of First Nations on-reserve and Inuit maternal, infant, child, and family health. Activities include: improving nutrition; promoting early literacy and learning; encouraging physical activities; promoting healthy relationships as well as emotional and mental health; promoting injury prevention and harm reduction; and promoting First Nations and Inuit culture and languages. Programs in this component include Aboriginal Head Start On Reserve (AHSOR), Canada Prenatal Nutrition Program (CPNP), Fetal Alcohol Spectrum Disorder Program (FASD), and Maternal Child Health (MCH).
<b>1. Pre and postnatal nutrition activities</b>	This information is required to identify the types of pre and postnatal nutrition activities that are being offered to pregnant women/people and mothers/birthing people of infants up to one year of age. Activities are defined as any program or service element that is funded through the contribution agreement for the purpose of achieving a program or service objective.

Field	Definition
Nutrition screening, education and counselling	<p>This involves talking to a pregnant woman/person or mother to determine if they would benefit from nutritional education or counselling. A screening tool is used to determine how they eat, what they need to learn about nutrition, and how to help them set goals for healthy eating. The screening, education, and counselling are done by a program worker or other qualified worker.</p> <p>Please select 'yes' or 'no' in the drop-down list if any of the following nutrition screening, education and screening activities and services were delivered in your community: nutrition or dietary screening, one-on-one nutrition counselling/education, group nutrition counselling/education, baby food making workshops/classes, or grocery store tours.</p>
Maternal nourishment	<p>The activities involve providing healthy foods to pregnant people and breastfeeding/chestfeeding parents. This can be done by giving them healthy food directly, giving them healthy snacks when they meet for groups, or giving them food hampers or vouchers.</p> <p>Please select 'yes' or 'no' in the drop-down list if any of the following maternal nourishment activities and services were delivered in your community: food vouchers distributed, community kitchens/community cooking classes, food boxes or groceries distributed, community gardens, traditional food gathering/distribution/preparation.</p>
Breastfeeding/Chestfeeding promotion, education, and support	<p>Breastfeeding/chestfeeding promotion encourages parents to breastfeed/chestfeed, and encourages communities and families to support parents who breastfeed/chestfeed. The education and support elements aim to teach parents and their families about the benefits of breastfeeding/chestfeeding, how to breastfeed/chestfeed, how to maintain breast milk supply if separated from their infant, and to support them during breastfeeding/chestfeeding.</p> <p>Please select 'yes' or 'no' in the drop-down list if any of the following breastfeeding/chestfeeding promotion, education, and support activities and services were delivered in your community: education workshops, one-on-one breastfeeding/chestfeeding support, group breastfeeding/chestfeeding support, peer support program.</p>

Field	Definition
Supportive elements that address specific needs of at-risk clients	<p>Supportive elements are not related to nutrition but can contribute to the improved health of mothers/pregnant people and infants. There are two types of supportive activities. The first includes activities that help mothers/pregnant people to access nutrition programming, such as transportation and childcare. The second includes non-nutrition activities that help to improve the health of mothers/pregnant people and infants. Examples include, but are not limited to, exercise programs for women/birthing people of childbearing age or programs that help women/birthing people quit smoking.</p> <p>Please select 'yes' or 'no' in the drop-down list if any of the following supportive elements that address specific needs of at-risk clients activities and services were delivered in your community: activities that help mothers/pregnant people access nutrition programming (i.e., transportation, childcare, etc.), activities that help improve the health of mothers/pregnant people and infants (i.e., exercise programs for women/birthing people of childbearing age, smoking cessation programs, etc.)</p>

**2. Breastfeeding/Chestfeeding: For participants with infants six months or older**

Breastfeeding/Chestfeeding: For participants with infants six months or older	<p>Indigenous Services Canada promotes breastfeeding/chestfeeding as the best method of feeding infants because it provides optimal nutritional, immunological and emotional benefits for the growth and development of infants. One of the objectives of CPNP and MCH is to increase breastfeeding/chestfeeding initiation and duration among participants.</p> <p>Information collected on the numbers of CPNP and MCH participants who have initiated breastfeeding/chestfeeding, and on the number who have breastfed for the specified durations, will help Indigenous Services Canada to track and report on the overall, national breastfeeding rates among participants.</p>
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**2A. Breastfeeding/Chestfeeding initiating status**

