



**Child Development Centre of
Prince George and District Association**

44th Annual General Meeting

2010-2011 Annual Report

September 27, 2011, 5:30 p.m.



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Board of Directors

2010 — 2011

President: Philip Foucher
Vice-President: Al Clark
Treasurer: Kent Cooper
Secretary: Valerie O'Connor
Directors: Helen Chipman
Alissa Reynolds
Gary Russell
MJ Jacobson
Jos Van Hage
Patron: Horst Sander
Honorary Life Members:
K. Wyers
A. Callander
R. Neukomm

Mission Statement

To assist children of all abilities from Prince George and surrounding communities to develop to their highest potential through family-centred, child focused rehabilitation, early childhood education and support services.

Vision

Developing potential, exploring possibilities!



Staff List (March 31, 2011)

MANAGEMENT:

Darrell Roze (Executive Director)

Les Smith (Director of Programming)

ADMINISTRATION:

Kim Aydon (Finance Administrator)

Carla Paulson (Administrative Support)

Lynda Hall (Administrative Support)

Laurie Peters (Administrative Support)

THERAPY:

Joan Beek (Senior SLP)

Michelle Lawton (Occupational Therapist)

Lynn Bergmann (Physiotherapist)

Jenny McNab (Speech Language Pathologist)

Jody Edamura (Occupational Therapist)

Sherry Mitchell (Occupational Therapist)

Andrea Fredeen (Physiotherapist)

Llaesa North (Senior Physiotherapist)

Pat Hamilton (Senior Occupational Therapist)

Darcy Russell (Speech Language Pathologist)

Debbie Harmon (Therapy Aide/Reception)

Fabiola Toyata (Physiotherapist)

Colinda Harraway (Therapy Aide)

Zoe Watt (Speech Language Pathologist)

Cleo Lajzerowicz (Physiotherapist)

Family Support

Tanya Klassen (Family Support Worker)

EARLY CHILDHOOD EDUCATION & SUPPORTED CHILD DEVELOPMENT
Continued on next page



Staff List – March 2011 (Continued)

EARLY CHILDHOOD EDUCATION & SUPPORTED CHILD DEVELOPMENT:

Sharon Beetlestone (Director of ECE/SCDP)

Daycare:

Susan Burkitt
Patty Dawson
Lynda Horning

Terri Mitchell
Maureen Mitchell
Iris Von Sychowski

Preschool:

Marylynn Brown
Patty Lambkin

Donna LeBlanc
Colleen Soares

Supported Child Development:

Tammi Dinelle
Karen Doherty
Candis Johnson
Renaë Johnson
Christy Kubert
Julia Lamming
Heather Matthews
Rita Newell

Lil Payne
Coralie Peters
Nicki Pratt
Kim Sandu
Sonya Valckx
Esme Van Der Merwe
Misty Wilson

SCDP/ECE Subs:

Terry Barnes
Bronwyn Carr
Jacqueline Cormier
Margot Dieteker
Wendy Gobbi
Lorinda Johnston
Patty Lambkin

Christina Lang
Billie Madhox
Nicole Nokes
Lil Payne
Coralie Peters
Susannah Pow
Amanda Scott



Agenda

- 1. Opening Remarks by President**
- 2. Approval of the Agenda** p. 4
- 3. Adoption of the AGM Minutes of September 21, 2010** p. 5-24
- 4. Business Arising from the Minutes** p. 5-24
- 5. Reports**
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 - 5.2 Treasurer's Report and Financial Statements p. 26-36
 - 5.3 Executive Director's Report p. 40-41
 - 5.4 Nominating Committee Report p. 42
- 6. Operational Reports**
 - 6.1 Director of Programming p. 43-45
 - 6.2 Early Childhood Education/Supported Child Development Report p. 46-48
 - 6.3 Speech Language Pathology Report p. 49-50
 - 6.4 Occupational Therapy Report p. 52-54
 - 6.5 Physiotherapy Report p. 55-57
 - 6.6 Family Services Report p. 58-62
- 7. New Business**
- 8. Adjournment**

**CHILD DEVELOPMENT CENTRE OF PRINCE GEORGE
AND DISTRICT ASSOCIATION
TUESDAY, SEPTEMBER 21, 2010**

PRESENT:

Members:

Phil Foucher
Valerie O'Connor
Helen Chipman
Mary Jean Jacobson
Gary Russell
Jos Van Hage
Ron Epp
Micaela Roque

Staff:

Kim Aydon
Joan Beek
Lynda Hall
Pat Hamilton
Llaesa North
Carla Paulson
Darrell Roze
Les Smith

The President called the meeting to order at 5:36 p.m.

1. Opening Remarks by President

The President welcomed the Association membership, staff and guests. Board members of the Child Development Centre of Prince George and District were introduced.

2. Approval of Agenda

Motion: That the Agenda be approved as amended.
Moved/Seconded Russell/Chipman Carried.

3. Adoption of Minutes

**Motion: That the minutes of the 42nd Annual General Meeting of the
Child Development Centre of Prince George and District held on
Tuesday, September 29th, 2009 be adopted.**
Moved/Seconded Russell/Chipman Carried.

4. Business Arising from the Minutes – None

5. Reports

5.1 President's Report:

In preparation of writing this report, I went onto the website to see what was new for the Centre. I was reminded that it now has been a year under the new name, "The Child Development Centre of Prince George and District Association", and still, the CDC continues to provide exemplary services to children with developmental difficulties. I

encourage all members to spend some time on our website. The website is a great resource for information regarding the CDC. The pictures are wonderful!

The saying, "It takes a community to raise a child" is quite evident at the CDC. The caring hands of the staff help improve the developmental outcomes of the children who receive services. I want to thank all the staff at the CDC who work tirelessly for the children in the region. Well Done!

During the year, we welcomed back a familiar face to the CDC, Les Smith, as the Director of Programming. Thank you for following your heart and coming back. The children (and staff) are very thankful.

With the help of Board Members, Al Clark and Val O'Connor, the CDC got a brand new parking lot complete with lighting. It was a necessary addition for staff parking as well as improved safety access for drop-offs.

Thank you to Darrell Roze for his leadership in running the CDC. We are extremely fortunate to have an Executive Director who is committed and determined to provide the proper services to the children of this region.

Finally, I would like to extend my gratitude to my fellow board members. Volunteering your time to help run this wonderful organization is greatly appreciated.

Motion: That the President's Report be accepted.
Moved/Seconded Foucher/O'Connor Carried.

5.2 Treasurer's Report and Financial Statements:

The President introduced Ron Epp from KPMG and he presented the Audited Financial Statements for the fiscal year ending March 31, 2010. The statement of Financial Position was reviewed. The organization continues to demonstrate strong management. The statement of Operations shows a \$13,014 surplus, an improvement over the \$40,216 projected deficit.

Motion: That the Child Development Centre of Prince George and District receive, as circulated, the Financial Statements for the fiscal year ending March 31, 2010.
Moved/Seconded Russell/Chipman Carried.

Motion: That the Child Development Centre of Prince George and District appoint the accounting firm of KPMG as auditors for the 2010/2011 operating year.
Moved/Seconded Russell/Chipman Carried.

Motion: **That the Treasurer’s Report be accepted.**
 Moved/Seconded **Russell/O’Connor** **Carried.**

5.3 *Executive Director’s Report:*

Every year a number of people in our community collectively make a tremendous difference in our operations. This includes staff members that put in an extra effort, volunteers in various roles including our Board of Directors, and donors from the community. I would like to thank these individuals for the wonderful difference that they make in the lives of the children and families that we serve.

An unfortunate reality of my job is that many tasks distract me from concentrating on promoting service excellence within our Centre. Last year’s dominant issue was dealing with potential funding reductions. Through much of the year, it appeared that these reductions were imminent. By year’s end, however, things had turned around; I was cautiously optimistic that we would receive stable funding in the coming year.

We continue to work to ensure balanced spending within each of our program areas. Utilizing conservative spending has helped us in a number of ways. First, we have a secure financial basis for our operations, ensuring long-term financial viability. Second, we have no debt in relation to prior service delivery. Third, we have added flexibility regarding our resource allocations. Finally, we have eliminated the ongoing need for any program to subsidize another. Our strong financial footing helps ensure strong and stable services into the future.

We undertook our third CARF accreditation survey in June 2009, receiving our second consecutive three-year accreditation. We were also recognized for exemplary conformance to the standards – a tremendous achievement given the rarity of such recognition. Although the accreditation process was initially viewed negatively, we now see the benefits of operating in a more systematic and strategic manner. You may note a related change within this year’s AGM package; program managers are now formatting their reports based upon outcome measures. Not only do these reports impart important performance information, they meet an important CARF requirement. As CARF oriented procedures become integrated into our day-to-day operations they assist us in our future growth.

We reorganized our senior management last year, deciding to work without a Director of Community Relations, and adding a Director of Programming. We welcomed Les Smith back from the Northern Health Authority into this newly created position. Les had 15 years experience at the CDC, including eight as our Senior Occupational Therapist. He has been a welcome addition to our team, bringing a systematic approach to service delivery that will assist us in moving with our strategic goals.

We continue to work to ensure that our facilities provide a safe environment for children, their families, and our staff. Last year’s projects included the completion of our parking lot expansion, helping to ensure safe access to our facilities. I would like to thank Al Clark from our Board of Directors for facilitating this project; it would have been very difficult to undertake without him.

Draft Minutes, 43rd Annual General Meeting - September 21, 2010

Motion: **That the Executive Director Report be accepted.**
 Moved/Seconded **Foucher/Russell** **Carried.**

5.4 *Nominating Committee Report:*

The Nominating Committee operates as a committee of the whole of the Board.

The following provides a listing of current positions as well as nominees.

One year remaining:	Two years completed:
Philip Foucher	Glenda Prkachin
Valerie O'Connor	Calvin Joe
Gary Russell	Helen Chipman
Jos Van Hage	Alan Clark
	Kristina Nelles

Resignations: Glenda Prkachin, Kristina Nelles, Calvin Joe

Nominees:

We are pleased to announce that the following people have decided to let their name stand for a two-year term with the Child Development Centre of Prince George & District Association.

- * Helen Chipman
- * Alan Clark
- * MJ Jacobson

The above provides for 7 Board Members for 2010/2011. The Nominating Committee will present to the Annual General Meeting, September 21, 2010; that (*) be elected to the Board of Directors of the Child Development Centre of Prince George and District Association for a two-year term expiring at the 2012 Annual General Meeting.

Respectfully submitted

Nominating Committee

Motion: **That Helen Chipman, Alan Clark, and MJ Jacobson be elected to the Board of the Child Development Centre of Prince George and District for a two-year term expiring at the 2012 Annual General meeting.**
 Moved/Seconded **O'Connor/ Russell** **Carried.**

The Child Development Centre of Prince George and District is pleased to announce the Board of Directors for the year 2010/2011: Philip Foucher, Valerie O'Connor, Gary Russell, Jon Van Hage, Helen Chipman, Alan Clark, and MJ Jacobson.

Motion: **That the Nominating Committee Report be accepted.**
 Moved/Seconded **O'Connor/Foucher** **Carried.**

6.0 Operational Reports

6.1 *Director of Programming*

Introduction:

The Director of Programming is responsible for providing operational oversight to the different programs offered by the CDC, namely Child and Family Resources, Early Childhood Education, Supported Child Development and Therapy Services. This position has been filled since July, 2009 until the present.

Access:

Two primary access goals were specified for the 2009-2010 fiscal year. These goals and outcomes were as follows:

To develop a recruitment and retention plan – This goal will be carried forward to the 2010-11 fiscal year as staffing challenges in the first half of the fiscal year did not permit work to commence on this goal.

To explore and capitalize on funding opportunities throughout the year – Between August 1, 2009 and March 31st, 2010, the Director of Programming submitted 5 grant applications totalling \$40,500. 100% of this funding was realized. The goal for next year is to match or exceed this level of funding.

