

Continuing Contractor Packet
School Year _____ - _____

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 checklist below for items that will need to be completed prior to services continuing.

1. **Update** and submit, to your company/agency, all the following **TOGETHER** at the same time (items 1a, 1b, and if needed 1c and items 2 and 3)
 - a. **Update** your Information Sheet and sign the signature page for the Compliance Handbook
 - b. **Complete** the annual Mandated Reporter Training(s)
You will be sent an email containing a link to the online course, please **send** us your certificate
 - c. **Renew and submit** your [TB clearance](#) (if older than four years from your original start) and/or your license/permit/credential
 - d. **Review** (read only, nothing to submit) our [Compliance Handbook](#) and [Technology Agreement](#)

Additional Forms: only for those in Head Start, State Preschool, Educare or a Special Education Inclusion Preschool licensed day care facilities (also complete items 2 and 3):

2. **Complete** the [Annual Training for Early Learning Sites Only](#) (attach your certificate to your updated information). *This is in addition to the Mandated Reporter Training above #1b)*
3. **Provide** proof of your annual flu vaccination or sign and date waiver [Annual Influenza Vaccination/Waiver Form](#) (Required annually between **August 1 and December 1** each year).

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.

Date: _____ Company/Agency: _____
Name: _____
Position/Title: _____ Site Assignment Location: _____
Home Number: _____ Cell Number: _____
Address: _____ City: _____ Zip: _____
Email: _____

Emergency Information

Person(s) to contact in case of emergency:

Name: _____	Relationship: _____
Address: _____	Day Phone: _____
_____	Alternate Phone: _____
Name: _____	Relationship: _____
Address: _____	Day Phone: _____
_____	Alternate Phone: _____
Name of Physician: _____	Insurance Carrier: _____
Phone Number: _____	

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

Continuing Contractor Packet School Year 2023 - 2024

Compliance Signature Page

I have read, understand, and agree to abide by the Santa Clara County Office of Education (SCCOE) Compliance Handbook.

Employment Status: Contractor

Last Name(s)

First Name(s)

Middle Name

(Full legal name as shown on your Social Security Card)

Email

Signature

Date

This agreement will be kept in the contractor's file.