South San Antonio

SOUTH SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

Agenda Item Summary

| Meeting Date: July 24, 2019 | |
|--|------------------|
| Purpose: Presentation/Report Recognition Discussion/ Possi | ible Action |
| ☐ Closed/Executive Session ☐ Work Session ☐ Discussion Only ☒ Conse | ent |
| Item Title: Approve the Memorandum of Understanding between Brident Dental and Se Independent School District | outh San Antonio |
| Description: | |
| Brident Dental will provide services and resources for Head Start students and families to preventative oral health care. Through this collaborative, Briden Dental will provide health education training to Hea staff. MOU submitted to Legal 6-8-19 | |
| Danaman dations | |
| Recommendation: Approve the Memorandum of Understanding between Brident Dental and South San Al Independent School District. | ntonio |
| | |
| District Goal/Strategy: | |
| Strategy 4 We will build partnerships with businesses and the community to promote prinvolvement, support opportunities for student success, and increase student attendance | |
| Funding Budget Code and Amount: | CFO Approval |
| N/A | |
| | |
| APPROVED BY: SIGNATURE DATE | |
| Chief Officer: Superintendent: | _ |

South San Antonio ISD
Head Start three to Five:
5622 Ray Ellison Drive
San Antonio, Texas 78242

Memorandum of Understanding

Service Provider:

Brident Dental & Orthodontics 6700 S. Flores San Antonio, Texas 78221

TERM OF AGREEMENT: FROM August 19, 2019- August 1, 2020
The following contract is subject to revisions and/or modifications as needed within the timeframe specified above

PURPOSE:

The goals of this Memorandum of Understanding (MOU) are to establish collaborative working relationships with community providers to link services and resources between Head Start ages three to five children and their families to ensure access to and preventative oral health care.

TARGET POPULATION:

- Head Start three to five enrolled preschool children:
- Requiring preventative oral health care
- Requiring a detailed dental exam with x-rays
- · Needing dental follow-up treatment
- Referral for specialist
- Dental emergencies
- Dental Screenings

SCOPE OF AGREEMENT AND SERVICES TO BE PROVIDED BY PROVIDER:

- The provider will render proof of insurance. A copy must be included with signed consultant agreement.
- Dental record authorization form.
- Services may only be provided to Head Start 3-5 children that have Head Start authorization for services with SSAISD
- Dental exams with mirror and light can be administered on site for those Head Start 3-5 children that have no transportation.

IN KIND:

- Participate in the SSAISD Health Advisory Committee
- Participate in Give Kids a Smile events
- Provide services at Medicaid rates lower than usual rates offer families discounted plans and financing options
- Provide health education training to Head Start three to Five parents and staff.
- Provide educational health screenings to children at centers
- Provide copy of screening outcomes to Head Start Health Manager

THE PROVIDER WILL UPHOLD THE FOLLOWING STANDARDS OF CONDUCT AND DO THE FOLLOWING:

- The provider will respect and promote the unique identity of each child and family and refrain from stereotyping on the basis of gender, race, ethnicity, culture, religion, or disability.
- The provider will follow program confidentiality policies (see attached) concerning information about children, families and staff members.
- No child will be left alone or unsupervised while under the provider's care.
- The provider must obtain parental consent prior to services being provided.
- The provider will use positive methods of guidance and will not engage in corporal punishment, emotional or physical abuse, or humiliation, nor employ methods of discipline that involve isolation, the use of food as punishment or reward, or the denial of basic needs.

RESPONSIBILITIES OF HEAD START:

- SSAISD Head Start will be responsible for Head Start ages three to five enrolled children with DENTAL RECORD form and written authorization for services.
- Referrals must be initiated by the Health Manager, Specialist or Family Advocate.
- When a child needs to be referred to another dentist, the referral must be given through the Head Start Health Manager or affiliate.
- Copy of children's dental insurance to be provided to Brident Dental

ACCEPTANCE AND APPROVALS:

Both parties understand and accept that this Memorandum of Understanding and any invoices or files associated with it are subject to any Federal, State, or Local audits.

| Date: | |
|---|------|
| Authorized Signatory for Brident Dental & Orthodontic | |
| Authorized Signatory for Brident Dental & Orthodontic | .5 |
| Authorized Signatory of South San Antonio ISD Superintendent of Schools | Date |

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