

Child Development Centre

of Prince George and District Association



45th Annual General Meeting

2011-2012 Annual Report

September 25, 2012, 5:30 p.m.



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Board of Directors – 2011-2012

President: Al Clark
Vice-President: Gary Russell
Treasurer: Kent Cooper
Secretary: Valerie O'Connor
Directors: Helen Chipman
Brenda Gendron
MJ Jacobson
Glenda Prkachin
Alissa Reynolds
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, 2012)

MANAGEMENT:

Darrell Roze (Executive Director)

Les Smith (Director of Programming)

ADMINISTRATION:

Kim Aydon (Finance Administrator)

Carla Paulson (Administrative Support Team)

Lynda Hall (Administrative Support Team)

Alyssa Arthurs (Administrative Support Team)

THERAPY:

Joan Beek (Senior SLP)

Cleo Lajzerowicz (Physiotherapist)

Lynn Bergmann (Physiotherapist)

Michelle Lawton (Occupational Therapist)

Carley Billups (Physiotherapist)

Sherry Mitchell (Occupational Therapist)

Jody Edamura (Occupational Therapist)

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)

Family Support

Tanya Klassen (Child and Family Resource Worker)

**Early Childhood Education and Supported Child Development
Continued on next page**



Staff List – March 2012 (Continued)

EARLY CHILDHOOD EDUCATION:

Sharon Beetlestone (ECE Manager)

Daycare:

Susan Burkitt

Patty Dawson

Lynda Horning

Terri Mitchell

Maureen Mitchell

Iris Von Sychowski

Preschool:

Marylynn Brown

Patty Lambkin

Donna LeBlanc

Colleen Soares

ECE Subs

Shelly-Ann Bengert

Noeda Blanchard

Jacqueline Cormier

Margot Dieteker

Shannon Ginter

Wendy Gobbi

Lorinda Johnston

Logan Keim

Christina Lang

Sammi Lundblom

Billie Madhok

Lisa Marsh

Lil Payne

Barb Peake

Marylynn Power

Charlene VonBieker

Supported Child Development:

Christy Kubert (SCD Manager)

Tammi Dinelle

Karen Doherty

Candis Johnson

Rena Johnson

Christy Kubert

Julia Lamming

Heather Matthews

Rita Newell

Coralie Peters

Nicki Pratt

Kim Sandu

Sonya Valckx

Esmé Van Der Merwe

Misty Wilson

SCDP/ECE Subs:

Lil Payne

Bronwyn Carr

Jacqueline Cormier

Margot Dieteker

Wendy Gobbi

Lorinda Johnston

Patty Lambkin

Christina Lang

Billie Madhok

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 27, 2011** p. 5-28
- 4. Business Arising from the Minutes** p. 5-28
- 5. Reports**
 - 5.1 President's Report p. 28-29
 - 5.2 Treasurer's Report and Financial Statements p. 30-42
 - 5.3 Executive Director's Report p. 43-44
 - 5.4 Nominating Committee Report p. 44
- 6. Operational Reports**
 - 6.1 Director of Programming p. 46-47
 - 6.2 Early Childhood Education p. 48-51
 - 6.3 Supported Child Development Report p. 51-52
 - 6.3 Speech Language Pathology Report p. 53-55
 - 6.4 Occupational Therapy Report p. 55-58
 - 6.5 Physiotherapy Report p. 58-60
 - 6.6 Family Services Report p. 61-65
- 7. New Business**
- 8. Adjournment**

Draft Minutes, 44th AGM - September 27, 2011

**Child Development Centre of Prince George
and District Association
Tuesday, September 27, 2011**

PRESENT:

Members:

Phil Foucher	Val O'Connor
Al Clark	Gary Russell
Helen Chipman	Alissa Reynolds
MJ Jacobson	Kent Cooper
Glenda Prkachin	Gerald Bellringer
Bonita Ewert	Gina Mapstone
Tammy Dodyk	Heather Johradsky
Julie MacMillan	Ron Epp

Staff:

Darrell Roze	Les Smith
Renae Johnson	Pat Hamilton
Tanya Klassen	Kim Aydon
Deborah Harmon	Julia Lamming
Llaesa North	Lynda Horning
Lynda Hall	Joan Beek
Lynn Bergmann	Sharon Beetlestone
Kim Sandhu	Christy Kubert
Michelle Lawton	Terri Mitchell
Susan Burkitt	Carla Paulson
Patty Lambkin	Esmé Van Der Merwe

The President called the meeting to order at 5:30 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 presented.
Moved/Seconded Russell/Bellringer Carried.

3. Adoption of Minutes

Motion: That the minutes of the 43rd Annual General Meeting of the Child Development Centre of Prince George & District Association held on Tuesday, September 21st, 2010 be adopted.
Moved/Seconded Cooper/Chipman Carried.

4. Business Arising from the Minutes – None

5. Reports

5.1 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 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

Motion: **That the President's Report be accepted.**
 Moved/Seconded Clark/Jacobson Carried.

5.2 Treasurer's Report and Financial Statements:

The President introduced Ron Epp from KPMG to present the Audited Financial Statements for the fiscal year ending March 31, 2011. The Statement of Operations shows a \$29,808 deficit, including a one-time, \$55,880 adjustment to accrue additional sick leave and severance payouts.

Motion: **That the Child Development Centre of Prince George and District Association appoint the accounting firm of KPMG as auditors for the 2011/2012 operating year.**
 Moved/Seconded Cooper/O'Connor Carried.

Motion: **That the Treasurer's Report be accepted.**
 Moved/Seconded Cooper/Reynolds Carried.

Motion: That the Child Development Centre of Prince George and District Association receive, as circulated, the Financial Statements for the fiscal year ending March 31, 2011.
Moved/Seconded Cooper/Bellringer Carried.

5.3 *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.

Motion: **That the Executive Director Report be accepted.**
 Moved/Seconded **Clark /Chipman** **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:
Alan Clark	Philip Foucher
Helen Chipman	Valerie O'Connor
Mary Jean Jacobson	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
- * Alissa Reynolds
- * Kent Cooper

* Glenda Prkachin

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.

Motion: That Valerie O'Connor, Jos Van Hage, Gary Russell, Alissa Reynolds, Kent Cooper, and Glenda Prkachin be elected to the Board of the Child Development Centre of Prince George and District for a two-year term expiring at the 2012/2013 Annual General meeting.

Moved/Seconded Clark /Chipman Carried.

Motion: That the Nominating Committee Report be accepted.

Moved/Seconded O'Connor/Bellringer Carried.

6. Operational Reports:

6.1 Director of Programming 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 was involved in piloting this tool and we are currently awaiting its publication.

