**FARM LABOR CAMP COVID-19 Checklist-Attestation v1.1.23**

Agricultural employers in the Commonwealth of Massachusetts must develop and implement a written control plan, outlining how its workplace will comply with the mandatory safety and health standards and guidance issued by Massachusetts Department of Agriculture Resources, Massachusetts Departments of Public Health and MassHire Department of Career Services.

Agriculture is an essential business operation and activity, supported in part by migrant and seasonal farm workers or H-2A guest workers. Coronavirus (COVID-19) can spread rapidly in settings where employees work and live together, such as farm labor camps. Agriculture employers and/or contractors for Farm Labor Camps (FLCs) who provide housing for migrant workers must implement plans to prevent exposure to the virus that causes COVID- 19, care for individuals with exposed to or that show any symptoms of COVID-19 and prevent community transmission of the disease. Commitment to strong sanitary protocols will decrease operational impacts.

This attestation checklist provides a mechanism for the employer to ensure that minimum standards are complied with and assures that you have a proper control plan in place to meet the guidance requirements.

Control plans do not need to be submitted for approval but must be kept on premise and made available during inspections or in the case of an outbreak.

All individually listed businesses must complete a control plan, even if the business is part of a larger corporation or entity.

**BUSINESS INFORMATION: please provide the following information.**

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| **Business Name:** |  |
| **Address:** |  |
| **Owner Name & Contact Information:** |  |
| **COVID-19 Workplace Coordinator:** |  |
| **Number of workers in Farm Labor Camp:** |  |
| **Number of workers on-site:** |  |

**General Procedures-PPE Usage-Social Distancing/Handwashing: check the boxes to certify that you have:**

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| * Identified and designated a COVID-19 workplace coordinator, who reports to farm management, and is responsible for the implementation and monitoring of all policies and procedures identified in the control plan. * Ensured that all information, signage, support information, as well as other postings, has been translated into multi-lingual support, if necessary, for your workers. * Established social distancing policies and procedures for all areas of the farm where staff congregate, in bunkhouses and during transportation. * Modified spaces to ensure that farm employees can practice adequate social distancing and posted signs in conspicuous locations to remind workers to practice safe social distancing. * Developed and implemented policies and procedures that require the use of face coverings or masks (PPE) for all employees, customers and visitors to the farm. * Provided adequate hand-washing stations and will regularly encourage, through the establishment of policies and procedures, workers to wash their hands frequently and at regular intervals. * Established procedures to ensure restrooms and hand washing stations are adequately supplied with single use paper towels, soap and sanitizer and confirm these locations are routinely monitored. * Developed an action plan regarding suspected or confirmed COVID-19 cases among workers on the farm, in farm labor camps and housing units.   **Deliveries/Farm Visitation: check the boxes to certify that you have:**   |  |  |  | | --- | --- | --- | | * Developed a procedure for the handling of deliveries to the farm, including the delivery of groceries, materials and supplies to farm labor camps and housing units. * Developed and implemented policies and procedures for the tracking of visitors and customers to the farm. * Developed and implemented a visitor log to track visitors to your farm. * Posted signage and provided additional information that requires visitors and customers to maintain social distancing, wear face coverings and adhere to policies and procedures identified in the Control Plan.   **Cleaning and Sanitizing-Routine and after confirmed illness occurrence: check the boxes to certify that you have:**   |  |  | | --- | --- | | * Developed procedures and policies that establish a schedule for the cleaning, sanitizing and disinfecting of commonly used areas and high-touch surfaces. * Developed procedures and policies that establish the steps involved for the adequate cleaning, sanitizing and disinfecting of areas that may have been exposed to the COVID-19 virus. * Developed and posted a listing, including their location and proper usage of all cleaning, sanitizing and disinfecting agents on the farm and in labor camps * Developed procedures for the cleaning and sanitizing of break areas, housing units, locker rooms and vehicles used to transport workers in-between shifts or usage. * Developed procedures for the regular cleaning and sanitizing of tools, equipment and materials shared between workers.   **Contingencies for Impacts to farm labor-Alternative Housing-Quarantine Housing: check the boxes to certify that you have:**   |  | | --- | | * Developed policies and procedures and conduct contingency planning for impacts to housing, cohorts and other resources due to COVID-19. * Identified alternative management structures (e.g. Farm Manager, COVID-19 Coordinator) and plans to delegate key activities at the operation and in support of the control plan. * Posted signage in a conspicuous location listing the contact information (Name, Address, Key Contact, Telephone, email) for local support organizations referenced in the plan. These include but are not limited to local and state public health authorities, health centers, hospitals, testing sites as well as other medical and/or social services. * Identified and prepared for the utilization of quarantine housing; to support staff, with adequate coverage, who may be positive for COVID-19 or may need to quarantine. Listed key locations in the plan (Name, Address, Key Contact, Telephone, email) and ensured all farm employees are made aware of its posting. * Prepared plan to separate and isolate workers that may be ill or showing symptoms of COVID-19, or have tested positive for COVID-19. * Developed procedures to support staff with transportation to healthcare facilities, testing sites and other medical facilities in the area. | | | |

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**On-Farm COVID-19 Screening, Illness Protocols and procedures: check the boxes to certify that you have:**

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| * Developed a procedure to support the monitoring of workers and staff that may be displaying symptoms of COVID-19. * Developed a procedure for screening workers in cohorts when possible, at intervals through-out the day and when signs of illness appear. * Ensured that staff who participate in the screening activities are familiar with equipment and tools to support the screening process (digital thermometers) and are adept at their usage and maintenance. * Ensured that staff supporting the screening process are protected and supplied with adequate PPE. * Developed procedures for farm workers in returning to work after COVID-19 illness, and returning to the farm and housing units. * Developed and utilized a standard screening checklist to be utilized by all farm workers. |

**Identification of Cohorts: check the boxes to certify that you have:**

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| * Developed and maintained a list of workers who will be living together, and who are assigned to work crews by activity and/or location. * Developed policies and procedures that support keeping cohorts together as much as possible, when assigning tasks, scheduling transport, and limiting their interactions with others. * Developed screening procedures to assess regularly the status of cohorts and/or individuals who share in an activity or location.   **Testing: check the boxes to certify that you have:**   * Developed policies and procedures to support periodic testing at identified intervals of all farm workers and cohorts. * Identified activities and interactions that may introduce illness to established crews/cohorts. * Posted lists in a conspicuous location of all local testing sites, local health providers and other third parties who will support testing of farm workers. * Developed a procedure for the transport of farm workers to testing locations and medical facilities to support testing. * Developed procedures for testing when new workers arrive, there are new staff to the farm, individuals report symptoms, a worker requests a test, and at any other occurrence which may introduce illness to housing units or in cohorts.   **Control Plan Training Log: check the boxes to certify you have:**   * Developed a procedure and schedule for the conduct of training of the control plan when workers arrive, and at other intervals such as during staff turnover or addition of new staff. * Ensured that training is adequate and is offered in multiple languages so that workers are adequately trained and familiar with the information that is vital to the plan. * Created, maintain and update a record of trainings offered that included the names of workers and staff and their date of training, along with the name of the trainer each time a training session is conducted. |

**Additional Procedures. Please describe them here or attach additional pages of your control plan:**

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**Compliance Attestation: Please keep a copy of this checklist/attestation form in your control plan.**

**COVID-19 CONTROL PLAN ATTESTATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read the above requirements and guidance, and identified resources, I (Name of housing provider / employer)

understand them, and I agree to their implementation and maintenance.

I am authorized to certify and ensure that the farm has developed, implemented and will maintain the policies procedures, and requirements identified in the farm’s control plan and local, state and federal guidance for farm labor/farm labor camps.

If at any time during the season, the material terms and conditions change, I will notify the MassHire Department of Career Services (MDCS - h2aprogram@detma.org) and the Department of Public Health (DPH -amy.j.medeiros@mass.gov) as soon as possible.

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**Signature Title Date**