

Memorandum of Understanding

This Memorandum of Understanding (MOU) is hereby made and entered into by and between Kittitas County Head Start/Early Head Start/ECEAP, which may be hereinafter referred to as Head Start, and the Access to Baby and Child Dentistry program at the Kittitas County Public Health Department, hereinafter referred to as ABCD.

A. PURPOSE:

It is the purpose of Early Head Start to promote healthy prenatal outcomes, enhance the development of infants and toddlers, and promote healthy family functioning.

It is the purpose of Head Start and ECEAP to promote school readiness by enhancing the social and cognitive development of economically challenged children and families through the provision of health, education, nutritional, social, and other services that are determined to be necessary, based on family needs assessments.

The purpose of ABCD is to focus on preventive and restorative dental care for Medicaid-eligible children from birth to age six, with emphasis on enrollment by age one. It is based upon the premise that starting dental visits early will yield positive behaviors by both parents and children, thereby helping to control the caries process and reduce the need for costly future restorative work.

Once enrolled in the program, clients are orientated to the availability of ABCD trained dental providers in the community and are supported in connecting with a dental home and taking advantage of ongoing preventative dental services.

B. STATEMENT OF MUTUAL BENEFIT AND INTERESTS:

Head Start and ABCD share common goals in working toward connecting children with early oral health preventative care and education. By working together, Head Start and the ABCD program can enhance the quality of the oral health services provided to children and the education provided to families.

Head Start families will be provided with support to access insurance and connect with a dental home if one or both is not already established. The ABCD program staff will be available as a resource for families that require additional support or information.

In order to support the ongoing success of the ABCD program in Kittitas County, the Head Start program will provide basic information (name, address, phone number, child's date of birth, gender, language, and existing dental care status) for Head Start/Early Head Start/ECEAP enrolled children in order to facilitate the ABCD enrollment process.

C. IT IS MUTUALLY UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES THAT:

PARTICIPATION IN SIMILAR ACTIVITIES. This instrument in no way restricts Head Start or ABCD from participating in similar activities with other public or private agencies, organizations, and individuals.

RESPONSIBILITIES OF PARTIES. Head Start will handle their own activities and utilize their own resources, including the expenditure of their own funds, in pursuing these objectives. Each party will carry out its separate activities in a coordinated and mutually beneficial manner.

CONFIDENTIALITY. Each party shall keep confidential any information that it receives from the other party which is marked confidential, which a party notifies the other party is confidential or which has been determined to be confidential by the Health Insurance Portability and Accountability Act (HIPAA).

PRINCIPAL CONTACTS. The principal contacts for this instrument are:

Head Start Contact

Elizabeth Beeles
Health Manager
PO Box 835, Ellensburg, WA 98926
507 N. Pierce, Kittitas, WA 98934
Phone: (509) 968-4050
FAX: (509) 968-4058
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ABCD Contact

Robin Read
Health Promotion Manager
507 Nanum St Suite 102
Ellensburg, WA 98926
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FAX: (509) 962-7581
E-Mail: Robin.read@co.kittitas.wa.us

NON-FUND OBLIGATING DOCUMENT. Nothing in this MOU shall obligate either Head Start or ABCD to obligate or transfer any funds. Specific work projects or activities that involve the transfer of funds, services, or property among Head Start and other agencies will require execution of separate agreements and be contingent upon the availability of appropriated funds. Such activities must be independently authorized by appropriate authority. This MOU does not provide such authority. Negotiation, execution, and administration of each such agreement must comply with all applicable policies and procedures.

AUTHORIZED REPRESENTATIVES. By signature below, the cooperator certifies that the individuals listed in this document as representatives of the cooperator are authorized to act in their respective areas for matters related to this agreement.

Elizabeth Beeles
Elizabeth Beeles
Kittitas County Head Start

4/18/11
Date

Linda Rawlins
Linda Rawlins
Administrator, KCPHD

4/19/11
Date

AL C. Smith
Chair of the Board of Health

4/14/11
Date