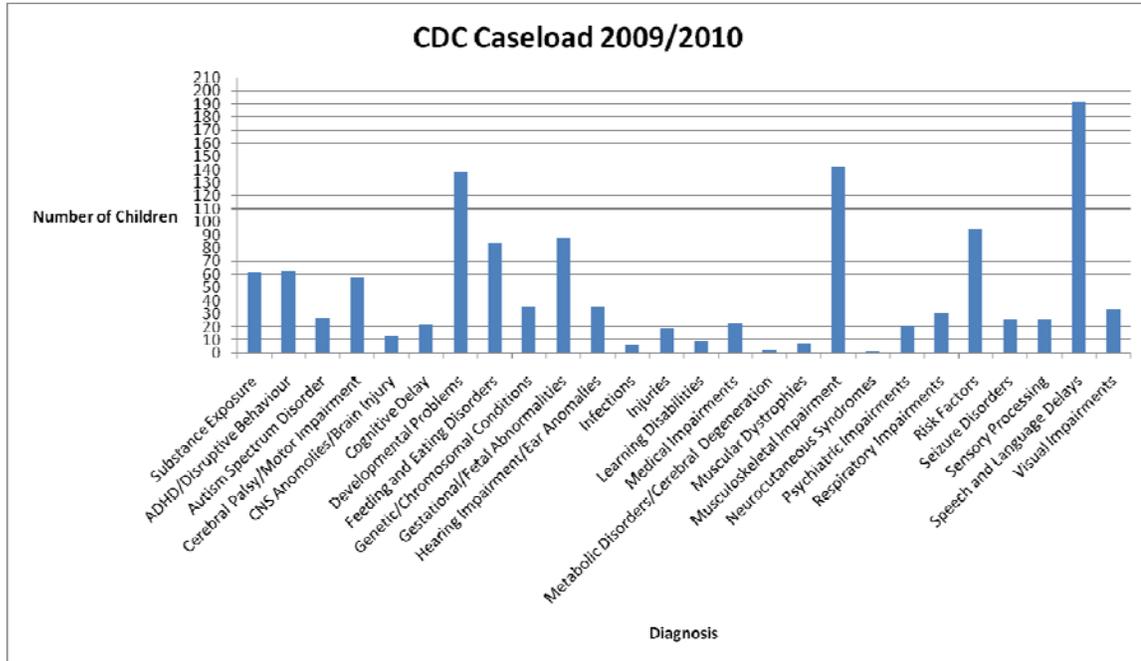
Efficiency:

For the 2009-2010 fiscal year a goal was set to develop and utilize a caseload management tool for therapy services. Between August 1, 2009 and March 31, 2010, three (3) meetings were held to determine the type of tool to be developed and implemented. This goal will be carried forward into the 2010-11 fiscal year. Extenuating circumstances included reduced staffing levels and reduced time to spend in meetings so that direct service provision to clients could be provided.

The CDC tracks the diagnoses of children for whom we receive a request for service. The following figure graphically depicts the most common diagnostic categories. As the diagnostic categories were reorganized in July 2009, statistics cannot be compared to previous years.

The CDC's Policy and Procedure Manual was reviewed and revised with particular emphasis on the Human Resources Section. This should assist the CDC employees with knowing and understanding the expectations of their positions.

A review of job descriptions was undertaken resulting in all job descriptions within the Health Science Professionals and Health Services and Support Community Subsector Collective Agreements being revised and accepted. This should assist CDC employees with knowing and understanding the job duties and responsibilities of their positions.



Effectiveness:

Each department was expected to document measurable goals for the clients served. The percentage of goals achieved for a sample of 35 clients per department per year was to be recorded and measured through the use of goal attainment scales, IEPs or ISPs with the target achievement being 75-80%. The actual achievement rate was 69% (452 goals achieved/659 goals documented). The number of clients sampled totalled 279 across all departments.

Although our overall target level was not achieved, a number of departments either met or exceeded this goal. Possible reasons for not achieving the target level may have been related to lack of follow through with set goals by parents or guardians, poor attendance by clients, age and maturity levels of clients not matching the goals set, the complexity of the conditions being too severe to allow the clients to reach their goals and lack of practice with writing measurable goals.

The target achievement level for the coming year (2010-11) will remain at 75-80% but will include the percentage of goals achieved and the percentage of goals maintained.

Satisfaction:

An analysis of strengths, weaknesses, opportunities and threats (SWOT) to programs and the CDC as identified by staff members was undertaken this year rather than conducting a staff satisfaction survey. A presentation on the SWOT analysis occurred at the centre-wide staff meeting in December 2009 explaining the results. A follow up meeting was held on the professional development day in February 2010 in which staff members developed goals on how to address the concerns raised in the SWOT analysis. These goals will be incorporated into the CDC Outcomes Plan for 2010-11. The goals included the following:

To facilitate teamwork throughout the year by incorporating more professional development and team-building opportunities that are led by staff members
To engage in more inter-professional groups for children throughout the year
To increase communication amongst internal and external employees as indicated by an increase in the staff's perception of better communication in the annual staff satisfaction survey

To increase community partnerships through the use of inter-professional collaboration and education opportunities coordinated/led by the CDC throughout the year
To improve the visibility and perception of the CDC to the community and government through the use of informational advertisements, media reports/ads and good news stories over the next year

Respectfully submitted,

Les Smith
Director of Programming

6.2 *Early Childhood Education (ECE) and Supported Child Development Program (SCDP)*

Introduction:

Early Childhood Education Department:

The CDC provides fully integrated preschool and daycare programs for children 30 months to 5 years old. We include all children with varying abilities. The preschool programs are divided into two classrooms, one for children 30 months to 3 year of age and the second class for 4 year old children that will be attending Kindergarten in the following September. There are three groups for the daycare - two groups of sixteen and one program with eight children. Programming at the McGee house worked in partnership with Speech and Language Pathologists from the CDC and Northern Interior Health Unit and Occupational Therapists and an Early Childhood Educator from the CDC. These specialized groups supported children and families awaiting therapy. Some groups were parent participating which included an education component for parents.

The ECE department continued to sponsor practicum students from the ECE program at CNC and education students from UNBC.

Supported Child Development Program:

This is a community-based program that provided additional support for children with disabilities and developmental challenges, allowing them to participate in community daycares, preschools and after-school care programs. Support is available for children from birth to 12 years old. We have 2.5 FTE positions for consultants and 11 FTE positions for support staff.

Access:

Draft Minutes, 43rd Annual General Meeting - September 21, 2010

This past year we provided services for 45 families in the daycare and 118 children in the preschools. The numbers fluctuated slightly over the months as a child would leave and another would arrive. For the most part daycare spaces were full, with a waitlist, especially for the children under 3.

The preschool struggled to fill spaces, especially in September. Once again, there is a waitlist for children under 30 months.

The McGee house specialized programs provided services to 94 children. There were 7 Speech and Language sessions provide to families, 4 groups with an Occupational Therapy focus and 2 sessions for Handwriting without Tears, a special group enhancing pre-writing skills for children.

In the SCDP program 135 children received services in 32 community childcare settings.

Efficiency:

Preschool classes are schedule for Mon/Wed am 9:00-11:30 and pm 1:00-3:30, Tues/Thurs am 9:00-11:30 and pm 1:00-3:30 and Fri am 9:00-11:30 only. This is a total of 9 classes per group. The CDC offers 18 preschool sessions per week and 40 daycare spaces per day.

The hot lunch program continued with funding received from the Royal Bank. Forty daycare children enjoyed the hot lunch every Monday from September to the end of June. An additional 936 lunches were supplemented throughout the year for some of the daycare children.

Candis, Christy, Colleen and Tanya offered The Challenging Behaviours Partnership training program 6 times throughout the year to community child care providers. The training was free to the participants. It was always well received and classes were full.

Effectiveness:

All children registered in the ECE and SCDP programs have an ISP and goal reviews take place once per year for each of the families.

Satisfaction:

The ECE department was successful in obtaining funding for a summer student. Logan worked with our ECE staff over July and August in our new daycare program, The Alphabet Club. The new program focused on pre-Kindergarten skills. The eight children that attended were all scheduled to start school in September. This program was very successful and we hope to be able to offer it again in summer 2010.

The Thanksgiving lunch on October 9 that was provided for the daycare families was well attended and very yummy!!

Parent comments:

We are sad to have to say good-bye to the YE class and staff. They have been so supportive through a difficult year. Thanks guys.
The teachers are great from the moment you walk in the doors, you are greeted with smiles and everyone is an individual instead of a group.
This preschool program is great, can't wait to see everyone again in the fall!
We are happy with the care he is receiving, a little concerned about the area sometimes.
We have really appreciated all the lovely staff at the CDC over the years and the positive influence on both of our girls. Thanks!

Thanks to the dedicated ECE and SCDP staff for their work over the past year: Candis, Colleen, Donna, Iris, Lynda, Marylynn, Maureen, Patty, Susan, Tanya, Terri, Christy, Esme, Heather, Julia, Karen, Kim, Kylee, Lil, Misty, Nicki, Renae, Rita, Sonya, Tammi, Wendy, Kim W, Billie, Susannah, Patty L, Leola, Nikki, Coralie, Loretta, Margot, Sheri, Betty, Shilo, and Bronwyn.

Respectfully submitted
Sharon Beetlestone
Director of ECE/SCDP

6.3 Therapy Department

Physiotherapy

Introduction:

Physiotherapy services are provided within two programs, *Early Intervention Therapy* [EIP] for children newborn to school entry, and *School Aged Therapy* [SAT] for school entry to nineteen or school leaving. We provide 2.3 full time equivalent positions [FTE] to the early intervention program and .7 FTEs to the school aged population. Our staffing decreased by 1.3 FTEs last year, with Cleo on maternity leave with her new daughter and Ka-Kei resigning to travel with her family.

We continue to provide an aquatics program for school aged clients and this will expand with financial help from the city to add a swim instructor to the team, and from gaming who is funding more specialized equipment.

For children about to enter the school system, PT along with OT and Preschool provide a group to work, among other things, on motor skills involving strength and coordination. More and more research with young children points to the role of motor skills in the ability to learn and fitness and movement as it relates to overall health.

The Gymnastics Program has been going for three years and continues to be a valuable adjunct to therapy.

A variety of muscular-skeletal diagnoses continues to be the primary referring concern [34%]. This is followed by neurological abnormalities [21%], developmental delays [20%] and neonatal follow-up of children born with extreme prematurity, high medical needs or substance exposure [16%].

Access:

We have been unable to recruit for the maternity leave position and the half time position has been eliminated. However over the entire year, all children have been offered

consultation within 30 days of referral. Ongoing physiotherapy services will be more difficult to maintain because of staffing shortages. Our input into community programs and grants supporting these programs increases access for children and families with special requirements.

Statistics: April 1 2009 – March 31 2010

Number of children receiving physiotherapy service	501
Number of new referrals	219
Number of new referrals taken onto caseload	129
Percentage of children offered service within 30 days	100

Efficiency:

Efficient caseload management has been a goal for 2009-2010. Children are given an initial consultation as soon as possible after referral. Appropriate services are offered, and finally the child is discharged when goals are no longer being set or all goals have been met.

Improved access to computers, better printers and up to date programs have made documentation easier and faster. We are also working on updating the templates to improve efficiency in documentation. Sharing duties with other members of the team, including therapy aides, has increased efficiency, as has appropriate referral to other community resources. Fewer home visits are offered because of the travel time involved. Therapy BC, a paediatric resource, has recently included an e-library which should be very helpful in expanding our resources without having to write them ourselves.

Effectiveness:

Each child is required to have in place at least one goal for the outcome of the therapy provided. These are collected through random sampling yearly. The goals are reviewed at whatever time interval is appropriate; some goals are very short term, especially with infants. Standardized tests, measurement tools, as well as Goal Attainment Scaling are used to measure the effectiveness of the intervention.

Satisfaction:

Ninety seven percent of Physiotherapy referrals come from outside sources, primarily from hospitals and Paediatricians. This demonstrates that within our community, CDC physiotherapy is highly regarded as part of the health care continuum for children. Of interest, as well, 13 percent of referrals come directly from families.

Satisfaction surveys are being compiled and will add to our information.

Summary:

Despite the decrease in the community's school population, our referrals increased from 206 in 2008 to 219 in 2009, the highest since tracking in 2004, and equal to 2006. I am proud of the work done by the Physiotherapy staff in keeping up with referrals during this period. It has been necessary to make substantial changes to programs; however, our experienced and dedicated staff has ensured that the quality of the service remains high.

Respectfully submitted,

Llaesa North
Director of Physiotherapy
April 30, 2010

Occupational Therapy

Introduction:

Occupational Therapy provided services to children from birth to age 19 in the past year. For Early Intervention Therapy (age's newborn to school entry) we provided full therapy services of treatment and consultation. For School Aged Therapy (school entry to age 19) we provided service in the form of equipment provision and seating for home and community access.