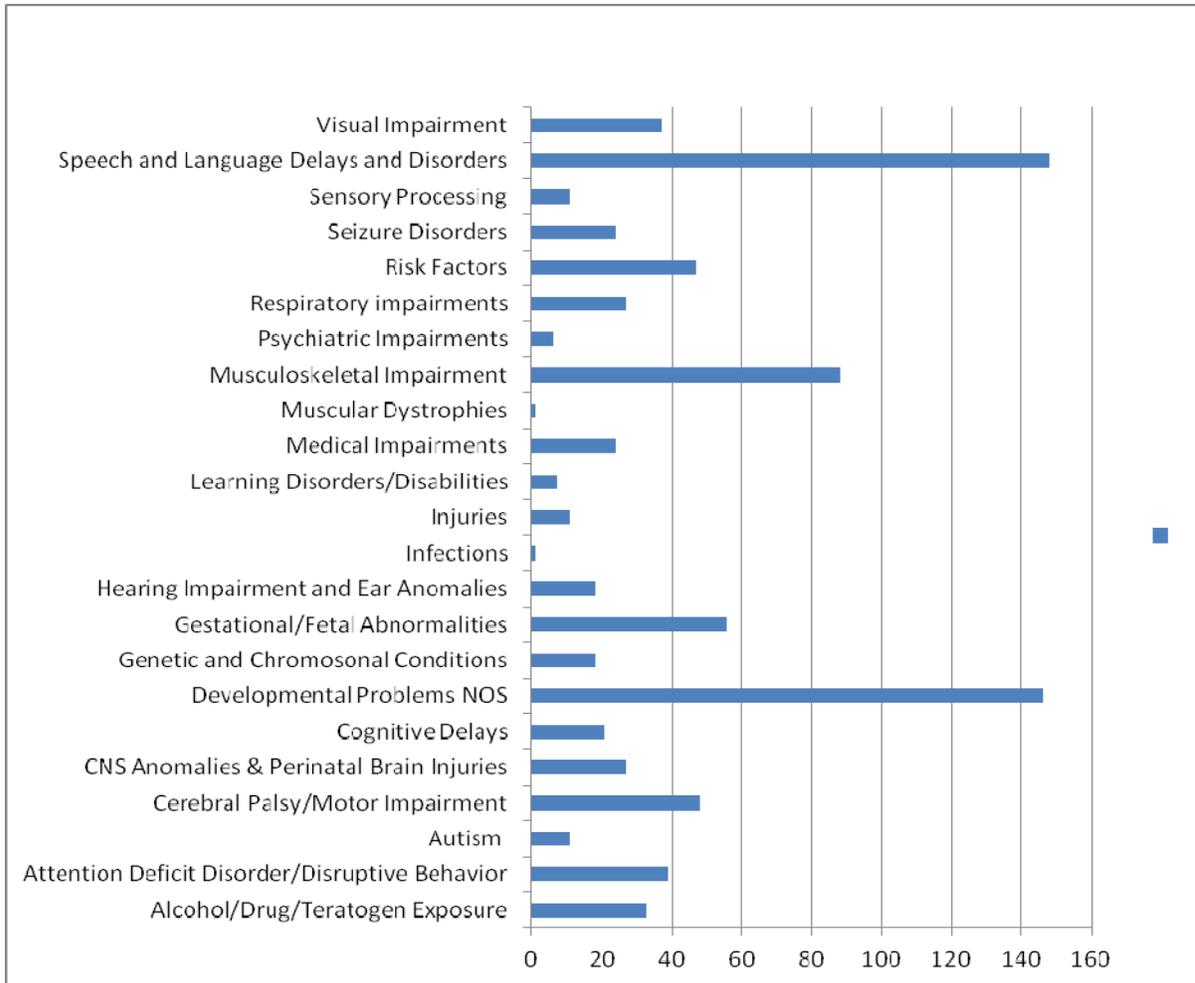
For the 2010-11 fiscal year, the CDC wanted to develop and run 4-6 children's groups involving different professionals working together. This goal was easily accomplished as indicated by the reports provided by Family Services, OT, SLP and McGhee House Programs. This goal will remain for the upcoming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

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

Early Childhood Education Report

Introduction:

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

Day Care- active caseload	45 children	wait list	83
Preschool- active	88	wait list	33
SCDP active	92	wait list	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.
- All 3 of my children have benefitted from CDC programs. I am very grateful. My son has overcome his separation anxiety from me (mom).
- 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, Billie

6.3 Therapy Reports

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.

Draft Minutes, 44th Annual General Meeting - September 27, 2011

<i>Referrals received</i>	<i>2010-2011</i>	<i>2009-2010</i>
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, SunnyHill 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, SunnyHill 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, 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, 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: Zoe Watt, Jenny McNab, Darcy Russell, and Debbie Harmon. They are a wonderful team with energy, creativity and compassion.

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 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 with 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 both on outreach and within town referred, 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, Valmont 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 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 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 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 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.

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
<hr/> Total	<hr/> 466
Number of new referrals	231
<hr/> % of children receiving services within 30 days	<hr/> 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 insuring 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 Sunnyhill 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; these are 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.

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 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, 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, 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, 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 mostly early childhood educators or supported child development workers attended.
- 9 total absences in 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 Session 4 or 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 seek advice on certain inter-staff relationships and general operating issues
- 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 though 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 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. 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

Motion: **That the Operational Reports be accepted.**
 Moved/Seconded **Prkachin/Reynolds** **Carried.**

7. New Business - NONE

8. Adjournment

Motion: **That the 44th Annual General Meeting of the Child Development Centre of Prince George and District Association be adjourned at 6:26 p.m.**
 Moved/Seconded **Jacobson/Bellringer** **Carried.**



President's Report

The CDC has been providing services for Children and Youth with Special Needs (CYSN) and their families for 45 years, a truly incredible and impressive history of serving the community and surrounding area.

I joined the Board of Directors in 2005 when the Centre was in the process of carrying out the expansion at the building on Strathcona.

My daughter attended the CDC as she was growing up. I felt this was the opportunity to contribute back to a very special organization that had such an impact in my daughter's life and my family's life.

This past year has been my first year as president of the Board. Since I joined the Board I have been witness to an incredible and positive impact with the number of changes that have occurred at the CDC. One thing that has remained constant is the dedicated staff that works to improve the developmental outcomes of the hundreds and thousands of children who have received services at this facility in Prince George. I would like to thank all the Staff at the CDC. They truly committed to the children in Prince George and the neighbouring Regions.

I would also like to thank Darrell Roze, Executive Director and Les Smith, Director of Programming for their leadership and dedication in running the CDC.

I was able to attend a Provincial Board meeting of the British Columbia Association of Child Development and Intervention (BCACDI) in 2010 with Darrell Roze and soon after became a Provincial Board member of the BCACDI. Through this experience I have learned the importance of the role of the BCACDI. It has become apparent to me that through the Provincial Advocate, Jason Gordon and the BCACDI Board it is imperative to continually provided critical information on the needs of the Association Members to the ever changing personnel in the various Government Ministry's. This is a necessary and a key component for the appropriate funding and contract management of Associate Members like the CDC who rely on Government contracts to provide services to CYSN and their families. The message of communication and coordination between the three Ministry's; the Ministry of Children and Family Development, the Ministry of Education and the Ministry of Health to share information and work together is of the utmost importance to ensure the best, most efficient level, and most effective distribution of funding for Children and Youth with Special Needs. The needs of children throughout the Province are typically the same however; the Government must understand and recognize that all areas of the Province are not the same when considering the geographical differences and unique challenges in providing service for each geographical area.

Thank you to all our fantastic thoughtful and generous community donors for helping to support the CDC and we look forward to continued support from this great community. The CDC could not provide the level of service it does without you.



Again, I would like to thank the dedicated staff at the CDC your efforts truly make a difference to the Children and their families who attend the CDC. Thank you and well done.

