STATE OF MICHIGAN
DEPARTMENT OF
LIFELONG EDUCATION, ADVANCEMENT, AND POTENTIAL
LANSING

GRETCHEN WHITMER
GOVERNOR

BEVERLY WALKER-GRIFFEA
DIRECTOR

June 25, 2026

Tim Wicks
Bold Eagle
1921 W. Michigan Ave.
Ypsilanti, MI 48197

RE: License #: CR610200599
Investigation #: 2025C0104004

Dear Mr. Wicks:

Attached is the Special Investigation Report for the above-mentioned facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- Signed and dated corrective action plan.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available and you need to speak to someone immediately, please contact the licensing unit at 517-284-9730.

Sincerely,

Jarrah Buch-Price

Jarrah Buch-Price, Licensing Consultant
Camp Licensing Unit
105 W. Allegan St. 2nd Floor
Lansing, MI 48909

enclosure

MICHIGAN DEPARTMENT OF
LIFELONG EDUCATION, ADVANCEMENT, AND POTENTIAL
CAMP LICENSING UNIT
SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	CR610200599
Investigation #:	2025C0104004
Complaint Receipt Date:	07/24/2025
Investigation Initiation Date:	07/25/2025
Report Due Date:	09/24/2025
Licensee Name:	Hemophilia Foundation of Michigan
Licensee Address:	1921 W. Michigan Ave. Ypsilanti, MI 48197
Licensee Telephone #:	(616) 901-8322
Administrator:	Tim Wicks
Name of Camp:	Bold Eagle
Camp Address:	1421 E. Fruitvale Rd. Holton, MI 49425
Camp Telephone #:	616-901-8322
License Status:	REGULAR
Expiration Date:	07/16/2026
Capacity:	80
Camp License Type:	Residential – Children's Camp

II. ALLEGATION(S)

	Violation Established?
The camp director exhibited unsuitable behavior.	No
The camp did not determine suitability for SM1.	No
The camp did not complete background clearances for staff prior to working with staff.	No
Staff were not properly trained.	Yes
The camp did not have a health officer.	No
Medications were not stored in secure locked storage.	Yes
The camp did not follow their child protection policy.	No

III. METHODOLOGY

07/24/2025	Special Investigation Intake 2025C0104004
07/25/2025	Special Investigation Initiated – On Site Interviews with staff
07/31/2025	Contact - Document Received Intake # 206675 and 206678
09/05/2025	Contact - Document Sent
09/09/2025	Contact - Document Received
09/30/2025	Contact - Document Received
12/03/226	Contact - Document Received Intake # 208368, 208371, 208377, 208378, and 208379
12/12/2025	Contact- Face to Face Microsoft Teams Staff Interviews
6/24/2026	Inspection Completed-BCAL Sub. Compliance
6/25/2026	Exit Conference
7/10/2026	Corrective Action Plan Requested and Due on

IV. INVESTIGATION AND FINDINGS

ALLEGATION:

The camp director exhibited unsuitable behavior.

INVESTIGATION:

On 7/24/2025 the Camp Licensing Unit received a licensing complaint. The complaint alleged the following:

- The camp health officer had been terminated with no designated health officer for two weeks of camp.

- Volunteer health center staff were not given training.
- The camp could not access medical records for several days.
- Refrigerated medications are not stored securely, stored in a staff refrigerator without a lock, and intermingled with staff food.
- Staff Member 1 (SM1) was fired for sexual assault allegations and camper parents were not notified.

On 7/31/2025, the department received two additional licensing complaints (intake #206675 and 206678. The intakes were repeat allegations regarding SM1 and health center concerns about medications, cleanliness and staffing.

On 12/03/2025, the department received additional intakes # 208368, 208371, 208377, 208378, and 208379. The intakes included an allegation about the camp not having a health officer. Additionally, the intakes include the following new allegations:

- Staff for teen camp did not complete pre-camp training.
- Staff left abruptly during a session of camp, to keep camp running the Hemophilia Foundation of Michigan (HFM) staff and other individuals being brought into camp mid-session without proper clearances.
- Camp Director became visibly enraged during teen camp and threw a microphone. Staff reported feeling unsafe and concerned about the stability and judgement of the Camp Director.

