

children's treatment centre

9815 - 140th street, surrey, b.c.

lower fraser valley
cerebral palsy association

annual report 1969

LOWER FRASER VALLEY CEREBRAL PALSY ASSOCIATION

1 9 6 9

BOARD OF DIRECTORS

Executive:

Mr. A. A. Card, President

Mr. M. R. Munro, Secretary

Mr. N. A. Sherritt, Vice-President

Mr. A. S. Dainard, Treasurer

Mr. S. Piskorik - Director at large

Directors:

Mrs. E.C. Edwards

Mr. E. Howell

Mrs. L. Courchene

Mr. H.D. Cuthbertson

Mrs. J. Miller

Dr. P. Brown

Mr. E.C. Edwards

Mr. C. Menunzio

Mr. G.L. Tomalty

Mr. J.G. Plul

Mr. A.C. Woodward

Mr. I.W. Miller

Mr. I.B. Barr

PROFESSIONAL ADVISORY BOARD

Sydney Israels, M.D. Chairman

Medical Directors

S.Y. Ekaireb, M.D. (to June)
J.E. Jan, M.D., F.R.C.P. (C) (from Sept.)
Jan A. Riegl, M.D. (from Sept.)

S T A F F

Executive Director

Miss Margery C. Hardy, R.S. W.

Social Worker

Mrs. Grace Moffatt, R.S. W.

Physical Therapy

Mrs. N. Adam, M.C.S.P., M.C.P.A.

Mrs. N. Lewthwaite, M.C.P.A., M.A.O.T.
(to January)

Mrs. S. Armitage, M.C.P.A., M.A. O.T.
(to September)

Mrs. M. Hennessey, M.C.P.A. (from
February)

Miss K. Russell, M.C.P.A., M.A.O.T.
(from November)

Occupational Therapy

Mrs. J. Barbolet, O.T.R., M.A.O.T.,
B.Sc.Ed. - (part time)

Mr. D.G. Kamath, O.T.D., C.O. & P.
(from November)

PRESCHOOL

Mrs. V. Clauson

Psychology

Miss F. Joyce (to January)

Mrs. Stone (to March)

Miss J. Beresford (to September)

Mr. J. Millette (from September)

Clerical

Miss B. Dunnill, Recpt.
(to November)

Miss S. Duddle, Recpt.
(from November)

Mrs. R. Hougen, Medical Sec'y

School Teachers

Mrs. L. Emerson

Mrs. B. Forsyth

Mrs. E. Burgess

Mrs. M. Rowan

Mrs. D. Nemrava

Mrs. G. Rutherford

Miss. T. Ford (to December)

Mrs. E. Peart (from December)

Aides

Mrs. J.W. Fayers

Mrs. V. Vincent

Mrs. B. Dolley (from September)

PRESIDENT'S REPORT - 1969

As President it is my pleasure to present to you the 17th Annual report of the Lower Fraser Valley Cerebral Palsy Association.

Many problems have been met in 1969, the main ones being lack of staff and space in which to give treatment. These problems remain with us in 1970.

The number of referrals continue at the ratio of two new cases a month with little or no decrease in the active caseload. Thirteen new cases were accepted for treatment and schooling; eleven either moved away or were transferred to other schools.

An addition to the Treatment Centre is needed now. An occupational therapy department is essential for the treatment of the young adults and intermediate students as a step towards their future.

Funds for the continuation of these projects as well as staff are needed and it is only through the efforts of parents, the Board of Directors etc., that this can be accomplished:

Much credit should be given to all who have assisted in raising funds. Special mention should be made of the Municipality of Surrey and the School Boards of all districts and all others who have helped meet our needs. Our deep appreciation goes out to Miss Hardy, her staff and colleagues for the excellent results they have accomplished in this past year.

A.A. Card,
President

EXECUTIVE DIRECTOR'S REPORT

1 9 6 9

In attempting to recapitulate the events of a year, it is difficult to pick out the highlights. From intimate knowledge of the individual cases, the treatment staff could chalk up many successes in seeing children graduate from wheelchairs to walkers and braces, from crutches to canes and, for some, the discarding of even these to the joyful cry of "see, I can walk by myself". Not all our cases can claim such progress and many have to be content to live in a wheelchair and derive satisfaction from participating in a school program geared to their needs.

