

Board Office Use: Legislative File Info.	
File ID Number	17-1873
Introduction Date	9/27/17
Enactment Number	17-1377
Enactment Date	9/27/17 02

OAKLAND UNIFIED
SCHOOL DISTRICT

Community Schools, Thriving Students

Memo

To Board of Education
From Kyla Johnson, Superintendent

Board Meeting Date _____
(To be completed by Procurement)

Subject Memorandum of Understanding - Elliot P. Schlang DDS, PC dba Big Smiles Dental (contractor) - 968/ Health Services (site/department)

Action Requested Approval of Memorandum of Understanding between Oakland Unified School District and Elliot P. Schlang DDS, PC dba Big Smiles Dental, Phoenix, AZ. Services to be primarily provided to 968/Health Services Department for the period of September 1, 2017 through June 30, 2018.

Background
A one paragraph explanation of why the consultant's services are needed.

The Big Smiles Dental Program will provide comprehensive dental care for the students whose parent/guardian authorizes this dental service in the District. All staff will comply with required background check and fingerprinting protocols. A dental support team of dental assistant and an x-ray teacher/technician with advanced mobile dental equipment, such as digital x-ray equipment, will be brought to OUSD to assist in developini treatment plans and providing care. Children, Pre-kindergarten through 12^t grade, will be taught about the importance of oral hygiene, good nutrition, regular dental checkups, proper brushing and flossing at the dental visit. Each dental patient will be provided with a toll free number to contact Big Smiles regarding any questions they may have.

Discussion
One paragraph summary of the scope of work.

Approval by the Board of Education of a Memorandum of Understanding between District and Elliot P. Schlang DDS, PC dba Big Smiles Dental Program, Phoenix, AZ, for the latter to provide comprehensive dental care for District students Pre-K through 12th grade whose parent/guardian authorizes dental service and will teach children about the importance of oral hygiene, good nutrition, regular dental checkups, proper brushing and flossing at the dental visit for the period of September 1, 2017 through June 30, 2018, at no cost to the District.

Recommendation Approval of Memorandum of Understanding between Oakland Unified School District and Elliot P. Schlang DDS, PC dba Big Smiles Dental. Services to be primarily provided to 968/Health Services Department for the period of September 1, 2017 through June 30, 2018.

Fiscal Impact Funding Source: No Fiscal Impact

Attachments

- Memorandum of Understanding
- Certificate of Insurance
- Scope of Work
- Statement of qualifications



CONTRACT JUSTIFICATION FORM

**This Form Shall Be Submitted to the Board Office
With Every Consent Agenda Contract.**

Legislative File ID No. 17-1873

Department: 968/Health Services

Vendor Name: Elliot P. Schlang DDS, PC dba Big Smiles

Contract Term: Start Date: 9/1/2017 End Date: 6/30/2018

Annual Cost: \$ 0.00

Approved by: Barbara Parker

Is Vendor a local Oakland business? Yes No

Why was this Vendor selected?

The Big Smiles Dental Program will provide comprehensive dental care for the students whose parent/guardian authorizes this dental service in the District. All staff will comply with required background check and fingerprinting protocols. A dental support team of dental assistant and an x-ray teacher/technician with advanced mobile dental equipment, such as digital w-ray equipment, will be brought to OUSD to assist in developing treatment plans and providing care.

Summarize the services this Vendor will be providing.

Big Smiles will provide comprehensive dental care for District students Pre-K through 12th grade whose parent/guardian authorizes dental services and will teach children about the importance of oral hygiene, good nutrition, regular dental checkups, proper brushing and flossing at the dental visit.

Was this contract competitively bid? Yes No

If No, answer the following:

1) How did you determine the price is competitive?

