



Ottawa Children's Treatment Centre
Centre de traitement pour enfants d'Ottawa

Celebrating 60 Years of Excellence!
Célébrons 60 ans d'excellence!
1951 - 2011

Creating opportunities
today.
Maximizing independence
tomorrow.

2010-11
Performance
Report

im • pact = dramatic effect

im • pact

At OCTC, we are proud of the **impact** we have made to help our clients reach their full potential. For us, this word means: making gains in enhancing access to clinical services; establishing innovations in practice; applying new resources to meet our clients' needs; introducing new programs and services; and tackling challenges such as lengthy wait times. To help increase our **impact**, we rely on **im**provement, **im**portance, **im**mediacy and **im**agination.

Since 2011 also marks our 60th anniversary, the lens for assessing impact, achievement and added value becomes even broader still.

OCTC was founded in 1951 by a small group of determined parents seeking more opportunities for their children with cerebral palsy, and later also for those with other physical disabilities and special needs. Since then, we have listened to parents and seized creative opportunities to fill service gaps, working with a growing number of community partners in the process. Through successive government funding investments, we have also expanded regional sites of service in Cornwall and Renfrew and increased outreach services in many community venues both in Ottawa and across the Champlain region.

We continue to make the best use of tight resources, even while demand for our services has spiraled and the diversity of our client population continues to increase, with many clients having more intense clinical needs. It has been challenging to increase services and our regional reach. Yet, we are proud of our record to respond effectively and innovatively — particularly during 2010–11 when the children's treatment sector received a well-timed provincial government infusion of new operating funds. The additional \$900,000 annually has translated into over 25 new clinical staff.

The **impact** has been dramatic. **Im**mediately, we were able to respond to and reduce wait times for core therapies; expand specialized services/ supports in Ottawa, Cornwall and Renfrew, including the Getting Started Service; and offer more parent training for parents waiting for diagnosis.

We have also added access to nursing services to support those clients with autism spectrum disorders; supported volunteer opportunities for some teen and adult clients, both at OCTC and through local partners; and added a French classroom and curriculum to our OCTC School in conjunction with the region's three French school boards, which increases our student

enrolment by 25 per cent.

Imagining what new supports can have a meaningful **impact** on our current needs and then being able to realize some of these supports represents, for us, a crowning achievement. There is perhaps no better "show and tell" than the cover photo and the ballerina story featured in this annual report. But behind the scenes, **im**proving our business and clinical practice tools and capacity is an equally **im**portant focus. One advancement under way is linking to the Ontario Telemedicine Network, which will help us improve our performance and efficiency across all of our sites.

As we honour our proud past, celebrate our present and chart our future success, increasing our **impact** will continue to mean ensuring that our efforts count — for our clients and their families, our funders, partners and other supporters, and our communities.

Sincerely,



J.P. Boisclair
Chair, OCTC Board of Directors



Kathleen Stokely
CEO

Cover (left to right): Chris Holden, *SkiAbility*, David Moyle, OCTC client, and Philippe Malouin, *SkiAbility* volunteer, cruised the Ottawa River last summer during OCTC Recreation Therapy's summer Trailblazers Group. Chris and Ross Holden began this ad hoc, water sport program in Ottawa in 2003 but, through a national initiative by Water Ski and Wakeboard Canada, adopted the name *SkiAbility* Ottawa in 2005. This program is an approach to providing access to the sports of water skiing and wakeboarding for persons with a disability using various types of adaptive equipment and teaching techniques. *SkiAbility* provided a rewarding, fun and safe experience for OCTC clients (visit www.skiabilityottawa.ca).

OCTC's summer Trailblazers Group was one of six Recreation Therapy programs supported through funding from The TELUS Community Board – Ottawa. We were able to provide extra staffing and specialized transportation so that 36 clients with physical disabilities or autism spectrum disorders could participate in a variety of programs featuring adapted sports (like *SkiAbility*), music, cooking and community outings.

