

# Republic of the Philippines Department of Education National Capital Region Schools Division Office of Muntinlupa City

Office of the Schools Division Superintendent

# DCT 16 2023

### MEMORANDUM

### BRIGHT SMILES, BRIGHT FUTURES (BSBF) PROGRAM DISTRIBUTION OF ORAL HEALTH BUNDLES TO KINDERGARTEN LEARNERS IN ALL PUBLIC ELEMENTARY SCHOOLS SY 2023-2024

To: OIC – Assistant Schools Division Superintendent/ Chief Education Supervisor, School Governance and Operations Division Chief Education Supervisor, Curriculum Implementation Division Public Elementary School Heads / OICs All Others Concerned

1. Bright Smiles, Bright Futures (BSBF) Program provides oral care kits, and educational materials to public school children. It aims to educate learners not only on the importance of oral health but on the effectiveness of overall daily hygiene and its role in keeping the entire body healthy.

2. Relative to this, school representatives shall pick up the boxes from the School Health and Nutrition Section, 2<sup>nd</sup> Floor, Schools Division Office, Centennial Avenue, Muntinlupa City on or before **October 16, 2023.** 

3. Each BSBF oral health bundle is inclusive of one (1) Colgate toothbrush, one (1) toothpaste and one (1) oral health hygiene guide.

4. Attached are the number of beneficiaries per school, and the distribution and implementation guidelines

5. Immediate and wide dissemination of this Memorandum is desired.

EVANGELINE P. LADINES CESO V Schools Division Superintendent

307

Encl: As stated Reference: None To be indicated in the <u>Perpetual Index</u> under the following subjects: PROGRAMS SCHOOLS

MALA / Bright Smiles, Bright Futures (BSBF) Program Distribution of Oral Health Bundles to Kindergarten Learners in All Public Elementary Schools SY 2023-2024

<u>347</u>/October 6, 2023



Student Center for Life Skills Bldg., Centennial Ave, Brgy. Tunasan, Muntinlupa City 8805-9935, 8805-9940 sdo.muntinlupa@gmail.com deped-muntinlupa.com



Republic of the Philippines Department of Education National Capital Region Schools Division Office of Muntinlupa City

## BRIGHT SMILES, BRIGHT FUTURES (BSBF) PROGAM BENEFICIARIES PER SCHOOL

School	Number of Beneficiaries					
Poblacion ES	930					
Muntinlupa ES	909					
Itaas ES	669					
Tunasan ES	405					
F. De Mesa ES	250					
Lakeview Integrated School	337					
Soldiers' Hills ES	329					
Putatan ES	477					
Bayanan Main ES	620					
Victoria Homes ES	265					
Bayanan Unit I ES	520					
Alabang ES	965					
Cupang ES-Main	519					
Buli ES	324					
Sucat ES-Main	554					
Filinvest Alabang ES	190					
Cupang ES-Annex	147					
Bagong Silang ES	279					
Sucat ES-Annex Zone 3	128					
Sucat ES-Annex Zone 4	127					





Student Center for Life Skills Bldg., Centennial Ave, Brgy. Tunasan, Muntinlupa City
 8805-9935, 8805-9940
 sdo.muntinlupa@gmail.com

deped-muntinlupa.com

Ē.





### COLGATE and DEPED'S BRIGHT SMILES BRIGHT FUTURES PROGRAM DISTRIBUTION OF ORAL HEALTH BUNDLES TO KINDERGARTEN PUPILS IN PUBLIC ELEMENTARY SCHOOLS FOR SCHOOL YEAR 2023-2024

### ANNEX A: DISTRIBUTION GUIDELINES

The Colgate Palmolive Philippines, Inc. (CPPI) and the Department signed a Memorandum of Agreement last July, 2021 to provide kindergarten pupils with Colgate toothbrushes, toothpastes and oral health educational materials for a period of three (3) school years. This is in line with the Bright Smiles, Bright Futures Program (BSBF) that promotes oral health education among public school children.

