



Ridge Meadows Child Development Centre  
**AGM Report**  
**2012 - 2013**

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**RIDGE MEADOWS CHILD DEVELOPMENT CENTRE**  
**24<sup>th</sup> Annual General Meeting Agenda**  
**September 23, 2013**

6:00pm Refreshments

6:30 **AGM**

Welcome and Opening Remarks	Randy Meszaros, President
Adoption of minutes of 2012 AGM	Randy Meszaros
Presidents Report	Randy Meszaros
Financial Report	Christine Minty, Treasurer
Adoption of Audit and Appointment of Auditor for 2013 - 14	Randy Meszaros
Executive Directors Report	Trish Salisbury, Executive Director
Department Director Reports	Nancy Johnston, Speech/Language Brent Fawdry, Physiotherapy Jacqui Moffat, Occupational Therapy
Nominating Committee Report & Election of Directors for 2012-13	Marie Mandoli, Nominating Chair
Acknowledgements - retiring Board members	Randy Meszaros, Bev Moulds
Adjournment*	

Draw for Door Prizes

\* There will be a short meeting of the new Board following the close of the AGM:

- Welcome to new Directors
- Housekeeping/Fill in Form 11, sign copies of Audit, update Director's list
- Set date, time and place for Orientation meeting
- Distribute updated Board Members Manuals
- Confirm date, time and place for next Board meeting

# **Ridge Meadows Child Development Centre**

## **Minutes of the 23rd Annual General Meeting September 19<sup>th</sup>, 2012 held at the Ridge Meadows Child Development Centre 22610 Dewdney Trunk Road, Maple Ridge, BC**

### **Present:**

Members: Marie Mandoli (chair), Bev Moulds, Mandeep Bhuller, Cathy White, Barbara Wright, Jodi Barclay (recorder), Sarah Genuis, Jacqui Moffatt, Christine Hillick, Carol Middleton, Brent Fawdry, Trish Salisbury, Christine Minty, Audrey Taylor, Randy Meszaros, Ryan Duekman, Marie Mandoli, Rachel Pukesh, Paul Gill, Kristen Nelson, Joel Twaites, Kim Van Heek, Sharon Hack, Kate Rowbottom, Kate Smith, Catherine Cooke.

Guests: Vienna Luke, Brian McCormack, Liz McCormack

### **Call to order**

The 23<sup>rd</sup> Annual General Meeting of the Ridge Meadows Child Development Centre Society was called to order by Board President, Marie Mandoli, at 5:05 pm.

### **Welcome and Introductions**

Marie Mandoli welcomed and thanked everyone for attending.

### **MAP Project**

Audrey Taylor shared about the history of the MAP Project and thanked all staff/Board Members involved. Jacqui Moffat thanked the Community Partners that helped contribute to the success of the project.

### **Compelling Story #1**

Marie Mandoli introduced Rachel Pukesh who shared her story and experience with RMCDC.

### **Adoption of the minutes of the 22<sup>nd</sup> Annual General Meeting of the Ridge Meadows Child Development Centre Society held September 26<sup>th</sup>, 2011.**

*Moved by Randy Meszaros and seconded by Bev Moulds to adopt the minutes of the 22<sup>nd</sup> Annual General Meeting of the Ridge Meadows Child Development Centre Society held September 26<sup>th</sup>, 2011.*

*Accepted by consensus*

### **Auditor's Report**

Marie Mandoli introduced Randy Meszaros to present the financial statements and the Auditors Report created by John Pankratz of Friensen Pankratz & Associates, Certified General Accountants, for the fiscal year ending March 31<sup>st</sup>, 2012.

*Moved by Paul Gill and seconded by Rachel Pukesh that the Auditor's Report and financial statements for the fiscal year ending March 31<sup>st</sup>, 2012 be accepted as presented.*

*Accepted by consensus*

### **Appointment of the Auditor for 2012/2013**

*Moved by Marie Mandoli and seconded by Randy Meszaros that Friesen Pankratz and Associates be appointed as the Society's auditors for the fiscal year 2012/2013.*

*Accepted by consensus*

### **Compelling Story #2**

Marie Mandoli introduced Sharon Hack who shared her story and experience with RMCDC.

### **Introduction of new members**

### **Farewell to Barb Wright**

### **Acknowledgments:**

Thank you to the following: Joel and Vienna

Staff Members: Barb Wright - 6 years

Renuka Preocanin - 5 years

Jacqui Moffat - 5 years

Christine Hillick - 5 years

Members: Carol Woodworth - 6 years

Anthony Pyrenburg - 2 years

Mandeep Bhuller - 5 years

### **Compelling Story #3**

Marie Mandoli introduced Riz McCormack who shared her story and experience with RMCDC.

**Motion to Recieve Reports:**

Marie Mandoli announced a motion to receive the following reports: President's, Executive Director's, Nominating Committee's and Clinical Department's.

*Moved by Bev Moulds and seconded by Randy Meszaros that the above noted reports are received.*

*Accepted by consensus.*

**Adjournment**

Marie thanked everyone who attended this evening's meeting and for those that shared their personal stories. A special thank you to Barb Wright and Cathy White for all of their hard work and preparation for the AGM.

*Moved by Christine Minty and seconded by Rachel Pukesh that the meeting be adjourned.*

*Accepted by consensus*

The meeting adjourned at 6:50 pm

September 11, 2013

**RIDGE MEADOWS CHILD DEVELOPMENT CENTRE SOCIETY**  
22610 Dewdney Trunk Road  
Maple Ridge, BC  
V2X 3J9

Dear Trish,

**Re: Your fiscal period ended March 31, 2013**

This confidential management report is designed to keep all of the pertinent records for the current fiscal year together in one, easy to use, package.

**Financial Statements**

We have substantially completed our audit of the society's financial statements in accordance with Canadian Auditing Standards. We expect to release our auditors' report dated August 19, 2013 as soon as we obtain the signed letter of representation.

Our audit is performed to obtain reasonable assurance whether the financial statements are free of material misstatements. Absolute assurance is not possible due to the inherent limitations of an audit and of internal control, resulting in the unavoidable risk that some material misstatements may not be detected.

In planning our audit, we consider internal control over financial reporting to determine the nature, extent and timing of audit procedures. However, a financial statement audit does not provide assurance on the effective operation of internal control at the Association. However, if in the course of our audit, certain deficiencies in internal control come to our attention, these will be reported to you.

Because fraud is deliberate, there are always risks that material misstatements, fraud and other illegal acts may exist and not be detected by our audit of the financial statements.

The following is a summary of findings resulting from the performance of the audit.

1. We did not identify any material matters that need to be brought to your attention.
2. We received good cooperation from management and employees during our audit. To the best of our knowledge, we also had complete access to the accounting records and other documents that we needed to carry out our audit. We did not have any disagreements with management and we have resolved all auditing, accounting and disclosure issues to our satisfaction.

**4. 2.1**

*Accounting...for your peace of mind*

**RIDGE MEADOWS CHILD DEVELOPMENT CENTRE SOCIETY**

Client Letter

For the fiscal period ended March 31, 2013

Please note that Canadian Auditing Standards do not require us to design procedures for the purpose of identifying supplementary matters to communicate with those charged with governance. Accordingly, an audit would not usually identify all such matters.

**Representation Letter**

If you are satisfied with the financial statement presentation and are aware of no additional information that might be required to provide a fair presentation, would you please sign the attached representation letter and return it for our files.

**Computer Accounting Records**

For your records we have enclosed the following:

- Final trial balance
- Adjusting journal entries

Since you post your own general ledger, these adjusting entries should be posted to your general ledger on the last day of your March 31, 2013 fiscal year. Most accounting programs now allow the user to post into the prior year. Once you have completed your year-end adjusting entry it is best to disable the ability to post into the prior year again. This will ensure that entries for the current year are not inadvertently posted into that prior year. Once you have made the entry, check the balances to ensure that they agree to the "Rep" figures for the current year on the enclosed trial balance.

If you have any questions about posting the adjusting entries, please call one of my staff for help.

**4. 2.2**





**RIDGE MEADOWS CHILD DEVELOPMENT CENTRE SOCIETY**

Client Letter

For the fiscal period ended March 31, 2013

**Recommendations**

This fiscal year saw the creation of a new fund "the employee leave fund". Two issues with this fund need to be brought to managements attention.

The first is the necessity of this fund, the addition of the employee leave fund brings internally restricted funds to \$54,669. This is a significant portion of your net assets, if there is no cap on this fund and it and other internally restricted funds continue to grow it may put your granting revenue at risk.

The second issue is that while the employee leave fund was created to accrue the cost of maternity and leaves of absence, during the course of our audit we found that maternity leave for the current year was not applied to the leave fund. This error took place because staff in charge of recording employee leave were not fully aware of the fund.

During the course of our audit we note that the applied amortization policies were different than those stated in the policies and procedures manual. We also note that prior year capitalization of computer assets was different from managements expectations. To ensure that capitalization and amortization policies are applied consistantly we recommend that you update these sections of your policies and procedures manual and retrain staff who will be involved in initiating and recording these transactions.

During the course of our audit of the financial statements we did not identify any of the following matters: misstatements other than trivial errors, fraud, misstatements that may cause future financial statements to be materially misstated, illegal or possible illegal acts or significant weaknesses in your controls or procedures.

We would like to express our appreciation for the cooperation and assistance we received during the course of our audit.

This letter is prepared solely for the information of management and those charged with governance and is not intended for any other purpose. We accept no responsibility to a third party who uses this communication.

Please contact one of our professional staff if you need help with, or have questions about any of these items.

Sincerely,

*Friesen Pankrat & Associates LLP*

**4. 2.3**

 **FRIESEN PANKRATZ & ASSOCIATES LLP**  
Certified General Accountants



# **RIDGE MEADOWS CHILD DEVELOPMENT CENTRE SOCIETY**

**Financial Statements**

**March 31, 2013**

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## **INDEPENDENT AUDITORS' REPORT**

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To the members of:  
**RIDGE MEADOWS CHILD DEVELOPMENT CENTRE SOCIETY**

We were engaged to audit the accompanying financial statements of RIDGE MEADOWS CHILD DEVELOPMENT CENTRE SOCIETY which are comprised of the statement of financial position as at March 31, 2013, and the statements of operations, changes in net assets and cash flows for the year then ended, along with 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 accounting standards for not for profit organizations, 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 the auditor's 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, the auditor considers internal control relevant to the entity'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 entity's internal control. 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 that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

In our opinion, these financial statements present fairly, in all material respects, the financial position of RIDGE MEADOWS CHILD DEVELOPMENT CENTRE SOCIETY as at March 31, 2013 and its financial performance and its cash flows for the year then ended, in accordance with Canadian accounting standards for not for profit organizations.

