

Reflections of Hurricane Sandy
October 29, 2012

David Jones: Hi, everyone. Thank you, Joyce. I'm David Jones from the Office of Head Start, Central Office. I'm a home visiting specialist. And on behalf of Ann Linehan, Yvette Sanchez Fuentes, and Carolyn Baker-Goode, I would also like to welcome you to today's webinar. I'd like to thank the technical support team for assisting us and helping us to put all of the logistics together so that we can bring this webinar to you today. I'm really excited to be participating with my colleagues Aurelia Tantaio-Thompson, program specialist in the Regional Office; and Amy Hunter, assistant professor at George Hein University, who you will hear from shortly.

So, today's objectives for the webinar is really just to provide participants with an awareness of the Office of Head Start's response and recovery efforts during Sandy, to explore the importance of integrating mental health support after a traumatic event affecting Head Start programs, to explore and discuss data supporting mental health service enhancement, to increase participants' understanding of what to look for in children, parents and staff who may be experiencing recurring trauma, provide guidance on potential responses and supports for recurring trauma, and to provide guidance on the service enhancement proposals that programs should be submitting in addition to some of the facilities' proposals as they rebuild. So, with respect to our initial response, in an unprecedented move, Yvette made the decision to deploy federal staff from the Central Office as part of the Administration of Children and Families' disaster relief support team. And she chose staff that, sort of, had some familiarity with New York, which, sort of, increased the likelihood that we would be able to identify programs, get out to some of the programs, and really just do whatever we could to support (audio break) office and to support directors who were, sort of, completely devastated by what they were confronted with.

So it was a rapid response, and, again, what we initially were doing was just thinking about resources that we could immediately provide for programs, thinking about ways that we could disseminate those resources, and what that did was to put us in a position where we said that we needed to really pull together a plan. So we developed both a mental health plan, which was three phases of implementation, so multi-phase faceted. And out of that came, sort of, a program assessment that we used to really have programs think about the mental health consultant, the capacities that you have within the programs to actually address what we realized was going to be a tremendous amount of challenge for everyone that was going to be returning to those facilities, if that was the case, or how programs were going to be supported in transitioning to alternative locations. What is the rationale for supporting mental health and wellness? Well, if you take a look at this slide, these are areas where our Performance Standards, and oftentimes agency strategic goals and programmatic goals, as well as mission statements, dictate that programs support the children and families and support their basic needs. When these basic needs are not addressed, and health concerns are not monitored, it can have an impact on children's ability to focus, as they may be hungry, they may be tired. If they're not eating properly there could be weight issues due to poor nutrition.

So all of this can adversely affect their cognitive capacities and of course their social and emotional behavior compromising development and affecting school readiness. So pieces that we know that programs and (inaudible) are paying attention to under normal circumstances and try to (inaudible) families around, but on the heels of such a traumatic event, it becomes really critically important to pay closer attention to these areas. You're going to hear (inaudible). What are some of the mental health considerations that programs should be thinking about or looking for? Some of the potential signs and symptoms parents experience when they're struggling with recovering from a traumatic event are changes in how they feel, irritability, lack of patience in terms of their ability to respond to their children's needs, a lack of patience when dealing with their partner, a lack of patience potentially when dealing with Head Start staff, and all of these are points of intersection where you know based on your history of dealing with someone they're not functioning with the same capacity that they used to function at. They could be overly worried about just safety and security, difficulty sleeping at night. They don't do things that they previously enjoyed. So all of these situations are points of intersection or intervention for a mental health consultant in your program. So with that, I am now going to turn it over to Amy Hunter.

Amy Hunter: Hi, thank you so much, David, and I'm so happy to be on this call. I just want to add a little bit to what you were saying, David, on this slide that many of these reactions may also, sort of, reemerge around this time of the anniversary of Hurricane Sandy, and so sometimes people, whether it be staff or parents or really anyone who has been impacted by the hurricane may find themselves experiencing what -- these feelings or these changes that are really, sort of, normal reactions to abnormal circumstances. And during anniversary time, sometimes people find themselves again experiencing -- re-experiencing the same things they felt, sort of, a year ago, or maybe finding themselves avoiding certain experiences or certain places. And it can seem, for some people, that that might be coming out of the blue, but when you help people understand that it's very typical to have these kinds of feelings and experiences, or reactions, really, to circumstances a year later, it can help people to feel a little bit more comforted that, again, these reactions and feelings that they are having are normal reactions to, sort of, a very abnormal experience. I'm going to go ahead and move to the next slide. And then we were just talking about, sort of, the experiences or reactions of adults, whether again it be staff or parents. It's really helpful to, sort of, remind us all, and especially remind parents, that infants and toddlers also have these kind of what we would expect as reactions to abnormal experiences or to potentially traumatic experiences. You know, as, sort of, an aside from this list of reactions, Zero to Three did a survey a number of years back where they asked parents if they believed, sort of, infants and toddlers, or really young infants, were able to have the capacity to experience things like sadness or fear, and almost 70 percent of parents did not believe that children under the age of six months-- so they believed children had to be much older in order to experience things like grief, and sadness, and fear, when in fact, we know from the research that children six months at least, and maybe even younger, can experience these feelings. And they experience these feelings very much tied to the reaction and the moods of the caregivers around them. And so I think it's great that we had the slide before about, sort of, asking how are the adults feeling and thinking about ways to support adults so that the infants and toddlers, when they look to their parents or when they look to the caregivers for clues about how to feel, they can receive the support and nourishment that they need from the adults in

