

From: Lafond Massie
Date: Fri, Mar 2, 2018 at 2:04 PM
Subject: FW: February 2018 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 -

SCROLL DOWN TO VIEW ATTACHMENTS

BROADCAST

DATE: March 2, 2018

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 Children’s 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. As of the date of broadcast, no CRF has been issued a provisional license and no CRF has been denied a license.

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
NONE	

CRF Licenses Expiring in the Month of March 2018

FACILITY NAME	LICENSE EXPIRATION DATE
NONE	

VDSS, Division of Licensing Programs
Child Welfare Licensing Unit
1604 Santa Rosa Road, Suite 130
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March 1, 2018



**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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