Office of the Children's Ombudsman

Eric Reynolds, Director
Virginia Commission on Youth
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Virginia's Office of the Children's Ombudsman

- Eric Reynolds, Director
- Morgan Cox, Deputy Director
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- Denise Dickerson, Intake Analyst
- Samuel Bachman, Data Analyst

Mission Statement (Va. Code 2.2-439)

The OCO was created:

- as a means of effecting changes in policy, procedure, and legislation;
- educating the public;
- investigating and reviewing actions of the Department, local departments, 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.

Powers (§ 2.2-442)

The Children's Ombudsman has the authority to do all of the following with regard to children for whom a report of abuse or neglect was made, children receiving child-protective or foster care services, in foster care, or placed for adoption in an agency placement adoption:

1. Pursue all necessary action, including legal action, to protect the rights and welfare of such children.
2. Pursue legislative advocacy in the best interest of such children.
3. Review policies and procedures relating to any child-serving agency's involvement with such children and make recommendations for improvement.
4. Initiate investigations of the administrative acts of VDSS, LDSS, LCPA, or children’s residential facilities on receipt of complaint or own initiative.

INVESTIGATE

- Whether administrative acts of VDSS, LDSS, LCPAs, 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

- Administrative Act "includes an action, omission, decision, recommendation, practice, or other procedure of the Department, a local department, or a child-placing agency with respect to a particular child related to adoption, foster care, or protective services."

- Child Fatalities due to abuse (prior or current involvement with CPS or foster care)



Complaint Processing

Intake

- Receipt of complaint (email, online form, phone)
- Complaints not involving CPS or Foster Care cases are referred to appropriate authorities, agencies, etc.
- CPS and Foster Care complaints advance to Preliminary Assessment stage

Preliminary Assessment

- Review complaint allegations and relevant case records
- Complainants with unsubstantiated allegations will receive information as to why the agency took the actions complained about
- Complaints with substantiated allegations or OCO-identified issues get assigned to an Investigations Analyst
  - May be resolved informally
  - May be advanced to a formal investigation

Investigation

Initiated when:

- Agency actions have affected or are affecting child safety and well-being
- Agency actions may have a detrimental impact on the case outcome
- Systemic practice issues are identified within an agency
- Systemic practice issues statewide

Investigative Tasks:

- Interviews with agency staff, collaterals
- Document review
- Law & policy research
- Collaboration with VDSS and Regional Offices
- Written Report of Findings and Recommendations

Authorities & Resources

Federal Laws & Regulations

- CAPTA
- Title IV-B Prevention
- Title IV-E Foster Care

State Laws

- Va. Code Title 16.1 (JDR Courts)
- Va. Code Title 63.2 (DSS)

State Regulations

- 22VAC40-705 (CPS)
- 22VAC40-201 (Permanency & Foster Care)

