

From: Massie, Lafond (VDSS)

Sent: Tuesday, May 02, 2017 3:56 PM

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Subject: FW: May 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: May 2, 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 May 2017

FACILITY NAME	LICENSE EXPIRATION DATE
Victoria House	5/31/2017

VDSS, Division of Licensing Programs
Child Welfare Licensing Unit
1604 Santa Rosa Road, Suite 130
Henrico, Virginia 23229
(804) 662-7367 or (804) 662-7053

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
NONE				

Denial of Licensure:

FACILITY NAME	FACILITY LOCATION	DATE	INSPECTOR NAME AND PHONE NUMBER
NONE			

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