Department of Workforce Development Division of Employment & Training Migrant and Seasonal Farmworker Programs 1819 Aberg Avenue, Suite C Madison, WI 53704



Emergency Rule EmR2204 Checklist

Use of form: Completion of this form is required for camp operators to ensure compliance with additional requirements for migrant labor camps in Emergency Rule 2204.

Instructions: This checklist must be completed and provided to the Migrant Labor Inspector at the time the migrant labor camp is inspected. If the camp's 2022 inspection has already been conducted, the camp operator should email the completed checklist to the Migrant Labor Inspector by Monday, March 14, 2022. The accuracy of the checklist will be verified by the Migrant Labor Inspector at the time of housing inspection or during a post occupancy inspection.

Contact information: MSFW@dwd.wisconsin.gov or your Migrant Labor Inspector with questions.

Camp Operator Information

Camp Operator Name		Camp Operator Phone		Camp Operator Email		
Camp Address (street and/or P.O. Box)						
City	State				Zip Code	
Camp Houses H2A Workers		2022 Camp Certified				
Migrant Workers Both		•	Inspected Pending Certification Not Yet Inspected			
Person Completing Checklist		Date				

Checklist

	KIISL	NI -	L NI/A	Harry Bornestetters		
Item	Yes	No	N/A	Item Description		
1				Face masks that comply with current WI DHS guidelines provided in common areas of housing unit for workers <i>DWD 301.07 (21) (n)</i>		
2				Emergency Rule posted in language of workers DWD 301.07 (25) (b)		
3				Maximize the quality and supply of outdoor air and increase filtration efficiency DWD 301.07 (11) (L)		
Bedr	rooms					
4				Beds are 6 feet apart wherever possible DWD 301.07 (20) (h)		
5				Hand sanitizer (with a least 60% alcohol and no methanol) provided in each bedroom DWD 301.07 (20) (i)		
6				High touch areas will be cleaned and then disinfected daily <i>DWD 301.07 (20) (j)</i>		
7				Camp operators request that bunk bed occupants sleep head-to-toe DWD 301.07 (20) (h)		
Dinir	ng Ro	om	I.			
8				Tables at least six feet apart during shared meals or other events. DWD 301.07 (17) (d) 3m		
9				Hand sanitizer (with a least 60% alcohol and no methanol) provided in each dining room/eating area DWD 301.07 (17) (e)		
10				High-touch areas will be cleaned and then disinfected daily <i>DWD 301.07 (17) (f)</i>		
Kitch	nen					
11				Tables at least six feet apart during shared meals or other events (unless individual barriers are placed between workers) DWD 301.07 (17) (d) 3m		
12				Hand sanitizer (with a least 60% alcohol and no methanol) provided in each kitchen/eating area DWD 301.07 (17) (e)		
13				Hand washing station provided to workers. DWD 301.07 (17) (e)		
14				High-touch areas will be cleaned and then disinfected daily DWD 301.07 (17) (f)		
	ndry/B		oms/			
	t Roo	ms				
15				Room will be cleaned and then disinfected daily <i>DWD 301.07 (16) (r)</i>		
16				Provide lockers or other storage devices for soiled laundry to keep individual worker's clothing separate, whenever possible DWD 301.07(16)(s)		
Tran	sporta	ation		Select N/A on these items if you do not provide transportation Please use the considerations for prioritizing transportation assignments under DWD 301.10(2)(c).		
17				Face masks provided in each vehicle (all occupants are required to wear face coverings while in vehicle) DWD 301.10 (2) (a)		
18				Hand sanitizer (with a least 60% alcohol and no methanol) provided in each vehicle DWD 301.10 (2) (a)		
19				Cleaning and disinfecting supplies in vehicle (All high contact surfaces must be cleaned and then disinfected daily and after a worker who tested positive for COVID-19 or a symptomatic worker is transported) DWD 301.10 (2) (a)		
20				Vehicle ventilation system is set to maximize outdoor air and not recirculate air DWD 301.10 (2) (d) Note: Employer shall encourage windows to be kept open at all times except when protection is needed from weather conditions.		

I acknowledge the above information is true and correct at the time I completed this checklist.

Camp Operator Signature		Date Checklist Completed
	Can be signed electronically	

Section to be completed by migrant labor inspector				
Transportation Verification				
Transportation onsite of migrant camp				
Transportation not onsite of migrant camp. Ask employer to send photo verification of vehicle meeting vehicle requirements.				
Notes:				
Checklist Verification:				
Meets Requirements				
☐ Does Not Meet Requirements				
Migrant Labor Inspector	Date Inspected			

Notice of Violation and 15 Days to Correct the following violations:

Date provided:

Under Wis. Stat. § 103.965(1), you have 15 days from the date this notice is received to correct the violations listed below. Failure to do so may result in the imposition of penalties under Wis. Stat. § 103.97(1)(a).

Documentation demonstrating that the violation(s) has been corrected may be emailed to MSFW@dwd.wisconsin.gov.

Migrant labor inspector **must** make a copy or take a photo of the notice and give the original to the camp operator.

Camp Operator Signature	Date Notice Received
Migrant Labor Inspector Signature	Date Notice Issued