



Republic of the Philippines  
**Department of Education**  
REGION VII – CENTRAL VISAYAS  
Schools Division of Cebu Province

**Office of the Schools Division  
Superintendent**

**October 19, 2021**

**DIVISION MEMORANDUM**

No. 450, s. 2021

**PREPARATIONS FOR THE PILOT FACE-TO-FACE, EXPANSION AND  
TRANSITIONING TO NEW NORMAL**

**To:** Assistant Schools Division Superintendents  
Chief Education Supervisors  
Public Schools District Supervisors/District-in-Charge  
Elementary/Secondary School Heads

**1.**The Office hereby informs the field about the activities to be undertaken for the preparations of the pilot face-to-face classes/learning modality, expansion and transitioning to the new normal as stipulated in **DepEd Memorandum No. 071, s. 2021 dated 18 October 2021 as herein attached.**

**2.**All **public schools** in the Division shall conduct self-assessment using the School Safety Assessment Tool (SSAT) in preparation for the expansion phase and onward transitioning to new normal of face-to-face classes/learning modality. School heads need to coordinate with LGUs and rural health units to ensure readiness for the possible expansion of face-to-face classes especially in the mountain schools and other low-risk areas.

**3.**For private schools that intend to open limited face-to-face classes, school heads need also to fill up the School Safety Assessment Tool (SSAT), and submit the following to the office of the Regional Director channeled to SGOD Office, the following:

3.1 Letter of Intent addressed to the Regional Director channeled to the Schools Division Superintendent;

3.2 Proposed Implementation Plan;

3.4 Contingency Plan; and

3.5 Filled up SSAT.

**4.**For further details, please refer to the above-mentioned memorandum including its enclosures.

**5.**Wide dissemination of and **strict compliance of this Memorandum** is hereby **directed.**

**MARILYN S. ANDALES EdD, CESO V**  
Schools Division Superintendent

sds/sgd/inv/2021



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Republic of the Philippines  
**Department of Education**

18 OCT 2021

DepEd MEMORANDUM  
No. **071**, s. 2021

**PREPARATIONS FOR THE PILOT FACE-TO-FACE, EXPANSION  
AND TRANSITIONING TO NEW NORMAL**

To: Undersecretaries  
Assistant Secretaries  
Bureau and Service Directors  
Regional Directors  
School Division Superintendents  
Public and Private Schools  
All others Concerned

1. The President has approved on September 20, 2021 the joint proposal of DepEd and DOH for the conduct of pilot face-to-face classes in 100 public schools and 20 private schools, or a total of 120 schools nationwide.
2. Based on the joint memorandum circular signed by the Secretaries of DepEd and DOH, schools that will be included in the pilot phase must satisfy the following conditions: located in minimal risk areas, secured LGU concurrence, passed the School Safety Assessment Tool (SSAT), and secured parent's consent. The full details of the guidelines for the pilot study are contained in the Joint Memorandum Circular No. 1, s 2021, which can be downloaded from DepEd official webpage at [https://www.deped.gov.ph/wp-content/uploads/2021/09/DEPED-DOH-JMC-No.-01-s.-2021\\_.pdf](https://www.deped.gov.ph/wp-content/uploads/2021/09/DEPED-DOH-JMC-No.-01-s.-2021_.pdf).

**A. Public Schools**

1. All public schools nationwide shall conduct a self-assessment using the School Safety Assessment Tool [SSAT] (**Enclosure No. 1**) in preparation for the expansion phase and onward transitioning to new normal of face-to-face. The Schools Division Superintendents shall facilitate the administration of the School Safety Assessment Tool in all schools in their respective area of jurisdiction and determine the level of readiness based on the result of SSAT. For schools with substantial gaps based on the result, the SDO shall provide assistance to address the gaps and improve readiness.
2. Meanwhile, the identified 59 pilot schools shall undertake coordinated preparation for the start of face-to-face classes on November 15, 2021. Please refer to **Enclosure No. 2** for the list of 59 pilot school identified by DOH. Full compliance to the standards of the Joint Memorandum Circular is a must to ensure full readiness. All Regional Directors and Schools Division

Superintendents are instructed to ensure that preparations are done and coordination and LGUs and partners are undertaken.

## **B. Private Schools**

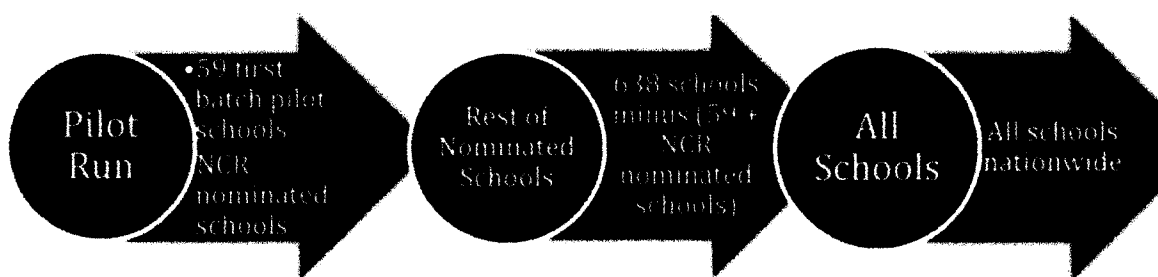
1. All private schools shall undertake self-assessment using the School Safety Assessment Tool attached to this memorandum. The result of the self-assessment will determine the level of readiness for the safe re-introduction of face-to-face and will give an indication of what improvements or adjustments are needed to raise the level of readiness for face-to-face.
2. For private schools that intend to be included in the 20 pilot schools, school administrators are requested to submit the documents below to the office of the Regional Director.
  - a. Letter of Intent addressed to the Regional Director stating the objectives, expected outcomes and commitment to observe the minimum health and safety protocols.
  - b. Proposed implementation plan following the four components of the operational framework, namely: (i) Safe Operations, (ii) Teaching and Learning, (iii) Including the most marginalized, and (iv) Well-being and Protection. The full details of standards in each component are provided in the JMC No. 1. The proposal must show clear compliance to the standards set in the JMC.
  - c. Contingency plan showing action points to address contingencies that might occur during implementation.
  - d. Accomplished School Safety Assessment Tool. Schools must pass all elements of the tool to be included in the list of possible pilot school.
3. These documents shall be submitted electronically to the Office of Regional Director, not later than October 22, 2021.
4. Each region shall undertake rigorous review and evaluation of all proposals and shall nominate three private schools to Central Office for consideration, which will be subjected to further evaluation by DepEd-Private Education Office (DepEd PEO), DepEd technical team, and DOH for the final 20 private schools after careful analysis and deliberation. All schools who passed the evaluation, but not considered for the pilot run are considered schools in-waiting for the expanded phase.
5. An official notification letter informing of the result of the selection process will be sent to each school who submitted a proposal.

