# DEEMED CAMP LICENSING STUDY REPORT

Michigan Department of Lifelong Education, Advancement, and Potential

| PROGRAM License Number | PROGRAM (Camp) Name | Inspection Date | Inspection Type | |
|---|---|---|---|---|
| CR380200900 | YMCA Storer Camps | 6/26/2025 | Renewal | |
| **PROGRAM Licensee Mailing Address** | | **City** | **State** | **Zip** |
| 6941 N Stony Lake | | Jackson | MI | 49201 |
| **SITE License Number** | **SITE Name** | **Accrediting Body:** | | |
| SR380200088 | YMCA Storer Camps | ☒ American Camping Association (ACA)<br>☐ National Camp Accreditation Program (Scouts) | | |
| **SITE Address** | | **City** | **State** | **Zip** |
| 6941 N Stony Lake | | Jackson | MI | 49201 |

| PROGRAM/SITE Affiliated Person with whom the LSR findings were shared. | Comprehensive Clearance on File (MCL 722.115c) | E-MAIL |
|---|---|---|
| Derek Bycraft<br>Melissa DiFiori | ☒ Yes ☐ No | dbycraft@ymcastorercamps.org<br>mdifiori@ymcastorercamps.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 | Violation | N/A |
|---|---|---|---|
| **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. | | | |
| Findings: | | | |
| **R 400.11102 Deemed Status.** | ☒ | ☐ | ☐ |
| (1) Evidence exists that the camp is currently accredited.<br>(2) Camp has requested deemed status and has submitted verification of accreditation and is on a regular license. | | | |
| Findings: | | | |
| **R 400.11109 Staff.** | ☒ | ☐ | ☐ |
| (4) If the camp director is away from the operation for more than 12 hours, the person who is left in charge meets all the requirements of subpart (2) of this rule. | | | |
| (7) Personnel records include all the required information: Name, Position Documentation, Work History, References (3), Conviction record, and if needed, Central Registry.<br>*(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)* | Camp Staff Size: 101<br>Files Reviewed: 10 | | |
| (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. | | | |
| Findings: | | | |
| **R 400.11122 Health care staff: residential; troop; travel camp** | ☒ | ☐ | ☐ |
| (1) The health officer has current CPR certification.<br>(2) A health officer is on duty or in residence at the camp.<br>(3) The health officer is on duty and properly licensed or certified.<br>(4) A person who is licensed in another state or Canadian province as a physician, physician's assistant, nurse, or EMT is deemed to meet the requirements of subrules (3) and (4) of this rule. | | | |
| Findings: | | | |
| **R 400.11147 Reporting changes or cancellations to department.** | ☐ | ☐ | ☒ |
| A change or cancellation is reported by the licensee to the department. | | | |
| Findings: | | | |
| **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.<br>(2) Written procedures for response to potential emergencies and disasters have been established.<br>(3) The camp uses a campsite and facilities which comply with these administrative rules.<br>(4) Equipment used in the camp is in good repair and is safe for campers.<br>(5) Fire safety orientations are conducted for each new group of campers and written record maintained for the season. | | | |
| Findings: | | | |

## FIRE SAFETY (PART 2)

| | | | | | |
|---|---|---|---|---|---|
| **R 400.11201 Applicability:**<br><br>**QFI Inspection Date:** 06/10/2025<br>(Completed within two-year period) | **Rating:** A | **QFI Name:** Art Eastman | ☒ | ☐ | ☐ |
| **R 400.11227 Occurrence of fire.**<br>(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). | | | ☐ | ☐ | ☒ |

Findings:

## ENVIRONMENTAL HEALTH AND SAFETY (PART 3)

| | | | | | |
|---|---|---|---|---|---|
| **R 400.11302 Applicability**<br><br>**EHI Inspection Date:** 5/29/2025<br>(Completed within one-year period) | **Rating:** A | **Health Department Name:** Jason Bartholomew | ☒ | ☐ | ☐ |

Findings:

## 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)]

**Is the PROGRAM and SITE the same licensee?** ☒ **Yes** ☐ **No**

*If yes, then high adventure activities offered are identified under SITE below. If no, then licensee responsible for high adventure activities is identified in table below.*

**High Adventure Activities Offered and Responsibility for Operation**

| | PROGRAM | SITE | NOT APPLICABLE | | PROGRAM | SITE | NOT APPLICABLE |
|---|---|---|---|---|---|---|---|
| Boating | ☐ | ☐ | ☒ | Archery | ☒ | ☐ | ☐ |
| Sailing | ☒ | ☐ | ☐ | Riflery | ☐ | ☐ | ☒ |
| Canoeing | ☒ | ☐ | ☐ | Cycling | ☐ | ☐ | ☒ |
| Swimming | ☒ | ☐ | ☐ | Backcountry Camping | ☐ | ☐ | ☒ |
| Wading | ☐ | ☐ | ☒ | Obstacle Course (Low) | ☒ | ☐ | ☐ |
| Water-Skiing | ☐ | ☐ | ☒ | Rappelling/Climbing | ☒ | ☐ | ☐ |
| Waterslide | ☐ | ☐ | ☒ | High Ropes Course | ☒ | ☐ | ☐ |
| Go Carts | ☐ | ☐ | ☒ | Zipline | ☐ | ☐ | ☒ |
| Travel Groups | ☐ | ☐ | ☒ | Horseback Riding | ☒ | ☐ | ☐ |
| Gymnastics | ☐ | ☐ | ☒ | Other: PaddleBoards | ☒ | ☐ | ☐ |
| Other: Aqua Park | ☒ | ☐ | ☐ | Other: The Blob | ☒ | ☐ | ☐ |
| Other: Kayak | ☒ | ☐ | ☐ | Other: | ☐ | ☐ | ☐ |

| | Compliant | Violation | N/A |
|---|---|---|---|
| **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".
(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.

Findings:

| | | | |
|---|---|---|---|
| **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.

Findings:

## AREAS OF NON-COMPLIANCE/CORRECTIVE ACTION PLAN

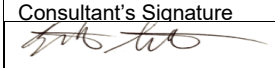
Areas of non-compliance notated on this report as violations, require a corrective action plan (CAP). Violations requiring a written corrective action plan are noted within the report. If you fail to submit an acceptable corrective action plan, disciplinary action may result. The written corrective action 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.

**Additional Comments:**

## RECOMMENDATION

| RENEWAL INSPECTION | INTERIM INSPECTION |
|---|---|
| ☒ I recommend license issuance.<br>☐ CAP was received and approved onsite; I recommend license issuance.<br>☐ Contingent upon receipt of acceptable written CAP, I recommend a license issuance.<br>☐ Disciplinary action is recommended. | ☐ I recommend the status of the license remains unchanged.<br>☐ CAP was received and approved onsite; I recommend license remains unchanged.<br>☐ Contingent upon receipt of acceptable written CAP, I recommend the status of the license remains unchanged.<br>☐ Disciplinary action is recommended. |

| Consultant's Signature | Consultant's Printed Name | Telephone Number | Date Report Sent |
|---|---|---|---|
|  | Crystal Smith | 517-331-8368 | 7/1/2025 |

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