Attachment A

Supporting Documents

Contents:

Announcement of clinic opening

Example of Opt-in Form

Example of Opt-out Form (English)

Example of Opt-out Form (Spanish)

Example of Screening Results Sent Home (English)

Example of Needs Assessment Cover Letter and Survey (2 pages)

Example Informational Brochure (2 pages)

MOU Addendum between UCSD and Lemon Grove School District (4 pages)
Announcing

A wonderful new addition to our school!

The Lemon Grove Elementary School
Dental Clinic

Opening Mid-May

To determine the dental needs of our children, we will be doing dental screenings classroom by classroom.

*****Look for a permission slip to come home with your child*****
Example of Opt-In Form

Dear Parents,

By now you are probably aware that Golden Avenue Elementary School has been very fortunate to get a grant to enable us to open a dental clinic within our school.

As a first step toward meeting the dental needs of the children attending our school, we will be conducting dental screenings. This will entail a dentist looking inside each child’s mouth to screen for cavities and other problems that could affect a child’s dental health. Our goal is to screen all of the children attending this school. There is no cost for this screening.

A sheet describing the results of this screening will be sent home for each child. You can then share this with your dentist if you have one. If you do not have a dentist, we can discuss with you treatment in our clinics or other ways to meet your child’s dental needs.

Please use the bottom portion of this page to provide your permission for this important screening and return it to your child’s teacher. Children will not be screened without a signed permission slip.

If you have any questions, please contact Esmeralda Preval at (619) 825-5637 x 2205 or by email at ucsdpeds.lemongroveclinic@gmail.com.

Please return the permission

Cute here

I hereby give permission for ____________________________ to be screened in the dental clinic

Child name

at Golden Avenue Elementary school.

Grade

Classroom #

(____) __________________________
Phone number

☐ My child has dental coverage
☐ My child has NO dental coverage

______________________________
Signature

______________________________
Date signed

______________________________
Print name

______________________________
Relationship to child

Please return this permission slip to your child’s teacher
Dear Parents,

By now you are probably aware that we are very fortunate to have a dental clinic within our school.

As a first step toward meeting the dental needs of the children attending Lemon Grove Elementary School and Lemon Grove Academy for Science and Humanities, we will be conducting dental screenings. Our goal is to screen all of the children attending this school. There is no cost for this screening.

During screening, a dentist will look inside each child’s mouth to screen for cavities and other problems that could affect a child’s dental health. No x-rays will be taken and no treatment will be given.

A sheet describing the results of this screening will be sent home for each child. You can then share this with your dentist if you have one. If you do not have a dentist, we can discuss with you treatment in our clinics or other ways to meet your child’s dental needs.

Screenings will occur one classroom at a time beginning on September 15, 2015.

***Please fill out the bottom portion of this page only if you DO NOT want your child to have this important screening and return it to your child’s teacher by September 10, 2015.

If you have any questions, please contact our office.

________________________________________________________________________________________________________________________________________________

Dear Parents,

By now you are probably aware that we have been very fortunate to have a dental clinic within our school.

As a first step toward meeting the dental needs of the children attending Lemon Grove Elementary School and Lemon Grove Academy for Science and Humanities, we will be conducting dental screenings. Our goal is to screen all of the children attending this school. There is no cost for this screening.

During screening, a dentist will look inside each child’s mouth to screen for cavities and other problems that could affect a child’s dental health. No x-rays will be taken and no treatment will be given.

A sheet describing the results of this screening will be sent home for each child. You can then share this with your dentist if you have one. If you do not have a dentist, we can discuss with you treatment in our clinics or other ways to meet your child’s dental needs.

Screenings will occur one classroom at a time beginning on September 15, 2015.

Please fill out the bottom portion of this page only if you DO NOT want your child to have this important screening and return it to your child’s teacher before September 10, 2015.

If you have any questions, please contact our office.

I DO NOT give permission for ___________________________ to be screened in ____________________________.

Child’s Name

the dental clinic at Lemon Grove Elementary School.

________________________________________________________________________________________________________________________________________________

Signature                                      Date signed

Printed Name                                      Relationship to child

Please return this slip to your child’s teacher
Example of Screening Results Sent Home (English)

Lemon Grove Dental Clinic Project

Dear Parent,

We saw your child, _____________________________, in our clinic on ____________.

We did a visual screening by looking inside their mouth to look for cavities and other problems that could affect your child's health. This screening is not a complete exam — no x-rays were taken. Without x-rays, other dental problems may be present that were not detected during the screening.

If you have any questions, please contact Esmeralda Preval at (619)825-5637 x2205 or by email at ucsdpds.lemongroveclinic@gmail.com.

Below is a summary of our findings:

Dental Assessment Results:

**Caries Risk:**
- □ Low Risk = 0-3 Visible Fillings, 0 New Cavities
- □ Moderate Risk = 3+ Visible Fillings, 0-3 New Cavities
- □ High Risk = 3+ Visible Fillings, 3+ New Cavities, Bleeding gums
- □ Urgent Risk = Pain, infection, swelling or soft tissue lesions

**Oral Hygiene:**
- □ Excellent
- □ Fair
- □ Needs Work: _______

# Cavities: ________

**Presence of Infection:** YES / NO

**X-rays recommended:** YES / NO

Additional Comments:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________  _____________________________
Dentist signature                        Date
March 2012

Dear Families,

The staff at Lemon Grove Academy is always searching for programs and strategies to assist our families. We realize that a concern for many families is access to dental care and unmet dental needs. With funding from grants, we were able to open a free dental clinic within our school to help meet these needs. For over a year, we have been operating a dental clinic within the middle school campus to help take care of the needs of all the children who attend our school. We have also begun seeing parents on a limited basis.

Part of our grant requires us to obtain information about our children’s dental health and factors that can affect their dental health. Please take a moment and complete the attached survey. This information will be used to show the current dental needs of our children and families. Individual student information will not be used for any purposes other than a part of the school’s data. Thank you for your time and assistance.

We would appreciate it if you would please return the survey to your child’s teacher by May 11th.

Sincerely,

Rick Oser
Principal
Lemon Grove Academy
Lemon Grove Academy Dental Care Survey

Please answer the following questions. Thank you for your time and assistance.

1. How many children do you have? __

2. What are the ages of each child?
   Child 1  Child 2  Child 3  Child 4  Child 5  Child 6  Child 7  Child 8  Child 9  Child 10

3. Do all children in your household have dental care coverage? □ No □ Yes
   3a. If yes, what type of dental care coverage do they have?
      □ Insurance □ Denti-cal □ Healthy Families □ Other: __________

4. Do all adults living in your household have dental care coverage? □ No □ Yes

Please answer the following questions for the child that brought home this survey

5. What is your child’s age? ______ years
6. Grade? ______
7. Gender: □ Boy □ Girl

8. Does your child have a dentist who they see regularly? □ No □ Yes → Date of last visit? ___/___

8a. Was your child treated in our dental clinic this past year? □ No □ Yes

9. Does your child have any dental problems that need care? □ No □ Yes
   9a. If yes, what types of problems does he/she have? (Please mark all that apply)
      □ Cavities □ Tooth pain □ Problems chewing or eating
      □ Broken teeth □ Crowded or crooked teeth

10. In the past year, has your child been absent from school because of dental problems? □ No □ Yes

10a. If yes, how many times was he/she absent from school because of dental problems? ______ times

11. How often does your child have difficulty sleeping?
    □ Never □ A few times per year □ A few times per month □ A few times per week □ Every night

12. How often does your child have difficulty sleeping because of tooth pain or other dental problems?
    □ Never □ A few times per year □ A few times per month □ A few times per week □ Every night

13. Please rate your child’s self-confidence from 1-10 where 1=not at all confident and 10=extremely confident
    Rating: ______

14. Does your child brush their teeth regularly? □ No □ Yes → How many times per day? ______

15. Do you help your child brush their teeth? □ No □ Yes

16. Does your child floss their teeth? □ No □ Yes

17. Do you give your child candy or sweets as a reward? □ No □ Yes

18. How many glasses of soda or sweets does your child drink per day? ______

19. How many glasses of tap water does your child drink per day? ______

20. Which of these snacks do you regularly give your child? (Please mark all that apply)
    □ Apples □ Cheese □ Milk □ Raisins □ Crackers □ Juice

THANK YOU!!!
The UCSD Pre-Dental Society and Student Run Free Clinic Project, in partnership with the community, provides accessible, quality healthcare for the underserved in a respectful environment in which students, health professionals, patients, and community members learn from one another.