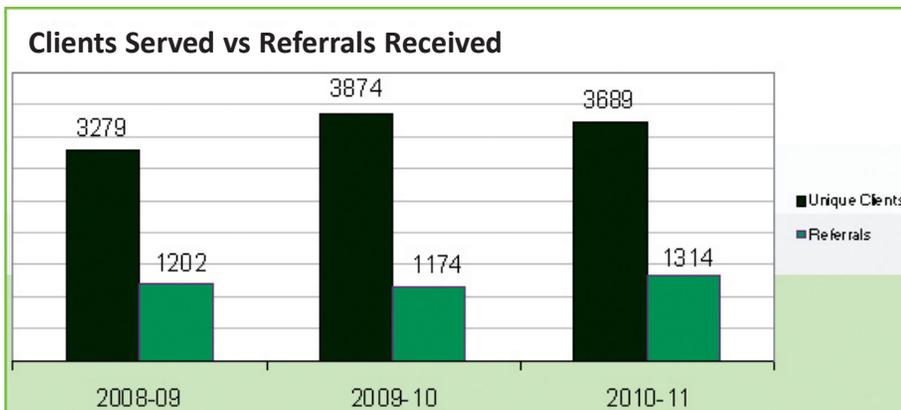
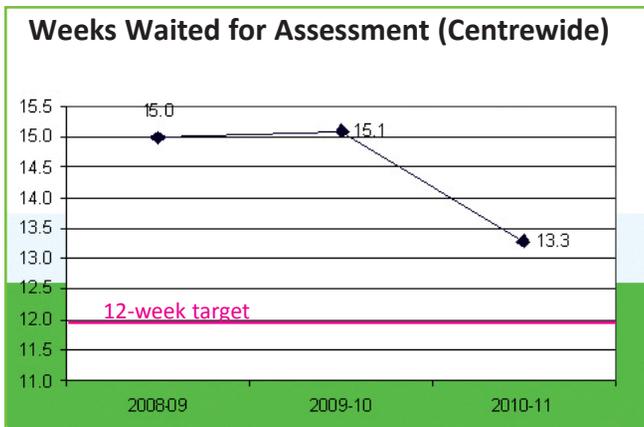
THE IMPACT A YEAR MAKES!

Improved access to therapy pays big dividends

Additional funds from the Ministry of Children and Youth Services have had a tremendous positive impact on access to OCTC services. Until then, waiting periods in all of our core therapy areas — speech-language pathology, occupational therapy and physiotherapy — were very long. With this extra funding, we were able to hire new therapy staff and address wait times.

Outcomes:

- Wait times have dramatically decreased from just over 15 weeks centrewide to just over 13 weeks — not far above our target of 12 weeks.
- Innovations in service delivery, including our Getting Started service while families are waiting for assessment, are creating positive experiences for families and making a huge impact.



Staff Share Their Expertise & Knowledge

- **Marie Brien, PT**, presented on how an intensive virtual reality program improves mobility for teens with cerebral palsy at two renowned conferences. Her study is being published in the *Journal of Pediatric Physical Therapy*.
- **Josée Séguin, OT, and Roselle Adler, OT, from OCTC, and Heidi Cramm, OT**, from Queen's University, had their paper "iDevices and Occupational Therapy" published in *Occupational Therapy Now*.
- **Jennifer Olsen, program assistant, and Tara Previl, OT**, presented to OACRS on the Princess Power Pals. Five clients write activities on a computer using switches to scan through letters of the alphabet.

Training & Education

- **Staff education hours** – 7,465 (up 105% from the previous year, due to mandatory educational events linked to legislative changes concerning safety and risk)
- **Students** – 49 students from a variety of academic institutions learned through observation, for a total of 9,113 hours

New Funding Dollars = More Staff

18.37 permanent full-time equivalent (FTE) and 7 FTE temporary positions across all sites

- Our OCTC School added a new classroom to accommodate six francophone students with physical disabilities. Along with offering a unique francophone educational experience, the students will access OCTC's full range of rehabilitation therapy services.
- In collaboration with our three co-terminus French language school boards, we hired staff and identified students for this program.



Students at the OCTC School celebrate Franco-Ontarian Day on September 24.

IMPACT OF CLINICAL SERVICES ACROSS OUR REGION

It's been a busy year across all of our sites and in our community. Seeing children and their families as much as possible in a variety of settings contributes to the overall impact of our services and reflects our commitment as an organization to the life needs model of service delivery.

