

Is Virginia...

# BEST for BUSINESS...

*and*

# WORST for KIDS?

**Here's What  
the Commonwealth Can Do  
to Help Vulnerable Children**

Virginia's most vulnerable children need help, urgently.

Across Virginia, outcomes in social services vary wildly.

Key measures are getting worse, not better—including child deaths.

Virginia has the worst rate of 'aging out' of foster care. *Every state outperforms us.*

The people who help are exhausted. *They* need help.

Numerous studies have urged change, for years.

Other states are reforming.

Virginia: *It's time to act.*



November 2025



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## Virginia has a problem.

While Virginia celebrates being a ‘top state for business,’ this is *also* happening:

49 children died—including 27 babies—from abuse or neglect last year, even after someone asked social services for help. **The right help didn’t come in time.**

**Nearly 500 children ‘aged out’ of foster care**—becoming adults with no permanent home and no one to turn to. That’s 20% of kids exiting foster care. **Every other state did better than Virginia**, the latest numbers show.

**Foster parents were left to fend for themselves on a journey that no family should have to make alone.**

**Social workers found themselves in crisis**—exhausted, over-worked, and under-appreciated. **They need help, fewer burdens, and someone to advocate for systemic change that helps them.**

**Virginia has a problem in child welfare, yet most people don’t know about it.** The outcomes are bad, but there is no central place to see clear results. Cities and counties administer 120 different social service systems, under toothless ‘state supervision,’ that includes precious little consequence if a locality fails children. The result? An absence of accountability, and zero statewide conscience for children who suffer abuse or neglect in the country’s 12<sup>th</sup>-largest state. **Stakeholders agree that results are not good enough, but they feel powerless to do anything.**



Talk to a worker in child welfare, and the conversation quickly turns to overlapping federal, state, and local rules, regulations, and funding. Just when you start to sense this person's deep frustration, the talk turns inward to 'how the system works,' and the point gets lost: **What more can be done to protect kids, strengthen families, and build the future for Virginia?**

**The Virginia Children's Partnership asked this question for a year, learning from hundreds of people who understand the system up close**—families, foster parents, young people who lived in foster care, social workers, local and state officials, law enforcement officers, judges, scholars, non-profit leaders, policy makers, and others from across Virginia and around the country.

People came alive at the questions: 'It's about time someone asked!' No one ever said, 'Everything is working just fine.' No one. Every single person said, **'Thank God someone is paying attention.'** *Every single person said this. The facts cry out for reform:*

- **Too many kids are not safe, and it's getting worse.** 'Child deaths in Virginia are increasing at an alarming rate'...and 'Virginia's rate is above the national average,' as the Family & Children's Trust Fund pointed out.
- **Nearly half of local case workers leave their jobs every year.** 'It's an impossible job with impossible expectations,' one local director said. (Could you enter a troubled home, marked by violence or substance abuse, perhaps to take children away?) Starting salary, in many places: \$37,000. The gas station pays more.
- **Practices and outcomes differ wildly across Virginia.** Why does a city with 99,000 residents have *more* children in foster care than a county with 1.1 million people? If your family needs help, your zip code shouldn't determine whether you can get it.
- **Families have no idea where to turn for help.** Should they call the Local Department of Social Services (LDSS), a Community Services Board (CSBs), a Community Action Agency (CAA), a Family Resource Center (FRC), or someone else? They all do similar work and compete for funding to achieve overlapping objectives, because Virginia peppers clear redundancies throughout state law. A broken system forces everyone to just try and make the best of it. Virginia could not make it harder on families.

- **Virginia barely knows what's happening.** The internet was born in Virginia, and our data centers power the global economy. But today, local social workers struggle to upload simple facts into a state-run computer network that was outdated the day Virginia bought it for \$1 in 1997. The software developer abandoned it, and only one person still knows how to fix it. [JLARC denounced](#) it a quarter-century ago, the General Assembly funded a replacement, yet Virginia still uses it. True story.
- **All this hurts Virginia's workforce.** Nearly 100,000 kids encounter our broken child welfare system every year. And, when 500 people become young adults and 'age out' of foster care every year, with no one to turn to, their thoughts are on simple survival—finding safety, a place to live, and something to eat. They're not focused on building a career. With 200,000 open jobs, Virginia can't afford to leave anyone out of the workforce.

How did Virginia get here? Virginia's current system dates back a century. Back then, state and local 'public welfare' services were spread across 100+ local systems. A push for consolidation came in 1927. (The same year the [U.S. Supreme Court allowed Virginia](#) to forcibly sterilize people with disabilities. It was 9 years before [the first state parks opened](#).)

Outside experts said the Commonwealth's effort... "has been largely wasted, because of her failure to incorporate in law a sound administrative plan. With every public welfare institution and agency functioning as an independent unit... the general interests of the state as a whole have well nigh been lost sight of... There is little uniformity... the administration of county welfare work is now in a somewhat chaotic state...."

But reform stalled, and the system remains in place a century later. Today, [just nine states](#) use this 'state supervised, locally administered' structure. These states rank lowest on key performance measures, and **many states are reforming—often being forced to act after losing lengthy and expensive lawsuits. Virginia needs to avoid that fate.** (The threat is real, with Virginia's own analysis showing localities out of compliance with federal standards for safety and engagement with foster families. Learn more at [www.vachildrenspartnership.org](http://www.vachildrenspartnership.org).)

This report shows how Virginia compares to other states, highlights stark differences inside the Commonwealth, and describes successful practices from around the country. **Virginia's next steps should follow a proven path: focus on accountability, innovation, and investment.** This path has made the Commonwealth a national leader in business, higher education, and so much more.



Virginia succeeds in so many ways, including in the health and economic well-being of children overall. But **‘Virginia has some of the worst outcomes nationally for children in the system,’** as the Virginia Poverty Law Center has pointed out.

**Our child welfare system consistently fails families and vulnerable children who encounter it, especially if a child moves into foster care.**

To fix this, Virginia must acknowledge:

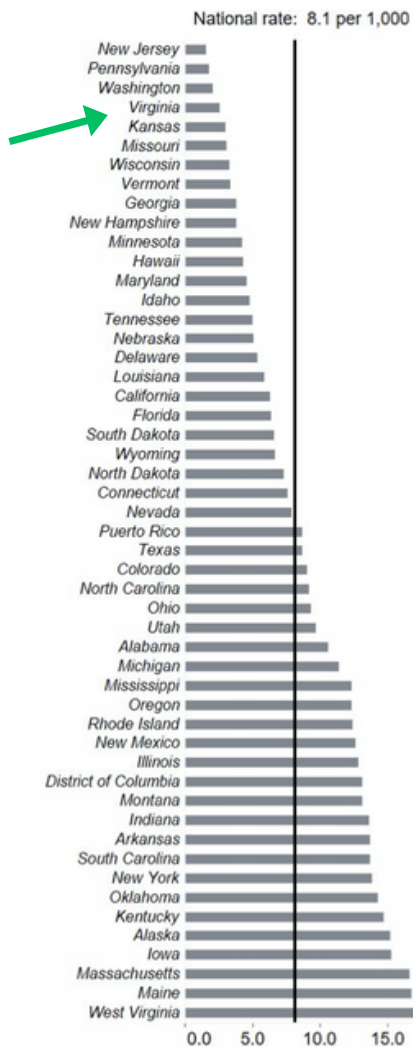
- This is not an urban, suburban, or rural problem. It’s a problem everywhere.
- It is not a Black, White, or immigrant problem. It affects everyone.
- No one is to blame. The system is broken.

Virginia can turn this around. When Virginia focuses on a problem, we always deliver results. We’re good at the things we pay attention to. That’s why the ‘top state for business’ can *also* be the ‘top state for children.’

Let’s make it happen.

# How Virginia Compares

CHILD VICTIM RATE PER 1,000 CHILDREN,  
2021 (N=51)



When someone fears a child is being abused or neglected, ‘the system’ of social services steps in to help. Virginia’s system is complex, like every state’s. (Appendix 4 shows one child’s journey through the system.) But, our needless complexity results in a system that fails kids and ranks Virginia near the bottom of states in many important ways. Here is how Virginia compares.

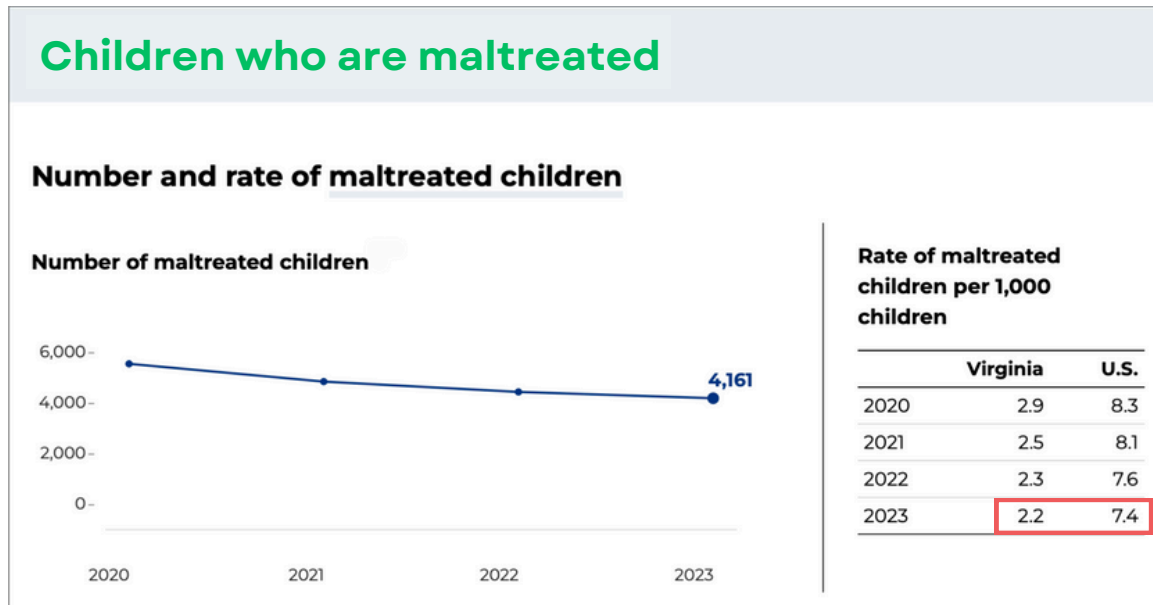
## Comparing States: Safety

‘Abuse and neglect’ are always tragic and never deserved. Too many Adverse Childhood Experiences—such as experiencing abuse, witnessing violence, or living in unstable environments—can lead to trauma that never goes away. The child welfare system can help, by ‘providing services,’ like mental health, substance abuse treatment, foster care, and more.

How’s it going in Virginia?

These charts *appear* to show good news. They suggest that kids are safer here, ranking Virginia highly among the states. But there’s more to this story...

**Antonio entered foster care at age 4.**  
**He would live in 14 different foster homes before turning 18.**  
**The first six stays were short, with ‘so much abuse,’ he recalls.**  
**Stay #7 was different. He lived there 2½ years, longer than anywhere else.**  
**Then that ended too. Foster home #8 was ‘good and loving.’**  
**But Antonio and his brother ‘were suffering so much PTSD.’**  
**Home #9 was ‘very abusive.’**  
**And then he started middle school.**



These two charts show Virginia ranks way below the national average in maltreatment of children.

But what special statewide efforts are keeping children safer here? (There aren't any.)

In fact, despite these numbers, a closer look shows that kids are not safer here than in other states. The following charts tell a different story.