Darrell and Les, your leadership, commitment and determination to provide the best services to the children and families of this region are commendable.

Finally, I would like to extend my gratitude to my fellow board members who donate their time to help run the CDC which in turn provides such a greatly needed service to ensure the Children and Youth with Special Needs have an opportunity to grow to their full potential.

Thank you,
Al Clark,
President

Financial Statements of

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

Year ended March 31, 2012



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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, 2012 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, 2012, and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles. As required by the BC Society Act, we report that, in our opinion, these principles have been applied on a basis consistent with that of the preceding year.

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 long, horizontal, slightly wavy line that serves as a signature line.

Chartered Accountants

Prince George, Canada

THE CHILD DEVELOPMENT CENTRE OF PRINCE GEORGE AND DISTRICT ASSOCIATION

Statement of Financial Position

March 31, 2012, with comparative information for 2011

	2012	2011
Assets		
Current assets:		
Cash	\$ 449,906	\$ 566,318
Accounts receivable	31,770	38,850
Prepaid expenses	1,971	1,836
	<u>483,647</u>	<u>607,004</u>
Capital assets (note 2)	1,240,789	1,300,783
Restricted cash (note 3)	161,291	42,453
	<u>\$ 1,885,727</u>	<u>\$ 1,950,240</u>

Liabilities and Net Assets

Current liabilities:		
Accounts payable and accrued liabilities	\$ 35,036	\$ 37,006
Accrued payroll expenses	290,744	332,385
Deferred revenue (note 5)	342,933	253,614
	<u>668,713</u>	<u>623,005</u>
Deferred capital contributions (note 6)	1,058,919	1,101,456
Net assets:		
Invested in capital assets (note 7)	181,870	199,327
Unrestricted	(23,775)	26,452
	<u>158,095</u>	<u>225,779</u>
Contingencies (note 8)		
	<u>\$ 1,885,727</u>	<u>\$ 1,950,240</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, 2012, with comparative information for 2011

	Budget 2012	Actual 2012	Actual 2011
Revenue:			
Province of BC	\$ 2,543,329	\$ 2,513,299	\$ 2,515,275
Child Care Operating Fund	61,014	68,018	68,623
Interest	-	3,660	-
Program fees	381,410	431,083	400,072
Fundraising	85,000	87,275	52,643
Gaming	19,446	16,821	139,900
Donations	25,000	37,893	37,483
Miscellaneous	27,940	34,711	17,208
Amortization of deferred capital contributions	69,400	88,231	91,630
	<u>3,212,539</u>	<u>3,280,991</u>	<u>3,322,834</u>
Expenditure:			
Amortization	120,000	116,415	115,772
Audit and legal	10,000	10,399	13,829
Bank charges	13,000	11,052	13,372
Computer repairs and maintenance	27,000	18,809	3,439
Food and recreation	15,590	2,049	10,028
Fundraising expenditures	35,000	22,462	23,297
Gaming	-	27,454	45,030
Insurance	11,200	11,021	10,880
Janitorial	40,000	46,900	43,480
Office and general	14,400	31,450	49,102
Purchased services	1,200	1,502	675
Repairs and maintenance	32,000	48,145	43,453
Staff development	15,014	12,833	26,547
Staff recruiting	10,400	8,000	-
Supplies	57,850	29,674	20,499
Telephone	16,150	15,209	16,195
Travel	39,330	37,188	39,195
Utilities and rent	27,249	30,667	29,795
Wages	2,801,931	2,867,446	2,848,054
	<u>3,287,314</u>	<u>3,348,675</u>	<u>3,352,642</u>
Revenue under expenditure for the year	\$ (74,775)	\$ (67,684)	\$ (29,808)

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, 2012, with comparative information for 2011

	Invested in Capital Assets	Unrestricted	2012 Total	2011 Total
Balance, beginning of year	\$ 199,327	\$ 26,452	\$ 225,779	\$ 255,587
Revenue under expenditure				
for the year (note 7)	(28,184)	(39,500)	(67,684)	(29,808)
Purchase of capital assets	56,421	(56,421)	-	-
Funding received for purchase of capital assets	(45,694)	45,694	-	-
Balance, end of year	\$ 181,870	\$ (23,775)	\$ 158,095	\$ 255,779

See accompanying notes to financial statements.

THE CHILD DEVELOPMENT CENTRE OF PRINCE GEORGE AND DISTRICT ASSOCIATION

Statement of Cash Flows

Year ended March 31, 2012, with comparative information for 2011

	2012	2011
Cash provided by (used in):		
Operations:		
Revenue under expenditure	\$ (67,684)	\$ (29,808)
Add items not involving cash:		
Amortization	116,415	115,772
Amortization of deferred capital contributions	(88,231)	(91,630)
Change in non-cash operating working capital:		
Accounts receivable	7,080	(6,461)
Prepaid expenses	(135)	521
Accounts payable and accrued liabilities	(1,970)	529
Deferred revenue	89,319	(69,276)
Accrued payroll expenses	(41,641)	89,706
	<u>13,153</u>	<u>9,353</u>
Investment:		
Restricted cash	(118,838)	12,581
Purchase of capital assets	(56,421)	(147,589)
Increase in deferred capital contributions	45,694	96,849
	<u>(129,565)</u>	<u>(38,159)</u>
Decrease in cash during the year	(116,412)	(28,806)
Cash, beginning of year	566,318	595,124
Cash, end of year	<u>\$ 449,906</u>	<u>\$ 566,318</u>
Supplemental cash flow information:		
Interest paid	\$ 11,052	\$ 13,372
Interest received	\$ 3,660	\$ -

See accompanying notes to financial statements.

THE CHILD DEVELOPMENT CENTRE OF PRINCE GEORGE AND DISTRICT ASSOCIATION

Notes to Financial Statements

Year ended March 31, 2012

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%
Equipment and furnishings	15%
Fencing	10%
Parking lot	5%
Playground equipment	10%

Assets that no longer provide long term service potential for the Association are written down to residual value.

(c) 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.

(d) 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.

THE CHILD DEVELOPMENT CENTRE OF PRINCE GEORGE AND DISTRICT ASSOCIATION

Notes to Financial Statements

Year ended March 31, 2012

1. Significant accounting policies (continued):

(e) 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.

(f) 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 accrued payroll expenses. Actual results could differ from those estimates.

(g) 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, 2012. 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.

THE CHILD DEVELOPMENT CENTRE OF PRINCE GEORGE AND DISTRICT ASSOCIATION

Notes to Financial Statements

Year ended March 31, 2012

2. Capital assets:

			2012	2011
	Cost	Accumulated amortization	Net book value	Net book value
Automotive	\$ 23,209	\$ 6,383	\$ 16,826	\$ 19,147
Building	1,994,746	1,082,374	912,372	959,172
Computer equipment and software	132,071	123,252	8,819	18,130
Equipment and furnishings	566,582	486,785	79,797	61,070
Fencing	12,974	9,577	3,397	4,299
Land	35,188	-	35,188	35,188
Playground equipment	137,374	117,858	19,516	29,769
Parking lot	182,679	17,805	164,874	174,008
	\$ 3,084,823	\$ 1,844,034	\$ 1,240,789	\$ 1,300,783

3. Restricted cash:

	2012	2011
Direct Access Funding	\$ 161,291	\$ 42,453

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 \$39,264 (2011 - \$38,425). 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 (2011 - \$839) was distributed to the Association.

