



MINUTES OF THE MEETING FOR THE MANAGEMENT REVIEW MINI-CONFERENCE ROOM 3RD FLOOR ADMIN BUILDNG November 17, 2022

Present:

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1.	Dr. Rachel Luz V. Rica	10. Elsie Marie B. Batoctoy	19. Abraham Pitos
2.	Romil P. Albiso	11. Maria Fengina S. Saquibal	20. Rolita L. Duaban
3.	Kenneth C. Balili	12. Dr. Richard C. Balais	21. Julliene Anne S. Sarmago
4.	Dr. Leonila N. Oyangoren	13. Diana Jane P. Zamora	22. Maria Vilma R. Buscato
5.	Mary Joy M. Villamora	14. Felixberto L. Sasaban Jr.	23. Jennifer Bajo
6.	Ruby Cres J. Gayda	15. Paul Isaac O. Dizon	24. Anthony A. Tabay
7.	Engr. Jerl M. Oyangoren	16. Rosie Tejones	25. Maria Ana C. Awit
8.	Dr. Riza Reyna G. Calma	17. Ligaya B. Geslaga	26. Eleazar Guia
9.	Cyril B. Magallanes	18. Princess Garnet Q. Albiso	27. Jessica Athena S. Villaflor

Absent:

- 1. Norma M. Abegonia Human Resource Management Officer
- 2. Marjhun Ricarte Assistant to the CID Chief (Academic Affairs)
- 3. Jovanie O. Bajenting Laboratory Assistant (Computer laboratory)
 - 4. Lillian P. Rendon Records management Unit
 - 5. Lynn L. Datanagan Accounting
 - 6. Nilo Jeremias Kintanar Cashier

24 Part 1 – CALL TO ORDER

25 The Management Review was called to order by the campus director, Dr. Rachel Luz V. Rica, at 01:30 PM. The rationale and objectives of the meeting were stated by the QMR and the agenda of Management Review was read and identified. 26 27

AGENDA:

28 1. Status of actions from the previous management reviews 29 2. Change in External and Internal issues that are relevant to the Quality Management System 30 3. Information of the Performance and effectiveness of the QMS 31 a. Customer satisfaction and Feedback to the relevant interested parties 32 b. Extent on which quality objectives have been met and process performance and conformity of products and services 33 c. Monitoring and measurement results 34

28. Gee Elle Carumba





- 35 d.Nonconformities and Corrective Actions
- 36 e.Audit Results
 - f. Performance of external providers
- 38 4. Adequacy of Resources
- 5. Effectiveness of actions taken to address risks and opportunities 39
- 6.Opportunities for Improvement 40
- 41 7. Any Need for changes to the quality management system
- 8.Resources 42
- 9. Other matters 43
- 44

37

Part 2 – MEETING PROPER 45

Legend: I – Information only; **A#** – Action Required, # indicates the number of times the target date was changed; 46

C – Complied/Completed

FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
1. Status of	f actions from previous management reviews				
RP Albiso	This is the 6 th Management Review (5 th regular management review with 1 special management review - held last November 9, 2018) of the organization. The second year of the three-year cycle under the accreditor - TUV NORD Philippines. The following were the action items from the previous management review.	-	-	Ι	-
RLV Rica	 A. Status of Actions from the 2020 Management Review Permit to operate of the generator Application for Environmental Compliance Certificate Land Titling of PSHS CVisC The permit to operate the generator and the application of Environmental Compliance Certificate depends on the PSHS CVisC Lot Titling. The PSHS CVisC lot titling is on process. Papers for Lot Titling was submitted to the Registry of Deeds already and it is for application for special patent. Lot 4212 was already given panel execution last 2020 from DENR and is on PENRO Cebu and to be submitted and processed to the registry of Deeds and for application for special patent. 	Items 1-3 : Ms. Rendon and Dr. Rica	-	A6	Items 1-3 : Lot Titling is on still on process. To support that the lot titling is on process, updates of the status of the lot titling was discussed.





