



Republic of the Philippines
Department of Education
REGION IV-A CALABARZON
CITY SCHOOLS DIVISION OF THE CITY OF TAYABAS

27 AUG 2021

DIVISION MEMORANDUM
No. 385 s.2021

**BRIGHT SMILE BRIGHT FUTURE (BSBF) PROGRAM- DISTRIBUTION OF
DENTAL HEALTH CARE SUPPLIES TO KINDERGARTEN LEARNERS**

To: OIC-Assistant Schools Division Superintendent
Chief Education Supervisors
Heads, Public Elementary and Secondary Schools
Heads, Unit/Section
All Others Concerned

1. Pursuant to DepEd Memorandum 154 s 2018 titled Bright Smiles Bright Future Program, through a signed Memorandum of Agreement in 2017 between the Department of Education and Colgate Palmolive Philippines Inc (CPPI), this office, through the School Health and Nutrition Section will be distributing Dental Health Care Supplies to all kindergarten learners on September 1-2, 2021
2. Bright Smiles Bright Future Program aims to promote oral health education among public school children by providing them Colgate toothbrushes, toothpastes, and oral health education programs.
3. The distribution is to be facilitated by the Supply Unit Personnel. Only those authorized by their respective school head can pick up or receive the said supplies with compliance to IATF protocols.
4. Attached are Enclosure 1 – List of Recipients, Enclosure 2 – Schedule of Distribution, Enclosure 3 – School Distribution Form and Enclosure 4 – Division Monitoring Form.
5. All forms must be accomplished together with a photo documentation by the recipient schools. Said forms and other requirements shall be submitted to Dr Jayne Paula Talavera, SDO Dentist, on or before September 28, 2021.
6. Soft copies of forms and of photos of learners brushing their teeth with parents or family members shall be emailed to jaynepaula.talavera@deped.gov.ph



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7. Immediate dissemination of this memorandum is desired.

GERLIE M. ILAGAN, CESO VI
Assistant Schools Division Superintendent
Officer – in – Charge
Office of the Schools Division Superintendent

Encl:

As stated



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Enclosure 1

List of Recipients

ELEMENTARY SCHOOLS	NUMBER OF BOX TO RECEIVE	DESCRIPTION	QTY INDICATED IN THE BOX
1. ALSAM	1	DENTAL KITS	10
2. DOMOIT	1	DENTAL KITS	11
3. DAPDAP	1	DENTAL KITS	90
4. EAST PALALE	1	DENTAL KITS	79
5. EUGENIO FRANCIA	1	DENTAL KITS	16
6. FELES	1	DENTAL KITS	75
7. GIBANGA	1	DENTAL KITS	14
8. IPILAN ALITAO	1	DENTAL KITS	64
9. ILASAN	1	DENTAL KITS	81
10. KALUMPANG	1	DENTAL KITS	82
11. LAKAWAN	1	DENTAL KITS	49
12. LALO	1	DENTAL KITS	28
13. LAWIGUE	1	DENTAL KITS	47
14. MALAO -A	1	DENTAL KITS	17
15. MATE	1	DENTAL KITS	14
16. NORTH PALALE	1	DENTAL KITS	14
17. POTOL	1	DENTAL KITS	70
18. SOUTH PALALE	1	DENTAL KITS	85
19. TWCS I	2	DENTAL KITS	177
20. TWCS II	1	DENTAL KITS	71
21. TWCS III	1	DENTAL KITS	101
22. TWCS IV	1	DENTAL KITS	71
23. TECS I	2	DENTAL KITS	193
24. TECS II	1	DENTAL KITS	102
25. TECS III	1	DENTAL KITS	51
26. WAKAS	1	DENTAL KITS	79
27. WEST PALALE	1	DENTAL KITS	52
TOTAL	29		1743



