

**CONSIDERED REMOVAL  
CHILD AND FAMILY TEAM MEETING SUMMARY REPORT**

[Family First Name Last Name]  
[Address]  
[City, State, Zip Code]

Re: [identified child]  
Facilitator:

Dear [First Name Last Name],

DCF of Children and Families 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 DCF.

Please review and ensure your understanding of the following summary of our recent meeting held on \_\_\_\_\_ to determine whether a removal was required to ensure the safety, permanency health and learning of your child(ren).

REMOVAL RECOMMENDATION: no  yes  Recommended Placement:

**PARTICIPANTS**

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |

**MEETING RESULTS**

**SAFETY PLAN**

**ACTION STEPS**

| Who | What | By | When |
|-----|------|----|------|
|-----|------|----|------|

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

Sincerely,

| Social Worker | Phone | Date signed |
|---------------|-------|-------------|
|---------------|-------|-------------|