Professional Service Contract (no cost to district)

2) Please check the competitive bid exception relied upon:

- Educational Materials**
- Special Services** contracts for financial, economic, accounting, legal or administrative services
- CUPCCAA exception** (Uniform Public Construction Cost Accounting Act)
- Professional Service Agreements** of less than \$87,800 (increases a small amount on January 1 of each year)
- Construction related Professional Services** such as Architects, DSA Inspectors, Environmental Consultants and Construction Managers (require a "fair, competitive selection process)
- Energy** conservation and alternative energy supply (e.g., solar, energy conservation, co-generation and alternate energy supply sources)
- Emergency** contracts [requires Board resolution declaring an emergency]
- Technology** contracts
 - electronic data-processing systems, supporting software and/or services (including copiers/printers) over the \$87,800 bid limit, must be competitively advertised, but any one of the three lowest responsible bidders may be selected
 - contracts for computers, software, telecommunications equipment, microwave equipment, and other related electronic equipment and apparatus, including E-Rate solicitations, may be procured through an RFP process instead of a competitive, lowest price bid process
 - Western States Contracting Alliance Contracts (WSCA)
 - California Multiple Award Schedule Contracts (CMAS) [contracts are often used for the purchase of information technology and software]
- "Piggyback" Contracts** with other governmental entities
- Perishable Food**
- Sole Source**
- Change Order for Material and Supplies** if the cost agreed upon in writing does not exceed ten percent of the original contract price
- Other, please provide specific exception**

Professional Services Contract

MEMORANDUM OF UNDERSTANDING

BETWEEN

BIG SMILES DENTAL PROGRAM AND OAKLAND UNIFIED SCHOOL DISTRICT

1. A dentist licensed by the State of California and in good standing with the Board of Dental Examiners will provide comprehensive dental care for the students whose parent or guardian authorizes this dental service in the Oakland Unified School DISTRICT ("DISTRICT"). All staff will comply with required background check and fingerprinting protocols.
2. Through OUSD Health Services, BIG SMILES will obtain approval from parents or guardian for the children (Pre-kindergarten through 12th grade) to see the dentist at DISTRICT and shall receive and document approval prior to providing any dental services.
3. BIG SMILES agrees to provide dental services only at schools designated by OUSD Community Schools and Student Services Health Services.
4. BIG SMILES will complete the State Dental Assessment form for each pre-kindergarten, kindergarten and 1st grade student.
5. BIG SMILES agrees to provide dental services at a school and/or Pre-K program with a minimum of 20 written consent forms for comprehensive dental services.
6. BIG SMILES' staff shall print, distribute and collect consent forms and related documents from students once or twice per year. A copy of the signed consent form will be given to each school site participating in the program.
7. BIG SMILES will pay Oakland Unified School DISTRICT Translation Department for services of all forms/documents sent to parents.
8. Parents will be given the option to be present during the dental visit and/ or decline restorative dental services.
9. Parents will be given the option (on the consent form) to share student information with the Alameda County Dept. of Health Care Services.
10. Photography of students will be obtained via written parental consent as outlined by OUSD.
11. BIG SMILES shall contact school designees to schedule clinic dates and provide a list of students with written parental consent. BIG SMILES will coordinate with school building level officials regarding acceptable dates for dental team to be on site at least one month prior to providing services.
12. A dental support team of dental assistant, dental hygienist (when available) and/or an x-ray teacher/technician with advanced portable dental equipment, such as digital x-ray equipment, will be brought to DISTRICT to assist the dentist in developing treatment plans and providing care.
13. Children (Pre-kindergarten through 12th grade) will be taught about the importance of oral hygiene, good nutrition, regular dental checkups, proper brushing and flossing as the dental visit.
14. There will be no costs to the DISTRICT due to the administration of this program.
15. In addition to providing care to students with a reimbursement source (i.e. Medicaid or Insurance), BIG SMILES will also donate dental care at each school visit to three uninsured students.
16. Prior to the commencement of services, BIG SMILES shall submit to DISTRICT evidence of comprehensive general liability insurance coverage with a minimum limit of \$1,000,000 per occurrence, combined single limits, and worker's compensation insurance coverage in accordance with the State of California statutory limits. Evidence of insurance will be provided on an annual basis.
17. BIG SMILES also agrees to hold harmless, to defend, and indemnify DISTRICT, its governing board, the individual members thereof, and all DISTRICT officers, agents, and employees from any loss, damage, liability, cost or expenses that may arise as a result of the performance of its services under this Memorandum.
18. Each dental patient will be provided with a written report (translated) to take home. In addition, parents shall be provided with a toll free number to contact BIG SMILES regarding any questions they have.

