Operation Name: _____ **Date:** _____

This ROSP Addendum is required of all operations and addresses requirements within the ROC™ Framework and Guidance Documents that are not included in the Regenerative Organic Alliance (ROA) ROSP. Please review the ROA resources page for a copy of the Framework and guidance documents.

A. General

1) **Framework and Guidance requirements:**

a) Have you read the ROC™ Framework and Guidance Documents applicable to your operation on the ROA resources page and understand that your operation must comply with the Framework and Guidance requirements:

- ROC™ Framework
- Framework Guidance, Soil Health (A-7. Additional Guidance)
- Framework Guidance, Animal Welfare (A-8. Additional Guidance)
- Framework Guidance, Farmer and Farmworker Fairness (A-9. Additional Guidance)
- Animal Welfare Framework for Dairies

☐ Yes

2) **Land/Production eligibility:**

a) List the total acres of land (organic and nonorganic) under your operation's agricultural management: _____

b) List the total acres of land enrolled in the ROC™ Program: _____

—OR—

a) Provide the total revenue derived from food or fiber production (organic and nonorganic) for your operation _____

b) Provide the total revenue derived from the land enrolled in the ROC™ Program: _____

3) **Maps:**

a) The ROA requires that maps (either aerial or drawn) include the following:

- Land prepared for agriculture
- Areas where crops are grown
- Water sources
- Post-harvest, processing facilities (if applicable)
- Storage rooms
- Office spaces and other essential buildings

Has your operation submitted maps that contain all the requirements listed above:

☐ Yes

4) **Record Keeping**

The Operations Manual for Certification Bodies located on the ROA Resources Page includes record keeping requirements for all certified operations. Unless otherwise noted, all documents and records are kept for at least five years. Based on the activities described in your ROSP, the following records and supporting documents are required to be maintained:

- *Harvest records*
- *Production records*
- *Sale of crops, including the certification status*
- *Purchase records*
- *Labels used to represent certified crop or product*
- *Records of quantity of raw materials received, used for processing, and processed final product (maintain from last 3 years)*

☐ My operation maintains all applicable records for at least five years (or otherwise noted timeframe)

B. Soil Health & Land Management

1) **Crop Rotation (Section 2.2):**

a) Have you read the A-7. Additional Guidance- Soil Health & Land Management additional requirements for section 2.2 Crop Rotation:

☐ Yes ☐ NA, I grow perennials only

b) Does your response to section 2.2 Crop Rotation within your ROSP meet the requirements of both the framework and the A-7 Guidance? If no, describe how you will bring your operation into compliance:

☐ Yes, the current description in my ROSP is in compliance with the framework and A-7 Guidance.

☐ No, describe plan to come into compliance:

c) Perennial crops: ☐ NA, I grow annuals only

Describe any seed mix planted or native vegetation maintained between perennials.

2) **Minimal Soil Disturbance (Section 2.3):**

a) What are the objectives of soil disturbance on land enrolled in the ROC™ program:

☐ Incorporate crop residues and/or green manures into soil to feed soil micro-organisms ☐ Control weeds

☐ Prepare seed bed/planting ☐ Break up compacted soil ☐ Develop drainage

☐ Other (describe):

3) **Rotational Grazing (Section 2.4)**: ☐ NA, I do not have commercial livestock

a) Are there any sensitive areas on-site (e.g. habitat for declining & rare species, rare ecosystems, and natural wetlands & riparian areas):

☐ Yes ☐ No

i) If yes, how is grazing managed to ensure no impact on the ecosystem or wildlife:

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4) **Regenerative Practices (Section 2.8):**

a) Are Regenerative Practices documented with timestamped photos, preferably linked to GPS coordinates:

☐ Yes

5) **General (compost, manure, and fertilizers, Section 3.1):**

a) Describe measures taken to aim for self-sufficiency in composts and manures:

b) If importing compost, manure, or other soil amendments, describe how you ensure they come from regionally available wastes and by-products:

6) **Crop Nutrient Demand (Section 3.2):**

a) Do you use imported fertilizers (fertilizers from off-farm):

☐ Yes ☐ No

i) If yes, describe how you have determined crop nutrient demand dictates imported fertilizer use:

☐ Comprehensive nutrient management plan

☐ Other:

7) **Synthetic Chemicals (Section 5.1):**

a) Identify which of the materials listed as highly toxic on the Xerces list are used on your operation:

☐ Bacillus thuringiensis ssp. aizawai (Example Product Names include but are not limited to, Xentari and Agree)