On 12/12/2025 I interviewed camp and youth services director Tim Wicks virtually via Microsoft Teams. Mr. Wicks stated there was an incident with Camper A, but that allegations do not accurately reflect what happened. Mr. Wicks explained leadership staff had numerous conversations with Camper A regarding the use of inappropriate language and racial and homophobic slurs. Mr. Wicks explained that positive behavior supports were utilized by staff with Camper A including redirection, explanation of expectations, and loss of program time. On the evening of 7/01/2025, Mr. Wicks stated he had just finished a conversation with Camper A about the continued use of racial and homophobic slurs, less than five minutes later during trivia night Camper A used a slur in front of campers. Mr. Wicks explained that he called Camper A out on their choice of language with other campers present. Mr. Wicks admitted to being frustrated at that moment but not enraged. Mr. Wicks explained that he handed the microphone to associate director Travis Miller to continue trivia and took Camper A aside to address Camper A’s actions away from the other campers. Mr. Wicks stated that he regrets embarrassing Camper A by calling Camper A out in front of the other campers. After speaking with Camper A, Mr. Wicks designated Mr. Miller as the on-duty camp director and took the rest of the evening off. Mr. Wicks indicated the next day he spoke with Camper A to apologize and explained to Camper A that he didn’t like how he handled the situation during trivia night. He also apologized to Camper A’s sister who was present during trivia. Additionally, Mr. Wicks indicated that Mr. Miller talked with Camper A again that evening and spoke to Camper A’s parents.

APPLICABLE RULE	
R 400.11109	**Staff.**
	(1) A camp shall have a camp director who is on duty or in residence at the campsite and who is responsible for the day-to-day administration of the camp and for assuring the care, safety, and protection of campers.
For Reference: R 400.11113	**Behavior management.** **(1) A camp shall have and follow a written camper behavior management policy.** **(2) A camp shall include in the policy methods for the positive behavior management of campers.** **(3) A camp shall include in the policy 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.**
ANALYSIS:	Mr. Wicks admitted that he should have handled the situation with Camper A in a better manner and recognized his need to step away. The camp has a behavior management policy designed to protect staff and campers by defining behavior management actions that are not acceptable. Those behaviors were not demonstrated by Mr. Wicks; therefore, the camp complied with this rule.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

The camp did not determine suitability for SM1.

INVESTIGATION:

Mr. Wicks explained that individuals wishing to be employed by the camp must submit an application, provide three references and complete an interview. Mr. Wicks stated that SM1 is a returning staff member that was hired for session one

and two occurring 7/09/2025 through 7/26/2025. Mr. Wicks provided the personnel file for SM1 for review.

I reviewed the personnel file for SM1. The file contained a completed application submitted on 3/31/2025, and three positive references. A criminal background check was completed on 6/26/25 using a third-party vendor, Intelli Corp, and determined SM1 did not have a criminal record. A central registry clearance was completed on 7/12/2024, which indicated “no record found”.

APPLICABLE RULE	
R 400.11109	**Staff.**
	(6) Before assignment, a camp shall evaluate all of the following characteristics for each staff member in relation to the duties to be assigned: **(a) Character.** **(b) Emotional stability.** **(c) Health.** **(d) Ability.** **(e) Experience.** **(f) Education.**
ANALYSIS:	An individual seeking employment at the camp must complete an application, successfully interview and be selected as qualified, and have three positive references to determine suitability. Inspection of the documentation contained in SM1’s employment record revealed that SM1 was hired in a manner consistent with camp’s policy and the camp had complied with this rule.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

The camp did not complete background clearances for staff prior to working with campers.

INVESTIGATION:

On 12/12/2025, I interviewed the executive director of HFM Susan Lerch virtually via Microsoft Teams. Ms. Lerch stated that camp staff and HFM staff complete the required clearances prior to the start of camp. She indicated that no additional staff were brought into camp mid-session.

I reviewed six staff files, each of the personnel files include a criminal background clearance, and four of the files include a central registry clearance. Two personnel files did not have a central registry check because the staff member was under the age of 21. All of the clearances were completed prior to working with campers.

I reviewed the camps licensing study report completed on 6/30/2025 by licensing consultant James Vanden Heuvel. Mr. Vanden Heuvel reviewed 5 personnel records during his onsite inspection. There were no findings for criminal background clearances or central registry check. The rule was marked compliant.

