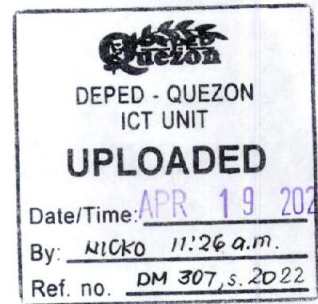




Republic of the Philippines
Department of Education
Region IV-A
SCHOOLS DIVISION OF QUEZON PROVINCE



13 April 2022

DIVISION MEMORANDUM
DM No. 307, s. 2022

**DISSEMINATION OF THE REVISED SCHOOL SAFETY ASSESSMENT TOOL FOR THE
PROGRESSIVE EXPANSION OF THE FACE TO FACE CLASSES**

To: Assistant Schools Division Superintendent
Division Face to Face Class Composite Team Members
Public and Private School Heads

1. The Department of Education issues the Revised School Safety Assessment Tool (SSAT) to the schools for safe, effective, and efficient conduct of the face to face learning modality. Please refer to the attached DepEd Memorandum No. 30, s. 2022 as guide in accomplishing the SSAT.
2. Widest dissemination and compliance to this Memorandum is desired.

ELIAS A. ALICAYA JR., EdD
Assistant Schools Division Superintendent
Officer – In – Charge
Office of the Schools Division Superintendent

Parmjdf04/13/2022

DEPEDQUEZON-TM-SDS-04-009-003



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Republic of the Philippines
Department of Education

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DepEd MEMORANDUM
 No. **030**, s. 2022

DISSEMINATION OF THE REVISED SCHOOL SAFETY ASSESSMENT TOOL FOR THE PROGRESSIVE EXPANSION OF THE FACE TO FACE CLASSES

To: Undersecretaries
 Assistant Secretaries
 Bureau and Service Directors
 Regional Directors
 Schools Division Superintendents
 Public Elementary and Secondary School Heads
 All Others Concerned

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1. The Department of Education (DepEd), in its continuous efforts to uphold its commitment to learning continuity amid the COVID-19 Pandemic, advocates for the progressive expansion of the Face to Face Classes across the country. Thus, the Department issues the **Revised School Safety Assessment Tool (SSAT)** to help the schools for the safe, effective, and efficient conduct of the face to face learning modality.

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2. In line with the DepEd-DOH Joint Memorandum Circular No. 1, s. 2022 **Revised Operational Guidelines on the Progressive Expansion of Face to Face Learning Modality and Guidelines on the Progressive Expansion of Face to Face Classes**, the School Safety Assessment Tool was revised based on the monitoring and evaluation results of the pilot implementation and in consideration of the schools' present conditions relevant to safe reopening.

3. The data gathered shall be used as information in the progressive expansion of the face to face learning modality. This is in line with the Department's effort for the eventual reopening of all schools while ensuring that the health, safety, and well-being of learners, teachers, and personnel remain as its utmost priority.

4. The revised **SSAT** focuses on four main areas, namely: (a) Managing School Operations, (b) Focusing on Teaching and Learning, (c) Well-being and Protection, and (d) School-Community Coordination. It contains indicators that would show readiness of the schools to participate in the progressive expansion of the face to face classes if met.

5. All public and private schools shall answer the revised SSAT. Schools that already accomplished the SSAT are no longer required to answer the revised SSAT but may use it to further guide their progressive expansion of the face to face classes.

6. In view of the foregoing, the Revised School Safety Assessment Tool (2022) for the Progressive Expansion of the Face to Face Classes is enclosed for guidance and reference.

7. With the continuous improvement of the COVID-19 situation in the country, all regional and schools division offices are highly encouraged to expedite the dissemination of the revised SSAT in order to open more schools for the progressive expansion of the face to face classes in areas under Alert Levels 1 and 2 or based on the latest risk classification issued by the Inter-Agency Task Force for Emerging Infectious Diseases (IATF-EID).

8. For queries or concerns, please contact the **Bureau of Human Resource and Organizational Development-School Effectiveness Division** through email at bhrod.sed@deped.gov.ph.

