

26106738D

## HOUSE BILL NO. 1414

## AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the House Committee for Courts of Justice  
on February 13, 2026)

(Patron Prior to Substitute—Delegate McQuinn)

A *BILL to amend and reenact § 63.2-1509 of the Code of Virginia, relating to requirement that certain injuries to children be reported by physicians, nurses, teachers, etc.; penalties for failure to report.*

**Be it enacted by the General Assembly of Virginia:**

**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.; penalties 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;
3. Any person employed as a social worker or family-services specialist;
4. Any probation officer;
5. Any teacher or other person employed in a public or private school, kindergarten, or child day program, as that term is defined in § 22.1-289.02;
6. Any person providing full-time or part-time child care for pay on a regularly planned basis;
7. Any mental health professional;
8. Any law-enforcement officer or animal control officer;
9. Any mediator eligible to receive court referrals pursuant to § 8.01-576.8;
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, *including any hospital administrator or chief executive officer who has been informed by any such person associated with or employed by such organization of any reason to suspect that a child is an abused or neglected child*;
12. Any person who is designated a court-appointed special advocate pursuant to Article 5 (§ 9.1-151 et seq.) of Chapter 1 of Title 9.1;
13. Any person 18 years of age or older who has received training approved by the Department of Social Services for the purposes of recognizing and reporting child abuse and neglect;
14. Any person employed by a local department as defined in § 63.2-100 who determines eligibility for public assistance;
15. Any emergency medical services provider certified by the Board of Health pursuant to § 32.1-111.5, unless such provider immediately reports the matter directly to the attending physician at the hospital to which the child is transported, who shall make such report forthwith;
16. Any athletic coach, director, or other person 18 years of age or older employed by or volunteering with a public or private sports organization or team;
17. Administrators or employees 18 years of age or older of public or private day camps, youth centers, and youth recreation programs;
18. Any person employed by a public or private institution of higher education other than an attorney who is employed by a public or private institution of higher education as it relates to information gained in the course of providing legal representation to a client;
19. Any minister, priest, rabbi, imam, or duly accredited practitioner of any religious organization or denomination usually referred to as a church, unless the information supporting the suspicion of child abuse or neglect (i) is required by the doctrine of the religious organization or denomination to be kept in a confidential manner or (ii) would be subject to § 8.01-400 or 19.2-271.3 if offered as evidence in court; and
20. Any person who engages in the practice of behavior analysis, as defined in § 54.1-2900.

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

60 suspected employee for investigation or family assessment. The judge may consult with the Department in  
61 selecting a local department to respond to the report or the complaint.

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

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

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

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

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

108 E. Any person required to file a report pursuant to this section who fails to do so as soon as possible, but  
109 not longer than 24 hours after having reason to suspect a reportable offense of child abuse or neglect, where  
110 such reportable offense is alleged to have occurred at (i) a private or state-operated hospital, institution, or  
111 facility to which children have been committed or where children have been placed for the primary purpose  
112 of care and treatment or (ii) any public or private organization primarily responsible for the medical care of  
113 children is guilty of a Class 1 misdemeanor. A second or subsequent violation of this subsection is a Class 6  
114 felony. Nothing in this subsection shall be construed to impose additional reporting requirements or penalties  
115 on any person listed in subdivision A 5.

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

119 **2. That the provisions of this act may result in a net increase in periods of imprisonment or**  
120 **commitment. Pursuant to § 30-19.1:4 of the Code of Virginia, the estimated amount of the necessary**  
121 **appropriation cannot be determined for periods of imprisonment in state adult correctional facilities;**

122 therefore, Chapter 725 of the Acts of Assembly of 2025 requires the Virginia Criminal Sentencing  
123 Commission to assign a minimum fiscal impact of \$50,000. Pursuant to § 30-19.1:4 of the Code of  
124 Virginia, the estimated amount of the necessary appropriation is \$0 for periods of commitment to the  
125 custody of the Department of Juvenile Justice.