Last School Year 2022, CPPI and the Bureau of Learners Support Services and Adopt-A-School Program provided 2,155,239 Colgate toothbrushes, toothpastes and some oral health educational posters to kindergarten school learners in 33,000 public schools.

For the BSBF program for School Year 2023-2024, CPPI has retained its allocation of an estimated 2,191,303 Million toothbrushes and toothpastes to kindergarten pupils in 35,752 public schools. This covers almost 99% of kindergarten pupils nationwide.

For SY 2023-2024, BSBF BOX includes the following: one (1) Colgate toothbrush, (1) toothpaste and (1) Oral Health and Hygiene guide for each kindergarten learner.

Distribution of Colgate toothbrushes and toothpastes supports the School Health Dental Care Program under D.O 33 s. 2019. To ensure that these toothbrushes and toothpastes are being used at home by the learners, teachers must incorporate daily toothbrushing in their lessons and parents are encouraged to supervise their children to ensure compliance on a daily basis.

### 1. What should RSDs do to monitor distribution of BSBF Boxes in divisions and schools?

- All RSDs must have a copy of the following information:
  - i. BSBF Distribution Guidelines
  - ii. BSBF Implementation Guidelines
  - iii. BSBF Region and Division Allocation
  - iv. List of BSBF Schools
  - v. Delivery Schedules
  - vi. Monitoring Forms
- This information can be obtained from Dr. Cynthia Coronado of the Health and Nutrition Center or Mr. Diomar Escat of CPPI. b. All RSDs must take note of their region allocation and delivery schedule of their divisions.
- c. RSDs must inform all Division DICs about all this information and ensure that all BSBF Boxes are received and allocated properly.
- d. Upon arrival of BSBF Boxes in the division offices, The DIC (Dentist in-charge) must inform the RSD about the arrival of the BSBF Boxes.
- e. RSDs must complete the **REGION MONITORING FORM**.
- f. **REGION MONITORING FORM** must be scanned and sent thru email to the BSBF Monitoring Team at <u>bsbfphilippines@gmail.com</u>.
- g. After sending the REGION MONITORING FORM, Text us the following to keep track of your region accomplishment.
  - i. Text "Received" "Region / RSD Name
  - ii. Remarks COMPLETE or INCOMPLETE
  - iii. Send to Globe 0966-2367381 and Smart 0949-8154995
  - iv. If there are issues that you want to call our attention you may text your concern with your name and our agency will call you to accommodate your concern.

#### **REGION MONITORING FORM**

	ist)				►. 411.54 H ~ 112
	MILES, BRIGH				
NSTRUCTIONS FOR Regional Supervising Dentist:					
RODs must take note of their region allocation and delivery schedule of their divisi	ions				
RID: must inform all Division DICs about all this information and cours that all B	SSBF Boxes are received and allocated properly.				
<ol> <li>Upon arrival of BSBF Boxes in the division offices, The DIC (Dantist in charge) a</li> </ol>	nast inform the RSD about the arrival of the BSBF I	Boxes.			
SO must accomplish the REGION MONITORING FORM					
		<b>N</b>			
RE	GION DATA / INFORMATION				
RE	EGION DATA / INFORMATION	DATE RECEIVED	NAME OF DENTISY in Charge		
			NAME OF DENTISY in Charge	80.07	Province a sizes.
			NAME OF DENTISY in Charge		ACTIVITY
			NAME OF DENTISY in Charge	BO, ST VOZEIBC DAT	ACTIVITY
			NAME OF DENTISY in Charge	80. 07 Vortiec dat 38.m	Constitute or allocate     A CLIPTIT     Statementent is all and enterfalle     fattere relevant     Significations of base relevant     Significations of base relevant     Complete Stills and formation     Presidences formations
			NAME OF DENTISY in Charge	80. 87 V022186 647 3810 11810	Consistent or allocate     A CLIPTITY     Sectors related to add and only of the orderate     former of the orderate     Sectors and only of the orderate     Sector of the orderate
			NAME OF DENTISY in Charge	80. 87 V022186 647 3810 11810	ACTIVITY Settor marked birds of adredition Settor marked birds out adredition Settor marked birds out adredition Settor balance barry balls Settor balance barry balls Settor balance balls Complete Complete Complete addresses Complete Complete Complete Addresses
			NAME OF DENTISY in Charge	80. 87 V022186 647 3810 11810	Constitute or aliverou     ACLIPTITY     Statewards and the sheet of an aliverophysical state of a sheet for a sheet for a sheet of the sheet o

#### 2. What does the Division Dentist-In-Charge do upon receipt of BSBF Boxes?

- a. Check if BSBF boxes are complete and in good condition upon receipt. Note that you should not receive boxes in poor condition or boxes that are not properly sealed.
- b. Check the BSBF Special Envelope that contains the following documents.
  - i. BSBF Distribution Guidelines
  - ii. BSBF Implementation Guidelines
  - iii. BSBF 2023- 2024 School List
  - iv. BSBF 2023-2024 Delivery Schedule
  - v. BSBF 2023-2024 Division Monitoring Form
  - vi. BSBF School Monitoring Form
  - vii. BSBF Certificate of Acceptance
  - viii. Letter to Dentist In-Charge
  - ix. Letter to School Head
  - x. Letter to Teacher
  - xi. Letter to Parents
- c. Fill and sign the receiving form provided by the freight forwarder. Indicate in the freight forwarder's receiving copy if there are boxes found to be incomplete, not in good condition, or not properly sealed.
- d. Accomplish the **BSBF Certificate of Acceptance** attached to the list of the Division's Schools Beneficiary and please ensure to have it signed by the Schools Division Superintendent.
- e. Kindly send us the Certificate of Acceptance with complete details, scan and email it to <u>bsbfphilippines@gmail.com</u> for faster processing and copy furnish respective RSD. Original copy must be kept and filed by the DIC for audit purposes.

NOTE: Kindly use this format when sending back forms : " Subject: Name of Division - Certificate of Acceptance"

- f. Once "EMAILED", send a text message to the BSBF Monitoring Team at Globe 09662367381 and Smart 09498154995. Please text the following information:
  - i. Text "Received No. of Boxes" "Region Name / Division Name / Name, Position
  - ii. Any other concern regarding the BSBF Boxes Delivery
- g. Once the boxes are checked and received, the dentists will determine the delivery scheme based on the division's method of delivering printed learning materials and others.

- h. Ensure BSBF Boxes are immediately delivered to beneficiary schools and are received by the school heads or any authorized representative.
- i. Dentists will then call and coordinate with school heads for the schedule of delivery to schools and / or have the schools pick up their respective BSBF boxes from the Division Office.

<u>Note</u>: Division is given **5 working days** to inform school heads and schedule of delivery to the schools.**12 working days** from the date the boxes are received to distribute and **7 working days** to Complete COA and **Division Monitoring Form** and ensure to scan and submit via email to <u>bsbfphilippines@gmail.com</u>.

j. Once all BSBF BOXES are delivered to or picked up by the schools, **DIVISION MONITORING FORM** must be completed, please scan and email this form to <u>bsbfphilippines@gmail.com</u>. Copy furnish RSD. Original copy must be kept and filed by the DIC for audit purposes.

NOTE: Kindly use this format when sending back forms : " Subject: Name of Division - Division Monitoring Form"

- k. Monitor and document the implementation of BSBF Toothbrushing activities at home by submitting pictures of school learners while brushing their teeth with parents or family members and email collated reports to <u>bsbfphilippines@gmail.com</u>.
- I. Collect all SCHOOL DISTRIBUTION FORM and pictures from the schools, then scan and email it to <u>bsbfphilippines@gmail.com</u>.Copy furnish respective RSD. Original copy must be kept and filed by the DIC for audit purposes.

