COMMONWEALTH of VIRGINIA

Office of the Governor

Office of the Children's Ombudsman
Eric J. Reynolds, Esq., Director

October 2026

The Honorable Abigail Spanberger
Governor of Virginia
Patrick Henry Building, 3rd Floor
1111 East Broad Street
Richmond, Virginia 23219

Members of the General Assembly
General Assembly Building
923 East Broad Street
Richmond, Virginia 23219

Duke Storen, Commissioner
Virginia Department of Social Services
5600 Cox Road
Glen Allen, Virginia 23060

Dear Governor Spanberger, Members of the General Assembly, and Commissioner Storen,

I am pleased to submit the 2026 Annual Report of the Office of the Children's Ombudsman. State law at § 2.2-447 of the Code of Virginia requires the Children's Ombudsman to report on the Office's activities each year and any recommendations for changes in legislation, rules, or policies needed to improve Virginia's child welfare system.

If you need any additional information, please do not hesitate to contact me by email at eric.reynolds@governor.virginia.gov.

Respectfully submitted,

Eric J. Reynolds, Director
Office of the Children's Ombudsman

OCO

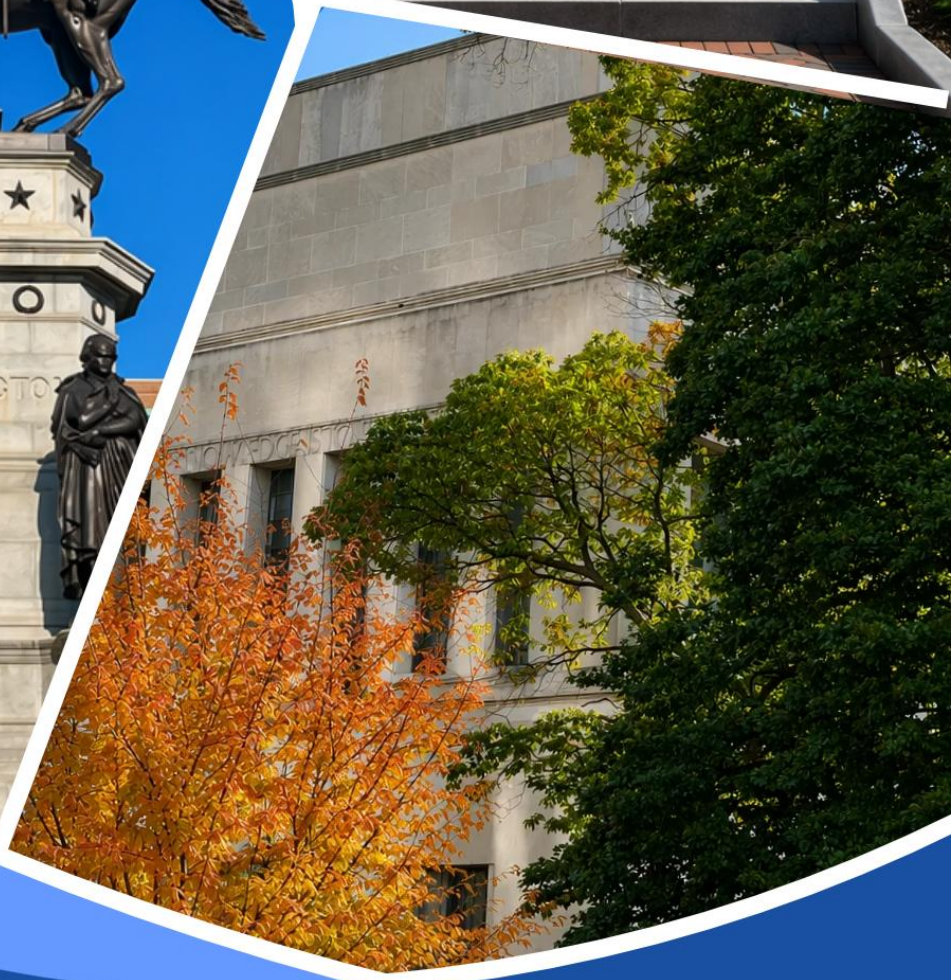
Office of the
Children's Ombudsman

ANNUAL REPORT

2026







COMMONWEALTH of VIRGINIA
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A MESSAGE FROM THE CHILDREN'S OMBUDSMAN

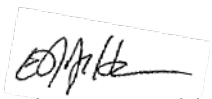
I am pleased to present the 2026 Annual Report of the Virginia Office of the Children's Ombudsman (OCO). This Annual Report summarizes the work of the OCO in State Fiscal Year 2026 covering July 1, 2025, through June 30, 2026.

This year we celebrate five years of being in operation. Looking back through our previous Annual Reports, I am pleased to note the areas of progress the Commonwealth has made in improving our child protection and welfare systems. Here are some of the highlights:

- In 2024, the Parental Child Safety Placement Program (PCSPP) was created after years of discussion and collaboration among state and local leaders to address problematic practices that diverted children from the formal foster care system by using unenforceable safety plans and informal caregiving arrangements. We discussed the problems associated with this foster care diversion or what many called "hidden foster care" in our 2022 Annual Report. The PCSPP offers an alternative to formal foster care while putting guardrails and safety measures in place to facilitate children's temporary out-of-home placements with relatives and other adults they know.
- Compensation and support for local staff. Working in child welfare, whether for child protective services or foster care, is very challenging and demanding. High turnover of our front-line workers is a result of the high pressure and expectations placed on workers who face extraordinary circumstances when families experience serious crises. These workers are also expected to be called into action whenever a state of emergency is declared. With all this responsibility, they should be compensated with a fair wage. We advocated for increased pay and support, such as the VDSS Office of Trauma & Resilience Policy's Workforce Support (peer support hotline), over the past five years. In the 2026 State Budget, funds were allocated to increase the minimum salary for family services workers and for the Workforce Support program.
- Our review of cases involving child fatalities causes us great concern for the infants who are born substance exposed due to prenatal substance use. In our 2024 Annual Report, we recommended that Virginia step up its efforts to implement Plans of Safe Care to provide needed support for pregnant persons and parents struggling with substance addiction and help ensure that children have safe home environments and caretakers. Over the past two years, the Virginia Department of Health has worked with other state and local agencies, health care providers, and community organizations to develop and implement a state plan to ensure that parents are provided opportunities to get the treatment and support they need under Plans of Safe Care.

- Virginia is one of a handful of states that has a state supervised, locally administered delivery system for social services. There are 120 local departments in Virginia that administer child protective and foster care services. The state, namely the Commissioner of VDSS, has limited authority over these local departments. This can be problematic in situations in which local departments failed to adequately administer child protective services, resulting in children being left in unsafe environments. The state historically had little recourse. In our 2025 Annual Report, we recommended legislation that would give the Commissioner more authority over the local departments in those situations. In 2026, such legislation was enacted.
- Legal Representation in Child Dependency Cases.
    - In our 2023 Annual Report, we noted that the rate of compensation paid to court-appointed attorneys for parents involved in CPS and foster care court cases had not changed in over 20 years. We also noted that there were no performance standards or formalized training for attorneys who accepted appointments to represent parents in these cases. In 2024, the General Assembly and Governor passed legislation and a budget increasing the rate of compensation and directing the establishment of Standards of Performance for parents' court-appointed attorneys.
    - Also in our 2023 Annual Report, we recommended that Virginia consider a different model of providing legal advocacy and representation for parents. This model would include a social worker and peer support to work alongside the attorney to help the parent-client navigate service plans and the court process. In other states and localities, this model has been shown to decrease the amount of time children spend in foster care. This year, the state budget included funding to support a program in the city of Roanoke to pilot this model of representation.
    - In our 2025 Annual Report, we noted the dramatic decrease in the number attorneys becoming certified as guardians ad litem (GAL) to represent children's best interests in child dependency cases. Surveys conducted by the Office of the Executive Secretary of the Supreme Court of Virginia indicated that the low compensation rate paid to GALs was a primary reason for this decrease. The state budgets passed in 2025 and 2026 included funds to increase the compensation rate.

These initiatives are significant and have and will continue to make a difference, but the child welfare system remains imperfect, and ongoing, thoughtful improvement remains essential. I look forward to working with Governor Spanberger's administration, our state legislators, the Commonwealth's social services agencies, and the private providers and advocacy groups to improve the Commonwealth's child welfare system.



Eric J. Reynolds, Director
Office of the Children's Ombudsman

OFFICE of the CHILDREN'S OMBUDSMAN

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EXECUTIVE SUMMARY

Pursuant to the Code of Virginia, the Children's Ombudsman is required to submit to the Governor, the General Assembly, and the Commissioner of the Virginia Department of Social Services an Annual Report "on the Ombudsman's activities, including any recommendations regarding the need for legislation or for a change in rules or policies." This Annual Report covers our work during State Fiscal Year 2026, which began on July 1, 2025, and ended on June 30, 2026.

Complaints and Investigations. In FY2026, the OCO received 853 complaints, an 83% increase over FY2025. Of Virginia's 120 local departments of social services, 106 were the subject of the complaints we received.

The OCO initiated 18 formal investigations of complaints received in FY2026 or earlier. The most common practice issues that we identified in our case reviews and investigations included:

- Decisions regarding the validation of CPS reports and differential response (i.e. whether a CPS Investigation or Family Assessment is opened in response to a CPS report) were inconsistent with state law, regulation, or policy;
- CPS Investigations and Family Assessments were not conducted in accordance with state law, regulation, or policy;
- Parental Child Safety Placement Program practices and decisions were inconsistent with state law.
- Changes in foster care placements and decisions regarding the permanency placements for children in foster care were arbitrary and inconsistent with state law or policy; and
- Case documentation was not in accordance with state law, regulation, or policy.

Child Fatalities. Pursuant to subsection B of Virginia Code § 2.2-443, the OCO may investigate child fatality cases that occurred or are alleged to have occurred due to child abuse or child neglect, and the family had recent prior involvement with child protective services or foster care. In FY2026, the OCO received 64 notifications of such child fatalities, a 31% increase over the 49 notifications we received in FY2025.

- Thirty-five of the 64 children (55%) were aged 6 months or younger. Thirty-two children (50%) were reported as Black, 28 children were reported as White, and three were reported as Multi-race.
- Unsafe sleep practices or conditions were reported for 26 children (41%).
- In 36 cases (56%), the children's parents or caregivers were reported to have had a history of substance use, including at the time of the child's death. All but one of these children were younger than 5 years of age. The substances most frequently reported to be used by parents in these cases were cannabis, cocaine, alcohol, methamphetamine, fentanyl, and medicine assisted treatment prescriptions (e.g. Suboxone, Methadone, and Subutex).
- Eighteen children (28%) were reported as being born substance exposed. The most reported substances to which children were prenatally exposed were cannabis, medicine assisted treatment prescriptions, cocaine, fentanyl, and methamphetamine.
- In 26 cases (41%), the family had a history of experiencing incidents of domestic violence.

