



STATE OF MICHIGAN

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

RICK SNYDER
GOVERNOR

SHELLY EDGERTON
DIRECTOR

Dear Camp Applicant

Attached is the application for a Children’s or Adult Foster Care Camp **Site** license. You can access the rules at:

http://w3.lara.state.mi.us/orr/Files/AdminCode/638_10609_AdminCode.pdf.

A set of sample written required material is available at:

http://www.michigan.gov/documents/dhs/Camp_Sample_of_Required_Materials_4_09_275781_7.pdf.

The Licensing Rules for Children’s and Adult Foster Care Camps include: Part 1, General Provisions, which applies to the program license; Part 2, Fire Safety; Part 3, Environmental Health and Safety and Part 4, High Adventure, apply to the site license. Sites are licensed as either SR, Site Residential, or SD, Site Day. An SR license may have both day and residential camp programs. An SD licensee may only have day camps, as additional fire and environmental inspections are required for residential camps.

CAMP APPLICATION: Complete the application for your camp site license.

APPLICATION FEE: Send the fee in the form of a check or money order written to the “**State of Michigan**” along with the application form and other applicable documentation to:

Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems
P.O. Box 30664
Lansing, MI 48909-8164

The fee schedule for program licensure is non-refundable as follows:

APPLICATION TYPE	FEE FOR ORIGINAL PROGRAM
1. Children’s Camp	
Licensed Capacity 5-100	\$100
100+	\$200
2. Adult Foster Care Camp	
Licensed Capacity (ALL)	\$ 40

LICENSE RECORD CLEARANCE: If you have a new administrator, please complete and submit the provided License Request Clearance Record, BCAL-1326-Camp and the Livescan Fingerprint Background Check Request form (RI-030) (available at www.michigan.gov/documents/msp/ri-030_393611_7.pdf). All administrators and **ONLY** administrators are required to be fingerprinted at the expense of the camp one time only for the continuous duration of their employment with this camp. The requirement for fingerprinting is in statute, MCL 722.115c. You can also access the current camp rules at http://w3.lara.state.mi.us/orr/AdminCode.aspx?AdminCode=Department&Dpt=LR&Level_1=Bureau+of+Community+and+Health+Systems under Licensing and Regulatory Affairs, Bureau of Community and Health Systems, Children’s and Adult Foster Care Camps.

If you are the administrator for both a program and a site license, please indicate both license numbers on your clearance forms.

FIRE SAFETY INSPECTIONS: A fire safety inspection is required every two years if an “A” rating is received. Any building that is used by campers not accompanied by a parent or a guardian must comply with fire safety regulations on a year round basis.

Qualified Fire Inspectors (QFI) must complete all fire inspections. The fee for a fire inspection is the responsibility of the site licensee. If you are required to have a fire safety inspection this year, be sure to arrange for the inspection as soon as possible. The person conducting the fire safety inspection is your contractor. As such, you should expect the QFI to review their findings with you prior to leaving the site. You should receive a copy of the written report within a reasonable amount of time. http://www.michigan.gov/dhs/0,1607,7-124-5455_27716_27723-82033--,00.html

ENVIRONMENTAL HEALTH INSPECTIONS: Each residential site is required to have an environmental health inspection every year. Day camp sites are only required to have an environmental health inspection if the camp has a private water or sewer supply or the camp prepares meals for campers. The request for inspection of your site, if required, is to be sent to the local county health inspection agency. Any required fee is the responsibility of the site licensee.

Should you have any additional questions or problems, feel free to contact Darrell Clay at (269) 615-6379 or Steve Seager at (989) 745-1840.

Jay Calewarts, Program Manger
Bureau of Community and Health Systems

CAMP SITE LICENSE APPLICATION
 Department of Licensing and Regulatory Affairs
 Bureau of Community and Health Systems