Here's a closer look, starting at the first step in the child welfare process ('inake'): Virginia gets about 100,000 calls to Child Protective Services a year. That's *about* the same amount as our neighboring states (adjusting for population):

Rate of referrals per 1,000 children			Rate of referrals per 1,000 children			Rate of referrals per 1,000 children			Rate of referrals per 1,000 children		
Virginia		US	North Carolina		US	Maryland		US	Tennessee		US
2020	42.8	45.0	2020	46.9	46.9	2020	41.9	45.0	2020	80.2	45.0
2021	38.2	44.4	2021	45.7	44.4	2021	37.1	44.4	2021	83.8	44.4
2022	44.3	48.6	2022	46.1	48.6	2022	44.7	48.6	2022	89.9	48.6
2023	48.3	49.9	2023	45.4	49.9	2023	46.9	49.9	2023	93.7	49.9

**Sources for this section:**  
**Annie E. Casey Kids Count Data Center, updated April 2025.**  
**Child Trends**

Think about it: If Virginia gets the same number of calls, and Virginia has no special safety programs, there's only one reason why Virginia's 'safety numbers' look good:

## Virginia investigates too few reports of possible child abuse or neglect.

Here are the facts:

Investigations of maltreatment reports					
	Virginia	US	North Carolina	Maryland	Tennessee
Number of referrals that met the criteria for an investigation or assessment	34,701 (38%)	2,098,816 (57%)	60,385 (57%)	17,578 (28%)	64,622 (44%)
Number of children who received an investigation or assessment for abuse or neglect	45,526	3,060,294	111,085	20,547	79,960
Rate of investigations or assessments per 1,000 children in the population	24.2	41.7	47.5	15.1	50.9

**Neighboring states investigate twice as many child abuse/neglect complaints as Virginia. Virginia looks for less, so it finds less:**

Other information on maltreated children					
	Virginia	US	North Carolina	Maryland	Tennessee
Percent of children investigated/assessed who were found to be victims of maltreatment	8%	16%	19%	27%	8%
Rate of first-time victims per 1,000 children in the population	2.1	5.2	6.4	3.0	2.4
Percent of children with a recurrence of maltreatment within 6 months	<1%	3%	5%	5%	1%
Number of child fatalities attributed to maltreatment	55	1,968	107	83	31
Rate of maltreatment fatalities per 100,000 children in the population	2.9	2.7	4.6	6.1	2.0



Here is one way to know this: **The number of child deaths is rising, even with these numbers.** The Virginia [Family and Children's Trust Fund](#) called out the problem earlier this year:

Child deaths overall, and specifically those due to maltreatment, have been increasing both nationally and in Virginia for the last several years...Virginia's rate is above the national average, with 76% of child maltreatment deaths in SFY 2023 involving a child under three years old... **Child deaths are increasing** at an alarming rate and **Virginia's current lack of adequate coordination** between state and local partners, **low number... of case reviews**, lack of accurate and transparent data, and lack of training and support for professionals **does not provide an opportunity for effective... prevention.**

**At least 49 children died in FY2025—even though they were already involved in the child welfare system.**

**[Here is the report by the Children's Ombudsman:](#)**

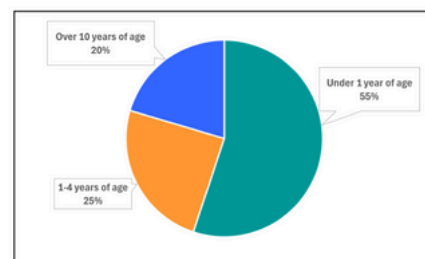
**Localities in which child fatalities were reported.** The 49 child fatalities occurred in the following localities:

Bedford County	Petersburg
Chesapeake (3)	Portsmouth
Chesterfield County (2)	Prince Edward County
Clarke County	Prince William County
Danville	Roanoke (2)
Dickenson County	Roanoke County
Fredericksburg	Rockbridge County
Harrisonburg-Rockingham County (2)	Scott County
Henrico County (6)	Shenandoah County
Henry County-Martinsville	Spotsylvania County
Loudon County	Staunton-Augusta County-Waynesboro
Lynchburg (2)	Suffolk
Nelson County	Tazewell County
Newport News	Virginia Beach (4)
Norfolk	Warren County (3)
Northampton County	York County
Orange County	

**27  
babies died  
in Virginia.**

**Demographics.** The ages, gender, and race of the 49 children were reported as follows:

Age	Number of Children
≤1 month	7
1 – 2 months	4
2 months	4
3 months	3
4 months	1
5 months	3
6 months	3
7 months	1
8 months	1
1 - 2 years	7
2 – 3 years	2
3 years	1
4 years	2
10 years	1
11 years	2
13 years	1
15 years	1
16 years	1
17 years	4

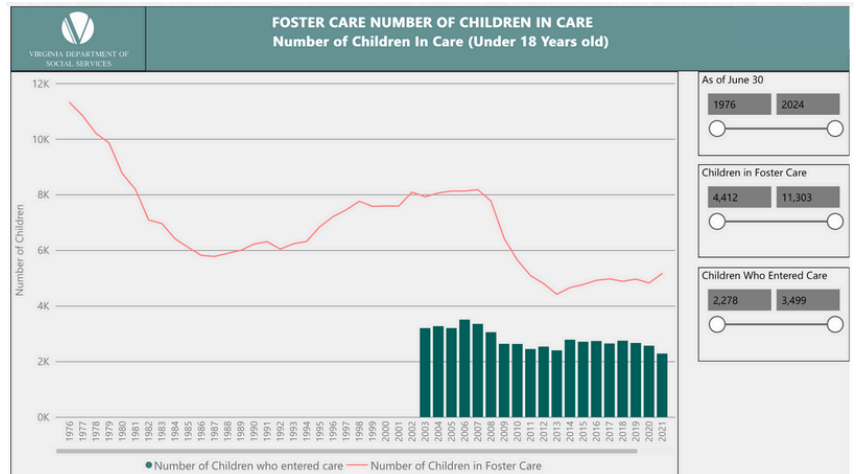


Gender	Number of Children
Female	20
Male	27
Not Reported	2

Race	Number of Children
Black	14
Multi-racial	8
White	27

## Comparing States: Foster Care

Foster care has changed a lot over the past 50 years, in Virginia and around the country. Back then, about 5 million people lived in Virginia, including 11,000 children in foster care. Today, about 9 million people live here, including 5,500 in foster care: 50% more people = 50% fewer foster kids. [Policy changes have driven this:](#)

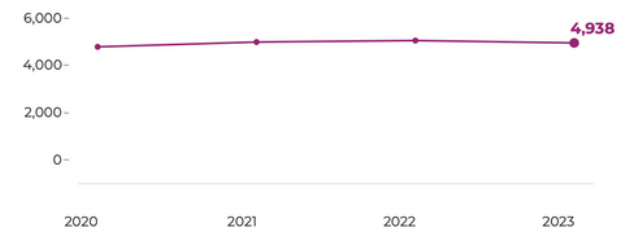


Two facts stand out about foster care in Virginia today:

- 1. Virginia has vastly fewer children in foster care than most states.** Only three states have fewer. (West Virginia has the most, with 19.8 out of every 1,000 kids living in foster care—far above Virginia.) Here's how Virginia compares to neighboring states:

### Number and rate of children in foster care

#### Number of children in foster care<sup>5</sup>



Rate of children in foster care per 1,000 children			Rate of children in foster care per 1,000 children			Rate of children in foster care per 1,000 children			Rate of children in foster care per 1,000 children		
Virginia			North Carolina			Maryland			Tennessee		
Year	Virginia	US	Year	North Carolina	US	Year	Maryland	US	Year	Tennessee	US
2020	2.1	4.6	2020	3.9	4.6	2020	2.4	4.6	2020	4.9	4.6
2021	2.2	4.5	2021	4.1	4.5	2021	2.3	4.5	2021	5.1	4.5
2022	2.3	4.2	2022	4.1	4.2	2022	2.3	4.2	2022	5.0	4.2
2023	2.2	4.2	2023	4.2	4.2	2023	2.4	4.2	2023	5.0	4.2

Source: <https://www.childtrends.org/publications/state-level-data-for-understanding-child-welfare-in-the-united-states>



These numbers *also* seem like good news, at first. They imply that Virginia performs well in 'keeping families together.' *But something is broken*, because at the same time...

**2. Nearly 500 children 'aged out' of foster care in Virginia in 2023**—becoming adults with no permanent home. **No state performed worse than Virginia**—despite Virginia having fewer kids in foster care than other states.

This chart shows how Virginia compares among the nine states with 'state-supervised, locally-administered' systems. Several states tied in their rankings, but there is no tie for last place:

**Virginia has ranked among the bottom five states for at least a decade.**

Research consistently shows that 'young people who have aged out of foster care are more likely to experience behavioral, mental and physical health issues. They are also more likely to endure challenges, such as housing instability, joblessness, academic difficulties, early parenthood, and substance use.'

State	Rank	% Aging Out	# Aging Out	Population
USA		8%	15,345	350,000,000
Colorado	16	6%	141	6,000,000
North Carolina	16	6%	226	11,200,000
Minnesota	30	8%	369	5,800,000
North Dakota	30	8%	55	800,000
Pennsylvania	30	8%	481	13,100,000
New York	40	11%	709	20,000,000
Ohio	45	13%	1,170	11,900,000
California	45	13%	2,684	39,000,000
→ Virginia	50	20%	458	8,500,000

Source: [Annie E. Casey Kids Count Data Center, updated August 2025.](#)  
Data from Adoption & Foster Care Analysis & Reporting System (AFCARS).

*"We have relatively low numbers in foster care. So, why are we so bad at 'aging out?'"*  
—Volunteer

**Smaller localities send *more* kids to foster care than larger localities.**

**It is hard to take seriously a 'system' that produces such wild anomalies.**

**Virginia is charged with 'supervision,' but the Commonwealth doesn't take this seriously on a statewide basis.**



## Outcomes for Aging Out Youth



**19% of youth in Virginia foster care will age out, the highest percentage in the country.**



**71% of girls exiting foster care will become pregnant in the first year.**



**87% of boys who age out of foster care will go to jail or prison, mostly for survival crimes.**

### What Happens When Youth Have Support



**<5%**

of girls connected to a Mentoring Family have gotten pregnant.



**93%**

of connected youth are completing education goals. 53% are pursuing college or a skilled-trade.



**100%**

of youth who entered our program already pregnant or parenting have maintained care & custody of their kids.



**<1%**

of boys connected to a Mentoring Family have had any interaction with the law.

Source: Project Belong

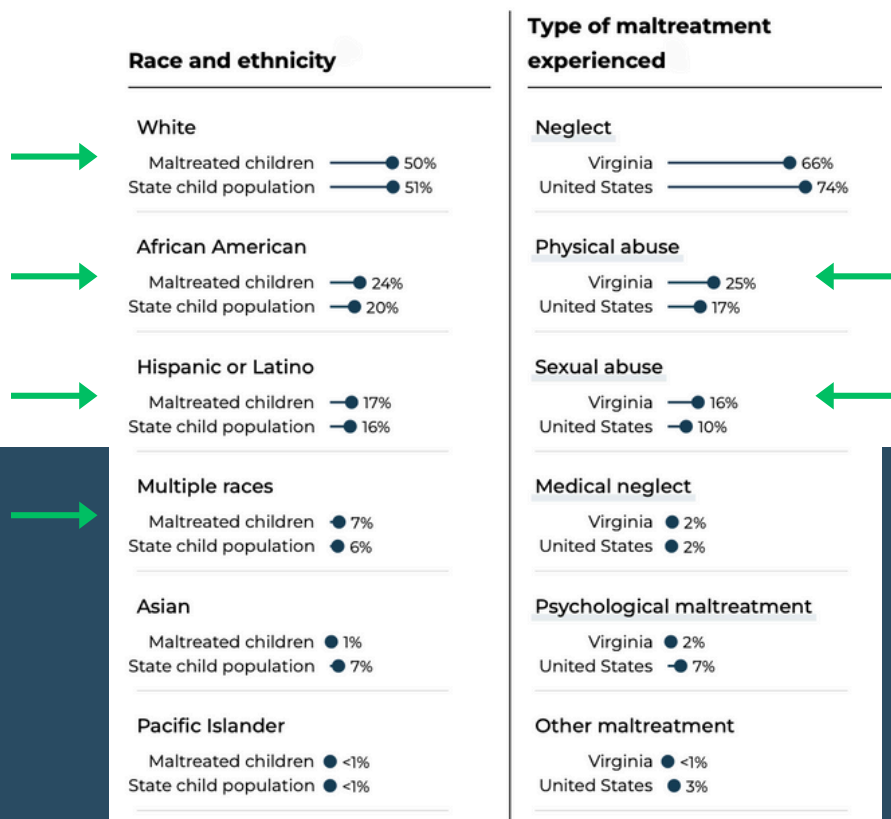
Virginia clearly is not employing 'best practices' consistently.

It is unacceptable to rank so low, compared to other states—because children are being hurt.

## Comparing States: Who Is Affected?

This shows how child abuse and neglect in Virginia compare to other states:

### Demographics of maltreated children



**Physical and sexual abuse are more common here than in other states.  
Half of maltreated children in Virginia are White.  
African American, Latino, and mixed-race children are experiencing higher rates of abuse and neglect in Virginia.**

Next, let's look at what's happening *inside* the Commonwealth.  
How do cities and counties compare?

# What's Happening Inside Virginia

*Child welfare in Virginia  
looks very different  
based on where you live.*

–Local social services leader

The answers are hidden in plain sight. The Virginia Department of Social Services reports *everything*. The [Virginia Child Protection and Accountability System](https://cpsaccountability.dss.virginia.gov) ([cpsaccountability.dss.virginia.gov](https://cpsaccountability.dss.virginia.gov)) is just one key source of information:

- [How every Virginia city and county is delivering 'Family Services'](#)
- [How each Virginia city and county is spending money on social services](#)
- [Foster care outcomes for every city and county in Virginia](#)
- [How do cities and counties respond to allegations of abuse/neglect \(going back to 2009\)](#)
- [Demographic profile of every city and county in Virginia](#)

**This is remarkable transparency in government.**

**But it's *also* information overload:**

Endless data points

X 120 Local systems

X 12 Months

X Many years

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= Lots of data...  
but no conclusions  
or action

## PROBLEM for Virginia:

Extensive data exists  
about *local* outcomes.

