



#### MINUTES OF THE MEETING FOR THE MANAGEMENT REVIEW CONFERENCE ROOM 3<sup>RD</sup> FLOOR ADMIN BUILDNG November 20, 2023

#### Present:

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1.	Dr. Rachel Luz V. Rica	11. Lynn Datanagan	21. Nilo Jeremias Kintanar	31. Cecil Aradillos
2.	Romil P. Albiso	12. Lilian Rendon	22. Norma B. Abegonia	32. Dr. Richard C. Balais
3.	Gee Elle Carumba	13. Marco Lorenzo Camarillo	23. Julliene Anne S. Sarmago	33. Jovannie Bajenting
4.	Princess Garnet Q. Albiso	14. Jessica Athena S. Villaflor	24. Maria Fengina S. Saquibal	34. Paul Isaac O. Dizon
5.	Joseph P. Hortezuela	15. Felixberto L. Sasaban Jr.	25. Engr. Jerl Oyangoren	35. Rosie Tejones
6.	Jennifer Bajo	16. Maria Vilma Buscato	26. Cyril Magallanes	36. Gencianus Retardo
7.	Jayfe Anthony Abrea	17. Elsie Marie Batoctoy	27. Riza Reyna Calma	37. Eleazar Guia
8.	Anthony Tabay	18. Rose Anne Rexane	28. Marjhun Ricarte	38. Felix Calvo
9.	Diana Jane Zamora	19. Lorna Marquez	29. Runolfo Cala	39. Nardgin Balili
10	. Fuentes, Jed Michael	20. Albores, Maricel	30. Gayda, Ruby Cres	40. Maria Ana Awit
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#### Absent:

- 1. Abraham Pitos Internal Auditor
- 2. Janeth Balais Internal Auditor
  - 3. Ligaya Geslaga Librarian
  - 4. Jason Blanco Engineering Unit
  - 5. James Bracero Engineering Unit
    - 6. Shiela Diendo Engineering Unit
    - 7. Mary Joy Villamora CID Chief
    - 8. Arlene Ágosto SIP Coordinator
  - 9. Rey Giovanni Villamora Math Unit Head
  - 10. Alco Kenneth Tolentino Biology Unit Head
- 27 28 29

# 30 Part 1 – CALL TO ORDER

The Management Review was called to order by the campus director, Dr. Rachel Luz V. Rica, at 09:30 AM. The rationale and objectives of the meeting were stated by the QMR and the agenda of Management Review was read and identified.

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#### AGENDA:

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- 1. Status of actions from the previous management reviews
- 2. Change in External and Internal issues that are relevant to the Quality Management System
- 3. Information of the Performance and effectiveness of the QMS
  - A. Customer satisfaction and Feedback to the relevant interested parties
  - B. Extent on which quality objectives have been met and process performance and conformity of products and services
  - C. Monitoring and measurement results
  - D. Monitoring of Performance of Faculty & Staff
  - E. Performance of external providers
  - F. Nonconformities and Corrective Actions
  - G. Audit Results
  - 4. Adequacy of Resources
- 5. Effectiveness of actions taken to address risks and opportunities
- 6. Opportunities for Improvement
  - 7. Any Need for changes to the quality management system
    - 8. Resources
      - 9. Other matters

# 54 Part 2 – MEETING PROPER

# 55 Legend: I – Information only; A# – Action Required, # indicates the number of times the target date was changed; C – Complied/Completed

FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
1. Status of	actions from previous management reviews				
RP Albiso	This is the 7 <sup>th</sup> Management Review (6 <sup>th</sup> regular management review with 1 special management review - held last November 9, 2018) of the organization. The third year of the three-year cycle under the accreditor - TUV NORD Philippines. The following were the action items from the previous management review.	-	-	I	-
	<b>A. Status of Actions from the 2020 Management Review</b> 1. Land Titling of PSHS CVisC	Mrs. L. Rendon and Dr. RL Rica		A7	The land titling of the untitled lots inside PSHS CVisC is still on going with 2 out of 3 lots have titles already which is a significant improvement.





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
RLV Rica	The two lots (Lot 4999 & Lot 4212) have their special patents released this year and the titling of Lot 4229 is still in process. The transfer of name for 4229 is put on hold since the original documents of the pertinent documents of this lot is NOT available. Request to the Registry of Deeds was submitted and is still waiting for release.			I	Request to get an original copy of the pertinent documents of Lot 4229 to the Registry of Deeds was submitted and is still waiting for release.
JA Abrea	2. Application for Environmental Compliance Certificate The application of Environmental Compliance Certificate – ECC depends on the PSHS CVisC Lot Titling. The original plan is that application of the ECC will start after all the untitled lots inside the PSHS CVisC is done. Only 2 out 3 of the lots were named to PSHS CVisC and application of ECC needs that the 3 lots were not just named to PSHS CVisC but also joined together under PSHS CVisC name.	Mr. JA Abrea Environmental Control Officer	-	A7	Waiting for the titling of the 3 lots and its consolidation as a single title under PSHS CVisC name.
RLV Rica	Even though the lot titles of Lot 4999 & 4212 were released this year but application of the ECC is difficult because there's NO budgetary allocation for ECC application this year.		-	I	-
RLV Rica	Application for ECC for the establishments inside Lot 4999 should be studied and explored. Most of PSHS CVisC buildings are inside Lot 4999 and Lot 4212; and since these lots have titles already, the filing and ECC application should be explored and should not wait for the consolidation of all the 3 lots under PSHS CVisC name. The application of ECC will have budget allocation for the FY: 2024.	Ms. NB Abegonia, Mrs. LC Marques & Mr. JA Abrea	_	A	For Action this coming Fiscal Year 2024
Engr. J Oyangoren	<ol> <li>Permit to operate the generator.</li> <li>The application for the Permit to Operate Generators was NOT processed this year since the ECC – Environmental Compliance Certificate is one of its requirements for processing.</li> </ol>	Engineering Unit	-	A	Waiting for ECC to be processed and awarded before the application of the permit could be processed.





