



# Joliet Township High School - District 204

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2020 - 2021 School Year

Dear Parent,

The Illinois legislature passed amendments to the Structural Pest Control Act and the Illinois Pesticide Act that affect how pests, mice, ants, etc., are controlled in schools.

The legislation affects the schools in basically two ways. 1) All Illinois schools are required to adopt a pest control process called Integrated Pest Management of IPM and 2) schools are required to notify staff, students, and parents prior to certain types of pest control applications.

Emphasis is placed on inspection and communication with the school administration. The focus of the program is to identify and eliminate conditions inside and outside of the school that could cause pest problems. Non-chemical devices will be used to help monitor and control pests. Lastly, applications of least toxic materials such as insect and rodent baits, and bacterial cleaners are made only when necessary to eliminate a pest problem in the safest and smallest quantity possible.

**Regular spraying is not part of the program.**

In the rare instance that it becomes necessary to use pest control products other than traps or baits, notice will be posted two business days prior to the application. The only exception to the two-day notice would be if there were an immediate threat to health or property such as bees and wasps. The notice will be posted as soon as practicable. If you would like to receive written notification prior to the application of any pest control materials subject to notification requirements, please complete the enclosed form and return it to the school.

The school district has contracted with Anderson Pest Solutions to provide IPM services. Anderson has had IPM programs in place in schools they service since 1991. If you have any questions about the information and procedures from Anderson Pest Solutions, you may contact them at 630-834-3300.

I would like to be notified two days before the use of liquid or dust materials at the school. I understand that if there is an immediate threat to health or property that requires treatment before notification can be sent out, I will receive notification as soon as practicable.

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

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

**Circle Campus**      West      Central      Alternate      Student ID #

Home Address \_\_\_\_\_



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