

Date: September 9, 2019

OFFICE MEMORANDUM

Minutes of ISO Meeting held on August 23 and 27, 2019

To: All SDO Personnel

1. All SDO Personnel are informed of the minutes of the meeting held on August 23 and 27, 2019 at the Schools Division Office Training Hall with the following details:

Subject: Quality Management System Workshop for Stage 2 Certification (Ref. Office Memo No. 009 S. 2019)

Date: August 23, 2019

Time: 9:05 AM to 2:55 PM

Venue: Schools Division Office Training Hall

Agenda:

- Review lacking requirements for Stage 2 Certification
- Develop Risk Management Plan
- Prepare audit program and audit plan
- Revisit the documentation process

Subject: IQA Meeting

Date: August 27, 2019

Time: 10:30 AM to 12:27 PM




Venue: Schools Division Office Training Hall

Agenda:

- Discuss status of Objective Evidences submitted
- Composition of the ISO structure of the Division Office

2. Attached to this memorandum are the minutes of the meeting for August 23 and August 27, 2019.
3. Immediate and wide dissemination of this memorandum is advised.

FEDERICO P. MARTIN, EdD, CEEd, CESO V
Schools Division Superintendent

	Quality Management System Workshop for Stage 2 Certification		Document Code: SDO-GQF-001
	MINUTES OF MEETING		Revision: 00
			Effectivity date: 08-20-2018
			Name of Office: Schools Division Office of Baguio City
Prepared by:  LOIDA C. MANGANGEY EPS - LRMDS Overall Document Controller	Recommended for approval:  SORAYA T. FACULO, PhD OIC – Asst. Schools Division Superintendent Quality Management Representative	Approved by:  FEDERICO P. MARTIN, EdD, CEEd, CESO V Schools Division Superintendent	

Date	August 23, 2019 Friday
Venue	Division Training Center, Baguio City
Agenda	The objectives and outputs are: <ul style="list-style-type: none"> a. review lacking requirements for stage 2; b. develop the risk management plan; c. prepare the audit program and audit plan; and d. revisit the documentation process.
Program proper /Workshop and presentation of outputs	
Ma'am Jovelyn Balantin	She facilitated the start of the meeting
Sir Federico Martin	<i>He gave the statement of purpose for the meeting</i> <i>He emphasized the following:</i> <ul style="list-style-type: none"> a. eagerness and momentum flow of the group; b. work on the recommendation from mam Grace -audit findings c. development of the risk management system; and d. come out with an output.
	Grouping- the group was divided into two - Document controllers were separated- facilitated by mam Malyn Padsuyan * reminded the document controllers to check and make sure that they have submitted their DCCR's
Sir Art Tiongana	Suggested for an attendance check
	OSDS SGOD CID There was a quorum
Sir Jerry C. Ymson	He presented the following: <ul style="list-style-type: none"> a. risk management report; b. initial step for risk management group; c. risk register that were not aligned with the processes; and d. probability and severity of risk. Top 5 risks <ol style="list-style-type: none"> 1. absence of the signatories 2. lack of supplies -supply office 3. no internet connection /poor connectivity 4. faulty equipment 5. unorganized file -He found out that there is a confusion between a risks and issues. -He presented ways on how to identify risks.






Mam Soraya Faculo	-She gave a working paper for the three divisions (OSDS, CID and SGOD) Workshop 1 *output-identification of risk *risk -situation/ probability x impact -She presented the 12 major process - identified swot -DEDP -Negative risks -Instruction -look at processes -Per division to present in 10 minutes only																							
	Presentation of output (OSDS, CID, and SGOD)																							
	CID -Low NAT result -Poor planning/Incorrect interventions -Learning gaps will not be properly addressed -Desired result is not fully achieved																							
	SGOD output: -damages to facilities -Program Implementation -failure to finish the contract -Physical Facilities – overcrowding -inadequate space -Data Management -wrong information -Monitoring and evaluation-quality is sacrifice -L&D – unable to disseminate and no return of investment-unable to conduct programs																							
Sir Federico Martin	He stressed that there are connections of findings and are almost the same. The outputs/findings describe the meaning of risk.																							
	OSDS -Physical Facilities -General Services-Inefficient delivery of services -Personal injury -Program implementation-delay in the implementation of DO PPAs -Change Management-Disruption /stagnation of workflow																							
Maam Soraya Faculo	Workshop no. 2-consequences and causes – select one only – root cause																							
	Presentation																							
	CID <table border="1" data-bbox="397 1283 1490 1881"> <thead> <tr> <th>Process</th> <th>Risk/Issues/Concerns</th> <th>Potential Consequence</th> <th>Potential Cause</th> </tr> </thead> <tbody> <tr> <td>Program Implementation</td> <td>Low NAT result</td> <td>-Standard not attain -Learners are not competitive /competent</td> <td>-Overlapping activities coming from the CO and RO -Poor delivery -multiple task of the implementers -Prioritization of the program/activity</td> </tr> <tr> <td>Data management</td> <td>Poor planning/Incorrect interventions</td> <td>Poor utilization of resources (human, time and finances)</td> <td>-No data available /poor documentation -Inappropriate data gathering tools</td> </tr> <tr> <td>Monitoring and evaluation</td> <td>Learning gaps will not be properly addressed</td> <td>-Learning standards not proficiently attained -Low performance indicators</td> <td>-TA is not fully provided</td> </tr> <tr> <td>Learning and development</td> <td>Desired result is not fully achieved</td> <td>Limited number of beneficiaries is accommodated</td> <td>No/late release of funds</td> </tr> </tbody> </table>				Process	Risk/Issues/Concerns	Potential Consequence	Potential Cause	Program Implementation	Low NAT result	-Standard not attain -Learners are not competitive /competent	-Overlapping activities coming from the CO and RO -Poor delivery -multiple task of the implementers -Prioritization of the program/activity	Data management	Poor planning/Incorrect interventions	Poor utilization of resources (human, time and finances)	-No data available /poor documentation -Inappropriate data gathering tools	Monitoring and evaluation	Learning gaps will not be properly addressed	-Learning standards not proficiently attained -Low performance indicators	-TA is not fully provided	Learning and development	Desired result is not fully achieved	Limited number of beneficiaries is accommodated	No/late release of funds
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OSDS				
PROCESS	RISK	POTENTIAL CONSEQUENCE	POTENTIAL CAUSE	
M & E	Gaps and areas on improvement not addressed efficiently	Target not accomplished	Lack of competence to develop M and E tools	
Financial Management	Non-conformity to the standards in terms of quality and number of equipment	Low productivity	Lack of initiative to request	
Data management	Ineffective delivery of plans	Loss of partners	Wrong decision/action	
Program Implementation	Low/slow utilization /disbursement rate	LOW PBB	Poor planning	
Physical Facilities	Property loss/damage/fast depreciation of facilities	No facilities/equipment to use	No safety and security plan	
General Services	Inefficient Delivery of services Personnel Injury	Poor linkages and partnership Delay in the performance of duty	No safety and security plan	
SGOD				
PROCESS	RISK	POTENTIAL CONSEQUENCE	POTENTIAL CAUSE	
Physical Facilities	Unsafe working environment	Prone to theft	Unsecured perimeter	
Physical Facilities	Damages to facilities and property	Immediate depreciation of facilities/property	Design parameters used	
Physical Facilities	Congested offices/overcrowding	Uncomfortable clients and employees	The building structure is not designed to cater the present organizational structure	
Program Implementation	Overlapping of activities across level of governance	Failure to conduct program	Poor coordination across level of governance and other agencies	
Data Management	Wrong information will be given to the stakeholders	Wrong planning, reports, decision making, intervention and prioritization	Common context of data elements are not properly defined	
Monitoring and Evaluation	Quality is sacrificed	Poor delivery of educational services	Lack of resources	
Learning and Development	No dissemination of learning, information and no return of investment	System to track REAP is not in place	No established mechanism to follow up the implementation of REAP.	
Sir Federico Martin	He gave commendable feedback and comments to the presenter and presentation.			

Maam Soraya Faculo	Workshop no. 3- Risk management		
	Reporting		
	CID		
	Process	Risk/Issues/Concerns	Action Taken
	Program Implementation	Low NAT result	Prioritize the major functions as indicated in the compendium *Project dove
	Data management	Poor planning/Incorrect interventions	Strengthen collaboration with data gathering unit
	Monitoring and evaluation	Learning gaps will not be properly addressed	Full Implementation of monitoring plan
	Learning and development	Desired result is not fully achieved	Conduct of LAC session (2x a month per school)
	SGOD		
	PROCESS	RISK	RISK TREATMENT
	Physical Facilities	Unsafe working environment	Intensify security measure
	Physical Facilities	Damages to facilities and property	Repair facilities
	Physical Facilities	Congested offices/ overcrowding	Apply 5S
	Program Implementation	Overlapping of activities across level of governance	Strengthen collaboration between and among divisions
	Data Management	Wrong information will be given to the stakeholders	Institutionalize e-planning system
	Monitoring and Evaluation	Quality is sacrificed	Provide additional staff
	Learning and Development	No dissemination of learning and information and no return of investment	Establish tracking mechanism of REAP
	OSDS		
	PROCESS	RISK	RISK TREATMENT
	M & E	Gaps and areas of improvement not addressed efficiently	Development of comprehensive M & E system
	Financial Management	Non-conformity to the standards in terms of quality and number of equipment	Augmentation from other sources of funds (GF, SEF and donations etc.)
	Data management	Ineffective delivery of plans	Outsourcing of development of data management system
	Program Implementation	Low/slow utilization /disbursement rate	Non-Acceptance of late request
	Physical Facilities	Property loss/damage/fast depreciation of facilities	Craft safety and security plan
	General Services	In efficient Delivery of services Personnel Injury	Require DRRM coordinator to submit DRRM plan

Sir Federico Martin	He presented the creation of the division risk management system. <i>He reminded the group to submit all output for the risk management to Sir Jerry Ymson.</i>
Ma'am Balantin	1. She gave the templates to be accomplished by the IQA's. 2. She presented the Document Audit Minutes of meeting of ISO journey Report 1- Draft Audit Report needed for ISO proposal, rationale, objectives and others – Report 2 Audit profile - Report 3-Profile Internal profile -report 4 Record of trainings Report internal quality programs -Report 5 objectives Logo Audit plan – main sites of iso related activities Audit notes report Audit feedback -survey of the planning, timeliness Auditors performance – team leader -evaluate the members Audit programs
Sir Federico Martin	SDS Martin emphasized to strengthen IQA.
Ma'am Juliet Sannad	Auditor of the IQA She proposed additional members of IQA.
Sir Federico Martin	-He explained that the composition of IQA is not an issue and told that a memo will be released for the additional members. -He emphasized the needed training after the ISO certification as suggested before by the auditor.
Ma'am Malyn Padsuyan	She presented the status of the ISO.
Sir Federico Martin	He reminded the agreements of the body: <ul style="list-style-type: none"> a. Scheduled IQA to meet on August 27, 2019 to discuss the Status of Objective Evidences submitted b. Sept 5- deadline of requirement (Compliance to requirement) c. Sept 9 – flag raising and MRC meeting d. Be ready for the Sept 18 e. Areas to be Checked: <ul style="list-style-type: none"> 1. CI - DEDP 2. Infra 3. Risk Management
2:55 pm	Meeting adjourned



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Date	August 27, 2019, Tuesday
Venue	Mini conference room
Agenda	Composition of the ISO structure of the Division Office
Time started	10:30 am

