



## Memorandum of Understanding (MOU)

### by and between

The Public Health Department of XXX county **and** *Collaborating dental agency name*

The Public Health Department of XXX County and the Local Oral Health Program provides a service that is designated with the objective of improving health outcomes for children in the early childhood education and care community.

The Public Health Department of XXX County works with collaborative partners to coordinate and streamline the links between health, safety, and social services and socio-economically disadvantaged families. This project emphasizes preventive education, early identification and treatment of health, developmental and socio-emotional concerns of children. The Public Health Department of XXX County supports an integrated system of care that includes health insurance coverage, preventive health education, health screenings, and referral of children with identified health concerns for assessment and treatment.

The Public Health Department of XXX county has received a Proposition 56 grant from the State of California, Office of Oral Health, which provides funds to establish a Local Oral Health Program. Within that grant, funds are specifically provided to purchase equipment for use by local partners to develop collaborative school linked or school based dental sealant programs. This collaboration will allow XXX County Local Oral Health Program to complete a major requirement of the Prop 56 workplan.

This MOU, between The Public Health Department of XXX County, Local Oral Health Program, (referred thereafter as LOHP) and *collaborating dental agency name* (referred thereafter as *add name*) expresses the intent of LOHP to negotiate a MOU with (*add name of collaborating dental agency*) for years 2021-2023 and to collaborate on this project as follows:

LOHP will:

- Work with *Collaborating dental provider* to identify dental concerns through oral health screenings at targeted K-6 school sites.
- Document school screening results and maintain follow up records and reports to be provided to the State Office of Oral Health (No Personally Identifiable Information will be released).
- Purchase and deliver the following dental equipment for (*add collaborating dental agency name*) use in supporting the sealant program (current value/purchase price):
  - 1 Dental Chair with Case -Aseptico (\$1,416)
  - 1 Portable Operator Stool-Aseptico (\$840)
  - 1 Express Air Portable Unit-Aseptico (\$4,156)
  - 1 Handheld X-Ray Unit-DigitalDoc (\$4,106)



Logo of  
agency

(Collaboration Agency Name) will:

- Provide dental sealants to referred children.
- Review patient/student records and share necessary information for the purpose of data collection for Prop 56 evaluation and reporting (No Personally Identifiable Information will be released).
- Provide aggregate sealant data as needed for Prop 56 evaluation and reporting purposes twice a year.
- Participate in the local collaborative to plan and advise the work of the dental sealant program.

(*collaborating dental agency name*) will receive the dental equipment to use free of charge. The Public Health Department of XXX county /LOHP will purchase and retain ownership rights to the equipment bought with Proposition 56 grant funding. In exchange for the use of the dental equipment, (*add collaborating dental agency name*) agrees to provide K-6 dental sealant data to LOHP for documentation and reporting purposes of the Proposition 56 grant through the remainder of this MOU. LOHP is not responsible for any calibration or repairs to the equipment. At the termination of the MOU contract period transfer of ownership of the dental equipment from The Public Health Department of XXX county /LOHP to (*add Collaborating agency name*) will be made pending State approval.

This MOU shall be effective on approval, beginning March 15, 2021 through June 30, 2023.

\_\_\_\_\_  
 (Name of Person) Chief Dental Officer  
 Add AGENCY Name

Date

\_\_\_\_\_  
 (Name of person), Executive Director  
 LOHP

Date

\_\_\_\_\_  
 Name of any additional Supervisor from LOHP  
 Add Staff Title.

Date