9. Immediate dissemination of this Memorandum is desired.


LEONOR MAGTOLIS BRIONES
Secretary

Encl.:
As stated

Reference:
None

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

ASSESSMENT
CHANGE
CLASSES
SAFETY EDUCATION
SCHOOLS





**SCHOOL SAFETY ASSESSMENT TOOL (SSAT) 2022
FOR THE PROGRESSIVE EXPANSION OF THE
FACE-TO-FACE LEARNING MODALITY**

School Name:	Division:
School ID:	Contact Number:
School General Classification: <input type="radio"/> Public	<input type="radio"/> Private

The School Safety Assessment Tool shall be used to assess the readiness of the schools to participate in the progressive expansion of the face-to-face learning modality in the time of the COVID-19 pandemic. The data gathered shall be used as information in preparation for the safe reopening of classes. On the other hand, the SSAT is not the final determinant of the school's participation in the progressive expansion of face-to-face classes. It is only meant to prepare schools for the eventual reopening, inform them of the required indicators and standards that they need to meet to ensure safety of the learners and school personnel. This tool shall also serve as guide to the Schools Division Office (SDO), Regional Office (RO), and Central Office (CO) in providing support and technical assistance to the schools.

ALL REQUIRED INDICATORS must be met by the schools to be nominated for the progressive expansion of the face-to-face learning modality. The school may also comply with the **optional indicators, as applicable.**

After complying with all the indicators, schools must ensure that learners who will participate in the face-to-face classes have parental consent. The number of collected parent's consent shall be indicated at the end of the tool as verified by the SDO Composite Team.

In answering the SSAT, School Heads shall consult key stakeholders. The SDO shall facilitate the administration of the tool to the schools and shall create a composite team who will conduct monitoring visits to validate the data and verify the results submitted by the schools.

MANAGING SCHOOL OPERATIONS		
INDICATORS	YES	NO
<u>I. SHARED RESPONSIBILITY</u>		
Main Indicator: 1. For Public schools, the school has mobilized resources and support from community stakeholders to meet the standards of the health and safety protocols.		
Main Indicator: 2. The school has conducted simulation activities among school personnel regarding protocols and routines to replicate and discuss possible scenarios during the actual conduct of face-to-face classes.		

II. WORK ARRANGEMENT		
Main Indicator: 1. The number of teachers who will physically report meets the availability of vaccinated teachers who handle face-to-face classes in a safe learning environment to learners.		
Main Indicator: 2. The school has oriented all its personnel on the work arrangement implemented during the face-to-face classes.		
III. CLASSROOM LAYOUT AND STRUCTURE		
Main Indicator: 1. The school has established mechanisms inside the classroom to ensure minimal to zero COVID-19 transmission of the learners and ensured that all heating, ventilation, and air conditioning systems are working with increased ventilation whenever possible, through the following recommended strategies as cited in DOLE Department Order No. 224-221 <i>Guidelines on Ventilation for Workplaces and Public Transport to Prevent and Control the spread of COVID-19</i> .		
Required Sub-indicators: <ol style="list-style-type: none"> a. Number of seats to be occupied must not exceed the required number of maximum learners in the classroom b. Seats to be occupied must be at least 1-2 meters apart c. Presence of markers and stickers on the floor to manage traffic system and physical distancing inside the classroom d. In non air-conditioned spaces, windows and doors are open e. In air-conditioned spaces, install exhaust fans and HEPA filters guided by DOLE Department Order No. 224-221 <i>Guidelines on Ventilation for Workplaces and Public Transport</i> f. Regardless of the HVAC system, all classrooms must have working electric fans except for schools with no electricity 		
Optional Sub-indicators: <ol style="list-style-type: none"> g. In airconditioned spaces, schools install appropriate ventilation and CO2 monitoring devices to achieve an air change rate 6 to Air Change per Hour (ACH) h. In spaces designed to optimize the use of air-conditioning units, wherein ventilation is greatly recirculated or access to outside air is not feasible, filters such as high-efficiency particulate air (HEPA) filtration air purifiers are used to clean recirculated air, provided that the unit is adequate for the size of the room in which it is installed. Proper maintenance should be ensured by following the manufacturer recommendations of these devices 		
IV. SCHOOL TRAFFIC MANAGEMENT		
Main Indicator: 1. The school has established safe entrance and exit, and crowd management measures for teachers, students, non-teaching personnel, and school visitors.		

