

## Section 1

1. Name of School District
2. Name of person completing this survey (interviewee)
3. Email/Phone of person answering this survey:

### NOTES TO SURVEYOR:

- \* *This survey is designed to be filled out by project staff as a verbal questionnaire.*
- \* *Please read the questions exactly as written. Elaborate or repeat only when asked to do so by the respondent.*
- \* *Statements in parentheses are for surveyor's information only and are not intended to be read aloud.*
- \* *For multiple choice and YES/NO questions, circle only one response.*

We appreciate your willingness to participate in this survey. All your responses will be kept confidential. Do you have any questions before we start?

## Section 2

1. What is your official job title?
2. Approximately how long have you held your current position?
3. Please describe your job responsibilities as they relate to pest control.
4. What is your district's current student enrollment? (2014/15 school year, if possible. Otherwise make a note)
5. How many campuses are there in your district?
6. How many buildings are there in your district?  
(attempt to get a full list of campuses with total sq ft per campus, indoor, outdoor, usage space)

**7.** What is the total indoor square footage of all district buildings that are maintained?

**8.** Approximately how many people are currently devoted to pest control operations in this district?  
 (Answer's should be specific enough for correlation of time spent on a work order call and hourly rate. Surveyor can take annual rate we can do the math)

Total Number of People:

Name:

% time spent pest control:

Hourly rate/Annual Rate:

Name:

% time spent pest control:

Hourly rate/Annual Rate:

Name:

% time spent pest control:

Hourly rate/Annual Rate:

Name:

% time spent pest control:

Hourly rate/Annual Rate:

**9.** Approximately how many people currently work in your district's maintenance department?

(Answer should be in terms of FTEs. e.g., two half-time employees equals one FTE)

Surveyors you will need to collect a full Maintenance and Operations Budget from school system, try to ascertain how the district breaks this group down (plumbing, HV/AC, carpenters, etc.)

10. Does your district have a preventative program? Yes No

a. If yes please explain the basis of the program (Surveyor you need to find out if door sweeps are considered, air filters, what is considered preventative maintenance and how is that handled, is it budgeted)

11. Which of the following best describes your use of outside contractors for pest control?

- |   |                                  |
|---|----------------------------------|
|   | <u>Select</u>                    |
| a. Do not use an outside contractor (i.e., all pest control conducted by school district employees)         | <input type="radio"/>            |
| b. Use outside contractors only when needed for specific problem (e.g., spot purchase)                      | <input type="radio"/>            |
| c. Use outside contractors on regular schedule for indoor pests only (e.g., annual contract)                | <input type="radio"/>            |
| d. Use outside contractors on regular schedule for outdoor pests only (e.g., annual contract)               | <input type="radio"/>            |
| e. Use outside contractors on regular schedule for indoor and outdoor pest problems (e.g., annual contract) | <input checked="" type="radio"/> |

i. If answered b. through e., ask: What's the approximate annual budget for your pest control contractor? Landscape contractor? (split if possible)

ii. Do you or someone else walk with the pest control provider?

Yes No

1. If "Yes"

Who is this:	
How long does it take:	
Wage:	

12. How satisfied are you with your current pest management contract?

- |                                  |                                   |
|----------------------------------|-----------------------------------|
| <input type="radio"/>            | a. Very satisfied                 |
| <input type="radio"/>            | b. Mostly satisfied               |
| <input type="radio"/>            | c. Somewhat satisfied             |
| <input checked="" type="radio"/> | d. Mostly <i>dissatisfied</i>     |
| <input type="radio"/>            | e. Completely <i>dissatisfied</i> |
| <input type="radio"/>            | f. Don't know                     |

i. Would you care to elaborate on your dissatisfaction?

13. Do you have additional monies appropriated specifically for pest control beyond your pest control contractor budget?

- |                                  |                       |
|----------------------------------|-----------------------|
| <u>Yes</u>                       | <u>No</u>             |
| <input checked="" type="radio"/> | <input type="radio"/> |

a. If YES, how much?

a. If YES, what other categories do you include in your pest control budget?

