

Republic of the Philippines Department of Education

Region VI-Western Visayas SCHOOLS DIVISION OF KABANKALAN CITY

Office of the Schools Division Superintendent

DIVISION MEMORANDUM

NO. 031 s. 2023

JAN 2.7 2023

IMPLEMENTATION OF SCHOOL-BASED FEEDING PROGRAM MILK FEEDING COMPONENT (DONATED POWDERED MILK) FOR SY 2022

To: OIC-Asst. Schools Division Superintendent

CID & SGOD Chiefs

Public Schools District Supervisors

All Elementary School Heads

All School-Based Feeding Program Coordinators (Alaska Beneficiaries)

All Others Concerned

- 1. This Office shall implement the School-Based Feeding Program in compliance with DO 031, s. 2021 titled Operational Guidelines on the Implementation of School-Based Feeding Program and Schools based on the DOH Administrative Order No. 2020-0015 or the Guidelines on the Risk-Based Public Health Standards for COVID- 19 Mitigation
- 2. The Powdered Milk donated by Alaska Corporation as part of 2022 milk feeding implementation will be delivered on 3 batches by the courier from Alaska Warehouse. The first batch shall deliver **on January 31, 2023** for all Drop -Off Locations. The second and third batch of delivery will be announced later.
- 3. There are 5 designated Drop Off Locations namely:

DISTRICT	SCHOOL
K-I	KABANKALAN NATIONAL HIGH SCHOOL
K-2	TAMPALON ES
K-3	TAPI ES
K-4	TABUGON ES
K-5	NOAC ES

- 4. Authorized school representative assigned to pick up milk supplies are requested to be at the Drop-Off Location at 8:00 a.m. 11:00 a.m. An authorization letter is needed if the person is not the SBFP-Milk Component Coordinator. All allotted milk supplies for each school shall be picked up before noon of the scheduled date. Drop Off locations shall not be held liable for any loss of the unclaimed supplies. Division nurses will be assigned to each drop-off location to facilitate distribution.
- 5. Schools shall ensure proper storage of milk products following the requirements: clean and dry place, avoid direct sunlight, avoid the products being wet, follow the First Expiry, First Out (FEFO) and stacked at maximum of 5 cases high and preferably not touching the floor.





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Department of EducationRegion VI-Western Visayas SCHOOLS DIVISION OF KABANKALAN CITY

- 6. Any adverse reaction or untoward incident regarding this milk feeding program component must be properly documented and reported to the schools division, through the Health and Nutrition Unit.
- 7. School-based milk feeding implementers are requested to check the Official Milk Coordinator (Alaska Beneficiaries') group chat daily for updates and announcement. Implementers are to secure consent and waiver form (Enclosure No. 1) using the form provided prior to the implementation of the program. Parent's/guardians signatures should be fill out using the waiver provided by Alaska. (Enclosure No. 2). Inventory Form Report should be filled-out every delivery, (Enclosure No. 3) Wrapper Redemption Monitoring Form and (Enclosure No. 4) Nutritional Status Report.
- 8. Schools shall collectively be responsible for the collection of all used plastic sachets of milk product donated and ensure that the wrappers will be properly recycled or upcycled.
- 9. The transportation expenses to cover travel, hauling and other school expenses relative to the implementation of the program shall be downloaded to schools.
- 10. School heads are enjoined to extend full administrative support, CID and SGOD personnel shall monitor the implementation of the SBFP-Milk Feeding Component.
- 11. The donated products are NOT MEANT TO BE RESOLD or distributed to other beneficiaries or organizations.
- 12. For more information, contact Mary Jane H. Butanas, RN at 09998234227 and Alma Vanessa G. Tanwani, RN at 09125915008 from the Health and Nutrition Unit.

13. Immediate dissemination of and compliance with this memorandum are desired.

Assistant Schools Division Superintendent Officer-in-Charge

Office of the Schools Division Superintendent

Enclosures: As stated

References:

DO 031, S. 2021 - OPERATIONAL GUIDELINESON THE IMPLEMENTATION OF THE SCHOOL-BASED FEEDING PROGRAMFOR SCHOOL YEAR 2021-2022

DO 037, S 2020 SUPPLEMENTAL GUIDELINES TO DEPED ORDER NOS. 022 AND 023, S. 2020 (IMPLEMENTATION OF SCHOOL-BASED FEEDING PROGRAM

To be indicated in the Perpetual Index Under the following subjects:

Health Education Learners Policy Programs Schools



Address: Tayum Street, Barangay 8, Kabankalan City, Negros Occidental Telephone Number: 471-2004 | 471-2003 E-mail: kabankalan.city001@deped.gov.ph



KASULATAN NG PAGSANG-AYON AT PAGWAWAKSI

Edad:	Kasarian:	Baitang:
Pangalan ng Paaralan:		
Pangalan ng Magulang/Tagap	ag-alaga:	
Tirahan:		<u> </u>
Numero ng Telepono:		
aking anak o inaalagaang bata s	al na tagapag-alaga ng bata, binibigay ko ang aking pahinto sa School Milk Feeding Program, isang programang nutrisyo sa pakikipagtulungan ng Department of Education ("DepEd'	on na pinagungunahan ng Alaska Milk
	pagpayag sa aking anak o inaalagang bata na sumali sa Pro nasa mabuting kalusugan, at walang <i>Lactose Intolerance</i> , a	
patnubay na inilatag ng DepEd bahay. Sumasang-ayon ako na r pag-iimbak at paghahanda ng g ibebenta at ibibigay lamang sa	nabasa ko at lubos kong naintindihan ang proseso ng Pro at ng Kumpanya para sa wastong pagpapatupad ng Prog mahigpit kong susundin ang mga tagubilin ng DepEd at ng K gatas sa bahay. Ginagarantiyahan ko rin na ang produktong kalahok na pinangalanan sa itaas. Hindi ako magbibigay, m ahok sa programang ito alinsunod sa mga patakaran ng Progr ng Pilipinas).	rrama at ang paghahanda ng gatas sa lumpanya para sa wastong paghawak g gatas na tatanggapin ko ay hindi ko naghanda o mag-aalok ng produktong
maaaring makuha o kolektahin	a ang anumang personal na impormasyon tungkol sa akin a ng Kumpanya at ng DepEd ay maaaring gamitin para sa maa nay na batas at alituntunin tungkol sa privacy, pati na rin an	ayos na implementasyon ng Programa
mula sa pananagutan at bayar kumikilos sa loob ng saklaw ng pagkalugi, pinsala, gastos (kabila sa anumang pinsala o karamda Programa. Ang waiver form na	payag sa aking anak o inaalagaang bata na lumahok sa Proin ang Kompanya, o alinman sa mga opisyal, stockholder, g kanilang mga tungkulin, mula sa at laban sa anuman at ang ang bayad sa abugado), pananagutan o sanhi ng pagkilo aman, na nagmumula nang direkta o hindi direkta mula sa, ito ay dapat nagbubuklod sa Kalahok, mga magulang o tagor de edad.	, empleyado, ahente o kinatawan na lahat ng mga paghahabol, hinihingi s o hindi kadahilanang pinsala, o mula , o kaugnay sa pakikilahok ng bata sa
Lagda ng Magulang o Tagapa	g-alaga:	Petsa:



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CONSENT AND WAIVER FORM

Name of Child/Participant:		AAA AAA AAA AAAA AAAA AAAAA AAAAA AAAAA AAAA
Age:	Sex:	Grade:
Name of School:		
Name of Parent / Guardian:		
Address:		
Mobile No.:		
participate in the School Milk	k Feeding Program, a nutrition prog	ve my full consent and approval for him/her to gram initiated by Alaska Milk Corporation (the partment of Education ("DepEd") (the "Program"
	to join the Program, I confirm, to the ose intolerance, any food or milk aller	e best of my knowledge, that my child is in goorgy, or dietary restrictions.
mposed by DepEd and/or the at home. I agree to strictly co storage and preparation of mill participant named above. I sha	Company for the proper implements mply with the instructions of [DepEck at home. I also warrant that the mill	ics of the Program, and all the rules and guideline ation of the Program and the preparation of mild and/or the Company] for the proper handling k product to be received shall only be given to the product to any other child in violation of the rule e of the Philippines).
collect pursuant to the Progr		d/or my child, which the Company may obtain or for the proper implementation of Program in Company's Privacy Statement.
ndemnify and hold harmless t acting within the scope of the expenses (including attorney's or illness, arising directly or ind	he Company, or any of its officers, sto ir duties, from and against any and fees), liabilities or causes of action o irectly from, or in connection with, m	rogram, I hereby agree to release from liability ockholders, employees, agents or representative all claims, demands, losses, damages, costs and inconsequential damages, or from or any injury child's participation in the Program. This release any successors in interest, and/or any person(s
Signature of Parent/ Guardian	n:	Date:



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KATUNAYAN NG PAGTANGGAP NG SUPLAY NG GATAS PARA SA ALASKA MILK FEEDING PROGRAM

SCHOOLS DIVISION OFFICE OF KABANKALAN CITY

PANGALAN NG PAARALAN: __

Petsa	Pangalan ng benepisyaryo	Bilang ng gatas na natanggap	Pirma ng benepisyaryo



Telephone Number: 471-2004 | 471-2003 E-mail: kabankalan.city001@deped.gov.ph

Lagda at Pangalan ng School Head: ___



SCHOOL MILK FEEDING PROGRAM WRAPPER REDEMPTION MONITORING FORM

Number of wrappers collected



Address: Tayum Street, Barangay 8, Kabankalan City, Negros Occidental

Telephone Number: 471-2004 | 471-2003 E-mail: kabankalan.city001@deped.gov.ph



Department of Education

Bureau of Learner Support Services SCHOOL HEALTH DIVISION NUTRITIONAL STATUS REPORT OF ELEMENTARY SCHOOL

Endline (JUNE) SY 2022-2023 ALASKA MILK FEEDING PROGRAM

Noto: Th	GRAND TOTAL:	SPED			Grade 6			Grade 5			Grade 4			Grade 3		A CONTRACTOR OF THE PARTY OF TH	Grade 2			Grade 1			Kinder		LOACIO	lovole	Grade	
Total Painting to the	П З	Total	П	3	Total		3	Total	П	3	Total	П	3	Total	П	3	Total	П	3	Total	П	3	Total	71	3		Enrolment	
Note: The indicator read for bolow & coars old is which the read																										No. %	Weighed	Pupils
																			A STATE OF THE STA							No. %	Severely Wasted	
																										No. %	Wasted	BODY
																										No. %	Normal	BODY MASS INDEX (BMI)
																										No. %	Overweight	(BMI)
																										No. %	Obese	
																									1	No. %	Severely Stunted	
																					The state of the s				1	No. %	Stunted	HEIGHT-FO
										PARTITION AND ADDRESS OF					And the second line of the secon					17117					1	No.	Normal	HEIGHT-FOR-AGE (HFA)
											The state of the s														1	No. %	Tall	
																									十	No. %	Height	Pupils Taken

Note: The indicator used for below 6 years old is weight-tor-age.

Prepared by:

SBFP-School Coordinator

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SCHOOL HEAD

NOTED: