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HB 724

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Stories

The following accounts are drawn from current, former, and adoptive foster parents, legal guardians and former foster youth across Idaho. These are real experiences and for privacy we ask that these stories be shredded after this hearing.

Some cases are currently open and identities have been protected at the family request. These are recent cases.

Foster Child Safety Act Stories

As foster and adoptive parents, we have walked through the pain, the visits, and the long road of uncertainty that children in foster care experience. There are times when we cannot protect the children in our care, even when serious concerns arise.

We stand beside many biological parents who did the hard work, and we have celebrated many reunifications. We believe in parental rights, and we believe families matter deeply. When it is safe, reunification is a success worth fighting for.

We also believe that when the state assumes custody of a child, it assumes a clear and unmistakable responsibility to prioritize that child's safety while the child is in its care.

The stories that follow are not stories opposing reunification. They are accounts from foster parents, adoptive parents, former foster youth, and guardians across Idaho describing situations in which documented safety concerns were present while children were already in state custody, yet protective action did not consistently follow.

In these cases, medical disclosures were minimized, credible threats were not fully weighed, visitation continued despite substantiated risk, documentation did not consistently reach the courtroom, and placement decisions did not always reflect the totality of the child's safety circumstances.

House Bill 724 does not expand general government authority, nor does it diminish parental rights beyond what is necessary to ensure the safety, health, and welfare of a child while in the custody of the state. It clarifies safety-related rights for children while they are in foster care and affirms the court's ability to consider substantiated safety concerns within existing juvenile proceedings.

The accounts that follow reflect concerns addressed in House Bill 724. These include the right of children in foster care to reside in a safe and healthy environment; the right to freedom from physical, sexual, emotional, or other abuse, including placement away from individuals who pose a credible threat; and the right to timely and appropriate medical and forensic assessment when abuse is disclosed.

They also reflect the court's authority to limit, restrict, suspend, or deny visitation when substantiated safety concerns are present, the requirement that safety be reasonably considered during placement transitions, and the obligation that mandatory reports be documented and made available to the court within existing juvenile proceedings.

These stories are shared with respect for families, respect for the courts, and respect for the Department. They are offered because clarity around safety protections is necessary to protect Idaho's most vulnerable children while they are in the care and custody of the state.

Story 1 - Newborn Placement Without Medical Disclosure

My wife and I fostered and subsequently adopted some children through DHW for nine years. Thirty children came into our home. Our first experience almost ruined us.

The case manager came to us with a newborn who was “failure to thrive,” that needed feeding every three hours around the clock. My wife and I were up for the challenge. She also handed us a handful of equipment. She said she didn’t know what it was for, and we didn’t have to use it, so just put it somewhere. The baby had a doctor’s appointment in three days, so we just kept feeding and loving this newborn as good parents do.

When we got to the doctor’s appointment, we took all that equipment she gave us to ask the doctor what it was for and if and how we should use it. It was then that we learned that the baby had died in the doctor’s office the day the caseworker brought the child to us, and they had to resuscitate it. When the caseworker took the child from the doctor’s office to our home, there was a feeding tube inserted in the baby to help for survival, we learned later, it fell out in transportation. That was the equipment the caseworker gave us that she said we didn’t need.

It was a life-or-death situation and we had no idea.

Story 2 - Reunification Despite Sexual Abuse Allegations

We picked up an infant from the hospital and then subsequently her 2 siblings. When sexual abuse began to come out the department minimized it. When the kids said it was dad, they simply ignored it. The 2 yr old girl would come back from dad-only visits with text book sexual abuse signs and it was ignored and grossly minimized.

I remember holding the 2 yr old crying and pointing to her vagina, saying daddy ouchies one night after a visit and told her I would try my best to protect her. Unfortunately, there was nothing we could do. We were told that reunification would move forward despite our concerns.

All children were reunited.

They were back with us again last year and it was hard to see that the infant we picked up from the hospital, who had no signs of any distress, was now 22 months old, had grossly deformed genitals now and we could barely change her diaper. She now had the same fear of men as the older sister. It was evident that she had endured the abuse her older sister had and it could have been prevented.

These kids were again sent back to their biological family in May 2025. This family has had one child removed and adopted out in another state. We drop off food and essentials for them to prevent them from being trafficked, but it bothers me to no end that I could not keep my word to protect her.

Story 3 - Unsupervised Visits Approved to Home of Registered Sex Offender

My recently adopted daughter, while in foster care, was approved by her social worker to go unsupervised for full days to her boyfriend's home. I was told his family was a huge support to her. Despite some concerns, I allowed this based on that representation.