Electric typewriters for six-year-olds may seem a frill but when it is the best and easiest means of communication no cost is too great. Service clubs and individuals have seen this need and we are grateful to them for making the purchase of such equipment possible. Braces, wheelchairs, crutches and other orthopedic appliances have been provided out of donations, as the budget for maintenance has not been sufficient to cover such costs.

Transportation has always been a major expense. The School Districts, in the main, responded to a request for an increase in the amounts paid toward daily transportation. The B.C. Crippled Children's Association (Easter Seal Fund) recognized our needs and increased its grant to \$12,000 in 1969. This amount exceeded the amounts collected in the Fraser Valley and a cut in their donation is expected in 1970. There were 71 school-age children and 15 nursery school children being transported daily, the majority by Ken Mar Cabs. This service has been most satisfactory and our thanks are due to Mr. and Mrs. Konopsky and their drivers. They have given of themselves most willingly and the children's safety is their chief concern.

Without the support of the Auxiliary, the Centre could not have kept as much "out of the red" as it has done. We are so seldom "in the black" as most of the Auxiliary members are only too well aware. The small number who raise \$6,000 annually must feel great satisfaction and the staff are most grateful for all their efforts.

The school teachers continue in their "beyond the line of duty" devotion. Each pupil is taught on an individual basis which requires patience, tolerance and a wealth of understanding, plus continuous research and study on the part of the teaching staff. A change in principals was effective in October, 1969, when Mr. George Headland, our principal since the school opened in September, 1961, was replaced by Mr. Robert McKibbin. He has under his jurisdiction not only our seven classrooms but also classes for the hard of hearing, the trainable mentally and for social adjustment. We are grateful to Mr. Headland for his devotion and understanding. The Department of Special Education, under Mr. George Greenaway of the Surrey School District, continues their understanding of our special needs.

EXECUTIVE DIRECTOR'S REPORT - 2

The Volunteers continue their faithful devotion to the children. Without their help we could not function during recesses, lunch hours and special outings. Senior students from Simon Cunningham School and the Queen Elizabeth High School have also helped on several occasions.

This has been a quiet year, with little or no progress in plans for the future of the senior pupils. However, the question of the young adult was brought up at the Annual Meeting of the Cerebral Palsy Association of British Columbia and is of concern to everybody. The Provincial Society has set up a committee which is studying the problem but which has not yet made a report.

Finally, my thanks to the Board of Directors and to the members of the staff for their devotion to the children and their parents and for their tolerance of the inadequate treatment areas and facilities. The esprit de corps survives in spite of the many difficulties that beset us and plans for more adequate space are ever present in our minds. It is hoped 1970 will provide relief to some of our major problems.

(Miss) Margery C. Hardy, R.S.W.,
Executive Director.

MEDICAL DIRECTORS' REPORT - 1969

As of September 1969 the Medical Directors have been chosen from the University staff, cooperating fully with the local medical community. The fact that at present there are two of us has perhaps resulted in some increase in the number of assessments performed, but more importantly we have tried to follow a policy of in-depth evaluation of all children under the Centre's care, as well as of new referrals. Our goal has been to provide a thorough general and neurological follow-up, supported by consultations with other members of the treatment team - the physio and occupational therapists, social worker, psychologist, and teacher. We have then endeavoured to communicate these findings as fully as possible to all the physicians having contact with the child, and share pertinent recommendations with the school.

In recent months the need for closer cooperation with the Surrey School Board has arisen, and been thoroughly discussed with the Board officials and the Executive Director. As a result we are now planning to hold regular school-based conferences with the teachers and principal of the Simon Cunningham School, to allow for easier identification of problems and provide more adequate communication with the school personnel. At the same time we believe that the ultimate goal of rehabilitation is integration into the community, with a realistic acceptance of one's limitations. The paths towards this goal are multiple, beginning with early diagnosis and proper understanding on the parents' part, continue in different settings of which the Simon Cunningham School is only one variation, and hopefully lead to productive, self-fulfilling activity outside. Therefore we hope to cooperate with the School Board in planning and evaluating such other settings, of which the class for the Neurologically Handicapped is an example.