We have staffing funded at 3.4 FTE. In the past year we were significantly short staffed from April to September at 1.4 FTE. We were able to recruit an extra 1.5 FTE as Kirsten Tennant and Jeff Kwantes joined us in September. With Jody Edamura returning in February from maternity leave at 1.0 FTE we are now fully staffed at the level we are funded of 3.4 FTE. This is 0.6 FTE less than two years ago.

The Occupational Therapy Staff continue to provide group services for our pre-school children with several groups running throughout the year. This year we ran two groups for 4 year old children and one for 3 year old children in conjunction with Physical Therapy and ECE working on gross motor, fine motor and pre-school skills.

Occupational therapy focused on fine motor coordination and sensory skills for these children. In conjunction with ECE, we also ran a Handwriting Without Tears group for children about to enter Kindergarten to give them a boost of their fine motor and pre-printing skills. The groups served a dual purpose of decreasing the waitlist by seeing several children at once in a time efficient manner, as well as providing much needed fine motor/sensory therapy for these children. Learning has been shown to be directly related to motor skill development in small children.

The Occupational Therapy Department continues to work with Sunny Hill Hospital to host the Positioning and Mobility Clinic two times a year for our children. Children are able to attend the three day clinic for specialty seating/positioning/mobility device assessment and construction of custom devices, thereby decreasing their need to travel to Vancouver for several appointments a year. In addition to these clinics, Les Smith, our Program Director, is hosting local clinics with PG Surg Med to handle complex seating throughout the year, so our children do not have to wait as long for comfortable, appropriate seating/positioning.

Outreach services are being provided to Mackenzie, Valemont and McBride. Fort Ware clients continue to fly to Prince George. Caseload size is increasing in all areas, especially Mackenzie, as the service has not been available there in the past. There were 27 children seen on the outreach caseload this year.

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Since September we have been able to once again pick up the private school contracts for Occupational Therapy services. There are 10 children receiving some services at this time. We were unable to enter a contract with Northern Health for the CDBC clinic in this fiscal year.

The Toy/Equipment Lending Library was set up this year, and it is proving beneficial to our clients. Specialty items that are quite costly have been the most popular items to loan. After a trial parents are able to determine if the item is beneficial for their child.

Access:

Over the past year due to severe staffing shortages Occupational Therapy ran an excessively long waitlist. With the implementation of alternate treatment and an increase in staffing we have reduced the waitlist from over 100 children and approximately a 6 month wait (urgent children were never waitlisted) to 10 children with a 30 day wait maximum. In order to achieve this we implemented group treatment and a treatment block system to ensure that all children received quality services in a timely manner. With an increase in the number of children both on outreach and within town referred, caseload will continue to be a challenge in the next year so these programs will remain in place.

Statistics: April 1 2009 – March 31 2010

	2009- 2010	2008- 2009
New Referrals	146	129
Number of children receiving services	224	197
Clients discharged	107	129
Current Active Clients on Caseload	171	103
Waitlist	19	11
Outreach Clients	27	53

Efficiency:

Throughout the year Occupational Therapy has focussed on providing a more efficient service. We have implemented 5 groups of 6 children each, to allow for more children to be treated in a smaller amount of time. Groups focused on fine motor and sensory motor skills. Therapists have been assigned congruent caseloads to allow for grouping and ease in blocking children. Blocking of children continues to work well to move children off the wait list for services. Children receive 1 – 2 six week blocks of service then are placed on consultation instead of treatment for 1 – 2 blocks. They are then reviewed to determine level of services needed. Caseload is divided by location that a child lives or daycare they attend to decrease some of the travel time required by therapists to see children.

We have also revamped many of our handouts and forms to allow for smoother provision and recording of service to the children.

Effectiveness:

Each child is required to have a goal attainment scale for the outcome of the therapy provided. These are collected through random sampling yearly. In the past year we obtained 85% efficiency in obtaining goals set. Goals are set and reviewed in appropriate time frames set in conjunction with the therapist and family. Goals are measured in a variety of ways including: standardized tests, screens, and evaluation of specific skills. We would expect to continue to have a high percentage of goals met in the next year as well, within the Centre standard of 75% or higher.

Satisfaction:

See Centre-wide Outcome measures report for results on Parent Satisfaction surveys for 2009-2010. Goal is for OT staff to receive written feedback from parents.

Summary:

Despite being 0.6 FTE less in staff from two years ago, requests for services continue to rise with 146 referrals this year as compared to 129 referrals last. Referrals have been much higher for children under 2 years old. With the school age children, we have a decrease in referrals; however, very few have been discharged from our service. This indicates that the total number of clients requiring services has increased by 68 children in the last year. Measures are being taken to try to provide a quality service to as many children as we are able to see, with the use of groups and alternate therapy methods utilizing more consultation with outside caregivers. With the higher staffing levels now than at the beginning of the year, service is much more efficient and effective for our children. Our standard of care is high and we are very fortunate to have highly experienced, trained and effective staff in this department.

Respectfully submitted,

Pat Hamilton
Senior Occupational Therapist
April 30, 2010

Speech Language Pathology

Introduction:

Speech Language Pathology (SLP) provided services to newborns, toddlers, and preschoolers up to school entry during this past year. These children received services for feeding delays, communication delays and disorders. From April - August 2009, services were provided by 2 full-time Speech Language Pathologists. In September 2009, a new graduate, Jenny McNab was added full-time to the staff to fill a 9 month vacancy. Services expanded in this past year with the addition of Mackenzie, Tsay Keh and Fort Ware. Currently we serve Prince George through the Centre, Robson Valley and Mackenzie with outreach services, and Fort Ware and Tsay Keh fly in to Prince George to receive services.

<i>Referrals received:</i>	2009-2010	2008-2009
Prince George	105	104
Transferred to Health Unit	48	66
Outreach	61*	23
Total	214	193

**Clarification on Outreach referrals: 10 clients from Mackenzie were transferred from the Health Unit Speech and Language clinic caseload in August 2009 when we started the contract. In April and May 2009, 21 clients mostly received a brief service as part of a three year old health fair and a Baby group.*

The number of referrals transferred to the Health Unit decreased over previous years and the number of referrals for Outreach services increased, leading to an overall increase in total referrals.

	2009-2010	2008-2009
Number of clients that received SLP services (clients served)	314	300

Overall, more children were seen in the past year.

During the year the following events occurred:

- Zoe Watt and Joan Beek supervised Jonina Cawsey, a UBC student for 8 weeks
- Continued partnership with Health Unit Speech and Language department for speech therapy groups, site specific therapists for community programs (Carney Hill Neighbourhood Centre, Aboriginal Headstart), and joint referral system
- Planning for and transfer of speech therapy clients in Mackenzie with joint visit and transfer of reports from Health Unit to CDC in August 2009
- Creation of Director of Programming position and appointment of Les Smith, transfer of some management duties to this position
- creation and operation of SLP toy loan library to our clients
- Hosted Vision Consultant, Joanne Chiasson from Sunny Hill twice during year

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- Six cognitive assessments provided by Dr. E. Rocha in March and April 2010
- It was a challenge to provide services due to a full-time vacancy for 9 months and a record number of referrals

Access:

	Prince George 2009- 2010	Ou tre ac h 20 09 - 20 10	Pri nce Ge org e 20 08- 20 09
Number of clients on waitlist for treatment (March 31)	32	1	78
Number of clients on waitlist for Initial consultation (March 31)	10	2	
Number of clients on active caseload (March 31)	98	39	75
Number of Initial consultations completed and deemed eligible for services	114 (total)		
Number of clients taken on to active caseload for regular therapy sessions (new session)	56 (total)		
Number of new sessions within 90 days of referral	37 (total)		

Overall, the waitlist decreased and more children were seen for therapy services with the addition of staff in September 2009.

Efficiency:

Speech therapy groups were provided with CDC SLPs, Health Unit SLPs, Candis Johnson, Early Childhood Educator (ECE) and assistance from therapy aides at the McGee House throughout the year. Clients from both agencies were placed in groups appropriate to their age and language level and ability to benefit from a group setting. Zoe Watt provided a parent participating group for children who were 'Late Talkers' in October and November 2009. This involved training with a DVD produced by the CDC over two sessions, and was offered to 13 clients from both agencies and their parents. Jenny McNab started a speech therapy group for older 3 year olds from March –June 2010 for up to 8 clients from both agencies. Jenny also provided coverage for groups when staff were ill or away. Joan Beek provided speech therapy services at the Carney Hill Neighbourhood Centre for 19 children between April 1, 2009-March 31, 2010.

Having one therapist designated for one site, eliminated travel time for multiple therapists and provided consistent communication with the ECE staff. Where possible, when multiple children were identified in one daycare or preschool, the same therapist was assigned. As children were seen and deemed to benefit from a group at the McGee House, they were placed on the CIMS database waitlist. We reviewed our caseloads in July and December 2009 with the Health Unit SLPs to prioritize needs and finalize groups. The goal for this coming year is to a) identify children attending the same daycare/preschool that could be seen by one therapist b) continue to identify potential children for the next available group c) identify trends in caseload of potential novel groups (e.g. Down syndrome group, AAC users).

Effectiveness:

In January 2010 our staff started developing a Goal Attainment Scale for SLP. We continue to work on implementation of this scale for all clients receiving active treatment. Goals were also often written within reports to parents and in the chart. Out of a sample of 22 clients, 85% of goals were met or exceeded. In the coming year, our goal is to provide a sample of 35 clients with measurable goals set.

Satisfaction:

See Centre wide Outcome Measures report for results on Parent satisfaction surveys for 2009-2010. Goal is for SLP staff to archive written or verbal feedback from parents.

I wish to thank the hard working staff in my department for going the extra mile to help families: Speech Language Pathologists: Zoe Watt, Jenny McNab, Administrative assistant: Debbie Harmon.

Respectfully submitted,

Joan Beek,
Senior Speech Language Pathologist

Family Services

Introduction:

The Family Services department provides a variety of services for the children and families involved with the CDC. There are two components in the service for families, the Building Blocks section which specifically addresses the needs of families at the CDC who have been identified to be at risk and all other services to the rest of the children and families involved with the CDC. In addition, the Child and Family Resource Worker (CFRW) is involved in facilitating professional development opportunities in the city and strengthening partnerships and relationships with other community members. Some of the services provided by this department are: Sunbeams grief and loss group, Parenting groups, Addressing Challenging Behaviours professional development, community referrals, liaise with social workers and other professionals, home visits, individual counselling, individual service plans for children, assistance for staff and much more.

Access:

Currently on the Family Services caseload there are:

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- Building Blocks – 13 active
- Sunbeams Grief and Loss Group – 5 active, 5 waitlist (2nd Sunbeams program starts April 27)
- Parenting Group – 5 waitlist (1st group start in May in conjunction with Infant Development Program - IDP)
- Sibling Group – 2 waitlist (waiting for summer when children are out of school)
- Other Services - 9 active, 5 inactive (not currently needing service but waiting on caseload), 2 waitlist (too young, no service available to meet needs or more information needed)
- More than one service – 3 families

Efficiency:

Building Blocks

Services provided through this program are referrals to other agencies, individual counselling, communication between other professionals, information regarding safety or wellbeing, support services and referrals, home visits, transportation arrangements, advocacy, and legal assistance

Each family involved utilized at least one or more of the services mentioned in the period from December to April

Collaboration between social workers and outside agencies - Structured For Success, Aboriginal Infant and Family Development, Ministry of Children and Families, Northern Family Health Society, Head Start, and Infant Development Program

Sunbeams:

5 children were invited to join the program, 7 parents attended the parent orientation

Attendance has been very regular with only 5 absences in the 9 weeks of classes.

Discussions with parents after the weekly classes have all been favourable and have included positive feedback and reports of learning continuing at home

A volunteer facilitator attends weekly helping with set up, clean up and implementation of the program

4 weeks remain in the program and expected completion rate is 100%

A second Sunbeams program is scheduled to begin April 27- 5 children (the recommended number) are enrolled and expected to attend.

