MEMORANDUM OF AGREEMENT
BETWEEN
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY
RUTGERS SCHOOL OF DENTAL MEDICINE
AND
CROSSROADS SCHOOL

THIS MEMORANDUM OF AGREEMENT (this "MOA") is entered into this day of April , 2026, by and between **RUTGERS, THE STATE UNIVERSITY**, an instrumentality of the State of New Jersey, a public entity, on behalf of its organizational unit **RUTGERS BIOMEDICAL AND HEALTH SCIENCES** and its unincorporated constituent unit, **RUTGERS SCHOOL OF DENTAL MEDICINE**, (hereinafter referred to as "RSDM"), located at 110 Bergen Street, Newark, New Jersey 07103, and the **CROSSROADS SCHOOL** (hereinafter referred to as "CRS"), part of the Union Country Educational Services Commission, individually a "Party" and collectively, the "Parties."

BACKGROUND:

1. This MOA outlines the roles and responsibilities of the Parties related to RSDM providing certain dental services on-site at Crossroads School.

2. The dental services ("Dental Services") provided by RSDM include two aspects, group assembly session(s)focused on oral hygiene educational and oral hygiene information, and includes a take-home packet that includes oral hygiene products and oral hygiene instructions; and for those School District students who have signed Dental Treatment Forms (as defined herein) RSDM will provide a dental exam, dental prophylaxis, fluoride treatment, tooth sealant application, accompanied by a dental report card outlining the student's dental care that can be shared with the student's parent/legal guardian._

3. The RSDM Department of Pediatrics has a mission or goal to provide access to quality oral healthcare to all New Jersey children, including underserved school children.

4. The goals of the CRS include ensuring the health and safety of student and the community.

5. In furtherance of their individual missions and goals, RSDM and the CRS wish to collaborate to provide the Dental Services to the CRS's students in order to promote good oral hygiene and encourage students to maintain their oral hygiene with the skills learned from RSDM.

5. This MOA establishes the terms and conditions of implementing the Dental Services at the Crossroads School.

1. DENTAL SERVICES

1.1 RSDM will provide four (4) RSDM faculty member dentists who are Board Certified licensed pediatric dentists who will provide the Dental Services ("RSDM Dentists") to the CRS students at the school location.

1.2 RSDM Dentists will provide all CRS students and their families with education and information on dental care and oral treatment, and supply a take-home packet with oral hygiene products and instructions.

1.3 Also part of the Dental Services, RSDM Dentists will provide, a) dental exam, b) cleaning (dental prophylaxis), c) fluoride application to the teeth, and/or d) tooth sealant application as indicated in the Dental Treatment Form.

1.3.1 For the Dental Services a student's parent/legal guardian must complete and sign the all pages of Dental Treatment Forms provided by RSDM which includes: 1) Medical history, 2) Treatment plan, 3) Consent for treatment, 4) Acknowledgement of receipt of Notice of Privacy Practices.

1.4 RSDM shall be responsible for and shall invoice the student's dental insurance carrier, that is provided in the Dental Treatment Forms.

2. RESPONSIBILITIES OF THE PARTIES

2.1 Both parties will perform as follows:

1. Agree to readily collaborate for successful implementation of the Dental Services at Crossroads School.
2. Adhere and comply with applicable law, rule, regulation, and standard as applicable to their organization and their organization's maintenance, collection and use of student and/or patient information.
3. Each Party shall be responsible for its actions under this MOA and neither Party shall be responsible for the actions of the other Party.
4. The Parties will agree upon the schedule for the Dental Services and will set forth those mutually agreed upon dates and times in a document exchanged amongst the Parties, in advance of the first date of Dental Services.

2.2 RSDM will perform the following:

1. Dental Services in accordance with applicable law, rule, standard or regulations of the State of New Jersey.
2. Develop dental treatment consent form(s) for the Dental Services ("Dental Treatment Forms") which require signature of the parent/legal guardian of the CRS students wishing to receive the dental exam, fluoride and sealant treatment of the Dental Services. The Dental Treatment Forms may be comprised of multiple forms that require signature by parent/legal guardian and are the same treatment forms used by RSDM for their dental patients. Provide the Dental Treatment Forms to School District in advance of the first scheduled date

agreed upon by the parties.

