

DEEMED STATUS LICENSING STUDY REPORT
Michigan Department of Licensing and Regulatory Affairs

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| PROGRAM License Number CR710200531 | PROGRAM (CAMP) Name Camp Chickagami | Date of Licensing Inspection 8/2/2022 | | |
| PROGRAM License Mailing Address 6952 Kauffman Road | City Presque Isle | State MI | Zip Code 49777 | |
| SITE License Number SR710200221 | SITE address, if different 6952 Kauffman Rd | City Presque Isle | MI MI | Zip Code 49777 |
| PROGRAM/SITE Affiliated Person with whom the LSR findings were shared. McKenzie Bade-Knill | Comprehensive Clearance on File (MCL 722.115c) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | E-MAIL mckenzie@campchickagami.org | | |
| Statements which appear opposite each rule number are summaries and are not identical to the Administrative rules of Camps. | | Compliant | Non-Compliant | Not Applicable |
| R 400.11102 Deemed Status. | | | | |
| (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"/> |
| R 400.11109 Staff | | | | |
| (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"/> 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (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"/> |
| R 400.11122 Health care staff: residential; troop; travel camp | | | | |
| (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"/> |
| 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 | | <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"/> |
| FIRE SAFTY (PART 2) | | | | |
| R 400.11201 Applicability | | Compliant | Non-Compliant | Not Applicable |
| QFI Inspection Date: 9/3/21 (Completed within two-year period) | Rating: A | QFI Name: Fred Willie | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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|--|-------------------------------------|--------------------------|--|
| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | |
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ENVIRONMENTAL HEALTH AND SAFETY (PART 3)

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| R 400.11302 Applicability | Compliant | Non-Compliant | Not Applicable |
| EHI Inspection Date: 7/28/22 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rating: A | | | |

HIGH ADVENTURE ACTIVITIES (PART 4)

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.

(1) The camp has accurately identified all high adventure activities that meets the definition of "high adventure activity".

| | Compliant | Non-Compliant | Not Applicable | | Compliant | Non-Compliant | Not Applicable |
|---------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Boating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Archery | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sailing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Riflery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Canoeing | <input checked="" 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 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High Ropes Course | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Go Carts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Zipline | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Travel Groups | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Horseback Riding | <input 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) | | | |

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| R 400.11405 Certified Aquatic Supervisor. | | | |
| (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

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

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| RENEWAL INSPECTION | INTERIM INSPECTION |
| <input type="checkbox"/> I recommend Issuance of a regular license. <input type="checkbox"/> Contingent upon receipt of acceptable written CAP , I recommend a regular license will be issued. | <input checked="" type="checkbox"/> I recommend the status of the license remains unchanged. <input type="checkbox"/> Contingent upon receipt of acceptable written CAP , I recommend the status of the license remain unchanged. |
| <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. | |

| Consultant's Signature | Consultants Printed name | Telephone Number | Date Report Sent |
|--|--------------------------|------------------|------------------|
|  | Greg Chromy | (906)202-3174 | 8/3/2022 |

LARA is an equal opportunity employer/program.