their environment. So we might see in infants and toddlers things like eating and sleeping disturbance, which can be a little challenging to tie to potentially traumatic events since that is a normal occurring behavior in infancy and toddlers, but sometimes traumatic experiences certainly disrupt those kinds of routines. Infants and toddlers may be more clingy or more difficult to soothe. We often hear parents say that children want to be held all the time or want to be more -- picked up more often. Children also have some developmental regression sometimes where, for instance, they were learning how to walk perhaps and then now they don't want to try to walk anymore or it seems like they've kind of stepped back in their development a little bit. Children who maybe were toilet trained may regress so that now they are not using the toilet any more or having more frequent accidents. One of the most important things I think we want to take from this slide or this list of, again, what we might expect from infants and toddlers who have experienced traumatic circumstances is that they are, indeed, affected. So often we hear from adults who say, oh, they don't understand, or they won't remember, or how could they possibly -- because they don't understand, how could they possibly be impacted. But in fact we know that, sort of, ongoing trauma or the experience of multiple traumas that are not addressed actually impact infants' and toddlers' brain development, and even like the architecture of the brain. And then next we talk about very similar types of reactions in preschool children. You'll see many of the same experiences or reactions that preschool children have to traumatic events. A couple of things that may be a little bit different as children develop are you know, as they begin to be able to use their words to express, sort of, how they are feeling and what's going on for them you may see or hear from them more physical symptoms. So often children who are experiencing stress and anxiety don't know how to talk about that but it may become -- it may look more like physical symptoms. They may talk about having more increased headaches, or stomach aches or frequent sore throats when, in fact, it is more of a reaction to the stress and trauma that they've experienced. Again it would be very typical to see developmental regression in this age. Similarly children who may want to be held more who may want to be cuddled more, who may, you know you hear often parents talk about the child is talking like a baby or using baby talk when they didn't used to do that before. In this age you may also see more repetitive play or what's called post traumatic play. So, for example, after / you would often hear about children, sort of, reenacting the planes hitting towers and one thing we know about very young children is that they don't have the context certainly, that adults have in order to understand the experiences that they are seeing. So, for example, after / many young children thought that multiple planes were hitting multiple towers so they didn't have the understanding that what they were seeing over, and over, and over on television was really the same event happening, just being showed that many times. But rather their understanding was that this even kept happening. So it's really important to help -- to try to understand children's understanding of these events and be able to correct any possible misperceptions that they have. You also see on this slide young children may experience increased aggression or, you know, irritability that then transitions over to aggression. Sometimes sexualized behavior. And that can really be disturbing for adults. Adults may not know how to handle or what to make of children who may for instance, be masturbating more often or masturbating when they haven't before. And so really helping adults understand what those behaviors might be about and how to guide them appropriately. Again, as the, sort of, message from this slide I think I would hope people take is that often what we perceive as challenging behavior in young children may, in fact be a reaction to the traumatic experiences that they've seen or been around.

Aurelia Tantaio-Thompson: Amy?

Amy: Yes?

Aurelia: Hi. Good afternoon, everyone. This is Aurelia Tantaio-Thompson program specialist here in the Region II office and I just wanted to add a little bit. I remember having a conversation some time back with one of the directors of a program that was severely impacted in New Jersey and she made mention that a father had shared with her that his son every single time he thought it looked like there was going to be a storm outside, or if the winds were picking up would think back through is it going to be like another Hurricane Sandy. So I just wanted to use that as another concrete example of how this has impacted children and the importance of that father being able to share that with the director.

Amy: Yes, oh, Aurelia, I'm so glad you chimed in on that and that is a perfect example. I'm going to talk a little bit as we go about some of the conversations we had with a specific program, and we did hear that quite often, actually that as soon as it started to rain many of the children began to, sort of, have that same -- those same fears and, sort of, re-experience the feelings that they had when it first happened and again, of course, worry that it might happen again. So I love the example that you offered in terms of the parent knowing that and then the parent sharing that with the program so that they could then brainstorm the best ways to support the child. David mentioned some of the, sort of, processes that we went through and I'm part of the National Center on Health, and we along with the Early Head Start National Resource Center and the Center on Cultural and Linguistic Competencies we all worked with the Office of Head Start to, sort of, cull resources. Now there are many, many, many resources about how to help children and families who have experienced traumatic experiences but it can be very overwhelming to, sort of, go through and try to figure out which resources are best and which are most up to date and so we were able to, together as national centers look at some of those resources and then figure out how to help programs see which ones are in Spanish which ones might be for staff, which ones come in other languages and so that was a big piece of what we did initially. And then, with the collaboration with the Office of Head Start we, sort of, selected some of the resources that we thought were best to make those available for programs. David talked about creating a needs assessment and one of the things we really wanted to do with that is understand each program's unique needs because we knew that no one program was going to have the same types of needs related to mental health needs related to other physical aspects of their program so we really wanted to try to get an understanding of what each program's unique needs were. Excuse me. And then we were available to offer on-site support and I'll talk a little bit about that in a minute but one of the things I want to speak to on this slide is that all of this work we did, including when we called programs to offer to speak with them and to assess their needs if that was something that they were interested in and offered them on-site support -- we did all of that work in teams which I think, from our experience having worked with other traumatic events is critically important so that all the time when you're working with programs related to this or working with families who have experienced this we have found it's very important to work collaboratively with at least one other person.

David: Amy?

Amy: Yes?

David: It's David. Can you just speak to a little bit -- I don't know if you will as you start to get to your next slide but the fact that when we were initially doing the assessments some programs were not clear, or could not even articulate or begin to articulate what their immediate needs were. And I think that's really important because it shows that the level of trauma and what they were dealing with in that moment was they were so overwhelmed with just trying to move forward that they couldn't tell us even when we were trying to conduct those assessments what their needs really were.

Amy: I'm so glad you brought that up, David. I think that's a great point and in some ways it does go right into the next slide related to timing and you can tell me if I address it or if not I think you've, sort of, made the point but we all were very eager to help, right? We're all -- we're like we'll be there, we'll get on site. And, in fact programs weren't always -- many programs weren't ready for that kind of help weren't ready for what we had in mind. And I think just to make it really specific and concrete one of the programs that we were able to have an assessment with meaning we were able to have a phone call and kind of go through our questions and really figure out how they were doing, we had imagined that we would and we were able to go on site to work with them, you know really right after the event happened. But through talking with the director in that program she really didn't think that they were ready for us to come. And she had talked about them focusing on getting through the holidays and really wanting the holidays to be special to the extent that it could for the families, and for the staff and then maybe after the holidays it would be a better time for us to come. And in a way that really threw us in terms of what we were imagining we would do, which was to get right out there and provide some immediate assistance related to mental health, but in the end we realized, and this is, you know, as it says, lesson learned, the director really had a better handle on what her program needed at that time. And we could, sort of, coach her through some of the things that we had imagined staff might be going through or families might be going through and what we had learned from working in other disaster events. But going in January, which was four months after it happened, we were able to do, I think, very different kinds of work than we would have been able to do immediately after the disaster. And so, you know, in a way it relates very much to what you're saying, David, that they needed to really pay attention to their, sort of, immediate needs, certainly safety, the physical aspect of what was happening, and the holidays came right after, and then by the time we were there I think they were much more ready to think about, sort of, the mental health needs of how people were feeling and how they were doing and how they were going to, sort of, move forward with mental health services in a much deeper way than they would have done right away. Does that address what you were asking about, David?

David: Absolutely. Thank you.

