A Portrait of Virginia's
Child Welfare System

Children need a safe, supportive, stable family life to grow up socially capable and emotionally secure. Children must be protected from all forms of abuse or neglect. Vulnerable families should have access to supports that bolster family strengths, promote positive child-rearing and reduce the likelihood of abuse and neglect. When children must be removed from their homes, public systems must perform the dual roles of ensuring that children have living situations as family-like and stable as possible while simultaneously striving to promote family reunification or, if needed, to find an alternative permanent family for the child.

Child Maltreatment

Every 90 minutes, there is a substantiated ("founded") incident of child abuse and neglect in Virginia. In SFY 2010, more than 6,200 Virginia children were involved in founded investigations, an increase of 5% from SFY 2009. Tragically, every eight days a child dies from maltreatment.[1] Annually more than three out of every 1,000 children in Virginia are involved in documented cases of abuse and/or neglect (Table 1).[2]

Child abuse and neglect is an area affected by a lack of uniformity in documentation and reporting that is exacerbated by differing community standards that affect whether maltreatment is considered abuse. This lack of uniformity is exhibited in the varying rates of cases of child abuse and neglect reported by localities within Virginia, which range from 0 to 23.5 per thousand children.[3]

In 2003, Virginia implemented a Differential Response System, which gives local departments of social services the flexibility to investigate reports (the traditional response) or conduct a family assessment. When a local department of social services (LDSS) receives a report of child abuse or neglect, the report is first assessed for urgency and validity. Then LDSS staff must consider the potential immediate danger to the child and the severity of the allegation to determine whether a family assessment or investigation is most appropriate. Family assessments may be used in low to moderate-risk cases that have no immediate safety concerns and are intended to engage families, tap into strengths, reduce the adversarial tension that accompanies a traditional investigation, and utilize community resources and the family's natural support network.[4] Supportive services that may be offered during a family assessment include: counseling, day care, parent support groups, and substance abuse services. If an investigation is conducted, then a finding of either founded or unfounded must be made based on information collected by LDSS staff. If the case is "founded," the responsible caretaker's name is entered into Virginia's Central Registry, which is used when individuals are applying to be foster or adoptive parents or are applying for jobs with close contact with children including child care worker in a licensed center, worker in a children's residential facility, and teacher.

Table 1. Child Abuse and Neglect Report Outcomes Since Differential Response System Implementation
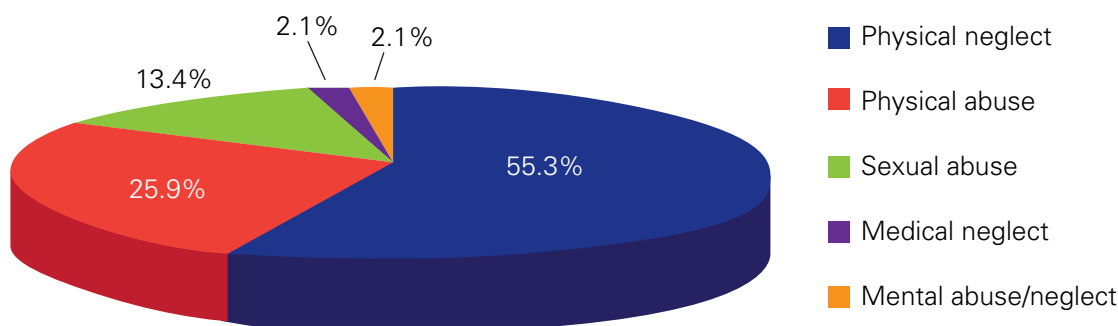
| | Option 1: Investigation | | Option 2: Assessment | Rate of Abuse/ Neglect per 1,000 Children |
	Children in Founded Investigations	Children in Unfounded Investigations	Children Receiving Family Assessment	
SFY 2010	6,234	8,187	34,185	3.4[5]
SFY 2009	5,921	7,791	33,859	3.2
SFY 2008	6,101	8,623	35,956	3.3
SFY 2007	6,487	8,475	30,289	3.4
SFY 2006	7,330	10,368	29,432	3.9
SFY 2005	7,011	10,031	28,036	3.9
SFY 2004	6,876	10,686	29,883	3.8
SFY 2003	6,565	12,177	27,639	3.7

