2016 Pandemic Influenza Preparedness Questionnaire

**Introduction**

May I please speak to the center director?

(Continue when the respondent is on the phone or CTRL-END for call back menu.)

Hello, my name is \_\_\_\_\_\_\_\_\_\_\_. I'm calling from the Social Science Research Center at Mississippi State University. On behalf of the American Academy of Pediatrics, we are conducting a survey of child care centers to create educational materials to help the child care community prepare for a severe outbreak of the flu, called pandemic influenza. Pandemic influenza has not happened since 2009, and it is NOT happening now. We are asking these questions because we want to help child care centers to be as prepared as they can be, just in case a pandemic influenza does occur at some time in the future. Would you like to do the survey now on the phone or can I send you a link to the survey by email? The survey will take about 17 minutes.

May I begin?

* YES
* NO, CALL BACK LATER
* Send email link, get email address
* REFUSED
* RESPONDENT IS UNAVAILABLE UNTIL STUDY IS OVER

NOTE: If the respondent cannot do the interview now, CTRL-END to get the call back menu.

Thank you. Please understand that your participation in this survey is voluntary. You may end the survey at any time and you can choose not to answer any question that you are not comfortable answering. All the information that you provide will be kept completely confidential. At the end of the study, the AAP will produce a report or article summarizing the results. You will have access to this summary. The results will only be shared in combined form (nationally), with no information given about individual centers.

**Survey**

1. Is your program regulated and/or licensed by the state?
   1. Yes
   2. No
   3. Don't Know/Not Sure
   4. Refused
2. Is your program ...
   1. a family child care home?
   2. a child care program in a school?
   3. a child care center?
   4. Don't Know/Not Sure
   5. Refused
3. What age is the YOUNGEST child you are authorized by the state to care for?
   1. \_\_ Weeks
   2. \_\_ Months
   3. \_\_ Years
4. What age is the OLDEST child you are authorized by the state to care for?
   1. \_\_ Months
   2. \_\_ Years

**Section 1**

We would like to ask some questions about how illness is handled in your center.

1. Which of the following information, if any, do you keep track of or have on file? (Answers: Yes, No, Don’t Know/Not Sure, Refused)
   1. Contact information for each child’s doctor or health care provider?
   2. Documentation or record of when children have any of the following symptoms: diarrhea, vomiting, cough, or a cold while they are at your facility?
   3. Documentation or record of when children who attend your center are ill and stay at home?
2. Which of the following procedures, if any, do you follow in your center? (Answers for each: Yes, No, Don’t Know/Not Sure, Refused)
   1. Daily health checks in which each child is checked as they arrive to see if they have signs or symptoms of illness?
   2. Do you use written criteria to decide which children need to be excluded (refused entry or sent home after illness detected)?
      1. If yes, go to 2c.
      2. If no, how do you decide who gets excluded? (answer) Now skip to 2d.
   3. Which written exclusion criteria do you use? (can answer yes to more than one)
      1. Defined by the state
      2. Written by our franchise (e.g., Kindercare, La Petite, Head Start)
      3. Written specifically for our center
      4. Those outlined in *Managing Infectious Diseases in Child Care and Schools*, a publication from the American Academy of Pediatrics (purple book)
      5. Those outlined in *Caring for Our Children*, a print and online publication from the American Academy of Pediatrics and American Public Health Association
   4. Does the center have a copy of *Managing Infectious Diseases in Child Care and Schools*?
   5. Does the center have a copy of or are you familiar with how to access online *Caring for Our Children*?
3. Are staff members trained or provided with information on ways to decrease the spread of infection (i.e., handwashing, cleaning/sanitizing surfaces and toys)?
   1. Yes
   2. No
   3. Don't Know/Not Sure
   4. Refused
4. Are staff observed to see if they follow the identified infection control measures?
   1. Yes
   2. No
   3. Don't Know/Not Sure
   4. Refused
5. How often are staff observed to see if they follow these measures? Would you say ...
   1. Daily
   2. Weekly
   3. Monthly
   4. Less often than monthly
   5. Don't Know/Not Sure
   6. Refused
6. Do you require annual influenza vaccine for children five and under?
   1. Yes
   2. No
   3. Don't Know/Not Sure
   4. Refused
7. About what percent of children received the flu vaccine last flu season?\_\_\_(Pick a number 0-100%)
8. Do you require annual influenza vaccine for adult caregivers?
   1. Yes
   2. No
   3. Don't Know/Not Sure
   4. Refused
9. About what percent of adult caregivers received the flu vaccine last flu season?\_\_\_(0-100%)
10. Do you share information with parents about illness and/or infections at the center?
    1. Yes
    2. No
    3. Don't Know/Not Sure
    4. Refused
11. Which of the following ways do you share this information? (Check all that apply)
    1. Letters or newsletters are sent home with children
    2. Information is posted on a Bulletin Board
    3. Parents are told in person
    4. Parents are contacted by telephone
    5. Parents are contacted by e-mail
    6. Parents are invited to a meeting
    7. Parents are sent a text message
    8. Social media
       1. Facebook
       2. Twitter
       3. Other social media (specify)
    9. Any other ways (Please specify)
    10. Don't Know/Not Sure
    11. Refused
12. Does your center have a child care health consultant or a health care professional who consults with you or other members of the staff?
    1. Yes
    2. No
    3. Don't Know/Not Sure
    4. Refused
13. Do you have a written agreement with this consultant?
    1. Yes
    2. No
    3. Don't Know/Not Sure
    4. Refused
14. Do you pay for the consultant's services?
    1. Yes
    2. No
    3. Don't Know/Not Sure
    4. Refused
15. Does the consultant provide advice over the phone?
    1. Yes
    2. No
    3. Don't Know/Not Sure
    4. Refused
16. How often does this consultant provide advice over the phone?
    1. Daily
    2. Weekly
    3. Monthly
    4. Quarterly
    5. At least twice a year
    6. Less than twice a year
    7. Don't Know/Not Sure
    8. Refused
17. Does the consultant visit your facility?
    1. Yes
    2. No
    3. Don't Know/Not Sure
    4. Refused
18. How often does this consultant visit your facility?
    1. Daily
    2. Weekly
    3. Monthly
    4. Quarterly
    5. At least twice a year
    6. Less than twice a year
    7. Don't Know/Not Sure
    8. Refused

