

New Contractor Packet

Our goal is to make your time spent at a Santa Clara County Office of Education (SCCOE) site rewarding for everyone. We strongly believe in protecting the children we serve, our staff, and the community. As a safeguard, we screen all contracted candidates. Please review the following list for items that will need to be completed for your contracted services with the SCCOE.

Complete and submit this packet of information to your company/agency representative and include the following items at the same time.

NOTE: Your employer/agency must sign the first page of the packet (Contractor Certification Form)

- Provide proof of TB Clearance by either a [TB Risk Assessment](#), TB test (blood or skin) dated within the last 60 days, or chest x-ray from within the last 6 months
- Provide a copy of current License/Credential/Permit (if required by your position)
- Provide a clear, color photo of yourself with a solid background (from shoulders up) for your ID badge
- Complete our Mandated Trainings. You will receive an email containing a link to the following trainings: Protecting Youth, Preventing Harassment & Discrimination, and Bloodborne Pathogens. Once completed, please notify us

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

- Complete the AB1207 Mandated Reporter Training and submit your certificate of completion. This is in addition to the Mandated Trainings listed above.
- Complete a [Health Screening Report](#) (must be signed by a Healthcare Provider)
- Submit your Immunizations records for pertussis (whooping cough), measles, and the annual flu vaccination (proof of a flu shot is required between August 1 and December 1) or complete the [Immunization Verification/Waiver Form](#)

After you have submitted your completed New Contractor Packet, including the items above, to your company/agency, they will forward it to the appropriate staff at SCCOE.

Program representative: Please email the complete packet to: hrprogramsupport@sccoe.org.

Resource Support Services (RSS) will then reach out to the contractor applicant directly to schedule their Live Scan (fingerprint background check) appointment at the SCCOE and provide the required training information.

Applicant: Once your packet is received by RSS, you will receive an email from us with information on how to schedule your Live Scan Appointment and access your trainings.

On the day of your scheduled Livescan appointment, please bring the following: A completed Live Scan Form and a valid state-issued driver's license/identification card.

Contractor Certification Form

School Year _____ - _____

Contracted Company/Agency Name: _____

Contractor's Legal Name: _____

Position: _____

If required for this position, please submit the following:

☐ License ☐ Credential ☐ Permit ☐ N/A

I acknowledge that the **Santa Clara County Office of Education** will perform a criminal background and fingerprint check with the Federal Bureau of Investigation and the Department of Justice in the state of residence, for all employees, interns, volunteers, subcontractors, agents or representatives who will have contact with or may have access to students being served pursuant to the terms of the Agreement with SCCOE prior to providing services under said agreement; and complete and submit record of the tuberculosis screening and mandatory reporter training referenced above for all employees, interns, volunteers, subcontractors, agents or representatives.

I certify that _____ (Contracted Company/Agency Name) will confirm that its employees, interns, volunteers, subcontractors, agents, or representatives have completed the necessary requirements and submitted their immunization records to SCCOE before providing services pursuant to Contractor's agreement with SCCOE.

Company/Agency's Authorized Representative

Signature: _____ Date: _____

Print Name: _____

Position: _____

Background Check /Confidentiality Agreement/ Medical Release Authorization Form

Background Check

I authorize the Santa Clara County Office of Education (SCCOE) to perform a background check and subsequent reporting on me in any state where I may have resided or may now reside including a fingerprint and background check with the Federal Bureau of Investigation and the California Department of Justice. Any persons or organizations named in my employment application with _____ (**Contractor's Company/Agency Name**) are authorized to provide information regarding my employment, volunteer history, character, and qualifications and they are hereby released from all liability for providing information in connection with a background check and fingerprint check on me in connection with the providing of services where I may have contact with or access to students.

Contractor's Signature: _____

Date: _____

Confidentiality Agreement (FERPA, HIPAA)

I, _____ (**Contractor's Name**), understand that I may have access to proprietary or confidential information that may be owned or controlled by the SCCOE and that such information may contain proprietary details, the disclosure of which to third parties will be damaging to the SCCOE, its employees or students. I understand and agree that the disclosure of such information may violate state and federal law and may subject to civil liability. Consequently, I agree that all information disclosed by the SCCOE to me shall be held in strict confidence and used only in the performance of my work unless disclosure is required by law or court order. I shall exercise the same standard of care to protect such information as is used to protect its own proprietary or confidential information.

I shall comply at all times with the requirements of the Family Educational Records Privacy Act ("FERPA") and relevant state law regarding the confidentiality and handling of student records, including but not limited to California Education Code sections 49073 and sequential. I shall only access confidential student information pursuant to prior written parental consent, legitimate educational interest in performing duties on behalf of SCCOE under this Agreement, or other provisions of federal and state law permitting access to confidential student information. I shall not use confidential student data for any purposes other than providing services to the SCCOE pursuant to this Agreement. I shall not redisclose confidential student information to any third party without the prior written consent of the SCCOE and any such re-disclosure shall be consistent with state and federal law.

I shall comply at all times with the requirements of the "protected health information" ("PHI") as that term is defined in the Health Insurance Portability and Accountability Act of 1996 and the rules and regulations thereunder (collectively, "HIPAA") is necessary for the performance of the duties and responsibilities under this Agreement. As a result, I agree and acknowledge that it is a "Business Associate" of the SCCOE as that term is defined under HIPAA. As a Business Associate, shall be subject to, and shall comply with, the conditions and restrictions regarding the use of PHI as required under HIPAA. My failure to comply with the provisions shall constitute a material breach of this Agreement. It is possible that in providing the Services, may have or be provided access to "protected health information" ("PHI") as that term is defined in the Health Insurance Portability and Accountability Act of 1996 and the rules and regulations promulgated thereunder (collectively, "HIPAA"). I agree and acknowledge that all protected health information shall be treated as Confidential Information.

Medical Release Authorization Form

I, _____ (**Contractor's Name**), release my immunization and tuberculosis screening records to: The Santa Clara County Office of Education; 1290 Ridder Park Drive; San Jose, CA 95131 for the health and safety of students whom I may have contact with or access to in providing services to the SCCOE. This authorization is in effect until I am no longer employed by a person or company doing business with the SCCOE.

I understand that by signing this authorization:

- I authorize the use or disclosure of my individually identifiable health information as described above for the purpose listed.
- I have the right to withdraw permission for the release of my information. If I sign this authorization to use or disclose information, I can revoke that authorization at any time. The revocation must be made in writing and will not affect information that has already been used or disclosed.
- I have the right to receive a copy of this authorization.
- I am signing this authorization voluntarily.
- I further understand that a person to whom records and information are disclosed pursuant to this authorization may not further use or disclose the medical information unless another authorization is obtained from me or unless such disclosure is specifically required or permitted by law.

Contractor's Signature: _____

Date: _____

Emergency Contact Information

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.

Contractor's Company/Agency Name: _____

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: _____

Do you have any physical limitations or special medical conditions that require reasonable accommodation?
If yes, please list (please include any medical/allergies/personal information you would want an emergency care provider to know).

Contractor's Signature: _____ **Date:** _____

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

(Full legal name as shown on your Identification Card/Driver's License)

Email

Signature

Date

Use of Technology Agreement

Every employee, volunteer, contractor, or other individual accessing the Santa Clara County Office of Education (SCCOE) network/or Internet access must read and sign below:

I have read, understand, and agree to abide by the terms of the foregoing Administrative Regulation, AR 4040 – Employee Use of Technology. I accept responsibility for the appropriate use of the SCCOE computer resources, which include all computer systems, network systems, Internet and intranet websites or other data processing equipment owned or leased by the SCCOE, as well as remote computers, or computer systems when used to access SCCOE computer resources, the phone system including voice mail, cell phones, and office equipment, and any future technologies that are sponsored by SCCOE. I understand that any communications made using the SCCOE's information and communication systems and equipment are NOT exempt from monitoring or access by the SCCOE. Should I commit any violation or in any way misuse my access to the SCCOE's computer network and the Internet, I understand and agree that my access privilege(s) and network privilege(s) may be suspended or revoked and disciplinary action up to and including termination may be taken against me. I further understand that civil or criminal action may be taken against me, if and where appropriate, for violation of the SCCOE policies and regulations regarding use of SCCOE technology.

