



Republic of the Philippines  
**Department of Education**  
REGION V – BICOL  
**SCHOOLS DIVISION OFFICE OF CATANDUANES**




September 08, 2021

DIVISION MEMORANDUM  
OSDS-SGOD-DM-291S. 2021

**REITERATION OF COVID19 CASE AND QUARANTINE FACILITY REPORTING**

**To: Assistant Schools Division Superintendent  
Chiefs, CID and SGOD  
Education Program Supervisors  
Public Schools District Supervisors  
Public Elementary and Secondary School Heads  
Public Elementary and Secondary School DRRM Coordinators  
All others concerned**

1. In accordance with DOH DM 2020-0189 and DTFC-19 policy issuances, contact tracing must be initiated after every reported COVID-19 confirmed and probable case. Also, as per DepEd Task Force COVID-19 MEMORANDUM No. 21 dated 19 March 2020, School DRRM Coordinators shall report the status of their schools used as quarantine areas on a daily basis to the Division DRRM Coordinator.
2. To ensure the implementation of these issuances, this office hereby reiterate the submission of reports from school through this link: [https://bit.ly/COVID19\\_DailyReport](https://bit.ly/COVID19_DailyReport)
3. Attached is the copy of COVID19 Case Report Template as well as the Quarantine/Isolation Facility Monitoring Template that will be used as attachments of the online report submission.
4. Close coordination, while strictly observing social distancing measures, shall be undertaken by the school DRRM Coordinator while gathering the needed data.
5. For wide dissemination and strict compliance.

  
**SUSAN S. COLLANO**  
Assistant Schools Division Superintendent  
Officer-In-Charge  
Office of the Division Superintendent  
SDO Catanduanes

Encl:

References:

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

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0001/ September 08, 2021



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**2019-NCOV ARD HEALTH SITUATION**

Division : Catanduanes  
Name of School :

**I. Summary Referrals of Persons with COVID19-like Symptoms**

Date of Referral	Pt No.	<i>(Please check appropriate box)</i>		Signs/Symptoms	Remarks
		Personnel	Learner		
	1				
	2				
	3				
	4				
	5				
	6				
	7				

**II. Activities Undertaken (Brief)**

Date	Title of Activity	Participants

Prepared by:

Noted:

Name DRRM Coordinator

Name of School Head



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**SCHOOLS DIVISION OFFICE OF CATANDUANES**

**MONITORING OF SCHOOLS USED AS QUARANTINE AREAS FOR COVID-19  
 AS OF (date)**

No.	Municipality	Name of School	School ID	Number of rooms/facilities used	Total Number of Quarantined Individuals			Number of Quarantined Learners			Number of Quarantined Depled Personnel			From What Barangay/Place	Starting Date of Usage	Last Date of Usage	Remarks/ Key Issues/or needs
					Male	Female	Total	Male	Female	Total	Male	Female	Total				

Signature:  
 Name:  
 Position/Designation

Signature:  
 Name:  
 Position/Designation