~ **Wait times for all core therapies improved across our regions as a result of our ability to enhance our team.**

~ **Our Getting Started service, originally only offered at our Smyth location, has been introduced to all sites — Renfrew, Kanata and Cornwall sites.**

Here's a snapshot of the clinical activity that took place in 2010–11:

SITE VISITS

IN OTTAWA:

SMYTH — 15,876 visits / served 1,248 children & youth

MAX KEEPING — 2,310 visits / served 606 children & youth

THURSTON — 1,799 visits / served 284 children, youth & adults

IN THE REGIONS:

KANATA — 3,024 visits / served 319 children & youth

CORNWALL — 2,058 visits / served 144 children & youth

RENFREW — 463 visits / served 57 children & youth

At community locations including schools, preschools, Early Years Centres — 7,132 visits / served 918 children & youth

At family homes — 5,377 visits / served 842 children

CLINICS — 634 clinics / 1,584 visits / served 885 children and youth

- Dr. Beth Macklin joined our developmental pediatric team as our new Medical Director, Medical Services.

OTHER NEWS

- **RENFREW:** For the first time, we regularly offered therapy clinics in Pembroke, where between five and seven children were seen each time.

Ballerina Dreams

Many little girls dream of being a ballerina. Two years ago, the OCTC Kanata team enjoyed tremendous success when they teamed up with Planet Dance. This year in Cornwall, six little girls with special needs also got a chance to make their dreams come true.

Along with the Powell School of Dance and physiotherapist Genevieve Tibi, our

Cornwall therapy team launched a dance program from January to May this year. Working with their assigned volunteer, each girl danced. By offering a fun way to work on gross motor skills, musicality and social skills, the girls also met their therapy goals. For a final hurrah, the ballerinas put on a recital for family and friends.



- **KANATA:** To better serve children with sensory challenges, we now have a sensory/treatment room that they can use. We also have more space available for multidisciplinary groups and for more parent training programs.



Through our Getting Started service, we are able to respond to even the most urgent of cases. For example, last fall, a child waiting for diagnosis was injuring himself severely and his limited diet was cause for concern. The child was referred to a dietitian and behavioural consultant, the diagnostic assessment took place and support was provided to the family. The child and family are doing better.

BRIDGING THE GAP | COMMUNITY PARTNERSHIPS

By engaging in partnerships with the community, we are able to deliver specialized services in various settings, as well as reach more children and youth.

Our Recreation Therapy has developed a new service delivery model that involves a partnership with the YMCA-YWCA. By providing support for the integration of our clients into three YMCA-YWCA sites — Camp Otonabee, Taggart Family Y (downtown) and Ruddy Y (Orleans) — we will be offering our clients more summer opportunities closer to home, starting this summer.

The Eastern Ontario Blind Low Vision Early Intervention Program, an initiative of the Ministry of Children and Youth Services, gives children in Ottawa, Renfrew County, and the counties of Prescott-Russell and Stormont, Dundas and Glengarry who are born blind or with low vision the best possible start in life. The Pinecrest-Queensway Community Health Centre is the lead and OCTC provides the early childhood vision consultants. Parents learn to help their children develop the skills they need for daily activities at home and in learning and care settings.



A Blind Low Vision/Infant Hearing Program workshop for 17 families took place at our Thurston site in April 2011. The guest speaker was Kevin Frost, a Paralympian who is blind and deaf.

The First Words Preschool Speech and Language Program is an integrated partnership between the Pinecrest-Queensway Community Health Centre, CHEO, OCTC and the City of Ottawa. At a community screening clinic, speech-language pathologists identify

any children with developmental needs and immediately refer to OCTC for a comprehensive developmental assessment. While waiting for an assessment, families of children between 18 months and six years of age are able to consult with a speech-language pathologist, occupational therapist, social worker, early childhood consultant, dietitian and behaviour consultant through the Getting Started service.

Through a **collaboration between social workers from OCTC and Roger's House**, we offer a monthly support group to parents who have a child with a palliative condition. The goals are to reduce isolation for the parents, create a safe, supportive environment in which they can discuss difficult topics, promote the sharing of ideas and resources, and create a network of parents who can support one another.

