

## **Continuing Contractor Packet School Year 2025 - 2026**

We strongly believe in protecting the children we serve, and as such, the Santa Clara County Office of Education (SCCOE) screens all persons working with students. Our goal is to make your time spent rewarding for everyone involved. Please review the following list for items that will need to be completed prior to services continuing.

1. Update and submit, to your company/agency, all of the following at once in PDF format
  - a. Update the information sheet and read/sign the signature page acknowledging [Compliance Handbook](#)
  - b. Complete the annual mandated training(s) after July 1<sup>st</sup>, 2025. You will be sent an email containing a link to the online courses. Once completed, please notify HR Program Support via e-mail at [hrprogramsupport@sccoe.org](mailto:hrprogramsupport@sccoe.org)
  - c. Renew and submit your [TB Clearance](#) (if older than four years from your original start date) and/or your license/permit/credential

***For HeadStart, State Preschool, Educare, a Special Education Inclusion Preschool Classroom, or a Licensed Day Care Facility ONLY, also complete the following items:***

2. Complete the AB1207 Mandated Reporter Training and submit your certificate of completion. (This is in addition to the mandated trainings mentioned above, in item 1b)
3. Provide annual flu vaccination (proof of a flu shot) is required between August 1st and December 1<sup>st</sup>, or complete the [Immunization Verification/Waiver Form](#)

## Emergency Information Sheet

This information will be extremely important in the event of an accident or medical emergency. This is CONFIDENTIAL and will not be shared outside of your assigned Santa Clara County Office of Education (SCCOE) work location.

**Company/Agency:**

**Name:**

**Position/Title:**

**Site Assignment Location:**

**Phone Number:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Email:**

**Emergency Information (Person(s) to contact in case of emergency):**

**Name:**

**Relationship:**

**Address:**

**Phone:**

**Alternate Phone:**

**Name:**

**Relationship:**

**Address:**

**Phone:**

**Alternate Phone:**

**Name of Physician:**

**Phone Number:**

**Insurance Carrier:**

**Comments:** (Include any special medical/allergies/personal information you would want an emergency care provider to know)

## Compliance Handbook Signature Page

I have read, understand, and agree to abide by the Santa Clara County Office of Education (SCCOE) Compliance Handbook (<https://intranet.sccoe.org/rsc/forms/hr/Employee-Compliance.pdf>).

**Employment Status:** Contractor

---

Last Name(s)	First Name(s)	Middle Name
<i>(Full legal name as shown on your Identification Card/Driver's License)</i>		

---

**Email**

---

<b>Signature</b>	<b>Date</b>
------------------	-------------