

**CAMP PROGRAM LICENSING STUDY REPORT (PART – 1)**  
Michigan Department of Licensing and Regulatory Affairs

PROGRAM License Number <b>AC300200816</b>	PROGRAM NAME <b>St Francis Camp on the Lake AC</b>	Inspection Date <b>6/17/2021</b>	
PROGRAM Mailing address <b>10120 Murrey Road</b>	City <b>Jerome</b>	State <b>MI</b>	
		Zip <b>49249</b>	
SITE License Number <b>SR300200075</b>	SITE NAME <b>St Francis Camp on the Lake</b>	OWNER/OPERATOR Is the PROGRAM Licensee the SITE Licensee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
SITE ADDRESS <b>10120 Murrey Road</b>	City <b>Jerome</b>	State <b>MI</b>	
		Zip <b>49249</b>	
Onsite PROGRAM Designated Responsible Person <b>Vicky Petty</b>	Title <b>Director</b>		
<i>Statements which appear opposite each rule number are summaries and are not identical to the administrative rules of camps.</i>			
	<b>Compliant</b>	<b>Non-Compliant</b>	<b>Not Applicable</b>
<b>R 400.11105 Variance from rules</b>  A variance from an administrative rule including any conditions under which the variance was granted, is in effect and followed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>R 400.11107 Written policies, procedures, program statements, or plans; review.</b>  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	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<b>R 400.11109 Staff.</b>  (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"/> 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) A camp shall notify the department within 30 days of employing a new camp director	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/> 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(8) Written job descriptions, which include all of the required information, exist for each staff classification covered  Staff members have received a copy of their job description	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
(9) A written pre-camp training program exists  Training time conforms to the length of the camp's operation	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
(10) The content is outlined in writing and includes  <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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(11) An in-service training program exists	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R 400.11111 Number of staff.</b>			
(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 checked="" 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"/>
<b>R 400.11113 Behavior Management.</b>			
(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 checked="" 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"/>
<b>R 400.11115 Protection laws</b>			
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"/>
<b>R 400.11117 Camper Records</b>			
(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"/>
<b>R 400.11119 Health service policy.</b>			
(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"/>
(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 Aide 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"/>

<b>R 400.11121 Health care staff: day camp</b>			
(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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R 400.11122 Health care staff: residential; troop; travel camp</b>			
(1) The health officer has current CPR certification	<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"/>
<b>R 400.11123 Health facilities.</b>			
(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"/>
<b>R 400.11125 Health requirements for staff.</b>			
(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"/>
<b>R 400.11127 Health requirements for campers</b>			
(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"/>

<input checked="" type="checkbox"/> Campers Needs Discussion			
(8) A permanent medical record which lists all required information, is maintained <input checked="" type="checkbox"/> Date <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Ailment <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Treater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(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"/>
<b>R 400.11131 Nutrition and food service.</b>			
(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"/> Meal Pattern <input checked="" type="checkbox"/> Meal Hours <input checked="" type="checkbox"/> Service Type <input checked="" type="checkbox"/> Special Diets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(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 Meals provided are adequate for the population served.	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input 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"/>
<b>R 400.11133 High adventure activities</b>			
(1) Campsite licensee complies with the high adventure rules for each high adventure activity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
<b>R 400.11143 Transportation policy statement; vehicles and drivers; hayrides; watercraft.</b>			
(1) The licensee has established and follows written policies for program and emergency transportation The policies include all of the required content <input type="checkbox"/> Driver Qualifications <input type="checkbox"/> Vehicle Inspection <input type="checkbox"/> Supervision <input type="checkbox"/> Emergency Evacuation <input type="checkbox"/> Loading/Unloading	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
(2) The driver of any vehicle transporting campers is an adult and possesses a properly classified and valid license	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Vehicles used for the transportation of campers are appropriately licensed and inspected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) The driver and all passengers are properly restrained by the use of passenger safety belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Campers are transported only in vehicles designed for passenger transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A hay wagon used for hayrides is properly outfitted and utilized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R 400.11145 Traveling groups.</b>			
(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"/>

(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"/>
<b>R 400.11146 Travel and troop camps.</b>			
(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"/>
<b>R 400.11147 Reporting changes or cancellations to department.</b>			
A change or cancellation is reported by the licensee to the department	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R 400.11149 Site; emergency procedures; plans; use of facilities; equipment; fire drills.</b>			
(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"/>
(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"/>

### 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
<b>A CAP was received onsite.</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CAP was approved.</b>	<input type="checkbox"/>	<input type="checkbox"/>

### RECOMMENDATION

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

Brian Peterson	Brian Peterson	248-392-5299	6/17/2021
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LARA is an equal opportunity employer/program.