



2015 ANNUAL REPORT





Our Mission

Children First in Essex County partners with families and the community to provide individualized support for children (birth to 6 years) with developmental and/or mental health challenges, helping them reach their full potential through early identification, education, and clinical intervention.



Our Vision

Children First is a leader in providing services where:

- All children and families are supported to help them reach their full potential;
- Children are supported to feel a sense of inclusion and belonging in the community;
- Relationships are nurtured with families, partner organizations, and the community to assist children who have developmental and/or mental health challenges;
- Timely and tailored supports are provided by professional staff who use innovative evidence-based practices.

Our Values

We believe in:

- Supporting the child's best interest and recognizing that family relationships are the foundation for growth and learning.
- Providing timely, flexible services that support children to reach their potential.
- Promoting continuous learning, innovation and evidence-based services among our valued staff.
- Honouring our partners and committing to work together to address the unique and evolving needs of children, families, and the community.





A MESSAGE FROM THE PRESIDENT

This is my second year of service as President of the Children First Board of Directors. I am most thankful for the support I have received from my fellow members of the Board and in particular the wise counsel of the Past President, Paul Layfield. I also salute the efforts and commitment of two departing members of the Board, Bernadette Dzugan and Rick Farrow. On the other hand, I bid welcome to Jason Pillon who brings the perspective of a parent of a child with special needs and has been involved in several community planning processes.

In last year's report, I noted the dramatic change initiatives underway locally and across the province regarding how community services are organized and delivered. The demands for change have been dramatic and ongoing. In children's mental health, the Regional Children's Centre has been selected as the lead agency and it is anticipated that the agency will negotiate our next budget with them. In developmental services, the provincial special needs initiative is underway with potentially significant changes in how services are delivered on the horizon.

Efforts to ensure that children's services are delivered with peak efficiency should be applauded. However, it is critical to acknowledge that such efforts will only be successful if sufficient resources are allocated to do the job. Recent evidence has emerged to suggest that investments in children's services are simply inadequate. The Children's Mental Health Ontario report card, released in May,

indicated that provincially, 6,000 children are on waiting lists for service and the number is expected to rise to 12,000 by 2016. A recently released report from the Canadian Institute for Health Information indicated that rates of hospital emergency ward visits for mental disorders among children and youth rose 45% between 2006 and 2012. Hospitalization rates during the same period rose 37% while rates for other conditions decreased by 13%. The cost for emergency room visits for mental conditions is double than for other reasons making this a dramatically more expensive way to deliver service. In May, the provincial advocate, Irwin Elman, stated that "real change will take more than tinkering with new service navigation systems and frameworks. Real transformation will require an integrated whole-of-government approach to overhaul the system, as well as with a fundamental change in the way government funds and supports service delivery."

I am proud of the work done by everyone at Children First. I salute the staff for their talent, commitment and passion. They provide timely, important and effective services as confirmed by parent satisfaction surveys and the annual CANS pre and post testing analysis report. They make futures brighter.

BRIAN DUBE
BOARD PRESIDENT

A WORD FROM THE EXECUTIVE DIRECTOR

The degree to which any human service agency organization achieves its objectives is dependent on a number of variables including adequacy of resources, leadership skills, training and professional development, general economic conditions etc. However, there is one factor that stands out among the others- the quality, dedication and commitment of staff who do the day to day work. In this report, I would like to focus my comments on the employees of Children First.

It isn't easy to work in the social service field today. Demands for service, both across our sector and within Children First have never been higher. There are currently 6,000 children in Ontario on waiting lists for mental health services alone and that number is projected to double in a couple of years. At the same time, the last time base budget allocations were raised was in 2006. Since 1992, base budgets have risen 8.2% while during the same period the inflation rate has increased 45.59%. Simply put, there aren't enough resources to do the job and where that is felt most acutely is on the front line.

