

SELF-ASSESSMENT READINESS CHECKLIST ON OUT OF SCHOOL/EXTRACURRICULAR/CO-CURRICULAR ACTIVITIES

Name of School	
Address	
CHED/DepED No.	
Program	<input type="checkbox"/> Preschool <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> Higher Education
Type of Activity/s	
Check Box	Areas of Assessment
<input type="checkbox"/>	i. The school's Crisis Management Committee favorably recommended the conduct of the Out of School/Extracurricular/Co-curricular activities.
<input type="checkbox"/>	ii. There are health and safety protocols.
<input type="checkbox"/>	iii. There are adequate ventilation and physical distancing protocols, foot traffic system and maximum venue capacity implemented (as applicable).
<input type="checkbox"/>	iv. There are contact tracing protocols established.
<input type="checkbox"/>	v. The school has established screening, detection, isolation, transfer and referral protocols for COVID-19 suspects or confirmed cases.
<input type="checkbox"/>	vi. There are cleaning, sanitation, and disinfection protocols.
<input type="checkbox"/>	vii. There are visible, readable, and adequate number of signages, signals and reminders on health and safety protocols places/posted.
<input type="checkbox"/>	viii. The students, parents or guardians, faculty, and staff have been consulted on the conduct of out of school/extracurricular/co-curricular activities.
<input type="checkbox"/>	ix. Stakeholders and all parties involved in the conduct of out of school/extracurricular/co-curricular activities have been oriented on the health and safety protocols and relevant guidelines and policies.

Name and contact details of the Safety Officer who shall be responsible in monitoring, reporting and ensuring compliance to health protocols:

NAME OF SAFETY OFFICER	CONTACT DETAILS (Mobile Number and Email Address)

Accomplished by:

Name and Signature

Chairperson of the Crisis Management Committee