SAMPLE POLICY

Sample policy from the CareRulebook Michigan adult foster care manual. Fictional home. Rule-verified on November 13, 2026.

This is Policy 6.1 of the 41 in the manual, exactly as it prints in a buyer's copy, but filled in with example answers for a fictional home, Sample Adult Foster Care Home, LLC. Rule-verified means each quote under Rule basis was checked word for word against the official text we saved on that date. It is not legal advice.

Your copy is filled in with your own home's details and choices: https://www.carerulebook.com/us/michigan/adult-foster-care/manual

POLICY 6.1

Emergency preparedness policy and plan

R 400.611(1)(k) · R 400.617(1)(k)-(l) · R 400.619(1)-(9) · R 400.633(4) · R 400.647(18) · R 400.689(3) · R 400.693(1)(d) · R 400.715(3)-(4) (certified homes) · LARA technical assistance manual (Oct 2026), R 400.619(5), (8) and R 400.725(4) · LARA checklist (4/9/2026), Emergency preparedness policy/plan

Purpose

This is Sample Adult Foster Care Home, LLC's written emergency preparedness policy and plan (R 400.611(1)(k); R 400.619). It sets out what everyone in the home does in a fire, a medical emergency, severe weather, an extended utility outage or any other emergency: who is in charge and who does what, who we call, where the alarms and extinguishers are, how we get every resident out to the point of safety, the help each resident needs, and where residents will be cared for if the home cannot be lived in. It also sets out how we post the plan, teach it and practice it.

Our written fire safety plan (Policy 6.2) is part of this plan and is practiced with it.

Scope

This plan covers everyone in Sample Adult Foster Care Home, LLC at the time of an emergency: residents, the licensee, the administrator, staff, volunteers, members of the household and visitors. It applies day and night, every day of the year.

In this plan:

- the **point of safety** is the place outside where everyone gathers after leaving the home, so staff can count residents;
- the **safe place inside** is where residents shelter from a tornado or severe storm;
- an **extended utility outage** is a loss of electricity, heat, water or another utility that lasts long enough to affect residents' comfort, health or safety;
- the **person in charge** is the person designated in writing to act in the licensee's or administrator's absence (Taylor Brooks, lead direct care staff; Policy 3.3).

Policy

A plan made for this home and these residents

1. Sample Adult Foster Care Home, LLC has a written emergency preparedness plan for fire, medical, weather, extended utility outage and other emergencies, and the plan says where residents will receive care if the home is no longer habitable (R 400.619(1)).
2. LARA's checklist asks that the plan be specific to the population and the physical layout of the home. Ours is built from three things kept with it:
    1. our floor plan (Policy 1.3), which shows every level, every bedroom and every exit;
    2. the people we serve, as our program statement describes them (Policy 2.1); and
    3. the special assistance table in this plan, which records, resident by resident, the help each person needs to get out or to shelter, taken from their assessment plan.
3. What our residents mean for this plan:
    - older residents may move slowly, hear or see less well, or be slow to wake to an alarm, so staff go to them rather than wait for them;
    - residents with physical disabilities may need a wheelchair, walker or staff help to leave, so the exits they use are kept wide and clear and their mobility aids are kept within reach of their beds at night;
    - every resident's own needs are written in the special assistance table, which comes before any general rule here.
4. We review this plan at least once a year with the rest of this manual (Policy 1.1), and update it at once when the layout of the home changes, when the relocation site or a contact changes, or when a drill shows something does not work.

Where residents will receive care if the home is no longer habitable

5. If Sample Adult Foster Care Home, LLC cannot be lived in, residents will receive care at: Sample AFC Home 2, 45 Elm Street, Lansing, (517) 555-0150.
6. If that site cannot take residents, the licensee or administrator finds another safe, suitable place, such as another licensed adult foster care home, and arranges care there. A move under this plan is a temporary relocation, not a discharge. If the home cannot reopen, any discharge follows our discharge policy (Policy 2.3).
7. When residents go to the relocation site:
    1. they travel by a recognized community service, or a vehicle owned by the licensee, the administrator or the direct care staff member on duty (R 400.619(9)); a resident who needs medical care goes by ambulance through 911;
    2. staff go with them and keep giving the personal care, supervision and protection in each resident's assessment plan;
    3. staff take each resident's medications, medication administration record, emergency information and assistive devices, and the resident register; and
    4. the licensee or administrator makes the reports in item 21.

