



CENTER FOR
Dairy EXCELLENCE



PennState Extension

Please complete survey and return in business reply envelope to Center for Dairy Excellence at 2301 North Cameron Street, Harrisburg, PA 17110 or by email to vmason@centerfordairyexcellence.org by April 30, 2025 or fax to (717) 705-2342.

DEMOGRAPHICS

1. Is your operation currently producing milk for sale? Yes No

If you answered yes, please skip to question #3.

2. If you answered no to question #1, please answer the following questions:

What year did you stop dairying? _____

How many dairy cows did you have when you exited dairying? _____

What was your reason for exiting? _____

3. How long have you been in the dairy industry? Less than 1 year
 1-5 years 6-10 years 11-15 years More than 15 years

4. Please provide the information below. (Short answer)

All or most of my cows are in _____ county(ies), PA

If you have additional farms outside of PA, please specify the county or counties and state(s) and where they are located:

5. What type of business is your dairy farm?

Partnership Sole Proprietorship Limited Liability Corporation
 Unsure Other (please specify) _____

6. How many dairy cows, including dry cows, are currently in your operation?

7. How many heifers, including heifer calves, are currently in operation? _____

8. What other operations are you involved in? (Select all that apply)

Raising replacement heifers Dairy breeds for beef
 Beef cattle Poultry Swine Grain
 Other (please specify) _____

9. Do you dairy on owned or leased land? Owned Leased Both

Other (please specify) _____

If leased or both, please estimate how many acres you lease? _____

10. Does the farm provide the sole income for the household? Yes No

If you answered "no," what are your other, non-dairy farm sources of income? (Check all that apply)

Off-farm job(s) Solar leases Other ag enterprises
 Other (please specify) _____

11. How much on-farm income comes from dairy production?

None Less than 25% 25-50% 50-75% Over 75%

12. Did you calculate the following for the previous calendar year?

	YES	NO	UNSURE
Production costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feed costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Return on assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debt to asset ratio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MARKETING AND REPLACEMENTS

1. How many pounds of milk were produced on this operation last year?

(Only check one) <1M 1.1M-4M 4.1M-8M
 8.1M-12M >12M

2. In what range, was the average somatic cell count for your herd last year?

(Only check one) <100k 100k – 149k 150k – 250k >250k

3. How do you currently market your milk? (Check all that apply)

Through marketing cooperative
 Direct to independent processor
 Pasteurized and bottled on farm for direct sales
 Value-added product sales direct from farm
 Licensed to sell as raw milk from farm
 Other (please specify) _____

4. Please list the name of your current cooperative or milk buyer/handler.

5. How many years have you been working with this co-op or milk handler?

6. Do you currently process your milk on farm? Yes No

(If yes, estimate the percent processed on-site) _____

(If yes, what products do you currently manufacture on your farm?

Check all that apply) Pasteurized fluid milk Raw milk
 Cheese Ice cream Cultured products Other (please specify)

If you are currently not processing milk on your farm, rate your interest in obtaining a permit to process milk on your farm? (Rate: 1-no interest, 5-extremely interested) 1 2 3 4 5

7. Does your dairy currently ship to a conventional or organic milk market?

(Check one) Conventional Organic Both Unsure
 Other (please specify) _____

8. Do you work with a co-packer? Yes No Unsure

9. Which best describes your dairy? (Check one)

Closed Herd Purchase Replacements Unsure

10. Where do you typically buy your replacement heifers from?

(Select all that apply) Cattle buyer Direct from another producer
 Sale barn Online Other (please specify) _____

11. Have you purchased replacement heifers from out of state in the past year?

Yes No If yes, specify which state(s) _____

12. Have you sold replacement heifers out of state in the past year?

Yes No If yes, specify which state(s) _____

13. Is your farm currently participating in a recognized animal welfare program (i.e., FARM Animal Welfare Program, co-op animal program)?

