

OFFICE OF CHRISTINE LIZARDI FRAZIER  
KERN COUNTY SUPERINTENDENT OF SCHOOLS  
*Advocates for children*

August 1, 2016

**TO:** Parents, Guardians and Staff Members

**FROM:** Rob McCombs, Director  
Maintenance and Operations

**SUBJECT:** Annual Pesticide Use Notification

The office of the Kern County Superintendent of Schools has implemented an integrated pest management (IPM) program designed to effectively control pests using a combination of techniques. Pesticides that pose the least possible hazard and are effective in a manner that minimizes risks to people, property, and the environment will be used according to established regulations and treatment thresholds.

Pursuant to the Healthy Schools Act of 2007, this office is required to notify staff, parents, and guardians of the name of all pesticide products scheduled to be applied at the school facility during the upcoming year. Products we anticipate using include:

<u>Product Name</u>	<u>Active Ingredient</u>	<u>Pest Treated</u>
A. Demand EZ	Lambda-cyhalothrin	GP (General Pesticide) - outdoor
B. Drione	Pyrethrins	GP – Outdoor
C. Suspend	Deltamethrin	GP – Indoor
D. Rozol	Chlorophenacinone, CPN Rozol	GP – Outdoor
E. Tengard	Parmethrin	GP – Outdoor
F. Bayer	Disulfotion	GP – Outdoor
G. Termidor SC	Fibronil	GP – Outdoor
H. Vendetta	Abamectin B1	GP – Outdoor
I. Roundup	(R) Isopropylamine Salt of glyphosate	herbicide
J. Pendulum	Pendimethalin	herbicide
K. Speed Zone So	2-ethylhexy ester	herbicide
L. Reward	6,7-dihydrodipyrido	herbicide
M. Trimex	2,4-dichlorophenoxyacetic acid	herbicide

A year-round schedule of pesticide application dates has been given to the teacher and is to be posted in the classroom. If you wish to receive separate notification 24 hours in advance of individual pesticide applications at your student's school facility, please complete the registration form below and return it to your student's teacher within 60 days from date of letter.

Additional pesticide information may be obtained from the California Department of Pesticide Regulation at [www.cdpr.ca.gov](http://www.cdpr.ca.gov).

**PESTICIDE APPLICATION NOTIFICATION FORM**

*If you would like separate notification 24 hours prior to pesticide service, please complete this form and return it to your student's teacher within 60 days from date of letter. If you do not return this form, please keep a copy of the master schedule of pesticide application for future reference.*

Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

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

Name of Student: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_ School Site/Facility: \_\_\_\_\_