### C. International Schools

1. Given the unique nature of International Schools and their claim of capacity to implement face-to-face classes, they will be allowed to implement face-to-face classes outside the 120 pilot schools subject to evaluation of their plan by DepEd and DOH. They are required to submit their proposal on how they intend to implement face-to-face classes. DepEd and DOH shall jointly evaluate their proposals and transmit the result to the IATF for approval. Once approved, they can commence face-to-face classes and assume full responsibility and accountability. They shall be required to secure LGU concurrence and parent's consent. They shall also be requested to submit their report on the conduct of their face-to-face classes to the DepEd Central Office addressed to the Secretary, for knowledge sharing purposes.

### D. Acceleration of Vaccination of Teachers and School Personnel in Public and Private schools

1. Department of Education (DepEd) and National Task Force (NTF) on COVID-19 agreed to accelerate the vaccination of teachers and school personnel. Refer to **Enclosure No. 3** for the description of the DepEd-NTF and LGU Acceleration of Vaccination of Teachers and other School Personnel. This will be parallel to the existing mechanism of teachers directly registering with their respective LGUs. The parallel institutional arrangement shall proceed in three phases as follows:
  - a. To operationalize the framework, DepEd shall generate a line-list of all teachers and school personnel that have yet to



be vaccinated which will be the basis of NTF for the allocation of vaccines to respective LGUs where the pilot schools are located. Part of the agreements is for DepEd, NTF and LGU to determine the most efficient arrangement for the vaccination, including the possible clustering of areas and identification of host LGUs and vaccination sites and set vaccination schedules for teachers and school personnel. While we prioritize the generation of the line list for 59 pilot schools and nominated NCR schools, all ROs and SDOs are directed to start generating the line list of all unvaccinated teachers and school personnel in every public and private schools nationwide using the same template in preparation for the nationwide vaccination.

- b. Given this, it is important to quickly complete the generation of line list of teachers and school personnel and cooperation of RO, SDO and Schools is enjoined. The Bureau of Learner Support Services (BLSS) will issue a separate memo for instruction on how to accomplish the line list template.
  - c. The completion of the accelerated vaccination of DepEd teachers and school personnel will provide an additional layer of protection to all participants of the face-to-face classes, and supports as well the overall vaccination drive of the national government.
3. Please refer to **Enclosure No. 4** for the detailed instructions on the preparation of pilot schools.
4. For inquiries, the **Face-to-Face Secretariat** at the DepEd Central Office with email address [ps.od@deped.gov.ph](mailto:ps.od@deped.gov.ph) and Quality Assurance Division (QAD) in every Region will be happy to assist you.
5. For immediate compliance.
6. Immediate dissemination of this Memorandum is desired.

  
**LEONOR MAGTOLIS BRIONES**  
Secretary



Encls.:  
As stated

Reference:  
Office Memorandum OM-OSEC-2021-002 dated September 29, 2021

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

CLASSES  
OFFICIALS  
SCHOOLS  
TEACHERS



**SCHOOL SAFETY ASSESSMENT TOOL (2021)**  
**FOR THE PILOT STUDY ON THE FACE-TO-FACE LEARNING MODALITY**

<b>School Name:</b>	<b>Division:</b>
<b>School ID:</b>	<b>Contact Number:</b>

<b>For the past twenty-eight (28) days, has the barangay where your school is located recorded any confirmed COVID-19 case/s? Kindly refer to your respective barangay for the data.</b>	
<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>
<b>Is the school accessible through public transportation? Specify mode of transportation.</b>	
<input type="checkbox"/> <b>YES, through _____.</b>  Specific mode of transportation: <div style="display: flex; justify-content: space-between; margin-top: 10px;"><span>○ Jeepney    ○ Pedicab    ○ Habal-Habal</span><span>○ Tricycle    ○ Multicab    ○ Van</span></div> <div style="margin-top: 10px;">○ Others</div>	<input type="checkbox"/> <b>NO</b>
<b>Is the school accessible through walking?</b>	
<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>
<b>If the barangay where the school is located has not recorded any confirmed COVID-19 case/s in the past 28 days, and the school is accessible by public transportation or walkable, proceed in answering this safety assessment tool, otherwise, your school cannot be nominated as a participating school for the implementation of limited face-to-face learning modality.</b>	

The **School Safety Assessment Tool (SSAT)** shall be used to assess the readiness of the schools to participate in the conduct of the pilot implementation of face-to-face learning modality in the time of the COVID-19 pandemic. The data gathered shall be used as baseline information in preparation for the safe reopening of classes.

