Department of Health and Human Services
Office of Inspector General
Office of Audit Services

July 2026 | A-07-24-06114

National Overview of State-Level Challenges and Efforts To Minimize or Eliminate Temporary Emergency Placements in Foster Care

REPORT HIGHLIGHTS

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National Overview of State-Level Challenges and Efforts To Minimize or Eliminate Temporary Emergency Placements in Foster Care

Why OIG Did This Audit

- The Federal Foster Care Program helps States provide safe and stable out-of-home care for children who meet certain eligibility requirements until they are safely returned home, placed permanently with adoptive families, or transitioned to other planned, permanent living arrangements.
- Concerns regarding States' reliance on unlicensed temporary emergency placements—such as hotels and State and county offices—that are not designed to care for children in foster care have garnered national attention.
- This report provides Federal, State, and local decision makers with summarized data, drawn from a questionnaire and followup questions, regarding States' efforts to minimize or eliminate the use of temporary emergency placements that might not be safe or best meet the children's needs.

What OIG Found

States' responses to our questionnaire described a wide range of strategies to minimize or eliminate the use of temporary emergency placements that might not be safe or might not best meet the children's needs. The 34 State agencies that tracked their use of temporary emergency placements to house children in foster care reported a total of 15,705 stays in these placements during the period January 1, 2022, through June 30, 2023. (Some children were housed in multiple temporary emergency placements.) In addition:

- Despite ongoing efforts to reduce the use of temporary emergency placements, States frequently reported persistent challenges in securing appropriate foster care placements, particularly for children with complex or special needs.
- Other factors that increased States' reliance on temporary emergency placements included difficulties in placing older children, challenges stemming from the COVID-19 public health emergency, and the impact of illicit drug use.
- States also described strategies to minimize or eliminate the use of temporary emergency placements.
- Consistent and accurate data reporting on temporary emergency placements can reveal systemic challenges, such as a shortage of foster homes or difficulties in recruiting and retaining foster parents.

What OIG Recommends

We recommend that the Administration for Children and Families (ACF) consider the information in this report and work with States to improve data collection and reporting on the use of temporary emergency placements for children in the Federal Foster Care Program, which, in turn, can be used to promote the health and safety of children who are in these placements.

ACF concurred with our recommendation.

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INTRODUCTION

WHY WE DID THIS AUDIT

The Federal Foster Care Program, authorized by Title IV-E of the Social Security Act (the Act), as amended, helps States provide safe and stable out-of-home care for children who meet certain eligibility requirements until they are safely returned home, placed permanently with adoptive families, or transitioned to other planned, permanent living arrangements. Concerns regarding States' reliance on unlicensed temporary emergency placements—settings not designed to care for children in foster care—have garnered national media attention.[1]

As part of our oversight activities, this report provides Federal, State, and local decision makers with a national overview of the use of these temporary emergency placements. The data summarized in this report will offer insights into the frequent use of these placements, the associated challenges and risks, and States' effort to minimize or eliminate the use of these placements.

OBJECTIVE

Our objective was to identify State agencies' efforts to minimize or eliminate the use of temporary emergency placements that might not be safe or best meet the children's needs.

BACKGROUND

Federal and State Foster Care Programs

Within the Department of Health and Human Services, the Children's Bureau, a program office within the Administration for Children and Families (ACF), is responsible for administering the Federal Foster Care Program. Each State must submit a plan to ACF for approval that designates the State agency that is responsible for administering the program (the Act § 471(a)(2)).

Each State plan must also designate a State authority (or authorities) responsible for administering the program, to include establishing and maintaining standards for foster family homes and child care institutions, including safety-related standards. The State plan must also specify that the State applies these standards to any foster family home or child care institution

[1] The use of temporary emergency placements for children in foster care has in recent years been widely reported in national-level publications and online news outlets. See for example 'Desperate Situation': States Are Housing High-Needs Foster Kids in Offices and Hotels - KFF Health News (accessed on Apr. 8, 2026). Media reports of this nature highlight the systemic use of temporary emergency placements in a number of States.

receiving Title IV-B or Title IV-E funds (the Act § 471(a)(10)).[2] Most State agencies directly administer their foster care programs. However, at the time of our audit work, nine States administrated their programs at the county level. In two other States, the programs were partially administered at the county level. For purposes of this report, we refer to both variations of these structures as "State-supervised, county-operated programs."

Federal regulations (45 CFR § 1355.20) define "foster family home" as the home of an individual or family licensed or approved by a State or Tribal authority to provide 24-hour out-of-home care for children. This term includes both relative (kinship) and non-relative foster family homes. These regulations also define a "child care institution" as a private or public facility that accommodates no more than 25 children and is licensed or approved by a State or Tribal authority. This definition excludes facilities primarily intended for the detention of children.

Furthermore, the Act § 471(a)(10) mandates that States establish and maintain licensing standards for foster family homes and child care institutions. These standards, which apply to all facilities receiving funds under Titles IV-B or IV-E, must ensure that these homes and institutions are reasonably in accord with recommended standards of national organizations. Additionally, the State plan must ensure that financial assistance is available for eligible children (the Act § 471(a)(1)) and that the State has developed and implemented standards to ensure that children in foster care placements receive quality services that protect their health and safety (the Act § 471(a)(22)).

Foster Care Placements

When a child is removed from their parents because of a court's determination that remaining in their home is contrary to the child's well-being, the responsibility for placement and care of that child is typically legally transferred to the State agency responsible for ensuring the safety and welfare of children. The State agency then works to identify a suitable foster care placement for the child. Several types of foster care placements exist, with kinship care—placement with relatives—generally being the preferred option.

When kinship care is not an option, children may be placed with nonrelative caregivers, or in child care institutions, as defined under Title IV-E, which includes Qualified Residential Treatment Programs. State agencies use Qualified Residential Treatment Programs when children require specific psychological or behavioral services that cannot be provided in home-based foster care settings.

[2] Title IV-B of the Act authorizes grants to States and Tribes for child and family services, focusing on prevention of abuse, neglect, or exploitation through services like family preservation and support, while Title IV-E provides Federal reimbursement for foster care, adoption, and kinship guardianship assistance to eligible children.

Temporary Emergency Placements

Temporary emergency placements refer to situations in which children in foster care are temporarily housed in unlicensed settings that are not designed to care for children. State agencies sometimes resort to these placements when suitable licensed foster homes are unavailable. Such unlicensed placements may include hotels, State and county offices, hospitals, and emergency shelters. These placements—the focus of our objective for this audit—are not intended to house children and often lack the essential resources and accommodations necessary for their care.[3]

HOW WE CONDUCTED THIS AUDIT

We based the information in this report on responses to a questionnaire completed by State agency program administrators in all 50 States and the District of Columbia.[4] We distributed the questionnaire, obtained the responses, and followed up with the State agencies as necessary. We asked the State agencies to provide data for all children in foster care for whom the State agencies had legal responsibility for care and placement, including those who were eligible for services under Title IV-E of the Act and who were housed in temporary emergency placements such as a hotel or office setting during the period January 1, 2022, through June 30, 2023 (audit period). For the purposes of our analysis, any stays that extended beyond June 30, 2023, were treated as having ended on that date.

The questionnaire and followup questions focused on four key areas:

- quantitative data on foster care children housed in temporary emergency placements,
- challenges and risks associated with the use of temporary emergency placements,
- factors that led to the use of temporary emergency placements, and
- State agencies' efforts to minimize or eliminate the use of temporary emergency placements.

Forty-nine State agencies responded to our questionnaire, although not all of those that responded provided all of the data we had requested. Further details on State-level data related to the use of temporary emergency placements appear in Appendix B.

[3] In their communications with us, State agencies employed a variety of terms for what this report refers to as temporary emergency placements. These other terms included nonplacements, temporary lodging, welcome centers, temporary settings, and emergency foster homes.

[4] References throughout this report to "State agencies" and "States" should be understood to include the District of Columbia.

Our questionnaire also inquired about the use of hospitals, detention centers, and jails as temporary emergency placements for foster care children. In response, some State agencies stated that they used these types of facilities for such temporary emergency placements. However, these State agencies generally did not track those stays separately from incidents that would have warranted use of these placements.[5] (For example, some State agencies acknowledged that certain hospital stays were not medically necessary but could not identify these respective stays.) Therefore, because the data provided by the State agencies detailing these occurrences were limited and incomplete, we excluded these types of placements from the data we present and discuss in this report.

Furthermore, we limited our review of temporary emergency placements to those associated with children under the age of 18.

When data were available, we included only those stays for which the placements began and ended on different days.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Additional details on our audit scope and methodology appear in Appendix A.

