



DEPARTMENT DETERMINATION FOR EMERGENCY PESTICIDE APPLICATION (DD)
For Non-Public Schools and Day Care Centers in New York State

READ BEFORE COMPLETING THIS FORM:

- ✓ Use this form for each determination for a non-public school or day care center to make an emergency application of a prohibited pesticide. **Complete the Microsoft [Word](#) or [pdf](#) version of this form.**
- ✓ DEC determinations are made in conformance with procedures in Program Policy No. DMM-1, online at <http://www.dec.ny.gov/regulations/8527.html>.
- ✓ DEC determinations are made only for emergencies which could significantly affect the environment (e.g., certain invasive species management).
- ✓ DEC Guidance on Chapter 85 is at http://www.dec.ny.gov/docs/materials_minerals_pdf/guidancech85.pdf and the statutory requirement for the emergency determinations in Section 409-k of the State Education Law (schools) and Section 390-g of the Social Services Law (day care centers) is at <http://public.leginfo.state.ny.us/menugtf.cgi?COMMONQUERY=LAWS>
- ✓ Print all information, except the signature.

NAME AND TITLE OF STAFF COMPLETING THIS FORM	DATE FORM COMPLETED
NAME and MUNICIPALITY OF NON-PUBLIC SCHOOL OR DAY CARE CENTER APPLYING FOR EMERGENCY DETERMINATION	
ATTACH INCOMING REQUEST for DETERMINATION for EMERGENCY PESTICIDE APPLICATION FORM (CONTAINS CONTACT INFORMATION)	
IS THE REQUEST FORM COMPLETE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE OF LETTER OR COMMUNICATION FORMALLY ADVISING OF REASONS WHY INCOMPLETE AND INFORMATION REQUIRED FOR COMPLETENESS	
SUMMARIZE ANY OTHER COMMUNICATIONS (VERBAL OR OTHERWISE) WITH THE SCHOOL OR DAY CARE CENTER AUTHORIZED REPRESENTATIVE	
WAS THE REQUEST RETURNED TO THE SCHOOL/DAY CARE CENTER FOR REFERRAL TO ANOTHER ENTITY FOR DETERMINATION? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, <input type="checkbox"/> SCHOOL BOARD <input type="checkbox"/> NYSDOH or <input type="checkbox"/> COUNTY HEALTH DEPARTMENT (may be determined by requestor, whether DOH or county level)	
IS THE REQUEST POTENTIALLY AN ENVIRONMENTAL <u>AND</u> PUBLIC HEALTH THREAT? <input type="checkbox"/> YES <input type="checkbox"/> NO IS THERE A QUESTION WHETHER IT IS A HEALTH THREAT AND NOT AN ENVIRONMENTAL THREAT? <input type="checkbox"/> YES <input type="checkbox"/> NO SUMMARIZE COMMUNICATIONS WITH THE BPM BUREAU DIRECTOR AND/OR NYS DEPT. OF HEALTH: DECISION MADE ON WHICH AGENCY WOULD HANDLE THE REQUEST AND JUSTIFICATION (attach if needed):	
EMERGENCY PESTICIDE APPLICATION GRANTED? <input type="checkbox"/> YES <input type="checkbox"/> NO JUSTIFICATION FOR DETERMINATION (attach if needed):	
DATE DETERMINATION PROVIDED TO SCHOOL OR DAY CARE CENTER (ATTACH COPY OF LETTER) _____	
SIGNATURE AND TITLE OF AUTHORIZED DEC STAFF PERSON WHO MADE DETERMINATION	DATE