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
JAS Villaflor	<ul> <li>4. Health Risks-possible infection/transmission of COVID-19 among personnel and clients</li> <li>Covid related health protocols were NOT implemented anymore since all guidelines instituted for COVOD19 were on halt per Philippine</li> <li>Government Mandate. However, health guidelines for viral diseases were implemented such as the wearing of face masks for those with flu like symptoms inside the campus and students were advised to go home for early signs and symptoms of highly contagious viral diseases.</li> </ul>	HSU	-	С	-
Engr. J. Oyangoren	<ul> <li>5. APP Concerns         <ul> <li>Except for the bulletin board, Updates of procurement requests are also going to be posted or displayed in the TV in the entrance of the admin building.</li> </ul> </li> </ul>	PU	-	С	Updates of procurement requests were posted in the Procurement Bulletin Board with all contents only for procurement matters. Posting the updates in TV in the Admin Building was NOT feasible for the whole year since the TV was on repair on certain months for the year 2023.
RP Albiso	<ul> <li>6. Information on the performance and effectiveness of the QMS         <ul> <li>Suggestion boxes will be provided with a NOTE:</li> <li>"Max and Minimum ratings to all criteria will be provided with reasons, else these ratings will be considered as NULL and VOID."</li> </ul> </li> </ul>	QMR	-	С	All existing suggestion boxes were installed with a note saying, "To help us maintain our good practices and improve our processes please provide a reasons or comments for maximum and minimum ratings else these ratings will be considered as NULL and VOID."





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
	<ul> <li>Additional suggestions boxes should be provided to all laboratories (Biology, Chemistry, Physics, Computer and Makerspace) to increase the turnout of customer feedback from these offices. A target of 3 additional suggestion boxes should be provided, 2 for ACAD 3 (Biology, Chemistry, Physics and Computer Laboratories) and 1 for ACAD 4 (Makerspace).</li> </ul>	QMR	January 2023	A	Request for 2 additional suggestion boxes was already filed to the General Services Unit and is just waiting for completion. Request for the lacking 1 more suggestion box will be submitted to GSMU.
	<ul> <li>Explore the possibility of electronic customer feedback mechanism – using QR code that is when scanned with cellphones and other similar gadgets it will direct the user to an online customer evaluation.</li> </ul>	QMR	January 2023	A	QR Codes will be posted above the suggestion boxes and areas near the process owners offices for easy access to the online customer satisfaction survey.
JAS Villaflor	<ul> <li>7. Nonconformities and Corrective actions (IQA 2022)</li> <li>○ HRMU</li> <li>• annual dental results</li> </ul>	HSU	_	С	Memorandum on the submission of employee's dental results was issued on December 2022 for employees' compliance. For the SY: 2023-2024, Dr. Dela Torre parent of one of scholar's, was to conduct free dental check up to all PSHS CVisC Employees on November 24, 2023.





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
FS Calvo	Please double check if the annual dental results are compulsory for every employee and should be part of the clearance item for teachers since in the manual it is stated that annual dental results are needed only if necessary.	CD, QMR, Lead IQA & HR	SY: 2023 – 2024	A	-
NB Abegonia	<ul> <li>ICS         <ul> <li>crafting of the Incident Action Plan, Risk Reduction Strategy, and Emergency Response Plan</li> </ul> </li> <li>The Public Service Continuity Plan was crafted already. This Plan already contains the <i>Incident Action Plan, Risk Reduction Strategy,</i> <i>and Emergency Response Plan.</i> It was submitted to the OED, and it is also under review and for evaluation of Argao MDRRM. After it is already edited based on the recommendations of Argao MDRRMO it will be signed by CD.</li> </ul>	Incident Command System Team/Committee	FY: 2024	A2	-
RP Albiso	<ul> <li>Point of Contact will be posted on the PSHS CVisC website.</li> </ul>	IT Unit	-	С	Point of Contant is already available in the PSHS CVisC website both the Day Incident Commander and Night Incident Commander
NB Abegonia	<ul> <li>No designated post/office/base for the Incident Management Team</li> </ul>	ICS Team	-	A2	As to date, the ICS Team doesn't have its own office and is currently sharing room with the Research Unit with both Committee and Unit having the same head or person in charge, (Mr. Eleazar Guia)





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
NB Abegonia	Monitoring of Fire Extinguisher	ICS Team	SY: 2023- 2024	I	The Incident Command Systems Team will be the ones to check the condition of the fire extinguishers in the different offices instead of the Supply Unit.
MFS Saquibal	<ul> <li>GSMU</li> <li>Preventive maintenance Schedule (PMS) for 2022 - Several equipment listed have not undergone preventive maintenance as scheduled.</li> </ul>	GSMU	-	С	Though the schedule for the maintenance of the equipment was NOT followed but all equipment has undergone preventive maintenance from the end of the year (2022) up to the succeeding year (2023).
MFS Saquibal	<ul> <li>Preventive maintenance to school vehicles and equipment were done but records was not updated (being backtracked)</li> </ul>	GSMU	-	С	-
LC Marquez	<ul> <li>8. Audit results – Areas for Improvement (IQA 2022) <ul> <li>GSMU</li> <li>Ms. Bañados, as administrative aide, is found to be working on multiple units of FAD that are not indicated as targets in her IPCR.</li> </ul> </li> </ul>	GSMU	-	С	Ms. Banados is providing assistance with both the FAD Chief and the GSMU (monitoring & scheduling of school vehicle and facilities only) and all of these are now reflected in her IPCR.
LC Marquez	<ul> <li>Proper delineation of administrative aide function or a dedicated administrative aid for GSMU was suggested.</li> </ul>	GSMU	-	С	An additional dedicated administrative aid for the GSMU was NOT needed after consideration of Ms. Banados' workload.