Yes No Unsure

2025 PENNSYLVANIA DAIRY PRODUCER SURVEY

EMPLOYEES AND PROTOCOLS

- Do you have established protocols or standard operating procedures for routine areas like milking, feeding calves, and sanitation on your dairy?
 Yes No Unsure
- How often do you communicate with employees about important issues affecting the workplace?

	Daily	Once a week	Once every other week	Once a month	Once every three months	Never	Unsure
Herd Health Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Farm management, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Farm safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- On a scale of 1 to 5, how important do you believe it is to regularly cover topics, such as farm management, human resources, herd health, etc., with farm workers on a regular basis. (Rate: 1-not important, 5-extremely important)
 1 2 3 4 5
- Which language do you use to communicate with your employees? (Check all that apply)
 Written: English Spanish Other (please specify) _____
 Verbal: English Spanish Other (please specify) _____
- How many people are employed/paid to work on your farm?
 Full-time _____ Part-time _____ Seasonal _____
- How many full-time/part-time/seasonal workers are Latino?
 Full-time _____ Part-time _____ Seasonal _____
- Do you currently offer an incentive for milk quality to your workers?
 Yes No Plan to in the next year Unsure
- Is an annual conduct or performance review given to full-time workers?
 Yes No Unsure
- Where do you get farm management advice or resources? (Check all that apply)
 Veterinarian Nutritionist Penn State Extension
 Center for Dairy Excellence Banker/Lender None
 Other (please specify) _____

FACILITIES AND OPERATION

- What type of milking parlor do you currently use? (Check only one)
 Rotary Robotic Rapid exit Tie stall Flat parlor
 Tandem Abreast Trigon
 Other (please specify) _____
- How are your cattle currently housed? (Check all that apply)

	COWS	HEIFERS	CALVES
Tie stalls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free stalls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedded pack barns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoop barns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hutches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group pens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual pens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Please indicate which of the following best describes how you feed your milking herd: (Check only one)
 Total Mixed Ration
 Silage with Top Dressed Grain
 Grazing with Mineral Mix
 Other (please specify) _____
- If you graze your cattle, what is your primary method? (Check only one)
 Continuous
 Rotational
 Strip Grazing
 Other (please specify) _____



Scan here to take the survey online.

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FUTURE PLANS

- In the next 3 - 5 years, are you planning to: (Check all that apply)
 - Expand your dairy operation Convert to organic
 - Convert to grazing Modernize your facility
 - Transition to next generation Bring in additional partner(s)
 - Discontinue milking cows Invest in land Unsure
 - Other (please specify) _____
- If you cease production in the next 3 years, what do you anticipate will be the strongest reason for this decision? (Only check one)
 - Economics (can't make it financially)
 - Better opportunities for off-farm employment
 - Next generation not interested/non-existent
 - Lost milk market
 - Other (please specify) _____
- If you are planning on diversifying your operation, do you plan to pursue: (Check all that apply)
 - Beef on dairy Grain and/or forage sales
 - Custom work Value-added dairy products Agritourism
 - Renewable energy/anaerobic digestion Unsure
 - Other (please specify) _____
- How important are the following in improving your farm's performance in the next 3-5 years? (Rate: 1-not important, 5-extremely important)

- | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Increasing milk production per cow | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Increasing milk components per cwt | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Improving udder health | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Decreasing cost of production per cwt | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Increasing herd size | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Maximizing homegrown feed production | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Facility upgrades or housing improvements | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Labor availability | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Applying technology | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Outside advisors | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Land availability | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Milk hauling services | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Utilizing alternative markets for your milk | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

INVESTMENTS

- Please select the investments you made between 2020 – 2024 and/or are expecting to make between 2025 – 2030 from the list below. (Check all that apply)