State DSS Policy Guidance

- VDSS Child and Family Services Manual

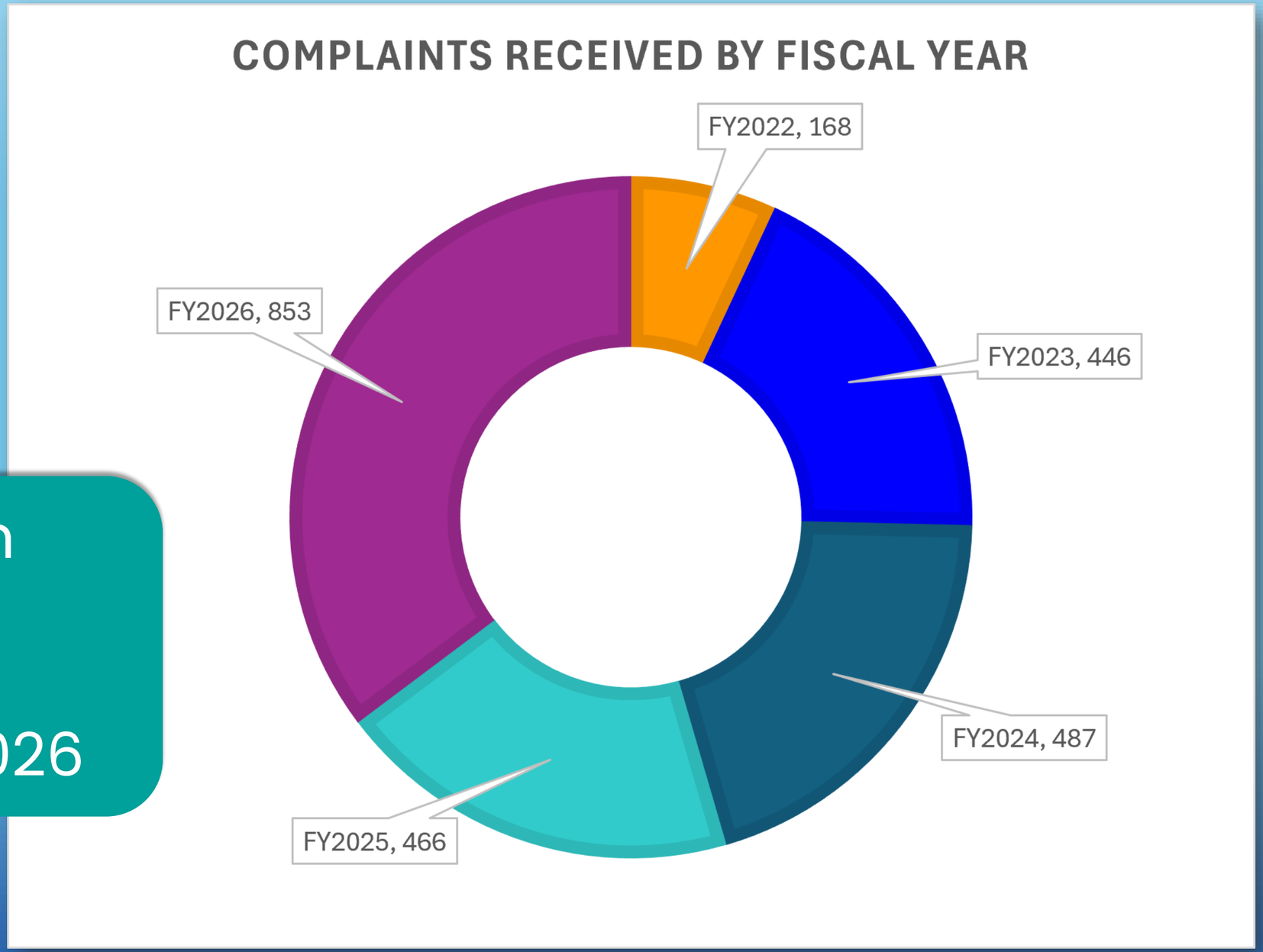
Fiscal Year 2026

853 Complaints Received

106 of **120** LDSS

18 Investigations

83% increase in complaints received from FY 2025 to FY 2026



Complaint Source

Parents: 496

Relatives: 101

Foster parents: 42

Mandated reporters: 30

Children: 17

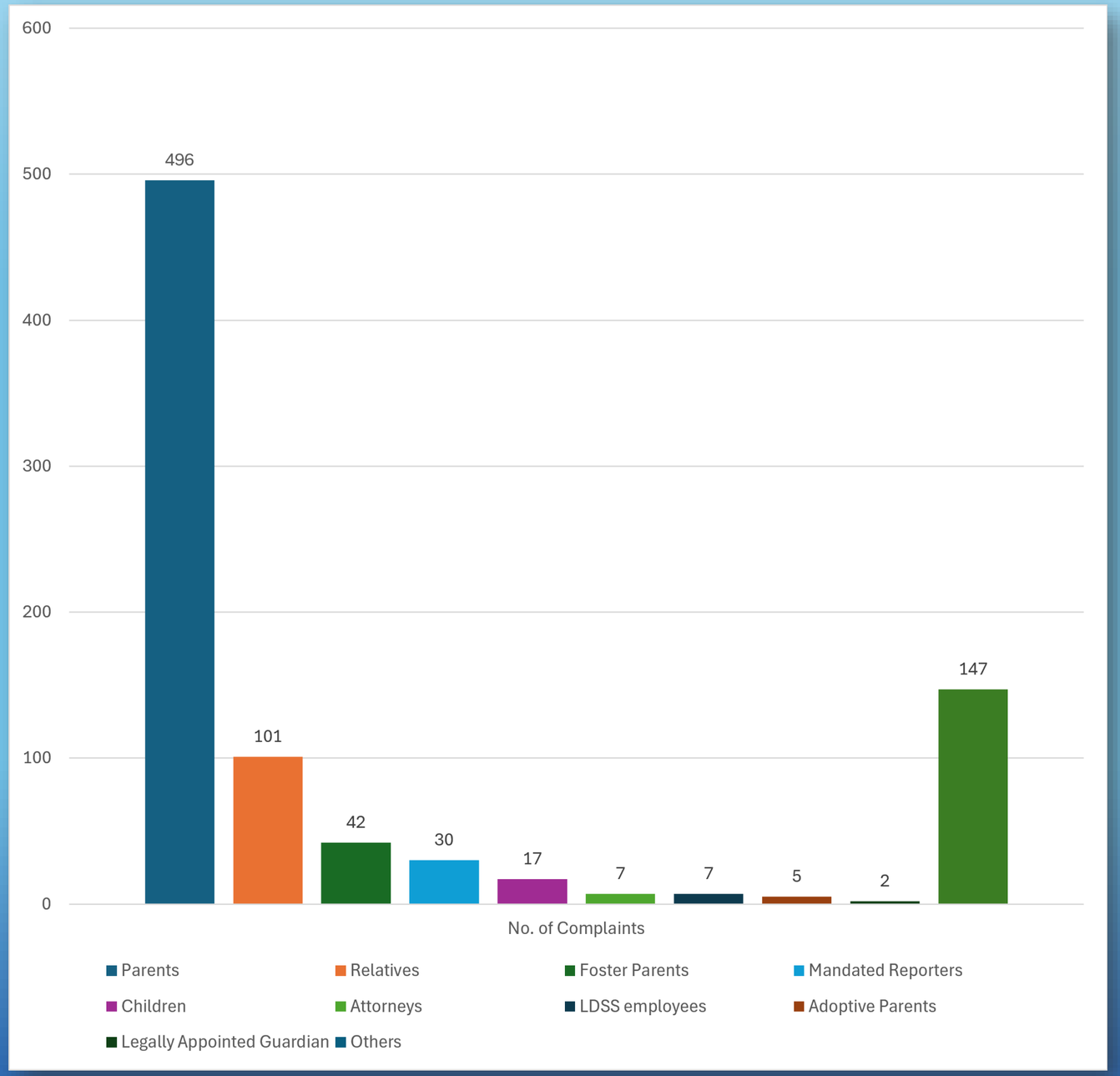
Attorneys: 7

LDSS employees: 7

Adoptive Parent: 5

Legally Appointed Guardian: 2

Others*: 147



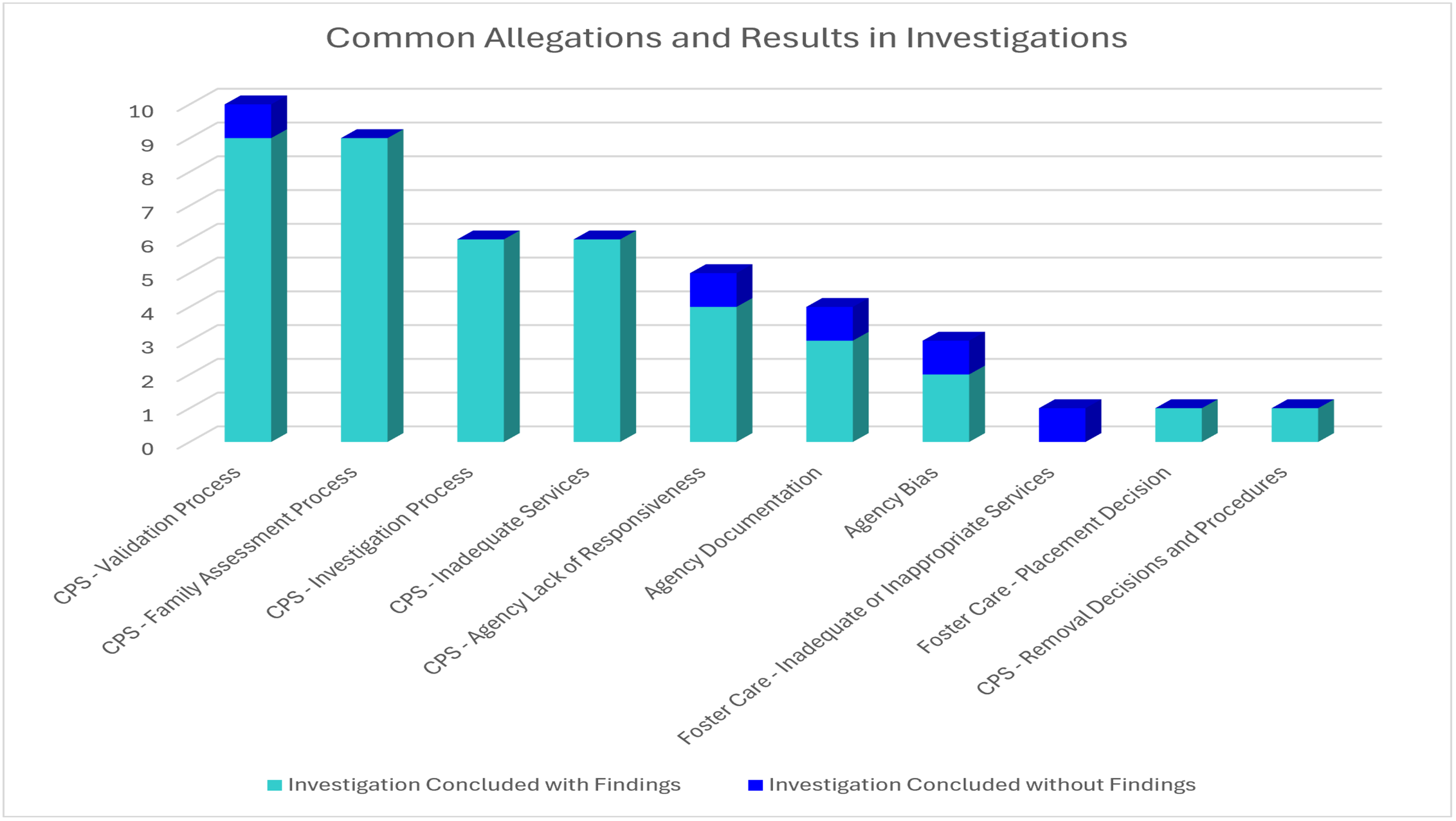
*This includes anonymous complaints, and complaints from people who do not meet the statutory definition of a “complainant.”

Disposition of Complaints (as of June 30, 2026)

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

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


Common Allegations and Results in Investigations
10
9
8
7
6
5
4
3
2
1
0
CPS - Validation Process
CPS - Family Assessment Process
CPS - Investigation Process
CPS - Inadequate Services
CPS - Agency Lack of Responsiveness
Agency Documentation
Agency Bias
Foster Care - Inadequate or Inappropriate Services
Foster Care - Placement Decision
CPS - Removal Decisions and Procedures
Investigation Concluded with Findings
Investigation Concluded without Findings

Child Fatalities

Va. Code § 2.2-443. Fatality alleged to have occurred due to child abuse or neglect AND:

- the 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.
- the 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.
- the child was returned home from foster care and there is an active foster care case.
- a foster care case involving the deceased child or sibling was closed within 24 months immediately preceding the child's death.