<p>Breastfeeding/Chestfeeding initiation status:</p> <ul style="list-style-type: none"> <li>- Parents who initiated breastfeeding/chestfeeding</li> <li>- Parents who did not initiate breastfeeding/chestfeeding</li> </ul>	Indicate the number of parents with babies who turned 6 months (born between October 1, 2023 and September 30, 2024) for each breastfeeding initiation category.
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Field	Definition
<ul style="list-style-type: none"> <li>- Unknown whether breastfeeding/chestfeeding was initiated</li> </ul>	
<p>Participating parents:</p> <ul style="list-style-type: none"> <li>- Number of participating parents with babies who turned 6 months (born between October 1, 2023 and September 30, 2024) during the reporting year</li> </ul>	<p>The participating parent field should reflect the total number of participating parents with babies who turned 6 months (born between October 1, 2023 and September 30, 2024) during the reporting year.</p>
<b>2B. Breastfeeding/Chestfeeding duration</b>	
<ul style="list-style-type: none"> <li>- Parents who breastfed/chestfed for less than 6 months</li> <li>- Parents who breastfed/chestfed for 6 months or more</li> <li>- Parents who breastfed/chestfed (unknown duration)</li> </ul>	<p>Indicate the number of parents who breastfed/chestfed for each of the breastfeeding/chestfeeding durations listed.</p>
<b>3. Available screening and assessment services</b>	<p>Screening and assessment services offered by community health nurses and home or family visitors help to identify the needs of families and to determine the appropriate level and types of services to provide to the family. Comprehensive first level screening and assessments are beneficial for early identification of pregnant women/birthing people and families with infants and young children who may be at risk for poor health outcomes.</p> <p>Screening can identify risk factors and excessive stresses that may negatively affect a mother's/birthing person's health and the health of their baby.</p>
<p>Screening and assessment for:</p> <ul style="list-style-type: none"> <li>- Risk factors for pregnant people and new mothers/birthing people such as postpartum depression, chronic conditions such as Type 2 diabetes, gestational diabetes, and tobacco/alcohol/drug/solvent use</li> <li>- Risk factors for developmental milestones for infants and children</li> <li>- Vision/hearing/dental screenings or assessments for referral</li> </ul>	<p>Indicate whether the screening and assessment services were delivered in your community by choosing 'yes' or 'no' in the drop-down list.</p>
<b>4. Home visiting and case management programming reach</b>	<p>This section provides Indigenous Services Canada with information that is necessary to calculate the program reach by providing the number of participants who receive home visiting</p>

Field	Definition
	<p>and case management services in your community during the reporting year. Participants can be receiving home visiting and case management at the same time. Therefore, participants can be counted in both rows for this question.</p>
Home visits and case management	<p>As part of maternal and child health services, <b>home visits</b> is a type of service delivery model that is provided in a home setting by a trained service provider. Services under home visiting include prenatal and post-partum support; infant development activities; identification of parents or families at risk through screening and assessment tools; education and support; and, when appropriate, referrals and case management.</p> <p><b>Case management</b> is the linking of an individual or family to health or social services. The key case management components are screening, comprehensive assessment, service planning, service coordination, on-going monitoring, and reassessment or evaluation of needs. Within the context of maternal and child health services, Healthy Child Development programming, case management builds on the strengths of the individual or family and provides them with long-term support from pre-pregnancy through post-partum, infancy and early childhood.</p> <p><b>Participant</b> for this question is defined as the primary contact for the home visiting and case management services, including services for their family and dependents.</p> <p>The definition of <b>family</b> is determined by communities. For example, a family could include extended family members and other community members.</p>
<ul style="list-style-type: none"> <li>- Total number of participants who received home visits</li> <li>- Total number of participants who received case management</li> </ul>	Indicate the total number of participants who received home visits and/or case management.
<b>5. Aboriginal Head Start On Reserve (AHSOR) activities</b>	The activity types listed in this question support AHSOR's six components: culture and language, health promotion, nutrition, education, social support, and parental/family involvement. The information from this question will provide a better understanding of how the AHSOR program can support a child's health and development.