Who is responsible, and for what

8. These people carry out the plan, with these responsibilities (R 400.619(2)(a)):

Who	Their responsibilities in an emergency
Licensee, Sample Adult Foster Care Home, LLC	Makes sure the plan, staff, equipment and relocation site are ready; comes to the home or the relocation site when needed; makes the notices to LARA and representatives (item 21)
Licensee designee, Jordan Lee	Acts for the licensee in everything in the row above
Person in charge, Taylor Brooks, lead direct care staff	Leads the response in the licensee's and administrator's absence, with the same responsibilities
Staff member in charge of the shift (named on the daily work schedule, Policy 3.3)	Sounds the alarm, calls 911, directs the other staff, takes the resident register and special assistance table to the point of safety, counts every resident and visitor, and tells the fire department or police who is still inside and where
Every other staff member on duty	Goes to the residents assigned to them in the special assistance table, helps them out by the nearest safe exit, closes doors behind them, checks bedrooms and bathrooms on the way, and stays with residents at the point of safety
Residents, volunteers and members of the household	Follow staff directions, leave by the nearest safe exit and go to the point of safety, and carry out any part of the plan assigned to them

9. When only one staff member is on duty, that person carries out both staff roles: alarm and 911 first, then residents in the order the special assistance table sets, then the count.

Persons to be notified during an emergency

10. The people we notify in an emergency, and their numbers, are on the emergency contacts list below (R 400.619(2)(b)). It is posted by the telephone and kept with the resident register. In every emergency where anyone's life or safety is at risk, staff call 911 first.

Alarm signals, fire extinguishers and shut-offs

11. The fire alarm controls and smoke alarms are here: Smoke alarms in every bedroom, the hallways and the basement; control panel in the front hall closet (R 400.619(2)(c)).
12. The fire extinguishers are here: Kitchen, by the back door, basement stairs.
13. The utility shut-offs are here: Gas meter outside the east wall; electrical panel and water main in the basement. Staff shut off a utility only when it is safe to do so, or when the fire department, police or utility company tells them to.

Evacuation routes and the designated point of safety

14. Our evacuation routes are marked on the posted evacuation plan, a copy of our floor plan that shows every exit and the route to follow from each room (Policy 1.3). The plan

names the required exits staff use first. Our designated point of safety is: The front sidewalk across the street, by the mailbox (R 400.619(2)(d)).

L5. The evacuation routes and the point of safety are posted prominently in the home, with the floor plan showing the evacuation and exit routes to follow (R 400.619(4)).

L6. In a tornado warning or severe storm, residents do not go outside. Staff move everyone to the safe place inside: The basement family room, away from windows.

Evacuating residents with limited mobility or special needs, and visitors

L7. Staff respond to each resident with limited mobility or special needs as the special assistance table sets out (R 400.619(2)(e)):

1. residents who need the most help are reached first, in the order the table gives, and helped out by the nearest safe exit;
2. residents who use a wheelchair, walker or other device are helped into it, or moved with the evacuation aid named in the table;
3. residents who may not wake to the alarm, who may not understand it, or who may resist or go back inside, have a staff member assigned to stay with them;
4. bedrooms and bathrooms are checked on the way out, and doors are closed behind;
5. if staff cannot reach a resident because of fire or smoke, they do not go back in; they tell the fire department at once exactly where the resident is.

L8. **Visitors.** In an emergency or a drill, visitors follow staff directions, leave by the nearest safe exit and go to the point of safety, where the staff member in charge counts them with the residents (Policy 2.4). Staff help any visitor who cannot leave on their own.

L9. **Residents who are out of the home.** Staff check the sign-out record and the work schedule so the count at the point of safety includes residents who are out (R 400.633(4); Policy 3.3), and they contact them or the person they are with.

Any special assistance needed by a resident

20. The special assistance table below records any special assistance each resident needs in an emergency (R 400.619(2)(f)). The licensee or administrator fills it in from the resident's assessment plan (Policy 5.2) before the resident's first night in the home, and updates it whenever the resident's needs or bedroom change. If a resident's licensed health care professional documents in writing that leaving the home in a fire drill could harm the resident's health, the licensee contacts the licensing consultant before changing how that resident takes part in drills; LARA's technical assistance manual says licensees should not exclude a resident on their own, and that medical restrictions and approved accommodations must be written in the resident's assessment plan.