We **partnered with the Upper Canada School Board and Delany Bus Lines** to provide a workshop on transporting medically fragile children in wheelchairs. Approximately 30 bus drivers attended.

In **partnership with the Early Years Centre and Stormont, Dundas and Glengarry Developmental Services**, 13 families in the Cornwall area waiting for diagnosis were served through the Getting Started service.

Surveys Said ... Satisfaction Guaranteed

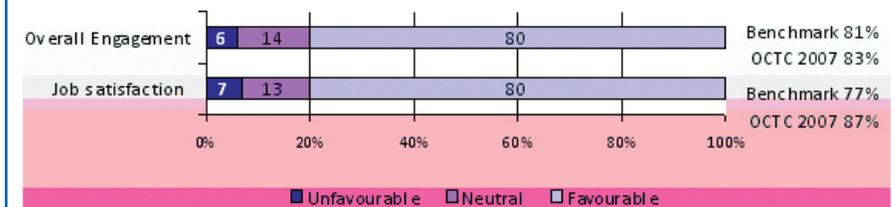
Client Satisfaction

Where we're doing well – communication skills and family-centred focus; accessible sites; good feedback and information

Where we can improve – waiting times; length of time between appointments and length of service

Staff Satisfaction

Staff engagement & job satisfaction – 80% score, which outperformed the benchmark in nine of the 11 main survey areas



IMPACT ON CLIENTS THEN & NOW

THEN

A donor recently increased her gift to OCTC because of the impact we had on her son. Now 33, he is married and is the father of four. He works two jobs. While at OCTC he went through physiotherapy for his disability. "If OCTC had not been there, my son wouldn't be where he is today," says the mother.

NOW

Lily Langtry was born with hemiplegia, possibly the result of a stroke when she was in the womb. One side of her body is paralyzed (in this case, her left side). Since she was a little girl, she benefited from regular physiotherapy and occupational therapy sessions at OCTC. Now Lily is 17 and studying social sciences at Heritage College in Gatineau, but this fall she has chosen to pursue a career in early childhood education because she enjoys working with children. To gain experience in the field, Lily volunteers Thursday afternoons at OCTC's preschool francophone site, where she does activities with three children. For her, volunteering is a way to gain skills and to "be a positive role model. OCTC played a really big role in my childhood. It was a stabilizer for me."



Lily (right) is pictured here with Shannon Whitteker, OCTC Program Assistant.

**"We recently met with your team regarding our son Brandon and wanted to gain some insight into his development and possible obstructions to his development. We met with an occupational therapist, an early childhood consultant and a speech-language pathologist. They gave us a lot to consider, offered us details on community support and suggested reading that may be of interest. When my wife has had questions or concerns, your team has been quick to communicate. Far too often the health care system is criticized, and we did have a considerable wait to access a specialist to provide a diagnosis. But the OCTC team has been nothing but supportive and helpful in bridging that gap.
~ Brandon's dad**

"OCTC's staff members have far exceeded our expectations. It was a smooth transition from homecare through CCAC to OCTC. Thank you for all you have done for us."

"We've always had excellent service at OCTC. The doctors, nurses, staff and volunteers are very warm and professional. A+"
"As a result of the behavioural consultation, we changed a lot of things we were doing with our son. It was more about US changing OUR behaviour with how we dealt with our son."

"Very family-centred. Bravo et merci!"

"My years of experience with OCTC and the staff has been greatly appreciated. The staff is exceptional and listen to family's concerns."

"I want to thank all of the OCTC preschool team for their dedication and good work. I'm looking forward to sending Leon to the OCTC School next September. I believe that OCTC is the best treatment facility in Ottawa."

Look at Where We're Going!

This fall we're implementing a "first assessment clinic" to provide families direction and first steps to follow while they're waiting for more in-depth assessment from the Clinic for Augmentative Communication.

The Behavioural Services team will be providing training to community partners about the new provincial legislation dealing with behavioural guidelines. The intent is to help improve our community's capacity to support adults living with a developmental disability.

We've signed an agreement with CHEO's Autism Intervention Program of Eastern Ontario to develop and support a regional autism program.

