

# CAMP LICENSING STUDY REPORT

Michigan Department of Lifelong Education, Advancement, and Potential

| PROGRAM License Number                                                 | PROGRAM (Camp) Name                                                 | Inspection Date                                                     | Inspection Type |
|------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|-----------------|
| CD820323618                                                            | Camp Mirage                                                         | 8/1/2025                                                            | Renewal         |
| PROGRAM Licensee Mailing Address                                       |                                                                     | City                                                                | State Zip       |
| 39500 Five Mile                                                        |                                                                     | Plymouth                                                            | MI 48170        |
| SITE License Number                                                    | SITE Name                                                           | Is the PROGRAM Licensee the SITE License?                           |                 |
| SD820323621                                                            | Camp Mirage                                                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| SITE Address                                                           |                                                                     | City                                                                | State Zip       |
| 39500 Five Mile                                                        |                                                                     | Plymouth                                                            | MI 48170        |
| PROGRAM/SITE Affiliated Person with whom the LSR findings were shared. | Comprehensive Clearance on File (MCL 722.115c)                      | E-MAIL                                                              |                 |
| Cara Trost                                                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | caratrost@hotmail.com                                               |                 |

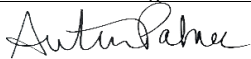
## GENERAL PROVISIONS (PART 1)

| 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                                 |              |                    |                                  |                  |          |                 |                  |  |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------|--------------------|----------------------------------|------------------|----------|-----------------|------------------|--|-----------------|
| <b>R 400.11105 Variance from rules; Parts 1,2,3, and 4.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |              |                    |                                  |                  |          |                 |                  |  |                 |
| A variance from an administrative rule including any conditions under which the variance was granted, is in effect and followed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                     |                                     |              |                    |                                  |                  |          |                 |                  |  |                 |
| Findings:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                     |                                     |              |                    |                                  |                  |          |                 |                  |  |                 |
| <b>R 400.11107 Written policies, procedures, program statements, or plans; review.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |              |                    |                                  |                  |          |                 |                  |  |                 |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |              |                    |                                  |                  |          |                 |                  |  |                 |
| Findings:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                     |                                     |              |                    |                                  |                  |          |                 |                  |  |                 |
| <b>R 400.11109 Staff.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |              |                    |                                  |                  |          |                 |                  |  |                 |
| <p>(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.</p> <p>(2) The camp director shall meet all the following requirements: a) not less than 21 years old, b) minimum 8 weeks full-time experience working with a population similar to that which the camp serves, c) minimum 4 weeks full-time administrative experience in an organized camp or similar program, d) camp director is familiar with the camp administrative rules.</p> <p>(3) A camp shall notify the department within 30 days of employing a new camp director.</p> <p>(4) A substitute camp director meets requirements of subpart (2) of this rule.</p> <p>(5) A roster of all current staff members is maintained.</p> <p>(6) Before assignment, staff members are evaluated in relation to duties to be assigned.</p> <p>(7) Personnel records include all the required information: Name, Position Documentation, Work History, References (3), Conviction record, and if needed, Central Registry.<br/> <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></p> |                                     |                                     |                                     |              |                    |                                  |                  |          |                 |                  |  |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | Camp Staff Size: 35                 |                                     |              |                    |                                  |                  |          |                 |                  |  |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | Files Reviewed: 5                   |                                     |              |                    |                                  |                  |          |                 |                  |  |                 |
| <p>(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.</p> <p>(9) A written pre-camp training program exists, and training time conforms to the camp's operation.</p> <p>(10) The content is outlined in writing and includes Camp philosophy, objectives, and policies; developmental needs and population served, camper behavior management, operating procedures related to staff member duties, techniques of camper supervision.</p> <p>(11) An in-service training program exists.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                     |                                     |              |                    |                                  |                  |          |                 |                  |  |                 |
| Findings: central registry not completed, CAP accepted onsite                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                     |                                     |              |                    |                                  |                  |          |                 |                  |  |                 |
| <b>R 400.11111 Number of staff.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |              |                    |                                  |                  |          |                 |                  |  |                 |
| <p>(1) The licensee adheres to a written staffing schedule</p> <p>(2) The ratio of adult staff members to campers is met and at least 2 adult staff members are on duty and in camp.</p> <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>Campers with Disabilities</u></td> </tr> <tr> <td>Awake = 1 for 10</td> <td>1 for 14</td> <td>Awake = 1 for 3</td> </tr> <tr> <td>Sleep = 1 for 14</td> <td></td> <td>Sleep = 1 for 6</td> </tr> </table> <p>(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 aquatic supervisor, in camps over 50 campers.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     | <u>Below</u> | <u>13 or Older</u> | <u>Campers with Disabilities</u> | Awake = 1 for 10 | 1 for 14 | Awake = 1 for 3 | Sleep = 1 for 14 |  | Sleep = 1 for 6 |