Amy: Okay. So some of the other things we learned by being able to go on site in January was the importance of that program really providing a nurturing climate for their staff and for their families. We had the fortunate opportunity of meeting with the entire staff of a CAP agency in New Jersey and this program provided all the staff with -- I have to say it was delicious food, but an abundance of food. And I think that that really communicated to the staff and to the families who attended this idea of the program wanting to care for the staff and really nurture the staff and make them comfortable and of

course food has all kinds of connotations in terms of welcoming and being together, and I think that that really sent a very, very important message almost more than whatever it was that we were going to say. The idea of the program really caring and showing care in that way for their staff and families. We brought a number of materials, and I think, you know this in some ways also communicates this idea of nurturing and caring. We brought two books that I think were very helpful to staff. One was called Hope and Healing. And the other was a board book like a children's kind of book that the staff and parents could use with children. It's called, I Am Here for You Now. And we brought those materials and we certainly introduced them to the Head Start staff. But we left them there. I mean those, those materials were gifts for the staff so that we were recognizing that whatever we talked about that day, or, sort of, in the moment we wanted to leave the information and the materials so that staff could understand we were giving them the resources that they needed in order to do the work that we were talking about and that we didn't imagine in any way, shape or form that whatever we were going to talk about that day was going to be enough for them to continue to support children and families after this event. We also learned how important it was to, sort of, talk about with each other and with the program this idea of this event having a universal impact meaning that everybody in the program was impacted at some level. Even if their home wasn't damaged or even if they might initially think themselves, oh, I'm fine it's these other people who have more loss than I do. You know, everybody had some place that they would go to that they wouldn't be going to any more, or some routine that had changed and so really helping everybody understand that as much as this was about helping the children and the families in the program it was also helping staff really recognize their own needs and the needs of each other, and that that was okay to focus on that and to talk about that.

We also wanted to make it very clear that we were outsiders coming in from Washington, D.C. and that we did not have the knowledge of the local resources. We definitely tried to do that as much as possible so that when we left we could connect the local programs to the resources in the community and in the state. And we talked about, sort of, the benefit of being an outsider coming in that we ourselves weren't, didn't have the kind of immediate experience that everybody else there had, and so there was somewhat of a benefit to that. But, you know, there's also a drawback that we did not experience that and that we wanted to help them connect with the local and the state resources so that they could have the ongoing support in a meaningful way. And then we were able to bring the lens of how these traumatic experiences affect people and the lens that how people were doing before the hurricane really had great bearing on how they were going to do or what they were going -- the impact of the experience after the hurricane. Additional lessons that we learned I think I, sort of, covered this in the last slide a little bit but we wanted to make sure we offered something for everyone. So, for example, when we met with the staff of the CAP agency not just the Head Start staff, but the staff, for instance who were helping with heating, or helping with financial assistance and things like that, that we were able to talk to them and talk to really everybody who interacted with families about what they could do to be helpful and that it certainly wasn't about turning Head Start staff or CAP agency staff, into being therapists but that there were certain things that everybody could do no matter what their role was that would be helpful to families. We learned very quickly that we needed a flexible agenda. You know, initially I think there was some talk or some ideas about that we would go in and we would do training for staff and maybe for families, and that we would have this big PowerPoint and very quickly, even

though we had all of that ready we realized that it would be much more useful to set those, sort of, formalities aside, and what we did instead is we had staff ask us questions and we really provided, sort of, a more impromptu kind of consultation based on their unique concerns and unique ideas. And we really felt that we were able to get the information that we brought across but in a much more, sort of, responsive way so that the questions and the concerns that staff and families had could just be put as a priority. We responded to lots of questions and many which seemed, sort of, off topic. But, again, with this notion that whatever families and children were experiencing before the event they were going to continue to be experiencing those concerns and more, sort of, after the event. So it made sense to us that all kinds of issues were coming up when we, sort of opened it up for folks' concerns. And, of course we wanted people to know that we were going to be available for, you know, ongoing questions if folks had that this was not going to be a, sort of, fly in and offer something, and fly out and that was going to be it but that we would be available as things came up. And then some of the specific topics that came up during our onsite meetings with parents and with staff was, you know some of the staff really wanted us to talk about how they could get parents to open up. That was, sort of, their language, that they -- they -- and in a way it reminded us of our experience you know, this desire to help, right and this desire to really get folks to talk about what they were going through and so we really had to help folks understand that when parents are ready just like when staff from programs were ready, that they would if a trusting environment was established that they would definitely share their needs and their concerns but that it needed to be on the parents' time and the important thing would be to establish those trusting relationships so the parents could feel comfortable when they were ready to share any concerns or needs that they had. One of the concerns that came up that, sort of, surprised us a little bit but, I'll explain, sort of, what I'm thinking about but, staff -- teachers shared with us that they didn't know how to talk about the children who are, in their words, the children who are missing, and so in some classrooms, many children just didn't come back. And other children were asking about where they were and that kind of thing. I think one of the things that might have been happening there is, sort of, the emotions, and everybody's own responses to what was going on might have been really, sort of, getting in the way, in some ways of things that they would probably do and know how to do exactly, exactly one way every day.

But because of the circumstances of the trauma and the feelings, the teachers were finding it very hard to think about how they normally talk about when children aren't there, when children move away or what goes on if children aren't in the program that day. So we helped them kind of think through their normal responses to that. Certainly we heard about children having difficulty at bedtime. Especially there were a number of situations where parents, or teachers or family advocates from parents that heard about children who were moving multiple times and staying with different friends or different family members or in shelters, or, and finding it very difficult to settle down and get into sleep. So we talked about that. Challenging behavior comes up all of the time so it's not surprising that it also came up in our conversations related to Hurricane Sandy. I think these are challenging behaviors that were happening prior to Hurricane Sandy and we might imagine that they may have been increased or exacerbated through the hurricane. We talked about how items -- and I have here an example of the Christmas decorations, but how certain items for children became very, very important and only through the adults' conversations with the children did they understand how meaningful certain things

were for children. One child in this example somebody had their Christmas decorations in another home and so when they were brought out the child was just elated that they still had those and that those had not been lost. And then, you know we talked quite a bit about the types of triggers that might come up. In the summertime would folks be able to have the same jobs that they had had previously or around this time programs might expect that families and staff may have a reaction as the anniversary approaches. So, I think I'm going to turn it over now.

Aurelia: Good afternoon, everyone. Again, my name is Aurelia Tanta-Thompson and I'm a program specialist in the Region II Office. I'm also a member of the Region II Hurricane Sandy Relief Team. I want to thank both David and Amy for providing us with some important information as to all of the support and resources that were provided to grantees in the region immediately after Hurricane Sandy and for the months that followed. I'm going to take a little bit of time to continue to discuss how we've moved forward and how we continue to provide support and information to grantees. Shortly after in terms of Hurricane Sandy the Regional Office was impacted as well and that resulted in the ACF's first activation of Continuity of Operations Coop Plan. Involved in this response and recovery were over 70 (inaudible) staff as well as over 15,000 staff hours. That really speaks in terms of the level of commitment and intensity. There were folks from the Office of Head Start, as Dave had mentioned. They had folks in from the national centers and folks from the Region II Office as well that were heavily involved in trying to provide support and assess the needs that our grantees had and discussing in terms of how could we support them to be able to move forward. As you will see in that last bullet, we had over Head Start and child care centers impacted, so the degree of the impact was great. Yesterday, myself and other members of the Hurricane Sandy Relief Team had an opportunity to attend a commemoration ceremony at one of the programs in Long Beach on Long Island, and the theme -- and they did mention it should be a celebration but they spoke a lot about, "Remember, Rebuild, and Recover."

