Board Office Use: Le	egislative File Info.						
File D Number	17-1873						
Introduction Date	9/27/17						
Enactment Number	17-1377						
Enactment Date	9/27/17 00						

OAKLAND UNIFIED SCHOOL DISTRICT

Community Schools, Thriving Students

Memo

To

Board of Education

From

Subject

Kyla Johnson, Superintendent

Board Meeting Date

(To be completed by Procurement)

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 lune 20, 2018

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)

Legal 1/12/16

2)	Plea	se check the competitive bid exception relied upon:
	브	Educational Materials
		Special Services contracts for financial, economic, accounting, legal or administrative services
	Щ	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)
	므	Energy conservation and alternative energy supply (e.g., solar, energy conservation, co-generation and alternate energy supply sources)
	ᆜ	Emergency contracts [requires Board resolution declaring an emergency]
	Щ	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]
	닏	Piggyback" Contracts with other governmental entities
	\sqsubseteq	Perishable Food
	\sqsubseteq	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
	Profes	sional Services Contract

Legal 1/12/16 2

MEMORANDUM OF UNDERSTANDING

BETWEEN

BIG SMILES DENTAL PROGRAM AND OAKLAND UNIFIED SCHOOL DISTRICT

- 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.
- 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.
- BIG SMILES will complete the State Dental Assessment form for each pre-kindergarten, kindergarten and 1st grade student.
- 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.
- 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.
- 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.
- 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/fechnician 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.
- 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
 - 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:
 - List of students by school who requested services on returned consent forms and their insurance status (i.e. none, Medical, private)
 - 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 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	BIG SMILES DENTAL
Name	Name Elliot P. Schlang
Signature	Signature Mist P. McMang Title Dental Director
Title	
Date	Date 8/25/17
	Date:
Kyla Johnson, Superintendent Oakland Unified School District	
President, Board of Education Oakland Unified School District	Date: 9/28/17
Secretary, Board of Education Oakland Unified School District	Date: <u>9/2-8/17</u>
Approved As to Form	
1	

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.

REPRESENTATIVE OR PRODUCER, AND THE CER										
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PRODUCER		CONTACT Laura C								
Arthur J. Gallagher Risk Management Services, In 101 S. Main Street, Suite 200	c.	Va III a								
Decatur IL 62523	H	PHONE (A/C, No, Ext): 217-233-3347 FAX (A/C, No): 217-428-0865 E-MAIL ADDRESS: laura_gannon@ajg.com								
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Santa Monica, CA 90403		NSURER D :		_						
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 10	11, Additional Remarks Schedule,	may be attached if mor	e space is requir	ed)						
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Oakland Unified School District Attention: Risk Management 1000 Broadway Suite 440 Oakland CA 94607		SHOULD ANY OF THE EXPIRATION ACCORDANCE WITH	DATE THE	REOF. NOTICE	ES BE CANCEL WILL BE DE	LED BEFORE LIVERED IN				
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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.

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Entity

Dashbentity Overview

Entity Registration

Core Data

Assertions

Reps & Certs

POCs

Exclusions

Active Exclusions

Inactive Exclusions

Excluded Family Members

REFURN TO SEARCH

BIG SMILES DENTAL NEW YORK, PLLC

DUNS: 078294185 CAGE Code: 61.984

Status: Expired

Expiration Date: 12/17/2015

Furpose 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



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Nuestra escuela se unió con Big Smiles EL DENTISTA VENDRA A SU ESCUELA! ara ofrecer cuidado dental en la

SIN COST	SIN COSTO' para usted.			
Cuidar de los dientes de su niño(a) es importante para mantenerlos sanos.	ño(a) es importante par	mantenerios sanos.		
FACIL Y CONVENIENTE - Dentistas ficenciados en el estado pertódromente revisará la boca y dientes de su hijo, igual proporcionará una	rcamente revisará la boca y dlentes o	le su hijo, igual proporcionará una		EASY
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LLENE POR FAVOR				PLEA
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Directión	Cludad	Estado Código Postal	l-a	Address
Escuela	Maestro	Grado	Г	School
Padra/Tutor Legal	F	Teléfono		Parent/G
Correo electrónico	F	Teléfono Al.		Email
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Anote los medicamentos que este tomando.	Anote cualquier problemes dental		orio:	List curre
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Q Número de seguro social del nifio(a) (si está disponible)	-			띩
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# Grupo Nombre del Adulto Asseurado	Tel. del Empleador FECHA DE NACIMENTO del	Tel. del Empleador FECHA DE MACINESTO del multio Acaminado	_	Group #
# Polizali	Seguro Social del Adulto Asegurado	Annual Property of the Propert		Member ID/
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LEAY FIRME ABAJO (SI vashed then proguntas o closes habitar con un deritista, por favor Llamentos al 855-481-8639)	entiste, por fevor Banence al 855-481-863	69		READ
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PRECUNTAS: 1-885-461-4639 FAX: 1-4886-330-4331 Vibianos en: Big\$milesDentai.com Theficro estar presente, For few notifiqueme cuendo visiten la ecoulea de mi faño. Doy nit consedimiento que la información de milito seo compartida con el Ospatamento de Sankotos de Salud del Condado de Alameda.	gSmiles Dental.com Mo. to de Servicios de Salud del Condado de Alame			In Indiana
Elika Paul Schlang (DCS, Professionel Corporation, 2001 Washire Blvd., Suths 110, Sunha Montea, CA. 90403 © Elika Paul Schlang (DCS, Professional Corporation, 2017)	83			Biot Paul Sci O Elliot Paul
		CA-OAKLA-010V	u S	

Salle Smile AKLAND UNIFIED CHOOL DISTRICT

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.