FINDINGS

State agencies' responses to our questionnaire—though sometimes limited and incomplete—described a wide range of strategies to minimize or eliminate the use of temporary emergency placements that might not be safe or might not best meet the children's needs. These placements, such as hotels and offices, are intended as short-term solutions but are not licensed and raise concerns regarding their suitability for children, particularly in terms of safety, health, and overall well-being. Of 42 State agencies that reported using temporary emergency placements to house children in foster care, 34 State agencies tracked their use of such placements and reported a total of 15,705 stays in facilities (including hotels, State and county offices, and other unlicensed facilities) that were not designed to care for children. The lengths of time that children in foster care spent in temporary emergency placements varied by State, with the longest stay lasting 251 days (in a hotel).

Despite ongoing efforts to reduce the use of temporary emergency placements, State agencies frequently reported persistent challenges in securing appropriate foster care placements, particularly for children with complex behavioral and mental health needs. As a result, reliance

[5] A "stay" refers to the period of time that a child spent in a temporary emergency placement, measured in 1 or more consecutive nights.

on temporary emergency placements has continued. According to State agencies, several factors resulted in an increased reliance on temporary emergency placements, including the need to address some children's complex behavioral and mental health needs, difficulties in placing older children, challenges stemming from the COVID-19 public health emergency, and the impact of illicit drug use. The State agencies also described strategies to minimize or eliminate the use of temporary emergency placements, which included enhanced recruitment and retention of foster care families, greater reliance on kinship care, expanded access to behavioral and mental health services, and creation of short-term transitional settings.

Both State agencies and ACF share monitoring and oversight responsibilities to help ensure the safety and well-being of all children in foster care, including those who are housed in temporary emergency placements such as hotels and offices. When State agencies do not collect or consistently track the appropriate data as part of their monitoring and oversight activities, ACF and other stakeholders may lack the tools and information needed to help identify possible causes or trends that lead to the use of temporary emergency placements. In addition, consistent and accurate data reporting on temporary emergency placements can reveal systemic challenges, such as a shortage of foster homes or difficulties in recruiting and retaining foster parents.

FEDERAL AND STATE REQUIREMENTS

We summarize relevant Federal requirements and guidance below. For additional details on the Federal and State Foster Care programs, requirements, and guidance, see Appendix C.

Federal Requirements

Title IV-E of the Act established the Federal Foster Care Program, which provides financial assistance to States to support safe and stable out-of-home care for children who meet specific eligibility requirements. This care continues until the children are safely returned home, placed permanently with adoptive families, or placed in other planned arrangements. The Foster Care Program is administered by ACF at the Federal level, and each State is required to submit a Title IV-E State plan to ACF for approval. This plan designates a State agency that will administer or supervise the program for that State, and establishes safety-related standards that must be applied to any foster family home or child care institution to receive Title IV-E or Title IV-B funds (the Act § 471(a)(10)).

Under Title IV-E of the Act, foster family homes must be licensed or approved according to State standards to qualify for Federal foster care maintenance payments.

State Agencies' Laws and Regulations for Placement of Children in Foster Care

All 49 State agencies that responded to our questionnaire addressed our questions pertaining to their specific laws and regulations related to requirements for placement of children in foster care. Of these, 40 State agencies reported that their State laws did not specifically prohibit the

use of temporary emergency placements for children in foster care. Examples of States that had not explicitly prohibited use of temporary emergency placements include the following:

- North Carolina reported that it had no State laws that specifically prohibited a county from using hotels or office settings and added that State law grants broad discretion to counties in determining placement options for children in their care.

- Wisconsin reported that its laws and regulations do not prohibit temporary emergency placements while a child awaits a formal placement. However, the State does prohibit placement of a child in an unlicensed non-relative home for more than 30 days. The State also limits the time, in emergency situations, that a child may be placed in a licensed shelter care facility to not more than 20 days.

- Vermont stated: "There have not been laws or regulations developed for this topic specifically. However, we intend to take the policy position that emergency staffings [i.e., placements] at alternative sites should not exceed 15 days."

CHILDREN IN FOSTER CARE HOUSED IN TEMPORARY EMERGENCY PLACEMENTS

State agencies' responses to our questionnaire described a wide range of strategies—which included recruiting and supporting foster families, expanding access to behavioral and mental health services, developing short-term transitional settings, and increasing the use of kinship placements—to minimize or eliminate the use of temporary emergency placements that might not be safe or might not best meet the children's needs. These placements, such as hotels and offices, are intended as short-term solutions but are not licensed and raise concerns regarding their suitability for children, particularly in terms of safety, health, and overall well-being.

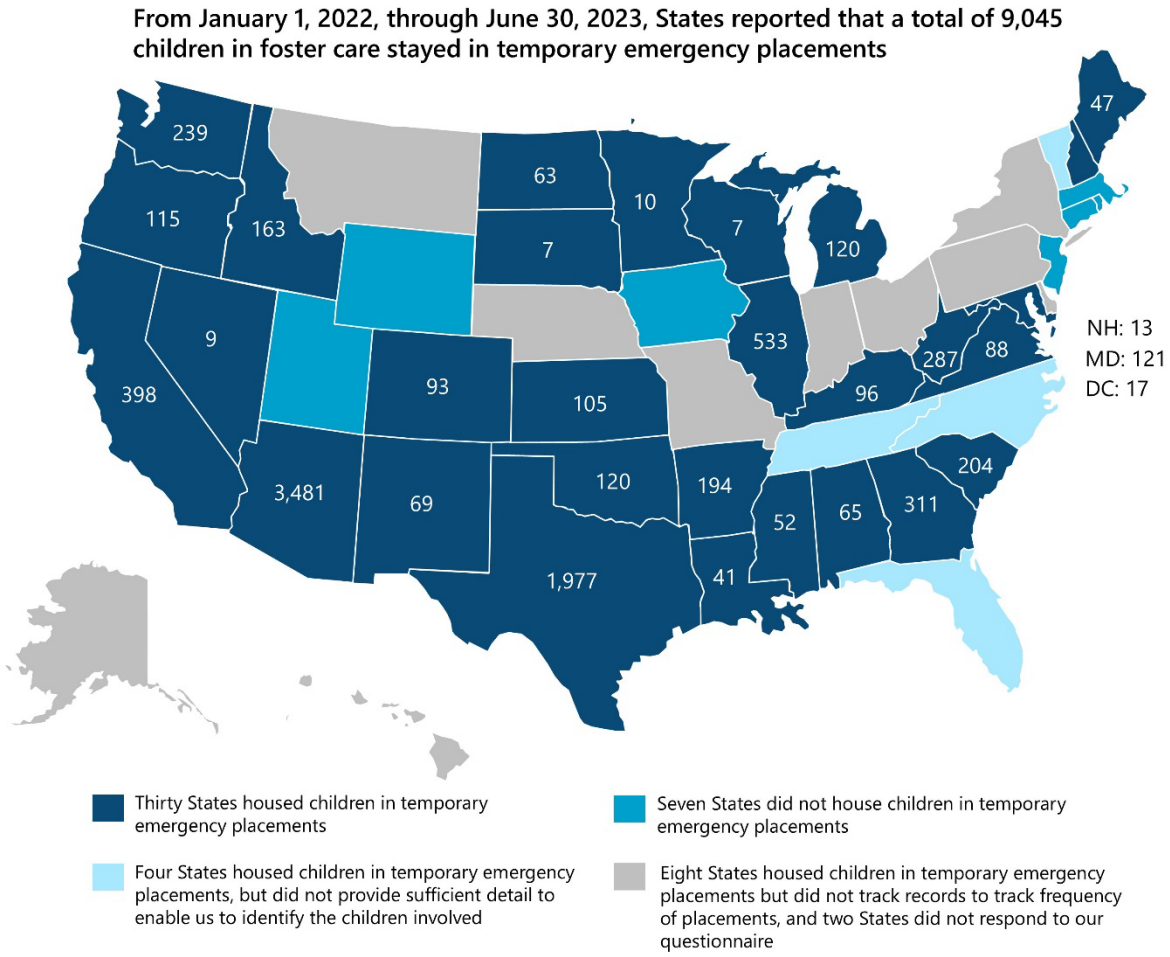
To provide an overview of the use of temporary emergency placements for children in foster care, we analyzed the data from the State agencies to identify the number of children in these placements, the number of States that tracked these placements, the length of the children's stays and the age of children housed in these placements, and the types of facilities used for the temporary emergency placements. Further details on State-level data related to the use of temporary emergency placements appear in Appendix B.

