Dear Survey Recipient:

Thank you for your willingness to participate in this survey of Texas school Integrated Pest Management (IPM) programs, conducted by Texas Cooperative Extension, part of the Texas A&M University System. The following survey is designed to help us learn more about how schools handle pest problems and the impact of the now 10-year-old school IPM laws and regulations.

All completed surveys will remain confidential. Specific responses will be used for research purposes only, and only general results will be made available to the public and to regulatory agencies. For this reason, we ask you to be frank and honest with your answers. If you are not sure that you can accurately answer a question, simply answer NOT SURE.

If this survey has reached you and you are unfamiliar with your school district's policies, your pest management contract or your in-house pest management operations, please pass the survey on to someone who is. Most schools should have an IPM coordinator who is knowledgeable on these topics. In case you do not currently have a person in charge of pest management, a director of maintenance operations may be the best recipient. Every completed survey is important to us. If you have questions about any aspect of this survey, please call us at 877-747-6872.

Please answer all questions to the best of your knowledge, and note whether questions require only one answer, or whether they request multiple answers (all that apply). Thank you again for your assistance.

MARKING INSTRUCTIONS

Texas School Integrated Pest Management (IPM) Survey

- 1. Does your district have a designated IPM Coordinator? (select one only)
 - **O** Yes
 - $O\,\mathrm{No}$
 - O Not sure
- 2. Are you the school district IPM Coordinator? (select only only)

3. How much time does the IPM Coordinator for your district typically spend on IPM program duties? *(please specify a percentage or indicate if your district has never had an IPM Coordinator)*

OR

O We never had an IPM Coordinator

- 4. Which of the following are you responsible for in your district? (select all that apply)
 - O Pest management training
 - O Pesticide safety training
 - O Pest management policy
 - O Pest threshold determination
 - O Pest management treatment selection
 - O Overseeing pest management contractor(s)
 - O Developing bid specifications for pest management contractors
 - O Handling pesticide complaints
 - O Maintaining prioritized list of structural and landscape improvements
 - O Pest management recordkeeping
 - **O** None of the above
- 5. Texas school districts are regulated in their use of pesticides and required to follow a set of practices known as integrated pest management (IPM). How would you describe your familiarity with current Texas laws and regulations governing pest control practice and pesticide use in public schools? *(select one only)*
 - **O** Very familiar
 - **O** Mostly familiar
 - O Somewhat familiar
 - O Slightly familiar
 - **O** Not familiar
- 6. How would you describe your familiarity with the concept of integrated pest management? (select one only)
 - **O** Very familiar
 - O Mostly familiar
 - O Somewhat familiar
 - O Slightly familiar
 - **O** Not familiar
- 7. Which of the following statements best describes IPM? (select one only)
 - O Managing pests without pesticides
 - O Managing pests without chemicals or, if necessary, with organic pesticides
 - O Managing pests by rotating pesticides
 - O Managing pests with multiple control tactics (including pesticides)
 - O Managing pests by any means after they are detected

Your Program

8. Please indicate which of the following procedures your school district has adopted. Note that not all of these are required by Texas law. *(select one for each practice listed)*

A. Board approved IPM policy statement	O Yes	O No	O Not sure
B. Scheduled monitoring of pest numbers	O Yes	O No	O Not sure
C. Annual parent notification about school use of pesticides	O Yes	O No	O Not sure
D. List of parents to be notified of pesticide applications	O Yes	O No	O Not sure
E. 48-hour pre-notification of pesticide applications	O Yes	O No	O Not sure
F. 12 hour waiting period after any pesticide use	O Yes	O No	O Not sure

- 9. How long does your district require that scheduled school activities be kept out of pesticide treated areas? (select one only)
 - O No restriction Pesticides can be applied during activities
 - O Less than one hour
 - **O** 1-4 hours
 - **O** 5-8 hours
 - **O** 9-11 hours
 - O 12 hours or longer
 - $\textbf{O} \ Not \ sure$
- 10. A pest management plan is a detailed written description of the steps that should be taken for different specific pest problems (much like a fire escape plan details what to do in case of fire). Does your district maintain written management plans for specific pests? *(select one only)*
 - **O** Yes, for most common pest problems
 - O Yes, for some pest problems
 - O No, we do not have detailed written plans
 - O We use whatever our pest control company recommends
 - O Not sure