Beyond demands for service, there are other sources of stress for our staff. Transformative change processes are being implemented in child

development services, child care and mental health. The emphasis today is on speed, outcome measurement, evidence based services and accountability. Agencies are being streamlined and mergers across the province are commonplace. In many centres, significant staff reductions have occurred. Within Children First, services have been reorganized. Dramatic change causes stress and requires adjustments. It's a lot to cope with.

Mindful of all these challenges, I am truly grateful for the dedication and commitment displayed by the professionals who work at Children First. I am amazed at how often I receive comments from parents such as:

'We loved how the employees loved our children - they weren't 'just another client'! The workers loved their jobs and it showed in their work.'

'They worked amazing with our daughter. They were respectful and so helpful.'

_____ was exceptional. She helped our son become the confident JK student he currently is. Thank you.'

'Our experience with the Children First staff helped us so much.'

'We really enjoyed the people we had the opportunity to work with. Everyone we met was compassionate, caring and professional.'

On behalf of the Board of Directors and the families we serve, thank you to everyone who dedicated themselves to the best interests of children and do so under difficult circumstances. Thank-you to the Children First "team" including the intervention and administration staff, supervisors and department heads and a dedicated and talented Board of Directors. Finally, I would like to acknowledge the contributions of Lee Andrews who retired this year after a long and distinguished career. Along with the other members of the Board, I will greatly miss Rick Farrow who is moving on after years of service. Rick was a wonderful Director who without any fanfare always stepped up when something needed to get done. He epitomizes commitment to children, family and community.

MARK DONLON

2014-15 BOARD OF DIRECTORS

Brian Dube
President

Jennifer Pestrin
Vice President

Marina Iannitelli
Treasurer

Andrea Tremblay
Secretary

Paul Layfield
Past President

Bernadette Dzugan

Kristen Micallef

Kate Dunlop Tracey

Rick Farrow

Rosemary Waldron

Jason Pillon

2nd Research Study Again Confirms Service Effectiveness

For the second year, Children First contracted with an independent research psychologist, Dr. Jessica Sartori, to conduct a data analysis of 281 families that completed both the pre and post test procedures associated with the Child and Adolescent Needs and Strengths (CANS) tool. The CANS tool is widely used in Ontario and internationally to guide the assessment of family strengths and needs. One of the tool's strengths is that it provides for measurement of change over time. Dr. Sartori's findings included:

Children First services have a positive impact. Clients show a significant improvement from Intake to Discharge across all domains.

Clients showed the greatest improvements in Regulatory Functioning and Child Strengths. This is slightly different from the previous study which found the most improvements in Life Domain Functioning and Child Strengths;

For each domain, about 60% or more clients experienced improved CANS scores, the highest being Life Domain Functioning and Total Needs as in the last study.

The staff at Children First should be commended for their attentive implementation of the CANS, the impressive level of data integrity, and the quality of service as evidenced by the improvements in clients' CANS scores from Intake to Discharge.

SERVICE HIGHLIGHTS

OUR WORK WITH CHILDREN & FAMILIES

APRIL 1ST 2014 – MARCH 31ST, 2015

Intake and Brief Services

Our review of intake processes resulted in a refinement of Intake services, with the aim of ensuring a timely and face-to-face response to our families. We are proud to share that with this new structure, the implementation of which began in December, 2014, we have seen reduced wait times from referral to first face-to-face contact with a Children First staff member. We continue to explore how to best make use of brief services at the Intake level to better meet the needs of our families.

Lee Andrews, Supervisor of Intake and Brief Services retired in April, 2015 after a distinguished career as a Social Worker, including 16 years of service at Children First. We are pleased to welcome Joel Schryer, MSW as the new Supervisor of Intake and Brief Services.

Mental Health

We continue to view relationships as the foundation of Children First services and work to incorporate this philosophy into all aspects of our work with families. After last year's identification of a parent-child attachment intervention, two staff members were trained in Circle of Security (group) and this group was offered for the first time with 7 children and their parent(s) taking part. An emphasis on training for staff continues, with training for all clinical staff on role boundaries with Dr. Jill Grant, University of Windsor, High Conflict training for all Social Workers, and Tier 1 and 2 Collaborative Problem Solving (CPS) training for mental health staff. Several staff take part in biweekly CPS supervision sessions through a partnership with the Windsor Regional Children's Centre and we are excited to expand our involvement in this initiative.

