Board Office Use: Legislative File Info.	
File ID Number	15-1643
Introduction Date	9-24-15
Enactment Number	15-1479
Enactment Date	9/24/15 os

OAKLAND UNIFIED SCHOOL DISTRICT
Community Schools, Thriving Students

Memo

To Board of Education

From Antwan Wilson, Superintendent

Board Meeting Date *(To be completed by Procurement)* 9/24/15

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, 2015 through June 30, 2016.

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

The Big Smiles Dental Program will provide preventive and restorative 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 developing treatment plans and providing care. Children, Pre-kindergarten through 12th 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 preventive and restorative 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, 2015 through June 30, 2016, 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, 2015 through June 30, 2016.

Fiscal Impact

Funding Source: No Fiscal Impact

Attachments

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

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 preventive and restorative 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 Family, Schools, and Community Partnerships 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 preventive and/or restorative dental services.
6. BIG SMILES' staff shall pint, 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 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, 2015 to June 30, 2016, with annual review for continuation of the program at yearly intervals for a period through June 30, 2017. 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 _____

_____

Antwan Wilson, Superintendent
Oakland Unified School District

_____ Date: 9/25/15

President, Board of Education
Oakland Unified School District

_____ Date: 9/25/15

Secretary, Board of Education
Oakland Unified School District

Approved As to Form

_____

Jacqueline Minor, General Counsel

File ID Number: 15-1643
Introduction Date: 9/24/15
Enactment Number: 15-1479
Enactment Date: 9/24/15
By: OD

BIG SMILES DENTAL

Name Ross Linder

Signature _____

Title VP Educational Partnerships

Date 7/2/15

Date: 9/25/15

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

REACHEA-02 MCKEAGEJE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/30/2015

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 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 Certificate Center
PHONE (A/C, No, Ext): (877) 945-7378 FAX (A/C, No): (888) 467-2378
E-MAIL ADDRESS: certificates@willis.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Zurich American Insurance Company	16535
INSURER B : Crum and Forster Insurance Company	42471
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Elliot Paul Schlang DDS, Professional Corporation
951 Westwood Blvd
Los Angeles, CA 90024

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 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		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			GLA017379401	07/01/2015	12/01/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $	1,000,000 1,000,000 10,000 1,000,000 2,000,000 2,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS			GLA017379401	07/01/2015	12/01/2015	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $	1,000,000
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			5811056694	07/01/2015	12/01/2015	EACH OCCURRENCE AGGREGATE	$ $	1,000,000 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N N/A If yes, describe under DESCRIPTION OF OPERATIONS below			WC017379501	07/01/2015	12/01/2015	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	1,000,000 1,000,000 1,000,000

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

CERTIFICATE HOLDER

Oakland Unified School District
Attn: Risk Management
900 High Street
Oakland, CA 94601

CANCELLATION

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/10/2015

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 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 / **NAIC #**
	INSURER A : Arch Specialty Insurance Company / 21199
INSURED REACHEA-01 Elliot Paul Schlang DDS, Professional Corporation 951 Westwood Blvd Los Angeles, CA 90024	**INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 275436544 **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	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N / A						E.L. EACH ACCIDENT	$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$
A	Dental Professional Liab Claims Made Policy Retroactive Date 08/21/2008			FLP005721401	7/1/2015	7/1/2016	Each/Aggregate Aggregate Limit	$ 1.0M/3.0M $ 3,000,000

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

CERTIFICATE HOLDER

Oakland Unified School District
Attn: Risk Management
900 High Street
Oakland CA 94601

CANCELLATION

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

W. Christopher Schlang

USER NAME PASSWORD

LOG IN

Forgot Username? Forgot Password?

Create an Account

Entity Dashboard

Entity Overview

- Entity Record
- Core Data
- Assertions
- Reps & Certs
- POCs
- Reports
- Service Contract Report
- BioPreferred Report
- Exclusions
- Active Exclusions
- Inactive Exclusions
- Excluded Family Members

RETURN TO SEARCH

BIG SMILES DENTAL NEW YORK, PLLC
DUNS: 078294185 CAGE Code: 6L9S4
Status: Active

111 8TH AVE
NEW YORK, NY, 10011-5201 ,
UNITED STATES

Expiration Date: 12/17/2015
Purpose of Registration: All Awards

Entity Overview

Entity Information

Name: BIG SMILES DENTAL NEW YORK, PLLC
Business Type: Business or Organization
POC Name: Elliot Schlang
Registration Status: Active
Activation Date: 12/17/2014
Expiration Date: 12/17/2015

Exclusions

Active Exclusion Records? No

View assistance for Search Results

Search Results

Current Search Terms: big* smiles*

Your search for "big* smiles*" returned the following results...