19. Program will adhere to all applicable laws, Dental Board regulations, and policies, including but not limited to HIPAA and a copy of program's HIPAA notification form shall be made available to DISTRICT upon request. In addition, this HIPAA notification is provided to all parents along with the consent form.
20. The names of dentists and other staff who will serve the children of the DISTRICT and copies of relevant diplomas, certification and or license will be provided to DISTRICT.
21. This agreement will be for a period of one year, from September 1, 2017 to June 30, 2018, with annual review for continuation of the program at yearly intervals for a period through June 30, 2019. Renewal of this agreement will be subject to each party signing a renewal agreement. The Agreement may be terminated by either party upon written or verbal receipt of notification to cancel with 90 days notice.
22. BIG SMILES will provide monthly electronic schedules of dental services at school sites to Health Services and each school site.
23. BIG SMILES will provide monthly electronic reports to Health Services, Coordinator to include:
 - a. Number of students w/ written parent permission
 - b. Number of students receiving services, type and number of dental services provided, grade levels
 - c. Insurance status of each student screened and/or receiving dental services
24. BIG SMILES will provide end-of-year electronic reports to Health Services, Coordinator to include:
 - a. List of students by school who requested services on returned consent forms and their insurance status (i.e. none, Medical, private)
 - b. List of all students who requested services on returned consent forms but whose parent/guardian could not be reached by Big Smiles for further information
25. BIG SMILES will provide parents and the school with an information sheet within 48 hours after each student's dental visit to include:
 - a. A list of completed dental procedures and their corresponding dental procedure codes (CDT)
 - b. A list of unmet treatment needs
 - c. Contact information for dental providers, including information during non-business hours
 - d. What to do in case an emergency (including contact information for the dentist/clinic where the child was referred).
 - e. Referral information if the child was referred to another dentist/clinic for any care to include the reason for the referral and contact information for the dentist/clinic where the child was referred
26. BIG SMILES will provide the district with an evaluation tool that will ensure contractual agreements have been met.
27. BIG SMILES will provide a checklist for each school site at least one month prior to dental visit. The list will include and is not limited to confirmation of dental service, space required, access to water, toilet facilities, etc., and the BIG SMILES contact person.
28. BIG SMILES will inform the district in writing of any limitations in the services the provider is able to provide.
29. BIG SMILES will be responsible for the delivery, set up, cost, care, security and maintenance of their equipment.

OAKLAND UNIFIED SCHOOL DISTRICT

Name _____

Signature _____

Title _____

Date _____

BIG SMILES DENTAL

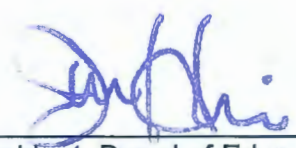
Name Elliot P. Schlang

Signature Elliot P. Schlang

Title Dental Director

Date 8/25/17

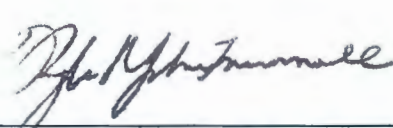
Kyla Johnson, Superintendent
Oakland Unified School District



President, Board of Education
Oakland Unified School District

Date: _____

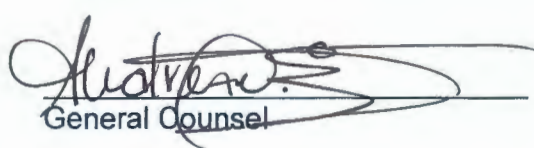
Date: 9/28/17



Secretary, Board of Education
Oakland Unified School District

Date: 9/28/17

Approved As to Form


General Counsel

OUSD or the District verifies that the Contractor does not appear on the Excluded Parties List at <https://www.sam.gov/>.



