

## Draft 2007 New England School Pest Management Survey

This survey should be completed by the person(s) most responsible for pest management in your school.

1. Which below describes your job title(s)? Check all that apply

- a. School Maintenance Supervisors/Facility Manager
- b. Maintenance/Custodial Staff
- c. Food Service Director
- d. Superintendent
- e. Teacher
- f. Principal
- g. School Superintendent/School District Administrator
- h. Integrated Pest Management (IPM) Coordinator
- i. Other: please specify\_\_\_\_\_

2. What is the setting of your school? Check one

- a. Rural
- b. Suburban
- c. Metropolitan

3. How many students are enrolled in your school? Fill in the blank.

Number of children enrolled: \_\_\_\_\_

4. Which of these pests require routine annual management, require occasional management, or are never a problem **indoors** in your school? (Please circle your answers)

### **Indoor Pests**

Ants	Routine, annual pest	Occasional pest	Never a problem
Cockroaches	Routine, annual pest	Occasional pest	Never a problem
Fleas	Routine, annual pest	Occasional pest	Never a problem
Flies	Routine, annual pest	Occasional pest	Never a problem
Flour beetles	Routine, annual pest	Occasional pest	Never a problem
Flour Moths	Routine, annual pest	Occasional pest	Never a problem
Fruit Flies	Routine, annual pest	Occasional pest	Never a problem
Head lice	Routine, annual pest	Occasional pest	Never a problem
Mice	Routine, annual pest	Occasional pest	Never a problem
Mold/Mildew	Routine, annual pest	Occasional pest	Never a problem
Rats	Routine, annual pest	Occasional pest	Never a problem
Spiders	Routine, annual pest	Occasional pest	Never a problem
Termites	Routine, annual pest	Occasional pest	Never a problem
Wasps	Routine, annual pest	Occasional pest	Never a problem

Other stinging insects	Routine, annual pest	Occasional pest	Never a problem
Other Pest specify: _____	Routine, annual pest	Occasional pest	
Other Pest specify: _____	Routine, annual pest	Occasional pest	

5. Which of these pests require routine annual management, require occasional management, or are never a problem **outdoors** of your school? (Please circle your answers)

**Outdoor Pests**

Ants	Routine, annual pest	Occasional pest	Never a problem
Bees/Wasps/Hornets	Routine, annual pest	Occasional pest	Never a problem
Mosquitoes	Routine, annual pest	Occasional pest	Never a problem
Ticks	Routine, annual pest	Occasional pest	Never a problem
Turf Grubs	Routine, annual pest	Occasional pest	Never a problem
Broadleaf Weeds	Routine, annual pest	Occasional pest	Never a problem
Grassy Weeds	Routine, annual pest	Occasional pest	Never a problem
Poison Ivy	Routine, annual pest	Occasional pest	Never a problem
Plant Disease	Routine, annual pest	Occasional pest	Never a problem
Birds	Routine, annual pest	Occasional pest	Never a problem
Mice	Routine, annual pest	Occasional pest	Never a problem
Moles	Routine, annual pest	Occasional pest	Never a problem
Birds	Routine, annual pest	Occasional pest	Never a problem
Other Pest specify: _____	Routine, annual pest	Occasional pest	
Other Pest specify: _____	Routine, annual pest	Occasional pest	

6. Has the school had **mice** problems in the past two years? Circle Answer

**Yes or No**

If **yes**, please indicate which practices have been instituted to manage them? Check all that apply

- a. Monitoring for the pest and/or droppings
- b. Exclusion (filling/repairing entry points)
- c. Sanitation
- d. Glue traps
- e. Snap traps
- f. Rodenticide baits
- g. None
- h. Don't know
- i. Other please specify \_\_\_\_\_
- j. Other please specify \_\_\_\_\_

7. Has the school had **ant** problems in the past **two** years? Circle Answer

**Yes or No**

If **yes**, please indicate which practices have been instituted to manage them? Check all that apply

- a. Sanitation
- b. Eliminate entryways (caulking/sealing holes)
- c. Monitoring (sticky/glue boards)
- d. Ant baits stations
- e. Pesticide spray on indoor baseboards
- f. Pesticide spray perimeter treatment for outdoors
- g. None
- h. Don't know
- i. Other please specify \_\_\_\_\_
- j. Other please specify \_\_\_\_\_

8. Has the school had head lice problems in the past **two** years? Circle Answer

**Yes or No**

If **yes**, please indicate which practices have been instituted to manage them? Check all that apply

- a. Implement a written head lice plan
- b. Annually inspect children
- c. Discourage children from sharing of hats, combs, scarves, etc.
- d. Parental notification
- e. Parental education
- f. Instituting a "no nit" policy
- g. Pesticide spray in school
- h. None
- i. Don't know
- j. Other please specify \_\_\_\_\_
- k. Other please specify \_\_\_\_\_

9. Has the school had fly problems in the past **two** years? Circle Answer

**Yes or No**

If **yes**, please indicate which practices have been instituted to manage them? Check all that apply

- a. Sanitation
- b. Floor drains steam/enzyme cleaned
- c. Other breeding sites identified/cleaned
- d. Increase frequency of trash disposal
- e. Install/maintain window/door screens
- f. Electric fly traps
- g. Fly paper
- h. Fly swatters
- i. Aerosol sprays

- j. None
- k. Don't know
- l. Other please specify\_\_\_\_\_

**10.** Has the school had bee/wasp problems in the past **two** years? Circle Answer

**Yes or No**

If **yes**, please indicate which practices have been instituted to manage them? Check all that apply

- a. Inspect/Remove/Destroy nests
- b. Contact beekeeper to collect bees
- b. Outdoor trash containers with tight lids
- c. Seal off openings in playground structures, fences, pipes etc
- d. Rope off nesting sites
- e. Install/maintain window/door screens
- e. Aerosol Sprays
- f. Yellow jacket traps
- g. Fly swatters
- h. None
- i. Don't know
- j. Other please specify\_\_\_\_\_

**11.** Has the school had cockroach problems in the past **two** years? Circle Answer

**Yes or No**

If **yes**, please indicate which practices have been instituted to manage them? Check all that apply

- a. Frequent inspection/monitoring with sticky traps
- b. Monitor for fecal matter, shed exoskeletons, egg cases
- c. Daily garbage/food waste disposal
- d. Daily cleaning food preparation areas, including floors
- e. Steam clean drains and/or enzyme based drain cleaner
- f. Monthly cleaning around/behind large kitchen equipment
- g. Repair/caulk/seal holes in/around sinks/walls/drain pipes/toilets
- h. Limit areas where food can be stored and consumed
- i. Cockroach Baits
- j. Aerosol Sprays
- k. None
- l. Don't know
- m. Other please specify\_\_\_\_\_

**12.** Has the school had mosquito problems in the past **two** years? Circle Answer

**Yes or No**

If **yes**, please indicate which practices have been instituted to manage them? Check all that apply

- a. Install/maintain window/door screens
- b. Remove sources of standing water around school
- c. Clean gutters and downspouts
- d. Keep grass mowed and remove dense brush
- e. Use covered dumpsters and trash cans
- f. Encourage predators such as bats and birds
- g. Reduce activities held during dusk/early evening to avoid mosquitoes
- h. Use devices, such as Mosquito Magnet
- i. Apply larvicides in catch basins and other breeding sites
- j. Apply sprays for adult mosquitoes
- k. Use insect repellents
- l. None
- m. Don't know
- n. Other please specify \_\_\_\_\_

**13.** Please indicate which practices have been used to manage pests in athletic fields around your school? Check all that apply

- a. None – no athletic fields
- b. Frequent monitoring for pests (insects, plant disease, weeds)
- c. Annual soil test for fertilizer needs, etc.
- d. Top dressing with soil/sand/compost
- e. Frequent sharpening of mower blades
- f. Synthetic chemical fertilizer application
- g. Organic fertilizer application
- h. Broadleaf weed herbicide application
- i. Grassy weed herbicide application
- j. Turf grub application
- k. Other insecticide applications please specify: \_\_\_\_\_
- l. Weed & Feed applications
- m. Aeration at least once a year
- n. Don't know
- o. Other please specify \_\_\_\_\_

**14.** Who is responsible for making pest management decisions at your school? Check all that apply

	<u>Indoor</u>	<u>Outdoor</u>
a. School Maintenance Supervisors/Facility Manager	<input type="checkbox"/>	<input type="checkbox"/>
b. Maintenance/Custodial Staff	<input type="checkbox"/>	<input type="checkbox"/>
c. Food Service Director/Staff	<input type="checkbox"/>	<input type="checkbox"/>
d. Teacher	<input type="checkbox"/>	<input type="checkbox"/>
e. Principal	<input type="checkbox"/>	<input type="checkbox"/>
f. School Superintendent/School District Administrator	<input type="checkbox"/>	<input type="checkbox"/>
g. Integrated Pest Management (IPM) Coordinator	<input type="checkbox"/>	<input type="checkbox"/>
h. Professional Exterminating Company	<input type="checkbox"/>	<input type="checkbox"/>

- i. Don't know
- j. Other: please specify \_\_\_\_\_

15. Does your school have a written pesticide use policy? Please circle your answer

**Yes No Don't Know**

16. Are pesticides applied in/around your school?

**Yes or No**

If **yes**, please indicate who is responsible for applying pesticides in/around your school.  
Check all that apply

	<u>Indoor</u>	<u>Outdoor</u>
School Maintenance Supervisors/Facility Manager	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance/Custodial Staff	<input type="checkbox"/>	<input type="checkbox"/>
Food Service Director/Staff	<input type="checkbox"/>	<input type="checkbox"/>
Teacher	<input type="checkbox"/>	<input type="checkbox"/>
Principal	<input type="checkbox"/>	<input type="checkbox"/>
School Superintendent/School District Administrator	<input type="checkbox"/>	<input type="checkbox"/>
Town/City Public Works Staff	<input type="checkbox"/>	<input type="checkbox"/>
Integrated Pest Management (IPM) Coordinator	<input type="checkbox"/>	<input type="checkbox"/>
Professional Exterminating Company	<input type="checkbox"/>	<input type="checkbox"/>
No one pesticide are not used	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>
Other: please specify _____	<input type="checkbox"/>	<input type="checkbox"/>

17. What type of notification is provided to staff, students, and/or parents when pesticides are applied in/around schools?

- a. No notification
- b. Written pre-notification for indoor applications
- c. Written pre-notification for outdoor applications
- d. Sign posting for indoor areas
- e. Sign posting for outdoors areas
- f. Verbal announcement to staff and students
- g. Notify pesticide sensitive individuals
- h. Don't know
- i. Other please specify: \_\_\_\_\_
- j. Pesticide not applied

18. Are all pesticides applied by licensed/certified pesticide applicators?

**Yes No Don't Know**

19. Is Integrated Pest Management (IPM) practiced in your school?

**Yes No Don't Know**

20. Which of the following general practices are used in your school?

- a. Regular inspections for pest infestation
- b. Using sticky traps/glue board for monitoring pests
- c. Securely store foods with tight fitting lids
- d. Lids on outdoor dumpsters and trash cans
- e. Plaster liners in indoor trash cans
- f. Daily garbage disposal
- g. Educating staff and students to reduced pest problems
- h. Screens on vents and window
- i. Repair water leaks promptly
- j. Food in designated areas only

21. Who do you think needs/wants more information on pest management in schools?

Check all that apply

- a. School Maintenance Supervisors/Facility Managers
- b. Maintenance/Custodial Staff
- c. Food Service Director/Staff
- d. Superintendent
- e. Teachers
- f. Principals
- g. School Superintendent/School District Administrator
- h. Integrated Pest Management (IPM) Coordinator
- i. Professional Exterminating Company
- j. Parents
- j. Other: please specify \_\_\_\_\_

22. How useful are/would these sources of information in enhancing your/others understanding of integrated pest management strategies? (please circle your answers)

a. Workshops	Very Useful	Somewhat Useful	Not Useful
b. Website	Very Useful	Somewhat Useful	Not Useful
c. Newsletter	Very Useful	Somewhat Useful	Not Useful
d. Pest Fact Sheets	Very Useful	Somewhat Useful	Not Useful
e. Informational Brochures	Very Useful	Somewhat Useful	Not Useful
f. Posters	Very Useful	Somewhat Useful	Not Useful
g. Video/Podcast/Webcasts	Very Useful	Somewhat Useful	Not Useful
h. Pest Management Manual	Very Useful	Somewhat Useful	Not Useful
i. Professional Consultant	Very Useful	Somewhat Useful	Not Useful

23. Please list which pests, if any that you would like more information on.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

24. Overall how would you rate the success of your pest management program in your school.

- a. Very Satisfactory
- b. Satisfactory
- c. Poor
- d. Don't know

Please use this space for any comments that you have.

**Thank you for your help.**

**Please return your questionnaire in the enclosed stamped envelope to:**

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**If you have any questions or comments please feel free to contact Natalia P. Clifton,  
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