For a school to be eligible for the implementation of the face-to-face learning delivery modality, they need to meet all the indicators (**YES to all indicators**). In answering the SSAT, **School Heads** shall ensure that key stakeholders are consulted. The **Schools Division Office (SDO)** shall facilitate the administration of the tool to the nominated 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
<b>I. SHARED RESPONSIBILITY</b>		
1. The school has secured support of LGUs (Barangay, Municipality, City, Province) through a resolution or a letter of support.		
2. The school has secured written consent from parents/guardians who will participate in the limited face-to-face classes.		
3. The school has mobilized resources and support from community stakeholders to meet the standards of the health and safety protocols.		
4. 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.		
<b>II. ALTERNATIVE WORK ARRANGEMENT</b>		
1. The school has implemented an Alternative Work Arrangement necessary to deliver quality basic education in a safe learning environment to learners. <ul style="list-style-type: none"> <li>a. Number of teachers who physically report meets the required teacher: learner ratio</li> <li>b. Teachers who physically report are 65 years old and below</li> <li>c. Teachers who physically report to not have comorbidities, immunodeficiency, or any health risk/conditions</li> <li>d. Teachers who have service vehicles from and to area of residence and school</li> <li>e. Teachers who physically report are from within the city/municipality where school/learning center is located</li> </ul>		
2. The school has oriented teaching personnel and non-teaching personnel on the Alternative Work Arrangement that will be implemented during the limited face-to-face classes.		
<b>III. CLASSROOM LAYOUT AND STRUCTURE</b>		

<p><b>1. The school has established mechanisms inside the classroom to ensure zero to minimal risk of COVID-19 transmission of the learners.</b></p> <ul style="list-style-type: none"> <li>a. Number of seats to be occupied must not exceed from the required number of maximum learners in the classroom</li> <li>b. Seats to be occupied must be at least 1-2 meters apart</li> <li>c. Numbers of seats shall be equivalent to the number of learners present</li> <li>d. Presence of markers and stickers on the floor to manage traffic system and physical distancing inside the classroom</li> <li>e. Availability of working electric fans</li> <li>f. Open windows and doors at all times</li> <li>g. Installation of appropriate ventilation equipment such as general and exhaust ventilation and CO2 monitoring devices</li> <li>h. Availability of a sterilization box where outputs (e.g., quiz papers) submitted by the learners will be placed for disinfection</li> <li>i. Usage of high-efficiency particulate air (HEPA) filtration air purifiers to clean recirculated air for air-conditioned spaces, provided that the unit is adequate for the size of the room in which it is installed</li> </ul>		
<b>IV. SCHOOL TRAFFIC MANAGEMENT</b>		
<p><b>1. The school has set-up clear and easy-to-understand signages, preferably in local languages and Braille, and mechanisms to strengthen observance of health protocols and protective measures.</b></p> <ul style="list-style-type: none"> <li>a. Display of school map at the entrance point indicating the location of the classrooms</li> <li>b. Designation of separate entrance and exit points in the school</li> <li>c. Designation of separate entrance and exit points in high traffic areas (unidirectional markers, installation of signages for cueing and unidirectional movement, sectioning, and queueing)</li> <li>d. Designated entrance and exit points in the classrooms</li> <li>e. Hallway ground markings for walking direction guide</li> <li>f. Designation of areas for queue (e.g., restroom, library, principal's office, etc.)</li> </ul>		
<b>V. PROTECTIVE MEASURES, HYGIENE PRACTICES, AND SAFETY PROCEDURES</b>		
<p><b>1. The school has established safe entrance and exit procedures for teachers, students, non-teaching personnel, and school visitors.</b></p> <ul style="list-style-type: none"> <li>a. Availability of temperature thermal scanner or thermal gun in entrance and/or exit gates</li> <li>b. Availability of hand sanitizer or alcohol dispenser in school gates</li> <li>c. Availability of surgical masks at school entrance reserved for symptomatic individuals</li> </ul>		
<p><b>2. The school has established a contact tracing procedures/tools for school-goers.</b></p> <ul style="list-style-type: none"> <li>a. Health declaration sheet for school personnel</li> <li>b. Health declaration sheet for students</li> <li>c. Contact tracing tool for school-goers</li> </ul>		



<p><b>3. The school has mobilized the School COVID-19 DRRM team that will take charge in ensuring effective implementation of the school's health and safety protocols that are in place and are observed during the preparation and implementation of limited face-to-face classes.</b></p> <p>a. Designation of a Safety Officer who shall serve as the focal person for the health and safety protocols of the school</p>		
<p><b>4. The school has set up a proper sanitation and hygiene facility for school-goers.</b></p> <p>a. Availability of handwashing station with clean and safe water supply</p> <p>b. Availability of clean and safe toilet facilities</p> <p>c. Schedule of supervised handwashing and toothbrushing activities</p> <p>d. Placement of handwashing facilities in a strategic location (e.g., school entrance)</p> <p>e. Placement of trash bins in strategic locations</p> <p>f. Visuals signages on proper waste management practices near trash bins</p>		
<p><b>5. The school has ensured regular sanitation and disinfection of school facilities, furniture, and equipment.</b></p> <p>a. Schedule of sanitation of frequently touched surfaces (e.g., table, doorknobs, light switches, etc.) every after end of a school shift</p> <p>b. Schedule of disinfection of school facilities (e.g., chairs, desk, blackboard, toilet facilities)</p> <p>c. Availability of sanitation and disinfecting materials</p>		
<p><b>6. The school has ensured a proper disposal system of infectious wastes, such as used tissues and masks, in non-contact receptacles.</b></p> <p>a. Disposal of all used PPEs in a separate leak-proof yellow trash bag/container with a cover properly labeled as "USED PPE"</p> <p>b. Collection of the leak-proof yellow trash bag/container regularly or twice a day (after end of class and after working day) from designated/specific area to the general collection area for treatment and disposal</p> <p>c. Availability of medical-grade face mask required for school personnel when collecting/handling the leak-proof yellow trash bag/container</p> <p>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"</p> <p>e. Disposal of the disinfected PPE with general waste to the final disposal facility</p>		
<b>VI. COMMUNICATION STRATEGY</b>		
<p><b>1. The school has developed a communication plan.</b></p> <p>a. Identification of platform of communication for coordination purposes among the learners, parents/guardians, and teachers</p> <p>b. Database of contact details including contact number and address of parents/guardians of the learners are kept to inform them in case their</p>		