Virginia Department of Social Services

Compared to other states, Virginia has the fourth lowest rate of founded cases of child abuse and neglect. However, comparing rates across states is problematic because of variations in state law, definitions, and standards of evidence.[6] For example, not all states offer a differential response system with a family assessment track. Additionally, because Virginia has a state-supervised, locally administered social services system, it can be difficult to compare rates across localities because of variable social service staffing and practice and community standards. Drawing implications from the rate of child abuse and neglect is problematic because a low rate may be indicative of a real difference in level of abuse in different communities or may merely reflect differences in reporting patterns, documentation, investigation procedures, and standards.
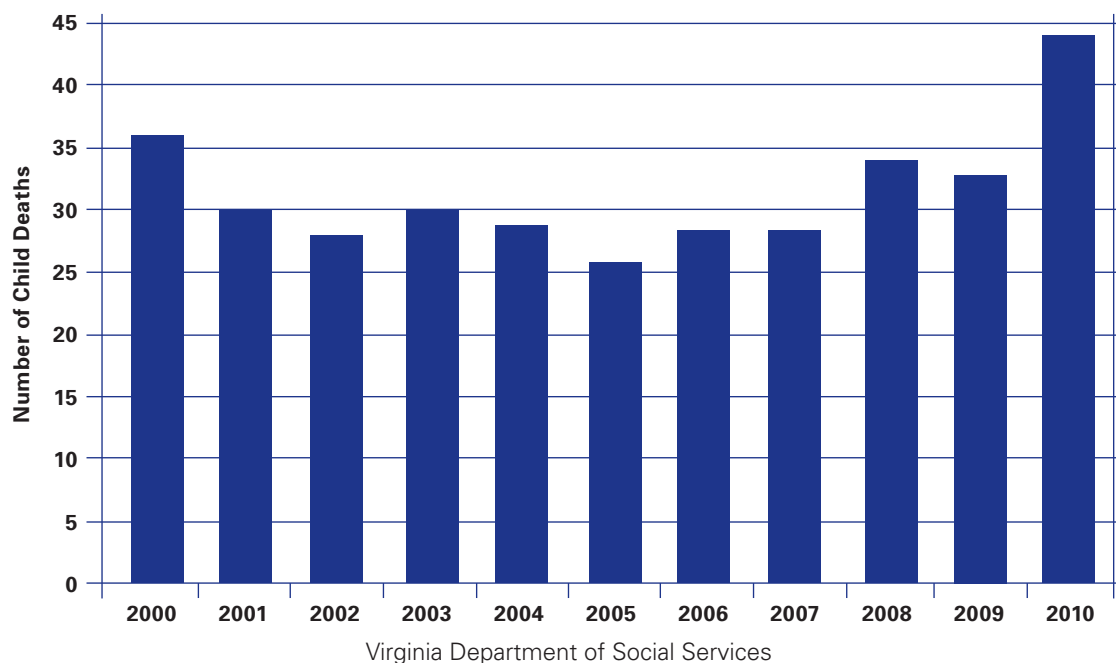
The most common type of child maltreatment in founded investigations in Virginia is physical neglect, which accounts for more than half of maltreatment incidents (Figure 1).   Physical neglect is the failure to provide food, clothing, shelter, and/or supervision to a child to the point that the child's health is endangered (see Appendix A for definitions of types of abuse and neglect).[7] In FY 2010, 45 children in Virginia died as a result of severe abuse and neglect, an increase from 34 children in 2009 (Figure 2). Forty-one of these children (91%) were age 4 or younger.[8,9] Very young children are especially vulnerable due to their "dependency, small size, and inability to defend themselves."[10]

Figure 1. Types of Child Maltreatment in Founded Investigations (FY2010)

- Physical neglect — 55.3%
- Physical abuse — 25.9%
- Sexual abuse — 13.4%
- Medical neglect — 2.1%
- Mental abuse/neglect — 2.1%

Virginia Department of Social Services

Figure 2. Child Deaths Due to Abuse or Neglect, FY00-FY10

Virginia Department of Social Services

Children's Services System Transformation

In December 2007, Virginia's child-serving agencies launched the Children's Services System Transformation initiative. The Transformation included three primary goals: 1) adopt a statewide philosophy in support of "family-focused, child-centered, community-based care with a focus on permanence for all children," 2) implement a standard practice model focused on permanence, thereby increasing the number of relative and non-relative foster parents, and 3) implement rigorous outcome measurements to ensure quality and enhance accountability.[11]

The Transformation was necessary because the child welfare system was failing to provide permanence for too many children in the foster care system. In child welfare, permanence refers to a long-term, meaningful connection between a child and a caring adult. A child in foster care is deemed to have achieved permanence when he or she has been reunified with birth parents, adopted, or transferred to the custody of a legal guardian.[12]

Some of Virginia's pre-Transformation failures included:

- The highest percentage of youth in the nation who "aged out" of the foster care system without achieving permanence (2007).[13]
- Overutilization of group homes and residential treatment centers, especially as initial placements.
- A low rate of timely adoptions (18% versus the national average of 23% in 2003).
- A meager 2% adoption rate among youth who entered foster care at age 12 or older (2007).[14]

During 2008, the first year of the initiative, the Transformation focused primarily on 13 jurisdictions that were targeted because they had large numbers of children in foster care and/or were geographically diverse (urban, rural, and suburban). In January 2009, the Transformation initiative moved beyond the initial 13 jurisdictions and was implemented statewide. Foster care data must be viewed in light of this major focus on system improvements, particularly the focus on improving permanency and outcomes for youth and their families.

