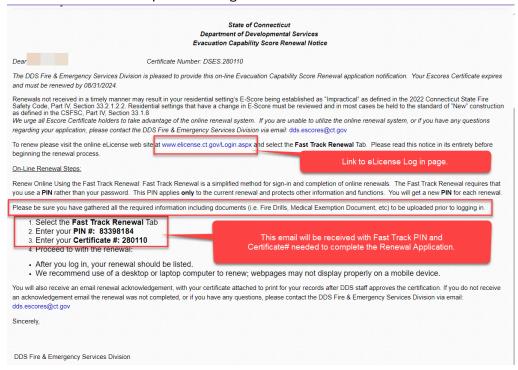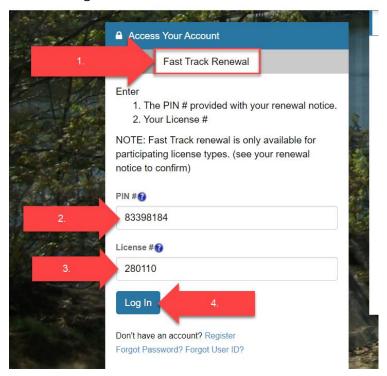An email will be sent to the emailed to the agency for renewal:

The link for eLicense is provide along with the Fast Track PIN and Certificate# needed to log in.

State of Connecticut
Department of Developmental Services
Evacuation Capability Score Renewal Notice

Dear ████   Certificate Number: DSES.280110

The DDS Fire & Emergency Services Division is pleased to provide this on-line Evacuation Capability Score Renewal application notification. Your Escores Certificate expires and must be renewed by 08/31/2024.

Renewals not received in a timely manner may result in your residential setting's E-Score being established as "Impractical" as defined in the 2022 Connecticut State Fire Safety Code, Part IV, Section 33.2.1.2.2. Residential settings that have a change in E-Score must be reviewed and in most cases be held to the standard of "New" construction as defined in the CSFSC, Part IV, Section 33.1.8.

We urge all Escore Certificate holders to take advantage of the online renewal system. If you are unable to utilize the online renewal system, or if you have any questions regarding your application, please contact the DDS Fire & Emergency Services Division via email: dds.escores@ct.gov

To renew please visit the online eLicense web site at www.elicense.ct.gov/Login.aspx and select the **Fast Track Renewal** Tab. Please read this notice in its entirety before beginning the renewal process.

> *Link to eLicense Log in page.*

On-Line Renewal Steps:

Renew Online Using the Fast Track Renewal: Fast Track Renewal is a simplified method for sign-in and completion of online renewals. The Fast Track Renewal requires that you use a **PIN** rather than your password. This PIN applies **only** to the current renewal and protects other information and functions. You will get a new **PIN** for each renewal.

Please be sure you have gathered all the required information including documents (i.e. Fire Drills, Medical Exemption Document, etc) to be uploaded prior to logging in.

1. Select the **Fast Track Renewal** Tab
2. Enter your **PIN #: 83398184**
3. Enter your **Certificate #: 280110**
4. Proceed to with the renewal:

> *This email will be received with Fast Track PIN and Certificate# needed to complete the Renewal Application.*

- After you log in, your renewal should be listed.
- We recommend use of a desktop or laptop computer to renew; webpages may not display properly on a mobile device.

You will also receive an email renewal acknowledgement, with your certificate attached to print for your records after DDS staff approves the certification. If you do not receive an acknowledgement email the renewal was not completed, or if you have any questions, please contact the DDS Fire & Emergency Services Division via email: dds.escores@ct.gov

Sincerely,

DDS Fire & Emergency Services Division

Navigate to eLicense log in page.

