

**Certification of Compliance with the Children's and Families' Protection Act**

*I certify that the following school/daycare has complied fully with the Children's and Families' Protection Act requirements for outdoor applications for mosquito control*

School/Daycare Name: \_\_\_\_\_

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

City/Town: \_\_\_\_\_

Your name: \_\_\_\_\_  
(please print clearly)

Phone number: \_\_\_\_\_

I hereby certify that the school/day care listed above has met the following requirements:

- ◆ The school/daycare has an outdoor IPM plan which has mosquito control IPM procedures described.
- ◆ The school/daycare will notify students, staff and parents at least 2 working days before the application using the Standard Written Notification Form, the Consumer Bulletin and an insecticide specific fact sheet. Schools may call parents or utilize a community notification system (similar to reverse 911) to notify parents of an outdoor pesticide application and direct parents to the school's website whereby copies of the standard written notification will be posted. Hard copies must be available at the school for parents without the capability of viewing the website.
- ◆ The notification form will be posted in a central location prior to the application and for 72 hours post application.
- ◆ The school/daycare will post the property with warning signs immediately prior to the application which shall remain posted for 72 hours.
- ◆ The school/daycare will request a record of the application from the Central Mass. Mosquito Control Project to be kept on file at the school for a period of five years.

*additional information on these requirements is available at <http://www.cmmcp.org/cpa.htm>*

Signed.

\_\_\_\_\_ Title: \_\_\_\_\_

**Please fax signed document to CMMCP at (508) 393-8492**

FOR OFFICE USE ONLY:

Application received date: \_\_\_\_\_ By: \_\_\_\_\_

*This certification shall be placed in the CPA Compliance file for the appropriate year of application*