**Section 2**

Now we would like to talk to about some things that you might be doing to prepare for a pandemic influenza.

1. Before today, how much did you know about pandemic influenza? Would you say ...
   1. you knew a lot
   2. you knew some
   3. you had heard of it, but knew little
   4. you had never heard of it
   5. Don't Know/Not Sure
   6. Refused
2. Before today, how concerned were you about pandemic influenza? Would you say ...
   1. very concerned
   2. concerned
   3. not concerned at all
   4. Don't Know/Not Sure
   5. Refused
3. Before today, has anyone contacted you about pandemic influenza?
   1. Yes
   2. No
   3. Don't Know/Not Sure
   4. Refused
4. Who contacted you? (Check all that apply)
   1. State regulatory/licensing representative
   2. Health Department representative
   3. Child care resource & referral agency representative
   4. Health consultant or health professional
   5. Parents
   6. Someone else (Please specify)
   7. Don't Know/Not Sure
   8. Refused
5. Before today, have you or someone else from your center been involved in any planning for pandemic influenza?
   1. Yes
   2. No
   3. Don't Know/Not Sure
   4. Refused
6. Which of the following planning activities has your center been involved in? (Answers: Yes, No, Don’t Know/Not Sure, Refused)
   1. Used a checklist or other resources to prepare for a pandemic influenza?
   2. Developed a written plan to prepare for a pandemic influenza?
   3. Participated in community discussions or planning efforts related to pandemic influenza?
   4. Participated in workshops or received technical assistance related to pandemic influenza from a child care resource and referral agency?
   5. Held staff trainings on preparing for an infectious disease outbreak or pandemic influenza?
   6. Held parent meetings on preparing for pandemic influenza?
7. Has your center been involved in any other planning activities for pandemic influenza?
   1. Yes
   2. No
   3. Don't Know/Not Sure
   4. Refused
8. Would you please describe this activity.
   1. Answer Box
9. What are the barriers that prevent you from being prepared for pandemic influenza? (Check all that apply)
   1. Do not know enough about it
   2. Do not know where to find information about it
   3. Do not know what to do
   4. Do not have the time
   5. Do not have the resources
   6. Have other more important issues to attend to
   7. Other (please specify)
   8. There are no barriers
   9. Don't Know/Not Sure
   10. Refused
10. How prepared do you think your center is for a pandemic influenza? Would you say ...
    1. Very well prepared
    2. Well prepared
    3. Somewhat prepared
    4. Slightly prepared
    5. Not at all prepared
    6. Don't Know/Not Sure
    7. Refused
11. If provided, which of the following would you be most likely to use to improve your preparedness for a pandemic influenza? (Check all that apply)
    1. Printed materials
    2. Web site with downloadable resources
    3. Web site with interactive training (online training)
    4. Training sessions from health department, resource and referral agency, or licensing personnel
    5. Attending a conference with different sessions on this topic
    6. Opportunity to interact with other child care providers who are better prepared
    7. Information shared by social media (e.g., Twitter, Facebook)
    8. Other (Please specify)
    9. Don't Know/Not Sure
    10. Refused
12. Of those that you selected, which resource would be your top choice?
    1. Printed materials
    2. Web site with downloadable resources
    3. Web site with interactive training (online training)
    4. Training sessions from health department, resource and referral agency, or licensing personnel
    5. Attending a conference with different sessions on this topic
    6. Opportunity to interact with other child care providers who are better prepared
    7. Other (Please specify)
    8. Don't Know/Not Sure
    9. Refused

**Vignette**

Please try to imagine the following the following situation. Then we'll ask you a few questions about what you might do. We know this might seem scary.

