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MISSION

Our commitment is to create and provide superior, individualized, family-centered services for children who are disabled, medically fragile, or vulnerable because of abuse or neglect; to develop maximum potential, hope, and community understanding.
Kindering Services

Comprehensive Developmental Assessment: Evaluates each child’s individual abilities and special health care needs.

Physical and Occupational Therapy: Assists children in reaching motor milestones (sitting, crawling, reaching, grasping) as well as functional skills such as dressing and eating.

Speech and Language Therapy: Develops and enhances communication skills through spoken or sign language, picture exchange, computer, and other communication devices.

Nutrition/Feeding Team: Evaluates and treats the nutritional and feeding difficulties of children ages birth to five years.

Special Education, Community Preschool and Family Co-op: Enhances children’s cognitive and social development, supports the parent-child relationship, creates safe and secure learning environments, and encourages children to socialize with their peers. Children develop self-confidence, independence and the foundations for all future learning.

CUBS (Communication, Understanding, Behavior and Socialization): Combines a family-friendly early intervention program, extended instruction time, and technical and social support for families with children with autism.

Early Care & Education Consultation: Developmental screenings in the community as well as in-home visits to child care programs to observe children, consult with child care staff and parents, make appropriate referrals, and develop strategies to ensure all children succeed in child care. Trainings are individualized to the unique needs of providers.

CHERISH! (Children Encouraged by Relationships in Secure Homes): Supports young children in foster and kinship care and their families through a carefully structured set of assessments and interventions. CHERISH educates foster and relative caregivers about the attachment cycle, guides each caregiver-child pair through the process of developing the important early bond and provides developmental therapies and early education to prepare children to reach their full social, emotional, physical, and academic potential.

Integrated Spanish Programs: Developmental assessments, early intervention therapies and special education; preschool classes; resource coordination; parent education; and support groups all offered in Spanish.

Family Resource Coordination: Links families with appropriate community resources, helps with funding and eligibility requirements; and coordinates services.

Family Therapy: Supports families facing the emotional impact and unique challenges of parenting a child with special health care needs. Licensed family therapists provide counseling, facilitate group programs and collaborate with treatment teams to promote healthy family relationships.

Fathers Network: Provides male peer support, resources and education, father-child interaction sessions, and family social occasions. Fathers become more competent and compassionate caregivers for their children with special needs.

Siblings Support Project and Sitibops: Supports siblings of children with special needs. Through activities, arts, games and discussion, children share their experiences and learn that they are not alone in facing the challenges of being a brother or sister of a child with special needs.

Parenting Plus: Provides free, multilingual parenting education courses for families who may be experiencing difficulties. Monthly support groups are offered to program graduates.

More than 50 years of research has proven that children with developmental disabilities and delays benefit enormously from early intervention and that age 0-3 provides the greatest window of opportunity to affect neurobiological and behavioral mechanisms.

Of the children enrolled in our Early Intervention Program in 2010, 36% no longer require services after age 3, and 72% make such strides in their development that they narrow the gap with their typically-developing peers.

Our programs benefit from mutual referral and consultation from more than 140 local physicians, six local school districts, Public Health, Department of Social and Health Services, and Child Protective Services.

In 2010, Kindering served a total of 3,231 children and families citywide.

Dr. Louis Rossetti from the University of Wisconsin underscores that the two most important variables for success are identification and intervention (preferably before 30 months) and parent involvement. Kindering’s Early Intervention program is built on these two pillars.

Over the last five years, enrollment in our Early Intervention Program has doubled - from 759 in 2005 to 1,501 in 2010.

48 different languages were spoken by the children and families who received services during 2010.

East King County is home to the fastest growing Latino population in King County. Native Spanish-speaking children accounted for 10 percent of our total Early Intervention enrollment.
HEARTLY THANKS TO OUR MANY ANNUAL FUND SUPPORTERS

Courage the Lion is our emblem. We admire the panther-like qualities of a blazing fire, the self-sacrificing nature of a lion, and the regal bearing of a lion-borne. The help of an injured lion carried out in a heroic manner and donned the skin of a lion as his mantle of bravery.