- In 13 cases (20%), the parents were reported to have had untreated or undertreated mental health conditions.

Recommendations for System Improvement.

1. Workforce Support.

Many local departments of social services continue to have difficulty attracting, hiring, and retaining qualified family service specialists. We recommend that the Virginia Department of Social Service take the following actions to support local departments' workforce:

a. Reinstitute in-person training for local department staff and launch its planned Training Academy; and
b. Create a state pool of emergency family services specialists to be deployed to understaffed agencies until they are able to become fully staffed.

2. Child Protection Services (CPS).

We recommend that state leaders and policy makers consider the following actions to improve the provision of child protective services:

a. Amend state laws, regulations, and policies to establish more robust protocols for the resolution of disputes among local departments regarding the jurisdiction to receive and respond to CPS reports;
b. Amend state law governing the factors to be considered when validating CPS reports to include prior CPS history;
c. Amend state laws, regulations, and policies to provide for the publication of information about child abuse and neglect cases that result in a child fatality or near fatality in accordance with federal law;
d. Appropriate sufficient funds to expand the capacity and availability of Child Advocacy Centers to serve more localities within the Commonwealth; and
e. Amend regulations governing the Parental Child Safety Placement Program to address implementation challenges and inconsistencies.

3. Foster Care.

We recommend state leaders and policy makers consider the following actions to improve the provision of foster care services:

a. Appropriate sufficient funds to expand the availability of Family Recovery Courts;
b. Amend state law to provide for court review of local departments' decisions for the placement of children in foster care; and
c. Appropriate sufficient funding to expand the availability of Enhanced Therapeutic Foster Care resource families and Sponsored Residential homes for children in foster care having high acuity behavioral or mental health needs.

4. Establishment of a Permanent Children's Cabinet.

Issues affecting children have gotten much more complex in recent years. An effective statewide response requires coordinated efforts by multiple executive branch agencies across administration secretariats to ensure that laws, regulations, and policies reflect the shared goal of keeping Virginia's children and youth on track developmentally, educationally, socially, and emotionally. We

recommend that state leaders and policy makers consider establishing a permanent Children's Cabinet in statute.

5. Cannabis Retail Market - Child Safety Measures.

Parental use of cannabis continues to be a common thread among increasing numbers of cases involving the deaths of the youngest and most vulnerable children. With cannabis use expected to increase due to the legalization of a recreational use retail market beginning in 2027, state leaders and policy makers should consider establishing and implementing measures to mitigate the harmful effects cannabis has on the health and well-being of Virginia's children, including:

- Regulations regarding product packaging and marketing;
- Effective enforcement of laws and regulations prohibiting under-age use of cannabis and the sale of cannabis products to under-age individuals;
- Regulations establishing limits on the concentration of THC in cannabis products;
- Penalties for parents and caregivers causing or allowing access by children to cannabis and cannabis products, and for parenting while impaired by cannabis use;
- Regulations requiring the collection, evaluation, and publication of data and outcomes related to the impacts of legalized recreational use of cannabis on the health and mental health of children and families;
- Establishment of reliable measures to determine impairment.
- Funding to increase capacity to provide substance use treatment, mental health services, child protective services, and community-based resources for families; and
- Funding for educational campaigns for children and families about the short- and long-term harms caused by cannabis consumption.

ABOUT THE OFFICE OF THE CHILDREN'S OMBUDSMAN

The Office of the Children's Ombudsman (OCO) was created by the General Assembly in 2020 "as a means of effecting changes in policy, procedure, and legislation; educating the public; investigating and reviewing actions of the Virginia Department of Social Services (VDSS), local departments of social services (LDSS), licensed child-placing agencies, or child-caring institutions; and monitoring and ensuring compliance with relevant statutes, rules, and policies pertaining to child protective services and the placement, supervision, and treatment of, and improvement of delivery of care to, children in foster care and adoptive homes." The statutes creating and governing the OCO are located in Chapter 4.4 of Title 2.2 of the Code of Virginia.

Pursuant to paragraph K of § 2.2-447 of the Code of Virginia, the Children's Ombudsman "shall submit to the Governor, the Commissioner, and the General Assembly an annual report on the Ombudsman's activities, including any recommendations regarding the need for legislation or for a change in rules or policies." This Annual Report covers our work during State Fiscal Year 2026, which began on July 1, 2025, and ended on June 30, 2026.

Staff:

Eric Reynolds, *Children's Ombudsman*. Eric was appointed in June 2021 by Governor Ralph Northam and reappointed by Governor Glenn Youngkin in June 2024. He previously served as staff attorney for the Court Improvement Program in the Office of the Executive Secretary for the Supreme Court of Virginia and was an Assistant Attorney General with the Virginia Office of the Attorney General in Richmond, representing and advising the Virginia Department of Social Services, the State Executive Council for Children's Services and the Office of Children's Services, the Department of Aging and Rehabilitative Services, and the Department of Medical Assistance Services. Prior to his employment with the Commonwealth, he was in private practice, focusing on family law and serving as a court-appointed guardian ad litem for children and counsel for parents in child custody and child welfare cases. He is a graduate of the University of Richmond School of Law.

Morgan Cox, Deputy Ombudsman. Morgan was named Deputy Ombudsman in August 2026. Prior to this role she was in private practice in Charlottesville, serving as a guardian *ad litem* for children and representing parents in dependency cases. She previously practiced family law in both Northern Virginia and Northern California. She was repeatedly selected as a Super Lawyer in *Virginia Super Lawyers* Magazine. She earned the Child Welfare Law Specialist credential through the National Association of Counsel for Children. Morgan has personal experience as a foster parent and a Court Appointed Special Advocate (CASA) for children. She is a graduate of Dickinson College and Regent University School of Law.

Jane Lissenden, *Assistant Deputy Ombudsman*. Jane was named Assistant Deputy Ombudsman in September 2026. She joined the OCO in August 2021 as Policy Analyst and participated in the development and implementation of policies and procedures for the Office. She is engaged in case reviews and outreach efforts and assists with special projects and reports. Prior to this role, Jane served for 15 years as Training Coordinator with the Court Improvement Program in the Office of the

Executive Secretary for the Supreme Court of Virginia. Jane is a graduate of James Madison University, with a Bachelor of Science degree in Public Administration and a minor in Criminal Justice.

Jamie Anderson, *Senior Investigations Analyst*. Jamie served sixteen years with the Henrico County Department of Social Services as a Senior Social Worker and Supervisor in Foster Care. Jamie has over twenty years of experience in public child welfare across Virginia, Texas, and Oklahoma serving in a variety of roles across all programmatic areas including child protective services, prevention, training, foster care & adoptions. Jamie earned her Master of Social Worker degree from The University of Texas at Arlington and is a Licensed Clinical Social Worker in Virginia.

Ian Danielsen, Senior Investigations Analyst. Ian has over thirty years of public and private-sector experience in child welfare, including provision of mental health treatment for youth in juvenile corrections and foster care. He served as Associate Professor of Social Work at Longwood University. He also directed a regional child advocacy center program and successfully engaged in numerous federal and state-based legislative initiatives to support children at-risk for trauma. Ian is a Licensed Clinical Social Worker, earning his Master of Social Work degree from Virginia Commonwealth University in 1992.

Jerri Adams-Harris, Investigations Analyst. Prior to this role, Jerri served 10 years with HopeTree Family Services as a Foster Care Case Manager and Supervisor. Jerri has experience working with children and families involved in the child welfare system and providing supervision across a variety of foster care services. Jerri earned her Bachelor of Social Work degree from Norfolk State University and her Master of Social Work degree from Virginia Commonwealth University. She is a Licensed Clinical Social Worker in Virginia.

Denise Dickerson, *Intake Analyst*. Denise was the Program Manager for the Interstate Compact on the Placement of Children (ICPC) and the Interstate Compact on Adoption and Medical Assistance (ICAMA) at the Virginia Department of Social Services. She also served as the Director of Operations at the Richmond Redevelopment and Housing Authority, the Director of Social Services in the City of Petersburg, the Assistant Director of Administration at the Richmond Behavioral Health Authority, and Assistant to the Deputy City Manager in the City of Richmond. She has a Bachelor of Arts degree in Sociology from Iona College in New Rochelle, New York and a Master's degree in Public Administration from Virginia Commonwealth University.

Sam Bachman, Data Analyst. Previously, Sam was a Research Analyst in the Urban Institute's Justice Policy Center with a focus on serving justice-involved youth and alternatives to incarceration for young people. Bachman holds a Bachelor of Arts in Sociology from the University of Virginia where his thesis focused on the educational impact of differing parenting strategies across community size.

Acronyms you may find in our Annual Reports:

ALA – alternative living arrangement(s)

CAC – Child Advocacy Centers

CASA – Court Appointed Special Advocates

CHINS – Child in Need of Services

CPS – child protective services

CSA – the Children's Services Act (Virginia Code § 2.2-5200 *et seq*.)

DBHDS – the Department of Behavioral Health and Developmental Services

DCJS – the Department of Criminal Justice Services

DJJ – the Department of Juvenile Justice

DMAS – the Department of Medical Assistance Services (Virginia Medicaid)

FAPT – Family Assessment and Planning Team

FC – foster care

FPM – Family Partnership Meeting

FUP – the Family Unification Program

FY – fiscal year

FYI – the Foster Youth to Independence housing initiative

GAL – guardian ad litem

HUD - the United States Department of Housing and Urban Development

ICPC – the Interstate Compact for the Placement of Children

ICWA – the Indian Child Welfare Act

LCPA – licensed child placing agencies

LDSS – local department(s) of social services

OCO – the Office of the Children's Ombudsman

OCS – the Office of Children's Services

PCSPA – the Parental Child Safety Placement Agreement

PCSPP – the Parental Child Safety Placement Program

SEI – substance exposed infants

VDH – the Virginia Department of Health

VDSS – the Virginia Department of Social Services

2026 LEGISLATION

The OCO supported the following legislation passed during the 2026 Session of the Virginia General Assembly and signed into law by Governor Abigail Spanberger:

1. House Bill 1366 (Delegate Katrina Callsen); House Bill 1490 (Delegate Kathy K.L. Tran); Senate Bill 640 (Senator Todd E. Pillion). These bills included statutory amendments that the OCO recommended in our 2025 Annual Report:

- Centralized CPS Intake. The legislation shifts the responsibility to receive and validate reports of child abuse or neglect from local departments of social services (LDSS) to the Virginia Department of Social Services (VDSS), beginning July 1, 2028. Currently, each individual LDSS determines whether reports of suspected child abuse and neglect are valid and require a response by Child Protective Services (CPS).
- Increased State Oversight of Social Services Programs. The legislation grants the Commissioner of VDSS the authority to create and enforce a corrective action plan for any LDSS that (a) fails to provide child welfare services in accordance with applicable law or regulations or (b) takes any action or fails to act in a manner that poses a substantial risk to the health, safety, or well-being of a child.
- Expedited Response to CPS Reports involving Children under 3 years. The legislation directs the State Board of Social Services to issue regulations requiring LDSS to respond to valid reports of suspected abuse and neglect of children under the age of three years within 24 hours of receiving such reports. Previously, this high-priority response time was required for children under the age of two years.

