



## New England School Pest Management Survey



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

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

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

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*If you have any questions about this survey please contact Natalia P. Clifton at (413) 545-1044 or email at [nclifton@psis.umass.edu](mailto:nclifton@psis.umass.edu)*

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

**Indoor Pests**

Ants	Routine pest	Occasional pest	Never a problem	Don't know
Cockroaches	Routine pest	Occasional pest	Never a problem	Don't know
Fleas	Routine pest	Occasional pest	Never a problem	Don't know
Flies	Routine pest	Occasional pest	Never a problem	Don't know
Flour beetles	Routine pest	Occasional pest	Never a problem	Don't know
Flour moths	Routine pest	Occasional pest	Never a problem	Don't know
Fruit flies	Routine pest	Occasional pest	Never a problem	Don't know
Head lice	Routine pest	Occasional pest	Never a problem	Don't know
Mice	Routine pest	Occasional pest	Never a problem	Don't know
Mold/Mildew	Routine pest	Occasional pest	Never a problem	Don't know
Rats	Routine pest	Occasional pest	Never a problem	Don't know
Spiders	Routine pest	Occasional pest	Never a problem	Don't know
Termites	Routine pest	Occasional pest	Never a problem	Don't know
Bees/Wasps/Hornets	Routine pest	Occasional pest	Never a problem	Don't know
Other stinging insects	Routine pest	Occasional pest	Never a problem	Don't know
Other Pest <i>specify:</i> _____		Routine pest	Occasional pest	
Other Pest <i>specify:</i> _____		Routine 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 pest	Occasional pest	Never a problem	Don't know
Bees/Wasps/Hornets	Routine pest	Occasional pest	Never a problem	Don't know
Mosquitoes	Routine pest	Occasional pest	Never a problem	Don't know
Ticks	Routine pest	Occasional pest	Never a problem	Don't know
Turf grubs	Routine pest	Occasional pest	Never a problem	Don't know
Broadleaf weeds	Routine pest	Occasional pest	Never a problem	Don't know
Grassy weeds	Routine pest	Occasional pest	Never a problem	Don't know
Poison ivy	Routine pest	Occasional pest	Never a problem	Don't know
Plant diseases	Routine pest	Occasional pest	Never a problem	Don't know
Birds	Routine pest	Occasional pest	Never a problem	Don't know
Mice	Routine pest	Occasional pest	Never a problem	Don't know
Moles	Routine pest	Occasional pest	Never a problem	Don't know
Other Pest <i>specify:</i> _____		Routine pest	Occasional pest	
Other Pest <i>specify:</i> _____		Routine pest	Occasional pest	

6. Has the school had **mouse or rat** problems in the past two years? *Circle Answer.*

**Yes or No**

7. If the school has had mouse or rat problems please indicate which practices have been instituted to manage them? *Check all that apply. If no mouse or rat problems, skip to **Question 8**.*

- 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 (*specify products*\_\_\_\_\_)
- g. None
- h. Don't know
- i. Other *please specify*\_\_\_\_\_
- j. Other *please specify*\_\_\_\_\_

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

**Yes or No**

9. If the school has had ant problems, please indicate which practices have been instituted to manage them? *Check all that apply. If no ant problems, skip to **Question 10**.*

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

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

**Yes or No**

11. If the school has had head lice problems, please indicate which practices have been instituted to manage them? *Check all that apply. If no head lice problems, skip to **Question 12**.*

- a. Implement a written head lice plan
- b. 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 (*specify products*\_\_\_\_\_)
- h. None
- i. Don't know
- j. Other *please specify*\_\_\_\_\_

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

**Yes or No**

13. If the school has had fly problems, please indicate which practices have been instituted to manage them? *Check all that apply. If no fly problems, skip to **Question 14**.*

- 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 (*specify products*\_\_\_\_\_)
- j. None
- k. Don't know
- l. Other *please specify*\_\_\_\_\_

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

**Yes or No**

15. If the school has had bee/wasp/hornet problems, please indicate which practices have been instituted to manage them? *Check all that apply. If no bee/wasp/hornet problems, skip to **Question 16**.*

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

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

**Yes or No**

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17. If the school has had cockroach problems, please indicate which practices have been instituted to manage them? *Check all that apply. If no cockroach problems, skip to Question 18.*

- 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 (*specify products*\_\_\_\_\_)
- j. Aerosol Sprays (*specify products*\_\_\_\_\_)
- k. None
- l. Don't know
- m. Other *please specify*\_\_\_\_\_

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

**Yes or No**

19. If the school has had mosquito problems, please indicate which practices have been instituted to manage them? *Check all that apply. If no mosquito problems, skip to Question 20.*

- 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  
(*specify products*\_\_\_\_\_)
- j. Apply sprays for adult mosquitoes (*specify products*\_\_\_\_\_)
- k. Use insect repellents (*specify products*\_\_\_\_\_)
- l. None
- m. Don't know
- n. Other *please specify*\_\_\_\_\_

20. Has the school had **tick** problems in the past two years? *Circle Answer.*

**Yes or No**

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**21.** If the school has had tick problems, please indicate which practices have been instituted to manage them? *Check all that apply. If no tick problems, skip to **Question 22**.*