Notice: This printed document represents only the first page of your SAM search results. More results may be available. To print your complete search results, you can download the PDF and print it.

Entity **BIG SMILES DENTAL NEW YORK, PLLC** Status: **Active**

DUNS: 078294185 **CAGE Code: 6L9S4** View Details

Has Active Exclusion?: No **DoDAAC:**

Expiration Date: 12/17/2015 **Delinquent Federal Debt? No**

Purpose of Registration: All Awards

Glossary

Search Results

Entity

Exclusion

Search Filters

By Record Status

By Functional Area - Entity Management

By Functional Area - Performance Information

OAKLAND UNIFIED SCHOOL DISTRICT

Big Smiles

IN-SCHOOL DENTAL CARE

PERMISSION FORM

Please complete and sign today & return to school

***Medi-Cal may cover 100% of treatment**

Students can receive dental care **at school** to avoid dental problems that impact learning. This comes **at no cost* to you** for children covered by Medi-Cal, BIC Denti-Cal or Healthy Families. In addition, most insurances are accepted and we have some donated services available for the uninsured.

Children who are receiving regular dental care or have visited the dentist in the last 6 months should continue to receive care from their current denti

1 TELL US ABOUT YOUR CHILD

☐ **To decline services, check here and complete "Student Name" & "Birth Date" only**

Student Name _____ Male / Female
(PLEASE PRINT CLEARLY) FIRST NAME LAST NAME CIRCLE ONE

Student Birth Date ____/____/____ School _____
MONTH DATE YEAR

Teacher _____ District OUSD Grade ____ Track ____

Your Name _____ Relation to Student ☐ Custodial parent ☐ Legal guardian
CHECK ONE

Address _____ City _____ State ____ Zip _____

Email _____ Phone ( ) _____ 2nd Phone ( ) _____

2 INSURANCE INFORMATION (check one box)

Medi-Cal may cover 100% of treatment

☐ STUDENT HAS MEDI-CAL
(also known as BIC, Healthy Families, Denti-Cal, Medicaid)

(Enter 14 digit ID # above)

☐ STUDENT HAS PRIVATE INSURANCE

Ins. Company name (other than Medicaid) _____ Ins. Phone _____

Group # _____ Employer name _____ Co. phone _____

Name of Insured Adult _____ **BIRTH DATE of Insured Adult** _____

Policy # _____

☐ STUDENT IS UNINSURED ☐ I may be interested in paying for dental services. Please contact me.

3 CHILD'S MEDICAL HISTORY

CHECK EACH CONDITION THAT APPLIES TO YOUR CHILD.

- ☐ Recent Dental Problems
- ☐ Latex Allergy
- ☐ Allergy to Medications/Other
- ☐ Asthma or Wheezing
- ☐ Behavioral Problems
- ☐ Heart Problems/Murmur
- ☐ Rheumatic Fever
- ☐ Diabetes
- ☐ Hemophilia/Bleeding Problems
- ☐ Sickle Cell Anemia
- ☐ Anemia/Fainting
- ☐ Epilepsy/Seizures
- ☐ Liver Problems/Hepatitis
- ☐ Kidney Problems
- ☐ HIV/AIDS
- ☐ Cancer
- ☐ Tuberculosis
- ☐ Communicable Diseases

Notify us of any medical history changes. A thorough and complete medical and dental history are important for a proper dental examination and evaluation.

List allergies _____

Name/phone # of child's physician _____

Use space below to provide additional details on your child's health, including current medical treatment, other significant past illnesses, alcohol & tobacco use (including smokeless). List current medications. Attach another page as needed.

☐ **CHECK IF PRE-MEDICATION REQUIRED.**

Has child been to a dentist in last 6 months? ☐ Yes* ☐ No (*If YES, please note that we will be unable to see your child. They should continue to receive care from their current dentist.)