Reports after an emergency

21. After an emergency the licensee or administrator makes these reports, as our incident policy (Policy 5.8) sets out:

1. a written report to each resident's designated representative, the responsible agency if any, and LARA within 24 hours of any fire, of property damage that affects our

ability to provide care, or of moving a resident to a different address (R 400.647(18));

2. a report to each resident's representative named in the care agreement within 48 hours after a natural disaster or fire that results in evacuation of residents or discontinuation of services greater than 24 hours (R 400.693(1)(d)); and
3. an incident report for any resident hurt (R 400.693(3)).

Telephone and posted numbers

22. A telephone is available and accessible to anyone in the home for emergency use, and emergency numbers for fire, police and medical emergency services are posted in a conspicuous place (R 400.619(5)). LARA's technical assistance manual says a cellular telephone provided by the licensee meets this, if it is kept in the home at all times.

Making sure everyone knows the plan

23. Residents, volunteers and members of the household are made familiar with this plan and the fire safety plan, and with any part of them assigned to them (R 400.619(6)). We go over the plan with each resident when they move in and practice it with them in drills; with each volunteer when they start; and with each member of the household when they join the home. We record it on the familiarity record below.
24. All staff are instructed on hire, and retrained each quarter of the calendar year, on their duties and responsibilities under this plan, and on the operation of the fire alarm and other fire protection equipment. We keep a record of the instruction for 2 years (R 400.619(7)), on the staff emergency instruction record below. New staff are instructed on hire, before their first shift.

Practicing the plan

25. We practice this plan, including the fire safety plan, at least once each quarter of the calendar year during each of the rule's three shifts: 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. That is at least 12 practices a year. We keep a record of the practices for 2 years (R 400.619(8)), on the practice drill record below.
26. Our three shifts match the rule's three time windows, so each shift team practices the plan once each quarter.
27. LARA's technical assistance manual says all the plans are practiced (fire, medical, weather, extended utility outage and other emergencies); practices for different emergencies may be held separately or together. Over each year, our practices cover every type of emergency in items 29 to 33.
28. In a fire drill, staff sound the alarm, help residents leave and go to the point of safety, check bedrooms and bathrooms, account for every resident, and practice calling for help. All residents take part in fire drills, including residents receiving hospice care, unless the licensing consultant has agreed another arrangement for a resident (item 20). Residents do not have to take part in practices for other emergencies, but may when the licensee decides it is safe and helpful. We time each fire drill from the alarm to the last person reaching the point of safety.

What we do in each kind of emergency

29. **Fire.** Staff follow our written fire safety plan (Policy 6.2): sound the alarm, get everyone out by the nearest safe exit, close doors behind them, call 911 from outside, and count everyone at the point of safety.
30. **Medical emergency.** Staff call 911, give first aid and CPR as trained (Policy 4.4), follow any do-not-resuscitate order or physician orders for scope of treatment in the resident's record (Policy 5.2), and stay with the resident. We obtain needed health care immediately (R 400.689(3)). One staff member meets the ambulance and gives the crew the resident's emergency information and medication list.
31. **Severe weather.** Staff watch for weather alerts. In a tornado warning, staff move every resident to the safe place inside named in item 16, take the resident register, a phone and flashlights, count everyone, and stay there until the warning ends. In extreme heat or cold, staff follow the room temperature steps in Policy 5.14 and move residents to the most comfortable room.
32. **Extended utility outage.** Staff use flashlights, never candles, check that residents who use powered medical equipment are safe, keep residents warm or cool, report the outage to the utility company, and call the emergency repair contacts (Policy 5.14). If the outage threatens residents' health or safety, for example when the home cannot be kept at 68 degrees Fahrenheit, a resident's powered medical equipment cannot run, or there is no water, the licensee or administrator moves residents to the relocation site (item 5).
33. **Other emergencies.** For a missing resident, staff search at once and call the police if the resident is not found within 30 minutes after the search starts (Policy 5.8). For a gas smell or a carbon monoxide alarm, staff get everyone out to the point of safety without using light switches or phones inside, and call 911 and the utility from outside. For an outside hazard such as a chemical spill, staff follow the instructions of the police or fire department to shelter in place or leave.