User's Name (print clearly):

User's Signature:

Date:

Contractor Code of Conduct

The Santa Clara County Office of Education (SCCOE) aims to develop and maintain a safe and secure learning environment for all students, staff, parents, and guests. The SCCOE expects everyone to act in the best personal and educational interests of every student and to treat all equally. The safety, welfare, and well-being of our students are our primary concern. To help us achieve this goal, this code of conduct has been developed to promote the basic principles of awareness and protect our students and staff.

Please read this code thoroughly and check off each box indicating that you will observe all SCCOE policies and directives when fulfilling your guest role. I understand the below outlined code of conduct and will uphold and agree to abide by it during my site visit.

- ☐ Not be left alone with students
- ☐ Portray a positive role model by maintaining an attitude of respect, patience, courtesy, and maturity
- ☐ Not pray with students, encourage them to pray, or discuss their faith
- ☐ Not have visitors during their time on an SCCOE site
- ☐ Not use, possess, or be under the influence of alcohol or illegal drugs and follow our office's tobacco-free policy and refrain from smoking or using tobacco products while on SCCOE property
- ☐ Respect the confidential information of students
- ☐ Fully co-operate with the SCCOE practices and policies including those regarding sexual harassment, relationships with staff and students and that of electronic and information systems
- ☐ Not release students to anyone but contact SCCOE staff if someone asks for a student
- ☐ Not give out nor accept money or personal information from students (telephone numbers, e-mail or home address)
- ☐ Appear clean, neat, and appropriately attired and use only appropriate language
- ☐ Not abuse children. This includes physical abuse (strike, spank, shake, slap), verbal or mental abuse (humiliate, degrade, threaten), sexual abuse (inappropriate sexual touching or exposure), and neglect (withhold food, water, basic care, etc.)
- ☐ Not give any medication or first aid to a student but notify a staff member immediately if a student is ill or injured
- ☐ Not transport a student without proper and prior approval from parent and SCCOE staff
- ☐ Not drive SCCOE vehicles, operate any power tools or equipment or use any hazardous chemicals other than common office equipment and general supplies such as cleanser and copier toner.
- ☐ Not to be in possession of SCCOE site keys or utilize office equipment for personal use
- ☐ Not share food with students (due to special meal requirements or allergies)
- ☐ Not photograph or videotape students
- ☐ Not use cell phones (excluding emergencies) or the Internet for personal use while in the classroom
- ☐ Maintain scheduled days/hours and notify the site if you will not be present
- ☐ Not discipline students
- ☐ Not to diagnose student needs, evaluate achievement or discuss their progress with anyone including parents
- ☐ Not to contact students outside of the school site hours without parent permission.
- ☐ Wear no clothing in colors related to gangs: Blue, Red or Purple (though blue jeans are acceptable)
- ☐ No clothing with gang or sport teams' insignias
- ☐ No beanies, rags, bandannas, skullcaps, hairnets and visors
- ☐ Not engage in unethical, illegal, immoral or unprofessional behaviors with students or staff
- ☐ Only engage in age-appropriate physical contact with students such as handshakes, fist bumps and side hugs (no tickling, wrestling or children sitting in laps) and not to use the student restrooms areas unless specifically directed to do so by the SCCOE site staff
- ☐ Complete required mandated reporter training for child abuse or neglect and report any suspected or known child abuse or neglect (for mandated reporters)

Signature:

Date:

Statement Acknowledging Requirement to Report Child Abuse

Individual's name (Please print)

Individual's position

Contractor's Company/Agency Name

Acknowledgment of Responsibility

I, _____ (**PRINT NAME**), have knowledge of my responsibility to report known or suspected child abuse in compliance with California Penal Code section 11166 [PC § 11166.5(a)]. I have been provided a copy of California Penal Code sections 11164-11174.3 CANRA and this acknowledgment form. I am aware of and understand my responsibilities under CANRA and am willing and able to comply. I understand that a copy of this acknowledgment will be kept on file. California law **REQUIRES** certain persons to report known or suspected child abuse. As a Santa Clara County Office of Education (SCCOE) employee who has regular contact with students as part of your job duties, YOU are one of those persons - a "mandated reporter." Prior to commencing employment and as a prerequisite to that employment, all new employees must sign the following statement certifying their understanding of the provision of Penal Code §11166 and their agreement to comply with these provisions.