And recovering on a variety of levels. So for some programs, clearly facilities, some programs maybe they're transitioning from one facility to another some families needed to move, recovery in a variety of ways. And it was a pleasure for us to be involved in that because we're committed to help programs continue to recover in a variety of ways. In order to do that, here in the Region II Office we have the Hurricane Sandy Relief Team, and that's composed of about six or seven members with different specialties. We have an opportunity to come together to work closely together as we're looking at the needs of our grantees in our Region. This has resulted in us making on-site visits to grantees those who have had facility destroyed, devastated to be able to be there with grantees and to hear about their concerns. It's also resulted in us being able to provide case management and to have point of contacts in the Regional Office. This was especially important because we knew that it was going to be funds available where grantees would be able to apply for those funds. And we wanted to make sure that grantees knew the funds are available if you've been impacted by Hurricane Sandy and how the funds could be used. The Hurricane Sandy Relief Team has been heavily involved in doing that. In addition to that, what we did is that we offered mental health clusters and that was very important in the sense of - - and I think David brought this up, early on for programs it was very challenging to determine what their needs were. When we offered the mental health cluster in New York and New Jersey this was an opportunity to meet with grantees and to really explore in terms of what could some of your mental

health needs be. We were able to give some concrete examples and this was intended to assist them as they were moving forward and considering applying for funds that would continue to benefit the program children, families, and staff. So the work continues to take place and it's still done in a very coordinated fashion where the true commitments to continue to support grantees as they continue to recover.

David: Thanks, Aurelia. So, you know, one of the things that I'm always mindful of is that Head Start staff are extremely savvy and they have the capacity to handle a tremendous amount when it comes to supporting the children and the parents, and, of course, the staff. This slide really speaks to, sort of, some of the data pieces and I think for programs that we were, sort of, trying to encourage during those cluster meetings to write within your proposals for the Hurricane Sandy Relief Fund mental health supports and service enhancements these were some of the things that we were, sort of, thinking about. So I'm going to run through this slide very quickly. But before I go through the slide it's really important for you to remember that the ECLKC has a ton of resources about, sort of, how to hire a mental health consultant what to look for with respect to their qualifications, and then again what should they be doing for your program. It's not just you're the consultant, you're the expert, come in and tell us what should be happening, but as managers and directors you should really be sitting with them and planning around how they can best support what needs to take place in the context of your program. And when we begin to talk about data what this short of shows is, sort of, maybe a sequence or a process of things that you want to take a look at. So any time you're going to make a referral for a child whether it's an internal referral or an external referral there's a narrative of whatever the concern might be. There are conversations that teachers, home visitors family service workers have on a daily basis about children that raise, sort of level of concerns about their, sort of, typical functioning that's, sort of outside what we would call ordinary. There are daily notes that are written on children. Home visitors do summaries of their home visits which is comprised of what took place in the course of the visit what they observed, and also what they are told by the parents. Observations are so key. Just basic observations, watching children, whether it's a staff member or whether it's a mental health consultant who's actually, sort of, conducting an assessment, a baseline assessment, of how that child is functioning can be very, very useful in telling you who that child is. Focused children or children that's demonstrating some aggressive behavior as Amy alluded to earlier obviously there's a reason why you're, sort of, conducting an assessment on those children so that's going to be, sort of, some good data for you to look at as well. And you can use that to justify having additional supports and services in your program. Interventions to address those challenging behaviors, and again, teachers and home visitors a lot of times can do what's reasonably expected until the child can be referred to additional services, and I know that so many times that that happened. Formal evaluations. Obviously therapists report any updates that are a part of that. And, of course, referrals to early intervention.

I think the results of any screen is that you deal with children on a daily basis can help also inform, sort of, how to prescribe or how to develop a plan of course of action for how that child is going to be supported. It's also really important, and this is part of including some of the resources on the ECLKC mental health consultants really need to understand your program design, how services are delivered in your community. I always tell people it's very helpful if that consulting can lead to refunding application

to kind of get a real feel for who you are and what you do. Consultants must also be seen as an integral team member. So just those periodic visits, or responsive interventions or coming in for administrative meetings with supervision, while they're very very important, they are of little value to parents and staff who have not really been able to build a relationship with that provider. So it's really important that you take every advantage every opportunity to fully integrate the mental health consultant if they are not Head Start staff. So when we talk about assessing the needs of children and families obviously these are some of the basic assessment tools that programs can use post natal, Edinburgh, depression inventory these are just some things that you might want to take a look at if you are not already using them, that can help give you some additional insight and understanding of how you can collect information on children that might be experiencing some social, emotional, behavior problems. And I know that in some respects I might be preaching to the choir but assessment is an ongoing process to determine the child's strengths and their needs. Observations. Basic observations are a form of assessment. Staff and parents gain critical critical insight into children's strengths and knowledge, their interests their skills, really, just by watching them. And I think that that's the best gift that a practitioner can give to a parent is really helping them understand the importance of just sitting back and watching their children. You can also discover any barriers that may be inhibiting their ability to be successful as they are developing. Recognize verbal language, body language, social interaction and also their cognitive skills. Typically the more formal evaluation is performed by a qualified professional to better understand, I don't like to say the word diagnose but better understand the development to (inaudible) behavioral condition or disability that might require intervention. And the program, and as a consultant, I prefer to keep it simple. We use the ASQ and the ASQSC, and for me I like the fact that it encourages parent input and knowledge of what they understand about how their child grows and develops, and I think this is the best way to begin having those conversations with parents when you are concerned about something. (Audio break) really carefully when the parent might be discussing a concern but not really articulating it in a way that says I need help with something. So I think Head Start staff are really skilled at meeting that. The next slide really is just a way of thinking about our Parent, Family and Community Engagement Framework. What aspects of this framework may be impacted by families exposure and experience going through a post traumatic event. When we consider the framework, this is systems and services of old lingo. Thinking about mental health support and service enhancements, again which aspects of the framework might need some attention post-disaster. So if you look at the foundations obviously leadership is going to have to make some different decisions. Continuous quality improvement is going to be an area that's going to be impacted, and also professional development. You're probably going to have to do some different things in terms of training and support for staff to help them, sort of, scale up their capacity to deal with, sort of, the shifts in behaviors of children, parents and also maybe even some of their staff-to-staff relationships.