3. Provide a packet of information for all of the CRS students, regarding oral hygiene with the contents of the packet including, but not limited to, oral hygiene products such as a toothbrush, floss, or toothpaste.

2.3 CRS will perform the following:

1. Distribute the Dental Treatment Forms to the CRS students that have requested the Dental Services and will receive Dental Services from RSDM.
2. Ensure that the CRS is prepared and ready to receive the RSDM Dentists and staff and the Dental Services event.
3. Provide adequate space within CRS on the date of Dental Services appropriate for the Dental Services and shall ensure it is available solely for RSDM for the duration of the Dental Services and includes lavatory facilities.
4. Distribute information about the Dental Services to CRS students.
5. Direct each CRS student to obtain the signature of apparent or guardian on the Dental Forms if they wish to receive the Dental Services.
6. Ensure each CRS student that will be receiving the exam and treatments has the Dental Treatment Forms ready for inspection and submission one week prior to the date of the Dental Services event.

2.5. Points of Contact

1. RSDM:

Mary Beth Giacona, DDS, MPH
110 Bergen Street
(973) 972-4242
Email: meg292@sdm.rutgers.edu

2. CRS:

Alayna Quattrocchi
45 Cardinal Drces
(908) 232-6655
Email: aquattrocchi@ucesc.org

3. FINANCIAL

3.1 There are no fee or payment arrangements associated with the Dental Services as between the Parties.

3.2 All CRS students receive the dental education and the take-home packet at no charge for all CRS students.

3.3 The Dental Treatment Forms include financial obligations and authorization and must bear the signature of the parent/legal guardian and pursuant to which RSDM will bill and seek

reimbursement from the CRS student's dental/medical insurance carrier as directed by the parent/legal guardian on the Dental Forms.

4. CONFIDENTIALITY DOCUMENTS AND MEDICAL RECORDS

1. The parties understand and agree that, in the performance of this MOA, each Party may become aware of, have access to, or obtain confidential or proprietary information of the other Party. Both parties agree that any such confidential or proprietary information shall not be disclosed to any third Party without the express written consent of the other Party, unless permitted under this Agreement or as required by law.

2. Each Party shall maintain the confidentiality of all documents and records and shall not permit patient records to be released to any third party except with the written consent of the student's legal guardian or as permitted by applicable law. Notwithstanding the foregoing, CRS will not receive any of the student's patient information or dental information or dental report card; only the student will be provided with this information for sharing with their parent/legal guardian.

3. Student Dental Consent shall be obtained from each student participant in the Program. Each Party will ensure that participant documents and records are stored in a secure location and are not available to unauthorized persons. Participant records should be transferred or disposed of in a manner that protects confidentiality. Any student information used for analysis or data aggregation by RSDM will not be identifiable and shall be aggregated and de-identified in accordance with HIPAA.

4. RSDM shall adhere to applicable law, rule and regulation with regard to use and disclosure of patient information, including but not limited to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and its related "Privacy Rule" (45 CFR Part 164 Subpart E), "Breach Notification Rule" (45 CFR Part 164 Subpart D) and "Security Rule" (45 CFR Part 164 Subpart C), all as amended by the Health Information Technology for Economic and Clinical Health Act (the "HITECH Statute") and its regulations promulgated thereunder, as well as other applicable federal or state laws concerning the privacy and security of health information.

5. EFFECTIVE DATE OF AGREEMENT

This MOA will be effective upon signature by both parties and will remain in place until completion of the Dental Services program.

[Remainder of page intentionally blank.
Signature page follows.]

IN WITNESS WHEREOF, each Party has hereto caused this MOA to be executed by an authorized representative on the date set forth below.

CROSSROADS SCHOOL	**RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY** **RUTGERS SCHOOL OF DENTAL MEDICINE**
_____ (Name, Title)	_____
_____ Date	_____ Date