*Friesen Pankratz & Associates LLP*

**CERTIFIED GENERAL ACCOUNTANTS**

Abbotsford, B.C.  
August 19, 2013



**RIDGE MEADOWS CHILD DEVELOPMENT CENTRE  
SOCIETY**  
Statement of Operations  
For the year ended March 31, 2013

	2013	2012
<b>REVENUE</b>		
Provincial government contracts	\$ 1,192,175	\$ 1,192,022
School district contracts	111,468	108,212
Federal government contracts	99,595	180,219
Community gaming grants	86,663	86,548
Other revenue	14,361	28,566
Fundraising	13,795	37,742
Donations in kind	5,130	-
Amortization of deferred capital contributions	2,451	3,414
Interest income	2,390	2,425
	<b>1,528,018</b>	<b>1,639,148</b>
<b>OPERATING EXPENSES</b>		
Salaries and wages	1,082,899	1,173,463
Employee benefits and payroll costs	168,547	165,232
Program costs	95,279	128,011
Rent	75,826	74,918
Office, stationery and postage	30,382	24,419
Sub-contracts	24,145	24,756
Travel	13,188	14,420
Repairs and maintenance	11,907	13,506
Professional fees	12,805	11,230
Insurance	7,226	7,203
Education staff development	6,255	9,218
Amortization	5,580	27,015
Telephone	5,474	4,937
Memberships and licences	2,414	2,218
Interest and bank charges	444	188
Advertising and promotion	96	1,445
	<b>1,542,467</b>	<b>1,682,179</b>
<b>LOSS BEFORE OTHER ITEMS</b>	<b>(14,449)</b>	<b>(43,031)</b>
Income from internally restricted funds (Note 4)	169	(2,534)
<b>NET LOSS</b>	<b>\$ (14,280)</b>	<b>\$ (45,565)</b>

See accompanying Notes to Financial Statements and Auditor's Report

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**RIDGE MEADOWS CHILD DEVELOPMENT  
CENTRE SOCIETY**

Statement of Changes in Net Assets  
For the year ended March 31, 2013


	Invested in capital assets		Unrestricted	Internally restricted	2013	2012
<b>NET ASSETS - Open</b>	\$	4,283	\$ 282,259	\$ 54,500	\$ 341,042	\$ 386,607
Net Loss		-	(11,945)	(2,335)	(14,280)	(45,565)
Amortization of capital assets		4,283	270,314	52,165	326,762	341,042
Amortization of deferred revenue		(5,580)	5,580	-	-	-
Interfund transfers		2,451	(2,451)	-	-	-
		10,661	(13,165)	2,504	-	-
<b>NET ASSETS - Close</b>	\$	11,815	\$ 260,278	\$ 54,669	\$ 326,762	\$ 341,042



**RIDGE MEADOWS CHILD DEVELOPMENT CENTRE  
SOCIETY**  
Statement of Financial Position  
As at March 31, 2013

	2013	March 31, 2012	April 1, 2011
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash	\$ 297,488	\$ 313,071	\$ 280,823
Temporary investments	289,548	287,158	284,733
Accounts receivable	132	1,703	64,492
Prepaid expenses	9,725	12,098	11,034
Health benefits trust	-	-	11,883
Corporate taxes refundable	4,844	5,088	5,507
	<b>601,737</b>	619,118	658,472
<b>TANGIBLE CAPITAL ASSETS (Note 5)</b>	<b>18,349</b>	13,268	40,282
	<b>\$ 620,086</b>	\$ 632,386	\$ 698,754
<b>LIABILITIES &amp; NET ASSETS</b>			
<b>CURRENT LIABILITIES</b>			
Accounts payable and accruals	\$ 43,570	\$ 38,462	\$ 23,562
Payroll liabilities payable	118,247	126,153	173,109
Deferred revenue (Note 7)	124,973	117,744	103,079
	<b>286,790</b>	282,359	299,750
<b>LONG-TERM LIABILITIES</b>			
Deferred capital contributions (Note 7)	6,534	8,985	12,399
<b>NET ASSETS</b>	<b>326,762</b>	341,042	386,605
	<b>\$ 620,086</b>	\$ 632,386	\$ 698,754

APPROVED ON BEHALF OF THE BOARD:

 Trustee

 Trustee

See accompanying Notes to Financial Statements and Auditor's Report

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 **FRIESEN PANKRATZ & ASSOCIATES LLP**  
Certified General Accountants



**RIDGE MEADOWS CHILD DEVELOPMENT CENTRE  
SOCIETY**

**Statement of Cash Flows  
For the year ended March 31, 2013**

	<b>2013</b>	<b>2012</b>
<b>OPERATING ACTIVITIES</b>		
Loss from operations	\$ (14,449)	\$ (43,031)
Add: non-cash items affecting operations		
Amortization	5,580	27,015
Accounts receivable	1,571	62,791
Prepaid expenses	2,372	(1,064)
Accounts payable and accruals	5,108	14,900
Sales taxes payable	244	419
Deposits payable	4,779	11,251
Payroll taxes payable	(7,906)	(46,957)
Restricted fund deficit	169	(2,534)
	<b>(2,532)</b>	<b>22,790</b>
<b>FINANCING ACTIVITIES</b>		
<b>INVESTING ACTIVITIES</b>		
Acquisitions of capital assets	(10,661)	-
Temporary investments	(2,390)	(2,425)
Health benefits trust	-	11,883
	<b>(13,051)</b>	<b>9,458</b>
<b>(DECREASE) INCREASE IN CASH OR EQUIVALENTS</b>	<b>(15,583)</b>	<b>32,248</b>
<b>CASH - OPEN</b>	<b>313,071</b>	<b>280,823</b>
<b>CASH - CLOSE</b>	<b>\$ 297,488</b>	<b>\$ 313,071</b>

See accompanying Notes to Financial Statements and Auditor's Report

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# RIDGE MEADOWS CHILD DEVELOPMENT CENTRE SOCIETY

Notes to Financial Statements  
For the year ended March 31, 2013

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## 1. DEFINITION OF ENTITY

The Ridge Meadows Child Development Centre society is incorporated under the laws of British Columbia as a not-for-profit society and is registered as a charity for income tax purposes and, accordingly, is exempt from income taxes on its operations. The society provides and sustains a quality support system that includes therapy, education and counselling for children with special needs and their families residing within the Maple Ridge and Pitt Meadows area.

## 2. ACCOUNTING POLICIES

### (a) Accounting framework

These financial statements have been prepared in accordance with accounting standards for not-for-profit organizations.

### (b) Amortization

Capital assets are recorded at cost and are being amortized on the declining balance basis at the following rates:

Motor vehicles	30 %
Computer equipment	30 %
Furniture and fixtures	30 %
Therapy equipment	20 %

Leasehold improvements are being amortized on the straight-line basis over their estimated useful life.

During the year the society purchased a new server and disposed of the old server for zero proceeds.

### (c) Investments

Investments are accounted for on the cost basis.

See accompanying Notes to Financial Statements and Auditor's Report

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## **RIDGE MEADOWS CHILD DEVELOPMENT CENTRE SOCIETY**

**Notes to Financial Statements  
For the year ended March 31, 2013**

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### **ACCOUNTING POLICIES (Continued)**

#### **(d) Revenue recognition**

The Society uses the deferral method of accounting for contributions. Government contracts are recognized as revenue in the period to which they relate. Funding received for future periods is recorded as deferred revenue.

Donations designated for operation are recognized as revenue as the expenses are incurred. Undesignated donations are recognized as revenue when they are received.

Contributions for capital assets are deferred and amortized over the estimated useful life of the underlying asset.

#### **(e) Measurement uncertainty**

The preparation of the financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities as at the date of the financial statements, as well as reported amounts of revenues and expenses during the reporting period. These estimates are subject to measurement uncertainty and the effect on the financial statements of changes in such estimates in future periods could be significant.

#### **(f) Change in accounting policies**

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations (ASNPO) which is a framework available under Canadian generally accepted accounting principles (GAAP). The financial statements were prepared by applying the newly adopted accounting policies under accounting standards for not-for-profit organizations at the opening balance sheet date and throughout all periods presented. Any assets or liabilities required to be recognized or unrecognized according to these standards are adjusted to opening retained earnings.

The society's new accounting policies are similar to those applied under the previous accounting framework and, consequently, there is no difference in opening retained earnings and comparative net income.

#### **(g) Contributed services**

The society benefits greatly from the service of many volunteers. Because these services would not otherwise have been purchased, and due to the difficulty of determining their fair value, donated services are not recognized in these statements.

See accompanying Auditor's Report

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# RIDGE MEADOWS CHILD DEVELOPMENT CENTRE SOCIETY

Notes to Financial Statements  
For the year ended March 31, 2013

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## ACCOUNTING POLICIES (Continued)

### (h) Donations and gifts in kind

Donations of materials and services are recognized in the accounts of the society at estimated fair market value when the materials and services are used in the normal course of the society's operations and would otherwise have been acquired for distribution in accordance with the society's purpose and objectives. The total donations in kind recorded during the year was \$5,130 (2012: \$0).

### (i) Fund accounting

The society uses fund accounting procedures to account separately for resources that have been designated for specific purposes and to maintain stewardship responsibility. Established funds are as follows:

#### Invested in Capital Assets

These amounts represent funds invested in the capital assets of the society.

#### Unrestricted

These amounts represent funds used in the regular operating activities of the society.

#### Internally Restricted

These amounts represent funds set aside by the board for specific purposes. The internally restricted funds include technology fund, bike fund, retirement and recruitment fund, and employee leave fund.

## 3. FINANCIAL INSTRUMENTS

Financial instruments are defined as a contractual right to either receive or deliver cash or another financial instrument to another party. The company's financial instruments consist of the following items:

- Cash
- Temporary investments
- Accounts receivable
- Accounts payable
- Prepaid expenses
- Deferred revenue
- Deferred capital contributions

### Fair Value

The carrying amount of cash, temporary investments, accounts receivable, accounts payable and prepaid expenses approximates their fair value because of the short-term

See accompanying Auditor's Report

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 **FRIEDEN PANKRATZ & ASSOCIATES LLP**  
Certified General Accountants



**RIDGE MEADOWS CHILD DEVELOPMENT CENTRE  
SOCIETY**

**Notes to Financial Statements  
For the year ended March 31, 2013**

nature of these items.

The carrying amount of deferred capital contributions approximates their fair value because the interest is consistent with current rates available to the company with similar terms.

**Credit Risk**

The society's financial assets that are exposed to credit risk are accounts receivable.