We continue to use the Child and Adolescent Needs and Strengths (CANS) and all clinical staff were recertified in November, 2014. A second analysis of CANS outcome data yielded many significant results, highlighting the positive impact of our service on the lives of children and their families.

In staffing news, Dr. Imogen Hall, previously a staff Psychologist, began as Program Manager, Mental Health Services in December, 2014.

Infant & Child Development (ICD)

The two ICD teams have been kept very busy over the past year providing early intervention services to those children birth to five years with developmental concerns or diagnosis that place them at risk for developmental challenges. Our Resource Consultants (Early Intervention Specialists), often taking on the role of Primary Partner, begin with an Initial Child & Family Assessment in order to better understand the child and family's strengths and needs and assist the family to prioritize the things that the family would like to change or work on. These things then translate into functional goals. At times the Resource Consultants have the skills and abilities to address many of the presenting needs but at times will need the assistance of other disciplines. We are fortunate to have Physiotherapists, Occupational Therapists, Speech Language Pathologists, Social Workers and Psychologists ready and able to assist where needed. This can include education, consultation, coaching, direct therapy and/or assessment depending on the need. We currently have 10 Resource Consultants within the ICD stream who do this very important work. Our Physiotherapist staff (2.3 FTE) have been involved with 152 children over the past year, our Occupational Therapists (3 FTE) 245 and our Speech Language Pathologists (8.2 FTE) have touched 602 little ones' lives to make a difference. Social Work and Psychology fall under the Mental Health Stream yet a number of children and families within the developmental stream have benefitted from counselling support or a diagnostic assessment. Based on best practices for early intervention, the majority of our work is done within the natural environments of the child and family (i.e. home, child care, OEYC, PFLC, etc.), and all of our work is done in collaboration with parents and caregivers.

Despite continued efforts, we still maintain an average age at referral of three years of age. When we know that early intervention can have a profound impact on outcomes, we would like to see this age of referral lowered. It is disturbing when we hear from our school board partners that many children are arriving at school that have not had the intervention they could have benefitted from in order to be better

learn/cope with the school environment. This is why we do not support a 'wait & see' attitude but rather 'if in doubt, check it out'. For this reason we have continued to participate in the community wide Calling All 2 & 3 Year Olds initiative and have partnered with the Windsor Essex Public Health Unit and the Ontario Early Years Centre to offer more regular Promoting Early Development screening clinics throughout Windsor and Essex County (8 during this fiscal year). These are going very well and generated appropriate referrals for 16 children, across the screening areas provided: Development; Behaviour; Dental & Nutrition. We also continue to accept referrals of late preterm babies (33-35.6 weeks gestation) who are graduates of the Neonatal Follow-Up Clinic. As children born prematurely are at higher risk for delays, Dr. Bachevie has asked us to monitor these children's ongoing development, which we have been more than happy to do following our Pre-Term Care Pathway.

Although the ICD stream took part in the Canadian Centre for Accreditation's recent review process at Children First, we are also planning to complete a self-assessment utilizing the 'Ontario Association for Infant and Child Development's Best Practice Standards' and create a new stream work plan to guide our work. We believe strongly in continuous improvement!

Child Care Support Services

This stream has been very busy providing Special Needs Resourcing support to our community child care programs across Windsor and Essex County. In fact we've supported close to 80 centres that have included a total of 413 children with special needs into their programs! Resource Consultants, as well as other disciplines at Children First as required, provide ongoing intervention and support within child care classrooms. Should there be a need for additional staffing, the centre can also apply for that. Intervention can include classroom observation, discussion and problem solving with classroom teachers and/or centre supervisor/principal, modelling/demonstration/coaching of strategies, small group activities, individual intervention within the classroom and on occasion, withdrawal for specific purposes. Strategies and input are also provided to child care staff around overall classroom management. Resource Consultants recognize the important role parents play and therefore also provide early intervention support within the home environment as needed. When everyone involved with a child is consistent, and implementing strategies

throughout the child's day, the greater chance there is of positive outcomes.