	<u>2020-2024</u>	<u>2025-2030</u>
Cow comfort improvements	<input type="checkbox"/>	<input type="checkbox"/>
Housing facilities for milk cows	<input type="checkbox"/>	<input type="checkbox"/>
Housing facilities for heifers and/or calves	<input type="checkbox"/>	<input type="checkbox"/>
Feeding handling facilities including storage	<input type="checkbox"/>	<input type="checkbox"/>
Milking system or facility	<input type="checkbox"/>	<input type="checkbox"/>
Manure handling systems including facilities	<input type="checkbox"/>	<input type="checkbox"/>
Renewable energy or energy conservation practices	<input type="checkbox"/>	<input type="checkbox"/>
Methane digester	<input type="checkbox"/>	<input type="checkbox"/>
Environmental improvements	<input type="checkbox"/>	<input type="checkbox"/>
Change in ownership	<input type="checkbox"/>	<input type="checkbox"/>
Diversification into other enterprise	<input type="checkbox"/>	<input type="checkbox"/>
Land investment	<input type="checkbox"/>	<input type="checkbox"/>
Utilizing state, federal or other agency funding	<input type="checkbox"/>	<input type="checkbox"/>

RISK MANAGEMENT

- Which of the following dairy price risk management programs/tools do you currently participate in? (Check all that apply)
 - Dairy Margin Coverage (DMC) Dairy Revenue Protection (DRP)
 - Livestock Gross Margin (LGM) Futures and Options
 - Forward contracting Other (please, specify) _____
 - None
- Rate on a scale of 1 to 5 how confident do you feel in your understanding of the various dairy price risk management options available to you? (Rate: 1-do not understand at all, 5-understand completely)

1 2 3 4 5
- If you aren't participating in any dairy price risk management programs, what are the major barriers keeping you from participating? (Check all that apply)
 - Lack of information Cost/Premiums
 - Lack of time N/A (Already participating)
 - Other (please specify) _____
- What type of support or education would make you more comfortable with dairy price risk management programs? (Check all that apply)
 - Webinars One-on-one consultations
 - Workshops Regular market updates and insights
 - Better access to written guides/materials
 - Other (please specify) _____
- What risk management topics would you want more information on? (Check all that apply)
 - Price risk Dairy pricing Biosecurity Animal care
 - Farm safety Other (please specify) _____
- Do you have farm safety signage displayed on your farm where employees and visitors can see? Yes No Unsure

BIOSECURITY

1. Have you created a biosecurity plan for your farm? (Only check one)
 Yes No In process Unsure
2. If you have a biosecurity plan, have you implemented it on your farm? (Only check one) Yes No In process Unsure
3. What biosecurity measures have you implemented? (Check all that apply)
 - Signage to restrict visitor access
 - Regular disinfecting of equipment
 - Regular disinfecting of farm workers' boots
 - Regular disinfecting of visitors' boots
 - Using Personal Protective Equipment (i.e., booties, gloves, goggles, face masks)
 - Regular biosecurity training for employees
 - Others (please specify) _____
 - None
4. On a scale of 1 to 5, how would rate your understanding of the scope of highly pathogenic avian influenza (HPAI) in dairy? (Rate: 1-don't understand at all, 5-completely understand)
 1 2 3 4 5
5. On a scale of 1 to 5, how would rate your understanding of the risks of highly pathogenic avian influenza (HPAI) in dairy? (Rate: 1-don't understand at all, 5-completely understand)
 1 2 3 4 5
6. If you have utilized biosecurity materials, where have you gotten materials from? (Check all that apply)
 - Penn State Center for Dairy Excellence FARM
 - Secure Milk Supply Other (please specify) _____
7. How would you prefer to receive biosecurity information? (Check all that apply)
 - Workshops Webinars Handouts
 - Podcasts Other (please specify) _____

CLIMATE-SMART

1. Has your farm applied for climate-smart grants?
 Yes No Unsure
2. Is your farm interested in climate-smart grants?
 Yes No Unsure
3. Has your farm implemented climate-smart practices?
 Yes No In process Unsure
4. What type of climate-smart practices has or is your farm planning to implement?

If you want to connect with the Center for Dairy Excellence, Penn State, or the PA Dept. of Ag., please provide your contact information in the box below to receive updates on resources or programs. Your information will only be used for this purpose.

NAME _____

MAILING ADDRESS _____

PHONE NUMBER _____

EMAIL ADDRESS _____



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