



Republic of the Philippines
DEPARTMENT OF EDUCATION
Region III
DIVISION OF CITY SCHOOLS
CITY OF SAN JOSE DEL MONTE

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March 20, 2017

DIVISION MEMORANDUM

No. 46 s. 2017


To: Assistant Schools Division Superintendent
Division Chiefs
Education Program Supervisors
Public Schools District Supervisors
Public Elementary & Secondary School Heads
All Others Concerned

**MONITORING AND IMPLEMENTATION OF
COMPREHENSIVE WATER, SANITATION AND HYGIENE IN SCHOOL (WINS)
POLICIES AND PROGRAMS**

1. Per DepEd Order No. 10, s. 2016 on the Policy and Guidelines for the **Comprehensive Water, Sanitation and Hygiene in Schools (WINS) Program**, this Office hereby organizes a Technical Working Group (TWG) composed of the following teams:

ALPHA	BRAVO	CHARLIE	DELTA	ECHO
Manuel T. Caliboso	Bernadette B. Rosaroso	Conrado O. Abraham	Isaac Jay B. Sainas	Renato L. Ignacio
Samuel S. Cariño	Manuel P. Dela Cruz	Ethel Joy A. Querido	Urcesio A. Sepe	Ma. Felisa C. Camino
Merlita D. Ynciong		Marife C. Arandela	Margie M. Duro	Robesa R. Hilario

2. The Monitoring Team shall ensure:
- school safe environment;
 - prevention of vector-borne disease through proper hygiene and sanitation;
 - proper food handling, nutritious foods are being served;
 - potable water supply for drinking and washing purposes.
3. Monitoring tools are in Inclosure nos. 1, 2, and 3.
4. Monitoring will start on March 22, 2017.
5. Immediate dissemination and strict compliance with this Memorandum is directed.


