**Appendix 1**

**Survey questions as sent to respondents:**

**1. Your program is . . .**

* In-home family/group program
* Child Care/preschool program in a public school building
* Child Care Center
* Other

**2. What best describes your role in your program?**

* Owner
* Program Director
* Lead Classroom Teacher
* In-home/Family Provider
* Other (Please specify below)

**3. On average, how many children do you have in your program daily?**

* 1-6 children
* 7-12 children
* 13-50 children
* 51-100 children
* More than 100 children

**4. How many staff does your program have, including you?**

* 1-5
* 6-10
* 11-20
* More than 20

**5. Which Great Start to Quality Resource Center does your program utilize?**

* Central Resource Center - Midland County ESA
* Eastern Resource Center - Saginaw ISD
* Kent Resource Center - Kent ISD
* Northeast Resource Center - COOR Intermediate School District
* Northwest Resource Center - Northwest Michigan Early Childhood Consortium
* Southeast Resource Center - Child Care Network
* Southwest Resource Center - Child Care Resources of Southwest Michigan
* Upper Peninsula Resource Center - 4C of the UP
* Wayne/Oakland Macomb Resource Center - United Way for SE Michigan
* Western Resource Center - Arbor Circle

**6. How many years have you worked in your current role at your program?**

* Less than one year
* 1-2 years
* 3-5 years
* 6-10 years
* 11-20 years
* More than 20 years

**7. How old are the children that are cared for in your facility?  Check all that apply.**

* Newborn to <12 months of age
* 1 year to <3 years
* 3 years - 6 years of age
* >6 years of age

**8. Did your program have a Great Start to Quality Star Rating this past year?**

* Yes
* Never
* No - because expired
* Not sure

**8a. If Yes – How many stars? Please choose number of stars:**

* 1
* 2
* 3
* 4
* 5

**9. Prior to COVID-19 (Coronavirus-19), did your program have a disaster or emergency plan for an infectious outbreak?**

* Yes
* No
* Not sure

**9a. If Yes – did you find that your existing plan was helpful in managing your program during the COVID-19 (Coronavirus) outbreak? (choose one answer below)**

* Yes (if yes please explain below)
* Not helpful (please explain below)
* Not sure (please explain below)

**10. Prior to COVID-19 (Coronavirus), did your program staff receive emergency and disaster training?**

* Yes
* No
* Not sure

**10a. If Yes (your staff received emergency and disaster training), please indicate what type of training and who provided the training?**

**11. Have you had to close your program because of the current COVID-19 (coronavirus) outbreak?**

* Yes
* No – but considering closing
* No

**12. If an ill child or staff member that attended your child care program is confirmed as being COVID-19 (coronavirus) positive - do you currently have a written plan of action in place?**

* Yes
* No
* Not sure

**13. Please rate the sources of information for COVID-19 (Coronavirus)?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1  (Least  Helpful) | 2 | 3 | 4 | 5  (Most  Helpful) |
| County Public Health Department |  |  |  |  |  |
| State Health Department |  |  |  |  |  |
| Local School District |  |  |  |  |  |
| Centers for Disease Control (CDC) |  |  |  |  |  |
| News Programming  (online, television, radio) |  |  |  |  |  |
| Social Media |  |  |  |  |  |
| Other (optional) |  |  |  |  |  |

**14. What changes have you had to make at your program because of the COVID-19 (coronavirus) outbreak?  Please select all that apply and describe:**

* Staffing changes (please describe)
* Supplies (please describe)
* Decreasing capacity (please describe)
* Cleaning and Disinfecting Procedures (please describe)
* Other (please describe)

**15. How effective do you think your current cleaning protocol is in preventing infection outbreaks?**

* Extremely effective
* Very effective
* Moderately effective
* Slightly effective
* Not effective at all

**16. How concerned are you about disasters and emergencies affecting your program?**

* Extremely concerned
* Somewhat concerned
* Neither concerned or unconcerned
* Somewhat unconcerned
* Extremely unconcerned

**17. How would you rate the value of having a disaster and emergency plan for your facility?**

* Extremely important
* Important
* Moderately important
* Slightly important
* Not at all important