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
JAS Villaflor	 Health Risks-possible infection/transmission of COVID-19 among personnel and clients 	ltem 4: HSU	-	On-Going	Health protocols were instituted such as Health screening of personnel, Health Guidelines were implemented though the wearing of face masks are already optional for both indoor and outdoor places.
MJ Villamora	B. External and Internal Issues Relevant to the QMs 1. Preparation of in-person classes	CID and Dr. Rica	-	С	Implementation of In- person Classes were based on the issued BOT Resolution on The Implementation of the In- Person classes. PSHS CVisC care off CID and SSD conducted stakeholders (scholars and parents) meeting and orientation on the expectations and things to remember in the implementation of online classes.
MFS Saquibal	 C. Non-Conformities and Corrective Actions Alleged Failure to communicate results of bidding process for security manpower services and for allowing bidders to take over with no proper turn-over of their properties and equipment 	GSMU	-	С	Reply Letter was already sent to the petitioner or the previous security, manpower services provider. Letter reply with supporting documents were also sent to pcc@malacanang.gov.ph to address the 888 complaints





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
Dr. RLV Rica	2. Official email address of the child of Atty. Esther Biliran was allegedly hacked, intermittent internet connectivity	CID and IT Unit	-	С	Together with series of online meeting and an In-person meeting with Atty. Esther Biliran was done to address her concerns about the issue of alleged hacking of the email address of her son. The son of Atty. Biliran also chose to withdraw his scholarship in the start of SY: 2022- 2023 in the fear of the COVID 19 pandemic and the compulsory in- person classes
RP Albiso	Internal Quality Audit Results 1. CARs related to land titling are still open	Ms. Rendon and Dr. Rica	-	A6	Lot Titling is on going
Engr. JM Oyangoren JAS Villaflor RL Duaban	 Effectiveness of Actions Taken to Address Risk Opportunities Conduct of regular preventive maintenance, mental health program activities and subscription of insurance policy to mitigate related risks (mental health issues, food poisoning, safety and security, equipment breakdown) GSMU-Completed Preventive Maintenance for both buildings and vehicles were done. All buildings and school vehicles were also insured. HSU-Completed So far, NO incident of food poisoning occurred. Canteen and food handling was checked and observed. GCU-Completed Mental health seminars and activities were implemented every school year. 	GSMU, GCU, HSU	-	С	-





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
KC Balili	 Reduce costumer complaints by ending employees to customer service trainings and capacity-building seminars; and establishing communication flows between clients and school personnel. 	HRMO, MANCOM		С	Dorm Managers and other SSD personnel undergo either Capacity- Building Seminars (such as house-keeping seminars, dealing mental health problems, etc.) and Customer Service Trainings
Engr. JM Oyangoren	 Posting of APP in conspicuous places in the campus and on online platform providing end user a copy of the APP and calling the attention of the end user prior to procurement schedule for on time submission of procurement request 	Procurement Officer		A2 On going	Calling the attention of the end-user prior to procurement of request were done and copies of APP were also given to the end users. Procurement requests were posted on PhilGEPS. For Action: Except for the bulletin board for procurement Updates, Updates of procurement requests are also going to be posted or displayed in the TV in the entrance of the admin building.
RP Albiso	Non-Closure of CARs during IQA	QMSO and MANCOM	-	I	Nonconformity related to land titling is still open.





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS					
2. Changes in external and internal issues that are relevant to the quality management system										
RP Albiso	Mandatory documents such as SWOT Analysis, Risk Assessment and Treatment Plan and Opportunity Assessment and Treatment Plan of all process owners were updated in preparation and in response to the partial In-person classes for the SY: 2022-2023. Risk treatment plans were updated to identify action plans in order to lessen or mitigate the likelihood or consequence of the COVID 19 risks during the implementation of the In-person Classes.	-	-	I	-					
MJM Villamora	Preparation for the full implementation of the In-person classes	CID and MANCOM	-	С	Implementation of In- person Classes were based on the issued BOT Resolution on The Implementation of the In- Person classes. PSHS CVisC, care off CID, SSD and the Health services Unit conducted stakeholders (scholars and parents) meeting and orientation on the expectations and things to remember in the implementation of In- Person Classes.					