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
NB Abegonia	<ul> <li>ICS</li> <li>Public Service Continuity Plan must be updated after October 2022</li> </ul>	ICS Team	SY:2023- 2024	A2	Public Service Continuity Plan was crafted and still under review.
JAF Villaflor	<ul> <li>HSU</li> <li>Profiling and organizing the Gr 8-12 requirements are still ongoing specially for those not in the campus.</li> </ul>	HSU	-	С	For the SY:2023-2024 student profiling was done and completed. Student profiling this school year was done with ease since we are already in in-person set- up and follow-ups were easy to conduct.
R Tejones	<ul> <li>BIOLOGY &amp; CHEMISTRY Laboratories</li> <li>No property tag of some light microscope in the laboratory.</li> </ul>	SRA – BioLab SRA – ChemLab	-	С	All equipment in both the Chemistry and Biology Laboratory has property tags already.
PI Dizon	<ul> <li>Updating of History Card of Instruments/Equipment.</li> </ul>	SRA – BioLab SRA – ChemLab	-	С	All equipment in both the Chemistry and Biology
PI Dizon	<ul> <li>History Card is NOT updated.</li> </ul>	SRA – BioLab SRA – ChemLab	-	С	Laboratory have updated History Cards
RLV Rica	<ul> <li>9. Opportunities for Improvement <ul> <li>Availability of extra rooms to optimize function and processes.</li> <li>Records Unit</li> <li>The extra room for the Records Unit will only be provided after the construction of the Supply and Property Building.</li> </ul> </li> </ul>	FAD, Procurement & CD	FY 2025	A2	Supply and Property Building is NOT yet lined up for budget allocation. Availability of funds will be in FY: 2025.
RA Rezane	<ul> <li>GCU</li> <li>The isolated area/lobby in the New Boys</li> <li>Dormitory could be used as the extra room requested by the GCU.</li> </ul>	Boys Dorm Manager and GCU	-	С	Instead of the lobby in the New Boys Dormitory the Dormitory Manager has allowed the GCU to use one extra room in Boys Dormitory.





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
EB Guia	<ul> <li>ICS The extra room of the Physics Unit in ACA3 as the ICS Head Quarter.</li> </ul>	ICS Team	-	С	Instead of the extra room of the Physics Unit in the ACA3 to be used as the ICS Headquarter the ICS Team is using the room of the Research Unit as temporary Headquarters.
RP Albiso	<ul> <li>Availability of extra vehicle</li> </ul>	FAD, Procurement & CD	FY 2024	Ι	Two vehicles (Van and MPV) are for procurement for FY 2025.
ML Camarillo	<ul> <li>Computerization and digitalization of services and evaluation</li> <li>SSD         <ul> <li>The use of pisay-connect in computerization and digitalization of SSD functions or processes will be done in 2024.</li> </ul> </li> </ul>	SSD Chief & Felix Calvo	FY 2024	On going. ahead of schedule	This is in accordance with the proposed plan for the implementation of pisay-connect for 2024. Dry run and testing of some SSD functions such as leave pass application were conducted this school year.
JAF Villaflor	<ul> <li>Food Services         The use of QR Codes in evaluating the services of the Canteen could be implemented. Ask Mr. Tabay how to implement online evaluation.     </li> </ul>	HSU	FY 2024	A2	Online evaluation was NOT yet explored.





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
JAF Villaflor	<ul> <li>HSU – Availability of Dental Services for Employees</li> <li>Coordination with the GPTA for availability of the previously implemented free dental services program for students and the possibility of including the faculty and staff of PSHS CVisC.</li> </ul>	PTS Liaison Officer & HSU	-	С	The new set of GPTA officers was not able to organize the same program for the school year.
RP Albiso	<ul> <li>B. Change in External and Internal issues that are relevant to the Quality Management System</li> <li>Reconstitution of the QMS Team New Internal Auditor – Joseph P. Hortezuela New Independent Auditor – Judilyn Acas</li> </ul>	-	-	I	-
RP Albiso	<ul> <li>QMS Related Trainings         <ol> <li>Quality Management Refresher and Conduct of Internal Audit by Ms. Sherry P. Ramayla</li> <li>Training-Workshop in the Crafting of Management or Mandatory Documents by PSHS CVisC QMSO</li> <li>2023 Management Systems Standards Forum, Training &amp; Workshop by AGF Consulting Group</li> </ol> </li> </ul>	-	-	I	-
RP Albiso	<ul> <li>Changes in all Mandatory Documents For the SY: 2023 – 2024, PSHS CVisC QMS Office conducted a training workshop in the process of re-crafting of Management or Mandatory Documents.</li> </ul>	-	-	I	-





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS	
RP Albiso	<ul> <li>Graduation Manual The PSHS System QMS has added the Graduation Manual which provides the different processes in the conduct of the Graduation Ceremonies on March 2023.</li> </ul>	-	_	I	-	
RP Albiso	<ul> <li>Significant changes in processes         <ul> <li>Consolidation of Costumer Feedback Forms – the FAD</li> <li>Chief will now consolidate all the client satisfaction survey instead of the Human Resource Representative.</li> </ul> </li> </ul>	-	-	I	-	
RP Albiso	b. Checking of Teachers Attendance The Unit Head will now check the attendance of the Unit members instead of the CID Chief.	-	_	I	-	
RP Albiso	c. New Forms Available The document controller will just approach the process owners and let you sign to inform the process owners in cases that the PSHS System is implementing new forms or there are changes in the existing forms. The QMR will also inform through email the process owners about the changes.	-	-	I	-	
RP Albiso	<ul> <li>PSHS System Manual under review</li> <li>The PSHS System QMS manual is under review and a new</li> <li>QMS may soon be released with changes based on the</li> <li>different inputs of each campus' QMR.</li> </ul>	-	-	I	-	





FROM	ISSUES/CONCERNS				RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
	C. Information of the Perfor	mance and effe	ctiveness of	the QMS				
	1. Customer satisfaction and	d Feedback to th	e interested pa					
		No. of	Average					
	UNIT Area	Respondents	rating					
	OCD	8	5.00					
	Discipline	2	5.00					
	Engineering Unit	16	4.68					
	SSD Chief	9	4.89					
	GCU	100	4.91					
	Clinic	63	4.93					
	Library	20	4.99					
	Dormitory Boys	51	4.05					
RP Albiso	Dormitory Girls	21	4.83		-	-	I	-
	Registrar (Internal)	101	4.99					
	Registrar (External)	104	4.93					
	Food Services Unit	60	4.25					
	FAD Chief	0	0.00					
	IT	11	4.51					
	HR	43	4.95					
	GSMU	11	5.00					
	Budget	8	5.00					
	Cashier	38	4.93					
	Accounting Office	17	4.99					
	Procurement/BAC (External)	19	4.62					
	It is observable that all offices	have client satis	sfaction surve	y rating				
RP Albiso	greater than 4 which means t "Very Satisfactory Rating".	hat all PSHS CV			-	-	I	-
	The offices that were NOT pro-		ble above dor	i't have a				
	client satisfaction survey. The							
	clients which makes it difficult							
RP Albiso	This could be addressed by le				-	-	1	-
	forms in instances like, letter							
	and students for the use of la							





FROM	ISSUES/CONC	ERNS		RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
Performance Indica A.1.1. Percentage of PSHS gr pursuing STEM A.1.2. Cohort Survival rate (Ba A.2.1. No. of scholars supporte SY: 2022-2023 A.3.1. Percentage of winnings International Competition A.3.2. Percentage of winnings Competitions	<ol> <li>Extent on which quality objects performance and constructions of the services – OPCR Targets</li> </ol>						
	Performamce Indicators	TARGET	ACTUAL				
	A.1.1. Percentage of PSHS graduate pursuing STEM	90%	98.88%				
	A.1.2. Cohort Survival rate (Batch 2023)	90%	97.78%				
	A.2.1. No. of scholars supported for SY: 2022-2023	568	566				
	A.3.1. Percentage of winnings in International Competitions	90%	397.87%				
	A.3.2. Percentage of winnings in National Competitions	90%	280%				
	A.4.1. Percentile of PSHS CVisC in US based SAT		87th percentile				
	A.4.2. Rank of campus in UPCAT scores	Top 20	N/A			-	
RP Albiso	B.1.1. Number of Municipalities/cities that are recipients of promotional activities	35	103	-	-	I	-
	B.1.2. Percentage of municiplaities with NCE applicants	30%	75%				
	B.1.3. Percentage of freshmen who were able to get a GWA of 2.5 or better in the 2nd quarter of SY: 2022-2023	90%	100%				
	C.1. Budget Utilization	85%	77%				
	C.2. No. of ISO processes certified as compliant to ISO 9001: 2015	1	scheduled on Dec 9, 2023				
	D.2. No. of academic activities conducted	2	97				
	D.3. No. of beneficiaries of academic activities						
	D.4. No. of administrative activities	2	25				
	D.5. No. of beneficiaries of administrative activities						





FROM	ISSUES/CONCERNS							RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
	C. Information of the Per (Trends) 3. <u>Monitoring and</u>				ivenes	s of the	QMS				
	Performance Indicators	20	)21	2	022	20	023				
		TARGET	ACTUAL	TARGET	ACTUAL	TARGET	ACTUAL				
	A.1.1. Percentage of PSHS graduate pursuing STEM	90%	99.00%	90%	96.67%	90%	98.88%				
	A.1.2. Cohort Survival rate (Batch 2023)	90%	98.00%	90%	98.89%	90%	97.78%				
	A.2.1. No. of scholars supported for SY: 2022-2023	535	539	534	537	568	566				
	A.3.1. Percentage of winnings in International Competitions	80%	550.00%	85%	162.00%	90%	397.87%				
	A.3.2. Percentage of winnings in National Competitions	80%	133%	85%	162%	90%	280%				
	A.4.1. Percentile of PSHS CVisC in US based SAT	80th percentile	NO SAT on this year	80th percentile	92nd percentile	80th percentile	87th percentile				
	A.4.2. Rank of campus in UPCAT scores	Top 20	1st	Top 20	6th	Top 20	6th				
	B.1.1. Number of Municipalities/cities that are recipients of promotional activities	50	104	64	127	35	103				
	B.1.2. Percentage of municiplaities with NCE applicants	30%	61%	30%	68.94%	30%	75%				
RP Albiso	B.1.3. Percentage of freshmen who were able to get a GWA of 2.5 or better in the 2nd quarter of SY: 2022-2023	90%	94%	90%	100%	90%	100%	-	-	I	-
	C.1. Budget Utilization	85%	81% as of Sept. 2021	85%	83% as of Sept. 2022	85%	77% as of Sept. 2022				
	C.2. No. of ISO processes certified as compliant to ISO 9001: 2015	1	4	2	4	1	scheduled on Dec 9,				
	D1. No. of policies and actions resolved by MANCOM	5	48	5	52	N/A	N/A				
	D.2. No. of academic activities conducted	5	13	3	37	2	97				
	D.3. No. of beneficiaries of academic activities	N/A	N/A	N/A	N/A						
	D.4. No. of administrative activities	5	7	7	26	2	25				
	D.5. No. of beneficiaries of administrative activities	N/A	N/A	N/A	N/A						
	PSHS CVisC was able to a	accomp	lish alm	nost all	targets	in the C	OPCR				
	for the SY: 2022 - 2023 ex	cept fo	r the ar	eas of	Cohort	Surviva	l Rate				
	which is 2 students below										
	also below the target as of										
	the data available is for the										
	management is confident t	hat the	target v	will be a	achieve	d.					