2. Senate Bill 125 (Senator Barbara Favola). This bill made several amendments to the OCO statutes to clarify certain provisions and to align terminology with Virginia laws and policies for CPS and foster care. The legislation included the following substantive amendments:

- Authorization for the OCO to review cases involving youth committed to the Department of Juvenile Justice (DJJ) who were in foster care immediately prior to their DJJ commitment.
- Authorization for the OCO to access reports submitted to courts relevant to children in foster care, such as Social Histories and Reports from the Court Appointed Special Advocate (CASA).
- Authorization for the OCO to publish reports of investigation on the OCO website subject to confidentiality protections.
- Clarification that the OCO may review cases involving agency adoptions (i.e. adoptions of children from foster care), not private adoptions (e.g. stepparent adoptions and parental placement adoptions).
- Authorization for the OCO to review invalidated CPS reports.

3. House Bill 1327 (Delegate Ann Ferrell Tata). This legislation amended the definition of "fictive kin" who are adults unrelated to the child, but who have a close relationship with the child. The

amendment clarified that the individual's relationship with the child must have been established prior to the child's entry into foster care.

4. Senate Bill 133 (Senator Mamie Locke); House Bill 652 (Delegate Cliff Hayes). The OCO opposed the introduced versions of these bills that amended the statute relating to the reporting of suspected child abuse and neglect when a child is born substance exposed due to parental substance use during pregnancy. The OCO supported the final version of the bill which directs VDSS, the Virginia Department of Health, and the Department of Behavioral Health and Developmental Services to convene a work group to evaluate current laws and practices regarding the reporting and response to children born substance exposed.

FY2026 OCO ACTIVITIES

OCO staff attended, presented, and otherwise participated in the following conferences, events, work groups, and advisory committees during FY2026:

- Presenter – 14th Annual Children's Services Act Conference; Office of Children's Services – Roanoke, October 2025
- Advisory Work Group for the Commission on Youth Relief of Custody study
- Exhibitor – Central Virginia Partnership on Youth Resource Day, Chesterfield, September 2025
- Child Abuse and Neglect Committee, Family and Children's Trust
- Children's Justice Act/Court Appointed Special Advocate Advisory Committee
- Children's Safety Citizen Review Panel
- Governor Youngkin's Safe Kids, Strong Family Initiative
- Presenter – Richmond SCAN Child Advocates Breakfast, Richmond, October 2025
- Task Force on Maternal Health Data and Quality Measures
- Presenter – University of Richmond School of Law, Children and the Law, February 2026
- VDSS Child Welfare Advisory Committee
- VDSS Family First Work Group
- VDSS Fatherhood Engagement Week Planning Committee
- VDSS/DCSE Fatherhood Steering Committee
- VDSS Safety First Work Group
- Virginia Bar Association Commission on the Needs of Youth and Children
- Virginia Department of Health Work Group for the Plan of Safe Care State Plan
- Virginia Department of Health Perinatal Substance Use Conference, Harrisonburg, June 2026
- Virginia Office of the Attorney General's Interagency Working Group on Human Trafficking
- VDSS Study of the CPS Screening Process working group
- VDH/VDSS/DBHDS SB133 Substance Exposed Infants working group

COMPLAINTS AND INVESTIGATIONS

The OCO receives complaints from the public with respect to children involved with child protective services (CPS) or foster care. The OCO can investigate complaints that allege that administrative acts taken regarding such children by VDSS, local departments of social services, child-placing agencies, or children's residential facilities were:

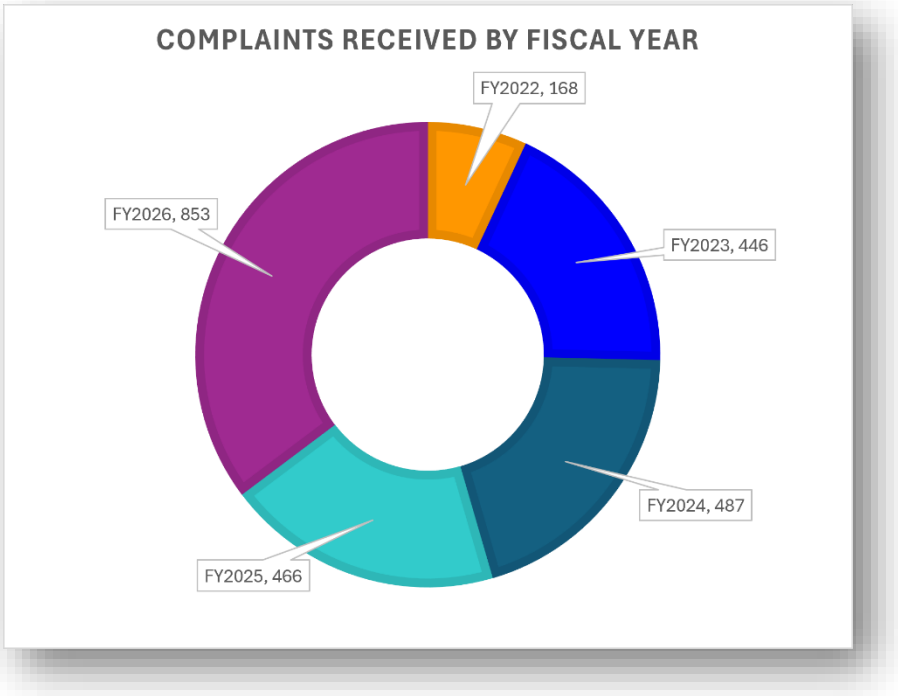
- contrary to law, rule, or policy;
- imposed without an adequate statement of reason; or
- based on irrelevant, immaterial, or erroneous grounds.

The OCO is required to prepare a report of the factual findings of an investigation and make recommendations to the subject agency if we find any of the following:

- A matter should be further considered by the agency.
- An administrative act or omission should be modified, canceled, or corrected.
- Reasons should be given for an administrative act or omission.
- Other action should be taken by VDSS, the local department, children's residential facility, or child-placing agency.

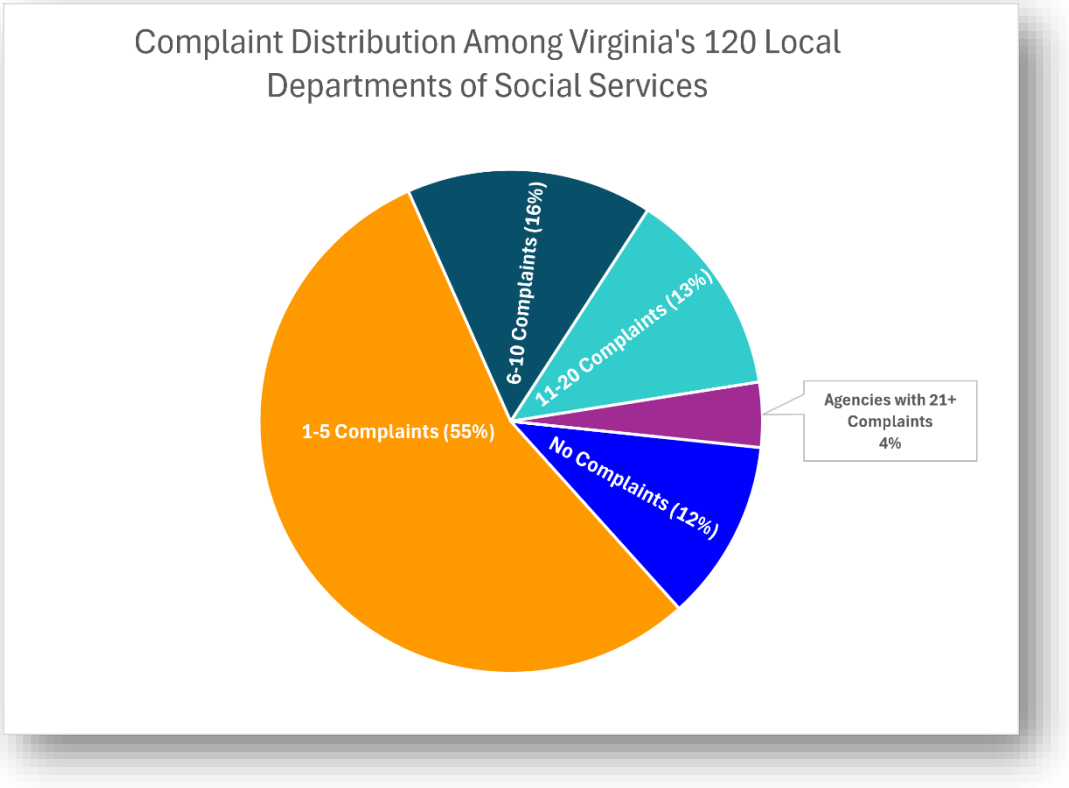
COMPLAINTS

The following data relates to complaints that were received during Fiscal Year 2026.



In FY 2026, the OCO received 853 complaints, an 83% increase over the number of complaints received in FY2025. The total number of complaints received since the OCO was established in June 2021 is 2,420.

Subject Agencies. Out of the120 local departments of social services in Virginia, 106 were the subject of the complaints we received during FY2026. As illustrated in the graph below, most (55%) local departments received one to five complaints each during the fiscal year; 16% of them received six to 10 complaints; 13% received 11 to 20 complaints; and 4% received more than 21 complaints during the fiscal year.