		IS	SUES/CONCEI	RNS	
3. Informati	on on th	e performance an	d effectivenes	s of the qua	ality mana
3.1.Cus	tomer S	atisfaction and fee	dback from re	levant inter	ested par
	The Cu to June	stomer Satisfactior 2022.	n Survey was co	onducted fro	m January
	Г	Unit or Area	No. of Respondents	Average Rating	Remarks
	1	Registrar	81	4.99	E
	2	ProcurementBAC	2	5.00	E
	3	Physics Lab	38	4.81	E
	4	OCD	4	4.88	E
	5	Library	25	4.99	E
	6	IT	5	4.73	E
	7	HR	26	4.52	E
RP Albiso	8	GCU	43	4.94	E
	9	GSU	20	4.93	E
	1		3	5.00	E
	1	1 Dormitory - Boys	40	4.56	E
	1		75	4.75	E
	1		10	4.59	E
	1		40	4.73	E
	1	5 Cashier	11	4.91	E





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
RP Albiso	Suggestion boxes will be provided with a NOTE, indicating that in cases where clients provide low ratings of 1 and max ratings of 5 in an office in all criteria, there should always be comments or reasons why these ratings were given; else those ratings were going to be considered as null and void. Max and minimum ratings should be provided with reasons and comments to provide process owners feedbacks on what to improve and what to retain in delivering their respective processes.	QMR	December 2022	A	All suggestion boxes should be provided with a note or a reminder to all clients that an average rating of 1 and 5, should always be followed with reasons and comments for their ratings to be included in the evaluation analysis.
RP Albiso	There are some offices with few respondents in the survey. Concerned personnel are reminded to regularly hand out the client feedback form to their clients after every transaction.	-	-	I	-
3.2. Exte	nt to which quality objectives have been met and process performa	nce and conformity	of products a	and services	
Ms. Abegonia	The IPCR accomplishments from all units, for the period January to September 2020, were accounted to determine the overall status of the accomplishments of the campus. Data were collected from the units and divisions to regularly monitor and measure results that are also presented in system wide assessment and planning workshops such as the midyear performance assessment and catch-up planning. The following are the actual accomplishments for the period January to September 2022:	-	-		-





FROM	ISSUES/CONCERNS			RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
	CVisC Actual Accomplishments from Janu	complishments from January to September					
		2	022				
		Target	Actual				
	A.1.1 Percentage of PSHS graduates pursuing STEM	90%	96.67%				
	A.1.2 Cohort survival rate (Batch 2022)	90%	98.89%				
	A.2.1 No. of scholars supported for SY:2019-2020	534	537				
	A.3.1 Percentage of winnings in international competitions	85%	162.00%				
	A.3.2 Percentage of winnings in local or national competitions	85%	162.33%				
	A.4.1 Percentile of PSHS students in the US- based SAT	80	92				
	A.4.2 Rank of the campus in UPCAT scores	20	NO Ranking				
	B.1.1 Number of municipalities/cities that are recipients of promotional activities	64	127				
	B.1.2 Percentage of municipalities with applicants to the NCE	30%	68.94%				
	B.1.3 Percentage of freshmen who were able to get a GWA of 2.5 or better in the 2 nd quarter of SY: 2021-2022	90%	100%				
	C.1Budget Utilization Rate(as of September 2022)	85%	83%				
	C.2 No. of ISO processes certified as compliant to ISO 9001:2015	2	ONGOING				
	D.1 No. of policies and actions resolved by the MANCOM	5	52				
	D.2 No. of academic activities conducted	3	37				
	D.3 No. of administrative activities	7	26				





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
RP Albiso	As of September 2022, most of the key performance indicators were meet and there are even key indicators which are or more than the target.	-	-	I	-
Dr. RLV Rica	For the key indicator A.4.2, this key indicator is not included since ranking of campuses were NOT released during the 2021 UPCA.	-	-	I	-
Dr. RLV Rica	For the key indicator C.1, though the budget utilization is low compared to the target, but this is considered positive since the 83% budget utilization is as of September 2022. The 83% budget utilization as of September 2022 has only a gap of 2% between the target and the actual accomplishment. The three months remaining for the year 2022 is quite plenty to accomplish the remaining 2% of the target.	-	-	I	-
RP Albiso	We cannot declare our accomplishment yet for C.3 because we must wait for the result of the surveillance audit on December 2, 2022.	-	-	I	-
3.3. Pro	ocess Performance and Conformity of Products and Services				
	 A. Evaluation of Teachers by the Students for SY: 2021-2022 a.1) lowest rating: 3.81 – Satisfactory a.2) highest rating: 5.00 – Excellent a.3) average rating: 4.66 – Very Satisfactory Out of 50 teachers, 48 got a Very Satisfactory rating, 1 got and Excellent rating and 1 got a Needs Improvement Rating 				
R Albiso	B. IPCR Ratings of faculty and staff from January 2021 to May 2021 (for faculty) and January 2021 to June 2021 (for staff) Faculty Staff b.1) lowest rating: 4.25 - VS b.2) highest rating: 4.99 - VS b.3) average rating: 4.78 - VS All the personnel for both faculty and staff have a Very Satisfactory IPCR rating.				