| <u>Below</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>13 or Older</u>                  | <u>Campers with Disabilities</u>    |                                     |              |                    |                                  |                  |          |                 |                  |  |                 |
| Awake = 1 for 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1 for 14                            | Awake = 1 for 3                     |                                     |              |                    |                                  |                  |          |                 |                  |  |                 |
| Sleep = 1 for 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     | Sleep = 1 for 6                     |                                     |              |                    |                                  |                  |          |                 |                  |  |                 |
| Findings:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                     |                                     |              |                    |                                  |                  |          |                 |                  |  |                 |
| <b>R 400.11113 Behavior Management.</b> [Does not apply to site licenses-R400.111106(2)]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |              |                    |                                  |                  |          |                 |                  |  |                 |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                          |                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| (1) The licensee has and follows a written camper behavior management policy.<br>(2) Policy includes methods for the positive behavior management policy.<br>(3) The policy includes a statement that a camper shall not be deprived of food or sleep, shall not be placed alone without staff supervision, observation, and interaction; or shall not be subjected to hazing, ridicule, threat, corporal punishment, excessive physical exercise, or excessive restraint.<br>(4) A copy of the policy is furnished to all staff members.                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                          |                                     |
| Findings:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                          |                                     |
| <b>R 400.11115 Protection laws.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                          |                                     |
| Findings:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                          |                                     |
| <b>R 400.11117 Camper records.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| (1) A current roster of all campers is maintained.<br>(2) Records for each camper are kept at the camp and include all the following information: a) camper name, age, address, b) authorized person's name, address, phone number, where the authorized person may be reached in case of emergency, c) the dates of arrival and departure, d) for each camper, identification of any special needs, limitations, and adaptations to assist in camper participation in all aspects of camp life and activities.<br>(3) A written release plan of campers has been established and includes (a) when released, (b) where released, (c) how released, (d) and to whom released.                                                                                                                                                                                                                                                                                               |                                     |                          |                                     |
| Findings:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                          |                                     |
| <b>R 400.11119 Health service policy.</b> [Does not apply to site licenses-R400.11106(2)]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| (1) The licensee has and follows an appropriate written health service policy.<br>(2) The health service policy has been established in consultation with and review annually by a licensed physician.<br>(3) The health service policy covers all of the required content: a) procedures for health screening, b) arrangements for on-call health care consultation services, c) arrangements for emergency health care services and emergency transportation to an emergency health care facility, d) first aid and health care supplies, e) the storage and administration of prescription and nonprescription drugs and medications, f) medical procedures for camper trips away from the a campsite, g) procedures for daily observation of each camper's physical state, h) procedures for prompt and responsive notification of the camper's authorized person, i) health officer staffing, j) procedures for preventing disease transmission/universal precautions. |                                     |                          |                                     |
| Findings:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                          |                                     |
| <b>R 400.11121 Health care staff: day camp.</b> [Does not apply to site licenses-R400.11106(2)]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| (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.<br>(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.<br>(3) 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 subrule (2) of this rule.                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                          |                                     |
| Findings:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                          |                                     |
| <b>R 400.11122 Health care staff: residential; troop; travel camp.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                          |                                     |
| <b>R 400.11123 Health facilities.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| (1) A resident camp and a day camp shall have a designated area to serve as a health center.<br>(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.<br>(3) Locked storage of all drugs and medication is provided.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                          |                                     |
| Findings:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                          |                                     |
| <b>R 400.11125 Health requirements for staff.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| (1) A health history statement for each staff member is maintained and safeguarded.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                          |                                     |
| Findings:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                          |                                     |
| <b>R 400.11127 Health requirements for campers.</b> [Does not apply to site licenses-R400.11106(2)]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                          |                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| <p>(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.</p> <p>(2) A health history statement which includes all the required information signed by an authorized person for each camper, is maintained in the camp. a) Current Drugs or Medication, b) immunization status, c) physical limitations, d) allergies, e) any special health and behavior considerations.</p> <p>(3) Health information is properly maintained and safeguarded.</p> <p>(4) Camper health records are maintained for three years.</p> <p>(5) Camp follows health and behavioral instructions.</p> <p>(6) During off-site overnight activities, the medical treatment consent form, the health history statement, and the emergency contact information accompanies the camper.</p> <p>(7) Campers are screened within the first 24 hours. The health screening includes the following: a) medication(s) check-in, b) medication in original containers, c) health history statement review, d) a discussion with the camper concerning current health needs, e) an observation of the camper's physical state paying attention to potentially contagious diseases and possible abuse.</p> <p>(8) A permanent medical record which lists all required information, is maintained including: a) date of treatment, b) name of camper, c) ailment, d) treatment prescribed or medication dispensed, f) identification of person providing treatment.</p> <p>(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).</p> |                                     |                          |                                     |