NOTE: Kindly use this format when sending back forms : " Subject: Name of Division - School Distribution Form"

m. As part of continuously improving the BSBF Monitoring Process, CPPI may send volunteers to help in the implementation of the program.

### **CERTIFICATE OF ACCEPTANCE**

INVISION SUPERINTENDENT  INVISION SUPERINTENDENT  Signed in the presence of  Division In Charge Dentist		
A Just Program of the Department of Education and Cotgate-Parmotive Philippines, Inc     Certificate of Acceptance     The DONEE, for and in behalf of the school, hereby accepts and acknowledges the     donation from COLGATE-PALMOLIVE PHILIPPINES. INC		BSBF2020-R1- 001
A Just Program of the Department of Education and Cotgate-Parmotive Philippines, Inc     Certificate of Acceptance     The DONEE, for and in behalf of the school, hereby accepts and acknowledges the     donation from COLGATE-PALMOLIVE PHILIPPINES. INC	AN NG ED	U.E.B. BRIGHT
A Just Program of the Department of Education and Cotgate-Parmotive Philippines, Inc     Certificate of Acceptance     The DONEE, for and in behalf of the school, hereby accepts and acknowledges the     donation from COLGATE-PALMOLIVE PHILIPPINES. INC	and time to	A Start A Start
A Just Program of the Department of Education and Cotgate-Parmotive Philippines, Inc     Certificate of Acceptance     The DONEE, for and in behalf of the school, hereby accepts and acknowledges the     donation from COLGATE-PALMOLIVE PHILIPPINES. INC	New York	
A Just Program of the Department of Education and Cotgate-Parmotive Philippines, Inc     Certificate of Acceptance     The DONEE, for and in behalf of the school, hereby accepts and acknowledges the     donation from COLGATE-PALMOLIVE PHILIPPINES. INC	12 /2	
A Just Program of the Department of Education and Cotgate-Parmotive Philippines, Inc     Certificate of Acceptance     The DONEE, for and in behalf of the school, hereby accepts and acknowledges the     donation from COLGATE-PALMOLIVE PHILIPPINES. INC	and the second s	Counte
A Just Program of the Department of Education and Cotgate-Parmotive Philippines, Inc     Certificate of Acceptance     The DONEE, for and in behalf of the school, hereby accepts and acknowledges the     donation from COLGATE-PALMOLIVE PHILIPPINES. INC	BRIGHT ST	MILES BRIGHT FUTURES PROGRAM
Certificate of Acceptance         The DONEE, for and in behalf of the school, hereby accepts and acknowledges the donation from COLGATE-PALMOLIVE PHILIPPINES. INC         Region		
Certificate of Acceptance         The DONEE, for and in behalf of the school, hereby accepts and acknowledges the donation from COLGATE-PALMOLIVE PHILIPPINES. INC         Region	A loant Provinant of the Dwe	
The DONEE, for and in behalf of the school, hereby accepts and acknowledges the donation from COLGATE-PALMOLIVE PHILIPPINES. INC		
donation from COLGATE-PALMOLIVE PHILIPPINES. INC  Region Division Office (Passe see attachment for detailed hat of schools inumber of berieficaness and total number of Toothpaste and Toothbrushes) In witness whereof, the DONEE has set his/her hands this (mm/dd/yy) SCHOOLS DIVISION SUPERINTENDENT DONEE Signed in the presence of	Ce	rtificate of Acceptance
donation from COLGATE-PALMOLIVE PHILIPPINES. INC  Region Division Office (Passe see attachment for detailed hat of schools inumber of berieficaness and total number of Toothpaste and Toothbrushes) In witness whereof, the DONEE has set his/her hands this (mm/dd/yy) SCHOOLS DIVISION SUPERINTENDENT DONEE Signed in the presence of		
Region         Division Office         inserve see assochment for detailed list of schools inumber of technicaries and solal number of Toompaste and Toompushes)         In witness whereof, the DONEE has set his/her hands this       (mm/dd/yy)         SCHOOLS DIVISION SUPERINTENDENT         Division the presence of		
Division Office (Passe see attachment for detailed lat of schools, number of beneficianes and total number of Toothpaste and Toothpushes) In witness whereof, the DONEE has set his/her hands this (mm/dd/yy) SCHOOLS DIVISION SUPERINTENDENT DONEE Signed in the presence of	donation from COLGATE-PALMOLIS	TE PHILIPPINES INC
Division Office (Passe see attachment for detailed lat of schools, number of beneficianes and total number of Tochpaste and Tochronushes) In witness whereof, the DONEE has set his/her hands this (mm/dd/yy) SCHOOLS DIVISION SUPERINTENDENT DONEE Signed in the presence of		
(Pagese see attachment for detailed (at of schools, number of beneficianes and total number of Toothpaste and Toothorushes) In witness whereof, the DONEE has set his/her hands this(mm/dd/yy) SCHOOLS DIVISION SUPERINTENDENT DONEE Signed in the presence of	Region	
(Pagese see attachment for detailed (at of schools, number of beneficianes and total number of Toothpaste and Toothorushes) In witness whereof, the DONEE has set his/her hands this(mm/dd/yy) SCHOOLS DIVISION SUPERINTENDENT DONEE Signed in the presence of		
In witness whereof, the DONEE has set his/her hands this (mm/dd/yy) SCHOOLS DIVISION SUPERINTENDENT DONEE Signed in the presence of	Division Office	
In witness whereof, the DONEE has set his/her hands this (mm/dd/yy) SCHOOLS DIVISION SUPERINTENDENT DONEE Signed in the presence of		
In witness whereof, the DONEE has set his/her hands this (mm/dd/yy) SCHOOLS DIVISION SUPERINTENDENT DONEE Signed in the presence of		
SCHOOLS DIVISION SUPERINTENDENT DONEE Signed in the presence of	(Pages also attainment for dataled inf of action)	is inumber of barieficagrees and total number of Toothpieste and Toothprushes)
SCHOOLS DIVISION SUPERINTENDENT DONEE Signed in the presence of		
SCHOOLS DIVISION SUPERINTENDENT DONEE Signed in the presence of		
SCHOOLS DIVISION SUPERINTENDENT DONEE Signed in the presence of		
SCHOOLS DIVISION SUPERINTENDENT DONEE Signed in the presence of		
Signed in the presence of	In witness whereof, the DONEE has	set his/her hands this (mm/dd/yy)
Signed in the presence of		
Signed in the presence of		
Signed in the presence of		
Signed in the presence of	SCHOOLS DIVISION SUPERINTEN	4DENT
	DONEE	
Division In Charge Dentist	Signed in the presence of	
Division In Charge Dentist		
Division In Charge Pentist		
	Division In Charge Dentist	

### DIVISION MONITORING FORM (Page 1)

	BRIGHT	SMILES, BRIGHT FUTURES PROGRA		FDMFR1- 451		
	An Oral He	selth Education and Sample Distribution Program	n			
DIVISION of		REGION				
INSTRUCTIONS FOR De	ntist-In-Charge					
<ul> <li>Ote school receive Bit</li> <li>Once School receive Bit</li> <li>Once School MON(1)</li> </ul>	DRITHG FORM TT COMPLETED, I'VE BALL	moniducely to accounted for: II, Scholin Regresentative must eigh an the DSVD2004 MORETORI netri anould be element and kent tax's they buttpre-op-ex-poin- t. Name of Director - Director Monitaring Forum"	ING FORM			
	Form accomplished by:	DELIVERY RECEIPT INFORMATION		NOTE: Truste the date the topped all related		
Name of Dentst. In Charge - (CC)		New Normer of Schorts & the Donise	BO OF WORKING DAVS	ACTIVITY		
, andora i Ministe far	Kimail Addresis et DSL	Tauntee of Schools previded with 8587 Goods	1.161	Adda of a class respectively in Adda of		
Take Received	Late Accomposited	Total factories of Academ Regils on the Devision	(1.1mm)	Annalistic of second in the later.		
felmatika - fasyspectrums to	improve ESW Program Process	Norther of Kontex Rydols Provided with Miller Geodes		Simpler (Ab and Simme Region by Fuch and simulation a state and assisting an epilet backgraft approximation as an epilet		
		DIVISION ADDRESS & LANDHARK FOR EASIER (DCAT)	34			
And in succession						
THE PROPERTY OF	<ul> <li>Concerns please call 8587 Monitoring</li> </ul>	TEAM of 0968-2367381 FOR GLORE / 0949-8154095 FOR SHART	or entail at bebfphilippines	digenal com		
okid to						

# **DIVISION MONITORING FORM** (Page 2)

Aea	on		_	Divipon													
	SCHOOL DATA / INFORMATION						TOOTHBRUSHES					GRF	TES	DETAILS ON	THE RECEIPT AN ORAL HEALTH		TION OF
Schael Huma	2 danih terro	Schaelfrin co e	Lundino Makakat En sit	Kinder Papulation	Bores Given to Schools	gtr Indiana India Bar	ACTURA OTT Groot	Hunder marin aif mari	ATT todicated in the Bins	ACTUAL OTF Gines	Raber Maler M	Name of Scheetile alor Arthoriza ( Repropriation also totaine (pathator	Lon time Mainde / Em all	O ete forment	Guerration alter and traderun falle saw off Street strenge Bick and Marson Rings		
	-																
		2			1			<u> </u>									

#### What School heads should do upon arrival of BSBF Boxes?

- a. Coordinate with the division Dentist In Charge to confirm the scheduled delivery or pick-up date of BSBF Boxes.
- b. After receiving the BSBF Boxes, please sign the BSBF Division Monitoring Form.
- c. Once BSBF Boxes are in your school, the program must be initiated **immediately** to ensure that Toothpaste and Toothbrushes will be distributed within the program timetable.
- d. A photo documentation of the distribution is encouraged and shall be emailed to <u>bsbfphilippines@gmail.com</u>.
- e. After distribution, school heads are required to accomplish the SCHOOL DISTRIBUTION FORM. Once accomplished, School Distribution Form must be submitted to the Division Dentists.
- f. After submitting the SCHOOL DISTRIBUTION FORM, please text us the following details to keep track of your school's accomplishment:
  - i. Text in this format: SDF Scanned/ School Name / School Division / School Region / Principal's Name
  - ii. Send to Globe 09662367381 and Smart 09498154995
- g. As part of continuously improving the BSBF Monitoring Process, CPPI may send volunteers to help in the implementation of the program.

### SCHOOL DISTRIBUTION FORM

۲	в			T FUTURES Program (202		I	
SCHOOL D	ISTRIBUTIO	N FORM TO	BE FILLED	AFTER DI	STRIBUTIO	N TO KINDE	R PUPILS
BSBF Boxes Received F	îrom:	PLEASE PRIM	Л" Name & Po:	sition of DepEc	1 Division repro	esentative who	distributed goods
Name of Region and Div	ision	an Milansian Mensione on the Silver	10005 D0005 30000 32005 N 1	nanissis set teast	<ul> <li>a.r. (methoda) (a(methoda)</li> </ul>	And and an and an and an and an and an	Longing the relation of a line approx
Date and Time Received		-					
Name of School:		x					
School Address:							<u>.</u>
Name of Principal/Schoo	ol Head.						
Landline / Mobile / Emai			a			10	
				1			
Tatal Number of Kinder Pupils in	то	OTHBRUSH			DOTHPAST		
ynur r chnol	QTYIndicatod in the Bex	(Your Actual Mumbar (Your Actual mirring if any) Count)		QTYIndicated in the Bax	QTY Received (Your Actual Count)		
NGO / Parent		n Witness ( arten Pupils		tion to			/ Suggestions on BF Program:
Name Designation	s <u></u>				-	- <u></u>	. Nation in the last of
Organization Landline / Mobile / Email	······				-		
Signature					-		
Date	s <del></del>						
Once completed, ki and a photo docum				philippines@			
			THANK				
For inquiries / co				ng TEAM at at bsbfphili			GLOBE / 0343-

3.