**4. RESTRICTED FUND SHORT FALL**

The shortfall on restricted funds is made up of the following:

	2013	2012
Transfer to employee leave fund	\$ 11,000	\$ -
Employee leave fund	(8,496)	-
Technology fund	(1,010)	(2,534)
Recruitment and retention fund	(1,325)	-
	<b>\$ 169</b>	<b>\$ (2,534)</b>

**5. TANGIBLE CAPITAL ASSETS**

	Original Cost	Accumulated Amortization	2013	2012
Leasehold improvements	\$ 171,947	\$(171,947)	\$ -	\$ -
Computer hardware	137,098	(124,680)	12,418	4,795
Furniture and fixtures	76,934	(75,578)	1,356	1,937
Motor vehicles	65,371	(60,796)	4,575	6,536
Therapy equipment	63,872	(63,872)	-	-
	<b>\$ 515,222</b>	<b>\$(496,873)</b>	<b>\$ 18,349</b>	<b>\$ 13,268</b>

See accompanying Auditor's Report

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**RIDGE MEADOWS CHILD DEVELOPMENT CENTRE  
SOCIETY**

Notes to Financial Statements  
For the year ended March 31, 2013

**6. LEASES**

The Society has entered into an operating lease for the use of the premises. The current lease agreement expires December 31, 2017.

Under the terms of the leases, the minimum annual lease payments and anticipated triple net charges required are:

<b>Year</b>	<b>Operating</b>
<b>2014</b>	\$ 74,654
<b>2015</b>	\$ 75,115
<b>2016</b>	\$ 75,585
<b>2017</b>	\$ 76,064
<b>2018</b>	\$ 63,645

**7. DEFERRED REVENUE**

Changes to deferred revenue are made of the following:

	<b>2013</b>	<b>2012</b>
Opening Balance	\$ 117,744	\$ 103,079
Less amounts recognized as revenue during the year	(95,508)	(104,647)
Add transfers	2,200	1,860
Add amounts received related to next year	100,538	117,452
	<b>\$ 124,974</b>	<b>\$ 117,744</b>

Deferred revenue amounts are comprised of the following amounts:

	<b>2013</b>	<b>2012</b>
Deferred Prov of BC Gaming Grants	\$ 96,361	\$ 83,024
Deferred MCFD Incredible Years	3,555	3,032
Deferred MCFD Van	12,382	15,604
Deferred MCFD Respite	1,509	3,358
MCFD Katzie Nights	1,799	2,306
Govt of Canada - HRDC	-	188
Deferred Speech Workshop	3,942	4,093
Deferred OT Workshop	5,358	6,139
Deferred Donations - Bike Fund	68	-
	<b>\$ 124,974</b>	<b>\$ 117,744</b>

See accompanying Auditor's Report

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## **RIDGE MEADOWS CHILD DEVELOPMENT CENTRE SOCIETY**

**Notes to Financial Statements  
For the year ended March 31, 2013**

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### **8. COMPARATIVE FIGURES**

Comparative figures have been reclassified where necessary to conform to current presentation.

### **9. ECONOMIC DEPENDENCE**

The society derives substantially all of its operating revenue from the British Columbia Ministry of Children and Family Development and is economically dependent on the Ministry.

### **10. PUBLIC SECTOR PENSION PLAN**

The Ridge Meadows Child Development Centre and its employees contribute to the Public Sector Service Pension Plan in accordance with the BC Public Sector Pension Plans Act. The pension plan is a multi-employer defined benefit pension plan with more than 58,000 active members.

Every three years an actuarial valuation is performed to assess the financial position of the plan and the adequacy of plan funding. The latest valuation was for March 31, 2011 and disclosed a 275 million dollar fund deficit. The actuary does not attribute portions of the funds deficit or unfunded actuarial liability to individual employers. Each employer expenses contributions to the plan in the year in which they are made.

A new actuarial report is in the process of being conducted for the period ended December 31, 2012. While the final report has yet to be released, contributors to the plan have been informed that preliminary findings indicate an unfunded liability and contribution rates are expected to increase as of July 1, 2014.

See accompanying Auditor's Report

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## Nominating Committee Report July 2013

The nominating committee advised the membership in the Ridge Meadows Child Development Centre newsletter that applications were being accepted for the Board of Directors.

We have encouraged many people in the community to consider these positions with the goal of building a diverse board with a wide regional representation and a multitude of skills. Presently we have four new members nominated.

The nominating committee is pleased to present the following Board of Directors, elected by acclamation, for the year 2013-2014:

Completing her third and final term:

Marie Mandoli

Continuing in the second year of her third term:

Bev Moulds

Continuing in the second of his first term:

Randy Meszaros

Continuing in the second year of their first term:

Ryan Dueckman

Christine Minty

Rachel Pukesh

Joel Twaites

Nominated for a two year term:

Shannon Adams

Barbara Andreason

John Clancy

Sheila Pace

The nominating committee congratulates and welcomes all the individuals who contribute their time and expertise to our organization.

Respectfully submitted:

Marie Mandoli, Nominating Committee Chair and Past President

**Ridge Meadows Child Development Centre Society**  
**2012-2013 Fundraising Committee Report**

Committee Members: Jessica Apedaile, Renuka Preocanin, Trish Salisbury, Jodi Barclay, Joel Twaites

This year the fundraising committee has focused on organizing its work around grant opportunities and deadlines, as well as mapping out a calendar of community events which the agency could participate in to raise its profile. With this work now complete, our goal for next year will be to match equipment needs and project ideas to specific grant opportunities and to attend a minimum of 4 community events next year.

The committee applied for two grants this past year; 1 to The Vancouver Sun Fund, for our summer school age soccer and bike camps and 2 to Canada Post Foundation for a pilot project in partnership with the Ridge Meadows Association for Community Living for a multidiscipline pediatric clinic. We were successful in our grant request to the Vancouver Sun Fund, and unsuccessful for the Canada Post grant.

The "Donate Now" button on our website has proven to be successful, with donations being received through this avenue.

We are also thankful to have received financial donations from the Pythian's and Maple Ridge Eye Care.

We would also like to acknowledge "Local Ride" for their continued support of our adapted bike program.

**Revenues**

**Grants**

Vancouver Sun Fund \$4,623

**Cash Donations**

Phythian Cerebral Palsy Committee \$1,500

Maple Ridge Eye Care \$1,000

**In-Kind Donations**

Local Ride

**With thanks to the following donors  
for their generosity:**

**Pythian Cerebral Palsy Committee**

**Pitt Meadows Community Foundation**

**United Way of the Lower Mainland, Directed Payroll Donations**

**C. Cooper**

**Knights of Columbus #10889**

**Vancouver Foundation**

**R. Pukesh**

**N. Smith**

**Mr. & Mrs. M. Wyatt**

**Thrifty Foods**

**C. Walker**

**TechSoup Canada**

**Ridge Meadows Bingo Association**

**R.W. Wylie**

**CKNW**

**NetPro Inc.**

**Strangewood Family**

**Grozdanich Family**

**Rona**

**Absolute Industrial Mechanical Ltd.**

**Local Ride**





# Annual Reports

## President's Report

2012-2013 was my first year as President of the Board of Directors at the Ridge Meadows Child Development Centre ("RMCDC" or the "Centre"). It has been an exciting year but it has also been a year that has presented us with a significant number of challenges and change.

A number of key highlights for the Board this past year have been:

- We started the year welcoming four new members to a Board of Directors totalling seven - a new strong team;
- Hired a new Executive Director to begin her work January 2013;
- A number of new collective agreements were ratified that had profound financial implications for the Centre, requiring a series of difficult but necessary choices impacting program delivery to minimally meet contractual obligations;
- Subsequently, a managing of funding shortfalls due to a decision by the Ministry of Health to not fund all members of their collective agreements employed via the Ministry of Children and Family Development;
- And therefore continuing to find alternatives and ways to deliver programs smarter and with fewer funds through consolidating services and group delivery; continually being creative in determining how best to maintain services with flat and/or decreased funding;
- Recently completing our CARF accreditation process this summer - and we are awaiting what we confidently believe will be positive feedback and results;
- An in-depth review of our Strategic Plan and exploring "a new direction" to generate revenue for the RMCDC;
- Having determined after significant review and through third party assessments, a strong need in investing in new information technology infrastructure to better enable our team to support our clients, and to ensure the Centre is meeting its regulatory obligations;
- Increasing our presence and profile in our communities (joined the Ridge Meadows Chamber of Commerce); and beginning to review possible options to, and impacts of providing services from an additional delivery location in Pitt Meadows;
- Began exploring new potential fundraising opportunities that will be pursued vigorously in the upcoming year.

### New Executive Director

On behalf of the Board of Directors I would like to formally acknowledge and thank Trish Salisbury on her accepting the position as Executive Director ("ED") of RMCDC effective January 1, 2013. We are very excited that Trish has taken on the ED role with the energy and drive that she has. This has been very positive for the Centre given the challenges and change this past year. Trish has more than demonstrated that she shares the core values of the organization, and she is passionate about maintaining and growing the level and quality of services that RMCDC delivers. Now nine months into her role, we know we are in very capable hands with Trish as our new Executive Director and we wish her continued success in her new position.

### Looking Forward to 2013-2014: A New Direction

To find new ways of funding our current and future RMCDC programs, the Board has adopted the Strategic Goal of pursuing social enterprise based venture(s). What are social enterprises you ask? *"Social enterprises are businesses operated by non-profits with the dual purpose of generating income by selling a product or service in the marketplace and creating a social, environmental or cultural value"*<sup>1</sup>. The RMCDC has developed a number of programs and service deliveries that, when combined with goodwill generated in the community to-date, the Board believes can be leveraged to help generate new revenue streams. This will support the RMCDC to both maintain and grow in times where funding from traditional sources continues to be either capped or are expected to be/are being reduced directly or indirectly (i.e. labour contracts settlement increases not being funded).

This opportunity will be the main focus of the Board next year and will greatly aid us with the growing funding deficit gaps that we are currently experiencing and are expected to see continued in the years to come. The Board and the staff have been very supportive of this new business concept and they have both been busy working on what these new options could encompass moving forward. Together we have established that as an organization we are going to work toward maintaining and expanding our programs. The communities we serve are only expected to continue growing<sup>2</sup>, so how we can financially accomplish this, as well as deliver our current levels of service and quality must be our top priority.

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<sup>1</sup> From enp BC website - <http://www.enterprisingnonprofits.ca/>

<sup>2</sup> "The population of the West Coast Express service area is projected to increase significantly to 2041 in the recently adopted Regional Growth Strategy, notably about a 70% increase in the Pitt Meadows/Maple Ridge area that today supplies one-third of the line's ridership" - Section 1.6 (c) of TransLink's Request for Proposals Reference Number Q11-110 - West Coast Express Demand Forecasting, issued October 25, 2011.

There will be more on this in the weeks and months ahead and the Board will work to provide updates to our membership and our families as we make this journey. I look forward with high prospects to another interesting and lively year of engagement and action, and extend a warm welcome four new Board Members.

### In Closing

To the families we serve and to our membership, you can maintain to have every confidence in the quality of the services being delivered and that strong, positive and proactive governance of the RMCDC is and will continue to be in place in 2013-2014.