Ma'am Juliet Sannad	She presided the meeting and call the meeting to order.
Sir Art Tiongna	He suggested that additional members will be added to the composition of the ISO. The different member can be taken from the different division – OSDS, CID and SGOD. He also turned over his functions/ responsibilities with ISO to the CID chief, Juliet C. Sannad.
Ma'am Juliet Sannad	<ol style="list-style-type: none"> 1. She presented the office memorandum pertaining to the composition of ISO new assignments and schedule of activities. 2. She also pointed out the importance of: <ol style="list-style-type: none"> a. CI plan; b. Risk Management; c. Submission of pertinent ISO requirement to ODC; and d. Deadline of September 5, 2019. 3. <i>She presented the ISO forms/templates.</i> These were distributed by Mam Jovelyn Balantin. 4. She shared the master data of the organization (audit details & audit profile). 5. She emphasized the adherence to the new ISO standard. 6. She reminded that the ISO should contain the audit scope, key performance based on the compendium and all legal bases. Legal bases should be produced. 7. She explained the Audit Criteria and Audit Objectives and Internal Quality Audit Plan. 8. She presented the Internal Quality Audit/Auditor's Performance Evaluation- score of the performance and Internal Quality Audit/Audit Feedback Survey for comments and suggestions.

	<p>9. She gave the audit report template- audit report coming from attorney and reminded everyone that each division will be audited by the auditors.</p> <table border="1" data-bbox="435 221 1423 351"> <thead> <tr> <th><i>Auditor</i></th> <th><i>Auditee</i></th> </tr> </thead> <tbody> <tr> <td>CID</td> <td>SGOD</td> </tr> <tr> <td>SGOD</td> <td>OSDS</td> </tr> <tr> <td>OSDS</td> <td>CID</td> </tr> </tbody> </table>	<i>Auditor</i>	<i>Auditee</i>	CID	SGOD	SGOD	OSDS	OSDS	CID
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<p>Soraya Faculo</p>	<p>1. She pointed out that the role of IQA is very important for the MRC It is the role IQA team leader to report the findings – non conformities, recommendation and consolidated report.</p> <p>2. She reminded the body to identify strategies to address IQA findings and results to put into action the identified strategies.</p> <p>3. She presented the stage 1 report rating in certain areas such as:</p> <ul style="list-style-type: none"> a. Nonconformities that will lead to the non-certification; b. Conformities that should be addressed, examples are the objective 7- Infra-report of Engineer Jen Polido and 7.2 Competence of SDO by Jovelyn Balantin. <p>4. She highlighted the different area of concerns.</p>								
<p>Malyn Padsuyan</p>	<p>1. She discussed and explained the different quality forms.</p> <ul style="list-style-type: none"> - Master list - PM how to perform a process - WIM - List of quality records - List of quality forms - Third level forms - Risk register <p>2. She discussed the risk register – SDS, ASDS, Chief of CID and SGOD – process. To come up with the risk register to be done during the Friday workshop.</p> <p>3. She presented the initial output that will be the basis of auditing and the division office service process model.</p> <p>4. She reminded everyone to concentrate on the major functions.</p> <p>5. She suggested that TA should one that contains all the three different division.</p>								
<p>Marina Tabangcura</p>	<p>She asked the following questions:</p> <ul style="list-style-type: none"> a. What is the scope of the IQA? b. What are the things to given attention/ focus? c. How do we assess the non-conformities? d. How do we start our task as IQA? 								

Federico Martin	<ol style="list-style-type: none"> 1. He answered that the scope will be based from the auditing tools given by the consultant. 2. He explained that the updated audit tool was based on the finding during the previous assessment. 3. He checked the findings in stage 1 and that should be anchored with the standard. 4. He reminded the body to comply with the standard based on the 13 findings-specific objectives, go through the standard and understand the standard.
Attorney Annette Doyaoen	She reiterated that the IQA should concentrate on the 4 major forms used in auditing. That is the basic requirement for stage 2.
Federico Martin	He emphasized that those process owners who were transferred to new position should orient those who took over their ISO position.
Malyn Padsuyan	She discussed the structure of the Quality Management Representative.

Meeting adjourned	12:27 pm
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