

# DIXON PUBLIC SCHOOLS #170

“A Place to Grow”

[www.dps170.org](http://www.dps170.org)

1335 Franklin Grove Road  
Dixon, Illinois 61021

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## NOTICE

RE: NOTIFICATION REQUIREMENT FOR INTEGRATED PEST MANAGEMENT (IPM) PROGRAM

**Public Act 91-0525 (Senate Bill #529-which Gov. Ryan signed on Aug. 13, 1999 with an effective date of Aug. 1, 2000) IPM in Schools** requires schools to adopt Integrated Pest Management (IPM) indoors and to notify parents, guardians, and school employees two business days prior to indoor pesticide applications. Dixon Public Schools District #170 has employed the services of Pest Control Consultants to perform the inspections and pesticide applications in each of the District’s buildings.

Applications will take place as follows:

**ALL buildings will be done the 3rd Thursday of each month.**

**Public Act 91-0099 (Senate Bill #527) Parents Right-to-Know** requires schools to notify parents and guardians two business days prior to pesticide applications outdoors. At this time there are no outdoor applications planned.

Anyone interested in examining the Integrated Pest Management (IPM) policy, or have any questions, should direct their request to:

Designated Official: Mr. Kevin Schultz Phone: 815/284-7722  
Business Address: 1335 Franklin Grove Rd. Dixon, IL 61021

IPM places emphasis on inspection and communication with the school administration. The focus of the program is to identify and eliminate conditions in the school which could cause pests to be a problem. Application of pest control materials are made only when necessary to eliminate a pest problem. Regular spraying is not part of the program.

If it becomes necessary to use any pest control products other than traps or bait, notice will be posted two business days prior to the application. The only exception to the two day notice would be if there is an immediate threat to health or property. If you would like to receive written notification prior to the application of any pest control materials subject to the notification requirements, please complete the form below and return it to the school.

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\*\*PLEASE DETACH THIS PORTION AND RETURN TO SCHOOL OFFICE\*\*

\_\_\_\_ NO, I do not wish to receive this IPM notification. I understand that the applications take each month, and that I will be notified if this day changes.

\_\_\_\_ YES, I wish to continue receiving this IPM notification **EACH** month. **By marking “Yes”, you will receive a notice EVERY month!**

Student’s Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: Washington

Address: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Email address \_\_\_\_\_ (Preferred method)