1. Click on the Fast Track Renewal tab.
2. Enter the PIN located in the email received.
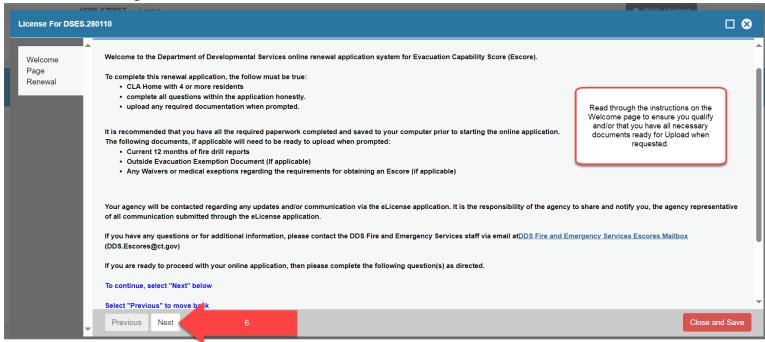3. Enter the Certificate # provided in the email received.
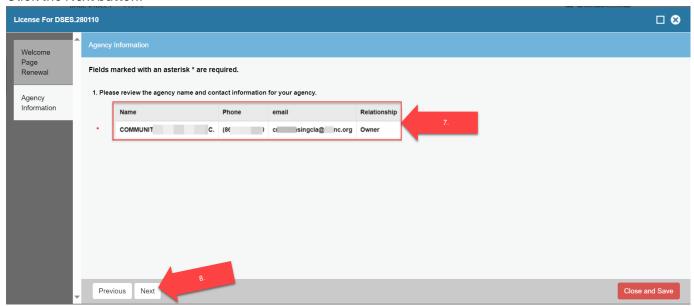4. Click the Log In button.

🔒 Access Your Account

1. → **Fast Track Renewal**

Enter
1. The PIN # provided with your renewal notice.
2. Your License #

NOTE: Fast Track renewal is only available for participating license types. (see your renewal notice to confirm)

PIN # ❓
2. → 83398184

License # ❓
3. → 280110

[Log In] ← 4.

Don't have an account? Register
Forgot Password? Forgot User ID?

Continued Next Page

5. Click the Start link.

	Completed	License	.	Note

Renew a License

Please select which license you wish to renew from the following list.

Renewal ^

	Completed	License	.	Note
Start	5.	DSES.280110		

6. Read through the instructions. Click on the Next button.

License For DSES.280110

Welcome
Page
Renewal

Welcome to the Department of Developmental Services online renewal application system for Evacuation Capability Score (Escore).

To complete this renewal application, the follow must be true:
- CLA Home with 4 or more residents
- complete all questions within the application honestly.
- upload any required documentation when prompted.

It is recommended that you have all the required paperwork completed and saved to your computer prior to starting the online application. The following documents, if applicable will need to be ready to upload when prompted:
- Current 12 months of fire drill reports
- Outside Evacuation Exemption Document (If applicable)
- Any Waivers or medical exeptions regarding the requirements for obtaining an Escore (if applicable)

Your agency will be contacted regarding any updates and/or communication via the eLicense application. It is the responsibility of the agency to share and notify you, the agency representative of all communication submitted through the eLicense application.

If you have any questions or for additional information, please contact the DDS Fire and Emergency Services staff via email at DDS Fire and Emergency Services Escores Mailbox (DDS.Escores@ct.gov)

If you are ready to proceed with your online application, then please complete the following question(s) as directed.

To continue, select "Next" below

Select "Previous" to move back

Read through the instructions on the Welcome page to ensure you qualify and/or that you have all necessary documents ready for Upload when requested.

Previous   Next   6.   Close and Save

Continued Next Page

7. Review the agency information.
8. Click the Next button.

9. Enter the full name of the person completing the Renewal.
10. Enter the title of the person completing the Renewal.
11. Enter the phone number for the Residence.
12. Enter the email address of the person completing the Renewal.
13. Review the last Escore rating.
14. Review the DDS Region the home is in.
15. Click the Next button.

Continued Next Page

16. Select the Number of Floors in the building from the dropdown menu.
17. Select the best description of bedroom location from the dropdown menu.
18. Select "Yes" or "No" by clicking on the radio button to answer the question.
19. Select the best description of number of third shift staff and their status on shift from the dropdown menu.
20. Select "Yes" or "No" by clicking on the radio button to answer the question.
21. Select "Yes" or "No" by clicking on the radio button to answer the question.
22. Select "Yes" or "No" by clicking on the radio button to answer the question.
23. Select from the dropdown menu – the best description of the home's sprinkler system.
24. Select "Yes" or "No" by clicking on the radio button if there are fire doors.
25. Select from the dropdown menu if the fire doors automatically close (select N/A if no fire doors).
26. Select "Yes" or "No" by clicking on the radio button to answer the question.
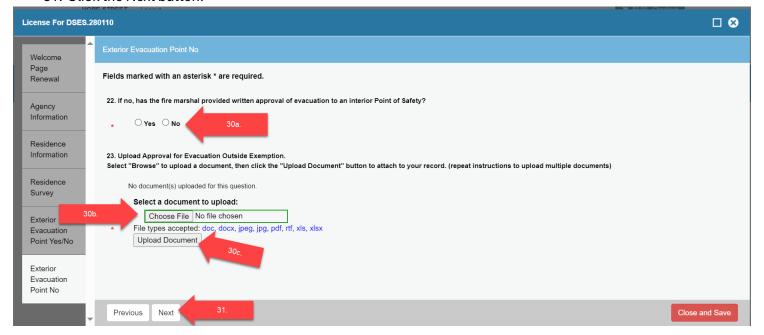27. Click the Next button.

