



**Arkansas Department of Human Services  
 Division of Children and Family Services  
 TEAM DECISION MAKING  
 TEAM MEETING SUMMARY REPORT**

[Family First Name Last Name]: \_\_\_\_\_  
 Re: [Identified child]: \_\_\_\_\_  
 Referral/Case Number: \_\_\_\_\_  
 Facilitator: \_\_\_\_\_  
 Location of meeting: \_\_\_\_\_  
 Time of meeting: \_\_\_\_\_

The Division of Children and Family Services values your opinion concerning the assessment and planning for your child(ren) as a result of concerns that were identified in a report made to DCFS.

Please review and ensure your understanding of the following summary of our recent meeting held on \_\_\_\_\_ to determine whether your child(ren) could continue to safely remain in your home.

**PARTICIPANT NAMES:**


**Substance Exposed Infant**

**Protection Plan**

**If Protection Plan checked, what is identified safety factor?**

**SAFETY FACTORS:**

**IMPACT STATEMENT:**

**DCFS NON-NEGOTIABLES:**

**SERVICES/COMMUNITY SUPPORTS:**

**STRENGTHS**

**ACTION STEPS**

---

**Who:** \_\_\_\_\_

**What:**

**By When:**


**Who:** \_\_\_\_\_

**What:**

**By When:**


**ACTION STEPS**

---

Who: \_\_\_\_\_

What:

By When:


Who: \_\_\_\_\_

What:

By When:


**ACTION STEPS**

---

Who: \_\_\_\_\_

What:

By When:


Who: \_\_\_\_\_

What:

By When:


**ACTION STEPS**

---

**TDM RECOMMENDATIONS:**

- Maintain Child in Own Home, No Court Involvement**
- File for Court Intervention not Involving Removal**
- File for Any Type of Custody that Includes Removal**

**IMPORTANT INFORMATION ABOUT THIS TDM ACTION PLAN**

- DCFS is involved to help you keep your child safe.
- This TDM Action Plan is an agreement to help make sure your child is safe.
- ***Each person's signature on this TDM Action Plan means that he or she understands and agrees to this TDM Action Plan.***
- This TDM Action Plan may be changed if different actions become necessary as determined by DCFS.
- ***You must immediately call the DCFS worker listed below if at a later point you decide or think you cannot follow this plan.***
- If this plan is not followed exactly as described above, DCFS will take the appropriate action to make sure your child is safe.

**Each person's signature below means that he or she understands and agrees to the action steps outlined in this Team Decision Making Team Meeting.**

_____ <b>Signature</b>	_____ <b>Date</b>

**Please feel free to contact me if you have any questions about this summary as reported.**

**Sincerely,**