☐ Beauveria bassiana (Example Product Names include but are not limited to, BotaniGard)

☐ Hydrogen dioxide, peroxyacetic acid (Example Product Names include but are not limited to, Oxidate 2.0)

☐ Pyrethrins (Example Product Names include but are not limited to, PyGanic, Azera)

☐ Spinosad (Example Product Names include but are not limited to, Entrust, Success, Regard)

☐ NA, I do not use materials listed as highly toxic on the Xerces list

8) **Soil Health Lab Test/In-Field Soil Testing (Sections 6.1, 6.2):**

a) Have you reviewed the Soil Sampling Guidelines on requirements for lab and in-field testing:

☐ Yes ☐ No

C. Farmer and Worker Fairness

1) **Operation Scale:**

Sections of, or requirements within, sections of the Framework are applicable depending on the size of your operation. See section "A-4. Operation Scale Definitions" within the Framework for operation size definitions.

a) Provide the following for work performed on ROC™ parcels annually (***excluding management***):

i) Number of direct hire permanent workers:

ii) Number of direct hire seasonal workers:

iii) Number of contract workers. If contract workers on-site rotate from a larger workforce, provide the total number of unique workers that could rotate through the site:

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2) **General:**

a) Have you submitted the following documents to CCOF for review:

- Worker Health and Safety Manual
- Operation Employee Handbook
- Farm Labor Contractor (FLC) Employee Handbook (if all labor is managed/contracted to a FLC)
- Any additional policies or procedures that are in place and referenced within your ROSP

☐ Yes, my operation provided CCOF with copies of the above documents.

3) **Federal and State mandated labor laws (Section 1.3):**

a) Describe how all legally required labor laws (Federal and State) are posted and how workers are trained on these laws:

4) **Freedom of Association (Sections 1.3, 6.1):**

a) Describe how workers are trained on their rights of freedom of association and collective bargaining as outlined by the International Labor Organization:

b) Have you submitted a copy of your Freedom of Association Policy to CCOF:

☐ Yes ☐ Not applicable (smallholder and small-scale operations only)

5) **Terms of Employment (Sections 1.3, 6.3):**

a) Describe how terms of employment are documented and communicated to workers:

6) **Work Restrictions for Children and Young Workers (Section 2.3):** ☐ NA, I do not employ young workers

a) Describe how you ensure that work does not affect young worker's emotional development:

7) **Hiring Practices & Brokerage Fees (Section 3.2):**

a) Describe your transparent process for recruiting and hiring workers:

8) **Contracted Labor (Sections 3.3, 7.3):**

Review scenarios a) through d) and complete the questions for the scenario that describes your operation:

☐ a) I do not use any contracted labor. All labor utilized for my operation is directly hired.

☐ b) I use my own labor AND contracted labor through a Farm Labor Contractor (FLC):

i. Describe why contracted labor is needed at your operation:

ii. How do you ensure that your operation and all FLCs you work with have documentation of formal recognition of the "Employer Pays" principle:

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iii. Describe your process for onboarding FLCs, which includes communication regarding the required compliance with the ROC™ standard:

iv. Describe your process for evaluation and monitoring of FLCs to ensure that all contracted labor providers comply with the ROC™ Farmer and Worker Fairness Framework and A-9 Guidance on an ongoing basis:

v. Describe risks identified by your operation around the use of contracted labor and what steps are taken to mitigate these risks:

☐ c) I have no direct-hire workers and all workers are contracted and managed by a FLC:

i. Does the Farmer & Worker Fairness section of your ROSP reflect the practices, policies, and procedures of the FLC(s) that manage the workers at your operation: ☐ Yes ☐ No. *If no, work with your FLC(s) to complete your ROSP to reflect their management and submit an updated copy to CCOF.*

ii. Describe why contracted labor is needed at your operation:

iii. How do you ensure that your operation and all FLCs you work with have documentation of formal recognition of the "Employer Pays" principle:

iv. What is your system for communicating to the FLC(s) any updates made to the regulations over time:

v. Describe your process for onboarding FLCs, which includes communication regarding the required compliance with the ROC™ standard:

vi. Describe your process for evaluation and monitoring of FLCs to ensure that all contracted labor providers comply with the ROC™ Farmer and Worker Fairness Framework and A-9 Guidance on an ongoing basis:

vii. Describe risks identified by your operation around the use of contracted labor and what steps are taken to mitigate these risks:

☐ d) I do not employ any workers or work with a FLC. I work with Service Providers for infrequent specialized jobs for short periods of time (for example, aerial applicators)

i. Provide a list of all service providers used, what services they provide, and the duration of time they are providing these services to your operation:

ii. Describe your system for providing the service provider(s) upper management with the ROC™ Framework and Guidance, and for providing your expectations of their social performance:

iii. Describe how the service provider(s) acknowledge receipt of the certification standard and your expectations:

iv. Describe how your operation evaluates the social accountability risk level of service providers prior to use:

v. Describe how your operation reevaluates the social accountability risk level of service providers on an ongoing basis (*not applicable to small holder or small-scale operations*):

vi. Based on your risk assessments, describe the steps taken to seek assurance/monitor if concerns are raised (*not applicable to small holder or small-scale operations*):

9) **Equal Pay (Section 5.2):**

a) Describe how your commitment to Equal Pay is shared with the workforce:

10) **Worker Voice (Section 7.1):**

a) Describe your process to listen to and address worker complaints in a transparent way:

b) Describe how your operation makes available anonymous channels for communicating feedback to all workers (direct hires and contracted labor):

c) For large scale operations: ☐ NA, not considered large-scale per A-4 Operation Scale Definitions in the Framework

i. Which of the following have you implemented to be present for and involved in workers' rights and grievance procedure trainings:

☐ An external workers' association
☐ A workers' right group
☐ An internal independently-elected workers committee

ii. Describe how the group listed above is involved in trainings:

d) An independently-elected workers committee must be involved in grievance investigation and resolution:

i. Describe the process to ensure this committee is independently elected and made up of workers (not management):

ii. Describe how they are involved in grievance investigation and resolution:

11) **Commitment to a Living Wage (Section 8.2):**

Per communication with the ROA in April 2024, medium and large-scale operations are no longer required to pay a living wage by year three of certification

CCOF uses the MIT Calculator to determine the living wage for an area (MIT calculation plus 10% per the Framework)

Refer to the CCOF Living Wage Calculation flyer for more information on wage review, wage gap assessment and qualifying pay and in-kind benefits for assessing a living wage.

a) Direct-Hire workers: ☐ NA, no direct hires

☐ I have provided remuneration paid to all workers for a standard work week for work performed at my ROC™ sites.

☐ I have submitted a list of in-kind benefits provided to all contracted workers that perform work at my ROC™ sites, and the monetary value of each benefit.

☐ If a living wage is not met, I have provided a wage gap assessment.

ii. If a living wage is not met, explain how transparent communication is given to workers about why a living wage cannot be met:

_____

b) Contracted workers: ☐ NA, no contracted workers

☐ I have provided remuneration paid to all contracted workers for a standard work week for work performed at my ROC™ sites.

☐ I have submitted a list of in-kind benefits provided to all contracted workers that perform work at my ROC™ sites, and the monetary value of each benefit.

☐ If a living wage is not met, I have provided a wage gap assessment.

☐ If a living wage is not met, I have provided a statement from the labor provider indicating why a living wage cannot be paid.

c) Describe your operation's commitment to paying a living wage and your intent to progress toward a living wage:

_____

12) **Housing (Section 8.4):**

a) Do you provide housing to any workers: ☐ Yes ☐ No

b) Provide the location (address) for the housing and number of units provided:

_____

13) **Hours of Work (Section 9.1):**

a) How many hours is considered a regular work week: _____

b) If workers work more than 60-hours a week, when does this occur and for how long: _____

c) Describe how you ensure workers have at least 24 consecutive hours of rest in every seven-day period:

_____

i. If workers do not have this rest day, how is this requested of workers and consent documented in writing:

_____

d) Describe your system in place demonstrating that workers voluntarily opt-in when overtime is offered (it is not mandatory) and that they are not retaliated against in any way for being unable or unwilling to perform overtime:

_____

e) Describe the timekeeping system you have in place to accurately account for hours worked:

_____

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f) How are workers informed that they have a paid 15-minute break at a minimum of every 4 hours and how does management ensure this requirement is met:

g) Describe how you monitor hours worked to ensure that hours do not pose health and safety risks to workers or others, as described in the A-9. Additional Guidance and Clarification- Farmer and Worker Fairness Pillar:

D. Animal Welfare

☐ NA, not enrolled in the Animal Welfare Pillar

1) **Animal Welfare Certificate (Section 1.1):**

a) Which third party Animal Welfare certification does your operation hold (If you hold more than one, specify the farm animal and site associated with each certificate in the "Details" section):