GERMELINA H. PASCUAL, CESO V
Schools Division Superintendent

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COMPREHENSIVE WATER, SANITATION AND HYGIENE IN SCHOOLS

SCHOOL: _____ ENROLMENT: (M) _____ (F) _____ (TOTAL) _____ DATE INSPECTED _____

NO.	ELEMENTS	BLDG.		NO.	ELEMENTS	BLDG.		NO.	ELEMENTS	BLDG.	
		YES	NO			YES	NO			YES	NO
			NO. OF FLOORS				REMARKS				REMARKS
			QUALITY TESTED				NOT TESTED				QUALITY TESTED
1	DRINKING WATER			1	DRINKING WATER			1	DRINKING WATER		
			NO. OF FAUCETS INSTALLED				NO. OF FAUCETS INSTALLED				NO. OF FAUCETS INSTALLED
2	WATER FOR HANDWASHING / HYGIENE			2	WATER FOR HANDWASHING / HYGIENE			2	WATER FOR HANDWASHING / HYGIENE		
			NO. OF FUNCTIONAL FAUCETS				NO. OF FUNCTIONAL FAUCETS				NO. OF FUNCTIONAL FAUCETS
			NO. OF TOILETS & BOWLS				NO. OF TOILETS & BOWLS				NO. OF TOILETS & BOWLS
			BOYS				BOYS				BOYS
			NO. OF TOILETS & BOWLS				NO. OF TOILETS & BOWLS				NO. OF TOILETS & BOWLS
			GIRLS				GIRLS				GIRLS
3	WATER FOR TOILET FLUSHING AND OTHER CLEANING PURPOSES.			3	WATER FOR TOILET FLUSHING AND OTHER CLEANING PURPOSES.			3	WATER FOR TOILET FLUSHING AND OTHER CLEANING PURPOSES.		
			NO. OF LATRINES				NO. OF LATRINES				NO. OF LATRINES
			NO. OF COMMON CRs				NO. OF COMMON CRs				NO. OF COMMON CRs
			NO. OF COMMON CRs				NO. OF COMMON CRs				NO. OF COMMON CRs
4	RAINWATER CATCHMENT SYSTEM			4	RAINWATER CATCHMENT SYSTEM			4	RAINWATER CATCHMENT SYSTEM		
			NO. OF CONTAINERS				NO. OF CONTAINERS				NO. OF CONTAINERS
			USED FOR FIRE				USED FOR FIRE				USED FOR FIRE
			GEN. PURPOSE				GEN. PURPOSE				GEN. PURPOSE
			NO. OF TOILETS				NO. OF TOILETS				NO. OF TOILETS
			NO. OF FUNCTIONAL TOILETS				NO. OF FUNCTIONAL TOILETS				NO. OF FUNCTIONAL TOILETS
			BOYS				BOYS				BOYS
			NO. OF FUNCTIONAL TOILETS				NO. OF FUNCTIONAL TOILETS				NO. OF FUNCTIONAL TOILETS
			GIRLS				GIRLS				GIRLS
			NO. OF COMMON TOILETS				NO. OF COMMON TOILETS				NO. OF COMMON TOILETS
6	INFO BOARD / SIGNAGES			6	INFO BOARD / SIGNAGES			6	INFO BOARD / SIGNAGES		
			NO.				NO.				NO.
			CONCEALED				CONCEALED				CONCEALED
7	WASTE WATER DISPOSAL / SEWERAGE AND WATERWAYS			7	WASTE WATER DISPOSAL / SEWERAGE AND WATERWAYS			7	WASTE WATER DISPOSAL / SEWERAGE AND WATERWAYS		
			OPEN				OPEN				OPEN
			LABELLED				LABELLED				LABELLED
			NO LABEL				NO LABEL				NO LABEL
			COLOR CODED				COLOR CODED				COLOR CODED
			WITH COVER				WITH COVER				WITH COVER
			WITHOUT COVER				WITHOUT COVER				WITHOUT COVER
			WITH COMPOST PIT				WITH COMPOST PIT				WITH COMPOST PIT
			WITHOUT COMPOST PIT				WITHOUT COMPOST PIT				WITHOUT COMPOST PIT
			WITH MRF				WITH MRF				WITH MRF
			WITHOUT MRF				WITHOUT MRF				WITHOUT MRF
9	SOLID WASTE MANAGEMENT			9	SOLID WASTE MANAGEMENT			9	SOLID WASTE MANAGEMENT		
			NO. OF CISTERNS INSTALLED				NO. OF CISTERNS INSTALLED				NO. OF CISTERNS INSTALLED
			NO. OF FUNCTIONAL 11CISTERNS				NO. OF FUNCTIONAL 11CISTERNS				NO. OF FUNCTIONAL 11CISTERNS
10	CISTERN / PUMP			10	CISTERN / PUMP			10	CISTERN / PUMP		
			NO. OF CISTERNS INSTALLED				NO. OF CISTERNS INSTALLED				NO. OF CISTERNS INSTALLED
			NO. OF FUNCTIONAL 11CISTERNS				NO. OF FUNCTIONAL 11CISTERNS				NO. OF FUNCTIONAL 11CISTERNS
			WEEKLY				WEEKLY				WEEKLY
			MONTHLY				MONTHLY				MONTHLY
			QUARTERLY				QUARTERLY				QUARTERLY
11	MONITORING AND MAINTENANCE OF WINS FACILITIES BY SCHOOL HEAD			11	MONITORING AND MAINTENANCE OF WINS FACILITIES BY SCHOOL HEAD			11	MONITORING AND MAINTENANCE OF WINS FACILITIES BY SCHOOL HEAD		
			WEEKLY				WEEKLY				WEEKLY
			MONTHLY				MONTHLY				MONTHLY
			QUARTERLY				QUARTERLY				QUARTERLY

INSPECTED BY: _____ ATTESTED BY: _____

(Signature Over Printed Name)
DIVISION MONITORING TEAM

(Signature Over Printed Name)
SCHOOL HEAD

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COMPREHENSIVE WATER, SANITATION AND HYGIENE IN SCHOOLS (Canteen)

SCHOOL: _____ ENROLLMENT: (M) _____ (F) _____ (TOTAL) _____ DATE INSPECTED _____

NO.	ELEMENTS	BLDG.			NO.	ELEMENTS	BLDG.			NO.	ELEMENTS	BLDG.						
		NO. OF FLOORS		REMARKS			NO. OF FLOORS		REMARKS			NO. OF FLOORS		REMARKS				
		YES	NO				YES	NO				YES	NO					
1	Sanitary Permit from Local Health Office			Year Released: _____	1	Sanitary Permit from Local Health Office			Year Released: _____	1	Sanitary Permit from Local Health Office			Year Released: _____				
2	Health Certificate of Canteen Personnel			No. of Canteen Personnel with updated Health Certificate _____	2	Health Certificate of Canteen Personnel			No. of Canteen Personnel with updated Health Certificate _____	2	Health Certificate of Canteen Personnel			No. of Canteen Personnel with updated Health Certificate _____				
3	Food Handler's protective clothing			Hair net _____ Gloves _____ Apron _____ Shoes _____	3	Food Handler's protective clothing			Hair net _____ Gloves _____ Apron _____ Shoes _____	3	Food Handler's protective clothing			Hair net _____ Gloves _____ Apron _____ Shoes _____				
4	Food Preparation			Canteen Prepared Foods _____ Consigned Foods _____	4	Food Preparation			Canteen Prepared Foods _____ Consigned Foods _____	4	Food Preparation			Canteen Prepared Foods _____ Consigned Foods _____				
5	Manufacturing Practices			Nutritious _____ Safe _____ Affordable _____ Others _____	5	Manufacturing Practices			Nutritious _____ Safe _____ Affordable _____ Others _____	5	Manufacturing Practices			Nutritious _____ Safe _____ Affordable _____ Others _____				
6	Waste Disposal			Concealed _____ Open _____	6	Waste Disposal			Concealed _____ Open _____	6	Waste Disposal			Concealed _____ Open _____				
7	Segregation and Disposal of Biodegradable and Non-Biodegradable			Labeled _____ No label _____ Color Coded _____	7	Segregation and Disposal of Biodegradable and Non-Biodegradable			Labeled _____ No label _____ Color Coded _____	7	Segregation and Disposal of Biodegradable and Non-Biodegradable			Labeled _____ No label _____ Color Coded _____				
8	Area for handwashing and toothbrushing			Adequate _____ Inadequate _____	8	Area for handwashing and toothbrushing			Adequate _____ Inadequate _____	8	Area for handwashing and toothbrushing			Adequate _____ Inadequate _____				
9	Eating Area			Adequate _____ Inadequate _____	9	Eating Area			Adequate _____ Inadequate _____	9	Eating Area			Adequate _____ Inadequate _____				
10	Gulayan sa Paaralan			Variety of Planted Vegetables _____	10	Gulayan sa Paaralan			Variety of Planted Vegetables _____	10	Gulayan sa Paaralan			Variety of Planted Vegetables _____				
11	School-Based Feeding Program			No. of SBFP beneficiaries _____ No. of Feeding days _____	11	School-Based Feeding Program			No. of SBFP beneficiaries _____ No. of Feeding days _____	11	School-Based Feeding Program			No. of SBFP beneficiaries _____ No. of Feeding days _____				

INSPECTED BY: _____ ATTESTED BY: _____

(Signature Over Printed Name)
DIVISION MONITORING TEAM

(Signature Over Printed Name)
SCHOOL HEAD

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COMPREHENSIVE WATER, SANITATION AND HYGIENE IN SCHOOLS (Health)