August 22, 2017

Barbara Parker
Coordinator, Health Services/Section 504
Oakland Unified School District
746 Grand Ave
Oakland, CA 94610

Dear Ms. Parker,

This letter is to certify that any Big Smiles staff entering Oakland USD school sides and/or interacting with Oakland USD students in the course of providing school based dental care or oral health education, have cleared the following health and background checks:

- TB testing
- State and Federal background check

Big Smiles (Elliot Schlang, DDS, PC) assumes full responsibility for any liability that would arise if this were to be a false statement and agrees to indemnify Oakland USD for such. Should you have any questions please contact me at (623) 434-9343 x21131 or at etolkin@mobiledentists.com.

Sincerely,

Eric Tolkin
Chief Marketing Officer



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/28/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 101 S. Main Street, Suite 200 Decatur IL 62523		CONTACT NAME: Laura Gannon	
		PHONE (A/C, No., Ext): 217-233-3347	FAX (A/C, No.): 217-428-0865
		E-MAIL ADDRESS: laura_gannon@ajg.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Arch Specialty Insurance Company	NAIC # 21199
INSURED Elliot Paul Schlang DDS Professional Corporation 3201 Wilshire Blvd Santa Monica, CA 90403		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 968564864 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE - EA EMPLOYEE \$
A	Dental Professional Liab Claims Made Policy Retroactive Date 08/21/2008			FLP005721403	7/1/2017	7/1/2018	Each Incident Limit 1,000,000 Aggregate Limit 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Oakland Unified School District
Attention: Risk Management
1000 Broadway Suite 440
Oakland CA 94607

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



REACHEA-02

DMELLOFA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/1/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis of New York, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 37230-5191	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C, No, Ext): (877) 945-7378 FAX (A/C, No): (888) 467-2378 E-MAIL ADDRESS: Certificates@willis.com														
INSURED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Zurich American Insurance Company</td> <td style="text-align: center;">16535</td> </tr> <tr> <td>INSURER B : Liberty Insurance Underwriters Inc</td> <td style="text-align: center;">19917</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Zurich American Insurance Company	16535	INSURER B : Liberty Insurance Underwriters Inc	19917	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER D :															
INSURER E :															
INSURER F :															
Elliot Paul Schiang DDS, Professional Corporation 3201 Wilshire Blvd. Santa Monica, CA 90403															

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GLA-0173794-03	12/01/2016	12/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			GLA-0173794-03	12/01/2016	12/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			1000239214-01	12/01/2016	12/01/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC0173795-03	12/01/2016	12/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Oakland Unified School District Attention: Risk Management 1000 Broadway Suite 440 Oakland, CA 94607	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
---	--

Username

Password

Log In

[Forgot Username?](#)

[Forgot Password?](#)

[Create an Account](#)

BIG SMILES DENTAL NEW YORK, PLLC

111 8TH AVE

NEW YORK, NY, 10011-5201 ,

UNITED STATES

DUNS: 078294185 CASE Code: 6L9S4

Status: Expired

Expiration Date: 12/17/2015

Purpose of Registration: All Awards

Entity Overview

Entity Registration Summary

Name: BIG SMILES DENTAL NEW YORK, PLLC

Business Type: Business or Organization

Last Updated By: Elliot Schlang

Registration Status: Expired

Activation Date: 12/17/2014

Expired On: 12/17/2015

Exclusion Summary

Active Exclusion Records? No

Entity Dashboard

[Entity Overview](#)

[Entity Registration](#)

▶ [Core Data](#)

▶ [Assertions](#)

▶ [Reps & Certs](#)

▶ [POCs](#)

[Exclusions](#)

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[GSA.gov/IAE](#)

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[USA.gov](#)

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WWW8

This is a U.S. General Services Administration Federal Government computer system that is "FOR OFFICIAL USE ONLY." This system is subject to monitoring. Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution.