Challenging Behaviours:

18 participants, mostly early childhood educators or supported child development workers but also had some college students and a speech and language pathologist
7 total absences in 5 week period

Other Services:

Legal Assistance – 2 families asked about Dial-A-Law, Family Duty Counsel, Legal aid and lawyer referral service. 1 family asked about Restraining Orders and Peace Bonds

Transportation Services – 3 new referrals to the Carefree Society HandiDart bus service and many more answers explained about the service. Meeting with Carefree’s Executive Director to alleviate current or potential challenges with the service to the CDC. 1 family received information on car seats and 4 children were loaned car seats for use on the Carefree bus

Individual Counselling – several families used this service. Some on a very regular and basis and some brief sessions. Staff seek advice on certain inter-staff relationships and general operating issues

Home Visits – attended home visits for 4 families. Some individual and others in conjunction with a therapist or social worker

Funding Requests – several requests for one family

Transitions to Kindergarten – attended the Kindergarten transition meeting with School District 57. Assisted 5 families with expectations and ideas to get ready for Kindergarten

Adoption and Child custody – 3 or more families were assisted though the legal process of custody, visitation, permanent care agreements and adoption. One family has successfully transferred care of their children to another family

Grandparent Support – 3 grandparents received assistance on community resources, individual counselling and information

Requests for Services – several informal and some formal referrals to outside agencies mentioned above

Community Outreach – visited Structured for Success, Infant Development Program, Supported Child Development and Aboriginal Supported Child Development, and Northern Family Health Society to introduce myself and my program and learn about their services. Joined Children and Youth with Special Needs committee

Effectiveness:

Building Blocks

Challenges: building relationships with families – Solution: Partnered with other agencies involved with the family, therapists and early childhood educators

Challenges: finding resources that meet the family’s needs – Solution: assistance from agencies who have worked with the family in the past, suggestions or phone calls from social workers and other agencies identifying family needs that I may not see, proven track record for help and solutions

Challenges: uncertainty of Ministry of Children and Families funding – Solution: wait and see, provide the service while I can

Sunbeams Grief and Loss Group

Challenges: children on the waitlist for program as CDC has only grief and loss program for 3-5yr olds in Prince George – Solution: Start another program to run concurrently with the current Sunbeams program at a different date and time. Begins April 27,2010

Challenges: Transportation for children to and from the program – Solution: classes are set at 1-2pm so CFRW can transport child to and from the class

Parenting Group

Challenges: Address the needs of parents on the waitlist – Solution: Begin a Parenting group in May 2010

Challenges: Several individual requests by parents for solutions to parenting questions and problems – Solution: same as above

Challenges: Need for support in facilitation of parenting course – Solution: Partnership with Infant Development program and include 2 IDP clients in the course. Possible partnerships with Ministry of Housing and Development (still in discussion at this time but a partnership would include some of their clients as well)

Sibling Group

Challenges: Lack of interest in a proposed spring break group – Solution: Reintroduce idea of a sibling group during the summer months, co-facilitate with another organization

Satisfaction:

Overall evaluation of the Challenging Behaviours group indicated that 83% of participants gave the course and facilitation the highest rating for content, skills learned, presentation and effectiveness in meeting their goals

Goals for the Future:

Continue building partnerships with outside agencies though co-facilitation of groups, regular communication, visits and presentations to agencies that are or could be resources for the families at the CDC

Increase a positive public image of the CDC though involvement in community events, sponsoring programs and attending workshops and professional development opportunities

Assist in the professional development of community members by continuing with the Challenging Behaviours program and co-facilitating other programs as needed

Due to the newness of the program a formal tool to determine participant's satisfaction has not been put in place at this time. As this is an essential part of determining service provision and meeting the needs of the families served, a goal to find an effective method of determining satisfaction is set for the future.

Respectfully submitted,

Tanya Bend BaCYC - Child and Family Resource Worker

Motion: That the Operational Reports be accepted.

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Moved/Seconded

Chipman/Russell

Carried.

7.0 New Business: None

8.0 Adjournment

Motion: That the 43rd Annual General Meeting of the Child Development Centre of Prince George and District of Prince George and District be adjourned at 6:00 p.m.

Moved/Seconded

Chipman/Russell

Carried.



President's Report

Writing this report provides an opportunity for me to reflect on how much the CDC has grown and changed since I joined the board. There have been some constants for the CDC. These include the welcoming front of the CDC on Strathcona (although we now have a redeveloped basement area, two outdoor storage/garage areas, enhanced playground, patio and an expanded parking lot). As well, the CDC staff have always demonstrated dedication and exemplary service to the children of our communities.

It is hard to summarize the changes that have occurred since I joined the board in the early nineties. Suffice it to say, that the CDC is providing services to a much larger geographical area and to children that have more complex developmental difficulties. Yet, the CDC has met these challenges and will continue to forge ahead to be a critical piece in helping children improve their developmental outcomes.

Thank you to all our community donors for helping to support this great organization. Every penny helps! (That is the accountant in me!)

Thank you to Darrell Roze and Les Smith for your leadership in running the CDC.

Thank you to the staff for your efforts in making a difference to the children and their families of the CDC.

Finally, I would like to extend my gratitude to my fellow board members. Thank you for your time and effort in helping to guide this wonderful organization.

Philip H. Foucher

President

Financial Statements of

**THE CHILD DEVELOPMENT
CENTRE OF PRINCE
GEORGE AND DISTRICT
ASSOCIATION**

Year ended March 31, 2011



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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of The Child Development Centre of Prince George and District Association

We have audited the accompanying statement of financial position of The Child Development Centre of Prince George and District Association (the "Association") as at March 31, 2011 and the statements of operations, changes in net assets and cash flows for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal controls relevant to the Association's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.



Basis for Qualified Opinion

In common with many charitable organizations, the Association derives revenue from donations and certain fundraising activities, the completeness of which is not susceptible to satisfactory audit verification. Accordingly, our verification of these revenues was limited to the amounts recorded in the records of the Association and we were not able to determine whether any adjustments might be necessary to contributions, excess of revenues over expenses, current assets and net assets

Qualified Opinion

In our opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements present fairly, in all material respects, the financial position of The Child Development Centre of Prince George and District Association as at March 31, 2011, and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

A handwritten signature in black ink that reads 'KPMG LLP'. The signature is written in a cursive, slightly slanted style. Below the signature is a horizontal line that starts under the 'K' and ends under the 'P'.

Chartered Accountants

Prince George, Canada

August 30, 2011

THE CHILD DEVELOPMENT CENTRE OF PRINCE GEORGE AND DISTRICT ASSOCIATION

Statement of Financial Position

March 31, 2011, with comparative information for 2010

	2011	2010
Assets		
Current assets:		
Cash	\$ 566,318	\$ 595,124
Accounts receivable	38,850	32,389
Prepaid expenses	1,836	2,357
	<u>607,004</u>	<u>629,870</u>
Capital assets (note 2)	1,300,783	1,268,966
Restricted cash (note 3)	42,453	55,034
	<u>\$ 1,950,240</u>	<u>\$ 1,953,870</u>

Liabilities and Net Assets

Current liabilities:		
Accounts payable and accrued liabilities	\$ 37,006	\$ 36,477
Accrued payroll expenses	332,385	242,679
Deferred revenue (note 5)	253,614	322,890
	<u>623,005</u>	<u>602,046</u>
Deferred capital contributions (note 6)	1,101,456	1,096,237
Net assets:		
Invested in capital assets (note 7)	199,327	172,729
Unrestricted	26,452	82,858
	<u>225,779</u>	<u>255,587</u>
Contingencies (note 8)		
	<u>\$ 1,950,240</u>	<u>\$ 1,953,870</u>

See accompanying notes to financial statements.

On behalf of the Board:

Director

Director

THE CHILD DEVELOPMENT CENTRE OF PRINCE GEORGE AND DISTRICT ASSOCIATION

Statement of Operations

Year ended March 31, 2011, with comparative information for 2010

	Budget 2011	Actual 2011	Actual 2010
Revenue:			
Province of BC	\$ 2,504,880	\$ 2,515,275	\$ 2,530,336
Child Care Operating Fund	84,014	68,623	72,571
Program fees	480,410	400,072	435,439
Fundraising	52,000	52,643	55,875
Gaming	93,000	94,870	76,342
Donations	17,000	37,483	22,837
Miscellaneous	23,481	17,208	12,404
Amortization of deferred contributions	69,400	91,630	78,714
	3,324,185	3,277,804	3,284,518
Expenditure:			
Amortization	104,000	115,772	102,033
Audit and legal	12,000	13,829	11,547
Authorizations	-	-	2,909
Bank charges	13,000	13,372	15,544
Computer repairs and maintenance	7,000	3,439	7,211
Food and recreation	12,000	10,028	11,307
Fundraising expenditures	35,000	23,297	37,955
Insurance	11,200	10,880	11,008
Janitorial	40,000	43,480	39,649
Office and general	50,800	49,102	44,523
Purchased services	8,000	675	7,810
Repairs and maintenance	50,000	43,453	30,265
Staff development	17,666	26,547	9,208
Supplies	48,055	20,499	14,043
Telephone	16,150	16,195	16,152
Travel	36,330	39,195	34,381
Utilities and rent	27,249	29,795	26,994
Wages	2,826,423	2,848,054	2,848,965
	3,314,873	3,307,612	3,271,504
Revenue over (under) expenditure for the year	\$ 9,312	\$ (29,808)	\$ 13,014

See accompanying notes to financial statements.

THE CHILD DEVELOPMENT CENTRE OF PRINCE GEORGE AND DISTRICT ASSOCIATION

Statement of Changes in Net Assets

Year ended March 31, 2011, with comparative information for 2010

	Invested in Capital Assets	Unrestricted	2011 Total	2010 Total
Balance, beginning of year	\$ 172,729	\$ 82,858	\$ 255,587	\$ 242,573
Revenue over (under) expenditure for the year (note 7)	(24,142)	(5,666)	(29,808)	13,014
Purchase of capital assets	147,589	(147,589)	-	-
Funding received for purchase of capital assets	(96,849)	96,849	-	-
Balance, end of year	\$ 199,327	\$ 26,452	\$ 225,779	\$ 255,587

See accompanying notes to financial statements.

THE CHILD DEVELOPMENT CENTRE OF PRINCE GEORGE AND DISTRICT ASSOCIATION

Statement of Cash Flows

Year ended March 31, 2011, with comparative information for 2010

	2011	2010
Cash provided by (used in):		
Operations:		
Revenue over (under) expenditure	\$ (29,808)	\$ 13,014
Add items not involving cash:		
Amortization	115,772	102,033
Amortization of deferred contributions	(91,630)	(78,714)
Change in non-cash operating working capital:		
Accounts receivable	(6,461)	(5,297)
Prepaid expenses	521	(1,433)
Accounts payable and accrued liabilities	529	16,356
Deferred revenue	(69,276)	(62,708)
Accrued payroll expenses	89,706	27,681
	<u>9,353</u>	<u>10,932</u>
Investment:		
Decrease in restricted cash	12,581	62,792
Proceeds from disposal of capital assets	-	789
Purchase of capital assets	(147,589)	(195,074)
Increase in deferred capital contributions	96,849	27,098
	<u>(38,159)</u>	<u>(104,395)</u>
Decrease in cash during the year	(28,806)	(93,463)
Cash, beginning of year	595,124	688,587
Cash, end of year	<u>\$ 566,318</u>	<u>\$ 595,124</u>

See accompanying notes to financial statements.

THE CHILD DEVELOPMENT CENTRE OF PRINCE GEORGE AND DISTRICT ASSOCIATION

Notes to Financial Statements

Year ended March 31, 2011

The Child Development Centre of Prince George and District Association (the "Association") is registered under the Society Act of the Province of British Columbia. It operates the Child Development Centre in Prince George, British Columbia.

1. Significant accounting policies:

(a) Basis of presentation:

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles for not-for-profit organizations.

(b) Capital assets:

Capital assets are recorded at cost. Amortization is provided annually by the Association on a straight-line basis at the following rates:

Automotive	10%
Building	5%
Computer equipment and software	25%
Fencing	10%
Furniture and fixtures	15%
Machinery and equipment	15%
Playground equipment	10%

(c) Impairment of long-lived assets:

Long-lived assets including capital assets and certain other long-lived assets are amortized over their useful lives. The Association periodically reviews the useful lives and the carrying values of its long-lived assets for continued appropriateness. The Association reviews for impairment long-lived assets (or asset groups) to be held and used whenever events or changes in circumstances indicate that the carrying amount of the assets may not be recoverable. If the sum of the un-discounted expected future cash flows expected to result from the use and eventual disposition of an asset is less than its carrying amount, it is considered to be impaired. An impairment loss is measured at the amount by which the carrying amount of the asset exceeds its fair value. When quoted market prices are not available, the Association uses the expected future cash flows discounted at a rate commensurate with the risks associated with the recovery of the asset as an estimate of fair value.

(d) Sick leave replacement pay:

The Association's policies and collective agreement that it operates under require sick credits to accumulate based on set rates up to a maximum amount. This liability is accrued by the Association.

THE CHILD DEVELOPMENT CENTRE OF PRINCE GEORGE AND DISTRICT ASSOCIATION

Notes to Financial Statements

Year ended March 31, 2011

1. Significant accounting policies (continued):

(e) Revenue recognition:

The Association follows the deferral method of accounting for contributions.

The Association receives contract revenue from the Provincial government and other funding sources. Revenue is recorded in the period to which it relates. Monies approved but not received at the end of the year are accrued. If a portion of revenue relates to a future period, it is deferred and recognized in that subsequent period.

Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

(f) Donations:

Donated materials and services are recorded in the financial statements at fair market value when fair market value can be reasonably estimated and when the Association would otherwise have purchased these items.

Volunteers contribute their time every year to assist the Association in carrying out its service delivery activities. Because of the difficulty of determining their fair value, volunteer hours are not recognized in the financial statements.

Cash donations are recorded when received.

(g) Use of estimates:

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Significant items subject to such estimates and assumptions include the carrying amounts of accounts receivable, capital assets, deferred capital contributions and sick leave replacement payable. Actual results could differ from those estimates.

THE CHILD DEVELOPMENT CENTRE OF PRINCE GEORGE AND DISTRICT ASSOCIATION

Notes to Financial Statements

Year ended March 31, 2011

1. Significant accounting policies (continued):

(h) Changes in accounting framework:

In December 2010 the Canadian Institute of Chartered Accountants ("CICA") issued a new Handbook which was restructured to implement the strategy of the Accounting Standards Board ("AcSB") of adopting different sets of standards for different categories of entities. Under the previous Handbook structure, Not-for-Profit Organizations ("NPO's") were directed to follow Section 4400 of the CICA Handbook. Commencing for fiscal years beginning on or after January 1, 2012 the accounting standards for NPO's have been incorporated into Part III of the Handbook which includes an introduction and the accounting standards for not-for-profit organizations approved by the AcSB. Not-for-profit organizations may adopt the standard in Part I, International Financial Reporting Standards, instead of the standards in Part III.

These new standards become effective for the Association on April 1, 2011. The Association is in the process of reviewing the impact of the implementation of the new Handbook restructuring on its reporting framework and its financial statements.

2. Capital assets:

			2011	2010
	Cost	Accumulated amortization	Net book value	Net book value
Automotive	\$ 23,209	\$ 4,062	\$ 19,147	\$ 21,468
Building	1,975,090	1,015,918	959,172	979,258
Computer equipment	132,071	113,941	18,130	22,343
Equipment and furnishings	529,816	468,746	61,070	38,840
Fencing	12,974	8,675	4,299	1,264
Land	35,188	-	35,188	35,188
Playground equipment	137,374	107,605	29,769	43,507
Parking lot	182,679	8,671	174,008	127,098
	\$ 3,028,401	\$ 1,727,618	\$ 1,300,783	\$ 1,268,966

THE CHILD DEVELOPMENT CENTRE OF PRINCE GEORGE AND DISTRICT ASSOCIATION

Notes to Financial Statements

Year ended March 31, 2011

3. Restricted cash:

	2011	2010
Direct Access Funding	\$ 42,453	\$ 55,034

4. Funds held in trust by others:

Funds held by the Prince George Community Foundation for the benefit of the Association are not reflected in the accompanying statement of financial position. The aggregate balance of these funds is \$38,425 (2010 - \$28,425). The excluded principal is neither owned nor controlled by the Association but income from it is paid to the Association to be used for general operations. During the year income of nil (2010 - \$425) was distributed to the Association.

5. Deferred revenue:

Deferred revenue represents funds received for specific programs for which the related expenditure will not be incurred until a subsequent period.

	2011	2010
Balance, beginning of year	\$ 322,890	\$ 385,598
Less: amount recognized as revenue during the year	(217,737)	(211,127)
Add: amounts received for subsequent periods	148,461	148,419
	\$ 253,614	\$ 322,890

The balance consists of:

	2011	2010
Dutch Auction proceeds	\$ 62,427	\$ 76,093
Specific donations	63,407	54,603
Province of British Columbia	48,189	12,157
Crayon and colouring books	-	44,466
Direct access	38,112	55,034
McHappy Days	-	10,018
Other	41,479	70,519
	\$ 253,614	\$ 322,890

THE CHILD DEVELOPMENT CENTRE OF PRINCE GEORGE AND DISTRICT ASSOCIATION

Notes to Financial Statements

Year ended March 31, 2011

6. Deferred capital contributions:

- (a) Deferred contributions related to capital assets represent unspent restricted contributions and restricted contributions with which the Association's building, automotive equipment, playground and other assets were originally purchased.

Deferred capital contributions are as follows:

	2011	2010
Unamortized deferred capital contributions	\$ 1,101,456	\$ 1,096,237

- (b) The changes in deferred capital contributions for the year are as follows:

	2011	2010
Balance, beginning of year	\$ 1,096,237	\$ 1,147,853
Amortization to revenue	(91,630)	(78,714)
Amounts received in the year	96,849	27,098
	\$ 1,101,456	\$ 1,096,237

7. Investment in capital assets:

- (a) Investment in capital assets is calculated as follows:

	2011	2010
Capital assets	\$ 1,300,783	\$ 1,268,966
Amounts financed by:		
Deferred contributions - spent	(1,101,456)	(1,096,237)
	\$ 199,327	\$ 172,729

THE CHILD DEVELOPMENT CENTRE OF PRINCE GEORGE AND DISTRICT ASSOCIATION

Notes to Financial Statements

Year ended March 31, 2011

7. Investment in capital assets (continued):

(b) Change in net assets invested in capital assets is calculated as follows:

	2011	2010
Excess of revenue under expenditure:		
Amortization of deferred contributions related to capital assets	\$ 91,630	\$ 78,714
Amortization of capital assets	(115,772)	(102,033)
	\$ (24,142)	\$ (23,319)

8. Contingencies:

(a) Healthcare Benefit Trust:

The Association belongs to the Health Employers Association of B.C. Healthcare Benefit Trust (the "Trust"), which covers group long-term disability, life, accidental death and dismemberment, extended health, and dental claims for certain employee groups of the Association and other provincially funded organizations. As at December 31, 2010 this plan disclosed an aggregate \$28.8 million unfunded actuarial liability resulting mainly from long-term disability claim costs exceeding the related contributions and unfavourable investment results.

The actuary does not attribute the unfunded liability to individual employers. Consequently, the Association's share of this unfunded liability cannot be determined. Each employer expenses contributions to the Trust in the year in which payments are made. The Association paid \$82,799 (2010 - \$88,523) for employer contributions to the plan in 2011.

(b) Municipal Pension Plan:

The Association and its full-time employees contribute to the Municipal Pension Plan (the "Plan"), a jointly-trusted pension plan. The Board of Trustees, representing plan members and employers, is responsible for overseeing the management of the pension plan, including investment of the assets and administration of benefits. The pension plan is a multi-employer contributory pension plan. Basic pension benefits provided are defined. The Plan has about 163,000 active members and approximately 60,000 retired members.

Every three years an actuarial valuation is performed to assess the financial position of the Plan and the adequacy of plan funding. The most recent valuation as at December 31, 2009 indicated an over funded liability of \$1,024 million for basic pension benefits. The next valuation will be as at December 31, 2012 with results available in 2013. The actuary does not attribute portions of the over funded asset to individual employers. The Association paid \$130,773 (2010 - \$122,685) for employer contributions to the Plan in 2011.

THE CHILD DEVELOPMENT CENTRE OF PRINCE GEORGE AND DISTRICT ASSOCIATION

Notes to Financial Statements

Year ended March 31, 2011

9. Fair value of financial assets and financial liabilities:

The carrying values of cash, restricted cash, accounts receivable, accounts payable and accrued liabilities, accrued payroll expenses and deferred revenue approximate their fair value due to the relatively short periods to maturity of these items.

Unless otherwise noted, it is management's opinion that the Association is not exposed to significant interest, currency or credit risks arising from these financial instruments.

10. Capital management:

The Association's objective when managing capital is to fund its operations and capital asset additions. The Association manages their capital structure and makes adjustments based on available funding and economic conditions. Currently, the Association's strategy is to monitor expenditures to preserve capital in accordance with budgeted funding granted by each funding agency.

The Association is not subject to debt covenants or any other capital requirements with respect to operating funding. Funding received for designated purposes must be used for the purposes outlined in the funding contract. The Association has complied with the external restrictions on the funding provided.

11. Economic dependence:

A substantial portion of the Association's funding is derived from the Province of British Columbia. Any disruption of this funding would have a negative effect on the operation of the Association.

12. Income taxes:

As a result of its not-for-profit status, the Association is not subject to income tax.

13. Budget figures:

Budget figures included in the financial statements are unaudited.

14. Comparative information:

Certain of the comparative information has been reclassified to conform with the financial presentation adopted for the current year.



Executive Director's Report

The Child Development Centre (CDC) has improved in a number of ways over the last few years. One area of note is the increasingly systematic and strategic approach that we are utilizing. Although the CDC has long personified excellence in the provision of early child development services, this strategic focus has assisted us in prioritizing our use of scarce resources. This has allowed us to make improvements to our service provision, facilities and equipment. Although maintaining our CARF accreditation takes time, we are now seeing increasing benefits from the process.

Our largest challenges over the last year were financial in nature, including the following:

- MCFD increased the deliverables of our *Building Blocks* contract, increasing program expenditures by \$36,000 per year.
- The Province decreased our gaming grant eligibility, reducing revenues by approximately \$20,000 over the fiscal year.
- The Province recently provided subsidies to facilitate an increase of community daycare and preschool spaces. While the CDC did not participate in this expansion, Prince George now has an over-supply of ECE spaces, reducing demand for our services.
- The regional economy has been soft for the last 2 years, further reducing community demand for ECE spaces, especially for preschool services.

These challenges represented an approximate \$100,000 reduction in annual resources. However, by keeping an eye on our finances throughout the year, we were able to come through the year in a fiscally strong position; if not for an unexpected change in the way we account for future retirement benefits, we would have ended the year with a small surplus.

The Child Development Centre faces two major challenges in moving forward: modifying our ECE service provision, enabling the program to become more self-sustaining, and addressing the under-funding of our core-funded programs. An important priority within our Strategic Plan is to have our individual programs run in a self-sustaining fashion. This priority was designed to help ensure the following:

- The long-term fiscal health of the CDC;
- That no program would need to be subsidized by another; and
- That we have flexibility to allow the strategic allocation of our discretionary resources.

While we weathered last year's fiscal challenges well, it required allocating most of the Centre's discretionary income to our ECE program. While this worked in the short-term, it can't be allowed to continue. Having flexible use of our discretionary resources provides an important hedge against unexpected reductions to revenue and unexpected increases in expenditures.

Inadequate provincial resourcing of our Therapy and Supported Child Development programs remains a substantial challenge. Both programs are dramatically under-resourced in relation to demand. The Province and the public need to understand the critical need for timely and adequate service levels, and the substantial consequences of not addressing funding shortfalls. This message continues to be a focus of my discussions with our MLAs. I have also stressed these issues in my submissions to the Select Standing Committees on Finance, and I have been encouraging other CDCs to make similar submissions. I have also been encouraging a shift in the way the British



Columbia Association of Child Development and Intervention (BCACDI) advocates for these services.

Moving off of challenges, one area that we have been quite successful with in recent years is in receiving the necessary resources to improve our facilities. This has been possible through the excellent public support, including being the recipient of a number of years of *McHappy Day* proceeds. Most of the long-standing capital projects that were identified when I started with the CDC have now been completed, including replacing the gym's skylights, building a new storage building, landscaping the front of the building, installing underground sprinklers, completing the expansion of our parking lot, and building a staff deck.

In ending my report I would like to recognize the efforts that CDC staff members continue to make on a daily basis. While our work can be tremendously rewarding, it can also be very challenging. Your efforts are greatly appreciated.

Darrell Roze
Executive Director



Nominating Committee Report

ANNUAL GENERAL MEETING September 27, 2011

The Nominating Committee operates as a committee of the whole of the Board.

The following provides a listing of current positions as well as nominees.

One year remaining:

Alan Clark
Helen Chipman
Mary Jean Jacobson

Two years completed:

Philip Foucher
Valerie O'Connor
Gary Russell
Jos Van Hage

Resignations: Philip Foucher

Nominees:

We are pleased to announce that the following people have decided to let their name stand for a two-year term with the Child Development Centre of Prince George and District Association.

- * Valerie O'Connor
- * Jos Van Hage
- * Gary Russell
- * Glenda Prkachin
- * Kent Cooper
- * Alissa Reynolds

The above provides for 9 Board Members for 2011/2012. The Nominating Committee will present to the Annual General Meeting, September 27, 2011; that (*) be **elected** to the Board of Directors of the Child Development Centre of Prince George and District Association for a two-year term expiring at the 2012/2013 Annual General Meeting.

Respectfully submitted

Nominating Committee



Operational Reports

Director of Programming's Report

Introduction:

The Director of Programming is responsible for providing operational oversight to the different programs offered by the CDC, namely Child and Family Resources, Early Childhood Education, Supported Child Development and Therapy Services. This position has been filled since July 2009 until the present.

Access:

Two primary access goals were specified for the 2010-2011 fiscal year. These goals and outcomes were as follows:

1. To maintain the current time from referral to initial consultation at 30 days as recorded under the SIRF reporting – Changes to the SIRF reporting did not permit this information to be recorded and tracked. With the potential move to Nucleus Labs as our statistical system and electronic record system, this measure may be built into the system for future tracking.
2. To ensure the referral process is easy to complete as measured by the percentage of community partners/caregivers indicating the referral process was easy to complete – Based on results from the Community Partner Survey, 92% of community partners indicated the referral process was easy to complete. The Parent Survey was revised this past year to include a question about the ease of completing the referral, but has not yet been implemented. This will be implemented during the next fiscal year.

Efficiency:

In 2009-2010, a goal was set to develop and utilize a caseload management tool for therapy services. This goal was not achieved due to the fact that a caseload management tool is being developed through the *Office of the Provincial Paediatric Therapy Recruitment and Retention Coordinator*. Therapy staff of the CDC were involved in piloting this tool and we are currently awaiting its publication.

For the 2010-11 fiscal year, the CDC wanted to develop and run 4-6 children's groups involving different professionals working together. This goal was easily accomplished as indicated by the reports provided by the Family Services, OT, SLP and McGhee House Programs. This goal will remain for the upcoming fiscal year.

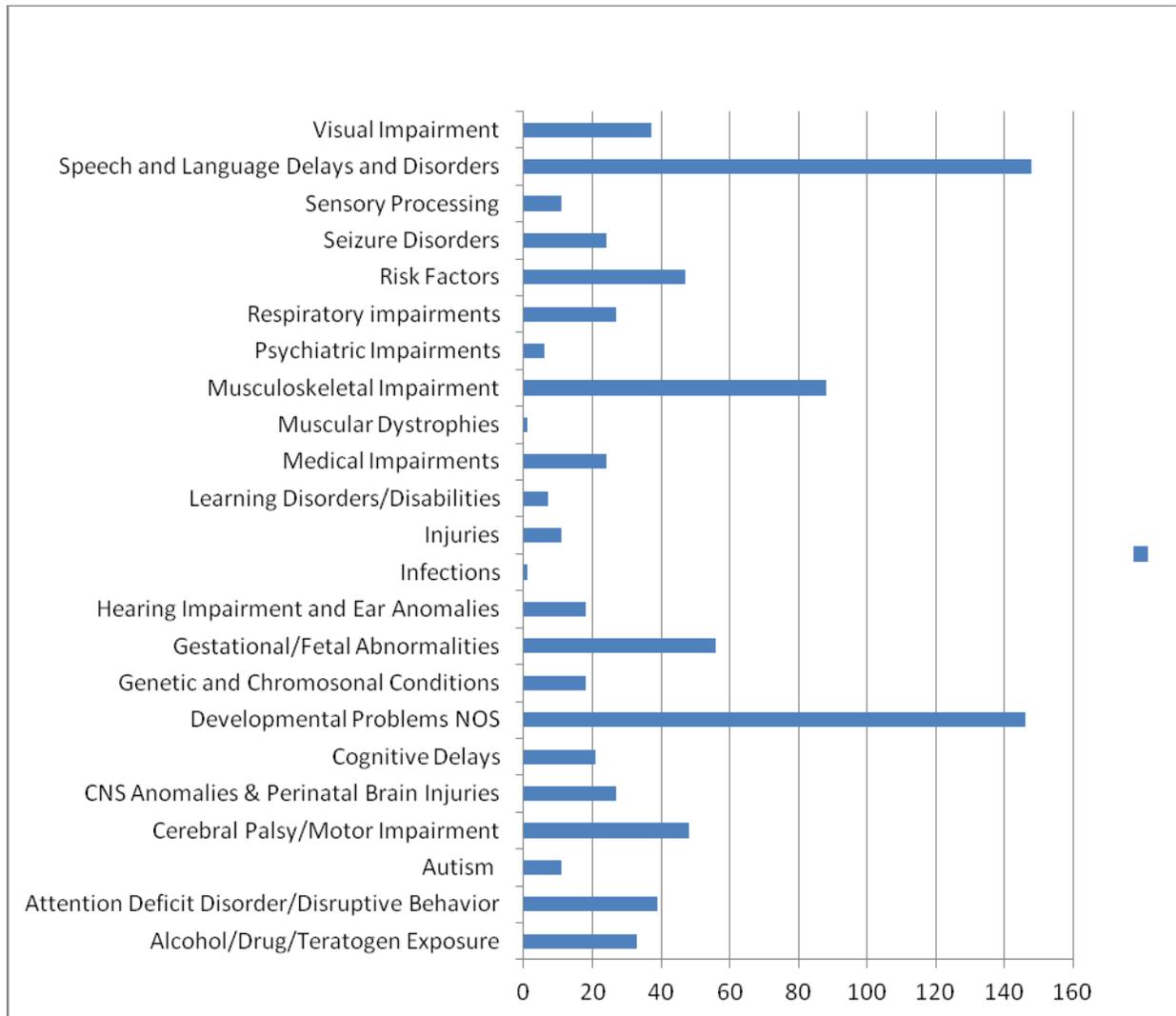
During this same period the CDC wanted to ensure that personnel were able to use their time efficiently to serve clients through engagement in client related activities. The goal was set at 70% of employee time spent in client related activities. The actual percentage of time spent in these activities was averaged to be 74%, with the breakdown as follows: Therapy 59%, Supported Child Development 77% and Building Blocks 87%.

Another goal for the CDC was to maintain contracted service hours for all programs. This was accomplished within all contracted services.



The CDC tracks the diagnoses of children for whom we receive a request for service. The following figure graphically depicts the most common diagnostic categories.

CDC Caseload 2010/2011 by Diagnosis and Number



Effectiveness:

Each department was expected to document achievement of measureable goals for clients served. The percentage of goals achieved for a sample of 35 clients per year per department was recorded and measured through the use of goal attainment scales, individual service plans or individual education plans with the target achievement being 75%. The actual achievement rate was averaged at 75%, with the breakdown as follows: OT 79%, PT 71%, SLP 80%, ECE 62% and SCD 84%. The target achievement level for 2011-12 will remain at 75%.



Effectiveness was also to be measured by ensuring that at least 75% of all children had written, measurable goals identified by parents and/or guardians. The actual percentage of documented goals was averaged at 90%, with the breakdown as follows: OT 100%, PT 89%, SLP 62%, ECE 100% and SCD 100%. The target achievement level for 2011-12 will increase to 90%.

Satisfaction:

A number of satisfaction goals were set for 2010-11 and included the following:

1. 80% of families would indicate on the Exit Survey that they believed they had been included in taking an active role in planning for their children's future goals/needs. The actual achievement rate was 82.5% as indicated by the number of families scoring 4 or 5 on Questions 4 (a) and 4 (b) of the Parent Exit Survey.
2. 90 % of partner agencies would indicate satisfaction that the CDC services have led to positive changes for parents/caregivers. The actual achievement rate was 86 % as indicated by the number of agencies scoring 4 or 5 on Question 4 of the Community Partner Survey. The target achievement level will remain at 90% for 2011-12.
3. There would be an increase in the number of community partnerships established with the aim being 3 partnerships over the past year. The actual number of partnerships was 13 as indicated by the number of agencies answering yes to Question 6 of the Community Partner Survey. The target number of partnerships will increase to 6 for 2011-12.
4. 80 % of staff members would indicate on the Staff Satisfaction Survey that they believe the workplace was safe, supportive, pleasant and conducive to meeting the CDC's mission and Code of Ethic. The actual achievement rates were as follows: Safe 72%, Supportive 55%, Pleasant 87%, Meet Mission 68% and Meet Code of Ethics 75%. The target achievement rate will remain at 80 % for 2011-12 with particular emphasis on providing a supportive work environment and with work being done to encourage everyone to work toward achieving our mission. Please note that the CDC changed its mission for the fiscal year 2011-12 to better reflect the services that we are providing.
5. 80% of staff would indicate on the Staff Satisfaction Survey that an increase in communication amongst internal and external employees had occurred. The actual achievement rate was 59% as indicated by the number of employees scoring 4 or 5 on Question 19 of the Staff Satisfaction Survey. The achievement rate for 2011-12 will be dropped to 75%. This result indicated that there is still work to be done to improve communication with all employees.

Respectfully submitted,

Les Smith
Director of Programming



Early Childhood Education Report

Introduction:

The Child Development Centre provides fully integrated preschool and daycare programs for children 30 months to school age. We have five child care programs operated as three daycare and two preschool classrooms.

Programming at the McGhee House worked in partnership with the Northern Interior Health Unit SLP, and OT, PT and ECE staff from the CDC. These specialized groups supported children and families awaiting therapy. Some groups were parent participation which included an educational component for parents.

Access:

The Orchard and Rainbow Room daycares are licensed for sixteen children each. For the most part, both rooms had full or near full enrolment. Little Footprints, the multi-age group, had full time open spaces for the better part of the year. This program has one ECE staff to eight children. Although we had a wait list for the children who required extra supports, we were not able to fill the spots because there were no Supported Child Development support hours available. There is a long wait list for the three spaces for children under 3 years of age that we are licensed for.

Enrolment was down drastically for the preschool classes.

On average over the year we provided daycare services to 55 families, some full time and some part time.

Efficiency:

Preschool classes are scheduled for Mon/Wed 9:00-11:30, 1:00-3:30 pm, Tue/Thurs 9:00-11:30 and 1:00-3:30 pm and Fri 9:00-11:30 am only in the Young Explorers. Little Wonders had the same morning classes however only had Tue/Thurs pm classes due to limited enrolment.

The hot lunch program continued with funding received from the *Royal Bank* and some additional funding from Gaming. Forty daycare children enjoyed the hot lunch every Monday from September to the end of June. An additional 186 lunches were supplemented throughout the year for some of the children. *The Prince George Activators Society* provided hot soup once a week from July to the end of September. This was appreciated by staff and 40 children from the daycares.

The ECE department continued to sponsor practicum students from the ECE program at CNC, Northern Lights and AECE from the Lakes District. Nursing and educational students from UNBC have completed observations in our programs for their respective training.

The Supported Child Development Program provided services to 40 community child care settings.

Over this past year the consultants offered three Partnership training programs to childcare providers



Effectiveness:

All children registered in the ECE and SCDP programs have an ISP, goal setting and review once a year with the families.

STATS:	Active Caseload	Wait List
Daycare	45	83
Preschool	88	33
SCDP	92	21

The wait list numbers may reflect children who are under 3, children with special needs that require a support staff, needing a specific classes or time that is not available, transportation and funding.

Referrals (April 1, 2010 to March 31, 2011)

Daycare	101
Preschool	110
SCDP	103

Satisfaction:

The special events, Thanksgiving hot lunch, children's Christmas Party and Year-End Picnic were well attended by the families.

Comments from parent surveys, June 2010:

- J has thrived this year. His speech continues to increase and his social skills are greatly expanding! Thanks for all the support!
- L has had great one-on-one time in the class room to work on his letter and number skills. He has also made many wonderful friends
- ...had been supported by the CDC family for several years. We will miss his involvement there!
- It was nice to know that my child was being taught by people who understand how to deal with a child with SN. I never worried about him wondering off or being treated poorly because of his disability.
- All 3 of my children have benefitted from CDC programs. I am very grateful. My son has overcome his separation anxiety from me (mom).
- Wonderful, my son absolutely expanded and flowered. His younger sister sees how happy he is to come and now she is excited too!!
- We are sad to have to say good-bye to the YE class and staff. They have been so supportive through a difficult year. Thanks guys!!
- It has been great for my daughter and therefore I have enrolled my son
- The CDC is a very positive experience for my family; they go above and beyond for you



- This has been a very positive experience for my family. My child is more willing to learn new things. He stays more involved in trying things. This also gives him time with other children his age.
- It has been a very positive experience and E said many times “I love my friends at preschool” She’s very fond of all staff members as well.
- Positive, it has given my son some freedom and has taught him more social skills
- The teachers are great from the moment you walk in the doors, you are greeted with smiles and everyone is an individual instead of a group.
- I’m amazed at her comfort level and ability, particularly on the playground, and I’m so glad she’s had this experience!
- Originally the thought of entering my son into preschool before he was 4 was too early. But I’m glad I did, he has really benefited from going. He is such a busy and smart boy, he needs the stimulation he gets from preschool.
- This preschool program is great, can’t wait to see everyone again in the fall!
- We are happy with the care he is receiving, a little concerned about the area sometimes.
- We have really appreciated all the lovely staff at the CDC over the years, and the positive influence on both of our girls. Thanks

Thanks to all the dedicated staff for their work over the past year: Candis, Colleen, Donna, Iris, Lynda, Marylynn, Maureen, Patty D, Patty L, Susan, Terri, Christy, Esme, Heather, Julia, Karen, Lil, Loretta, Misty, Nicki, Renae, Rita, Sonya, Tammi, Wendy, Kim, Susannah, Coralie, Margot, Bronwyn, Terry, Amanda, Jacqueline, Nicole, Christina, Shelly-Anne, Lorrinda, and Billie

Respectfully submitted by
Sharon Beetlestone
Director of ECE/SCDP



Speech Language Pathology Report

Introduction:

The Speech Language Pathology (SLP) department saw no changes in program services and service area this past fiscal year.

- Area:** Prince George, travel to Mackenzie, McLeod Lake, McBride, Valemount, clients flown to Prince George from the Tsay Keh and Kwadacha Nations.
- Ages:** Newborn to school entry
- Services:** Feeding, Augmentative and Alternative Communication, speech and language delays and disorders.

In January 2011, there was the addition, in a temporary contract, of another full-time Speech Language Pathologist, Darcy Russell. Her position was half funded for one year by the Ministry of Children and Family Development (MCFD). In April 2010, Jenny McNab reduced her hours to a 0.9 position. As of March 31, 2011 there were 3.9 Full-time Equivalent (FTE) SLPs and 1.0 FTE Therapy receptionist. The addition of Darcy meant that we were able to provide direct intervention to many more clients, in particular those entering Kindergarten in September 2011 who were referred after January 2011.

Referrals received	2010-2011	2009-2010
Prince George	94	105
Transferred to Health Unit	81	48
Outreach	42	61
Total	217	214

The staff participated in 4 different Health Fairs where over 60 children were seen. Unique to this year was an invitation to the isolated community of Tsay Keh to assess the speech and language needs of the preschool children. These screening clinics were helpful for public promotion of our services and generated several referrals.

Highlights from the past year included:

- The introduction of the *College of Speech and Hearing Health Professionals* on April 1, 2010. All of our SLPs are now fully licensed to work in British Columbia
- May 2010, Sunny Hill Assistive Technology Team clinic saw 3 clients
- July 2010, School District #57 partnered with the Child Development Centre to provide 8 psycho-educational assessments for CDC clients
- CDC parent library expanded with loan items from the *Deaf Children's Society* and the *Down Syndrome Society*, and updated with DVDs.
- December 2010, Sunny Hill Feeding Assessment team clinic saw 7 clients



- Opportunities given for four high school/university students interested in SLP as a career to observe therapy sessions and assist with a speech therapy group. One was accepted as a student in the University of Alberta SLP program.
- February 2011, Zoe received provincial recognition with the Mentorship and Education Award from the Provincial Paediatric Therapy Recruitment and Retention Coordinator.
- Ongoing education of 3rd year UNBC medical students while on a 1/2 day rotation at the CDC

Access:

	Prince George 2010-2011	Outreach 2010-2011	Prince George 2009-2010	Outreach 2009-2010
Waitlist for treatment (March 31)	34	2	32	1
Waitlist for Initial Consultation (March 31)	14	5	10	2
Active Caseload (March 31)	104	47	98	39
Initial consults completed and eligible for services	112 (total)		114 (total)	

Overall, the need for SLP services remained steady, with an increase in clients receiving active therapy due to the addition of Darcy in January 2011.

Efficiency:

Speech therapy groups continued to be provided by CDC SLPs, Health Unit SLPs and Candis Johnson, Early Childhood Educator at the McGhee House and Health Unit. Groups were held from September 2010-December 2010 and March 2011-June 2011. Over 22 CDC clients received group services. The following sites were assigned with a therapist from either the CDC or Health Unit: Land of Laughter Daycare (2 sites), Aboriginal Headstart, Carney Hill Neighbourhood Centre, CDC daycare and preschool. Darcy provided speech therapy for 9 clients at the Carney Hill daycare and preschool. New this year was a speech therapy group for children who were severely unintelligible who were not ready for 1:1 therapy. This was offered by Jenny McNab and Jackie Dewhurst, from the Northern Health Unit, and was found to be very successful.

Zoe Watt received training to offer the *Partnerships in Communication* workshop to caregivers, ECE teachers and Supported Child Development support staff. She offered this 12 hour workshop in coordination with Julia Lamming, Jenny McNab and Leonor Smith (from Aboriginal Supported Child Development), three times. Over 42 people were trained in how to identify speech and language concerns, and implement simple strategies in the classroom and home.



Effectiveness:

The *Goal Attainment Scale* was implemented in the past year for active therapy clients. There were continued improvements made by staff to fully implement the scale. A sample of 36 clients was taken: 80% of goals were met, 6% were partially met and 14% of goals were not met. Reasons given for partially or not meeting goals were (a) lack of parental follow through (b) client progressed slower than expected.

Satisfaction:

We strive as a department to meet the needs of our families. It brings us great joy when the children gain new skills and achieve new successes. A parent recently gave the following comment after their child had started to use her first words: “(She) started trying to imitate tons of words (not very successfully but she was trying!!). So whether her brain kicked in, she saw talking as a good thing or we started doing something different ... it could all be attributed to your help and I just wanted to say thanks.”

See Centre-wide Outcome measures report for results on Parent Satisfaction surveys for 2010-2011.

I am grateful for the dedicated staff at the Centre, the Section Heads and management who make the Centre a wonderful place to work. I'd like to acknowledge the staff under my supervision: Zoë Watt, Jenny McNab, Darcy Russell, and Debbie Harmon. They are a wonderful team with energy, creativity and compassion.

Respectfully submitted,

Joan Beek,
Senior Speech Language Pathologist



Occupational Therapy Report

Introduction:

Occupational Therapy provided services to children from birth to age 18 in the past year. For Early Intervention Therapy (age's newborn to school entry) we provided full therapy services of treatment and consultation. For School Aged Therapy (school entry to age 18) we provided service in the form of equipment provision and seating for home and community access; as well as school consultation for the private schools and assessments for Northern Health with the Complex Developmental and Behavioural Conditions (CDBC) Assessment Team.

We have staffing funded at 3.5 FTE and the CDBC assessments provided for approximately 0.1 FTE as well. We were very fortunate to maintain a full staff complement for the April 2010 – March 2011 year.

The Occupational Therapy Staff continue to provide group services for our pre-school children with several groups running throughout the year. This year we ran two groups for 4 year old children and one for 3 year old children, all in conjunction with Physical Therapy and ECE working on gross motor, fine motor and pre-school skills. Occupational Therapy focused on fine motor coordination and sensory skills for these children. We also ran in conjunction with ECE, two *Handwriting Without Tears* groups for children about to enter Kindergarten to give them a boost of their fine motor and pre-printing skills. The groups served a dual purpose of decreasing the waitlist by seeing several children at once in a time efficient manner, as well as providing much needed fine motor / sensory therapy for these children. Learning has been shown to be directly related to motor skill development in small children, so treatment in these areas is very important to the future development of our children.

The Occupational Therapy Section continues to work with the *Sunny Hill Health Centre for Children* to host the Positioning and Mobility Clinic two times per year, for our families. Children are able to attend the three day clinic for specialty seating/positioning/mobility device assessment and construction of custom devices, thereby decreasing their need to travel to Vancouver for several appointments a year. In addition to these clinics, Les Smith is providing local service with PG Surg Med to handle complex seating throughout the year. In this way children do not have to wait as long for comfortable, appropriate seating/positioning.

Occupational Therapy has also been involved in general improvements to both the centre and the community. Kirsten spearheaded a sensory room within the centre to be used with our children that have sensory needs. She utilized grants to purchase equipment and renovate some existing space in the daycare. Though we are still waiting for some parts to arrive the room has been used well for the past few months by several children.

Sherry has presented a sensory processing parent/support staff education workshop on three different occasions with huge success and positive feedback from attendees. Kirsten presented a community workshop on providing dental care to autistic children for community dental hygienists. Several presentations have been made at CNC to the ECE students. Sherry and Pat have both participated in the 4 year old fairs in our outreach communities hosted by Northern Health.



Access:

Over the past years, due to severe staffing shortages Occupational Therapy ran an excessively long waitlist. With the implementation of alternate treatment and maintaining a full staff complement we were able to reduce the waitlist to an approximate 30 day's wait maximum. In order to achieve this we implemented group treatment and a treatment block system to ensure that all children receive quality services in a timely manner. With an increase in the number of children referred to both on outreach and within town, this continues to be a challenge and waitlists have crept up to as much as 90 day's wait in some parts of the year.

Statistics: April 1– March 31

	2010-2011	2009-2010	2008-2009
New Referrals	198	146	129
Number of children receiving services	EIP- 212 EIPO- 45 SCH- 85 Total 342	224	197
Clients discharged	EIP- 120 EIPO-29 SCH- 38 Total 187	107	129
Current Active Clients on Caseload	EIP- 90 EIPO-16 SCH-47 Total 153	171	103
Waitlist	EIP-11 EIP-43 EIPO-4 Total 58	19	11
Outreach Clients	45	27	53

Outreach services are being provided to Mackenzie, Valemount and McBride. Fort Ware clients continue to fly to Prince George. The caseload is increasing in all areas, especially Mackenzie, as the service has not been available there in the past. There were 45 children seen on the outreach caseload this year.

Since September we have been able to once again pick up the private school contracts for Occupational Therapy services. There are 12 children receiving some services at this time. We were able to enter a contract with Northern Health for the CDBC clinic in this fiscal year, 10 children were assessed through this clinic.

Efficiency:

Throughout the year Occupational Therapy has focussed on providing a more efficient service. We have implemented 5 groups of 6 children each, to allow for more children to be treated in a smaller amount of time. Groups focused on fine motor and sensory motor skills. Therapists have been



assigned congruent caseloads to allow for grouping and ease in blocking children. Blocking of children continues to work well to move children off the waitlist for services. Children receive 1 – 2 six week blocks of service, and then are placed on consultation instead of treatment for 1 – 2 blocks. They are then reviewed to determine level of services needed. Caseload is divided by location that a child lives or daycare they attend to decrease some of the travel time required by therapists to see children.

We have also revamped many of our handouts and forms to allow for smoother provision and recording of service to the children.

Effectiveness:

Each child is required to have a *Goal Attainment Scale* for the outcome of the therapy provided. These are collected through random sampling yearly. In the past year we obtained 79% effectiveness in obtaining goals set. Goals are set and reviewed in appropriate time frames set in conjunction with the therapist and family. Goals are measured in a variety of ways including: standardized tests, screens, and evaluation of specific skills. We would expect to continue to have a high percentage of goals met in the next year as well, with the Centre standard of 75% or higher.

Satisfaction:

See the *Centre-wide Outcome Measures Report* for results on Parent satisfaction surveys for 2010-2011. Goal is for OT staff to receive written feedback from parents.

Summary:

Despite no increases in staffing, referrals continue to rise with 198 referrals this year as compared to 146 referrals last year and 129 referrals two years ago. Referrals continue to be much higher for small children, newborns to 2 years old, as well as for children experiencing sensory issues. Measures are being taken to try to provide a quality service to as many children as we are able to see, with the use of groups and alternate therapy methods utilizing more consultation with outside caregivers. With upcoming changes in staffing levels due to a resignation and a maternity leave, we will have to alter our services to maintain our current high standard level of care. We have recruited two new staff members that will be starting in May and July. The Centre is very fortunate to continue to have highly experienced, trained and effective staff in the Occupational Therapy department.