| Findings:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                          |                                     |
| <b>R 400.11131 Nutrition and food service.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| <p>(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: a) meal patterns, b) meal hours, c) type of food service, d) handling of special diets.</p> <p>(2) At least 3 meals are served each day in a resident or travel camp.</p> <p>(3) Meals are sufficient in quantity and meet or exceed nutritional guidelines.</p> <p>(4) Special dietary needs are provided for in accordance with instruction from the camper's authorized person or a physician.</p> <p>(5) Each week's menu is maintained on file until the end of the camp season.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                          |                                     |
| Findings:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                          |                                     |
| <b>R 400.11133 High adventure activities.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| <p>(1) Any residential or day campsite licensee that offers any high adventure activity, as defined in R400.11401, shall comply with the high adventure rules.</p> <p>(2) Any travel or troop camp licensee or any residential or day camp program licensee that offers any high adventure activity, as defined by R400.11401, at an unlicensed site, shall comply with the high adventure rules.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                          |                                     |
| Findings:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                          |                                     |
| <b>R 400.11143 Transportation policy statement; vehicles and drivers; hayrides; watercraft.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| <p>(1) The licensee has established and follows written policies for program and emergency transportation. The policy includes all of the required content: a) driver qualifications, b) vehicle inspection and maintenance, c) camper supervision, d) emergency evacuation, e) camper loading and unloading procedures.</p> <p>(2) The driver of any vehicle transporting campers is an adult and possesses a properly classified and valid license.</p> <p>(3) Vehicles used for the transportation of campers are appropriately licensed and inspected.</p> <p>(4) The driver and all passengers are properly restrained by the use of passenger safety belts.</p> <p>(5) Campers are transported only in vehicles designed for passenger transportation.</p> <p>(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).</p> <p>(6) A vehicle is available at all times in a resident camp or a day camp for emergency use.</p> <p>(7) Watercraft used to transport campers to and from campsite shall have a rated capacity.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                          |                                     |
| Findings:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                          |                                     |
| <b>R 400.11145 Traveling groups.</b> [Does not apply to site licenses-R400.11106(2)]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <p>(1) Two staff members, at least one adult, accompany any group.</p> <p>(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.</p> <p>(3) A staff member has training, and certification based on availability of emergency medical services.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                          |                                     |
| Findings:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                          |                                     |
| <b>R 400.11146 Travel and troop camps.</b> [Does not apply to site licenses-R400.11106(2)]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <p>(1) A travel plan that includes the itinerary and pre-established check-in times is left with a designated home base person.</p> <p>(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.</p> <p>(3) A pre-established emergency assistance plan is initiated upon the failure of a travel camp to meet a check-in time.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                          |                                     |
| Findings:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                          |                                     |
| <b>R 400.11147 Reporting changes or cancellations to department.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| A change or cancellation is reported by the licensee to the department.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                          |                                     |
| Findings:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                          |                                     |
| <b>R 400.11149 Site; emergency procedures; plans; use of facilities; equipment; fire drills.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| <p>(1) The site and facilities of the camp do not present a fire, health or safety hazard.</p> <p>(2) Written procedures for response to potential emergencies and disasters have been established.</p> <p>(3) The camp uses a campsite and facilities which comply with these administrative rules.</p> <p>(4) Equipment used in the camp is in good repair and is safe for campers.</p> <p>(5) Fire safety orientations are conducted for each new group of campers and written record maintained for the season.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                          |                                     |
| Findings:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                          |                                     |

| FIRE SAFETY (PART 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                     |                                     |                          |                                     |                                              |                                     |                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|----------------------------------------------|-------------------------------------|-------------------------------------|
| <b>R 400.11201 Applicability:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                              |                                     |                                     |
| <b>QFI Inspection Date:</b><br>(Completed within two-year period)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Rating:</b>           | <b>QFI Name:</b>                    |                                     |                          |                                     |                                              |                                     |                                     |
| <b>R 400.11227 Occurrence of fire.</b><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).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                              |                                     |                                     |
| Findings:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                     |                                     |                          |                                     |                                              |                                     |                                     |
| ENVIRONMENTAL HEALTH AND SAFETY (PART 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                     |                                     |                          |                                     |                                              |                                     |                                     |