Emergency transportation

34. We ensure immediate emergency transportation through a recognized available community service, or a vehicle owned by the licensee, the administrator or the direct care staff member on duty (R 400.619(9)). Our transportation policy (Policy 5.13) sets out the vehicle and driver checks.

Procedure

A. In an emergency

1. Make residents safe: get them away from the danger, out to the point of safety or into the safe place inside.
2. Call 911 when anyone's life or safety is at risk.
3. Follow item 29, 30, 31, 32 or 33 for the kind of emergency, and the special assistance table for each resident.

4. Count every resident and visitor against the resident register. Tell the fire department or police at once if anyone is missing, and where they may be.
5. Tell the licensee, administrator or person in charge as soon as everyone is safe.
6. If the home cannot be used, the licensee or administrator moves residents to the relocation site (item 7).
7. Afterward, the licensee or administrator makes the reports in item 21 and completes an incident report for anyone hurt (Policy 5.8).

B. Keeping the plan ready

1. **At admission,** the licensee or administrator completes the resident's row in the special assistance table, shows the resident the exits, the point of safety and the safe place inside, and records it on the familiarity record.
2. **On hire,** and each calendar quarter, the licensee or administrator instructs every staff member on this plan and the fire alarm and fire protection equipment, and records it.
3. **Each quarter,** the licensee or administrator schedules and holds a practice in each of the three time windows, records each one, and acts on any problem found.
4. **Each month,** at the walk-through (Policy 5.14), the licensee or administrator checks that the evacuation plan and emergency numbers are posted, the telephone works, flashlights work, and exits and routes are clear.
5. **Each year,** and whenever the home or its residents change, the licensee or administrator reviews this plan, confirms the relocation site can still take residents, and updates the contacts.

Sample Adult Foster Care Home, LLC: Emergency contacts (post by the telephone)

Home: Sample Adult Foster Care Home, LLC, 1200 Oak Street, Lansing, MI 48933, (517) 555-0100

Who	Number or details
Fire, police, ambulance	911
Fire department (non-emergency)	Lansing Fire Department, (517) 555-0112
Police (non-emergency)	(517) 555-0111
Nearest hospital	Sparrow Hospital, 1215 E. Michigan Avenue, Lansing
Local health department	Ingham County Health Department, (517) 555-0113
Pharmacy	Main Street Pharmacy, (517) 555-0140
Relocation site	Sample AFC Home 2, 45 Elm Street, Lansing, (517) 555-0150
Licensee	Sample Adult Foster Care Home, LLC

Who	Number or details
Person in charge	Taylor Brooks, lead direct care staff
LARA licensing consultant	Pat Rivera, (517) 555-0199
Adult protective services (Policy 4.1)	855-444-3911
Heating and cooling repair	Capital Heating and Cooling, (517) 555-0161
Plumbing repair	Lansing Plumbing, (517) 555-0162
Electrical repair	Bright Electric, (517) 555-0163
Each resident's designated representative and responsible agency	In the resident register and each resident's record

Sample Adult Foster Care Home, LLC: Special assistance table

Updated by: _____ Date: _____

Resident and bedroom	Mobility and aids (wheelchair, walker, evacuation aid)	Responds to alarm? (hears, wakes, understands)	Help needed to leave or shelter	Staff assigned and order	Equipment, oxygen or medication to take

Sample Adult Foster Care Home, LLC: Familiarity record (residents, volunteers and members of the household)

Name	Resident, volunteer or member of the household	Date shown the exits, point of safety and safe place inside	Part of the plan assigned to them, if any	By

Sample Adult Foster Care Home, LLC: Staff emergency instruction record

Kept for 2 years (R 400.619(7)). Each instruction covers the staff member's duties under this plan and the fire safety plan, and how to operate the fire alarm, the fire extinguishers and other fire protection equipment.

Date	Staff member (name)	On hire, or quarter (1 to 4) and year	Topics covered	Instructed by	Staff initials

Sample Adult Foster Care Home, LLC: Practice drill record

Year: _____ Kept for 2 years (R 400.619(8)). One practice in each time window, each quarter. For a fire drill, record the time from the alarm to the last person reaching the point of safety.