She was also placed in a Short-Term Residential Services (STRS) group home at the time and was still permitted to go to this home with approval from the social worker.

After becoming increasingly suspicious of their behavior, I conducted my own search and discovered that the father in the home was a registered sex offender. He was listed on the Sexual Abuse Registry with the same current address she was visiting.

His record reflected that he had raped a teenage girl.

When I raised this, DHW acted as if they had no idea he was registered, despite his name and address being publicly available on the registry.

I believed basic protocol would include a registry search for safety concerns before approving unsupervised visits. This was clearly an unsafe situation.

Story 4 - Registered Sex Offender Placed in Residential Facility with Developmentally Disabled Youth

In November of 2024 I was notified that a teen who was a teen registered sex offender was placed at the PACC residential facility in Payette. There were numerous developmentally disabled children at this facility as well. One nonverbal child was recently transferred and staff expressed concern about her safety knowing that many of the staff there were new Pro People staff and were not trained well. It was stated that hotel costs would be too expensive.

I notified the Deputy Director about this and was reprimanded for knowing this information.

Story 5 - Sibling Placement Without Exception

My 3 kiddos that we adopted from foster care were forced to live with their older brother who abused all of them while they were in care. I was told DHW stated that all of the kids needed to be taken together when they were in foster care. There was no exception to this rule. While they were in care this family had no choice but to take all of the children together.

After adoption it came out that my adopted kids sexually abused my biological daughter and my youngest adopted son was also a victim by the older adopted son.

We are constantly pushed as foster parents and prospective adoptive parents to keep siblings together. But absolutely nothing was done to make sure it was healthy for them to be together. My oldest adopted daughter still deals with PTSD from the things that her older brother did to her and has tried to commit suicide several times when she gets triggered.

Our adopted son carried his experience of sexual abuse into our home onto our biological child and his younger brother. He no longer lives with us, but it was hell getting him treatment and transferring guardianship over to another family. There was no help, no support, just "put him back into foster care."

A lot of this harm could have been mitigated.

Story 6 - Four Special Needs Siblings & Permanency Decision

Four foster siblings with special needs were placed in a foster home with a foster parent who previously had reports of abusive behavior while operating a daycare.

Former foster youth reported that this foster parent had been physically and verbally abusive. The current foster children placed in this home have disabilities and are largely unable to advocate for themselves. Additional CPS reports had also been made regarding this foster parent. Reports of foster parent handling the children in an aggressive manor, cutting children off from all previous supports and all previous foster parent connections, sending the children to respite with underwear 4&5 sizes too small, shoes and clothes that were filthy, broken and not weather appropriate, as well as other reports from daycares / schools. etc.

At the time permanency was considered, I don't believe the judge was notified of the allegations and CPS history. The children were kept in this home for permanency/adoption.

Notably:

- The assigned social worker
- The social worker's supervisor
- The CASA

who are all individuals familiar with the children and both placement options, recommended the children be placed with a different family. Despite this unified recommendation, the department moved forward with permanency in the existing foster home.

Story 7 - TPR, Sibling Separation, and Placement Decisions

When TPR was granted, a foster family of the older siblings stated they were willing to be a placement option for all five siblings to remain together.

However:

- The department did not fully consider placement of all five siblings together.
- Documented improvements had been made with the older siblings, who had previously been forced to take on adult caregiving roles for their younger siblings.
- No structured transition plan was attempted.
- No trial weekends or sibling transition visits were arranged to assess how the children functioned together in an experienced foster home (all prior placements were brand new foster parents)
- The children ages 8 and 10 were not notified of the option to remain placed with all five siblings together.
- The department did not formally seek the children's input regarding their desire to remain together.

After adoptions were finalized in separate homes, older siblings reported concerning treatment in at least one adoptive placement, including:

- Physical discipline including spanking as soon as adoption was granted
- Public shaming.
- Adoptive parents calling a child gay in a derogatory way.
- Public statements about the child "pooping his pants."
- An adoptive father telling a sibling to slap the child if needed.

Previous concerns have been raised that foster parents were allowed to significantly influence the placement decision. It is believed that the department did not give appropriate weight to:

- The longevity and depth of the sibling relationships.
- The expressed desire of the older siblings to remain together.
- The trauma of separation.

Story 8 - Former Foster Youth Testimony in Support of Stronger Protections in Care

I was in foster care for approximately three years and aged out of the system in 2025. During that time, I was moved from a stable foster home because the Department prioritized reunification with my mother. My mother has a long history of drug and alcohol addiction and had previously lost custody multiple times. I did not believe reunification was safe or in my best interest.