Since the launch of the Transformation, the following successes have been achieved:

- The percentage of youth in foster care discharged to permanency increased from 64.3% in December 2007 to 72.9% in December 2010.
- The percentage of foster youth in group care decreased from 25.4% in December 2007 to 15.2% in December 2010, a more than 40% decrease.
- The total number of children (under age 18) in foster care has decreased by 27%; from 7,557 to 5,481 between December 2007 and December 2010.[15]
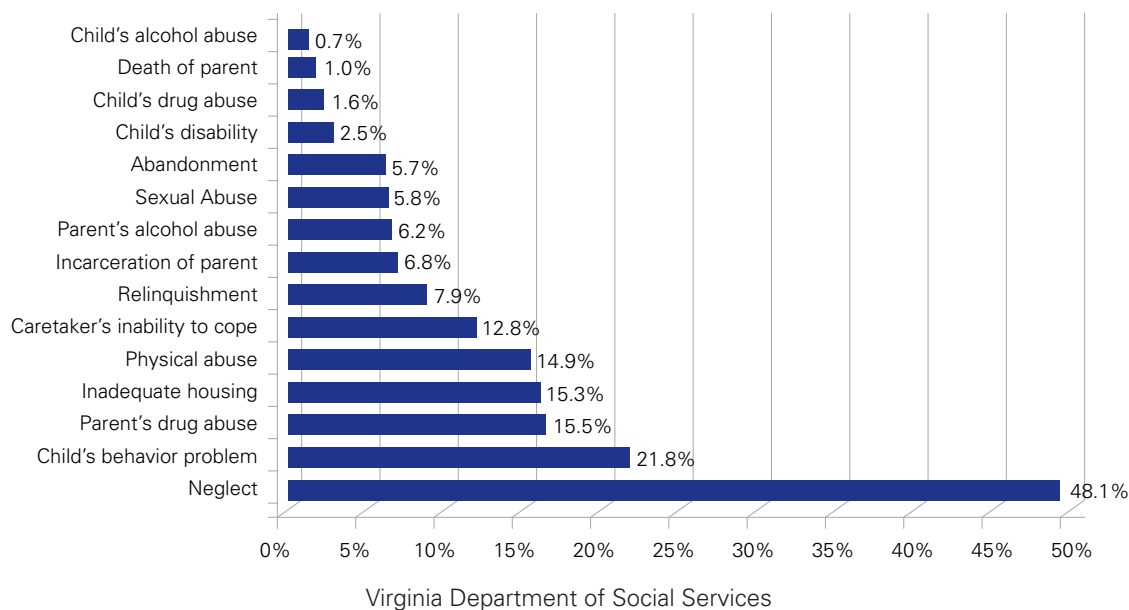
It is important to note that juvenile justice intakes and probation cases actually decreased between 2007 and 2009 (4% and 8% respectively) meaning that these youth were not being diverted to another child serving system.[16]

The successes of Virginia's Transformation effort are being used as a model for other states and shared through a publication of the Annie E. Casey Foundation, Back on Track: Transforming Virginia's Child Welfare System.[17]

Foster Care

Legal custody of a child is given to a local department of social services when a court determines a child can no longer remain safely in his or her home. Nearly 5,500 children and youth were in Virginia's foster care system in December 2010, a 27% decrease since January 2007.[18] Additionally, in December 2010, more than 550 18, 19, and 20 year olds (who were in foster care on their 18th birthday) continued to receive some services, particularly independent living services.[19] Children enter Virginia's foster care system for varied and complex reasons (Figure 3).

Figure 3. Reason for Entering Foster Care (Point-in-Time Count, December 2010)

Reason	Percentage
Child's alcohol abuse	0.7%
Death of parent	1.0%
Child's drug abuse	1.6%
Child's disability	2.5%
Abandonment	5.7%
Sexual Abuse	5.8%
Parent's alcohol abuse	6.2%
Incarceration of parent	6.8%
Relinquishment	7.9%
Caretaker's inability to cope	12.8%
Physical abuse	14.9%
Inadequate housing	15.3%
Parent's drug abuse	15.5%
Child's behavior problem	21.8%
Neglect	48.1%

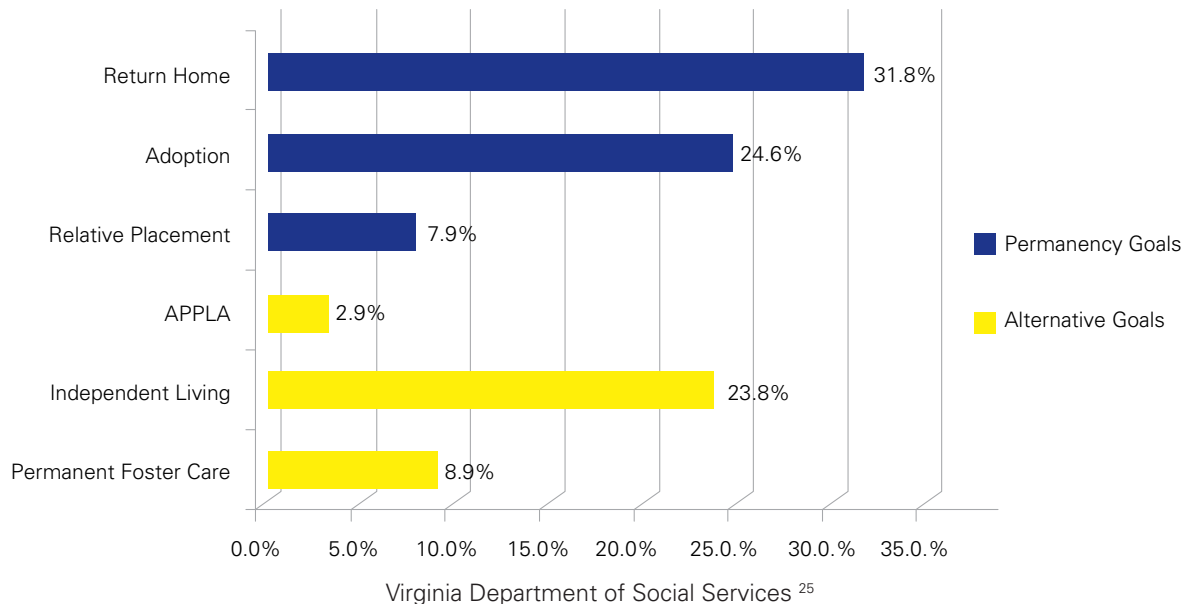Virginia Department of Social Services

The reasons for entering care as exhibited in Figure 3 are not mutually exclusive; a child may enter foster care for multiple reasons. Child neglect is the leading reason children enter Virginia's foster care system, accounting for 46% of children entering care. After neglect, the second most cited reason for entry is child's behavior problem, which is when the child's "behavior in the school and/or community that adversely affects socialization, learning, growth and moral development."[20] These may include adjudicated or non-adjudicated child behavior problems. This would include the child's running away from home or other placement.[21] The third most cited reason is parent drug or alcohol use, which is defined as the parent's compulsive use of drugs or alcohol.[22]

Federal and state law requires that a service plan be prepared for every child in foster care. The service plan is essential to the provision of services and details the reason the child is in care, the child's placement, permanency goal, educational status, health status information, plan for visitation with prior custodian and siblings (if applicable), and services that will be offered. The permanency goal is a key element that drives much of the service planning and placement. As shown by the yellow bars in Figure 4, the goals for more than 35% of the children in foster care in 2009 were Independent Living, Permanent Foster Care, or Another Permanent Planned Living Arrangement (APPLA), which are goals that very rarely lead to permanency for youth.

In fact, the federal child welfare framework does not include Independent Living or Permanent Foster Care as goals. Youth with these goals emancipate or age out of the foster care system at an extremely high rate. A recent study conducted by the Virginia Department of Social Services showed that among children discharged from foster care with an "alternative goal" (yellow bars), only 10% are discharged to a permanent placement (return home, adoption, custody transferred to a relative). Conversely, children discharged from care who had true permanency goals had a 91% rate of being discharged to a permanent placement.[23]

Because the Independent Living goal does not lead to permanency, Voices and partners successfully advocated with the 2011 General Assembly to eliminate Independent Living as an allowable goal. Independent living services, which include services related to housing, employment, money management skills, education, and counseling, will continue to be provided to youth age 14 and older. Independent living arrangements, which is a living situation for youth age 16 or older where the youth "does not have daily substitute parental supervision," remain available as a placement option.[24]

Figure 4. Most Recent Permanency and Alternative Foster Care Goals, 2009

Virginia Department of Social Services [25]

When a child enters foster care, the preferred placement options are relative or non-relative foster care because these are the least restrictive and most normative options.[26] Restrictive group care settings such as group homes, residential treatment, and inpatient psychiatric care should only be used when clinically necessary. National experts such as the Casey Child Welfare Consulting Group recommend that no more of 10% of placements be in a group setting.[27] Table 2 shows recent placement type for youth in foster care.