But what does it mean  
for the *state* as a whole?

It's nearly  
impossible to say,  
in a 'locally-run, state-  
supervised' system.

The system provides lots  
of information, but little  
*understanding*.

A deeper dive can help illuminate what's happening across the Commonwealth. The Virginia Children's Partnership examined the data in two ways, to help make sense of it all:

**Step 1: Study Six Benchmark Communities** that together are representative of Virginia as a whole:

- Urban: Portsmouth and Richmond,
- Suburban: Prince William and Henrico, and
- Rural: Scott and Campbell.

**Step 2: Dig deeper, looking at trends in foster care,** because it's a proxy how the child welfare system is performing overall. The results show:

**Outcomes differ dramatically  
from one city/county to another.  
There is ZERO consistency across Virginia.**





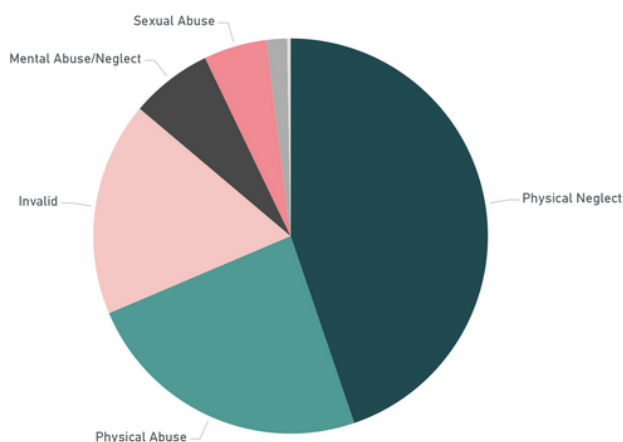
In 2024, 47.5% of cases were accepted nationally, and Virginia accepted far fewer cases, at just 39%. Here is how the Six Benchmark Communities compare:

What Happens When Calls Come in to Child Protective Services? FY 2024								
	Locality	# of Calls	# Valid	Local Rate	State Rate	Difference	U.S. Rate	Difference
Urban	Portsmouth	1,346	702	52%	39%	↑13%	47.5%	↑4.5%
Urban	Richmond	2,435	564	23%	39%	↓16%	47.5%	↓24.5%
Suburban	Prince William	5,433	2,497	46%	39%	↑7%	47.5%	↓1.5%
Suburban	Henrico	3,278	1,059	32%	39%	↓7%	47.5%	↓15.5%
Rural	Scott	495	281	57%	39%	↑18%	47.5%	↑9.5%
Rural	Campbell	838	370	44%	39%	↑5%	47.5%	↓3.5%

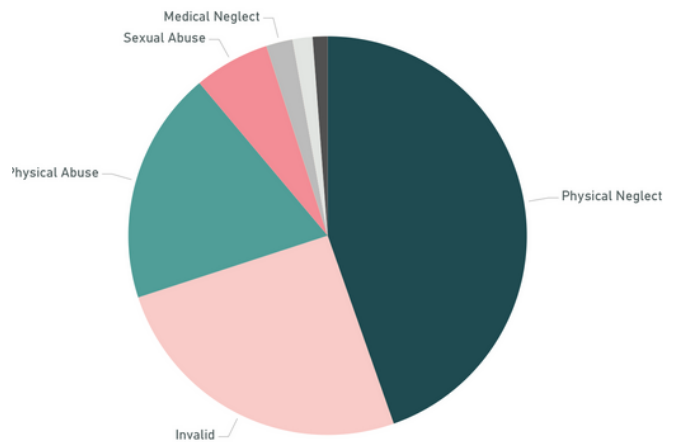
Cities and counties 'screen in' abuse/neglect cases at vastly different rates. A child's safety should not depend on their zip code.

Once these calls are accepted, results differ dramatically across Virginia:

### Portsmouth

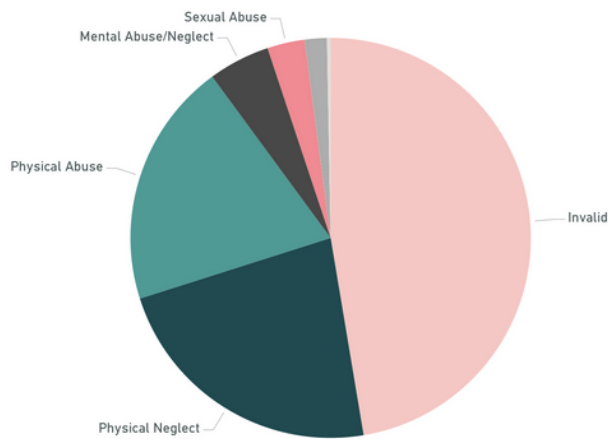
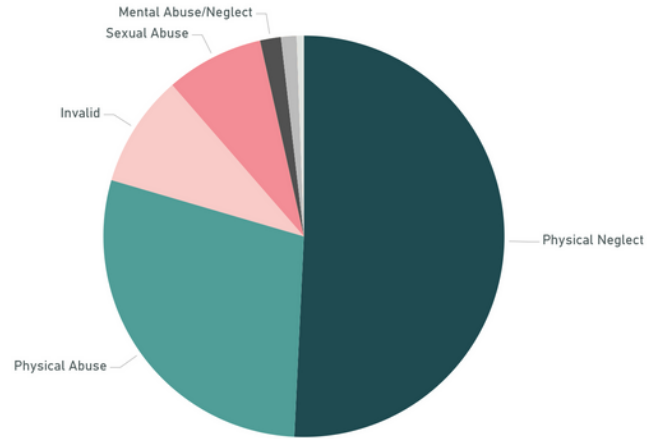


### Richmond

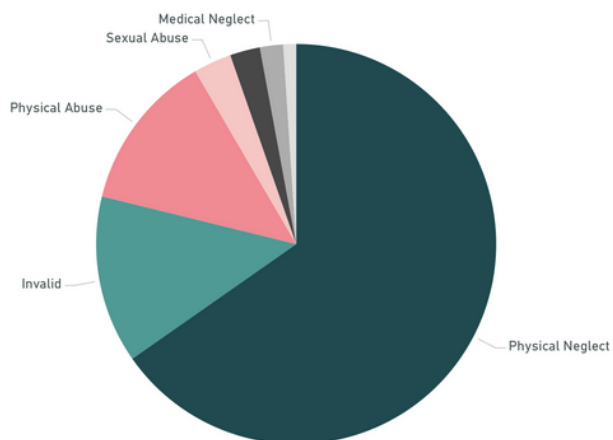
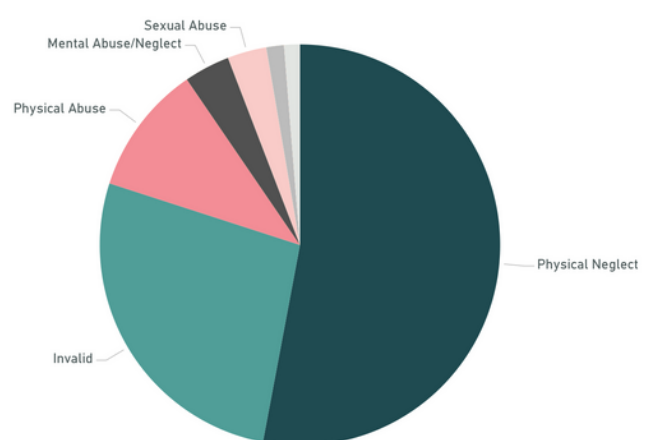


**OBSERVATION:** Physical neglect is *more* common here than in the suburban localities– and *less* common than in the rural localities.



**Prince William****Henrico**

**OBSERVATION: Half of Prince William's calls are Invalid, but half of Henrico's calls are for Physical Neglect.**

**Scott****Campbell**

**OBSERVATION: Many fewer cases are 'Invalid' in these rural counties, but Physical Neglect is more common.**



## Comparing Localities: Foster Care

Abuse and neglect should lead to foster care *only* when cases are serious. But the Six Benchmark Communities show no pattern about foster care, so we need to look more broadly to understand what's happening. This chart combines them into the top 21 localities with the most kids in foster care. Together, these 21 communities account for more than half of all Virginia's foster children:

**Smaller localities send more kids to foster care than larger localities.**

**It is hard to take seriously a 'system' that produces such wild anomalies.**

**Though charged with 'supervision,' Virginia doesn't take this seriously on a statewide basis.**

Most Children in Foster Care Ranked by Rate <u>As of September 1, 2025</u>								
	Locality	<u>Children in Foster Care</u>	<u># of VA total</u>	<u>Population</u>	<u>Rate per 1,000</u>	<u>Poverty +/- state rate</u>		
Small (Under 100,000 people)	1	Wise	98	1.7%	35,000	2.8	↑	
	2	Lynchburg	216	3.8%	82,000	2.63	↑	
	3	Roanoke City	259	4.5%	99,000	2.61	↑	← #2
	4	Rockingham	203	3.5%	87,000	2.33	↓	
	5	Charlottesville	108	1.9%	52,000	2.07	↑	
	6	Washington	105	1.8%	53,000	1.98	↑	
	7	Scott	31	0.5%	21,000	1.47	↑	
	8	Roanoke County	125	2.2%	97,000	1.28	↓	
Medium (100-250,000 people except Campbell & Bedford)	9	Norfolk	283	4.9%	245,000	1.15	↑	← #1
	10	Richmond City	240	4.2%	233,000	1.03	↑	← #3
	11	Campbell	59	1.0%	56,000	1.05	=	
	12	Bedford County	74	1.3%	81,000	0.91	↓	
	13	Albemarle	96	1.7%	118,000	0.81	↓	
	14	Newport News	133	2.3%	183,000	0.72	↑	
Large (250,000+ people)		Virginia	5727	100	8,800,000	0.65		
	15	Henrico	201	3.5%	346,000	0.58	↓	
	16	Portsmouth	52	0.9%	95,000	0.55	↑	
	17	Virginia Beach	217	3.8%	453,000	0.47	↓	
	18	Stafford	75	1.3%	167,000	0.45	↓	
	19	Chesterfield	144	2.5%	395,000	0.36	↓	
	20	Prince William	120	2.1%	498,000	0.24	↓	
	21	Fairfax County	239	4.2%	1,150,000	0.2	↓	



These numbers raise more observations:

- **Smaller cities and counties send kids to foster care faster than larger localities.<sup>1</sup>**

Wise is the 50<sup>th</sup>-largest locality in Virginia, and Scott is #81—but they soar to the top 10 of placing kids in foster care. Logically, larger localities should have more kids in foster care, with fewer in smaller localities. If not, this implies children are being treated differently from one city/county to another. For example...

- **Fairfax County is 12 times larger than Roanoke City, but Roanoke has more children in foster care.**

Do the math: If Fairfax follows Roanoke's rate, it should have 3,000 kids in foster care. But if Roanoke follows Fairfax's rate, it would have just 20 kids in care. (Advocates are working creatively to address this.)

- **The data suggests that poverty does not cause family problems, or lead to foster care.**

Of these 21 localities, 10 have poverty *higher* than the state average, and 10 have *lower* poverty rates. The National Council of Juvenile Court & Family Judges has called for distinguishing poverty experienced by families from child neglect: 'Poverty is a risk factor for neglect, but poverty does not equate to neglect. The presence of poverty does not mean a child is unsafe, unloved, or that a parent lacks the capacity to care for his or her child.'

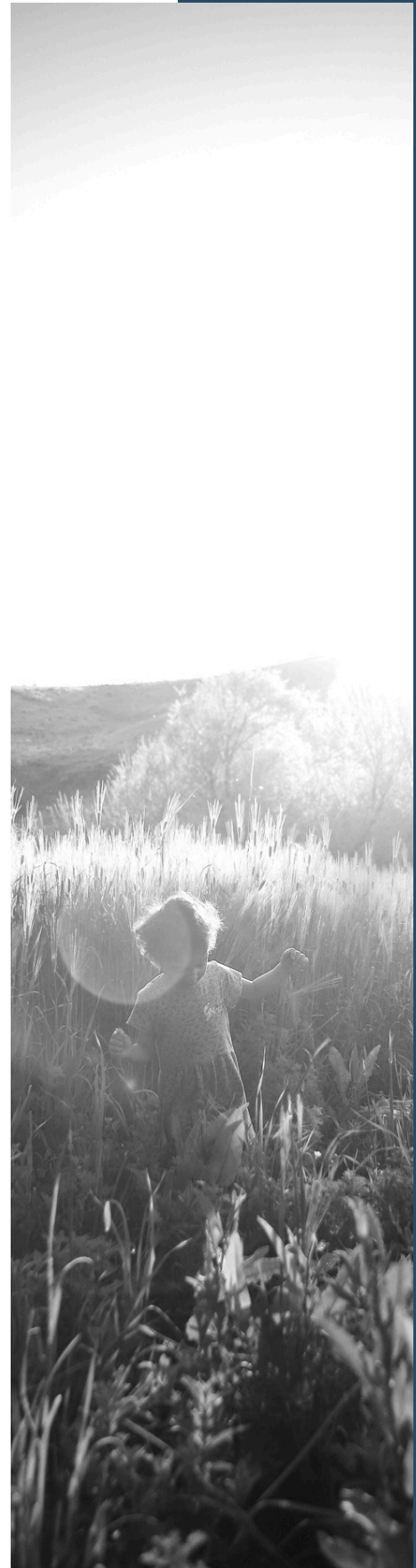
# How Did Virginia Get Here?