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS				
3.4. Nonconformities and Corrective actions									
GE Carumba	HUMAN RESOURCE MANAGEMENT UNIT ISO Clause FAM 4.3 on Career Pathing under Procedures no. 4-8 and no. 12. "Incomplete outputs of the other divisions for the Career pathing of employees and non-submission of consolidated progress report to FAD chief"	-	-	С	-				
GE Carumba	HUMAN RESOURCE MANAGEMENT UNIT Nonconformity in FAM 4.12 Employee Health and Wellness Program under policies 4.12.3.8.4 (annual dental results)	-	-	А	-				
GE Carumba	INCIDENT COMMAND SYSTEM No Incident Action Plan, Risk Reduction Strategy, and Emergency Response Plan (FAM 15, 4.5.5)	Incident Management Team	-	I	-				
E Guia	The crafting of the Incident Action Plan, Risk Reduction Strategy, and Emergency Response Plan has already started. These were not yet finalized since the scope and the coverage of these plans is big and there are many situations which needs to be addressed and considered in the plans. The plans were already forwarded to the planning officer for comments and suggestions for the already.	Incident Management Team	November 2022	A	-				
GE Carumba	INCIDENT COMMAND SYSTEM No information on Point of Contact posted in website and conspicuous place (FAM 15 4.6)	Incident Management Team	-	I	-				
RP Albiso	Point of Contact will be posted on the PSHS CVisC website, and this is care off by the campus' Information Systems Analyst. Point of Contact could also be displayed in the TV in the administration building's lobby. IT personnel will be provided with the information for the Point of Contact of PSHS CVisC which is to be posted or displayed in the TV.	Mr. Cyril Magallanes	November 2022	A	-				





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
GE Carumba	INCIDENT COMMAND SYSTEM No designated post/office/base for the Incident Management Team (FAM 15.0 5.1.4)	Incident Management Team	-	А	-
GE Carumba	The extra room on the first floor of the ACA 3 building could be used as a designated post/office/base for the Incident Management Team.	-	December 2022	I	-
GE Carumba	GENERAL SERVICES MANAGEMENT UNIT Preventive maintenance Schedule (PMS) for 2022 was presented by the Physical Plant and Facilities Head (PPF) during the audit in which the status of maintenance for each equipment was indicated. Several equipment listed have not undergone preventive maintenance as scheduled.	-	-	A	-
Engr. J Oyangoren	Preventive maintenance to school vehicles and equipment were done but records was not updated. Records were already backed tracked and its being finalized and will be available next week.	Engr Jerl Oyangoren	November 2022	A	-
3.5. Mon	itoring and measurement results				
RP Albiso	Presented comparative analysis of targets and accomplishments from 2017-2019	-	-	I	-





FROM	ISSUES/CONCERNS						RESPONSIBILITY	TARGET DATE	STATUS	REMARKS	
	CVisC Actual Accomplishments from January to September 2022										
			20		021	2	2022				
		Target	Actual	Target	Actual	Target	Actual				
	A.1.1 Percentage of PSHS graduates pursuing STEM	90%	100%	90%	99%	90%	96.67%				
	A.1.2 Cohort survival rate (Batch 2022)	90%	90%	90%	98%	90%	98.89%				
	A.2.1 No. of scholars supported for SY:2019-2020	534	538	535	539	534	537				
	A.3.1 Percentage of winnings in international competitions	80%	NA	80%	550%	85%	162%				
	A.3.2 Percentage of winnings in local or national competitions	90%	NA	80%	133%	85%	162.33%				
	A.4.1 Percentile of PSHS students in the US- based SAT	80	NA	80	NO SAT	80	92				
	A.4.2 Rank of the campus in UPCAT scores	20	9	20	1	20					
	B.1.1 Number of municipalities/cities that are recipients of promotional activities	50	92	50	104	64	127				
	B.1.2 Percentage of municipalities with applicants to the NCE	50%	61.0%	30%	61%	30%	68.94%				
	B.1.3 Percentage of freshmen who were able to get a GWA of 2.5 or better in the 2 nd quarter of SY: 2021-2022	85%	100%	90%	94%	90%	100%				
	C.1Budget Utilization Rate(as of September 2022)	85%	79%	85%	81%	85%	83%				
	C.2 No. of ISO processes certified as compliant to ISO 9001:2015	2	4	1	4	2	ONGOING				
	D.1 No. of policies and actions resolved by the MANCOM	5	12	5	48	5	52				
	D.2 No. of academic activities conducted	4	10	5	13	3	37				
	D.3 No. of administrative activities conducted	2	5	5	7	7	26				
3.6. Auc		2			7						
3.6. Auc GE Carumba	tit results The 2022 internal quality audit of 19-23, 2022 covering all areas of internal audit showed 6 new non agenda 3.4) with 1 closed alread	f PSH confo	S-ĊVi rmities	sC. T s -CAF	he resi R (as d	ult of [.] liscus	the sed in	-	-	I	-





