

CAMP PROGRAM LICENSING STUDY REPORT (PART – 1)

Michigan Department of Licensing and Regulatory Affairs

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| PROGRAM License Number AC090200545 | PROGRAM NAME Fishtales Camp | Inspection Date 6/24/2021 | | |
| PROGRAM Mailing address 2177 E. Erickson | | City Pinconning | State MI | Zip 48650 |
| SITE License Number SR090200322 | SITE NAME | OWNER/OPERATOR | | YES NO |
| | | Is the PROGRAM Licensee the SITE Licensee? | | <input type="checkbox"/> <input type="checkbox"/> |
| SITE ADDRESS | | City | State MI | Zip |
| Onsite PROGRAM Designated Responsible Person Shannon Forshee | | Title Director | | |
| <i>Statements which appear opposite each rule number are summaries and are not identical to the administrative rules of camps.</i> | | Compliant | Non-Compliant | Not Applicable |
| R 400.11105 Variance from rules | | | | |
| A variance from an administrative rule including any conditions under which the variance was granted, is in effect and followed | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| R 400.11107 Written policies, procedures, program statements, or plans; review. | | | | |
| All camp's policies, procedures, program statements, or plans are available for review by the public | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inquiries are handled in a prompt and responsive manner | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| R 400.11109 Staff. | | | | |
| (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 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) The camp director shall meet all the following requirements | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> 21 years of age <input checked="" type="checkbox"/> 8 weeks experience in working with population served <input checked="" type="checkbox"/> 4 weeks administrative experience in an organized camp <input checked="" type="checkbox"/> Familiar with administrative rules | | | | |
| Timothy Rinner and Ashley Ayala | | | | |
| (3) A camp shall notify the department within 30 days of employing a new camp director | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (4) A substitute camp director meets requirements of subpart (2) of this rule | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) A roster of all current staff members is maintained | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (6) Staff members are evaluated in relation to duties assigned | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (7) Personnel records, which include all the required information, exist for each staff member.... | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Name <input checked="" type="checkbox"/> Position Documentation <input checked="" type="checkbox"/> Work History <input checked="" type="checkbox"/> References (3) <input checked="" type="checkbox"/> Conviction Record <input checked="" type="checkbox"/> Central Registry | | | | |
| (8) Written job descriptions, which include all of the required information, exist for each staff classification covered | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Staff members have received a copy of their job description | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (9) A written pre-camp training program exists | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Training time conforms to the length of the camp's operation | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (10) The content is outlined in writing and includes | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Camp philosophy, objectives and policies <input checked="" type="checkbox"/> Developmental needs and population served <input checked="" type="checkbox"/> Operating procedures related to staff member duties <input checked="" type="checkbox"/> Techniques of camper supervision <input checked="" type="checkbox"/> Camper behavior management | | | | |

