



Republic of the Philippines
Department of Education
 Region VI- Western Visayas
SCHOOLS DIVISION OF SAGAY CITY

JUN 05 2024

DIVISION MEMORANDUM

No. 364, s. 2024


SUBMISSION OF STATUS REPORT FOR SCHOOL CLINICS AND CANTEENS

To: Assistant Schools Division Superintendent
 Chief of Education Supervisors – CID & SGOD
 Public Schools District Supervisors
 School Heads of Public and Elementary and Secondary Schools
 All Others Concerned

1. In line with the Department of Education's efforts to promote a sustainable holistic school health and nutrition program, all schools are required to submit a status report for their school clinics and canteens for the current school year 2023-2024.
2. The submission of these reports aims to:
 - a. Determine the status of implementation of school clinics and canteens vis-à-vis the Department's standards;
 - b. Identify gaps in the implementation of the program and
 - c. Identify possible solutions to address the identified gaps and ensure improvement in the succeeding school year.
3. School heads are requested to accomplish the monitoring tools for the school clinic and school canteen through the provided Google Form below.

Link: <https://tinyurl.com/mpvf59n9>

QR Code:


4. The accomplished forms should be submitted on or before June 5, 2024, through the designated online platform.
5. For clarifications and inquiries regarding clinic reports please contact Alyssa Joana A. Dagunan, Nurse II at 09094176723, and Irish Theresa Ubamos, Nurse II regarding school canteens at 09603681938.
6. Your prompt compliance for this Memorandum is highly appreciated.

M. SabbalUCA
MARSETTE D. SABBALUCA, CESO VI
 Schools Division Superintendent

Number of Pages including this Document: 6 pages
 Enclosure: As stated
 Reference: Regional Memorandum No. 464 s. 2024
 To be included in the Perpetual Index under the following subjects:

HEALTH LEARNERS POLICY REPORTS CANTEEN

AJAD/memo on Submission of Status/Monitoring Report for School Clinics and Canteens
 June 4, 2024



Sitio Chloe, Brgy. Rizal, Sagay City, Negros Occidental
 Telephone Nos. 488-02-15; 722-0597



Republic of the Philippines
 Department of Education
 REGION VI – WESTERN VISAYAS
 REGIONAL HEALTH & NUTRITION UNIT
SCHOOL CLINIC MONITORING TOOL

NAME OF SCHOOL:	SCHOOL ID:
SCHOOL ADDRESS:	DIVISION/REGION:
NAME OF SCHOOL HEAD:	SCHOOL HEALTH FOCAL PERSON/DESIGNATION:
CONTACT NUMBER/EMAIL ADDRESS (SH):	CONTACT NUMBER/EMAIL ADDRESS (FP):
NAME OF DESIGNATED CLINIC TEACHER:	CONTACT NUMBER/EMAIL ADDRESS (CT):
DATE OF MONITORING:	

I. MEDICAL CLINIC	YES	NO	REMARKS
A. Facility & Common Medicines			
1 Is the school clinic strategically situated and accessible?			
Is there an available of common medicines such as:			
For fever?			
For nasal congestion/runny nose?			
For allergy?			
For pain?			
2 What type of clinic?			
a. separate room?			
b. inside another room?			
3 Is the clinic well ventilated?			
4 Is there a presence of treatment room?			
5 Is there a presence of hand washing facility?			
6 Is there a presence of comfort room?			
7 Is there an available of table and chair for clinic teacher/school nurse?			
8 Is there an available of table and chair for physician?			
9 Is there a presence of bed with bed sheet, pillow and blanket?			
What type of bed?			
Hospital bed?			
Regular bed?			
Folding bed?			
10 Is there an available waiting area to rest as they wait for their turns to be attended?			
11 Is there an available of disinfectant?			
B. Equipment:			
1 Is there an available weighing scale [Detecto]?			
2 Is there an available weighing scale [bathroom scale]?			
3 Is there an available visual acuity chart [Snellen Eye Chart]?			
4 Is there an available tuning fork for hearing test?			
5 Is there an available height device?			
6 Is there an available blood pressure apparatus manual-type?			
7 Is there an available blood pressure apparatus electronic-type?			
8 Is there an available stethoscope?			
9 Is there an available penlight?			
10 Is there an available surgical scissor?			
11 Is there an available pick-up forcep for wound dressing?			

12	Is there an available oxygen tank with regulator and nasal cannula?			
C. Wound Care Supplies:				
1	Is there an available povidone iodine 10%?			
2	Is there an available hydrogen peroxide 3%?			
3	Is there an available isopropyl alcohol 70%?			
4	Is there an available skin antibiotics [ointment /cream]?			
5	Is there an available cotton balls?			
6	Is there an available cotton buds?			
7	Is there an available sterile gauze 2x2?			
8	Is there an available sterile gauze 4x4?			
9	Is there an available plaster tape?			
10	Is there an available band-aid (medicated wound strips)?			
E. Reports Management:				
1	Is there an available individual health cards of the :			
	learners?			
	teachers/staff?			
2	Is there an available treatment log book?			
3	Is there an available referral log book?			
4	Is there an available referral system?			
5	Is there an available signed MOA between School Head and LGU / Barangay Captain for health services?			
6	Is there an available inventory log book [For medicines, medical supplies and equipments]?			
7	Source of funds for common medicines and supplies, is it from?			
	School MOOE?			
	School canteen proceeds?			
	Division Office?			
	External Partners [LGU/ Private/NGO]?			

