

During the 2026 General Assembly Session, legislators sought to increase penalties for certain mandated reporters who fail to report suspected child abuse or neglect in a facility to which children have been placed for care and treatment. This document provides a summary of the changes to law and provides background and guidance to assist you in compliance.

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### Summary

#### AMENDS EXISTING LAW

**HB1414 (McQuinn)** increases penalties from a \$500 fine to a Class 1 misdemeanor for any person required to file a report of reasonable suspicion of child abuse or neglect pursuant to relevant law, who fails to do so as soon as possible, but not longer than 24 hours after having reason to suspect a reportable offense where such reportable offense is alleged to have occurred at a private or state-operated hospital, institution, or facility to which children have been committed or where children have been placed for care and treatment. A Class 1 misdemeanor is punishable by confinement in jail for not more than twelve months and a fine of not more than \$2,500, either or both. The legislation also increases the penalties for a second or subsequent violation for failure to report in a hospital setting from a \$1,000 fine to a Class 6 felony. A Class 6 felony is punishable by a term of imprisonment of not less than one year nor more than five years, or in the discretion of the jury or the court trying the case without a jury, confinement in jail for not more than 12 months and a fine of not more than \$2,500, either or both. **The law is effective July 1, 2026.**

### Action Required

Hospitals, particularly those that provide care and treatment to children, should revisit their existing policies and procedures to ensure compliance with mandatory reporting requirements by all mandated reporters throughout the organization, including provisions aimed at identifying any repeated failures to comply. Hospitals are encouraged to provide comprehensive retraining to all employees on mandatory reporting obligations, applicable internal policies and procedures, and the new criminal penalties for individual providers who fail to meet these requirements.

### Background Information

The patron of the legislation collaborated with a Henrico prosecutor in response to a specific case involving an alleged failure to timely report suspected child abuse in a hospital setting. The legislation does not change existing mandatory reporting obligations; rather, it increases the severity of penalties to criminal penalties for hospital personnel who fail to comply with reporting requirements in cases of suspected child abuse or neglect in a hospital setting. VHHA worked with the patron to propose favorable amendments to clarify application of the higher penalty.

### Statutory Text

(NOTE: The language in *italics* and ~~strikethrough~~ are the only changes to the law. All other language and requirements under the law remain unchanged.)

#### 1. That § 63.2-1509 of the Code of Virginia is amended and reenacted as follows:

##### § 63.2-1509. Requirement that certain injuries to children be reported by physicians, nurses, teachers, etc.; penalty for failure to report.

A. The following persons who, in their professional or official capacity, have reason to suspect that a child is an abused or neglected child, shall report the matter immediately to the local department of the county or city wherein the child resides or wherein the abuse or neglect is believed to have occurred or to the Department's toll-free child abuse and neglect hotline:

1. Any person licensed to practice medicine or any of the healing arts;
2. Any hospital resident or intern, and any person employed in the nursing profession;

...

10. Any professional staff person, not previously enumerated, employed by a private or state-operated hospital, institution, or facility to which children have been committed or where children have been placed for care and treatment;

11. Any person 18 years of age or older associated with or employed by any public or private organization responsible for the care, custody, or control of children;

...

16. Any athletic coach, director, or other person 18 years of age or older employed by or volunteering with (i) a public or private sports organization or team or (ii) *the athletics program of a public or private elementary or secondary school, including interscholastic teams and clubs*;

...

If neither the locality in which the child resides nor where the abuse or neglect is believed to have occurred is known, then such report shall be made to the local department of the county or city where the abuse or neglect was discovered or to the Department's toll-free child abuse and neglect hotline.

If an employee of the local department is suspected of abusing or neglecting a child, the report shall be made to the court of the county or city where the abuse or neglect was discovered. Upon receipt of such a report by the court, the judge shall assign the report to a local department that is not the employer of the suspected employee for investigation or family assessment. The judge may consult with the Department in selecting a local department to respond to the report or the complaint.