APPLICABLE RULE	
R 400.11109	**Staff.**
	(7) A camp shall maintain a personnel record, collected before initial assignment, for each staff member, except medical professionals whose employing organization subcontracts with the camp to provide medical services and that already requires clearances and maintains a personnel file containing all required documentation and that may be reviewed at the employer's site. The record shall include all of the following information: **(e) A record of any criminal convictions other than minor traffic violations, including at least 1 of the following:** **(i) Documentation from the Michigan State Police or the equivalent law enforcement agency from the state, Canadian province, or other country where the person usually resides.** **(ii) Documentation from an entity accessing either Michigan State Police records or equivalent law enforcement agency records in the state. Canadian province, or other country where the person usually resides.** **(f) Documentation from the Michigan Department of Human Services, the equivalent state or Canadian provincial agency, or equivalent agency in the country where the person usually resides, that any staff person age 21 or over has not been determined to be a perpetrator of child abuse or child neglect.**

ANALYSIS:	Interview with Ms. Lerch combined with review of staff personnel files revealed that the camp completed criminal background clearances and if applicable, central registry clearances on staff prior to working with campers.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Staff were not properly trained.

INVESTIGATION:

On 7/25/2026 I interviewed Staff Member 2 (SM2) at the camp. SM2 stated that the camp health officer has been responsible for training health center staff. SM2 stated there was no formal training this summer, which was different from years past. SM2 explained that the health service policy and standing orders were not reviewed and limited training was provided for Camp Doc, which is the camp's health management system used for camper health records, medication management, and documentation.

On 7/24/2026, I interviewed medical consultant Kathy Fessler, MD at the camp. Ms. Fessler explained that she reviews with the camp health officer the health center policies, treatment protocols, procedures, and the health center staff training plan. Mr. Fessler indicated training for health center staff includes general camp policies and procedures, job specific training for health center policies and procedures, documentation, HIPPA, and bleeding disorder education sessions. Ms. Fessler stated this training is a minimum of 4 hours.

Ms. Lerch stated that Staff Member 3 (SM3) was responsible for training health center staff. Ms. Lerch explained that health center staff's training is separate from camp staff because their sole function is in the health center. They have no cabin responsibilities and are not responsible for camper supervision outside of the health center. She explained that in previous years the health center staff were provided a *Health Center Staff Manual*. She stated that SM3 was asked to step down from their position, in part because of a lack of training provided for health staff. After SM3's departure it was discovered that medical staff lacked job specific training. Ms. Lerch did not have a copy of the training manual used by SM3; however, she provided an older version of the *Health Center Staff Manual* for reference.

Mr. Wicks explained that camp offers two separate trainings, teen camp and general camp. Staff attend one or both trainings based on the camp programs they are working. Mr. Wicks indicated that staff training was conducted for teen camp 6/23/2026 through 6/24/2026. He stated that all 21 staff were present for teen camp

training. Mr. Wicks described the staff training that was conducted for general camp 7/09/2026 through 7/12/2026, totaling 30 hours. All staff received copies of the *HFM Staff Handbook* during the training and signed a staff manual acknowledgement form at the end of training. Mr. Wicks provided written copies of the 2025 staff training schedule, teen camp staff training schedule and *HFM Staff Handbook.*

I reviewed the staff training schedules for teen camp and general camp. All required training content was provided during each training session. The length of each training session exceeds the minimum requirements.

APPLICABLE RULE	
R 400.11109	**Staff.**
	(10) A camp shall ensure that the program content for the pre-camp training is in writing and includes all of the following information: **(a) The camp's philosophy, objectives, policies, and operating procedures.** **(b) Procedures and requirements of these rules related to each staff member's duties.** **(c) Camper behavior management.** **(d) Developmental needs of the population that is served.** **(e) Acceptable techniques of camper supervision.**
ANALYSIS:	The camp provides an appropriate length of training and content for their staff. In addition, the training manual policies were provided to camp staff in writing and documented on their staff manual acknowledgement form. While the camp has a system in place for training, interviews with staff revealed a lack of training for health center staff. Therefore, the camp did not comply with this rule.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

The camp did not follow their child protection policy.

INVESTIGATION:

Mr. Wicks stated that initial concerns regarding SM1's conduct were brought to his attention on 7/14/2026 at approximately 10:00pm by four staff members. Mr. Wicks

stated that the concerns regarding SM1's conduct were addressed with SM1 on the morning of the 7/15/2026. Mr. Wicks explained that because of some of the concerns he spent time observing SM1 on 7/15/2026 and 7/16/2026. Late in the evening on 7/16/2026 Mr. Wick's was made aware of new allegations against SM1 by additional staff. Immediately following the meeting, Mr. Wicks and Mr. Miller terminated SM1. They stayed with SM1 while SM1 packed some belongings and left camp at 12:20am on 7/17/2026. On 7/18/2026 SM1 was allowed to return to camp to get the rest of their belongings. Mr. Wicks stated two staff members supervised SM1 the entire time SM1 was on camp property and SM1 was not allowed to have any interaction with staff or campers. Mr. Wicks stated that the allegations did not involve campers. Mr. Wicks provided written copies of the camp child protection policy.