Respectfully submitted,

Pat Hamilton
Senior Occupational Therapist



Physiotherapy Report

Introduction:

Physiotherapy services are provided within two programs, *Early Intervention Therapy* [EIP] for children newborn to school entry, and *School Aged Therapy* [SAT] for school entry to nineteen or school leaving. We provide 3 full time equivalent positions [FTE] to the early intervention program and .7 FTEs to the school aged population.

We continue to provide an aquatics program for school aged clients and for this year only, with financial assistance from the city, we added a swim instructor to the team. This was extremely successful and allowed for swimming skills to be taught to children who otherwise could not attend community swim instruction.

PT along with OT and Preschool provided many group programs. These focused on preparing the children for Kindergarten.

The Gymnastics Program has been going for four years and although we refer many children, we no longer provide a therapist.

Two new groups were added. One, an infant pool program, was held in the warmer waters of the hospital pool. A massage group for premature infants was held in partnership with IDP.

We are pleased to have Cleo Lajzerowicz back from maternity leave.

Access:

We have continued to organize our services so that there is no waitlist, and wait times are under a month for new referrals. We have established criteria for the management of new referrals. As part of these criteria, infants under 4 months of age are a priority.

Statistics: April 1 2010 – March 31 2011

Number of children receiving Physiotherapy Services	
Early Intervention Program	357
Early Intervention Program Outreach	33
School Aged Program	69
School Aged Outreach	7
Total	466
Number of new referrals	231
% of children receiving services within 30 days	100%



Referrals:

Musculo-skeletal Concerns:	48%
Neonatal Follow-up:	10%
Gross Motor Delay:	20%
Neurological Concerns:	13%

Efficiency:

Therapists become more efficient as they become more competent. In order to address competency, the physiotherapy department has decided that their focus this year will be **education**.

To this end we have been instrumental in organizing and putting on a course here at the CDC relevant to the needs of therapists working with infants. Also, we have committed to regular sharing of journal information and workshops attended by individual therapists. Presentations to colleagues are part of our commitment to members of the physiotherapy team. We have set as a priority being up to date on current assessment techniques requiring much self study and practice.

More computer accessed resources are being shared which decreases the need to create new programs. The *BC Physiotherapy Association* has a librarian who is available to members for research purposes, and is very helpful in ensuring best practices. We are assured that our treatment strategies are current and backed by the latest knowledge. The websites from other organizations such as *Therapy BC* and *Sunny Hill* also provide a wide range of resource material.

Use of new technology is being incorporated into treatment strategies, such as the Wii and the WiiFit. These allow children to learn skills that can be transferred to home and enjoyed with friends.

The five lending programs continue to function favourably: the Equipment Loan, Pattibob Loan, Orthotic Loan and Toy and Book Lending Libraries. Many of these are unique to this CDC and are important in providing an affordable and timely service to our families. We also make use of the provincial *Red Cross* loan program [CMERLS].

Effectiveness:

The report on effectiveness from last year, in brackets below, continues to be the method by which effectiveness is measured.

Percentage of children with goals documented:	80%
Percentage of goals met:	71%.
Percentage of staff participating in workshops or conferences:	100%
Number of staff providing in-house workshops:	100% [provided at least one]

[Each child is required to have in place at least one goal for the outcome of the therapy provided. These are collected through random sampling yearly. The goals are reviewed at whatever time interval is stated when setting the goal; some goals are very short term, especially with infants. Standardized tests, measurement tools, as well as *Goal Attainment Scaling* are used to measure the effectiveness of the intervention.]



Satisfaction:

Exit Surveys and testimonials indicate a high level of satisfaction with the services received from the Physiotherapy Department. As quoted from a parent:

“I feel she [the physiotherapist] has so much experience with children with special needs that she knows exactly how to support the families in order to support the child. The main thing about her is she isn't only a fabulous physiotherapist but an incredible individual as well. I look forward to our weekly sessions as I feel she truly does care about the progress of my son, she never makes me feel guilty for what I have or have not done. She is a great physiotherapist, teacher, and individual!”

The complex health needs of the children we see can be inferred from the source of referrals. The majority of referrals to physiotherapy come from the Neonatal Intensive Care and Paediatric Units of *University Hospital of Northern BC*, as well as from Paediatricians, Public Health Nurses and Family Practitioners. This includes 26 referrals for infants with *Plagiocephaly* [flattened head]. This number has risen steadily from 7 referrals in 2005.

Summary:

We continue to learn, improve and aim for the best physiotherapy possible for the children referred to us for help.

Hosting a course attended by therapists from all regions of the province and taught by a therapist from Ontario allowed us to informally evaluate our services in comparison to those available in other regions. We found no region that provided superior service to ours. We can be very proud of the program offered to the children of Prince George and District.

Respectfully submitted,

Llaesa North
Senior Physiotherapist



Family Services Report

Introduction:

The Family Services department provides a variety of services for the children and families involved with the CDC. There are two components in the service for families, the Building Blocks section specifically addresses the needs of families at the CDC who have been identified to be at risk and all other services to the rest of the children and families involved with the CDC. In addition, the Child and Family Resource Worker (CFRW) is involved in facilitating professional development opportunities in the city and strengthening partnerships and relationships with other community members. Some of the services provided by this program are: *Sunbeams Grief and Loss Group, Parenting groups, Positive Approaches to Behaviour*, professional development, community referrals, liaise with social workers and other professionals, home visits, individual counselling, individual service plans for children, assistance for staff and much more.

Access:

Currently on the Family Services caseload there are:

- Building Blocks – 14 active, 8 waitlist
- Family Services – 39 active, 21 waitlist
- As of April 1 there have been 13 referrals to the Building Blocks program and 53 referrals to Family Services. *Note* * Discrepancies in the Building Blocks numbers are due to the fact that several referrals were made to Family Services but were transferred to Building Blocks
- Sunbeams Grief and Loss Group – 15 active, 5 waitlist (2nd Sunbeams program starts May)
- Parenting Group – 6 waitlist (1st group start in September in conjunction with Intersect another group may operate in early summer)
- Sibling Group – 3 waitlist and several more potential children to be approached once a date has been set for the program (waiting for summer when children are out of school)
- Funding – 3 families received services to obtain funding for various medical equipment or are in the process of determining their needs before following through with funding
- Other Services - 16 active, 16 inactive (not currently needing service but waiting on caseload), 21 waitlist (too young, no service available to meet needs or more information needed)
- More than one service - 15 families



Efficiency:

Building Blocks

- Services provided through this program are referrals to other agencies, individual counselling, communication between other professionals, information regarding safety or wellbeing, support services and referrals, home visits, transportation arrangements, advocacy, legal assistance, and personalized counselling
- Each family involved utilized at least one or more of the services mentioned in the period from December 2010 to April 2011
- Collaboration between social workers and outside agencies - *Structured For Success, Aboriginal Infant and Family Development, Ministry of Children and Families, Northern Family Health Society, Head Start, Infant Development Program, Intersect, Northern Attachment Network, and Child Care Resource and Referral*

Sunbeams

- 4 separate Sunbeams programs took place from September 2010 to April 2011.
- 3 groups were run out of the CDC and one group off site at Aboriginal Infant and Family Development
- 19 children were invited to join the program, 10 parents, 4 grandparents and 2 foster parents attended the parent orientation
- Attendance has been very regular with an average of less than 2 absences every week. There was a total of 10 weeks of classes.
- Discussions with parents after the weekly classes have all been favourable and have included positive feedback and reports of learning continuing at home
- One of the weekly classes had a volunteer who helped with set up, clean up and implementation of the program
- Completion rate is 100%
- A second Sunbeams program is scheduled to begin in May - 5 children (the recommended number) are on the list to be contacted once a date has been set. These children are all expected to attend.

Positive Approaches to Behaviour (formerly Challenging Behaviours)

- 15 participants attended - mostly early childhood educators or supported child development workers.
- 9 total absences in a 5 week period
- Overall evaluation - participants gave the course and facilitation 4.5 /5 for content, skills learned, presentation and effectiveness in meeting their goals

Handle With Care – Child and Infant Mental Health

- 18 participants mostly early childhood educators and family daycare providers attending on a monthly basis
- Currently we have completed 4 of 9 sessions. The program is offered two times per month occurring 1 Monday, 1 Saturday
- Approximately 2 absences per week
- Session evaluations give the course content and facilitation a rating of 4/5



Other Services

- Transportation Services – 5 new referrals to the Carefree Society HandiDart bus service and many more answers explained about the service. Meeting with Carefree's Executive Director to alleviate current or potential challenges with the service to the CDC. 1 family received information on car seats and 4 children were loaned car seats for use on the Carefree bus
- Individual Counselling – more than 8 families use this service. Some on a very regular and basis and some brief sessions. Staff also seek advice on inter-staff relationships
- Home Visits – attended several home visits for 4 families. Some individual and others in conjunction with a therapist or social worker
- Funding Requests – several requests for one family, 2 families showed interest but are not actively involved in the process
- Transitions to Kindergarten – attended the Kindergarten transition meeting with School District 57. Assisted 5 families with expectations and ideas to get ready for Kindergarten
- Child Custody and Family Issues – 3 or more families were assisted through the legal process of custody, addressing family violence, emergency plans and placement, and court proceedings
- Grandparent Support – 3 grandparents received assistance on community resources, individual counselling and information
- Requests for Services – many informal and some formal referrals to outside agencies mentioned above
- Community Outreach – partnered with the *Infant Development Program*, *Child Care Resource and Referral* and *Aboriginal Infant and Family Development* to facilitate the *Handle with Care* and *Sunbeams* programs. Became a member of the *Northern Attachment Network Advisory*
- Community problem solving/advice and questions answered – many phone calls or brief discussions with community members were accepted. Advice on typical child development, concerning behaviour, community services, updates on past children and general questions took place. Subjects ranged from medication for children, sexual behaviour, grief and loss, various conditions such as attention deficit disorder, addictions etc. This is one of my favourite parts of my job.



Effectiveness:

Building Blocks

- Challenges: building relationships with families – Solution: Partnered with other agencies involved with the family, therapists and early childhood educators
- Challenges: finding resources that meet the family's needs – Solution: assistance from agencies who have worked with the family in the past, suggestions or phone calls from social workers and other agencies identifying family needs that I may not see, proven track record for help and solutions
- Challenges: uncertainty of Ministry of Children and Families funding – Solution: wait and see, provide the service while I can

Sunbeams Grief and Loss Group

- Challenges: children on the program's waitlist as the CDC only has the only grief and loss program for 3-5yr olds in Prince George – Solution: Start another program to run concurrently with the current Sunbeams program at a different date and time. Solution: Collaborate with other agencies to facilitate Sunbeams with the children in their programs

Parenting Group

- Challenges: Address the needs of parents on the waitlist – Solution: Begin a Parenting group September 2011 in collaboration with Intersect
- Challenges: Several individual requests by parents for solutions to parenting questions and problems – Solution: same as above
- Challenges: Need for Parenting program appropriate to the needs of the children and parents who have expressed interest – Solution: Look into several parenting programs for content that meets the need of the families
- Challenges: Need for support in facilitation of parenting course – Solution: Partnership with other agencies and include their clients in the course.

Sibling Group

- Challenges: Lack of interest – Solution: Reintroduce idea of a sibling group during the summer months, co-facilitate with another organization

Satisfaction:

The following are a few comments indicating satisfaction with groups that the Child and Family Resource Worker has conducted:

1. Feedback from the *Handle With Care* program co-facilitated with the *Infant Development Program* – January to June 2011
“...Enjoyable and informative. They (the facilitators) were attentive and respectful. Will definitely recommend this to others!”
2. Feedback from my *Sunbeams* group – 2011
“This program has not only been helpful to my daughter but it's helped me, as her mom, as well. Thank you so much!”



Goals for the Future:

- Continue building partnerships with outside agencies through co-facilitation of groups, regular communication, visits and presentations to agencies that are or could be resources for the families at the CDC
- Increase a positive public image of the CDC through involvement in community events, sponsoring programs and attending workshops and professional development opportunities
- Assist in the professional development of community members by continuing with the *Positive Approaches to Behaviour* program and co-facilitating other programs as needed
- Continue to work on a form for evaluating the services to clients

Respectfully submitted,

Tanya Klassen, BaCYC
Child and Family Resource Worker





Agenda

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- 5. Reports**
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- 6. Operational Reports**
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- 7. New Business**
- 8. Adjournment**