**18. How useful do you think your existing plans would be in a real disaster or emergency?**

* Extremely useful
* Very useful
* Moderately useful
* Slightly useful
* Not at all useful
* Not applicable - no existing plan

**19. My facility is adequately prepared to keep children and staff safe in the event of a disaster or emergency such as the following:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** |
| Infection/Pandemic |  |  |  |  |  |
| Tornado |  |  |  |  |  |
| Flash Flood |  |  |  |  |  |
| Blizzard |  |  |  |  |  |
| Toxic Chemical |  |  |  |  |  |
| Intentional attack/mass shooting |  |  |  |  |  |
| Lost or Missing Child |  |  |  |  |  |
| Fire |  |  |  |  |  |

**20. Which of the following disaster/emergency supplies do you have stored in your facility?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Not**  **Applicable** |
| Batteries |  |  |  |
| Flashlights |  |  |  |
| Bottled Water |  |  |  |
| Radio/Television |  |  |  |
| Laptop Computer |  |  |  |
| Blankets/Bedding |  |  |  |
| Heater or Heat Source |  |  |  |
| Clothes (hats, gloves, coats, pants, pajamas) |  |  |  |
| Autonomous power source (generator) |  |  |  |
| Baby supplies (diapers, wipes, formula, baby food) |  |  |  |
| Non-perishable foods |  |  |  |
| Eating utensils |  |  |  |
| Non-Electric can opener |  |  |  |
| Toilet/Washroom |  |  |  |
| Toiletries (women’s products,  soap, toothbrush) |  |  |  |
| Medicine and injury supplies (bandages, Tylenol, Ibuprofen) |  |  |  |

Emergency Information Forms (EIF) are a medical summary that describes medical conditions, medications, and special health care needs to inform health care providers of a child's special health condition so that optimal emergency care can be provide.

Please answer each of the following questions.

**22. Does your program require EIF's for children?**

* Yes
* No
* Not sure

**23. Do you think a state-provided standard Emergency Information Form (EIF) that all programs in Michigan could use would be of value to your program**

* Definitely yes
* Probably yes
* Might or might not
* Probably not
* Definitely not

**24.**   **Please answer the following questions regarding disaster plans: (Yes, No, Don’t Know/Not Sure)**

* You’re your program have a formal disaster and emergency evacuation and relocation plan?
* Is there a person responsible for disaster planning at your facility?
* Does your disaster plan include accommodations for children with special needs?
* Do you know how to access or where to find your disaster/emergency plans?
* Is this plan reviewed yearly?
* Are new hires/employees made aware of the disaster plan?
* Does your program participate in drills for this plan?
* Do you have appropriate care safety devices (car seats, boosters, drivers, vehicles) if an evacuation was necessary?
* Do you have a predetermined route planned if emergency evacuation was necessary?
* In a disaster, does your program have a family reunification plan?
* Do you share information with parents about your disaster/emergency planning?
* Does your facility have a method of identifying staff and children (name, tag, picture ID badge)
* Have you been asked to register your facility with local emergency responders in order to facilitate their response during a disaster?

**25. Slide the bar for each of the training formats from  of 1 to 10, with (10) being the MOST effective and (0) being the LEAST effective training format.**

* Online Training Modules
* In-person workshops
* On-site facility training
* Written training materials or guides
* Live webinar training

**26. What types of emergencies and disasters do you feel LEAST prepared to manage? Please type in as many as you would like:**

**27. Does your facility have a disaster consultant who can advise you or your staff?**

* Yes
* No
* Not sure

**28. What organization did your consultant represent? (please type)**

**29. Which of the following planning activities has your program been involved in at least once yearly?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Not Sure** |
| Used a checklist or other  resources to prepare |  |  |  |
| Developed a written plan for  disasters or emergencies |  |  |  |
| Participated in community  discussions or planning efforts |  |  |  |
| Participated in workshops or received technical assistance related to disaster/emergency planning. |  |  |  |
| Held staff trainings on preparing  for a disaster/emergency |  |  |  |
| Held parent meetings on preparing  for a disaster/emergency |  |  |  |
| Held meetings or trainings with  local fire department |  |  |  |
| Held meetings or trainings with local sheriff or police department |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |