

Figure S1. Communities and Classroom Health Survey.

1. Which of the following best describes your center?

	YES	NO
Center based child care	<input type="radio"/>	<input type="radio"/>
Family childcare home	<input type="radio"/>	<input type="radio"/>
Head Start	<input type="radio"/>	<input type="radio"/>
Public pre-k program	<input type="radio"/>	<input type="radio"/>
Other (<i>please specify</i>):	<input type="radio"/>	<input type="radio"/>
<hr/>		

2. Which of the following best describes your center (*select all that apply*)?

Half-day

Full-day

Other (*please specify*):

3. Is your center NAEYC accredited ¹?

Yes

No

Not sure

4. Is your center fully enrolled at this time?

Yes

No

Not sure

5. What is the number of classrooms in your center **total**?

6. What is the number of classrooms in your center **with children who are 3-5 years old**?

7. What is the number of children in your center **total**?

8. What is the number of children in your center **who are 3-5 years old**?

9. Does your center have policies and guidelines for managing asthma medications?

- ☐ Yes
- ☐ No
- ☐ Not sure

10. In the past 12 months, did you keep any pets such as cats, dogs, gerbils, or birds at your center?

- ☐ Yes
- ☐ No

11. Does your center have wall-to-wall carpet?

- ☐ Yes
- ☐ No

12. Does anyone who works at your center smoke or vape on your center's property?

- ☐ Yes, but OUTSIDE only
- ☐ Yes, both INSIDE and OUTSIDE
- ☐ No

¹ NAEYC: National Association for the Education of Young Children.

13. Does your center have policies and guidelines for reducing asthma allergens and irritants?

- ☐ Yes
- ☐ No
- ☐ Not sure

14. Have you ever received any training on any of the following aspects of asthma (*select all that apply*)?

- ☐ No, I've never received any type of asthma training
- ☐ Asthma basics (causes of asthma, signs of asthma flare-ups)
- ☐ Reducing asthma allergens and irritants
- ☐ Asthma medication use and types
- ☐ Asthma management plans
- ☐ Proper administration of asthma medications

15. How often do you use bleach at your center?

- ☐ Never, we do not use bleach
- ☐ Daily or a few times a day
- ☐ Weekly or a few times a week
- ☐ Monthly or a few times a month
- ☐ Every few months or less often

16. Does your center use low toxicity or less toxic cleaners?

- ☐ Yes
- ☐ No
- ☐ Not sure

17. What kind of air fresheners are used at your center (*select all that apply*)?

- ☐ None – do not use any type of air freshener or candle
- ☐ Scented candles
- ☐ Spray air fresheners
- ☐ Continuous release (like a plug-in)
- ☐ Incense
- ☐ Essential oils (reed diffuser or other type of diffuser)
- ☐ Essential oil electric or battery diffuser
- ☐ Potpourri
- ☐ Gel canister
- ☐ Other types of air freshener(s) (*please specify*): _____

18. Does your center have a written policy for use of pesticides (bug killers, weed killers, rat killers, etc.), stating when and how to apply them?

- ☐ Yes
- ☐ No
- ☐ Not sure
- ☐ Not applicable, **no** pesticides are used

19. Are staff notified before pesticides (including weed killers) are going to be applied **INSIDE or OUTSIDE** of your center?

- ☐ Yes
- ☐ No
- ☐ Not applicable, **no** pesticides are used

20. Are parents notified before pesticides (including weed killers) are going to be applied **INSIDE or OUTSIDE** of your center?

- ☐ Yes
- ☐ No
- ☐ Not applicable, **no** pesticides are used

21. In the past 12 months, which of the following pests were a problem **INSIDE** your center (i.e., INDOORS) (select all that apply)?

- ☐ None- **did not** have any **INDOOR** pest problems.
- | | | | | |
|--------------------------------------|--|-----------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Ants | <input type="checkbox"/> Fleas | <input type="checkbox"/> Termites | <input type="checkbox"/> Snails/slugs | <input type="checkbox"/> Mold |
| <input type="checkbox"/> Cockroaches | <input type="checkbox"/> Rodents | <input type="checkbox"/> Aphids | <input type="checkbox"/> Spiders | <input type="checkbox"/> Head lice |
| <input type="checkbox"/> Bed bugs | <input type="checkbox"/> Other pest(s) (please specify): _____ | | | |

22. In the past 12 months, which of the following pest control methods did your center use for controlling pests **INSIDE** your center (i.e., INDOORS) (select all that apply)?

- | | | |
|--|---|--|
| <input type="checkbox"/> Nothing used | <input type="checkbox"/> Sprayed Pesticides | <input type="checkbox"/> Bait stations or poison traps |
| <input type="checkbox"/> Sticky fly strips | <input type="checkbox"/> Mouse or rat traps | <input type="checkbox"/> Moth balls |
| <input type="checkbox"/> Poison pellets or powders | <input type="checkbox"/> Removed food sources | <input type="checkbox"/> Fixed leaks |
| <input type="checkbox"/> Cleaned the area | <input type="checkbox"/> Sealed cracks/openings | <input type="checkbox"/> Installed screens or other barriers |
| <input type="checkbox"/> Other (please specify): _____ | | |

23. In the past 12 months, who applied the **INDOOR** pesticides used at your center (select all that apply)?

- | | | |
|---|--|---|
| <input type="checkbox"/> Nothing used | | |
| <input type="checkbox"/> Myself | <input type="checkbox"/> Director | <input type="checkbox"/> Another staff member |
| <input type="checkbox"/> Property owner | <input type="checkbox"/> Custodial/janitorial staff | <input type="checkbox"/> Pest control company |
| <input type="checkbox"/> Not sure | <input type="checkbox"/> Other (please specify): _____ | |

24. In the past 12 months, how frequently were pesticides sprayed, scattered, or "bombed" **INSIDE** your center (i.e., INDOORS) (select all that apply)?

- | | | |
|---|---|--|
| <input type="checkbox"/> Nothing used | <input type="checkbox"/> Once a week | <input type="checkbox"/> Once a month |
| <input type="checkbox"/> Once a year | <input type="checkbox"/> A few times a year | <input type="checkbox"/> Whenever pests become a problem |
| <input type="checkbox"/> Not applicable- pesticides were used, but not sprayed, scattered, or "bombed" | | |

25. In the past 12 months, which of the following pests were a problem **OUTSIDE** your center (i.e., OUTDOORS) (select all that apply)?

- ☐ None- **did not** have any **OUTDOOR** pest problems.
- | | | | | |
|---|--|-----------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Ants | <input type="checkbox"/> Fleas | <input type="checkbox"/> Termites | <input type="checkbox"/> Snails/slugs | <input type="checkbox"/> Mold |
| <input type="checkbox"/> Cockroaches | <input type="checkbox"/> Rodents | <input type="checkbox"/> Aphids | <input type="checkbox"/> Spiders | <input type="checkbox"/> Scorpions |
| <input type="checkbox"/> Wasps/yellow jackets | <input type="checkbox"/> Other pest(s) (please specify): _____ | | | |

26. In the past 12 months, which of the following pest control methods did your center use for controlling pests **OUTSIDE** your center (i.e., OUTDOORS) (select all that apply)?

- | | | |
|--|--|--|
| <input type="checkbox"/> Nothing used | <input type="checkbox"/> Sprayed Pesticides | <input type="checkbox"/> Bait stations or poison traps |
| <input type="checkbox"/> Sticky fly strips | <input type="checkbox"/> Mouse or rat traps | <input type="checkbox"/> Applied weed killer |
| <input type="checkbox"/> Poison pellets or powders | <input type="checkbox"/> Removed food sources | <input type="checkbox"/> Fixed leaks |
| <input type="checkbox"/> Cleaned the area | <input type="checkbox"/> Sealed cracks/openings | <input type="checkbox"/> Installed screens or other barriers |
| <input type="checkbox"/> Cut grass or weeds | <input type="checkbox"/> Other pest(s) (please specify): _____ | |

27. In the past 12 months, who applied the **OUTDOOR** pesticides used at your center (select all that apply)?

- | | | |
|---|--|---|
| <input type="checkbox"/> Nothing used | <input type="checkbox"/> Director | <input type="checkbox"/> Another staff member |
| <input type="checkbox"/> Myself | <input type="checkbox"/> Custodial/janitorial staff | <input type="checkbox"/> Pest control company |
| <input type="checkbox"/> Property owner | <input type="checkbox"/> Other (please specify): _____ | |
| <input type="checkbox"/> Not sure | | |

28. In the past 12 months, how frequently were pesticides sprayed, scattered, or “bombed” **OUTSIDE** your center (i.e., OUTDOORS) (select all that apply)?

- | | | |
|---|---|--|
| <input type="checkbox"/> Nothing used | <input type="checkbox"/> Once a week | <input type="checkbox"/> Once a month |
| <input type="checkbox"/> Once a year | <input type="checkbox"/> A few times a year | <input type="checkbox"/> Whenever pests become a problem |
| <input type="checkbox"/> Not applicable- pesticides were used, but not sprayed, scattered, or “bombed” | | |