| <b>R 400.11302 Applicability</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                              |                                     |                                     |
| <b>EHI Inspection Date:</b><br>(Completed within one-year period)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Rating:</b>           | <b>Health Department Name:</b>      |                                     |                          |                                     |                                              |                                     |                                     |
| 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."<br>[R400.11401(1)]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                     |                          |                                     |                                              |                                     |                                     |
| <b>Is the PROGRAM and SITE the same licensee?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><i>If yes, then high adventure activities offered are identified under SITE below. If no, then licensee responsible for high adventure activities is identified in the table below.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                     |                                     |                          |                                     |                                              |                                     |                                     |
| High Adventure Activities Offered and Responsibility for Operation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                                     |                          |                                     |                                              |                                     |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PROGRAM                  | SITE                                | NOT<br>APPLICABLE                   |                          | PROGRAM                             | SITE                                         | NOT<br>APPLICABLE                   |                                     |
| Boating                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Archery                  | <input type="checkbox"/>            | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> |                                     |
| Sailing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Riflery                  | <input type="checkbox"/>            | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> |                                     |
| Canoeing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Cycling                  | <input type="checkbox"/>            | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> |                                     |
| Swimming                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Backcountry Camping      | <input type="checkbox"/>            | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> |                                     |
| Wading                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Obstacle Course (Low)    | <input type="checkbox"/>            | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> |                                     |
| Water-Skiing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Rappelling/Climbing      | <input type="checkbox"/>            | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> |                                     |
| Waterslide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | High Ropes Course        | <input type="checkbox"/>            | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> |                                     |
| Go Carts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Zipline                  | <input type="checkbox"/>            | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> |                                     |
| Travel Groups                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Horseback Riding         | <input type="checkbox"/>            | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> |                                     |
| Gymnastics                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Other:                   | <input type="checkbox"/>            | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> |                                     |
| Other: Vertical Climbing Structure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Other:                   | <input type="checkbox"/>            | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> |                                     |
| Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Other:                   | <input type="checkbox"/>            | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                                     |                          |                                     | Compliant                                    | Violation                           | N/A                                 |
| <b>R 400.11401 High adventure activities; definition, written statement; adult activity leader.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                          |                                     | <input checked="" type="checkbox"/>          | <input type="checkbox"/>            | <input type="checkbox"/>            |
| (1) The camp has accurately identified all high adventure activities that meets the definition of "high adventure activity".<br>(2) Develop and assure adherence to a written program statement covering all the following:<br>(a) Activity leader training and experience qualifications<br>(b) Specific staff-to-camper ratio appropriate to the activity<br>(c) Classification and limitations for camper participation<br>(d) Arrangement, maintenance, and inspection of the activity area<br>(e) Appropriate equipment and inspection and maintenance<br>(f) Safety precautions<br>(3) Conducted by an adult activity leader who has training or experience in conducting the activity.                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                     |                                     |                          |                                     |                                              |                                     |                                     |
| Findings:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                     |                                     |                          |                                     |                                              |                                     |                                     |
| <b>R 400.11403 Applicability.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                     |                                     |                          |                                     |                                              |                                     |                                     |
| (1) Any residential or day campsite licensee that offers any high adventure activity, as defined in R400.11401 shall comply with the high adventure rules.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                                     |                          |                                     | <b>See camp SITE LSR or R400.11401 above</b> |                                     |                                     |
| (2) Camp program licensee, at an unlicensed site, complies with the high adventure rules for each high adventure activity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                                     |                          |                                     | <b>See R400.11401 above</b>                  |                                     |                                     |