Residence Survey

Fields marked with an asterisk * are required.

8. How many floors (where occupants normally are) in this building?

* [1 Floor ⌄] ⬅ 16.

9. Please select the best answer from the dropdown menu that describes where the residents' bedrooms are locate in the home.

* [All bedrooms on floor with direct exit (0.8) ⌄] ⬅ 17.

10. Are there steps from the building to grade without a landing or porch greater than 32-sq. ft. in size?

* ○ Yes ◉ No ⬅ 18.

11. Select from the dropdown menu the description that best indicates the number of staff on third and their status while on shift. (i.e. 1 staff immediately available/1 staff standby or asleep, 2 staff immediately available, etc.)

* [2 staff immediately available (40) ⌄] ⬅ 19.

12. A protection plan has been promulgated (created and put in place) and all staff members have been trained?

* ◉ Yes ○ No ⬅ 20.

13. The total available staff, at any given time, is able to handle the individual evacuation needs of each resident who is in the facility?

* ◉ Yes ○ No ⬅ 21.

14. All third shift staff members are required to be in the facility when on duty and can meaningfully participate in assisting evacuation?

* ◉ Yes ○ No ⬅ 22.

15. Select the answer that best describe your sprinkler system location in the home?
Note: The sprinkler system can be in throughout the home, part of the home, or only one area. Select N/A if no sprinkler system.

* [Sprinkler System Throughout Residence ⌄] ⬅ 23.

16. Does this facility have fire doors that separate living areas from the sleeping areas?

* ◉ Yes ○ No ⬅ 24.

17. Do these doors automatically close on alarm?

* [Yes ⌄] ⬅ 25.

18. Do all residents sleep in designated bedrooms with doors to the corridor or rest of the home?

* ◉ Yes ○ No ⬅ 26.

[Previous] [Next] ⬅ 27.

Continued Next Page

28. Select "Yes" or "No" by click the radio button – if all residents and staff evacuate to an external location for all fire drills.
29. Click the Next button.

License For DSES.280110 □ ✕

Exterior Evacuation Point Yes/No

Welcome Page Renewal

Agency Information

Residence Information

Residence Survey

Exterior Evacuation Point Yes/No

Fields marked with an asterisk * are required.

21. Are all staff and residents totally evacuated to the outside during ALL fire drills?

* ○ Yes ⦿ No   **28.**

Previous | Next   **29.**

Close and Save

If you Select "Yes" the Renewal will take you to the next question.

If you Select "No" please complete the following steps:

30. "No" has been selected:
    a. Click on the radio button to select "Yes" or "No" if the fire marshal has provided written approval of evacuation to an interior point of safety. (if you select "No" the renewal will provide direction)
    b. Click on the Choose file button and navigate to the document requested.
    c. Click the upload button (repeat 32b and 32c until all documents have been uploaded)
31. Click the Next button.

License For DSES.280110 □ ✕

Exterior Evacuation Point No

Welcome Page Renewal

Agency Information

Residence Information

Residence Survey

Exterior Evacuation Point Yes/No

Exterior Evacuation Point No

Fields marked with an asterisk * are required.

22. If no, has the fire marshal provided written approval of evacuation to an interior Point of Safety?

* ○ Yes ○ No   **30a.**

23. Upload Approval for Evacuation Outside Exemption.
Select "Browse" to upload a document, then click the "Upload Document" button to attach to your record. (repeat instructions to upload multiple documents)

No document(s) uploaded for this question.