Imagine that you've seen on the news that pandemic flu is occurring in the United States and you just learned that 10 children in your state died last week because of this influenza.

1. How likely would you be to ... (Answers: Very Likely, Likely, Not Likely, Don’t Know/Not Sure, Refused)
   1. Require that ill children who are enrolled or staff who work in your center stay home?
   2. Require the staff who work in your center to be immunized against the flu?
   3. Require that children who are enrolled in your center be immunized against the flu?
   4. Close your center?
   5. Keep your center open if asked to care for children of critical employees (emergency personnel, health professionals, etc.)
2. Which groups or organizations do you think have the authority or right to close your center due to pandemic influenza? (Check all that apply)
   1. Governor’s Office
   2. Health Department
   3. Local Pediatrician
   4. Child Care Health Consultant
   5. Centers for Disease Control and Prevention
   6. State Licensing Bureau or Agency
   7. Other (Please specify)
   8. Don't Know/Not Sure
   9. Refused
3. How long could you meet your payroll if your center was closed and no revenue came in?
   1. 1 week
   2. 2 to 3 weeks
   3. 4 to 5 weeks
   4. 6 to 7 weeks
   5. 8 to 9 weeks
   6. More than 9 weeks
   7. Don't Know/Not Sure
   8. Refused

**Section 3**

We would like to ask some additional questions about your center.

1. Is your center accredited or in the process of being accredited by an organization like the National Association for the Education of Young Children?
   1. Yes
   2. No
   3. Don't Know/Not Sure
   4. Refused
2. Is your center a Head Start or Early Head Start program?
   1. Yes
   2. No
   3. Don't Know/Not Sure
   4. Refused
3. How many children is your center allowed to care for at one time? (or, What is the licensed capacity of your center)?
   1. \_\_ Number of children
      1. Enter 97 for 97 or more
      2. 98 for Don't Know/Not Sure
      3. 99 for Refused
4. On average, about how many children attend your center every day?
   1. \_\_ Number of children
      1. Enter 97 for 97 or more
      2. 98 for Don't Know/Not Sure
      3. 99 for Refused
5. Among the children in your center, what racial background is most common? Would you say...
   1. White/Caucasian
   2. Black/African American
   3. Latino/Latina
   4. Asian/Pacific Islander
   5. American Indian/Alaska Native
   6. Mixed racial backgrounds without a single most common race
   7. Don't Know/Not Sure
   8. Refused
6. What is the highest level of education you have completed? Would you say...
   1. Less than High School Degree
   2. High School Degree or GED
   3. Associate’s Degree (2-year degree)
   4. Bachelor’s Degree (4-year degree)
   5. Master’s Degree
   6. Doctorate Degree
   7. Don't Know/Not Sure
   8. Refused
7. Are any of your degrees in Child Development or Early Childhood Education?
   1. Yes
   2. No
   3. Don't Know/Not Sure
   4. Refused
8. How many total years of experience do you have as a child care professional?
   1. \_\_ Number of years
      1. Enter 97 for 97 or more
      2. 98 for Don't Know/Not Sure
      3. 99 for Refused
9. Did you work in the same center as you are now, in 2009 during the pandemic influenza outbreak?
   1. Yes
   2. No
10. Did your center change practices as a result of the pandemic (H1N1) influenza in 2009?
    1. Yes
    2. No
11. Does your center have a resource you’d like to share about handling pandemic influenza? (specify) \*\*\*Online version only\*\*\*
12. Would you like to be added to an electronic mailing list so that you can receive information from the American Academy of Pediatrics about the results of this survey and/or other child care health and safety information?
    1. Yes
    2. No
    3. Don't Know/Not Sure
    4. Refused
13. What is your e-mail address?
    1. Answer Box
14. Do you use social media such as Facebook or Twitter as part of your child care business?
    1. Yes (go to item 14)
    2. No (skip to item 16)
15. Do you use social media for health-related issues?
    1. Yes
    2. No
16. How do you use social media in for health-related issues?
    1. Communicate with families
    2. Obtain educational material for staff
    3. Obtain health-related information
    4. Other (explain)
17. Other than health-related issues, how do you use social media in your child care business? (specify)
18. This completes our survey. Thank you very much for helping us with this important study. For more information, you can visit this website: [www.healthychildcare.org](http://www.healthychildcare.org). Do you have any questions?
    1. Yes
    2. No

If you have questions about human subjects in research you can call the Office of Regulatory Compliance at Mississippi State University at (662) 325-3294. You may also contact the Social Science Research Center at (662) 325-7127 or see the Internet at: www.ssrc.msstate.edu.