

CAMP LICENSING STUDY REPORT

Michigan Department of Licensing and Regulatory Affairs

PROGRAM License Number CD820323618	PROGRAM (CAMP) NAME Camp Mirage	Inspection Date 7/28/2022
PROGRAM Licensee Mailing address 39500 5 Mile Road		City Plymouth
	State MI	Zip 48170
SITE License Number SD820323621	SITE NAME Camp Mirage	OWNER/OPERATOR Is the PROGRAM Licensee the SITE Licensee? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
SITE ADDRESS 39500 5 Mile Road		City Plymouth
	State MI	Zip 48170
PROGRAM/SITE Affiliated Person with whom the LSR findings were shared. Cara Trost	Comprehensive Clearance on File (MCL 722.115c) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	E-MAIL caratrost@hotmail.com

GENERAL PROVISIONS (PART 1)

	Compliant	Non-Compliant	Not Applicable
R 400.11105 Variance from rules; Parts 1,2,3, and 4 A variance from an administrative rule including any conditions under which the variance was granted, is in effect and followed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
R 400.11107 Written policies, procedures, program statements, or plans; review. All camp's policies, procedures, program statements, or plans are available for review by the public. Inquiries are handled in a prompt and responsive manner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R 400.11109 Staff.			
(1) The camp director is on duty or is in residence at the camp and is responsible for day-to-day administration and assuring the care, safety, and protection of campers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) The camp director shall meet all the following requirements <input checked="" type="checkbox"/> 21 years of age <input checked="" type="checkbox"/> 8 weeks experience in working with population served <input checked="" type="checkbox"/> 4 weeks administrative experience in an organized camp <input checked="" type="checkbox"/> Familiar with administrative rules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) A camp shall notify the department within 30 days of employing a new camp director	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) A substitute camp director meets requirements of subpart (2) of this rule	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) A roster of all current staff members is maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) Staff members are evaluated in relation to duties assigned	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Personnel records include all the required information: <i>(Sample size: minimum 5 for a camp staff less than 50 and minimum of 10 for a camp staff of 50 or more, if camp staff is less than 5 then all staff files must be reviewed)</i> <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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff Size: 30 Reviewed: 5			
(8) Written job descriptions, which include all the required information, exist for each staff classification covered, and staff members have received a copy of their job description.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(9) A written pre-camp training program exists, and training time conforms to the camp's operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(10) The content is outlined in writing and includes <input checked="" type="checkbox"/> Camp philosophy, objectives and policies <input checked="" type="checkbox"/> Developmental needs and population served <input checked="" type="checkbox"/> Operating procedures related to staff member duties <input checked="" type="checkbox"/> Techniques of camper supervision <input checked="" type="checkbox"/> Camper behavior management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(11) An in-service training program exists	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
R 400.11111 Number of staff.															
(1) The licensee adheres to a written staffing schedule	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
(2) The ratio of adult staff members to campers is met and at least 2 adult staff members are on duty and in camp. <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>Below</u></td> <td style="width: 33%;"><u>13 or Older</u></td> <td style="width: 33%;"><u>Handicapped</u></td> </tr> <tr> <td><input type="checkbox"/> Awake = 1 for 10</td> <td><input type="checkbox"/> 1 for 14</td> <td><input type="checkbox"/> Awake = 1 for 3</td> </tr> <tr> <td><input type="checkbox"/> Sleep = 1 for 14</td> <td></td> <td><input type="checkbox"/> Sleep = 1 for 6</td> </tr> </table>	<u>Below</u>	<u>13 or Older</u>	<u>Handicapped</u>	<input type="checkbox"/> Awake = 1 for 10	<input type="checkbox"/> 1 for 14	<input type="checkbox"/> Awake = 1 for 3	<input type="checkbox"/> Sleep = 1 for 14		<input type="checkbox"/> Sleep = 1 for 6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<u>Below</u>	<u>13 or Older</u>	<u>Handicapped</u>													
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<input type="checkbox"/> Sleep = 1 for 14		<input type="checkbox"/> Sleep = 1 for 6													
(3) The camp director is not included in determining the staff member camper ratio and does not serve full-time as the health officer or as the aquatics supervisor, in camps over 50 campers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
R 400.11113 Behavior Management. [Does not apply to site licenses-R400.111106(2)]															
(1) The licensee has and follows a written camper behavior management policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
(2) Policy includes methods for the positive behavior management policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
(3) The policy covers all required topics Camper shall not be deprived of: <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Food</td> <td><input checked="" type="checkbox"/> Sleep</td> <td><input checked="" type="checkbox"/> Placed Alone</td> </tr> <tr> <td colspan="3">Subjected to:</td> </tr> <tr> <td><input checked="" type="checkbox"/> Hazing</td> <td><input checked="" type="checkbox"/> Ridicule</td> <td><input checked="" type="checkbox"/> Threat</td> </tr> <tr> <td><input checked="" type="checkbox"/> Corporal Punishment</td> <td><input checked="" type="checkbox"/> Excessive Physical Exercise</td> <td><input checked="" type="checkbox"/> Excessive Restraint</td> </tr> </table>	<input checked="" type="checkbox"/> Food	<input checked="" type="checkbox"/> Sleep	<input checked="" type="checkbox"/> Placed Alone	Subjected to:			<input checked="" type="checkbox"/> Hazing	<input checked="" type="checkbox"/> Ridicule	<input checked="" type="checkbox"/> Threat	<input checked="" type="checkbox"/> Corporal Punishment	<input checked="" type="checkbox"/> Excessive Physical Exercise	<input checked="" type="checkbox"/> Excessive Restraint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Food	<input checked="" type="checkbox"/> Sleep	<input checked="" type="checkbox"/> Placed Alone													
Subjected to:															
<input checked="" type="checkbox"/> Hazing	<input checked="" type="checkbox"/> Ridicule	<input checked="" type="checkbox"/> Threat													
<input checked="" type="checkbox"/> Corporal Punishment	<input checked="" type="checkbox"/> Excessive Physical Exercise	<input checked="" type="checkbox"/> Excessive Restraint													
(4) A copy of the policy is furnished to all staff members	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
R 400.11115 Protection laws															
The licensee has implemented a written plan to assure compliance with the child protection law and the adult protection law. The plan includes reporting responsibilities, confidentiality, and separation of alleged perpetrator from campers for as long as necessary to protect the safety and welfare of the campers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
R 400.11117 Camper Records															
(1) A current roster of all campers is maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
(2) Records for each camper are kept at the camp and include all the following information: <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Camper Name, Age, Address</td> <td><input checked="" type="checkbox"/> Authorized Person, Name, Address, Phone</td> </tr> <tr> <td><input checked="" type="checkbox"/> Arrival/Departure Dates</td> <td><input checked="" type="checkbox"/> Special Needs, Limitations, adaptations</td> </tr> </table>	<input checked="" type="checkbox"/> Camper Name, Age, Address	<input checked="" type="checkbox"/> Authorized Person, Name, Address, Phone	<input checked="" type="checkbox"/> Arrival/Departure Dates	<input checked="" type="checkbox"/> Special Needs, Limitations, adaptations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<input checked="" type="checkbox"/> Camper Name, Age, Address	<input checked="" type="checkbox"/> Authorized Person, Name, Address, Phone														
<input checked="" type="checkbox"/> Arrival/Departure Dates	<input checked="" type="checkbox"/> Special Needs, Limitations, adaptations														
(3) A written plan for release of campers has been established and includes all of the required information <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> When Released</td> <td><input checked="" type="checkbox"/> Where Released</td> <td><input checked="" type="checkbox"/> How</td> <td><input checked="" type="checkbox"/> To Whom</td> </tr> </table>	<input checked="" type="checkbox"/> When Released	<input checked="" type="checkbox"/> Where Released	<input checked="" type="checkbox"/> How	<input checked="" type="checkbox"/> To Whom	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<input checked="" type="checkbox"/> When Released	<input checked="" type="checkbox"/> Where Released	<input checked="" type="checkbox"/> How	<input checked="" type="checkbox"/> To Whom												
R 400.11119 Health service policy. [Does not apply to site licenses-R400.111106(2)]															
(1) The licensee has and follows an appropriate written health service policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
(2) The health service policy has been established in consultation with and review annually by a licensed physician	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
(3) The health service policy covers all of the required content <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Health Screening</td> <td><input checked="" type="checkbox"/> Disease Prevention</td> </tr> <tr> <td><input checked="" type="checkbox"/> Emergency Services/Transportation</td> <td><input checked="" type="checkbox"/> On-call Consultation</td> </tr> <tr> <td><input checked="" type="checkbox"/> First Aid and Health Care Supplies</td> <td><input checked="" type="checkbox"/> Storage/Administration Medications</td> </tr> </table>	<input checked="" type="checkbox"/> Health Screening	<input checked="" type="checkbox"/> Disease Prevention	<input checked="" type="checkbox"/> Emergency Services/Transportation	<input checked="" type="checkbox"/> On-call Consultation	<input checked="" type="checkbox"/> First Aid and Health Care Supplies	<input checked="" type="checkbox"/> Storage/Administration Medications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
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<input checked="" type="checkbox"/> Away from Site Procedures	<input checked="" type="checkbox"/> Daily Observation			
<input checked="" type="checkbox"/> Parent Notification	<input checked="" type="checkbox"/> Health Officer Staffing			
R 400.11121 Health care staff: day camp [Does not apply to site licenses-R400.111106(2)]				
(1) In a day camp with less than 20% campers with disabilities, the camp has an agreement with the local emergency service provider or an EMT or A health officer is on duty or properly licensed or certified.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) In a camp where 20% of the camper population are campers with disabilities, the health officer is on duty and properly licensed or certified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) The health officer holds out-of-state license	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R 400.11122 Health care staff: residential; troop; travel camp				
(1) The health officer has current CPR certification	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(2) A health officer is on duty or in residence at the camp	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(3) The health officer is on duty and properly licensed or certified	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(4) The health officer holds out-of-state license	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
R 400.11123 Health facilities.				
(1) A resident camp and a day camp shall have a designated area to serve as a health center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) The temporary isolation of any person in camp who is suspected of having a contagious disease is provided. The place of isolation ensures privacy and quiet and is not located in or directly adjacent to food areas.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Locked storage of all drugs and medication is provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R 400.11125 Health requirements for staff.				
(1) A health history statement for each staff member is maintained and safeguarded.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R 400.11127 Health requirements for campers [Does not apply to site licenses-R400.111106(2)]				
(1) For each camper, a statement signed by an authorized person is maintained which authorizes the camp to consent to emergency and routine medical care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) A health history statement which includes all the required information signed by an authorized person for each camper, is maintained in the camp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Current Drugs or Medications <input checked="" type="checkbox"/> Immunization Status <input checked="" type="checkbox"/> Allergies <input checked="" type="checkbox"/> Any special health and behavioral considerations <input checked="" type="checkbox"/> Physical Limitations				
(3) Health information is properly maintained and safeguarded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Camper health cards are maintained for three years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Camp follows health and behavioral instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) During off-site overnight activities, the medical treatment consent form, the health history statement, and the emergency contact information accompanies the camper	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Campers are screened within the first 24 hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The health screening includes all of the required content	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Medication(s) Check-in <input checked="" type="checkbox"/> Health History Review <input checked="" type="checkbox"/> Medication(s) in Original Containers <input checked="" type="checkbox"/> Physical State Observation <input checked="" type="checkbox"/> Campers Needs Discussion				