State Agencies' Data on Temporary Emergency Placements and Their Use

Many of the State agencies responded that they used temporary emergency placements to house children in foster care during our audit period. For example, of the 49 State agencies that responded to our questionnaire, 34 reported that they used these placements to house children in foster care. Of these 34 State agencies, 30 provided sufficient information to enable us to associate these stays with specific children. The other four State agencies submitted data on their placement stays but did not include sufficient detail to enable us to identify the unique number of children involved.

From our analysis of the 30 States, we found that a total of 9,045 children were housed in temporary emergency placements during our audit period. Figure 1 shows the number of children in foster care who were housed in temporary emergency placements by State. The number of children housed in temporary emergency placements varied amongst States and ranged from 7 children to 3,481 children.

Figure 1: Number of Children in Temporary Emergency Placements

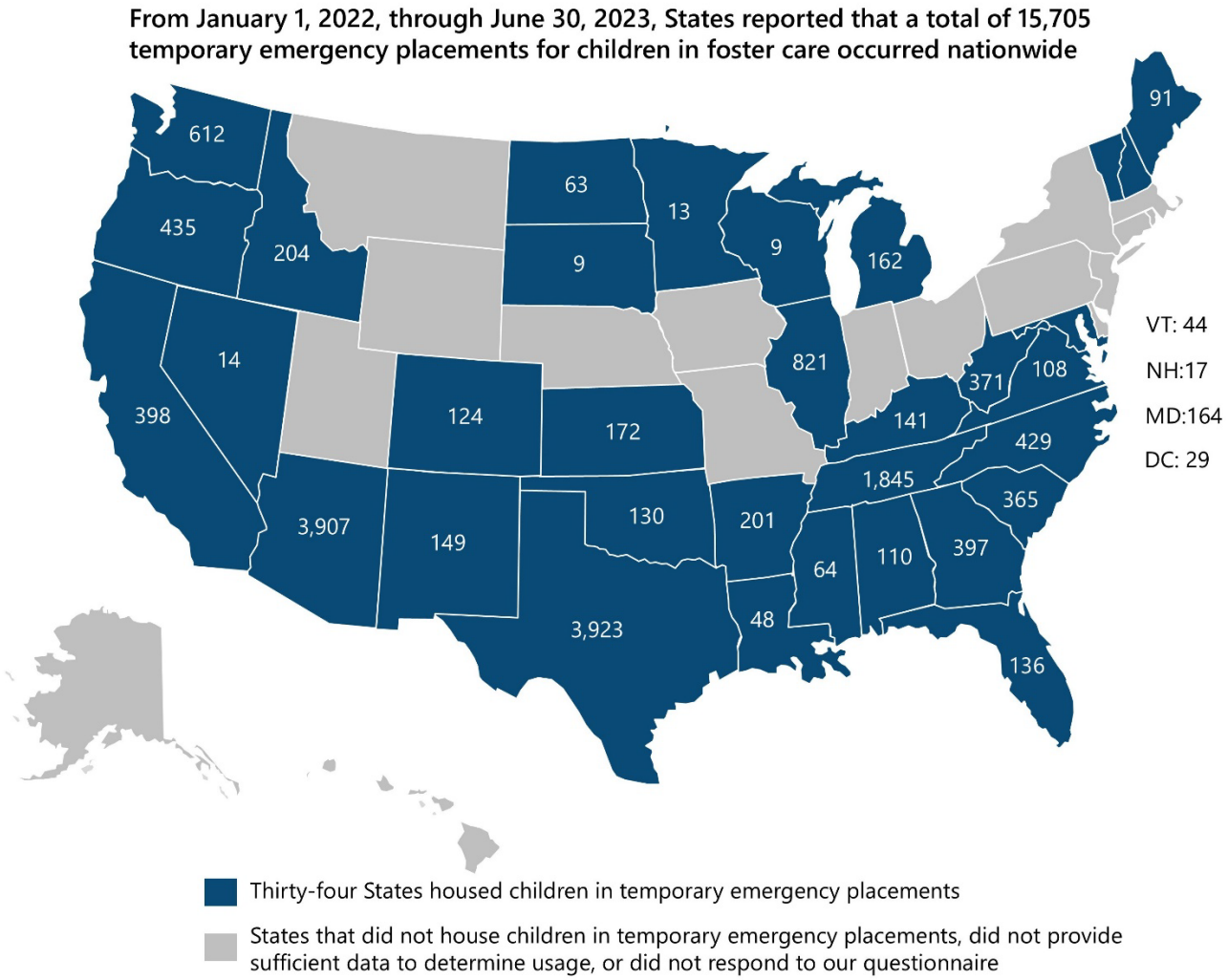


In addition, most State agencies kept records to track the children housed in temporary emergency placements. For example, of the 49 State agencies, 34 responded that they kept records to track how frequently these placements occurred. Conversely, eight State agencies reported that they did not keep records to track children in temporary emergency placements and seven State agencies reported that they did not house children in temporary emergency placements.[6] The other two State agencies did not respond to our questionnaire.

[6] Some State agencies—including those in New York, Pennsylvania, and Ohio—operate under State-supervised, county-administered systems, which, according to the State agencies, prevented them from being able to track and quantify the frequencies of these placements.

For the 34 State agencies that tracked their use of temporary emergency placements to house children in foster care, they reported in aggregate a total of 15,705 stays in temporary emergency placements that were not designed to care for children. Figure 2 shows the number of temporary emergency placements of children in foster care, by State, during our audit period.

Figure 2: Number of Temporary Emergency Placements By State



According to the data, each time a child left and later returned to a temporary emergency placement, State agencies recorded it as a separate stay. In some cases, we noted that a child could be housed in multiple temporary emergency placements while in foster care. As an example, one State agency (Georgia) reported that a child was housed in a hotel on five separate occasions during our audit period. Each of those five stays for that same child was included in the total number of temporary emergency placements that that State agency reported. For this child, the temporary emergency placements consisted of a 40-day hotel stay

in May and June 2022 and (for the entirety of November 2022) a 21-day stay and three separate 3-day stays in different hotels.

State Agencies' Data on the Lengths of Stay and Ages of Children in Temporary Emergency Placements

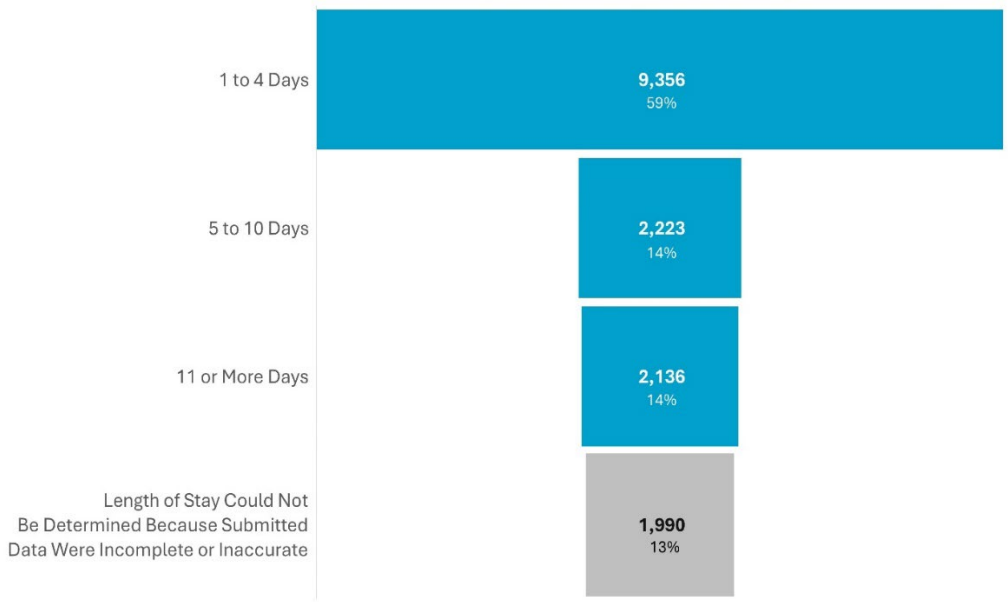
According to the data we received, the lengths of stay at temporary emergency placements varied by State, often exceeding 3 days and with the longest stay lasting 251 days (in a hotel). With respect to the combined 15,705 temporary emergency placement stays from the 34 State agencies that provided data:

- 59 percent of the stays lasted up to 4 days,
- 14 percent of the stays lasted 5 to 10 days, and
- 14 percent of the stays were for 11 days or longer.[7]

Based on the data we received, the average length of stay across all reported placements was 7 days. Figure 3 on the following page illustrates the distribution of a total of 15,705 temporary emergency placement stays by length of stay.

