Iowa Department of Public Health Division of Environmental Health 321 E. 12th Street Lucas State Office Building, 5th floor Des Moines, IA 50319

Phone: (515) 201-5369

Migrant Labor Camp Application for Permit and Compliance Checklist

Please Note: All H-2A labor camps are inspected and approved by Iowa Workforce Development (IWD). If you have an H-2A labor camp, Iowa Workforce will contact you to schedule this inspection after your petition is submitted to the Chicago National Processing Center. If you have further questions please refer to: https://www.iowaworkforcedevelopment.gov/welcome-employers-and-business. If you house both H-2A and domestic workers, housing must be approved by IWD and IDPH programs.

Note: A separate application for permit and completed checklist is required for each camp or portion of camp. Applications shall be made to the department at least sixty (60) days prior to the first date of occupancy. PLEASE PRINT OR TYPE

_ State:	Zip:
_ State:	Zip:
Domestic	
mp:	
adult males adult females	
):	
	State: State:

Exp	pected date of occupancy:/
Exp	pected date of vacancy:/
De	scribe the primary job responsibilities of workers residing at this camp:
for	mplete the following checklist to certify that the camp is compliant with requirements migrant labor camps as defined in Iowa Code Chapter 138 and Iowa Administrative de 641 – Chapter 81.
"ye mu on	questions must be answered by marking the box next to the appropriate response of es", "no", or "N/A" (not applicable). An answer of "yes" to all applicable questions at be achieved in order for a permit to be issued for the migrant labor camp submitted this application. The camp will be subject to spot inspections as determined by the wa Department of Public Health for verification of compliance with the checklist.
	cess to Camp for Inspection: Can the camp operator provide access to the camp at any reasonable time upon request from the department for the purpose of inspection? Yes No
2.	Does the camp operator/owner maintain a roster of camp occupants that is available for inspection? Yes \square No \square
Ca	mp Site:
1.	Is the camp site adequately drained to prevent flooding, standing water, or other conditions that support mosquitoes or other pests? Yes \square No \square
2.	Is the camp site located more that 200 feet from swamps, pools, sinkholes, or other standing water? Yes \square No \square
3.	Is the camp site free of offensive odors, flies, noise, traffic, or rodents? Yes \square No \square
4.	Is the camp site maintained in a clean and sanitary condition free from rubbish, debris, wastepaper, garbage, and other refuse? Yes No
5.	Does the camp site provide for reasonable access to recreation? Yes \square No \square

1.	Is the dwelling for occupants structurally sound and does it provide reasonable protection?
	Yes □ No □
2.	Does the dwelling have a minimum of a seven foot ceiling in at least half of the floor
	area in each living unit?
	Yes □ No □
3.	In rooms where people cook, live, and sleep is there a minimum of 60 square feet per
	occupant?
	Yes \square No \square N/A \square
4.	In family units or dormitories is there at least 50 square feet of floor space per
	occupant for sleeping purposes only?
_	Yes □ No □ N/A □
5.	When bunk beds are used is there at least 40 square feet of floor space per occupant
	for sleeping purposes only?
_	Yes \square No \square N/A \square
6.	Are sleeping facilities provided for each person (e.g. comfortable beds, cots, or bunks
	with clean mattresses)? (Triple deck bunks are prohibited)
7	Yes \(\text{No} \)
7.	When bunk beds are used is there at least 27" between the bottom and top beds, and
	at least 36" between the ceiling and top bed?
0	Yes \(\text{No} \) \(N
δ.	Are floors constructed of wood, concrete, asphalt, or other comparable material?
0	Yes No No Are wood floors smooth tightly constructed, and clayeted at least one foot shows
9.	Are wood floors smooth, tightly constructed, and elevated at least one foot above ground level?
	Yes No N/A
10	Are windows and doors collectively equal to at least one-tenth of the floor area in
10.	size?
	Yes \(\text{No} \(\text{No} \(\text{I} \)
11	Are windows in each room constructed so that at least one-half of the window can be
11.	opened for ventilation?
	Yes No
12.	Are exterior openings (screen doors, windows, etc.) effectively screened to keep out
	insects?
	Yes □ No □
13.	If the camp is operated during the heating season (September15 through June 1), is
	artificial heat provided to maintain a room temperature of at least 70 degrees?
	Yes No N/A
14.	Are combustible heating sources (wood stoves, gas furnace, etc.) vented to the
	outside air or chimney to prevent the release of combustion gases indoors?
	Yes □ No □
15.	In a room with wood or combustible flooring that uses a stove for heating, is there
	metal sheeting or other fire-resistant material underneath the stove?
	Yes \square No \square N/A \square
16.	Are working fire detectors with fresh batteries or fire detectors that are hard wired
	present in every common area and bedroom?
	Yes No