11. Does your district maintain a prioritized list of structural improvements needed to prevent or reduce pest problems? <i>(select one only)</i>	l O Yes	O No	O Not sure
12. Based on your district's office records, could you (if asked) provide a list of what pesticides were used in your school district for the past year? <i>(select one only)</i>	at O Yes	O No	O Not sure
13. Based on your district's office records, could you (if asked) provide an accurate estimate of pesticide use (weight, volume of product applied) in your school district for the past year? <i>(select one only)</i>	O Yes	O No	O Not sure
14. Based on your district's office records, could you (if asked) provide a list of all pest-related complaints for the past 12 months? <i>(select one only)</i>	O Yes	O No	O Not sure

15. Please indicate how frequently your district used the following pest control measures, in the last 12 months

Gree	n Products Under SPCB Regulations:	Never	<u>Seldom</u>	Some- <u>times</u>	<u>Often</u>	Always	Not Sure
1.	Low toxicity inorganic (DE, disodium octoborate tetrahydrate,boric acid, etc.) .	0	0	0	0	0	0
2.	Botanical dusts	0	0	0	0	0	0
3.	Botanical aerosols	0	0	0	0	0	0
4. 5	Microbe based insecticides (spinosid, abermectin)	0	0	0	0	0	0
5.	Insect Growth Regulators (IGRS) including baits	0	0	0	0	0	0
6. 7	Rodent baits in tamper resistant containers	0	0	0	0	0	0
/.	Baits in tamper resistant containers or crack & crevice use	0	0	0	0	0	0
8.	Insecticidal soaps	0	0	0	0	0	0
9.	Horticultural oils	0	0	0	0	0	0
10.	Other, please write in	0	0	0	0	0	0
Yello	w Products Under SPCB Regulations (non-green products bearing a signal	word o	f "Cauti	on")			
11.	Pyrethroids (Talstar, Tempo, DeltaDust, Demon, etc.)	0	0	\circ	\circ	\circ	0
	2, 4-D herbicide	0	0	0	0	0	0
	Glyphosate (e.g., RoundUp)	0			0	0	
	Fire Ant (non-IGR) baits (TopChoice, Advion, Extinguish Plus, etc)	0	0	0	0	0	0
	MSMA herbicide	0	0	0	0	0	0
	Pre-emergent herbicide treatments	0	0	0	0	0	0
	Other, please write in	0 0	0 0	0 0	0 0	0 0	0
	Products Under SPCB Regulations (non-green products bearing a signal w	ord of '	'Warning	g" or "1	Danger'	')	
18.	Herbicides with a Warning or Danger Signal Word	0	0	0	0	0	0
19.	Insecticides with a Warning or Danger Signal Word	0	0	0	0	0	0
20.	Termiticides	0	0	0	0	0	0
21.	Avicides	Ō	Ō	Ō	Ō	Ō	0
22.	Fungicides	0	0	0	0	0	0
Nor	n-chemical control tactics:						
23.	Expanding foam	0	0	0	0	0	0
	Caulk/sealants	õ	õ	õ	õ	0	0
25.	Rodent snap traps	õ	õ	õ	õ	õ	0
26.	Rodent electronic traps	õ	0	0	0	0	0
	Rodent glue boards	õ	0	õ	õ	0	0
	Insect sticky traps	õ	0	õ	õ	0	0
	Insect light traps	0	0	0	õ	0	0
	Vacuuming	õ	0	0	0	0	0
	Bird proofing (Wire, mesh, spikes, hot foot, etc)	0	0	0	õ	0	0
	Heat for weeds (Flaming)	0	0	0			
	Hand pulling weeds	0	0	0	0	0	0
	Other	0	0	0	0 0	0 0	0
Othe	r treatment tactics:	-	-	-	-	-	
	Baseboard spraying	\sim	~	\sim	~	~	
	Aerosol ULV fogging (indoors)	0	0	0	0	0	0
	Aerosol ULV fogging (outdoors for mosquitoes)	0	0	0	0	0	0
	Perimeter power spray (treating outside perimeter w/ truck based sprayer).	0	0	0	0	0	0
	Termite baiting	0	0	0	0	0	0
	Wildlife trapping	0	0	0	0	0	0
40.		0	0	0	0	0	0

