

**Children's Bureau
Child and Family Services Reviews
State Policy Submission Form**

| State Agency Name: Wyoming Department of Family Services | | |
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| Date of Review: June 8-12, 2008 | | |
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| The following table provides a summary of the Wyoming Department of Family Services policies related to the Children's Bureau Child and Family Services Review: | | |
| Outcome/Item | Summary of State Policy Requirements | Location of Related Information in Case File |
| <p>Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect</p> <p>Item 1: Timeless of initiating investigations of reports of child maltreatment</p> | <p>Within twenty-four (24) hours of an accepted report of abuse or neglect, Wyoming requires the initiation of an investigation or assessment.</p> <p>Accepted report means an allegation that meets the statutory definition of abuse or neglect (CPS Rules, Chapter 2), is within the scope of child(ren) protective services, is verified and assigned for investigation or assessment.</p> <p>Substantiated report means credible evidence exists and documented to believe a caretaker abused or neglected a child.</p> <p>Unsubstantiated means there is no credible evidence of abuse or neglect.</p> | <p>Left Side – Tab 1: Investigations</p> <p>Right Side – Tab 2: Narrative</p> |

Caretaker/Caregiver means a person responsible for the welfare of the child.

Credible Evidence means available facts viewed in light of surrounding circumstances would cause a reasonable person to believe a child was abused or neglected.

WYCAPS- an acronym (Wyoming Children's Assistance and Protection System) for the automated State of Wyoming case management system used by DFS employees (SACWIS).

Investigation- documentation of the facts and evidence to determine if abuse and/or neglect took place and provide interventions designed to prevent future abuse. Investigations are required when allegations suggest possible criminal charges; children are in imminent danger and/or indicated removal of the child from the home. There are two (2) priority levels: **immediate response** or **twenty-four hour response**.

Immediate response is mandatory for:

1. Major injuries
2. Child(ren) under age 6
3. Acute untreated medical conditions
4. Bizarre parental behavior
5. Parents under the influence of drugs or alcohol
6. Bizarre punishment or torture
7. Child/youth is suicidal; child(ren) is abandoned
8. The complaint is from a physician or emergency room personnel
9. Self reporting by parents concerned about hurting their children
10. Families are likely to flee the area.

All other investigations are initiated within twenty-four (24) hours with face-to-face contact within twenty-four (24) hours and no later than seven (7) calendar days. Investigations are coordinated with law enforcement.

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| | <p>Safety and risk assessments are mandatory. The Safety Assessment must be completed within seven (7) calendar days of the accepted report. Risk Assessments must be completed no later than 30 calendar days from the start of the investigation.</p> <p>Wyoming policy requires a new incident on new allegations of abuse or neglect discovered in the course of an investigation or assessment.</p> | |
| <p>Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect</p> <p>Item 2: Repeat maltreatment</p> <p>Item 3: Services to family to prevent removal or re-entry into foster care</p> <p>Item 4: Risk assessment and safety management</p> | <p>Wyoming has a dual response system allowing assignment of allegations of abuse or neglect to either Investigation or Assessment Track based on specific criteria. Wyoming does not use private providers to conduct child protection investigations or assessments.</p> <p>Accepted reports not investigated are assigned to the Assessment Track. Assessment Track is designed to prevent problems from escalating to a level for which an investigation would be warranted, create a climate in which families will be comfortable in acknowledging family concerns and seeking assistance. Families shall identify strengths and needs, so they may resolve issues that have become problematic and allow for community involvement in meeting the needs of families who reside in that community. Face-to-face contact is required within twenty-four (24) hours and no later than seven (7) calendar days from the receipt of the report.</p> <p>Safety and risk assessments are mandatory. The Safety Assessment is initiated at intake and must be completed within seven (7) days of the accepted report. Risk Assessments must be completed no later than 30 calendar days from the start of the investigation.</p> <p>Wyoming policy requires a new incident on new allegations of abuse or neglect discovered in the course of an investigation or assessment.</p> <p>For reports, without child protection allegations but indicate the presence of safety or risk factors, a Preventive Service incident may be opened to help families access available services in the community.</p> | <p>Left Side – Tab 1: Investigations</p> <p>Ride Side - Tab 2: Narrative</p> |

