MEMORANDUM OF UNDERSTANDING

Neighborhood House and All Smiles Community Oral Health

The purpose of this Memorandum of Understanding (MOU) is to establish an agreement for the provision of preventive oral health services and care coordination between **Neighborhood House and All Smiles Community Oral Health (All Smiles hereafter)**. All Smiles provides free dental screenings, fluoride applications, and care coordination services for students within eligible preschool (Preschool Promise/PSP, Early Head Start/EHS, and other Preschool Program) sites. Fluoride applications are quick and easy, and they prevent 37% of cavities in baby teeth and 43% of cavities in permanent teeth[1].

Once signed, this agreement is in effect from June 30, 2026, through June 30, 2027, at your preschool sites under management may change during the period covered by this MOU. In that instance, All Smiles will collaborate with your program to determine the feasibility of serving new sites based upon expected participation and other qualifying factors.

We used the Title "Preschool Program Coordinator" to identify the person within the program who leads the delivery of dental services for their organization. This person may be a nurse, manager, health program coordinator, or other designated title.

Responsibilities of All Smiles

1. Collaborate with Preschool staff to schedule oral health service delivery dates. The Director of Operations will typically begin reaching out to schedule dates to hold between April – May prior the upcoming school year. The work will be delivered to the following location(s):
    - **ASPSU & Helen Gordan Portland State Campus (PSU slots)**
    - **Ramona**
    - **SCC Stephens Creek Crossing**
    - **Markham ES**
    - **Lincoln High School (teen parent program)**
    - **Capitol Hill Elementary**
2. Provide a licensed Expanded Practice Dental Hygienist (EPDH) to oversee program delivery at the school, complete dental screenings, and apply fluoride for students with parental/guardian consent.
3. Provide a consent form for distribution to the program coordinator, who will then distribute to the parents and guardians.
4. Provide posters promoting All Smiles oral health services to be posted around the preschool site to inform families about the service.
5. Provide necessary equipment and supplies to complete dental screenings.
6. Clinical Documentation and Data Sharing:
    - Document oral health screening results electronically.
    - Provide timely documentation to the designated preschool staff for services provided and number of children requiring follow-up care.
    - Complete forms to fulfill periodicity requirements, as needed.
7. Offer oral health education (family advocate training) to teachers, family advocates, administrators, etc. Training will include how to chart/assist the EPDH and how to have the children ready for screenings.

[1] Marinho VCC, Worthington HV, Walsh T, Clarkson JE. Fluoride Varnishes for Preventing Dental Caries in Children and Adolescents. Cochrane Database of Systematic Reviews 2013, Issue 7. Art. No.: CD002279. DOI: 10.1002/14651858.CD002279.pub2. Accessed 05 April 2022.

8. If students are not ready for screenings when the hygienist arrives or the hygienist is not permitted to screen the students, then the hygienist will leave the school and report back to All Smiles Director(s).
9. Furnish assessment results forms for each student to take home after All Smiles services.
10. Provide care coordination services for children needing follow-up dental care, and act as a resource for children/families who have difficulties assessing dental care. Make at least three attempts to contact the student's parent/guardian when high dental needs are assessed, and follow-up dental appointments are needed.
11. Provide a dental goodie bag which includes a toothbrush and toothpaste for all children served by the program, even if they do not participate in a dental screening.
12. Adhere to health industry standards to limit the spread of infectious disease and 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; Oregon Health Authority; the U.S. Centers for Disease Control and Prevention; and OSHA. All Smiles complies with the requirements of Oregon SB 155 (2020) through these actions:
    - Background checks are conducted for every All Smiles employee.
    - All employees complete annual harassment training; clinical staff take annual training on mandatory reporting and are designated mandatory reporters.
    - All Smiles employees are never alone with patients, per All Smiles' policy.
    - Liability coverage: All Smiles carries $4 million in total liability insurance.
    - Employees complete annual training on: HIPAA, FERPA, and Fraud, Waste and Abuse.

