**Note in the stages below, the CPS Specialist leads the discussion**

<table>
<thead>
<tr>
<th>Stages of TDM Meeting</th>
<th>Presentation Guide</th>
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<tbody>
<tr>
<td><strong>Introduction</strong></td>
<td>• CPS Specialist introduces self, shares title/position, how s/he is affiliated with the case and how long s/he has known the family.</td>
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</tbody>
</table>
| **Identifying the Situation** | • CPS Specialist explains why we are here and clearly states the safety concerns that rise to the level of considering a separation of the child(ren) from their parent(s)/primary caregiver. CPS Specialist explains specifically:  
  a. The behavior (action or inaction) of a parent(s)/primary caregiver(s),  
  b. Is threatening a child’s safety, and  
  c. DCF is considering separating the child from the parent(s)/primary caregiver(s). CPS Specialist presents a summary of the current situation, including where the child/ren and parent(s)/primary caregiver(s) are currently residing, and all current Safety Plans, services and/or court involvement, as well as if a separate meeting is being held due to domestic violence (DV).  
  The CPS Specialist provides a clear statement of his/her commitment to the TDM process. |
| **Assessing the Situation** | • CPS Specialist shares a succinct presentation of the family’s relevant PPS History.  
  • In collaboration with the rest of the team, CPS Specialist identifies caregivers’ protective capacities and highlights family’s relevant strengths.  
  • Agency CPS Specialist refers to assessment tool(s) used in investigation and explains the primary findings.  
  • CPS Specialist shares any changes in the family situation over time.  
  • CPS Specialist details Safety Plan, if one is in place and describes any problems that have occurred.  
  • If any of the following are present, the CPS Specialist explains - circumstances and situation:  
    o Domestic violence  
    o Court orders  
    o Drug or alcohol use  
    o Criminal history of adults involved in the child/ren’s life  
  • CPS Specialist outlines the supports and services that have been offered, used, or are in place.  
  • CPS Specialist brings the voice of the child/ren into the meeting.  
  • If necessary, the CPS Specialist provides information on relatives available as resources for support and/or potential placement options. |
| **Developing Ideas** | • Throughout this stage, CPS Specialist and group should build on relevant family strengths and supports, as charted.  
  • The team focuses on three common areas: 1) immediate actions needed to provide safety 2) whether out of home plan and/or court action is needed, and 3) future services/supports needed to reduce risk and provide stability to placement.  
  • CPS Specialist and others share ideas for services and supports to address safety and risk concerns.  
  • If necessary, CPS Specialist and others offer out of home care ideas and share information on available relative/kin resources. |
| **Reaching a Decision** | • The team seeks to recommend the least restrictive, least intrusive plan that can still address child/ren’s safety and stability needs.  
  • CPS Specialist helps to explain the rejection of any ideas presented.  
  • If Safety Plan is developed and agreed to, ensure it outlines all agency requirements and limitations, provides a timeline, and explains the role of the CPS Specialist or assigned Case Manager, if applicable.  
  • Recommendation/decision should include timely linkages to immediately needed support services and provide contact information for services and staff. |
| **Recap, Evaluation and Closing** | • CPS Specialist confirms that summary information provided by facilitator is accurate, clear and concise.  
  • CPS Specialist ensures the summary includes, and all parties are clear about, who will do what by when, and if follow-up meeting is needed.  
  • CPS Specialist must attend to emotional needs of family at conclusion of meeting, as well as any safety concerns for the non-offending parent in domestic violence situation. |