<p>child shows flu-like symptoms while in school premises</p> <p>c. Development 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 shield and face mask, physical distancing), among others, that are posted in common areas and are available in local languages and braille.</p>		
<p><b>2. The school has prepared an orientation session for learners, parents, guardians, teaching and non-teaching personnel, external stakeholders, and LGU of the eligibility criteria for participation, existing protocols, mechanisms, and procedures needed in the conduct of the limited face-to-face classes.</b></p> <p>a. Schedule of the orientation (at least one week prior to the conduct of the face-to-face classes)</p> <p>b. 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</p> <ul style="list-style-type: none"> <li>• For schools that did not meet all indicators, the SDOs shall inform them of their unmet indicators and shall provide technical assistance to help them prepare for the limited face-to-face learning modality.</li> </ul>		
<p><b>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.</b></p>		
<p><b>4. The school has prepared a re-orientation session for school stakeholders on measures needed for the reopening of the school in the event of resurgences and school lockdown.</b></p>		
<b><u>VII. CONTINGENCY PLAN</u></b>		
<p><b>1. The school has followed a decision model and contingency plan for reclosing and reopening the school in case of COVID-19 resurgence in the community.</b></p> <p>a. Inclusion of decision points for school lockdown dependent on the assessment and decision of the Local Task Force against COVID-19 (LTF) with the following considerations:</p> <ul style="list-style-type: none"> <li>○ When there is suspected, probable, or confirmed COVID-19 case to facilitate disinfection and contact tracing;</li> <li>○ Change in number of community transmission and quarantine risk classification identified by IATF;</li> <li>○ Violations/instances of non-compliance of learners or personnel with the minimum public health standards or PDITR</li> </ul>		

<p>for review of protocols</p> <ul style="list-style-type: none"> <li>b. In the event of school lockdown, all learners shall revert to distance learning.</li> <li>c. Implementation of a 24-hour granular lockdown period for disinfection following identification/detection of suspect, probable, or confirmed COVID-19 confirmed case/s, only after which can it be opened for use to occupants.</li> <li>d. Consideration of the following for the reopening of classes after a school lockdown: <ul style="list-style-type: none"> <li>o Completed contact tracing</li> <li>o Completed disinfection activities</li> <li>o 14 days without confirmed cases in the school</li> <li>o School is in a barangay with low to no community transmission</li> <li>o Area where the school is located is classified as minimal-risk</li> </ul> </li> <li>e. Implementation of return to school/work policies consistent with latest national guidelines <ul style="list-style-type: none"> <li>o For close contacts: <ul style="list-style-type: none"> <li>i. For fully vaccinated individuals: Seven (7)-day quarantine has been completed regardless of negative test result</li> <li>ii. For unvaccinated or with incomplete vaccination: Fourteen (14)-day quarantine has been completed regardless of negative test result</li> </ul> </li> <li>o For suspect, probable or confirmed cases, whether fully vaccinated, unvaccinated, or with incomplete vaccination: <ul style="list-style-type: none"> <li>i. For asymptomatic: Ten (10)-day isolation have passed from the first viral diagnostic test and remained asymptomatic throughout their infection.</li> <li>ii. For mild to moderate COVID-19 confirmed cases: Ten (10)-day isolation have passed from onset of the first symptom, respiratory symptoms have improved (cough, shortness of breath), AND have been afebrile for at least 24 hours without use of antipyretic medications.</li> <li>iii. For severe and critical COVID-19 confirmed cases: Twenty-one (21)-day isolation has passed from onset of the first symptom, respiratory symptoms have improved (cough, shortness of breath) AND have been afebrile for at least 24 hours without the use of antipyretic medications.</li> <li>iv. For immunocompromised, do RT-PCR testing on the 10th day. If RT-PCR test results turn out positive, refer to Infectious Disease Specialist. If RT-PCR test results turn out negative, discharge from isolation.</li> </ul> </li> <li>o Medical certification or repeat testing is not necessary for the safe return to work of immunocompetent individuals, provided that a licensed medical doctor certifies or clears the</li> </ul> </li> </ul>		
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patient.		
<b>2. The school has developed strategies for the continuity of learning while the school is closed until the local authorities have determined the safe resumption of face-to-face classes.</b> <ul style="list-style-type: none"> <li>a. Distance learning modalities during lockdown in the decision model and contingency plan</li> <li>b. Strategies for the reopening of schools after the lockdown in the decision model and contingency plan</li> </ul>		
<b>FOCUSING ON TEACHING AND LEARNING</b>		
<b>INDICATORS</b>	<b>YES</b>	<b>NO</b>
<b>I. <u>LEARNING RESOURCES</u></b>		
<b>1. The school has secured sufficient supply of learning resources needed for the face-to-face classes.</b> <ul style="list-style-type: none"> <li>a. Implementation of 1:1 Student to Self-Learning Module (SLM) to lessen student interaction during class hours</li> <li>b. Implementation of 1:1 Student to Textbook ratio to lessen student interaction during class hours</li> </ul>		
<b>II. <u>LIMITED FACE-TO-FACE CLASSES</u></b>		
<b>1. The school has designed class program/s that cater both learners of the limited face-to-face classes arrangement and distance education while observing the maximum 6-hour classroom teaching hours of teachers.</b> <ul style="list-style-type: none"> <li>a. Arrangement of the number of class sections in a way that each class section will be able to attend face-to-face classes: <ul style="list-style-type: none"> <li>o Class A: Half-day face-to-face classes in one straight week and other half-day for distance learning</li> <li>o Class B: One straight week of pure distance learning</li> <li>o Classes shall alternately attend face-to-face classes every week for the whole duration of the pilot implementation</li> </ul> </li> <li>b. Class program indicating specific schedule/breakdown of hours for the <b>face-to-face classes</b> including staggered start and close of the school day per grade level</li> <li>c. Class program indicating specific schedule/breakdown of hours for <b>distance learners</b> including staggered start and close of the school day per grade level</li> <li>d. Class program indicating schedule of staggered break time hours</li> <li>e. Signages on protocols prohibiting activities that require large gatherings</li> <li>f. Implementation of the maximum hours of stay of the learners in</li> </ul>		

schools (4.5 hours for G1-6 learners and 3 hours for kindergarten learners)		
<p><b>2. The school has comprehensively profiled learners who will participate in the implementation of the face-to-face classes.</b></p> <p>a. Learners who reside within the city/municipality where the school/learning center is located</p> <p>b. Learners who can walk their way to school, or ride with available private transport, or with regulated public transportation</p> <p>c. Learners without existing comorbidities</p> <p>d. Prioritization of learners who require childcare, such as those whose parents must work outside the home, or who have no directly available and immediately responsible adults/guardians at home</p> <p>e. Prioritization of learners who are heavily dependent on face-to-face learning interventions, such as <b>Key Stage 1 learners (Kindergarten to Grade 3)</b></p> <p>f. Prioritization of learners who struggle to meet required learning competencies</p> <p>g. Prioritization of Senior High School (SHS) learners enrolled in Technical-Vocational-Livelihood (TVL) track requiring workshop equipment in school</p> <p>h. Prioritization of learners that are documented to be affected by mental health concerns that may be eased by face-to-face interactions</p>		
<p><b>3. The school has ensured an attendance monitoring of learners to determine which participating learners are exhibiting difficulties in coming to school and which learners who cannot participate in face-to-face classes will revert to full distance learning.</b></p>		
<p><b>4. The school has informed teachers to conduct consultations with parents, provision of feedback and instructional support for learners, facilitation of assessment, preparation of Weekly Home Learning Plan (WHL), and other related tasks after face-to-face classes.</b></p>		
<p><b>5. The school has ensured prohibition of conduct of physical or face-to-face large gatherings, group work, or activities that will require close contact or where physical distancing may not be possible (e.g., school activities, field trips, sports festivals, flag ceremonies).</b></p>		
<b>III. TEACHER SUPPORT</b>		
<p><b>1. The school has provided an appropriate learning and development support plan in providing better quality basic education services.</b></p> <p>a. Learning and Action Cells (LAC) sessions highlighting provision of remediation/intervention for learners during the face-to-face classes</p> <p>b. Coaching, mentoring, and training relevant in facilitating blended learning approach</p>		

<p><b>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.</b></p> <p>a. Orientation on the implementation of the Most Essential Learning Competencies (MELCs) included in their budget of work during the limited face-to-face classes</p> <p>b. Orientation on the observance of academic ease and provision of flexibility to learners in managing limited face-to-face classes</p>		
WELL-BEING AND PROTECTION		
INDICATORS	YES	NO
<b>I. PERSONAL PROTECTIVE EQUIPMENT</b>		
<p><b>1. The school has secured sufficient supply of personal protective equipment (PPEs) for learners and school personnel.</b></p> <p>a. 1:1 Face mask to Person (daily) ratio</p> <p>b. 1:1 Face shield to Person ratio</p> <p>c. 1:1 Toothbrush and Toothpaste to Learner ratio (K-6 learners)</p> <p>d. 1:1 Bar of soap to Learner ratio enough for 5x of handwashing per day (K-6 learners)</p> <p>e. Availability of emergency health kits that include PPEs and other needed supplies and materials in the school clinic</p> <p>f. Availability of PPEs for COVID-19 team members, health personnel, and maintenance, and security guards</p>		
<p><b>2. The school has secured adequate supply of face masks, face shields, and/or other COVID-19 protective gears for learners.</b></p> <p>a. 1:1 Replacement of lost and damaged PPE to Person ratio</p>		
<p><b>3. The school has ensured that the available sanitation and disinfection materials are approved by the Philippine Food and Drug Administration (FDA) such as:</b></p> <p>a. 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</p> <p>b. Ethanol in all surfaces at a recommended ratio of 70-90%, or</p> <p>c. Hydrogen peroxide in all surfaces at a recommended ratio of &gt;0.5%</p>		
<p><b>4. The school has secured sufficient supply of sanitation and disinfection materials for strategic school locations.</b></p> <p>a. 1:1 bottle of hand-sanitizers/alcohol-based solutions/other disinfectants to restroom</p> <p>b. 1:1 bottle of hand-sanitizers/alcohol-based solutions/other disinfectants to classroom</p> <p>c. 1:1 bottle of hand-sanitizers/alcohol-based solutions/other disinfectants to entrance/exit point</p>		

<p><b>5. The school has ensured PPE requirements, specifications, and standards for different types of COVID-19 management activities in accordance with DOH DM 2020-0176A.</b></p> <ul style="list-style-type: none"> <li>a. Availability of medical mask and face shields for triage and screening of individuals in points of entry (for personnel in school entrances)</li> <li>b. Availability of medical mask, goggles or face shield, gloves, gown for caring for a suspected case of COVID-19 with no aerosol-generating procedure (for personnel in school clinics)</li> <li>c. Availability of respirator (N95 or FFP2), goggles or face shield, gloves, gown for caring for suspected/confirmed cases of COVID-19 with no aerosol-generating procedure for personnel in school clinics)</li> <li>d. Availability of full PPE for assisting in transporting passengers to a healthcare facility</li> </ul>		
<p><b>II. COVID-19 CASE MANAGEMENT</b></p>		
<p><b>1. The school has developed strategies to prevent COVID-19.</b></p> <ul style="list-style-type: none"> <li>a. Conduct of hand hygiene and temperature checks using a thermal scanner prior to entering the school</li> <li>b. Prioritization of non-face-to-face communications and coordination through available platforms and discouragement of entrance of school visitors and other external stakeholders</li> <li>c. Conduct of daily rapid health checks in the classroom</li> <li>d. Conduct of necessary disinfection activities especially in the areas of the school frequented by personnel or learners that tested positive</li> <li>e. Availability of surgical face masks and school clinic for further assessment of anyone who will show symptoms of COVID-19</li> <li>f. 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"> <li>o Health assessment and physical examination, as needed</li> <li>o Appropriate intervention, first aid, or treatment</li> <li>o Proper management of symptoms, including rest at home</li> <li>o Referral and follow-up of learners, teachers, and personnel to appropriate facilities</li> </ul> </li> <li>g. Designation of private screening area at the entrance where school-goers who show symptoms upon screening can be further examined, or referred</li> <li>h. 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</li> <li>i. Designation of clinic teachers(s) in absence of school health personnel, who shall provide basic health services and facilitate referral in coordination with the school health personnel at SDO, in absence of school-based health personnel</li> <li>j. Orientation to the clinic teacher by the school health personnel at the SDO for proper guidance on how to effectively run the school clinic</li> <li>k. Reiteration of protocols for learners, teachers, and personnel who</li> </ul>		

<p>manifest COVID-19 symptoms to not physically report to school and seek medical advice virtually if possible</p> <p>1. Record of students' health status and development, including immunization checks to prevent outbreak-prone vaccine-preventable disease (e.g., measles)</p>		
<p><b>2. The school has identified strategies to detect COVID-19.</b></p> <p>a. Cooperation with the local health authorities in the tracing and quarantine of close contacts of confirmed cases of COVID-19 consistent with DOH guidelines</p> <p>b. Presence of the School DRRM Team who shall ensure that contact tracing activities, as required by the local health authorities, are initiated, and completed among the possible close contacts among DepEd personnel and learners</p> <p>c. Close coordination with Epidemiology Surveillance Unit (ESU) officers per setting</p> <ul style="list-style-type: none"> <li>o DOH Regional ESU of reporting school</li> <li>o LGU City ESU/Provincial ESU/Municipal ESU of reporting school</li> <li>o DOH Regional ESU of identified case (place of residence)</li> <li>o LGU City ESU/Provincial ESU/Municipal ESU of identified case (place of residence)</li> </ul> <p>d. Development of a reporting system requiring parents to report to the school if their children are experiencing flu-like system, recommendation of testing to be done immediately with support and guidance from the LGUs</p> <p>e. 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>		
<p><b>3. The school has developed strategies to isolate and treat COVID-19.</b></p> <p>a. Designation of rooms for isolation of students and personnel with fever and flu-like symptoms near the entrances</p> <p>b. Availability of transport vehicles from school to Temporary Treatment and Monitoring Facility (TTMF)</p> <p>c. Notification of family member/guardians of the learner, or family member of school personnel who show flu-like symptoms</p> <p>d. Immediate isolation and referral of the personnel/s or learner/s who show COVID-19 symptoms based on the severity for proper management and appropriate testing</p> <p>e. Provision of necessary emergency care to the personnel or learner following precautionary measures, by the health personnel or designated clinic teacher</p> <p>f. Referral/full disclosure of the case to the identified health authority (e.g., barangay health station, rural health unit) for further evaluation or referral to a hospital if needed</p> <p>g. Strict observance of advice from health authorities including possibility of home quarantine or isolation in a quarantine facility or confinement</p>		



<ul style="list-style-type: none"> <li>h. Report of the close follow-up of the attending/assigned school health personnel or designated clinic teacher with the condition of the identified learner/personnel to the SDO School health and Nutrition Unit/Section, as required by existing reporting mechanisms</li> <li>i. Strict compliance of learners and personnel who have tested positive for COVID-19 to not return to school without clearance from medical authorities</li> <li>j. Monitoring and provision of necessary support of the School Head (SH) to all cases (close contacts, suspect, probable, confirmed)</li> <li>k. Coordination of SH to all cases with DepEd school health personnel and local health authorities</li> <li>l. Coordination of SH with the SDO in ensuring continuity of teaching and learning in line with the school's contingency plan</li> <li>m. Strict observance of provision of Section IV.A (Screening of Returning Personnel and Learners and Testing Protocol) of the Specific Measures for COVID-19 Prevention and Mitigation in Schools (Enclosure No. 2 to DepEd Order No. 014, s. 2020) before the participation of COVID-19 infected learners or personnel in the face-to-face classes</li> </ul>		
<ul style="list-style-type: none"> <li><b>4. The school has developed strategies in providing psychosocial support to the learners, teachers, and personnel.</b> <ul style="list-style-type: none"> <li>a. Allotment of time and preparation of modules on Mental Health to be facilitated by their respective classroom advisers or designated teachers</li> <li>b. Designation of trained teachers who will facilitate activities fostering Mental Health such as mental health topics, nature of COVID-19, and preventive measures (WASH, physical distancing, etc.)</li> <li>c. Setting up of an operational Guidance Office that is staffed by a registered guidance counselor (RGC) or a designated guidance associate (not an RGC but is trained on MHPSS and is capable of effective referral) every school day, to provide basic mental health services to learners, teachers, and personnel who may need such services</li> <li>d. Availability of a hotline/online platform in the SDOs to provide counseling services to learners, teachers, and personnel who require counseling services, in absence of an RGC</li> <li>e. Provision of specialized psychosocial support to learners, teachers and personnel who are confirmed to be positive, under isolation/quarantine, and categorized as suspect and probable, through the Guidance Office using the DRRMS MHPSS materials as reference</li> <li>f. Establishment and contextualization of the inter-sectoral referral pathways to ensure that psychosocial needs of both the personnel and the learners are provided</li> <li>g. Engagement of parents, guardians, or any care providers of learners on taking care of mental health and creating a positive environment</li> <li>h. Coordination of 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</li> <li>i. Strict adherence to Republic Act No.10173 or the Data Privacy Act of 2012 in the provision of mental health services and referral</li> </ul> </li> </ul>		