THE CHILD DEVELOPMENT CENTRE OF PRINCE GEORGE AND DISTRICT ASSOCIATION

Notes to Financial Statements

Year ended March 31, 2012

5. Deferred revenue:

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

	2012	2011
Balance, beginning of year	\$ 253,614	\$ 322,890
Less: amount recognized as revenue during the year	(127,235)	(217,737)
Add: amounts received for subsequent periods	216,554	148,461
	\$ 342,933	\$ 253,614

The balance consists of:

	2012	2011
Dutch Auction proceeds	\$ 62,427	\$ 62,427
Specific donations	78,902	63,407
Province of British Columbia	30,313	48,189
Direct access	161,291	38,112
Other	10,000	41,479
	\$ 342,933	\$ 253,614

6. Deferred capital contributions:

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

Deferred capital contributions are as follows:

	2012	2011
Unamortized deferred capital contributions	\$ 1,058,919	\$ 1,101,456

THE CHILD DEVELOPMENT CENTRE OF PRINCE GEORGE AND DISTRICT ASSOCIATION

Notes to Financial Statements

Year ended March 31, 2012

6. Deferred capital contributions (continued):

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

	2012	2011
Balance, beginning of year	\$ 1,101,456	\$ 1,096,237
Amortization to revenue	(88,231)	(91,630)
Amounts received in the year	45,694	96,849
	\$ 1,058,919	\$ 1,101,456

7. Invested in capital assets:

(a) Invested in capital assets is calculated as follows:

	2012	2011
Capital assets	\$ 1,240,789	\$ 1,300,783
Amounts financed by:		
Deferred contributions - spent	(1,058,919)	(1,101,456)
	\$ 181,870	\$ 199,327

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

	2012	2011
Excess of revenue under expenditure:		
Amortization of deferred capital contributions	\$ 88,231	\$ 91,630
Amortization of capital assets	(116,415)	(115,772)
	\$ (28,184)	\$ (24,142)

THE CHILD DEVELOPMENT CENTRE OF PRINCE GEORGE AND DISTRICT ASSOCIATION

Notes to Financial Statements

Year ended March 31, 2012

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, 2011 this plan disclosed an aggregate \$12.3 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 \$79,445 (2011 - \$82,799) for employer contributions to the plan in 2012.

(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 plan is a multi-employer contributory pension plan. Basic pension benefits provided are defined. The Plan has about 173,000 active members and approximately 63,000 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 unfunded 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 unfunded liability to individual employers. The Association paid \$146,412 (2011 - \$130,773) for employer contributions to the Plan in 2012.

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.

THE CHILD DEVELOPMENT CENTRE OF PRINCE GEORGE AND DISTRICT ASSOCIATION

Notes to Financial Statements

Year ended March 31, 2012

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

When looking back over the past several years, I am impressed with the level of positive change we have accomplished – especially given the financially constrained environment that we continue to work within.

Administrative and Service Improvements:

The most substantial change we undertook last year was our transition to Nucleus Labs, a new electronic charting system. We had been working on this change for over two years, so it was nice to see it come to fruition. Although the data migration proved more challenging than expected, we are starting to see the benefits. I would like to commend the centre's administrative support team for their hard work in this area; the transition represented a substantial amount of work.

The changeover also represented important milestones within a couple of larger endeavours. One initiative we are working toward is the implementation of a more “paperless” charting system. Paperless charting will facilitate improved data access (including remote access) and data sharing. Our new electronic system is well suited to this approach.

A second initiative that we have worked toward over the last few years is the development of a service network for children with special needs. This would represent a first within the province, allowing improved access to services, improved collaboration between service providers, and improved data sharing (with parent/guardian consent). The Nucleus Labs system is well-suited to this project due to its ease of use and scalability.

The new system is providing a number of additional important benefits. It provides a new source of management information. We hope this will lead to a more systematic allocation of future resources. The system also greatly simplifies the generation of Ministry of Children and Family (MCFD) reports. The system is also user-friendly, and it allows many more concurrent users, allowing broader staff utilization. Lastly, the new software comes with far better support than our last system, providing greater assurance that issues will be resolved in a predictable and timely fashion.

Programming:

We split the Early Childhood Education (ECE) and Supported Child Development (SCD) last year with the goal of strengthening both programs. The split allowed for an improved structure, including increased time for management and leadership of the programs' staff.

Building Improvement:

With the assistance of Variety, the Children's Charity, we renovated the CDC's gym last year. This included installing rubberized flooring, a new wall divider, ceiling tiles, acoustic tiles to help buffer sounds. The staff chose the paint colours, providing a new, updated look. In addition, we bought some additional equipment that has been greatly appreciated by staff and children alike.



We also changed all of the centre's light ballasts and fluorescent tubes, providing an improved environment to work and play under. The new bulbs/tubes are more efficient, running cooler and using less electricity. They have improved colour rendition, and they flicker less as they operate on a much higher frequency – of great benefit to children with some sensory issues. The tubes will also be much less expensive to replace in the future.

External Communication:

As a non-profit, charitable organization, we have a limited budget for advertising. We rely heavily on free and low cost promotion. This includes engaging the media to provide free promotion through media releases. This has continued to work well over the previous year. We have also been working to improve our online presence, taking advantage of the way the Internet has largely revolutionized the way many individuals access data today. Over the last year we made further improvements to our web site and we set up a Facebook fan page that is linked to a Twitter account. In the future, we would like to make even better use of social media to promote the centre's activities.

Challenges:

Since starting at the CDC, I have worked hard at helping ensure that the Centre is financially managed effectively and that we run sustainable and self-supporting programming. I have always believed that it is critical to run financially balanced programming, ensuring we don't sacrifice future programming in order to facilitate additional programming over the short-term.

Due to a number of changes within our external environment, we have run into substantial financial challenges with our early childhood education programming. The program's costs continue to rise faster than its revenues. The challenge for the future will be containing this program's deficit by cutting costs, increasing revenues, and/or differentiating our services.

We have one substantial, underutilized resource. The CDC has been grappling with how to make greater use of volunteers. While we often have an ample supply of individuals that are interested in volunteering for the CDC, it has often been difficult to find meaningful placements for them. Finding volunteer placements also provides a benefit to post-students as volunteer experience is often considered within applications to higher level educational programs.

The level of communication has long been a concern with staff. We will continue to look for ways to improve communication, including both increasing levels of communication and ensuring that our staff members make good use of information that has been made available to them.

Complaints:

We received no formal complaints last year.



Nominating Committee Report

ANNUAL GENERAL MEETING September 25, 2012

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:

Valerie O'Connor

Gary Russell

Kent Cooper

Jos Van Hage

Two years completed:

Alan Clark

Helen Chipman

Resignations:

Glenda Prkachin, Alissa Reynolds, and Mary Jean Jacobson have regrettably resigned from The Child Development Centre of Prince George and District Board of Directors in September 2012.

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.