<p>Required Sub-indicators:</p> <ul style="list-style-type: none"> a. Availability of temperature thermal scanner or thermal gun at the entrance and/or exit gates b. Availability of hand sanitizer or alcohol dispenser at school gates c. Availability of surgical masks at school entrance reserved for symptomatic individuals <p>Optional Sub-indicator:</p> <ul style="list-style-type: none"> d. Established drop-off and pick-up points that are clearly identified and marked 		
<p>Main Indicator:</p> <p>2. The school has set up clear and easy-to-understand signages, preferably in local languages, and mechanisms to strengthen observance of health protocols and protective measures.</p> <p>Required Sub-indicators:</p> <ul style="list-style-type: none"> a. Display of school map at the entrance point indicating the location of the classrooms b. School traffic management plan and strategies are in place to ensure that physical distancing is observed c. Hallway ground markings for walking direction guide d. Designation of spaces for queue in high traffic areas like restroom, library, principal's office, etc. e. Installation of signages and/or ground markings in high traffic areas like restrooms and handwashing stations to ensure physical distancing f. For schools with visually impaired learners and personnel, signages must be in Braille <p>Optional Sub-indicators:</p> <ul style="list-style-type: none"> g. Designation of separate entrance and exit points in the school h. Designation of entrance and exit points in the classrooms 		
V. PROTECTIVE MEASURES, HYGIENE PRACTICES, AND SAFETY PROCEDURES		
<p>Main Indicator:</p> <p>1. The school has established contact tracing procedures for all those who enter the school premises (e.g., learners, teachers, parents/guardians, school personnel, etc.).</p>		
<p>Main Indicator:</p> <p>2. The school has mobilized the School COVID-19 DRRM team to ensure effective implementation of the school's health and safety protocols that are in place and are observed during the preparation and progressive expansion of face-to-face classes.</p> <p>Required Sub-indicators:</p> <ul style="list-style-type: none"> a. Designation of a Safety Officer who serves as the focal person for the health and safety protocols of the school <p>Name of Safety Officer: _____</p> <p>Designation: _____</p> <p>Contact Number: _____</p>		

<p>Main Indicator:</p> <p>3. The school has ensured the availability of personal protective equipment (PPEs) and hygiene & sanitation items for learners and school personnel.</p> <p>Required Sub-indicators:</p> <ul style="list-style-type: none"> a. Availability of surgical face mask b. Availability of antibacterial soap c. Availability of emergency health kits that include PPEs and other needed supplies and materials in the school clinic d. Availability of PPEs for COVID-19 team members, health personnel, maintenance, and security guards 		
<p>Main Indicator:</p> <p>4. The school has set up and ensured availability of proper sanitation and hygiene facilities following the basic requirements and standard in accordance with DO 10 s. 2016 Policy and Guidelines for the Comprehensive Water, Sanitation and Hygiene in Schools (WINS) Program.</p> <p>Required Sub-indicators:</p> <ul style="list-style-type: none"> a. Availability of handwashing station/s with clean and safe water supply and antibacterial soap b. Availability of clean and safe toilet facilities c. Placement of handwashing facilities in strategic locations d. Placement of trash bins in strategic locations e. Display of visual signages on proper waste management practices near trash bins (e.g. biodegradable, non-biodegradable, recyclable) f. Display of visual signages on proper handwashing in handwashing areas 		
<p>Main Indicator:</p> <p>5. The school has ensured regular sanitation and disinfection of school facilities, furniture, and equipment.</p> <p>Required Sub-indicators:</p> <ul style="list-style-type: none"> a. Schedule of sanitation of frequently touched surfaces (e.g., table, doorknobs, light switches, etc.) every after end of a school shift b. Schedule of disinfection of school facilities (e.g., chairs, desk, blackboard, toilet facilities) c. Availability of sanitation and disinfecting materials 		
<p>Main Indicator:</p> <p>6. The school has ensured a proper disposal system of infectious wastes, such as used tissues and masks, in non-contact receptacles.</p> <p>Required Sub-indicators:</p> <ul style="list-style-type: none"> a. Availability of a separate leak-proof trash bag/container with a cover properly labelled as "USED PPE" for disposal of all used PPE. In case of unavailability of yellow trash bag/container, a separate bag/container marked for infectious medical waste identifiable by the waste collector (i.e. yellow ribbon, yellow colored tag) should be available for disposal of all used PPE. 		