[7] For the remaining 13 percent of the 15,705 temporary emergency placements, data provided by five State agencies (Mississippi, Nevada, North Carolina, Tennessee, and Vermont) did not in all cases contain sufficient information for us to determine the lengths of stay. For example, North Carolina's data referred to 429 stays; however, 23 of these stays did not include information on when the temporary emergency placements ended and did not specify the total number of days per stay. As a result, we could not always determine how long children in these five States were housed in temporary emergency placements.

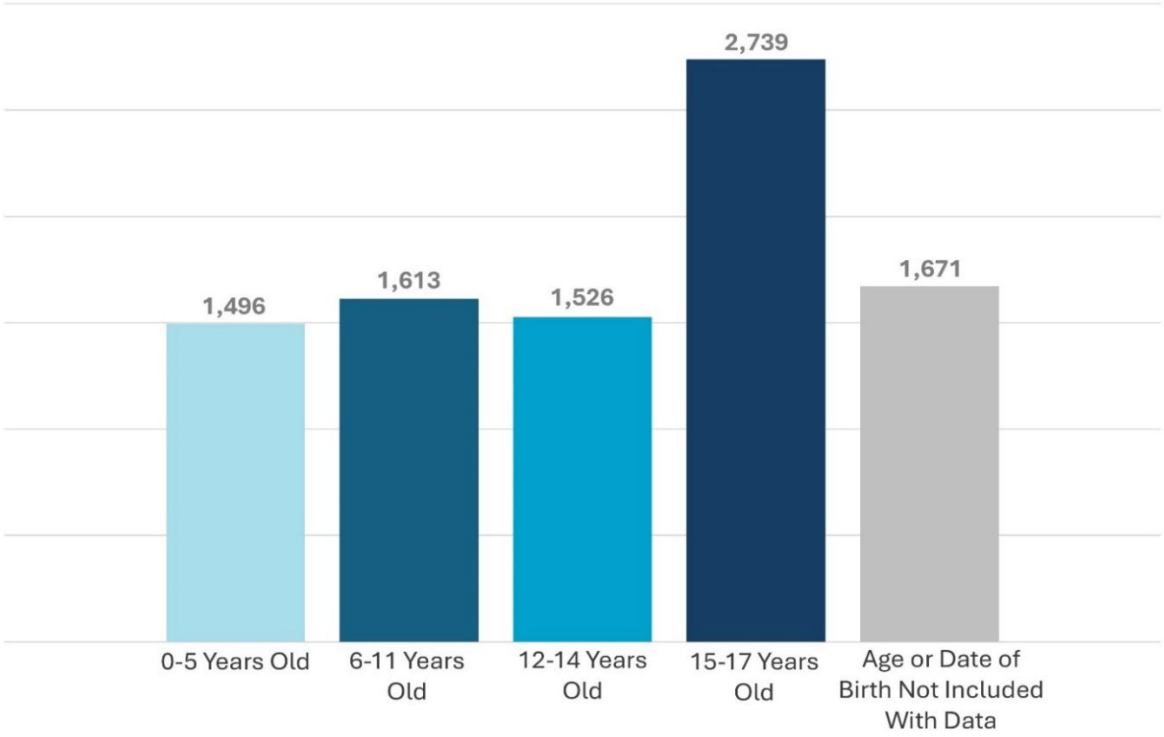
Figure 3: Lengths of Stay in Temporary Emergency Placements



Of the 30 State agencies that reported a total of 9,045 children in foster care housed in temporary emergency placements (see Figure 1), the largest share of the placements involved children who were 15 to 17 years old.[8] However, the State agencies also reported that a total of 1,496 children aged 5 years old or younger had been housed in temporary emergency placements. Figure 4 on the following page depicts the age distribution of children housed in temporary emergency placements.

[8] Some State agencies did not provide the level of data that would enable us to consistently identify the ages of the children in those States.

Figure 4: Temporary Emergency Placements by Age Range



Types of Facilities Used for Temporary Emergency Placements

The data provided by 34 State agencies showed that children in foster care experienced 15,705 stays in temporary emergency placements that were not designed to meet their needs. Although intended to serve as short-term solutions, these settings were not appropriate for children who had experienced abuse or neglect and who are in need of a secure and safe environment that promotes their well-being and reduces the risk of harm or instability. Figure 5 on the following page highlights the types of facilities that State agencies reported using.

Figure 5: Types of Facilities Used for Temporary Emergency Placements

Hotels

Seventeen State agencies reported a total of 1,922 hotel room stays for children in foster care when no other appropriate options were available.[9] In general, these establishments traditionally provide accommodations and services for travelers and tourists. Typically, State agencies rented rooms to house children and provided oversight, using approaches such as placing staff in adjacent rooms or hiring security personnel.

State and County Offices

Twenty-two State agencies reported a total of 2,698 office stays, whether at the child welfare agencies or other government offices, for children in foster care when no other appropriate options were available. These facilities are not intended to accommodate children, as they often lack essential amenities such as beds, showers, and full kitchen facilities.

Other Unlicensed Facilities

Sixteen State agencies reported using a total 4,412 stays at various other types of facilities for temporary emergency placements, including housing children in cabins in State Parks, in emergency shelters, and in transitional centers.[10] These facilities were not licensed for foster care, may not have been equipped with the specialized care needed for children in foster care, and may not have offered the supervision, emotional support, or stability that the children required.

Type of Facility Could Not Be Determined

Seven State agencies did not provide sufficient data to enable us to consistently identify the type of facility used (i.e., hotel, offices, or other). The State agencies reported a total for 6,673 placements associated with 1 of these types of placements, but we could not determine the specific type used. For example, Maryland's data reported 164 stays but did not clarify whether each occurred in a hotel or an office, which prevented us from being able to categorize these placements by type.

CHALLENGES AND RISKS ASSOCIATED WITH USE OF TEMPORARY EMERGENCY PLACEMENTS

Many State agencies acknowledged that temporary emergency placements are not appropriate for meeting the needs of children and reported that the use of these placements created many challenges and risks. Figure 6 on the following page summarizes the risks and challenges that

[9] For this report, the term "hotels" includes multiple lodging options such as motels, apartments, and temporary rentals.

[10] We discuss transitional centers further in "Creation of Short-Transitional Settings" later in this report.

were most frequently identified for the 42 State agencies that reported using temporary emergency placements. See Appendix D for details on these risks and challenges.

Figure 6: Summary of Challenges and Risks Identified by State Agencies

Reported Challenges	Number of States	Examples
Harm to Self and Others Key Issues Reported: • Suicidal ideation • Assault on staff	24	Maine said that a few staff have been harmed when caring for children, and added that staff have been punched, kicked, and had items thrown at them.
Runaway Risks Key Issues Reported: • Law enforcement involvement • Unable to prevent runaways	13	Tennessee said that children in placements may show difficult behaviors related to past trauma, and expressed concern regarding instances of children running away from temporary emergency placements.
Property Damage Key Issues Reported: • Damages to offices and hotels • Dangerous items brought in	15	Alabama reported an incident in which a fire was set in a building, as well as other incidents of damage to cubicles, lighting, equipment, and furniture.
Inadequate Supervision Key Issues Reported: • Staff fear for safety • Insufficient training for needs	25	Washington said that it experienced challenges with medication administration, including diabetes management and psychotropic medication, because staff had not received the necessary training.
Delayed Access to Care Key Issues Reported: • Difficulty maintaining therapy • Medical needs unmet	18	Maryland said that "maintaining therapeutic services can also be a challenge, if the hotel is not near the provider, or if telehealth is not possible."
Inappropriate Environment Key Issues Reported: • Little privacy or space • Limited activities	18	Kentucky expressed concern about whether children had "access to showering facilities, access to activities . . . access to meal preparation spaces."
Access to Schools Key Issues Reported: • Difficulty enrolling children • Transportation barriers	18	South Dakota said that "children under the age of 18 are required to attend school daily, but children in these temporary placements have barriers to enrollment based on the limited time spent in these placements and the child's own behavioral needs."

FACTORS LEADING TO USE OF TEMPORARY EMERGENCY PLACEMENTS

According to State agencies' responses to our questionnaire, several factors resulted in an increased reliance on temporary emergency placements, despite the associated challenges and risks. States resorted to using temporary emergency placements because of a shortage of available foster homes willing to accept certain children, particularly those with behavioral and mental health needs. Additionally, State agencies identified several other contributing factors that increased their reliance on temporary emergency placements, despite the associated challenges, risks, and concerns discussed above. The following contributing factors were identified for the 42 State agencies that reported using temporary emergency placements.

