



Republic of the Philippines
Department of Education
REGION VII – CENTRAL VISAYAS
Schools Division of Negros Oriental

**Office of the Schools Division
Superintendent**

DIVISION MEMORANDUM
No. 134, s. 2022

**SAFETY SEAL CERTIFICATION FOR THE EXPANDED PHASE OF THE FACE-TO-FACE
CLASSES SY 2021-2022**

To: Assistant Schools Division Superintendent
Chief, CID and SGOD
Public School District Supervisor
School Heads
All Others Concerned

1. Pursuant to the approval of the recommendation for progressive expansion by the President last January 17, 2022 as stipulated in an **Office Order 00-OSEC-2022-003 "Interim Guidelines on the Expansion of limited Face-to-Face Classes"**, All Division Offices are authorized to continue the implementation of limited face-to-face classes.
2. All Public and Private Schools who would like to participate in the expanded phase of the face-to-face classes are advised to submit relevant documents to the Division office through the Planning Section following the guidelines and necessary documents needed. (Attached is the Checklist)
2. As soon as the said documents submitted are in order and the school is compliant with the standards set based on the stipulated issuance, the Regional Office will grant a DEPED Safety Seal Certification to the applicant school.
3. For the five pioneering schools to implement the face-to-face class this coming February 28, 2022, the deadline for the requirements will be this coming February 25, 2022.
 - a. Campulay ES
 - b. Atotes Es
 - c. Salong ES
 - D. Cabcaban ES
 - E. Kaladias ES




Address: Kagawasan Avenue, Capitol Area, Daro, Dumaguete City
Telephone Nos.: (035)225-2838 / 225-2376 / 422-7644
Email Address: negros.oriental@deped.gov.ph

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4. For the 20 schools being scheduled to open on March 7, 2022, the deadline will be this coming March 3, 2022.
5. The rest of the schools to apply and will submit the necessary documents will inform the planning office for technical assistance.
6. Immediate dissemination of this memorandum is desired.



SENEN PRISCILLO P. PAULIN, CESO V
Schools Division Superintendent
Office of the Schools Division Superintendent

SPP/-JMA-MKP-NLR/RBP/ktc
February 22, 2022





Republic of the Philippines
Department of Education
 REGION VII - CENTRAL VISAYAS

**DIVISION CHECKLIST FOR THE SAFETY SEAL OF THE EXPANDED PHASE OF THE FACE-TO-FACE CLASSES
 (PUBLIC SCHOOLS)**

Division: _____ Requesting School: _____

Address: _____ School ID: _____

Contact Person: _____ Designation: _____

Contact No.: _____ Email: _____

Date of Application: _____

Course Level Applied: _____

- (Kinder)
 (Elementary) (G1) (G2) (G3) (G4) (G5) (G6)
 (Junior High School) (G7) (G8) (G9) (G10)
 (Senior High School) (G11) (G12)

DOCUMENTARY REQUIREMENTS	REMARKS	
	X or ✓	DOCUMENT EVALUATION
1. Letter of Intent of the School Head of the Requesting School		
2. PTA and Barangay Resolution Supporting the School for the Request of Limited Face-to-Face Classes		
3. Duly Accomplished Self-Assessment on School Safety Assessment Tool (SSAT) showing compliance to all elements of the tool		
4. Certification from the Municipal Mayor and Municipal Health Officer		
5. Proof on the conduct of coordination meetings at the local level with concerned govt. agencies, partners and community members, including parents, learners, teaching and non-teaching personnel to discuss their participation, existing protocols, mechanisms and procedures of Face-to-Face Classes.		
6. Photocopies of Vaccination Cards of Teachers with their corresponding Vaccination Certificates per grade level		
7. List of Learners with Parents' Consent who will be attending the face-to-face classes per grade level		
8. Class Program indicating the subjects and teachers with their Alternative Work Arrangements (AWA) /Form 7 (School Personnel Assignment List and Basic Profile) on face-to-face classes		
9. Availability of evidence on the conduct of mental health concerns/psychological first aid orientation and seminars		
10. Pictures of the physical structures set up (i.e. health and safety protocols, Wash facilities and supplies, triage, etc.)		
11. For schools in IP communities , secure free, prior and informed consent (FPIC) with necessary documentation		

Remarks:

Recommendation for Ocular Inspection

With Deficiencies

Processed by: _____

Date Processed: _____

Division/District Inspectorate Team (DIT) Evaluator
 Signature over Printed Name



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**REGIONAL CHECKLIST FOR THE SAFETY SEAL OF THE EXPANDED PHASE OF THE FACE-TO-FACE CLASSES
 (PUBLIC SCHOOLS)**

Division: _____ Requesting School: _____
 Address: _____ School ID: _____
 Contact Person: _____ Designation: _____
 Contact No.: _____ Email: _____
 Date of Application: _____
 Course Level Applied:
 ___ (Kinder)
 ___ (Elementary) ___ (G1) ___ (G2) ___ (G3) ___ (G4) ___ (G5) ___ (G6)
 ___ (Junior High School) ___ (G7) ___ (G8) ___ (G9) ___ (G10)
 ___ (Senior High School) ___ (G11) ___ (G12)