- ☐ Animal Welfare Approved by A Greener World
- ☐ Global Animal Partnership Step 4, 5, or 5+
- ☐ Certified Humane (Humane Farm Animal Care)
- ☐ Not currently certified to a required third-party certification but are in the certification process (indicate which certification you are pursuing):
- ☐ NA- operation is a dairy at ROC™ Bronze level.
- ☐ Details for multiple animal welfare certifications:

b) For laying hen operations, do you meet the Certified Humane Standards for Seasonal Pasture or Pasture Raised as outlined in Part 4: A&B of the Humane Farm Animal Care Animal Care Standards for Egg Laying Hens:

- ☐ Yes
- ☐ NA, not a laying hen operation

2) **Meat (Broiler) Chickens (Section 3.1):** ☐ NA, do not have meat chickens

a) The Framework Guidance, Animal Welfare (A-8. Additional Guidance) section 3.1 describes criteria for selecting meat chicken breeds. Select which one describes your breed selection:

- ☐ Breeds pass a recognized welfare assessment (RSPCA broiler breed welfare assessment, G.A.P.'s broiler chicken assessment protocol, OR
- ☐ Breeds have a genetic growth potential of no more than 0.10 lbs. (45g) per day when fed a non-nutrient-limiting diet.

b) Describe how your records separate the mortality and cull rates of each flock for the first seven days (day 0-6) from day 7 until slaughter:

c) Describe measures taken to ensure the annual mortality and cull rates from day 7 until slaughter do not exceed 6%, excluding losses or culls from predation:

d) Select which one describes meat chickens pasture access:

- ☐ Broiler chickens spend at least 51% of their lives in fully enclosed, covered mobile coops on pasture, that is at least 51% rooted vegetation. Bronze level.
- ☐ Broiler chickens spend more than 51% of their lives on pasture that is at least 51% rooted vegetation. During daylight hours, chickens can range freely on uncovered pasture outside of covered houses or mobile coops through exits from their housing units. They can be moved back into housing units at night for protection from predators. Uncovered pasture has areas of natural or artificial cover distributed throughout the uncovered pasture to encourage the chickens to range. Sheltered or shaded areas throughout the uncovered pasture provide the chickens with different places to retreat when real or perceived aerial predators, such as birds of prey or airplanes, are overhead. Cover also gives the chickens shade from the sun and shelter from wind and rain to allow the chickens to range more often. Silver level.
- ☐ Broiler chickens spend over 2/3 (66%) of their lives on uncovered pasture that is at least 75% rooted vegetation. During the day, they range on uncovered pasture, moving to their housing units at night for protection from predators. The uncovered pasture outside of housing/coops has outdoor cover distributed throughout the uncovered pasture to encourage the chickens to

range. A proportion of the outdoor cover is provided by natural sources, such as perennial trees or shrubs, or annual crops that grow to a height and/or density to provide the chickens with protective cover. Gold level.

3) **Physical Modifications- Poultry (Section 4.2):** ☐ NA, not a poultry operation.

a) Describe the environmental interventions used **prior** to beak trimming/de-beaking to reduce the incidence of injurious feather pecking:

---

b) If infrared beak trimming of chicks is done, provide a description of this practice that includes the exact timing it occurs and the method (this may be allowed on a case-by-case basis):

---

4) **Physical Modifications- Cattle (Section 4.2):** ☐ NA, not a cattle operation.

a) If disbudding or dehorning occur, provide a detailed description of your practice and how your operation complies with the specific requirements detailed in the Appendix, 1-A "Glossary of Key Terms" of the Framework:

---

5) **Disposition of Culled Animals- Dairies (Section 4.3):** ☐ NA, not a dairy operation.

a) Select which one describes your practices for culled dairy bull calves:

- ☐ Dairy bull calves are sold to an operation with a ROC™ approved animal welfare certification and/or an organization that provides continuous access to pasture. Bronze level.
- ☐ Dairy bull calves are sold to an operation providing continuous pasture access and raised to maturity. Silver level.
- ☐ Dairy bull calves are raised on site to maturity or sold to another ROC™ farm to be raised to maturity. Gold level.

6) **Livestock Facility Locations:**

a) All facilities used for livestock (i.e., feed storage, milking parlor, poultry housing, dairy animal housing, swine housing, etc.) enrolled in the ROC™ program are listed on the Parcels and Sites page of the ROSP: ☐ Yes