- 16. Who is authorized to apply pesticides in your school district? (select all that apply)
 - O IPM coordinator
 - O School pest control staff with pesticide license
 - O School pest control staff without pesticide license
 - O Custodial staff
 - **O** Teachers
 - O Pest control contractor
 - **O** Parents
 - **O** Other, please specify:
- 17. How many of your school district employees are licensed pesticide applicators for purposes of indoor or outdoor pest control?

O 0 (None)	O 1	O 2	O 3	O 4	O 5	O 6 or more
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18. Does your school district have employees who have received training in incidental pesticide use? (select one only)

O Yes O No O N	lot sure
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PROGRAM'S IMPACT

- 19. In my school district the state's mandatory IPM law and regulations has? (select one only)
 - O Resulted in more effective pest management
 - O Made no difference in pest management effectiveness
 - O Resulted in less effective pest management
 - O We have no active IPM program
 - O Not sure
- 20. Overall, my IPM program has ...
 - O Reduced the long-term cost of pest management
 - O Had no impact on the long-term cost of pest management
 - O Increased the long-term costs of pest management
 - O We have no active IPM program
 - O Not sure
- 21. Overall, how satisfied are you with your district's ability to manage <u>indoor</u> pest problems (e.g., ants, cockroaches, rodents, spiders etc.)? *(select one only)*
 - O Completely satisfied
 - O Mostly satisfied
 - O Somewhat satisfied
 - O Slightly satisfied
 - O Not at all satisfied

- 22. Overall, how satisfied are you with your district's ability to manage <u>outdoor</u> insects (e.g., for fire ants and stinging insects, mosquitoes, plant and turf pests, etc.)? *(select one only)*
 - O Completely satisfied
 - O Mostly satisfied
 - O Somewhat satisfied
 - O Slightly satisfied
 - O Not at all satisfied
- 23. Overall, how satisfied are you with your district's ability to manage weeds? (select one only)
 - O Completely satisfied
 - O Mostly satisfied
 - O Somewhat satisfied
 - O Slightly satisfied
 - O Not at all satisfied
- 24. Overall, how satisfied are you with your district's ability to prevent pest problems before they occur (e.g., through pest proof doors, better building design, caulking, etc.)? *(select one only)*
 - O Completely satisfied
 - O Mostly satisfied
 - O Somewhat satisfied
 - O Slightly satisfied
 - O Not at all satisfied
- 25. Which of the following best describes your school district's use of outside contractors for pest management services? *(Select one only)*
 - O All pest management performed by contractors
 - O Some pest management performed by contractors
 - O Pest management performed only by district employees (If "by district employees." skip to question 28)
- 26. If some or all of your pest control activities are performed by outside contractors, what type(s) of pest control services are typically performed in your district by these contractors? *(select all that apply)*
 - O Termite control
 - **O** Food service area pest control
 - O General indoor pest control
 - O Building perimeter (outside) pest control
 - O Grounds insect control
 - O Grounds weed control
 - **O** Other (please explain):

- 27. If some or all of your pest control activities are performed by outside contractors, how satisfied are you with the IPM service you receive? *(select one only)*
 - O Completely satisfied
 - O Mostly satisfied
 - O Somewhat satisfied
 - O Slightly satisfied
 - O Not at all satisfied
- 28. Approximately how much money is budgeted per year in your district for pest control including salaries, equipment, chemicals, and miscellaneous expenses or contracted services? *(select one only)*
 - **O** \$0 TO \$4,999
 - **O** \$5,000 TO \$9,999
 - **O** \$10,000 TO \$19,999
 - **O** \$20,000 TO \$29,999
 - **O** \$30, 000 TO \$39,999
 - **O** \$40,000 TO \$49,999
 - **O** \$50,000 or more

