

BROADCAST

DATE: June 1, 2017

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](mailto:robin.ely@dss.virginia.gov)

This broadcast serves to alert relevant local governments and placing and funding agencies, including the Office of Comprehensive 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.

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

<b>FACILITY NAME</b>	<b>ADDRESS</b>
NONE	

## CRF Licenses Expiring in the Month of June 2017

<b>FACILITY NAME</b>	<b>LICENSE EXPIRATION DATE</b>
<b>Back 2 Basics</b>	<b>6/21/2017</b>
<b>Liberty House</b>	<b>6/16/2017</b>

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
NONE				

Denial of Licensure:

FACILITY NAME	FACILITY LOCATION	DATE	INSPECTOR NAME AND PHONE NUMBER
NONE			

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