Child Fatalities - Data

221 Child deaths reported to VDSS during FY2026.

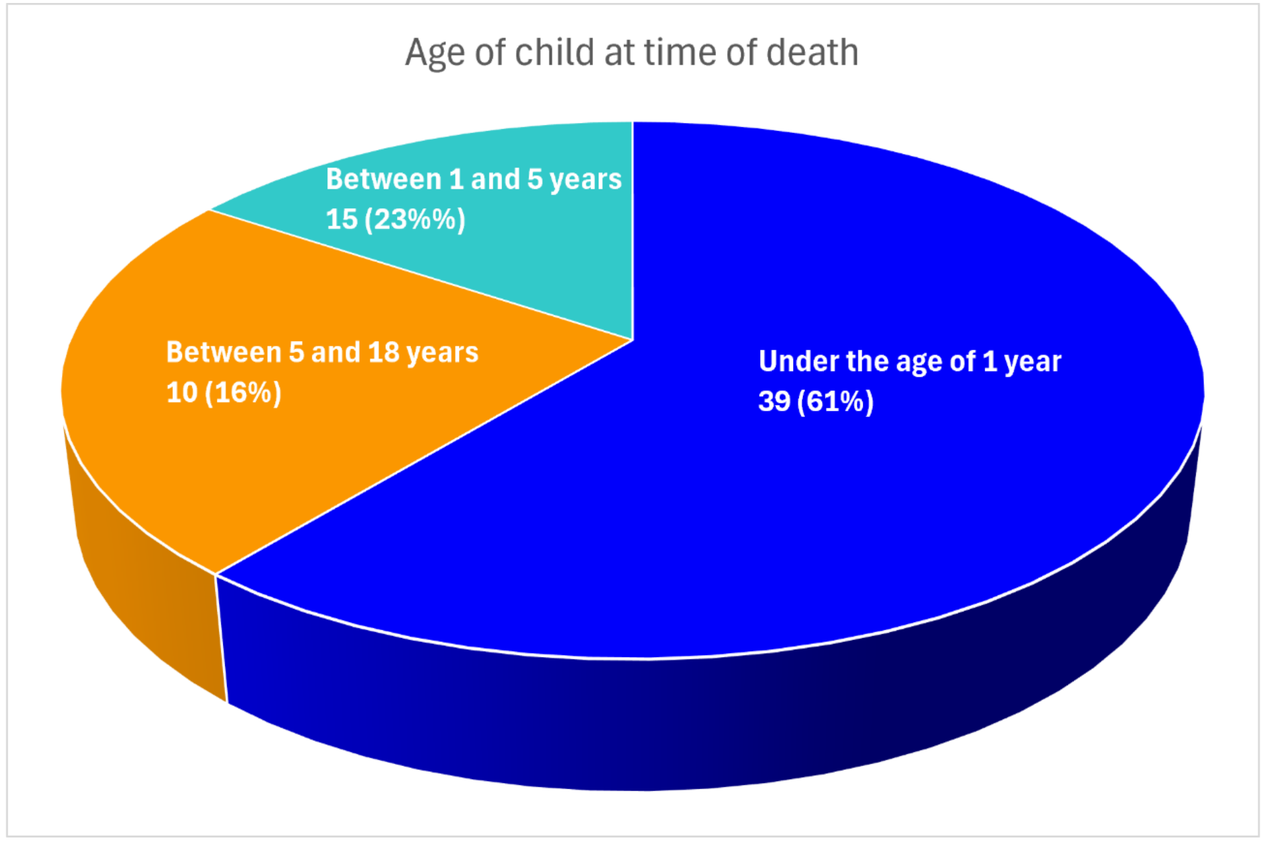
199 Validated and opened for investigation by CPS.