- b. Collection of the leak-proof trash bag/container regularly or twice a day (after end of class and after working day) from the designated/specific area to the general collection area for treatment and disposal
- c. Availability of medical-grade face mask required for school personnel when collecting/handling the leak-proof trash bag/container
- d. Treatment through disinfection or spraying of the collected wastes with a chlorine solution (1:10) in accordance with DOH Department Memorandum No. 2020-0157 "*Guidelines on Cleaning and Disinfection in Various Settings as an Infection Prevention and Control Measure Against COVID-19*"
- e. Disposal of the disinfected PPEs with general waste to the final disposal facility

VI. COMMUNICATION STRATEGY

Main Indicator:

- 1. The school has developed a communication plan.**

Required Sub-indicators:

- a. Identification of platform of communication for coordination purposes among the learners, parents/guardians, and teachers
- b. Database of contact number and address of parents/guardians of the learners is kept for easy retrieval of their contact details in case their child shows flu-like symptoms while in the school premises.
- c. Posting of child-friendly Information, Education and Communication (IEC) materials on hygiene practices and respiratory etiquette including hand hygiene (hand disinfection thru handwashing and/or use of 70% isopropyl alcohol), respiratory hygiene and cough etiquette (coughing or sneezing into tissues or one's elbow), protective measures (proper use of face mask, ensuring physical distancing), among others, that are placed in common areas and available in local languages and braille (if applicable)

Main Indicator:

- 2. The school has prepared an orientation session for learners, parents, guardians, teaching and non-teaching personnel, external stakeholders, and LGU on the eligibility criteria for participation and existing protocols, mechanisms, and procedures needed in the conduct of the face-to-face classes.**

Required Sub-indicators:

- a. Orientation materials are made available for distribution to teachers, learners, parents, BLGU, DRRM team members, and persons-in-charge in ensuring observance of protocols, mechanisms, and procedures

Main Indicator:

- 3. The school has a proactive COVID-19 local hotline/help desk or any similar local mechanism that connects and coordinates to the hospitals, testing facilities, and LGUs.**

VII. CONTINGENCY PLAN

Main Indicator:

1. The school has prepared a contingency plan for suspension and resumption of classes in case of COVID-19 resurgence in the community. The contingency plan includes the following:
 - Decision points for school suspension;
 - Plans for the continuous implementation of distance learning modalities during suspension; and
 - Strategies for the resumption of face-to-face classes after the suspension

Main Indicator:

2. The school has developed strategies for the continuity of learning in the event of face-to-face class suspension due to COVID-19 resurgence until local authorities have determined the safe resumption of face-to-face classes.

Required Sub-indicators:

- a. Distance learning modalities in the event of a class suspension due to COVID-19 resurgence is included in the contingency plan

FOCUSING ON TEACHING AND LEARNING

INDICATORS

YES

NO

I. LEARNING RESOURCES

Main Indicator:

1. The school has secured sufficient supply of learning resources needed for the face-to-face classes.

Required Sub-indicators:

- a. Availability of Self-Learning Modules (SLMs) in the event of a class suspension due to COVID-19 resurgence
- b. Availability of Textbooks and other Learning Resources
- c. Availability of Weekly Learning Plan (WLP)

Optional Sub-indicator:

- d. Provision of microphones or other appropriate sound system for teachers to facilitate teaching in a physically-distanced setup

2. The school has ensured that all teachers have the Teacher's Guide/Teacher's Manual on specific grade levels and learning areas that they are handling. Likewise, teachers may develop activity-based materials for mastery of learning delivered during face-to-face classes.

II. FACE-TO-FACE CLASSES

Main Indicator:

1. The school has designed class program/s that cater both learners of the face-to-face class arrangement and distance education while observing the maximum 6-hour classroom teaching hours of teachers.

Required Indicator:

- a. Arrival, breaks, and dismissal time are staggered to avoid crowding of learners in the school premises.