In addition to supporting the staff to meet the needs of the children with special needs in their care, we've expanded to offer much more individualized training geared to centre specific requests or needs (i.e. supporting social emotional development; inclusion; behaviour; working as a team; etc.). We have met staff that are very eager to enhance their abilities, skills and knowledge in order to be better equipped to take on any challenge that comes their way. Kudos to our child care partners that go above and beyond!

We are always looking at ways to ensure we are providing high quality service that is in keeping with best practices in the early intervention field. We have been successful in moving up to the Silver level of Raising the Bar! This independent review looks at quality monitoring, best practice, and professional education. Thanks to the team at Children First that took this initiative on and were so successful in helping us achieve all of the components! Going for Gold in 2015!

Groups

Group service continues to be a key part of service delivery at Children First as an effective means of providing evidence-based and evidence-informed interventions. Over the course of the past year, 380 caregivers and 64 children took part in 48 staff-facilitated groups. In fall of 2014, we developed a survey for consistently collecting outcomes data (i.e., participant feedback) for all groups and seminars. As in previous years, caregiver feedback from our groups has been overwhelmingly positive. We are pleased to share that outcome data also supports the benefits of groups. For example, analysis of data from Road to Resilience, a parent-child concurrent group based on the Fun Friends evidence-based program and internally developed to include a parent component, has shown significant improvements for both parents and children in multiple domains (e.g., regulating emotions, the impact of problems on daily life for the family) from the start to finish of the eight week group. Visit the agency website for more information about group descriptions and availability.

BOARD ANNUAL COMMITTEE REPORTS

MARKETING COMMITTEE

It is so hard to believe that another year has passed by so quickly!! This must be because we are such a busy group!

We have been busy planning new ways to share our story. In 2014/2015, through a collaboration with the City of Windsor (Ontario Early Years Centres) we have been able to produce a Developmental Milestones wheel for children from 1 month to 3 years of age. A committee spearheaded by Sylvia Whalen, Program Manager with Children First coordinated the design of these wheels to ensure that they are addressing the key milestones essential to this age group. With this valued collaboration along with our other community partners, we anticipate broad, thoughtful distribution throughout Essex County.

As you may know, we continue to promote the agency as we have in the past few years on City buses, in Devonshire Mall and through speaking engagements on the radio as well as presentations throughout the community. We are constantly looking for new opportunities to promote the agency.

We are in the planning stages of a Facebook page, a new Agency video and a profile piece intended for media distribution when opportunities arise. We feel very strongly that Children First's role in the community is essential! Our dedicated staff provide critical support to children and families in our community and our goal is to ensure that all families are aware of these valuable services!!

Andrea Tremblay, Chair

RECRUITMENT AND NOMINATION COMMITTEE

The Recruitment and Nomination Committee includes Board members Paul Layfield, Rosemary Waldron and Mark Donlon. The Committee's

mandate is to monitor the ongoing membership needs of the Board, screen expressions of interest from community representatives and make recommendations to the Board for the addition of new Members.

Over the past year, one new member was appointed to the Board. Jason Pillon is a community advocate who has served as a parent representative in a variety of service planning processes. Jason and his family have also received services from Children First in the past. Children First is fortunate that Jason has elected to bring his experience and passion for meeting the needs of families with special needs children to the agency.

Regrettably, the Board will be losing some excellent members in the near future for a variety of reasons. Rick Farrow's term expires in June. Rick was the Chair of the Governance Committee and did tremendous work to update Board Governance Policies and Procedures. Bernadette Dzigan is retiring for personal reasons and her knowledge and background in working with new Canadians will be missed. The terms of two other long serving members will expire during the next year.

The Committee is currently screening several interested applicants to replace current and projected vacancies. The Committee welcomes additional names to be brought forward for such consideration. Individuals with backgrounds in the medical, media and business communities are particularly in demand.

Paul Layfield, Chair

GOVERNANCE COMMITTEE

I am pleased to advise the Membership that the Governance Committee has remained busy this past year completing both our multiple annual requirements as well as developing new policies required by the organization.

New policies include a "Succession Plan" for the Executive Director role, a "Promise of Confidentiality" form that was added to our existing "Code of Ethics" policy.

All existing Board Policies were reviewed with several changes made to some. All review dates have been upgraded and most policies will not require additional review for several years (4 year minimum review requirement).

Also, we believe that additional policies required under the changed Accreditation rules have been completed.

This year Strategic Planning has been put on hold and deferred until such time as the Mental Health Transformation and the Special Needs Initiative changes and requirements are resolved and communicated to our agency.

Additional work was completed this year in preparation for our meetings with the "landlord" to review and negotiate a new facility lease agreement. At the same time the agency has been evaluating how to reduce our total facility usage – by eliminating our 3rd floor offices and by establishing a remote office location in the Leamington, County area, our second largest client concentration area.

For the current year we have completed:

- 1. Executive Director annual performance review**
- 2. Both Board of Directors Effectiveness surveys**
- 3. Board of Directors personal Survey**

In the months ahead we will complete:

- 1. Police Check annual declaration**
- 2. Organization Performance Report**
- 3. Insurance Policy history Report**
- 4. Risk Task List questionnaire review**

Finally, we have prepared working papers for the transition of the Chairman's role of our Committee to a new Board Member in preparation of my retirement later this month.

I would like to extend my appreciation to Mark, his management team and our fellow Board

Members for your support and assistance during my period of Chairing the Governance Committee.

Wishing you all the best,

Rick Farrow, Chair

FINANCE COMMITTEE

The Finance Committee works to meet the agency's strategic goal to "maximize program resources" by providing oversight to the financial planning, management, and reporting matters of the agency. Each month, the Finance Committee reviews financial statements and projections prepared by management. The Board of Directors receives a financial report from the Treasurer (or designate) at each meeting outlining the current and projected financial position of each program. The Board is then able to make informed decisions and respond to the needs of the agency. The Finance committee also assisted in the development and review of agency financial policies to support the agency's operations and promote stewardship and good governance.

The committee also functions as the Board's Audit Committee and reviews the financial statements with our auditor, KPMG.

Marina Iannitelli, Chair

FUNDRAISING COMMITTEE

The Fundraising Committee includes Board members Jennifer Pestrin (Chair), Andrea Tremblay and staff members Sharri Hamelin, Jane Patterson and Mark Donlon. The mandate of the committee is to seek out opportunities to raise funding for various agency initiatives.

Raising community fundraising revenue is always a challenge. It is particularly difficult in a region that has seen hard times economically and competition for charitable dollars between many worthy causes is fierce. In 2013, the committee undertook a major campaign that involved a series of events including a winery picnic, tour of the Hiram Walker facility and a dinner cruise. Agency staff pitched in by helping create an agency cookbook that included favourite staff recipes.

During the past year, the focus has been on smaller events. The agency participated in the Caboto Club pasta nights which raised \$2,600. Another \$1,270 was received from the Windsor Transportation Club Lobsterfest. Donations from various other individual or corporate sources totaled \$2,720 and further cookbook sales raised \$1,175. Not all donations were cash. The Windsor 1918 Rotary club continued its annual Easter tradition

of donating Easter baskets for distribution to children being served by the agency. More than sixty baskets were received and distributed with an approximate cash value of more than \$3,000. I am most grateful for the ongoing efforts of my fellow Board member and staff volunteers who work very hard to raise funds for the agency.

Jennifer Pestrin, Chair

Want To Stay Informed?

Make sure to sign-up to receive our newsletter through e-mail by visiting our website

www.children-first.ca



Children FIRST
TOGETHER WITH FAMILIES, REALIZING POTENTIAL

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SPRING NEWSLETTER

A Word From The Executive Director

Over the past six months, Children First, on the Special Needs Strategy project, similar to most children's services, has experienced a number of significant changes. I would like to take this opportunity to summarize the many initiatives that are underway locally and across the province.

The government of Ontario has embarked on an ambitious agenda of change in terms of how services are organized and their expectations of service providers. In children's mental health, the Regional Children's Centre has been selected as the "lead agency" in Windsor and Essex County. They are in the process of beginning to assume responsibility for service planning and budgeting. Children First programs are now organized within "core services" and it is anticipated that within one year we will be negotiating our budget with the Regional Children's Centre instead of directly with the Ministry of Children and Youth Services.

The provincial government has also initiated a review of developmental services called the "Special Needs Strategy" which may have significant implications for how community services for children with special needs are organized and delivered. A new, voluntary developmental screen is being developed to identify potential risks to children's development and connect them with the services they need. The province is also looking at each community to come together and develop a proposal to offer coordinated service planning to families with children and youth who have complex needs that would benefit from this support. It will be followed by a process designed to promote more integrated rehabilitation services (e.g. speech, occupational therapy and physiotherapy) with an objective of providing a more seamless approach to service delivery for children and youth and their families. For more information

For upcoming community events, check out the following websites:
www.citywindsor.ca
www.autismontario.com
www.reconnectwindsor.ca
www.children-first.ca



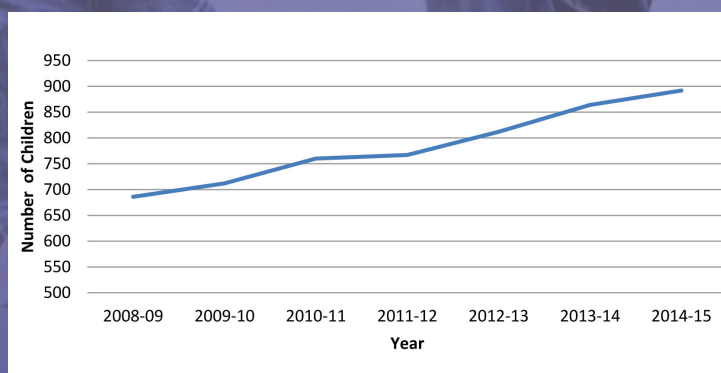
FUN Ways to Encourage Mobility in Your Child
(Having fun while doing these is an absolute requirement.)

Faye Squire - Physiotherapist

- Before Your Child is Rolling**
Roll your child to their side to pick them up from lying, rather than lifting straight forward. Do this slowly when you have the time, allowing them to respond to the changes in position and the effects of gravity on their body.
- Before Crawling**
Lay a soft cushion on the floor and place the child in a kneeling position over the edge of it (usually the back edge is firmer). This is a great position to help the child get into sitting and also to get used to being on their knees. Sometimes they will come up in a high kneeling position or even up onto their feet, propping with arms on the cushion.
- Once Crawling**
Place a pillow on the floor and have the child crawl over it or some other soft object. Allow the child to crawl over your leg and eventually yourself, as you lay on floor. This will strengthen the muscles of the pelvic area as well as legs and arms.
- Once Your Child Can Pull to Stand**
When they can stand reliably holding onto a stable object, have them reach from one piece of furniture to another, a few inches away. Initially position them so they have to shift their weight to reach the second one. Eventually move them far enough apart so that they have to take a step to reach the other piece of furniture.
- Once Walking**
Have your child climb into and out of large containers such as laundry basket, cardboard box, kiddie pool, sand box. This activity will improve balance, strength and motor planning skills.

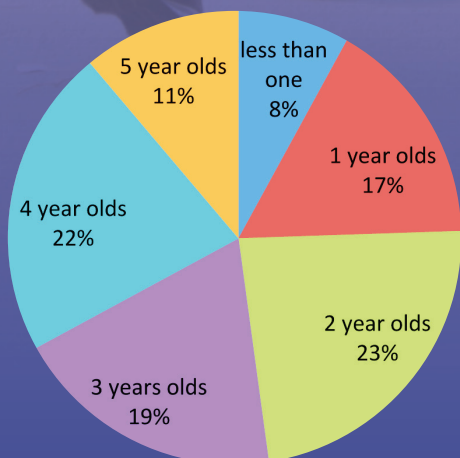
WHO WE SERVE

REFERRALS BY YEAR



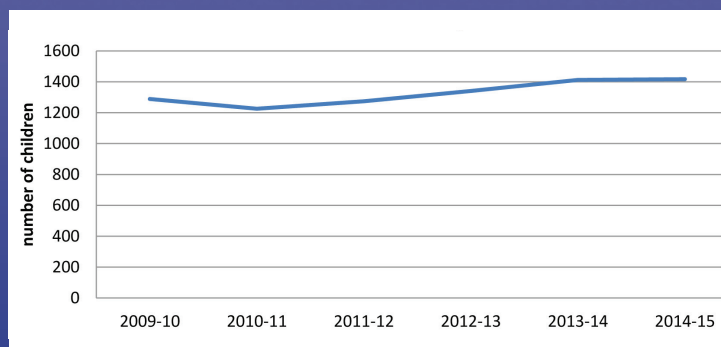
Referrals increase every year. In 2014-15 we received 892 referrals citing mental health and d developmental concerns.

AGE OF CHILDREN AT REFERRAL



Children up to the age of six are referred to our program; however, the average age of a child referred to our program is three years old.

CHILDREN SERVED



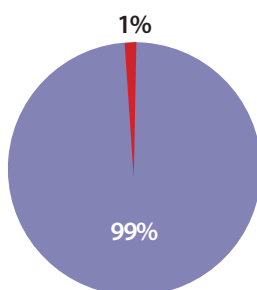
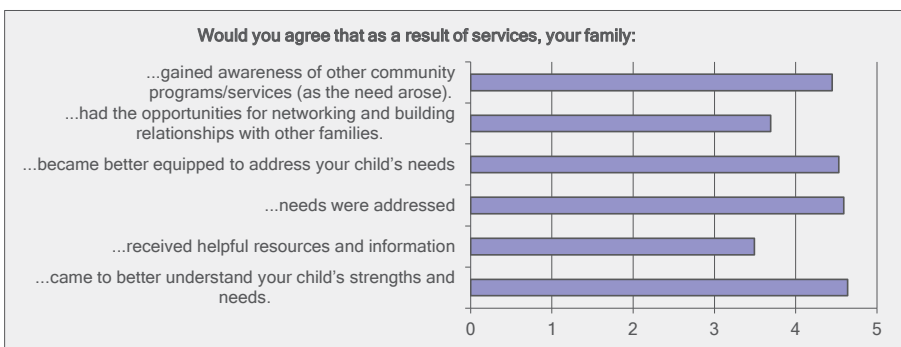
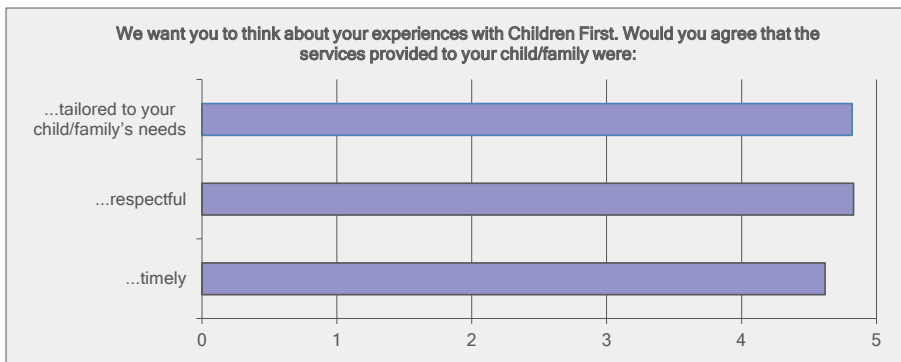
Children First served over 1,400 children in 2014-15.