- a. Keep grass mowed and remove dense brush
- b. Remove leaf litter and brush
- c. Prune low lying bushes
- d. Create 3 foot wide mulch bed between wooded areas and lawns
- e. Use tick repellent on skin/clothing
- f. Inspect children for ticks
- g. Proper clothing (light colored and long-sleeved shirt and long pants)
- h. Perimeter pesticide spraying (*specify products* \_\_\_\_\_)
- i. Education
- j. None
- k. Don't know
- l. Other *please specify* \_\_\_\_\_

**22.** 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. Overseeding
- d. Annual soil test for fertilizer needs, etc.
- e. Top dressing with soil/sand/compost
- f. Frequent sharpening of mower blades
- g. Synthetic chemical fertilizer application
- h. Organic fertilizer application
- i. Broadleaf weed herbicide application (*specify products* \_\_\_\_\_)
- j. Grassy weed herbicide application (*specify products* \_\_\_\_\_)
- k. Turf grub application (*specify products* \_\_\_\_\_)
- l. Other insecticide applications (*specify products* \_\_\_\_\_)
- m. Aeration at least once a year
- n. Don't know
- o. Other: *please specify* \_\_\_\_\_

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

	<u>Indoor</u>	<u>Outdoor</u>
a. School Maintenance Supervisor/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	<input type="checkbox"/>	<input type="checkbox"/>
j. No one	<input type="checkbox"/>	<input type="checkbox"/>
k. Other: <i>please specify</i> _____	<input type="checkbox"/>	<input type="checkbox"/>

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

**Yes No Don't Know**

25. Are pesticides applied in/around your school? *Please circle your answer.*

**Yes No Don't Know**

26. If pesticides are applied in/around your school, who is responsible for applying pesticides in/around your school. *Check all that apply. If no pesticides are applied in/around your school, skip to Question 30.*

	<u>Indoor</u>	<u>Outdoor</u>
a. School Maintenance Supervisor/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. Town/City Public Works Staff	<input type="checkbox"/>	<input type="checkbox"/>
h. Integrated Pest Management (IPM) Coordinator	<input type="checkbox"/>	<input type="checkbox"/>
i. Professional Exterminating Company	<input type="checkbox"/>	<input type="checkbox"/>
j. Professional Lawn/Landscape Company	<input type="checkbox"/>	<input type="checkbox"/>
k. No one, pesticides are not used	<input type="checkbox"/>	<input type="checkbox"/>
l. Don't know	<input type="checkbox"/>	<input type="checkbox"/>
m. Other: please specify _____	<input type="checkbox"/>	<input type="checkbox"/>

27. What type of notification is provided to staff, students, and/or parents when pesticides are applied in/around schools? *Check all that apply.*

- 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. Notification for pesticide-sensitive individuals
- h. Notification by request
- i. Don't know
- j. Other please specify: \_\_\_\_\_
- k. Pesticides are not applied

28. If notification is provided who is responsible for providing the notification? *Check all that apply. If notification is not provided, skip to Question 29.*

- a. School
- b. Town
- c. Town Board of Health
- d. Pesticide Applicator/Company
- e. other: \_\_\_\_\_

29. Are all pesticides applied by state licensed/certified pesticide applicators? *Circle one.*

**Yes No Don't Know**

30. Is Integrated Pest Management (IPM) practiced in your school? *Circle one.*

**Yes No Don't Know**

31. Which of the following general practices are used in your school? *Check all that apply.*

- a. Regular inspections for pest infestation
- b. Using sticky traps/glue boards for monitoring pests
- c. Securely store foods with tight fitting lids
- d. Lids on outdoor dumpsters and trash cans
- e. Plastic liners in indoor trash cans
- f. Daily garbage disposal
- g. Educating staff and students to reduced pest problems
- h. Screens on vents and windows
- i. Repair water leaks promptly
- j. Food in designated areas only
- k. None of the above

32. 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. Teachers
- e. Principals
- f. School Superintendents/School District Administrators
- g. Integrated Pest Management (IPM) Coordinators
- h. Professional Exterminating Companies
- i. Parents
- j. Students
- k. No one
- l. Other: please specify \_\_\_\_\_

33. How useful are/would these sources of information in enhancing your/others understanding of integrated pest management strategies? *Please circle your answers.*

a. Workshops/seminars	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
j. Other <i>specify</i> _____	Very Useful	Somewhat Useful	Not Useful

34. If workshops/seminars on integrated pest management were held to educate school/town staff, what months of the year would be most convenient? *Please circle all that apply*

January	February	March	April
May	June	July	August
September	October	November	December

35. What do you estimated is the cost of implementing and maintaining your pest management program per year? *Circle one.*

- a. less than \$1001
- b. between \$1001-\$5000
- c. between \$5001-\$10,000
- d. between \$10,001-\$20,000
- e. greater than \$20,000

36. Please list which pests, if any that you would like more information on. *Fill in the blank.*

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

37. Overall how would you rate the success of your pest management program in your school? *Circle one.*

- 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:**

**Natalia P. Clifton, PSIS  
250 Natural Resources Road, 212 Agricultural Engineering Bldg.  
University of Massachusetts, Amherst, MA 01003-9295**

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