BROADCAST

DATE: July 2, 2025

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

FROM: Tara Davis 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): Dawn Caldwell at dawn.caldwell@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 license information mentioned above on FUSION at https://fusion.dss.virginia.gov/lp/LP-Home/CHILD-WELFARE-UNIT

Additional information about children's residential facilities can also be accessed 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) 726-7143

FACILITY NAME	ADDRESS
N/A	N/A

CRF Licenses Expiring in the Month of July 2025

FACILITY NAME	LICENSE EXPIRATION DATE
The Lampstand-Straight Street Roanoke Valley, Inc.	7/9/2025

VDSS, Division of Licensing Programs
Child Welfare Unit
5600 Cox Road
Glen Allen, VA 23060
(804) 314-3690

7/2025

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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