29. How has the cost of your district's pest control program changed over the past three years? (select one only)

- **O** Increased
- O Stayed about the same
- O Decreased
- O Not sure

30. Overall how effective do you consider your school district is in the following areas?

		Not Effective			E	Very Effective
A. Communication among district staff on IPM issues	•	0	1	2	3	4
B. Use of pest monitoring methods		0	1	2	3	4
C. Overall reduction of exposure to pesticides		0	1	2	3	4
D. Training opportunities for district staff in pest management		0	1	2	3	4
E. Contracting procedures for selecting pest control services .		0	1	2	3	4

31. Please rate the following issues as to their importance in keeping your school district from having a more effective pest management (IPM) program.

				Not Importa	nt		Ir	Very nportant
А.	Limited budget for pest control			0	1	2	3	4
В.	Limited budget for building maintenance .			0	1	2	3	4
C.	Inadequate staff training			0	1	2	3	4
D	. Poor relations with contractor(s)			0	1	2	3	4
E.	Lack of manpower			0	1	2	3	4
F.	Lack of support from teachers			0	1	2	3	4
G	. Lack of support from principals			0	1	2	3	4
Н	. Lack of support from district administration			0	1	2	3	4
I.	Other, please specify:			0	1	2	3	4

PESTICIDES

- 32. Since my district started using IPM we use . . . (select one only)
 - O Less pesticide
 - O About the same amount pesticide
 - O More pesticide
 - O We have no active IPM program
 - O Not sure
- 33. The label on a pesticide product should be considered: (select one only)
 - O General guidelines for use
 - O A detailed advertisement
 - O A legally binding document
 - O Safety and use recommendations
 - O Not sure

34. How often are pesticides (including insecticides, herbicides, etc.) applied in your school district? (select one only)

- **O** Never
- **O** As needed
- **O** Monthly
- \mathbf{O} Quarterly
- O Annually
- $\boldsymbol{\mathsf{O}}$ Other, please specify:

- 35. To what locations were herbicides applied to your school district over the past twelve (12) months? (select all that apply)
 - **O** Athletic fields
 - O Playgrounds
 - O High visibility areas near school entrances
 - O High visibility areas near administrative buildings
 - O Fence lines
 - O Pavement cracks
 - O Other, please specify:

36. Please indicate which of the following practices concerning storage of pesticides is true for your school district?

A. Pesticides may be stored on individual school campuses	O Yes	O No	O Not sure
B. Teachers may store pesticides in their work areas	O Yes	O No	O Not sure
C. Pesticides stored in dedicated chemical storage areas	O Yes	O No	O Not sure
D. All pesticide storage areas are locked	O Yes	O No	O Not sure
E. All pesticide storage areas have spill containment curbs	O Yes	O No	O Not sure
F. All pesticide storage areas are vented	O Yes	O No	O Not sure
G. Spill cleanup kits available in all pesticide storage areas	O Yes	O No	O Not sure

- 37. In your experience, how frequently does your school district receive inquiries from the community concerning pesticide use or pest management issues? *(select one only)*
 - **O** Never
 - O Less than once a year

O Once or twice yearly

O Three to five times yearly

O Six or more times yearly

38. Are you aware of any cases of health problems or health complaints among students, teachers, visitors or other school district staff related to the use of pesticides at your school district, over the past year? (*select one only*)

O Yes **O** No (if "No," go to question 42)

39. Please indicate what types of complaints you are aware of? (select all that apply)

O Spray drift from agricultural applications

O Odor complaints with no documented health problems

O Illness/complaint by student, teacher, visitor or staff

O Illness/complaint by pesticide applicator

O Trip(s) to emergency room

- O Illness/ complaint after pesticide use by licensed applicator
- O Illness/complaint after pesticide use by an unlicensed applicator

O Other complaints:

40. Were any of these complaints documented by a physician, nurse or other qualified medical professional? (select one only)

O Yes **O** No **O** Not sure

41. How many pesticide complaints are you aware of in the past year? (select one only)

O 1 **O** 2 **O** 3 **O** 4 **O** 5 **O** 6 or more

TRAINING

- 42. Where did you or your current IPM Coordinator first receive his/her state approved training? (select one only)
 - **O** Texas Association of School Boards (TASB)
 - O Texas Association of School Administrators (TASA)
 - O Texas Cooperative Extension
 - O CTN Educational
 - O B&G Chemical and Equipment Company
 - O Other provider:
 - O Have not yet received training
 - O Not sure
- 43. Have you or any of your district's current employees attended an IPM training course within the past three years? *(select one only)* O Not sure
- 44. Have you or anyone in your district taken a course from Texas Cooperative Extension or the Southwest Technical Resource Center for School IPM
 - **O** Yes (continue with question 45)
 - **O** No (go to question 47)
 - O Not sure (go to question 47)
- 45. What course(s) have you taken? (select all that apply)
 - O Mandatory (state required) IPM coordinator training
 - O Advanced IPM coordinator training
 - O Continuing education (CEU) pesticide applicator courses
- 46. If you or someone from your district has taken an IPM Coordinator training from Texas Cooperative Extension, how helpful has it been to your school's IPM program?
 - **O** Very helpful
 - O Moderately helpful
 - O Slightly helpful
 - O Not helpful
 - \mathbf{O} Not sure

47. Please indicate whether you have made use of the following information resources on IPM in schools within the past three years.

Texas Cooperative Extension Resources			
A. School IPM website (schoolipm.tamu.edu)	O Yes	O No	O Not sure
B. Print or online publications on pests, IPM	O Yes	O No	O Not sure
C. Regional school IPM training programs	O Yes	O No	O Not sure
D. On-site assistance from Texas Cooperative Extension	O Yes	O No	O Not sure
E. Phone assistance through Texas Cooperative Extension	O Yes	O No	O Not sure
Other Information Sources			
F. Other school IPM websites	O Yes	O No	O Not sure
G. Private school IPM training courses	O Yes	O No	O Not sure
H. Information provided by pest control contractors	O Yes	O No	O Not sure
I. TASB (Onsite Environmental Services Division)	O Yes	O No	O Not sure
J. Other:	O Yes	O No	O Not sure

DEMOGRAPHICS (WRITE IN UPPERCASE PLEASE)

48. What is the name of your school district?

49. What is the name of the person completing this survey? (optional)

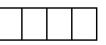
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50. What is the phone number of the person completing this survey? (optional)

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51. What is the email address of the person completing this survey? (optional)

52. How many schools are within your district?



53. How many buildings does that represent?

54. How much square f	footage does that repres	ent?]	
55. How many students	s attend school in your o	district?			
56. Please indicate whic	ch regional educational s	service center your sch	nool district is located	d in? (select one only)	
O Region 1	O Region 6	O Region 11	O Region 16		
O Region 2	O Region 7	O Region 12	O Region 17		
O Region 3	O Region 8	O Region 13	O Region 18		
O Region 4	O Region 9	O Region 14	O Region 19		
O Region 5	O Region 10	O Region 15	O Region 20		
The following question 57. Your age? O 18 58. Your racial / ethnic		o 40 - 49	O 50 - 59	O 60 - 69	O 70+
	rican (non-Hispanic)				
O Asian Americ	can				
O Hispanic					
O Native Ameri					
O White (non-F O Other	lispanic)				
59. Your educational le	evel?				
O Some high sch	nool or less				
O High school g	raduate or GED				
O Vocational or	technical degree				
O Some college					

O Bachelor degree

O Post-graduate degree(s)

<u>Thank you for completing this survey</u>, we truly appreciate your time and dedication in helping us better understand School IPM in Texas. <u>As a bonus for your completion</u>, please include your email address below to receive a <u>coupon for 20% off</u> one of School IPM Coordinator trainings held around the state.

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