



MEMORANDUM OF UNDERSTANDING

Heron Creek Therapeutic Program and Dental3, DBA All Smiles Community Oral Health

The purpose of this Memorandum of Understanding (MOU) is to establish an agreement for dental screening, fluoride varnish, sealant services, care coordination services, and oral health education between the **Heron Creek Therapeutic Program** and Dental3, DBA All Smiles Community Oral Health of Tigard, Oregon ("All Smiles" hereafter). All Smiles provides free school-based dental sealant, fluoride varnish, dental screening services, care coordination and oral health education to children enrolled in Portland tri-county area schools that qualify under the Oregon Department of Education's Community Eligibility Provision. Dental sealants and fluoride varnish are quick and easy methods to prevent cavities. This agreement is in effect from September 2023 through August 2024. This agreement will be reviewed and updated annually.

Responsibilities of All Smiles Community Oral Health (Dental3)

1. Provide Heron Creek Therapeutic Program with the Oregon Health Authority Sealant Certification Letter and ensure all hygienists are certified according to the Oregon Health Authority rules.
2. Coordinate dates, times and staffing for school-based dental screenings, sealants, fluoride, and oral health education with the primary point of contact at the Heron Creek Therapeutic Program
3. Provide consent forms ("permission slips") to the school for distribution to parents and guardians. Forms will be offered in paper and electronic formats.
4. Dental screenings, sealants, fluoride varnish, and oral health education will be offered to all students at the school, kindergarten through grade 12. There may be exceptions when services could be limited to children in grades K-2 when staffing and/or resources are running low.
5. Provide an experienced, licensed Expanded Practice Dental Hygienist (EPDH) to oversee program, complete dental screenings, apply fluoride varnish, and place dental sealants for children with parental/guardian consent. The EPDH will use an Oregon Health Authority approved sealant application procedure.
6. Provide a community health education professional to teach oral health lessons at the school.
7. Provide all necessary equipment and supplies to complete dental screenings, fluoride varnish applications, and place sealants.
8. Document the findings of dental screenings electronically.
9. Furnish an assessment result form for each student to take home after the procedure.
10. Provide care coordination services for students needing urgent dental care. Act as a resource for students/families with difficulties accessing follow-up care; All Smiles staff will make every attempt to contact a student's parent or guardian at home if dental needs are identified that require follow-up care by a dentist. Collaborate with school staff, especially school nurses, social workers, and family resource



staff, to provide care coordination for any enrolled student with acute dental health needs, *including those not served by the sealant program.*

11. Provide incentives for participating students (toothbrushes and dental-themed stickers or toys).
12. Adhere to health industry standards limiting the spread of infectious disease and/or protocols issued by local, state, and/or federal public health officials, including but not limited to Multnomah County Public Health, Washington County Public Health, Clackamas County Public Health, the Oregon Health Authority, and the U.S. Centers for Disease Control and Prevention. All Smiles is compliant with Oregon's Oct. 18, 2021, health care worker COVID-19 vaccination mandate. All clinical and administrative staff employed by All Smiles Community Oral Health (Dental3) are fully vaccinated for COVID-19. All Expanded Practice Dental Hygienists are mandated reporters, per Oregon law.
13. Provide data after services to the school to include the number of children who received screenings, fluoride varnish, and sealants, as well as the number of students referred for follow-up dental care. The school will be sent a link with a request to provide their feedback about their experience working with All Smiles.

Responsibilities of Hereon Creek Therapeutic Program

1. Support All Smiles oral health programs by encouraging active participation at the school.
2. Distribute All Smiles service consent forms ("permission slips") to the students in grades Kindergarten through 12 at the school.
3. Collaborate with All Smiles to securely scan and send all completed service consent forms ("permission slips") received to All Smiles staff **two weeks** before services are scheduled at the school; *please include the word "encrypt" in the email subject line to assure secure transmission of protected health information.* Consent forms shall be sent to K8@allsmilescoh.org. NOTE: All Smiles cannot accept links to consent forms from other platforms such as Google Drive due to compliance/HIPAA constraints needs to receive the forms in PDF format.
4. Partner with All Smiles to identify program opportunities beyond the traditional school year service, such as back-to-school events, summer school, and kindergarten enrollment events to promote free dental services at the school.
5. Designate a point of contact at the school in collaborating with All Smiles to:
 - a. Schedule services, complete planning forms, attend a pre-services check-in meeting with All Smiles Community Oral Health (Dental3) staff. Provide timely updates to All Smiles staff regarding the number of consent forms received at the school.
 - b. Communicate with principals, nurses, teachers, and other school personnel to ensure cooperation and participation. We ask that schools accommodate All Smiles outreach efforts to engage families in oral health services, including call campaigns to inform parents/guardians of upcoming services at their child's school.



c. Engage with families/students to communicate the benefits of the program. Allow All Smiles to display signage promoting its services inside the school and in outside-facing public areas, as requested by All Smiles staff.

d. Procure space/facilities for dental services.

i. This space shall contain sufficient room for equipment brought by All Smiles clinical staff including patient and provider chairs, a dental tray, and a sterilization set-up. A minimum 12 foot by 14 foot screening area for one team; for larger schools with high participation, additional space will be needed for a second team.