Select a document to upload:

30b. Choose File | No file chosen
* File types accepted: doc, docx, jpeg, jpg, pdf, rtf, xls, xlsx
Upload Document   **30c.**

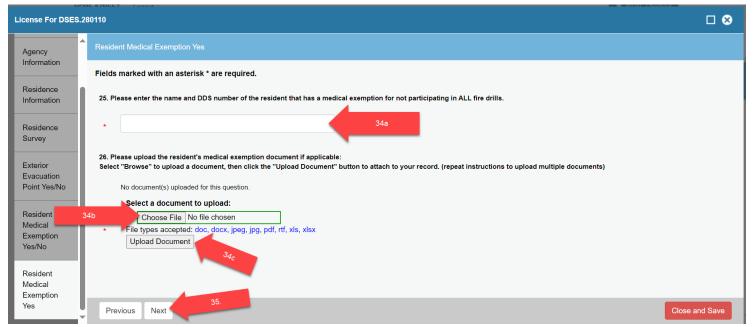Previous | Next   **31.**

Close and Save

Continued Next Page

32. Select "Yes" or "No" by click the radio button – if any residents are medically exempt from participating in All fire drills.
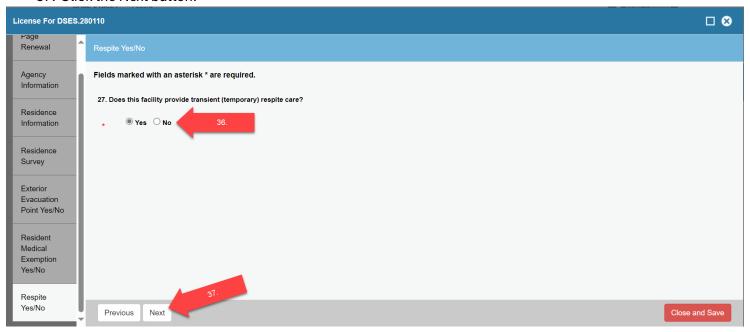33. Click the Next button.

License For DSES.280110

Resident Medical Exemption Yes/No

Fields marked with an asterisk * are required.

24. Are any of the residents listed in this application medically exempt from participating in ALL fire drills?

* ◉ Yes ○ No   **32.**

Point Yes/No

Resident Medical Exemption Yes/No

33.

Previous   Next

Close and Save

If you Select "No" the Renewal will take you to the next question.

If you Select "Yes" please complete the following steps:

34. "Yes" has been selected:
    a. Enter the DDS Number and full name of resident(s) that are medically exempt from participating in ALL fire drills.
    b. Click on the Choose file button and navigate to the document requested.
    c. Click the upload button (repeat 36b and 36c until all documents have been uploaded)
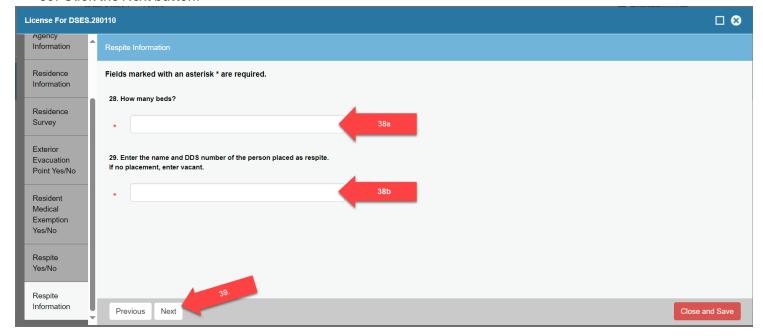35. Click the Next button.

License For DSES.280110

Resident Medical Exemption Yes

Fields marked with an asterisk * are required.

25. Please enter the name and DDS number of the resident that has a medical exemption for not participating in ALL fire drills.

* [   ]   **34a**

26. Please upload the resident's medical exemption document if applicable:
Select "Browse" to upload a document, then click the "Upload Document" button to attach to your record. (repeat instructions to upload multiple documents)

No document(s) uploaded for this question.