* Alan Clark

* Helen Chipman

* Brenda Gendron

The above provides for 9 Board Members for 2011/2012. The Nominating Committee will present to the Annual General Meeting, September 25, 2012; 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 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. The CDC implemented Nucleus Labs as our statistical system and electronic record system in October/November 2011. We will try to determine if 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, 63% of community partners indicated the referral process was easy to complete. This is down from 92% in 2010-11. The reason for this is unclear, but may be related to changes with the consent process, as both the referral and consents are completed at the time of referral. The target achievement rate for 2012-13 will be 85%.

Efficiency

In 2009-2010, a goal was set to develop and utilize a caseload management tool for therapy services. This goal was carried forward for the past 2 years 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 have been involved in piloting this tool. The tool has now been published and is being compared to another tool that has been devised by the national associations of OT, PT and SLP. The CDC intends to have a caseload management tool in place by September 2012.

For the 2011-12 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 OT and SLP which demonstrates that 8 groups ran during the fiscal year. The goal for the upcoming fiscal year will be to run 6-8 groups.



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 60% of employee time spent in client related activities. This rate is suggested by determining the human resources time available per FTE employee and subtracting sick/vacation/statutory holiday time and non-client related time (e.g. meetings, professional development, etc) which compose approximately 40% of one's time. The actual percentage of time spent in these activities was averaged to be 71%, with the breakdown as follows: Therapy 58%, Supported Child Development 72% and Building Blocks 84%. Closer monitoring of client related time will be a goal for the upcoming year.

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

In the past, the CDC tracked the diagnoses of children for whom we receive a request for service. With the implementation of Nucleus Labs as our statistical and electronic clinical record, we will need to input this data as it was a data file that could not be transferred from our previous system.

Effectiveness

Each department was expected to document achievement of measurable 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 79%, with the breakdown as follows: OT 79%, PT 82%, SLP 83%, ECE 66% and SCD 87%. The target achievement level for 2012-13 will increase to 80%.

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 100%, SLP 100%, ECE 100% and SCD 100%. The target achievement level for 2012-13 will increase to 95%.

Satisfaction

A number of satisfaction goals were set for 2011-12 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 83% as indicated by the number of families scoring 4 or 5 on Questions 5 (a) and 5 (b) of the Exit Survey. The target achievement rate for 2012-13 will rise to 85%.
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 80 % 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 2012-13.
3. There would be an increase in the number of community partnerships established with the aim being 4-6 partnerships over the past year. The actual number of partnerships was 14



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 12-14 for 2012-13.

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 87%, Supportive 73%, Pleasant 67%, Meet Mission 87% and Meet Code of Ethics 94%. The target achievement rate will remain at 80% for 2012-13 with particular emphasis on providing a supportive and pleasant work environment. A lot of work was done over this past year toward achieving our mission, including the development of a new mission statement that was more reflective of the work provided by the CDC.
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 46% as indicated by the number of employees scoring 4 or 5 on Question 19 of the Staff Satisfaction Survey. This result indicated that there is still work to be done to improve communication with all employees. We may want to examine how this is being measured and how the question is worded.
6. 75% of partner agencies would indicate that CDC services are diverse and culturally relevant. The actual achievement rate was 79% as indicated by the number of partner agencies scoring 4 or 5 on Question 7 of the Community Partner Survey. The aim for 2012-13 is to have 80% of our community partners respond that our services are diverse and culturally relevant.

Respectfully submitted,

Les Smith
Director of Programming

Early Childhood Education (ECE) Report

Introduction:

The Child Development Centre provides fully integrated preschool and day care programs for children 30 months to school entry. We have five child care programs - three day cares and two preschool classrooms. We offer early intervention programming at the McGhee house in partnership with the Northern Health Speech & Language Clinic, and Speech Language Pathology, Occupational Therapy and ECE staff from the CDC. Some groups are parent participating which includes an educational component for parents. The Supported Child Development (SCD) and Early Childhood Education Department was reorganized into two departments. Christy Kubert the manager of SCD and Sharon Beetlestone is the manager of ECE. The ECE department was also restructured, losing the break shift staff F.T.E. position and the



afternoon preschool classes. Preschool staff and the manager of ECE cover the daycare staff breaks and planning times.

Access:

The Orchard and Rainbow daycares are licensed for sixteen children each. Both rooms had full or near full enrollment throughout the year. Little Footprints has eight children enrolled. There is a long wait list for the three under 3 spaces for which this program is licensed. On average over the year, we provided day care services to 55 families, some full time and some part time. We hosted an open house for the preschool and daycare May 28, 10am -1pm at the CDC. We had poor attendance from the community. More advertisement is needed for future years. Preschool classes are scheduled Monday through Friday from 9:00 to 11:30 am in the Young Explores and Little Wonders rooms. All classes were full for most of the time.

Efficiency:

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 December, when the funding expired. An additional 360 lunches were supplemented throughout the year for some children. The Prince George Activators Society provided hot soup once a week from July to 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 Aboriginal ECE from the Lakes District. This past year we sponsored 8 students. Nursing and education students from UNBC have completed observations in our programs for their respective training.

We hosted the School District transition meeting, February 8th. The CDC, SCD, Aboriginal SCP and Northern Health Speech & Language Clinic shared information with the School District #57 area support team about children with special needs going into Kindergarten September 2012. Two of our daycare programs had the pleasure of two volunteers participating weekly.

Training: We sponsored Friend to Friend training at the Civic Centre on June 3rd. Many community members attended. Early Years Health Fair was held at South Fort George Park on June 11th. Some staff took part in the “I am Moving I am Learning” training July 13-15. This training program promotes good nutrition and exercise for young children to help combat obesity in children.

Effectiveness:

All children registered in the ECE programs have an individual service plan (ISP) that sets goals for the children and is reviewed once a year with the families.

STATS:

Day Care- active caseload over the year	84 children	wait list	115
Preschool- active	108 children	wait list	102

Satisfaction:



Thanksgiving lunch was enjoyed by all the daycare families and appeared to be the best turn out ever. Thirteen family members from the Rainbow room attended; 8 from Little Footprints and 17 from the Orchard Room. The Year End Family picnic was a huge success, occurring, June 24th in the playground. The Christmas party for the families was well attended. This year we had some funding to have a catered pancake brunch provided by Just Goode Foods. The families provided the desserts and juice. We had rented two bouncy castles and the children thoroughly enjoyed the event. On December 12, the Tour of Lights, an annual event offered to families, in partnership with Care Free was enjoyed by over 80 people in four buses.

Comments from parent surveys, June 2011:

- Everyone at the CDC is so supportive and you can tell everyone loves their job. Thanks everyone
- This was our second straight year having our sons enrolled with the YE and we've enjoyed the staff's friendliness. Keep up the good work.
- R enjoyed YE very much and I would strongly recommend the program to parents looking for preschool
- Over all it is a great program with truly wonderful teachers.
- Thanks again. Keep up the good work☺
- It's nice to drop off our kids to a place where they are comfortable
- I especially like the monthly newsletters from his teachers on what they will be working on that month.
- I felt involved, would love to volunteer if asked
- I think you guys are doing a good job
- I would like to see more in class volunteer opportunities
- We are always informed by the teachers on both strengths and weaknesses.
- What a wonderful group of ladies to work with!
- I hope that they continue to offer the preschool program as they (staff) are amazing and are invaluable to my son's development
- I feel very lucky that CDC accepted E early and that we have a care aide, without this E would not have been able to go to school
- Everyone is very involved and so caring. I couldn't of picked a better place for my children to go
- I could help by supplying snack sometimes
- Our years with the CDC for both our daughters have been exceptionally positive experience for our whole family

Thanks to the ECE and SCDP for making the CDC Child Care Programs a success☺



Thanks to all the dedicated staff for their work over the past year: Colleen, Donna, Iris, Lynda, Marylynn, Maureen, Patty D, Patty L, Susan, Terri, Susannah, Coralie, Terry, Amanda, Jacqueline, Nicole, Christina, Shelly-Anne, Karen, Candy, Daniele, Melanie, Ann Marie and Donna V.