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
RP Albiso	<ul> <li>4. <u>Monitoring of Performance of Faculty &amp; Staff</u></li> <li>A. Evaluation of Teachers by the Students for SY: 2022-2023 Aug -Dec 2021 Jan – June 2022</li> <li>a.1) lowest rating: 4.12– Very Satisfactory 3.95- Satisfactory</li> <li>a.2) highest rating: 4.97– Very Satisfactory 4.99-Very Satisfactory</li> <li>a.3) average rating: 4.66–Very Satisfactory 4.67-Very Satisfactory</li> <li>For the Aug – Dec 2021 rating period all the faculty members of PSHS CVisC got a Very Satisfactory rating (4.00 to 4.99) with the lowest rating of 4.12, highest rating of 4.97 and an average rating of 4.66.</li> <li>On the other hand, for the January – June 2022 rating period, from 57 faculty member or teachers there 56 of the teachers got a Very Satisfactory rating (4.00 to 4.99) and there is 1 faculty member who got a Satisfactory rating (3.00 to 3.99). Moreover, the highest rating for the rating period is 4.99 and an average of 4.67</li> </ul>	-	-	I	-
RP Albiso	<ul> <li>B. IPCR Ratings of faculty and staff from January 2021 to May 2021 (for faculty) and January 2021 to June 2021 (for staff)</li> <li>Faculty Staff</li> <li>b.1) lowest rating: 4.25 - VS 4.55 - VS</li> <li>b.2) highest rating: 4.99 - VS 4.99 - VS</li> <li>b.3) average rating: 4.78 - VS 4.83 - VS</li> </ul> All the personnel for both faculty and staff have an average of Very Satisfactory IPCR rating for the SY: 2021-2022 the previous two rating periods.	-	-	I	-





FROM		ISSUES/CONCER	NS		RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
		rmance of external pro orial Services	<u>viders</u>					
	R	ank Name	Rating					
		1 Geyrozaga, Myla	4.83					
		2 Gonzaga, Brenda	4.83					
		3 Geslaga, Miguelito	4.82					
		4 Gevana, Marites	4.77					
		5 Legaspi, Wilfreda	4.76					
		6 Dalmacio, Deogenes Jr	. 4.73					
		7 Alviola, Michael	4.68					
		8 Umerez, Dexter	4.63					
RP Albiso		9 Aballe, Jack Kiri	4.56		-	-	I	-
		10 Villamora, Roel	4.54					
		11 Espinosa, Benjamin	4.50					
		12 Neri, Helfie	<b>4</b> .50					
		13 Magpayo, Joselito	4.46					
		14 Albarracin, Jeffrey	4.37					
		15 Arobo, Jonathan	4.37					
		16 Duran, Francisco	4.22					
	Very Satisfactory r rating of 4.22. As a rating of 4.60. The	2023 all the janitorial pers ating with the highest rat a group the janitorial serv re are also NO negative clients who evaluated the	ing of 4.83 and ices received comments door	d the lowest an average cumented or				





FROM		ISSUES/C	ONCER	NS		RESPONSIBILITY	TARGET	STATUS	REMARKS
	b. 5	Security Services					DATE		
		-		i	1				
	Rai	ik Name	Rating	Position	-				
	1	Davis, Analyn	4.91	Guard	-				
	2	Requinto, Desiderio	4.91	Head Guard	-				
	3	Datuin, Gerson	4.85	Asst. Head Guard	-				
	4	Sardido,Eugene	4.82	Guard	-				
	5	Elevera, Tanlie	4.78	Guard	-				
	6	Camello, Alejandro	4.75	Guard	-				
	7	Bajenting, Nelson	4.66	Guard	-	-	-	I	-
	8	Matarlo, Emilio	4.64	Guard	-				
	9	Langomez, Lordgel	4.61	Guard	-				
	10	Albofera, Donald	4.41	Guard					
	Very Satisfact rating of 4.41. rating of 4.73.	For the SY: 2022-2023 all the security personnels have received a Very Satisfactory rating with the highest rating of 4.91 and the lowest rating of 4.41. As a group the janitorial services received an average rating of 4.73. There are also NO negative comments documented or received from the clients who evaluated the janitorial services.							
GE Carumba	6. <u>Audit Results</u> The 2023 Internal Quality audit of the campus was held on September 19-23, 2023, covering all areas of PSHS-CVisC. The result of the internal audit showed 3 nonconformities – CAR with 1 closed already and 18 OFI's – Opportunities for Improvement. All th 3 CAR's came from the Finance and Administrative Division. Twelve of the OFI's also came from the Finance and Administrative Divisior 4 from the Student Services Division while the following offices has one OFI each; QMSO – Quality Management Systems Office, CID – Curriculum and Instructions Division and OCD – Office of the Campus Director.				R with 1 ent. All the n. Twelve e Division, ces has ce, CID –	-	-	I	-





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
GE Carumba	<ul> <li>A. <u>Non – Conformities and Corrective Actions</u> <ol> <li>ICS</li></ol></li></ul>	-	-	С	-
GE Carumba	<ol> <li>FAD Previously filed CAR due to lack of Permit-to-Operate for generator, not compliant to DENR requirement, has not been resolved.</li> <li>(ISO Clause: 10.2; QM 4.2.2) From CAR #8 A1-2019 (re-issued from CAR #49 A1-2018) – ONGOING</li> <li>FAD Previously filed CAR due to lack of Certificate of Occupancy of the Girls Dormitory and NOT compliant to Building Code (Statutory/Regulatory Bodies)</li> <li>ISO Clause: 10.2; QM 4.2.2) From CAR #9 A1-2020 (Re-issued from CAR #50 A1-2018)</li> </ol>	-	_	A	<ul> <li>This CAR's are still ongoing due to the unavailability of lot title where the buildings of PSHS CVisC are located. Lot titling is ongoing with the following updates:</li> <li>Title for Lot 4212 was already issued on October 19, 2022,</li> <li>Title for lot 4999 was already issued last January 26, 2023.</li> <li>Title for Lot 4229 is still on the process for transfer from previous owner to Philippine Science High School.</li> </ul>
GE Carumba	<ul> <li>B. <u>Opportunities for Improvement</u></li> <li>Accounting Unit</li> <li>NO Risk Assessment Plan and NO Opportunity Assessment</li> <li>Plan</li> <li>(QM 6.1) – CLOSED</li> </ul>	-	-	С	-