Behavioral and Mental Health Needs

Most of the State agencies reported experiencing difficulties placing children with behavioral and mental health challenges because of the need for higher levels of physical, mental, and emotional health support. The most frequently cited (by 33 State agencies) barrier in placing these children involved finding appropriate levels of care, which, according to these State agencies, contributed to an increased reliance on temporary emergency placements. According to one State agency (Maine), there was a general unwillingness among current or prospective foster parents to accept children with complex needs. As the needs of a child increased, fewer foster homes were willing or able to provide care. Another State agency (South Carolina) responded, "One of the largest drivers of the temporary placement struggles in our state exists because of young people entering foster care primarily for lack of access to respite placement and intensive mental health services and behavioral intervention services in the community."

Placement of Older Children

Twenty State agencies said that a foster child's age was often a barrier to finding a suitable placement. Many available placements were more willing to accept younger children but were less inclined to take older children. One State agency (South Carolina) noted that families are "hesitant to accept older children," while another State agency (Utah) stated that "teenagers are difficult to place regardless of behavioral need and we are seeing teens placed in higher levels of care just because of their age."

Public Health Emergency

Seventeen State agencies reported that the COVID-19 public health emergency (PHE) contributed to an increased use of temporary emergency placements. According to these State agencies, the PHE caused heightened emotional stress, disrupted access to services, and strained the foster care system, all of which led to instability and challenges in maintaining continuity of care and support for children in foster care. One State agency (Louisiana) noted that many foster homes closed during the PHE, and that the State agency had since been unable to certify enough foster homes to make up the deficit. Other State agencies emphasized that the number of children with advanced or complex needs increased during and after the

PHE, which, according to some State agencies, was likely caused by stressors related to the pandemic.

Use of Illicit Drugs

Three State agencies reported that the drug epidemic had led to an increase in the number of children with complex needs who were entering the foster care system. One of these State agencies (Wisconsin) stated that in its view, the primary factor contributing to the rise in the number of child welfare cases in its State over the past decade was parental drug abuse—particularly reflecting the significant increase in opioid, fentanyl, and methamphetamine use. This State agency added that children affected by such circumstances often require additional emotional support, mental health care, and behavioral management.

STATE AGENCIES' EFFORTS TO MINIMIZE OR ELIMINATE THE USE OF TEMPORARY EMERGENCY PLACEMENTS

In their responses to our questionnaire, State agencies described a wide range of strategies in terms of their efforts to minimize or eliminate the use of temporary emergency placements. Although the specific efforts varied by State, among the 49 State agencies that responded to our questionnaire, the most frequently identified efforts included the following strategies.

Recruitment and Retention of Foster Care Families

All of the 49 State agencies described approaches they took to promote the recruitment and retention of foster care families. These approaches included implementing additional support measures for foster families, creating partnerships or collaborations with other State departments and private entities, offering increased incentives or grants for families willing to care for children with complex needs, and expanding the availability of therapeutic or specialized foster homes.

For example, one State agency (Ohio) reported implementing a Treatment Foster Home Pilot Program that focused on recruiting and supporting treatment foster homes that were willing to care for high acuity (HA) children by providing additional one-on-one support.[11, 12] Another State agency (Colorado) stated that it contracted with placement agencies that were specifically trained in trauma-informed care and experienced in securing appropriate placements for children with complex needs. This State agency also noted success in establishing a reimbursement rate high enough to allow foster parents of children with complex or special

[11] A treatment foster home is a specialized foster care setting designed for children with complex behavioral, emotional, or medical needs. Foster parents in these settings receive advanced training and ongoing therapeutic support, including assistance available 24 hours a day, 7 days a week, to provide a structured, family-based alternative to institutional care.

[12] HA children are young people with complex emotional, behavioral, or physical health needs that require intensive and specialized care.

needs to forgo outside employment. According to that State agency, this approach enabled foster parents to be physically and emotionally available to meet the needs of the children in their care.

Another State agency (Idaho) reported that it provided bonuses to foster families that accepted placement of older children with more challenging behavioral, mental health, or medical needs. This State agency added that it increased reimbursement rates for families that accepted children who had initially been placed in temporary emergency placements.

Greater Reliance on Kinship Care

Twenty-seven State agencies responded that they had increased their efforts to prioritize kinship care by identifying and supporting relatives or family friends who were willing and able to care for children in the foster system. These State agencies were actively placing children with kinship caregivers—whether relatives or "fictive kin" (i.e., family friends or trusted adults with a psychological bond with the child)—when out-of-home placement was required as a safety intervention.

To illustrate these efforts, one State agency (North Carolina) reported that it was developing a separate pathway for kinship licensure to help relatives become licensed more quickly and efficiently. This State agency also stated that it had started making monthly payments to these unlicensed kinship providers. As another State agency (Vermont) noted, "The most positive aspect of the challenges articulated . . . is that we've doubled down on our commitment and priority to kinship care/placements."

Expanded Access to Behavioral and Mental Health Services

Twenty State agencies reported engaging in collaborative efforts with other organizations that provide mental health services. These efforts included partnering with a mobile crisis recruitment team to assist in identifying and recruiting foster families to support children with intellectual and developmental disabilities. One State agency (Hawaii) noted that it had partnered with individuals who share their personal experiences to inspire others to consider fostering children with complex needs. According to this State agency, these initiatives were part of a broader effort to increase community engagement and support the recruitment of qualified caregivers for these children.

Creation of Short-Term Transitional Settings

Thirteen State agencies reported that they had minimized or eliminated the need for temporary emergency placements by using designated facilities—examples mentioned below—that were specifically designed as transitional settings. These facilities could provide short-term care for children in foster care until suitable placements could be secured. These State agencies added that although these settings are not intended for long-term care, they generally offer a safer and more structured environment than hotels, offices, or other temporary emergency

placements. However, because these settings are not licensed, there may be limited oversight to help ensure that these placements meet health, safety, and quality standards, which can present risks to the children.

Some State agencies reported using licensed transitional facilities, while others cited various reasons for operating unlicensed facilities. For example, the Tennessee State agency explained that the transitional housing in that State consists of community-based locations, which it described as home-like spaces established through partnerships with local organizations, that are not subject to State licensure requirements. Meanwhile, the Arizona State agency raised concerns about licensing its own facilities, noting that doing so would place the State in a dual role of both operator and regulator.

State agencies also described specific models for transitional care. One State agency (Arizona) created "welcome centers," described as state-of-the-art trauma-informed facilities designed to meet the needs of children while the State agency searched for appropriate placements.[13] Another State agency (North Dakota) described its use of "certified shelters," which were available to take in older children and offered a safe temporary placement option.

CONCLUSIONS

The data provided by the State agencies for our audit period identified a total of 15,705 stays in temporary emergency placements that were not designed to care for children. The facilities used for these placements were hotels, offices, and other unlicensed facilities. The lengths of time that children in foster care spent in temporary emergency placements varied by State, with the longest stay lasting 251 days (in a hotel).

In their responses to our questionnaire, State agencies expressed concerns that temporary emergency placements do not provide safe, healthy, comfortable home-like environments, where children's behavioral and mental health needs can be met and where appropriate intervention techniques can be applied—particularly for those children with complex behavioral and mental health needs. The State agencies generally noted that they had increased their efforts to reduce reliance on these settings by implementing a range of strategies. These included enhanced recruitment and retention practices, greater reliance on kinship care, expanded access to behavioral and mental health services, and creation of short-term transitional settings.

Although the State agencies reported actively increasing their efforts to minimize or eliminate their use of temporary emergency placements, the number of States that relied on these placements during our audit period remained high. The continued use of temporary

[13] The two welcome centers began operating in 2014 and 2015. One center was relocated in March 2023 and served as a temporary emergency placement for children entering foster care, where they could be assessed and matched with appropriate caregivers. According to the State agency, children typically stayed in the welcome centers for 24 to 72 hours, although this could vary based on the individual needs and availability of foster homes. As of the end of our fieldwork, the welcome centers remained unlicensed.

emergency placements can negatively impact the safety, health, and well-being of children in foster care.

Furthermore, although 49 State agencies responded to our questionnaire, not all of them provided all of the data we had requested, and 8 State agencies acknowledged that they did not keep records to track their use of temporary emergency placements. Maintaining complete and reliable data on the number of children staying in temporary emergency placements is essential to help ensure that each State's child welfare system fulfills its responsibility to protect and care for vulnerable children in foster care. Complete and reliable data on children housed in temporary emergency placements also enable ACF to hold State agencies accountable, support policy development and program management, and ultimately improve outcomes for children in foster care. Without more accurate and comprehensive data of this nature, ACF is hampered in its ability to assess the effectiveness of existing programs and to identify areas that need attention.

