

School District Integrated Pest Management Plan

When completed, this template meets the Healthy Schools Act requirement for an integrated pest management (IPM) plan.
An IPM plan is required if a school district uses pesticides¹

Contacts

Bennett Valley Union School District 2250 Mesquite Drive Santa Rosa, CA 95405

School District Name	Address	
Jimmie Hughes	707 542-2201	jimmie.hughes@bvusd.org
District IPM Coordinator	IPM Coordinator's Phone Number	Email Address

IPM statement

It is the goal of Jimmie Hughes to implement IPM by focusing on long-term prevention or suppression of pests through accurate pest identification, by frequent monitoring for pest presence, by applying appropriate action levels, and by making the habitat less conducive to pests using sanitation and mechanical and physical controls. Pesticides that are effective will be used in a manner that minimizes risks to people, property, and the environment, and only after other options have been shown ineffective.

Our pest management objectives are to: *(Example: Focus on long-term pest prevention)*

Eliminate pests through the healthiest and least toxic means possible focusing on long term and short term prevention

IPM team

In addition to the IPM Coordinator, other individuals who are involved in purchasing, making IPM decisions, applying pesticides, and complying with the Healthy Schools Act requirements, include:

Name and/or Title	Role in IPM program
Jimmie Hughes, Director of Maintenance	Coordinator
Lexie Cala	Superintendent
Ryan Hix	Landscaper
John Eberly	Yulupa Principal
Josh Wilson	Strawberry Principal

Pest management contracting

- Pest management services are contracted to a licensed pest control business.
Pest Control Business name(s): _____
- Prior to entering into a contract, the school district has confirmed that the pest control business understands the training requirement and other requirements of the Healthy Schools Act.

Pest identification, monitoring and inspection

Pest Identification is done by: IMP Members, district staff

(Example: College/University staff, Pest Control Business, etc.)

Monitoring and inspecting for pests and conditions that lead to pest problems are done regularly by Maintenance Staff and results are communicated to the IPM Coordinator.

(Example: District staff title, e.g. Maintenance staff)

Specific information about monitoring and inspecting for pests, such as locations, times, or techniques include:

(Example: Sticky monitoring boards are placed in the kitchen and are checked weekly by custodial staff.)

School buildings and grounds are routinely inspected for pests using observation, ant traps, wasp and yellow jacket traps, and rodent traps. Buildings are inspected for entry points, water leaks, and cleanliness.

Pests and non-chemical management practices

This school district has identified the following pests and routinely uses the following non-chemical practices to prevent pests from reaching the action level:

Pest	Remove food	Fix leaks	Seal cracks	Install barriers	Physical removal	Traps	Manage irrigation	Other
Rodents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Yellow Jackets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Weeds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mulch, vinegar solution
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Chemical pest management practices

If non-chemical methods are ineffective, the school district will consider pesticides only after careful monitoring indicates that they are needed according to pre-established action levels and will use pesticides that pose the least possible hazard and are effective in a manner that minimizes risks to people, property and the environment.

This school district expects the following pesticides (pesticide products and active ingredients) to be applied during the year. (This list includes pesticides that will be applied by school district staff or licensed pest control businesses.):

NA

Healthy Schools Act

This school district complies with the notification, posting, recordkeeping, and all other requirements of the Healthy Schools Act. (Education Code Sections 17608 - 17613, 48980.3; Food & Agricultural Code Sections 13180 - 13188)

Training

Every year school district employees who make pesticide applications receive the following training prior to pesticide use:

- Pesticide specific safety training (Title 3 California Code of Regulations 6724)
- School IPM training course approved by the Department of Pesticide Regulation (Education Code Section 16714; Food & Agricultural Code Section 13186.5).

Submittal of pesticide use reports

Reports of all pesticides applied by school district staff during the calendar year, except pesticides exempt¹ from HSA recordkeeping, are submitted to the Department of Pesticide Regulation at least annually, by January 30 of the following year, using the form provided at www.cdpr.ca.gov/schoolipm. (Education Code Section 16711)

Notification

This school district has made this IPM plan publicly available by the following methods (check at least one):

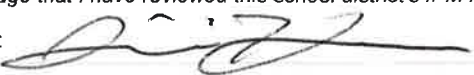
- This IPM plan can be found online at the following web address: www.bvusd.org
- This IPM plan is sent out to all parents, guardians and staff annually.

Review

This IPM plan will be reviewed (and revised, if needed) at least annually to ensure that the information provided is still true and correct.

Date of next review: August 2022

I acknowledge that I have reviewed this school district's IPM Plan and it is true and correct.

Signature: 

Date: 8-11-21

¹ These pesticides are exempt from all Healthy Schools Act requirements, except the training requirement: 1) products used in self-contained baits or traps, 2) gels or pastes used as crack and crevice treatments, 3) antimicrobials, and 4) pesticides exempt from U.S. EPA registration. (Education Code Section 17610.5)

Dear Parent or Guardian,

The Healthy Schools Act of 2000 requires that all schools provide parents or guardians of students with annual written notification of expected pesticide use on school sites. The notification will identify the active ingredient or ingredients in each pesticide product and will include the Internet address (<http://www.cdpr.ca.gov>) for further information on pesticides and their alternatives.