I was placed in another licensed foster home that also operated an in-home daycare where the teens were expected to take care of the younger children. The home functioned more like a group facility than a family environment. Much of the food was kept locked away, and meals were limited primarily to inexpensive items like ramen and cereal, foods that required little preparation. The restriction of food created intense anxiety for me. I experienced panic attacks related to food access, and as someone who already struggled with disordered eating, this environment significantly worsened my condition.

In addition, much of my clothing was stolen by another foster youth in the home. When I reported it, the foster parent did not intervene or take meaningful action to address the situation. This added to the feeling that there was little supervision, accountability, or protection within the home.

Teenagers in the home were expected to supervise younger daycare children. I worked as much as possible outside the home simply to avoid being there because the environment was draining and unstable.

One night, while the foster parents were out of state and youth were left unsupervised, a violent assault occurred. A disagreement escalated when one teenage girl struck another with a large bag of cat litter, pushed her to the floor, sat on her, and stabbed her repeatedly with scissors. After the attack, she dragged the injured girl outside by her hair. She then went to the closet where the victim slept, because that was her assigned sleeping space, and completely destroyed it.

After learning about the incident, I was terrified to sleep in that house. I no longer felt physically safe at night, knowing that serious violence had occurred without adult supervision.

This situation illustrates serious concerns about placement decisions, supervision standards, and oversight in foster homes. No child in state custody should be living in a closet, left without appropriate supervision, deprived of adequate nutrition, ignored when their belongings are stolen, or made to feel unsafe in the very place that is supposed to protect them.

Foster youth deserve safe placements, adequate food, proper supervision, accountability, and environments that prioritize their physical and emotional well-being. Reunification efforts and placement decisions must not override basic safety.

I support this legislation that strengthens protections for children while they are in care and ensures accountability when placements are unsafe.

Story 9 - Community Visits Continued Despite Known Gang Violence Concerns

The biological father of a 2 year old child placed into care was involved in gang related activity. He had previously been shot in the head and survived.

A community member who knew the bio dad shared a recent picture of dad's head wound with the foster mom. However, this individual was unwilling to provide the picture directly to DHW because they feared for their own safety.

The foster mom informed the department that it was not safe for visits with bio dad to occur in parks or other public places due to the threat of violence. DHW stated they could not act on rumors and continued advocating for community supervised visits.

Later, the father was convicted of attempted murder and admitted that all of the "rumors" were true.

This created an extremely dangerous situation for the child, who was only 2 years old, and for the foster mom who was being asked to supervise these visits in the community.

Story 10 - Overnight Visitation Approved Despite Continued Positive Drug Tests

The caseworker began giving the biological mother overnight visits with the children even though she had continued positive drug tests.

My husband and I were concerned about the children being in her care. We had a long conversation with the social worker about the issues we were seeing and the progression of the case. We expressed that we were not sure we could continue fostering these girls given the decisions that were being made. We did not want to be part of additional trauma they were experiencing based on prior safety concerns in this case.

The caseworker stated she understood where we were coming from and “wished she could change it.” Her exact words were, “We have to give [bio mom] an opportunity to fail.”

She has continued to fail and retraumatize these children over and over again for the past 13 to 14 months.

Story 11 - Reunification Despite Team and Medical Opposition

We have a foster daughter who has been with our family for over 18 months. This child has severe restricted eating concerns and there were major safety concerns when she was taken into care. Mother has convictions for abuse and our foster daughter would vomit profusely before every visit to see her mother, her anxiety was so high. Yet the visits were forced.

Every single member of the team was against her going home to be reunified given the child's fear and the major safety concerns, but they sent her back in Nov 2025. The Judge said it went against every fiber of his being to send this child home, but he is bound by the letter of the law and will be sending her back once the mother gets her no contact order lifted. This is against all members of the team and all medical professionals working with her.

She has since lost 2 lbs since she has been back home, has shown up to school with bruises and is now being pulled from school and her services from bio mother so there are no eyes on her. She is down to the 20th%ile, but the judge is keeping her with her mother and I honestly fear for her life.

I don't care who has her, I just want her safe.

Story 12 - Reported Sexual Abuse Signs Ignored

I am a nurse by profession. We began our journey into foster care in the summer of 2023.

Immediately, I noticed that there was damage to the girl's private parts. It was distorted. I was told that a CARES exam had been done, and she was cleared, but I found out later that it was a lie. One had never been completed. Had I known that I would have immediately taken her to the doctor.

In addition to the distortion, she inserted her fingers into her vagina, patted it, put toys into when bathing, and urged my husband to touch her inappropriately. I shared this information with our caseworker, and she dismissed it.

The boy came to us with a blister on his penis. Not-so-ironically, it was reported that his male siblings had the same thing when they had gone into care previously.

Seven months later, the caseworker began supervised visits with the biological parents. One day after a visit our foster daughter came home dysregulated, screaming, throwing things, hitting, and looking straight through me.

I asked our caseworker what happened. She said, "Yeah, her daddy took her potty and they were in there for a lengthy time, twenty or thirty minutes. Finally, I knocked on the door. They didn't come out for 2-3 minutes. He said she had a really big poop."

That night at bath time her private parts were irritated. She had nightmares for a week.

Two weeks later they were to see their parents again. I shared with them they were going to see their mom and dad. That's when she said, "Daddy, potty, ouchie!"

To clarify, I mirrored what she said, "Daddy took you to the potty?" She repeated what she stated.

I tried to contact the social worker, but she turned off her phone after five, so out of fear for the child having to go visit her perpetrator, I called the police and made a report.

After all was said and done, the officer told me, "Do not take her to the visit. We are placing her under protective custody!"

At seven the next morning, my caseworker was ringing both my and my husband's phones, trying to get ahold of one of us. Once I answered, she said, "I know you have her best interest in mind, but you're making this worse for yourself by getting the police involved."

The caseworker was so angry. She insisted I take the children to the visit no matter what.

I didn't understand what the problem was. I struggled with the contrast between the police officer's support and insistence on protecting the child and our caseworker's disregard for her safety and lack of support.

I took the kids to the visit, but I thought, why are we the only ones trying to protect these kids?

Story 13a - Repeated Severe Abuse, Removal, Reunification, and Renewed Risk

One child entered foster care with a dangerously high level of methamphetamine in his system, nearly resulting in death, along with a broken arm. He was later reunified at approximately 1.5 years old but returned to care at age three due to further abuse, including cigarette burns and sexual abuse.

He was adopted out along with his older siblings.

The mother later gave birth to twins. A prior mental health evaluation had reportedly concluded that she should not be around children. Despite this, the twins initially remained in her care until they were removed at approximately two years old due to severe abuse. Reports indicated they had been tied down with truck straps for 8 hours a day, inadequately fed, and left in their beds for extended periods.

Their foster mother reported behaviors consistent with sexual abuse, which were relayed to the social worker. During supervised visits, the father continued taking the little girl to the bathroom at each visit, raising additional concerns. One night while playing with a barbie she pulled down her pants, pointed to a private area and repeated "ouch." She went on to say everything that was done sexually to her and the other twin. It was horrible and it was mom and dad together doing these acts. The case worker was informed right away and a new CARES interview was scheduled.

The twins were in care for over a year. The case plan was changed to termination of parental rights but was reversed at the last minute back to reunification. The twins, now approximately five years old, have since been returned to their parents.

Of the mother's children, three are being raised by an adoptive family. The twins are the only children currently in her care.

This case reflects a repeated pattern of severe abuse, removal, reunification, and renewed risk. The reporting individual continues to express significant concern for the twins' safety given the documented history of life-threatening harm and prior professional recommendations.

Story 13b - Repeated Severe Abuse, Removal, Reunification, and Renewed Risk

(This is the same story as above, but from the perspective of the adoptive family of the twins siblings)

We adopted three children from the foster adopt program. They are now 28, 26, and 24.

In March of 2018, a half sibling to our 26 and 24 year-old was placed in our home. He was three months old and had a broken arm and an astronomical meth count. The medical team said his meth count could have killed an adult male. He was deliberately fed methamphetamine by bottle.

He was returned to his birth mom in November of 2018.

In January of 2020 he came for a weekend visit and we discovered cigarette burns all over his back and bottom in different ages and stages. We reported it and he was placed in our home again as a foster child. This time he was non verbal, falling when he tried to walk, and screamed when placed in a bath. They assumed he had been neglected in his crib all day, and had some sort of bath trauma. He would panic if he was in a room and the door would close.

It was a very stressful year. Every visit he would have with birth mom, he'd come back with diarrhea and night terrors. It seemed like DHW was doing everything to reunite even though he had and still has permanent scars on his body from abuse.

In January of 2021 the GAL and Department of Health & Welfare told the judge they were in favor of terminating parental rights.

The birth mom had twins in July 2020. The judge was afraid that if they went for termination of the boy, that it could be denied since the twins had not been taken by DHW yet and were still in care of bio mom. So instead, he ordered permanent legal guardianship.

Two months later the birth mom hired a lawyer and tried to remove our guardianship. We spent \$13,000 to fight it and then her case was dropped due to her lawyer not being paid.

Fast forward to now. We've hired a lawyer to terminate rights and adopt. She hadn't seen this child in 2 years, but now she's trying to see him twice a month by showing up at our house.

The times he did see her, he'd have night terrors and he still suffers from nightmares.

For child #3 (born in 2002), at 4 years old we assumed the permanency hearing was for termination like his older siblings. To our shock it was reunification, and immediately. Child #3 went back to birth mom. It was like a death in our family.

Each of our children from this birth mom has their own story of repeated visits and repeated chances that were given to her.

Years later we discovered, through our child's alternate care plan information, the following statement in the record:

"Between 2001 & 2018 the Department received 22 referrals for his birth mom & her children. The referrals were for neglect, abuse, parental drug use, and concerns about suicide..."

The first time #4 went into care there were 8 INR (Initial Needs Report) reports and 19 assessment reports. With the twins, the amount of paperwork drafted before the children were brought into care for the first time reflected over 20 CPS reports on this mother.

They were planning to send child #4 back, but the foster family really pushed for a Psych Eval for #4. This was the 3rd psych eval on this mother that came back unable to keep a child safe. 3rd psych eval that said she was unable to take care of kids, and still sent back.

The birth parents admitted to strapping the kids for 8 hours a day.

The case worker quit right before the hearing. The social worker who was on maternity leave was so devastated after hearing about this case that she changed regions and positions in the department. It all got progressively worse.

Fast forward to today. The twins (5yo) were removed for severe abuse and suspected sexual abuse. They were in foster care for two years and have now been returned again.

They will stop by with the twins to see Child #4. The foster parent reports that when she sees the twins, their behavior, affect, and physical presentation continue to raise concerns of ongoing abuse. Based on prior experience with these children, she believes the warning signs are still present.

We were not foster parents for them because we had the fear they would be returned and we couldn't do that to our youngest and reignite his fears.

That is the whole problem. The judges do not have all the information and they are returning kids back to really unsafe parents who have had multiple children removed. The judge did not have all the information.

This woman is very manipulative. She can work a case plan. She works the case plan. That is the whole problem.

Story 14 - Five Siblings Reunification & Ongoing CPS Involvement

Five siblings were reunified in Payette after years of CPS involvement due to extreme neglect. The judge said it was some of the worst home continuation he had ever seen and called the conditions “deplorable” in court. Parents lacked the ability to be protective and there was physical abuse as well. Mom had limited capacity to care for the kids and there were concerns of malnourishment in a couple of the children who were really under weight. Despite the history of chronic concerns, the children were returned home after only three months in care. The assigned social worker stated it was her opinion the children should never have been removed.

Shortly after reunification, the parents pulled all of the children out of school and relocated them to rural Oregon.

After the children were returned home, the father brought all five children to the Idaho Department of Health and Welfare office and informed the state that he could not care for any of them, and that their mother could not either. Since that time, there has been ongoing CPS involvement. Concerns remain regarding continued instability and unsafe conditions for the children.

Story 15 - Reunification Despite Registered Sex Offender Status

One of my first placements was an infant. He was reunified with his parents despite ongoing safety concerns. His father is a registered sex offender for lewd conduct with a minor and two sexual exploitation of a child charges.

I have remained in contact with the family and continue to see him occasionally. He is now five years old and is not potty trained.

His mother states she is homeschooling him to 'keep eyes off him'. It is evident that he is not receiving meaningful instruction. Prior to reunification, he had no developmental concerns. Today, he is delayed in multiple areas for his age.

He cannot dress or undress himself. He cannot write his name or any letters. He cannot hold a pencil or marker correctly. He is significantly underweight for his age.

Conclusion

Across these accounts, consistent themes emerge.

Safety concerns were documented.

Disclosures were made.

Evaluations were conducted.

Risks were known.

Yet the lived experience of the children did not always reflect those warnings.

Children in foster care do not control where they are placed, who supervises their visits, or how decisions are weighed in court. They rely entirely on the adults and systems responsible for their protection. When documented safety concerns are minimized, delayed, or incompletely presented, the consequences are carried by the child.

Foster parents and guardians often witness the day-to-day impact of these decisions. They see the regression after visits, the fear responses, the medical indicators, and the trauma patterns. While they may raise concerns, they do not control the proceedings.

These children cannot independently advocate for themselves within complex legal processes. If their safety protections are not clearly articulated and consistently applied, there is no mechanism by which they can demand that protection on their own.

“I don’t care who has her, I just want her safe.”

— Idaho Foster Parent