Select a document to upload:

34b Choose File No file chosen

* File types accepted: doc, docx, jpeg, jpg, pdf, rtf, xls, xlsx

Upload Document

34c

Previous   Next   **35.**

Close and Save

Continue Next Page

36. Select "Yes" or "No" if the facility provides transient (temporary) respite care.
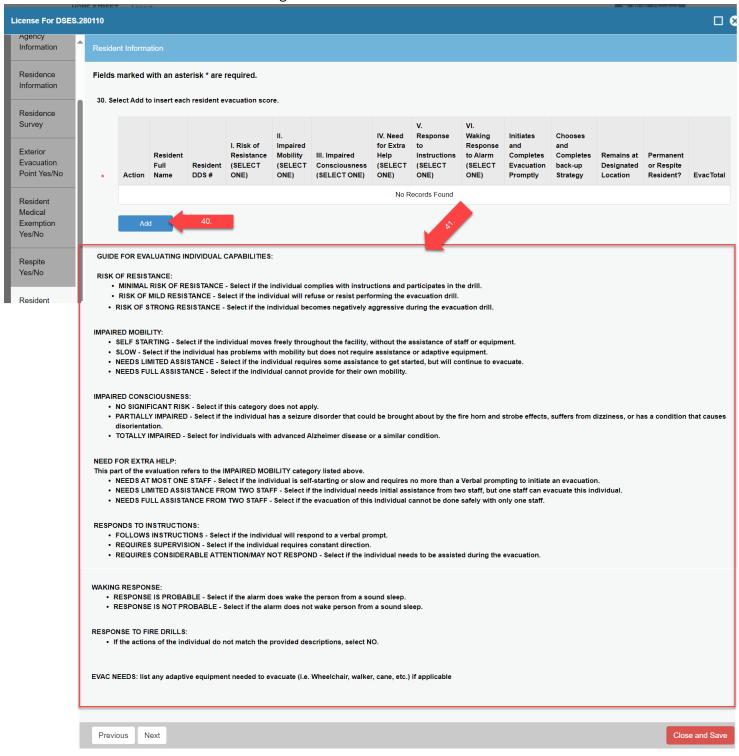37. Click the Next button.

If you Select "No" the Renewal will take you to the next question.

If you Select "Yes" please complete the following steps:
38. "Yes" was selected:
    a. Enter how many beds in the home are for respite care.
    b. Enter the DDS Number and full Name of individual(s) placed in respite care. Enter no placements if no one is placed as respite.
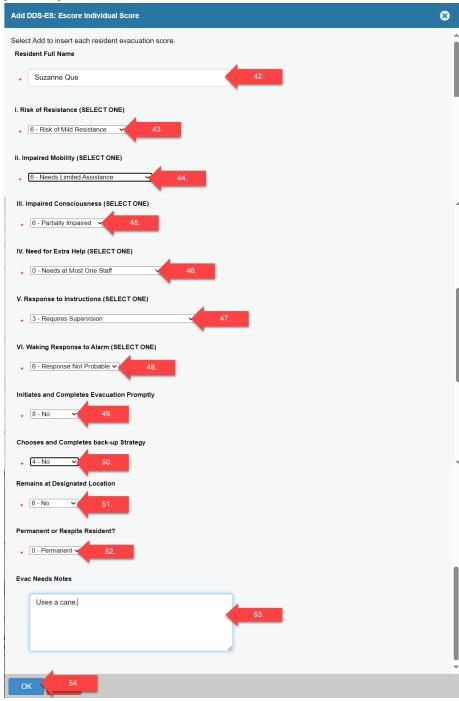39. Click the Next button.

Continued Next Page

40. Instructions for completing the Evaluating each Individual's Capability.
41. Click the Add button to start adding each individual.

License For DSES.280110

Resident Information

Fields marked with an asterisk * are required.

30. Select Add to insert each resident evacuation score.

*	Action	Resident Full Name	Resident DDS #	I. Risk of Resistance (SELECT ONE)	II. Impaired Mobility (SELECT ONE)	III. Impaired Consciousness (SELECT ONE)	IV. Need for Extra Help (SELECT ONE)	V. Response to Instructions (SELECT ONE)	VI. Waking Response to Alarm (SELECT ONE)	Initiates and Completes Evacuation Promptly	Chooses and Completes back-up Strategy	Remains at Designated Location	Permanent or Respite Resident?	EvacTotal
						No Records Found									

Add   40.   41.

GUIDE FOR EVALUATING INDIVIDUAL CAPABILITIES:

RISK OF RESISTANCE:
- MINIMAL RISK OF RESISTANCE - Select if the individual complies with instructions and participates in the drill.
- RISK OF MILD RESISTANCE - Select if the individual will refuse or resist performing the evacuation drill.
- RISK OF STRONG RESISTANCE - Select if the individual becomes negatively aggressive during the evacuation drill.