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
GE Carumba	IT Unit The official website of the campus is not that updated in terms of the current news articles and announcements as compared to the Facebook page of the campus (which is not official). The official website of the campus needs constant updates (not just the Facebook page). Needs memorandum as to the status of the Facebook page of the campus which is more updated. (QM 8.6.10; FAM 12.1) – CLOSED	-	-	С	-
GE Carumba	<ul> <li>CMU – Cash Management Unit</li> <li>Some mandatory documents (SWOT, Risk Assessment, Opportunity Assessment, Inventory of Data to Analyze, RRIP) were not approved as signed by the FAD Chief.</li> <li>(QM 4.1; QM 6.1) - CLOSED</li> <li>January-June 2023 IPCR of key personnels were not yet rated by immediate supervisor. July-December 2023 IPCR targets of key personnels were not yet agreed by the personnel, immediate supervisor, and campus director.</li> <li>(QM 6.2) – CLOSED</li> </ul>	-	-	С	-
GE Carumba	<ul> <li>BMU – Budget Management Unit</li> <li>January-June 2023 IPCR of key personnels were not yet rated by immediate supervisor. July-December 2023 IPCR targets of key personnels were not yet agreed by the personnel, immediate supervisor, and campus director.</li> <li>(QM 6.2) – CLOSED</li> <li>Risk Assessment were not approved as signed by the FAD Chief. Ongoing BMU</li> <li>(QM 6.1) – CLOSED</li> </ul>	-	-	С	-





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
GE Carumba	<ul> <li>BAC</li> <li>Forms from collated Client Satisfaction Survey filled up by suppliers and bidders were labelled as intended for "Internal Clients". This indicates that the suppliers and bidders have used a wrong form to fill up the client satisfaction survey as they are considered as "External Clients" (QM 7.5.3) – CLOSED</li> <li>The occurrence of repeated bidding for the same project due to bidding failures (e.g. Rehabilitation of School Buildings) may have affected the BAC operations. This should be acknowledged, identified, and inputted in their current SWOT analysis. (QM 4.1) – CLOSED</li> </ul>	-	-	С	-
GE Carumba	GSMU January-June 2023 IPCR of key personnels were not yet rated by immediate supervisor. July December 2023 IPCR targets of key personnels were not yet agreed by the personnel, immediate supervisor, and campus director. (QM 6.2) – CLOSED Inputs in Risk Assessment and Opportunity Assessment documents needs proper alignment to the inputs from the	_	-	С	-
	SWOT Analysis document. (QM 4.1; QM 6.1) – CLOSED				
GE Carumba	<i>ICS</i> Lacking equipment for emergency response team (QM 7.1; FAM 15.4.1.5; FAM 15.4.3) – CLOSED	-	-	С	-
	Members of the IMT need training for ICS purposes. (QM 7.1; FAM 15.4.1.7) – CLOSED				





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
GE Carumba	<ul> <li><i>RHU</i> No inventory of the items in custody (QM 7.1.5; SSM 5.2.4.3) – ONGOING</li> <li>Forms should have no blanks (all required info must be filled in with NAs reflected if applicable and if corrections were made on the form, no white tapes/white erasures used. Single dash with signature will be used instead. (QM 7.5) – ONGOING</li> <li>Conducts monthly meeting to residence hall interns to address concerns and to keep them updated of certain important announcements. (SSM 5.2.4.3.2) – ONGOING</li> </ul>	-	-	A	-
GE Carumba	FSU The guideline for the concessionaires must be reviewed and revised to meet the current needs of the community. Signatures of current BOD officers should be reflected on the document. (QM 8.4.1; QM 8.1.6) – CLOSED	-	-	С	-
GE Carumba	OCD Mandatory documents need to be updated. (QM 4.2; QM 6.1) – CLOSED	-	-	С	-
GE Carumba	CID Unit Heads should also keep a record of teachers' attendance. CIM 5.0 section 4.1 (Monitoring and Evaluation of Teachers) – CLOSED	-	-	С	-
GE Carumba	<i>Computer Laboratory</i> The Laboratory is quite dim. Improve lighting in the Computer Lab CLOSED	-	-	С	-





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
GE Carumba	Physics Laboratory Calibration Schedule for Laboratory Equipment, Calibration sticker/ certification, Records of calibration No calibration for SY 2022-2023 (QM 7.1.5; CM3.5) – CLOSED	-	-	С	-
GE Carumba	<ul> <li>C. <u>Positive Observations</u></li> <li>SSD CHIEF</li> <li>Observed to operate efficiently, with processes and workflows well-organized and executed.</li> <li>The office exhibited a strong commitment to compliance with internal quality standards and regulations.</li> <li>The record-keeping practices were found to be accurate and up to date, facilitating transparency and accountability.</li> <li>Effective communication within the unit and with stakeholders has been a significant strength, contributing to smooth operations.</li> </ul>	-	-	I	-
GE Carumba	<ul> <li>Library</li> <li>Documents are properly labeled, organized, and filed.</li> <li>Processes are systemically followed.</li> <li>The auditee is responsive and well versed in all the processes and document preparation.</li> <li>Updated bulletin board.</li> </ul>	-	-	I	-
GE Carumba	<ul> <li>RHU</li> <li>RHU's mandatory documents are updated, signed, and organized in properly labeled folders.</li> <li>Auditee exhibits mastery of the processes related to RHU.</li> <li>RHU offices are very clean and well-organized.</li> <li>Updated bulletin board.</li> </ul>	-	-	I	-
GE Carumba	<ul> <li>Student Discipline Office</li> <li>Auditee exhibits mastery of the processes related to SDM.</li> <li>Folders are well-organized and properly labeled.</li> <li>Files are well organized.</li> <li>Processes are systemically followed.</li> </ul>	-	-	I	-