FOR CASHIER USE ONLY – Cashier code: 100401

Original Renewal Interim

1. Site License Number		2. Camp Type <input type="checkbox"/> Resident <input type="checkbox"/> Day <input type="checkbox"/> Troop		3. License Expiration Date	
4. Camp Site Name					
5. Program Address (No. & Street)				6. County	
7. City/State/Zip Code			8. Phone Number		9. Fax Number
10. E-Mail Address			11. Web Address		
12. Name of Sponsoring Organization				13. Federal Tax ID #	
14. Address (No. & Street)			15. Phone Number		16. Fax Number
17. City			18. State MI		19. Zip Code
20. Name of Campsite Owner				21. Federal Tax ID #	
22. Address (No. & Street)			23. Phone Number		24. Fax Number
25. City			26. State MI		27. Zip Code
28. Name of Director for Program (Must be 21)				29. Years of Experience	
30. Address (No. & Street)			31. Phone Number		32. Fax Number
33. City			34. State MI		35. Zip Code
36. Maximum Camper Capacity (the maximum number of campers to be accepted at any one time. Do not include staff):			37. Age Range From: To:		
38. Is Campsite Available for Rent <input type="checkbox"/> Yes <input type="checkbox"/> No		39. Seasons Campsite is Available <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter		40. Camp Site Acreage	
				41. Nearest Body of Water	
42. Activities offered (Attach Copy of Typical Daily Schedule)			43.		
<input type="checkbox"/> Academics <input type="checkbox"/> Computers <input type="checkbox"/> Nature/Col. <input type="checkbox"/> Aquatics <input type="checkbox"/> Crafts/Art <input type="checkbox"/> Obstacle Course <input type="checkbox"/> Boating <input type="checkbox"/> Cycling <input type="checkbox"/> Repelling <input type="checkbox"/> Canoeing <input type="checkbox"/> Dance <input type="checkbox"/> Religious Ed. <input type="checkbox"/> Sailing <input type="checkbox"/> Dramatics <input type="checkbox"/> Riflery <input type="checkbox"/> Swimming <input type="checkbox"/> Field Sports <input type="checkbox"/> Ropes Course <input type="checkbox"/> Wading <input type="checkbox"/> Gymnastics <input type="checkbox"/> Snow Skiing <input type="checkbox"/> Water-Skiing <input type="checkbox"/> Horseback Riding <input type="checkbox"/> Tennis <input type="checkbox"/> Archery <input type="checkbox"/> Leadership Training <input type="checkbox"/> Tobogganing <input type="checkbox"/> Campcraft <input type="checkbox"/> Music <input type="checkbox"/> Tripping <input type="checkbox"/> Other (Specify): _____			<input type="checkbox"/> I have read 1973 PA 116 or 1979 PA 218, as appropriate, and the Administrative Rules regulating the operation of a camp, and, if granted a license, will endeavor to comply with the Act and these rules. <input type="checkbox"/> In order to permit a proper determination of conformity with the rules, I give permission to the Department to make a necessary and reasonable investigation of my activities and proposed standards of care and to make an on-site evaluation of the proposed facility. The investigation may include the securing of statements from references I submit, as well as from others who may make judgments as to my ability to comply with the rules. <input type="checkbox"/> I hereby certify that if I or any member of the staff having direct contact with campers has been convicted of an offense for other than a minor traffic violation, such information shall be shared with the Department. <input type="checkbox"/> I also certify that any information I give in respect to the investigation will be, to the best of my ability, true and correct.		
44. Applicant/Representative Signature			45. Title		46. Date
LARA is an equal opportunity employer/program.			AUTHORITY: 1973 PA 116 and 1979 PA 218 COMPLETION: Is required otherwise, applicant cannot be licensed.		

CAMP LICENSING RECORD CLEARANCE REQUEST (BCAL-1326-CAMP) and LIVESCAN FINGERPRINT BACKGROUND CHECK REQUEST INSTRUCTIONS

The purpose of these forms is to:

1. Produce a Department of State Police check regarding the possible existence of a conviction record.
2. Produce a Department of Health and Human Services Central Registry File check regarding the possible existence of a substantiated child abuse or neglect record.
3. Produce a licensing file check against current or previous license status of the applicant in any county of the state.

Note: The Department may perform this check at any time while you are licensed or associated with a licensed facility.

Instructions for Livescan Fingerprinting: Livescan Fingerprints are required for an applicant, licensee, licensee designee, program director, director, or administrator. You may select a fingerprint vendor from the list of Private Livescan Vendors on the Michigan State Police website at: www.michigan.gov/msp/0,4643,7-123-1878_8311-237662--,00.html. The Livescan Fingerprint Background Check Request form (available at www.michigan.gov/documents/msp/ri-030_393611_7.pdf) **must** be taken with you at the time the fingerprint is conducted. You must complete Sections I and II. Section I must be filled out as follows:

1. Fingerprint Code	2. Requestor/Agency ID	3. Agency Name
Camps CCI	92647T	Department of Licensing and Regulatory Affairs

Section III will be completed by the Fingerprint Specialist when you are fingerprinted. After you are fingerprinted, you must submit the completed Livescan Fingerprint Background Check Request form **and** the Camp Licensing Record Clearance Request (BCAL-1326-CAMP) form to licensing. **Both of these forms must be submitted to licensing together.** At renewal, fingerprinting is not required for licensees, licensee designees, program directors, directors, and administrators if it was already completed for licensing.

The existence of a conviction record does not necessarily disqualify an individual for licensure or employment in a licensed facility. However, it does provide licensing with background information which will be carefully evaluated by licensing staff.