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| <p>Permanency Outcome 1: Children have permanency and stability in their living situations.</p> <p>Item 7: Permanency goal for child</p> <p>Item 8: Reunification, guardianship and placement with relatives.</p> <p>Well-being Outcome 1: Families have enhanced capacity to provide for their children.</p> <p>Item 17: Needs and service of the child, parents and foster parents.</p> <p>Item 18: Child and family involvement in case planning.</p> | <p>Permanency plans are to be completed within 60 calendar days of placement and are documented in the Family Service Plan. Wyoming does require a concurrent plan at such a determination is made that adequate process toward reunification is not occurring. Policy further requires quarterly caseworker reports to the court on progress, six (6) month court reviews and twelve (12) month court permanency reviews to determine and monitor progress toward achieving permanency for the child/youth.</p> <p>Family Partnership Conferences are offered to all families to provide a forum with people who know and care about the members of the family to develop strategies utilizing natural supports in the creation of the family service plan. The team will help make decisions about safety, permanency, and well-being of the child(ren) and family. A Family Partnership Conference may be offered at any point in the case where the service plan is changing and a new direction will be taken which may include placement with a relative or other permanency plan.</p> <p>The family service plan is created “with” the family and their selected support team during a family partnership team meeting. The plan should address the needs of the entire family while incorporating the safety, well-being, and permanency of the child(ren) or youth. Family service plans should be family-centered, strengths-based, individualized, culturally competent, comprehensive, reflective of community partnerships, and outcome-based. The family service plan addresses children’s, parents’, caregiver’s (facility or foster parents) and concurrent placement needs/goals to provide necessary services to each team member.</p> <p>Wyoming law and DFS policy requires case workers to conduct a diligent search for absent parents and to provide them an opportunity to participate in the family service plan. In cases of out-of-home placement, DFS should consider the absent parent as the placement of preference if it in the best interest of the child or youth and there are no safety issues.</p> <p>The concurrent plan should be done simultaneously with reunification planning and be addressed at the time the child(ren) is initially removed from</p> | <p>Left Side – Tab 3: Case Plans, Court Orders & Reviews</p> |
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| Continued: | their family and during the family service plan meeting, in the case that the permanency plan changes, the transition will be easier for the children and family. | |
| <p>Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.</p> <p>Item 13: Visiting with parents and siblings in foster care.</p> <p>Item 14: Preserving Connections</p> <p>Item 16: Relationship of the child in care with parents.</p> | <p>A visitation plan will be developed in every placement case as part of the family service plan. Formal visit should occur at least monthly and must include all family members, especially siblings. Additional contact through telephone calls, letters, cards, parental attendance at the child's activities, and at medical or counseling appointments is strongly encouraged as appropriate.</p> <p>Family Partnerships and Family Service plans recommend the family include their supports/connections to help reach success. The meetings and plan addresses ethnicity, school and other important relations for the child or youth and family.</p> | Left Side – Tab 3: Case Plans, Court Orders & Reviews |