Respectfully submitted by
Sharon Beetlestone
Director of ECE

Supported Child Development (SCD) Report

Introduction:

Supported Child Development provides consultation and support to children from birth to age twelve who have developmental delays or disabilities. SCD supports children to fully participate in inclusive, licensed child care programs. These include preschools, group daycares, family daycares, and after school care programs.

Supported Child Development experienced changes in management in June 2011. Sharon Beetlestone had previously been manager of SCD since inception at CDC in the early 1990's. She remains manager of the ECE department at CDC. Christy Kubert is now .5 manager of SCD and .5 consultant. There are 2 other full time consultants and 11 FTE support staff.

Access:

Presently there are 118 children on SCD caseload in 24 child care programs. In the past year we provided services to 188 children in 30 child care programs. SCD currently has 24 children on the waitlist. Referrals are contacted within at least 90 days of initial referral, but we strive to contact within 30 days of initial referral. We are experiencing an increase in referrals for school age children in after school care programs, as well increasing numbers of referrals for children with behavioral challenges and mental health issues. SCD's goal for the waitlist is by September 2012 to provide service to the children referred prior to February 2012. SCD often shares referrals with Aboriginal Supported Child Development (with parental consent) in the event that ASCD is able to provide service sooner.

Efficiency:

Of the 11 FTE support staff, 1 staff works all day in a single program supporting multiple children. The other 10 support staff work in 2-3 child care programs each day, with some support staff in as many as 6 programs during a week. Staff support between 1-6 children at a time, based on the developmental level and needs of the children.

Part of SCD's mandate is to provide training and education to the community. SCD co-hosted the 14th annual "Every Child Belongs" conference on March 10, 2012 at CNC. We partnered with Child Care Resource and Referral and Aboriginal SCD to provide the conference to over 200 participants, the highest number to ever attend. 6 of the 8 workshops related to child mental health in some way.



Effectiveness:

In the past fiscal year 87% of the goals for the children were accomplished or maintained. The goal is for SCD to have 85-90% of the children's goals accomplished/maintained for the upcoming fiscal year. Goals and a plan are established for each child annually, and these goals are reviewed throughout the year. SCD support staff complete a quarterly report for each child on their caseload in November, February and June. In this report, they comment on the child's progress, successful strategies, challenges, and future activities and strategies to be used in the program. The parent and child care program receive a copy of the quarterly report.

Satisfaction:

In May of each year, SCD sends out a survey to both the parents and the child care programs. Twelve (12) parent surveys were returned in 2011, with 100% satisfaction. Some of the parent comments were: "It overall has been a positive experience with the extra help our son has received to make after school care more successful."; "Supported Child Development is a very valuable service in our community. As hard as it was to reach out to community for support, we did and are very grateful. Our son is doing amazingly well in his daycare and we have Julia and Sonya to thank for that."; and "This was a positive experience for our family."

Six (6) child surveys were returned by child care programs in 2011, with 85% satisfaction. Training and workshops that child care providers felt would benefit themselves and support staff include: self-wellness, managing challenging behavior, information on mental handicaps, and visual impairments.

SCD is modifying the survey to be distributed in May 2012 to include a numbering system from 1-5 to indicate satisfaction. This will make the survey results more measurable. 2011 was the first fiscal year that the parent surveys were mailed out to all parents of children on SCD caseload and the number returned at least doubled from previous years. In May 2012 they will be mailed out again, and the goal is to have 12-16 returned by parents and 8-12 returned by child care programs.

Respectfully submitted,
Christy Kubert
Manager of Supported Child Development

Speech Language Pathology (SLP) Report

Introduction:

The Speech Language Pathology (SLP) department continued to provide services to all contract areas with an additional contract of six full-week sessions to the Dawson Creek Child Development Centre spread between June 2011 and February 2012.



Area: Prince George, travel to Mackenzie; McLeod Lake; McBride; Valemount; and Dawson Creek; clients flown to Prince George from the Tsay Keh and Kwadacha First Nations.

Ages: newborn to school entry

Services: feeding, augmentative and alternative communication, and speech and language delays and disorders.

We had an augmentation in SLP staffing from 2.9 to 3.9 Full-time Equivalent staff from January 2011 to June 2011 in order to fulfill the Dawson Creek contract and meet existing demand. In June 2011, Jenny McNab initially took a leave of absence to be closer to family and then in September 2011 offered her resignation to pursue a job opportunity in Golden, BC. On March 31, 2012 SLP staffing levels were at 3.0 FTE. The 14+ therapy department staff continue to receive competent support from Debbie Harmon in her role as administrative assistant and the whole Centre benefits from her computer support.

Highlights from the past year included:

- UBC SLP first year student, Andrea Lalic did a five week placement under Zoe Watt and Joan Beek
- Darcy Russell provided contract SLP services to Dawson Creek CDC
- Re-organization of computer shared drive folders by Joan and Laurie
- DVD – Talk to your Toddler which was developed by Zoe was offered for sale on website. Posters were distributed throughout the region regarding the DVD. To date we have sold over 100 copies of the DVD to customers as far away as Florida and the Bronx.
- Pat Hamilton, Llaesa North and Joan Beek did a significant revision of the templates for client reports so that they were similar throughout the therapy department and included the World Health Organisation(WHO) International Classification of Function (ICF) language as we strive to meet and exceed current best practices in the field of pediatrics.
- Sunny Hill Vision consultant, Joanne Chiasson met with staff and clients in November 2011.
- In November 2011, a new client database, ‘Nucleus’, was implemented which will help us move towards paperless charting.

Access:

Referrals received	2010-2011	2011-2012
Prince George	94	106
Transferred to Health Unit	81	68
Outreach	42	28
Total	217	204



The number of referrals for the Prince George CDC remained relatively consistent year over year. New referrals are seen within less than six weeks in general.

	Prince George 2010-2011	Outreach 2010-2011	Prince George 2011-2012	Outreach 2011-2012
Waitlist for treatment (March 31)	34	2	27	1
Waitlist for Initial Consultation (March 31)	14	5	13	0
Active Caseload (March 31)	104	47	98	38
Initial consults completed and eligible for services	112(total)		81	18

Total caseload/waitlist varied from a high of 222 clients in May of 2011 and a low of 169 in October 2012. The Sunny Hill Health Centre for Children held an Assistive Technology Clinic at the CDC in October 2011 with seven (7) children being seen.

