



*Commonwealth of Virginia
Department of Social Services*

Greetings,

The Office of Background Investigations (OBI) has made a change to the Facility Search functionality as part of a registration enhancement. At this time a provider registering for access to the OBI Provider portal who receives criminal background fingerprint results from VDSS OBI can enter partial information to search for their facility. The exact Facility name is NO LONGER needed. The fields which must be fully entered are City, state and zip code. We have included examples and snippets of the new search facility function below. We encourage you to visit the OBI Provider portal and try to register your account using the new option.

Example of partial facility name with City, State, Zip code with results the system provides:

https://centralregistry.dss.virginia.gov/crs/s/login/SelfRegister?language=en_US

Facility Information

*Facility Name
YMCA School Age Child Care at Butts Road Intermediate School

Facility Address:

*Street
road

*City
CHESAPEAKE

*State
VA

*PostalCode
23322

Search Facility

Facility Name
YMCA School Age Child Care at Butts Road Intermediate School

Facility/Provider Phone Number

Facility Address:

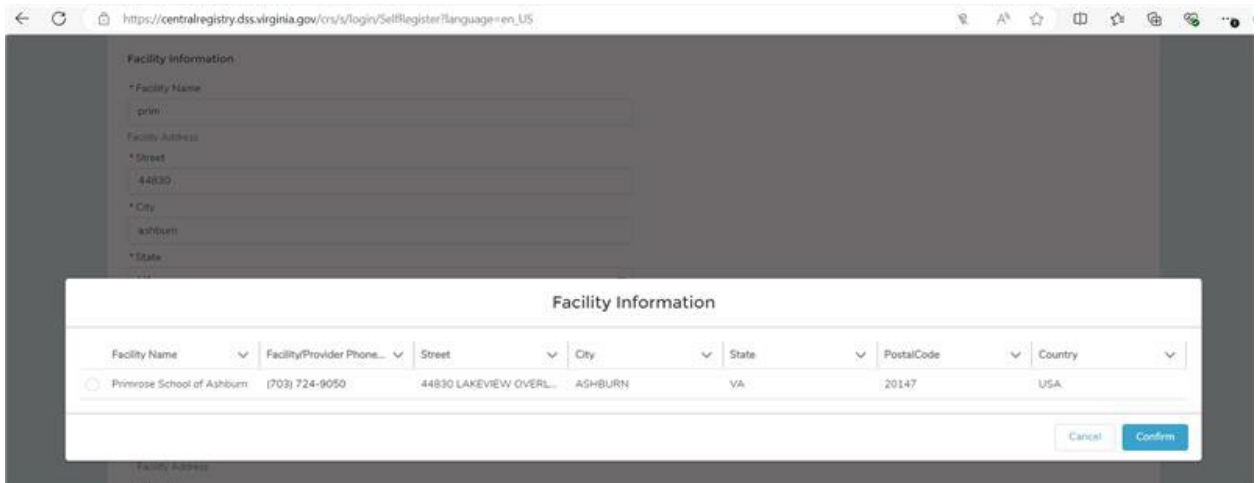
Street
1571 MT. PLEASANT ROAD

City
CHESAPEAKE

State
VA

PostalCode
23322

Country
USA



Facility Information

* Facility Name

Facility Address

* Street

* City

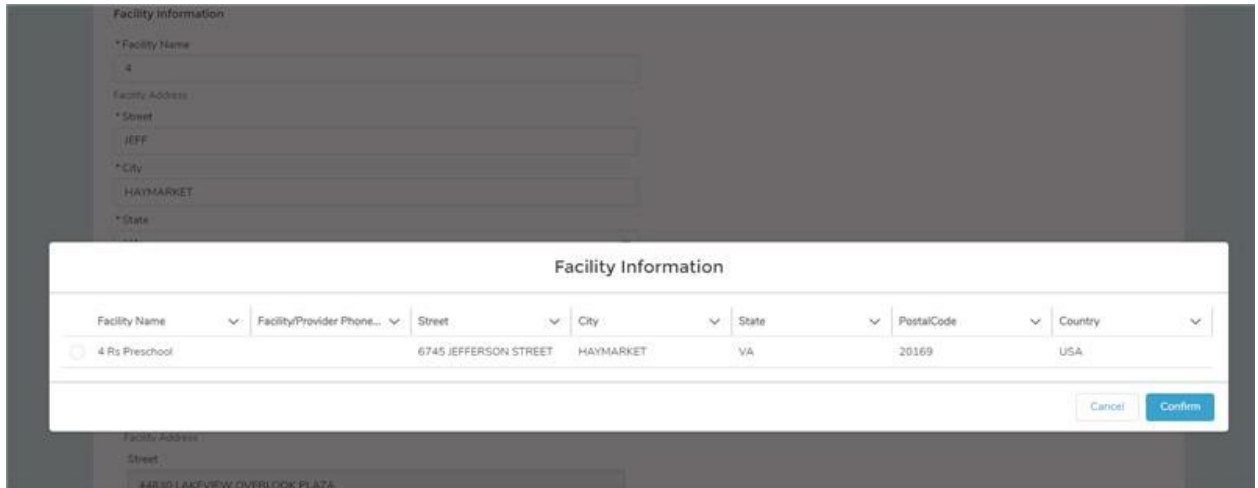
* State

* PostalCode

[Search Facility](#)

Facility Name <input type="text" value="Primrose School of Ashburn"/>	Facility/Provider Phone Number <input type="text" value="7037249050"/>
Facility Address	
Street <input type="text" value="44830 LAKEVIEW OVERLOOK PLAZA"/>	
City <input type="text" value="ASHBURN"/>	State <input type="text" value="VA"/>
PostalCode <input type="text" value="20147"/>	Country <input type="text" value="USA"/>

SECOND EXAMPLE:



Facility Information

* Facility Name:

Facility Address

* Street:

* City:

* State:

* PostalCode:

Facility Name: Facility/Provider Phone Number:

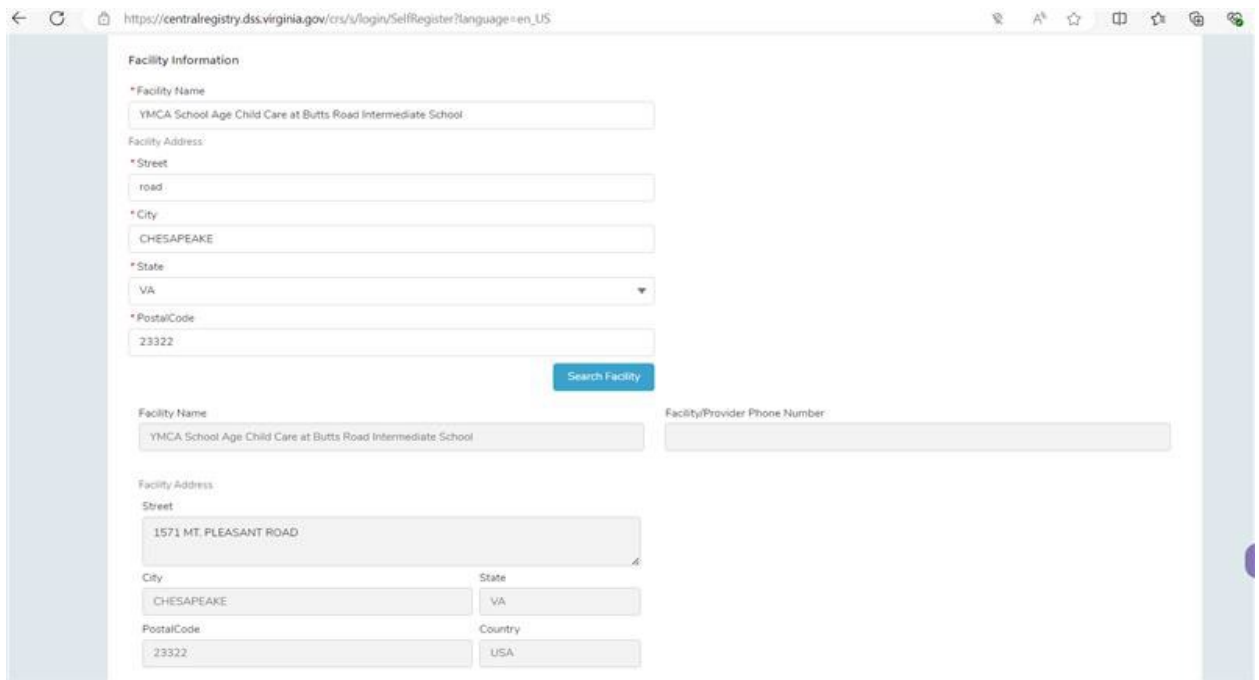
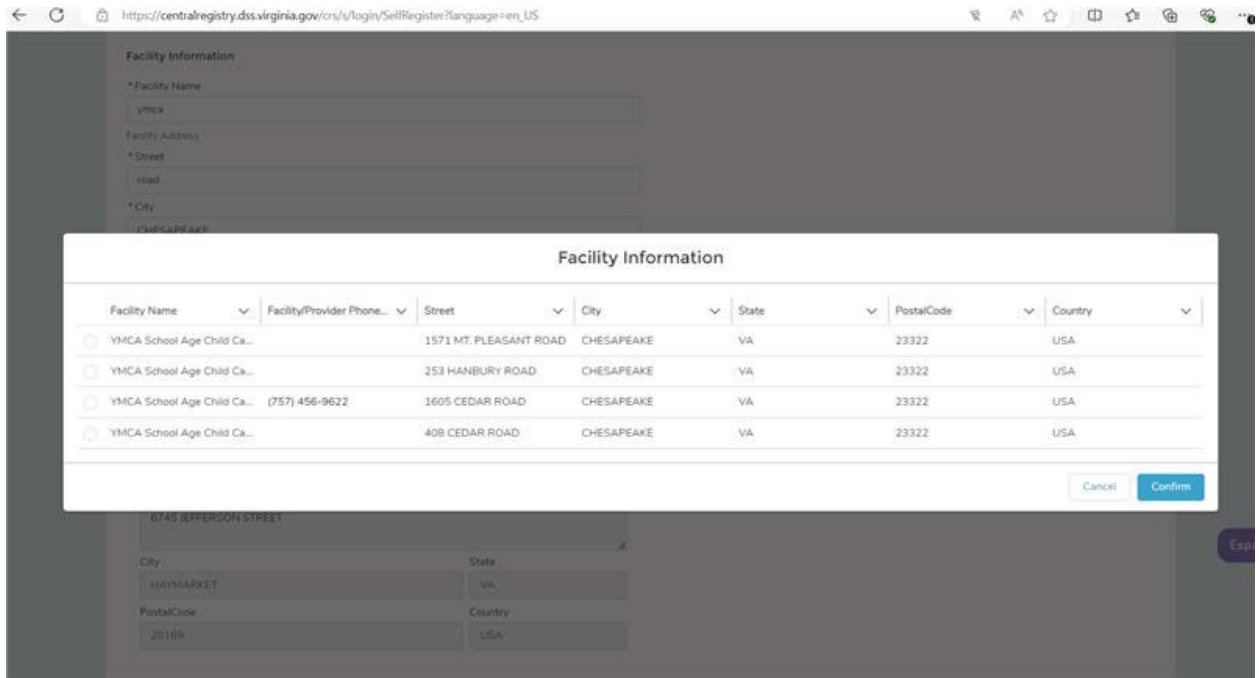
Facility Address

Street:

City: State:

PostalCode: Country:

EXAMPLE OF A FACILITY WITH MULTIPLE LOCATIONS:



Thank you for your patience during this transition. Please let our team know if we can provide additional assistance or answer questions.

The OBI Team