

# DEEMED STATUS LICENSING STUDY REPORT

## Michigan Department of Licensing and Regulatory Affairs

PROGRAM License Number <b>CR710200531</b>		Camp PROGRAM Name Camp Chickagami			Date of Licensing Inspection 7/6/2021	
Camp PROGRAM Address <b>6952 Kauffman Road</b>			City <b>Presque Isle</b>	State <b>MI</b>	Zip Code <b>49777</b>	Qualified Fire Inspection Date <b>9/3/2021</b>
SITE License Number <b>SR710200221</b>		SITE address, if different <b>6952 Kauffman Road</b>		City <b>Presque Isle</b>	Zip Code <b>MI 49777</b>	Environmental Health Inspection Date 9/20/2021
Onsite Designated Responsible Person <b>McKenzie Bade Knill</b>				Title <b>Program Director</b>		
Statements which appear opposite each rule number are summaries and are not identical to the Administrative rules of Camps.				Compliant	Non-Compliant	Not Applicable
<b>R 400.11102 Deemed Status.</b>						
(1) Evidence exists that the camp is currently accredited				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Camp has requested deemed status and has submitted a copy of the accreditation report and is on a regular license.				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R 400.11109 Staff</b>						
(4) A substitute camp director meets requirements of subpart (2) of this rule				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Personnel records, which include all the required information, exist for each staff member.				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Name <input checked="" type="checkbox"/> Position Documentation <input checked="" type="checkbox"/> Work History <input checked="" type="checkbox"/> References (3) <input checked="" type="checkbox"/> Conviction Record <input checked="" type="checkbox"/> Central Registry						
(8) Written job descriptions, which include all the required information, exist for each staff classification covered				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R 400.11122 Health care staff: residential; troop; travel camp</b>						
(1) The health officer has current CPR certification				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) A health officer is on duty or in residence at the camp.				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) The health officer is on duty and properly licensed or certified.				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) The health officer holds out-of-state license.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>R 400.11147 Reporting changes or cancellations to department.</b>						
A change or cancellation is reported by the licensee to the department				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>R 400.11149 Site; emergency procedures; plans; use of facilities; equipment; fire drills.</b>						
(1) The site and facilities of the camp do not present a fire, health or safety hazard				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Written procedures for response to potential emergencies and disasters have been established				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) The camp uses a campsite and facilities which comply with these administrative rules				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Equipment used in the camp is in good repair and is safe for campers				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Fire safety orientations are conducted for each new group of campers				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A written record of orientations is maintained				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R 400.11401 High adventure activities; definition, written statement; adult activity leader.</b>						
Rule 401. (1) The camp has identified high adventure activities as checked below:				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Target sports <input type="checkbox"/> Winter sports <input checked="" type="checkbox"/> Aquatics <input type="checkbox"/> Horseback riding and equestrian activity <input type="checkbox"/> Trail sports <input type="checkbox"/> Traveling groups <input type="checkbox"/> Adventure challenge courses <input type="checkbox"/> Other <input type="checkbox"/> Climbing and/or rappelling						

<b>R 400.11405 Certified Aquatic Supervisor.</b>			
(1) The aquatic supervisor is an adult, properly trained and certified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The aquatic supervisor is responsible for the enforcement of safety rules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An aquatic supervisor is on duty at each aquatic activity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) A camp for up to 50 campers which provides a swimming program has a properly trained and certified aquatic supervisor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Aquatic observers are 16 years of age or older and have completed training in basic water safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) The aquatic supervisor ensures that the ratio of aquatic staff to campers is maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) The aquatics staff is not engaged in any activity that distracts them from their duties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### AREAS OF NON-COMPLIANCE/ CORRECTIVE ACTION PLAN REQUIRED

If non-compliance was notated on this report, a written corrective action plan (CAP) is required. The corrective action plan is due 15 days from the date of this inspection and must include the following:


- How compliance with each rule will be achieved.
- Identification of who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the PROGRAM and SITE responsible designee and a date.

If you fail to submit an acceptable corrective action plan, disciplinary action may result.

	<b>YES</b>	<b>NO</b>
<b>A CAP was received onsite.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CAP was approved.</b>	<input type="checkbox"/>	<input type="checkbox"/>

### RECOMMENDATION

- ☒ Issuance of a regular license.
- ☐ Contingent upon receipt of acceptable ☐ **CAP** ☐ **QFI** ☐ **EHI**, a regular license will be issued.
- ☐ The status of the license remains unchanged.
- ☐ Contingent upon receipt of acceptable ☐ **CAP** ☐ **QFI** ☐ **EHI**, I recommend the status of the license remain unchanged.
- ☐ Disciplinary action is recommended. You will be notified in writing of the department's intention and your options for resolution of this matter.

Consultant's Signature	Consultants Printed name	Telephone Number	Date
	Greg Chromy	(906)202-3174	9/29/2021

LARA is an equal opportunity employer/program.