64 Reported to the OCO due to prior CPS/FC history.

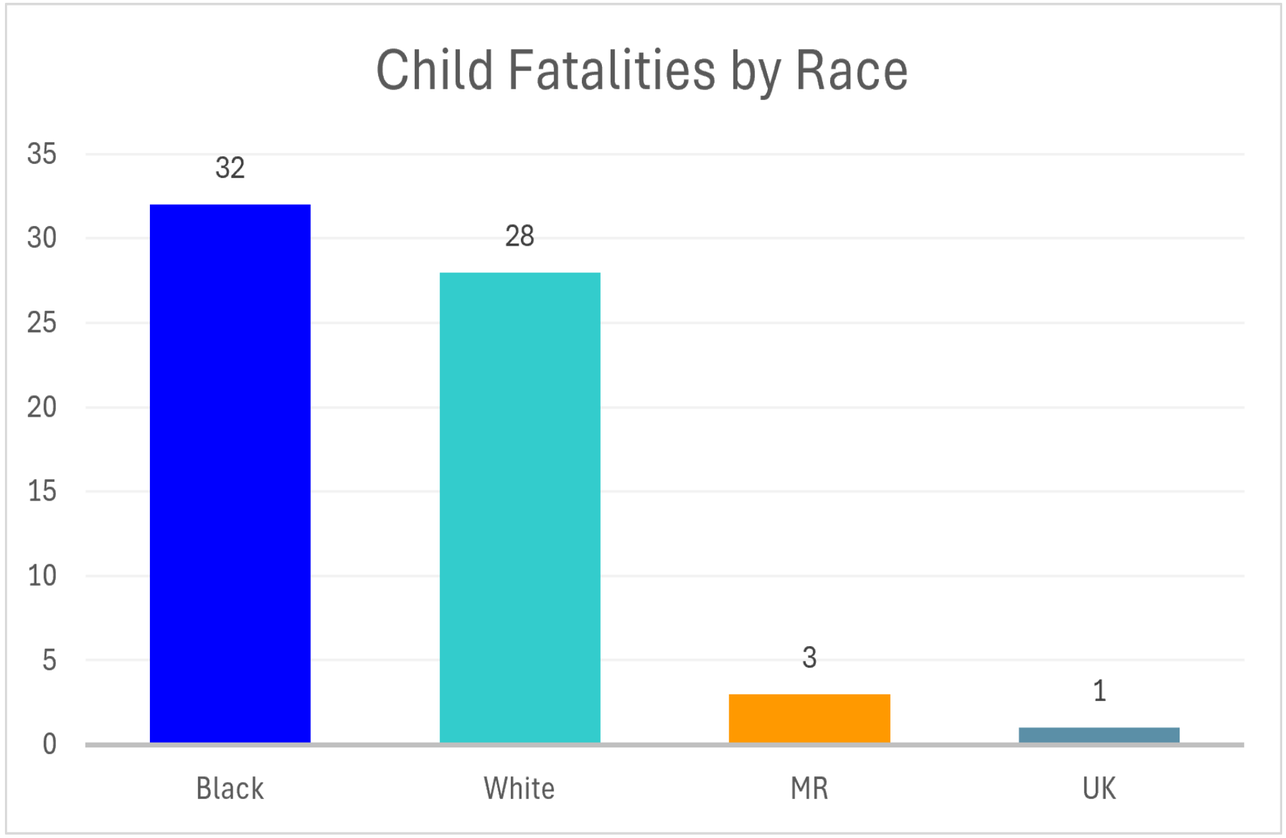
FY2025 – 49 reported to the OCO
FY2024 – 54 reported to the OCO
FY2023 – 50 reported to the OCO

Child Fatalities - Data

Gender	Number of Children
Female	25
Male	39



Child Fatalities - Data





Child Fatalities – Data
Risk Factors

Unsafe Sleep: 26 cases (41%)

Substance Exposed Infants: 18 children (28%)

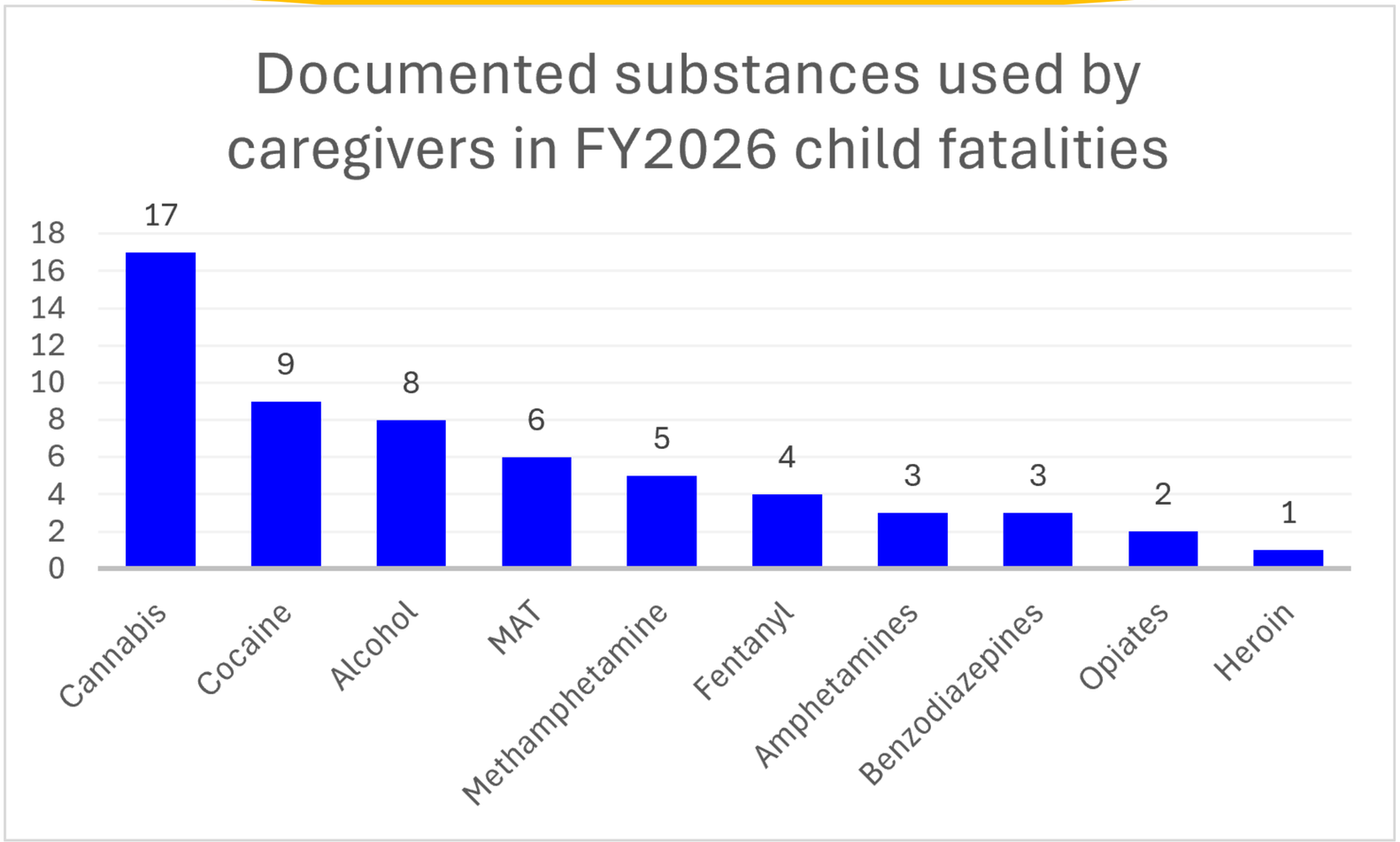
- All 18 children were 2 years of age and under
  - 14 of them aged 6 months and younger

Parental Substance Use: 36 cases (56%)

Domestic Violence: 26 cases (41%)

Parental Mental Health: 13 cases (20%)

Child Fatalities – Data



Child Fatalities Data: Children Under the Age of 6 Months

A majority of the children - 35 (55%) - were aged 6 months or younger

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

Recommendations for System Changes

1. **Workforce Support**
   - Reducing turnover by supporting social services workforce
   - Reinstitute In-Person Training for LDSS/Training Academy
   - State pool of emergency FSS

2. **Child Protective Services**
   - More robust protocols and oversight over local departments for resolving jurisdictional disputes so that all CPS referrals are properly and timely responded to
   - Publication and Disclosure of Information Pertaining to Child Fatalities Investigated for Abuse or Neglect.
   - Amend Validation Statute to include Chronicity of CPS Involvement.

3. **Child Advocacy Centers**

4. **Parental Child Safety Placement Program (PCSPP) Amendments**

5. **Expansion of Family Recovery Courts**

6. **Court Review of Agency Placement Decisions**

7. **Enhanced Therapeutic Foster Care/Sponsored Residential for Foster Youth.**

8. **Children's Cabinet**

9. Cannabis Retail Market – Key Takeaways from Research Impacting Child Safety

- 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 wrongly 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 second-hand 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.
- THC concentrations 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.

Cannabis Retail Market –Recommendations for Child Safety

1. Cannabis product packaging and marketing regulations.
2. Limits on who can sell it and enforcement of sales prohibition to individuals under 21.
3. Limits on THC concentration in products and clear labeling.
4. Legal penalties for parents and caregivers causing access by children.
5. Prohibition of consumption of cannabis products around and near children in the home or in personal vehicles.
6. Establishment of reliable measures to determine impairment; development of reliable tools for law enforcement/CPS.
7. Funding for training for health care professionals.
8. Funding for and the development of educational campaigns for children and teenagers.
9. Requirements for the collection, evaluation, and publication of data.
10. Funding to increase our public and private capacity for evidence-based substance use treatment, mental health services, child protective services, and community-based supportive resources for families.

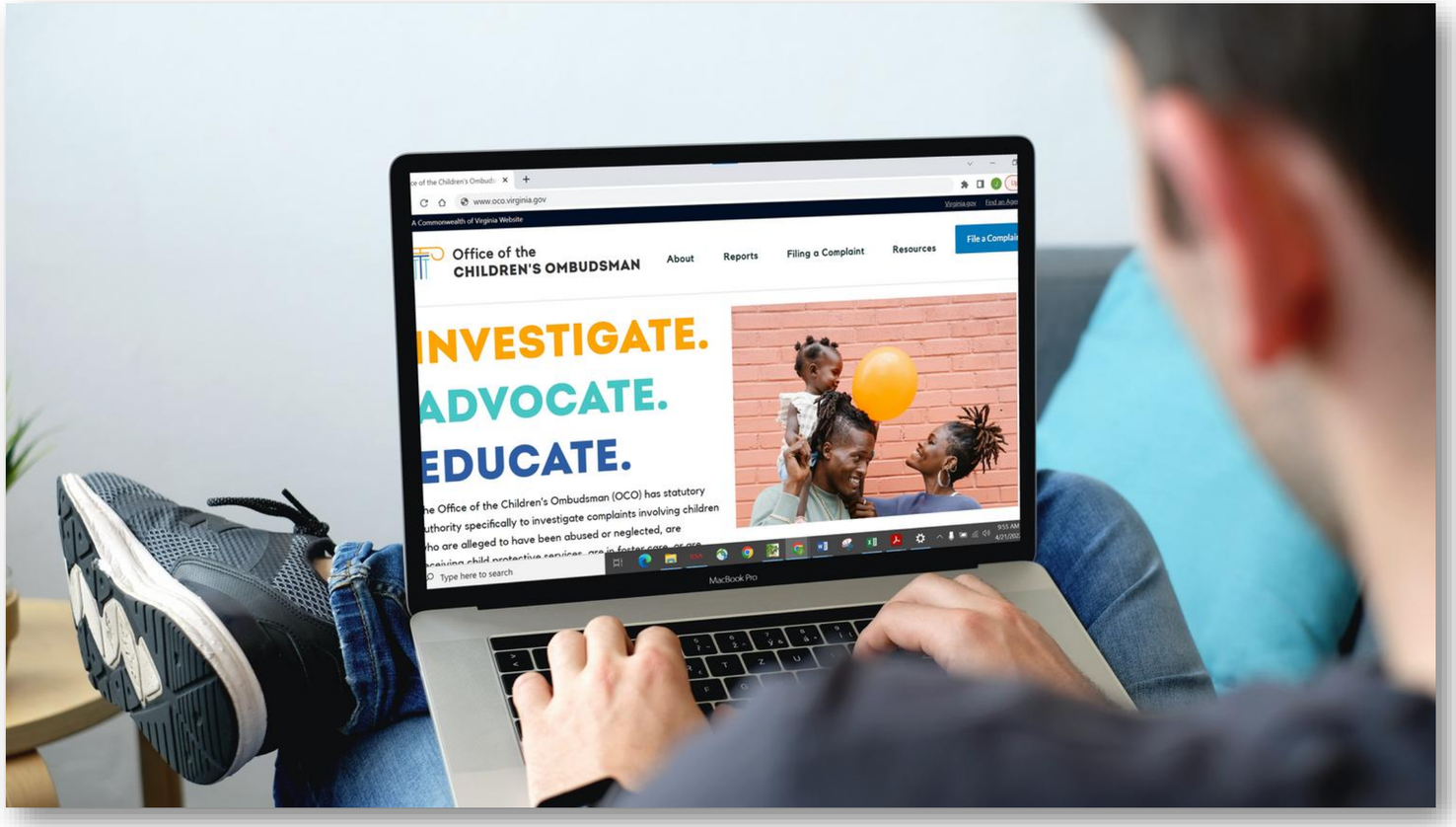
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To file a complaint:

- complaints@oco.virginia.gov
- (804) 225-4801
- www.oco.virginia.gov/complaints



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