The environmental impact is going to be clear especially with so many of the facilities issues that programs had to contend with. Collaborative partnerships. There were businesses that supported your program, mental health agencies healthcare agencies, food pantries, churches. If they were devastated or destroyed during the storm then that resource is no longer available so that's definitely going to have an impact. When you start to begin to look at family outcomes again, Amy made a really important point that how someone was functioning prior to the traumatic event is going to be, sort of, a predictor, so to

speak of how they're going to, sort of, perform or function after. So if they were struggling before you can imagine that their struggles are going to, sort of, return to a place where they were somewhat stabilized because of the supports that the program had provided. That, sort of, may regress a little bit and so programs may feel like they are starting over with some families. So the positive parent-child interactions because of the stress associated with maybe living doubled-up, you know, living two or three families in an apartment where they had their own home those are some of the situations where a parent may not be able to do that wonderful observation that we've been talking about.

Then again, when your situation or circumstances change when resources in your communities are no longer there you do what's reasonably expected, even as a parent or educators seeing yourself as a life-long educator you may have to put that on hold just to function on a daily basis. And being actively involved and engaged in transitions transitions are a special time because that tells a story about a parent child, and a family's experience in the Head Start program. But if that experience is connected to some traumatic event it may not necessarily be that pleasurable time to talk about this is where you were at when you came into our program these are the wonderful things that you did and this is where we're going to now help you move to. Because that (audio break) again it might be that the program where we transition our children to is no longer there. So these are some things and some ways I thought, you know when we were pulling this together we thought it would be really nice to connect it to the framework. And of course all of the outcome areas, clearly are going to be affected for parents and families and the children. Interesting when we consider the ripple effects of a traumatic event so solid program structure can definitely be affected.

Aurelia: Thank you, David.

David: You're welcome.

Aurelia: Now we'd just like to take some time and we'd like to hear from you the participants, so we have a reflective questionnaire. What family challenges or behaviors have you seen after a disaster like Super Storm Sandy? We're going to ask you to if you can type some of your responses in the chat box, which is located in the middle on the right-hand side and then shortly thereafter we're going to be opening up the lines so that we can maybe have more of a discussion on this. Again, what family challenges or behaviors have you seen after a disaster like Super Storm Sandy? We have Clavia Robinson, who is typing in something for us. Increased absentees and no shows for scheduled appointments. And we also have Dr. Ramos, who will be sharing with us, as well. I think that in terms of, with the increased absenteeism and no shows for scheduled appointments I think something as disruptive as what Sandy was can impact a family's routine. Perhaps that family that was accustomed to being able to be there on site and would keep those appointments. Because their needs have changed and because what's going on with them maybe are not able to do so in the same way.

Amy: Aurelia, this is Amy and that's exactly what came to my mind as well is just how overwhelming it can be to kind of try to put all the different pieces together and how hard it is for all of us when we are busy and we have things and then add on, sort of, an experience like this and it's just -- I can't imagine

how difficult it is to remember all of the appointments, and to get to where you need to be and to, sort of, get all of the things done while this is weighing heavily on you.

Aurelia: Absolutely. I oftentimes think about my experience when I worked in an Early Head Start program and how sometimes the families were already overwhelmed and sometimes were already feeling some of those challenges. So to have gone through a traumatic experience, that's even more stress that's put on them.

David: You know, and also, too, again, you talk about the community devastation. Let's just say you were living in a housing development that was maybe six, seven blocks away from the program. Getting to the program was necessarily a problem for you. And then your healthcare was maybe ten blocks away, but now that healthcare facility is completely gone. You're going through additional appointments that you didn't have just to kind of get connected to another healthcare organization, maybe a mental healthcare organization, maybe an after school program for other older children, so it's not just about missing Head Start related appointments, but it's probably they are overwhelmed with additional appointments that they didn't have.

Amy: And just from, sort of, a physiological standpoint, you know, when a person is, sort of, experiencing trauma or toxic stress, it totally affects the part of the brain that is able to focus and keep things together, and pay attention and all of that and so it was described to me in a way that I thought was really useful where when the brain is experiencing trauma, it -- the frontal lobe that makes all of those kind of executive types of decisions and keeps it all together just goes off line. So it's just really not very available when a person is in an anxious state or when they're experiencing the kinds of reactions that we talked about earlier.

Aurelia: I think what I'd like to do now I know that Dr. Ramos is typing but I think that what would be good is if we can just have if you'd like to share with us if you just hit star six you can unmute your line and you'd be able to share with us as well. Again, it's star six.

Amy: And we'd love to hear from folks.

David: Please. And can we check with Clavia to see if that, sort of, responded to her question?

Aurelia: Well, she's typing. Dr. Ramos, I see that you responded. Do you want to share just a little bit more by hitting star six? We'd like to hear from you. Looks like we have Dr. Ramos and Calila, also. Dr. Ramos shared here. "Families have shared their own anxieties and fears which have been transmitted to their children. Since parents now have a vehicle to discuss these anxieties and fears they can also (inaudible) the anxiety of their children. Now they are more cognizant of their feelings and that of their children. They are having their aha moments." Yeah, those aha moments. Thank you.

Amy: I think that's really wonderful because when, well, I'll speak as a parent but when you have those moments of insight into how as a parent your behaviors and your feelings, and your mood is affecting your children I mean, it can truly be something that many, many many parents have not thought about

in that way before. And I think, more than anything sort of, that awareness can make a huge difference in the life of the children.

David: Yeah, this is the toxic stress, sort of, discussion whereas if you recognize and understand it, then you can buffer your children from it but a lot of times if you're overwhelmed you may not be able to see how what you're doing or not doing is impacting the children.

Aurelia: Um hmm.

Amy: It really speaks to that taking care of the adults so that they can take care of the children.

Aurelia: Dr. Ramos also shared with us that they have been holding therapeutic sessions for the parents and children and that sessions are held only with children from three to ten years of age. Calila also responded that the responses that were provided they did address what she mentioned. "Families are subject to additional stress and have those difficulties with staying organized. Practitioners, of course have to be sensitive to these needs because it's frustrating to want to offer services to families in need and then not be able to connect with them." I think that's especially important because I think if you understand, if you understand what's taking place with that family then it won't become an issue of they're not showing up or they don't want to show up. And I think that sometimes folks can go to that space where it can be like well, they're not interested any longer maybe they don't want to be a part of the program. They've gone through something so traumatic and there's so much that's going on in their lives that maybe they're not able to.