In an attempt to address wait times, psychologists and developmental pediatricians are pursuing several innovative approaches for the diagnostic assessment for children who appear to be exhibiting signs of autism.

We are now connected to the Ontario Telemedicine Network, which will give us access to videoconferencing across all of our sites. We will be looking at ways to improve access to services and reduce the travel for families. Other new tools include a new clinical information system, a more efficient scheduling system and using e-mail securely so we can share health information with other providers.



REPORT OF THE INDEPENDENT AUDITOR ON THE 2010–11 SUMMARIZED FINANCIAL STATEMENTS

To the members of Ottawa Children's Treatment Centre/Centre de traitement pour enfants d'Ottawa

The accompanying summarized financial statements, which comprise the summarized balance sheet as at March 31, 2011 and the summarized statement of operations for the year then ended, are derived from the complete audited financial statements of Ottawa Children's Treatment Centre/Centre de traitement pour enfants d'Ottawa for the year ended March 31, 2011. We expressed an unmodified audit opinion on those financial statements in our report dated May 19, 2011.

The summarized financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Reading the summarized financial statements, therefore, is not a substitute for reading the complete audited financial statements of Ottawa Children's Treatment Centre/Centre de traitement pour enfants d'Ottawa.

Management's Responsibility for the Summarized Financial Statements

Management is responsible for the preparation and fair presentation of these summarized financial statements in accordance with Canadian generally accepted accounting principles, and for such internal controls as management determines is necessary to enable the preparation of summarized financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the summarized financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements."

Opinion

In our opinion, the summarized financial statements derived from the complete audited financial statements of Ottawa Children's Treatment Centre/Centre de traitement pour enfants d'Ottawa for the year ended March 31, 2011 are a fair summary of those financial statements, in accordance with Canadian generally accepted accounting principles.

Emphasis of Matter

The auditor's report on the audited financial statements contains an emphasis of matter paragraph relating to the uncertainty of the outcome of possible future settlements with respect to employee-related matters. Management's best estimate of the amount that will be owing to employees has been reflected in the audited financial statements. Any difference between the amount accrued and actual results will be charged or credited to operations in the year settled. Our opinion is not qualified in respect of this matter.

Welch LLP

Welch LLP – Chartered Accountants
Licensed Public Accountants
Ottawa, Ontario
May 19, 2011

Two boys take part in "A Pirate Adventure" during Recreation Therapy's Navigators Program in the summer of 2010.



OCTC LEADERSHIP

Board of Directors: Jean-Pierre Boisclair, Chairperson • Jack Hunt, Vice-Chairperson/Treasurer • Caroline Stone, Secretary/Chair, Governance • John Archer, Chair, Capital • Jocelyne Contant, French Language Services Liaison • Keith Coulter, Director • Yvonne Craig, Director • Dr. Barbara Foulds, Chair, Quality & Safety • Daphne Fedoruk, Director • John Hartin, Director • Dr. Peter Humphreys, Director • John McCarney, Chair, OCTC School Authority • Dr. Steven Radke, Director • Debbie Peterson, OCTC Foundation Board Liaison

Senior Management: Kathleen Stokely, Chief Executive Officer • Lori Raycroft, Director of Finance and Facilities Planning • Anne Huot, Director of Client Programs and Information • Shirley Rogers, Director of Human Resource Services • Dr. Elizabeth Macklin, Medical Director, Medical Services • **Program Administrators:** Bonnie Grandy, Early Childhood Program • Ann Marcotte, Life Span Program • Susan Mendelsohn, Assistive Technology Program • Sharon Lefroy, Project Administrator • Leslie Walker, Principal, OCTC School

www.octc.ca

BALANCE SHEET

March 31, 2011
(in thousands of dollars)