EL DENTISTA VENDRÁ A SU ESCUELA!
 Nuestra escuela se unió con Big Smiles
 para ofrecer cuidado dental en la escuela
SIN COSTO para usted.



Cuidar de los dientes de su niño(e) es importante para mantenerlos sanos.
FÁCIL Y CONVENIENTE - Dentistas licenciados en el estado periódicamente revisará la boca y dientes de su hijo, igual proporcionará una limpieza y tratamiento de fluoruro. También proporcionará sellantes y rayos-x tal sean necesarios. Tratamiento adicional como rellenos podrían ser proporcionados. El reporte incluye el tratamiento recibido y tratamiento requerido. **¡FRME Y REGRESE A LA ESCUELA HOY!**

LENE POR FAVOR

Nombre Legal del Niño(a)	Fecha de Nacimiento	<input type="checkbox"/> Hombre <input type="checkbox"/> Mujer
Dirección	Ciudad	Código Postal
Esuela	Masero	Estado
Padre/Tutor Legal	Teléfono	Grado
Correo electrónico	() () () ()	

PREGUNTA DE SALUD IMPORTANTE
 ¿Su hijo tiene alguna discapacidad o condición médica o dentaria en el pasado o presente? Puede incluir problemas del corazón, problemas de respiración, trastornos del oído/comunicación, alergias (incluye alergia a medicamentos), diabetes, problemas de sangre, enfermedades transmitidas o de origen hereditario, etc. Si es así, por favor explique cómo (agente de salud, agente de salud, agente de salud).

Añote los medicamentos que está tomando _____ Añote cualquier problema dental _____

¡NINIO(A) TIENE MEDICAL! También conocido como BIC, Dent-Cal, Medicaid.

¡IMPORTANTE! SI USTED TIENE MEDICAL, DEBE TENER SU NÚMERO PARA QUE EL DENTISTA PUEDA VER A SU HIJO(A)
 Escriba el número de identificación del niño(a) AQUÍ: **ID No.**
 *Medi-Cal cubre el 100% del tratamiento

¿Número de seguro social del niño(a) (si está disponible)
 ¿Número de seguro dental privado
 Nombre de la Comp. de Seguro (aparte de Medicaid) _____ Tel. del Seg. _____
 # Grupo _____ Empleado _____
 Nombre del Adulto Asegurado _____ FECHA DE NACIMIENTO del adulto Asegurado _____
 # Poliza/D. _____ Seguro Social del Adulto Asegurado _____

NINIO(A) NO TIENE SEGURO DENTAL
 Estoy interesado en pagar por servicios dentales. Por favor comuníquese conmigo

Si su hijo(e) ya tiene una dentista y gustaría seguir tratamiento con él, debería continuar con su mismo dentista.

LEA Y FIRME ABAJO (si usted tiene preguntas o desea hablar con un dentista, por favor llámenos al 855-481-8639)

Solicito que el dentista realice una revisión dental a mi hijo(e) en la escuela la cual cubrirá el examen dental, limpieza, fluoruro, sellantes, Tratamiento Preventivo de Restauración y rayos-x como sean necesarios, así como otros trabajos dentales según sea medicamento necesario, incluyendo los rellenos, extracciones de dientes de leche infectados, adormecimiento de la boca y dientes y otros procedimientos como se describe con más detalles en la parte posterior de esta página. Esta escritura incluye límites al dentista en el futuro. He leído la PREGUNTA IMPORTANTE DE SALUD al anterior y he informado de cualquier cambio significativo del salud de mi hijo(a) a 855-481-8639. He leído la ADVERTENCIA IMPORTANTE Y CONSENTIMIENTO EN LA PARTE POSTERIOR DE ESTA PAGINA, entendí y estoy de acuerdo con sus términos.

