

DEEMED STATUS LICENSING STUDY REPORT

Michigan Department of Lifelong Education, Advancement, and Potential

PROGRAM License Number CR2502000891		PROGRAM (CAMP) Name YMCA Camp Copneconic			Date of Licensing Inspection 7/22/2024	
PROGRAM License Mailing Address 4909 1047 N. Fenton Rd Rd.				City Fenton	State MI	Zip Code 48430
SITE License Number SR250200060		SITE address, if different		City	MI	Zip Code
PROGRAM/SITE Affiliated Person with whom the LSR findings were shared. Brandon Dreffs				Comprehensive Clearance filed with Department (MCL 722.115c) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		E-MAIL brandond@flintymca.org
<small>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]</small>						Compliant?
R 400.11102 Deemed Status. (1) Evidence exists that the camp is currently accredited						YES
ACA exp 10/31/24						
(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. <small>(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)</small>						YES
<ul style="list-style-type: none"> • Name • Position Documentation • Work History • References (3) • Conviction Record • Central Registry 						Staff Size: Reviewed:
(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
Viewed						
FIRE SAFTY (PART 2)						
R 400.11201 Applicability						Compliant?
QFI Inspection Date: 6/12/2024 (Completed within two-year period)		Rating: A		QFI Name: Art Eastman		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).						N/A

Fire is expires in September. QFI came out already but report not finished.			
ENVIRONMENTAL HEALTH AND SAFETY (PART 3)			
R 400.11302 Applicability			Compliant?
EHI Inspection Date: 5/28/24	Rating: A		YES
EHI came out already but report not finished. EHI wanted walk in refrigerator to be fixed thouhg they did not use it.			
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	N/A	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	YES
Waterslide	YES	High Ropes Course	YES
Go Carts	N/A	Zipline	YES
Travel Groups	N/A	Horseback Riding	YES
Gymnastics	N/A	Other:	N/A
Other: Water inflatables	YES	Other:	
Other:	N/A	(Consider Winter Sports)	
Viewed zip line permits, high ropes certification 3/14/24. Staff are trained in all activities. Camp uses a skill list to demonstraight they can run activities.			
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
Ryan Cannon exp 6/13/26			
(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
<input type="checkbox"/> I recommend Issuance of a regular license. <input type="checkbox"/> CAP received and approved onsite; I recommend issuance of a regular license. <input type="checkbox"/> Contingent upon receipt of acceptable written CAP , I recommend a regular license will be issued.	<input checked="" type="checkbox"/> I recommend the status of the license remains unchanged. <input type="checkbox"/> CAP was received and approved onsite; I recommend license remains unchanged. <input type="checkbox"/> Contingent upon receipt of acceptable written CAP , I recommend the status of the license remain unchanged.
<input type="checkbox"/> 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
	Sam Love	248-622-8661	8/2/2024
MiLEAP is an equal opportunity employer/program			