The information in this report reflects conditions at the time we conducted our questionnaire, followup questions, and interviews (as of January 2025) but may not capture all of the challenges that ACF and State agencies have faced or the actions they have taken to address those challenges.

We expect that ACF will use this information to collaborate with State agencies to improve the completeness and reliability of data related to temporary emergency placements, which will support efforts to reduce reliance on these placements and promote better outcomes for children in foster care.

RECOMMENDATION

We recommend that ACF consider the information in this report and work with State agencies to improve data collection and reporting on the use of temporary emergency placements for children in the Federal Foster Care Program, which, in turn, can be used to promote the health and safety of children who are in these placements.

ACF COMMENTS

In written comments on our draft report, ACF concurred with our recommendation and described corrective actions that it had taken and planned to take. Specifically, ACF stated that through the Home for Every Child Initiative, it is encouraging States to support children in "safe, stable, and appropriate environments" to avoid some of the risks associated with temporary or inappropriate placements. ACF also said that it is testing approaches to expand data collection to better understand State agencies' capacity to safely and stably support children, and added that information gathered will "directly inform future guidance on [F]ederal data collection" and support a systematic approach to improving data quality.

ACF's comments are included in their entirety as Appendix E.

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

This audit focused on a State-level analysis of data related to the use of temporary emergency placements to house children in foster care and a review of State agencies' policies and procedures, as well as challenges and risks that the State agencies have identified with respect to the use of these placements. We based the information in this report on responses to a questionnaire completed by State agency program administrators in all 50 States (i.e., the State agencies) and the District of Columbia (footnote 4). We distributed the questionnaire, obtained the responses, and followed up with the State agencies as necessary between March 7, 2024, and January 23, 2025.

We asked the State agencies to provide data for all children in foster care for whom the State agencies had legal responsibility for care and placement, including those who were eligible for services under Title IV-E of the Act and who were housed in temporary emergency placements such as a hotel or office setting during the period January 1, 2022, through June 30, 2023 (audit period). For the purposes of our analysis, any stays that extended beyond June 30, 2023, were treated as having ended on that date.

Forty-nine State agencies responded to our questionnaire, although not all of those that responded provided all of the data we had requested.

Our questionnaire also inquired about the use of hospitals, detention centers, and jails as temporary emergency placements for foster care children. In response, some State agencies stated that they used these facilities for such temporary emergency placements, including instances in which children remained in a hospital beyond the medically necessary timeframe because of the lack of a suitable or appropriate alternative where the child could safely stay until a more permanent placement could be identified. However, these State agencies did not track those stays separately from incidents that would have warranted use of these placements. (For example, some State agencies acknowledged that certain hospital stays were not medically necessary but could not identify these respective stays.) Therefore, because the data provided by the State agencies detailing these occurrences were limited and incomplete, we excluded these types of placements from the data we present and discuss in this report.

Furthermore, we limited our review of temporary emergency placements to those associated with children under the age of 18.

When data were available, we included only those stays for which the placements began and ended on different days.

The information in this report was, as reported to us by the State agencies, current at the time we distributed our questionnaires and posed followup questions; however, it may not represent all of the issues that ACF and State agencies have encountered or the actions they

have taken to address those issues. We did not generally verify the information that the State agencies provided to us or evaluate the effectiveness of the actions that the State agencies identified.

Additionally, we did not assess ACF's or the State agencies' internal controls as part of this audit.

We conducted this audit from March 2024 to May 2026.

METHODOLOGY

We took the following steps to accomplish our objective:

- Reviewed applicable Federal laws, regulations, and guidance
- Met with ACF staff to: (1) gain an understanding of ACF's role and responsibilities regarding the placement of children in foster care, (2) obtain information about the guidance and training that ACF has provided to State agencies regarding the use of temporary emergency placements, (3) obtain details about the types of data that ACF collects regarding children housed in these types of placements, and (4) obtain a list of State agency contacts
- Developed a questionnaire to gather data about all of the children in foster care who were housed in temporary emergency placements during our audit period
- Focused the questionnaire and followup questions on four key areas:
    - Quantitative data on foster care children housed in temporary emergency placements,[14]
    - Challenges and risks associated with the use of temporary emergency placements,
    - Factors that led to the use of temporary emergency placements, and
    - State agencies' efforts to minimize or eliminate the use of temporary emergency placements

[14] Specifically, we asked the State agencies to provide data for all of the foster care children who were housed, during our audit period, in temporary emergency placements such as a hotel, an office setting, hospital, jail, or other placements that were not designed to care for children. We also asked the State agencies to list each temporary emergency placement stay separately, so that we could identify children who had been housed in these types of placements multiple times during our audit period.

- Initially surveyed two State agencies—those of Missouri and Washington—and then refined our questionnaire

- Surveyed the remaining State agencies based on the refined questionnaire, and followed up with the State agencies as necessary to clarify their responses and obtain additional information

- Discussed the results of our audit with ACF officials and gave them detailed information pertaining to the issues we identified

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

APPENDIX B: USE OF TEMPORARY EMERGENCY PLACEMENTS BY STATE[15]

State	Number of Children	Number of Placements	Hotels	Offices	Other Unlicensed Facilities	Placement Type Not Specified
Alabama	65	110		X		
Alaska	**Did Not Track Usage of Temporary Emergency Placements**					
Arizona*	3,481	3,907			X	
Arkansas	194	201		X	X	
California*†	398	398	X	X		
Colorado*‡	93	124				X
Connecticut	**Did Not Use Temporary Emergency Placements**					
Delaware	**Did Not Provide Data**					
D.C.*	17	29		X		
Florida***	N/A	136	X	X	X	
Georgia	311	397	X	X		
Hawaii	**Did Not Track Usage of Temporary Emergency Placements**					
Idaho‡	163	204				X
Illinois	533	821		X	X	
Indiana	**Did Not Track Usage of Temporary Emergency Placements**					
Iowa	**Did Not Use Temporary Emergency Placements**					
Kansas	105	172		X		
Kentucky*††	96	141	X	X	X	
Louisiana*‡††	41	48				X
Maine	47	91	X		X	
Maryland*‡††	121	164				X
Massachusetts	**Did Not Use Temporary Emergency Placements**					
Michigan	120	162		X		
Minnesota	10	13	X	X		
Mississippi*‡‡	52	64	X			
Missouri	**Did Not Track Usage of Temporary Emergency Placements**					
Montana	**Did Not Provide Data**					
Nebraska	**Did Not Track Usage of Temporary Emergency Placements**					
Nevada‡‡	9	14	X	X		
New Hampshire*	13	17	X		X	
New Jersey	**Did Not Use Temporary Emergency Placements**					

[15] The column heading for "Other Unlicensed Facilities" refers generally to various other forms of temporary emergency placements that State agencies reported, including cabins in State Parks, emergency shelters, and assessment centers. Please also see the "Scope" section of Appendix A for information on the types of placements that we excluded from the data we present and discuss in this report.

State	Number of Children	Number of Placements	Hotels	Offices	Other Unlicensed Facilities	Placement Type Not Specified
New Mexico	69	149	X	X	X	
New York	**Did Not Track Usage of Temporary Emergency Placements**					
North Carolina[* **]	N/A	429	X	X	X	
North Dakota	63	63	X	X	X	
Ohio	**Did Not Track Usage of Temporary Emergency Placements**					
Oklahoma	120	130		X	X	
Oregon	115	435	X		X	
Pennsylvania	**Did Not Track Usage of Temporary Emergency Placements**					
Rhode Island	**Did Not Use Temporary Emergency Placements**					
South Carolina[‡]	204	365				X
South Dakota[††]	7	9	X	X		
Tennessee[* ‡ ** †† ***]	N/A	1,845				X
Texas[‡]	1,977	3,923				X
Utah	**Did Not Use Temporary Emergency Placements**					
Vermont[* ** ***]	N/A	44		X	X	
Virginia[*]	88	108	X	X	X	
Washington	239	612	X	X	X	
West Virginia	287	371	X	X		
Wisconsin	7	9		X	X	
Wyoming	**Did Not Use Temporary Emergency Placements**					
Total	**9,045**	**15,705**	**17**	**22**	**16**	**7**

[*] Arizona, California, Colorado, Florida, Kentucky, Louisiana, Maryland, Mississippi, New Hampshire, North Carolina, Tennessee, Vermont, Virginia, and the District of Columbia did not provide sufficient data to enable us to consistently identify the ages of the children in those States.

[†] California provided data on only a single temporary emergency placement stay per child and added that there may have been additional stays; however, according to the State agency, these stays "are not easily identifiable" in its system.