As I noted at the start, this is my first report to the Annual General Meeting as President and I want to acknowledge that being a member of the Board and President is both an honour and privilege. It is also with a great sense of satisfaction as I give thought to all of the dedication and hard work the staff here are engaged in to take on the challenges the families we support face each day. This makes me proud to be associated with the RMCDC and it has been my sincere pleasure to serve the membership again this past year.

I look forward to my third year working with the RMCDC Board of Directors and my second year as President. I am confident that Trish and the Centre's staff, working with the Board in our new direction pursuing a social enterprise venture, will be a successful formula to address the growing needs in the community and allow us to maintain the high quality of program and service delivery that we are known and respected for at RMCDC.

### Acknowledgements

To my colleagues on the Board, thank you for your hard work and dedication to the RMCDC, and for your support of my role as President. We are a diverse and talented group of people from many areas within our community, most joining only last year, who have offered our time, energy and abilities in providing a guiding convergence of oversight and direction to ensuring high levels of service are achieved for all our stakeholders. We have come together as a strong and passionate team with a priority of ensuring that services for children are continued to be made available as resourcefully and expediently as the Centre can deliver.

Special thanks as we bid farewell to Marie Mandoli who has completed her third term and is retiring from the Board. Marie, this previous year's Past President and our Board's "senior matriarch" has provided great insight and perspective throughout this

past year as we took on the challenges faced by RMCDC and her presence and connections to our communities will be greatly missed. The Board also bids farewell to Catherine Cooke as she takes on a new role with new challenges and we wish her well.

To all of the staff of the RMCDC, thank you. For without you, all that we do would not be possible to achieve. You do it with the strength, vigilance, decency, respect and professionalism that the Board and the families and communities we serve both have grown to expect and continue to admire. A special acknowledgement of thanks goes to both Cathy and Jodi for their help and support to the Board, to the staff and to me as President. Your continued diligence and efforts at the Centre are both recognized and highly appreciated by all members of our team.

To our membership, thank you for your continued support.

And to the families we support, we thank you for your trust and allowing us the opportunity to be a part of your lives.

Respectfully submitted,  
Randy Meszaros  
President of the Board



## Executive Director's Report

It is my pleasure, to present my first Executive Directors report to the Annual General Meeting.

I began my role as Executive Director for Ridge Meadows Child Development Centre, January 2 of this year, replacing Audrey Taylor who has set off to enjoy the relaxation of retirement. And it has been an interesting and challenging 9 months!

In March of this year a new collective agreement was ratified giving our staff a well deserved 3% wage increase. Early on the conversation was that the government would be directing funds to the Child Development Centres to assist them in meeting the increase costs, unfortunately, that message changed and we have been informed that there will be no new funding to cover these costs, but rather the agency must find the funds within existing budgets. Given that there has been no increase in funding from the Ministry for Children and Family Development for the past few years to cover increasing general operating costs then adding the wage increase, as well as other increases within the agreement, there is nowhere else to find the money but in reduction of staff hours. This of course means reduction in service.

As an agency, board and staff, we are committed to looking at ways in which we can minimize the impact on services through, service redesign, technology efficiencies, fundraising, development of a social enterprise venture and advocacy on your behalf.

Despite this major challenge the staff continue to provide professional, quality services to the children and families we serve. We are very fortunate to have a staff team that puts the child and family first, continually looking at improving on best practise, ensuring that children get the help they need to have a strong start on their participation in the community and school.

Which leads me to a few staffing changes over the year; we say good bye to Catherine Cooke our Key Worker who supports families with children with FASD and other complex developmental behavioural conditions and 5 years with our agency has been given a great opportunity to utilize her skills in a new job, we thank Catherine for all of her hard work and dedication to the families she has supported and wish her luck in her new job; we also say good bye to Barb Wright, who has been our Administration Coordinator for the past few years and who has moved to the Island following her husband as he takes on a teaching position with the University of Victoria, we again thank Barb for all her hard work and wish her luck in her new home; finally baby news,

Teresa Kwiatkowski our Occupation Therapy director welcomed a baby boy in July and Sarah Genuis (Speech Language Therapist) will be leaving us to have her first child in October.

Finally I would like to acknowledge our generous donors as without these donations we would be unable to sustain our current service levels. A big THANK YOU to all the individuals, foundations and companies who continue to support us during these difficult economic times.

Trish Salisbury



# RMCDC Department Activities and Achievements

## Speech-Language Department

We welcomed Shauna Boyd back from her maternity leave in April 2012 and she has continued to work 0.6FTE. Jacqueline Bowater began her maternity leave in November 2012 as did Kate Smith in January 2013. Sarah Genuis filled in to cover 0.8 of these leaves. Christine Hillick and Nancy Johnson have remained in their positions. The MAP grant funded program completed at the end of September 2012. The result of all of these changes has led to a reduction in the size of our department from 4.8 FTE to 3.2FTE. We recognize that the impact of these changes has been difficult for families and certainly has had an impact on the waiting time for services and the amount of service that we have been able to provide.

During this year, the speech/language therapy department provided thirty-one groups: 8 speech sound groups, 7 expressive language groups, 6 early language groups, 5 sensory/ social communication groups, 2 parent training programs and 2 feeding groups and 1 sensory motor/communication group. The sensory motor, feeding and the sensory/communication groups were facilitated by a speech/language pathologist and an occupational therapist.

In the past year the speech/language pathology department received 184 new referrals and saw 247 different children for intervention services. While the waiting time to receive ongoing intervention continues to increase, the average wait time for speech and language services was 11.5 months which increased from 6.5 months.

In April and May 2012, two speech/language pathologists provided supervision to a University of British Columbia Speech/Language Pathology Student in her final placement for her program.

We have continued to maintain a collaborative relationship with the Maple Ridge/Pitt Meadows School District Speech/Language Pathologists as we met in February 2013 for an annual meeting.



This year, we participated in several community events:

Community Presentations

- HIPPY Parent Meeting with the Katzie First Nations Parents, May 2012
- Family Resource Fair, October 2012
- Healthy Babies Group October 2012
- Presented a poster at the Canadian Association of Paediatric Health Centres Annual Conference, Vancouver, October 2012 and at the Developmental Disabilities Annual Conference, Vancouver, November 2012
- Baby Talk - Television Viewing and Language Development May 2012  
Using Routines to Facilitate Children's Communication  
September 2012

Adult Education and Training Programs offered

We provided the following parent education programs for the families and caregivers:

- It Takes Two To Talk the Hanen Program® for Parents (2 programs provided),  
September to December 2012 and January to April 2013

We were fortunate to receive ongoing education and professional development in the following areas:

Professional Training Received

- Feeding and Swallowing in Infancy April 2012
- Diabetes in Childhood May 2012
- Singing English June 2012
- Discovering Social Strategies for Autism Spectrum Disorders August 2012
- BCASLPA Annual Conference October 2012
- CAPHC Annual Conference October 2012
- ABA and SLP Supporting Collaboration October 2012
- Early Hearing Training Conference November 2012
- Health and Well Being in Children and Youth with Developmental Disabilities Conference November 2012
- Reference And Regulate December 2012



## **Family Services Department**

The Family Service Department consists of three distinct programs:

- The Family Support Program
- The Family Connections Program
- The Respite Program

### **Family Support Program**

The Family Support Program provides support to families of children who are receiving services in the Early Intervention Program. Family Support Services include:

- Intake and Service Coordination for Multidisciplinary Referrals
- Assisting the family to find and access community resources as required
- Assisting the family to navigate the health, education and social service systems
- Facilitating connections between families including parent support groups
- Advocating for and with the family where needed

In the fall of 2012, our Family Support Worker had a reduction in hours do to funding shortfall, which has driven the need to look at a redesign in Family Support Services, this review and redesign should be complete by January 2014.

Our Family Support Worker continues to share the coordination and facilitation of the "It's All About Connections Support Group" with the FSW from RMACL, it runs once a month from September to June. In August a family picnic was held for this group. Child minding was again provided through RMACL utilizing Access funding. The group was held at the HIVE in Eric Langton Elementary School.

The Family Support worker is the agency staff liaison to the Family Advisory Committee (3 members) who planned and carried out the Christmas Party that was attended by many of our RMCDC families.

### Family Connections Program

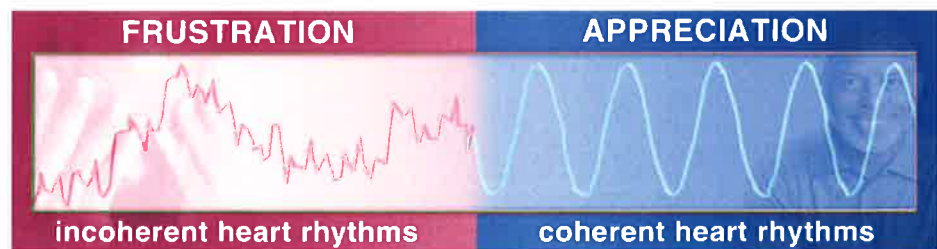
The Family Connections Program provides the services of a Key Worker. The program provides counseling, support, advocacy, education and links to resources for families who are raising a child/teen who was pre-natally substance exposed, whether diagnosed under the FASD/CDBC umbrella or waiting for diagnosis.

In addition to the support of families individually, our Key Worker facilitates two different support groups. For families of children with FASD, there is a parent/caregiver group which is held once a month for 10 months of the year. The second support group is for parents/caregivers of children diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). Two courses of 8 sessions each are held on Parent Training and Support.

The Key Worker continued to provide HeartMath sessions to an identified number of children/teens who have a diagnosis of FASD with other co-morbid diagnoses. The intervention is successful in assisting children/teens to identify body sensations related to anger, anxiety, tension, sadness and other emotions. This program is very popular with in our partner schools in School District 42.

### Respite Program

The Respite Program provides a monthly cheque to 28 families with children birth to 7 years old who have significant special needs and who have been referred to the program by the Ministry of Children and Families. The purpose of the program is to assist families to purchase services that give them a break from the often times, tiring responsibilities of caring for a young child with special needs. The money can be used to hire a caregiver for the child, or to help with the cost of preschool or daycare, or to purchase lessons for the child (as long as the parent is getting a break from the demands of care giving).



## Physiotherapy Department

In 2012/2013 the Physiotherapy Department had reduced staffing levels in Early Intervention for the last half of this year as Julie Obodzinski went on a leave of absence.

There were no changes to the level of funding for physiotherapy in either the Early Intervention, however 0.2 FTEs was lost from the School Age Therapy Program. Referrals to both programs remain high. To mitigate the demand for service, referrals to SATP were limited to students who are not ambulatory, or only ambulatory with equipment such as walking aids, orthotics, etc.

In EIP the decision was made to no longer accept referrals for torticollis or plagiocephaly unless accompanied with a developmental delay. These referrals do not fit our mandate and take up a considerable amount of our resources. The number of PT referrals dropped from the previous year as a result of this change in policy. Wait times for physiotherapy has increased substantially and will continue to do so with the funding and staffing shortages.