| <b>R 400.11405 Certified aquatic supervisor.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                     |                                     |                          |                                     | <input type="checkbox"/>                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (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.<br>(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.<br>(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).<br>(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.<br>(5) The aquatics staff is not engaged in any activity that distracts them from their duties. |                          |                                     |                                     |                          |                                     |                                              |                                     |                                     |
| Findings:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                     |                                     |                          |                                     |                                              |                                     |                                     |
| <b>R 400.11407 Aquatic observers.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                     |                                     |                          |                                     | <input type="checkbox"/>                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| (1) Aquatic observer has received training in all required content: i) how to assist lifeguards with observation and swimmer control, ii) being prepared with appropriate dress and supplies, iii) how to check for hazards, iv) awareness of waterfront rules and enforcement strategies, v) personal safety including self-rescue strategies, vi) what to watch for, including, but not limited to, cramps, seizures, exhaustion, and horseplay, vii) related items specific to the waterfront.<br>(2) In addition to meeting the requirements for R400.11405, the number of aquatic observers are met. One (1) aquatic observer for up to 20 campers. For each additional 10 campers, one (1) additional aquatic observer is required.<br>(3) Camps using MDEQ licensed swimming pools may meet the requirement for number of aquatic observers needed for each aquatic activity through camp staff. Camp staff must be trained by the camp to fulfill the role of aquatic observer.<br>(4) The aquatic observers not engaged in an activity that will distract them from their duties.                                                                                                                                                                                                                                                                                              |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                     |
| Findings:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                     |
| <b>R 400.11409 Swimming area; lifesaving equipment.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (1) Areas for advanced swimmers, intermediate swimmers, and non-swimmers have been clearly delineated.<br>(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: a) a whistle or other audible signal device for each staff person on duty, b) an assist pole or other appropriate reaching assist device, c) a ring buoy or other appropriate throwing assist device that has a rope attached that is of sufficient length for the area, d) a backboard with a minimum of 3 straps, e) a first-aid kit, f) a rescue tube.<br>(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: a) whistle or signal device, b) throwing assist device, and c) first aid kit.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                     |
| Findings:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                     |
| <b>R 400.11411 Aquatic procedures.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (1) Each camper is classified according to their aquatic ability before the camper engages in an aquatic activity. All campers and staff are classified as non-swimmers unless tested.<br>(2) The licensee does not permit a camper to participate in an aquatic activity requiring higher skills than the camper's swimming classification.<br>(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.<br>(4) A written aquatic emergency plan has been established, is followed, and covers a) rescue procedures and frequency of drills, b) camper accountability, c) prompt evacuation, d) notification of outside emergency services.<br>(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.<br>(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.<br>(7) Headfirst diving areas are designated.<br>(8) Diving meets minimum requirements of height, water depth, and clearance distance. |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                     |
| Findings:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                     |
| <b>R 400.11413 Watercraft and waterskiing.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (1) Watercraft activities are conducted only during daylight hours.<br>(2) The camp ensures that an occupant of a watercraft wears an appropriately sized, coast guard approved, personal flotation device.<br>(3) A sized Coast Guard approved personal flotation device approved for water skiing is worn by any water-skier or other towed activity participant.<br>(4) Non-swimmers are not permitted in a sailboat unless accompanied by an adult swimmer.<br>(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.<br>(6) The watercraft docking area is not in a swimming area.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                     |
| Findings:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                     |
| <b>AREAS OF NON-COMPLIANCE/CORRECTIVE ACTION PLAN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                     |
| 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: <ul style="list-style-type: none"> <li>How compliance with each rule will be achieved.</li> <li>Identification of who is directly responsible for implementing the corrective action for each violation.</li> <li>Specific time frames for each violation as to when the correction will be completed or implemented.</li> <li>How continuing compliance will be maintained once compliance is achieved.</li> <li>The signature of the responsible designee and a date.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                     |
| Additional Comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                     |
| <b>RECOMMENDATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                     |
| <b>RENEWAL INSPECTION</b><br><br><input type="checkbox"/> I recommend license issuance<br><input checked="" type="checkbox"/> CAP was received and approved onsite; I recommend license issuance.<br><input type="checkbox"/> Contingent upon receipt of acceptable written CAP, I recommend license issuance.<br><input type="checkbox"/> Disciplinary action is recommended.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           | <b>INTERIM INSPECTION</b><br><br><input type="checkbox"/> I recommend the status of the license remains unchanged.<br><input type="checkbox"/> CAP was received and approved onsite; I recommend license remains unchanged.<br><input type="checkbox"/> Contingent upon receipt of acceptable written CAP, I recommend the status of the license remains unchanged.<br><input type="checkbox"/> Disciplinary action is recommended. |                          |                                     |
| Consultant's Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Consultant's Printed Name | Telephone Number                                                                                                                                                                                                                                                                                                                                                                                                                    | Date Report Sent         |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Autumn Palmer             | 517-420-9419                                                                                                                                                                                                                                                                                                                                                                                                                        | 8/13/2025                |                                     |
| MiLEAP is an equal opportunity employer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                     |