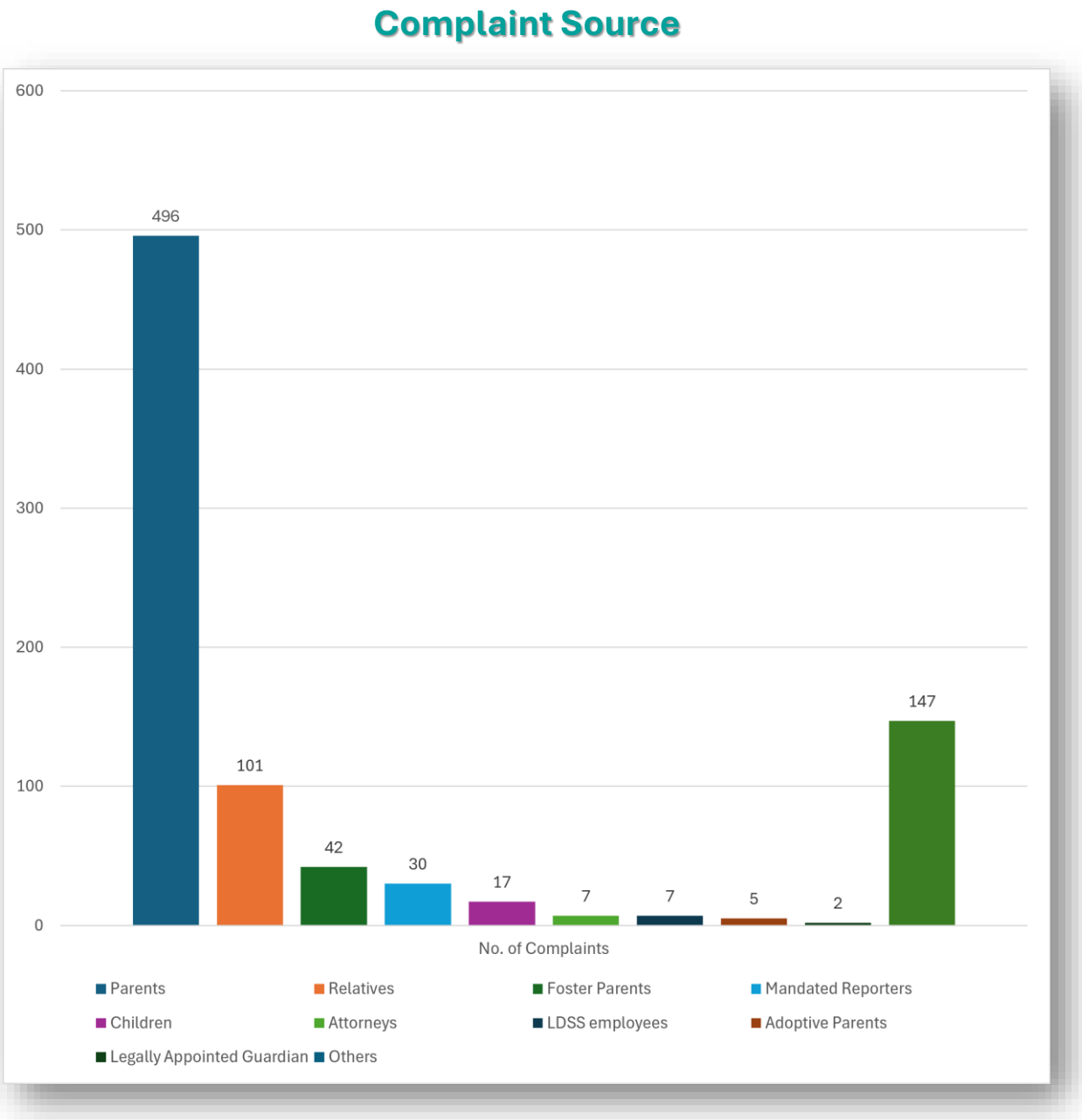
Complainants. A statutory complainant is any one of the following individuals as listed in Virginia Code § 2.2-441:

- the child,
- a biological parent of the child,
- a foster parent of the child,
- an adoptive parent or prospective adoptive parent of the child,
- a legally appointed guardian of the child,
- a guardian ad litem for the child,
- a relative of the child or any person with a legitimate interest as defined in Virginia Code § 20-124.1,
- a Virginia legislator,
- a mandated reporter of child abuse or neglect, and
- an attorney for the child, a biological parent, a foster parent, adoptive parent, guardian of the child, or relative or person with a legitimate interest.

Complaints can also be submitted by individuals other than those listed above. The OCO can investigate complaints submitted by such individuals, but we are limited in the amount of

information provided to them at the conclusion of our investigation. We can inform them of our recommendations and the investigated agency's response to our recommendations, subject to laws governing the disclosure of confidential information.

As in previous years, most of the complaints received by the OCO came from parents (58%). Relatives are the second most common source of complaints (12%). The table below illustrates the number of complaints received from each source:



*"Others" includes anonymous complaints, and complaints from people who do not meet the statutory definition of a "complainant."

Disposition of Complaints (as of June 30, 2026). Complaints were either elevated for further review in a Preliminary Assessment or closed:

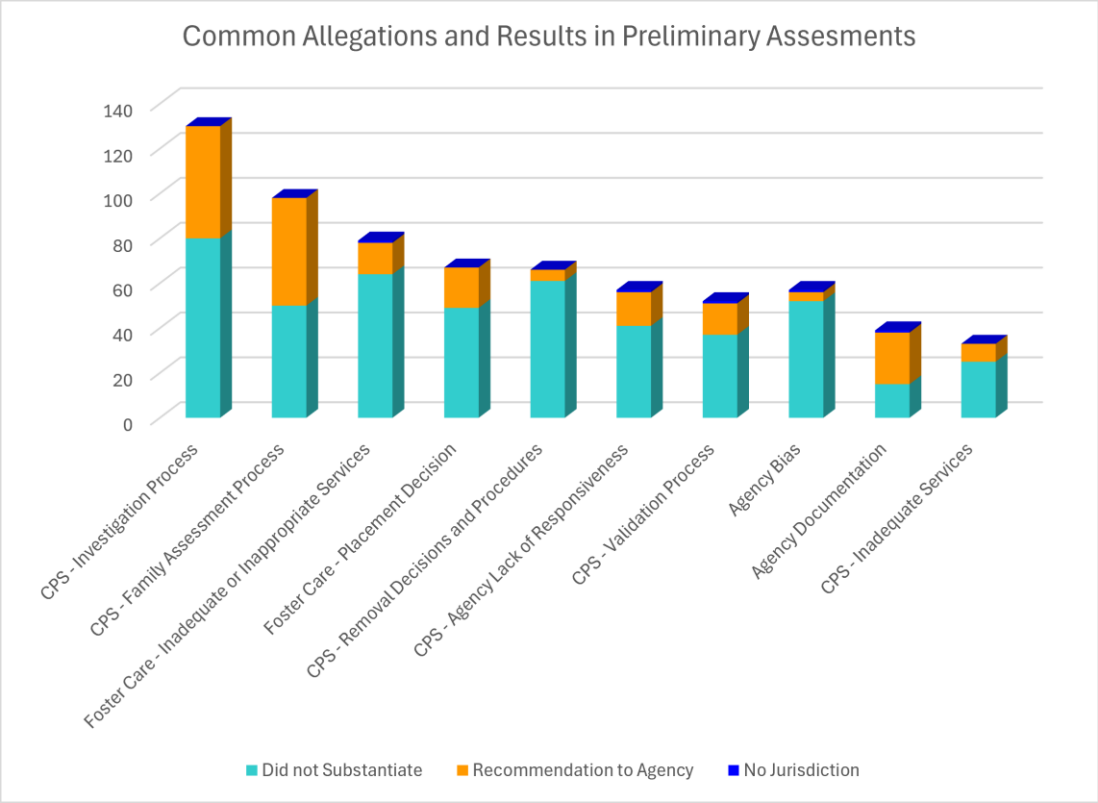
- Preliminary Assessment Initiated: 498 complaints
- Closed – Not Enough Information Provided by Complainant: 172 complaints
- Closed – Lack of Subject Matter Jurisdiction: 76 complaints
- Closed – Lack of Jurisdiction – No Active DSS Cases: 25 complaints
- Closed – Referred to Another Agency: 9 complaints
- Closed – Request by Complainant: 2 complaints
- Closed – OCO Discretion: 1 complaint
- Pending – Awaiting complaint form/more information: 70 complaints

PRELIMINARY ASSESSMENTS

The following data relates to preliminary assessments that were initiated during Fiscal Year 2026. These preliminary assessments may stem from complaints that were received during the prior fiscal year.

All complaints received are entered into the OCO's case management tracking system. If the complaint is determined to be related to a case involving a child or children receiving child protective services or in foster care and the claimant has provided the necessary information, these complaints move out of intake and into our preliminary assessment stage.

Allegations. The following chart displays the top ten allegations submitted by complainants (whether they were substantiated or not) and practice issues we independently identified in our preliminary assessments that did not become investigations.



Preliminary Assessment Process. OCO staff will review the information submitted by the complainant and, in complaints about the actions of a local department of social services, the case records in the state's Child Welfare Information System (OASIS), the statewide online database for child protective services and foster care cases. We may request more information from the complainant or subject agency. If, based on our review of the information gathered, a complainant's allegations can be substantiated, we will seek to resolve them informally with the subject agency and complainant or initiate a formal investigation.

For cases that do not rise to the level of investigation, we attempt to resolve the concerns raised by the complainant with a more informal approach. If we identify agency practices that could be improved but were not deemed systemic or detrimental to the outcome of the case, we provide practice recommendations to the local department or agency. Most complaints received by the OCO in FY2026 were resolved at the preliminary assessment stage in this manner, without having to initiate a formal investigation.

During the preliminary assessment, OCO staff may conduct informal inquiries with local agencies via virtual or in-person meetings or email to gather more information relevant to the complaint and to provide immediate feedback. Engagement in this manner leads to improved system changes as well as quicker response at the local level to address the complainants' concerns without needing to initiate a formal investigation.

Despite that many of our interactions with local agencies originate from complaints, we have found that most agencies enter these conversations with openness and a genuine willingness to accept feedback and, when necessary, implement change. This may involve re-evaluating relevant internal policies; reassessing decisions related to agency intervention, placement, or family engagement; or considering alternative approaches based on new information. In several instances, agencies fully shifted course after gaining a new perspective or better understanding of the circumstances.

Disposition of Preliminary Assessments (As of June 30, 2026):

- Information was provided to the complainant about the agency's actions (237)
- Closed because there were no active or recent DSS cases (82)
- Practice recommendations were provided to the agency (50)
- Closed because the complainant did not respond to our request for an intake call to receive additional information (49)
- Assistance was provided to resolve the complaint (20)
- Investigation Initiated (18)
- Complainant was referred to another agency (10)
- Closed at the request of the complainant (13)
- No action taken at the Ombudsman's discretion (7)
- Closed for other reasons (12)