Efficiency:

Speech therapy groups were run at the McGhee house in conjunction with Health Unit SLPs and Lil Payne, Early Childhood Educator continued. From September 2011-January 2012 four groups were held: 1 toddler, 1 young three year old, 1 severe speech sound and 1 parent participation group. Ten CDC clients were served through groups. From March 2012-June 2012, 3 groups were held: 1 Young 3 year olds, 1 toddler and 1 severe sound group. Four CDC clients were served through these groups. Darcy is co-facilitating the severe sound group. Darcy provided services to 15 clients at the Carney Hill Neighbourhood Centre over the past year. Health Unit SLPs provided services to other sites in Prince George for clients who have difficulty accessing services.

The *Partnerships in Communication* workshop was presented to 15 participants in Mackenzie at the end of September by Zoe and in Prince George to 13 participants in February 2012 at the Native Friendship Centre with Zoe and Leonor Smith, ASCDP consultant. Zoe and Jenny presented a workshop on *Visual Tools for communication Success* at the ECE/SCD conference in April 2011. Providing speech and language training to daycare/preschool providers in the community aides in improving and preventing speech and language difficulties for children on our caseloads and also for children not accessing services.

Effectiveness:

Specific, measurable, achievable, relevant, time related (SMART) goals are written with parents for each client receiving active services. During the past fiscal year, 83% of goals were met, from a sample of 35 clients.



Satisfaction:

See Centre-wide Outcome measures report for results on parent satisfaction surveys for 2011-2012.

Thank you to Jenny McNab for her two years of service with the CDC. She will be missed by staff and clients. Thank you to Zoe Watt, Darcy Russell and Debbie Harmon for their many contributions to the department and Centre.

Respectfully submitted,
Joan Beek,
Chief Speech Language Pathologist

Occupational Therapy (OT) 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 private schools.

We have staffing funded at a 3.5 FTE. We were very fortunate be able to recruit staff for two full time positions this year. Carley Billups accepted the permanent position that was made vacant with Kirsten Tennant moving to Fort St. John. Michelle Lawton accepted the temporary full time position that was made vacant by Jody Edamura's maternity leave. Though we had a couple of months of time with low staffing, overall we have done well in maintaining close to full staff complement for the April 2011 – March 2012 year.

Occupational Therapy has also been involved in general improvements to both the Centre and the community. The sensory room within the centre is now fully functioning. Our children are able to utilize the room for a calming effect.

Access:

Over the past year due to a short term staffing shortage and orientation needs of two new staff members, the Occupational Therapy waitlist increased. With steady numbers of children both on outreach and within town referred, this continues to be a challenge and waitlists have crept up to as much as a 90 day wait in some parts of the year. We have continued to implemented group treatment and a treatment block system to ensure that all children receive quality services in a timely manner. This year we ran two "Fine and Gross Motor" groups for 4 year old children in conjunction with Physical Therapy focusing 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 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 Department continues to work with Sunny Hill Hospital to host the Positioning and Mobility Clinic two times a 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 per year. In addition to these clinics, we are also 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 and appropriate seating/positioning.

Outreach services are being provided to Mackenzie, Valmont and McBride. Fort Ware clients continue to fly into Prince George. There were 23 children seen on the outreach caseload this year.

Since September we have continued with the private school contracts for Occupational Therapy services. There are 19 children receiving some services at this time.

In the past we had a contract with the Northern Health Assessment Network for the CDBC clinic. This was discontinued this year as we found we were unable to bill for the actual hours this service required to provide a quality assessment. We have left the door open for future contracts if Northern Health would be willing to pay for our service.

We continue to present sensory processing parent/support staff education workshops with huge success and positive feedback from attendees, both in Prince George and on Outreach. Presentations have also been made to the Dental Association on how to make visits by children with sensory needs more productive and less stressful. Several presentations have been made at the College of New Caledonia to the ECE students. We participated in the 3 year old fairs in Mackenzie hosted by Northern Health.

Occupational Therapy has partnered with Intersect for a Parenting the Spirited Child Group. This ran weekly for 10 weeks helping 12 parents of children with severe sensory needs, to cope and improve their skills in dealing with their children.



Statistics: April 1– March 31

Year	2011-2012	2010-2011	2009-2010	2008-2009
New Referrals	149	198	146	129
Number of children receiving services	EIP-184 EIPO-23 SCH-61 Total 268	EIP- 212 EIPO- 45 SCH- 85 Total 342	224	197
Clients discharged	EIP- 135 EIPO- 15 SCH- 14 Total 164	EIP- 120 EIPO-29 SCH- 38 Total 187	107	129
Current Active Clients on Caseload	EIP- 122 EIPO- 14 SCH -49 Total 185	EIP- 90 EIPO-16 SCH-47 Total 153	171	103
Waitlist	EIP- 33 EIPO- 0 SCH – 1 Total 34	EIP-11 EIP-43 EIPO- 4 Total 58	19	11
Outreach Clients	23	45	27	53

Efficiency:

Throughout the year Occupational Therapy continued to focus on providing a more efficient service. We have implemented 4 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 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.

New groups are being developed to further improve timely service. A Picky Eater group will be starting for young children in April 2012 to work on sensory based eating difficulties. A group for older children in the same area is currently being planned for the summer.

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% 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, with the Centre standard of 75% or higher.

Satisfaction:

See centre wide outcome measures report for results on parent satisfaction surveys for 2011-2012. Goal is for OT staff to receive written feedback from parents.

Summary:

Overall Occupational Therapy continues to be in high demand. More children that are referred appear to be higher needs and require a longer term of treatment than in the past. 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. We were very lucky to have recruited two new great staff members this year that have quickly fit into the team to help support children. The Centre is very fortunate to continue to have highly experienced, trained and effective staff in the Occupational Therapy department. It is due to their abilities that the department runs well and so many children receive excellent quality services. They are by far our greatest asset at the Centre.

Respectfully submitted,

Pat Hamilton
Chief Occupational Therapist

Physiotherapy (PT) Report

Introduction:

Physiotherapy services are provided to children from birth to 18 years of age through either the Early Intervention Program or the School Aged Therapy Program.

There has been a change in staff personnel this year. Andrea Fredeen retired in December 2011 after 15 years at the CDC. She is greatly missed. Cleo Lajzerowicz began a one year maternity leave in November. Joining us in January was Albert Wong who is a new graduate in Physiotherapy from the University of Alberta. He comes with a background in finance and an



interest in technology and how this technology can be used to benefit children. We are sure he will be an asset to the CDC.

Access:

With the temporary loss of 1.4 FTEs it was a challenge for those remaining to keep up with the demand for service, but physiotherapists made temporary changes to the service model in order to meet the expectations. Overall, children received the services requested in a timely manner.

Staff collaborated to design and provide a more inviting treatment space in our individual treatment areas. Families and staff have responded favourably to these changes.

Statistics: April 1, 2011 – March 31, 2012

Number of Children receiving physiotherapy:	EIP 340, SAT 64
Number of new Referrals:	EIP 230, SAT 12

Efficiency:

Better efficiencies can be found by ensuring that the work done is directed to the goals set.

Providing optimum service for the children referred to physiotherapy is our priority. New reporting templates have been developed to ensure that information is collected and reported in such a manner that it enhances the therapeutic management strategies being incorporated into the child's goals and plan. In this way goals are clear and so therapy is directed towards these goals and is thus more efficient.