Doc Updated: July 2023 SCHOOL DISTRIBUTION FORM (To be Completed by School Head) **BRIGHT SMILES, BRIGHT FUTURES PROGRAM** An Oral Health Education Program (2023-2024) 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: TOOTHBRUSHES TOOTHPASTES Total Number of Kinder Pupils in QTY Received QTY Indicated QTY Received QTY Number Number (Your Actual (Your Actual Indicated in missina if missing if in the Box your school the Box Count) any? Count) any? 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@gmail.com and attach a photo (optional) for internal audit purposes. Email at bsbfphilippines@gmail.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@gmail.com





### COLGATE and DEPED'S BRIGHT SMILES BRIGHT FUTURES PROGRAM DISTRIBUTION OF ORAL HEALTH BUNDLES TO KINDERGARTEN PUPILS IN PUBLIC ELEMENTARY SCHOOLS FOR SCHOOL YEAR 2023-2024

### ANNEX B: IMPLEMENTATION GUIDELINES

Bright Smiles Bright Futures Program provides oral care kits, educational materials and dental services to public school children. It aims to educate learners not only on the importance of Oral health but the effectiveness of overall daily hygiene and its role in keeping the entire body healthy.

For the BSBF program this School Year 2023-2024, CPPI has retained its allocation to 2,191,303 Million toothbrushes and toothpastes to kindergarten learners in 35,752 public schools. This covers almost 99% of kindergarten pupils nationwide.

For SY 2023-2024, BSBF BOX includes the following:

- Classroom Kit
  - Toothbrushes
    - Maximum Cavity Protection Toothpaste 214g (pcs dependent on # of Learners/Classroom)

To ensure that the program is being implemented at home by the learners, the following are the Roles and Responsibilities.

### **ROLES AND RESPONSIBILITIES:**

#### 1. Regional Supervising Dentists must:

- a. Monitor the distribution and implementation of the program.
- b. Ensure complete and on-time submission of COA, DMF and SMF to the Schools Division offices.

#### 2. Division Dentists must:

- a. Cascade the Implementation Guidelines to the School Heads and Grade Leaders.
- b. Coordinate with the school heads to ensure the proper distribution of Oral Health kits to the learners.
- c. Discuss with the grade leaders how proper hygiene and oral health awareness can be included in virtual activities.
- d. Share relevant BSBF materials to the grade leaders to support/provide additional learning tools about oral health.
- e. Provide the Colgate BSBF Team a monitoring update through pictures submitted by the grade leaders during the BSBF activity.

### School Heads must:

- a. Ensure Implementation of the program by collaborating with grade leaders on how the program should be implemented.
- b. Provide Grade Leaders a copy of the following documents
  - i. Implementing Guidelines
  - ii. Letter to the Teachers
- c. Submit the BSBF Program report along with the BSBF School Monitoring form through this email <u>bsbfphilippines@gmail.com</u> following the format below.

Subject: BSBF 2023 Program Report- Name of DIVISION Body of Email: Name of School: Address: Contact Details: Name of Teacher/s implementing the activities: Name of School Head:

### Class Advisers (Grade Leaders) must:

- a. Check and Account the Contents of Boxes:
- b. The distribution of kits is dependent on how the schools send out their learning materials to the learners.
- c. Once the kits are received by the learners, include this activity in the daily hygiene program.
- d. A short narrative report on implementation with photo documentation. This will allow us to track the progress of the program. Kindly send this report along with the BSBF School Monitoring form through this email <u>bsbfphilippines@gmail.com</u> following the format below.

Subject: BSBF 2023 Program Report-Name of DIVISION Body of Email: Name of School: Address: Contact Details: Name of Teacher/s implementing the activities: Name of School Head: