BROADCAST

DATE: January 2, 2024

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

Rhonda Angel at rhonda.angel@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

ADDRESS
642 N. Lynnhaven Road, Virginia Beach, VA 23452
542 Lake Shores Drive, Portsmouth, VA 23707
5003 Vick Street, Portsmouth, VA 23701

CRF Licenses Expiring in the Month of January 2024

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) 662-7053

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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