Table 2. Type of Most Recent Foster Care Placement, 2010

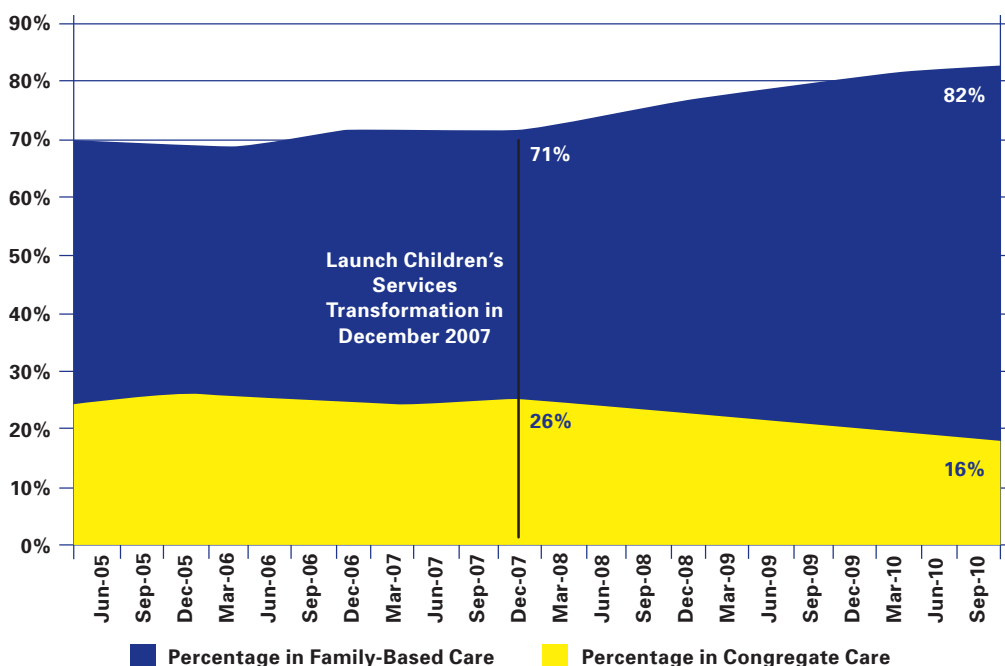|	Number of Children	Percent
Non-relative Foster Home	3,658	61%
Institution	552	9%
Group Home	344	6%
Pre-adoptive Home	250	6%
Trial Home Visit	264	4%
Independent Living Placement	366	6%
Relative Foster Home	319	5%
Runaway	23	0.5%
Unknown	225	4%

Virginia Department of Social Services, Snapshot of Children in Care (December, 2010)

Notably, there is minimal use of relative foster care, with these placements accounting for only 5% of all placements in Virginia, compared to 26% in other states.[28] In addition, Virginia does not yet have a formalized custody assistance program for relatives caring for children exiting foster care. Custody assistance, sometimes called kinship care, subsidized custody, or subsidized guardianship, is a program whereby relatives are given custody or guardianship of their relative child(ren) as well as financial support, thereby avoiding placement or allowing children to exit the foster care system. Research demonstrates numerous benefits of kinship care, including increased placement and school stability, decreased likelihood of running away, and greater likelihood of being placed with siblings. Also, children and youth in kinship care report more positive perceptions of their placements and have fewer behavioral problems than their counterparts in non-relative foster care and group care.[29] As of this writing, the Commissioner of the Department of Social Services just approved a limited custody assistance program that is scheduled to be implemented in late 2011 or early 2012.

Local Social Services workers anecdotally report that Virginia diverts a sizable number of children to placements with relatives as an alternative to entering the foster care system. These families do not receive the same supports, such as a maintenance payment and Medicaid, as foster care families; therefore the extent and success of these placements are not well known. Also, the birth parent does not necessarily receive the same treatment services or supports, and there is not a clear path for the parent to retrieve legal custody.

Since the launch of the Transformation initiative in 2007, there has been a notable decline in the use of group care placements from 25% to 15% and an increase in family-based placements from 71% to 82% (December 2007 compared to December 2010). Figure 5 shows the use of family-based and group placements over time.
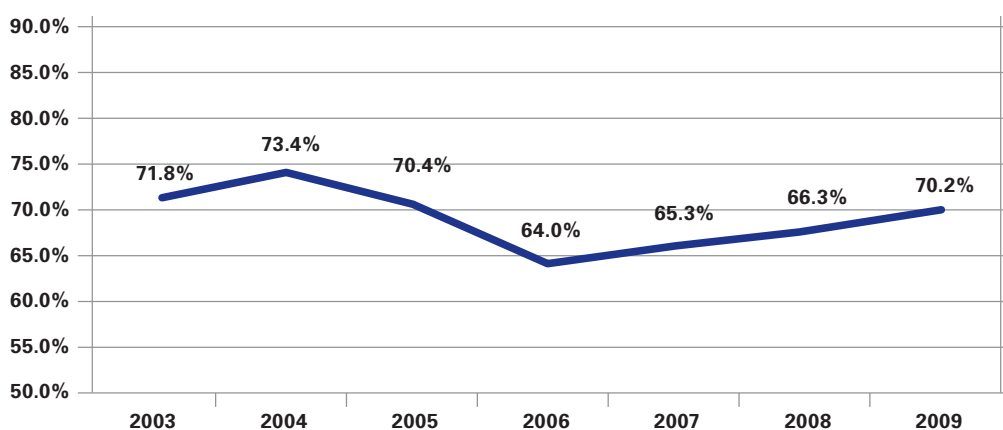
Figure 5. Foster Youth in Family-Based or Group Care Before and After Transformation Initiative, 2005-2010