[‡] Colorado, Idaho, Louisiana, Maryland, South Carolina, Tennessee, and Texas reported using temporary emergency placements, such as hotels, offices, or other unlicensed facilities. However, those States did not provide sufficient data to enable us to identify the specific number of stays associated with each specific type of placement. For example, Maryland reported using temporary emergency placements on 164 stays; however, despite stating that it used hotels and offices as placements, the State did not include any identifier that would allow us to determine the number of stays that occurred at a hotel or an office.

[**] Florida, North Carolina, Tennessee, and Vermont did not in all cases provide sufficient data to enable us to identify the exact number of children who were housed in temporary emergency placements or the frequency with which these children were housed in these settings. For example, North Carolina's data included 429 stays; however, 160 of these stays did not include an identifier that could be associated with a specific child. As a result, we could not determine how many unique children were housed in temporary emergency placements in these States.

[††] Kentucky, Louisiana, Maryland, South Dakota, and Tennessee reported that they did not begin tracking their use of temporary emergency placements until after the beginning of our audit period. For example, Tennessee stated that it effectively began tracking children in these placements on April 22, 2022, and provided data only on the total number of children it had housed in temporary emergency placements after that date. Moreover, Tennessee did not specify whether it counted unique individuals or counted each stay separately.

[‡‡] Mississippi and Nevada did not identify when the temporary emergency placements ended or specify the total number of days per stay. As a result, we could not determine how long children in these States were housed in temporary emergency placements.

[***] Tennessee and Vermont provided limited summary-level data on their use of temporary emergency placements. As a result, we were unable to determine the exact number of children who were housed in these placements, the number of times children were placed, the number of days they were housed, the ages of the children, or the types of placements used.

APPENDIX C: FEDERAL FOSTER CARE PROGRAM, REQUIREMENTS, AND GUIDANCE

FEDERAL FOSTER CARE PROGRAM AND ACF DATA COLLECTION AND OVERSIGHT ACTIVITIES

The Federal Foster Care Program is an annually appropriated program that provides funding to States for the daily care and supervision of children who meet eligibility requirements. Within the Department of Health and Human Services, the Children's Bureau, a program office within ACF, is responsible for administering the Federal Foster Care Program. The Children's Bureau issues program instructions outlining the information that States must report to receive Federal funding.

In addition, the Children's Bureau uses the Adoption and Foster Care Analysis and Reporting System (AFCARS) to collect, from States, information on children in foster care placements, including placement details, runaway status, and adoption outcomes.[16] ACF uses the AFCARS to monitor and analyze data on foster care placements, including instances in which children are housed in temporary emergency placements (such as hotels and offices that are not designed to care for children).

Section 479 of the Act and implementing Federal regulations at 45 CFR §§ 1355.41—.45 require State agencies to report data on children in foster care, including placement and care responsibility, to the AFCARS. This requirement includes children in foster care under State placement and care responsibility, regardless of subsequent living arrangements.

Although State agencies are responsible for collecting and entering these data, ACF conducts data quality reviews using AFCARS data to monitor States' compliance with Federal laws and regulations. When issues in a State are identified, ACF provides assistance to the State agency and may require corrective actions. ACF complements these efforts with broader oversight activities, such as Title IV-E eligibility reviews and Child and Family Services Reviews (CFSRs).[17] Reliable AFCARS data contribute to these efforts by helping stakeholders understand key information about children in foster care, to include their demographics and placement experiences, and by supporting the development of strategies to improve outcomes for these children.

[16] The AFCARS collects data on children in foster care placements, including age, race/ethnicity, and sex. Placement information collected by the AFCARS includes the type of living arrangement, the number of previous placements, removal and discharge dates, and the relationship to foster parents.

[17] CFSRs are Federal evaluations by ACF's Children's Bureau that evaluate State child welfare programs for compliance with Federal standards. These evaluations assess how well States are ensuring the safety, permanency, and well-being for all children served by Title IV-B and Title IV-E programs, which includes but is not limited to children in foster care. CFSRs enable the Children's Bureau to: (1) ensure conformity with Federal child welfare requirements, (2) determine what is actually happening to children and families as they are engaged in child welfare services, and (3) assist States in enhancing their capacity to help children and families achieve positive outcomes.

FEDERAL REQUIREMENTS AND GUIDANCE

Funding for the Federal foster care program takes the form of open-ended entitlement grants to each State, contingent upon ACF approval of a State plan to administer the program.[18] Each State must therefore submit a plan to ACF for approval that designates the State agency that is responsible for administering the program (the Act § 471(a)(2)).

Each State plan must also designate a State authority (or authorities) responsible for establishing and maintaining standards for foster family homes and child care institutions, including safety-related standards. The State plan must also specify that the State applies these standards to any foster family home or child care institution receiving Title IV-B or Title IV-E funds (the Act § 471(a)(10) (footnote 2)).

The Act § 471(a)(10) also mandates that States establish and maintain licensing standards for foster family homes and child care institutions. These standards, which apply to all facilities receiving funds under Titles IV-B or IV-E, must ensure that these homes and institutions are reasonably in accord with recommended standards of national organizations. Additionally, the State plan must ensure that financial assistance is available for eligible children (the Act § 471(a)(1)) and that the State has developed and implemented standards to ensure that children in foster care placements receive quality services that protect their health and safety (the Act § 471(a)(22)).

The Act further specifies that a child is not eligible for foster care assistance under Title IV-E foster care if they have been placed in an unlicensed facility. A State can claim Title IV-E foster care maintenance payments only for cases in which an otherwise eligible child is placed in a licensed or approved foster family home or a licensed child care institution (the Act §§ 472(a)(2)(C) and 472(c)(1) and (2)).

Federal regulations (45 CFR § 1355.20) define "foster family home" as the home of an individual or family licensed or approved by a State or Tribal authority to provide 24-hour out-of-home care for children. This term includes both relative (kinship) and non-relative foster family homes. These regulations also define a "child care institution" as a private or public facility that accommodates no more than 25 children and is licensed or approved by a State or Tribal authority. This definition excludes facilities primarily intended for the detention of children.

Under the provisions of Federal regulations at 45 CFR §§ 1355.42(a)(1) and (a)(2), information on children in out-of-home care must be reported to the AFCARS. This includes children in foster care under State placement and care responsibility, regardless of subsequent living arrangements. The ACF AFCARS Technical Bulletin 20 (version 1.2 issued on January 14, 2022)

[18] An open-ended entitlement grant, such as that awarded under Title IV-E foster care funding, is a type of government funding that guarantees Federal financial support to eligible recipients without imposing a fixed cap on that funding.

states: “Agencies should use **child care institution-shelter care** if the living arrangement is short-term and designated to provide shelter. This option should be used for a short-term hotel or another short-term stay that does not fit any other response option.” (Emphasis in original.)

APPENDIX D: DETAILS ON THE CHALLENGES AND RISKS ASSOCIATED WITH USE OF TEMPORARY EMERGENCY PLACEMENTS

Many State agencies acknowledged in their responses to our questionnaire that temporary emergency placements are not appropriate for meeting the needs of children, and most State agencies acknowledged that the use of these placements created many challenges and risks. The discussion below provides details on the challenges and risks described to us by the 42 State agencies that reported using temporary emergency placements.

HARM TO SELF AND OTHERS

Twenty-four State agencies reported incidents in which children harmed themselves or others while in temporary emergency placements. These State agencies cited a range of safety concerns, including cases of children exhibiting aggressive behavior toward themselves or others, suicidal ideations, verbal or physical assaults on staff, and sexual harm. For example, one State agency (Oregon) attributed the continued use of temporary emergency placements for children to increases in aggressive behavior, suicidal ideation, and sexually harmful conduct. These concerns are starkly illustrated by a media report that a child in foster care tragically took their own life while staying in a hotel room in Oregon.[19]

Furthermore, multiple State agencies expressed concerns about the inherent risks associated with the use of temporary emergency placements. One State agency (Maine) noted: "Staff have expressed feeling inexperienced in caring for children with mental, physical, and behavioral health needs. They are concerned about being injured when caring for a child with aggressive or other dangerous behaviors. A few staff have been harmed when caring for children . . . . Staff have been punched, kicked, and had items thrown at them." Another State agency (Illinois) stated that, in the context of temporary emergency placements, "some of the challenges include the manifestation of the youth's trauma, which sometimes involves extreme violence and aggression." Concerns of this nature were underscored by a media report of an incident in which a Vermont State worker was sexually assaulted in a hotel room by a teenager she was assigned to supervise.[20]

Another State agency (Virginia) reported that a child in foster care was housed in a hotel with local staff providing continuous supervision. During this hotel stay, the child displayed escalating behavioral and safety issues, including taking property, attempting to take a vehicle, leaving supervision, and expressing thoughts of self-harm, which created situations requiring

[19] Oregon Public Broadcasting, "Child in Oregon state's custody dies while living in a hotel." Available online at https://www.opb.org/article/2024/08/05/child-foster-care-oregon-state-custody-dies-while-living-in-hotel/ (accessed on Apr. 8, 2026).