If the information is received by a teacher, staff member, resident, intern, or nurse in the course of professional services in a hospital, school, or similar institution, such person may, in place of said *such* report, immediately notify the person in charge of the institution or department, or his designee, who shall make such report forthwith. If the initial report of suspected abuse or neglect is made to the person in charge of the institution or department, or his designee, pursuant to this subsection, such person shall notify the teacher, staff member, resident, intern, or nurse who made the initial report when the report of suspected child abuse or neglect is made to the local department or to the Department's toll-free child abuse and neglect hotline, and of the name of the individual receiving the report, and shall forward any communication resulting from the report, including any information about any actions taken regarding the report, to the person who made the initial report.

The initial report may be an oral report but such report shall be reduced to writing by the child abuse coordinator of the local department on a form prescribed by the Board. Any person required to make the report pursuant to this subsection shall disclose all information that is the basis for his suspicion of abuse or neglect of the child and, upon request, shall make available to the child-protective services coordinator and the local department, which is the agency of jurisdiction, any information, records, or reports that document the basis for the report. All persons required by this subsection to report suspected abuse or neglect who maintain a record of a child who is the subject of such a report shall cooperate with the investigating agency and shall make related information, records, and reports available to the investigating agency unless such disclosure violates the federal Family Educational Rights and Privacy Act (20 U.S.C. § 1232g). Provision of such information, records, and reports by a health care provider shall not be prohibited by § 8.01-399. Criminal investigative reports received from law-enforcement agencies shall not be further disseminated by the investigating agency nor shall they be subject to public disclosure.

B. For purposes of subsection A, "reason to suspect that a child is abused or neglected" shall, due to the special medical needs of infants affected by substance exposure, include (i) a finding made by a health care provider within six weeks of the birth of a child that the child was born affected by substance abuse or experiencing withdrawal symptoms resulting from in utero drug exposure; (ii) a diagnosis made by a health care provider within four years following a child's birth that the child has an illness, disease, or condition that, to a reasonable degree of medical certainty, is attributable to maternal abuse of a controlled substance during pregnancy; or (iii) a diagnosis made by a health care provider within four years following a child's birth that the child has a fetal alcohol spectrum disorder attributable to in utero exposure to alcohol. When "reason to suspect" is based upon this subsection, such fact shall be included in the report along with the facts relied upon by the person making the report. Such reports shall not constitute a per se finding of child abuse or neglect. If a health care provider in a licensed hospital makes any finding or diagnosis set forth in clause (i), (ii), or (iii), the hospital shall require the development of a written discharge plan under protocols established by the hospital pursuant to subdivision B 6 of § 32.1-127.

C. For purposes of subsection A, "reason to suspect that a child is an abused or neglected child" includes any suspected violation of §§ 18.2-370 through 18.2-370.6 or § 18.2-374.3 involving a child.

D. Any person who makes a report or provides records or information pursuant to subsection A or who testifies in any judicial proceeding arising from such report, records, or information shall be immune from any civil or criminal liability or administrative penalty or sanction on account of such report, records, information, or testimony, unless such person acted in bad faith or with malicious purpose.

~~D.~~ E. Any person required to file a report pursuant to this section who fails to do so as soon as possible, but not longer than 24 hours after having reason to suspect a reportable offense of child abuse or neglect, shall be fined not more than \$500 for the first failure and for any subsequent failures not less than \$1,000. In cases evidencing acts or attempted acts of rape, sodomy, aggravated sexual battery, or object sexual penetration as defined in Article 7 (§ 18.2-61 et seq.) of Chapter 4 of Title 18.2, a person who knowingly and intentionally fails to make the report required pursuant to this section is guilty of a Class 1 misdemeanor.

F. Where such reportable offense is alleged to have occurred at a private or state-operated hospital, institution, or facility to which children have been committed or where children have been placed for care and treatment, and a person is required to file a report pursuant to this section and fails to do so as soon as possible, but not longer than 24 hours after having reason to suspect a reportable offense of child abuse or neglect, such person is guilty of a Class 1 misdemeanor. A second or subsequent conviction of this subsection is a Class 6 felony.

~~E.~~ G. No person shall be required to make a report pursuant to this section if the person has actual knowledge that the same matter has already been reported to the local department or the Department's toll-free child abuse and neglect hotline.

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