FIRME Y FECHA AQUÍ Para su privacidad doble y asegure.

FECHA _____

PREGUNTAS: 1-855-481-8639 FAX: 1-488-330-4331 Visitas en: BigSmilesDental.com
 Prefiero estar presente. Por favor notifíqueme cuando visiten la escuela de mi niño.
 Doy mi consentimiento que la información de mi hijo sea compartida con el Departamento de Servicios de Salud del Condado de Alameda.
 Elit Paul Schang DDS, Professional Corporation, 3201 Wilshire Blvd., Suite 110, Santa Monica, CA 90403
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CA-0AKLA-010V2



THE DENTIST IS COMING TO YOUR SCHOOL!
 Our school has joined with Big Smiles
 to offer in-school dental care at
NO COST* to you.



Talking care of your child's teeth is important to keep them healthy.
EASY & CONVENIENT - A state licensed dentist will regularly check your child's mouth & teeth, as well as provide a cleaning, x-rays as necessary, fluoride treatment and apply sealants, as needed. Additional care, such as fillings, may also be provided. A dental report card will be sent home with your child, includes initial dental care & follow-up visits. **SIGN AND RETURN TO YOUR SCHOOL TODAY!**

PLEASE COMPLETE

Child's Legal Name	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	City	State
School	Teacher	Zip
Parent/Guardian Name	Phone () ()	Grade
Email	All Phone () ()	

IMPORTANT HEALTH QUESTION
 Does your child have any past or present medical or dental conditions or disabilities? This may include heart issues, breathing problems, localization disorders, allergies (including drug allergies), diabetes, breathing problems, communicable diseases or immune disorders etc. If Yes, explain below (attach additional pages as needed). IF NO, LEAVE BLANK.
 List current medications _____ List any dental concerns _____

IF CHILD HAS MEDICAL (also known as BIC, Dent-Cal, Medicaid)
IMPORTANT! IF YOU HAVE MEDICAL, WE MUST HAVE YOUR ID NO. IN ORDER FOR THE DENTIST TO SEE YOUR CHILD
 Enter Child's ID Number HERE: **ID No.**
 *Medi-Cal covers 100% of treatment

OR Child's Social Security # (if available)
IF CHILD HAS PRIVATE DENTAL INSURANCE Ins. Company name (other than Medicaid) _____ Ins. Phone _____
 Name of Insured Adult _____ Co. Phone _____
 Member ID/Policy # _____ Employer name _____ BIRTH DATE of Insured Adult _____
 Social Security # of Insured Adult _____

IF CHILD HAS NO DENTAL INSURANCE
 I may be interested in paying for dental services. Please contact me.

If your child sees a dentist regularly, and you want to continue care with that dentist, you should do so.

READ & SIGN BELOW (If you have questions or would like to speak to a dentist, please call us at 855-481-8639.)

I request that the dentist perform a dental check-up on my child at school which includes exam, cleaning, fluoride, sealants, Preventive Fluoride Restoration and x-rays as needed, as well as other dental work as medically necessary, including fillings, extractions of infected baby teeth, numbering the mouth and teeth and other procedures as described more fully on the back of this page. This permission includes future dental visits. I have read the IMPORTANT HEALTH QUESTION above and will report any significant changes in my child's health to 855-481-8639. I have read the IMPORTANT NOTICE AND CONSENT ON THE BACK OF THIS FORM and understand and agree to its terms.

SIGN & DATE HERE For your privacy, please fold & secure.

DATE _____

PREGUNTAS: 1-855-481-8639 FAX: 1-488-330-4331 Visit us at BigSmilesDental.com
 I prefer to be present. Please notify me when you visit my child's school.
 I consent for my child's information to be shared with the Alameda County Dept. of Health Services.
 Elit Paul Schang DDS, Professional Corporation, 3201 Wilshire Blvd., Suite 110, Santa Monica, CA 90403
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CA-0AKLA-010V2

PROFESSIONAL SERVICES CONTRACT ROUTING FORM 2017-2018



Basic Directions

Additional directions and related documents are in the Knowledge Center on the Intranet and Contracts Online 2.0 Tool

Services cannot be provided until the contract is fully approved and a Purchase Order has been issued.

- Contractor and OUSD contract originator (principal or manager) reach agreement about scope of work and compensation.
- Ensure contractor meets the consultant requirements (including the Excluded Party List, Insurance and Talent Consultant Verification)
- Contractor and OUSD contract originator complete the contract packet together and attach required attachments.
- Within 2 weeks of creating the requisition, the OUSD contract originator submits complete contract packet for approval to Procurement.

Attachment Checklist

- For All Consultants: Authorization to Work, which indicates vendor has cleared the registration and background check
- For All Consultants: Results page of the Excluded Party List (<https://www.sam.gov/>)
- For All Consultants: Statement of qualifications (organization); or resume (individual consultant).

OUSD Staff Contact Emails about this contract should be sent to: (required) barbara.parker@ousd.org

Contractor Information

Contractor Name	Elliot P. Schlang DDS, PC dba Big Smiles		Agency's Contact	Eric Tolkin		
OUSD Vendor ID #	1005099		Title			
Street Address	240 18th Street		City	San Monica	State	CA Zip 90402
Telephone	(623) 434-9343 x1134		Email (required)	etolkin@mobiledentists.com		
Contractor History	Previously been an OUSD contractor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Worked as an OUSD employee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Compensation and Terms – Must be within the OUSD Billing Guidelines

Anticipated start date	9/1/2017	Date work will end	6/30/2018	Other Expenses	
Pay Rate Per Hour (required)		Number of Hours (required)			

Budget Information

If you are planning to multi-fund a contract using LEP funds, please contact the State and Federal Office before completing requisition.

Resource #	Resource Name	Org Key	Object Code	Amount
	No Fiscal Impact		5825	\$ 0.00
			5825	\$ 0.00
			5825	\$ 0.00
Requisition No. (required)	Total Contract Amount			\$ 0.00

Approval and Routing (in order of approval steps)

Services cannot be provided before the contract is fully approved and a Purchase Order is issued. Signing this document affirms that to your knowledge services were not provided before a PO was issued.

OUSD Administrator verifies that this vendor does not appear on the Excluded Parties List (<https://www.sam.gov/>)

1.	Administrator / Manager (Originator)	Name	Barbara Parker		Phone	510-879-2742
	Site/Department (Name & #)	968/Health Services		Fax	510-879-4605	
	Signature				Date Approved	8/25/17
2.	Resource Manager , if using funds managed by:	<input type="checkbox"/> State and Federal <input type="checkbox"/> Quality, Community, School Development <input type="checkbox"/> Community Schools & Student Services <input type="checkbox"/> Risk Mgmt				
	<input type="checkbox"/> Scope of work indicates compliant use of restricted resource and is in alignment with school site plan (CSSSP)					
	Signature				Date Approved	
3.	Network Superintendent/Deputy Network Superintendent					
	Signature				Date Approved	
4.	Chiefs / Deputy Chiefs	Consultant Aggregate <input type="checkbox"/> Under <input type="checkbox"/> Over \$ _____				
	<input type="checkbox"/> Services described in the scope of work align with needs of department or school site					
	<input type="checkbox"/> Consultant is qualified to provide services described in the scope of work					
	Signature				Date Approved	
5.	Superintendent, Board of Education Signature on the legal contract					
Legal	Required if not using standard contract		Approved		Denied - Reason	Date
Procurement	Date Received			PO Number		

SAM Search Results
List of records matching your search for :

Search Term : elliot* p. schlang* dds*
Record Status: Active

No Search Results

SAM Search Results
List of records matching your search for :

Search Term : big* smiles* dental*
Record Status: Active

No Search Results