Lemon Grove Academy for Science and Humanities
7866 Lincoln St, Lemon Grove, CA 91945

How often kids snack – not just what they eat – can be harmful to their teeth.

- Teeth need time to reharden after eating to prevent cavities.
- Frequent snacks and sipping on juice causes cavities.
- Drink juice together with meals; limit snacking and sipping juice all day

KIDS need help brushing their teeth until they can tie their shoes.

- Help your child brush their teeth until they are at least 7-8 years old.
- Brush for at least 2 minutes, 2x/day.
- Brush your teeth in front of your kids to promote healthy habits!

Your oral health affects your child’s oral health

- Bad bacteria are passed from mom/dad/grandma/grandpa to your child through saliva and can cause cavities.
- Do not share foods, spoons, or forks.
- By getting your cavities treated, less bad bacteria will be passed to your child.
- Parents who keep their own mouths healthy will help prevent problems for their child.

BABY teeth matter – even if they will fall out in a couple of years...

- Baby teeth help children chew food and speak clearly.
- They shape children’s faces and guide adult teeth into place.
- Cavities can cause pain and affect a child’s ability to sleep, learn, and pay attention in the classroom.
Cavities can be prevented!

How do bacteria cause cavities?
• Bacteria + Sugar = Creates ACID that weakens teeth

Cavities progress very quickly…
• Cavities are infections - they start small and get bigger FAST.
• Cavities start as white spots on teeth
• If white spots are left alone & nothing is done, they turn brown – Brown spots are Cavities!

• Brown spots cannot be reversed, but need to be treated by a dentist.

• If brown spots are left alone & nothing is done, they turn black.
• If black spots are ignored, your child will have pain!

Ask your Dentist what YOU can do to PREVENT cavities,

When should my child get braces?

Factors that may increase the need for BRACES:
• Thumb-sucking
• Over-bite
• Under-bite
• Early loss of baby teeth
• Loss of adult teeth

If your child has any of the above, it is recommended that they see an orthodontist at age 7.

Why so early?
Early treatment may give your orthodontist the chance to:
• Guide jaw growth
• Lower the risk of trauma
• Correct harmful oral habits
• Improve appearance
• Guide adult teeth into position
• Improve the way lips meet
FIRST ADDENDUM TO
MEMORANDUM OF UNDERSTANDING
BETWEEN THE LEMON GROVE SCHOOL DISTRICT
AND THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

THIS FIRST ADDENDUM ("Addendum") is made and entered into this 22nd day of
MAY, 2012, by and between the LEMON GROVE SCHOOL DISTRICT (hereinafter
collectively referred to as the "District"), and THE REGENTS OF THE UNIVERSITY OF
CALIFORNIA on behalf of the University of California, San Diego and its School of Medicine,
Department of Family & Preventive Medicine and the UCSD Student-Run Free Clinic Project
(hereinafter collectively referred to as "UCSD"). The District and UCSD are hereinafter collectively
referred to as the "Parties".

RECITALS

WHEREAS, on January 1, 20121, the District and UCSD entered into Memorandum of
Understanding ("MOU") which supplemented, described and clarified the activities related to an
Affiliation Agreement executed between the Parties on October 10, 2007 (hereinafter referred to as the
"Affiliation Agreement"); and

WHEREAS, the District and UCSD now desire to set forth the terms to allow UCSD to access
additional District facilities, specifically, the Lemon Grove Academy for the Sciences and Humanities
Academy of the Sciences and Humanities, or other District sites mutually agreeable to the parties
(collectively referred to as "LGASH") site, in order to open and operate a free dental and medical clinic
for the benefit of the District’s students and their families, as well as community members ("Dental
Clinic"); and

WHEREAS, the Dental Clinic will primarily be funded by the “School Based Comprehensive
Oral Health Services Grant Program” (the “Grant”) as approved by the District and UCSD;

WHEREAS, the terms and conditions set forth in this Addendum, along with the MOU and the
Affiliation Agreement shall govern the operation of the Dental Clinic at District facilities.

AGREEMENT

NOW, THEREFORE, in good and valuable consideration of the mutual promises and
covenants contained herein, the receipt and sufficiency of which is hereby acknowledged, the parties
hereto agree as follows:

1. **Addendum Terms**

Pursuant to this Addendum, and consistent with the terms in the MOU and the Affiliation Agreement,
UCSD shall be permitted to open and operate the Dental Clinic, on the LGASH site subject to the
following terms and conditions:

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1 The District’s governing board approved the MOU on or about February 14, 2012.
a. **Facilities.** The District shall make available at least one classroom to house the Dental Clinic. The building shall be provided for UCSD’s use in an “as-is” condition, and shall be inspected and accepted by UCSD. UCSD shall be primarily responsible for completing all additions and improvements necessary to make the relocatable building(s) functional for the Dental Clinic. If funds are, or become, available, the District may contribute to construction and/or tenant improvement costs necessary to open Dental Clinic (the District will not have funds available for the ongoing operations of the Dental Clinic and shall not be responsible for any costs associated therewith unless expressly agreed to in writing). All proposed additions and improvements to the facilities must be pre-approved by the District in writing, in compliance with all applicable laws, completed pursuant to designs prepared by a properly licensed architect prior to construction/installation.

b. **Funding.** It is the Parties’ intent that funding for all operational costs of the Dental Clinic shall be paid for by the Oral Health Services Grant funding and/or by UCSD. In addition, all costs associated with the design and construction/installation of any additions and improvements to the relocatable building(s) necessary to operate the Dental Clinic shall also be paid for by the Oral Health Services Grant funding and/or UCSD. If funds are or become available, the District may contribute to construction and/or tenant improvement costs necessary to open Dental Clinic. The District shall have no obligation to provide any funding for the Dental Clinic except as set forth explicitly in this Addendum or otherwise agreed to in writing by the District.

c. **Budgeting.** The District is the fiduciary agent for the U.S. Department of Health and Human Services Health Resources and Services Administration School-Based Comprehensive Oral Health Services Grant. A copy of the Oral Health Services Grant funding documents and requirements is attached hereto as Exhibit “A.” Prior to the commencement of any operations at the Dental Clinic, or any design and construction work on the relocatable building(s), UCSD shall provide the District, for its review and written approval, with a detailed budget setting forth the available Oral Health Services Grant funding as well as proposed schedule of expenditures for the design, construction, and operation of the Dental Clinic for the first year of operation. UCSD shall provide the District with updates of this budget, at least annually, to ensure appropriate funding is at all times available for the Dental Clinic.

d. **Operations/Clinic Services.** The free dental services offered by the Dental Clinic shall be consistent with the Dental Clinic Proposal prepared by UCSD and attached hereto as Exhibit “B,” as well as the free clinic policies and procedures set forth in the MOU and the Affiliation Agreement. UCSD shall, also be responsible for ensuring that the Dental Clinic operations comply with all applicable laws and obtain and maintain all required permits, licenses, or other approvals, including but not limited those special approvals/permits necessary to operate x-rays machines at the Dental Clinic. Additionally, UCSD shall provide all information and submissions requested by the Health Resources And Services Administration of the U.S. Department of Health and Human Services for this school-based comprehensive oral health services grant program, including, but not limited to all those reports, documentation, and updates necessary to ensure that the Oral Health Services Grant funding is maintained for the operations of the Dental Clinic. As described in the MOU, all decisions related to the types and scope of services offered, and/or the functioning of the Dental Clinic at the LGASH site will be made by the UCSD clinic leadership in partnership with the District’s Superintendent and school principal (“School Principal”). The Superintendent and School Principal will make these decisions in consultation with UCSD clinic leadership and in light of what is best for the children and families of the school.
e. **Equipment and supplies.** As described in the MOU and the Affiliation Agreement, UCSD shall be solely responsible for providing and maintaining all equipment and supplies necessary for the operations of the Dental Clinic. All maintenance and cleaning of the Dental Clinic facility shall be UCSD’s responsibility as set forth in Section 3 of the MOU, including, but not limited to disposal of all medical and/or hazardous waste and trash generated by the Dental Clinic as required by law. In addition, consistent with Section 1(a) above, any major item of equipment with a cost of $5,000 or more must be pre-approved in writing by the District prior to use in the Dental Clinic, including, but not limited to x-ray machines and similar medical equipment.

f. **Utilities.** All costs, associated with the provision of standard utilities to the Dental Clinic facilities including trash, phone lines and internet shall be paid for by the Oral Health Services Grant funding and/or UCSD. As part of an in-kind contribution to the project the District shall be responsible for the costs associated with the following standard utilities: gas, electric, and water.

