

From: Massie, Lafond (VDSS)

Sent: Tuesday, April 04, 2017 9:20 AM

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Subject: FW: April 2017 Notification of Children's Residential Facilities (CRF) Issued a Provisional License

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-When you change the way you look at things, the things you look at change -



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

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BROADCAST

DATE: April 4, 2017

TO: All State and Local Staff
All Staff of the Office of Comprehensive Services

FROM: Charlene Vincent, Director
Division of Licensing – Children’s Programs

SUBJECT: Notification Report of Children’s Residential Facilities (CRF) Issued a Provisional License Due to Multiple Health and Safety Violations.

CONTACT(S): Robin Ely at (804) 662-7367 or robin.ely@dss.virginia.gov

This broadcast serves to alert relevant local governments and placing and funding agencies, including the Office of Comprehensive Services, to anticipate receipt of a mass distribution e-mail containing important up-dated information and website linkages about children’s residential facilities (CRFs).

The mass distribution e-mail will contain information about the status of initial and renewal applications, licenses that have been denied, and facilities that were issued a provisional license due to health and safety violations.

All state and local department staff can find the website linkages mentioned above on SPARK at <http://spark.dss.virginia.gov/divisions/dolp/>

The website linkages above can also be found on the department’s public website at <http://www.dss.virginia.gov/facility/crf.cgi>.

Current Initial CRF Applications in Process

Child Welfare Unit Contact Number: (804) 662-7053

FACILITY NAME	ADDRESS
Place of G.R.A.C.E.	17 Rex Avenue, Portsmouth, VA 23702

CRF Licenses Expiring in the Month of April 2017

FACILITY NAME	LICENSE EXPIRATION DATE
Open Arms Residential Services, LLC.	4/13/2017

VDSS, Division of Licensing Programs
Child Welfare Licensing Unit
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REPORT OF ISSUANCE OF A PROVISIONAL LICENSE OR DENIAL OF LICENSE
FOR CHILDREN'S RESIDENTIAL FACILITIES BY THE DEPARTMENT OF SOCIAL SERVICES

Provisional Licenses Issued:

FACILITY NAME	FACILITY LOCATION	EFFECTIVE DATE	EXPIRATION DATE	INSPECTOR NAME AND PHONE NUMBER

Denial of Licensure:

FACILITY NAME	FACILITY LOCATION	DATE	INSPECTOR NAME AND PHONE NUMBER
NONE			

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