



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

**Office of the Schools Division
Superintendent**

NOV 09 2021

DIVISION MEMORANDUM

NO. 277, s. 2021

**IMPLEMENTATION OF SCHOOL-BASED FEEDING PROGRAM MILK FEEDING
COMPONENT FOR SY 2020**

To: OIC-Asst. Schools Division Superintendent
CID & SGOD Chiefs
Public Schools District Supervisors
All Elementary School Heads
All School-based Feeding Program Coordinators
All Others Concerned

1. Pursuant to Republic Act 11037 also known as Masustansyang Pagkain para sa Batang Pilipino Act, promulgated on June 20, 2018, the National Feeding Program shall be implemented targeting all undernourished in public day care, kindergarten and elementary schools to address undernutrition and hunger. One of the components of the National Feeding Program is the Milk Feeding Program. The Guidelines on the Implementation of the SBFP-Milk Feeding Program Component as enclosed in DepEd Order # 036, s. 2019 can be downloaded online for your reference.
2. DepEd Order (DO) No. 39, s. 2017 titled Operational Guidelines on the Implementation of School-Based Feeding Program for SYs 2017-2022 and DO 18, s. 2019 titled Supplemental Guidelines on the Implementation of School-Based Feeding Program for Fiscal Year 2019 shall be used as reference in the implementation of the program.
3. In this connection, this office shall implement the School-Based Feeding Program in compliance with DO 014, s. 2020 titled *Guidelines on the Required Health Standards in Basic Education Offices 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*.



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4. There are 5 designated Drop Off Locations namely:

DISTRICT	SCHOOL
K-1	KABANKALAN NATIONAL HIGH SCHOOL
K-2	TAMPALON ES
K-3	TAPI ES
K-4	TABUGON ES
K-5	FLORENTINO GALANG SR. NHS- MAIN CAMPUS

5. Due to the limited supply from the NDA-assisted supplier, milk feeding shall start **on November 11, 2021** for selected schools under Drop- Off Locations of Kabankalan National High School and Tampalon Elementary School ONLY. Milk supplies shall be delivered every Monday and Thursday. Schedule of other drop-off locations will be announced later.

6. Faculty member or authorized school representative assigned to pick up milk supplies are requested to be at the Drop-Off Location at 8:00AM-11:00AM. An authorization letter is needed if the person is not the SBFP 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.

7. Freezers given last implementation shall be utilized to safeguard freshness of milk supply. Schools are to ensure equipment is in excellent condition prior to the start of implementation of milk feeding.

8. 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.

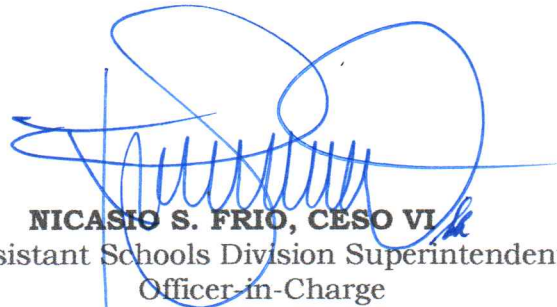
9. School-based feeding implementers are requested to check the Official SBFP Kabankalan Division Facebook Page daily for updates and announcement. Implementers are to secure parent's consent (Enclosure No. 1) using the form provided prior to the implementation of the program. Parent's signatures should be secured using the Distribution List Form. (Enclosure No. 2). Inspection and Acceptance Report Form –Appendix 62 should be filled-out every delivery (Enclosure No.3) and milk feeding beneficiaries must be documented using Annex F (Enclosure No. 4).





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10. The transportation expenses to cover travel, hauling and other school expenses relative to the implementation of the program shall be downloaded to schools.
11. School heads are enjoined to extend full administrative support, CID and SGOD personnel shall monitor the implementation of the SBFP-Milk Feeding Component.
18. All other provisions in the existing guidelines on the implementation of the SBFP-Milk Feeding Component as stated in DO 036, s. 2019 and DO 022, s. 2020 shall remain in force, unless sooner repealed, amended, or rescinded.
19. For more information, contact Alma Vannessa G. Tanwani from the Health and Nutrition Unit at 09125915008.
20. Immediate dissemination of and compliance with this memorandum are desired.