g. **MOU Terms Apply.** The requirements related to site access, scheduling, medical records, hazardous materials, liability and security checks as set forth in the MOU shall also apply to this Addendum and the operation of the Dental Clinic. In addition, the termination provisions of the MOU shall likewise apply to this Addendum, Dental Clinic operations may be terminated without cause, for any reason, at any time by any participating Party upon ninety (90) days prior written notice to the other Party or Parties, provided, however, no termination should adversely interrupt or impair a program or course of study or training or its participants.

h. **Indemnification**

(i) Given the surgical procedures/operations contemplated by the Dental Clinic, UCSD agrees that it shall defend, indemnify, and hold harmless the District, its officials, officers, employees, volunteers and agents free and harmless from any and all claims, demands, causes of action, costs, expenses, liability, loss, damage or injury, in law or equity, to property to persons, including wrongful death, in any manner arising out of or incident to the Dental Clinic operations and/or this Addendum which occur due to any acts, omissions or willful misconduct of UCSD, its officials, officers, employees, agents, consultants and contractors. UCSD’s obligation to indemnify the District pursuant to this paragraph shall not apply to the extent any such claim or loss described herein is due to the negligence or willful misconduct of the District.

(ii) The District agrees that it shall defend, indemnify and hold harmless UCSD, its Trainees, officials, officers, employees, volunteers, and agents free and harmless from any and all claims, demands, causes of action, costs, expenses, liability, loss, damage or injury, in law or equity, to property to persons, including wrongful death, to the extent arising out of the District’s negligence or willful misconduct.

i. **Insurance and Liability.** Articles IX, XI and XIV of the Affiliation Agreement describe obligations related to, insurance, liability and attorney’s fees. Specifically Articles IX, XI and XIV indicate UCSD provides professional liability insurance. UCSD self-insurance program information is described in the Affiliation Agreement and further details are available in the University of California Business and Finance Bulletin BUS-81 at the following website: http://www.ucop.edu/ucophome/policies/bfb/bus81.pdf for the LGSD’s review and approval in consultation with the San Diego County Office of Education (“SDCOE”). Each party reserves the right to request additional insurance in such amounts which from time to time may be reasonably required by
the mutual consent of LGSD and UCSD against other insurable risks relating to performance be provided hereunder and in the event SDCOE recommends additional coverage in addition to UCSD’s self-insurance program.

j. **Term.** The term of this Addendum shall be from May 1, 2012 and run concurrently with the Affiliation Agreement end date of June 30, 2017, unless earlier terminated as described in the Affiliation Agreement.

k. **Teaching Programs.** The Parties agree that the operation of the Dental Clinic on the LGASH site also provides a unique learning opportunity for District students. To that end, the Parties agree to collaboratively work together to establish a learning program, through observation and/or instruction regarding the Dental Clinic and its operations, to teach District students about careers and educational opportunities in the medical and dental fields.

1. **Personnel.** As part of the Oral Health Services Grant, LGSD will be provided funding to enter into sub/independent contractor agreements (“Sub-Contract(s)”) for personnel that will provide services for the Dental Clinic. A copy of the form of such Sub-Contracts is attached hereto as Exhibit “C.” The Parties shall mutually agree upon the terms and conditions of the Sub-Contracts. The Sub-Contracts shall also include an invoicing and reimbursement system by which LGSD will ensure that UCSD is reimbursed for Dental Clinic personnel salaries due under the Sub-Contracts from funds available from the Oral Health Services Grant Program.

2. **Terms and Conditions of MOU and Affiliation Agreement.**

This Addendum shall affect only the items specifically set forth herein, and all other terms and conditions of the MOU and the Affiliation Agreement, as written shall remain in full force and effect.

3. **Effectiveness/ Execution in Counterparts**

This Addendum shall only be effective upon the execution by both the District and UCSD. This Addendum may be executed in any number of counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

**IN WITNESS HEREOF,** the Parties have executed this Addendum as of the date set forth above.

**LEMON GROVE SCHOOL DISTRICT**

By: 

Name: Ernie Anastos
Title: Superintendent
Date: 5/23/12

**THE REGENTS OF UNIVERSITY OF CALIFORNIA**

By: 

Name: Gene Hasegawa
Title: Associate Dean
UCSD Health Sciences
Date: 6/14/12