CAMP LICENSING STUDY REPORT

Michigan Department of Lifelong Education, Advancement, and Potential

PROGRAM License Number	PROGRAM (CAMP) NAME		Inspection Date		
CR740200584	Camp Hawthorn Hollow		7/8/2024		
PROGRAM Licensee Mailing address			**City**	**State**	**Zip**
1046-B Mayer Rd.			Columbus	MI	48063
SITE License Number	**SITE NAME**	**OWNER/OPERATOR**		Yes	No
SR740200321	Camp Hawthorn Hollow	**Is the PROGRAM Licensee the SITE License?**		☒	☐
SITE ADDRESS			**City**	**State**	**Zip**
1046-B Mayer Rd.			Columbus	MI	48063
PROGRAM/SITE Affiliated Person with whom the LSR findings were shared.	**Comprehensive Clearance on File (MCL 722.115c)**		**E-MAIL**		
Mary Pierpoint	☒ Yes ☐ No		mpierpoint@gssem.org		

GENERAL PROVISIONS (PART 1)

The listed rules below are summary statements. For the complete text of the rule go to licensing rules for Children's and Adult Foster Care Camps.[R400.11101-R400.11413]	**Compliant?**
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	**N/A**
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.	**YES**
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	**YES**
(2) The camp director shall meet all the following requirements • 21 years of age • 4 weeks administrative experience in an organized camp • 8 weeks experience in working with population served • Familiar with administrative rules	**YES**
(3) A camp shall notify the department within 30 days of employing a new camp director	**YES**
(4) A substitute camp director meets requirements of subpart (2) of this rule	**YES**
(5) A roster of all current staff members is maintained	**YES**
(6) Staff members are evaluated in relation to duties assigned	**YES**
(7) Personnel records include all the required information: *(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)* • Name • Position Documentation • Work History • References (3) • Conviction Record • Central Registry	**NO** Staff Size: 25 Reviewed:5
Findings: Needs 3 references for each employee. Adults attending Mackinac Island trip must have employee files.Written corrective action plan required.	
(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.	**YES**
(9) A written pre-camp training program exists, and training time conforms to the camp's operation.	**YES**
(10) The content is outlined in writing and includes • Camp philosophy, objectives, and policies • Operating procedures related to staff member duties • Camper behavior management • Developmental needs and population served • Techniques of camper supervision	**YES**

(11) An in-service training program exists	**YES**
R 400.11111 Number of staff. (1) The licensee adheres to a written staffing schedule	**YES**
(2) The ratio of adult staff members to campers is met and at least 2 adult staff members are on duty and in camp. Below: ☒ Awake = 1 for 10; ☒ Sleep = 1 for 14 13 or Older: ☒ 1 for 14 Handicapped: ☐ Awake = 1 for 3; ☐ Sleep = 1 for 6	**YES**
(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	**YES**
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	**YES**
(2) Policy includes methods for the positive behavior management policy	**YES**
(3) The policy covers all required topics Camper shall not be deprived of: • Food • Sleep • Placed Alone Subjected to: • Hazing • Ridicule • Threat • Corporal Punishment • Excessive Physical Exercise • Excessive Restraint	**YES**
(4) A copy of the policy is furnished to all staff members	**YES**
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.	**YES**
R 400.11117 Camper Records (1) A current roster of all campers is maintained	**YES**
(2) Records for each camper are kept at the camp and include all the following information: • Camper Name, Age, Address • Authorized Person, Name, Address, Phone • Arrival/Departure Dates • Special Needs, Limitations, adaptations	**NO**
Findings: Mackinac Troops did not have phone numbers for authorized pickup persons.Written corrective action plan required.	
(3) A written plan for release of campers has been established and includes all of the required information • When Released • Where Released • How • To Whom	**NO**
Findings: Needs to develop for Mackinac Troops and be consistent. Written corrective action plan required.	
R 400.11119 Health service policy. [Does not apply to site licenses-R400.11106(2)] (1) The licensee has and follows an appropriate written health service policy	**YES**
(2) The health service policy has been established in consultation with and review annually by a licensed physician	**YES**
(3) The health service policy covers all of the required content • Health Screening • Disease Prevention • Emergency Services/Transportation • On-call Consultation • First Aide and Health Care Supplies • Storage/Administration Medications • Away from Site Procedures • Daily Observation	**NO**