I reviewed the camp child protection policy. The child protection plan provides the necessary information needed in the plan.

APPLICABLE RULE	
R 400.1115	**Child and adult protection plan.**
	(1) A camp shall develop and follow a written plan to assure compliance with 1975 PA 238 MCL 722.621 and known as the child protection law, and sections 11 to 11f and 14 of 1939 PA 280 MCL 400.11 to 400.11f and 400.14 and known as the adult protection law.
ANALYSIS:	The camp has a child protection policy. The camp took proper measures to separate SM1 after allegations were made. While SM1's actions were not appropriate, the camp took proper measures once becoming aware of the behavior.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

The camp did not have a health officer.

INVESTIGATION:

On 7/25/2026, I interviewed associate director of HFM Gwyn Hulswit at the camp. Ms. Hulswit explained that concerns about the camp health officer surfaced on 7/09/2026, and the camp health officer was asked to step down from their role on 7/12/2026 due to personal issues that were interfering with their ability to effectively do their job. Ms. Hulswit stated that campers did not arrive until 7/14/2026 and at that point associate director Angellica Kelley was the acting camp health officer.

Ms. Fessler, Ms. Lerch, and Mr. Wicks' statements coincide with that of Ms. Hulswit. Mr. Wicks explained that the camp has a backup health officer in the event the camp health officer needs to be offsite. Mr. Wicks indicated that Ms. Kelley was initially appointed as the back up camp health officer this summer, until she was appointed as acting camp health officer. He explained that because of the camper population they serve, several staff members would be suitable for camp health officer position and have credentials as a doctor, EMT, or paramedic and if necessary, could serve as a back-up health officer. Mr. Wicks provided written copies of staff certifications and licenses.

I reviewed the documents provided by Mr. Wicks. Ms. Kelley is licensed by the State of Michigan as a registered nurse with current CPR certification in Basic Life Support (BLS). I reviewed three additional staff credentials provided by Mr. Wicks as options for a back-up camp health officer, the three individuals are licensed by the State of Michigan as medical doctors, two have current CPR certification in BLS and one has current CPR certification in Advance Cardiovascular Life Support (ACLS).

APPLICABLE RULE	
R400.11122	**Health care staff; residential; troop; travel camp.**
	(2) A resident, troop, or travel camp shall employ a health officer who is on duty or in residence at the camp.
ANALYSIS:	Interviews with staff and documentation revealed the camp has a camp health officer on duty at the camp. Ms. Kelley credentials surpass that minimum requirement for a health officer.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Medications were not stored in secure locked storage.

INVESTIGATION:

SM3 stated that the refrigerator in the health center was not locked and used to store camper medications, camper food taken with medications, staff food and drinks and

On 7/25/2025 I toured the camp's health center with Ms. Hulswit. Camper medications are primarily stored in a medication cart. I observed the medication cart locked and a nurse accessing the medications with a key. Medications that need refrigeration are stored in the refrigerator in the backroom of the health center. The

refrigerator was unlocked, and medications were being stored in the refrigerator mixed with food and drinks.

APPLICABLE RULE	
R 400.11123	**Health facilities.**
	(3) A camp shall hold all prescription and nonprescription drugs and medications in secure locked storage unless medically contraindicated.
ANALYSIS:	Staff interviews and observations during the camp tour revealed that refrigerated medications were stored in manner inconsistent with this rule.
CONCLUSION:	**VIOLATION ESTABLISHED**

On 6/25/2026, I conducted an exit conference with license designee Tim Wicks, executive director of HFM Sue Lerch, and associate director of HFM Gwen Hulswit. I reviewed the findings of this report. Ms. Lerch stated that she understood the findings of the report and that steps have already been taken to correct the violations.

V. RECOMMENDATION

Upon submission of an acceptable written corrective action plan, I recommend no change in licensing status.

Jarrah Buch-Price
Jarrah Buch-Price
Licensing Consultant

6/23/2026
Date

Approved By:

D. S. Ramsey
Deondra Ramsey, Manager
OST Grants Program and Camp Licensing

06/24/2026
Date