(8) A permanent medical record which lists all required information, is maintained <input checked="" type="checkbox"/> Treatment Date <input checked="" type="checkbox"/> Name <input checked="" type="checkbox"/> Ailment <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Treater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(9) A written report is submitted in the event of the death of a camper or when a camper accident or illness results in an overnight stay in a hospital. A camp shall submit the report within 48 hours of the death, injury, or illness. (Upon review of the medical record, all applicable reportable incidents were reported to the department and all incident reports since last onsite were reviewed as part of this inspection).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
R 400.11131 Nutrition and food service.			
(1) The licensee has and follows an appropriate written policy for the nutrition and food service program The policy covers all of the required subjects <input checked="" type="checkbox"/> Meal Pattern <input checked="" type="checkbox"/> Meal Hours <input checked="" type="checkbox"/> Service Type <input checked="" type="checkbox"/> Special Diets	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2) At least 3 meals are served each day in a resident or travel camp	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(3) Meals are sufficient in quantity and meet or exceed current nutritional guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(4) Special dietary needs are provided for in accordance with instruction from the camper's authorized person or a physician	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(5) Each week's menu is maintained on file until the end of the camp season	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
R 400.11133 High adventure activities (See R400.11403 for findings)			
R 400.11143 Transportation policy statement; vehicles and drivers; hayrides; watercraft.			
(1) The licensee has established and follows written policies for program and emergency transportation The policies include all of the required content <input checked="" type="checkbox"/> Driver Qualifications <input checked="" type="checkbox"/> Vehicle Inspection <input checked="" type="checkbox"/> Supervision <input checked="" type="checkbox"/> Emergency Evacuation <input checked="" type="checkbox"/> Loading/Unloading	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) The driver of any vehicle transporting campers is an adult and possesses a properly classified and valid license	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Vehicles used for the transportation of campers are appropriately licensed and inspected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) The driver and all passengers are properly restrained by the use of passenger safety belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Campers are transported only in vehicles designed for passenger transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(5) (a),(b),(c) The hay wagon used for hayrides is properly outfitted (marked/lighted, sideboards) and utilized (adult staff riding and supervising campers, campers keeping hands/feet inside the perimeter of the hay wagon)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) A vehicle is available at all times in a resident camp or a day camp for emergency use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Watercraft used to transport campers to and from campsite shall have a rated capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
R 400.11145 Traveling groups. [Does not apply to site licenses-R400.11106(2)]			
(1) 2 staff members, at least one adult, accompany any group	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) A travel plan with itinerary and pre-established check-in times is on file at the resident camp for a group of campers traveling away from the resident camp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) A staff member has training, and certification based on availability of emergency medical services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