• Parent Notification • Health Officer Staffing	
Findings: Health service policy needs to be updated to contain all above information. Site specific policy needed for travel groups. Written corrective action plan required.	
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.	**N/A**
(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	**N/A**
(3) The health officer holds out-of-state license	**N/A**
R 400.11122 Health care staff: residential; troop; travel camp (1) The health officer has current CPR certification	**YES**
Findings: Sandra Evanski- registered nurse	
(2) A health officer is on duty or in residence at the camp	**YES**
(3) The health officer is on duty and properly licensed or certified	**YES**
(4) The health officer holds out-of-state license	**NO**
R 400.11123 Health facilities. (1) A resident camp and a day camp shall have a designated area to serve as a health center	**YES**
(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.	**YES**
(3) Locked storage of all drugs and medication is provided	**YES**
R 400.11125 Health requirements for staff. (1) A health history statement for each staff member is maintained and safeguarded.	**NO**
Findings: Need for adults attending Mackinac Island Trips. Written corrective action plan required.	
R 400.11127 Health requirements for campers [Does not apply to site licenses-R400.11106(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	**YES**
(2) A health history statement which includes all the required information signed by an authorized person for each camper, is maintained in the camp • Current Drugs or Medications • Immunization Status • Allergies • Any special health and behavioral considerations • Physical Limitations	**NO**
Findings: Needs to add in physical limitations to form. Mackinac Island troop forms need to be updated to be contain all required information. Written corrective action plan required.	
(3) Health information is properly maintained and safeguarded	**YES**
(4) Camper health cards are maintained for three years	**YES**
(5) Camp follows health and behavioral instructions	**YES**
(6) During off-site overnight activities, the medical treatment consent form, the health history statement, and the emergency contact information accompanies the camper	**YES**
(7) Campers are screened within the first 24 hours The health screening includes all of the required content • Medication(s) Check-in • Health History Review • Medication(s) in Original Containers • Physical State Observation • Campers Needs Discussion	**YES** **YES**

(8) A permanent medical record which lists all required information, is maintained • Treatment Date • Name • Ailment • Treatment • Treater	**YES**
(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).	**YES**
R 400.11131 Nutrition and food service. (1) The licensee has and follows an appropriate written policy for the nutrition and food service program	**YES**
The policy covers all of the required subjects • Meal Pattern • Meal Hours • Service Type • Special Diets	
(2) At least 3 meals are served each day in a resident or travel camp	**YES**
(3) Meals are sufficient in quantity and meet or exceed current nutritional guidelines	**YES**
(4) Special dietary needs are provided for in accordance with instruction from the camper's authorized person or a physician	**YES**
(5) Each week's menu is maintained on file until the end of the camp season	**YES**
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 • Driver Qualifications • Vehicle Inspection • Supervision • Emergency Evacuation • Loading/Unloading	**NO**
Findings: No transportation policy statements for Mackinac Island troops. Written corrective action plan required.	
(2) The driver of any vehicle transporting campers is an adult and possesses a properly classified and valid license	**YES**
(3) Vehicles used for the transportation of campers are appropriately licensed and inspected	**YES**
(4) The driver and all passengers are properly restrained by the use of passenger safety belts	**YES**
(5) Campers are transported only in vehicles designed for passenger transportation	**YES**
(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)	**N/A**
(6) A vehicle is available at all times in a resident camp or a day camp for emergency use	**YES**
(7) Watercraft used to transport campers to and from campsite shall have a rated capacity	**N/A**
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	**YES**
(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	**YES**
(3) A staff member has training, and certification based on availability of emergency medical services	**YES**

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	**YES**
(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	**YES**
(3) A pre-established emergency assistance plan is initiated upon the failure of a travel camp to meet a check-in time	**YES**
R 400.11147 Reporting changes or cancellations to department. A change or cancellation is reported by the licensee to the department	**N/A**
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	**YES**
(2) Written procedures for response to potential emergencies and disasters have been established	**YES**
(3) The camp uses a campsite and facilities which comply with these administrative rules	**YES**
(4) Equipment used in the camp is in good repair and is safe for campers	**YES**
(5) Fire safety orientations are conducted for each new group of campers and written record maintained for the season.	**NO**
Findings: No record for traveling groups or regular resident camp. Written corrective action plan required.	