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Enclosure 2

Schedule of Distribution

DAY 1		
ELEMENTARY SCHOOLS	DATE	TIME
1. ALSAM ES	September 1, 2021	8:00- 8:30
2. EGENIO FRANCIA ES	September 1, 2021	8:30-9:00
3. ILASAN ES	September 1, 2021	9:00-9:30
4. EAST PALALE ES	September 1, 2021	9:30-10:00
5. DOMOIT ES	September 1, 2021	10:00-10:30
6. GIBANGA ES	September 1, 2021	10:30-11:00
7. LAWIGUE ES	September 1, 2021	11:30-12:00
8. LAKAWAN ES	September 1, 2021	1:00-1:30
9. DAPDAP IS	September 1, 2021	1:30-2:00
10. MALAO-A/ CALANTAS ES	September 1, 2021	2:30-3:00
11. LALO ES	September 1, 2021	3:00-3:30
12. IPILAN – ALITAO ES	September 1, 2021	3:30-4:00
13. KALUMPANG ES	September 1, 2021	4:00-4:30
14. FELES	September 1, 2021	4:30-5:00
DAY 2		
15. NORTH PALALE ES	September 2, 2021	8:00- 8:30
16. SOUTH PALALE ES	September 2, 2021	8:30-9:00
17. WEST PALALE ES	September 2, 2021	9:00-9:30
18. SOUTH PALALE	September 2, 2021	9:30-10:00
19. WAKAS ES	September 2, 2021	10:00-10:30
20. TWCS I	September 2, 2021	10:30-11:00
21. TWCS II	September 2, 2021	11:30-12:00
22. TWCS III	September 2, 2021	1:00-1:30
23. TWCS IV	September 2, 2021	1:30-2:00
24. TECS I	September 2, 2021	2:30-3:00
25. TECS II	September 2, 2021	3:00-3:30
26. TECS III	September 2, 2021	3:30-4:00
27. POTOL ES	September 2, 2021	4:00-4:30



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Enclosure 3

School Distribution Form

DOC updated: August 2020

SCHOOL DISTRIBUTION FORM (To be Completed by School Head)



BRIGHT SMILES, BRIGHT FUTURES PROGRAM

An Oral Health Education Program (2020-2021)

SCHOOL DISTRIBUTION FORM TO BE FILLED AFTER DISTRIBUTION TO KINDERGARTEN 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 Kinder Pupils in your	TOOTHBRUSHES		TOOTHPASTES	
	QW Indicated	QTY Received in the Box (Your Actual Count)any?	QTY Indicated	QTY Received in the BOY (Your Actual Count) any?



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Remarks / Suggestions on
BSBF Program:

_____/ NGO /
Parent's Association Witness of Distribution to
Kindergarten Pupils

Name _____

Designation _____

Organization _____

Landline / Mobile / _____

Email _____

Signature _____

Date _____

Once ~~completed~~, kindly scan, email the school monitoring and attach the list of kindergarwn luners who were the recipient' Of Colgate ~~toothbrushes~~ and toothpase— •no include a photo documentation (option•I). Email bsbfpillippines@gmail.com within one week after receipt the BSBF BOXES. After submitting the documents through email, please submit hard copy to your Division Dentists for future references and purpose.

THANK YOU!!

For inquiries / concerns please call BSBF Monitoring TEAM at 0966-2367381 FOR GLOBE / 09498154995 FOR SMART or email at bsbfpillippines@gmail.com



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Enclosure 4

Division Monitoring Form

BRIGHT SMILES, BRIGHT FUTURES PROGRAM (BSBF) SY 2018-2019 DIVISION MONITORING FORM

PLEASE PRINT IN LEGAL SIZE PAPER

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

Doc Updated: August 2020

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

Region _____

Division _____

SCHOOL DATA / INFORMATION						# of Boxes Given to Schools	TOOTHBRUSHES			TOOTHPASTES CDC 145ML			DETAILS ON THE RECEIPT AND DISTRIBUTION OF ORAL HEALTH KITS			
School Name	School Address	School Principal	Landline / Mobile / Email	Kinder Population	QTY Indicated in the Box		ACTUAL QTY Given	Number missing if any?	QTY Indicated 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	Certified true and correct: (please affix Signature of School Head / Rep)	
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2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																



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