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
GE Carumba	<ul> <li>FSU</li> <li>Cleanliness and clean as you go practice are a priority.</li> <li>Compliance with the processes is always considered.</li> <li>Feedback from the clients were addressed accordingly to ensure client satisfaction.</li> </ul>	-	-	I	-
GE Carumba	<ul> <li>GCU</li> <li>The sorting of files and keeping of counseling notes are evident.</li> <li>The process to facilitate referrals and walk-in clients and how to ensure session confidentiality is properly followed and ensured.</li> <li>The administration, scoring, and interpretation of psychological tests is commendable. The next batch of the test will be set in the month of November.</li> <li>Career development services were duly given and assessed accordingly through forms and reports.</li> <li>Updated and/or current (all other documents)</li> </ul>	-	-	I	-
GE Carumba	<ul> <li>HSU</li> <li>Updated Health History and Personal Data Sheet</li> <li>Updated Bulletin Board, Consultation Logbook and Needs and Requirements Analysis</li> <li>Updated Student Accident Insurance Claim Report and Risk Treatment Plan</li> <li>Updated Health History and Personal Data Sheet and Medical / Dental Consent Form</li> <li>Updated Monitoring Sheets, Campaign Strategies like the "Biggest Loser"</li> <li>Updated Annual Dental Examination Plan, Dental Health Record</li> <li>Updated Infectious Monitoring Tool and Reports on Infectious Disease</li> </ul>	-	_	I	-
GE Carumba	<ul> <li>FAD Chief</li> <li>Has proposed two activities for the SCPWD.</li> <li>All mandatory documents are updated.</li> </ul>	-	-	I	-





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
GE Carumba	<ul> <li>Registrar</li> <li>Campaign plans were well-conceptualized.</li> <li>Implementation of plans was properly executed and documented.</li> <li>The NCE caravan/campaign's evaluation was remarkably recorded.</li> <li>Evidence of the procedure was excellently documented and filed.</li> <li>Year-end clearances were made sure that they were completely filled-out and chronologically compiled.</li> <li>Enrolment requirements were guaranteed. They're complied with through constant on-line/ text/ written communication, follow-up, and posting in Pisay Connect.</li> <li>The guidelines for the Intercampus Transfer and Lateral Admissions and the scholarship categorization and recategorization were diligently followed. The evidence was satisfactorily filed.</li> <li>The handling and processing of request of school records/ credentials were excellently delivered. It was prompt and efficient as shown in the files and in the logbook.</li> <li>Other documents are updated and/or current</li> </ul>	_	_	I	-
GE Carumba	<ul> <li>HRMU</li> <li>More enhance digitalized of HRMU processes and forms such as locator slip, gate pass i.e., through Pisay connect.</li> <li>The auditee is responsive and gives the information.</li> <li>Auditees' office is well ventilated and 5S are observed.</li> <li>Auditees' workflow of request is very responsive and well documented.</li> <li>Auditee performs well on the documentation on handling grievances.</li> </ul>	-	-	I	-
GE Carumba	<ul> <li>BMU</li> <li>Required reports (URS and OSBPV) by DBM can readily be transmitted in digital format to Budget and Treasury Management System (BTMS) website</li> </ul>	-	-	I	-





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
GE Carumba	<ul> <li><i>RMU</i></li> <li>Files in the RMO are well-organized and labeled properly. The auditee can easily locate documents.</li> <li>All mandatory documents are updated.</li> <li>The Records Officer is well-versed with the processes.</li> <li>All transactions in the RMU are logged.</li> <li>Files are secured in steel cabinets.</li> </ul>	-	-	I	-
GE Carumba	<ul> <li>CMU</li> <li>Completed documents each month are hard bounded.</li> <li>Blinds and glass cover attached to windows were deemed to enhance the security of files and money.</li> </ul>	-	-	I	-
GE Carumba	<ul> <li>IT Unit</li> <li>Updated IT Job Request forms for information posting and publication were properly filed.</li> <li>Evidence of process compliance, such as IT Job Request forms, Preventive Maintenance Schedules, and Equipment History Cards, were updated and duly kept.</li> <li>Timely monitoring of important files was done regularly, as evidenced by updated logs. All the other requirements All the mandatory documents in the IT Unit were updated and appropriately filed.</li> </ul>	-	-	I	-
GE Carumba	<ul> <li>Accounting</li> <li>Observed to operate efficiently, with processes and workflows well-organized and executed.</li> <li>The office exhibited a strong commitment to compliance with internal quality standards and regulations.</li> <li>Effective communication within the unit and with stakeholders has been a significant strength, contributing to smooth operations.</li> </ul>	-	-	I	-
GE Carumba	<ul> <li>GSMU</li> <li>Files are secured in steel cabinets.</li> <li>Request were addressed in ways that the specifics of the request so that delivery of products and services are provided in full.</li> </ul>	-	-	I	-





