

## SHELTER PARENT RECORD CHECKLIST

**Instructions:** Place a check mark in the box to indicate that the required information is in the record. Use “NA” to indicate “not applicable”. A blank section indicates non-compliance.

Licensee: \_\_\_\_\_

Program Name: \_\_\_\_\_

Checklist Completed By/Date: \_\_\_\_\_

Indicate Shelter Parent’s Initials:						
<b>102 CMR 3.10(2):</b>						
a. Shelter Parent’s Application						
b. Narrative Description of Assessment per 3.09(5)(h) Includes: 1. motivation						
2. emotional stability & compatibility						
3. social, ed, health history						
4. family composition						
description of home						
adjustment of applicant’s children						
5. family & extended family’s attitude about sheltering children						
6. parenting ability, discipline						
7. recommendations re: placements						
c. CORI Review (all adult household members)						
d. Telephone Reference checks						
e. Record of Each child Placed Includes: Full Name						
Date of Placement						
Date of Discharge						
f. Annual Progress Reports Include: Shelter Parent’s Performance						
Services Provided to Parent						
Summary of Participation in Orientation & Training						
g. Agreements with Parents						
h. Correspondence						
i. Information Necessary for Review, Study and Assessment of the Home (incl. medical refs. on all household members)						
j. If Closed Includes: The Date						
Reasons						
Written Notification						