

### ***New Contractor Packet***

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. Please review the following checklist below for items that will need to be completed prior to services beginning.

1. Complete and submit this packet of information to your agency and include the following items at the same times (items 1a, 1b, 1c, and 1d). **Note: your employer must sign the first page of the packet (Contractor Certification Form)**
  - a. **Provide** proof of TB clearance by either a [TB Risk Assessment](#), TB test or exam within the past 60 days, or a chest x-ray within the past six months
  - b. **Provide** verification of COVID 19 vaccination. Verification should include at least one complete vaccine dose, boosters are not required
  - c. **Provide** a copy of your current License/Credential/Permit *(if required by your position)*
  - d. **Provide** a clear, color photo of yourself with a white background (from the shoulders up) for your ID badge
  - e. **Complete** the required trainings. You will receive an email containing a link to the trainings, please **send** us your certificates of completion

***Additional Forms: Only for Head Start, State Preschool, Educare, a Special Education Inclusion Preschool classroom, or licensed day care facilities (also complete items 2, 3, and (4):***

2. **Complete** the Training for Early Learning Sites and submit your certificate of completion. This is in addition to the Mandated Reporter Training above (item 1e)
3. **Complete** a Health Screening Report (must be signed by a health care provider)
4. **Submit** your Immunizations record 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

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**After you have submitted your complete contractor's packet**, including as many of the items above, to your agency's hiring department, they will forward it to the *Resource Support Services* (RSS) department at the SCCOE. **Please submit to: [hrprogramsupport@sccoe.org](mailto:hrprogramsupport@sccoe.org)**

RSS will then reach out to you to schedule your Live Scan fingerprint background check appointment at the SCCOE and provide the required training information.

***Please bring the following to your Live Scan fingerprint appointment:***

Completed Live Scan Form and current state issued driver's license/identification card or US passport. Please contact us if you do not have any of the aforementioned identification documents.

**CONTRACTOR CERTIFICATION FORM**

**School Year** \_\_\_\_\_ - \_\_\_\_\_

**Contracted Company/Agency Name:** \_\_\_\_\_

**Contractor's Legal Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

If required for this position, please submit a copy of the following: **\*\*MUST SELECT ONE\*\***

No License/Permit required

License

*Expiration date*

Credential

*Expiration date*

Permit

*Expiration date*

I acknowledge that the SCCOE 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 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 acknowledge that the SCCOE 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**

*Background Affidavit on file. (Only check this box if the Agency has a Background Check Affidavit on file with the SCCOE and has conducted a background check in compliance with the Affidavit.)*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Position:** \_\_\_\_\_

**LIVE SCAN FINGERPRINT / BACKGROUND CHECK / MEDICAL RECORD RELEASE AUTHORIZATION FORM**

**PLEASE READ, SIGN, AND DATE THE FOLLOWING:** 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.

**Date:** \_\_\_\_\_ **Contractor's Personnel/Employee Signature:** \_\_\_\_\_

**CONFIDENTIALITY, FERPA, HIPAA**

I, \_\_\_\_\_ (**Contractor's Personnel/Employee Name**), understand that I may have access

to proprietary or confidential information which 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 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.

**AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION**

I, \_\_\_\_\_ (**Contractor's Personnel/Employee 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.

**Date:** \_\_\_\_\_ **Contractor's Personnel Signature:** \_\_\_\_\_

## 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) \_\_\_\_\_

## 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)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## Compliance 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 Social Security Card)

Email

Signature

Date

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

## USE OF TECHNOLOGY AGREEMENT

Every employee, volunteer, contractor, or other individual accessing the Santa Clara County Office of Education (SCCOE) network and/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 web sites 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: \_\_\_\_\_

Last four digits of your Social Security Number: \_\_\_\_\_

\* <https://go.boarddocs.com/ca/sccoe/Board.nsf/goto?open&id=CJUU7J71351F>

**Santa Clara County Office of Education – Human Resources Branch**

STATEMENT ACKNOWLEDGING INDIVIDUAL REQUIREMENT TO REPORT CHILD ABUSE

California law **REQUIRES** persons whose work involves having contact with children to report known or suspected child abuse. As your duties providing services on the behalf of the Santa Clara County Office of Education (SCCOE) include contact with children and by virtue of your relationship with the SCCOE, you are such person - a “mandated reporter.”

Prior to commencing service and as a prerequisite of that service, California law requires that you sign a statement to the effect that you have knowledge of the provisions Child Abuse and Neglect Reporting Act(CANRA) and will comply with those provisions. (California Penal Code § 11166.5.)

**MANDATED CHILD ABUSE REPORTERS**

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

**REPORT REQUIRED**

A mandated reporter who 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. No supervisor or administrator may impede or inhibit an individual's reporting duties or subject themandated reporter to any sanction for making the report [PC § 11166(h)].

**REPORTING ABUSE**

Reporting of suspected child abuse or neglect must be made to 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](http://www.ag.ca.gov/childabuse/pdf/ss_8572.pdf)), within 36 hours of receiving the information concerning the incident [PC § 11166(a)].

**SANTA CLARA COUNTY OFFICE OF EDUCATION INTERNAL REPORTING PROCESS**

If a mandated reporter has knowledge of or reasonably suspects that a child has been abused, including if anSCCOE employee or another individual who works with or has contact with students has or is engaged in conduct that may be an indication of suspected abuse or neglect, the mandated reporter must take the following actions:

1. File a Suspected Child Abuse Report by telephone
2. Submit a Suspected Child Abuse Report form (SCAR-SS 8572) within 36 hours
3. Immediately notify the County Superintendent or designee

**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].

#### 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 in good faith 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 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.

**NOTE:** COPY TO BE RETAINED IN HUMAN RESOURCES/WORKFORCE & ORGANIZATION DEV. DEPT.

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INDIVIDUAL'S NAME *(please print)*

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INDIVIDUAL'S POSITION	INDIVIDUAL'S AFFILIATION/AGENCY/COMPANY
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#### 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 acknowledgement 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 acknowledgement will be kept on file.

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INDIVIDUAL'S SIGNATURE	DATE
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