



DepEd – DIVISION OF QUEZON

Sitio Fori, Brgy. Talipan, Pagbilao, Quezon
Trunkline # (042) 784-0366, (042) 784-0164, (042) 784-0391, (042) 784-0321
www.depedquezon.com.ph
"Creating Possibilities, Inspiring Innovations"



Registration Number:
QAC/R63/0216

July 17, 2020

DIVISION MEMORANDUM

DM No. 180, s. 2020

VALIDATION OF SCHOOL HEALTH FACILITIES

To: Assistant Schools Division Superintendents, Division Chiefs, Public Schools District Supervisors, Elementary and Secondary School Heads, School Health Personnel (Elementary, Secondary and Senior High School Nurses and Dentists), DRRM Coordinators and All Others Concerned

1. In reference to AIDE MEMOIRE issued on June 2, 2020 entitled " **Prioritizing Health-Related Requirements for Safe Return to Schools and Offices Part 2: Infrastructure**", the Office of the Undersecretary for Administration (OUA) and the Education Facilities Division (EFD) have identified the priority health-related school facilities in accordance to priority: Water System with Source of Potable Water, Toilets (sanitation system), Handwashing facilities and School clinics.
2. The existence of corona virus disease (COVID-19), not only in the Philippines but through out the world, had opened our eyes to the realization of the importance of water and sanitation facilities specially to our schools. Equally important is the provision of school clinic for the regular checking and evaluation of the health conditions of the learners and other school personnel and provision of immediate appropriate response to their specific needs.
3. Relative to this, the School Health Personnel in coordination with the District and School DRRM Coordinators are advised to conduct an onsite validation of all school health facilities in the division from July 20 to July 30, 2020. Travel expenses are charged to Division and School MOOE subject to the usual accounting and auditing procedures.
4. Please see attached Monitoring Tool for your perusal.
5. Immediate and wide dissemination of this Memorandum is earnestly desired.

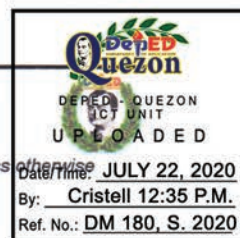

CATHERINE P. TALAVERA, CESO V
Schools Division Superintendent

shsmtma07/17/2020jmevp
DEPEDQUEZON-TM-SDS-04-009-002

Email address: quezon@deped.gov.ph

Comments: Txt HELEN – 09178902327 (Smart/Sun/TalknTxt) 2327 (Globe and TM)

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HEALTH FACILITY MONITORING CHECKLIST

School: _____ ID No: _____ Principal: _____
Total School Population: _____ Teacher/ Staff: _____ Pupils: _____

INDICATORS (Based on WinS Survey)	YES	NO	Remarks
A. No Water Source			
B. With Water Source needing hand washing facility			
C. With Non-functional Hand washing facility			
D. No water source and no hand washing facility			
E. With Functional hand washing facility <i>(subject for re-assessment if replacement or improvement is necessary)</i>			
F. With No segregated toilet			
G. No functional toilet			

Comments/Suggestions: _____

Issues and Concerns: _____

RECOMMENDED FOR CONSTRUCTION OF HEALTH FACILITY <i>(please check the box below if health facility is/are applicable for construction)</i>							EXISTING HEALTH FACILITY		
FACILITY	Required Lot Area (Meter)		With Buildable Space		Actual Lot Area In meters (M)		Remarks	FOR REPAIR	
	length	width	YES	NO	length	width		YES	NO
<input type="checkbox"/> SCHOOL CLINIC	13	13.5							
<input type="checkbox"/> SUBMERSIBLE WATER PUMP	12	7							
<input type="checkbox"/> RAIN WATER COLLECTOR	10	5							
<input type="checkbox"/> TOILET	10	6							
<input type="checkbox"/> HANDWASHING	10	10.5							

Comments/Suggestions: _____

Issues and Concerns: _____





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Evaluated by:

Conforme:

July 17, 2020

(Signature over printed Name)

Nurse II

(Signature over printed Name)

School Head

Date

(Signature over printed Name)

DRRM Coordinator

Date

(Signature over printed Name)

Dentist II

Date

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