	<u>2011</u>	<u>2010</u>
Current assets		
Cash and investments	\$ 4,640	\$ 3,973
Receivables and prepaid expenses	292	78
	<u>4,932</u>	<u>4,051</u>
Property and equipment – net	<u>1,879</u>	<u>1,870</u>
	<u>\$ 6,811</u>	<u>\$ 5,921</u>
Current liabilities		
Payables and deferred revenue	\$ 4,264	\$ 3,347
Deferred grants		
	<u>1,902</u>	<u>1,894</u>
Net assets (liabilities)		
Internally restricted for property and equipment	\$ (23)	\$ (23)
Internally restricted clinical education purposes	54	54
Unrestricted	614	649
	<u>645</u>	<u>680</u>
	<u>\$ 6,811</u>	<u>\$ 5,921</u>

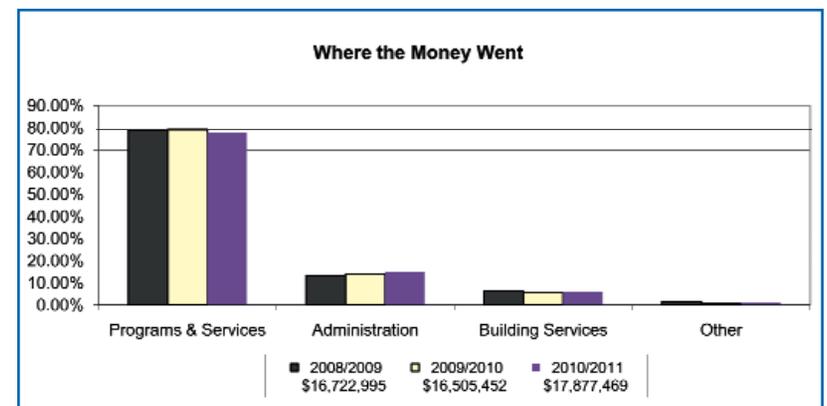
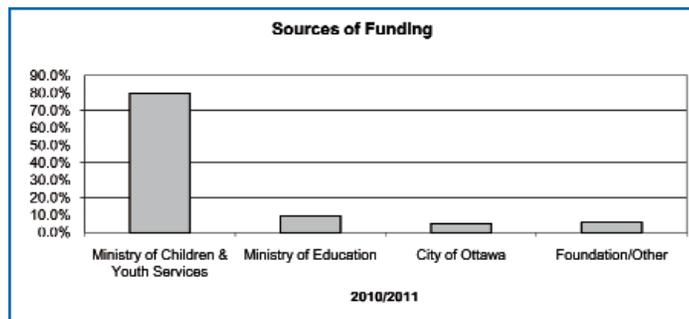
SUMMARY OF OPERATIONS

Year Ended March 31, 2011
(in thousands of dollars)

	<u>2011</u>	<u>2010</u>
Revenue		
Ministry and municipal grants	\$ 17,193	\$ 16,049
CHEO (salary recovered)	5	6
Preschool	2	2
Other programs	124	134
Donations – Foundation	145	190
Amortization of deferred grants	300	301
Interest and other	423	153
	<u>\$ 18,192</u>	<u>\$ 16,835</u>
Expenses		
Salaries and benefits	\$ 13,168	\$ 12,369
Administrative	3,721	3,300
Other operating	1,024	817
Amortization	314	315
Ottawa Health Science Centre – shared capital	–	42
	<u>\$ 18,227</u>	<u>\$ 16,843</u>
Net revenue (expenditure)		
Operating Fund	\$ 3	\$ 1
Capital Fund	(38)	(9)
	<u>\$ (35)</u>	<u>\$ (8)</u>



Photography and hip hop skills were the focus of Recreation Therapy's "Skillz" workshop. Mason, an OCTC client, took this snapshot of a butterfly made out of smarties.

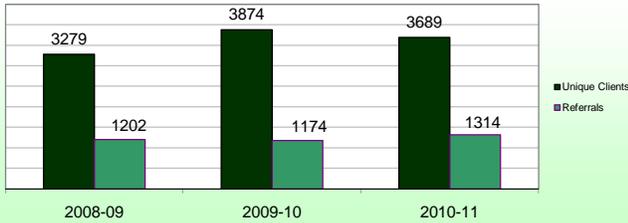




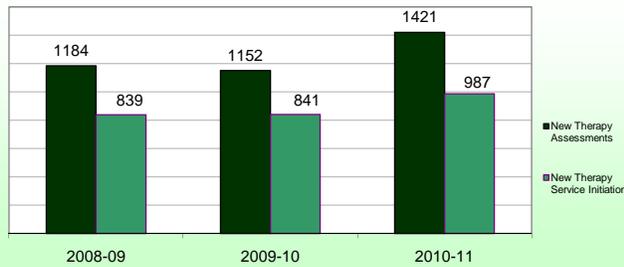
Clinical Indicators (2010-11) Target Actual

Unique Clients Served	4000	3689
Face-to-Face Visits	41792	40146
Weeks Waited for Assessment (Avg)	12	13.3

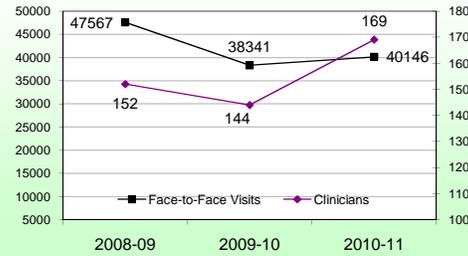
Clients Served vs Referrals Received



New Therapy Assessments / New Therapy Service Initiation



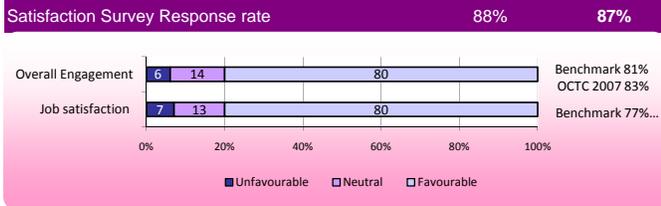
Face to Face Visits vs Clinicians



Weeks Waited for Assessment (CentreWide)

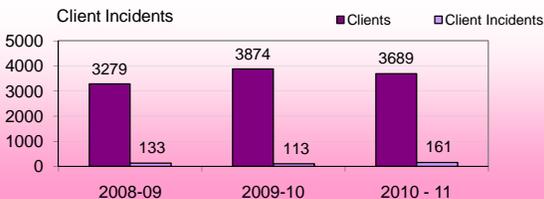


Staff Satisfaction Indicators Benchmark Actual

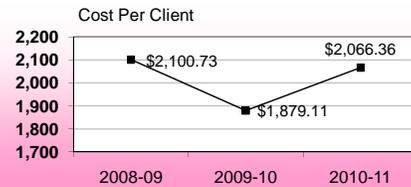


Quality/Safety/Risk Indicators

Client Satisfaction Score: 5.4/6.0

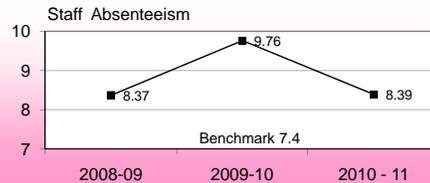


Financial Indicators

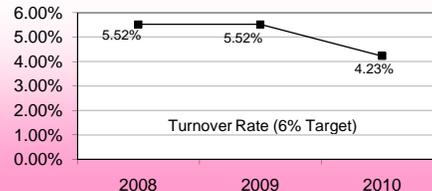


Worklife Indicators Target Actual

Volunteer Service Hours	6500-7000	6245
Volunteers	140	136



Staff Turnover Rate





OCTC Balanced Score Card – 2010-11 Reference Guide and Analysis

Clinical Indicators

Unique Clients served: Represents all clients served over the year by any funded program/service offered through OCTC – all funders. Clients are only counted once even if served by multiple services throughout the year. OCTC achieved 92.3% of the established target. The target was established based upon new resources received in May 2010 and anticipated capacity to serve more clients over last year. However this year's actual does exceed the average number of clients served over the past 4 years by 9%. The variance is attributed to: time that it took to recruit new staff across a number of health disciplines, train, orient and mentor these staff to meet the complex needs of children, youth and families.

Face to face Visits: Negative variance related to: capacity of new staff to independently serve clients took longer than expected as described above, increased telephone visits - a practice that serves clients well and reduces staff /family time lost in travel however is by definition not a face to face visit, construction taking place at the Kanata site over the summer, fall and winter of 2010 reduced on site capacity for visits requiring staff to serve clients in community settings which takes more time.