*(open-ended question. Prompt only if asked to do so. Prompts can include, say, pesticides, licensing fees, labor costs for in-house personnel, materials and supplies, vehicles or vehicle maintenance, etc.)*





*(could be a repeat from above, but try to determine if coaches are doing things, if there is a booster club covering something, does the athletic department cover a portion of this budget)*

**17.** Approximately what percentage of your pest control budget is devoted to other landscape pest management (*i.e.*, *apart from sports fields*) ?

**18.** Do you use a work order system?

Yes	No
<input checked="" type="radio"/>	<input type="radio"/>

a. What system do you use?   
*(e.g., was it custom designed or is it a commercial software package?  
 If commercial, who is the company?)*

b. Does your work order system reserve a special code that allows you to keep track of your pest control work requests?

Yes	No
<input checked="" type="radio"/>	<input type="radio"/>

i. Have you used this system for:

	Yes	No
* End-of-year reporting?	<input type="radio"/>	<input checked="" type="radio"/>
* Budget planning?	<input type="radio"/>	<input checked="" type="radio"/>
* Evaluating the effectiveness of your IPM program?	<input type="radio"/>	<input checked="" type="radio"/>

*(Surveyor you will need to collect data on work order requests for pest complaints, pesticide applications and non-chemical controls for the 2014/2015 school year. The more data you can collect will help us to determine trends on pest complaints/problems, time and costs to remedy pest problems, and how it relates to IPM. Remember to ask about training costs for district employees by the department and to send employees to trainings)*

**19.** Does your district have a system for keeping track of pesticide-related complaints? (e.g., a parent concerned about a pesticide application, or a teacher who complains of feeling ill after a pesticide application)

Yes	No
<input checked="" type="radio"/>	<input type="radio"/>

a. Please describe

**20.** How many people are devoted to custodial tasks?

a. What is the average wage for custodians?

b. How many supervisors for custodians?

i. What is the supervisor wage?

c. How many custodians per building during the day shift?

d. How many custodians during the evening shift?

e. What are their responsibilities?

*(Surveyor in some cases this budget will be tied to maintenance and operations, in other cases this will be per campus by the principal and in others it could be an outside contractor. We need to know how many custodians per building during the day and evening shift, what are their responsibilities?)*

**21.** How many people are devoted to food service (child and nutrition department)?

a. What is the average wage for food prep staff?

b. How many supervisors for food service for entire district?

i. What is the average food manger wage/salary?

c. How much time is food staff devoted to cleaning up per day?  
(% percent time, 10, 20, 30% and what does that mean)

d. How often does food service staff deep clean all kitchen equipment?

e. Are there drain guards, trap guards or other devices installed to help reduce insect pests in floor drains?

Yes

No



i. What was installed?

ii. How much did it cost per campus?

iii. Who did the work?

**22.** How much time do teachers spend dealing with pests?

**23.** Do you train teachers about IPM?

Yes

No



a. How often do you conduct trainings?

b. How much time is devoted to the training?

**24.** What were the number complaints via phone, e-mail or other contact about your pest control program per year?

**25.** Are you aware of any allergic reactions to bee stings, by students and staff in the past 2 years?

Yes  No

a. Please elaborate about the problem and the solutions – did they use IPM? Did they educate more, what happened and why?

**26.** Are you aware of any allergic reactions to pesticides by students and staff in the past 2 years?

Yes  No

a. Please elaborate about the problem and the solutions – did they use IPM? Did they educate more, what happened and why?

**27.** What types of notifications do you send out? (Parent, student, prior posting, re-entry)

a. How do you do this? (statement in student handbook, use newsletter, posting signs around building, etc.)

b. What costs are associated with this?  
*(If they answer hand posting – who does this, how much time does it take?)*

The information provided will be used by AgriLife Extension, USDA, U.S. EPA and others to help quantify the costs of doing pest control in school districts nationwide. All information will be held confidential and used publically with the permission from the school district. This material is based upon work that is supported by the National Institute of Food and Agriculture, U.S. Department of Agriculture, under award number XXX-XXXXX-XXXXX