***Class Program/s are presented and submitted to SDO Composite Team during validation.*

Main Indicator:

- 2. The school has developed a teaching schedule that follows the minimum contact time for teaching and learning.**

Grade Level	Minimum Contact / Teaching Time
Kindergarten and Grade 1	4 hours
Grade 2 to Grade 12	5 hours

***Schools are given flexibility in contact time/teaching time for teaching and learning*

Main Indicator:

- 3. The school has ensured that learning remediation/intervention is part of the regular class schedule and daily teaching time, for a minimum of one hour depending upon the needs of the learners. Learning remediation/intervention can be done with learners individually or by small group.**

Main Indicator:

- 4. The school has ensured that the class size is in accordance with the following standards:**
- **Maximum of 12 learners for Kindergarten;**
 - **For Grades 1 to 12, the number of learners in a classroom shall take into consideration the varying classroom sizes and required one-meter physical distancing; and**
 - **Maximum of 12 learners at a time for those activities requiring the use of workshops and laboratories.**

Main Indicator:

- 5. The school has comprehensively profiled learners who participate in the progressive expansion of the face-to-face classes such as but not limited to the following:**
- a. Learners who reside within the city/municipality where the school/learning center is located
 - b. Learners who can walk to school, or ride with available private transport, or with regulated public transportation
 - c. Learners without existing comorbidities
 - d. For learners with existing comorbidities but may want to participate in the face-to-face classes, written consent from the parents/guardians must be secured
 - e. While vaccination of learners is encouraged, all learners may participate in face-to-face classes regardless of COVID-19 vaccination status
 - f. Prioritization of learners who cannot manage independent learning, such as those whose parents must work outside the home, or who do not have directly available and immediately responsible adults/guardians at home
 - g. Prioritization of learners who struggle to meet required learning competencies
 - h. Prioritization of learners who are documented to be affected by

mental health concerns that may be eased by face-to-face interactions		
III. TEACHER SUPPORT		
<p>Main Indicator:</p> <p>1. The school has provided an appropriate learning and development support plan in the delivery of better-quality basic education services.</p> <p>Required Sub-indicators:</p> <p>a. Provision of School-Based Learning Action Cells (LAC) sessions to ensure that the ability of teachers to deliver relevant teaching and learning strategies and ensure continuity of learning through a combination of distance learning and face-to-face classes</p> <p>b. Coaching, mentoring, and training relevant in facilitating blended learning approach</p>		
<p>Main Indicator:</p> <p>2. The school has oriented teachers on their budget of work and ensured that the school requirement for the learners is in observance of academic ease.</p> <p>Required Sub-indicators:</p> <p>a. Orientation on the implementation of the Most Essential Learning Competencies (MELCs) included in their budget of work during the face-to-face classes</p> <p>b. Orientation on the observance of academic ease and provision of flexibility to learners in managing face-to-face classes</p>		
WELL-BEING AND PROTECTION		
INDICATORS		
	YES	NO
I. SCHOOL DISINFECTION AND SANITATION		
<p>Main Indicator:</p> <p>1. The school has ensured that the available sanitation and disinfection materials are approved by the Philippine Food and Drug Administration (FDA) such as:</p> <ul style="list-style-type: none"> • Sodium hypochlorite recommended ratio of 0.1% (1000 ppm) by dissolving ½ tsp of chlorine or 2 g to 2L of clean water for regular disinfection, and recommended ratio of 0.5% (5000 ppm) for body fluids by dissolving 1 tbsp of chlorine or 10 g to 2L of clean water • Ethanol in all surfaces at a recommended ratio of 70-90%, or • Hydrogen peroxide in all surfaces at a recommended ratio of >0.5% 		
<p>Main Indicator:</p> <p>2. The school has ensured the availability of sanitation and disinfection materials are placed in strategic school locations.</p> <p>Required Sub-indicators:</p> <p>a. Availability of hand-sanitizers/alcohol-based solutions/other disinfectants in restrooms</p> <p>b. Availability of hand-sanitizers/alcohol-based solutions/other disinfectants in classroom</p>		