INVESTIGATIONS

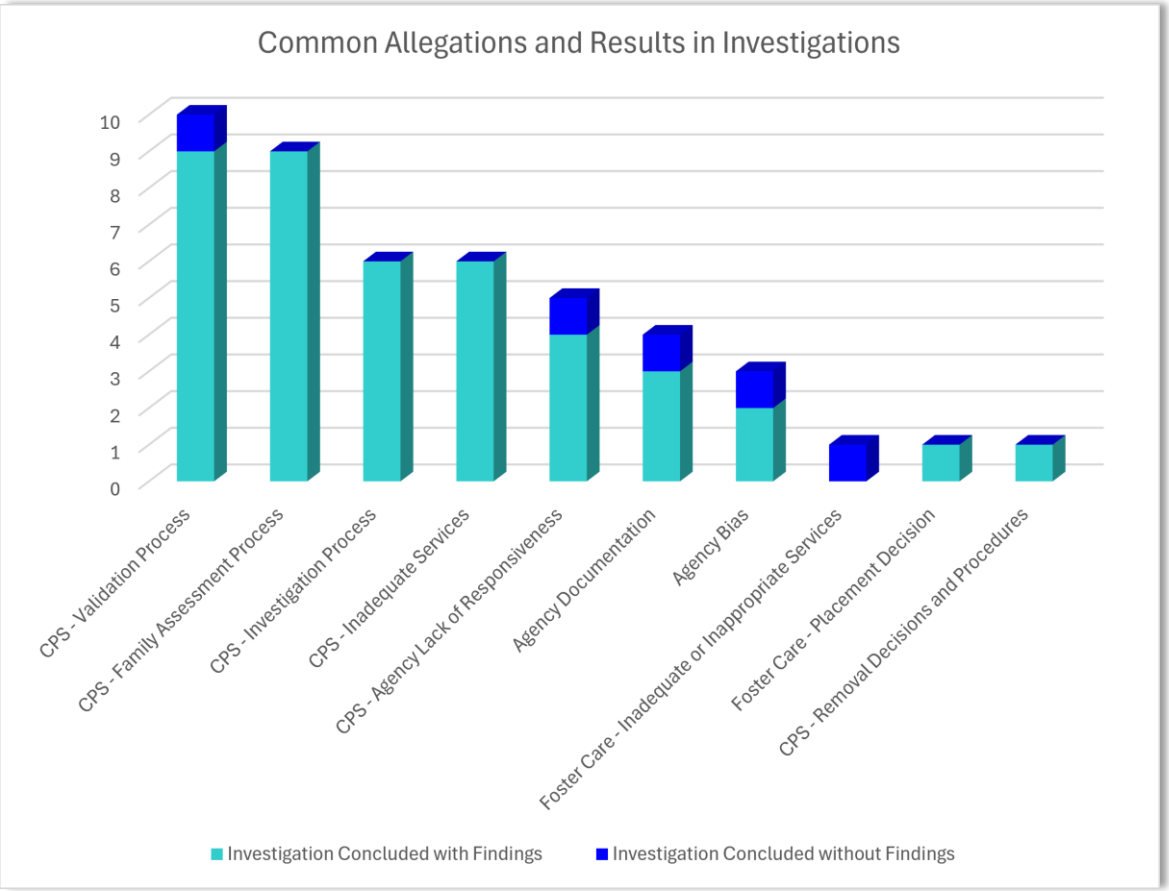
The following data relates to investigations that were initiated during Fiscal Year 2026. These investigations may have been initiated from complaints we received in the prior fiscal year.

A formal investigation is initiated when we substantiate the complaint's allegations and identify practice concerns that may potentially affect the outcome of the case or the safety and well-being of the child or children. We may also initiate a formal investigation if we identify a pattern of practice concerns within the same agency or among multiple agencies.

The OCO initiated eighteen (18) formal investigations involving the following local departments of social services:

- Accomack Co. DSS
- Buckingham Co. DSS
- Campbell Co. DSS
- Charles City Co. DSS
- Chesapeake DSS
- Chesterfield/Colonial Heights DSS
- Fluvanna Co. DSS
- Franklin City DSS
- Fredericksburg DSS
- Harrisonburg-Rockingham DSS
- Henry-Martinsville DSS
- King George Co. DSS
- Montgomery Co. DSS
- New Kent Co. DSS
- Russell Co. DSS
- Smyth Co. DSS
- Washington Co. DSS

Findings.



Of the 18 investigations the OCO initiated in FY2026, 14 were concluded with findings, 2 were concluded without findings, and 2 remained open at the end of the fiscal year. Reports of investigation stating our findings and recommendations for practice improvements were provided to the directors of the local departments that we investigated, the VDSS Commissioner and state program leadership, and the state Regional Director.

Child Protective Services. The following sample findings are from three of our investigations:

Investigation 1:

- The basis for the initial CPS report entered into the state child welfare database was falsified and misleading.
- The agency's decision to open the referral as an investigation was made without an adequate statement of reason and based on irrelevant, immaterial, and erroneous information likely due to staff bias arising from staff's relationship with the children's [relative].
- The local department has a demonstrable conflict of interest due to the prior employment of the children's [relative] and the ongoing relationship multiple DSS staff members have with the [relative]. It was improper for this local department to have handled this referral in any capacity.
- Multiple breaches of confidentiality occurred during the handling of the investigation.
- Incorrect and misleading information was provided to the alleged abuser throughout the investigation.
- There were multiple violations of policy and procedures in the child protective services investigation.

The local department did not provide a response to OCO's findings.

Investigation 2 (child fatality – multiple CPS referrals and cases prior to the child's death involving several local departments were investigated):

- [LDSS1] left this referral in its inbox for twelve days without taking any action on it after [LDSS2] transferred it. Local departments are required to determine validity of referrals within three days of receipt. [LDSS1] staff reported that they did not review any of the family's history with CPS or foster care in OASIS when it invalidated the referral.
- [LDSS1] staff reported to us that they would not accept the transfer from [LDSS3] of this [second] referral because [LDSS3] could not say for sure that the family was residing in [LDSS1's locality]. However, [LDSS1] did accept the prior referral transfer from [LDSS2] the previous week after acknowledging that the family lived in [LDSS1's locality]. [LDSS1] staff did not provide any explanation as to why they accepted the transfer of that prior referral from [LDSS2] but not this one from [LDSS3]. They also did not explain why no one followed up with [LDSS3].
- After [LDSS1] staff did not get back with [LDSS3] to accept the transfer, [LDSS3] leadership should have contacted [LDSS1] leadership to try to resolve the jurisdictional issue and, if unsuccessful, request assistance from the Regional Office in accordance with state policy.

- [LDSS3] should not have invalidated Referral No. [redacted] as it did not have jurisdiction to do so.
- [LDSS4], which had the most history working with the family, should have provided more information to [LDSS1] to assist [LDSS1] in its validity determination.
- Multiple mandated reporters - including law enforcement, EMS, and hospital staff - failed to report this child's death to CPS. Case records indicate that law enforcement concluded that there was "no foul play" based on their observations of the home and on the representations made by [caretaker] and the other [people] in the home. As a result, no reenactment was conducted and no useful information was gathered regarding the condition of the home, the location of the child at the time of death, the child's sleeping arrangements and conditions, or who else resided in the home at the time.

Agency responses to OCO findings:

- LDSS1 leadership acknowledged our findings and reported that they would implement our recommendations for practice improvement.
- LDSS3 leadership also acknowledged our findings and implemented changes in agency practices consistent with our recommendations.
- We did not receive any response from LDSS4.

Investigation 3 (child fatality – involved multiple CPS reports and cases prior to the child's death):

- The CPS Investigation was open more than 45 days in violation of Virginia Code § 63.2-1505(B)(5) and VDSS Child and Family Services Manual, Chapter C, Section 4.6.2.
- Failure to meet mandated contacts in an investigation in accordance with 22VAC40-705-80 B and VDSS Child and Family Services Manual Chapter C, Section 4.6.5.
    - No collaterals were interviewed. VDSS Child and Family Services Manual, Chapter C, Section 4.6.13.
    - No interview with the non-custodial parent occurred. VDSS Child and Family Services Manual, Chapter C, Section 4.6.14.
    - The victim child's residence was not observed. VDSS Child and Family Services Manual, Part C, Section 4.6.11
- The first meaningful contact was documented as a phone call with the [caregiver] to arrange a home visit. State guidance at VDSS Child and Family Services Manual, Chapter C, Section 4.5.7 requires the first meaningful contact to be face-to-face at which time the Safety Assessment Tool is to be completed.
- The agency did not document attempts to obtain and consider a child abuse and neglect central registry check, a criminal history check or inquire if the alleged abuser or neglector has resided in another state in accordance with Virginia §§ 63.2-1503 and 63.2-1506 and VDSS Child and Family Services Manual, Chapter C, Section 4.4.7, 4.4.8 and 4.4.9.
- The Family Assessment was not completed in 60 days as required. Virginia Code § 63.2-1506(B)(4); VDSS Child and Family Services Manual, Chapter C, Section 4.5.1.

- Failure to meet mandated contacts for a Family Assessment. 22 VAC 40-705-80 B8; VDSS Child & Family Services Manual Part C, Section 4.5.
- No collaterals were interviewed as part of this CPS Family Assessment. VDSS Child & Family Services Manual, Part C., Section 4.5.6.9.
- No safety plan was implemented. VDSS Child and Family Services Manual, Chapter C, Section 4.5.11.
- Diligent efforts were not made to locate the child and family in accordance with Virginia Code § 63.2-1503 and VDSS Child and Family Services Manual, Chapter C, Section 4.4.4.
- Despite knowing that the [caregiver] had been charged with drug possession, the child's description of what appeared to be illegal drugs in the residence, and the mother's erratic behavior, the agency did not assess substance-use concerns, request drug testing, or evaluate how possible substance use affected the [caregiver's] ability to safely parent. VDSS Child & Family Services Manual Chapter C, Section 4.6.20.
- The Safety Assessment Tool completed during the CPS investigation found [child] to be "conditionally safe," despite noting "*[Caregiver] had expressed frustration with [child] living in the home and had made a plausible threat to physically harm [child] if [child] did not leave*." Under VDSS guidance, a safety plan is required when a child is assessed as conditionally safe; however, no safety plan was implemented in accordance with VDSS Child and Family Services Manual, Chapter C, Section 4.5.11.
- Based on information provided in the referral and prior history known to the agency, more steps should have been taken to determine if this incident met criteria as a near fatality in accordance with VDSS Child and Family Services Manual, Chapter C, Section 3.7.2 and 22VAC 40-205-10.
- The decision to screen this referral with a response priority of R3-low was inappropriate. The report alleged that [child], in critical condition in the ICU, presented to the hospital alone and [the hospital staff] had to obtain judicial consent to admit [the child] because the [caregiver] was not willing to make [themself] available to sign admission paperwork.
- The invalidation of CPS Referral No. [redacted] was contrary to law and policy. The referral met each of the statutory elements in Virginia Code § 63.2-1508.
- The child was on [their] 21st hospitalization for [the same condition] and the [caregiver] had given up on [child's] treatment. VDSS Child and Family Services Manual, Chapter C, Section 2.5.2.2 states that medical neglect includes situations in which "a child with a treatable serious chronic disease or condition has frequent hospitalizations or significant deterioration because the parents ignore medical recommendations."

Agency response to OCO findings: The agency acknowledged our findings and implemented our recommendations for practice improvements and personnel matters.

