2009 Board of Directors

President Tony Mestres
Vice President Michael Anderson
Treasurer Steve Hamilton
Secretary Rosita Van Coevorden, M.D.

Executive Director Mimi Siegel

President Emeriti Pamela Hughes & Iain Rooney

Charles Cowan, M.D.
Diane Demopulos
Kim Fisher
Brian Kuske
Glenn Lux, M.D.
Arne Ness, D.D.S.
Judith Pierce
Shawn Requa
Robin Rothe
Rodney L. Umberger, Esq.
Hon. Anthony Wartnik
Lisa Wisnser-Slivka
Thomas C. Wright

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.
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, walking, 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, computers 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.

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 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.

Sibling Support Project and Sibshops: Supports siblings of children with special needs. Through activities, art, games and discussion, children ages 6 to 12 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, multi-lingual parenting education courses for families who may be experiencing difficulties. Monthly support groups are offered to program graduates.

By the Numbers:

36% of children who receive early intervention services no longer require them and are no longer eligible for special education services by age 3.

In 2009, 48 different languages were spoken by the children and families who received services at Kindering.

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

Kindering Successes:

In 2009, Kindering provided services to 3,065 children and families, including 1,333 children served by our flagship Early Intervention program. Of these, nearly 50% were families of color.

Dr. Louis Rossetti from the University of Wisconsin underscored that the two most important variables for success are early identification and intervention (preferably before 30 months) and parent involvement.

Kindering's Early Intervention program is built upon these two pillars.

Each year more than 97% of the children we serve through our Early Intervention program demonstrate progress in two or more skill areas.

CHERISH educates foster and relative caregivers about the attachment cycle, guides each caregiver-child pair through the process of developing this important early bond and provides developmental therapies and early education to prepare these children to reach their full social, emotional, and physical 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.

Kindering’s Early Intervention program is built upon these two pillars.

The two most important variables for success are early identification and intervention (preferably before 30 months) and parent involvement.

By recognizing these needs and challenges, Kindering provides families with the support they need to engage in meaningful educational partnerships with their children.

Support groups are offered to program graduates.

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

This list represents our best effort to recognize those who have contributed in honor of loved ones, & in celebration of special occasions. The donor list is updated regularly.
Matthew* is the proud father of three children. If you had the pleasure of talking with him about any of his children, you most likely would not discover that the youngest, his daughter Lucy, has a very serious seizure disorder. Lucy struggled with seizures for two years, defying doctors’ attempts to control the frequency and severity of these neurological assaults. Soon after she was born, doctors diagnosed her with porencephaly, an extremely rare neurological condition. The avalanche of doctor and emergency room visits commenced. After two fatiguing and frightful years, doctors offered a unique and dramatic solution – a very precise high fat diet which had proved successful in some other patients in similar situations. The trade-offs are significant. The seizures stop, but the side effects are equally disabling in the long term. What is a parent to do? Matthew and his wife Heidi decided to at least try the diet as Lucy’s early childhood was quickly disappearing. The adjusted diet produced a total change in the frequency and intensity of the seizures. In fact she has been seizure free for almost a year! The future still will have major challenges to address, but for now Lucy is able to experience a little of life. She has been seizure free for almost a year! The future still will have major challenges to address, but for now Lucy is able to experience a little of life.

As a result of the developmental screening, Fernanda* had a big difference with these dads. No explanations were necessary, no difficult questions to answer, no need to be anything but a proud dad! Strangely, the dads laughed a lot, told some of their stories to make specific points, and discussed resources and information helpful to their unique challenges. What a welcome change! And they too bragged about their children, but it was about the small and vital accomplishments they were making in their daily lives. Definitely something to celebrate!

Not one to be shy, Matthew jumped in about five minutes into his first meeting and started asking his own questions, telling a little of his story, and adding a much appreciated sense of humor. Matthew was making the journey hundreds of dads before him have made. Dads of children with special needs have some unique needs of their own. Finally, there was a place where he could get perspective on his situation and the challenges confronting him. Breaking down the isolation he had felt was a major breakthrough, but getting vital information from another dad in a very similar situation was just as important. Having it come from another dad made the situation even better. Other dads had experienced many of the same things he was going through and made suggestions he might try. Matthew also came with a wealth of experiences he contributed to the group. One year later he still finds the discussions with other dads highly informative, friendly, and something he wants to be part of as his daughter Lucy grows up. There will be challenges, and some will be difficult, but now he has a place to discuss them with other dads and friends.

In 2009, the Washington State Fathers Network was awarded an important capacity building grant from the National Fatherhood Initiative. This grant helped develop their technology, marketing materials, and provided extensive training helping us reach even more fathers of children with special needs in our state and across the nation.

Financials

### Operational Revenue & Support

- **Government** $3,126,236
- **Contributions** $1,036,404
- **United Way** $311,319
- **In-Kind Donations** $127,764
- **Program Fees** $1,140,229

Total Revenue: **$5,741,952**

### Operational Expenditures

- **Early Intervention** $4,324,206
- **Fathers Network** $113,529
- **Foster Care** $144,487
- **Parent Education** $54,499
- **Administration** $388,584
- **Fundraising** $205,522
- **Sibling Support** $134,512
- **Outreach Consultation** $280,711

Total Expenditures: **$5,646,050**

*Exclusion of Depreciation

---

*Names in these articles have been changed to respect the families’ privacy.*
As we at Kindering look back on the last year and reflect on our growth as an organization and our effectiveness, we find ourselves reinvigorated around our mission to help infants and children with special needs. The year we are leaving behind was one of unprecedented economic uncertainty and brought out the best in our staff and the community. We could not be more proud of the steadfast and steady course the organization set. I could not be more proud of the immediate and instinctive manner with which the whole Kindering family closed ranks around our kids and made their needs our True North.

I first became involved with Kindering seven years ago as a Microsoft professional fighting workplace burnout and increasingly in a position and disposition to begin giving energy and bounty back to my community. I was also an expectant father for the first time and a clever young woman at Kindering, who led me in that I was looking for a cause to contribute to. dropped off a video tape at my office for me to watch and learn a little about Kindering. It sat on my desk for a few days. Then one harried afternoon when I really needed a break, I grabbed it and went into a conference room with a TV/VHS, shut the door and watched. It was the Mom about half way through the film that pushed me over the edge, when she described how as a result of Kindering, she saw her child smile for the first time. To say that I am glad that my co-workers did not walk in to see their colleague weeping and wonder about the stability of their department is an understatement.

As we approach 50 years of service, our passion for families in homeless shelters and transitional housing. Fortunately our steadfast community realized that infants and toddlers can’t wait for the economy to turn around. They have only one chance at their critical birth to three years to develop to their fullest. In that spirit, Bellevue Breakfast Rotary established Kindering as the beneficiary of its new 5K run. Barrie Rind chaired Kindering’s annual Salute to Courage luncheon. And Howard and Grace Lincoln hit it out of the park as the chairs of the Kindering auction, a glorious event entitled “Diamonds of the Community.”

With support of the M.J. Murdock Charitable Trust Kindering added a strong team of educators and therapists to help infants and toddlers with disabilities.

Indeed, over the course of the year Kindering helped 3,065 infants and children – 1,333 in early childhood programs & therapies ensure that our services reach all the infants & children who seek our programs. With Heartfelt Gratitude,