Staffing of the PT Department was as follows:

- Julie Obodzinski went on a leave of absence from her 0.6 FTE position in the Early Intervention Program in October 2012.
- Jane Bickerstaffe was hired to partially cover Julie's leave. She worked 0.4 FTE from November to June.
- Renuka Preocanin is working full time in the School Age Therapy Program.
- Donna Thompson continues to work 0.2 FTE in Early Intervention.
- Rachel Wright's 0.8 FTE position as a Rehabilitation Assistant completed in September 2012.
- Brent Fawdry remains as the Physiotherapy Department Director and also carries a 0.7 FTE caseload in the Early Intervention Program.

I am very grateful for the efforts of all my staff to manage these demanding workloads. We continually endeavor to deliver timely and effective service to our clients, that sometimes requires ingenuity and adaptability. For example, using casual physiotherapists has been an efficient and effective means to provide individual and group service to our families. Also, seeing waitlisted infants at the IDP drop-in group has been an efficient way to follow these kids while they are waiting to be assigned to a caseload.

We have continued to offer a variety of group programs from our department including: Kindergarten Readiness, Sensory-Motor, and Gymnastics. We have not been able to continue offering our Aquatic Therapy Program as in the past. However, we partnered with Parks and Leisure to develop a parent-to swim class just for RMCDC clients. This was successful and we are looking to expand this program next year.

Our SATP PTs, along with the OTs, offered two summer programs to our school age clients- a bike group and a soccer group. This was the second time running these summer groups and they were even more successful than the previous year. The RMCDC Adapted Bike Loan Program continues to be highly successful. Our fleet of bikes has grown to 23 and they are all loaned out to children in both the Early Intervention and School Age Therapy Programs.

In addition to providing individual and group therapy services the staff in both the Early Intervention Program and School Age Therapy Program have provided a number of inservices in the community including "Baby Talk" at the Public Health Unit.

We have been facing a trend of decreased resources and increased demands on staff over the past few years. In Early Intervention, reductions in staffing have made it impossible to keep up with the demands of the workload and our waitlists and wait times are larger than ever. Our current service delivery model is not allowing us to see urgent referrals in a timely manner. Children on the waitlist are aging out of our program and going to Kindergarten without ever coming onto a therapist's caseload.

Unless funding and staffing levels improve significantly in the future, we will need to look at dramatically changing our service delivery model in EIP to become more timely and effective.



## Occupational Therapy Department

The occupational therapy department is happy to share that all of the OT positions have been filled for the past year.

In the School Age Program (SATP): We congratulate Teresa Kwiatkowski, Director of the Occupational Therapy Department, who welcomed her second child - a baby boy - Aiden, this summer. Teresa is on maternity leave enjoying time with her son and daughter. After her leave of absence, we were thrilled to have Jessica Apedaile back in January, 2013 to provide occupational therapy consultation at a .8 FTE. While Teresa is on maternity leave, Jacqui Moffatt will be working .4 FTE in the SATP program, .2 Acting Director and .4 in the Early Intervention Program (EIP). Due to financial challenges, .1FTE of Teresa's position in the SATP has not been filled for this coming year.

In the Early Intervention Program (EIP): Kim Van Heek has continued to provide early intervention services at .8FTE. We were delighted to extend Kristen Nelson's contract and keep her in the EIP program. She is now working .6FTE, temporarily covering part of Jacqui's EIP position while Jacqui is working in the SATP program and as Director.

In the past year, the EIP occupational therapy department received 110 new referrals. In order to meet the high demand for occupational therapy services and provide effective and timely services to children, the occupational therapists have continued to facilitate a number of groups. We have been able to offer 19 groups. We have also completed review consultations with children that have higher needs who are waiting for services.

### EIP Groups

Group intervention continues to be an integral part of the occupational therapy program. Groups have proven to be an effective way to provide intervention to children in a timely manner. Between April 1, 2012 and March 31, 2013, the OT department co-facilitated 13 multi-disciplinary groups and facilitated 6 OT groups. These groups were facilitated by either an occupational therapist or jointly with another therapist or infant development consultant.

The following groups took place over the 2012/2013 fiscal year:

- Kindergarten Readiness - in collaboration with the Physiotherapy department

- Infant/Toddler Feeding - in collaboration with the Infant Development Program
- Food Fun Feeding Group - in collaboration with the Speech and Language Department and Infant Development Program
- Sensory Motor - in collaboration with the Physiotherapy department
- Sensory/Social Communication -in collaboration with the Speech Therapy Department

### SATP Groups

For the third year, the school-based OT's and PT's ran two successful summer groups: a Soccer Camp called Soccer Strikers and an adapted Bike Camp. Each group was run by school age therapists: Jessica Apedaile, OT and Renuka Preocanin, PT. Each camp consisted of a 1.5 hour session held once a week; for a total of four sessions. The camps began in early July and ran for two consecutive weeks with a two week break, ending with the last two weeks.

**Volunteers** were recruited from high schools in School District 42 (SD 42) and Trinity Western University by means of a letter of invitation. There was great interest from the local high schools and we had to turn volunteers away. In the end, we retained a total of seven volunteers with the emphasis placed on the Soccer Camp. The final group of volunteers was comprised of two local high school students, two former volunteers, a community member and two high school students from Coquitlam (recruited through an SD 42 staff member). The volunteers were pivotal in assisting the set up and take down, leading station activities and supporting optimal engagement of each participant.

This year another grant from the **Vancouver Foundation** made the summer camps a success by providing funds to purchase necessary supplies, honour our volunteers with gift certificates and a few new pieces of therapeutic equipment. **Thrifty's** provided muffins and juice boxes as a treat on the last day of camp. The kids loved it!

### Community Presentations

In addition to providing individual and group therapy services, the staff of both the Early Intervention and the School Age Therapy Program have provided a number of in-service sessions:

- Family Resource Fair
- 'Get Ready To Learn' Program Training- In-services for staff and students through the SATP. One school will be using the program as a part of an adapted PE program with at least 20 student participants.

- special education assistants training - sensory-motor circuits

Thank you to all who assisted with delivering these sessions. It was a team effort.

**Community Capacity Building Initiatives:**

In addition to providing in-service, the staff of both the Early Intervention and the School Age Therapy Program has participated in a number of community capacity building initiatives:

- regularly meet with Child and Youth Mental Health (CYMH) to discuss common clients and share resources and information.
- hosted the 'Get Ready To Learn' course by Anne Buckley-Reen. This classroom yoga curriculum prepares students of all abilities for learning.
- partnered with a local restaurant - Food provided for a feeding group by 'Home Restaurant' in Maple ridge.
- collaborated with the fieldwork supervisor of BCIT nursing students to organize relevant in-service sessions for our staff and provided job shadowing opportunities to prospective nurses.
- met with Infant Development Program regarding group planning and service delivery.

**Professional Training Received**

- |   |               |
|---|---------------|
| • DIR/Floortime   | November 2012 |
| • Edu-talks on Anxiety  | January 2013  |
| • Diagnosis and Treatment of SPD<br>Level 2 Hands-On Advanced Treatment | February 2013 |
| • S.O.S. Approach to Feeding  | June 2013     |

I'd like to take this time to thank the occupational therapists for their hard work and commitment to RMCDC. It has been an especially challenging year with uncertainty regarding funding and cuts to programs but despite this, the OT's have maintained positive attitudes, continued to work collaboratively as a team and continued to serve their clients with a high level of service. The OT's go above and beyond on a daily basis to provide effective service to their clients.



# **RMCDC Board of Directors 2012/13**

**Randy Meszaros**

**President**

**Ryan Dueckman**

**Vice-President**

**Marie Mandoli**

**Past President**

**Joel Twaites**

**Secretary**

**Bev Moulds**

**Director**

**Christine Minty**

**Director**

**Rachel Pukesh**

**Director**

# RMCDC Staff

The RMCDC staff is composed of professionals from a variety of disciplines who not only function as an interdisciplinary team, they embody the spirit of those teams.

## Executive Director

Trish Salisbury

## Office Staff

Jodi Barclay

Cathy White

Administrative Coordinator

Therapy Aide/Office Assistant

## Speech-Language Department

Nancy Johnson

Shauna Boyd

Christine Hillick

Kate Smith

Jackie Bowater

Sarah Genuis

Director of Speech-Language Pathology

Speech and Language Pathologist

Speech and Language Pathologist

Speech and Language Pathologist

Speech and Language Pathologist

Speech and Language Pathologist

## Physiotherapy Department

Brent Fawdry

Julie Obodzinski

Jane Bickerstaffe

Donna Thomson

Renuka Preocanin

Rachel Wright

Director of Physiotherapy

Physiotherapist - Early Intervention

Physiotherapist - Early Intervention - casual

Physiotherapist - Early Intervention - casual

Physiotherapist- School Age Program - casual

Rehabilitation Assistant

## Occupational Therapy

Teresa Kwiatkowski

Jacqui Moffatt

Kim Van Heek

Kristen Nelson

Jessica Apedaile

Director of Occupational Therapy - on leave

Occupational Therapist - Early Intervention - interim  
Director

Occupational Therapist - Early Intervention

Occupational Therapist - Early Intervention

Occupational Therapist - School Age Program

## Family Services Department

Carol Middleton

Catherine Cooke

Family Support Worker - Early Intervention

Key Worker - Family Connections Program

## **Mission Statement**

We promote the achievement of the full potential in children, families and community.