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| (11) An in-service training program exists | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| R 400.11111 Number of staff. | | | |
| (1) The licensee adheres to a written staffing schedule | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) The ratio of adult staff members to campers is met <u>Below</u> <u>13 or Older</u> <u>Handicapped</u> <input checked="" type="checkbox"/> Awake = 1 for 10 <input type="checkbox"/> 1 for 14 <input checked="" type="checkbox"/> Awake = 1 for 3 <input checked="" type="checkbox"/> Sleep = 1 for 14 <input checked="" type="checkbox"/> Sleep = 1 for 6 At least 2 adult staff members are on duty and in camp | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (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 aquatics supervisor, in camps over 50 campers | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| R 400.11113 Behavior Management. | | | |
| (1) The license has and follows a written camper behavior management policy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Policy includes methods for the positive behavior management policy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) The policy covers all required topics Camper shall not be deprived of: <input checked="" type="checkbox"/> Food <input checked="" type="checkbox"/> Sleep <input checked="" type="checkbox"/> Placed Alone Subjected to: <input checked="" type="checkbox"/> Hazing <input checked="" type="checkbox"/> Ridicule <input checked="" type="checkbox"/> Threat <input checked="" type="checkbox"/> Corporal Punishment <input checked="" type="checkbox"/> Excessive Physical Exercise <input type="checkbox"/> Excessive Restraint | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) A copy of the policy is furnished to all staff members | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| R 400.11115 Protection laws | | | |
| The licensee has implemented a written plan to assure compliance with the child protection law and the adult protection law | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| R 400.11117 Camper Records | | | |
| (1) A current roster of all campers is maintained | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Records for each camper are kept at the camp and include all the following information: <input checked="" type="checkbox"/> Camper Name, Age, Address <input checked="" type="checkbox"/> Authorized Person, Name, Address, Phone <input checked="" type="checkbox"/> Arrival/Departure Dates <input checked="" type="checkbox"/> Special Needs, Limitations | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) A written plan for release of campers has been established and includes all of the required information <input checked="" type="checkbox"/> When Released <input checked="" type="checkbox"/> Where Released <input checked="" type="checkbox"/> How <input checked="" type="checkbox"/> To Whom | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| R 400.11119 Health service policy. | | | |
| (1) The licensee has and follows an appropriate written health service policy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) The health service policy has been established in consultation with and review annually by a licensed physician | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Erich Kickland M.D. 1/25/21 | | | |
| (3) The health service policy covers all of the required content <input checked="" type="checkbox"/> Health Screening <input checked="" type="checkbox"/> Disease Prevention <input checked="" type="checkbox"/> Emergency Services/Transportation <input checked="" type="checkbox"/> On-call Consultation <input checked="" type="checkbox"/> First Aid and Health Care Supplies <input checked="" type="checkbox"/> Storage/Administration Medications <input checked="" type="checkbox"/> Away from Site Procedures <input checked="" type="checkbox"/> Daily Observation <input checked="" type="checkbox"/> Parent Notification <input checked="" type="checkbox"/> Health Officer Staffing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| R 400.11121 Health care staff: day camp | | | |
| (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 and properly licensed or certified | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (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 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (3) The health officer holds out-of-state license | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (4) The health officer has current CPR certification | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| R 400.11122 Health care staff: residential; troop; travel camp | | | |
| (1) The health officer has current CPR certification Kendall Felt R.N. exp: 9/15/22 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) A health officer is on duty or in residence at the camp | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) The health officer is on duty and properly licensed or certified | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) The health officer holds out-of-state license | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| R 400.11123 Health facilities. | | | |
| (1) A resident camp and a day camp shall have a designated area to serve as a health center | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Locked storage of all drugs and medication is provided | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| R 400.11125 Health requirements for staff. | | | |
| (1) A health history statement for each staff member is maintained Health information is properly maintained and safeguarded | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| R 400.11127 Health requirements for campers | | | |
| (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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) A health history statement which includes all the required information signed by an authorized person for each camper, is maintained in the camp <input checked="" type="checkbox"/> Current Drugs or Medications <input checked="" type="checkbox"/> Immunization Status <input checked="" type="checkbox"/> Allergies <input checked="" type="checkbox"/> Any special health and behavioral considerations <input checked="" type="checkbox"/> Physical Limitations | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Health information is properly maintained and safeguarded | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) Camper health cards are maintained for three years | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) Camp follows health and behavioral instructions | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (6) During off-site overnight activities, the medical treatment consent form, the health history statement, and the emergency contact information accompanies the camper | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (7) Campers are screened within the first 24 hours The health screening includes all of the required content <input checked="" type="checkbox"/> Medication(s) Check-in <input checked="" type="checkbox"/> Health History Review <input checked="" type="checkbox"/> Medication(s) in Original Containers <input checked="" type="checkbox"/> Physical State Observation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| <input checked="" type="checkbox"/> Campers Needs Discussion | | | |
| (8) A permanent medical record which lists all required information, is maintained | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Date <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Ailment <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Treater | | | |
| (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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| R 400.11131 Nutrition and food service. | | | |
| (1) The licensee has and follows an appropriate written policy for the nutrition and food service program | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The policy covers all of the required subjects | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Meal Pattern <input checked="" type="checkbox"/> Meal Hours <input checked="" type="checkbox"/> Service Type <input checked="" type="checkbox"/> Special Diets | | | |
| (2) At least 3 meals are served each day in a resident or travel camp | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Meals meet nutritional guidelines | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Meals provided are adequate for the population served. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) Special dietary needs are provided for in accordance with instruction from the camper's authorized person or a physician | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) Each week's menu is maintained on file | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| R 400.11133 High adventure activities | | | |
| (1) Campsite licensee complies with the high adventure rules for each high adventure activity | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Camp program licensee, at an unlicensed site, complies with the high adventure rules for each high adventure activity | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| R 400.11143 Transportation policy statement; vehicles and drivers; hayrides; watercraft. | | | |
| (1) The licensee has established and follows written policies for program and emergency transportation | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| The policies include all of the required content | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Driver Qualifications <input type="checkbox"/> Vehicle Inspection <input type="checkbox"/> Supervision | | | |
| <input type="checkbox"/> Emergency Evacuation <input type="checkbox"/> Loading/Unloading | | | |
| (2) The driver of any vehicle transporting campers is an adult and possesses a properly classified and valid license | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (3) Vehicles used for the transportation of campers are appropriately licensed and inspected | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (4) The driver and all passengers are properly restrained by the use of passenger safety belts | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (5) Campers are transported only in vehicles designed for passenger transportation | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| A hay wagon used for hayrides is properly outfitted and utilized | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (6) A vehicle is available at all times in a resident camp or a day camp for emergency use | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (7) Watercraft used to transport campers have a rated capacity | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| R 400.11145 Traveling groups. | | | |
| (1) 2 staff members, at least one adult, accompany any group | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (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 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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| (3) A staff member has training, and certification based on availability of emergency medical services | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| R 400.11146 Travel and troop camps. | | | |
| (1) A travel plan that includes the itinerary and pre-established check-in times is left with a designated home base person | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (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 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (3) A pre-established emergency assistance plan is initiated upon the failure of a travel camp to meet a check-in time | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| R 400.11147 Reporting changes or cancellations to department. | | | |
| A change or cancellation is reported by the licensee to the department | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EHI 5/30/21 A QFI: 7/7/20 A | | | |
| (2) Written procedures for response to potential emergencies and disasters have been established | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) The camp uses a campsite and facilities which comply with these administrative rules | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) Equipment used in the camp is in good repair and is safe for campers | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) Fire safety orientations are conducted for each new group of campers | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A written record of orientations is maintained | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| viewed | | | |

AREAS OF NON-COMPLIANCE/CORRECTIVE ACTION REQUIRED

If non-compliance was notated on this report, a written corrective action plan (CAP) is required. The corrective action plan is due 15 days from the date of this inspection 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 PROGRAM responsible designee and a date.

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

| | YES | NO |
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| A CAP was received onsite. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| CAP was approved. | <input type="checkbox"/> | <input type="checkbox"/> |

RECOMMENDATION

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| <input checked="" type="checkbox"/> Issuance of a regular license. <input type="checkbox"/> Contingent upon receipt of acceptable CAP , a regular license will be issued. <input type="checkbox"/> The status of the license remains unchanged. <input type="checkbox"/> Contingent upon receipt of acceptable 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. |
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Consultant's Signature

Consultant's Printed name

Telephone Number

Date

| | | | |
|----------------------|-------------|--------------|-----------|
| <i>Samuel a Love</i> | Samuel Love | 248-230-0876 | 6/23/2021 |
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LARA is an equal opportunity employer/program.