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
	 POSITIVE OBSERVATIONS Documents are updated, properly labeled, organized, and filed properly (LU, SDU, RHU, HSU, GSU, RU, CID, RMU, BAC, OCD, AU, PRU, SSD, HRMU, CMU) In-charge/process owners are well-versed on their unit's processes. Processes are systematically followed (LU, RHU, SDU, HSU, GSU, RU, Chem & Bio Lab, RMU, ITU, SPMU 	-	-	Ι	-
	 POSITIVE OBSERVATIONS Guidance Services Unit Tieng up with a third party to aid in the administration, scoring, and interpretation of psychological tests is commendable. Career development services were given and assessed. 	-	-	μ	-
GE Carumba	 POSITIVE OBSERVATIONS Health Services Unit Close monitoring and proper protocol are employed to contain spreading of infectious diseases Telemedicine is provided 	-	-	I	-
	 POSITIVE OBSERVATIONS Registrar Campaign plans were well-conceptualized. Implementations of plans were properly executed and documented. Completion of enrolment requirements were guaranteed through constant communication, follow-up, and posting in Pisayconnect. 	-	-	I	-
	 POSITIVE OBSERVATIONS Curriculum and Instruction Division Types of exams are varied and time pressured Scholars are well-informed of their grades. Creation of Pisayconnect is an advantage for teachers Chem and Bio Lab are clean, neat. Instrument/pieces of equipment are kept in cabinet 	-	-	I	-





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
	 POSITIVE OBSERVATIONS Incident Command System Conducts Fire and Earthquake Drill annually Prepared Public Service Continuity Plan in response to the pandemic 	-	-	I	-
GE Carumba	 AREAS FOR IMPROVEMENT General Services Management Unit Ms. Bañados, as administrative aide, is found to be working on multiple units of FAD that is not indicated as targets in her IPCR. Proper delineation of administrative aide function or a dedicated administrative aid for GSMU is suggested. 	GSMU	2023	A	All functions performed by Ms. Banados should be reflected in her IPCR targets. Special Order should be issued to specify Ms. Banados' administrative functions.
GE Carumba	 AREAS FOR IMPROVEMENT Incident Command System Public Service Continuity Plan must be updated after October 2022 	Incident Management Team	2022	A	-
GE Carumba	 AREAS FOR IMPROVEMENT Curriculum and Instruction Division ISO Clause 9.1 Monitoring, measurement, analysis and evaluation: "Monitoring of attendance of teachers to their classes should be conducted regularly." 	CID	-	С	-
GE Carumba	 AREAS FOR IMPROVEMENT General Services Management Unit Proper identification and storage of cleaning/disinfection materials should be observed to ensure preservation. 	GSMU	-	С	-





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
GE Carumba	 AREAS FOR IMPROVEMENT Human Resource and Management Unit Guidelines for Health and Wellness Activities not updated 	HRMU	-	С	-
GE Carumba	 AREAS FOR IMPROVEMENT Health Services Unit Profiling and organizing the Gr 8-12 requirements are still ongoing specially for those not in the campus Profiling and organizing the Gr 8-12 requirements are still ongoing specially for those not in the campus 	HSU	November 2022	A	Already completed but OFI forms were not yet forwarded to the Internal Lead Auditor since Internal Quality auditor is on official business and is on travel.
GE Carumba	 AREAS FOR IMPROVEMENT Biology and Chemistry Laboratory No property tag of some light microscope in the laboratory. Updating of History Card of Instruments/Equipment. History Card is not updated. 	Ms. Rose Tejones and Mr. Paul Isaac Dizon	November 2022	A	Already completed but OFI forms were not yet forwarded to the Internal Lead Auditor since Internal Quality auditor is on official business and is on travel.
3.7. Perf	ormance of external providers				
RP Albiso	The evaluation of external providers is regularly conducted using the external provider performance evaluation form. The evaluation results show that the overall performance of all personnel in the janitorial and security services were all outstanding for January to June 2022 rating period. There were NO personnel from the external providers with a rating that falls below the satisfactory level.	-	-	I	-