## **Purposes of the Society**

The purposes of the Ridge Meadows Child Development Society are:

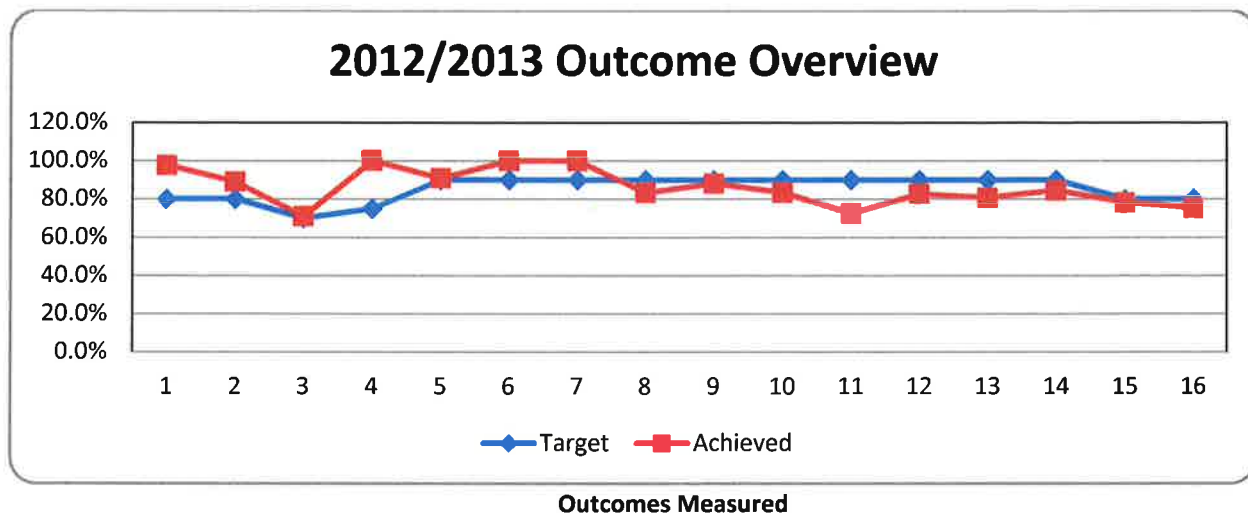
1. to establish and maintain a quality support system for children with special needs and their families, including therapy, education, and counselling within the Maple Ridge/Pitt Meadows/Katzie area
2. to cooperate with and support provincial, national and international or other organizations working towards a mutual goal
3. to raise funds by public appeal, government grants, gifts, bequests, donation and/or otherwise to effect the purposes of the Society set out above

## **Values**

The values of the Ridge Meadows Child Development Centre Society are:

- Life has intrinsic value and individuals have unique gifts and needs
- All individuals belong in their community
- Inclusive communities are healthy communities
- All individuals have a right to achieve their potential and possess the capacity to change and grow
- Abilities should be enhanced while acknowledging individual needs
- We are committed to working in valued partnerships that are dynamic, collaborative and productive
- Continuous improvements and pro-active growth demonstrate responsibility and accountability
- We honour racial, ethnic, sexual, religious, cultural socio-economic diversity
- Responsible human and financial resource stewardship
- We will endeavour to involve stakeholders

## RMCDC Outcome Report 2012-2013 For the Early Intervention and First Steps Programs



### Outcomes Framework

We select specific outcomes to focus on for a period of time. For each one we develop measurable indicators to tell us to what degree we are meeting the outcome; we gather information related to it; we measure our progress toward achieving it; we analyze the results of the measurement; and we use this information to plan for quality improvement.

### Who benefits from our services?

Children from birth until school entry, who present with delays in any area of their development and reside in the Maple Ridge and Pitt Meadows communities are eligible to receive early intervention services through RMCDC. The Early Intervention Program (EIP) offers speech-language therapy, occupational therapy, physiotherapy, family support, and respite care.

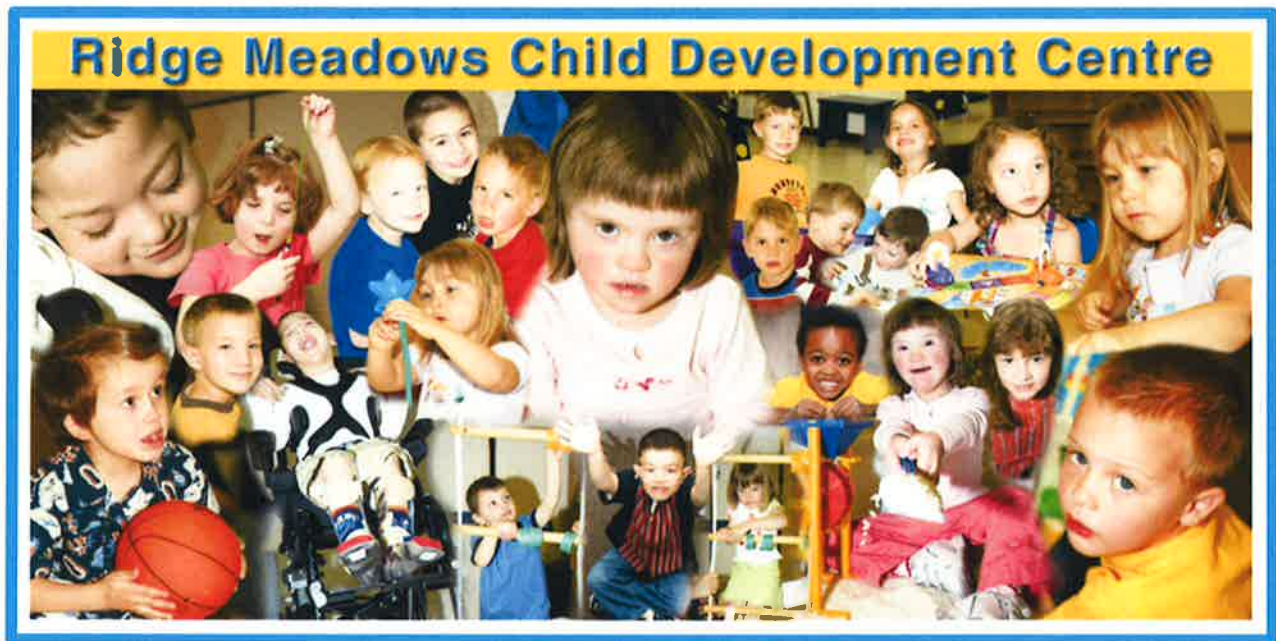
Early intervention services are provided in family homes, at the Centre, and in the community (preschool, daycare, and leisure programs) according to each child's and family's individual needs.

### Our Philosophy

Our family-centred early intervention program believes that the family is the most important influence in a young child's life. Parents and guardians are encouraged and supported in identifying their child's needs and priorities,

planning, decision-making, actively participating in their child's therapy sessions and following through with the intervention plan at home. Engaging parents and caregivers as facilitators of their child's development, we believe is the most important indicator of the child's progress.

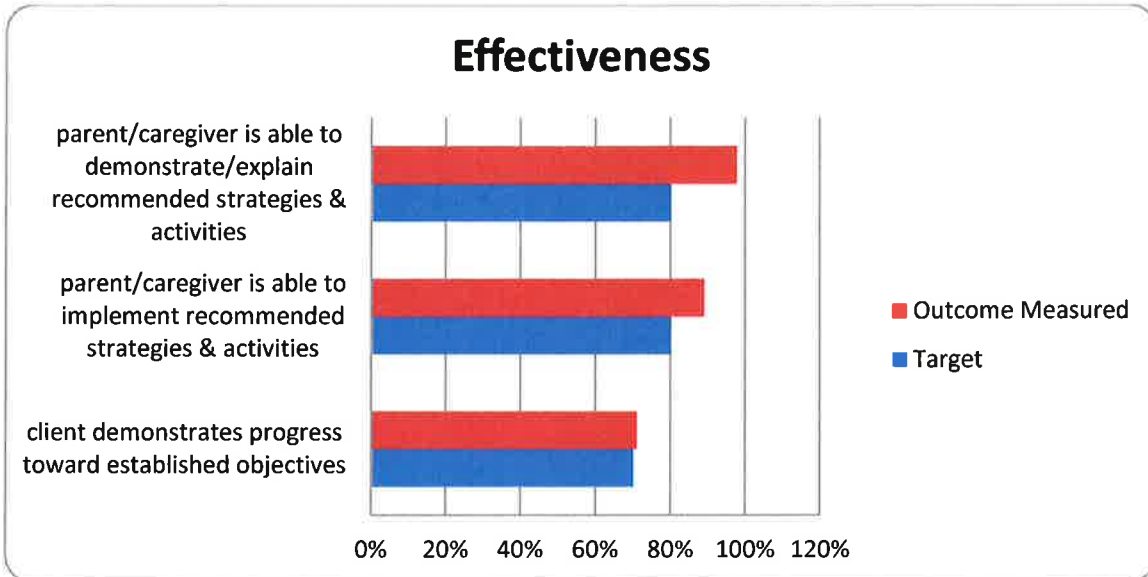
Research indicates that early and frequent intervention is critical in order to support the growth and development of children and that the earlier intervention begins, the better the outcomes.



# Analysis

## What did we learn?

### Effectiveness Outcomes:



*The 'homework' really helped with working on the sounds at home. It was nice to have a focused activity to do, in addition to working on his speech*

*I loved how there were always follow-up activities to do at home. It was great that each week had a certain theme/focus, like 'bear hunt' or 'birthday'. Everything was so age appropriate for our daughter. Thank you very much for providing this.*

- 100% of community partners report a better understanding of the needs and capabilities of the child following an RMCDC-initiated team meeting (target 75%)

### **Effectiveness Performance Improvement Report:**

The Effectiveness Outcomes this past year included only those objectives that were fully achieved. We increased the expectation by not including objectives that were partially achieved and still met the desired outcomes. This has shown to be a more realistic reflection of the results we strive to achieve.

We have added one more indicator to our framework for the upcoming year in which we will be measuring the percentage of client objectives that are written in a SMART (Specific, Measurable, Achievable, Realistic and Timely) format. This will ensure that therapists establish more effective, realistic objectives that enable children to participate in functional daily activities.

*I would like to participate in these groups more, It was beneficial.*

*Group twice a week and a little longer than 8 weeks!*

- I am sure my son would have done better if he would take part in group. We have had a lot of trouble getting him to go to group.*
- At first, the other parents didn't pay any attention to what was going on - then the therapist requested that the parents participate. Important for parents to put down their phones!*
- This was a wonderful opportunity for my son. Thank you so much.*



### **Efficiency Outcomes:**

- clinicians maintained a minimum of 5.05 daily contacts with children and families per day (target 4.5)
- small group intervention maintained a ratio of 1:1.43 children per therapy session (target 1:1.4)
- 94% of all scheduled appointments were attended (target 95%)
- 91% of clients receiving 2 or more services were offered an annual Family Service Plan Meeting (target 90%)

*I hope there is still a program or group offered over the summer so she's ready for Kindergarten.*

*Very pleased with how the group was run and learned a lot of ways to help my child at home with his 'L's.*

*The activities in the group were great and my son enjoyed participating. During the 'look for' game, I observed that it was much more intriguing and successful for my son when actual manipulatives (toys, objects, animals) were used. Thank you for a great group, He had fun!*