CPS In-Home Services Cases. The following sample findings are from several investigations that involved In-Home Services (IHS):

- An IHS case was opened on [date], but no work took place between then and when [the child] came into foster care [two months later], leaving the child and caregiver vulnerable and without support.
- [LDSS] did not open an IHS case when the risk level was determined to be high in accordance with VDSS Child and Family Services Manual, Chapter C, Section 4.5.15 & 4.5.15.1.
- There was a lack of service coordination despite clear evidence that additional interventions were warranted including opening an IHS case or exploring court intervention.
- There is no documentation that formal vetting or background checks were conducted prior to placement, including the assessment of an adult roommate that was residing in the [relative's] home at the time. We also did not find any evidence that agency staff evaluated [relative's] financial stability, work flexibility, and capacity to ensure [child's] attendance at necessary medical appointments prior to placing [child] in [the] home. Many of the challenges that subsequently arose may have been mitigated through proper pre-placement assessment and planning.
- [Relative] had to navigate significant logistical and financial barriers without meaningful agency support. Rental assistance was provided after [child] left [the] home. A Family Partnership Meeting (FPM) should have been convened prior to arranging this placement to identify needs, address foreseeable barriers, and establish a clear, shared plan for meeting [the child's] medical and daily care requirements as outlined in VDSS Child and Family Services Manual, Chapter B, Section 2.5.
- Safety plan violations were not addressed.
- [LDSS] placed the children at risk by failing to comply with applicable laws, rules, and policies pertaining to the out-of-home placement of children and the assessment of potential caregivers.
- The agency failed to explore and complete a Parental Child Safety Placement Agreement (PCSPA). Virginia Code § 63.2-1531 *et seq.*; 22VAC40-705-60(A)(4); 22VAC40-705-200. Instead, [LDSS] engaged in diversionary practices that left both the relative caregiver and child vulnerable with no meaningful support or financial assistance.
- The alternative care arrangement with the [relative] disrupted after approximately one month, reflecting a lack of adequate planning by the agency. Staff were unable to explain why the agency failed to complete a Parental Child Safety Placement Agreement (PCSPA), as required under Virginia Code § 63.2-1531 *et seq.*; 22VAC40-705-60(A)(4); 22VAC40-705-200.
- [LDSS] did not initiate a Parental Child Safety Placement Agreement or court intervention when the child was placed outside the home. The agency improperly determined that the Parental Child Safety Placement Program was inapplicable. The informal out-of-home placement facilitated by the agency was contrary to law.

Foster Care. The following sample findings are from investigations that involved foster care:

- [LDSS] did not prioritize the sibling relationship when determining [the child's] permanency placement.
- The ICPC process was unnecessarily delayed [due to agency inaction].
- The Foster Care Service Plans and Reviews include incomplete and inconsistent details.
- [LDSS] staff's engagement with the [potential caregiver] was prejudiced by incomplete or inaccurate information.

Case Documentation. Findings regarding a local department's case documentation included the following:

- In multiple cases, documentation was entered into the OASIS record for unrelated parties. This raises concerns about confidentiality, and whether contact with the intended participants was occurring as required.
- Notable gaps in documentation and potentially in practice include:
    - Missed worker visits
    - Limited supervision
    - Minimal family engagement
    - Inadequate services
    - Poor communication with case participants

CHILD FATALITIES

Pursuant to subsection B of Virginia Code § 2.2-443, the OCO may investigate child fatality cases that occurred or are alleged to have occurred due to child abuse or child neglect in the following situations:

1. *A child died during an active child protective services investigation or open services case, or there was a valid or invalid child protective services complaint within 12 months immediately preceding the child's death.*
2. *A child died while in foster care, unless the death is determined to have resulted from natural causes and there were no prior child protective services or licensing complaints concerning the foster home.*
3. *A child was returned home from foster care and there is an active foster care case.*
4. *A foster care case involving the deceased child or sibling was closed within 24 months immediately preceding the child's death.*

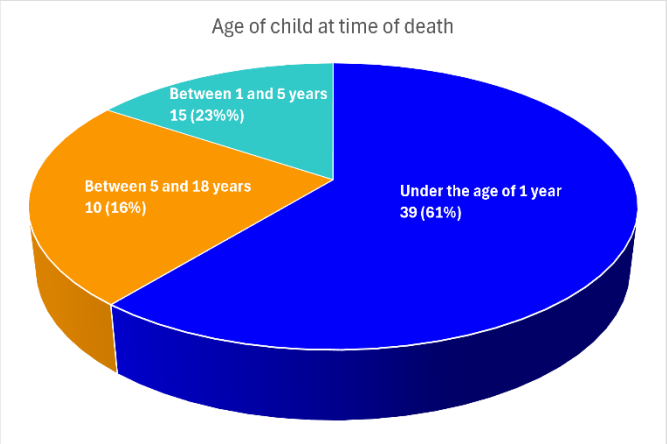
The Virginia Department of Social Services was notified of 221 child deaths that occurred in the Commonwealth during FY2026. Of those, 199 were validated and opened for investigation by local departments' Child Protective Services units. The OCO was notified of 64 child deaths in which there was suspicion of child maltreatment and the families had involvement with child protective services or foster care in accordance with the statutory criteria listed above.

Localities in which child fatalities were reported to the OCO. The 64 child fatalities reported to the OCO occurred in the jurisdictions of the following local departments of social services:

Albemarle County (2 children)
Amherst County (1 child)
Bedford County (2 children)
Bristol (1 child)
Buchanan County (1 child)
Campbell County (2 children)
Charles City County (1 child)
Charlottesville (1 child)
Chesapeake (3 children)
Chesterfield (1 child)
Danville (2 children)
Essex County (1 child)
Fairfax County (1 child)
Franklin County (1 child)
Frederick County (1 child)
Goochland County (1 child)
Hampton (2 children)
Hanover County (1 child)
Henrico County (2 children)
Hopewell (1 child)
James City County (2 children)
Lynchburg (2 children)
Montgomery County (1 child)
Newport News (3 children)
Northampton County (1 child)
Nottoway County (1 child)
Orange County (1 child)
Petersburg (2 children)
Portsmouth (3 children)
Prince William County (2 children)
Richmond (5 children)
Rockbridge County (1 child)
Scott County (1 child)
Shenandoah Valley (2 children)
Spotsylvania County (1 child)
Stafford County (1 child)
Virginia Beach (3 children)
Washington County (1 child)
Wise County (2 children)
York County-Poquoson (1 child)

Demographics. The ages, gender, and race of the 64 children were reported as follows:

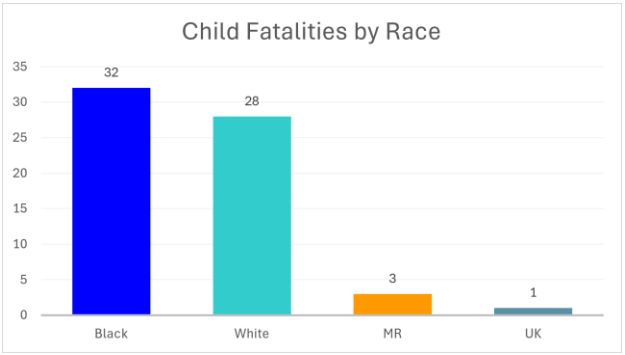
Age	Number of Children
<1 month	8
1 month	9
2 months	4
3 months	6
4 months	4
5 months	3
6 months	1
9 months	1
10 months	2
11 months	1
1 year	4
2 years	5
3 years	3
4 years	3
6 years	2
8 years	1
9 years	1
12 years	1
13 years	1
14 years	2
15 years	1
16 years	1

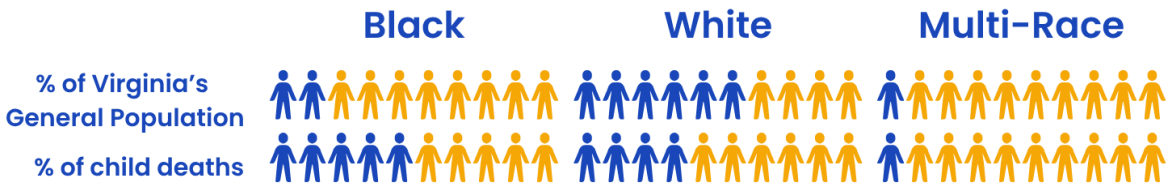


Gender	Number of Children
Female	25
Male	39

Race*	Number of Children
AI/AN	0
Asian	0
Black	32
Multi-Race	3
White	28
Unknown	1

Race + Gender	Number of Children
Black Female	13
Black Male	19
Multi-Race Female	2
Multi-Race Male	1
White Female	10
White Male	18





*The categories of race documented in OASIS are: American Indian/Alaskan Native, Asian, Black, Multi-Race, White, and Unknown.

Conditions at the time of death/family history. We reviewed the current and past case records for each child fatality case we received to understand some of the circumstances of the family and the risk factors present in the home environment prior to and at the time of the child's death. The following data was gathered from the information that staff from the local departments reported and entered into the case records.

Unsafe Sleep. In 26 cases (41%), unsafe sleep practices or conditions were reported at the time of the child's death. Such practices and conditions include children sleeping face-down; co-sleeping with adults or other children, including falling asleep while breastfeeding; sleeping on adult-sized beds; sleeping in baby swings; and sleeping in bassinets, cribs, or pack-n-plays with blankets, pillows, stuffed animals, or other items.

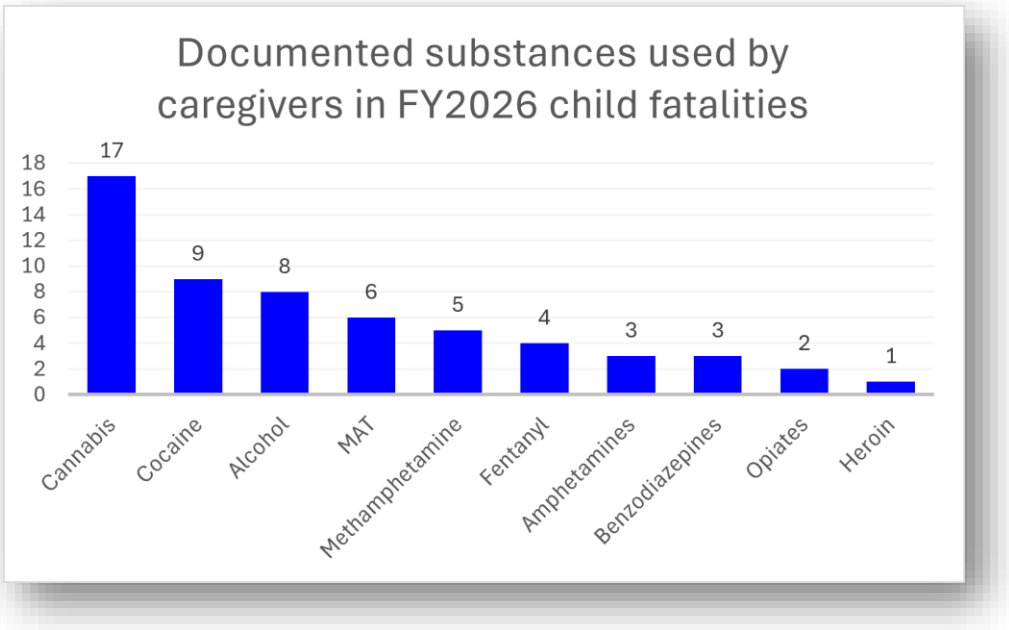
Substance-Exposed Infants. Eighteen children (28%) were documented as having been born substance exposed, when it was reported that the mother used substances during pregnancy or tested positive for substances at the birth of the child, or when the child tested positive for substances. All 18 children were 2 years of age and under, with 14 of them aged 6 months and younger (78%).