Virginia's 'locally-run/state-supervised' system did not work well 100 years ago, yet it remains in place today. Here's the background.

By the early 1900s, charities and government agencies shared responsibility for 'public welfare.' But little thought went into organization or efficiency<sup>2</sup>, and by the early 1900s, the Commonwealth was 'derelict in its duty to its helpless little ones.'<sup>3</sup>

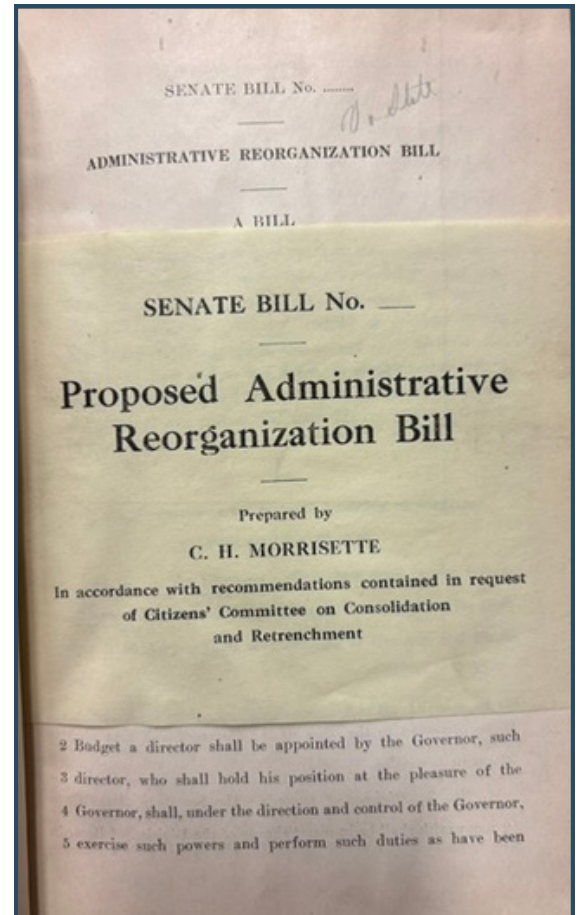
In 1921, Virginia created the state Department of Public Welfare, repealing its laws governing foster services.<sup>4</sup>

By then, some viewed Virginia as being 'one of the most progressive states' with regard to 'her responsibility for the welfare of her sick, and otherwise dependent, or for the care and control of her delinquents.'<sup>5</sup> Others saw dysfunction: 'As yet, these government services have not been organized and coordinated under a well thought out plan.'



By 1926, the Commonwealth hired the New York Bureau of Municipal Research to shape a plan to reform state government.<sup>6</sup> Its [325-page report](#) described a highly inefficient system of local boards carrying out duplicative efforts:

'No matter how highly one may commend' Virginia's 'progressive' public welfare laws, **the Commonwealth's 'effort in this respect has been largely wasted** because of her failure to incorporate in law a sound administrative plan. With every public welfare institution and agency functioning as an independent unit, and each board carrying on its affairs according to its own ideas, and to meet its own local needs, the general interests of the state as a whole have well nigh been lost sight of.'



In view of the above facts, it should not require any argument to convince even the most skeptical that the present state government of Virginia is greatly in need of complete reorganization. Many parts of the present machinery of administration are thoroughly antiquated. They belong almost to the era of the stage coach and the tallow candle; and here they are trying to function in the age of motor cars and incandescent lights. No wonder it costs more than it should

But reform of social services stalled, and the 'locally-run/state-supervised' system remains in place. It has become entrenched over the course of nearly a century.

# The Path Forward

## ACCOUNTABILITY: Set Clear Expectations

### PROBLEM:

The 'state supervision' part of Virginia's state supervised-locally administered child welfare system has itself been either absent or ineffective.

For example, in 2019, the General Assembly passed a limit on the number of cases a social services worker can be assigned. Little evidence exists on implementation of this policy; it appears to be widely ignored. Who suffers? Virginia kids and families. That law also allows the state to withhold funding from failing local DSSs, but the regulations required to implement this provision have not been completed for years. Who suffers? Virginia kids and families.

### WHY IT MATTERS:

As one longtime volunteer said, 'Virginia could not set up a system with less accountability.' Another volunteer said, 'Virginia has to lead on reform. The Feds won't, and the localities simply can't.'

### PROPOSED SOLUTION:

**1. State/Locality Memorandum of Understanding Requirement** – enact statutory requirement for any locality receiving state funds of any source to execute a standard MOU with State DSS obligating the locality to comply with all regulations for the administration of social services programs adopted by the Department of Social Services pursuant to Va. Code Sec. 63.2-215 et seq.; harmonize existing reporting requirements with requirements imposed by this legislation.

### 2. Increased Accountability

– fund increased VDSS positions dedicated to:  
(a) compliance with DSS regulations for social services and obligations set out in MOUs,

(b) development and enforcement of any corrective action plan established pursuant to §63.2-904.1 and/or additional state burden as a consequence of exercise of powers under §63.2-408,

(c) performance of local DSS services in any instance of assumption of control of a local board pursuant to §63.2-904.1.

Expand corrective action plan authority to include all social services administered by local social services agencies; expressly connect imposition of corrective action plan to failure to comply with MOU. Immediate adoption and implementation of regulations necessary to enable the Board of Social Services to avail itself of all powers under §63.2-408, including the power to withhold funding from a locality that fails or refuses or fails to provide child welfare services; waiver of Administrative Process Act re: same.

### NOTE THIS:

Change takes time, even when the need for it is widely recognized. Sustainable, effective change may require a multi-year commitment.



# The Path Forward

## ACCOUNTABILITY: Centralize Intake & Establish Mandatory Validation for Young Children, Kids with Special Needs

### PROBLEM:

A family's interaction with the child welfare system usually starts with a call to child Protection Services. But what happens next differs dramatically from one locality to another.

### WHY IT MATTERS:

Centralizing this function can promote greater uniformity across Virginia.

### PROPOSED SOLUTION:

**Centralized Intake System** – enact and fund centralized statewide child welfare intake system; establish mandatory validity determination and investigation for any reported instance of abuse or neglect involving child under the age of three and any child with special needs.

### NOTE THIS:

Currently about 60% of all CPS calls come directly to local departments. (The rest go to the state-run 24/7 hotline, or to the state-run mandated reporter site.) This will require appropriate staffing, as well as a thoughtful transition plan developed in close partnership between VDSS and local departments.

### NEXT STEPS:

1. Advance needed legislation and funding to create a new state-run team.
2. Create a state-local working group to implement centralization quickly.
3. Publish results.

# The Path Forward

## INNOVATION: Implement dedicated teams to secure all funding available.

### PROBLEM:

Numerous funding streams will pay for specific services. But it can be difficult to know where to get the money and how to secure it. Doing it at scale requires financial expertise. Now, every city and county does this on their own. The work is complex, especially for federal reimbursements, and it's another heavy burden on social workers.

### PROPOSED SOLUTION:

**Maximizing Federal Support** – enact, establish, and fund an office within state DSS and in coordination and collaboration with a child welfare public-private partnership the specific mission of which will be to coordinate with localities in achieving the maximum available federal support/reimbursement for all appropriate child welfare efforts in Virginia; regular reporting by locality and statewide.

Create a dedicated team with one job: Figure out how to pay for every service that a child needs, from numerous funding sources (Title IV-E & B, Medicaid, CSA, TANF, and others), each with unique rules and timelines. Goal: Leave zero dollars 'on the table.'

Virginia should emulate the successful model from Fairfax. The County has 'in-sourced' a dedicated team from Virginia Tech's Institute for Policy & Governance to focus exclusively on securing the right federal, state, and local funds to pay for specific services for children it serves. The Family Research Unit's overarching goal is to identify, pursue and provide a seamless process that ensures that eligible children receive all available public resources to which they are entitled. This is an effective model that pays for itself. It should be replicated at the state level to serve more cities and counties.

### WHY IT MATTERS:

Having a dedicated team can free up social workers to focus on delivering services directly to children and families.

### NOTE THIS:

More staffing will require up-front investment. But this has paid for itself in Fairfax, and it can be expected to pay for itself elsewhere too.

### NEXT STEPS:

1. **Replicate the Family Research Unit model, at the state level, to serve localities.**
2. **Locate the teams in VDSS regional offices.** This can help strengthen the relationship between VDSS and local departments by providing them additional services.
3. **Expand as needed.**

# The Path Forward

## INNOVATION: Fund a Public-Private Partnership

### PROBLEM:

A fresh approach is needed to continually refresh Virginia's child welfare system. Unfortunately, innovation is often stifled within bureaucracy, and the Commonwealth's decentralized system contains no mechanism to drive innovation. It simply does not happen. The right course is to invest in a public-private partnership to drive innovation and creativity, in support of social services teams across Virginia.

### PROPOSED SOLUTION:

**Child Welfare Public-Private Partnership** – enact, authorize, and fund a public-private partnership/foundation the purposes of which include development and implementation of innovations in Virginia's child welfare system generally, and particularly in the delivery of wrap-around services to support families and children in, or at risk of encountering, the child welfare system, engagement of the private sector and community stakeholders in constant improvements to Virginia's child welfare system, and to encourage a statewide conscience in connection with child welfare in Virginia by broadening the scope of interested parties, to include Virginia's business community.

### WHY IT MATTERS:

Public-private partnerships *work*. Virginia has experienced this with the Port of Virginia, the Virginia Early Childhood Foundation, and the Virginia Health Care Foundation, among others.

The VHCF has delivered clear and measurable results for more than three decades since the General Assembly initiated it in 1992. VHCF combines the flexibility and nimble nature of the private sector with the resources and institutional means of the public sector. VHCF receives funding through state legislative processes, private foundations, corporations, individual donors, and sponsored events. It places heavy emphasis on the non-partisan nature of its work. A similar model could deliver to children at risk of suffering from abuse and neglect.

### NOTE THIS:

Successful public-private partnerships require willing partners at the local and state levels. This will require an intentional focus on culture and building trust.

### PATH FORWARD:

1. **Provide biannual funding for a public-private partnership, following the VHCF model.** Require the partnership to raise private dollars to supplement the Commonwealth's investment.
2. **Develop and execute an initial 3-year work plan.** This initial phase should focus on innovation to help ease burdens on case workers; promote transparency and awareness of statewide results; maximize use of federal funds; and expand access to wrap-around services.



# The Path Forward

## INVEST in Workforce

***Child welfare social work is unique. It is unlike any other kind of social work. You need to know about substance abuse, domestic violence, trauma, attachment, child development, and more. There's no MSW program that can give that full spectrum. And supervisors are 22-year-olds who have been on the job for a year. The whole system is in such crisis. It's not a safe system to work in, so bad decisions are made constantly, because everyone is dysregulated, reacting, responding, and not able to move forward.*** – Volunteer

***Here's what I have to balance: Do I go to the Family Assessment meeting, or do my documentation, or do case meetings? They are all important. How do I decide?*** – Social worker

***I just got my commercial driver's license... I make more driving a truck [than a social worker makes].*** – Foster parent

***We had 4 or 5 case workers over about 6 months. The first was 22 years old. We were her first case ever. She left after 3 weeks. Another job paid more.*** –Foster parent

***Our social worker continues to show up [even after our foster child moved on], to check on me and our family. We love her so much. I cannot believe the things we put social workers through. We should be giving them mental health care.*** –Foster parent

### PROBLEM:

Virginia's social workers are in crisis. Countless studies have documented the workforce crisis. Salaries are low, and job demands are high. [Vicarious trauma is rampant](#). Workers feel unsupported, and turnover soars. The Commonwealth has studied this issue many times.

### WHY IT MATTERS:

This system is not effectively preparing workers for child welfare casework. Many LDSS staff are forced to work cases before they are ready to do so, contributing to the ... average turnover rate of 44 percent for newly hired Family Services Specialists.