NICASIO S. FRIO, CESO VI
Assistant Schools Division Superintendent
Officer-in-Charge
Office of the Schools Division Superintendent



PARENT'S CONSENT FORM FOR MILK FEEDING PROGRAM

Pangalan ng Paaralan		School ID	
Division	Kabankalan City	Rehiyon	VI-Western Visayas

Sa Pinalangga Namon nga mga Ginikanan / Manug-atipan,

Kabahin sa pagsabat sang gobyerno sa mataas nga numero sang mga kabataan nga malnourished, ang Department of Education maga-patuman sang MILK FEEDING PROGRAM sa mga estudyante nga nubo sang kilo maghalin sa Kindergarten asta sa Grade 6 sa tanan nga pampubliko nga mga eskwelahan sa bilog nga pungsod. Ang **GATAS** nga ipanghatag **LIBRE** kag **WALA BAYAD**.

Angot sini, gina hangyo namon ang inyo pagbuylog pamaagi sa paghatag sang mga masunod na impormasyon nahanungod sa inyo bata para ma lakip sa mga estudyante nga tagaan gatas sa sulod sang **singkwenta dias (50 days)**. Apang ang inyo mga bata pwede makabatyag sang sakit sang tiyan sang makadali kag panglibang dulot sang ginatawag na "*Lactose Intolerance*" sa mga una nga adlaw sang pag-inom sang gatas. Gina siguro namon nga ang gatas na ihatag sa inyo kabataan bago kag hilway inumon.

Ang Matinahuron,

(Name of School Head)

PAGPAHANUGOT SANG GINIKANAN

Pangalan ng Bata				
Kapanganakan		Age		LRN
Class Adviser				Baitang
Pangalan sang Ginikanan o Tagapangalaga				

KASAYSAYAN SANG SAKIT kag PAG INOM SANG GATAS

- Ano nga edad ulihi nag inom sang gatas ang inyo anak/alaga?
Edad : _____
- Sa inyo obserbasyon, nag sakit bala ang tiyan, nanglibang o may nabatyagan nga kung anu man ang inyo anak pagka-inom sang gatas?
 Oo – mga sintomas _____
 Hindi
- Ang inyo anak may yara bala allergy sa gatas?
 May-ara
 Wala

PAGHATAG SANG PAHANUGOT SA PAG LAKIP SANG INYO BATA UKON ALAGA SA MILK FEEDING PROGRAM

(Butangan sang tsek ✓ ang kahon sa idalom)

Oo, naga-pasugot ako sa pag-lakip sang akon bata sa Milk Feeding Program sa sulod sang 50 dias. Naintyendehan ko ang impormasyon nahanungod sa gatas kag ang importansya sang pag-inom sini para sa ikaayong lawas sang akon bata / alaga. Napa-intyende sang maayo ang mga impormasyon bahin sa libre nga gatas nga ipatuman sang Department of Education.

Wala ako nagapasugot na ilakip akon bata sa Milk Feeding Program.
Rason: _____

Kompleto nga Ngalan kag Pirma sang Ginikanan / Guardian
Petsa:



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SCHOOL-BASED FEEDING PROGRAM - MILK COMPONENT 2020

REGION/DIVISION/DISTRICT:

NAME OF SCHOOL:

SCHOOL ID NO.:

LIST OF BENEFICIARIES (2020)					
No.	Name	Grade & Section	Date:		Signature
			Parent's Name	No of Milk Packs	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

Prepare by:

Approved by:

 SBFP Coordinator

 School Head



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INSPECTION AND ACCEPTANCE REPORT

Entity Name : Department of Education – SDO Kabankalan City Fund Cluster : _____

Supplier : National Dairy Authority/ ABGIC – Kabankalan Date : _____ Requisitioning Office/Dept. : HEALTH AND NUTRITION UNIT (SGOD) Responsibility Center Code : _____ _____		IAR No. : _____ Date : _____ Invoice No. : _____
<i>Item No.</i>	<i>Description</i>	<i>Quantity</i>
1	Fresh Milk, 180ml / pouch	

INSPECTION

ACCEPTANCE

Date Inspected: _____

Date Received: _____

Inspected verified and found OK as to Quantity and specifications

Complete

Partial

Inspection Officer

Inspection Committee

Inspection Committee

ALFREDO N. NOMBRE, JR
 Administrative Officer IV- Supply Officer



SCHOOL-BASED FEEDING PROGRAM - MILK COMPONENT

REGION/DIVISION/DISTRICT: _____
 NAME OF SCHOOL: _____
 SCHOOL ID NO.: _____

LIST OF BENEFICIARIES (2020 Implementation)					
No.	Name	Grade & Section	Classification of Students in terms of Milk Tolerance (Please check one)		
			Without Milk Intolerance and will Participate in Milk Feeding	With Milk Intolerance but willing to Participate in Milk Feeding	Not allowed by parents to participate in milk feeding
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

Prepare by:

 SBFP Coordinator

Approved by:

 School Head