DEEMED STATUS LICENSING STUDY REPORT

Michigan Department of Lifelong Education, Advancement, and Potential

PROGRAM License Number	PROGRAM (CAMP) Name				Date of Licensing Inspection
CR150200642	Lake Louise Methodist				7/30/2024
PROGRAM License Mailing Address		**City**	**State**	**Zip Code**	Accrediting Body:
11037 Thumb Lake		Boyne Falls	MI	49713	☒ American Camping Association (ACA)
SITE License Number	**SITE address, if different**	**City**		**Zip Code**	☐ National Camp Accreditation Program (Scouts)
SR150200043	11037 Thumb Lake	Boyne Falls	MI	49713	
PROGRAM/SITE Affiliated Person with whom the LSR findings were shared.		**Comprehensive Clearance filed with Department (MCL 722.115c)**			**E-MAIL**
Neil Haney		☒ Yes ☐ No			nhaney@lakelouisecommunity.org

The listed rules below are summary statements. For the complete text of the rule go to licensing rules for Children's and Adult Foster Care Camps.[R400.11101-R400.11413]	**Compliant?**
R 400.11102 Deemed Status.	
(1) Evidence exists that the camp is currently accredited	**YES**
(2) Camp has requested deemed status and has submitted a copy of the accreditation report and is on a regular license.	**YES**
R 400.11109 Staff	
(4) A substitute camp director meets requirements of subpart (2) of this rule	**YES**
(7) Personnel records, which include all the required information, exist for each staff member. *(Sample size: minimum 5 for a camp staff less than 50 and minimum of 10 for a camp staff of 50 or more, if camp staff is less than 5 then all staff files must be reviewed)* • Name • Position Documentation • Work History • References (3) • Conviction Record • Central Registry	**YES** Staff Size: 21 Reviewed: 5
(8) Written job descriptions, which include all the required information, exist for each staff classification covered	**YES**
R 400.11122 Health care staff: residential; troop; travel camp	
(1) The health officer has current CPR certification	**YES**
(2) A health officer is on duty or in residence at the camp.	**YES**
(3) The health officer is on duty and properly licensed or certified.	**YES**
(4) The health officer holds out-of-state license.	**N/A**
R 400.11147 Reporting changes or cancellations to department.	
A change or cancellation is reported by the licensee to the department	**YES**
R 400.11149 Site; emergency procedures; plans; use of facilities; equipment; fire drills.	
(1) The site and facilities of the camp do not present a fire, health or safety hazard	**YES**
(2) Written procedures for response to potential emergencies and disasters have been established	**YES**
(3) The camp uses a campsite and facilities which comply with these administrative rules	**YES**
(4) Equipment used in the camp is in good repair and is safe for campers	**YES**
(5) Fire safety orientations are conducted for each new group of campers	**YES**
A written record of orientations is maintained	**YES**

FIRE SAFTY (PART 2)

R 400.11201 Applicability			**Compliant?**
QFI Inspection Date: 6/13/23 (Completed within two-year period)	**Rating: A**	**QFI Name: Art Shaw**	**YES**
R 400.11227 Occurrence of Fire. (Upon review, all applicable reportable fire incidents were reported to the department and all incident reports since last onsite were reviewed as part of this inspection).			**YES**

ENVIRONMENTAL HEALTH AND SAFETY (PART 3)

R 400.11302 Applicability			Compliant?
EHI Inspection Date: 6/24/24	Rating: A		YES

HIGH ADVENTURE ACTIVITIES (PART 4)

High adventure Activity means "a camp program that requires specially trained staff or special safety precautions to reduce the possibility of an accident" [R400.11401(1)]

R 400.11401 High adventure activities; definition, written statement; adult activity leader.

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

	Compliant?		Compliant
Boating	**YES**	Archery	**YES**
Sailing	**N/A**	Riflery	**N/A**
Canoeing	**YES**	Cycling	**N/A**
Swimming	**YES**	Hiking/Backpacking	**N/A**
Wading	**N/A**	Obstacle Course (low)	**YES**
Water-Skiing	**N/A**	Rappelling/Climbing	**N/A**
Waterslide	**N/A**	High Ropes Course	**N/A**
Go Carts	**N/A**	Zipline	**N/A**
Travel Groups	**N/A**	Horseback Riding	**N/A**
Gymnastics	**N/A**	Other: **Tree Climbing**	**YES**
Other:	**SELECT**	Other:	
Other:	**SELECT**	(Consider Winter Sports)	

R 400.11405 Certified Aquatic Supervisor.	
(1) The aquatic supervisor is an adult, properly trained and certified	**YES**
The aquatic supervisor is responsible for the enforcement of safety rules	**YES**
An aquatic supervisor is on duty at each aquatic activity	**YES**
(2) A camp for up to 50 campers which provides a swimming program has a properly trained and certified aquatic supervisor	**YES**
(3) Aquatic observers are 16 years of age or older and have completed training in basic water safety	**YES**
(4) The aquatic supervisor ensures that the ratio of aquatic staff to campers is maintained	**YES**
(5) The aquatics staff is not engaged in any activity that distracts them from their duties	**YES**

AREAS OF NON-COMPLIANCE/ CORRECTIVE ACTION PLAN REQUIRED

Areas of non-compliance notated on this report, require a corrective action plan (CAP). Items of non-compliance requiring a written corrective action plan are noted within the report.

The written corrective action plan is due 15 days from the date this inspection report was sent and must include the following:

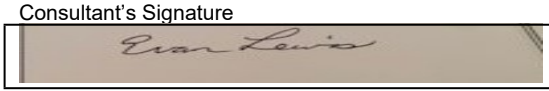
- How compliance with each rule will be achieved.
- Identification of who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible designee and a date.

If you fail to submit an acceptable corrective action plan, disciplinary action may result.

Additional Comments:

RECOMMENDATION

RENEWAL INSPECTION	INTERIM INSPECTION
☒ I recommend Issuance of a regular license. ☐ CAP received and approved onsite; I recommend issuance of a regular license. ☐Contingent upon receipt of acceptable **written CAP,** I recommend a regular license will be issued.	☐ I recommend the status of the license remains unchanged. ☐ CAP was received and approved onsite; I recommend license remains unchanged. ☐ Contingent upon receipt of acceptable **written CAP,** I recommend the status of the license remain unchanged.
☐ Disciplinary action is recommended. You will be notified in writing of the department's intention and your options for resolution of this matter.	

Consultant's Signature	Consultants Printed name	Telephone Number	Date Report Sent
	Evan Lewis	517-420-9533	7/30/2024

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