The following substances were documented as those to which the 18 children were exposed prenatally (some children were exposed to more than one substance):

- Cannabis (7 children)
- Medication Assisted Treatment (MAT) - Suboxone, Methadone, and Buprenorphine (7 children)
- Cocaine (4 children)
- Fentanyl (4 children)
- Methamphetamine (3 children)
- Amphetamine (1 child)
- Oxycodone (1 child)
- Morphine (1 child)
- Xanax (1 child)
- Nicotine (1 child)

Parental Substance Use. In 36 of the 64 cases (56%), the children's parents or caregivers were reported to have had a history of substance use, including at the time of the child's death. In all but one of these 36 cases, the children were younger than five years of age. The substances reported to have been used by the parents and caregivers included the following:

- Cannabis (17 cases)
- Cocaine (9 cases)
- Alcohol (8 cases)
- MAT (6 cases)
- Methamphetamine (5 cases)
- Fentanyl (4 cases)
- Amphetamines (3 cases)
- Benzodiazepines (3 cases)
- Opiates (2 cases)
- Heroin (1 case)



Domestic Violence. In 26 cases (41%), the family had a history of domestic violence.

Parental Mental Health. In 13 cases (20%), the parents were reported to have had untreated or undertreated mental health conditions.

Children 6 months of age and younger. A majority of the children - 35 (55%) - were aged 6 months or younger. For these children, the following information was reported and documented:

Gender	Number of Children
Female	18
Male	17

Race	Number of Children
Black	19
Multiracial	2
White	14

Conditions/Family History	Number of Children
Unsafe Sleep	22
Substance-Exposed Infants	14
Parental Substance Use	25
Domestic Violence	14
Parental Mental Health Diagnoses	7

CPS Investigations. All 64 child fatalities were investigated by CPS. As of the writing of this Report, seven of the investigations concluded with a finding of child abuse or neglect, 27 were unfounded, and 30 investigations were still pending.

RECOMMENDATIONS FOR SYSTEM IMPROVEMENT

1. Workforce Support.

As we have noted in our past Annual Reports, the Commonwealth needs to ensure that the local social services workforce is appropriately supported. A well-qualified workforce will result in improved practices in delivering the programs that provide the social safety nets needed for vulnerable children and families. Staff turnover rates significantly affect the quality of services that local departments can provide the children in their care and the families they are assisting.

- We received a complaint from a youth in foster care who had at least five different foster care workers within a span of two years. The youth reported that they had difficulty accessing services and getting their driver's license and other personal documents due to the frequent worker changes.

The General Assembly and Governor passed a budget in 2026 that included additional funds to increase the base pay for local department staff. We are hopeful that this will help address the staffing challenges. State leaders and policy makers should also consider the following recommendations to support our local workforce:

a. Reinstitute In-Person Training for LDSS/Training Academy. Training for new employees was primarily in-person until the COVID epidemic occurred and training became mostly virtual. Much of the training that new employees at local departments receive is still online or virtual. Several directors of local departments have requested that more in-person training be made available for their new employees, stating that in-person training was more meaningful and engaging for their employees than virtual trainings and webinars. In-person training also allowed their new employees to develop support networks with others in their training cohort. We agree and recommend that VDSS consider offering more in-person training for new employees.

   In addition, we understand that VDSS received an appropriation from the General Assembly to establish a specialized Training Academy for new employees. We request that VDSS provide a status update on the establishment of this Academy.

b. Create a state pool of emergency CPS and foster care workers. Some local departments have experienced such staff shortages that they were unable to timely respond to CPS reports or serve children in foster care, resulting in children being left in potentially unsafe situations and in one case, parents not being able to visit their children in foster care for months. Having a pool of qualified CPS and foster care workers that can be deployed to assist local departments during staffing crises could prevent children and families from falling through the cracks or being forgotten.

2. Child Protection.

a. Jurisdiction. We reviewed cases where jurisdictional conflicts among local departments of social services resulted in children being placed in unsafe environments. In one of our investigations, the conflict among several local departments as to which agency would receive a CPS report led to a newborn being discharged to the care of an unsafe caretaker resulting in the child's death. Moreover, staff from several local departments reported frustration when other local

departments refuse to receive transfers of cases or provide courtesy assistance when families move into the other agencies' localities.

Legislation, regulation, and state policy should be amended to establish more robust protocols and oversight over local departments for resolving jurisdictional disputes so that all CPS referrals are properly and timely responded to. Protocols should also be established and mandated when families cross locality boundaries requiring the involvement of multiple agencies and the coordination of services.

b. Publication and Disclosure of Information Pertaining to Child Fatalities Investigated for Abuse or Neglect. Virginia's laws, regulations, and policies regarding the disclosure of information from CPS investigations of child fatalities are ambiguous and should be amended. Current law limits the disclosure of information from CPS investigations without the family's consent or a court order to persons "*having a legitimate interest when in the judgment of the local department such disclosure is in the best interests of the child who is the subject of the records*." Virginia Code § 63.2-105.

For CPS investigations of child fatalities, state regulations at 22VAC40-910-100(B)(3)(b)(2) state that:

> *The public has a legitimate interest to limited information about child abuse or neglect cases that resulted in a child fatality or near fatality. Pursuant to the Child Abuse and Prevention Treatment Act (CAPTA), as amended (P.L. 108-36 (42 USC § 5106a)) states must have provisions that allow for public disclosure of the findings or information about the case of child abuse or neglect that has resulted in a child fatality or near fatality. Agencies must release the following information to the public, providing that nothing disclosed would be likely to endanger the life, safety, or physical or emotional well-being of a child or the life or safety of any other person; or that may compromise the integrity of a Child Protective Services investigation, or a civil or criminal investigation, or judicial proceeding:*
>
> *(a) The fact that a report has been made concerning the alleged victim child or other children living in the same household;*
> *(b) Whether an investigation has been initiated;*
> *(c) The result of the completed investigation;*
> *(d) Whether previous reports have been made concerning the alleged victim child or other children living in the same household and the dates thereof, a summary of those previous reports, and the dates and outcome of any investigations or actions taken by the agency in response to those previous reports of child abuse or neglect; and*
> *(e) The agency's activities in handling the case.*

Despite this regulation stating that the public has a legitimate interest to information about child fatalities resulting from suspected abuse or neglect, uncertainty of what information can be published and the existence of civil and criminal penalties for the unlawful disclosure of CPS information and records discourage the publication of individual case information. VDSS publishes an annual report of aggregated data and information from child fatalities investigated

by CPS, but there is no publication of individual cases or reports containing the information the regulation requires to be published. Disclosure of such information would shed light on policies, practices, and societal conditions that endanger the health and safety of children. Knowing this information can better inform the development and implementation of more meaningful interventions, legislative protections, and best practices.

c. Amend Validation Statute to include Chronicity of CPS Involvement. Under current law, the following factors must be present for local departments to validate reports of alleged child abuse and neglect:

> *1. The alleged victim child or children are under 18 years of age at the time of the complaint or report;*
> *2. The alleged abuser is the alleged victim child's parent or other caretaker or, for purposes of abuse or neglect described in subdivision 4 of the definition of "abused or neglected child" in § 63.2-100, an intimate partner of such parent or caretaker;*
> *3. The local department receiving the complaint or report has jurisdiction; and*
> *4. The circumstances described allege suspected child abuse or neglect.*

Virginia Code § 63.2-1505(A). Currently, a family's prior involvement with child protective services is considered by local departments only after a report is validated as a factor in determining the agency's response priority and whether the agency opens the case as a CPS Investigation or Family Assessment.

- In our review of hundreds of CPS referrals, most notably in cases involving child fatalities, too many children were left in unsafe environments when reports were invalidated despite the family having significant CPS history.

State leaders should amend Virginia § 63.2-1505 so that a family's prior CPS history is a factor to be considered when validating reports of abuse or neglect. Local departments should validate reports if the current allegation combined with past CPS history indicates escalating concerns, ongoing patterns, or potential cumulative harm.

d. Child Advocacy Centers. Effective investigation and prosecution of child abuse and neglect cases by law enforcement and CPS are needed to protect children from further abuse. Child Advocacy Centers help coordinate these investigations, provide invaluable support to the local child abuse Multidisciplinary Teams, and provide safe spaces for children to be forensically interviewed in accordance with established standards and protocols. Child Advocacy Centers also provide therapeutic services to help children heal and help families navigate the criminal and CPS systems.

Virginia currently has 19 Child Advocacy Centers and five satellite offices. Significant funding gaps have jeopardized their ability to provide their services consistently throughout the Commonwealth. State leaders should consider taking steps consistent with the Draft Recommendations of the Commission on Youth (pending final approval at the time of the writing of this Report) to ensure continued and sustainable financial support for Child Advocacy Centers.

e. Parental Child Safety Placement Program Amendments. The Parental Child Safety Placement Program (PCSPP) was created by statute to provide local departments an alternative to formal foster care when they assess that children are unable to safely remain in the care of their parents. The PCSPP allows local departments to facilitate voluntary Parental Child Safety Placement agreements (PCSPA) whereby parents agree to have relatives or fictive kin temporarily care for their children while the local department works with the parents to mitigate the safety concerns in the home. The PCSPP was created to address the problematic foster care diversionary practices that local departments engaged in, which we highlighted in our 2022 Annual Report.

The PCSPP laws became effective July 1, 2024. The State Board of Social Services promulgated regulations for the PCSPP that became effective January 1, 2025. We expected that there would be some implementation challenges and that the initial legislation and regulatory framework would need adjustment to resolve any unintended consequences.

Beginning in the spring of 2025, the OCO held listening sessions with local departments' leadership and staff in each VDSS region of the Commonwealth. State program staff attended many of these listening sessions. We also met with several individual local departments who had expressed an interest in having a more individualized discussion of the PCSPP.

Additionally, we have had the opportunity to review individual cases in which local departments implemented the PCSPP or attempted to do so. We noted a variety of successes and challenges experienced by the local departments. Some have fully embraced the program and have adjusted well to the practice. Some have attempted to implement it but experienced procedural or legal roadblocks. Others have chosen not to use the PCSPP at all and continue to engage in the ineffective diversionary practices that the Program was intended to replace.

Based on the information we gathered from the listening sessions and individual case reviews, we recommend the following to improve the PCSPP:

- The State Board of Social Services should repeal the regulatory provision in subsection B of 20VAC40-705-200, which states, "*This program is only available if the local department determines that the parent, guardian, or legal custodian can remedy the identified safety factors within 90 calendar days*." This regulatory provision unnecessarily limits local departments' ability to use the PCSPP and is contrary to the intent of the legislation.
    - Many local departments cited this as the primary reason for not using the PCSPP, noting that it is difficult to predict how long cases will take to resolve. They also noted that many cases may take longer than 90 days, but the family still would like to explore a PCSPA as an alternative to formal foster care.
    - The PCSPP statutes contemplate that cases may take longer than 90 days to resolve. The relative caregiver arrangements can be extended for an additional 90 days and, if necessary, for a longer period under court supervision. (Virginia Code §§ 63.2-1533 and 63.2-1535.) This process was intended to prevent the informal care arrangements from being in place for an indefinite period without a legal framework to protect parental rights, establish relative caregiver's legal authorities over the care of the child, and to provide for legally binding safety measures while providing a roadmap to reunification. At the end of the extended 90 days, the parties would have the option to continue with the relative

caregiving arrangement under an Alternative Living Arrangement Agreement, unless the court ordered the child into formal foster care.