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| c. Availability of hand-sanitizers/alcohol-based solutions/other disinfectants in entrance/exit point | | |
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II. COVID-19 CASE MANAGEMENT		
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Main Indicator:		
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1. The school has developed strategies to prevent COVID-19 which covers the following:		
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| <ul style="list-style-type: none"> • Strategy to ensure all school-goers are subjected to hand hygiene • Temperature checks using a thermal scanner, whenever applicable • Non-face-to-face communications and coordination through other available platforms to be prioritized among school visitors and external stakeholders. If face-to-face communication is necessary, an appointment scheduling mechanism for authorized visitors must be used/enforced • Daily rapid health checks in the classroom • Developed a mechanism to disinfect areas of the school frequented by personnel or learners who test positive for COVID-19 • Availability of surgical face mask for anyone who shows symptoms of COVID-19 • Establishment/setting-up/refurbishment of a school clinic to provide basic health services to all school-goers, such as: <ul style="list-style-type: none"> ○ health assessment and physical examination, as needed; ○ appropriate intervention, first aid, or treatment; ○ proper management of symptoms, including rest at home; and ○ referral and follow-up of learners, teachers, and personnel to appropriate facilities. • Designation of private screening area at the entrance where school-goers who show symptoms upon initial screening can be further examined or referred • Designation of separate space where sick school-goers who have been managed in the clinic can temporarily stay, awaiting referral to the appropriate health facility, without creating stigma • Availability of a school health personnel or a designated school clinic teacher to provide basic health services and facilitate referral in coordination with the school health personnel at SDO, in absence of school-based health personnel • For schools without a school health personnel, orientation to the clinic teacher by the school health personnel at the SDO for proper guidance on how to effectively run the school clinic • Record of students' health status and development, including immunization checks to prevent outbreak-prone vaccine-preventable disease (e.g., measles) | | |
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Main Indicator:		
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2. The school has identified strategies to detect COVID-19 which include the following:		
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| <ul style="list-style-type: none"> • Consistent with DOH guidelines, developed a coordination mechanism with local health authorities in the event that tracing and quarantine will be needed due to a confirmed case of COVID-19 • Presence of the School DRRM Team to ensure that contact tracing activities, as required by the local health authorities, are initiated | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|

<p>and completed among the possible close contacts among DepEd personnel and learners</p> <ul style="list-style-type: none"> • Close coordination with Epidemiology Surveillance Unit (ESU) officers per setting <ul style="list-style-type: none"> ◦ DOH Regional ESU of reporting school ◦ LGU City ESU/Provincial ESU/Municipal ESU of reporting school ◦ DOH Regional ESU of identified case (place of residence) ◦ LGU City ESU/Provincial ESU/Municipal ESU of identified case (place of residence) • Development of a reporting system requiring parents to report to the school if their children are experiencing flu-like symptoms, recommendation of testing to be done immediately with support and guidance from the LGUs • Provision of health form to parents/guardians at the beginning of each school term confirming their child and/or family members do not have COVID-19 before being permitted to go to school to be submitted 24 to 72 hours prior to the start of school opening 		
<p>Main Indicator:</p> <p>3. The school has developed strategies to isolate and manage COVID-19 which include the following:</p> <ul style="list-style-type: none"> • Designation of rooms for isolation of students and personnel with fever and flu-like symptoms near the entrances • Availability of transport vehicles from school to Temporary Treatment and Monitoring Facility (TTMF) • Database of contact details of the family members/guardians of the learners and personnel for notification in case of symptoms related to COVID-19 • Isolation and referral mechanisms for personnel/s or learner/s who show COVID-19 symptoms based on the severity for proper management and appropriate testing • Reporting mechanism for following-up and monitoring of all close contacts as well as suspect, probable, and confirmed cases of COVID-19 <p>Optional Sub-indicator:</p> <p>a. Availability of QR codes and/or IT-based contact tracing system/applications</p>		
<p>Main Indicator:</p> <p>4. The school has ensured availability and maintained the provision of basic mental health and psychosocial support, as well as guidance and counselling services to learners, teachers, and personnel for the entire school year.</p> <p>Required Sub-indicators:</p> <p>a. Availability of guidance advocates in every school day to assist learners and personnel in accessing basic mental health services</p> <p>b. Mobilization of trained Psychological First Aid (PFA) providers to offer necessary mental health and psychosocial support to concerned personnel or learners during crisis situations (e.g., being COVID-19 positive, isolation, class suspension). The most</p>		