– [Virginia's Five Year State Plan for Child and Family Services 2025-2029](#), Submitted to U.S. Dept. of Health & Human Services

The [Family & Children's Trust Fund said it best](#) in May 2025: 'Significant workforce challenges continue to hamper response efforts in many local departments of social services... [They] struggle to hire and retain child protection workers to meet the needs of children and families. The work is emotionally difficult and these workers are underpaid. Staff report that many front line workers suffer from secondary trauma responses including burnout and feeling overwhelmed. This is happening in Virginia and in many other states. A comprehensive solution is complicated and involves improving social-ecological systems across the prevention spectrum, but this is a factor that greatly contributes to this crisis facing effective responses to abused and neglected children in Virginia.'

Many local departments of social services in Virginia continue to be short-staffed, even when there are open positions and funding available... There are problems with high turnover, burnout, low pay, and low morale among child protection employees and, as a result, communities cannot fully respond to child safety needs in their localities.

[We] worry about the safety and well-being of children in the face of these challenges, and **wonder how long it will take for a comprehensive, fully protective child welfare system to be implemented in Virginia.**

### PROPOSED SOLUTION:

Fund compensation increases for front line case and CPS workers in amounts to be determined but sufficient to reverse astonishing historic attrition. Strictly enforce at the State level existing limits on the cases that a social worker can take on during their first year of work. Commit to cost-of-living increases.

### NOTE THIS:

**This costs money, but it is the foundation of everything else. Without it, Virginia will see no progress.**

### NEXT STEPS:

1. Implement recommendations of previous studies.
2. Commit to an aggressive hiring effort, like many localities do for public safety.

*Virginia aggressively recruits people to work in law enforcement.*

*Why not a similar campaign for child welfare workers?*

# The Path Forward

## INVEST in Technology to help local case workers

### PROBLEM:

Outdated technology places avoidable burdens on case workers, slowing them down, and keeping them from focusing on directly helping children and families. Moreover, the initial calls to Child Protective Services often provide insufficient information. The intake worker must decide: Investigate the case ('screen it in')? 'Offer services' to the family? Or do nothing? Now, they check boxes on a paper grid, relying entirely on perceptions. Better technology can ease burdens on social workers, freeing up more time to focus on children and families.

### PROPOSED SOLUTION:

Virginia must finally replace the outdated OASIS system, which has been funded but not yet implemented. Subsequent steps should include using 'risk stratification' and 'predictive analytics' to help case officers understand what's happening and predict what might happen in the future.

### WHY IT MATTERS:

These tools are being used around the country to help:

- **Identify risk for potential child maltreatment;**
- **Forecast the likelihood of repeated events,** understanding cross-system interactions that might contribute to child abuse or neglect;
- **Target services and support,** allocating resources to families most likely to benefit.



Source: [Los Angeles County Department of Children and Family Services](#)

### NOTE THIS:

Today, decisions about the future of a family and a child can rest nearly 100% on an intake officer's judgment—and no human is perfect. We all have our own bias and point of view. When AI is used thoughtfully, it is a tool that can bring this human reality to light, then help counteract it. AI should never supplant decision-making by human experts, but it is a tool that can help humans make better decisions faster.

### NEXT STEPS:

1. **Invest in technology.** Implement the new data system immediately.
2. **Embrace transparency:** Acknowledge the complexity of implementing new technology. Show how you're addressing the challenges.

## Afterword: Observations

The Virginia Children's Partnership commissioned this report with two goals: 1) to call attention to a major issue and 2) to propose initial steps toward long-term reform. We are grateful to you for reading it. We strongly urge you to also read additional reports from state offices and advocacy groups. (Page 47 has a list.) That's the best way to develop a full understanding of child welfare in Virginia. We have learned a great deal from these experts, and we are confident you will too.

It's important to acknowledge that Virginia ranks among the top states in the well-being of children overall, in terms of economics, education, and health. But there are serious shortcomings in social services. That's why it's encouraging that recent years have brought important strides in child welfare. Legislators and Governors of both political parties have provided leadership—especially JLARC, the Commission on Youth, and the new Office of the Children's Ombudsman in particular. Key legislation—approved unanimously—has included 2019 omnibus foster care reforms (which aimed to expand state oversight) and 2024 kinship care measures. Ongoing analysis is critical, as the effects of this legislation are just coming into focus and the key aspects have not actually been implemented. The 'Safe Kids, Strong Families' effort in 2025 is an important step in this.

We offer these observations after more than a year of studying and learning:

- **The state must take on greater responsibility.** In practice, 'state-supervised, locally-administered' often leaves no one in charge. For example, VDSS data show every one of the 15 largest local departments is out of compliance with key federal standards (see data at [www.vachildrenspartnership.org](http://www.vachildrenspartnership.org))—but VDSS lacks the authority and personnel to do anything about it. 'State supervision' is all but meaningless right now.
- **When policy is changed, implementation must follow.** This means ensuring VDSS and local departments have the right people, with the right skills and tools, to deliver outcomes policymakers expect.
- **The culture must change.** Over the years, significant mistrust has built up between state and local leaders in social services. Much more needs to be done to strengthen relationships at the state and local levels—especially at a time when change is coming so fast at the federal level.
- **Innovation can come only from the outside.** When a foster care worker is often also the food stamp worker and the homelessness worker, innovation becomes a luxury that gets pushed to the side. But other states are advancing. Will Virginia be left behind? The Virginia Children's Partnership stands ready to help.
- **Virginia needs to move much faster.** It took some 20 years to hire the first Children's Ombudsman, for example. That pace will not empower us to head off lawsuits that have driven reform in other states. Virginia knows what reforms are urgently needed to reform child welfare. Why stand we here idle? Virginia, it's time to act.



Every state's child welfare system is complex and lengthy; Virginia's is needlessly so. Here is an example of one child's journey through the system. This child endured 37 placements over 18 years. He is now in jail.



<b>AGE 0</b> BORN TO PARENTS METH ADDICTS	<b>AGE 3</b> ENTERED FOSTER CARE FOSTER FAMILY	<b>AGE 5</b> ADOPTED BY DIFFERENT ADOPTIVE FAMILY	<b>AGE 8</b> REPORTS OF ABUSE BY ADOPTIVE FAMILY	<b>AGE 10</b> ADOPTIVE FAMILY DISRUPTS PLACEMENT	<b>AGE 10</b> RE-ENTERS FOSTER CARE FOSTER FAMILY	<b>AGE 11</b> REPORTS OF TROUBLE IN FOSTER FAMILY			
<b>AGE 12</b> MOVES TO HIGHER LEVEL OF FOSTER FAMILY	<b>AGE 13</b> MOVES TO PSYCH WARD B/C OF SUICIDAL IDEATIONS	<b>AGE 14</b> MOVES TO RTC STARTS USING DRUGS	<b>AGE 14</b> MOVES BACK TO PSYCH WARD HOMICIDAL IDEATION	<b>AGE 15.1</b> MOVES DOWN TO GROUP HOME	<b>AGE 15.2</b> RUNS AWAY FROM GROUP HOME	<b>AGE 15.3</b> WHEREABOUTS UNKNOWN	<b>AGE 15.6</b> EMERGENCY ROOM OVERDOES	<b>AGE 15.7</b> DISCHARGED TO PSYCH WARD	
<b>AGE 15.9</b> DISCHARGED TO PSYCH WARD	<b>AGE 15.10</b> MOVES TO RTC	<b>AGE 15.10</b> RUNS AWAY FROM RTC	<b>AGE 15.11</b> PICKED UP BY POLICE/DRUG RAID	<b>AGE 15.11</b> TDO TO ER	<b>AGE 16.1</b> LEAVES ER VOLUNTARILY	<b>AGE 16.1</b> WHEREABOUTS UNKNOWN	<b>AGE 16.3</b> OVERDOSED WENT TO ER	<b>AGE 16.3</b> LEAVES ER VOLUNTARILY	<b>AGE 16.3</b> WHEREABOUTS UNKNOWN
<b>AGE 16.4</b> OVERDOSED SENT TO ER	<b>AGE 16.5</b> LEAVES ER VOLUNTARILY	<b>AGE 16.6</b> WHEREABOUTS UNKNOWN	<b>AGE 16.7</b> OVERDOSED WENT TO ER	<b>AGE 16.8</b> VOLUNTARILY LEAVES ER	<b>AGE 16.10</b> WHEREABOUTS UNKNOWN	<b>AGE 16.11</b> OVERDOSED WENT TO ER	<b>AGE 17.1</b> LEAVES ER VOLUNTARILY	<b>AGE 17.2</b> TASKFORCE ER VISIT	<b>AGE 17.3</b> PLACED IN ADULT RECOVERY HOME
<b>AGE 18</b> CURRENTLY IN JAIL									

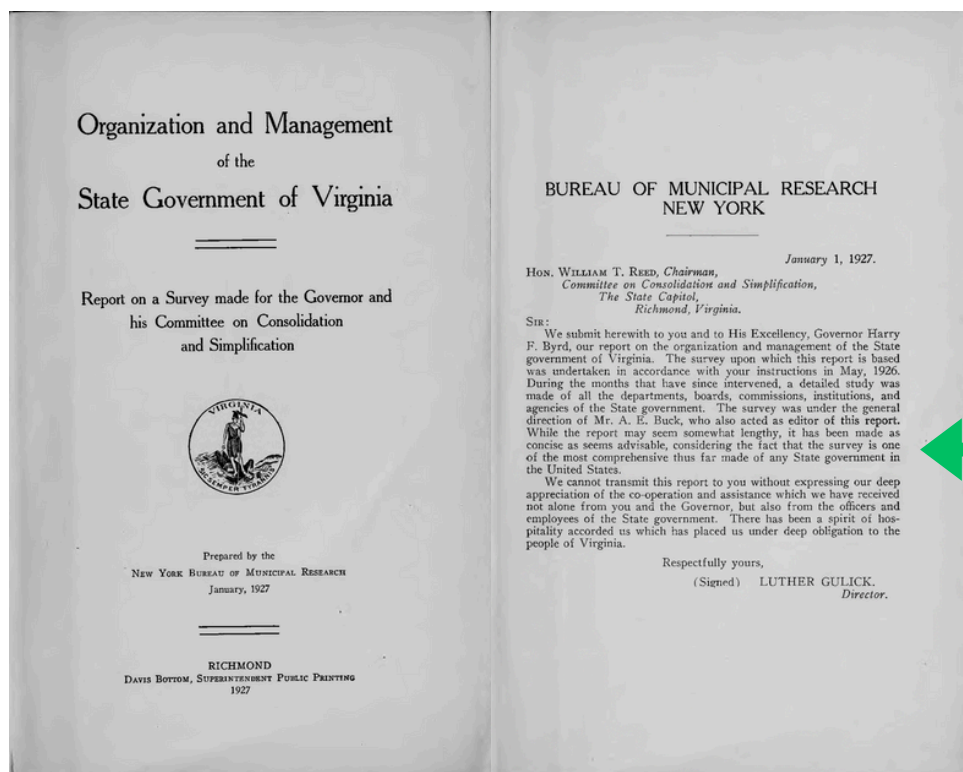
37 Placements = Millions

## Appendix 2:

# 99 Years Ago: A Plan to Change

In 1927, a key report laid out the shortcomings of Virginia's locally-administered network of social services. Here are key sections from [Organization and Management of the State Government of Virginia](#): Report on a Survey Made for the Governor and his Committee on Consolidation and Simplification. The full report is at [www.jstor.org](http://www.jstor.org).

This was written 99 years ago, but it remains relevant today.



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## CHAPTER XIV

### Public Welfare

studied in the course of this survey.

Certainly, it cannot be said that Virginia has been unmindful of her responsibility for the welfare of her sick, and otherwise dependent, or for the care and control of her delinquents. Nor has she been niggardly in her appropriations for public welfare betterment. Yet, when the organizations responsible for the spending of State appropriations are critically examined and the results of their expenditure appraised, it is clear that the decentralization of responsibility for public welfare work furnishes a constantly increasing opportunity for waste of money and effort, and contributes to the perpetuation of ideals of public welfare work, which are not in accord with modern conceptions of what this important State function represents. In the matter of public welfare legislation, Virginia has been one of the most progressive of States, and if these laws are read without reference to the administrative organization for making them effective, they would seem to offer convincing argument against the criticism above made. But no matter how highly one may commend her welfare legislation, Virginia's effort in this respect has been largely wasted because of her failure to incorporate in law a sound administrative plan. With every public welfare institution and agency functioning as an independent unit, and each board carrying on its affairs, according to its own ideas, and to meet its own local needs, the general interests of the State as a whole have well nigh been lost sight of. This, in spite of the fact that all sorts of makeshifts have been adopted by the State to effect the

give to the details of institutional management the attention it requires.

To round out this picture of a completely disintegrated State public welfare service, there is the State Board of Welfare, which is chiefly responsible for the protection of dependent, neglected, and delinquent children committed to its charge, and for a great variety of other inspectional and investigational activities, designed to promote higher standards of State and local welfare work. The efficiency of the board is seriously handicapped by its extremely limited powers.