David: What I really like about Calila's response is that, again it points to the fact that we're always cognizant of taking care of children taking care of families but again it goes (audio break) that it may just be that staff person who is typically really savvy, and a go-getter and able to contend with almost anything that they encounter when trying to assist the families, that they are just overwhelmed. You know and so, again being insensitive to families not being able to make these appointments would be an indicator that that staff was struggling.

Amy: And I think, sort of, cycling back to what you were talking about with the mental health consultation, David around how the mental health consultant can then support the staff so that they can support the families and the staff can support the children but how important, sort of, that whole cycle of support is in terms of really, really making sure that the staff have what they need.

David: Right.

Aurelia: We have a couple of additional comments here from Dr. Ramos. She shared they've been open in expressing they have as a group supported one another. And shared their fears. Thank you so much. I think one thing -- and we'll talk about this a little bit more shortly, but I think in terms of thinking about the Hurricane Sandy Relief Funds when we were going out to the clusters, and as we'd been speaking to grantees we really have been talking with them in terms of seeing these funds and really thinking about how to best use the funds to support the children and families but to also think about the additional training that would be beneficial and that would build capacity with the staff, as well. And so that's

something that we've been discussing. And for some grantees I have to say they weren't too sure as to, you know how can we go about using this. But I think as we're thinking about grantees and their different needs we want to be able to think of the children and families but also those staff members that may need some additional support and some capacity building that can take place there.

David: Aurelia, I think we -- Dr. Ramos is typing-- I was going to say if we don't have additional comments that might be a nice segue to the next slide.

Aurelia: Sure.

David: We can wait.

Aurelia: Let's just wait, he's still typing. I think this is very fantastic.

Amy: You know, while we're, sort of, paused here for one moment, I -- David when you were talking about resources available on the ECLKC for mental health consultation --

David: Yes.

Amy: I wanted to be sure folks knew there is a whole set of resources very specific developed for Head Start and Early Head Start on mental health consultation at the we'll just say the ECMHC. If you Google that, there's a whole site the project that was funded by the Office of Head Start to develop resources and materials so that, as you mentioned, managers and directors could really be in the driver's seat of being good consumers for what they needed in the area of mental health consultation. And there's all kinds of tools on that site to help inform programs about best practices in mental health consultation and assessing your mental health consultation and all kinds of resources that might be helpful in that regard.

Aurelia: Thank you, Amy. So Dr. Ramos shared here just in terms talks about how fear can be paralyzing and she shared: "A child shared how they are scared of animals, especially cats since the hurricane. The cat just symbolizes the hurricane itself. The child did not have an experience with a cat. Last week they shared they wanted to see the cat to face their fear. Mom and child both talked about facing their fears as opposed to being paralyzed by it." I think that's so important just to be able to have those conversations, be able to recognize it and to be able to know in terms that fear can be incredibly paralyzing to be in a roll within a program to support the children and families as they are trying to sort through those fears and move to a different place.

David: I'm going to jump out on a limb and take a guess is Dr. Ramos an in-home consultant? [Laughter] The reason I ask that question is because to be able to recognize that that cat was symbolic of a traumatic experience is not something that most staff would be able to do.

Aurelia: No. Agreed. And she is!

Amy: Yeah, and I think given you're hitting on exactly the expertise that a mental health professional can bring just a different lens to those kind you know, the potential meaning of those kinds of experiences.

Aurelia: Great, thank you. And Calila also mentioned in terms of that ECMHC is great in terms of resource and that they're using it for stress management workshops with staff. Fantastic. Okay. Thank you for sharing with us. We definitely wanted to hear from you and we appreciate it. David?

David: Thank you. So with this slide basically what we wanted to, sort of, discuss is, you know, the stress that was alluded to previously about staff and dealing with families, sort of, not being able to be responsive to appointments and coming to the center on a regular basis, again, is an indicator that they may be struggling. Post, sort of, back-door, trauma, you could potentially begin to see increases in the areas. And these are the areas that challenge our staff the most. And when I talked about Head Start staff being extremely savvy and capable and having the types of collaboration that really support families, irregardless of what they're confronted with, again, if you have a situation where these things are beginning to, sort of, surface in your program, if some of those community collaborators are no longer physically in your community, or they are, sort of, at a different location and so it's going to require increased travel time, staff are going to be overwhelmed supporting parents and children with getting connected to these resources. So it's really important that these are areas that you're beginning to pay attention to, or your mental health professional is paying attention to, and may require just staff having this new case conferences on families and, sort of, saying how are they doing, how are they functioning, how is this consistent with how they were functioning before, and what has changed now. So that's really the only thing. It's just going to require a little bit more due diligence on the part of the entire team. (Audio break) support that Amy mentioned.

Aurelia: (Audio break), David. So we're going to have another reflexive question here, and again, we have the Chat box on the side, and we unmute the line for those, star six if you'd like to comment. The question is what feelings or reflections do you have now one year after the storm. And you know, I'm going to start off by saying, you know, that when the storm hit, at that point in time, I was actually with my daughter in our home, and so we lost electricity for about a week's time and so we had to go stay with some friends. And so -- And ever since then my daughter and I, she's almost a ten-year-old this month coming up, November, and we talked about it, and when it's stormy out she has a variety of different reactions, you know. And I just think back now in terms of a little bit of that anxiety, you know, in reflecting back as to I'm packing up my daughter, and we're getting in the car, and we're going to stay with someone else because we can't stay in our home environment. And so, as I'm thinking back to that moment, and I think about now, it's a year ago, but that feeling is still a little present within me, because should there be another storm, I know what can happen. And I'm fortunate, you know, that I fared far better than other folks. But those kind of feelings come up. So I'd be interested in hearing from folks in terms of what feelings or reflections do you have now, one year after the storm. And, again, we have the chat box on the side, and if you'd like to share with us, you can also press star six. I think folks may be sitting with this question, thinking about it.

Dr. Ramos: Hello?

Aurelia: Yes.

Dr. Ramos: Hi, this is (inaudible) Ramos.

Aurelia: Dr. Ramos! Hi.

Dr. Ramos: Hi. Well, one year after the storm, as I've been reflecting at this this week, I think you touched on it before very well that as you were going through the storm, you know, at least me, I've been trained in emergency management, so I was in emergency management mode. Now we're still recovering from it in terms of the physical damage and trying to do the mental health component for our staff, and for our parents, and for the children. And so a year after the storm, we feel like okay, we are progressing, we are moving forward, and we're cognizant, I think more than anything else we're cognizant there was damage here. Not just the physical damage to the building that we saved, but there was an emotional trauma that people are willing to talk about now whereas before everybody just kept saying I'm okay, we're okay. Now people feel that there is a safe place where they can talk about some of the experience, especially for our parents and for the children which we are so (inaudible) that our children's group is actually going so well.