Therapeutic equipment has been updated. For example a new, state of the art stander was purchased, to optimize its benefit. We have a new gym floor which makes it much easier for children to walk and ride, and we have new gym apparatus. New assessment approaches have been explored and some adopted. Having loan programs also continues to make the provision of equipment, toys, and orthotics available and timely. These all combine to ensure more efficient use of physiotherapy hours.

For this coming year we are looking at the resources that are available and that we provide to ensure that we are using them in an efficient manner and that our information is current, easily accessible and shared. Electronically available information sourcing is changing the way we collect and share information. New applications are available which can be used or modified to enhance our services. We are all anxious to learn how this will enhance our service.

Effectiveness:

Effectiveness is measured by the analysis of goals met and by the satisfaction of clients and their families. For a sample of 35 children, we found that 82% of the goals that we set were met. However the effectiveness of therapy is more than the counting of goals. It is in the improvement in the quality of life of the child within his or her family and community. This includes an ability to function and participate in a meaningful way.



Not only are we able to provide orthotics, toys and medical equipment to many clients, we collaborate regularly with other professionals and organizations.

We continue to partner closely with school district 97 and provide consultative services to the children with high needs. We work closely with their OTs and teachers.

We ensure that the children who require it are seen here by Dr. David Nelson, an orthopedic surgeon who specializes in paediatrics. We are extremely fortunate to have his services at CDC monthly; nowhere else in the province is this available and we appreciate his generosity to our centre.

Having all the pediatricians in Prince George regularly attend case conferences here is another service that is unique and should be prized. All the above liaisons contribute to being part of a community plan for each child and put the CDC in the hub of a web of services.

We also work with UHNBC, ensuring that we coordinate acute care with long term habilitation.

We are pleased that UNBC has taken the first step towards including physiotherapy in their medical programs. We have worked within the community to bring this to fruition and will be an integral part of the ongoing success of this program.

Satisfaction:

See centre wide outcome measures report for results on parent satisfaction surveys for 2011-2012.

Summary:

I would like to acknowledge the exceptional professionalism of the staff who provide physiotherapy to the children in our community and I feel very fortunate that we have such dedicated and qualified therapists.

Respectfully submitted,

Llaesa North BSR
Chief 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 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, 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 – 9 active, 1 waitlist (waiting to be eligible to attend the CDC daycare programs)
- Family Services – 52 active, 21 waitlist
- Sunbeams Grief and Loss Group – 10 waitlist (2nd Sunbeams program starts May)
- Parenting Group – 7 waitlist
- Sibling Group – 2 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 – 2 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 - 17 active, 18 inactive (not currently needing service but waiting on caseload), 21 waitlist (too young, no service available to meet needs or more information needed)

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, personalized counselling, facilitated visits between parents and children
- Each family involved utilized at least one or more of the services mentioned in the period from December 2011 to April 2012
- Collaboration between social workers and outside agencies - Structured For Success, Aboriginal Infant and Family Development, Ministry of Children and Families, Northern Family Health Society, Aboriginal Head Start, Infant Development Program, Intersect, Northern Attachment Network, Child Care Resource and Referral, Native Friendship Centre, Aboriginal Supported Child Development

Sunbeams

- 4 separate Sunbeams programs took place from September 2011 to April 2012.
- 20 children were invited to join the program, 6 parents, and 2 foster parents attended the parent orientation
- We had several sets of siblings attend the various groups this year and several sets of siblings living in foster care or transitioning to and from their family homes



- Attendance was not as regular as the previous year due to holidays over Christmas and some absences because of some very cold weather. There was a total of 10 weeks of classes with one program attending 2 times per week.
- 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 was 16/20 with one family (2 children) unable to continue due to scheduling conflicts and another family (2 children) moving out of town
- A Sunbeams program will be scheduled to begin in May 2012 – 10+ children are on the list to be contacted once a date has been set. These children are all expected to attend.

Handle With Care – Child and Infant Mental Health

- 18 participants consisting mostly of early childhood educators and family daycare providers attending on a monthly basis
- The last session of 9 was completed in June of 2011. The program was offered one Monday and one Saturday per month
- Approximately 2 absences per week
- Session evaluations give the course content and facilitation a rating of 4/5

B.E.S.T Program (Behavioural Emotional Social Teaching) pilot project

- Planning began in November/December 2011 in partnership with Intersect, the Prince George Native Friendship Centre's (PGNFC) Child and Youth Wellness Program, Aboriginal Supported Child Development, Aboriginal Infant and Family Development and the CDC
- Children were selected from the caseloads of the partnering organizations and 9 children were chosen to attend the group
- The group began on March 26, 2012 and will run for 8 weeks until May 17, 2012.
- The B.E.S.T was designed specifically for children who had been identified as having challenges in behaviour, social and emotional development and curriculum was created to address these needs
- In addition to the preschool type format, the B.E.S.T program includes weekly observations from a clinician from Intersect, art therapy for the children and parents with a counsellor from PGNFC and a parenting group facilitated by myself and a clinician from Intersect
- So far the feedback and participation has been quite positive and the hope is that if funding can be found, this valuable program can run full time for a year. I believe this will significantly address the needs of the families and children with these challenges

Other Services

- Transportation Services – 5 new referrals to the Carefree Society HandiDart bus service and many more answers explained about the service. We appear to have a good working



relationship with the Carefree manager and drivers and recognize that they are a valuable service to us at the CDC and the families whose children attend our program

- Individual Counselling – more than 10 families use 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 several home visits for 7 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
- Child Custody and Family Issues – 3 or more families were assisted though the legal process of custody, addressing family violence, emergency plans and placement and court proceedings. Supervised phone calls between a child and parent was also facilitated
- 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, Sunbeams and B.E.S.T programs. I continue to remain 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. Meeting new families as they enter the daycare programs.
- 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. Continue to build partnerships with other supporting agencies and refer to those agencies as needed.
- 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. 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: offer individual suggestions for the parents until a time when a parenting group can be created. Seek out other agencies that would be willing to partner with the CDC to present a parenting group.
- Challenges: Support for parents as individuals, not specifically needing teaching on parenting matters. – Solution: Create a Parent Support group using the training I received earlier in the year.
- 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

Sibling Group

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

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
- Add other programs to the position that meets the needs of more children i.e.; girls group, expand the B.E.S.T program to a year long. Pre-teen support group for special needs children etc.

Satisfaction

- The various programs offered by the Family Services department have had quite positive feedback this past year. Of the families who participated in the Sunbeams grief and loss groups, all but one family felt that it was a positive experience for themselves and their children. Some families requested more support following the program ending and I have been able to facilitate that or provide other outside resources. One parent said, “I just wanted to let you know that the program has real and lasting impacts on the kids that complete it”. This comment came from a mom about her experience with her son and his ability to use the skills taught in Sunbeams in his interactions with the children at school.
- The participants in the Handle With Care – Child and Infant Mental Health program seemed to find the program helpful. 94% of participants found Handle With Care to be either effective or very effective in their work with young children.



- Formal responses to the B.E.S.T program currently underway have not been collected as of yet. However, the informal comments from the parents and professionals involved have all been positive. It has been expressed several times that a more permanent, year long program would be valuable to these parents and others who come with similar needs.
- The amount of external referrals, questions from outside organizations and comments from the general public have increased showing that the Family Services department is becoming more recognized and better utilized within our community.

Respectfully submitted,
Tanya Bend, 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**
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