

2022 SITE INTERIM NOTIFICATION

ADULT FOSTER CARE AND CAMP DIVISION

Instructions:

A camp SITE license is valid for two years and requires a licensing interim inspection. Completion of this form is required during the second year of a two-year license, the interim year. Licensees must submit this completed form to the department no later than May 1st of the interim year. There is no fee associated with this interim notification and subsequent licensing inspection.

SECTION 1- CAMP SITE INFORMATION			
1. Camp SITE Name		2. License Expiration / /2023	
3. SITE License Number (SR or SD)		4. Camp Type <input type="checkbox"/> Residential <input type="checkbox"/> Day	
5. Camp SITE Address		6. City, State, Zip Code	
7. County	8. Phone Number of Camp SITE	9. Fax Number of Camp SITE	
10. Name of Camp Director or Chief Administrator with Day-to-Day Responsibilities for SITE			11. Date of Birth
12. Phone Number	13. E-mail Address	Camp Director or Chief Administrator must have a comprehensive background clearance and Livescan Fingerprint submitted with this notification or on-file with the camp licensing division.	

SECTION II- LICENSEE ORGANIZATION INFORMATION			
14. Licensee Organization Name		15. Federal Tax ID Number	
16. Is camp SITE Accredited?: (R 400.11102) <input type="checkbox"/> Yes <input type="checkbox"/> No		17. Street Address	
18. City		19. State	
20. Zip Code		21. Phone Number	
22. Fax Number		23. Web Address	
24. Licensee/Licensee Designee Name [MCL 722.111(1)(r),(ee)]		This person must have a comprehensive background clearance and Livescan Fingerprint submitted with this notification or on-file with camp licensing division.[MCL 722.115c]	
25. Licensee/Licensee Designee E-mail Address		26. Licensee/Licensee Designee Title	
27. Licensee/Licensee Designee Phone Number			

SECTION III- SITE TERMS			
30. Owner of SITE if different than Licensee Organization		31. Owner Address (Street Address, City, State, Zip Code)	
32. Phone Number:		33. E-mail:	
34. Last Qualified Fire Safety Inspection (Residential camps only) Date:		Inspector:	
35. Activities Offered			
General Camp Activities		High Adventure (R400.11401 & R400.11403)	
<input type="checkbox"/> Academic	<input type="checkbox"/> Boating	<input type="checkbox"/> Cycling	<input type="checkbox"/> Ropes Course
<input type="checkbox"/> Dance	<input type="checkbox"/> Sailing	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Winter sports
<input type="checkbox"/> Drama	<input type="checkbox"/> Canoeing	<input type="checkbox"/> Hiking/Backpacking	<input type="checkbox"/> Travel groups (trips to other locations)
<input type="checkbox"/> Crafts/Arts	<input type="checkbox"/> Swimming	<input type="checkbox"/> Horseback Riding	<input type="checkbox"/> Go-karts *
<input type="checkbox"/> Leadership Training	<input type="checkbox"/> Wading	<input type="checkbox"/> Obstacle Course	<input type="checkbox"/> Water slide *
<input type="checkbox"/> Music/Band	<input type="checkbox"/> Water-skiing	<input type="checkbox"/> Rappelling/Climbing	<input type="checkbox"/> Zipline *
<input type="checkbox"/> Nature/Ecology	<input type="checkbox"/> Archery	<input type="checkbox"/> Riflery	<input type="checkbox"/> Other:
<input type="checkbox"/> Sports	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

SECTION IV- ATTESTATION OF UNDERSTANDING		
36. Check all that apply.		
<input type="checkbox"/> I have read and agree to comply with the Child Organizations Act 116 of 1973 and administrative rules regulating the operation of a camp. <input type="checkbox"/> I understand background check requirements for licensee designee, chief administrator, program director, and staff. In addition, I understand my responsibility to assess good moral character found in Act 380 of 1965. <input type="checkbox"/> I certify activities marked with "*" are in accordance with Carnival-Amusement Safety Act 225 of 1966. <input type="checkbox"/> I understand that the Environmental Health Inspection Request must be submitted to my local health authority by May 1st each year and an acceptable certification issued for continuation of the license status. <input type="checkbox"/> I understand that a Qualified Fire Inspection must be completed prior to issuance and every two years for continuation of the license status. <input type="checkbox"/> I certify that all information contained on this document is true and correct. <input type="checkbox"/> I certify the Licensee has a right to occupy the campsite.		
37. Licensee/Licensee Designee Signature (Box 24)	38. Title	39. Date

EMAIL COMPLETED FORM TO: <u>LARA-AFCCAMPSBCHS@MICHIGAN.GOV</u> In the subject line of the Email insert: Camp Interim Notification-Camp (name) <i>Note: Ensure all files sent are separate PDF's attached to the Email.</i>	
LARA IS AN EQUAL OPPORTUNITY EMPLOYER/PROGRAM.	AUTHORITY: PA 116 of 1973 and PA 218 of 1979

SITE Interim Notification Instructions

Directions: Below are the instructions for the completion of the Camp SITE Interim Notification. Note: This notification is completed by the licensee or licensee designee. Those completing the notification must have a completed comprehensive background check with livescan fingerprint submitted with the application or on-file with the department.

SECTION I- CAMP SITE INFORMATION

- Box 1. **Camp SITE Name:** The Camp SITE Name is the official name of the Camp SITE license. This license is associated with a specific Licensee Organization (see SECTION II) at a specific address of operation. If requesting a Camp SITE Name change, submit letter requesting name change on official organization letter head and signed by representative with the application.
- Box 2. **License Expiration:** Enter the expiration date of the license. The SITE Interim Notification is not an application for renewal of the license. It notifies the department that the license is within the interim year and notifies the department of continued licensing status request. The expiration of the license is listed on the official license document.
- Box 3. **SITE License #:** A SITE License number is the assigned license number by the department. SITE License prefixes are SD or SR.
- Box 4. **Camp Type:** Check the camp type you are operating. The camp types are defined in the Licensing Rules for Children's and Adult Foster Care Camps. PA 116 of 1973 and PA 218 of 1979. A quick reference to the camp type definitions is located on the camp licensing webpage under "apply to operate a camp".
- Box 5. **Camp SITE Address:** Enter the address of the camp SITE facility
- Box 6. **City, State, Zip Code:** Enter the name of the city, state, and zip code where the camp SITE is located.
- Box 7. **County:** The county where the Camp SITE is located.
- Box 8. **Phone Number:** Enter the phone number of the camp SITE.
- Box 9. **Fax Number:** Enter the fax number of the camp SITE.
- Box 10. **Name of Camp Director or Chief Administrator with Day-to-Day Responsibilities for SITE:** This is the person responsible for the day-to-day operation of the camp SITE.
- Box 11. **Date of Birth:** Enter the date of birth of the Camp Director or Chief Administrator which verifies that the individual meets rule 400.11109(2) requiring the camp director is not less than 21 years of age.
- Box 12. **Phone Number:** Enter the phone number of the Camp Director or Chief Administrator with Day-to-Day Responsibilities for the SITE.
- Box 13. **E-mail Address:** Enter the E-mail address of the Camp Director or Chief Administrator with Day-to-Day Responsibilities for the SITE.

SECTION II- LICENSEE ORGANIZATION INFORMATION

- Box 14. **Licensee Organization Name:** Enter the name of the organization that is recognized as the Licensee for the license. This is the official governmental or non-governmental organization having as its principal function receiving minor children for care, maintenance, training, and supervision. For further definition see PA 116 of 1973.
- Box 15. **Federal Tax ID #:** Enter the Federal Tax ID # for the applicant/licensee organization.
- Box 16. **Is the Camp SITE Accredited?:** Check box Yes or No. Some camps choose to become accredited in an effort to operate with practices that exceed state minimum standards. Camp national accrediting standards represent best practices for those camps that voluntarily seek accreditation. Deeded Status can be requested [R400.11102].
- Box 17. **Street Address:** Enter the Licensee Organization street address. This address will be the addressed used for mailing official correspondence and licenses. If a different address is requested, please include with the application on official camp letterhead a letter stating the other address and signed by the representative.
- Box 18. **City:** Enter the City of Licensee Organization.
- Box 19. **State:** Enter the State of Licensee Organization.
- Box 20. **Zip Code:** Enter the Zip Code of Licensee Organization.
- Box 21. **Phone Number:** Enter contact phone number of Licensee Organization.
- Box 22. **Fax Number:** Enter fax number of Licensee Organization.
- Box 23. **Web Address:** Enter web address of Licensee Organization.
- Box 24. **Licensee/Licensee Designee Name [MCL 722.111(1)(r), (ee)]:** The name of the person who meets the definition of a licensee/licensee designee. This person is the legal representative who is responsible for the license.
- Box 25. **Licensee/Licensee designee E-mail Address:** Enter the E-mail address for the licensee/licensee designee.
- Box 26. **Licensee/Licensee designee Title:** Enter the title of the licensee/licensee designee.
- Box 27. **Licensee/Licensee designee Phone Number:** Enter the phone number of the licensee/licensee designee.

SECTION III-SITE TERMS

- Box 30. **Owner of SITE if different than Licensee Organization:** Enter the name of the Owner of the SITE if different than the Licensee Organization. Camp SITE Owners must give authorization for use of the Camp SITE by camp operators. This occurs through formal use agreements.
- Box 31. **Owner Address (Street Address, City, State, ZIP):** Enter the address of the owner of the SITE.
- Box 32. **Phone Number:** Enter the phone number of the owner of the SITE.
- Box 33. **E-mail:** Enter the E-mail of the owner of the SITE.
- Box 34. **Qualified Fire Safety Inspection:** Enter date of last completed qualified Fire Safety Inspection and enter the QFI Inspector name. Only residential camps need to have a bi-annual fire safety inspection.
- Box 35. **Activities offered:** Check the activities that are offered at the camp. A camp may offer a variety of activities focused on interpersonal and personal skill development. Some of the activities meet the definition of High Adventure Activities that requires specially trained staff or special safety precautions to reduce the possibility of an accident. These high adventure activities require a written program statement outlining requirements found in R 400.11401 and R 400.11403.

SECTION IV- ATTESTATION OF UNDERSTANDING

- Box 36. **Check all that apply:** Check each box for attestation of understanding. This verifies that the licensee/designee understands the statutes, administrative rules, requirements for background checks, and high adventure requirements for Carnival-Amusement Safety act 225 of 1966. Also, that all information contained on this document is true and correct.
- Box 37. **Licensee/Licensee Designee Signature (Box 24):** The signature of the person who meets the definition of a licensee/licensee designee. This person is the legal representative responsible for the license.
- Box 38. **Title:** Title of the licensee/licensee designee.
- Box 39. **Date:** Date of signature of application. Date: MM/DD/YYYY