FROM	ISSUES/CONCERNS						RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
	Janitorial	Services		Securit	y Serv	rices				
	Rank Name	Rating Remark	Rank	Name	Rating	Remarks				
	1 Aballe, Jack Kiri	4.77 Outstand	ng 1	Requinto, Desiderio	4.70	Outstanding				
	2 Legaspi, Wilfreda	4.66 Outstand	1g 2	Canton, Raul	4.69	Outstanding				
	3 Magpayo, Joselito	4.62 Outstand	ng	Matarlo, Emilio	4.58	Outstanding				
	4 Dalmacio, Deogenes Jr. 5 Umerez, Dexter	4.58 Outstand	1g	Datuin, Gerson	4.51	Outstanding				
	5 Umerez, Dexter 6 Geslaga, Miguelito	4.58 Outstand	ig ·	Elevera, Tanlie	4.49	Outstanding				
	7 Alviola, Michael	4.56 Outstand		Langomez, Lordgel	4.44	Outstanding				
	8 Villamora, Roel	4.53 Outstand		Albofera, Donald	4.43	Outstanding				
	9 Sardido, Johnny	4.50 Outstand		Gelborion, Ruben	4.40	Outstanding				
	10 Neri, Helfie	4.49 Outstand		Davis, Analyn	4.35	Outstanding				
	11 Espinosa, Benjamin	4.47 Outstand	10 10	Bajenting, Nelson	4.34	Outstanding				
	12 Albarracin, Jeffrey	4.47 Outstand	1g 11	Getalla, Emiljun	4.31	Outstanding				
	13 Mamolang, Josabeth 14 Duran, Francisco	4.41 Outstand	18	Sardido, Eugene	4.24	Outstanding				
	14 Duran, Francisco	4.33 Outstand	18	,8						
4. Adequac	y of Resources							I	I	
RP Albiso	Utilization of budget as of, September 2022 PS: 85% MOOE: 81% CO – Equipment Outlay: 0% CO – LFP: 74%					-	-	I	-	
	Overall Utilization: 8									
	Number of filled pos CID = 51/63, SSD =						-	-	I	-
RP Albiso	There are 9 vacant teaching positions under CID (3 SST III and 6 SST II) which shall be filled in by those who qualify for promotion or hiring.						-	-	I	-
	Number of existing External Provided Services (manpower): CID = 4, SSD = 14, FAD = 13, Total = 29						-	-	I	-
	Security Services = Janitorial Personne					-	-	I	-	





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
MF Saquibal	For the next Fiscal Year 2023, there will be 2 additional security guards and 5 more additional janitorial personnel to cater the new and additional buildings in the campus.	-	-	I	-
5. Effective	ness of actions taken to address risks and opportunities				
	Damages to school vehicle and facilities due to accidents and natural causes.				
Dr. RLV Rica	All school vehicle and all school facilities were insured. Old vehicles are to be checked and assessed if their insurance is greater than their refurbishing value. If their refurbishing value is greater than the insurance value these vehicles will not be used anymore and will only be used inside the campus for transport of facilities and equipment during school activities.	-	-	I	-
	Students' safety and security (mental health issues, food poisoning,)				
	Mental Health issues	-	-	Addressed	
RL Duaban	The Guidance and Councelling Unit have a lot of activities lined up for Mental Health issues in the month October. In fact, almost all Wednesday in the month of October have activities to promote awareness of Mental health Problems			and Completed	-
JA Villaflor	Food Poisoning	-	-	I	
	There is a weekly checking on the canteen by the Food Services Unit				
	COVID 19 – Related risks				
JA Villaflor	Health Protocols were implemented during the In-person classes. Health screening for students and teachers were done upon entry inside the campus. In cases of suspected COVID 19 cases, antigen tests were available in the clinic for testing. Availability of the Contact	-	-	I	-