Lastly we realize that handicapped children like all human beings have many needs, only a fraction of which revolve around their chief disability. Therefore in dealing with the child, his parents, teachers, and therapists we have tried to take as broad a view as possible, trying to make sure that the major disability does not overshadow other problems, be they medical, educational, or social. This necessarily means broadening our horizons - reaching out beyond the hospital and school, to other community agencies, to governmental institutions - all of which can contribute toward making our handicapped children of today useful and happy citizens of tomorrow. The enthusiastic dedication of the staff and many others through hard work, has opened up a much brighter future for these individuals. Can we aim for anything less?

Jan A. Riegl, M.D.
James E. Jan, M.D. F.R.C.P. (C)

- SOCIAL WORK REPORT -

1 9 6 9

Perhaps social work in our clinical setting is best described as the catalyst among the other disciplines - Doctors, physiotherapists, teachers, occupational therapists, parents, other siblings, foster parents and social workers from other agencies, that may be involved with a particular child. All are part of our team, working together to help each individual child reach his full potential of development.

A child is not just a body to be exercised, or a brain to be taught, but an individual with a personality of his or her own, who lives and reacts in a family environment, who has physical handicaps to accept, and to as far as possible, overcome. Each member of the team has his or her own unique contribution to make in helping the child to achieve his utmost.

The Social Worker is of necessity, involved with home and community factors that may be drawn into the picture, to play a part in making as happy and secure an environment in which the child can grow.

Social Work involves many interviews in helping to promote a smoothly working team. Arranging, and when there is much sickness around, rearranging clinics, takes considerable time but is a necessary part of the work in order that each member of the team be enabled to participate as fully as possible in the clinic discussion.

When the work of a social worker gets beyond a certain quantity - the quality of the work suffers and one gets to the point of feeling that one is only meeting emergencies because of the pressure of work, and because there is not time to do what should be done, the emergencies increase.

In a medical setting 30 plus with the outside limit of 50 is considered a sufficient load to be carrying but when this gets to be over 100 the quality of service is rather frustrating to everyone concerned - and hence the child and the family are deprived of services that they should be having.

Hopefully this situation can be overcome in 1970.

Mrs. Grace Moffatt, R.S.W.

PHYSIOTHERAPY - REPORT - 1969

Primarily any Physiotherapy program depends on patients. At this Centre the patients are children and we have them in plentiful supply. These "Children" range in age from babies to late teens.

Of an approximate 100 on our treatment list in 1969, two-thirds are diagnosed as having some form of Cerebral Palsy. The other one third being predominantly children with muscular dystrophy, with much smaller numbers having rarer conditions.

Three quarters of this total number of children attend preschool and the more adult class at the Centre, and the six classes at Simon Cunningham School. One quarter attend the Centre on an out-patient basis.

For the year the total number of half hour treatments were as follows:

Cerebral Palsy	- - - - -	2151
Non Cerebral Palsy	- - - - -	<u>730</u>
TOTAL	- - - - -	<u>2881</u>

These half hour periods include actual treatments, plus additional time spent on specific appointments directly concerned with a child. These figures do not include time spent for recording.

Secondarily, a Physiotherapy program depends on staff. These have been available only sparsely.

Mrs. Nancy Lewthwaite left the staff at the end of January 1969, leaving Mrs. Nadine Adam (working on a basis of slightly more than half time) and Mrs. Sandra Armitage (working full time.)

I joined the staff at the beginning of February, working half time in February and March, and full time thereafter.

Mrs. Armitage resigned at the end of June, to go East with her husband, but was able to give part time assistance throughout September.

Miss Katherine Russell, a combined Physiotherapy-Occupational Therapy Graduate from Toronto joined the staff at the beginning of November.

Mrs. Adam has been on leave of absence because of illness, since early December.

In summary, staff has been available on an average of two full time therapists for the eleven months of operation in 1969.

A study carried out in May estimated the Minimum staff requirements to be four full time Physiotherapists.

