DDS CCH Initial Licensure Checklist

Name of Applicant:		
ATN#:	**AVRS#:** **RDID#:**	
Documentation Needed:		**Date:**
♦**Reference letter from 3 non-related individuals** (biological or marriage/partnership)		
Reference 1 name:		
Reference 2 name:		
Reference 3 name:		
Police checks for all occupants 18yrs.+ (not over **6 months old**) State:		
(with regional written assessment of effect of any record on health & life safety of DDS individual) Local:		
Police/emergency services calls to residence (or Request for Waiver if unavailable, or there will be a delay in receipt from Police dept.) **(with DDS or agency written explanation of any service call, and effect on health & life safety of DDS individual)**		
Abuse & Neglect Registry check for all occupants 18yrs+		
♦**Training: Verification of completion of Initial training (training documentation) OR Competency statement for specific areas of training from DDS Regional manager, or Agency CCH director – must be signed/dated.**		
HIPAA – DDS Phase I		
First Aid		
Infection Control		
Emergency Medical Procedures		**N/A *6-6-2023 CCH Waiver for this training**
Dysphagia		
Abuse and Neglect		
Emergency Procedures for Fire and Other Life Threatening Situations		
Verification of **CPR** certification from DDS approved CPR training agency-see other side (back and front of card copied or statement from instructor noting type of CPR and date course passed)		
For community companion homes licensed for children: (1) permanency planning; (2) subsidized adoption; (3) educational rights; (4)relations with natural families.		
For community companion homes licensed for adults: (1) use of generic resources; (2)age-appropriate activities and expectations; (3) supported employment.		
DDS Mission Statement		
DDS Health and Safety Orientation (completed by a nurse)		
♦**Check with other State agencies regarding past or current licensure status**		
DCF License: (Form 3033) CPS search:		
Office of Early Childhood (OEC) License:		
♦**Certificate of health for applicant(s), signed by physician in last 12 months**		
CCH Application form completed in eLicensing		
Home Study		
Bacteriological evaluation of well water		
Documentation of septic pumping within past 3 years, if septic system.		
Fire Marshal's certificate if home is located in a multi-family dwelling (more than 2)		
Documentation of Furnace servicing within past year		

Completed DDS Fire Safety Inspection Report – all requirements met or N/A	
Copy of evacuation plan for each floor of the home	
First Aid supplies with all required items, including CPR mask	
Hot water temperature=100-120 degrees at all sources	
Request for Initial Licensure cover letter ((Region responsibility)	

♦ = May be waived for a licensee who moves (Initial/Move process) effective 6/2023 CT

DDS Approved CPR Training agencies:

American Heart Association

American Red Cross

American Safety & Health Institute

Emergency Care and Safety Institute (AAOS/ACEP)

EMS Safety Services

MEDIC First Aid

National Safety Council

ProCPR by Pro Trainings