17.	Are working carbon monoxide detectors with fresh batteries or carbon monoxide detectors that are hard wired present in each level of the dwelling?
10	Yes No
10.	Are hot plates (for cooking) prohibited in bedrooms and areas other than the kitchen/dining area?
	Yes \(\text{No } \(\text{U} \)
	1es 🗆 No 🗆
	nter supply:
	Is the water supply adequate for drinking, cooking, bathing, and laundry purposes? Yes \square No \square
2.	If a private water well is used, does it have a tight fitting cap and is it constructed in a way to prevent contamination?
	Yes \square No \square N/A \square
3.	If a private well water is used, has the well water been tested to determine if the water has safe levels of bacteria and nitrates? Yes \square No \square N/A \square
To	ilet facilities/sewage disposal facilities:
	Are toilet facilities located so that inhabitants do not have to pass through a bedroom
1.	to access them?
	Yes No No
2	Do toilet rooms have a window at least six square feet in size that opens to the
	outside, or is the room equipped with a working exhaust vent?
	Yes \(\) No \(\)
3.	Is there a toilet room located within 200 feet of each sleeping room?
	Yes \square No \square N/A \square (privy is used)
4.	If a privy is used, is it located more than 100 feet from any sleeping room, dining
	room, lunch area, or kitchen?
	Yes \square No \square N/A \square
5.	Are separate toilet facilities provided for men and women; and are the facilities
	clearly marked by signs in English and the language of persons occupying the camp?
	Yes \square No \square N/A \square
6.	Is there a minimum of one toilet unit for every fifteen persons, or fraction thereof, for
	each sex?
	Yes □ No □
7.	Are hand washing facilities with hot and cold water, soap, and paper towels
	immediately available within or adjacent to the toilet facilities?
	Yes □ No □
8.	For men's facilities, are urinals no more than 1/3 of the total number of toilet units?
	Yes \square No \square N/A \square
8.	Are the toilet facilities maintained in a clean condition and adequately supplied with
	toilet paper?
_	Yes 🗆 No 🗆
9.	Are all sewer lines and floor drains connected to an approved sewer?
	Yes □ No □

La	undry, hand washing, and bathing facilities:
	Is one hand wash basin provided for each family unit or for every fifteen individuals
	or fraction thereof?
	Yes □ No □
	Is one shower head provided for every fifteen individuals or fraction thereof?
	Yes No No
3.	Is one laundry tub or wash machine provided for every 25 individuals or fraction there of?
	Yes No
4.	Are floors finished in a non-slip finish and impervious to moisture? Yes \square No \square
5	Is hot and cold running water provided?
٥.	Yes No No
6.	If laundry or bathing facilities are in a separate service building, is the building capable of maintaining a room temperature of 70 degrees Farenheit, if used during the heating season (Sept 15 – June 1)?
	Yes \(\text{No} \(\text{N/A} \) \(\text{N/A} \)
7.	Are facilities for drying clothes provided? (dryer, clothes line, etc.)
	Yes □ No □
Lig	ghting/Electrical:
1.	Are all housing quarters and service buildings provided with electric service?
	Yes □ No □
2.	Do all rooms and hallways contain ceiling or wall-type light fixtures? Yes \square No \square
3.	Is all wiring in safe working order so as not present a fire or shock hazard?
	Yes □ No □
Re	fuse disposal:
	Are durable, fly-tight, clean refuse containers (20 gallons or larger) provided for each
	housing unit at a ratio of one per fifteen individuals or fraction thereof?
	Yes □ No □
2.	Is refuse collected frequently enough to prevent the build up of refuse on camp premises?
	Yes □ No □
3.	Is refuse disposed of through a licensed hauler or through means in accordance with
	state and local laws?
	Yes □ No □
Kit	tchens & dining halls:

1.	is each kitchen/cooking facility provided with one gas of electric stove for cooking?
	Yes □ No □
2.	Is the dining area maintained in a clean and sanitary condition?
	Yes □ No □
3.	Is refrigeration capable of keeping food at or below 41 degrees Farenheit provided for
	perishable foods in every kitchen or location where food is prepared?
	Yes \(\text{No } \(\text{No } \)

4. Is the dining area equipped with tables and seating? Yes □ No □

5.	Are persons with communicable or venereal disease prevented from working in food preparation or service?
_	Yes □ No □
6.	Is hot and cold running water provided? Yes \square No \square
Ins	sect and rodent control:
	Are measures in place to control rats, mice, flies, mosquitoes, bedbugs, and all other insects or rodents within the camp premises?
2.	Yes \Box No \Box Are pesticides and pest control equipment stored and used in a safe manner? Yes \Box No \Box
Sai	fety and fire prevention:
1.	Are non-household flammable, or volatile, liquids and materials stored away from residential buildings?
2.	Yes \square No \square Are first aid kits available for residents at a ratio of one kit per fifty individuals? Yes \square No \square
3.	Are fire-extinguishers (in working order) provided within 100 feet of all living spaces and at a ratio of at least one extinguisher per 1000 square feet of floor space or fraction thereof? Yes \square No \square
4.	Are adult occupants instructed in fire prevention and in the proper use of fire extinguishers? Yes No No
5.	Are agricultural pesticides and toxic chemicals stored away from the housing area? Yes \Box No \Box
6.	Is there a least two routes of escape from the first floor of all occupied buildings in case of a fire? Yes \square No \square
	If there are floors above the first floor that are used for sleeping or common areas (dining, living room, etc.), is there an outside escape ladder or a second stairway for escape in case of a fire? Yes \Box No \Box N/A \Box
Co	mmunicable diseases:
	Does the camp operator have contact information for the local board of health and the Iowa Department of Public Health to report the name and address of a camp member with a known or suspected communicable disease? Yes \square No \square
	cal Housing Codes: Has the camp operator verified compliance with appropriate local housing codes? Yes \Box No \Box

Camp Diagram:

- 1. Attach to this application a diagram of the camp buildings. A separate page shall be used for each floor of each building. The diagram must at a minimum include the following:
 - identification of each building
 - identification and use of every room
 - room dimensions
 - location and identification of beds/cots/bunks
 - location and identification of toilets/urinals
 - location and identification of sinks/wash basins
 - location and identification of showers
 - location and identification of laundry tub/machines
 - fire escape routes

Certification:

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury¹ that my answers and all other information and statements submitted by me in this application process are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application I understand that my application may be denied or that my permit may be revoked. I further understand that I may be subject to criminal prosecution for providing false or misleading answers or information on or in support of this application.

Printed Name:				
Signature:	 Date:	/	/	

Note: An application with original signature must be submitted to the address listed at the top of page one. Faxes and/or copies of this application will not be accepted.

¹ A person who knowingly makes a false statement under penalty of perjury commits a class "D" felony (Iowa Code 720.2) A person convicted of a class "D" felony shall be confined for no more than five years, and in addition shall be sentenced to a fine of at least seven hundred fifty dollars but not more than seven thousand five hundred dollars. (Iowa Code 920.9(5)