4 READ & SIGN BELOW

(If you have questions or would like to speak to a dentist, please call us at 877-227-9891)

I understand and authorize Elliot P. Schlang, DDS, PC (Provider) and its affiliated dentists to provide the following services for the above-named child for whom I am the custodial parent or legal guardian: DENTAL EXAM & ORAL HYGIENE INSTRUCTION,TEETH CLEANING, FLUORIDE TREATMENT, DIGITAL X-RAYS (*patient will be exposed to a minimal dose of radiation*) & DENTAL SEALANTS (*a thin layer of resin bonded to teeth to cover grooves*). While it is unlikely your child could be harmed by preventive dental care, in rare cases, the products we use may cause allergic reaction. I authorize & direct Provider to bill & collect payment from any Medicaid, insurance, or other payer. If I have private dental insurance, I will be billed for & agree to pay any deductibles and/or co-pays. Treatment by the in-school dentist may affect future benefits that your child may receive under private insurance, Medicaid, or CHIP. I have the right to be present at the time of service. Unless I have made pre-arrangements to attend, and am there at the time of service, services will be provided without my presence. I have received the Notice of Privacy Practices attached to this form and consent to the release of my child's medical record information as described therein. This signed consent authorizes my child's initial dental visit, follow-up & 6-month visits. I may withdraw this consent at any time.

SIGN HERE _____ _____
Date

Print name _____

☐ I prefer to be present. Please notify me when you visit my child's school.

For your privacy, please fold & secure.

ESPAÑOL AL REVERSO

SAM Search Results
List of records matching your search for :

Search Term : Big* Smiles* Dental*
Record Status: Active

ENTITY	BIG SMILES DENTAL NEW YORK, PLLC		Status:Active
DUNS: 078294185	+4:	CAGE Code: 6L9S4	DoDAAC:
Expiration Date: Dec 17, 2015	Has Active Exclusion?: No		Delinquent Federal Debt?: No
Address: 111 8TH AVE City: NEW YORK ZIP Code: 10011-5201		State/Province: NEW YORK Country: UNITED STATES	

SAM Search Results
List of records matching your search for :

Search Term : Elliot* P Schlang* DDS*
Record Status: Active

No Search Results

OAKLAND UNIFIED SCHOOL DISTRICT
Community Schools, Thriving Students

PROFESSIONAL SERVICES CONTRACT ROUTING FORM 2014-2015

Basic Directions

Additional directions and related documents are in the School Operations Library (http://intranet.ousd.k12.ca.us)

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

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

Attachment Checklist	
	☐ For individual consultants: HRSS Pre-Consultant Screening Letter for the current fiscal year.
	☐ For individual consultants: Proof of negative tuberculosis status within past 4 years.
	■ 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).
	■ For All Consultants: Proof of Commercial General Liability insurance naming OUSD as an Additional Insured.
	■ For All Consultants with employees: Proof of Workers' Compensation Insurance. (Ref. to Section 10 of the Contract)

OUSD Staff Contact *Emails about this contract should be sent to:* **(required)** barbara.parker@ousd.k12.ca.us

Contractor Information

Contractor Name	Elliot P. Schlang DDS, PC dba Big Smiles	Agency's Contact	Robert Linder				
OUSD Vendor ID #	I005099	Title	Vice President, Educational Partnerships				
Street Address	240 18th Street	City	San Monica	State	CA	Zip	90402
Telephone	(623) 434-9343 x1134	Email **(required)**	rlinder@reachouthealthcare.com				
Contractor History	Previously been an OUSD contractor? ■ Yes ☐ No		Worked as an OUSD employee? ☐ Yes ■ No				

Compensation and Terms – Must be within the OUSD Billing Guidelines

Anticipated start date	9/1/2015	Date work will end	6/30/2016	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	
			5825	
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	273-1510
	Site / Department	968/ Health Services		Fax	273-1511
	Signature	Barbara Parker		Date Approved	8/25/15
2.	**Resource Manager,** if using funds managed by: ☐State and Federal ☐Quality, Community, School Development ☐Family, Schools, and Community Partnerships				
	☐Scope of work indicates compliant use of restricted resource and is in alignment with school site plan (SPSA)				
	Signature			Date Approved	
	Signature (if using multiple restricted resources)			Date Approved	
3.	**Regional Executive Officer**				
	☐Services described in the scope of work align with needs of department or school site ☐Consultant is qualified to provide services described in the scope of work				
	Signature	Curtis Sarich		Date Approved	8/19/2015
4.	**Deputy Superintendent Instructional Leadership / Deputy Superintendent Business Operations**			Consultant Aggregate Under ☐, Over ☐$50,000	
	Signature	Dan Siegel		Date Approved	9/1/15
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		

THIS FORM IS NOT A CONTRACT