Taking care of your child's teeth is important to keep them healthy.

& CONVENIENT - A state licensed dentiat will regularly check your child's mouth & teeth, as well as provide a cleaning. x-rays as sary, fluoride treatment and apply sealants, as needed, Additional care, such as fillings, may also be provided. A dental report cand 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	
Adress	State Zip	
School	Grade	
ParenVGuardian Name	Phone	
Email	All Phone	
IMPORTANT HEALTH QUESTION Does your chief have any past or present medical or deniel conditions or disabilities? This may include heart issues, braching problems, brain-include and include heart issues, braining problems, braining disabbas, blooding problems, communicable diseases or immune deorders etc. If Yes, explain below (stacch additional pages as needed). IF NC, LEAVE BLANK.	hing problems, brektoekzure disorders, ellergies (hrchufing ih additionsi pegse se needed), F.NO, LEAVE BLANK.	
List current medications		FOLD
IF CHILD HAS MEDI-CAL (also known as BIC, Denti-Cal, Medicaid)		
CHILD'S CHILD'S CHILD'S CHILD'S CHILD'S THE DESCRIPTION OF THE OBSTIST TO SEE YOUR CHILD	DRIVER FOR THE DENTIST TO SEE YOUR CHILD.	
100 Munibar HERE: 100 No. 100		
OR Child's Social Security # (if available)		
IF CHILD HAS PRIVATE DENIAL INSURANCE IN. Company name (other than Medicald)	Its Phone	
Grup#	Co. phone	
=	BIRTH DATE of Insured Adult	
Member IDPolicy #	ured adult	
F CHLD HAS NO DENTAL INSURANCE 1 may be interested in paying for dental services. Please contact me.		
f your child sees a dentlet regularly, and you want to continue care with that dantiat, you should do so.	280.	
READ & SIGN BELOW (If you have questions or would like to speak to a dentist, please cell us at 655-481-8638.)	nt 855-481-8639.)	
I request that the dentital perform a dental check-up ort my child as school which includes ceam, chasting, fluorids, sealants, Preventible Resin Restruction and x-rays as needed, as well as other dental work as medically reconstany, including lifting, extractions of infected bady leaft, numbing the mouth and other procedures as described more fully on the back of his page. The semisastic includes future dental was. I have need the IMPORTANT HEALTH CULESTON above and wall report any significant changes in my child's leastly to 855-451-4559. I have need the IMPORTANT NOTICE AND CONSENT ON THE BACK OF THIS FORM and understand and agree to be term. For your privacy, SIGN & DATE HERE	revenive Resin (sestoration and x-rays as needed, as a feedin and other procedures as described more fully on above and will larged any significant changes in my and understand and agree to be term. For your privacy, For your privacy, Passe fold & secure.	
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QUESTIONS: 1-865-487-8639 FAX: 1-888-330-4331 Viait us at BigSmilesDental.com prefet to be present, lease nodify me when you visit my chiffs school. prefet to be present, lease nodify me when you visit my chiffs inchesion by a distribution to be started with the Alameda County Dap. of Health Services. Profession Corporated 2014 Welve Brd., Saile 110, Sarte Merica, CA 90403 Elizar Paul Sching DDS. Protestional Corporation, 2017 Pages.	ESPAÑOL AL REVERSO	
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KEEP FOR YOUR RECORDS

NOTICE DESCRIBES HOW MEDICAL INFORMATION AROUT YOU MAY BE USED AND RISHORD AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY, KEEP FOR YOUR RECORDS

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mest algustathan@penilaya Zhadeo Umer August 1, 2016

PROFESSIONAL SERVICES CONTRACT ROUTING FORM 2017-2018



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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 Talent Consultant Verification)																
	3. Contro	астог an n 2 week	s of crea	contract or sting the re	riginator equisitior	complet , the O	te the contro USD contrac	act pac :t origi	ket to nator :	gether submit:	and a	ttach requ I lete contr	ired attachn act packet f	nents. or app	proval t	o Procurement.
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Compensation and Terms – Must be within the OUSD Billing Guidelines Anticipated start date 9/1/2017 Date work will and 8/30/2018 Other Expenses																
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Budget Information																
If you are planning to multi fund a contract using LEP funds, please contact the State and Federal Office <u>before</u> completing requisition.																
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OUSD Administrator verifies that this vendor does not appear on the Excluded Parties List (https://www.sam.gov/) Administrator / Manager (Originator) Name Barbara Parker Phone 510.879.2742								<u>/vor/</u>								
1.											\rightarrow	Phone	510-879-2			
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Search Term: elliott* 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

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