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
	Tracing Committee helps identify those who have interactions to those who were COVID 19 positive.				
6. Opportu	nities for improvement	I			I
Dr. RLV Rica	 Rehabilitation, repair and improvement of school buildings and facilities (ACA 1,2&3, Dormitories, Admin) Rehabilitation of school buildings were on going and some buildings were already rehabilitated. The Administration building was just rehabbed this year. The old Boys Dormitory is under rehabilitation and expected to be finished in 2023. The ACA3 (Academic Building 3) is also for rehabilitation with a budget of 9 million and expected to start construction this 2023. 	-	-	I	-
Dr. RLV Rica	2. Availability of extra-rooms to optimize function and processes (ICS, Records & GCU) Availability of extra rooms for Records will be provided after the Property Building for the Supply Unit will be available. The isolated area/lobby in the New Boys Dormitory could be used as the extra room requested by the Guidance and Counseling Unit. For the Incident Command System office, they can use the extra room in ACA3 as their office. Letter Request to the Physics Unit Head to allow Incident Command System to use the extra room in ACA 3.	ICS and QMR	-	A	Letter requesting the Physics Unit Head to let the ICS use the extra room in ACA 3
Dr. RLV Rica	 Availability of extra vehicle (HSU, Procurement Unit & GSMU) Availability of extra school vehicle is not possible since the PSHS CVisC's request for additional vehicle was NOT approved. Request for extra school vehicle is requested yearly. 	Budget and Campus Director	-	A	Request for extra school vehicle





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
	4. Computerization and digitalization of services and evaluation (SSD, Food Services, Registrar)				
JA Villaflor	Food Services				
	It would be nice if evaluation for food and services be computerized and digitalized.				
	The use of QR Codes in evaluating the services of the Canteen could be implemented. Ask Mr. Tabay how to implement online evaluation of the Canteen just like what he taught the canteen management in implementation of Gcash Payment.	Ms. Jessica Athena Villaflor and Mr. Anthony Tabay	January 2023	A	-
KC Balili	SSD Services				
	The use of pisay connect in computerization and digitalization of SSD functions or process will be done in 2024. This is in accordance with the proposed plan in the implementation of pisay connect.	SSD Chief, Mr. Felix Calvo and Pisay Connect Project Management Team	2024	A	
	 Acquisition of tools and equipment for preventive maintenance – GSMU 				
Dr. RLV Rica	Acquisition of tools and equipment will be done only after the property is going to be completed. Tools and equipment for the meantime will stored in the supply office.	GSMU	-	I	-
	6. Contract of external MH Professional Psychiatrist for				
	higher level care cases – GCU				
Dr. RLV Rica	Contracting external professional Psychiatrist has a special way of procurement. GCU should consult the BAC about the mode of procurement of contracting a Professional Psychiatrist to have budget allocation for 2023.	-	-	I	-





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
JA Villaflor	 Availability of Dental Services – HSU The 2022 budget for the Students' Dental services were realigned to facemasks, isopropyl alcohols and other COVID 19 mitigation 	-	-	I	-
Dr. RLV Rica	equipment. The General PTA could be informed and asked if they could shoulder the Students Dental Services through a PTA project. Mobile dental services were available and very applicable in our set up just like what was done few years back.	Liaison Officer	2023	A	Inform and ask the PTA if it is possible that they could shoulder the Dental Services of PSHS CVisC scholars
KC Balili and MJM Villamora	 8. Participation in capacity-building trainings and seminars of personnel – SSD & CID All personnel under SSD and CID participated capacity building trainings and seminars this fiscal year 2022. 	-	-	С	-
7. Any need	l for changes to the quality management system				
RP Albiso	In our campus level and as of now, NO changes to the quality management system have been identified.	-	-	I	-
8. Resource	25	1	1		
RP Albiso	 The resources needed and identified in Opportunities for Improvement and Effectiveness of actions taken to address risks and opportunities were listed below: 1. Additional rooms or offices 2. Additional vehicle 3. Tools and equipment for preventive maintenance 	-	-	I	-
9. Other Ma	tters	1			
-	No Other Matters were brought up	-	-	I	-





49 Part 3 – ADJOURNMENT

48

50 51	There	having no more issues to be discussed, the meeting was adjourned at 4:00 PM.
52 53		
54	Prepared by:	him.
55		ROMIL P. ALBISO
56		Quality Management Representative
57	Noted by:	1 Cm
58		RACHEL LUZ V. RICA, PhD
59		Campus Director