<ul style="list-style-type: none"> <li>j. Promotion of “school-life balance” through proper scheduling of schoolwork that will allow learners to enjoy quality time at home</li> <li>k. Mobilization of trained Psychological First Aid (PFA) providers of the schools to provide necessary mental health and psychosocial support to concerned personnel or learners</li> </ul>		
<p><b>5. The school has established a clear procedure of referral system for COVID-19 confirmed and suspected personnel and learners.</b></p> <ul style="list-style-type: none"> <li>a. Communication plan which includes coordination system with LGU for school personnel and learners who show flu-like symptoms</li> <li>b. Communication plan which includes a referral system for COVID-19 confirmed and suspected personnel and learners</li> <li>c. Flow chart of the referral system</li> </ul>		
<p><b>6. The school has established a clear contact tracing and quarantine system for close contacts of COVID-19 confirmed positive cases.</b></p> <ul style="list-style-type: none"> <li>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</li> <li>b. Communication plan which includes notification of family/parent(s)/guardian(s) of the concerned learner/s</li> <li>c. Flow chart of the contact tracing and quarantine system</li> <li>d. Contingency plan for school lockdown</li> </ul>		
<p><b>III. INCLUDING THE MOST MARGINALIZED</b></p>		
<p><b>1. The school has identified learners who are most vulnerable and disadvantaged in terms of access to learning as indicated in the eligibility of learners, such as inclusion of:</b></p> <ul style="list-style-type: none"> <li>a. indigent children</li> <li>b. out-of-school youth</li> <li>c. physically and mentally handicapped</li> <li>d. distressed individuals and families, including internally displaced persons (IDPs)</li> <li>e. low resourced students</li> <li>f. abandoned and neglected children</li> <li>g. street children</li> <li>h. children of former rebels</li> <li>i. children living in conflict-affected areas and vulnerable communities (CVAS)</li> <li>j. children with disabilities and SPED students</li> <li>k. children from Geographically Isolated and Disadvantaged Areas</li> </ul>		

<p><b>2. The school has identified learners who are most vulnerable and disadvantaged in terms of access to learning as indicated in the eligibility of learners, such as inclusion of:</b></p> <ul style="list-style-type: none"> <li>a. Inclusion of learners who need assistive devices that do not require them to remove their face masks</li> <li>b. Coordination with partner agencies in the provision of assistive devices such as wheelchairs, cane, walkers, and others</li> <li>c. Ensured that parent/guardian of learners are informed that his/her child has their own assistive device during face-to-face classes</li> </ul>		
<p><b>3. 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.</b></p>		
<p><b>4. The school has ensured participation in school-based services 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.</b></p>		
<p><b>5. 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).</b></p>		
<p><b>6. The school has coordinated with their respective local government units with 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).</b></p> <ul style="list-style-type: none"> <li>a. Routine implementation of SBI together with school health services among target learners</li> <li>b. Facilitation of the completion of routine immunizations through regular immunization mechanisms available through the National Immunization Program (NIP)</li> <li>c. Routine immunization card checks through the school nurse or the designated clinic teachers to ensure that children entering schools have completed their routine immunization (i.e., 3 doses of Polio and DPT-HepB-Hib vaccines, and two doses of Measles-containing vaccines) in the community</li> <li>d. Referral of learners who have not completed their routine infant vaccines to the nearest LGU/private pediatrician for catch-up vaccination</li> <li>e. Participation in intensive health promotion campaign activities/supportive-policies that shall be instituted by schools in collaboration with their local health offices to maintain optimal health-seeking behaviors of learners and other community members</li> </ul>		

HOME-SCHOOL COORDINATION		
INDICATORS	YES	NO
<b>1. The school has developed a plan in coordinating with the Barangay Local Government Unit (BLGU) or the Barangay Health Emergency Response Team (BHERT) in ensuring that protocols are observed properly.</b> a. Operationalization of the Preventative Alert System in Schools (PASS) for COVID-19 (per DepEd Memorandum No. 15, s. 2020)		
<b>2. The school has developed a strategy in orienting parents on health protocols and safety measures.</b> a. Safe drop-off and pick-up procedures b. Safety precautions and preventive measures while commuting [e.g., wearing of proper face masks and face shields, refrain from talking and eating while in public transportation, ensure adequate ventilation, frequent and proper disinfection, appropriate physical distancing] c. Safety precautions and preventive measure upon entering the school premises		
<b>3. The school has identified a designated waiting area with proper ventilation for parents/guardians.</b>		

**Prepared by:**

**Approved by:**

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Name and Designation

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Date

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Name and Designation

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Date

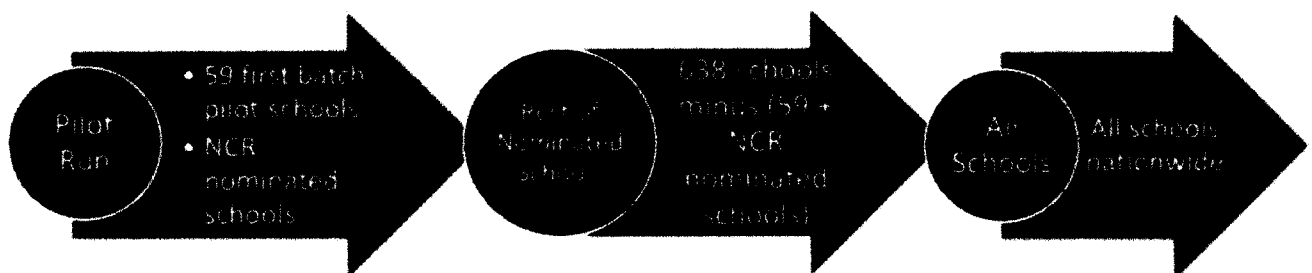


**ACCELERATING THE VACCINATION OF TEACHERS AND OTHER SCHOOL PERSONNEL  
FOR SAFE RE-INTRODUCTION OF FACE-TO-FACE CLASSES**

The approval of the President last September 20, 2021 of the pilot face-to-face classes in selected public and private schools marks the phased transitioning from pure distance learning to a blended learning where learners will be given opportunity to physically attend classes. The Department of Education (DepEd) and the Department of Health (DOH) jointly formulated the detailed guidelines for the safe reintroduction of face-to-face classes. A paramount consideration in the decision to pilot test face-to-face classes is the health and safety of learners, teachers, and other school personnel along with their respective family members. As of October 4, 2021, 59 public schools were identified by DOH to be part of pilot study. These 59 public schools were selected from the 638 schools nominated by the DepEd Regional Offices.