Quarter and time window	Date and time	Emergency practiced	Time to evacuate (minutes, seconds)	Residents in the home; residents who took part	Staff taking part (full names and positions)	Problems and planned corrective action
Q1, 7 a.m. to 3 p.m.						
Q1, 3 p.m. to 11 p.m.						
Q1, 11 p.m. to 7 a.m.						
Q2, 7 a.m. to 3 p.m.						
Q2, 3 p.m. to 11 p.m.						
Q2, 11 p.m. to 7 a.m.						
Q3, 7 a.m. to 3 p.m.						
Q3, 3 p.m. to 11 p.m.						
Q3, 11 p.m. to 7 a.m.						

Quarter and time window	Date and time	Emergency practiced	Time to evacuate (minutes, seconds)	Residents in the home; residents who took part	Staff taking part (full names and positions)	Problems and planned corrective action
Q4, 7 a.m. to 3 p.m.						
Q4, 3 p.m. to 11 p.m.						
Q4, 11 p.m. to 7 a.m.						

LARA also publishes a practice evacuation and fire drill record template; a home may use it instead if it also records the emergency practiced.

Responsibilities

- **Licensee:** makes sure the home has a written plan, a relocation site, working alarms and extinguishers, a telephone, and the staff to carry the plan out, and that the reports after an emergency are made.
- **Administrator:** keeps this plan current, instructs staff on hire and each quarter, holds and records the practices, keeps the special assistance table up to date, and leads the response when on site. The administrator maintains and updates this plan.
- **Person in charge (Taylor Brooks, lead direct care staff):** leads the response in the licensee's and administrator's absence.
- **Staff member in charge of each shift:** carries out the duties in item 8 and checks each shift that exits are clear.
- **All staff:** know this plan, their duties and where the alarms, extinguishers and shut-offs are, and take part in instruction and practices.

Records

- This plan and the fire safety plan (R 400.611(1)(k); R 400.617(1)(l)).
- Fire drill and practice records, kept for 2 years (R 400.619(8); R 400.617(1)(k)).
- Staff emergency instruction records, kept for 2 years (R 400.619(7)); a copy of each staff member's instruction may also go in their staff record (Policy 3.4).
- The special assistance table and the familiarity record, kept current; earlier versions kept for 2 years, our choice.

Recommended practice

Guidance for Sample Adult Foster Care Home, LLC, beyond what the rules require. Adopt it only if the home will follow it, because LARA holds a home to its own policies.

- LARA's technical assistance manual recommends keeping the plan in a clearly labeled place all staff know, in more than one format (a printed binder and a digital copy), updated as needed.
- Ask the relocation site to confirm in writing each year that it can take residents in an emergency, and how many.
- Keep a grab-and-go kit by the main exit: flashlights and batteries, a copy of the resident register and special assistance table, each resident's emergency information and medication list, a phone charger, blankets and water.
- Keep a visitor sign-in sheet so the count at the point of safety includes everyone.
- LARA's technical assistance manual points to Michigan Prepares and LARA's self-study and ongoing training for preparedness resources.

Rule basis

> (k) Emergency preparedness policy.
>
> `R 400.611(1)(k)`

> Rule 619. (1) A licensee shall have a written emergency preparedness plan in case of fire, medical, weather, extended utility outage, or other emergencies. The plan must include where residents will receive care in the event the facility is no longer habitable. (2) An emergency preparedness plan must include all of the following: (a) Specify persons responsible for carrying out the emergency preparedness plan and their responsibilities. (b) Persons to be notified during an emergency. (c) Locations of alarm signals and fire extinguishers. (d) Evacuation routes and designated point of safety.
>
> `R 400.619(1)-(2)(d)`

> (e) Procedures and special staff response for evacuating residents of limited mobility or special needs and visitors. (f) Any special assistance needed by a resident.
>
> `R 400.619(2)(e)-(f)`

> Specific to the population and physical layout of the home.
>
> `LARA, Required Policies, Procedures, and Information Checklist (4/9/2026), Emergency preparedness policy/plan (Required items)`