[20] VTDigger, "Teen in state custody sexually assaulted social worker in hotel, union leader says." Available online at https://vtdigger.org/2021/02/01/teen-in-state-custody-sexually-assaulted-social-worker-in-hotel-union-leader-says/ (accessed on Apr. 8, 2026).

intervention. Local staff contacted law enforcement multiple times in response to these unsafe actions, and the child was later transported to a hospital.

RUNAWAY RISKS

Thirteen State agencies reported that they had concerns about children running away from temporary emergency placements. One State agency (Missouri) noted elopement as a safety concern, including incidents in which children attempted to run away from offices and hotels.[21] Another State agency (Tennessee) said that children in temporary emergency placements, such as transition houses, may show difficult behaviors related to past trauma. This State agency specifically expressed its concern regarding instances of children running away from their placements. Other difficult behaviors, according to this State agency, may include aggression, fighting, substance use, or acute episodic psychosis.

PROPERTY DAMAGE

Fifteen State agencies reported incidents of property damage by children who were in temporary emergency placements. For example, one State agency (Alabama) reported an incident in which a fire was set in a building, as well as other incidents of damage to cubicles, lighting, equipment, and furniture. Another State agency (Georgia) said that liability for damages to hotel rooms and hotel lobbies, as well as destruction of property, had been an ongoing concern. A third State agency (Colorado) reported that children in these placements had been criminally charged for property damage and, in other cases, had brought dangerous substances and weapons into offices. Similar concerns were highlighted in a media report in Kentucky, which described an incident in which a teenager caused $27,000 in damage to a government office.[22]

INADEQUATE SUPERVISION

Although most State agencies stated that they had procedures in place to ensure that children are supervised while housed in temporary emergency placements, many State agencies reported facing numerous staffing-related challenges associated with the placements. State agencies emphasized that their staffs did not always have the necessary skills or training to meet the medical needs of the children. They also reported having an insufficient number of staff to ensure the safety and well-being of the children. Additionally, State agencies generally expressed concerns regarding the need for staff to work overtime to supervise the children

[21] In this context, elopement (also called "wandering") refers to situations in which a child or other individual "leaves a safe area or responsible caregiver." See related discussion by the HHS, Centers for Disease Control and Prevention, in Wandering (Elopement) | Child Development | CDC (accessed on Apr. 8, 2026).

[22] Lexington Herald Leader, "Teen in KY foster care office causes $27K in damage. Auditor says it's a 'systemic failure.'" Available online at https://www.kentucky.com/news/politics-government/article301180354.html (accessed on Apr. 8, 2026).

during non-work hours. In this context, 27 of these State agencies reported that they had issues with staff retention and recruitment.

One State agency (Arkansas) explained that the use of temporary emergency placements affected its workforce "because of the expectations of the job and having to be away from their own family in order to provide 24/7 supervision when children are in these placements. This leads to staff fatigue and burnout." Another State agency (Vermont) communicated that the pressures associated with supervising children in temporary emergency placements led to "exhaustion and decreased decision-making skills. The longer a child is placed in an emergency placement, the likelier [these negative effects on staff] are to escalate."

In general, the State agencies expressed concern that staff members supervising children in temporary emergency placements were not equipped to meet the needs of children who, for various reasons, often required higher levels of care. One State agency (South Carolina) reported that when children with such needs became a danger to themselves or others, they were often taken to the local emergency room. However, the State agency added that these children were typically assessed and then quickly discharged back to the care of State agency staff—potentially back into an office setting.

Another State agency (Washington) said that it experienced challenges with medication administration, including diabetes management and psychotropic medication management and control, because staff had not received the necessary training. The agency also noted that some children had medical needs that exceeded staff training and capabilities.

DELAYED ACCESS TO CARE

Eighteen State agencies expressed concerns regarding children's timely access to necessary health or behavioral services while in temporary emergency placements. According to responses from multiple State agencies, more children with behavioral and mental health needs were entering foster care and in need of specialized therapeutic foster homes, residential treatment, or other types of support services. These State agencies stated that these children faced tremendous challenges and added that instability in their placements could be detrimental to their mental health—often manifesting as behavioral issues. Delays in the provisions of needed services, the State agencies added, could add to a child's already heightened trauma.

One State agency (Kansas) stated: "Youth who are not in a long-term placement (whether that is in an office or another short-term option) experience delays in accessing mental health services." Another State agency (Maryland) noted: "maintaining therapeutic services can also be a challenge, if the hotel is not near the provider, or if telehealth is not possible." A third State agency (Virginia) reported: "many displaced/HA [footnote 12] youth have extremely intricate medical needs that must be met. Most unapproved settings are not equipped to provide for these life-threatening needs and remaining in such settings unnecessarily increases the medical risk for the child."

INAPPROPRIATE ENVIRONMENT

Eighteen State agencies stated that the temporary emergency placements were not designed to provide home-like environments and did not support the stability needed for the development of a healthy child.

As an illustration, one State agency (Kentucky) expressed concern about whether children had "access to showering facilities, access to activities . . . access to meal preparation spaces." Another State agency (Louisiana) said that the challenge in using these placements was to ensure, among other things, that "healthy meals are provided three times a day." Another State agency (South Dakota) stated: "Office space and hotel settings are not home-like settings in that they offer little to no privacy, cramped living space, and no separation for individual time for the child if needed. The child is also denied opportunities to interact and socialize with peers their own age and only [has] interactions with adults."

ACCESS TO SCHOOLS

Eighteen State agencies reported that the use of temporary emergency placements could hamper efforts to ensure that children in foster care regularly attend school. For example, if the temporary housing was far from the child's designated school, transportation could become a challenge. Additionally, eight State agencies reported that children in these placements frequently did not attend school, as the placements were short-term in nature and there were often barriers to enrolling a child in school without having a permanent placement identified for that child.

ADMINISTRATION FOR CHILDREN & FAMILIES
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June 5, 2026

Carla J. Lewis
Acting Deputy Inspector General for Audit Services
U.S. Department of Health and Human Services
330 Independence Avenue, SW
Washington, DC 20201

Dear Acting Deputy Inspector General Lewis:

The Administration for Children and Families (ACF) appreciates the opportunity to respond to the Office of Inspector General draft report titled, *National Overview of State-Level Challenges and Efforts to Minimize or Eliminate Temporary Emergency Placements in Foster Care, (*A-07-24-06114). Please find our comments and responses to the draft report recommendation below.

Recommendation 1: We recommend that ACF consider the information in this report and work with state agencies to improve data collection and reporting on the use of temporary emergency placements for children in the Federal Foster Care Program, which in turn can be used to promote the health and safety of children who are in these placements.

ACF Response:
ACF concurs with the recommendation that we collaborate with state agencies to enhance data collection and reporting on temporary emergency placements. Through the Home for Every Child Initiative, ACF is encouraging states to ensure that the children in their care are supported in safe, stable, and appropriate environments in order to avoid some of the risks and undesirable consequences associated with temporary and /or inappropriate placements - especially for children and youth with significant challenges. As part of that effort, ACF is testing approaches to expand data collection to build a better understanding of how state agencies develop and maintain the appropriate capacity to safe and stably support children in their care and custody. Information collected as part of this initiative will directly inform future guidance on federal data collection, and ACF intends to work directly with state agencies to develop a systematic approach to improved data quality in this area.
Thank you again for the opportunity to review this draft report. Please direct any follow-up inquiries to Latasha Abney, Director, Office of Grants Policy at (202) 401-5324.

Sincerely,

Alex J. Adams
Assistant Secretary
Administration for Children and Families
U.S. Department of Health and Human Services

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Anyone may request confidentiality. The Privacy Act, the Inspector General Act of 1978, and other applicable laws protect complainants. The Inspector General Act states that the Inspector General shall not disclose the identity of an HHS employee who reports an allegation or provides information without the employee's consent, unless the Inspector General determines that disclosure is unavoidable during the investigation. By law, Federal employees may not take or threaten to take a personnel action because of whistleblowing or the exercise of a lawful appeal, complaint, or grievance right. Non-HHS employees who report allegations may also specifically request confidentiality.

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