

## Custody Status

When a child is court-ordered into DFS custody, DFS assumes the care and supervision of the child and works with the multidisciplinary team (MDT) to make recommendations to the court regarding placement decisions. All placement decisions are ultimately made by the court. Under Title 14 of the Wyoming Statutes, there are three ‘doors’ by which a child may be placed into DFS custody. At any time, when a child is court-ordered into DFS custody, the child is said to be in “foster care”.

- 1) Child Protection Act<sup>1</sup>: Allegations of child abuse or neglect are brought to the juvenile court by the prosecuting attorney’s office filing a petition alleging that a child or youth is at risk of or has been abused or neglected, and when the action is necessary to protect the interest of the child.
  - a) Abuse is defined as “inflicting or causing physical or mental injury, harm or imminent danger to the physical or mental health or welfare of a child other than by accidental means”, including:
    - i) Abandonment,
    - ii) Excessive or unreasonable corporal punishment,
    - iii) Malnutrition or substantial risk of malnutrition by intentional or unintentional neglect, and
    - iv) Commission of or allowing the commission of a sexual offense against a child.<sup>2</sup>
  - b) Neglect is the “failure or refusal by those responsible for the child’s welfare to provide adequate care, maintenance, supervision, education or medical, surgical or any other care necessary for the child’s well being.”<sup>3</sup>
- 2) Children in Need of Supervision Act<sup>4</sup>: Complaints alleging CHINS are referred to the prosecuting attorney’s office, which determines whether judicial action is necessary to protect the interest of the child. CHINS are brought by the prosecuting attorney’s office through the filing of a CHINS petition with the juvenile court.
  - a) CHINS are children or youth who are “habitually truant”, disobedient, or “ungovernable and beyond control”, but whose infractions do not rise to the level of breaking the law.<sup>5</sup>

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<sup>1</sup> W.S. §§ 14-3-401 through 14-3-441.

<sup>2</sup> W.S. § 14-3-202(a)(ii).

<sup>3</sup> W.S. § 14-3-202(a)(vii).

<sup>4</sup> W.S. §§ 14-6-401 through 14-6-440.

<sup>5</sup> W.S. § 14-6-402(a)(iv).

- 3) Juvenile Justice Act<sup>6</sup> and Juvenile Probation<sup>7</sup>: The prosecuting attorney’s office is the single point of entry for all minors alleged to have committed a crime and determines whether to file a delinquency petition, and in which court. Delinquency petitions are filed when the action is necessary to protect the interest of the public or the child. The court may order a delinquent child to probation through DFS, a city, a county, or private organization. DFS therefore is not the probation entity for all juvenile delinquents, only those court ordered to DFS probation.
- a) A juvenile delinquent is a child who commits a crime, contempt of court, or violates a court order which resulted from the criminal conviction of the child.

Children may transition between these three involvement statuses, or exit the system and re-enter through another door. *Table 1* summarizes the entry points into state custody.

**Table 1:** Three “Doors” to State Custody

	Child Protection	CHINS	Juvenile Justice / Probation
<b>In DFS custody?</b>	Maybe	Yes	Maybe
<b>Eligible for Wyoming Girls’ School (WGS)/ Wyoming Boys’ School (WBS)?</b>	No	No	Yes
<b>Medicaid pay source?<sup>8</sup></b>	Maybe	Yes	Maybe (100% SGF if in a detention facility)
<b>Maximum age for DFS service</b>	21 years	18 years	21 years

## The Role of the Multidisciplinary Team

Once a child is in the legal care and custody of DFS and a safe placement has been secured, a shelter care hearing must be held no later than forty-eight (48) hours, excluding weekends and legal holidays, after the child has been taken into custody [W.S.§ 14-3-409]. The court will also appoint a guardian ad litem, who will serve as legal counsel for the child. Within ten (10) days after a petition is filed alleging a child is neglected or abused, the court will also appoint a multidisciplinary team (MDT). Per state statute, the MDT shall include the child’s parent, parents or guardian, a representative of the school district, a representative of the department of family services, the child’s psychiatrist, psychologist or mental health professional, the district attorney or his designee, the child’s attorney or guardian ad litem, a volunteer lay advocate if

<sup>6</sup> W.S. §§ 146-201 through 14-6-252.

<sup>7</sup> W.S. §§ 14-6-301 through 14-6-314.

<sup>8</sup> All children in the custody of DFS are automatically eligible for Medicaid coverage under the federal Foster Care eligibility program. Some children in DFS custody are enrolled in private insurance or other Medicaid eligibility programs, such as the Children’s Mental Health Waiver, or the Home and Community-Based Services (HCBS) waiver.



