DATE:        September 3, 2019

TO:          All State and Local Staff
             All Staff of the Office of Children’s Services

FROM:        Tara Ragland, Director
             Division of Licensing Programs


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 (CRF).

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 FUSION at https://fusion.dss.virginia.gov/

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

<table>
<thead>
<tr>
<th>FACILITY NAME</th>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kingsway Educational Youth Services</td>
<td>15797 Silent Tree Place, Woodbridge, VA 22191</td>
</tr>
<tr>
<td>Cabrini Children's Center: Commonwealth Catholic Charities</td>
<td>2250 Pump Road, Richmond, VA 23233</td>
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CRF Licenses Expiring in the Month of September 2019

<table>
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<th>FACILITY NAME</th>
<th>LICENSE EXPIRATION DATE</th>
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</table>

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

9/2019
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:

<table>
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<tr>
<th>FACILITY NAME</th>
<th>FACILITY LOCATION</th>
<th>EFFECTIVE DATE</th>
<th>EXPIRATION DATE</th>
<th>INSPECTOR NAME AND PHONE NUMBER</th>
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Denial of Licensure:

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</thead>
<tbody>
<tr>
<td>NONE</td>
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