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| <p>Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.</p> <p>Item 15: Relative placement</p> | <p>Wyoming policy provides that relative families are the placement of preference for children. Caseworkers are required to conduct an initial diligent search for relatives within 60 calendar days from the date of placement and throughout the life of the case. Caseworkers are required to request the parents complete a list of relatives and complete form SS-65, Important People in the Child's Life.</p> <p>During contact, if the relative is interested in placement, the caseworker is responsible for explaining the relative placement options and initiating an Interstate Compact on the Placement of Children (ICPC) referral if the relative lives in another state.</p> <p>In efforts to locate an appropriate relative have been unsuccessful based on the information provided by the parents, the caseworker may:</p> <ol style="list-style-type: none"> 1. Review existing DFS case records, including WYCAPS, EPICS, etc.; 2. Search court, school, and child/youth care records; 3. Utilize internet search resources; 4. Utilize Child Support Enforcement Federal Locator Service; 5. Obtain information from the child, if age appropriate, location of any relative or kin known to the child/youth; 6. Ask any known relative to identify other relatives or kin; 7. conduct an Accurant Search, and 8. Attempt to contact and assess any relative whose name and information is obtained during this process. <p>The caseworker does not assume that relative or kin placements do not exist based solely on the parents statement or unwillingness to locate relatives.</p> <p>If a child/youth's placement disrupts, the caseworker reconsiders all relative previously contacted or assessed even if they were not previously considered a placement resource.</p> | <p>Left Side – Tab 3: Case Plans, Court Orders & Reviews</p> |
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| <p>Continued:</p> | <p>If a relative is located out of state and indicates a desire to be a placement resource, the caseworker:</p> <ol style="list-style-type: none"> 1. Advises the relative when the case plan is reunification, that a factor in the decision regarding placement of the child/youth is whether the placement will enable the parents and child/youth to have visitation; 2. Obtains the required information from the relatives in order to initiate an ICPC referral for an assessment of the relative home within 30 days of the relative request for placement; 3. Facilitates contact between the relatives and the child/youth while the child/youth is in out-of-home care in order for the relatives and the child/youth to maintain their relationship; 4. Keeps the relatives informed of the progress on the case plan goal and whether the anticipated return of the child/youth continues to be feasible; 5. Advises the placement provider that if reunification is not feasible, the permanency plan will be to move the child/youth to the out-of-state relative; 6. Moves the child/youth to the out-of-state placement if the relative home is approved by ICPC and efforts to reunite have been made and failed. | |
| <p>Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs</p> <p>Item 19: Caseworker visits with child</p> | <p>A caseworker shall visit the child(ren) or youth with an open case monthly to address issues pertaining to safety, permanency and well-being. Face-to-face must occur in the residence of the child. Contacts made by alternate caseworkers must be supported by telephone contact from the primary caseworker. Video conferencing is an acceptable alternative.</p> | <p>Right Side – Tab 2: Narrative</p> |

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| <p>Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs</p> <p>Item 20: Caseworker visits with parents.</p> | <p>If family reunification is the goal for the child/youth, the caseworker is required to have monthly face-to-face visits with the biological parents. This visits maybe accomplished through treatment plan meetings or family partnership meetings. At minimum, monthly telephone contact is required.</p> <p>In an in-home case, the caseworker is required to visit the family in their residence at least monthly.</p> | <p>Right Side – Tab 2: Narrative</p> |
| <p>Well-Being Outcome 2: Children receive appropriate services to meet their educational needs</p> <p>Item 21: Education needs of the child</p> | <p>Children in placement are monitored by Multi-disciplinary teams that include representation from the child's home school district. Educational needs are addressed in the case planning and family partnership process and are documented in the Family Service Plan.</p> | <p>Right Side – Tab 6: School Reports</p> |
| <p>Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs</p> <p>Item 22: Physical health of the child</p> | <p>Comprehensive medical care is available to children in state custody through the Medicaid program.</p> <p>Routine medical care includes:</p> <ol style="list-style-type: none"> 1. Health check examination within thirty (30) calendar days of placement 2. Dental examination every six (6) months 3. Eye examination when needed <p>Caseworkers are obligated to keep parents informed and involved in all medical care decisions as reasonable and appropriate.</p> | <p>Right Side – Tab 6: Medical Reports</p> |
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| <p>Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs</p> <p>Item 23: Mental health of the child</p> | <p>Children to the age of 11 years with behavioral issues shall be referred to a mental health professional for assessment and evaluation as authorized by a court order or parental consent.</p> <p>The MAYSI-2 shall be offered to all children between the ages of 12 to 17 years with an open incident. It is to be completed within the first fourteen (14) business days from the intake. If the child/youth refuses to complete the MAYSI-2 and it is not court ordered, the caseworker has the option to record that in WYCAPS. When a child/youth scores in the caution or warning range for any of the six (6) domains, there are secondary screening questions which shall be used to determine if the child/youth should be referred for a clinical assessment. If after the completion of the secondary screening the caseworker continues to feel there is a risk to the child/youth, a referral shall be made to any masters level therapist, psychologist, or psychiatrist for a clinical consult using the "Psychological/Mental Health Screening Request" if authorized by court order or parental consent.</p> | <p>Left Side – Tab 3: Evaluations / Assessments</p> |
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