Because of abuse or neglect to medically fragile, or vulnerable intervention. Your gifts help the effectiveness of early intervention. TJX Foundation Kaare & Sigrunn Ness It takes a community to raise a $2,500 to $4,999 Steve & Becky Showalter Intelius City of Bothell Costco Wholesale Frank & Charlene Blethen Dean & Vicki Allen Illustrated your concern Thomas V. Giddens Jr. a lion as his mantle of bravery. A program demonstrates your leonine commitment. We count your friendship among support helps Kindering to boldly and surely meet the challenges and forces that promise to have the greatest impact on Kindering’s ability to successfully fulfill its mission over the next ten years. A group of Board members and Kindering staff met over the course of nine months and analyzed trends in seven key areas: Demographics, Competition, Revenue, Staffing & Leadership, Regulation & Compliance, Customers, and Service Delivery. Based on that work and subsequent discussions, including a full board retreat, several key strategic Areas of Improvement emerged that merit sustained, focused attention in the months and years ahead, to ensure Kindering’s continued viability, relevance, and effectiveness. The identification of five critical Strategic Areas of Improvement, along with specific recommendations for further analysis, and suggestions for how these areas may be further investigated constitute the main product of the Long Range Planning Task Force’s effort. The five areas that the Task Force recommended for Kindering direct special focus and attention to the next five years are:

Advocacy and Network Development Kindering must remain vigilant in change in legislation, demographics and revenue streams and must actively work to stay connected and relevant to the many people and institutions that influence Kindering’s long-term viability and effectiveness.

BOARD PRESIDENT, TONY MESTRES

It is a great pleasure to introduce you to Kindering’s 2010 Annual Report. The year was marked by the serving of an unprecedented 3,231 infants and children. We accelerated the velocity of achieving our mission and did so with greater quality, dedication to our community and operational integrity. We also spent the year deeply examining how we can further scale Kindering’s mission in a planned and intentional way. As board chair, I have been passionate about balancing Kindering’s organic growth and huge hearted service model with a rigorous and disciplined approach to the long term. To that end, a talented and experienced group of board, staff and outside advisors took on the challenge to look at the horizon. The effort was led by our board vice-president, Mike Anderson, who is also an alumnus parent of a Kindering child. I would like you to upvote on that process and outcome as I am both deeply proud of the work that was done and convinced that it is critical for our future. In 2010 the Kindering board commissioned a Long Range Planning Task Force to study the financial, operational, collaborative, and strategic landscape to determine the issues, challenges and forces that promise to have the greatest impact on Kindering’s ability to successfully fulfill its mission over the next ten years. A group of Board members and Kindering staff met over the course of nine months and analyzed trends in seven key areas: Demographics, Competition, Revenue, Staffing & Leadership, Regulation & Compliance, Customers, and Service Delivery. Based on that work and subsequent discussions, including a full board retreat, several key strategic Areas of Improvement emerged that merit sustained, focused attention in the months and years ahead, to ensure Kindering’s continued viability, relevance, and effectiveness. The identification of five critical Strategic Areas of Improvement, along with specific recommendations for further analysis, and suggestions for how these areas may be further investigated constitute the main product of the Long Range Planning Task Force’s effort. The five areas that the Task Force recommended for Kindering direct special focus and attention to the next five years are:

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Executive Director, Mimi Siegel

The first decade of the century experienced many changes in the early childhood care and education landscape. Kindering had launched the new millennium amidst a successful capital campaign. We celebrated our new facility as we actively expanded services. Enrollment mushroomed and new program offerings reached out to previously underserved children in foster care and Latino families.

Later in the decade, the Great Recession had necessitated bold cost cutting, hiring freezes, and green eye shades. Then 2010 called for a period of settling in and optimizing our business practices to adjust to these new economic realities. Escalating demand for Kindering’s needed therapeutic and special education intersected with severe government funding cuts. It was time to dig in to solid behind-the-scenes work to improve Kindering’s performance.

Kindering’s Information Technology efforts were central. We wrapped up our development of and fully launched our client data management system, embraced cloud technology and replaced outdated equipment. Volunteers revamped the soon-to-be unveiled Kindering website.

Tracking productivity, assessing risk, optimizing Kindering’s investments, and reviewing the staff retirement plan further built an important foundation for vital work in the coming years. We reorganized Kindering’s management team and, with the help of several talented volunteers, undertook a comprehensive leadership training curriculum.

And we kicked off Heath, Rosie and Rainier Van Coevorden, Sheryl Willert and Ross Jacobson combined forces to host a fabulous auction gala, Cosmopolitan. Judith Pierce chaired our spring Gala to Courage Landnehm. The Sounders scored goals by visiting with Kindering families during their short break between the season and playoffs. Trubue Robin Roffe hosted a sensory friendly movie day for Kindering families. We lit up lights, queues, fun games, and plenty of movement. Lastly, Early Learning Thought leaders Bob Watt and Battle Hyde were featured speakers at the Kindering events that advanced our community’s understanding of early education.

Most importantly, over the course of the year Kindering helped 3,231 infants and children, 1-501 in early intervention therapies, special education and family counseling. It was all made possible because of your generous support and concern for our children.

With Heartfelt Gratitude,
iPads Make Therapy Fun

For nearly 50 years Kindering has intentionally sought a path of innovation, designing new program components around emerging best practices to effectively meet the changing needs of our community. One of our most recent innovations has been the integration of iPads into our work with young children with special needs. In May 2010 our therapists and educators began experimenting with iPads and testing out different applications as part of a collaborative project with The David & Minnie Meyerson Foundation. In September we began intentionally integrating iPads into one-on-one and classroom activities. It didn’t take long for our staff and parents to be impressed by how this new technology excels at motivating, teaching and reinforcing children with developmental disabilities. To date we’ve had success working with children who have a broad range of conditions, including autism spectrum disorder, motor and vision impairments, speech delays, and articulation disorder.

Riley* is a 6 year old child with a diagnosis of cerebral palsy. She has extensive motor impairment and limited control of her arms and hands. The family purchased an iPad so Riley could play some simple cause and effect games. When her Speech Pathologist discovered the family owned an iPad she suggested they try using an app called Expressives. Riley quickly learned how to navigate between the pages on the iPad, make requests, ask for help, and answer yes/no questions. Because the iPad is easy to use and not as cumbersome as a typical communication device it is a much more inviting tool to use across environments – much more fun.

And for most of the kids we work with there’s no outcome of the children and families we serve. After working with an iPad one of our special educators shared the following: “I work with a child who has trouble looking at new toys for more than a second and limited control of her arms and hands. The family purchased an iPad so Riley could play some simple cause and effect games. When her Speech Pathologist discovered the family owned an iPad she suggested they try using an app called Expressives. Riley quickly learned how to navigate between the pages on the iPad, make requests, ask for help, and answer yes/no questions. Because the iPad is easy to use and not as cumbersome as a typical communication device it is a much more inviting tool to use across environments – much more fun.

Promoting Social-Emotional Health

In 2010 Kindering was awarded funding from a King County Levy Grant for one of our Special Educators to complete an intensive five-month mentorship in Promoting First Relationships. Promoting First Relationships (PFR) is a program developed at the University of Washington that promotes social-emotional health & development in infants & toddlers through visits focused on the relationship between a child and their primary caregiver. PFR’s design allows for application of concepts to all families of young children, including those with special needs and those at risk for delay due to environmental circumstances. Since its inception in 1998, its methods have been researched successfully in multiple studies.

Kindering’s Special Educator completed PFR mentorship in December 2010 qualifying him to train additional Kindering teachers and therapists, as well as students in UW’s Infant Mental Health Graduate Certificate Program. To date, the influence of PFR at Kindering has already been tremendous. Our educators have worked with families experiencing a variety of vulnerabilities, including: those of children diagnosed with autism, those experiencing homelessness, and those with concerns for their child’s overall development.

Since she rarely made sounds and did not imitate in play, *Nicole’s parent’s were concerned for her speech and motor development. Nicole also expressed significant anxiety whenever her mother was not at her side. She was not able to continue playing if her mother’s attention shifted away even briefly. And, even when they played side by side, Nicole didn’t share excitement with mom.

The Educator began PFR’s 10-week curriculum as usual, spending the first session getting to know the family and introducing core concepts of early childhood social-emotional development. He also taped a 15-minute recording of mom and Nicole’s play. The second session started with a reflection of the video together. The Educator described what specific actions on mom’s part contributed to Nicole’s social-emotional development. He also asked questions encouraging mom to reflect on her parenting. Both strategies are designed to build parents’ confidence and competence, thus promoting their child’s feelings of trust and sense of self. They also convey a message about the importance of closely observing the child, which leads to reflection on the child’s feelings and needs.

The Educator ended the session by sharing important information via handouts about the social-emotional needs of young children, and how parents can meet these needs. Visits continued, with alternating weeks of videotaping and video-viewing. By only the fifth session, the Educator had observed a clear difference in Nicole’s play. She was actually enjoying her mother’s company. She was smiling, mimicking mom’s play, and copying her silly sounds. And, when mom left the room briefly, Nicole continued playing comfortably all by herself. This is only the beginning of Nicole’s blossoming development.

Social-emotional development is the basis on which other learning occurs. Young children learn to problem solve, use language, and move about their environment because of and through their relationships with primary caregivers. Promoting First Relationships helps families strengthen these crucial relationships.

*) Identifying information has either been omitted or altered to respect privacy.

Financials

**REVENUE & SUPPORT** $6,141,547
- Government $3,062,032
- Contributions $694,499
- United Way $356,394
- In-Kind Donations $126,391

**EXPENDITURES** $6,067,484
- Early Intervention $4,683,508
- Foster Care $145,899
- Parent Education $47,910

**Program Fees** $1,167,903
**Investment Income** $332,331
**administration** $439,416
**Funding** $284,250
**Parental Support** $125,151
**Outreach Consultation** $261,666

Photograph by Lisa Merrill
Photography by Garland Cary