

Background Check Affidavit

As part of the DJJ Regional Service Coordination Model Programmatic Oversight and Quality Assurance procedures, we request PROVIDERS verify they are conducting appropriate employee background checks. Please review and complete the form below to verify your organization conducts appropriate employee background checks on all employees, volunteers, and individuals that have direct contact with DJJ Youth and/or family members. If you are unsure or do not believe your organization conducts background checks as set forth below, please contact Kara Brooks, EBA kbrooks@ebanetwork.com immediately.

Organization Name ("PROVIDER")	Full Name	Position (e.g. Manager)
Employee Background Checks. The PROVIDER shall be in requirements relating to conducting criminal background PROVIDER agrees that all of its agents, employees, assign contact with a child and/or family, must complete a through a local police department, Sheriff's Department, the Virginia State Police and Federal Bureau of Investign Registry (hereinafter, the "Central Registry").	nd checks of emplonees, and voluntees criminal history control or Virginia State P	byees and volunteers. In particular, the rs providing Services to, or having direct heck to include sex offender registry olice office, a fingerprint check through
The PROVIDER agrees that if the PROVIDER or any of Youth, are named in the Central Registry, the informati the PRIME CONTRACTOR, DJJ Staff and regulatory person	on shall be made a	
The PROVIDER shall remain in compliance with all Feder relating to the conducting of criminal checks of its empl		-
A list of VA DJJ Barrier Crimes available upon request.		
AFFIRMATION: By signing below I, best of my knowledge, information, and belief, PROVID employees, volunteers, and other individuals that have of in accordance with all applicable State laws, regulation internal policies.	DER has conducted direct contact with	I all required background checks on all DJJ Youth and/or their family members
Please note and explain any exceptions here:		
I understand that any misrepresentation or falsification on my part may constitute a breach and/or grounds for termination of PROVIDER's Subcontractor Agreement with EBA.		
Signature:	Date:	