

BROADCAST

DATE: October 3, 2022

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): Lafond Massie at (804) 662-7053 or  
[lafond.massie@dss.virginia.gov](mailto:lafond.massie@dss.virginia.gov)

This broadcast serves to alert relevant local governments and placing and funding agencies, including the Office of Children's Services, 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.

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/lp/LP-Home/CHILD-WELFARE-UNIT>

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

<b>FACILITY NAME</b>	<b>ADDRESS</b>
AGBARA HEALTH SERVICES	1420 Bardot Lane, Portsmouth, VA 23701
CREEK MANOR	3048 Hickory Fork Rd, Gloucester, VA 23061

## CRF Licenses Expiring in the Month of October 2022

<b>FACILITY NAME</b>	<b>LICENSE EXPIRATION DATE</b>
<b>Synergy Living</b>	<b>10/31/2022</b>

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

10/2022

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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