SCHOOL: _____ ENROLMENT: (M) _____ (F) _____ (TOTAL) _____ DATE INSPECTED _____

NO.	ELEMENTS	YES	NO	REMARKS	NO.	ELEMENTS	YES	NO	REMARKS	NO.	ELEMENTS	YES	NO	REMARKS
1	Implementation of Essential Health Care Program			_____ Proper handwashing with soap _____ Proper toothbrushing _____ Deworming	1	Implementation of Essential Health Care Program			_____ Proper handwashing with soap _____ Proper toothbrushing _____ Deworming	1	Implementation of Essential Health Care Program			_____ Proper handwashing with soap _____ Proper toothbrushing _____ Deworming
2	Area for handwashing and toothbrushing			_____ No. of handwashing areas _____ _____ No. of toothbrushing areas _____	2	Area for handwashing and toothbrushing			_____ No. of handwashing areas _____ _____ No. of toothbrushing areas _____	2	Area for handwashing and toothbrushing			_____ No. of handwashing areas _____ _____ No. of toothbrushing areas _____
3	Supply of toothpaste, toothbrush, and soap			_____ Adequate _____ Inadequate	3	Supply of toothpaste, toothbrush, and soap			_____ Adequate _____ Inadequate	3	Supply of toothpaste, toothbrush, and soap			_____ Adequate _____ Inadequate
4	Deworming Activity			_____ No. of pupils dewormed 1st round _____ 2nd round _____	4	Deworming Activity			_____ No. of pupils dewormed 1st round _____ 2nd round _____	4	Deworming Activity			_____ No. of pupils dewormed 1st round _____ 2nd round _____
5	Adverse Event Following Deworming			_____ No. of AEFD Cases 1st round _____ 2nd round _____	5	Adverse Event Following Deworming			_____ No. of AEFD Cases 1st round _____ 2nd round _____	5	Adverse Event Following Deworming			_____ No. of AEFD Cases 1st round _____ 2nd round _____
6	School Clinic			_____ Nurse _____ Clinic Teacher _____ Others _____	6	School Clinic			_____ Nurse _____ Clinic Teacher _____ Others _____	6	School Clinic			_____ Nurse _____ Clinic Teacher _____ Others _____
7	Medical Supplies and Equipment in School			_____ First Aid Kit _____ Emergency Drugs _____ BP Apparatus _____ Examination Bed _____ Weighing Scale _____ Wheel Chair	7	Medical Supplies and Equipment in School			_____ First Aid Kit _____ Emergency Drugs _____ BP Apparatus _____ Examination Bed _____ Weighing Scale	7	Medical Supplies and Equipment in School			_____ First Aid Kit _____ Emergency Drugs _____ BP Apparatus _____ Examination Bed _____ Weighing Scale
8	Sanitary Pads			_____ School Canteens _____ Clinics _____ Guidance Counselors' Office _____ Administration Building	8	Sanitary Pads			_____ School Canteens _____ Clinics _____ Guidance Counselors' Office _____ Administration Building	8	Sanitary Pads			_____ School Canteens _____ Clinics _____ Guidance Counselors' Office _____ Administration Building
9	Information Dissemination			_____ Proper hygiene and sanitary practices _____ Reproductive health and hygiene education	9	Information Dissemination			_____ Proper hygiene and sanitary practices _____ Reproductive health and hygiene education	9	Information Dissemination			_____ Proper hygiene and sanitary practices _____ Reproductive health and hygiene education
10	WINS inclusion in SIP / AIP			_____ Alloted budget: _____	10	WINS inclusion in SIP / AIP			_____ Alloted budget: _____	10	WINS inclusion in SIP / AIP			_____ Alloted budget: _____
11	Monitoring and Maintenance of WINS Facilities by School Head			_____ Weekly: Every _____ _____ Monthly: Every _____ _____ Quarterly: Every _____	11	Monitoring and Maintenance of WINS Facilities by School Head			_____ Weekly: Every _____ _____ Monthly: Every _____ _____ Quarterly: Every _____	11	Monitoring and Maintenance of WINS Facilities by School Head			_____ Weekly: Every _____ _____ Monthly: Every _____ _____ Quarterly: Every _____

INSPECTED BY: _____

ATTESTED BY: _____

(Signature Over Printed Name)

(Signature Over Printed Name)