FIRE SAFETY (PART 2)

R 400.11201 Applicability			**Compliant?**
QFI Inspection Date: 2-14-2024 (Completed within two-year period)	**Rating: A**	**QFI Name: Joseph Felton**	**YES**
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).			**YES**

ENVIRONMENTAL HEALTH AND SAFETY (PART 3)

R 400.11302 Applicability			**Compliant?**
EHI Inspection Date: 5-21-24 (Completed within one-year period)	**Rating: A**		**YES**

HIGH ADVENTURE ACTIVITIES (PART 4)

Responsibility for High Adventure Activities:	PROGRAM and SITE operator are same licensee: ☒ Yes ☐ No (see below the who is responsible for operating high adventure activities)
Camp SITE Licensee: ☐ *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.*	Camp PROGRAM Licensee: ☒ *When citations are found for a program licensee not operating the high adventure activity, cite R400.11403 when violations are found*
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?		Compliant?
Boating	N/A	Archery	YES
Sailing	N/A	Riflery	N/A
Canoeing	N/A	Cycling	N/A
Swimming	YES	Hiking/Backpacking	N/A
Wading	YES	Obstacle Course (Low)	YES
Water-Skiing	N/A	Rappelling/Climbing	YES
Waterslide	N/A	High Ropes Course	YES
Go Carts	N/A	Zipline	YES
Travel Groups	YES	Horseback Riding	N/A
Gymnastics	N/A	Other: **Slingshots**	YES
Other: **Axe Throwing**	YES	Other:	SELECT
Other: **BB Guns**	YES	(Consider winter sports)	

R 400.11403 Applicability. (R400.11133) (1) Campsite licensee complies with the high adventure rules for each high adventure activity	**YES**
(2) Camp program licensee, at an unlicensed site, complies with the high adventure rules for each high adventure activity	**N/A**
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.	**YES**
(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.	**YES**
(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).	**YES**
(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.	**YES**
(5) The aquatics staff is not engaged in any activity that distracts them from their duties	**YES**
R 400.11407 Aquatic observers. (1) Aquatic observer has received training in all required content	**NO**
Findings: A more detailed training for aquatic observers is needed. Written corrective action plan required.	
(2) The requirement is met for number of aquatic observers needed for each aquatic activity	**YES**
(3) Camps using MDEQ licensed swimming pools meets the requirement for number of aquatic observers needed for each aquatic activity	**YES**
(4) The aquatics staff is not engaged in any activity that distracts them from their duties	**YES**
R 400.11409 Swimming area; lifesaving equipment. (1) Areas for advanced swimmers, intermediate swimmers, and non-swimmers have been clearly delineated	**YES**
(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	**YES**
(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	**YES**
R 400.11411 Aquatic procedures. (1) Each camper is classified according to their aquatic ability	**YES**
(2) The licensee does not permit a camper to participate in an aquatic activity requiring higher skills than the camper's swimming classification	**YES**

(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.	**YES**
(4) A written aquatic emergency plan has been established, is followed, and covers all required content. • Procedures/drills • Accountability • Evacuation • Service notification	**YES**
(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.	**N/A**
(6) Swimming is conducted only during daylight hours; this rule does not prohibit the use of swimming pools that have underwater and deck lighting that provides unrestricted vision.	**YES**
(7) Headfirst diving areas are designated, and the water is not less than 5 feet deep	**N/A**
(8) Diving meets minimum requirements of height, water depth, and clearance distance.	**N/A**
R 400.11413 Watercraft and waterskiing. (1) Watercraft activities are conducted only during daylight hours	**N/A**
(2) The camp ensures that an occupant of a watercraft wears an appropriately sized, coast guard approved, personal flotation device.	**N/A**
(3) A sized Coast Guard approved personal flotation device approved for water skiing is worn by any water-skier or other towed activity participant.	**N/A**
(4) Non-swimmers are not permitted in a sailboat unless accompanied by an adult swimmer	**N/A**
(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.	**N/A**
(6) The watercraft docking area is not in a swimming area	**N/A**

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:

Please review the above findings and provide a written corrective action plan addressing the violations. If you have any questions, please contact me at the number below.

RECOMMENDATION

RENEWAL INSPECTION	INTERIM INSPECTION
☐ I recommend issuance of a regular license. ☐ CAP was received and approved onsite; I recommend issuance of a regular license. ☒ Contingent upon receipt of acceptable written CAP, I recommend a regular license will be issued.	☐ I recommend the status of the license remains unchanged. ☐ CAP was received and approved onsite; I recommend license remains unchanged. ☐ Contingent upon receipt of acceptable written CAP, 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	Consultant's Printed name	Telephone Number	Date Report Sent
Mary Beffa	Mary Beffa	616-699-3639	7/31/2024

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