MANDATED CHILD ABUSE REPORTERS

Mandated reporters [PC § 11165.7] include employees of public schools and licensed child day care facilities, teachers, paraeducators, administrators, childcare custodians, and health practitioners.

REPORTING REQUIRED

A mandated reporter, who in his or her professional capacity or within the scope of his or her employment has knowledge of or observes a person under the age of 18 years whom he or she knows, or reasonably suspects has been the victim of child abuse or neglect must report the suspected incident. The reporter must contact a designated agency immediately or as soon as possible by telephone, prepare and send a written report using California's Suspected Child Abuse Report form SS 8572 (obtained at http://www.ag.ca.gov/childabuse/pdf/ss_8572.pdf), within 36 hours of receiving the information concerning the incident [PC § 11166(a)]. No supervisor or administrator may impede or inhibit an individual's reporting duties or subject the mandated reporter to any sanction for making the report [PC § 11166(h)].

ABUSE REPORTED

Physical injury inflicted by other than accidental means on a child [PC § 11165.6].

Sexual abuse meaning sexual assault or sexual exploitation of a child [PC § 11165.1].

Neglect meaning the negligent treatment, lack of treatment or the maltreatment of a child by a person responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's health or welfare [PC § 11165.2].

Willful harming or injuring or endangering a child meaning a situation in which any person inflicts, or willfully causes or permits a child to suffer, unjustifiable physical pain or mental suffering, or causes or permits a child be placed in a situation in which the child or child's health is endangered [PC § 11165.3].

Unlawful corporal punishment or injury willfully inflicted upon a child and resulting in a traumatic condition [PC § 11165.4].

REPORT ABUSE

Reporting of suspected child abuse or neglect must be made to any police department or sheriff's department (not including a school district police or security department), county probation department, if designated by the county to receive mandated reports or the county welfare department [PC § 11165.9]. The written report must include the information described in Penal Code section 11167(a) and be submitted on form SS 8572.

IMMUNITY AND CONFIDENTIALITY OF REPORTER AND OF ABUSE REPORTS

Persons legally mandated to report suspected child abuse have immunity from criminal or civil liability for reporting as required or authorized by law [PC § 11172(a)]. The identity of a mandated reporter is confidential and disclosed only among agencies receiving or investigating reports and other designated agencies [PC § 11167(d) (1)]. Reports are confidential and may be disclosed only to specified persons and agencies. Any violation of confidentiality is a misdemeanor punishable by imprisonment, fine, or both [PC § 11167.5(a)-(b)].

PENALTY FOR FAILURE TO REPORT ABUSE

A mandated reporter who fails to make a required report is guilty of a **misdemeanor** punishable by up to six months in jail, a fine of \$1000 or both [PC § 11166(b)].

In addition to the reporting requirement of Penal Code § 11166, the SCCOE is required, in certain cases, to provide training in child abuse reporting, and has its own internal reporting requirements as well. For the complete reporting process to follow, please refer to BP 5141.4 and AR 5141.4 – CHILD ABUSE PREVENTION AND REPORTING in the *Official Documents Manual* located at your site or in the SCCOE Policies and Procedures (obtained at <http://www.sccoe.org/countyboard/Pages/Policies-and-Procedures.aspx>)."

Contractor Certification Form

School Year _____ - _____

Contracted Company/Agency Name: _____

Contractor's Legal Name: _____

Position: _____

If required for this position, please submit the following:

☐ License ☐ Credential ☐ Permit ☐ N/A

I certify that _____ (Contractor Company/Agency Name) will perform a criminal background and fingerprint check with the Federal Bureau of Investigation and the Department of Justice in the state of residence, for all employees, interns, volunteers, subcontractors, agents, or representatives who will have contact with or may have access to students being served pursuant to the terms of the Contractor's Agreement with SCCOE prior to providing services under said agreement; and complete and submit record of the tuberculosis screening and mandatory reporter training referenced above for all employees, interns, volunteers, subcontractors, agents or representatives. If providing services at a daycare facility, I certify that _____ (Contractor Company/Agency Name) will confirm that its employees, interns, volunteers, subcontractors, agents, or representatives have completed the necessary immunizations and submitted their immunization records to SCCOE prior to providing services pursuant to Contractor's agreement with SCCOE.

Company/Agency's Authorized Representative Signature: _____ **Date:** _____

Print Name: _____

Position: _____