Parents or guardians may request prior notification of individual pesticide applications at the school site. People listed on this registry will be notified at least 72 hours before pesticides are applied. If you would like to be notified every time we apply a pesticide, please complete and return the form below and mail it to:

If you have any questions, please contact

Sincerely,

Request for Individual Pesticide Application Notification

I understand that, upon request, the school district is required to supply information about individual pesticide applications at least 72 hours before application. I would like to be notified before each pesticide application at this school.

I would prefer to be contacted by (check one): U.S. Mail E-mail Phone

Please print neatly:

Name of Parent/Guardian: _____ Date: _____

Address: _____

Day Phone:() _____ Evening Phone:() _____

E-mail: _____

Return to:

HEALTHY SCHOOLS ACT COMPLIANCE PACKET FOR SCHOOL DISTRICTS

Contents

- **HSA Requirements for Schools**
- **IPM Plan Template for Schools**
- **Annual notification form**
- **Individual application registry**
- **Pesticide application warning form**
- **Pesticide use report form**

Healthy Schools Act Requirements for Public K-12 Schools and Child Care Centers

Consent 6



IDENTIFY

Choose an IPM coordinator who will make sure the requirements of the HSA are met.



PLAN

Create a plan for IPM and publish it on the school, district, or child care center website. If a website does not exist, include the plan in the annual written notification.



TRAIN

Provide annual Healthy Schools Act training to all teachers, staff, and volunteers who use any pesticides, including exempt pesticides.



POST

Post warning signs in the area where a pesticide will be applied, at least 24 hours before and 72 hours after the application.



NOTIFY

Send an annual notification to all parents, guardians, and staff of all pesticides expected to be applied during the year.



RECORD

Keep records of pesticide applications, and file these records for at least 4 years.



REGISTER

Give parents, guardians, and staff the opportunity to register to be notified 72 hours in advance of individual pesticide applications.



REPORT

Submit annual pesticide use reports to DPR by January 30 for the previous year's applications. Only report pesticide use by school personnel.

Visit our website: <http://apps.cdpr.ca.gov/schoolipm/>

Questions? Email us at: school-ipm@cdpr.ca.gov

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

consent 6

STATE OF CALIFORNIA
DPR-HSA-118 (REV. 12/16)
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DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2020-21	Jimmie Hughes	Bennett Valley	707 542-2201				
REPORT PREPARED BY: Jimmie Hughes		E-MAIL ADDRESS jimmie.hughes@bvusd.org	CITY Santa Rosa	PHONE NUMBER			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
Yulupa <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	49	NA				<input type="checkbox"/> (vol) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> (wt) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
Strawberry <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	49	NA				<input type="checkbox"/> (vol) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> (wt) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
District Office <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	49	NA				<input type="checkbox"/> (vol) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> (wt) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
						<input type="checkbox"/> (vol) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> (wt) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
						<input type="checkbox"/> (vol) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> (wt) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

Use this form ONLY to report pesticide applications made by schoolsite employees, staff, and volunteers at schools and child care centers. DO NOT report pesticide use by pest management professionals contracted to apply pesticides at schoolsites. They will report their own use. Report must be submitted no later than January 30th of the year following the year of use to:
School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

INSTRUCTIONS:

1. Each line is an individual pesticide application. Report only one schoolsite, date/time, and pesticide per line. Multiple pages will be needed if you need to report more than 5 pesticide applications.
2. A name and address is required for each schoolsite. A cover sheet with all schoolsite names/addresses can be included with your report to prevent repetitive writing/typing.
3. Applicators: If you are mixing a concentrate with a liquid, report the amount of concentrate applied. For products that don't require dilution, report the amount of finished product applied.

PEST CONTROL CODES:

Code 10 - Structural Pest Control includes pest control work performed within or on buildings or other structures

Code 30 - Landscape Maintenance Pest Control... includes pest control work performed on landscape plantings around buildings

Code 80 - Vertebrate Pest Control includes pest control work performed by public agencies or work under the supervision of the State or county agricultural commissioner

LOCATION CODES:

1 Administration Bldg	5 Cafeteria/Kitchen	9 Landscape (indoor)	13 Multipurpose Room	17 Vehicle
2 Athletic Field	6 Classroom	10 Landscape (outdoor)	14 Playground	18 Multiple Locations
3 Auditorium	7 Gymnasium	11 Library	15 Pool	19 Other (Please indicate)
4 Bldg, Exterior	8 Hardscape (parking lot, sidewalk, etc.)	12 Locker Room	16 Restroom	_____

Reason for application is not required for reporting. This form, when filled out completely, can be used as the pesticide use record required under HSA. Reasons for application (required for Healthy Schools Act recordkeeping).

Application 1: _____

Application 2: _____

Application 3: _____

Application 4: _____

Application 5: _____

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Please print neatly:

Name of Parent/Guardian: _____ Date: _____

Address: _____

Day Phone:() _____ Evening Phone:() _____

E-mail: _____

Return to:

WARNING: PESTICIDE TREATED AREA

Name of Pesticide: _____

Name of Manufacturer: _____

US EPA Registration No.: _____

Intended Application Date _____ Treated Areas _____

Actual Application Date _____ Reason for Treatment _____

For more information about this pesticide application contact:

Name Jimmie Hughes

Title Director of Maintenance and Operations

For recordkeeping purposes per the Healthy Schools Act: Amount of Pesticide Used None