With respect to the private institutions receiving State appropriations, there

probably made a greater contribution to public welfare progress than appears on the surface. But the system, or lack of system, under which they operate, is utterly unsuited to the maintenance of high ideals of service or high standards of practice. It is impossible within the limits of this report to offer detailed criticism on all phases of institutional work which illustrate this rather sweeping statement, but the chief defects in existing practice may be clearly defined and readily interpreted. All of them are the product of decentralization of administration and the lack of reliable information regarding institutional performance and its result.

### Haphazard Institutional Planning

Institutional planning with a view to the future needs of the State as a whole is out of the question under the independent board system of management. Each board strives materially to extend the capacity and increase the influence of its own institution without conference with other institutional authorities in the same field of service. Each board makes use of every possible plan for extending the revenue producing activities of its institution in order that it may have more money to spend for its own purposes. Funds of all kinds are juggled skillfully to augment institutional funds for new buildings and other equipment not provided for in the budget. The result is that planning for the future, even as it seems wise to the individual boards, is haphazard. With one or two exceptions, there is apparently no ideal place toward which a State institution progresses by orderly



### Other Benefits of Central Control

The consolidation of all proposed expenditures for public welfare activities in the budget of the Department of Welfare will permit the head of that department better to adjust institutional requests to their practical needs, as shown by the facts obtained by his special supervising officers working in all institutions. Uneconomic proposals can be clearly identified and eliminated from the budget.

The handling of supplies and equipment in many State institutions is at the

In the collection, analysis, and publication of information regarding the costs and results of institutional work, the central office of the Department of Public Welfare can effect considerable savings, and at the same time, make available to the Governor and legislature comparative data on the State institutions which cannot be supplied under the present plan. Some reduction can also be made in the cost of publishing reports through their consolidation in a single report of the entire welfare service and their distribution through the central office.

Record-keeping methods with respect to patient and inmate care in State

The Bureau filed a second report, *County Government in Virginia*, which contains additional details. It appears not to have been published at the time. It can be found at [www.jstor.org](http://www.jstor.org).



## Appendix 3: North Carolina's Recent Reform

North Carolina recently reformed its social services system, in a bipartisan manner. Just six months after taking office, the state's Democratic Governor signed into law a reform plan that was unanimously approved by the state's General Assembly, led by Republicans.

### Governor signs overhaul of child welfare in NC. State gains authority over local DSS agencies.

*After woeful federal and state assessments of problems with social services in NC, child welfare reforms may put teeth into state oversight.*

by [Lucas Thomae](#) June 27, 2025 – [Carolina Public Press](#)



Gov. Josh Stein signs HB612 into law on June 26, 2025, at the Executive Mansion in Raleigh. Joining him were bill supporters from the General Assembly and the Department of Health and Human Services. Standing, from left, are State Senate Democratic Leader Sydney Batch, D-Wake; Rep. Allen Chesser, R-Nash; Lisa Cauley, child welfare director at the NC Department of Health and Human Services; and Sen. Steve Jarvis, R-Davidson. Lucas Thomae, Carolina Public Press

A recent federal [policy brief](#) on North Carolina's past child welfare reform efforts didn't mince words: "Children in North Carolina suffer the consequences of an inadequate child welfare system." But a sweeping bill that Gov. Josh Stein signed Thursday after unanimous passage last week by the General Assembly holds out hope for change.

The new Fostering Care in NC Act totally overhauls how social services are administered in North Carolina. It **expands state oversight over county DSS agencies**. Concurrently with its passage, the state Department of Health and Human Services began rollout of a new case management system that will be mandated in all 100 counties. Those changes, by all accounts, are much needed. A [white paper](#) published last week by DHHS called local social services agencies "overwhelmed and under resourced."

The revamp is **the state's biggest step toward standardizing child welfare outcomes across all 100 counties**. North Carolina funds a smaller portion of child welfare costs than in any other state. With counties solely responsible for administering services, the quality of care varies widely and children facing abuse and neglect are often at risk. [Carolina Public Press](#) reported on counties' inconsistent implementation of child welfare policies in its 2021 investigative series [Patchwork Protection](#). A follow-up series, [Dodging Standards](#), scrutinized hiring practices of county DSS agencies.

CPP has also reported extensively on individual or systemic cases that raised concerns, including children abused in foster care without the case being reported properly to law enforcement, [improper adopting](#) of children without notifying biological relatives and illegal seizure of children from families using fake documents on a systemic level over many years in [Cherokee County](#). Some of these cases have resulted in changes, as well as criminal and civil verdicts against DSS agencies. But questions about the lack of state oversight to compel compliance with legal and best practices have persisted. The latest state-level changes aim to address many of the problems uncovered in previous reporting.

### Expansion of state oversight for child welfare

Thursday morning, surrounded by a bipartisan group of lawmakers and a representative of DHHS' child welfare division, Stein signed the [Fostering Care in NC Act](#) into law.

"I'm grateful for the progress that this bill represents in protecting our children, and I share all of your commitments to building on this work and continuing to improve it," Stein said.

The bill is the first major legislation to address child welfare reform since Rylan's Law in 2017. That bill, named for a Moore County toddler who died shortly after DSS reunited him with his birth mother, established a more strict procedure for reunification. It also

**directed the state to create a more centralized child welfare system.** DHHS opened seven regional offices – staffed by state-level employees – to improve supervision of local agencies, and it created corrective action plans to implement when counties failed to comply with state regulations. Still, some of the worst abuses that CPP has reported on occurred or continued in spite of those modest reforms. Lisa Cauley, who directs the human services division of DHHS, told CPP that the omnibus bill passed last week builds upon the reforms first introduced by Rylan's Law.

The new law gives DHHS the authority to review child protective services cases, even if they have already been closed by the local agency. Furthermore, **when intake reports are not accepted for assessment by a county DSS agency, the individual who filed the report must be notified of the decision in writing.** Appeals of a county's decision may now be directed to DHHS for review.

"When a constituent doesn't believe the right decisions have been made, it brings that to DHHS, which we have lots of people here who have done that work, who understand the screening tool and all that," Cauley said. "Then we can look at that (appeal) and either affirm the decision that was made or direct the county to move in a different direction."

Although COVID-19 and a lack of funding led to a slow implementation of the reforms mandated in Rylan's Law, the state has flexed its enhanced oversight powers in recent years. DSS agencies in five counties – Pitt, Davidson, Lenoir, Surry and Bertie – are currently undergoing corrective action plans mandated by DHHS. In Vance County, the state fully divested power from the DSS director and took over social services operations starting May 14, following the county's failure to improve after starting a corrective action plan. The state has taken that extreme measure three other times since 2018, in Cherokee, Bertie and Nash counties. But its handling of the Cherokee case specifically pointed to the need for stronger state oversight even in a takeover. Local officials resisted some corrective measures and rehired the former DSS director in a different role, even as she faced criminal prosecution and was eventually convicted. DHHS was powerless to prevent it, despite her never having had the qualifications to serve in that position under the state agency's guidelines.

## **PATH NC rollout**

The same day that the Fostering Care in NC bill passed the General Assembly, DHHS announced the rollout of **a new case management system** for county DSS agencies. One of the goals of Rylan's Law was to standardize documentation practices and improve data collection through a statewide case management system. The software first introduced to meet that goal, NC FAST, was widely panned as glitchy and ineffective, and it was never adopted by all 100 counties. While some county DSS agencies use NC FAST to manage cases, more are using other systems or still reliant on paper records. DHHS soon abandoned NC FAST and switched to a different vendor.

The new system, PATH NC, went online in 15 counties last week. The state's plan is for all 100 counties to be using PATH NC by 2026. Once that happens, the state hopes it can **use the data to inform future policy decisions**. Another advantage of PATH NC, Cauley said, is its **built-in decision-making tools for screening intake reports**. She believes the new system will **reduce the variability of local agencies' decisions** regarding reports of child abuse and neglect. "It's not just an IT system," Cauley said. "It's really a tool for workers to help them make better safety decisions."

## **Reducing time to permanency**

Issues with child welfare go beyond counties' decisions about whether to remove children from their homes. Once in the foster care system, children often languish there while waiting for permanent placement. The state's goal is to place children in a permanent home within 12 months, but Gaile Osborne, executive director of the Foster Family Alliance of North Carolina, [says] children sometimes get stuck waiting for years on end.

"There should be no reason that our children are sitting in limbo like this, waiting, if we know that things need to be sped up to get to permanency," Osborne said. The Fostering Care in NC Bill includes some provisions aimed at reducing the time to permanency. The child welfare reform measure gives assurances to foster parents and relatives who want to adopt a child that has stayed in their home for more than a year that DSS may not remove the child without a court hearing.

Osborne said she's seen cases where DSS removed children from these types of situations even though adoption was the long-term plan for the child. The bill also allows for post-adoption contracts between adoptive parents and birth parents, which might include agreements about visitation or contact with the child. Osborne said these contracts can reduce the time to permanency because birth parents will be more willing to terminate their parental rights with such an agreement in place. It could mean less time in court and fewer appeals by birth parents.

These measures alone likely won't be enough to lower time to permanency down to the state's goal. Osborne called the provisions "low-hanging fruit." Next, she'd like to see the state take a look at expediting child court procedures and doing more to support the child welfare workforce. Funding programs like Safe Babies Court, a pilot program which brings judges, parents and social workers together to find permanent placements for infants, would go a long way in her eyes.

**"We have got to do a better job of getting these kids through faster,"** she said.

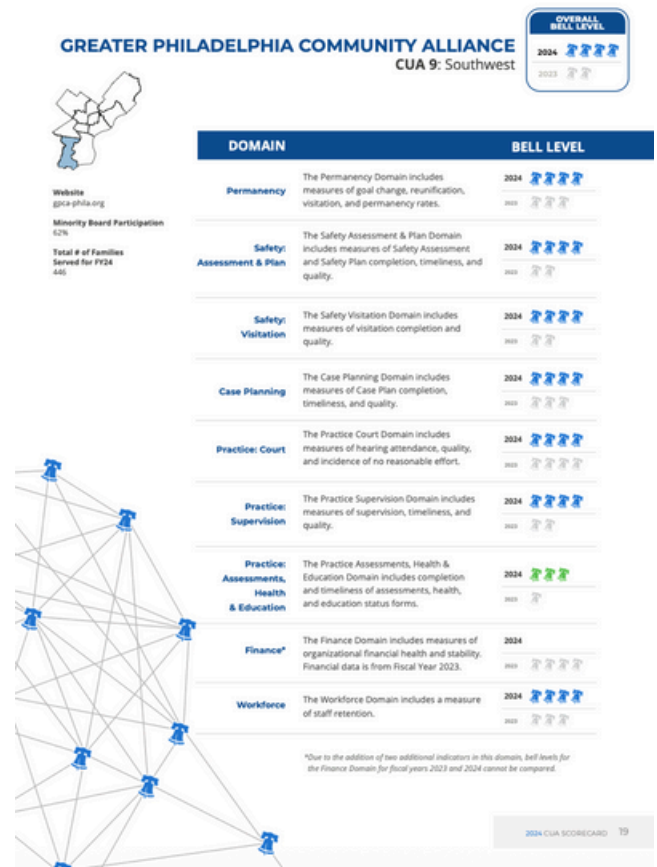
## Appendix 4: Problems in Data Quality

**It is not possible to overstate the problems with data collection.** The data system was outdated when Virginia bought it 28 years ago. [The Family & Children's Trust Fund](#) said:

"While the absence of substantial outcome data related to the health and welfare of children involved with child welfare systems is relevant across all states, the issue is further compromised in Virginia because of the antiquated Child Welfare Information System (CWIS), OASIS... The ability to accurately measure outcomes...[is] central to developing effective training, policies and laws that are essential to keeping a child safe, healthy, and with their families."

The state Inspector General said:

- "There are limited methods of tracking items within OASIS..."
- Data can easily be overwritten, and there are limited methods for tracking when data is modified or overwritten.
- There is no audit log within OASIS to determine who accessed a referral and/or made changes...
- There are limited means of tracking the time it takes for a referral to be entered in OASIS and assigned a caseworker from the various entry methods...
- When calls are received through the Hotline, there is no way to identify what time the locality reviewed the case because there is no tracking available in OASIS.
- OASIS is not compliant with new federal regulations...This makes required reporting difficult."



Source: <https://www.phila.gov/media/20250313100357/2024-CUA-Scorecard-WEB.pdf>

The 2022 General Assembly awarded funding to purchase a new system, but the project is not on track to meet its estimated completion date of December 2025.

**Too much information, too little insight.** The field's remarkable transparency works against it. Too much data can become meaningless. [Virginia's data dashboard](#) includes 15 pages of data for each locality. What does it all mean? For comparison, this chart from Philadelphia presents data clearly and concisely. At a quick glance, even a non-expert reader can see what's happening. This is what accountability and transparency look like. With the right software and technology, Virginia can do this too.

## Appendix 5:

# Funding: Who Pays?

Funding for child welfare system comes from federal, state and local sources.