Part of the strategy to ensure the health and safety of learners when they start attending face-to-face classes, is to allow only vaccinated teachers and school personnel to be part of the face-to-face classes. As the national vaccination program continues to accelerate with the increase of available vaccines, DepEd requested the National Task Force Against Covid-19 (NTF) to accelerate as well the vaccination of teachers and school personnel, not only in the pilot schools, but also in all schools.

DepEd and NTF agreed to have an effort to accelerate the vaccination of teachers and school personnel. This will be parallel to the existing mechanism of teachers directly registering with their respective Local Government Units (LGUS). The parallel institutional arrangement shall proceed in three phases as follows:



The parallel acceleration effort shall be operationalized through the following steps:

- (1) DepEd shall generate a line-list of all teachers and school personnel that have yet to be vaccinated.
- (2) Upon submission of the line-list to NTF, the NTF and DepEd shall determine the most efficient arrangement for the vaccination, including the possible clustering of areas and identification of host LGUs and vaccination sites.

- (3) NTF will allocate vaccine doses for teachers and school personnel to the host LGUs.
- (4) DepEd shall provide personnel to support or assist the vaccination activity.
- (5) NTF-DepEd-LGU shall set the vaccination schedule for teachers and school personnel.

The completion of the accelerated vaccination of DepEd teachers and school personnel will provide an additional layer of protection to all participants of the face-to-face classes, and supports as well the overall vaccination drive of the national government.




Republic of the Philippines  
**Department of Education**  
OFFICE OF THE SECRETARY



**MEMORANDUM**

**TO:** All Regional Directors  
Concerned Schools Division Superintendents  
Concerned School Heads of Participating Schools

**MOHAGHER M. IQBAL**  
Minister, BARMM – Ministry of Basic, Higher and Technical Education

**FROM:**   
**LEONOR MAGTOLIS BRIONES**  
Secretary

**SUBJECT:** *Preparations on the Conduct of Pilot Implementation of Face-to-face Learning Modality*

**DATE:** September 28, 2021

In line with the upcoming pilot implementation of limited face-to-face learning modality, the Department hereby requests its field offices and participating schools to prepare the necessary actions and procedures in preparation for the safe school reopening which shall be based on the provisions of Joint Memorandum Circular No. 1 – Operational Guidelines on the Conduct of Pilot Study on Face-to-face Learning Modality.

In this regard, the participating school shall:

1. prepare an operations plan and a contingency plan to plot the requirements for the opening of schools for the limited face to face classes which shall follow the operational framework focusing on four components: 1) Safe Operations, 2) Teaching and Learning, 3) Including the most marginalized, and 4) well-being and protection;
2. conduct coordination meetings at the local level with concerned government agencies and partners to discuss their respective participation in the limited face to face classes;
3. for IP communities, conduct free, prior and informed consent (FPIC) and secure necessary documentation;
4. set up the physical structures, WASH facilities and supplies, personal protective equipment (PPEs), health and safety protocols, learning materials, class programs, and human resource requirements as required in the DOH-DepEd guidelines on the implementation of limited face to face classes;
5. involve the community in the school reopening process and ensure local coordination mechanisms with Barangay Health Emergency Response Team (BHERT) and Local Government Units (LGUs) for referral system, contact tracing, school traffic management, disinfection, school lockdown, among others;

6. adjust class programs according to their Alternative Work Arrangements (AWA) and conduct an orientation of teaching personnel on possible changes in their AWA. The school shall develop a plan to ensure that there are available teachers for the conduct of face to face classes. In the same way, the plan should also consider teacher assignment for learners who will remain in distance learning modality.
7. plan for the orientation of learners, parents, guardians, teaching and non-teaching personnel, external stakeholders and LGU of the eligibility for participation, existing protocols, mechanisms, and procedures needed in conducting face-to-face classes. Orientation shall take place at least two weeks prior to the conduct of face-to-face classes to allow parents/guardians help children to mentally and emotionally adapt and cope with the transition. During the orientation, the school shall observe the health and safety protocols;
8. secure parent's consent of learners that will be included in the pilot implementation;
9. collect household profile of participating learners (i.e. number of family members, source of livelihood, age, co-morbidities, and vaccination status of family members); and
10. simulate the implementation protocols among school personnel to identify possible implementation issues and discuss possible scenarios during the actual conduct of face-to-face classes.

Further, the Regional and Schools Division Offices, specifically their respective composite team shall:

1. prepare an implementation plan for the conduct of limited face-to-face classes in support of pilot schools in their respective jurisdiction;
2. mobilize resources to meet the standards of the health and safety protocols;
3. plan for the orientation of key officials on the standards and process of pilot implementation of face-to-face classes;
4. conduct training and technical assistance to ensure that protocols and standards are met prior to opening of schools for face to face classes;
5. ensure that schools are linked to appropriate government agencies for the establishment of their respective referral system; and
6. Particularly, SDOs shall plan for the orientation of school heads and LGUs on the standards of pilot implementation.

For schools in IP Communities:

RO IPed focal person

1. provide technical assistance to the SDO in preparing for and during the facilitation of the FPIC process; and
2. Assist the SDO in following through on agreements reached during the FPIC session that have to be facilitate with the RO

SDO IPed focal person

1. Update leaders involved in IPed about the face to face classes and finalize with them needed preparations for the FPIC;
2. If necessary, orient schools on the FPIC process;
3. Assist the school personnel in preparing for and facilitating the FPIC session to be conducted with the community; and
4. Assist the school in following through on agreements reached during the FPIC session that have to be facilitated with the SDO