MODEL INTEGRATED PEST MANAGEMENT (IPM) PLAN FOR DISTRICT OF COLUMBIA AGENCIES, SCHOOLS, AND CHILD-OCCUPIED FACILITIES

Date: [__________]

Pest Management Policy Statement
Pests, such as rodents and insects that infest structures, may carry diseases; contaminate food and food preparation areas; damage buildings; and may cause significant structural damages. They may also pose significant risks to people, property, and the environment. Landscape pests — weeds, insects, and diseases — pose significant problems to the occupants and users of properties. Pesticide use may also pose risks through unnecessary exposure to people, property, and the environment. The pest management program within:

[Name of Your Facility]
[Address of Facility]

shall protect the health and safety of the occupants and minimize damages to structures and personal property. This program will also improve the quality of the environment by avoiding unnecessary annoyance and disruptions of daily activities, and by implementing measures aimed at improved sanitation and structural integrity of the facility. It is the policy of [Name of Your Facility] to adopt an Integrated Pest Management (IPM) program to control pests in buildings and on grounds.

Roles and Responsibilities
The IPM program will require the assistance and cooperation of all staff and occupants of the [Name of Your Facility]. [Name of Facility] has appointed a contact person that will serve as the liaison amongst the facility management, pest control administrators, Department of Energy and Environment (DOEE), and other concerned parties. This individual will oversee the pest management program and ensure that the provisions of the IPM policy are fulfilled. The contact person shall advise management and site occupants of changes and new laws affecting the IPM policy and program, and will address all questions and concerns regarding the IPM policy and programs as well pest management practices. The contact person will address problem areas identified during the pest inspection and monitoring processes.

Name of Contact Person for the Child Care Facility: [____________________]
Mailing Address of Contact Person: [____________________]
Phone Number of Contact Person: [____________________]
Email contact: [____________________]

Additional means of contact should also be included, if applicable.
Integrated Pest Management Procedures
IPM procedures will determine when to control pests and will help to identify conditions contributing to pest problems. This will be accomplished by sight monitoring and by conducting thorough inspections on a [Daily, Weekly, Monthly or specify other] [ ] . In an effort to eliminate routine pesticide applications, problem areas where alternate pest control methods and technologies can be incorporated will be identified.

The need for pest control will be evaluated based on information obtained from inspections, monitoring, and action threshold levels. When pest control procedures are warranted, in and around the premises of [Name of your Facility], an integrated pest management approach will be utilized. This includes non-chemical methods; improved sanitation; structural repairs; physical, cultural and biological controls; and pesticide applications. IPM procedures will depend on comprehensive knowledge of pest biology; current information of the pest and its environment; and the best pest control methods available. Applying the principles of IPM will help to prevent unacceptable levels of pest activity and damages; minimize the risk to human health and the environment, while utilizing the most economical methods of pest control.

It is the policy of [Name of Your Facility] to utilize IPM principles to manage pest populations adequately. The full range of pest control alternatives, including no action, will be considered. When it is determined that a pesticide must be used in order to meet vital pest management goals, the least hazardous pesticide shall be selected. The application of pesticides is subject to [Name of Your Facility] policies and procedures and all applicable regulations including the District of Columbia Pesticide Regulations and the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA).

Record Keeping
Records of pest management activities shall be kept by [Name of Your Facility]. These records will include: accurate records of pest inspections; surveillance activities; sightings (e.g., type and number of pests, locations and other indicators of pest population) and remedies. This information may be used to verify the need for treatments and may also be utilized during program evaluation exercises.

In addition, records shall be kept by [Name of Your Facility] documenting any communications regarding the use of pesticides.

Pesticide Storage and Disposal
Pesticides will be stored and disposed of in accordance with District of Columbia Pesticide Regulations and the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA) registered label directions. Please see the following links for information:

Pesticide Applications
Pesticides may be used only as a last resort, after all feasible alternative pest management procedures and strategies have been exhausted. The least hazardous pesticide shall be selected. The method and time of the application shall be based on the goal of minimizing the risk of potential pesticide exposure to individuals and the environment. Pesticide applications made on [Name of Your Facility] property shall be conducted following District and FIFRA’s pesticide regulations, and product label precautions.

Education
Staff, occupants, and child-care facility users shall be educated about potential pest problems, both inside and outside the facility.

Program Evaluation
A review of the IPM strategies shall be conducted annually, or before, if deemed necessary to determine the effectiveness of the program. This includes a review of all records of pesticide use, pest inspection, pest surveillance, action threshold levels, and pest control procedures undertaken.

Electronic Signature of the Child-Occupied Facility IPM Coordinator: __________________________
Date: __________________________