### Federal

- Title IV-E of the Social Security Act
  - Provides funding to states to ensure proper care for foster care programs.
    - Funded by federal and state/local matching funds. This allows VA to get reimbursed by the federal government for certain foster care and adoption expenses ('maintenance,' meaning room, board and transportation to visit parents; administration and training for staff and foster/adoptive parents).
- The Promoting Safe and Stable Families (PSSF) fund, also part of the Social Security Act
  - Provides federal child welfare funding, training, and technical assistance to help build state and community capacity to meet the needs of families at risk of child welfare intervention and families in crisis.
- Other federal funding opportunities for the VA Department of Social Services
  - Victims of Crime Services Act child abuse victim funding.
  - Community-Based Child Abuse Prevention Grants.
  - Child Abuse Prevention and Treatment Act (CAPTA).
  - Temporary Assistance to Needy Families (TANF).
  - Family Violence Prevention Program.

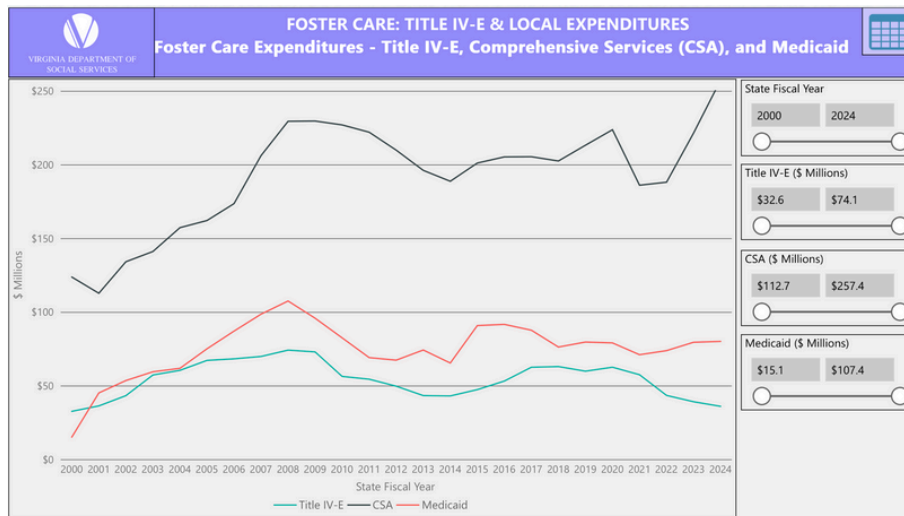
### State

- The VA Children's Services Act (CSA) establishes state funds to provide services to eligible youth and their families. The funds are managed by local interagency teams.
- This state pool of funds is allocated to community policy and management teams in accordance with the appropriation act and appropriate state regulations.
- The CSA provides a list of services that the state pool can be used for: <https://law.lis.virginia.gov/vacode/title2.2/chapter52/section2.2-5211/>.

### Local

- Every county, city, or combination must establish a community policy and management team in order to receive funds.





This chart shows how key sources have funded foster care over the past 25 years:

- **Federal Title IV-E funds** (100% federal): All children in foster care are eligible to receive room, board and supervision. Children who meet federal Title IV-E eligibility requirements can receive federal maintenance payments to cover such costs as food, clothing, shelter, daily supervision, school supplies, personal incidentals, liability insurance with respect to the child, reasonable travel to the child's home for visitation, and reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement.
- **Medicaid** (the federal government pays about 2/3, and the state covers the other 1/3)
- **Children's Services Act** (100% state-funded): VDSS costs for non-Title IV-E eligible children are covered under the state- and locally-funded Comprehensive Services Act (CSA). CSA is a 1993 state law that provides for pooling eight specific funding streams to purchase cost-effective, community-based or out-of-home services for high-risk, troubled youth. State and local agencies, parents, and private service providers collaborate to plan and deliver services. Both funding and services are designed to be child-centered and family-focused, and address the strengths and needs of at-risk youth and their families.

## Use of Funds



Virginia's use of funds differs from the national pattern.<sup>19</sup> The state spends a larger proportion on out-of-home placements and adoption and guardianship and a smaller proportion on child protective services.



Source: [Child Welfare Agency Spending in Virginia in SFY 2022](#)

## Appendix 6: Recent Legislation

### 1. Overview of the Legal Structure of Foster Care in Virginia

Local boards of social services form the foundation of Virginia's 'state supervised, locally administered' foster care system.<sup>9</sup> Whereas local boards' legal authority to administer foster care is very broad, the state's authority to perform its supervisory role has historically been quite limited, with some observing that it lacks any real teeth. This structure has been in place for more than a century and is embedded throughout Virginia law and regulations governing the provision of foster care. In practice, we understand that some local boards perform their foster care administration function very well, while others face various challenges leading to a net negative impact on performance.

In 2019, the Virginia Code was amended to strengthen state supervision over foster care.<sup>10</sup> Among other key changes, the 2019 amendments give the DSS Commissioner authority to "temporarily assume control" over a local board's services and funds under certain circumstances, such as when a local board fails to deliver foster care services in compliance with governing regulations.<sup>11</sup> Since that time, we are not aware that the state has actually exercised this authority and assumed control over any local board. Although our research shows that aspects of the 2019 amendments have been implemented, the implementation status of others is less clear. In practice, the local boards remain the centerpiece of foster care administration in Virginia.

#### A. Legislative Changes 2015 – 2025

Over the last ten years, approximately 62 bills have been brought before the Virginia General Assembly concerning the provision of foster care services in the Commonwealth. Of the 62 bills, 44 became law.

The top three categories of foster care bills that have passed the General Assembly in the last ten years include: (i) bills providing services/ resources to young adults aging out of foster care; (ii) bills providing college tuition, scholarships, and/or grants to young adults in foster care; and (iii) bills providing additional avenues for kinship care and adoption.



## B. 2019 Omnibus Bill

The 2019 Foster Care Omnibus Bill – introduced by Sen. Bryce E. Reeves (R) following a [2018 Report](#) from the Joint Legislative Audit and Review Commission on the dismal status of foster care in Virginia – made the most significant changes to the foster care system in recent years. This Bill, which amended portions of Chapter 9 of Title 63.2 of the Virginia Code, increased state oversight over local boards. Key provisions are summarized below, accompanied by our understanding of the implementation status for each:

**Temporary Corrective Action Plans.** Allows the DSS Commissioner to develop and implement a corrective action plan for or assume temporary control over the foster care services of a local board upon determining that the local board has either (i) failed to provide foster care services in accordance with applicable laws/regulations or (ii) undertaken any action that poses a substantial risk to the health, safety, or well-being of any child under its supervision.<sup>12</sup> *We are not aware of an instance in which the Commissioner has exercised this authority over a local board.*

**New Positions.** Requires the DSS Commissioner to establish a foster care health and safety position within DSS. Also requires all regional offices are equipped with no less than four staff members, each with distinct roles.<sup>13</sup> *As of January 6, 2025, the Commissioner had not filled the Director of Foster Care Health and Safety position, and it is unclear whether all regional offices have increased their staff to four.*

**Confidential Hotline.** Directs the DSS Commissioner to establish and maintain a confidential hotline to receive reports regarding violations of laws/regulations applicable to foster care.<sup>14</sup> *This confidential hotline has been established.*

**Case Review System.** Directs DSS to develop and implement more reliable, structured, and comprehensive case review and quality improvement metrics to monitor and improve foster care services provided by local boards.<sup>15</sup> *DSS has established an online dashboard on key metrics and made this available to each local board. Certain of these metrics are available to the public on the [Family Services Dashboard](#).*

**Caseload Standards.** Requires DSS to create and annually update caseload standards to limit the number of foster care cases that may be assigned to each caseworker.<sup>16</sup> *It is unclear whether the local boards abide by these standards, as these figures are not publicly available.*

## C. Gubernatorial Actions on Foster Care

Separate from these legislative efforts, there have also been various gubernatorial actions relating to foster care. For example, in April 2022, Governor Youngkin launched the Safe and Sound Task Force to end the practice of children in foster care sleeping in unsuitable locations, such as local departments of social services, hotels, and emergency rooms. In December 2022, Governor Youngkin launched a three-year plan – Right Help, Right Now – to expand behavior health and substance abuse services, both of which are root causes of children ending up in foster care. In May 2025, Governor Youngkin launched the Safe Kids, Strong Families initiative to unify and advance child welfare reforms. This initiative funds a \$1 million study to address systemic challenges facing Virginia's children.

## **2. Overview of the Foster Care Roles and Authorities Legally Assigned to Local Agencies Versus Those Assigned to State Agencies**

Several chapters of Title 63.2 of the Virginia Code provide the framework of Virginia's foster care system: Chapter 9 outlines the powers of local boards of social services as it relates to foster care and how they are supervised by the DSS Commissioner; Chapter 17 governs the licensure of private child-placing agencies by the DSS Commissioner; and Chapter 18 governs how and when licensed child-placing agencies can place children in foster care and how they receive funding to support their operations. The Children's Services Act, Virginia Code § 2.2-5200, et seq., creates teams to enhance collaboration between the state and localities, and between the localities themselves as it relates to the provision of services to troubled or at-risk youth and their families.

Virginia's DSS issues regulations (within Title 22, Agency 40) which expand upon the portions of the Virginia Code referenced above: Chapter 80 provides the general procedures and process for the DSS' licensing of facilities and agencies providing foster care services; Chapter 131 sets the standards for licensed child-placing agencies; Chapter 191 relates to the background checks of personnel working for, among others, licensed child-placing agencies; Chapter 201 establishes the framework through which local departments of social services and licensed child-placing agencies provide foster care services, such as how children in foster care should be monitored; and Chapter 211 outlines the standards that must be satisfied when local departments of social services approve providers of foster care or adoption services.

### **A. Overview of the Local Departments of Social Services' and the Local Boards of Social Services' Roles and Authority in the Provision of Foster Care<sup>17</sup>**

A local board of social services consists of one or more citizens of a county or city who are appointed by the local governing body.<sup>18</sup> Local boards can be composed of a single government official,<sup>19</sup> in which case the government official must appoint a board to serve in an advisory capacity.<sup>20</sup> The local board appoints the director, and sometimes the employees, of the local department of social services, which provides foster care services directly to eligible individuals in their respective jurisdictions.<sup>21</sup>

Local departments of social services, along with the state, receive reports of abuse.<sup>22</sup> Any reports received by the state are referred immediately to the relevant local department of social services. Upon receiving a report, the local department is obligated to determine whether to conduct a family assessment or an investigation. The local department is obligated to use the Child Protective Services Intake Tool to make this determination.<sup>23</sup> When conducting either family assessments or investigations, the local department must complete DSS' Family Risk Assessment Tool, which determines whether the locality's child protective services will open a case.<sup>24</sup>

Local boards assume custody and control over children in foster care through agreement with the child's parents or guardians or through a commitment order.<sup>25</sup> Within 30 days of the child's acceptance into foster care, local boards must conduct an initial foster care assessment.<sup>26</sup> Local boards are authorized to place children in residential facilities or in suitable family homes after conducting a home study<sup>27</sup>, and must continually supervise the placements of children in foster care, removing children from placements that become unsuitable.<sup>28</sup> Local boards must make reasonable efforts to keep children in their familial homes.<sup>29</sup>

Local boards must develop a foster care plan for each child, designed to achieve certain enumerated plan goals, such as transfer to the child's prior family; this plan must be approved by a Juvenile and Domestic Relations court.<sup>30</sup> Local boards are responsible for establishing the eligibility of each child in their custody for federal, state, or other funding sources.<sup>31</sup> A local board's provision of foster care services must satisfy standards set by the state—for example, that providers must pass certain background checks and agree to maintain the confidentiality of information relating to the child in their care and not to use corporal punishment. The caseload standard for foster care workers is 15 cases maximum per foster care worker.<sup>33</sup>

## **B. Overview of the Private Child-Placing Agencies' Role and Authority in the Provision of Foster Care**

In Virginia, private agencies can also play a role in child-placing. The United Methodist Family Services of Virginia is one such example. Like local boards, private child-placing agencies can accept children into their custody and place them into foster care.<sup>34</sup> Unlike local boards, however, private child-placing agencies must be licensed by DSS.<sup>35</sup> DSS oversees the licensing process for private child-placing agencies and the DSS Commissioner is authorized to revoke or suspend a license for certain violations.<sup>36</sup> As must local boards, private child-placing agencies must conduct an initial foster care assessment within 30 days of the child's acceptance into foster care<sup>37</sup> and continually supervise the placements of children in foster care, removing children from placements that become unsuitable.<sup>38</sup> Private child-placing agencies must also develop a foster care plan for each child, which must be approved by a Juvenile and Domestic Relations court.<sup>39</sup> Private child-placing agencies must satisfy standards set by the state, including, for example, that providers must pass certain background checks and agree to maintain the confidentiality of information relating to the child in their care and not to use corporal punishment.<sup>40</sup>