- The State Board of Social Services should amend the regulatory provision in subsection F of 20VAC40-705-200, which states in part, "*The local department must schedule a facilitated meeting with the family within seven calendar days of the child's placement in the caregiver's home to discuss all potential options for the child, family, and caregiver*." We recommend that the provision be amended to require the facilitated meeting to be held within 10 business days after the initial out-of-home placement.
    - The ability to hold a meeting within seven calendar days varies widely among the local departments, depending on their level of staffing, the number of individuals that need to attend, and the availability of trained meeting facilitators.
    - Some local departments reported that they need more than seven calendar days to properly assess the family's circumstances to determine how long- or short-term the out-of-home placement for the children would need to be before the child could be returned safely to the care of the parents.
- Financial support for relatives. If the relative/fictive kin caregiver files a petition for custody that is heard and granted by the court while a PCSPA is in place, the relative caregiver should be offered the opportunity to continue receiving the relative maintenance payments allowable under a PCSPA as described in subsection L of 22VAC40-705-200.
    - A PCSPA must be entered into voluntarily by the family. Once a court order is entered that affects the child's care or custody, the out-of-home arrangement is no longer voluntary. The PCSPA is terminated and the parties proceed under the court order.
    - If the court proceeding was initiated by the local department in accordance with the PCSPP statutes, the relative caregivers may continue to receive the relative maintenance payments. If the court proceeding was *not* initiated by the local department in accordance with the PCSPP statutes, such as when a relative files a petition for custody which is then granted by the court, the relative maintenance payments will cease.
    - Some local departments reported that they had cases in which the relative caregivers filed petitions for custody after the PCSPA was entered. The local departments did not encourage them to do so and in some cases were not informed that the petitions were filed. The court granted either temporary or permanent custody of the child to the relative caregiver but the local department continued to work with the family to reunify the children with their parents. Without the financial support from the relative maintenance payments, the relative caregivers were unable to continue caring for the children, requiring the children to be moved to another placement, either with another relative or placement in foster care.

  The State Board of Social Services should amend the regulatory provision for the relative maintenance payments to apply in cases where a court order grants temporary custody to the relative caregiver under a PCSPA, the custody proceeding was not initiated by the local department, and the parties to the PCSPA (parents, relative caregivers, and the local

department) continue to make efforts to reunify the children with their parents as if it were an Alternative Living Arrangement in accordance with Virginia Code § 63.2-1535(C).

4. Foster Care.

a. Family Recovery Courts. State policy makers should consider supporting the expansion of Family Recovery Courts (FRCs). FRCs are recognized by the Supreme Court of Virginia (Rule 1:25 of the Supreme Court of Virginia) as a type of specialty court docket "designed for parents and guardians involved in dependency proceedings who are facing allegations of child abuse or neglect caused or influenced by a moderate-to-severe SUD [substance use disorder]." (2025 Virginia Recovery Courts Annual Report, December 2025).

   FRCs provide intensive services and treatment for parents' or guardians' SUD and other conditions by assembling an interdisciplinary team that collaborates to assess families' needs, develop a case plan to address those needs, and provide support and accountability for the goals of ensuring children's safety and preserving the family when possible. According to the 2025 Virginia Recovery Courts Annual Report, there are only four FRCs operating in Virginia: Bedford County, Charlottesville/Albemarle County, Franklin County, and Giles County. Local departments in those localities have reported improved outcomes for the children and families whose cases were handled through the FRCs.

b. Agency Placement Decisions. Local departments have, by statute, "*the final authority to determine the appropriate placement*" for children in foster care. Virginia Code § 16.1-278.2. Agency's placement decisions have been the subject of many substantiated complaints received by the OCO each year since we started in 2021. Under existing law, there is no legal means to challenge local departments' placement decisions even if those decisions were made contrary to law or state policy. State leaders should amend state law to provide for court review of agencies' placement decisions.

c. Enhanced Therapeutic Foster Care/Sponsored Residential for Foster Youth. Virginia and many other states have had to address the problem of displaced children in foster care. These are children in foster care with high acuity behavioral or mental health needs for whom the local department has had difficulty finding an approved foster placement. Many of these children are rejected by existing foster care providers - such as therapeutic foster homes, group homes, and residential treatment facilities – because the child's behavioral or mental health needs are too great or complex for the provider to meet, so they end up staying in local departments' offices or hotel rooms, which is very unsafe for the children and agency staff.

   State and local leaders from social services and other agencies have made meaningful efforts to significantly reduce the number of displaced youth over the past few years. Protocols are now in place for local departments to consult with state leaders to find placements. Efforts continue to be made to prevent children from being displaced. The issue has not been totally eradicated yet, but two promising developments have come out of the state's efforts:

   (1) Enhanced Therapeutic Foster Care. VDSS piloted a model of therapeutic foster care that used "professional" foster parents who were available to provide temporary home-based care for children and youth with high acuity behavioral or mental health needs. These foster parents were paid an annual wage so that they could provide full-time care for these children. Three licensed

child placement agencies were contracted by VDSS to identify and train these Enhanced Therapeutic Foster Care resource families. In this model, the children would be placed with these resource families on a temporary basis to help the children acclimate to living in a home and family-based setting and prepare them to be placed in a more traditional foster home or adoptive placement. State leaders and policy makers should consider continuing this pilot program to explore its potential to fill an existing service gap for our high acuity children.

(2) Sponsored Residential. Local departments began using Sponsored Residential homes as placement options for high acuity children in foster care. Sponsored Residential homes are licensed under the Department of Behavioral Health and Developmental Services (DBHDS) to be a housing option for adults and children with intellectual and developmental disabilities under the Community Living Medicaid Waiver, "where the homeowners are the paid caregivers ('sponsors') who provide support as necessary so that the individual can reside successfully in the home and community." (DBHDS My Life, My Community – Navigating the Developmental Disability Waivers: Covered Services by Waiver Type and Glossary of Key Terms.)

The use of these homes for foster youth – many of whom did not have intellectual or developmental disabilities - has been met with some licensing and funding challenges. State leaders and policy makers should continue to explore statutory or regulatory measures to overcome the licensing and funding challenges so that we have another home-based option to fill existing service gaps for our high acuity children in foster care.

5. Establishment of a Permanent Children's Cabinet.

As in past years, we again recommend the General Assembly and Governor to pass and enact legislation establishing a Children's Cabinet. An effective statewide response to increasingly complex challenges affecting Virginia's children requires coordinated efforts by multiple executive branch agencies across administration secretariats to ensure that laws, regulations, and policies reflect the shared goal of keeping Virginia's children and youth on track developmentally, educationally, socially, and emotionally. Collaboration among state and local child-serving agencies and buy-in from the highest level of leadership at these agencies are needed to make meaningful and lasting progress in filling gaps and solving complex problems within the systems that serve children and families.

6. Cannabis Retail Market – Child Safety Measures.

Virginia leaders have passed legislation creating a retail market for the recreational use of cannabis beginning in 2027. The OCO is concerned about the effects this will have on the safety and well-being of Virginia's children. As we noted in prior Annual Reports, parental substance use is a major reason why many families come to the attention of CPS due to the risk of neglect and inadequate care and supervision that results from impaired parenting. The number of child fatality cases in which parental cannabis use is a risk factor continues to rise each year. Moreover, we have heard from school staff from across the Commonwealth who reported that children are being dropped off by parents in cannabis smoke-filled vehicles. Staff from one school reported that they take some children to a "detox" room to give them time for the effects of the secondhand exposure to wear off before sending them to class.

Recent research and studies from across the United States, Canada, and the United Kingdom all reveal the dangers that cannabis use poses to children and youth. The following are key takeaways from some of these research studies:

- Prenatal cannabis use by pregnant parents can cause low birth weight, increased risk of preterm birth, fetal neurodevelopmental consequences, and impaired socio-behavioral and cognitive development in children, including increased aggressive behavior, attention deficits, hyperactivity, and abnormal verbal and visual reasoning.
- Many parents and even some health care providers mistakenly believe that cannabis use is safe during pregnancy and while breastfeeding.
- Use of cannabis by youth increased in states that legalized recreational use of cannabis.
- The younger a youth starts using substances, including cannabis, the more likely that youth will develop drug dependence or addiction in adulthood.
- The prevalence of adolescent use of cannabis is likely affected by the increased availability in legalized markets, greater exposure to secondhand cannabis smoke, messaging that minimizes the health and behavioral risks, and the potential impact of role-modeling by adults who use cannabis on child and adolescent behavior.
- Concentrations of THC (the intoxicating compound found in cannabis) in cannabis products have significantly increased over time with some vaping devices containing THC concentrations as high as 70-90%.
- The effects of long-term use of cannabis, especially the more potent strains of cannabis, include increased risk of developing paranoia, poor mental health, schizophrenia, and psychosis.
- Legalization efforts by states and the lack of reliable and accurate information lead to the public misperception that cannabis use is benign or safe.

To mitigate the potential and known effects on our children's health and well-being, the Office of the Children's Ombudsman recommends that state policy leaders consider the following legislative and regulatory measures:

a. Strict regulations of cannabis product packaging, including warning labels, child-proofing safety features on product containers to reduce child access, and absolute prohibitions of labeling and marketing that appeal to children and youth.
b. Limits on the type of retail establishments that can sell cannabis and cannabis-adjacent products, including synthetic products, with sufficient funding for enforcement of these limits and enforcement of the established age limit (21 yrs.) for consumption and purchase.
c. Limits on THC concentration in individual consumable units of cannabis and cannabis-adjacent products, including synthetic products, with concentration of psychoactive ingredients clearly labeled on the products.
d. Legal penalties for parents and caregivers causing access by children to cannabis, cannabis-adjacent and synthetic products and paraphernalia.
e. Prohibition of consumption of cannabis products around and near children in the home or in personal vehicles.
f. Establishment of reliable measures to determine impairment; development of reliable tools for

law enforcement and child protection agencies to measure individuals' consumption and impairment.

g. Funding to increase our public and private capacity to provide evidence-based substance use treatment, mental health services, child protective services, and community-based supportive resources for families.

h. Funding for and the development of educational campaigns and training for health care professionals - including OB-GYNs, general practitioners, pediatricians, doulas, and midwives - on the risks of perinatal use of cannabis by pregnant persons and parents.

i. Funding for and the development of educational campaigns for children and teenagers about the short- and long-term harms caused by cannabis product consumption.

j. Requirements for the collection, evaluation, and publication of data and outcomes related to the overall impacts of cannabis use on the health and mental health of children and families by appropriate agencies, higher education institutions, and organizations, including data regarding cannabis use by youth, maternal health outcomes, maternal and infant mortality, child fatalities, child protective services and foster care, and children's mental health.