Physiotherapy Report - 2 -

Perhaps some of the reasons for the difficulty in keeping a full complement of staff, other than the unavailability of salary for increased staff, may be:

- the distance from Vancouver
- the need for a car on the job
- the specialised nature of the work
- the inadequate treatment facilities
- the frustration of inadequate treatment time.

Thirdly, a Physiotherapy program depends on treatment space and equipment. I will let it suffice to say that these are so sparse as to defy description!

The Program itself:

Maintenance of a satisfactory treatment program in this type of environment is complex.

In addition to time spent in actual treatment of a child, it requires of each therapist:

- Attendance at clinics to ensure maximum possible understanding of each child, and to permit an organized exchange of ideas between each of the treatment staff and between treatment staff and school teachers.

- Careful and regular treatment planning
- Detailed assessment and progress recording
- Splint making
- Supervision of equipment (wheelchairs, braces, walkers, crutches, canes etc.
- Frequent contact with parents to ensure continuity of physical management.
- Home visiting to assist planning
- Attendance at Orthopaedic and other appointments to ensure continuity of treatment.
- Liaison with other Treatment Centres which are often involved in the treatment of our patients, for example, following surgery.
- Continuing education to promote staff competence and enthusiasm.

Emphasis

The limited staff time available has resulted in a generally inadequate coverage of the above outlined program. The following may help to clarify which areas have been particularly affected:

- direct patient treatment has been much less than is necessary to promote maximum improvement. The out-patients, excepting the youngest ones, have suffered particularly. A considerable amount of time is needed even to keep contact with those who attend infrequently. Staff changes have made it particularly difficult to keep good continuity in this area.

- preliminary arrangements were made to institute a swimming program during school hours, in conjunction with the Surrey "Y", but

Physiotherapy Report - 3 -

commencement has had to be delayed until the necessary staff are available.

- Preliminary work has been done to develop a clearer and more comprehensive method of recording patient evaluation and progress.

- Splint making has been inadequate. Time taken can only be reduced, and results improved, when a more adequate splint making area and a greater supply of materials are made available to us.

- Considerable time has been spent on reassessment of the equipment needs of each child. Some changes in bracing and walking aids have been experimented with. We are gradually accumulating outgrown braces as these sometimes can be of value in determining the exact bracing requirements of other children.

- Additional equipment for use in the departments at the centre and at the school is gradually being added.

- Contact with parents has increased, many children benefitting greatly from home treatment.

- Home visits are grossly behind schedule.

- Attendance at various outside appointments has been adequate.

- Liaison with other Centres has had to be primarily by telephone, which is sometimes less than satisfactory.

- Our continuing education programme has included

- Attendance at U.D.C. at a one day (Saturday Seminar on the treatment of Cerebral Palsy children, conducted by local Physiotherapists (three therapists attending)

- Attendance at a three day Seminar in October on the treatment of Cerebral Palsy Children, at which Dr. R. Margaret Jones was guest speaker sponsored by the Cerebral Palsy Association of D.C. (two therapists attending).

- A visit to the new Cerebral Palsy Treatment Centre in Victoria.

- Attendance at a Friday evening - Saturday Workshop entitled Aquatics for the Disabled, at Simon Fraser University, and sponsored by the Canadian Red Cross Water Safety Service (two therapists attending).

- Attendance at regular monthly Physiotherapy meetings.

Plans for the next year - can be summarized briefly as follows:-

- Increased staff

- Commencement of a suitable reference library.

- Implementation of the proposed swimming programme.

- Continuing education.

- and MORE ADEQUATE TREATMENT.

(Mrs.) Margaret Hennessey, M.C.P.A.
Physiotherapist

OCCUPATIONAL THERAPY ANNUAL REPORT

1 9 6 9

The Occupational Therapy program this year continued to operate with one therapist. Mrs. Barbolet worked full time through June and part-time in July. Mr. Kamath was appointed in November.

Expenditures included more equipment for the therapy room at Simon Cunningham School, such as toys and materials for treatment as well as a new woodworking table with two adjustable vises. A large metal storage cabinet made the small O.T. room at the Treatment Centre more workable.