DOCUMENTARY REQUIREMENTS	REMARKS	
	X or V	DOCUMENT EVALUATION
1. Endorsement Signed by the Schools Division Superintendent		
2. Letter of Intent of the School Head of the Requesting School		
3. Inspection Report of the Division/District Inspectorate Team (DIT)		
4. Duly Accomplished Self-Assessment on School Safety Assessment Tool (SSAT) showing compliance to all elements of the tool		
5. Certification from the Municipal Mayor and Municipal Health Officer		
6. Certification from SGOD-SEPS M&E/ EPS showing that photocopies of vaccination cards of teachers per grade level have properly checked and validated		
7. Certification from SGOD-SEPS M&E/ EPS showing that parents' consent form of learners attending f2f classes have properly checked and validated		
8. Pictures of the physical structures set up (i.e. health and safety protocols, Wash facilities and supplies, triage, etc.)		
9. Duly Accomplished and Signed Division Safety Seal Certification Checklist		
10. Affidavit of Authenticity and Completeness of the submitted documents signed by the SGOD- Chief/SEPS M&E/ EPS		

Remarks:

Recommendation for Ocular Inspection

With Deficiencies

Processed by: _____
 Education Program Supervisor In-Charge
 Signature over Printed Name

Date Processed: _____





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 REGION VII - CENTRAL VISAYAS

**DIVISION CHECKLIST FOR THE SAFETY SEAL OF THE EXPANDED PHASE OF THE FACE-TO-FACE CLASSES
 (PRIVATE SCHOOLS)**

Division: _____ Requesting School: _____
 Address: _____ School ID _____
 Contact Person: _____ Designation: _____
 Contact No.: _____ Email: _____
 Date of Application: _____
 Course Level Applied:
 ___ (Preschool)
 ___ (Elementary) ___ (G1) ___ (G2) ___ (G3) ___ (G4) ___ (G5) ___ (G6)
 ___ (Junior High School) ___ (G7) ___ (G8) ___ (G9) ___ (G10)
 ___ (Senior High School) ___ (G11) ___ (G12)

DOCUMENTARY REQUIREMENTS	REMARKS	
	K or V	DOCUMENT EVALUATION
1. Letter of Intent of the School Head addressed to the Regional Director stating the objectives, expected outcomes, and commitment to observe the minimum health and safety protocols as stipulated in DepEd-DOH JMC No. 1, s. 2021		
2. Securities and Exchange Commission (SEC) Registration		
3. Photocopy of the Government Temporary/Renewal/Government Permit/Certificate of the Current School Year		
4. Duly Accomplished Self-Assessment on School Safety Assessment Tool (SSAT) showing compliance to all elements of the tool		
5. Certification from the Municipal Mayor and Municipal Health Officer		
6. Proof on the conduct of coordination meetings at the local level with concerned govt. agencies, partners and community members, including parents, learners, teaching and non-teaching personnel to discuss their participation, existing protocols, mechanisms and procedures of Face-to-Face Classes.		
7. Photocopies of Vaccination Cards of Teachers with their corresponding Vaccination Certificates per grade level		
8. Copy of the Implementation plan, including the timelines following the four components of the operational framework, namely: Safe Operations, Teaching and Learning, Including the Most Marginalized, and Well-being and Protection		
9. Copy of Contingency plan showing action points to address contingencies that might occur during implementation		
10. List of Learners with Parents' Consent who will be attending the face-to-face classes per grade level		
11. Class Program indicating the subjects and teachers with their Alternative Work Arrangements (AWA)/Form 7 (School Personnel Assignment List and Basic Profile) on face-to-face classes		
12. Availability of evidence on the conduct of mental health concerns/psychological first aid orientation and seminars		
13. Pictures of the physical structures set up (i.e. health and safety protocols, Wash facilities and supplies, triage, etc.)		

Remarks:



Recommendation for Ocular Inspection



With Deficiencies

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 Division/District Inspectorate Team (DIT) Evaluator
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 (PRIVATE SCHOOLS)**

Division: _____ Requesting School: _____

Address: _____ School ID: _____

Contact Person: _____ Designation: _____

Contact No.: _____ Email: _____

Date of Application: _____

Course Level Applied:

- (Preschool)
 (Elementary) (G1) (G2) (G3) (G4) (G5) (G6)
 (Junior High School) (G7) (G8) (G9) (G10)
 (Senior High School) (G11) (G12)

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4. Securities and Exchange Commission (SEC) Registration		
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8. Certification from SGOD-SEPS M&E/ EPS showing that photocopies of vaccination cards of teachers per grade level have properly checked and validated		
9. Certification from SGOD-SEPS M&E/ EPS showing that parents' consent form of learners attending f2f classes have properly checked and validated		
10. Pictures of the physical structures set up (i.e. health and safety protocols, Wash facilities and supplies, triage, etc.)		
11. Duly Accomplished and Signed Division Safety Seal Certification Checklist		
12. Affidavit of Authenticity and Completeness of the submitted documents signed by the SGOD- Chief/SEPS M&E/ EPS		

Remarks:

Recommendation for Ocular Inspection With Deficiencies

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 Education Program Supervisor-In-Charge
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