Department of Developmental Services
Community Companion Home Program
Initial Training

Applicant/Licensee Qualifications and Responsibilities 17a-227-29 (a)(2)	Date	DDS or agency verification initials
(A) First Aid		
(B) Cardiopulmonary resuscitation (CPR) [doc. of completion req'd] (training must be by DDS approved CPR training agency)		
(C) Emergency medical procedures-**6-2023 Waiver in place for this training**	N/A	N/A
(D) Infection control procedures		
(E) How to respond in case of fire and other life-threatening situations		
(F) DDS Mission Statement		
(G) For community companion homes licensed for children:		
((1)) permanency planning,		
((2)) subsidized adoption,		
((3)) educational rights,		
((4)) relations with natural families		
(H) For community companion homes licensed for adults:		
((1)) use of generic resources,		
((2)) age-appropriate activities and expectations,		
((3)) supported employment		
Abuse & Neglect training		
Dysphagia/Safe Swallowing training		
Nursing Orientation training (attach training sheet)		

Applicant/licensee signature:_____ Date:_____

Applicant/licensee signature:_____ Date:_____

DDS or Agency signature:_____ Date:_____

** Documentation showing how training was completed must be attached. For example, dated sign in sheet to training session, the signed off Nursing Orientation training sheet, etc.

If the DDS region or private support agency deems the applicant competent in specified areas, this must be enclosed/attached, in writing from the DDS regional manager, or Private support agency CCH coordinator. This must specify the areas of training and be signed and dated by the respective manager or coordinator.

Effective: 6-2023