

2022 PROGRAM INTERIM NOTIFICATION

Adult Foster Care and Camp Division

Instructions:

A camp PROGRAM License is valid for two years and requires a licensing interim inspection. Completion of this form is required during the second year of the 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 PROGRAM INFORMATION

1. Camp PROGRAM Name		2. License Expiration / /2023		3. PROGRAM License Number (CR, CD, CT, CV)	
4. Camp Type <input type="checkbox"/> Residential <input type="checkbox"/> Day <input type="checkbox"/> Travel <input type="checkbox"/> Troop		5. Camp SITE Name		6. Camp SITE License Number (SR or SD)	
7. Camp SITE Address		8. City		9. State MI	10. Zip Code
11. County	12. Name of Camp Director or Chief Administrator with Day-to-Day Responsibilities for PROGRAM				13. Date of Birth
14. Phone Number	15. 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- APPLICANT/LICENSEE ORGANIZATION INFORMATION

16. Licensee Organization Name		17. Federal Tax ID Number		18. Is camp PROGRAM Accredited?: (R 400.11102) <input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Street Address		20. City		21. State	22. Zip Code
23. Phone Number		24. Fax Number		25. Web Address	
26. 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]		
27. Licensee/Licensee Designee E-mail Address		28. Licensee/Licensee Designee Title		29. Licensee/Licensee Designee Phone Number	

SECTION III- PROGRAM TERMS

30. Does the entire PROGRAM group travel or take trips away from the main Campsite listed in box 5 above? or is it a travel (CV) or Troop (CT) Camp?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, an itinerary must be attached to this form or the status of the license may be affected.	
31. Attach sample daily schedule for camp PROGRAM.				
32. 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:	

33. Camp PROGRAM dates operating 5 or more days in a 14-day period. If more than nine operational dates, attach operational schedule.				SECTION IV- ATTESTATION OF UNDERSTANDING	
				34. Check all that apply	
Start Date:	Start Time:	End Date:	End Time:	<input type="checkbox"/> I have read and agree to comply with the Child Care Organizations Act 116 of 1973 and administrative rules regulating the operation of a camp.	
				<input type="checkbox"/> I understand the background check requirements for licensee designee, 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 certify that all information contained on this document is true and correct	
35. Licensee/Licensee Designee Signature (Box 26)				36. Title	37. Date

EMAIL COMPLETED FORM TO:

LARA-AFCCAMPSBCHS@MICHIGAN.GOV

In the subject line of the Email insert: Camp Interim Notification-Camp (name)

Note: Ensure all files sent are separate PDF's attached to the Email.

PROGRAM Interim Notification Instructions

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

SECTION I- CAMP PROGRAM INFORMATION

- Box 1. **Camp PROGRAM Name:** The Camp PROGRAM Name is the official name of the Camp PROGRAM license. This license is associated with a specific Licensee Organization (see SECTION II) at a specific address of operation. Ensure the Camp PROGRAM Name is consistent with the name listed on the license. If requesting a Camp PROGRAM 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 PROGRAM Interim Notification is not an application for renewal of the license. It notifies the department that the license is within the interim year and the dates of operation of the camp PROGRAM during the interim year. The expiration of the license is listed on the official license document.
- Box 3. **PROGRAM License #:** A PROGRAM License number is the assigned license number by the department. PROGRAM License prefixes are CR, CD, CT, CV.
- 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. 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 Name:** All Residential and Day camp PROGRAMs need to operate at a licensed camp SITE. All Camp PROGRAMs moving to a new camp SITE need to submit an "Original license" application and their previous license will be closed. **Note:** Travel and Troop Camps defined in administrative rules are not stationed at a particular camp SITE and should leave Box 5-Box 11 empty.
- Box 6. **Camp SITE License Number:** Enter the license number of the Residential or Day camp SITE. The number starts with the prefix (SR or SD).
- Box 7. **Camp SITE Address:** Enter the address of the camp SITE facility where the camp PROGRAM is licensed to operate.
- Box 8. **City:** Enter the name of the city where the camp SITE is located.
- Box 9. **State:** All camp SITES regulated by the Department of Licensing and Regulatory Affairs are in Michigan.
- Box 10. **ZIP Code:** Enter the zip code where the camp SITE is located.
- Box 11. **County:** The county where the Camp SITE is located.
- Box 12. **Name of Camp Director or Chief Administrator with Day-to-Day Responsibilities for PROGRAM:** This is the person responsible for the day-to-day operation of the camp PROGRAM.
- Box 13. **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 14. **Phone Number:** Enter the phone number of the Camp Director or Chief Administrator with Day-to-Day Responsibilities for the PROGRAM.
- Box 15. **E-mail Address:** Enter the E-mail address of the Camp Director or Chief Administrator with Day-to-Day Responsibilities for the PROGRAM.

SECTION II- APPLICANT/LICENSEE ORGANIZATION INFORMATION

- Box 16. **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 17. **Federal Tax ID #:** Enter the Federal Tax ID # for the licensee organization.
- Box 18. **Is the Camp PROGRAM 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 19. **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 20. **City:** Enter the City of Licensee Organization.
- Box 21. **State:** Enter the State of Licensee Organization.
- Box 22. **Zip Code:** Enter the Zip Code of Licensee Organization.
- Box 23. **Phone Number:** Enter contact phone number of Licensee Organization.
- Box 24. **Fax Number:** Enter fax number of Licensee Organization.
- Box 25. **Web Address:** Enter web address of Licensee Organization.
- Box 26. **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. This person is required to have a comprehensive background check with livescan fingerprint submitted with this notification or on-file with the department.
- Box 27. **Licensee/Licensee Designee E-mail Address:** Enter the E-mail address for the licensee/licensee designee.
- Box 28. **Licensee/Licensee Designee Title:** Enter the title of the licensee/licensee designee.
- Box 29. **Licensee/Licensee Designee Phone Number:** Enter the phone number of the licensee/licensee designee.

SECTION III-PROGRAM TERMS

- Box 30. **Does the entire PROGRAM group travel or take trips away from the main campsite listed in box 5 above? or is a Travel (CV) or Troop (CT) Camp?** Check Yes or NO. Residential, Day, and AFC groups within camps may take field trips or travel away from the camp SITE for portions of the program. If they leave the site for travel or trips away from camp, then an itinerary must be attached to the application (R 400.11145). Travel (CV) and Troop (CT) camps are not stationed at a camp SITE. These camps are required to have a travel plan that includes an itinerary and pre-established check-in times with a designated home base person (R 400.11146).
- Box 31. **Attach sample daily schedule for camp PROGRAM.** Attach a sample daily schedule with the application. A children's camp operates in the natural environment/out of door setting at least 51% of the time. A children's camp PROGRAM daily schedule must reflect the requirement of amount of time operating in the out-of-doors.
- Box 32. **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.
- Box 33. **Camp PROGRAM dates operating 5 or more days in a 14-day period. If more than nine operational dates, attach operational schedule:** List the start date/times and end date/times for each session that meets applicability. Attach additional operational schedules for all applicable camp PROGRAM dates.

SECTION IV- ATTESTATION OF UNDERSTANDING

- Box 34. **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 35. **Licensee/Licensee Designee Signature (Box 26):** 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 36. **Title:** Title of the licensee/licensee designee.
- Box 37. **Date:** Date of signature of application. Date: MM/DD/YYYY