The Occupational Therapy program continues to provide several functions:

1. Self-care activities, such as dressing, feeding and grooming.
2. Perceptual-motor evaluation and treatment, to aid in assessing and helping the child with certain types of learning difficulties.
3. Splinting, in cooperation with physiotherapy.
4. Pre-vocational assessment and planning. This is essential for the older children who are outgrowing the classroom setting.

This department continues to experience difficulty in finding space for treatment, both at Simon Cunningham and at the Treatment Centre. All the staff have been extremely cooperative and helpful with the "space" problem, especially the teachers and physiotherapists who have been most inconvenienced. It is hoped that a solution to this problem can be found in the near future. A separate unit for the Occupational Therapy Department would greatly aid the treatment program.

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STATISTICS

The number of children who have received treatment this year is approximately 50% of those who need it. At least one additional occupational therapist is necessary.

January to July:

Approximately 33 children received regular treatment; some received individual treatment, but most were included in groups of two or three. A total of 46 evaluations and 880 treatments was given.

Mrs. Judith Barbolet, O.T.R.

November to December:

Besides the regular treatment of 34 children, group program has been arranged for kindergarten and junior classes at Simon Cunningham School, mainly to provide general perceptual experiences and socialization. Senior class students have been provided with an opportunity for developing their vocational potential. They have been individually assessed for initiating a proper pre-vocational program in future, which is as yet in the formulative stage.

The number of O.T. treatments given during the period was 57.

A number of splints were made during these two months, besides keeping most of the earlier adapted equipments in good repair. We have a number of adapted equipments also, such as straight back supports, foot stools, transferboards for bath tubs, etc., to suit the individual child. Separate units for Occupational Therapy Departments are strongly recommended.

D.G. Kamath, O.T.D., C.O. & P.

PRE-SCHOOL REPORT - 1969

Twenty-six children were registered in pre-school in 1969, including both nursery and kindergarten. The maximum in any one group is set at ten. Seven children went to Mrs. Burgess' class at Simon Cunningham School in September, one child moved to Hanéy, and one each to Alberta, Ontario and the D.C. interior. With the new enrollment there are fifteen children on the register, one in Sunny Hill Hospital and one awaiting transportation.

Kindergartens are being given more responsibility in child development than in times past. With apartment dwelling and small city lots, we are being made more aware of a need to develop motor coordination at the pre-school level. In order to read and write, there must be muscle and eye-hand coordination. There will, of course, be some children who, because of their individual handicaps, will never reach this stage of readiness. We must then teach these children to listen and watch as their only practical means of learning.

Kindergarten is one of the few situations that does remain constant in our changing society. It is still a child's world in which he is not expected to perform with adult standards but can be himself as he is. We cannot afford to be impatient; our successes are gradual but, happily, are many. If we had one wish, it would be to have more space in which to work but we are ever optimistic in this direction.

(Mrs.) Vera Clauson,
Pre-school Teacher.

SIMON CUNNINGHAM ELEMENTARY SCHOOL REPORT

1 9 6 9

The educational facilities for the Children's Treatment Centre are operated by the Surrey School Board at Simon Cunningham School and the Treatment Centre. Both Mr. E. Marriott, District Superintendent and Mr. C. Greenaway, Supervisor of Special Education were responsible for the educational success of the Children's Treatment Centre.

From January to June the Educational Staff consisted of six teachers:

Mrs. M. Rowan	Mrs. L. Emerson
Mrs. D. Nemrava	Mrs. G. Rutherford
Mrs. B. Forsyth	Mrs. E. Burgess

A new class was added in September with Miss T. Ford as the teacher. In December Mrs. E. Peart replaced Miss T. Ford, who took another position in the district.

Mr. G. Headland, Principal of A.H.P. Matthew School, administered the Children's Treatment Centre until the end of September when it was transferred to the Principal of the Simon Cunningham School. The Educational Staff would like to express their sincere appreciation to Mr. G. Headland, whose assistance and leadership in the growth of the classes of the Treatment Centre over the years has been most valuable.

In January there were 44 boys and 21 girls in the six classes. Between January and June, three boys entered from other Surrey Schools and one boy and one girl entered from Sunnyhill. The total enrolment at the end of June was 70 pupils consisting of 48 boys and 22 girls.