R 400.11146 Travel and troop camps. [Does not apply to site licenses-R400.11106(2)]			
(1) A travel plan that includes the itinerary and pre-established check-in times is left with a designated home base person	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2) A copy of the itinerary and the name and telephone number of the home base person is provided to the department and to each camper's authorized person	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(3) A pre-established emergency assistance plan is initiated upon the failure of a travel camp to meet a check-in time	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
R 400.11147 Reporting changes or cancellations to department.			
A change or cancellation is reported by the licensee to the department	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R 400.11149 Site; emergency procedures; plans; use of facilities; equipment; fire drills.			
(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 and written record maintained for the season.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIRE SAFETY (PART 2)

R 400.11201 Applicability			Compliant	Non-Compliant	Not Applicable
QFI Inspection Date: (Completed within two-year period)	Rating:	QFI Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
R 400.11227 Occurrence of fire. (Upon review, all applicable reportable fire incidents were reported to the department and all incident reports since last onsite were reviewed as part of this inspection).			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENVIRONMENTAL HEALTH AND SAFETY (PART 3)

R 400.11302 Applicability			Compliant	Non-Compliant	Not Applicable
EHI Inspection Date: (Completed within one-year period)	Rating:		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

HIGH ADVENTURE ACTIVITIES (PART 4)

Responsibility for High Adventure Activities:	PROGRAM and SITE operator are same licensee: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (see below the who is responsible for operating high adventure activities)		
Camp SITE Licensee: <input checked="" type="checkbox"/> <i>When SITE licensee responsible for the high adventure activity, PART 4 review can be found on the SITE license LSR. A listing of high adventure activities offered to the program can be found in R400.11403.</i>	Camp PROGRAM Licensee: <input checked="" type="checkbox"/> <i>When citations are found for a program licensee not operating the high adventure activity, cite R400.11403 when violations are found</i>		
High Adventure Activity means "a camp program that requires specially trained staff or special safety precautions to reduce the possibility of an accident." [R400.11401(1)]			
R 400.11401 High adventure activities; definition, written statement; adult activity leader. (All Citations for items (1), (2), (3) are checked and addressed in the findings box below the activity)			
(1) The camp has accurately identified all high adventure activities that meets the definition of "high adventure activity".			

(2) Develop and assure adherence to a written program statement covering all the following:

- (a) Activity leader training and experience qualifications
- (b) Specific staff-to-camper ratio appropriate to the activity
- (c) Classification and limitations for camper participation
- (d) Arrangement, maintenance, and inspection of the activity area
- (e) Appropriate equipment and inspection and maintenance
- (f) Safety precautions

(3) Conducted by an adult activity leader who has training or experience in conducting the activity

	Compliant	Non-compliant	Not Applicable		Compliant	Non-Compliant	Not Applicable
Boating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Archery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sailing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rifery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canoeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hiking/Backpacking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wading	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obstacle Course (Low)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water-Skiing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rappelling/Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waterslide	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High Ropes Course	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go Carts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Zipline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel Groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horseback Riding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnastics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Consider winter sports)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

R 400.11403 Applicability. (R400.11133)

(1) Campsite licensee complies with the high adventure rules for each high adventure activity

(2) Camp program licensee, at an unlicensed site, complies with the high adventure rules for each high adventure activity

R 400.11405 Certified Aquatic Supervisor.

(1) The aquatic supervisor is an adult, properly trained and certified, responsible for the enforcement of safety rules and procedures governing all aquatic activity, and be present during all aquatic activity.

(2) The number of aquatic supervisors needed for an aquatic activity shall be 1 certified aquatic supervisor for up to 50 campers. For more than 50 campers, an additional certified aquatic supervisor is required.

