



Republic of the Philippines
Department of Education
REGION IV-A CALABARZON
SCHOOLS DIVISION OF BATANGAS

09 September 2024

DIVISION MEMORANDUM

No. 414, s.2024

DISTRIBUTION OF BRIGHT SMILE, BRIGHT FUTURES ORAL HEALTH BUNDLE

TO: Assistant Schools Division Superintendents
Chief-Curriculum Implementation Division (CID)
Chief-School Governance and Operations Division (SGOD)
Education Program Supervisors
Public Schools District Supervisors
Public Elementary and Secondary School Heads
All Others Concerned

1. In line with the Bright Smiles, Bright Futures Program (BSBF) of Department of Education and Colgate-Palmolive Philippines Inc., this Office hereby advises all sub-offices to pick-up the BSBF bundles on the Division School Health Section following the schedule of distribution below:

AREA	DATE	TIME
I & II	September 23, 2024	08:00am – 05:00pm
III & IV	September 24, 2024	08:00am – 05:00pm

2. All sub-offices are advised to bring vehicle and one (1) manpower to assist in the systematic and organized distribution of supplies.
3. Kindly adhere to the following Distribution Guidelines:
 - i. Coordinate with your division's Dentist-In-Charge to confirm the delivery or pick-up date for the BSBF Boxes.
 - ii. Upon receipt of the BSBF Boxes, sign the BSBF Division Monitoring Forms (*see Attachment A1 & A2*) to acknowledge their arrival.
 - iii. Promptly initiate the BSBF program in your school to distribute the toothpaste and toothbrushes according to the program's schedule.
 - iv. After distribution, complete the SCHOOL DISTRIBUTION FORM. (*see Attachment B*)
 - v. Teachers implementing the program are asked to provide a brief narrative report accompanied by photo documentation to monitor the program's progress.



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vi. Email the report and the BSBF School Monitoring form to bsbfphilippines@bsbfphils.com with the following details:

Subject: BSBF 2024 Program Report- [Name of Division]
Email Body:
Name of School:
Address:
Contact Details:
Names of Teachers implementing the activities:
Name of School Head:

In appreciation of the schools' support for the program, CPPI will send products to your school.

4. Expenses relative to the conduct of this activity shall be charged against School MOOE subject to usual accounting and auditing rules and regulations.
5. For your concerns, you may contact Dr. Ma. Carina M. Guevarra, Dentist II/School Dental Health Coordinator and Dr. Harris M. Medrano, Dentist II/Dentist-in-Charge through e-mail at healthsection_batangas@yahoo.com.
6. Immediate and wide dissemination of this memorandum is earnestly desired.

fr: 
MARITES A. IBAÑEZ, CESO V
Schools Division Superintendent

SHN, DM-2024 DISTRIBUTION OF BRIGHT SMILE, BRIGHT FUTURES ORAL HEALTH BUNDLE
R2-136710, 09092024



Address: Provincial Sports Complex, Bolbok, 4200 Batangas City
Telephone: (043)722-1840 / 722-1796
Email Address: deped.batangas@deped.gov.ph
Website: www.depedbatangas.com



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Attachment A2

PLEASE PRINT IN LEGAL SIZE PAPER

Division Monitoring Form Page 2 of 2 (Completed between School Dentists and School Principal / Representative)

Doc. updated: April 2024

Directions: This form is to be accomplished by School Principal / Representative once BSBF Boxes are received by the schools.

	Region _____		Division _____		# of Boxes Given to Schools	SCHOOL DATA / INFORMATION				DETAILS ON THE RECEIPT AND DISTRIBUTION OF ORAL HEALTH KITS			
	School Name	School Address	School Principal	Landline / Mobile / Email		GRADE I Population	QTY Indicate d in the Box	ACTUAL QTY Given	Number missing if any?	Name of School Head or Authorized Representative who received packages	Landline / Mobile / Email	Date Received	Signature of School Head / Rep.
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													



Address: Provincial Sports Complex, Bolbok, 4200 Batangas City
 (043)722-1840 / 722-1796 / 722-1437 / 722-2675 / 722-1662
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Attachment B

Doc Updated: April 2024

SCHOOL DISTRIBUTION FORM (To be Completed by School Head)

BRIGHT SMILES, BRIGHT FUTURES PROGRAM
 An Oral Health Education Program (2024-2025)
SCHOOL DISTRIBUTION FORM TO BE FILLED AFTER DISTRIBUTION TO KINDERGARTEN/GRADE I LEARNERS

BSBF Boxes Received From: _____
PLEASE PRINT Name & Position of DepEd Division representative who distributed goods

Name of Region and Division: _____

Date and Time Received: _____

Name of School: _____

School Address: _____

Name of Principal/School Head: _____

Landline / Mobile No.: _____

Email: _____

Total Number of Pupils in your school	TOOTHBRUSHES			TOOTHPASTES		
	QTY Indicated in the Box	QTY Received (Your Actual Count)	Number missing if any?	QTY Indicated in the Box	QTY Received (Your Actual Count)	Number missing if any?
KINDERGARTEN						
GRADE I						

Witnessed and Signed by:

Name of Dentist: _____

Signature: _____

Date: _____

Please ensure that all details are fully completed. Once accomplished please scan and email to bsbfphilippines@bsbfphils.com and attach a photo (optional) for internal audit purposes. Email at bsbfphilippines@bsbfphils.com within one week after receipt of the BSBF BOXES. After submitting the documents through email, Hard copy must be submitted to Division Dentists for filing purposes.

THANK YOU!!

For Inquiries / concerns please call BSBF Monitoring TEAM at 0966-2367381 FOR GLOBE / 0949-8154995 FOR SMART or email at bsbfphilippines@bsbfphils.com



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