ii. The school's allotted space shall also contain (as provided by the school) two power outlets, a large trash can, one long table, and two chairs. For larger schools with high participation, additional supplies will be needed for a second team.

iii. Ensure that the space allotted is free from disruption, whenever possible, and from other activities taking place at the school that could interfere with delivering quality services for patients or that may compromise patient confidentiality.

e. On the first day of services, Heron Creek Therapeutic Program will provide All Smiles's hygiene team with all the consent forms, patient records and rosters that were organized on the Admin day prior to the week of services. For middle school age students who change classes throughout the day, a designated school contact person at the school will call the student to the screening area for services. The school shall also provide: Two printed copies of the school map; a lunch/recess/specials schedule; emergency instructions/lockdown procedures for fire, active shooter, or other. The school will let the dental team know of unplanned and planned field trips, special events or fire drills while they are onsite.

f. Ensure that screening results forms are sent home to parents or guardians.

g. Assist the All Smiles Care Coordination team with contacting the parent or guardian of a child with an urgent dental need, as needed.

h. Adhere to Oregon Department of Education Ready Schools Safe Learners guidance related to limiting the spread of infectious disease and/or protocols issued by local, state, and/or federal public health officials, including but not limited to: Multnomah County Public Health, Washington County Public Health, Clackamas County Public Health, the Oregon Health Authority, and the U.S. Centers for Disease Control and Prevention.

FERPA/Student Privacy

1. All Smiles is hereinafter considered to be an "other school official" within the meaning of FERPA. A school official is a person or company with whom the District has contracted to perform a special task and who has a legitimate educational interest in the records they have access to.

2. All Smiles agrees to comply with both FERPA and corresponding Oregon law respecting student educational records. Personally identifiable information obtained from the District by All Smiles



Community Oral Health (Dental3) in the performance of their services: (i) will not be disclosed to third parties, except as expressly provided for in FERPA 99.31, without signed and dated written consent of the student, or if the student is under eighteen (18) years of age, written consent of the student's parents/guardians and (ii) will be used only to fulfill All Smiles responsibilities under the Agreement.

Insurance

1. All Smiles shall maintain, as a minimum, insurance coverage for medical liability in the coverage amount of \$1 million per claim/\$3 million in the policy aggregate, plus an additional \$1 million coverage for sexual abuse and molestation (\$4M in total insurance coverage).
2. All Smiles shall provide the Heron Creek Therapeutic Program, upon request, with a certificate of insurance and endorsement naming the school as an additional insured entity. Such a certificate shall be maintained through the term of this agreement.

Compliance

1. All clinical and administrative staff are required to complete annual HIPAA, FERPA, Fraud Waste and Abuse and Harassment (SB155) compliance training.
2. All clinical and administrative staff must undergo a background check including SSN Trace, Sex Offender Search, Global Watchlist, National Search, County Search and FACIS as a part of the hiring process.
3. All clinical and administrative staff are required to provide proof of full COVID vaccination prior to employment.

Indemnification: Subject to the limitations and conditions of the Oregon Tort Claims Act, ORS 30.260 et seq., and the Oregon Constitution, Article XI, Section 7 the parties agree to indemnify and hold one another harmless from any loss, damage, injury, claim, or demand arising from their respective activities in connection with this Agreement. Neither party shall be liable for any loss, damage, injury, claim, or demand arising from the negligence of the other party or its agents or employees.

Amendment/Modification: The terms of the Agreement may be amended or modified only by an instrument in writing executed by all the parties.

Waiver: A provision of this Agreement may be waived only by a written instrument executed by the party waiving compliance. No waiver of any provision of this Agreement shall constitute a waiver of any other provision, whether or not similar, nor shall any waiver constitute a continuing waiver. Failure to enforce any provision of the Agreement shall not operate as a waiver of such provision or any other provision.

Entire Agreement: This Agreement sets forth the entire understanding of the parties with respect to the subject matter of this Agreement and supersedes any and all prior understandings or agreements, whether written or oral, between the parties with respect to such subject matter.



Termination: This Agreement may be terminated at any time by mutual consent of both parties, or by either party upon 30 days written notice, delivered either in person, by electronic mail ("email") or by certified mail.

Heron Creek Therapeutic Program

Attention: Henry Villarreal

Address: 13455 SE 97th Avenue, Clackamas, OR 97015

Telephone: 503-675-2370

Email: hvillarreal@clackesd.org

All Smiles Community Oral Health (Dental3): Attn: Robin Moody, Executive Director

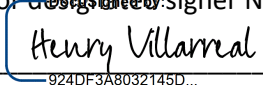
Address: 7460 SW Hunziker St., Suite H Tigard, OR 97223

Phone : 503-521-7166

E-mail : Rmoody@allsmilescoh.org

SIGNATURE PAGE

Superintendent or designated signer Name: Henry Villarreal

Signature: 
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Title: RN

Date: 9/29/2023

All Smiles Community Oral Health (Dental3): Name (printed) Robin Moody



DocuSigned by:

Robin Moody

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Signature: _____

Title: _____ Executive Director

Date: _____ 9/29/2023