FAMILY SATISFACTION

Children First gathers feedback from the families we serve to ensure ongoing high quality service to children and families in our community.

Families are asked to evaluate our service and the changes they have achieved on a five point scale as follows:

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5



The times and locations of the services received from Children First were flexible to meet the needs of our child/family

Always Most of the Time

FEEDBACK

"We thoroughly appreciated our help from Children First, especially the fact that they have home visits."

"The staff at Children First was very helpful and I never felt judged."

"We enjoyed the convenience of in home therapy and the helpful workers."

"I am grateful for the wonderful people involved with assessing my child's needs."

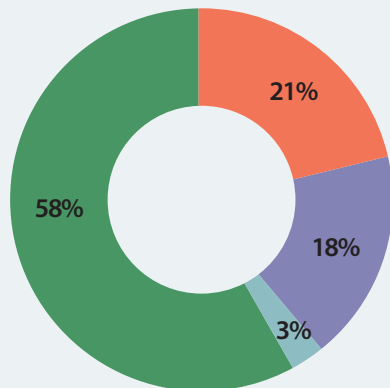
CHILDREN FIRST IN ESSEX COUNTY

Summarized Statement of Financial Position for the year ended March 31, 2015

	Revenue Fund	Capital Fund	Total
	March 31,	March 31,	March 31,
	2015	2015	2015
Assets			
Current assets:			
Cash - unrestricted	\$ 368,906	\$ -	\$ 368,906
Investments	300,674	-	300,674
Accounts receivable	34,444	-	34,444
Due from operating fund		208,393	208,393
Prepaid expenses	33,786		33,786
	737,810	208,393	946,203
Cash - restricted	54,110	-	54,110
Capital assets	-	138,000	138,000
	\$ 791,920	\$ 346,393	\$ 1,138,313

Liabilities and Fund Balance

Current liabilities:			
Accounts payable and accrued liabilities	\$ 71,464	\$ -	\$ 71,464
Due to capital reserve fund	208,393	-	208,393
	279,857	-	279,857
Fund balance:			
Externally restricted	54,110		54,110
Unrestricted	457,953	346,393	804,346
	512,063	346,393	858,456
	\$ 791,920	\$ 346,393	\$ 1,138,313



Children First - Sources of Funding

- MCYS - Children's Mental Health
- Talk 2 Me
- City of Windsor - Special Needs Resourcing
- MCYS - Infant Development

CHILDREN FIRST IN ESSEX COUNTY

Summarized Statement of Operations and Changes in Fund Balances for the year ended March 31, 2015

	Revenue Fund	Capital Fund	Total
	2015	2015	2015
Revenue:			
Grant revenues	\$ 6,252,033	\$ -	\$ 6,252,033
Fundraising and donations	7,768	-	7,768
Other	35,172		35,172
	6,294,973	-	6,294,973
Expenses - program:			
Salaries and benefits	5,035,289	-	5,035,289
Program	53,298	-	53,298
Transportation and travel	158,808	-	158,808
Training	13,778	-	13,778
Building occupancy	367,584	-	367,584
Fundraising	116	-	116
Amortization		178,361	178,361
	5,628,873	178,361	5,807,234
Expenses - administration:			
Salaries and benefits	406,777	-	406,777
Administration	238,023	-	238,023
	644,800	-	644,800
Total expenses	6,273,673	178,361	6,452,034
Excess of expenses over revenue	21,300	(178,361)	(157,061)
Fund balance, beginning of year	497,427	518,090	1,015,517
Interfund transfers	(6,664)	6,664	-
Fund balance, end of year	\$ 512,063	\$ 346,393	\$ 858,456



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