Virginia Department of Social Services

A May 2007 report released by the Pew Charitable Trust noted that Virginia had the highest percentage of youth who age out of the foster care system without achieving permanence.[30] Increasing permanence has been a major focus of the Transformation and has improved since the launch of the initiative in December 2007. Although trending downward for several years previously, the percent of children exiting to permanent placements has improved since the launch of the Transformation. The philosophy, policy, and practice changes associated with the Transformation seem to have reversed the negative trend of fewer and fewer youth being discharged to permanency that Virginia experienced in 2005 through 2007 (see Figure 6). Recent data suggest that Virginia has moved from a ranking of 50 in the percentage of youth aging out of foster care to a ranking of 49. [31]

Figure 6. Percent of Children Discharged to Permanent Placement, 2003-2009

Virginia Department of Social Services

Children with Disabilities in Foster Care

National data show a strong linkage between involvement in the child welfare system and child disability. For example, when compared to youth without disabilities, those with disabilities are between 1.5 and 3.5 times more likely to have experienced abuse or neglect.[32] In some instances the disability occurs as a result of or is exacerbated by abuse. National data also suggest that children born with disabilities are more often abused and custody of youth with disabilities is relinquished to the foster care system more frequently.[33] Virginia data show that just over 12% of children in the foster care system have a disability such as an intellectual or physical disability, visual or hearing impairment, emotional disturbances or other medical condition (Table 3). Considering national findings regarding prevalence of youth with disabilities in the foster care system, these data may grossly underestimate the extent of the problem in Virginia.

Table 3. Children with Disabilities in the Foster Care System – October 2009

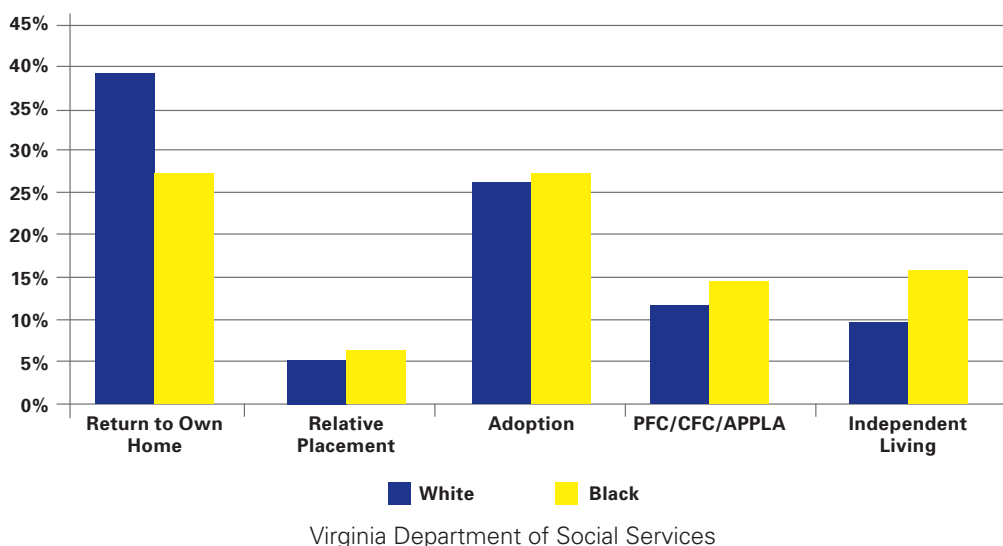|	Number	Percent
Child Diagnosed with Disability	810	12.27%
Mental Retardation	215	3.26%
Visual / Hearing Impaired	50	0.76%
Physically Disabled	540	8.18%
Emotionally Disturbed	395	5.98%
Other Medical Condition	51	0.77%

Virginia Department of Social Services

Several data sources are available that point to the prevalence of children in Virginia's foster care system who have mental health problems. The DSS documentation system allows caseworkers to track if a child is "emotionally disturbed" and the CSA system tracks diagnosed mental health disorders. There is wide variation by locality in the number of children in CSA (not just children in foster care) who have a diagnosed mental health disorder, ranging from no children in some localities to 100% of the CSA population in other localities.[34] Such wide variation in rates of diagnoses raises questions about accuracy of the data and variability in data collection processes statewide. Without accurate data, it difficult to draw conclusions about the extent of the mental health needs of these children.

Racial Disparities in Virginia's Foster Care System

National data show that while Black children make up only 18% of the child population, approximately 37% of children in foster care are Black.[35] Virginia data show a similar disparity: 23% of the child population is Black[36] but Black children make up 39% of Virginia's foster care population.

Racial disparities are also evident in data on foster care goals. Black children are less likely than their White counterparts to be assigned the permanency goal of Return Home (29% versus 38%). Also, Black children are more likely to be assigned the alternative goals Independent Living and Permanent Foster Care (Figure 7).

Figure 7. Most Recent Caseplan Goal by Race, June 2010

Virginia Department of Social Services

Opportunities Afforded by the Federal Fostering Connections to Success Act

The Fostering Connections to Success and Increasing Adoptions Act ("Fostering Connections Act" or "the Act"), the most comprehensive child welfare legislation in more than a decade, became law in October 2008. This federal law includes mandates and opportunities for states to improve educational and health outcomes for children in foster care and to promote permanency through relative custody and adoption. Since its passage, the Virginia Department of Social Services, the Department of Medical Assistance Services (Medicaid Agency), and the Department of Education have been collaborating to implement the Act.

The Fostering Connections Act specifically promotes relatives as a placement option for youth in the child welfare system. The Act requires that relatives receive notice from social services when a child enters the foster care system. This notice must explain options to the relative for participation in the care of the child including the option and benefits of becoming a foster parent. Also, for children who cannot return home or be adopted, the Act provides federal funds for a child up to age 18 to live permanently with a relative caregiver in a subsidized custody arrangement. Federal funds were also allocated to provide grants to states to obtain a kinship navigator program to help children living with relatives find services and supports they may need.[37] Finally, the Act gives states discretion to waive some non-safety licensing standards, such as minimum square footage per person and separate bedrooms for each child, for relatives willing to become foster parents.[38]

With regard to educational stability and success, the Act requires that when a child enters care or changes placement, he or she may remain in the "home school" (the school the child attended when he or she entered foster care) when it is in the child's best interest. The Act also addresses health care outcomes by requiring each state's child welfare agency to work with the state's Medicaid agency to coordinate health care. The provisions specifically require appropriate screenings, treatment, information sharing among providers, and prescription oversight. Other options included in the Act include increased federal training funds, supports for Indian Tribe child welfare programs, flexibility and funding for states to allow 18, 19, and 20 year old youth to continue receiving foster care services, and incentives for adoption and funding for adoption assistance.[39]

Currently, the Virginia Department of Social Services is working on implementing some of the options of the Act. The Department established workgroups for various components of the law including health care, education, and custody assistance. As of this writing, the Virginia Child Welfare Policy Network, a network formed in mid-2010 by Voices for Virginia's Children, the Virginia Poverty Law Center, FACES of Virginia Families, and the JustChildren Program of the Legal Aid Justice Center, has created a workgroup to assess and monitor Virginia's implementation of the Fostering Connections Act.

Conclusions and Implications

The Children's Services Transformation Initiative can be credited with marked improvements in Virginia's child welfare system. More youth are exiting having achieved permanence and more children are placed in family-based settings. In order to continue the progress, it is essential that Virginia maintains a high level of commitment and provides the necessary leadership on this effort.

Several Virginia child welfare indicators, especially when compared to national trends, suggest the need for further study. In particular, the relatively low number of youth in foster care identified as having a disability may reflect inadequate screening, which could result in insufficient provision of needed services. Also, racial disparities related to number of children in care and the type of permanency goal assigned suggest the need for further analysis. Studies in other states have shown that Black children have higher entry rates into foster care, receive fewer services while in care, remain in care for longer periods of time, and are afforded fewer visits with their parents.[40] Virginia data should be further analyzed to determine if these same disparities exist in Virginia.

Similarly, some of the indicators suggest the need for policy action. While great strides have been made with the increase of family-based care as opposed to more restrictive group care placements, Virginia still has a very low rate of placing young people in relative foster homes. As cited previously, some social services workers report this is due to the use of kinship placements as an alternative to a child ever entering the foster care system. Because Virginia does not yet have a formal subsidized custody program, relatives caring for young people in kinship placements outside of the foster care system do not currently receive maintenance payments to care for the youth and the young people do not automatically qualify for Medicaid health care benefits. Several policy options should be investigated, including increasing the use of formal relative foster care placements when appropriate. Also, advocates and policymakers should closely monitor the implementation of the pilot subsidized custody program, and if successful, the program should be expanded to include more children and relative caregivers.

Several indicators cited in this report seem to have reliability issues due to documentation problems. Accurate data are essential to drawing conclusions and developing policy recommendations. State agencies should continue their efforts to provide training and technical assistance to those collecting and reporting data to ensure that the data are as accurate as possible.

Voices' Impact on Child Welfare in Virginia

In the seven years Voices has worked on child welfare policy issues, significant shifts in policy and funding have improved outcomes for children in Virginia's child welfare system. Many of these improvements have occurred as a result of advocacy in conjunction with former First Lady Anne Holton's For Keeps Initiative and the Children's Services System Transformation. Such improvements included a more than 35% increase in financial reimbursement to foster and adoptive parents, improved foster and adoptive parent recruitment and retention, enhanced training for child welfare workers, and the creation of a fiscal incentive system to serve more children in community, family-based settings.

Voices' partnerships with other organizations have been instrumental in effecting change. Key partners include: the Virginia Poverty Law Center, FACES of Virginia Families, the JustChildren program of the Legal Aid Justice Center, and the League of Social Services Executives Child and Family Services Committee. Voices has also had a key partnership with the Virginia Department of Social Services that has resulted in collaborative policy development and sharing of data.

In addition to the reforms achieved in conjunction with For Keeps, Voices worked with the Virginia Poverty Law Center to successfully advocate for several improvements that particularly benefit older youth in foster care. In 2008, legislation passed that provides youth ages 18-21 who leave foster care a window of 60 days in which to restore the independent living services they were receiving before they left. The same year, legislation was also passed to require an Independent Living Services Plan to be included in all Service Plans for youth age 14 and older. In 2009, a significant policy change was enacted to allow birth parents of children in foster care to enter into a "post-adoption contact and communication" agreement with potential adoptive parents, which had been previously prohibited in Virginia. Some birth parents and youth reported they would not consent to termination or adoption because birth parents were legally prohibited from having any contact with their child once their parental rights were terminated. This movement to an optional more open adoption process strives to expedite the process of moving youth to permanent placements. As described above, in 2011 Voices, VPLC and FACES successfully advocated eliminating Independent Living as an allowable permanency goal. This law goes into effect in July 2011; youth who currently have Independent Living as their permanency goal may retain that goal until they leave foster care.

In 2008, several policy changes were also enacted to improve family connections for children in foster care. Voices and partners successfully advocated for improved sibling visitation. Also, in order to support relative caregivers, Voices and partners advocated for legislation to allow relatives to receive TANF-child only payments (Temporary Assistance to Needy Families, sometimes known as cash assistance) on behalf of relative children who are in their care as a result of abuse and/or neglect, even if the birth parents had exhausted their entitlement to those benefits. This assistance, which is significantly less than a foster care payment, helps the relative care for the child, thereby preventing the child from entering the foster care system.

In response to the Federal Fostering Connections to Success Act, Voices collaborated with partners to advocate during the 2011 General Assembly session for legislation for increased educational stability for children in foster care. This law, which goes into effect in July 2011, allows for the child to remain in the same school when they enter care or experience a placement change if it is deemed in their best interest by Social Services and their local school. Educational stability is important for youth, especially when that youth is experiencing other drastic changes such as entering the foster care system or moving to a new foster care placement.

In addition to impacting policy, Voices worked with partners including VPLC and FACES of Virginia Families to amplify the voices of youth in foster care. During 2008 and 2009, Voices co-led VOICES for Change, an art-writing-photography contest that asked teens in foster care to submit pieces that reflect their experiences as youth in the foster care system. The contest reached more than 200 youth in foster care. The resulting poems, essays, photos, drawings, paintings and more were published in two books that have been distributed widely to community-leaders throughout the Commonwealth.

Appendix A

22VAC40-705-30(A). Physical abuse occurs when a caretaker creates or inflicts, threatens to create or inflict, or allows to be created or inflicted upon a child a physical injury by other than accidental means or creates a substantial risk of death, disfigurement, or impairment of bodily functions.

22VAC40-705-30(B). Physical neglect occurs when there is the failure to provide food, clothing, shelter, or supervision for a child to the extent that the child's health or safety is endangered. This also includes abandonment and situations where the parent or caretaker's own incapacitating behavior or absence prevents or severely limits the performing of child caring tasks pursuant to § 63.2 –100 of the Code of Virginia. This also includes a child under the age of 18 whose parent or other person responsible for his care knowingly leaves the child alone in the same dwelling as a person, not related by blood or marriage, who has been convicted of an offense against a minor for which registration is required as a violent sexual offender pursuant to §9-1.902.

22VAC40-705-30(B)(1). Physical neglect may include multiple occurrences or a one-time critical or severe event that results in a threat to health or safety.

22VAC40-705-30(C). Medical neglect occurs when there is the failure by the caretaker to obtain and or follow through with a complete regimen of medical, mental or dental care for a condition which if untreated could result in illness or developmental delays pursuant to § 63.2-100 of the Code of Virginia. However a decision by parents or other persons legally responsible for the child to refuse a particular medical treatment for a child with life-threatening condition shall not be deemed a refusal to provide necessary care if (i) such decision is made jointly by the parents or other person legally responsible for the child and the child; (ii) the child has reached 14 years of age and is sufficiently mature to have an informed opinion on the subject of his medical treatment; (iii) the parents or other person legally responsible for the child and the child have considered alternative treatment options; and (iv) the parents or other person legally responsible for the child and the child believe in good faith that such decision is in the child's best interest. Medical neglect also includes withholding of medically indicated treatment.

22VAC40-705-30(D). Mental abuse or neglect occurs when a caretaker creates or inflicts, threatens to create or inflict, or allows to be created or inflicted upon such child a mental injury by other than accidental means or creates a substantial risk of impairment of mental functions.

22VAC40-705-30(E). Sexual abuse occurs when there is any act of sexual exploitation or any sexual act upon a child in violation of the law which is committed or allowed to be committed by the child's parents or other persons responsible for the care of the child pursuant to § 63.2-100 of the Code of Virginia.

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[8] Ibid.

[9] Virginia Department of Social Services. (2009, June). Retrieved from http://www.dss.virginia.gov/files/about/reports/children/cps/all_other/2009/annualstat.pdf.

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