IMPAIRED MOBILITY:
- SELF STARTING - Select if the individual moves freely throughout the facility, without the assistance of staff or equipment.
- SLOW - Select if the individual has problems with mobility but does not require assistance or adaptive equipment.
- NEEDS LIMITED ASSISTANCE - Select if the individual requires some assistance to get started, but will continue to evacuate.
- NEEDS FULL ASSISTANCE - Select if the individual cannot provide for their own mobility.

IMPAIRED CONSCIOUSNESS:
- NO SIGNIFICANT RISK - Select if this category does not apply.
- PARTIALLY IMPAIRED - Select if the individual has a seizure disorder that could be brought about by the fire horn and strobe effects, suffers from dizziness, or has a condition that causes disorientation.
- TOTALLY IMPAIRED - Select for individuals with advanced Alzheimer disease or a similar condition.

NEED FOR EXTRA HELP:
This part of the evaluation refers to the IMPAIRED MOBILITY category listed above.
- NEEDS AT MOST ONE STAFF - Select if the individual is self-starting or slow and requires no more than a Verbal prompting to initiate an evacuation.
- NEEDS LIMITED ASSISTANCE FROM TWO STAFF - Select if the individual needs initial assistance from two staff, but one staff can evacuate this individual.
- NEEDS FULL ASSISTANCE FROM TWO STAFF - Select if the evacuation of this individual cannot be done safely with only one staff.

RESPONDS TO INSTRUCTIONS:
- FOLLOWS INSTRUCTIONS - Select if the individual will respond to a verbal prompt.
- REQUIRES SUPERVISION - Select if the individual requires constant direction.
- REQUIRES CONSIDERABLE ATTENTION/MAY NOT RESPOND - Select if the individual needs to be assisted during the evacuation.

WAKING RESPONSE:
- RESPONSE IS PROBABLE - Select if the alarm does wake the person from a sound sleep.
- RESPONSE IS NOT PROBABLE - Select if the alarm does not wake person from a sound sleep.

RESPONSE TO FIRE DRILLS:
- If the actions of the individual do not match the provided descriptions, select NO.

EVAC NEEDS: list any adaptive equipment needed to evacuate (i.e. Wheelchair, walker, cane, etc.) if applicable

Previous **Next**   **Close and Save**

Left sidebar navigation:
- Agency Information
- Residence Information
- Residence Survey
- Exterior Evacuation Point Yes/No
- Resident Medical Exemption Yes/No
- Respite Yes/No
- Resident

Continued Next Page
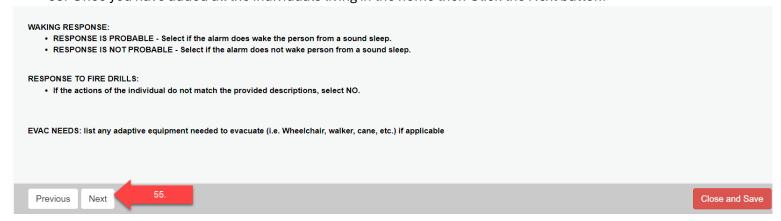
42. Enter the Individual's full legal name.
43. Select the Individual's Risk of Resistance.
44. Select the Individual's Impaired Mobility.
45. Select the Individual's Impaired Consciousness.
46. Select the Individual's Need for Extra Help.
47. Select the Individual's Response to Instructions.
48. Select the Individual's Waking Response to Alarm.
49. Select the Individual's ability to Initiate and Complete Evacuation.
50. Select the Individual's ability to Choose and Complete Back-up plan.
51. Select if the Individual remains in the Designated Location.
52. Select if the Individual is a Permanent or Respite Resident.
53. Enter any Evacuation needs such as Wheelchair, Cane, Walker, etc.
54. Click the OK button.

Repeat steps 41-54 until all residents have been entered.

Continued Next Page

55. Once you have added all the individuals living in the home then Click the Next button.

WAKING RESPONSE:
- **RESPONSE IS PROBABLE** - Select if the alarm does wake the person from a sound sleep.
- **RESPONSE IS NOT PROBABLE** - Select if the alarm does not wake person from a sound sleep.

RESPONSE TO FIRE DRILLS:
- If the actions of the individual do not match the provided descriptions, select NO.