Clients Served relative to Referrals received: This chart displays the relationship between unique clients served by OCTC year over year and the associated growth in new client referrals received in each year. Given OCTC serves clients across the age span, this also demonstrates the number of clients that remain actively receiving services year over year. It also highlights the demand for service and thus impact on numbers waiting for assessments has increased.

Centre wide average weeks waited for assessment in 10-11: Positive variance achieved however not yet meeting the benchmark of 12 weeks - Centre wide average of all services. Factors: new strategies in model of service across a number of disciplines, impact of early identification of needs reduces assessment time, streamlining inter-agency protocols to consolidate waiting lists, and new staffing resources. Examination of current diagnostic assessment processes completed in 2010 will continue to introduce strategies to address waiting times .

New Therapy Assessments/ New Therapy Service Initiation: Children's treatment Centres across the province collect and report on these 2 indicators of client access to services. The bar graph highlights the growth in our capacity year over year largely attributed to new approaches to address wait times, models of service and team performance targets as well as the additional professional resources that were added in this year. Full impact not fully achieved due to timing of staff entry however we expect this improved trend to continue into 11-12. Across the provincial CTC sector, OACRS reported an increase of 7.4% in Initial assessments and 17.7% in Therapy service initiations. OCTC has contributed to this overall improved capacity.

Face to face Visits Relative to Full Time Equivalent (FTE) staffing levels: Both line graphs demonstrate the relationship between capacity to serve clients through face to face visits and availability of clinical staff to deliver the service.

Quality/Safety/Risk Indicators

Staff Incidents relative to number of employees: This chart demonstrates the impact of directed ongoing training and awareness of staff regarding the critical importance of reporting all incidents in order for OCTC to reduce risks wherever possible.

Client Incidents relative to number of clients served: Similarly staff awareness and training has resulted in increased reporting of all clinical incidents. There were no serious occurrences and trends in incidents have led to a number of key process improvements, for example fall prevention.

Client satisfaction score: This reflects the overall score (5.4 out of a possible 6) achieved through the satisfaction survey distributed randomly to 800 clients served in the previous year. This is one of a number of dimensions of satisfaction that our survey tool elicits and contributes to identification of priorities for action.

Financial Indicator

Cost per client: This chart demonstrates the average centre wide (from all funding sources) cost per client over the years. Increase cost per client is attributed to increase in operational expenses (salary and benefits, rent etc) relative to unique clients served.

Worklife Indicators

Volunteer Hours/Volunteers: OCTC highly values the contributions of volunteers who provide a range of supports across programs, sites and services every year. In reviewing previous year statistics and OCTC's capacity to meaningfully engage volunteers, benchmarks were established for the number of individual volunteers involved at OCTC and total hours of volunteer service. In 2010/11, we came just shy of our benchmarks in both areas. We expect this was partly due to limited resources available to supervise volunteers while we focused on training new staff members.

Staff Satisfaction Survey: Data shown represents the snapshot results of OCTC's 2011 third anonymous Staff Satisfaction Survey (inaugural survey conducted in 2004 and re-surveyed in 2007). The survey was carried out in partnership with a third party provider, Talentmap. Results of the 2011 survey are compared to OCTC's results of 2007 and Talentmap's benchmark (Community Health Centres).

Absenteeism Rate: This bar graph shows the average number of sick days taken for all Regular Full Time Employees relative to the Benchmark from Stats Canada, Ontario (professional sector). This year the average usage of sick leave dropped from prior year and returned to performance of 06/07, 07/08 and 08/09 and more aligned with provincial benchmark. The spike in 10/11 was largely attributed to the H1N1 outbreak.

Staff Turnover Rate: This line graph shows a positive variance relative to an OCTC benchmark that has been in place for a number of years.

OCTC is pleased to include the Balanced Scorecard as part of our Annual Performance Report and Audited Financial statements to reflect in meaningful ways OCTC's overall contribution to the children, youth, and adults that we serve every day. We would be pleased to provide other context for these highlights to help tell our performance story.

For further information please contact Evelyne Paulauskas, Executive Assistant at 613-688-2126 x 4316 or via email at epaulauskas@octc.ca