Aurelia: Thanks, Dr. Ramos, for sharing. And I hear what you're saying just in terms of that moment in time when that was taking place. You're thinking in terms of this crisis mode, in terms of being able to provide support and not being in a place where you could have those conversations. And now at a different place where you're still recovering and you're still dealing with the damage on a variety of levels, but being able to have those conversations, and then to have this children's group, and for folks to feel comfortable that there is a safe haven that they can come in and they can share how they're feeling now. Amy or David, do you want to add anything?

David: Sure. I can actually. You know, what was interesting for me, I get a call from Yvette at home, on the weekend, which is definitely not typical. And she immediately began to ask me if I would be willing to be part of this disaster relief team. And as Dr. Ramos said, you sort of get into emergency management mode, didn't have emergency management training at the time, but I was willing to do whatever she needed me to do. And Amy will probably laugh at this, but I'm going to share it. So I get to New York, I'm with the team, and I never would have imagined the personal impact that being there had for me. But again, as a professional you, sort of, put that hat on, you get into the mode, you're supporting the Regional Office, you're supporting the program directors and helping them think through the next steps. I can't tell you how every night when we got to the hotel, the impact that that had on me, personally because the program that I, sort of, started as a director in Far Rockaway was completely devastated. And then the devastation in Long Beach, and Coney Island, and in New Jersey and Hoboken, all the places that we went -- Atlantic City. We began to really see that Head Start, while challenged and compromised because of the storm, the resilience that these professionals had in terms of hope and believing that they were going to move forward. Not knowing how they were going to do it, but believing that. And I also was, sort of, spearheading and working with the National Centers and Compton area experts here in the Central Office as we were pulling together that mental health plan and how we were going to gather resources. And I think one day we were on a conversation, and I, sort of, was extremely defensive to a colleague and, you know, all this emotion came out. I don't know if I was aware of it in the moment, but what was so special, and beautiful and appreciated was it wasn't five minutes after we got off that call, Amy emailed me, "David, can we talk?"

Amy: I am laughing. David, I'm laughing.

David: And I got it the minute I saw her email, I knew where she was going. So we're not always aware, even as professionals, sort of, in the response mode, of how we're being affected and impacted, so I can only imagine what it must be like for staff that were in those facilities that were so devastated.

Amy: Well, I think it's, this is Amy, it's very moving to hear, sort of, all of you all who are there, have been there, and really have experiences there share that, and I don't think that's an easy thing to do. I think that we've all been speaking to, sort of, that immediate mode that folks go into, which is a safety mode, or a crisis management mode, or what needs to be done, how do we remain safe, how do we take care of business at hand, you know, sort of, all of that. And then only after time has passed are people able to, sort of, reflect back and see more of the emotional side of how they're feeling, and thinking, and how those thoughts and feelings might be impacting behaviors and other things. I think, David, your example also speaks to what we have talked a lot about here in Georgetown when we were engaging in this work is that idea that you need support of colleagues to work with and who you can trust to say, "hey, you doing okay," or, you know, "hey, I think maybe in the moment" -- we had a number of folks here who went to Hurricane Katrina, and they talked about how they often had to tag team and just say, "Hey, you need a break now and I'll take over." And you know, that kind of collegial support among staff I think is so important at every level.

David: Right. I agree.

Aurelia: And I just wanted to add that I think that when we were thinking in terms of putting together this mental health webinar, it was really important for us to make sure that we put something together that would be -- that would provide resources and information but also that we wanted to be able to acknowledge that a year has passed. Sometimes you see in terms of on TV where folks who were like in terms of devastated will say they have forgotten about us. What was important was for us to make sure to make folks -- it's a year later but we are conscious that even after a year's time that folks are still experiencing traumatic reactions and things are coming up and we wanted to be able to make sure to acknowledge that and to not see the time passing as it's over. Because for some folks it's not over. They're at a different place in their recovery but they still need the support.

Amy: That's a good point, Aurelia.

Aurelia: Great, thank you. So we're going to continue on with the presentation and I'm going to take a little bit of time to talk about the funding that's available and just give you some concrete examples of how the funds can be used. So on April 15th of this year Program Instruction was issued on Hurricane Sandy Emergency Relief Funds. And this Program Instruction provided guidance and information to the governing bodies as well as the management staff on the funding that is available to those programs that were impacted by Hurricane Sandy. In particular you'll see here that there are five different categories where you would be able to apply for funds under that. We'll take some time to talk about enhanced mental health and social services. Within the PI, the Program Instruction there is mention about the importance of being able to acknowledge the tremendous trauma and stress that our

children, families, and staff and programs have experienced. And to be mindful of that and to see the funds as a resource that would be able to support in a variety of ways.

Within the Program Instruction as well there is mention about determining the need to collaborate with partners to mitigate the effects of the trauma and ongoing stresses. So the funds have been available and I have to say here in the Regional Office we received numerous applications from grantees in our region requesting funds to support them in a variety of ways. Some is facility and we've received quite a few in the area of enhancement to home services and that's a really, really good thing. And for those grantees, they're using it in a variety of ways.

Typical in terms of in order to access these funds you have to be able to submit the SF 424 the SF 424A, SF 424B all of those things, so that's very typical. We have folks here that can provide information and guidance to grantees if they're considering as a result of this webinar considering submitting an application to obtain those funds for the area of enhanced mental health and social services. Let's talk a little bit more specifically in terms of how the funds can be used. So a program that has been impacted, that was impacted by Hurricane Sandy they may have a need to hire temporary family service workers or home visitors to be able to get out to their families. So that may be one way that it could be a support to the program.

We've also mentioned this already but the idea of helping to build capacity and sustainability. So we want to make sure that we're keeping in mind in terms of immediately after the traumatic event to help program children and families adjust to those changes that have taken place in the community. If, in fact, there is a change in a temporary child care facility or transitioning into another facility during that time we know that within program that staff are working a tremendous amount of hours. Extra hours, not your typical eight hours but additional hours that were worked to be able to provide that support in that area, as well. And we've mentioned this already numerous times the idea of mental health consultations, so being able to increase that. Well, we have the mental health clusters in New York and New Jersey. We shared some of these examples, and it was really, really helpful because at that point I don't think grantees were too certain of how to use the funds. And so these concrete examples hopefully will provide you with the information that you need if you choose to move forward and be able to apply for the Hurricane Sandy Relief Funds.

And then what we have here and I'll read it in its entirety because I think it really kind of captures how the funds and the resources can be used. So this would be for a service enhancement description. So we have an agency center has been destroyed. It will take from six months to a year before it's renovated. So we want to meet the needs of those children and families. The leadership within the program decides that they are going to provide home visitation services. So what does this require? Teachers have to be trained in order to be able to provide support to those families. Family service workers, as well as home visitors might require additional support to respond to the multiple needs. Families are dealing with the mental health consultation hours. Within this also we see a mention of data collected and that's really important.