> (4) The evacuation routes and designated point of safety must be prominently posted in the facility and include a floor plan that specifies locations of evacuation and exit routes to be followed. (5) A licensee shall have a telephone available and accessible to anyone in the facility for emergency use and emergency telephone numbers posted in a conspicuous location that includes fire, police, and medical emergency services. (6) A licensee shall ensure that residents, volunteers, and members of the household are familiar with the emergency preparedness plan and fire safety plan and any assigned responsibilities to carry out the plan. (7) A licensee shall ensure that all staff are instructed and retrained quarterly per calendar year, and new staff on hire, with respect to their duties and responsibilities under the emergency preparedness plan, on the operation of the fire alarm and other fire protection equipment. A record of the instruction must be maintained for 2 years. (8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years. (9) A licensee shall ensure immediate emergency transportation through use of a recognized available community service or vehicle that is owned by the licensee, administrator, or direct care staff on duty.
>
> `R 400.619(4)-(9)`

> A cellular telephone provided by the licensee meets this rule requirement. Cellular telephones must be kept in the home at all times.
>
> `LARA technical assistance manual (revised October 7, 2026), R 400.619(5)`

> Licensees and staff are to practice all emergency preparedness plans at least once a quarter, per calendar year during each shift. This includes plans in case of fire, medical, weather, extended utility outage, or other emergencies.
>
> `LARA technical assistance manual (revised October 7, 2026), R 400.619(8)`

> Staff must be able to determine whether all residents can be safely evacuated to the outside of the facility in a timely manner during a fire emergency. Subsequently, all residents, including those receiving hospice services, are required to participate in fire drills conducted under the facility’s emergency preparedness plan.
>
> `LARA technical assistance manual (revised October 7, 2026), R 400.619(8)`

> Licensees must contact their assigned licensing consultant regarding any residents with significant medical conditions whose evacuation to the outside of the facility may be detrimental to their health, according to written documentation from their licensed health care professional, to discuss appropriate accommodations or alternative planning. In these situations, licensees should not independently exclude residents from fire drills without consultation and proper documentation. Any accommodation must allow staff to demonstrate the ability to protect the resident during a fire emergency. Medical restrictions and approved accommodations must be identified in resident assessment plans.
>
> LARA technical assistance manual (revised October 7, 2026), R 400.619(8)

> With the exception of fire emergency practices, residents are not required to participate in other emergency preparedness practices. However, residents may participate voluntarily if the licensee determines that participation would be beneficial and safe for the residents.
>
> LARA technical assistance manual (revised October 7, 2026), R 400.619(8)

> Practices for each type of emergency may be conducted separately or combined into the same practice session.
>
> LARA technical assistance manual (revised October 7, 2026), R 400.619(8)

> Licensees are required to document each practice and maintain these records for at least 2 years. Documentation should include: The date and time of the practice The shift during which the practice occurred The type of emergency scenario practiced Staff participating in the practice Whether residents participated (if applicable) Any issues identified or corrective actions taken
>
> LARA technical assistance manual (revised October 7, 2026), R 400.619(8)

> However, the evacuation plans mandated by these rules must designate which are the required exits to be used.
>
> LARA technical assistance manual (revised October 7, 2026), R 400.725(4)

> (k) Fire drill records.
>
> R 400.617(1)(k)

> Emergency preparedness plan.
>
> R 400.617(1)(l)

> (3) In case of an accident or sudden adverse change in a resident's health condition, a facility shall obtain needed health care immediately.
>
> R 400.689(3)

> (d) Natural disaster or fire that results in evacuation of residents or discontinuation of services greater than 24 hours.
> `R 400.693(1)(d)`

> (18) A written report must be made to the resident's designated representative; responsible agency, if applicable; and the department within 24 hours from the occurrence of property damage that impacts the facility to provide adult foster care services or relocation of a resident to a different address or any fire.
> `R 400.647(18)`

> (3) The capability of the residents to evacuate a facility in the event of a fire must be assessed using methods described in chapter 7 of the 2022 edition of NFPA 101A, Guide on Alternative Approaches to Life Safety.
> `R 400.715(3) (homes certified for a specialized program)`

> (4) Evacuation assessments must be conducted within 30 days after the admission of each new resident and at least annually after the admission of the last new resident. A licensee shall forward a copy of each completed assessment to the responsible agency and retain a copy in the facility for 2 years.
> `R 400.715(4) (homes certified for a specialized program)`

Adopted November 1, 2026 · Next review November 1, 2027