Responsibilities of Community Organization

1. Designate one point of contact and one backup contact person (for All Smiles to contact in the instance that the primary point of contact is absent) to assist each qualifying school in collaborating with All Smiles to:
    a. Schedule oral health service dates.
    b. Securely scan and send all completed consent forms and class rosters as instructed (see Nos. 10 through 12 below for further detail).
    c. Ensure that screening results forms and dental kits are sent home to parents or guardians.
    d. Assist the All Smiles care coordination team with contacting the parent or guardian, as necessary, when that child has an urgent or elevated dental need.
2. Display All Smiles service posters at the Preschool site and take other appropriate steps to encourage active participation at each qualifying site, with a goal of achieving at least 75% program participation. Note that the minimum number of students needed for All Smiles to provide services is 15 patients per single service day.
3. Distribute All Smiles service consent forms to all families in back-to-school packets or, if applicable, distribute electronic (Jot Form) consent forms to families via email, to the greatest extent practicable. The preschool Consent form packet is currently available in Arabic, Burmese, Chinese, English, Farsi, Karen, Lao, Marshallese, Russian, Somali, Spanish, Thai, Ukrainian, and Vietnamese. Consent forms in other languages will be made available by request.
4. Planning Meeting: At least one Preschool Program representative must attend a beginning of school year planning meeting. Prior to the planning meeting, the coordinator will be asked to complete a planning form which will be used to ensure a smooth, accurate agenda and action items are ready for the meeting. The planning meeting will help confirm enrollment, verify sites served and convey who will be charting and assisting to serve students who need follow-up care.
5. Mandatory Training for Family Workers: We ask that family workers/health teams also attend a one-time mandatory training prior to the school year, in person or virtual (recording). Teachers are also encouraged to join the annual training.
6. The Preschool Program Coordinator will remind teachers and staff about upcoming dates of services.
7. The Preschool Program Coordinator will provide an onsite person to assist with charting dental screening results during All Smiles services. The program manager shall provide the contact phone number for the person who will be charting for the hygienist on the day of services.

8. The Preschool Program Coordinator will be available to take calls/field questions the morning of All Smiles services.
9. The Preschool Program Coordinator will send All Smiles enrollment information per site prior to the beginning of the school year, and every quarter thereafter, prior to All Smiles scheduled services. This report will include the number of classrooms, the number of students per classroom, the type of class (e.g., Early Head Start, Head Start, Preschool Promise) and the school's start/end times. We understand enrollment numbers will fluctuate but this information supports accurate forecasting for clinical staffing and supply procurement.
10. The Preschool Program Coordinator will review all consent forms for completeness and accuracy before they are scanned and sent to All Smiles in PDF form. For example, wrong or missing DOB, name misspellings, or unsigned documents should be corrected. Also, please make sure that consent-form scans are legible and are not blurry before sending.
11. Collaborate with All Smiles to securely scan and send all completed consent forms via electronic mail **in PDF Form** to PREK@allsmilescoh.org *at least* one week before services are at the school. (All Smiles cannot accept consent forms in other formats like Jpeg, nor can it share them via Google Drive due to compliance considerations).
12. The Preschool Program Coordinator will send a current class roster and all corresponding consent forms at least one week prior to each round of service to All Smiles: fall, spring, and summer (if applicable). Note that if class rosters and corresponding consents are received late, this may result in children missing out on services. *At least* one week before services at the school, send a **class roster that includes:**
    - Organization name
    - Class name (grade + teacher's first and last name)
    - Room number
    - Child's full name
    - Child's DOB
13. Teachers will have the children ready for dental screenings. That is, students will have their teeth brushed and should ideally be wearing name tags, clearly displayed on each student on the day of services. To be eligible for services, students must be included on the class roster that is submitted to All Smiles in advance.
14. Services provided for home-based programs may require more creative ways of scheduling, such as a one-day event, evening program, or concurrently while screening on-site students.
15. Partner with All Smiles to identify program opportunities beyond the traditional school year service, such as enrollment events and summer school (if applicable).
16. Provide space for All Smiles services, such as in a classroom, health office, or other designated area. Adhere to health industry standards for 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; Oregon Health Authority; and/or 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 Preschool site 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 community program by All Smiles 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, signed and 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.

2. All Smiles shall provide the community program, upon request, with a certificate of insurance and endorsement naming the community program as an additional insured entity. This certificate shall be maintained through the term of this agreement.

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.

Signature Page

Community Program: **Neighborhood House**

Attn: Christina Heimann

Email: cheimann@nhpdx.org

All Smiles Community Oral Health

Attn: Robin Moody, Executive Director

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

Email: rmoody@allsmilescoh.org

Community Program: Neighborhood House

Name: Christina Heimann

Signature: Signed by: Christina Heimann C66CF54CDA9044F...

Title: Health and Nutrition Services Manager

Date: 5/27/2026

All Smiles Community Oral Health:

Name: Robin Moody

Signature: DocuSigned by: Robin Moody 87DBE3483486413...

Title: Executive Director

Date: 5/28/2026