<p>appropriate method, which duly considers the safety of the MHPSS providers, shall be employed (e.g., provision through online platforms or hotlines)</p> <ul style="list-style-type: none"> c. Allocation of the first hour of the first five school days for the discussion and facilitation of the modules related to mental health, by the respective classroom advisers or designated teachers. d. Establishment and contextualization of inter-sectoral referral pathways to ensure that psychosocial needs of both the personnel and the learners are provided. Psychosocial concerns involving children shall be coordinated with DOH, DSWD and other key agencies and organizations as necessary to better address the concern e. Engagement of parents, guardians, or any care providers of learners on taking care of mental health and creating a positive environment f. Establishment of coordination mechanisms to ensure that the mental health and the basic needs of learners and personnel with pre-existing mental health conditions and special needs including neurologic and substance abuse disorders, such as medications and other key services, are provided 		
<p>Main Indicator:</p> <p>5. The school has established a clear procedure of referral system for COVID-19 confirmed and suspected personnel and learners.</p> <p>Required Sub-indicator:</p> <ul style="list-style-type: none"> a. Communication plan which includes coordination system and referral with LGU for confirmed and suspected COVID-19 cases in the school 		
<p>Main Indicator:</p> <p>6. The school has established a clear contact tracing and quarantine system for close contacts of COVID-19 confirmed positive cases.</p> <p>Required Sub-indicators:</p> <ul style="list-style-type: none"> a. Communication plan which includes coordination system with local health authorities in contact tracing and quarantine of close contacts of confirmed COVID-19 positive cases b. Communication plan which includes notification of family/parent(s)/guardian(s) of the concerned learner/s 		
III. INCLUDING THE MOST MARGINALIZED		
<p>Main Indicator:</p> <p>1. The school has established a mechanism in identifying learners who are most vulnerable and disadvantaged in terms of access to learning.</p>		
<p>Main Indicator:</p> <p>2. The school has developed learning strategies to cater the needs of the marginalized learners, such as modules in Braille, mother-tongue languages, and usage of Filipino Sign Language.</p>		
<p>Main Indicator:</p> <p>3. The school has ensured participation in school-based services</p>		

<p>which includes but is not limited to feeding and nutrition programs, immunizations, Mental Health and Psychosocial Support (MHPSS), prevention of Violence against Children (VAC) (i.e., bullying from social stigma) and other health services.</p>		
<p>Main Indicator: 4. The school has established close coordination with the Department of Social Welfare and Development (DSWD) Case Managers of those learners who are marginalized; other partner agencies and organizations such as National Council on Disability Affairs (NCDA).</p>		
SCHOOL-COMMUNITY COORDINATION		
INDICATORS	YES	NO
<p>Main Indicator: 1. The school has developed a plan for the coordination with the Barangay Local Government Unit (BLGU) or the Barangay Health Emergency Response Team (BHERT) in ensuring that protocols are observed properly.</p> <p>Required Sub-indicator: a. Operationalization of the Preventative Alert System in Schools (PASS) for COVID-19 (per DepEd Memorandum No. 15, s. 2020)</p> <p>Optional Sub-indicator: b. The school has identified a designated waiting area with proper ventilation and strict observation of physical distancing for parents/guardians/chaperones</p>		
<p>Main Indicator: 2. The school has coordinated with their respective local government units the implementation of routine school-based immunization (SBI) and other school health-related services, such as but not limited to deworming and weekly iron-folate acid supplementation (WIFA).</p>		
<p>Main Indicator: 3. In collaboration with their local health offices, the school has developed intensive health promotion campaign activities/supportive-policies to maintain optimal health-seeking behaviors of learners and other community members.</p>		

Prepared by:

_____ *Name and Designation*

_____ *Date*

Approved by:

_____ *Name and Designation*

_____ *Date*

TO BE FILLED OUT BY THE SDO COMPOSITE TEAM

	YES	NO
<p>1. The school has secured the concurrence of the Local Chief Executive in the City/Municipality where the school is located and must also have taken the proper coordination with their respective barangay officials.</p> <p>a. For schools in IP communities or with a predominant number of IP learners, the Free, Prior, and Informed Consent (FPIC) process must be undertaken according to the customary practice of the IP community. The cultural expression of consent and sealing of agreements shall be documented, with the permission of the community and in a form acceptable to them (e.g. pictures, videos). Without prejudice to the latter, a Certificate of Precondition issued by NCIP shall also attest to the undertaking of the FPIC process and agreements reached</p>		
<p>2. The school has secured written consent from the parents / guardians of learners who will participate in the face-to-face classes.</p> <p>No. of Participating Learners for the Expanded Face-to-Face: _____ No. of Parent's Consent Collected: _____</p>		
<p>3. Vaccination Status of School Personnel</p> <p>No. of Vaccinated Teachers: _____ Total No. of Teachers: _____</p> <p>No. of Vaccinated Non-Teaching Personnel: _____ Total No. of Vaccinated Non-Teaching Personnel: _____</p>		

Verified by:

Name and Designation

Date