In September there were 48 boys and 23 girls in the seven classes. Between September and December, one boy left to attend a regular class in Vancouver while one girl transferred to G.F. Strong.

Mrs. Dolley was hired to assist Mrs. Fayers as aide at Simon Cunningham School while Mrs. Vincent helped at the Children's Treatment Centre.

During the year many visitors from educational and medical organizations observed the classes in operation.

Educational field trips for some or all the classes were arranged to:

Surrey Museum	Bear Creek Park (Sports Day)
Playland	Woodwards to visit Santa Claus
Shrine Circus	Aquarium

Students from Mrs. Rowan's and Mrs. Nemrava's class each operated booths at the Annual Auxiliary Bazaar.

The Simon Cunningham Choir was augmented by the able voices of some of the Treatment Centre Children when they sang carols at Guildford over CJJC.

Mrs. Rowan's class performed a splendid Christmas Play to a most appreciative audience at the Treatment Centre.

Activities for the year ended with a Christmas party at which Danny Romanuik and The Christophers provided the entertainment.

The very able assistance of the Medical Staff, the Auxiliary and the volunteers made the year 1969, a very profitable one for the pupils of the Children's Treatment Centre.

This report was compiled with the aid of the seven teachers of the Centre.

R.J. McKibbin,
Principal.

STATISTICAL REPORT - 1969

	<u>1968</u>	<u>1969</u>
Active Case Load to December 31st 1969	118	126
New Referrals during 1969	31	24
Cases closed during 1969	11	13
Cases transferred during 1969	11	11
Enrolled in School Program during 1969	64	70
Enrolled in pre-school program during 1969	17	12
Out-Patients	32	44
 <u>TOTAL TREATMENTS FOR 1969 - ½ hour units</u>		
Physiotherapy treatments	3161	2881
O.T. Treatments	1205	1687
Social Worker's interviews	5109	9383
	<u>9650</u>	<u>13951</u>
	TOTAL	
Number of Psychological tests	160	372
Number of Clinic Attendances	126	108

AUXILIARY REPORT - 1969

1969 was a very rewarding year for the members of the Auxiliary. Many successful projects yielded financial and social benefits.

The first activity of the year was serving coffee at the Annual Meeting of the Association. At this time we presented the Association with a cheque.

A new venture in February was a charity Bazaar at Brentwood, which we hope will become an annual event.

In March, we had a Tupperware party which was the most successful so far. From this event we obtained articles that were used in raffles at the Fall Carnival.

Our June Fair at the new location at Hjorth Road Park was a bit of a disappointment. However, we augmented the funds made by having a rummage sale at the Kennedy Hall.

At the Annual Sports Day in May at Bear Creek Park, the Auxiliary served refreshments to the children and also had a bake sale.

A 5% Shopping Day was held at the High-Low Store in October.

Our eighth Annual Bazaar and Western Carnival, held on the 14th of November, proved to be the most successful and special thanks go out to "Alberta Slim" Edwards, who helps to make this annual event possible, and to all the fine people who contribute to this event.

The Newton Thrift Shop continues to do well at its new location. We are always in need of volunteer staff and donations of articles for resale.

One of our main projects is our Candy Wreaths. The continued success of this project, where many hours are needed, must go to the chairman, Mrs. S. Piskorik, and the committee.

AUXILIARY REPORT - 1969

It has been a pleasure for me to be associated with the members of the Auxiliary and the past year has been very rewarding. I would like to thank all the members for their hard work and for their cooperation and guidance.

The total Auxiliary contribution to the Centre in 1969 has been \$6,000.

(Mrs.) P. Edwards
Auxiliary President.