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
GE Carumba	<ul> <li>Supply and Property Management Unit</li> <li>Observed to operate efficiently, with processes and workflows well-organized and executed.</li> <li>The office exhibited a strong commitment to compliance with internal quality standards and regulations.</li> <li>The record-keeping practices were found to be accurate and up to date, facilitating transparency and accountability.</li> <li>Effective communication within the unit and with stakeholders has been a significant strength, contributing to smooth operations.</li> </ul>	-	-	Ι	-
GE Carumba	<ul> <li>CID</li> <li>Mandatory documents were updated.</li> <li>MOVs were accessible online through google drive.</li> <li>The digitization of most of the academic-related processes though the Pisay Connect online platform is an efficient way in delivering the services to students, parents, and teachers.</li> </ul>	-	-	I	-
GE Carumba	<ul> <li>Student Affairs</li> <li>The creation of separate mandatory documents for the ALA, Homeroom and SCALE programs will help address the needs of clients and deliver the services more efficiently.</li> </ul>	-	-	I	-
GE Carumba	<ul> <li>Science Laboratories</li> <li>The auditee is responsive and immediately gives the information being asked by the auditor.</li> <li>Auditee is knowledgeable on the processes in the management in the laboratories.</li> <li>Biology Laboratory is clean, neat, and the instrument/equipment were kept in the cabinet.</li> </ul>	-	-	I	-
GE Carumba	<ul> <li>BAC</li> <li>Pertinent documents for bidding of the project are bound and placed with ear loops for ease of locating specific documents.</li> </ul>	-	-	I	-





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
GE Carumba	<ul> <li>Document Controller</li> <li>Files and documents in the QMSO are well-organized and labeled properly.</li> <li>All mandatory documents are updated.</li> <li>DC is well-versed in processes related to QMS.</li> <li>DC disseminates changes/revision from PSHSS in a timely manner.</li> </ul>	-	-	I	-
GE Carumba	<ul> <li>OCD</li> <li>Special orders were properly kept. Activities for emergency and disaster preparedness were duly documented.</li> <li>All activity reports are complete and properly compiled.</li> <li>All the documents for bonds of accountable officials were complete, updated, and properly filed.</li> </ul>	-	-	I	-
RP Albiso	<ul> <li>D. Adequacy of Resources</li> <li>Budget Utilization <ul> <li>Utilization of budget as of, October 31, 2023</li> <li>PS: 84%</li> <li>MOOE: 91%</li> <li>CO – Equipment Outlay: 0%</li> <li>CO – LFP: 62%</li> <li>Overall Utilization: 77%</li> </ul> </li> <li>Personnel <ul> <li>Number of filled positions for plantilla items:</li> <li>CID = 57/63, SSD = 6/8, FAD = 15/16, Total = 78/87</li> </ul> </li> <li>External Providers <ul> <li>19 – Janitorial Personnel</li> <li>15 – Security Guards</li> <li>17 – FAD</li> <li>12 – SSD</li> <li>2 – CID</li> <li>65 – Total</li> </ul> </li> </ul>	-	-	I	Personnel CID – 1 item for SST 3 – 5 items for SST 2 SSD – 2 items for Guidance Counselors FAD – 1 item for Budget Officer





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
MF Saquibal	<ul> <li>E. Effectiveness of Actions Taken to Adress Risks         <ul> <li>a) Damage and equipment breakdown to school vehicles and facilities due to accidents and natural causes.</li> </ul> </li> </ul>	-	-	С	All school vehicles had undergone preventive maintenance and are all insured under GSIS Government Vehicle Insurance Chosen campus facilities will undergo rehabilitation by 2024.
ML Camarillo	b. Students' safety and security (GCU-mental health issues, FSU-food poisoning, HSU & RHU-accidents)	-	-	С	GCU – conduct of Mental Health Seminars and strengthening of Student Counseling. FSU – School Canteen has appropriate storage and safe cooking area. – in the case that students have food deliveries from outside the campus, all of it were all recorded by the guard on duties to enhance traceability in case of food poisoning. HSU & RHU – all students were all insured.
RLV Rica	<ul> <li>F. Opportunities for Improvement         <ul> <li>a. Availability of extra-rooms to optimize function and processes</li> </ul> </li> </ul>	-	-	A2	Extra rooms will be available after the construction of the Supply and Property Building.





FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
RLV Rica	b. Availability of extra vehicle	-	-	On-going	Two vehicles are on procurement process for FY:2024. One Utility Van and 1 All Purpose Vehicle
ML Camarillo	<ul> <li>Computerization and digitalization of services and evaluation</li> </ul>	-	-	On-going	Some SSD processes have undergone "dry-run" or testing and are all lined up for implementation in FY:2024.
JAS Villaflor	<ul> <li>Contract of external MH Professional Psychiatrist for higher level care cases</li> </ul>	-	-	A2	Contracting external professional Psychiatrist has a special way of procurement. Consult BAC for the mode of procurement to have budget allocation.
RLV Rica	e. Participation in capacity-building trainings and seminars of personnel	-	-	с	For SY: 2023-2024, PSHS CVisC personnels were sent to different capacity-building seminars.
JAS Villaflor	f. Availability of Dental Services	-	-	A	Dental Health Services could be provided for through GPTA partnership. Dental Health Services was NOT available for SY: 2023-2024 since budget was re-aligned for dormitory facilities since there are 30 additional students for the school year.



There having no more issues to be discussed, the meeting was adjourned at 4:00 PM.

### Republic of the Philippines **DEPARTMENT OF SCIENCE AND TECHNOLOGY** PHILIPPINE SCIENCE HIGH SCHOOL-CENTRAL VISAYAS CAMPUS



FROM	ISSUES/CONCERNS	RESPONSIBILITY	TARGET DATE	STATUS	REMARKS
RP Albiso	G. Any need for changes to the quality management system In our campus level and as of now, NO changes to the quality management system has been identified.	-	-	I	-
RP Albiso	<ul> <li>H. Resources Needed</li> <li>The resources needed and identified in Opportunities for Improvement and Effectiveness of actions taken to address risks and opportunities were listed below:</li> <li>Additional rooms or offices <ol> <li>Additional vehicle</li> <li>Tools and equipment for preventive maintenance</li> </ol> </li> </ul>	-	-	I	-
RP Albiso	I. Other Matters No Other Matters were brought up	-	-	I	-

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Prepared by:

Noted by:

Part 3 – ADJOURNMENT

ROMIL P. ALBISO

Quality Management Representative

RACHEL LUZ V. RICA, PhD Campus Director

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