

ATTACHMENT TO DEC PROGRAM POLICY DMM-1

**MODEL LETTER ADVISING NON-PUBLIC SCHOOL OR DAY CARE CENTER
OF DEC DETERMINATION
REGARDING A REQUEST FOR DETERMINATION FOR
EMERGENCY PESTICIDE APPLICATION**

NOTE TO STAFF: This model letter contains several sets of optional language, designated by “OR”. Select the appropriate language, depending upon the specific situation identified in the request for a determination.

Dear [Name of School/Day Care Center Authorized Representative]:

The Bureau of Pest Management has reviewed your Request for Determination for Emergency Pesticide Application form, dated _____.

The Department has determined that the request for the emergency pesticide application under the specific circumstances stated in the Request for Determination is granted for the specific situation detailed in your Request. You are reminded that all such applications must be performed in accordance with all applicable rules and regulations.

After the pesticide application is completed, please provide to the Department written confirmation that the school OR day care center or their certified pesticide applicator identified on the Request for Determination applied the pesticide specified in that Request.

OR

The Department has determined that the request for the emergency pesticide application under the specific circumstances stated in the Request is denied, because [provide a brief rationale for the denial].

OR

The Department has determined that the request for an emergency pesticide application should be referred to the county health department or NYS Department of Health OR the local school board. The request should be submitted directly to the county health department or NYS Department of Health OR the local school board.

Sincerely,

Director, Bureau of Pest Management

cc: NYS Department of Health, Bureau of Toxic Substance Assessment (if DOH is referenced in letter)