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one is appointed by the court (i.e. CASA advocates), and the foster parent. In addition to the mandatory MDT members, the court may also appoint the child, a relative, an appropriate representative of the department of health's substance abuse, mental health or developmental disabilities division who has knowledge of the services available in the state's system of care that are pertinent to those identified needs, or other professionals or persons who have particular knowledge relating to the child or his family, or expertise in children's services and the child's or parent's specific disability or special needs, including linguistic and cultural needs [W.S.§14-3-427 (b), (c), and (d)].

All case information is discussed within the MDT. It is the responsibility of the MDT to evaluate all information presented, consider the best interests of the child, review all recommendations made by members of the MDT and propose final recommendations to the court. MDTs will typically issue summary reports detailing case plan goals, progress to date and updates regarding the child(ren). The report will also include team recommendations related to case plan services, case plan compliance, best interests of the child(ren), permanency plans, out of home placements, changes in placements, changes in permanency plans, educational support needs, safety and risks identified, etc. DFS is one member of the MDT, and while DFS caseworkers facilitate many of the required processes, the MDT, as a collective group, formulates reasonable and attainable recommendations for the court outlining the goals or objectives the parents should be required to meet for the child to be returned to the home or for the case to be closed, or until ordered by the court in termination proceedings. At each subsequent MDT meeting, the team reviews the progress of the parents and the child, and reevaluates the plan ordered by the court. Each member of the MDT is given an opportunity to agree or disagree with the final recommendations. Team members can also abstain from voting if there is a real or perceived conflict of interest. The position of each MDT representative is noted in the final report that is submitted to the court. In preparation for a permanency hearing, the judge will review the MDT report and prepare to make a finding as to whether the court will adopt or reject the recommendations.

## Federally Defined Foster Care

When a child comes into foster care (also referred to as protective custody or PC), there are various types of placement settings authorized for reimbursement under Title IV-E of the Social Security Act (Title IV-E). The federal definition of "foster care" includes any 24-hour substitute care for children placed away from their parent(s) or guardian(s) and for whom DFS has placement and care responsibility. This includes placements in foster family homes, relative foster homes, group homes, emergency shelters, residential facilities, child care institutions and pre-adoptive homes. In Wyoming, only law enforcement or medical professionals can take protective custody of a child. While DFS may be consulted, DFS does not have statutory authority to independently exercise this action.



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When a child comes into foster care, DFS attempts to locate and place children with relatives or kin whenever possible. DFS must complete a home safety check and all required background checks at the time of the placement. If a relative cannot be located, DFS will attempt to find a certified non-relative foster home in the child’s home community.

Both individuals and couples can apply to be foster parents. Anyone over the age of 21, in good physical and emotional health, financially stable with no criminal history as defined by policy or a history of abuse or neglect of a child or vulnerable adult can apply to be a foster parent. Prospective foster parents are required to complete comprehensive background checks in accordance with the Adam Walsh Child Protection and Safety Act, including fingerprint-based background checks, state and national sex offender registry checks, and state Central Registry checks. Prospective foster parents complete 30 hours of training with a focus on trauma-informed care and are required to participate in continuing education while fostering. As prospective foster parents, applicants are also required to submit several reference letters to support a completed application. Once their training is complete and their homes have been inspected and determined to be safe, they become a licensed Foster Family Home. On an ongoing basis, certified foster parents are required to repeat fingerprint-based background and central registry checks every 2 years and complete 24 hours of ongoing training every 2 years to maintain certification with DFS.

In the last 12 months there were a total of 599 unique certified foster care providers and 647 unique foster care placements. The data in *Table 2* below shows the total number of certified foster care providers by service type provided.

**Table 2:** Certified Foster Care Providers by Type<sup>9</sup>

Service Type Provider	# of Placements	Percentage
Non-Relative	376	58%
Relative	210	33%
Specialized	61	9%
<b>Total</b>	<b>647</b>	<b>100%</b>

## The Goal of Foster Care

The ultimate goal of foster care is reunification with a child’s biological family member(s). Reunification being the primary goal for all children in foster care is outlined in state law and requires that reasonable efforts be made to preserve and reunify the family [W.S. § 14-3-440]. The Adoption Assistance and Child Welfare Act of 1980 (AACWA) was considered a major regulatory advancement in reforming child welfare at a federal level and focused heavily on the

<sup>9</sup> Data Source: Social Services Data Analyst; Certified Provider Type FFY23; 4.22.24



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role of permanency planning. One of the most cited provisions of AACWA is the requirement that child welfare agencies make reasonable efforts toward maintenance and reunification of children with their birth families.<sup>10</sup> In FFY21, FFY22, and FFY23, a total of 2,156 children were reunified and exited care (72%). With few exceptions, after a child has been placed in foster care for fifteen (15) of the most recent twenty-two (22) months, the child welfare system is required by law to move toward termination of parental rights and pursue alternate permanency plans, such as adoption or guardianship, with the goal of minimizing the length of time a child(ren) spend in foster care.