Field	Definition
<b>Activity type</b>	Activities are any program or service element that is funded by the contribution agreement for the purpose of achieving a stated program or service objective.
Teaching children their First Nation language(s) (e.g., reading a story, teaching letters or numbers, etc.)	Indicate whether activities related to teaching children their First Nation language(s) were provided by choosing 'yes' or 'no' in the drop-down list.
Traditional ceremonies and activities (e.g., smudging, gathering traditional foods, visits from Elders, etc.)	Indicate whether traditional ceremonies and activities were provided by choosing 'yes' or 'no' in the drop-down list.
Early literacy skills (e.g., reading to children, singing songs, etc.)	Indicate whether activities related to early literacy skills were provided by choosing 'yes' or 'no' in the drop-down list.
Fine and gross motor development activities (e.g., catching a ball, holding a pencil, etc.)	Indicate whether fine and gross motor development activities were provided by choosing 'yes' or 'no' in the drop-down list.
Providing healthy foods (i.e., snacks and/or lunches)	Indicate whether activities related to providing healthy foods were provided by choosing 'yes' or 'no' in the drop-down list.
Healthy personal hygiene and dental habits (e.g., teeth brushing, hand washing, etc.)	Indicate whether activities related to healthy personal hygiene and dental habits were provided by choosing 'yes' or 'no' in the drop-down list.
Physical activity (e.g., outdoor play, games, dance, etc.)	Indicate whether physical activities were provided by choosing 'yes' or 'no' in the drop-down list.
Linkages (including referrals and collaborations) to professionals and community supports and providers (e.g., housing, education, specialists, etc.)	Indicate whether activities related to linkages were provided by choosing 'yes' or 'no' in the drop-down list.
Parent and family support activities (e.g., workshops for new mothers and young parents, support groups, etc.)	Indicate whether parent and family support activities were provided by choosing 'yes' or 'no' in the drop-down list.
Visits from health professionals (e.g., nurses, dental hygienists, etc.)	Indicate whether activities related to visits from health professionals were provided by choosing 'yes' or 'no' in the drop-down list.
Safety education and awareness activities, (e.g., playground safety, car seat technician training, car seat use, seat belt use, bike safety, etc.)	Indicate whether safety education and awareness activities were provided by choosing 'yes' or 'no' in the drop-down list.
<b>6. Number of children in AHSOR programming</b>	A child's early years (from birth to age six) are the most influential of any time in the life cycle for brain development and for future learning, behaviour and health. The AHSOR program supports children from birth to six years of age. However, similar to a preschool program, AHSOR

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	<p>typically serves children from ages 3-6 before they enter school.</p> <p><b>Note:</b> If your community has more than one AHSOR program, include the total number of children attending all of the AHSOR programs in your community.</p>
Age	<p>Children younger than 3 years old means children who were younger than 3 years old during the reporting period.</p> <p>Children 3 to 6 years old means children who were between 3 years of age up to and including children 6 years of age during the reporting period.</p>
Number of participants by program delivery type	Indicate the total number of participants in AHSOR programming by age and program delivery type (centre-based and/or outreach/home visiting)
Does the program keep a waiting list?	Indicate whether the program keeps a waiting list by choosing 'yes' or 'no' in the drop-down list.
If 'yes', how many children are on the waiting list?	<p>The number of children on a waiting list means the number for each age group on a waiting list at the end of the reporting year.</p> <p><b>Note:</b> If you keep a waiting list but no children in a specific age group were on the list at the end of the reporting period, use 0 (zero) for that age group.</p>
<b>Supporting documents</b>	
Title	Enter the name of the supporting document.
Submission method	<p>From the drop-down list, select the method by which additional documents will be submitted. The options include:</p> <ul style="list-style-type: none"> <li>- attachment</li> <li>- email</li> <li>- facsimile</li> <li>- mail</li> <li>- by hand/courier</li> </ul> <p>If you select 'Attachment' as the submission method, an 'Attach file' button will appear. Selecting this button allows you to select a file that will be attached to the form. After attaching the file, you can click on the paper clip icon on the left side of the Adobe application to see the attached file. Once the file is attached, the 'Attach file' button changes to 'Remove file'. To remove the file only, select this button. To clear all fields for a</p>

Field	Definition
	single document and remove the associated file, select the [-] button.
<b>Declaration</b>	
<ul style="list-style-type: none"> <li>- Given name</li> <li>- Family name</li> <li>- Title</li> <li>- Date (YYYYMMDD)</li> </ul>	The given name, family name and title/position of the person who acknowledged the accuracy of the information, and the date on which it was completed. Dates are in the format of 'Year-Month-Day'.