BROADCAST

DATE: January 7, 2020

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

FROM: Tara Ragland, Director
Division of Licensing 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 (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. One children's residential is currently operating with a provisional 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

FACILITY NAME	ADDRESS
NONE	

CRF Licenses Expiring in the Month of January 2020

FACILITY NAME	LICENSE EXPIRATION DATE
NONE	

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
Community Empowerment Program, LLC-Station I	9545 Kennedy Station Terrace Glen Allen, VA 23060	11/19/2019	5/18/2020	Michele Freeman (804) 662-7062

Denial of Licensure:

FACILITY NAME	FACILITY LOCATION	DATE	INSPECTOR NAME AND PHONE NUMBER
NONE			

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