(3) Camps using MDEQ licensed public swimming pools shall verify the pool is currently licensed and in compliance with MDEQ standards for lifeguards. The camp is responsible for complying with R400.11111(number of staff) to ensure adequate supervision of campers. If pool not required to have lifeguards by MDEQ, the camp follows the standards for aquatic supervisors in subrule (2).

(4) Certified aquatic supervisor is appropriate certified as specified in the high adventure statement for each aquatic activity and standards adopted by reference R400.11103.

(5) The aquatics staff is not engaged in any activity that distracts them from their duties

R 400.11407 Aquatic observers.

(1) Aquatic observer has received training in all required content

(2) The requirement is met for number of aquatic observers needed for each aquatic activity

(3) Camps using MDEQ licensed swimming pools meets the requirement for number of aquatic observers needed for each aquatic activity

(4) The aquatics staff is not engaged in any activity that distracts them from their duties

R 400.11409 Swimming area; lifesaving equipment.

(1) Areas for advanced swimmers, intermediate swimmers, and non-swimmers have been clearly delineated

(2) Lifesaving equipment is provided for each permanent swimming area, is immediately available in case of emergency, and at minimum includes all the required items.
 Signal Devices Reaching Devices Throwing Device
 Backboard & Straps First Aid Kit Rescue Tube

(3) Lifesaving equipment is provided for all non-swimming aquatic activities, at temporary swimming site, is immediately available in case of emergency, and at minimum includes all required items.
 Signal device Throwing device First aid kit

R 400.11411 Aquatic procedures.

(1) Each camper is classified according to their aquatic ability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) The licensee does not permit a camper to participate in an aquatic activity requiring higher skills than the camper's swimming classification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) A method for supervising campers involved in an aquatic activity is enforced, including procedures for check-in, check-out, and the periodic accounting of each camper at least once every 10 minutes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) A written aquatic emergency plan has been established, is followed, and covers all required content. <input checked="" type="checkbox"/> Procedures/drills <input checked="" type="checkbox"/> Accountability <input checked="" type="checkbox"/> Evacuation <input checked="" type="checkbox"/> Service notification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) The aquatic supervisor ensures that the ratio of 1 aquatic observer for every 10 campers is maintained at sites other than a permanent camp waterfront, accounting system is used, and account of campers completed at least once every 5 minutes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) Swimming is conducted only during daylight hours <input type="checkbox"/> Camp has lighted pool	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Headfirst diving areas are designated, and the water is not less than 5 feet deep	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(8) Diving meets minimum requirements <input checked="" type="checkbox"/> Height from water <input checked="" type="checkbox"/> Water depth <input checked="" type="checkbox"/> Clearance distance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
R 400.11413 Watercraft and waterskiing.			
(1) Watercraft activities are conducted only during daylight hours	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2) The camp ensures that an occupant of a watercraft wears an appropriately sized, coast guard approved, personal flotation device.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(3) A sized Coast Guard approved personal flotation device approved for water skiing is worn by any water-skier or other towed activity participant.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(4) Non-swimmers are not permitted in a sailboat unless accompanied by an adult swimmer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(5) The aquatic supervisor or an adult aquatic observer has immediate access to an emergency watercraft, appropriate for size and capacity to provide emergency assistance appropriate to the size and conditions of the body of water.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(6) The watercraft docking area is not in a swimming area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

AREAS OF NON-COMPLIANCE/CORRECTIVE ACTION PLAN

Areas of non-compliance notated on this report, require a corrective action plan (CAP). Items of non-compliance requiring a written corrective action plan are noted within the report.

The written corrective action plan is due 15 days from the date this inspection report was sent 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 responsible designee and a date.

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

Additional Comments:

RECOMMENDATION

<p style="text-align: center;">RENEWAL INSPECTION</p> <p><input type="checkbox"/> I recommend Issuance of a regular license.</p> <p><input type="checkbox"/> Contingent upon receipt of acceptable written CAP, I recommend a regular license will be issued.</p>	<p style="text-align: center;">INTERIM INSPECTION</p> <p><input checked="" type="checkbox"/> I recommend the status of the license remains unchanged.</p> <p><input type="checkbox"/> Contingent upon receipt of acceptable written CAP, I recommend the status of the license remain unchanged.</p>
<p><input type="checkbox"/> Disciplinary action is recommended. You will be notified in writing of the department's intention and your options for resolution of this matter.</p>	

Consultant's Signature	Consultant's Printed name	Telephone Number	Date Report Sent
Brian Peterson	Brian Peterson	248-392-5299	7/28/2022

LARA is an equal opportunity employer/program.