EVAC NEEDS: list any adaptive equipment needed to evacuate (i.e. Wheelchair, walker, cane, etc.) if applicable

Previous	Next	55.		Close and Save

56. Click the Add button to start adding the information for the last 12 months of fire drills.

License For DSES.280110

Residence Information

Residence Survey

Exterior Evacuation Point Yes/No

Resident Medical Exemption Yes/No

Respite Yes/No

Fields marked with an asterisk * are required.

31. Please enter the fire drills completed in the last year, including any fire drills that needed to be redone.

Click Add. Then complete the questions presented for each fire drill.

Action	Date of Fire Drill	Time (Ex: 8:43 PM)	Shift	Number of Staff	Number of Resident Participants	Number of Residents in Facility	Duration (Min - Sec Ex: 12 Min - 23 Sec)
*				No Records Found			

Add	56.

32. Upload the last 12 fire drill reports performed:
Select "Browse" to upload a document, then click the "Upload Document" button to attach to your record. (repeat instructions to upload multiple documents)

Continued Next Page

57. Enter the date of the fire drill.
58. Enter the time the fire drill started.
59. Enter the shift when the fire drill occurred.
60. Enter the number of staff that participated in the fire drill.
61. Enter the number of residents that participated in the fire drill.
62. Enter the number of residents placed in the home.
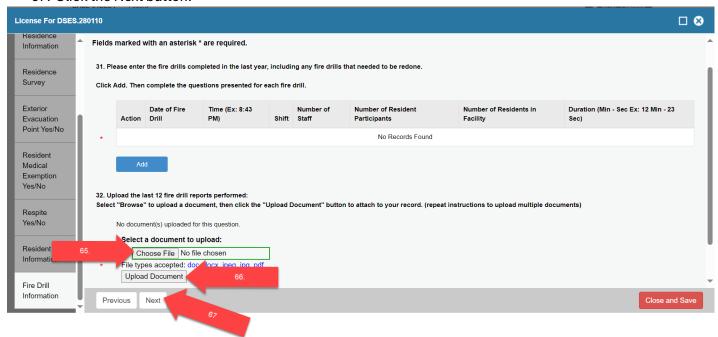63. Enter the duration of the fire drill in minutes and seconds.
64. Click the OK button.

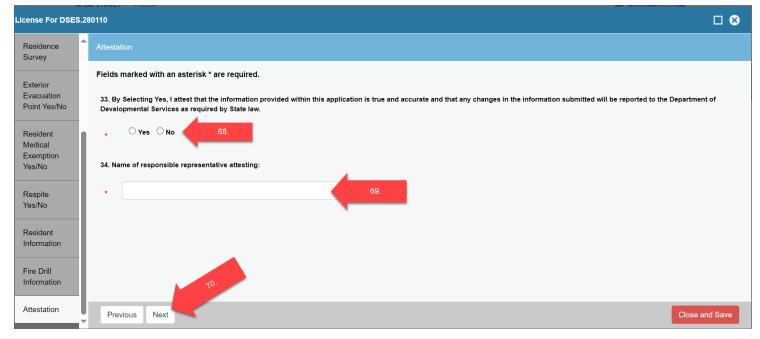**Repeat steps 56 – 64 until all 12-fire drill information has been added.**

Add DDS-ES: Fire Drill Log

Please enter the fire drills completed in the last year, including any fire drills that needed to be redone.

Click Add. Then complete the questions presented for each fire drill.

Date of Fire Drill

* 07/19/2024 📅 (MM/DD/YYYY) Today ← 57.

Time (Ex: 8:43 PM)

* 2:00am ← 58.

Shift

* 3rd ← 59.

Number of Staff

* 2 ← 60.

Number of Resident Participants

* 4 ← 61.

Number of Residents in Facility

* 4 ← 62.

Duration (Min - Sec Ex: 12 Min - 23 Sec)

* 9 Min 42 Sec ← 63.

OK ← 64.