1969 Auxiliary Officers

Past President	Mrs. T.P. Worrall
President	Mrs. P. Edwards
Vice-President	Mrs. V. Farmer
Secretary	Mrs. D. Caston (to June) Mrs. D. Crawford
Treasurer	Mrs. W. Jackson
Publicity	Mrs. N. Sheane
Thrift Shop Convenors	Mrs. L. Simpson Mrs. T. Chalmers Mrs. H. Voth Mrs. K. Clark
Candy Wreath Convenor	Mrs. S. Piskorik

AUXILIARY REPORT - 1969

Treasurer's Report

Bank Balance as of January 1, 1969	\$ 1,750.95
Income (includes \$591.00 cash on hand, Dec.31/68)	10,424.95
Bank Interest	<u>34.72</u>
	12,210.62
Disbursements	<u>10,789.43</u>
Leaving Balance at December 31, 1969 of	\$ 1,421.19
of which	
Current Account -	\$1,230.14
Bazaar " -	<u>191.05</u>
	\$1,421.19
Thrift Shop Bank Balance, December 31, 1969	\$4,729.44
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Bazaar Account - 1969	
Balance as of January 1st 1969	\$ 118.12
Proceeds - 1969 Bazaar	3,978.50
	<u>\$ 4,096.62</u>
EXPENDITURES: Donations to Centre	\$3,500.00
General expenses	<u>405.57</u>
	<u>3,905.57</u>
Balance as of Dec. 31, 1969	<u><u>\$ 191.05</u></u>

To the Members,
Lower Fraser Valley Cerebral Palsy Association,
Surrey, B. C.

We have examined the balance sheet of the Lower Fraser Valley Cerebral Palsy Association as at December 31, 1969, and the statement of operating revenue and expenditure for the year then ended. Our examination included a general review of the accounting records and other supporting evidence as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the Company as at December 31, 1969, and the results of its operations for the year then ended, in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Lowell Street & Co.

Chartered Accountants

Burnaby, B.C.
February 9, 1970.

LOWER FRASER VALLEY CEREBRAL PALSY ASSOCIATION

BALANCE SHEET
AS AT DECEMBER 31ST, 1969.

ASSETS

CURRENT ASSETS:

Petty Cash	\$ 50.00	
Cash on hand	58.00	
Bank account: building & equipment fund	7,456.57	
Accounts receivable - treatment fees	2,913.63	
Accounts receivable - other	<u>779.45</u>	\$ 11,256.65

CAPITAL ASSETS:

Building, fixtures & equipment - cost to December 31, 1968	\$37,218.50	
Additions during the year	<u>4,205.05</u>	
	41,423.55	
Less: Accumulated depreciation	<u>19,953.05</u>	
	21,470.50	
Land: at cost	<u>4,000.00</u>	25,470.50
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		\$36,727.15
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LIABILITIES AND SURPLUS

CURRENT LIABILITIES:

Bank - operating account - overdraft		\$ 1,006.67
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SURPLUS:

Balance at Dec. 31, 1968	\$39,559.68	
Add: Donations to building fund	<u>3,146.65</u>	
	42,706.33	
Less: Operating loss for the year	<u>6,985.85</u>	35,720.48
		<hr/>
		\$36,727.15
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LOWER FRASER VALLEY CEREBRAL PALSY ASSOCIATION

STATEMENT OF OPERATING REVENUE & EXPENDITURE
FOR THE YEAR ENDED DECEMBER 31ST, 1969.

OPERATING REVENUE:

Government grants	\$ 31,909.00
Treatment fees	11,764.97
Rental income	2,000.00
Membership dues	254.00
U.G.N. Allotment	12,750.00
Donations - general	9,237.25
Match box collection	529.81
B.C. Society for Crippled Children	12,000.00
Funds raised by the Auxiliary	6,000.00
Transportation grants & subsidiaries	13,516.73
School grant for Aides salaries	<u>5,000.00</u>

Total operating revenue: \$ 104,961.76

EXPENSES:

Bank charges and interest	\$ 106.35
Canada Pension	807.20
Salaries	68,537.26
Unemployment Insurance	208.10
Car allowance	1,612.45
Telephones	1,406.65
Stationery & office supplies	2,073.76
Postage	209.44
Insurance	171.85
Clinic supplies & appliances	2,925.32
General expense	116.15
Transportation of children	29,430.37
Staff training	131.71
Heat and light	698.80
Physio, O.T. & nursery school	<u>266.10</u>

Total operating expense: \$ 108,701.61

Operating deficit - before depreciation: \$ (3,739.85)

Provision for depreciation: 3,246.00

Deficit for the year: \$ (6,985.85)