David referenced this earlier on, but the importance of data. So data collected from the observations, the conversations with peers and supervisors in addition to those formal assessments can justify this increase in mental health support. Maybe this program is going to need to extend the number of days of service perhaps into weekends to make sure those families are receiving those home visits. And it may be if the program operated for only part of the day maybe they'll consider transitioning to a full-year program. So this gives you another example in terms of how -- things to consider and how the funds could potentially be used based on the grantee's circumstances because it really is individualized. I can also share with you just in terms of some of the applications that we have received here and the funding that we've provided. We've had applications some grantees have wanted to provide in terms of post traumatic training for their staff, so we've been able to fund those types of application and provide trauma-related workshops for staff as well as parents. And so there's a variety of ways that it can be used. And if you have questions and you're not certain then we encourage you to reach out to the Regional Office so that we can explore what's taking place and we can give you the kind of guidance that will help you so that you can put together an application and you can submit it and you're able to provide that support and those resources to your children and families. David?

David: Okay. So, I mean, you know, one of the things that we found, again and we go back to the cluster meetings and conversations that we had with grantees during some phone calls and face-to-face meetings, is that the facility stuff is really clear. It's no secret. Builders have a saying, you've got to rebuild. Walls historically have provided structure. And when I was a director I used to always point back to the difference between some teachers with children in a classroom and home visitors visiting and delivering services in the context of a family's home. Head Start programs and the impacted communities, at least in my mind are experiencing what home visitors and family service workers frequently experience, and that is uncertainty. It's what do I do and how do I do it.

Right now it's going to be really important for programs to find a little comfort in not necessarily knowing the answers and having the answers but where that comfort and that support comes from is that they have to really remember and recognize that they are working within the context of a team and they don't have to figure all of it out alone. You have your program specialists. You have your Regional Office. You have Central Office staff. You have (inaudible) whole entire T/TA network. Rely on them. Utilize their expertise. Because this is a time where you're so overwhelmed with so many different things, if you can just give us an idea or some understanding about what it is that you would like to do then we can help you, sort of, frame that. And I think, Aurelia, you correct me if I'm wrong, in some of the applications and initial instructions for some programs were if you're not clear about service enhancements, the mental health supports, just send us something. We will help you craft it in a way that it meets what the requirements of the PI. Is that correct?

Aurelia: Absolutely. Okay. The beginnings of hope was thinking about how do we move forward, and it's knowing, again, that you have to utilize all the resources that are available, and that's, again, what I saw in some programs, I saw tears, I saw heartbreak, but I saw resilience, and I saw perseverance and persistence on the part of leaders who said, we're going to get better, we're going to move forward, we're going to get past this. I saw in a program in Jersey, this paper quote, it was really impressive, and I thought it was a nice way of showing that this program, and the mental health consultant really

organized this activity, they were providing support for children by having them express their feelings about the storm. And this is, sort of, [Inaudible], and I thought this was really really cool the way that they put that together, you know and they said this is how we're beginning to help our children. This wasn't something that was really, sort of, planned they just kind of said this is one thing that we can do to begin until we sort of formalize a different plan or different idea and a different activity. And I thought, you know, the mental health consultant, she said to me she said, "David, I had no clue about what we were going to do but this was something that we thought about and we said this is quick this is easy, this is where we can begin."

And this, again, was within this same program and this was probably another week or so when we had gone back for an additional visit and another meeting we began to see that on the information board for staff they basically were beginning to be so resourceful and pull together information that would help children and families because again, maybe there was a local food pantry where families used to go for additional support and that pantry was shut down or no longer operable. They were given additional information about that. They were given information for families who had lost food. I mean we heard so many stories about families that lost -- had just gone shopping before the storm and filled up their refrigerators and they lost all these resources that they needed and families had to take their rent money and buy additional food and they were eating out on a regular basis and so they needed support at the income maintenance centers and all these different arenas and the program was really resourceful in pulling together a list of where they could go for all these different things. Amy or Aurelia, would you guys like to add anything about that?

Amy: Well, I just want to echo the theme that, I mean, at Head Start I have been working in and around Head Start for a long time now and the staff and leadership are so resilient and so amazing in terms of their dedication and their efforts and really I was humbled by hearing what staff -- the commitment that staff and leadership in the programs had to working with children and families and really providing whatever was going to be needed to assist.

David: Aurelia, anything?

Aurelia: Oh, sorry, I had to unmute myself. Thank you. I was just thinking, as I had mentioned earlier we went to a commemoration celebration at one of the programs in Long Beach Long Island yesterday. And I have to say in terms of the community spirit and involvement, and members from the local government who were present there and just in terms of you could feel it in the air in terms of the level of commitment that folks had to making sure that this program was going to be there again. And this is a program where they, in terms of their facility was totally devastated and so their children are being transported to another location. But they had representation from so many different folks and they talked so much, again, about "Remember, Rebuild and Recover." And they were smiling. Me and two of my colleagues had an opportunity to speak with the Policy Council share a little bit at the end, you know and you could hear even from her just in terms of one it's a mission that the children come back and they're able to be at the program there at that location.

And towards the end some of the children from that location who are now transported to another location began to sing the song This Little Light of Mine and then they changed some of the words. And I don't remember exactly all of it, I wish I would have taped it but it was like Hurricane Sandy's not going to get us down and these were little like four-year-olds about just singing. And you can just feel it in the air in terms of the level of commitment and dedication and that that community was going to push forward and that they were together on this. So it was incredibly moving and inspirational to be able to be a part of that and join them.

David: Awesome. Thank you, Aurelia and Amy both. So what you have as we conclude this, you know, again reflecting on a year later we're so happy that we were able to pull this together and to provide the webinar for you. Please know the relevant Performance Standards that we were, sort of, speaking to are on two slides. Then you have this slide with the resources minus the Early Child (inaudible) consultation materials (inaudible), but here's a sampling. But, please, take advantage of all of the resources that are available and that's not only the resources that are housed on ECLKC and other locations, but resources within your region your program specialists, the Sandy Team, Central Office staff, our team TA Network - we're here to help. We want to make sure that you guys continue to rebuild and to recover from this experience. So, Amy and Aurelia, we thank you so much for tuning in and please do not hesitate to reach out to us if there is anything else that you need in the way of support.

Aurelia: Thank you.

Amy: Thank you for having us on.

David: You're welcome. Thank you. Joyce, do we turn it back over to you?

Joyce: I think we're done. Thank you all so much. It was so informative. I really enjoyed listening.

David: Awesome. Thank you. Yeah.

Joyce: Okay, thanks everyone. Okay. Bye-bye.