Continued Next Page

65. Click the Choose File button then navigate to where the fire drill document(s) are saved.
66. Click the Upload Document button.
   Repeat 65 & 66 until all documents are upload if needed.
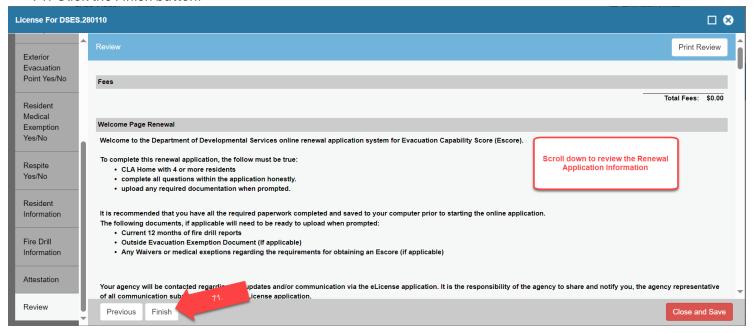67. Click the Next button.

License For DSES.280110							

Fields marked with an asterisk * are required.

31. Please enter the fire drills completed in the last year, including any fire drills that needed to be redone.

Click Add. Then complete the questions presented for each fire drill.

Action	Date of Fire Drill	Time (Ex: 8:43 PM)	Shift	Number of Staff	Number of Resident Participants	Number of Residents in Facility	Duration (Min - Sec Ex: 12 Min - 23 Sec)
					No Records Found		

Add

32. Upload the last 12 fire drill reports performed:
Select "Browse" to upload a document, then click the "Upload Document" button to attach to your record. (repeat instructions to upload multiple documents)

No document(s) uploaded for this question.

Select a document to upload:

65. → Choose File No file chosen

File types accepted: doc, docx, jpeg, jpg, pdf

Upload Document   66.

Previous   Next   67

Close and Save

Sidebar: Residence Information, Residence Survey, Exterior Evacuation Point Yes/No, Resident Medical Exemption Yes/No, Respite Yes/No, Resident Information, Fire Drill Information

68. Click "Yes" if you agree with the attestation (Clicking "No" will display information and directions).
69. Enter the name of the person completing the Renewal.
70. Click the Next button.

License For DSES.280110		

Attestation

Fields marked with an asterisk * are required.

33. By Selecting Yes, I attest that the information provided within this application is true and accurate and that any changes in the information submitted will be reported to the Department of Developmental Services as required by State law.

* ○ Yes ○ No   68.

34. Name of responsible representative attesting:

* [   ]   69.

Previous   Next   70.

Close and Save

Sidebar: Residence Survey, Exterior Evacuation Point Yes/No, Resident Medical Exemption Yes/No, Respite Yes/No, Resident Information, Fire Drill Information, Attestation
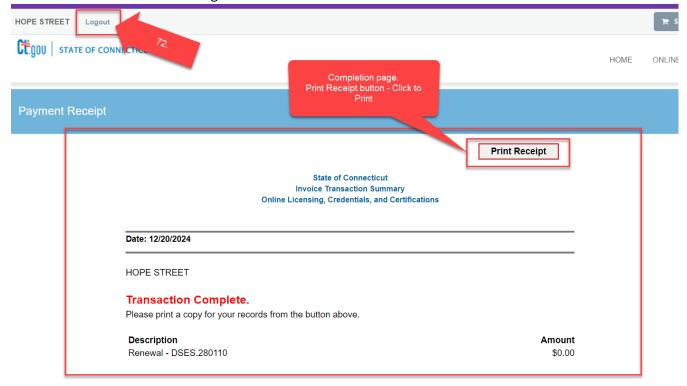
Continued Next Page

In the next screen scroll down to review the Renewal as completed for accuracy.
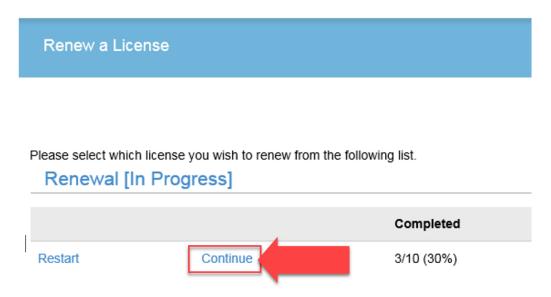
71. Click the Finish button.

In the next screen you will see the completion page. You can print the receipt by clicking the Print Receipt button.

72. You can now Click on the Logout link.

Continued Next Page

Note: If at any time while completing the application you need to stop - just click the red "Close and Save" button on the bottom right of the screen. When you log back you will click on Continue.

You will be brought back to the welcome page. Click "Next" until you come to the page where you left off.

****You have completed the Renewal Application****