Local departments of social services can effectively outsource foster care to private child-placing agencies by appropriating funds to these agencies.<sup>41</sup> Private child-placing agencies can accept children into their custody from local departments of social services.<sup>42</sup>

### C. Overview of Other Local Roles and Authorities in the Provision of Foster Care

Virginia law creates various teams to enhance collaboration between the state and localities and between the localities themselves as it relates to the provision of services to troubled or at-risk youths and their families.<sup>43</sup> A summary of these teams follows:

- The State & Local Advisory Team ("SLAT") advises the State Executive Council for Children's Service ("Council"),<sup>44</sup> state agencies, and localities; and provides support to community efforts.<sup>45</sup> SLAT's advisory work focuses on interagency programs and policies that "promote and support coordination and collaboration in the provision of services to troubled and at-risk youth and their families."
- Community Policy Management Teams ("CPMT") must be established by the localities to receive certain state funding.<sup>46</sup> The goal of a CPMT is to "manage the cooperative effort in each community to better serve the needs of troubled and at-risk youths and their families." CPMTs have certain duties, many of which are tied to the provision of foster care services.
- Family Assessment & Planning Teams ("FAPT") must be established by each CPMT.<sup>47</sup> FAPTs assess "troubled youths and families" who are referred to FAPT by a state entity and identify services to meet each parties' unique needs.<sup>48</sup>
- Community Service Boards ("CSB") are the local government agencies responsible for mental health, behavioral health, and substance abuse services.<sup>49</sup> The Virginia Department of Behavioral Health and Development Services provides substantial funding for its operations. Today, there are 40 CSBs providing services across the Commonwealth. CSBs may interact with the foster care system in their provision of services to children and parents and are instructed to work with the LDSS to coordinate services.
- Regional Offices report to Virginia's Deputy Commissioner of Health & Human Services.<sup>50</sup> There are five regional offices – the Northern Virginia Office in Warrenton; the Eastern Office in Norfolk; the Central Office in Henrico; the Piedmont Office in Roanoke; and the Western Office in Abingdon. They support the local department of social services in their specific region.

### D. Overview of the State's Role and Authority in the Provision of Foster Care

The state receives reports of abuse through the statewide toll-free hotline or through mandatory reporter portal.<sup>51</sup> Reports are referred immediately to the relevant local department of social services. DSS develops the [Child Protective Services Intake Tool](#), which the local department uses to determine whether to conduct a family assessment or an investigation,<sup>52</sup> and the [Family Risk Assessment Tool](#), which local departments use to determine whether to open a case.<sup>53</sup>

The state has certain roles and responsibilities relating to foster care:

- Manages licensure of private child-placing agencies; may suspend a license for certain violations.<sup>54</sup>
- State Board of Social Services: Issues foster care regulations, training requirements, background check requirements, caseload standards, process for evaluating children at intake.<sup>55</sup> Receives reports and complaints from foster parents, stakeholders, and others regarding any foster care violations.<sup>56</sup>
- Certain oversight authority over the local boards (although not through licensure).
- Commissioner: Place, remove, or direct placement/removal of a child in foster care for any reason.<sup>57</sup>
- Has authority to create/enforce a corrective action plan if a local board fails to provide foster care in accordance with law/regulations. May temporarily take over the local board and their funds, if it fails to timely comply.<sup>58</sup>
- VDSS must also establish a system to review and monitor compliance by local boards with the relevant laws and regulations and to track every child in the custody of local boards.<sup>59</sup> But the state's authority to intervene appears to be limited to its ability to create and enforce a corrective action plan and/or to temporarily take over the board. The state appears not to have exercised this authority.

## Appendix 7: To Learn More

Here are places to learn more about child welfare in Virginia and around the country:

### Virginia

[Children's Ombudsman Annual Report \(2025\)](#)

[Voices for Virginia's Children: Child Welfare](#)

[Virginia Poverty Law Center: Supporting Families & Children in Crisis](#)

[Metro Washington Council of Governments: Foster Parents of the Year](#)

[AGING OUT OF FOSTER CARE: Virginians aging out of foster care a most vulnerable group](#)

[Foster Care 101 \(Virginia Commission on Youth\)](#)

[Improving Virginia's Foster Care System \(Commission on Youth, 2023\)](#)

[Handbook: Members of Local DSS Boards \(March 2023\)](#)

[Improving Virginia's Foster Care System \(JLARC, 2018\)](#)

[Foster Va](#)

### National

[FOSTERING YOUTH TRANSITIONS 2023](#)

[STATE AND NATIONAL DATA TO DRIVE FOSTER CARE ADVOCACY](#)

[DATA TABLES](#) (AECF, 2023) See p. 48 & 53 re: emancipation

[U.S. HHS Children's Bureau: Child Welfare Outcomes Report Data \(2018-2022\)](#)

[Community Opportunity Map](#) (AECF)

[AECF Data Center: CHILD WELFARE AND FOSTER CARE STATISTICS](#)

[Americans' Views of U.S. Foster Care: Elevating Black Americans' Perspectives and Experiences](#) (2023)

[ChildTrends](#)

[Dave Thomas Research](#)

## Acknowledgements

The Virginia Children's Partnership has been inspired by meeting so many individuals who care deeply about children in the Commonwealth. Throughout 2025, hundreds of them opened their doors, provided expertise, and shared stories of both deep pain and great joy—families, young people who lived in foster care, social workers, local and state officials, law enforcement officers, judges, scholars, non-profit leaders, policy makers, and others from across Virginia and around the country. The full list would stretch for pages. They helped us understand the system better, and they contributed any good ideas you may have read in this report. Any errors belong to the Virginia Children's Partnership.

The law firm Hunton Andrews Kurth LLP researched and analyzed the history and the legal structure of child welfare and foster care in Virginia. The Family Research Unit at Virginia Tech's Institute for Policy and Governance helped us better understand how child welfare is funded in Virginia—and the obstacles to doing it better. Their work in Fairfax County is a model for other communities. Antonio Dill-Word of the College of William & Mary contributed to this research, reviewed the report's accuracy, and validated its conclusions. He grew up in foster care and wrote *The Integrated Positive Development Model of Aging-In: A Research Based Approach on Integrating Foster Youth into Society After Emancipation* to earn a master's degree from the University of Pennsylvania. He has mentored students in Great Expectations at Virginia Peninsula Community College.

Finally, many thanks to the team at Neely Strategies LLC for researching and writing this report.

## About

We are a non-profit working to fundamentally reform child welfare in Virginia. We believe Virginia's child welfare system is crying out for innovation, modernization, reform, and greater resources. We spent a year closely studying Virginia's child welfare landscape, interviewing hundreds who are served by it and those who labor in it. We have found an abiding desire to rebuild a broken system and shape a new one worthy of Virginia.

### Our Purpose

A society's strength is measured by how it cares for people who are vulnerable—like the 100,000 kids who encounter Virginia's child welfare system each year. When a family and a child encounters the child welfare system, they deserve to have the support they need to thrive. By leading with innovation, research, a commitment to sound public policy, and a deep understanding of the Commonwealth, we aim to drive change in Virginia—to benefit children, families, and the people who work on their behalf.



To Learn More...

[www.vachildrenspartnership.org](http://www.vachildrenspartnership.org)



## Notes

<sup>1</sup>Mathematically, Fairfax should have the highest number in the state. It's larger than 8 states and D.C. But here, it ranks #3, and the communities above it are vastly smaller.

<sup>2</sup>D. W. Willard, "State Systems of Public Welfare," 2 J. Soc. F. 682 (1924).

<sup>3</sup>Reports from States, 28 Pro. Nat'l Conf. Charities & Correction 25, 99 (1901). This same report also noted that the state penitentiary (built in 1804 in Richmond at Belvidere & Spring Streets) was "ably managed from financial, administrative, and executive points of view; otherwise, it is a disgrace to humanity...A vigorous, widespread, public agitation of the condition of the penitentiary, and a demand for speedy improvement, will soon...lead to the building of a new structure on modern principles of decency, sanitation, and humanity." The prison was demolished 90 years later, in 1991. It was not soon.

<sup>4</sup>See Joseph C. Logan, "The Cooperation of Public and Private Welfare Agencies," 105 Annals Am. Acad. Pol. & Soc. Sci. 88, 92 (1923); see also Willard at 688 (describing Virginia as having the organizational structure depicted in Chart III on page 685).

<sup>5</sup>Arthur W. James, Defining Public Welfare as a Function of Government in Virginia, 6 Soc. F. 622, 624 (June 1928) (James) (quoting N.Y. Bureau of Municipal Research, "Organization and Management of the State Government of Virginia: Report of a Survey Made for the Governor and his Committee on Consolidation and Simplification" at 268) (Bureau Report).

<sup>6</sup>See James at 622.

<sup>7</sup>Bureau Rep. at 268.

<sup>8</sup>The mechanics of foster care funding is outside the scope of this memorandum.

<sup>9</sup> Va. Code § 63.2-100 (defining "Child-placing Agency"); Va. Code § 63.2-319 (authorizing local boards to provide child welfare services). There are approximately 120 local boards across the Commonwealth.

<sup>10</sup> Va. Code §§ 63.2-209, 900, 900.1, 904, 906, 907, 904.1, 904.2, 913.1.

<sup>11</sup>Va. Code § 63.2-904.1.

<sup>12</sup>Va. Code § 63.2-904.1.

<sup>13</sup>Va. Code § 63.2-209.

<sup>14</sup>Va. Code § 63.2-904.2.

<sup>15</sup>Va. Code § 63.2-900.

<sup>16</sup>Va. Code § 63.913.1.

<sup>17</sup>Although Guidance Manuals issued by the DSS are not binding regulation, they are helpful to understand how the local boards and departments and licensed child-placing agencies operate.

<sup>18</sup>Va. Code Ann. § 63.2-300, et seq.

<sup>19</sup>Va. Code Ann. §§ 63.2-302, 304, 307.

<sup>20</sup>Va. Code Ann. §§ 63.2-305.

<sup>21</sup>Va. Code Ann. § 63.2-324, et seq.

<sup>22</sup>CPS Manual, Section 3: Complaints and Reports, at 3-4.

<sup>23</sup>CPS Manual, Section 3: Complaints and Reports, at 3-4.

<sup>24</sup>Va. Code § 63.2-1506; CPS Manual, Section 4: Assessments and Investigations, at 74.

<sup>25</sup>Va. Code § 63.2-900.

<sup>26</sup>22 Va. Admin. Code 40-201-60.

<sup>27</sup>Va. Code § 63.2-900.

<sup>28</sup>Va. Code §§ 63.2-902, 904

<sup>29</sup>22 Va. Admin. Code § 40-201-20.

<sup>30</sup>Va. Code § 63.2-906.

<sup>31</sup>22 Va. Admin. Code § 40-201-120.

<sup>32</sup>22 Va. Admin. Code §§ 40-201, 211.

<sup>33</sup>22 Va. Admin. Code § 40-201-140.

<sup>34</sup>Va. Code §§ 63.2-1817, 819.

<sup>35</sup>Va. Code § 63.2-1701.

<sup>36</sup>Va. Code § 63.2-1700, et seq.

<sup>37</sup>22 Va. Admin. Code § 40-201-60.

<sup>38</sup>Va. Code §§ 63.2-902, 904

<sup>39</sup>Va. Code § 63.2-906.

<sup>40</sup>22 Va. Admin. Code §§ 40-201, 211.

<sup>41</sup>Va. Code § 63.2-1816.

<sup>42</sup>Va. Code § 63.2-1817.

<sup>43</sup>Va. Code Ann. § 2.2-5200, et seq.

<sup>44</sup>The State Executive Council for Children's Service is created under Va. Code Ann. § 2.2-2648 as a supervisory council under the executive branch.

<sup>45</sup>Va. Code § 2.2-5201-3.

<sup>46</sup>Va. Code § 2.2-5204-6.

<sup>47</sup>Va. Code § 2.2-5207-9.

<sup>48</sup>This includes referral from a community services board, local school division, local social service agency, court service unit, or the Department of Juvenile Justice. See Va. Code Ann. § 2.2-5211(D).

<sup>49</sup>Va. Code Ann. §§ 37.2-500, et seq.

<sup>50</sup>Va. Code Ann. §§ 63.2-209.

<sup>51</sup>CPS Manual, Section 3: Complaints and Reports, at 3-4.

<sup>52</sup>CPS Manual, Section 3: Complaints and Reports, at 3-4.

<sup>53</sup>Va. Code § 63.2-1506; 22 Va. Admin. Code § 40-705-110; CPS Manual, Section 4: Assessments and Investigations, at 74.

<sup>54</sup>Va. Code § 63.2-1700, et seq.; 22 Va. Admin. Code § 40-80.

<sup>55</sup>Va. Code § 63.2-900; 22 Va. Admin. Code §§ 40-80, 131, 191, 201, 211.

<sup>56</sup>Va. Code § 63.2-904.2.





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