A failure on the part of an applicant to provide licensing with accurate and truthful information and the authorization requested on this form may be sufficient cause to deny issuance of a license or certificate of registration.

****DISCLAIMER: ALL FINGERPRINTS PROCESSED WITH INCORRECT FINGERPRINT CODES OR USE OF THE WRONG LICENSE RECORD CLEARANCE REQUEST FORM ARE THE RESPONSIBILITY OF THE INDIVIDUAL. MSP WILL CHARGE FOR SECOND REQUESTS DUE TO INCORRECT FINGERPRINT CODES. ****

AUTHORITY: 1973 PA 116	LARA is an equal opportunity employer/program.
COMPLETION: Required	
CONSEQUENCE: Licensure may be denied or revoked.	

CAMP LICENSING RECORD CLEARANCE REQUEST STATE OF MICHIGAN

Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems

DIRECTIONS FOR COMPLETING FORM:

- You must read the accompanying instructions before completing this form **and** the Livescan Fingerprint Background Check Request form.
- Type or print CLEARLY so that the information provided can be read.
- The Livescan Fingerprint Background Check Request form **and** this form must be submitted to licensing together.
- Mail both completed forms to Licensing Central Office or address noted in box below.

REQUESTOR INFORMATION

Michigan Department of Licensing and Regulatory Affairs Bureau of Community and Health Systems P O Box 30664 Lansing, MI 48909		Livescan Fingerprint Code Information Camps CCI (Camp License) – Agency ID-92647T
Licensing Consultant (if known):		
LICENSEE/APPLICANT NAME	County	LICENSE NUMBER (If assigned)
LICENSE/APPLICATION TYPE (CHECK ONLY ONE BOX): <input type="checkbox"/> Camp		
THE PERSON BEING CLEARED IS (CHECK ONLY ONE BOX): <input type="checkbox"/> Applicant/Licensee/Designee -OR- <input type="checkbox"/> Program Director/Director -OR- <input type="checkbox"/> Administrator		

CLEARANCE INFORMATION – PRINT CLEARLY

To be completed by each person to be cleared – see the instruction page. Each person fingerprinted must complete this form **and** the Livescan Fingerprint Background Check Request form.

NAME (Last, First, Middle Jr., II, etc.)				GENDER	BIRTH DATE	SOCIAL SECURITY NUMBER - -	
MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		ALSO KNOWN AS (Aliases, Maiden Name, Previous Married Names)					
ADDRESS (Street Number and Name)				MICHIGAN DRIVERS LICENSE OR STATE ID NUMBER			
CITY	COUNTY	STATE	ZIP CODE	PHONE NUMBER	RACE	HEIGHT	WEIGHT
HOW LONG HAVE YOU LIVED IN MICHIGAN?				OTHER STATES RESIDED IN DURING PAST 5 YEARS?			
HOW LONG HAVE YOU LIVED IN THIS COUNTY?							
HAVE YOU EVER: Been convicted of a crime, felony or misdemeanor? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, explain) Been substantiated for abuse or neglect of children or adults? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, explain) Type, Location and Date of Conviction(s) or Substantiations: (for additional space attach separate sheet)							
My signature certifies that I have reviewed the instruction page. SIGNATURE OF PERSON TO BE CLEARED						DATE	

CENTRAL RECORDS CLEARANCE (Licensing Use Only)

CONVICTION CLEARANCE

SECRETARY OF STATE DISCREPANCY? <input type="checkbox"/> NO <input type="checkbox"/> YES	INITIALS/CLEARANCE DATE	For Licensing Use Only
INDIVIDUAL ON CENTRAL REGISTRY? <input type="checkbox"/> NO <input type="checkbox"/> YES	INITIALS/CLEARANCE DATE	
PREVIOUS REGISTRATION/LICENSE? <input type="checkbox"/> NO <input type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED	INITIALS/CLEARANCE DATE	
REGISTRATION/LICENSE NUMBER: ADVERSE ACTION? <input type="checkbox"/> YES		

Environmental Health Inspections

Please read this before proceeding any further

You must use the enclosed Environmental Health Inspection Request (BCAL-1787-CC) to arrange this inspection through your local health authority.

In order to determine which health inspection agency you will need to send the Environmental Health Inspection Request (BCAL-1787-CC) to, please go to www.michigan.gov/mdhhs > [Inside MDHHS](#) > [County Offices](#) > [Local Health Departments](#) and click on the county in which your center is located. Fill in section 6 on the Environmental Health Inspection Request (BCAL-1787-CC) with the name and address of the health inspection agency.

This inspection will be at your expense. Contact your local health authority to verify the cost of the inspection.