## Foster Care Cases

Figure 1 below shows the last 12-months of Foster Care and In-Home cases, representing all state involved case types (i.e Child Protective Services, Juvenile Justice, Prevention, Probation, Court Involved, etc).

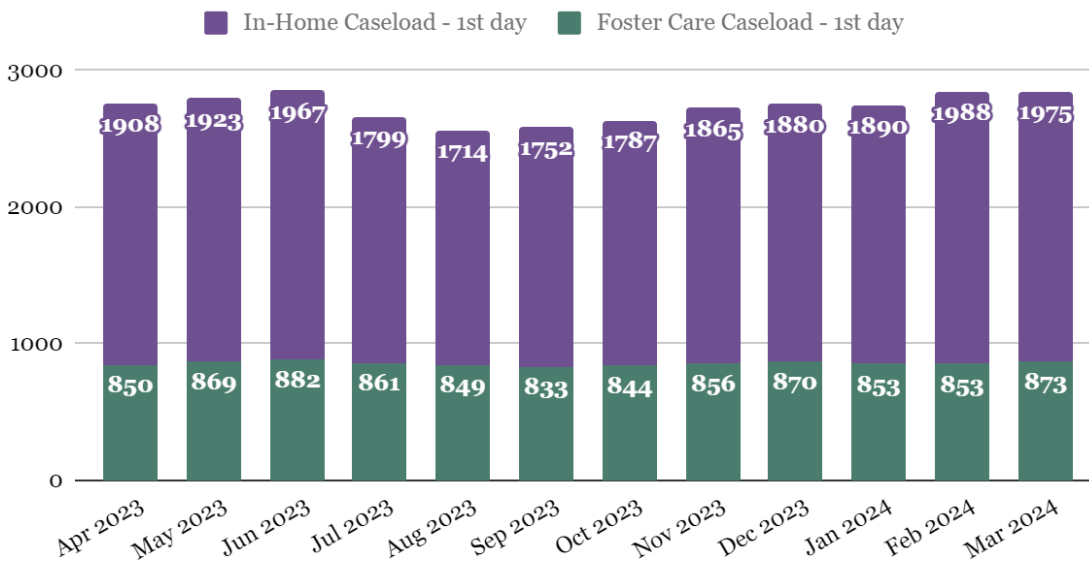
Monthly Average 2,729

- In-Home Cases - 1,871 (69% of total caseload)
- Foster Care Cases - 858 (31% of total caseload)

**Figure 1:** Foster Care and In-Home Caseload; Rolling Previous 12 Months

### Foster Care and In-Home Caseload

Rolling Previous 12-Months



<sup>10</sup> <https://adoptioncouncil.org/publications/understanding-the-adoption-and-safe-families-act-asfa/>



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Children who are placed out-of-home may be placed in of the following placement types:

- Family-like settings include: Relative and Non-Relative Home; Pre-Adoptive Home; Trial Home Visit; Supervised Independent Living; Long Term Relative and Non-Relative; Specialized Relative and Non-Relative; and Therapeutic Relative and Non-Relative
- Group Care includes: Group Homes; Residential Treatment; Psychiatric RTCs; Boys' and Girls' Schools; Detention; Jail; Crisis Centers; Hospitals; and the State Hospital.

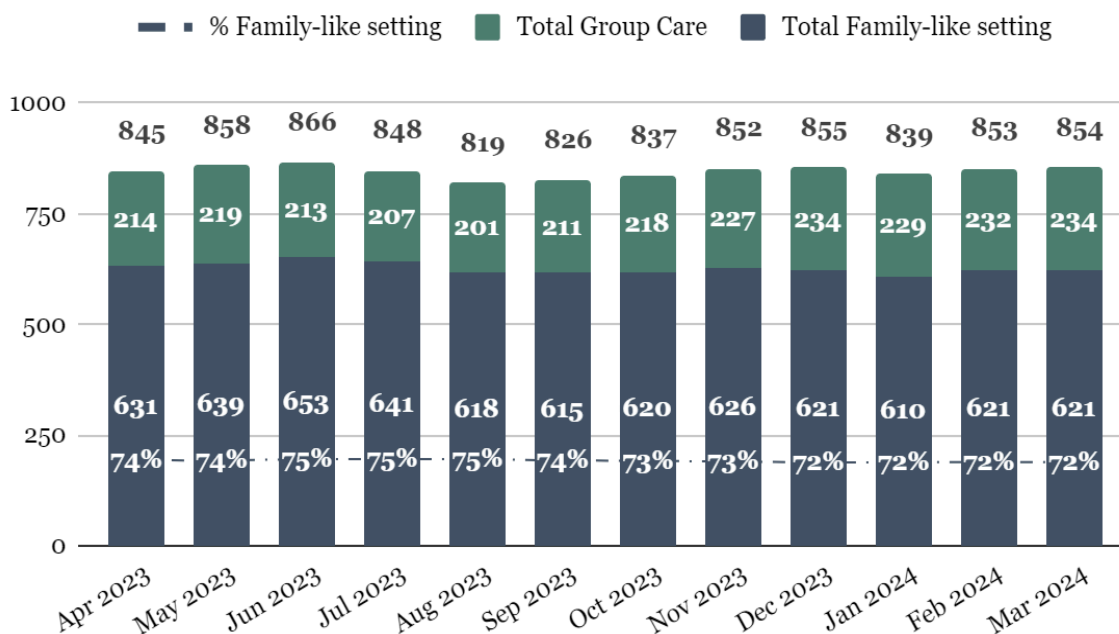
During the previous 12 months, the monthly averages by placement type are:

- Children in Out-of-Home Care - 846
  - Family-like settings - 626 (73%)
  - Group Care - 220 (26%)

**Figure 2:** Out-of-Home Placements; Rolling Previous 12 Months

## Out-of-Home Placements

Rolling Previous 12-Months



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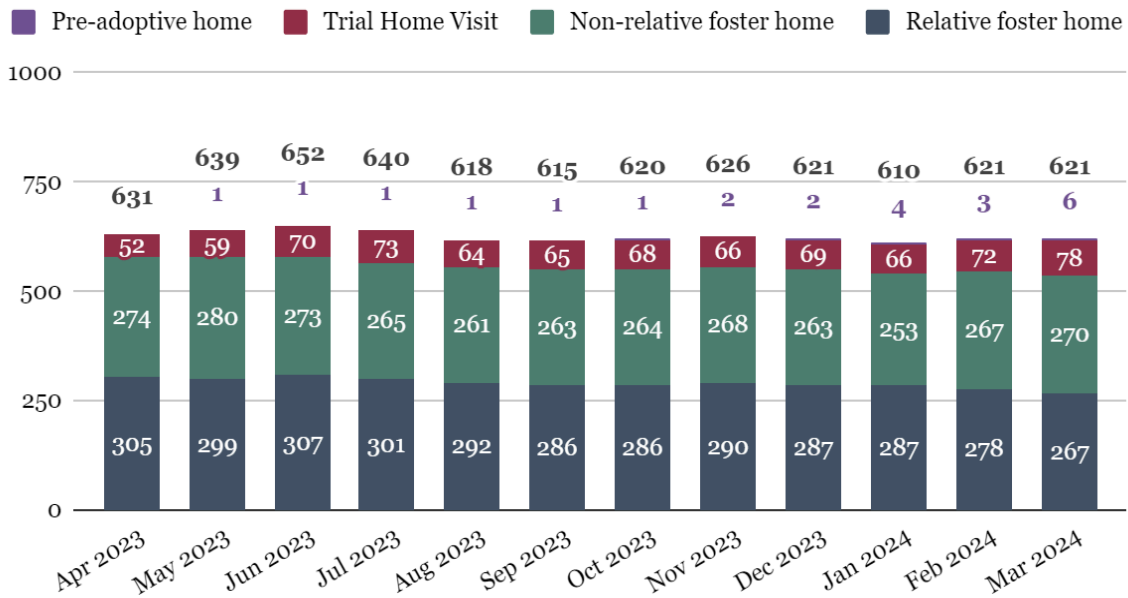
Figure 3 below breaks down Family-Like Settings by Relative/Non-Relative.

- Monthly Average of children in *Family Like Settings* during this time period is 626. Of the monthly average of children in Family-Like Settings, 46% are Relative Care.
  - Relative Care - 290 (46%)
  - Non Relative Care - 267 (43%) (Kin is included in this count)
  - Trial Home Visit - 67 (11%)
  - Pre-Adoptive Home - 2 (.3%)

**Figure 3:** Relative vs. Non-Relative Care; Rolling Previous 12 Months

## Relative vs. Non-Relative Care

Rolling Previous 12-Months



## Adoption

Once parental rights have been terminated, a child may become available for adoption. On March 1, 2024, 91 children in foster care had a primary permanency goal of adoption - of which 17 were legally free for adoption.

Adoption may be facilitated through DFS, for Wyoming children in foster care, or through private adoption agencies across the state. The Substitute Care Licensing Division within DFS has established basic operational requirements through administrative [rules](#) for private adoption agencies operating across the state. Outside of these basic requirements, DFS does not regulate private adoptions in Wyoming.



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