Monitored by:

Health Personnel

Date: _____

Conformed by:

School Head

Date: _____



Republic of the Philippines
Department of Education
REGION VI – WESTERN VISAYAS
REGIONAL HEALTH & NUTRITION UNIT

REGIONAL CONSOLIDATED SCHOOL CANTEEN MONITORING TOOL

Region: VI

Division: _____ No. of Schools Monitored/Validated by RO/SDO: _____

Type of Canteen: ____ School-Managed: ____ Teacher's Coop: ____ Laboratory: ____ Others (pls specify) _____

Date: _____

I. Physical Facilities/Adequacy of Tools/ Equipment	Evident	%	Not Evident	%	Remarks
A. General Condition and Appearance					
1 Adequate lighting and ventilation					
2 Clean, orderly and odor-free work and eating area					
3 Information bulletin with up-to-date and informative structuring on nutrition					
4 Available washing, drinking, and sanitizing facilities					
5 Provisions of smooth traffic (entrance and exit of customers)					
II. General Management					
1 Health certificate of food handlers updated and posted					
2 Displayed sanitary clearance/permit duly signed by agency concerned (RHU/LGU)					
3 Food handlers trained on Basic Food Safety					
4 Canteen Policy posted on the bulletin board (DO No. 8, s. 2007; No. 13, s. 2017)					
III. Food Preparation/Safety and Service					
1 Practice Food Safety Measures during preparation and serving					
2 Well-groomed pupils/student aide and helpers/food handlers					
3 Wearing of clean and proper attire (apron, hairnets, appropriate footwear) at all times					
4 Properly labelled condiments					
5 Use of iodized salt					
6 Food sold: Category A (Green)					
Category B (Yellow)					
Category C (Red)					
7 Compliance to Schedule of Tool Categories					
8 Potable water supply available always					
9 Garbage receptacles/can covered, practice waste segregation					
10 Food Safety Checklist in School Canteen					
IV Records Management					
A. Daily Updated Book of Accounts/Statment of Operations					
1 Sharing/Utilization of Proceeds					
a. Supplementary Feeding Program for SW/W = 35%					
b. School Clinic Fund = 5%					
2 Purchase Journal/Record of Daily Sales					
3 Record of net Profit per Day					
4 Record of Daily Food Inspection					
5 Statement of receipts and disbursement, indicating the share received from the school - managed canteen and teacher's coop posted on the bulletin board.					

Monitored by:

Conformed by:

Health Personnel

Date: _____

School Head

Date: _____



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SCHOOL CLINIC MONITORING TOOL

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SCHOOL ADDRESS:	DIVISION/REGION:
NAME OF SCHOOL HEAD:	SCHOOL HEALTH FOCAL PERSON/DESIGNATION:
CONTACT NUMBER/EMAIL ADDRESS (SH):	CONTACT NUMBER/EMAIL ADDRESS (FP):
NAME OF DESIGNATED CLINIC TEACHER:	CONTACT NUMBER/EMAIL ADDRESS (CT):
DATE OF MONITORING:	

II. DENTAL CLINIC		YES	NO	REMARKS
A.	Physical Facilities			
1	Is there a private space for dental services?			
2	Is there a fully first aid equipment and first aid medicines?			
3	Is there a lavatory functional water system such as safe drinking water?			
4	Is there a presence of hand washing facility?			
5	Is there a functional comfort room/restroom (with menstrual hygiene facilities)?			
6	Is there a corner area with chair and curtains which can serve as breastfeeding area for lactating female personnel?			
B.	Equipment:			
1	Is there a presence of dental chair/unit?			
2	Is there an available autoclave?			
3	Is there an available dental instruments?			
4	Is there an available dental supplies?			
5	Is there an available dental materials?			
6	Is there an available blood pressure apparatus?			
7	Is there an available proper disposal of dental wastes?			
8	Is there an available drainage for dental unit?			

C. Provision of Dental Services:				
1	Conduct of oral examination (face to face)?			
2	Conduct of oral examination (online)?			
3	Conduct of oral prophylaxis treatment?			
4	Application of fluoride varnish to learners?			
5	Application of tooth sealants (pit & fissure sealants)?			
6	Application of Zinc Oxide Eugenol (ZOE)?			
7	Application of Synthetic Filling (SyF)?			
8	Rendered Composite VLC filling?			
9	Rendered Amalgam Filling?			
10	Rendered ART Filling (Glass Ionomer)?			
11	Rendered Temporary Filling?			
12	Conduct of Tooth Extraction?			
13	Conduct of Oral Urgent Treatment?			
14	Conduct of Referrals?			
15	Giving of prescriptions?			
16	Conduct of chair-side health talks?			
D. Reports Management:				
1	Is there an available individual health cards of the :			
	learners?			
	teachers/staff?			
2	Is there an available treatment log book?			
3	Is there an available inventory log book [For medicines, medical supplies and equipments]?			
4	Source of funds for common medicines and supplies, is it from?			
	School MOOE?			
	School canteen proceeds?			
	Division Office?			
	External Partners [LGU/ Private/NGO]?			
	Others? (pls. specify:)			
E. SERVICE DELIVERY NETWORK				
1	Is there an available referral log book?			
2	Is there an available referral system?			
3	Is there an available signed MOA between School Head and LGU / Barangay Captain for health services?			
4	Is there a nearest Rural Health Units (RHU) for Emergent/Dental Emergencies Referrals?			
	Name of nearest RHU:			
	Address:			
	Telephone No.:			
F. DATA PRIVACY				
1	Does the school comply with the collecting, storing, processing and reporting of data from learners and personnel in accordance with the provisions of the Data Privacy Act and the Data Privacy Policies of DepEd?			
2	Does the personal information provided are used lawfully, fairly and in a transparent way?			
3	Does the personal data are collected only for valid purpose?			
4	Does all the data are accurate and kept up to date?			
5	Does the forms with personal data (online or manual) are kept securely?			

Monitored by:

Health Personnel

Date: _____

Conformed by:

School Head

Date: _____