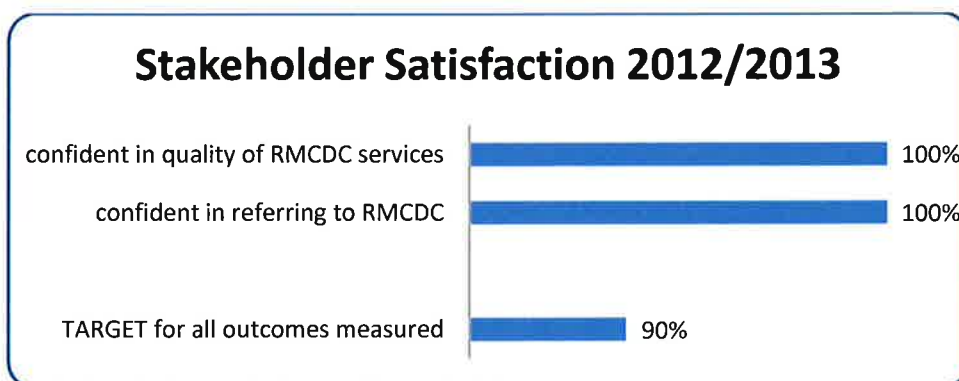
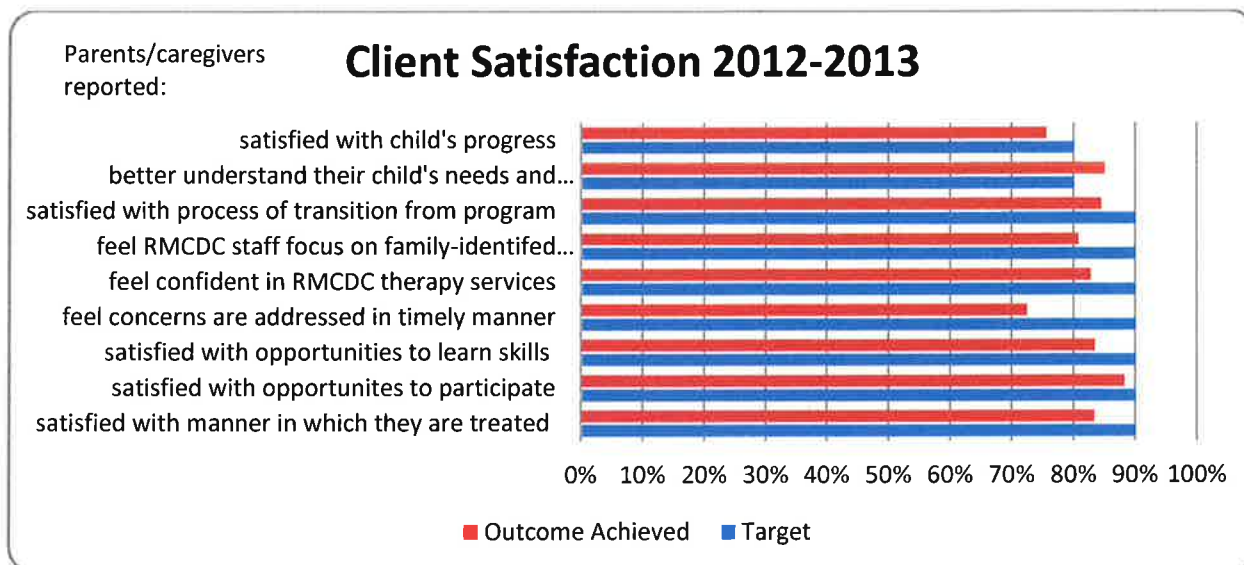
### **Efficiency Performance Improvement Report:**

We met all but one of the efficiency targets and we will continue to strive to achieve the standards that we have established. Our target of 95% scheduled appointments attended will remain. As 94% of scheduled appointments were attended, we will continue to communicate to families the importance of letting us know if appointments need to be cancelled so that our time can be best utilized.

As we have exceeded the daily contact outcome for the past several years, we have increased the expectation that the average daily contact target will be increased to 5/day for the upcoming year.



**Satisfaction Outcomes:**



*It was a great opportunity to have more social interaction and make a new little friend. Thanks!*

*My daughter really enjoyed these sessions. We would love to join another group. Thank you for offering this!*

**Satisfaction Performance Improvement Report:**

We met only one of the nine targets in the area of client satisfaction. Client satisfaction surveys were distributed to families who attended appointments at the Centre over two two-week sessions during the past year. Many of the families were attending groups and still on the waitlist for individual services which reflected their dissatisfaction and the responses on the surveys. Several families who completed the

survey reported that they had been asked to complete too many surveys and again this may have had an impact on their level of satisfaction. As a result, the Executive Director and a member of the Board of Directors will be contacting 4 families/month by telephone to collect thorough and unbiased feedback. Additionally, we will continue to survey families on-site twice a year to gather information from families on the wait list as well as those receiving on-going intervention.



## Service Access:



- 92.5% of families are contacted within two weeks of receipt of referral (target 95%)
- 97.5% of families have Parent Orientation Package (POP) after initial visit (target 95%)
- 82.8% of families and stakeholders report that RMCDC provides accessible services (target 85%)
- 100% of community partners have information on RMCDC services and resources (target 75%)

*I am very grateful and appreciative of all the services my daughter receives. Therapists are very knowledgeable and helpful!*

## **Service Access Performance Improvement Report:**

While we failed to meet our target of 95% of the families were contacted within 2 weeks of receipt of the referral, 92.5% were contacted. We will continue to strive for the target of 95% as we know how important it is for families to have access to services as soon as possible. We are pleased that we were able to provide and review our information package with 97.5 % of the families on the first visit, meeting our target of 95%.

Client satisfaction surveys indicated that 82.8% of the families did not find the services at RMCDC accessible and their comments reflected dissatisfaction with the lengthy wait times for services.

Community partners continue to report that RMCDC services are accessible and that they have information and resources available to provide collaborative services. In partnership with the Infant Development Program, we have applied for funding to provide ongoing consultation to shared clients and extend the monthly physiotherapy consultations to include occupational and speech/language therapies.

*I would very much like to explore the possibility of having an "OT and SLP" group much like the monthly "Physio" group that is now running.*

### Key Demographic Indicators:

	Categories	Sept. 1/07- Mar. 31/08	Apr. 1/08- Mar. 31/09	Apr. 1/09- Mar. 31/10	Apr1/10- Mar. 31/11	Apr 1/11- Mar. 31/12	Apr. 1/12- Mar. 31/13
<b>Age at Referral</b>			Includes Family Connections Program	➔	➔	➔	
<b>16</b>	<b>under 6 months</b>	11.5%	7%	13%	8.5%	15.5%	8%
<b>18</b>	<b>6 - 12 months</b>	8.8%	5%	7.5%	4.5%	10%	9%
<b>18</b>	<b>12 - 18 months</b>	10.6%	6%	4.5%	12.1%	16.4%	9%
<b>27</b>	<b>18 -24 months</b>	8.8%	16%	10%	12.1%	11%	12.5%
<b>45</b>	<b>24 - 30 months</b>	17.6%	25%	23.5%	15%	17%	21.5%
<b>43</b>	<b>3 years</b>	23.9%	20%	21%	21.4%	21%	20.5%
<b>23</b>	<b>4 years</b>	17.9%	10%	11.5%	16.2%	8%	10,55
<b>18</b>	<b>5 years +</b>	0.9%	11%	9%	10.2%	15%	9%
<b>Gender</b>							
	<b>Male</b>	67%	61%	69.5%	65%	63%	60.5%
	<b>Female</b>	33%	39%	30.5%	35%	37%	39.5%
<b>Referral Source</b>							
<b>67</b>	<b>Family</b>	12.4%	32%	32.5%	29%	28.5%	32.5%
<b>24</b>	<b>Preschool/School/ Daycare/SCDP</b>	12.4%	8%	7.5%	11.6%	4%	10.8%
<b>45</b>	<b>Physician/ Paediatricians</b>	37.1%	12%	10.5%	18%	16%	22.5%
<b>24</b>	<b>Public Health</b>	11.5%	9%	19%	16%	13%	11.5%
<b>17</b>	<b>IDP</b>	13.3%	15%	3%	12.5%	13%	8%
<b>27</b>	<b>Community Agencies (MCFD, FHAN)</b>	11.5%	20%	8%	8.9%	3%	13%
<b>4</b>	<b>RMCDC (internal referrals)</b>	1.8%	4%	4%	4%	3%	1%
<b>Total number of EIP/1<sup>st</sup> Steps Referrals</b>							
<b>EIP (Maple Ridge)</b>		196	158	169	164	176	155
<b>1<sup>st</sup> Steps (Pitt Meadows)</b>		6	27	37	27	50	32
<b>Family Connections</b>							21
<b>Total</b>		201	185	206	191	226	208

**Key Demographic Indicators:**

We have continued to see a consistent number of referrals from physicians and paediatricians. Our ongoing partnership with Dr. Korada as RMCDC's consulting paediatrician is valued and is beneficial to both RMCDC staff and families.

Ongoing collaboration with preschools, daycare programs, Strong Start programs and the Child and Youth Mental Health (MCFD) team has influenced the sources of referrals as reflected in a more diverse referral base.

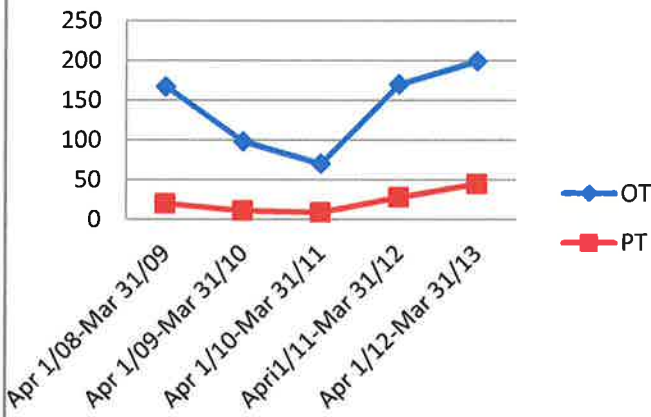


**SATP Summer Soccer Camp**

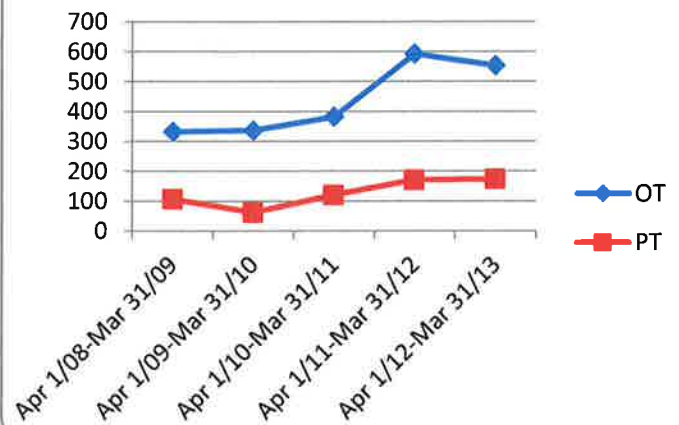
## School Age Therapy Program

While the School Aged Therapy Program (SATP) is not accredited and hence not part of our overall outcome, it is important to recognize that occupational and physical therapy services are provided to a significant and rising number of school aged children through RMCDC. There has been an increase in the number of referrals to OT for children who presented with sensory processing challenges.

### Waitlisted in School Age Therapy Program (SATP)



### Active in School Age Therapy Program (SATP)



SATP Summer Bike Camp

## Reflections

The services provided at RMCDC continue to reflect the organization's mission, values and operating principles. Most importantly our services continue to focus on making a difference in the lives of the children and families so that those children with whom we are involved with will be less dependent on their caregivers for self-care, mobility and communication.

The outcomes we established were designed to capture what we do, collect information on what we do, reflect on how well we do it, what we can do to improve, and report on what we have done. We value the importance of program planning, implementation, evaluation and reflection. RMCDC continues to set realistic targets, collect and evaluate information relevant to the targets, compare these measurements with our previous findings and makes changes that will improve the quality of the program we provide for the children and families we serve. Consideration for individual variation and external influences (i.e., family illness, unexpected events, staff changes) are taken into account in the establishment of individual children's objectives and targeted outcomes.

The past year we have developed stronger relationships with the Child and Youth Mental Health team and the occupational therapists are collaborating regularly with this team. We value this partnership and will continue to work together supporting the families that we share with this team. Our relationships with other community partners remain strong.

Waitlists continue to be a concern for families, staff and stakeholders and certainly this was reflected in the client satisfaction responses as we failed to meet our targets in these areas. The waiting time for services has increased. There was a reduction in the number of staff as the three year federal grant that we received expired in September 2012 and the impact of this has resulted in larger and longer waitlists. We continue to discuss and develop strategies to manage this unsatisfactory situation.

Despite the increasing demands on our limited resources, we are pleased to report that the services we have provided have been effective and efficient. Those families who received services were satisfied with what we have been able to provide.

All our initiatives will continue to be re-evaluated to ensure that we are:

- Increasing our data for comparative measures
- Managing our programs based on outcomes
- Improving our services
- Placing value on family inclusion in the achievement of outcomes
- Establishing an awareness of the importance of early intervention in the community





## EIP Outcomes April 1, 2012- March 31, 2013

Effectiveness					
Objective	Outcome	Indicator	Who applied to	Target Goal	Actual Result
	Families/caregivers demonstrate/explain strategies/activities to maximize the child's development.	Percentage of families/caregivers who are able to demonstrate/explain the recommended strategies/activities.	All referred families	80%	97.8%
	Families/caregivers implement strategies/activities to maximize the child's development.	Percentage of families/caregivers who are able to implement the recommended strategies/activities.	All referred families	80%	89.1%
	Children demonstrate progress towards their established objectives.	Percentage of children who achieved or partially achieved their established objectives.	All children	80%	71%
	Maintain community partners as valued participants of the child's team.	Percentage of community partners who report a better understanding of the needs/capabilities of the child following an RMCDC initiated team meeting.	Surveyed community partners	75%	100%

<b>Efficiency</b>					
<b>Objective</b>	<b>Outcome</b>	<b>Indicator</b>	<b>Who applied to</b>	<b>Target Goal</b>	<b>Actual Result</b>
	Clinicians will maintain the number of daily contacts with children & families.	The ratio of daily contacts per clinician.	All speech-language therapists, occupational therapists, and physiotherapists.	4.5:1	5.05:1
	Maintain the number of children served using the same full time equivalency resources.	The ratio of children seen per therapy session.	All children	1.4:1	1.43:1
	Maximize client attendance	The ratio of appointments attended per appointments scheduled.	All children	.95:1	.94:1
	Clients receiving two or more services will have an annual FSP.	The ratio of clients receiving 2 or more services who have an annual FSP.	All clients receiving 2 or more services	.8:1	.91:1

Satisfaction					
Objective	Outcome	Indicator	Who applied to	Target Goal	Actual Result
	Increase the family's/caregiver's understanding of the needs and capabilities of their child.	Percentage of families/caregivers who report a better understanding of the child's needs and capabilities.	Surveyed families	80%	85.1%
	Community organizations and agencies are satisfied with the quality of services provided by RMCDC.	The percentage of community organizations and agencies who feel confident in referring families to RMCDC.	Surveyed community organizations and agencies	90%	100%
		The percentage of community organizations and agencies who feel confident with the quality of services offered by RMCDC.	Surveyed community organizations and agencies	90%	100%
	Clients and families are satisfied with the quality of services provided by RMCDC staff.	The percentage of families who are satisfied & confident with: -timeliness/manner in which they were treated, -education/opportunities offered & provided, -availability of resources, -process of transition from the program, -RMCDC staff focused on family-identified goals -their child's progress	Surveyed families	90%	81.8%

<b>Service Access</b>					
<b>Objective</b>	<b>Outcome</b>	<b>Indicator</b>	<b>Who applied to</b>	<b>Target Goal</b>	<b>Actual Result</b>
	Families/caregivers have information on RMCDC services and resources to make informed decision for the child.	Percentage of families/caregivers who have the Parent Orientation Package after the initial visit.	All referred families	95%	97.5%
	Referrals are responded to in a timely fashion.	The percentage of telephone contacts made within two weeks of receipt of referral.	All new referrals	95%	92.5%
	RMCDC provides accessible services.	Percentage of families and stakeholders who report RMCDC provides accessible services.	Surveyed families and stakeholders	85%	82.8% (some agencies surveyed do not use RMCDC services)
	Community partners/professionals have information on RMCDC services and resources.	Percentage of community partners/professionals who have RMCDC Request for Services forms and brochures.	Surveyed community partners/professionals	75%	100% (for applicable agencies)

**(Strategic Plan 2010 - 2013)  
Achievements 2012-2013**

<b>LEADERSHIP</b>			
<b>RMCDC will be recognized and sought out as a community leader on developmental issues related to children.</b>			
<b>Area of Focus</b>	<b>Outcome</b>	<b>Target</b>	<b>Progress</b>
<b>Board</b>	Board will continue to attract new leadership	Board will have 6 - 8 active Directors each year.	<b>Achieved</b>
		Composition of the Board will include a mixture of new and experienced directors each year.	<b>Achieved</b>
		The composition represents parental, community, corporate community professionals and financial perspectives.	<b>Achieved</b>
		There is fair representation from the Ridge Meadows Communities	<b>Achieved</b>
<b>Fundraising</b>	RMCDC will draw in significant local and corporate fundraising leaders.	The fundraising committee will reflect involvement with local and corporate community	<b>Not Achieved</b>
	There will be on-going renewal of fundraising leaders.	A bi-annual stewardship report will be produced and distributed to all our donors.	<b>Achieved</b>
		An annual report and review of involvement of community commitments will be produced.	<b>Achieved</b>
<b>Quality</b>	RMCDC will provide superior leadership in services and the community.	90% of community organizations and agencies responding to our survey feel confident referring families to RMCDC each year.	<b>Achieved</b>
	RMCDC will be recognized as a leader in the child development field in our community.		
	Senior and professional staff will be community leaders in responding to issues related to children & their families		

## COOPERATIVE COMMUNITY PARTICIPATION

The Centre will actively participate in community planning to achieve the full potential in children, families and communities.

Area of Focus	Outcome	Target	Progress
	RMCDC will actively participate in community planning	RMCDC will be represented on at least 7 interagency committees each year.	Achieved
	RMCDC will participate in community initiatives to strengthen children, families and communities.	RMCDC staff will facilitate at least one community initiative every two years which focuses on strengthening families and the community.	Achieved
		RMCDC staff will facilitate/co-facilitate at least 3 inter-agency programs to support children and families in the community each year.	Achieved

## PROGRAMS AND SERVICES

RMCDC will be a leader in service quality and innovation through program focus on children, families and communities.

Area of Focus	Outcome	Target	Progress
Accessibility	RMCDC services will be accessible to the community with an emphasis on early intervention.	Services, including at least three early intervention groups, will be provide in the community, outside the Centre, based on individual and family needs.	Not Achieved
		The age of children at referral will stay constant or will be reduced each year.	Achieved
		Referrals to RMCDC will be responded to in a timely fashion.	Not Achieved
Effectiveness	Parents/caregivers and community partners will learn skills to support the child's needs.	80% of parents/caregivers will be able to demonstrate and implement recommended strategies and objectives for their child each year.	Achieved
	Children make progress in their development.	80% of children achieved their current established objectives each year.	Not Achieved (71%)
Efficiency	Maximize the services provided given the available resources.	Maintain the ratio of 4.5 contacts per clinician and	Achieved
		95% attendance of scheduled appointments.	Achieved
	Staffing levels and specialized services will meet the needs of the referrals received.	Staff will maintain optimum workloads, as recommended by provincial guidelines.	Achieved
		Waitlists and wait times will be monitored for trends to establish guidelines as appropriate.	Achieved

<b>FINANCES</b>			
<b>RMCDC will achieve increases in funding to meet service demands.</b>			
<b>Area of Focus</b>	<b>Outcome</b>	<b>Target</b>	<b>Progress</b>
<b>Government Contracts</b>	RMCDC will acquire increased funding to meet present and increasing service demands.	Expenditures will reflect the conditions of the respective contracts.	<b>Not Achieved</b>
		New contracts will be negotiated for newly identified community needs.	<b>Not Achieved</b>
<b>Fundraising</b>	RMCDC will strive to improve creative fundraising activities to augment government funding.	RMCDC will achieve or exceed budgeted fundraising targets.	<b>Not Achieved</b>
<b>Operating Fund</b>	RMCDC will work towards increasing its operating contingency fund to three months expenditures.	The fund will show continued improvement towards the target year after year.	<b>Not Achieved</b>

<b>MARKETING</b>			
<b>Public awareness of RMCDC will increase.</b>			
<b>Area of Focus</b>	<b>Outcome</b>	<b>Target</b>	<b>Progress</b>
<b>Profile</b>	Visibility of RMCDC in the community will increase.	Signage will increase for outreach groups, including mention of specific services that we offer.	<b>Achieved</b>
		Brochures will be available at outreach group settings.	
		Create a new tri-fold display.	
		Signage at our entrance will include mention of the specific services that we offer.	
		The community van will be used at least once in the year.	
<b>Cultural Accessibility</b>	RMCDC will reach the different cultural groups in the community.	RMCDC will invite Family Education staff to one or more staff meetings to help develop a plan to reach the different cultural groups.	<b>Not Achieved</b>
<b>Education</b>	RMCDC will offer educational services to the community.	We will provide 10 educational opportunities in the community each year.	<b>Achieved</b>



## FACILITIES

RMCDC will operate in current space in the present building and maintain an outreach space in Pitt Meadows.

Area of Focus	Outcome	Target	Progress
	RMCDC will pursue creative solutions for managing in existing space.	At least annually at staff meeting, staff will look at creative solutions.	<b>Achieved</b>
	RMCDC will establish a reserve fund of \$25,000.00 for replacement & upgrading of technological equipment.	The technological fund will be reimbursed from surplus funds each year and will not fall below \$18,750.00.	<b>Achieved</b>
	RMCDC will invest in technological upgrades as required and planned.	All technical equipment will be in place and in working order.	<b>Achieved</b>
	RMCDC will continue to invest in replacing and upgrading program equipment and supplies.	We will apply for 1 or 2 grants annually to replace and upgrade equipment and supplies.	<b>Achieved</b>