If you have additional questions about the need to request a health inspection, please contact your local health department or call 866-685-0006.

Plan Reviews for a Child Care Center:

A child care center applicant/licensee considering new construction, renovation or structural modification of the kitchen, bathroom or food preparation or food storage area must contact the local environmental authority using the BCAL-1787-CC to assure compliance with all local regulations. If the local environmental health authority will not do a plan review, the applicant/licensee must provide documentation to Child Care Licensing.

ENVIRONMENTAL HEALTH INSPECTION REQUEST

Michigan Department of Licensing and Regulatory Affairs
Child Care and Camps

MOST LOCAL HEALTH DEPARTMENTS CHARGE AN INSPECTION FEE. YOU ARE ADVISED TO CONTACT THE LOCAL HEALTH DEPARTMENT TO DETERMINE THE FEE.

1. License Number
2. Expiration Date
3. Status of License
4. Proposed/Current Capacity <input type="checkbox"/> 1-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 100+
5. Please return the completed inspection report by this date:

6. Name and Address of Local Health Department

HEALTH DEPARTMENT TELEPHONE NUMBER

7. Reason for Inspection

New Application

Reinspection

Renewal Inspection

Complaint (Specify in No. 24)

Addition/Plan Review

Proposed New Construction/

Plan Review

Other (Specify in No. 24)

8. Water Supply and/or Sewage Disposal and General Sanitation and Safety (Use BCAL-1788-CC)

Children's Camp or Adult Foster Care Camp

Child Care Center

Special Request (explain in No. 24)

9. Return Completed Inspection Report to Your Licensing Consultant. Go to www.michigan.gov/michildcare > How Do I? > Contact My Consultant for your consultant's address.

10. Name of Licensing Worker

Telephone Number _____

11. Address of Licensing Worker/Consultant (Number, Street)

City _____ Zip Code _____

12. Name of Facility

22. Directions to Facility From Nearest Major Intersection

13. Name of Administrator/Contact Person

14. Address of Facility (Number, Street)

15. City

16. Township

23. Comments

17. County

18. Zip Code

19. Facility Telephone Number

20. Alternate Telephone Number

21. Date of Last Environmental Health Inspection

24. To be completed by license applicant/licensee:

I request the health authority to conduct an environmental health inspection that is in accordance with the Sanitarians' Field Manual for Environmental Health Inspections of Facilities Licensed by the State of Michigan Department of Licensing and Regulatory Affairs of the facility indicated in box 13 of this document.

Signed _____ Date _____

25. L.H.D. Use

Fee Amount \$ _____ Payment made by check (# _____), cash, other _____

Received by _____ Date _____

LARA is an equal opportunity employer/program.

AUTHORITY: 1973 PA 116
 COMPLETION: Required.
 NON-COMPLETION: No registration/license will be issued.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

SHELLY EDGERTON
DIRECTOR

Revised **06/12/09**

DIRECTORY OF QUALIFIED FIRE SAFETY INSPECTORS
FOR CHILDRENS CAMPS

Importance of Fire Safety

Fire safety inspections are a necessary part of the licensing process for residential camps. It is a means of assuring that the building used by a licensed children's camp are in compliance with essential fire safety requirements for licensure.

Procedures for Requesting Fire Safety Plan Reviews

Architectural plan reviews will be provided by the Bureau's of Fire Safety section at no cost to the applicant or licensee. All required plan submittals must bear the seal of an architect or engineer registered with the State of Michigan and include the "Application for Child Care Plan Review" form. This form is available at the Bureau of Fire Services website, www.michigan.gov/bfs, then "forms". Please submit plans to the address at the top of the form. New construction, additions, and remodeling projects are inspected by State Inspectors working for the Bureau of Fire Services.

Procedures for Requesting Fire Safety Inspections (bi-annual, conversions, consultations)

Fire safety inspections are to be obtained by the applicant or licensee from one of the individuals listed below.

Licensees are to arrange or contract with a qualified fire safety inspector, and, are responsible for any costs of obtaining the inspection and may only use those individuals who are listed below.

The Department of Licensing and Regulatory Affairs will not accept a fire safety inspection report from any other authority, individual or organization not on the current list.

If you have further questions regarding this program, please contact your licensing consultant or the fire safety section, building division, at (517) 335-3529.

Approved Fire Inspectors

A list of independent qualified fire inspectors approved by the Bureau of Fire Services to conduct bi-annual fire safety inspections, conversions and consultations for licensed children's camps can be obtained on the web at http://www.michigan.gov/dhs/0,1607,7-124-5455_37716_27723-82033--,00.html. The list has been arranged geographically starting in the Upper Peninsula.