Republic of the Philippines
Department of Education
REGION I
SCHOOLS DIVISION OF THE CITY OF BATAC

DIVISION MEMORANDUM
No. 527 , s. 2024

18 SEP 2024

CORRECTIVE ACTION PROCEDURE AND WORK INSTRUCTION MANUAL (PAWIM)

To: Assistant Schools Division Superintendent
Chief Education Supervisors
Unit & Section Heads
Public School Heads
All Others Concerned

1. In pursuant to DepEd Memorandum No. 014, s. 2022 titled The DepEd Quality Management System Manual and Procedures and Work Instruction Manual, the Schools Division of the City of Batac hereby issues this Division Memorandum to reiterate compliance of all employees particularly PAWIM-P-004 Corrective Action, effective immediately.

2. Attached are the following for reference:
   a. PAWIM-P-004 Corrective Action
   b. Nonconformity Detection and Control Matrix
   c. PAWIM-F-012 Corrective Action Form

3. For information and guidance.

ANSELMO R. ALUDINO
Schools Division Superintendent

Encl.: As stated
Reference: DepEd Memo No. 014, s. 2022
To be indicated in the Perpetual Index
under the following subjects:

Procedure Form

2024QMS/nmu/CorrectiveAction
September 16, 2024

SDCB RECORDS UNIT
2413626

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1.0 Purpose

This procedure ensures that nonconforming projects, products, and services are controlled and corrected, and the causes of these nonconformities are eliminated to prevent a recurrence.

2.0 Scope

This procedure applies to any type of nonconformities found in the implementation of DepEd's processes, programs, activities, and projects at any point in time.

3.0 References

3.1 Internal Quality Audit Report
3.2 Citizen/Client Satisfaction Survey Procedure
3.3 ISO 9001:2015 - Quality management systems – requirements
3.4 ISO 9000:2015 - Quality management systems – Fundamentals and Vocabulary

4.0 Definition of Terms

Correction	Action to eliminate a detected nonconformity. A correction can be made in advance of, in conjunction with, or after corrective action. This may include a rework, regrade, repair, or scrap
Concession	Permission to use or release a product or deliver a service that does not conform to specified requirements. A concession is generally limited to the delivery of a product that has nonconforming characteristics within the specified limits for an agreed time or quantity of that product.
Corrective Action	Action to eliminate the cause of a detected nonconformity or other undesirable situation, and prevent recurrence
Deviation Permit	permission to depart from the originally specified requirements of a product or service prior to its realization. A deviation permit is generally given for a limited quantity of products and services or period of time, and for a specific use
Nonconformity	Non-fulfillment of a requirement
Objective Evidence	Data supporting the existence or verity of something. It can be obtained through observation, measurement, test or by other means.

Regrade	Alteration of the grade of a nonconforming product or service in order to make it conform to requirements differing from the initial requirements
Repair	action on a nonconforming product or service to make it acceptable for the intended use
Request for Action (RFA)	A form used by the IQA team or any DepEd Personnel to record and/or report any detected nonconformity/ies with set standards (e.g. ISO 9001, declared processes)
Requirement	need or expectation that is stated, generally implied or obligatory. Requirements can be generated by different interested parties or by the organization itself – Customer requirement, legal requirement, organizational requirement, or ISO 9001:2015 requirement.
Rework	action on a nonconforming product or service to make it conform to the requirements. Rework can affect or change parts of the nonconforming product or service
Scrap	action on a nonconforming product or service to preclude its originally intended use

5.0 Procedure Details

Ref. No.	Key Activities		Responsible	Reference Documented Information
5.1	Identify the nonconformity (NC)	• Detect nonconforming program, product, and/or service • Record the NC and the correction in the RFA form • Number Coding of the RFA	Refer to *Nonconformity Detection and Control Matrix*	Applicable Issuance or Procedure Citizen/Client Satisfaction Survey Procedure
5.2	Review the NC, and Determine and Apply Correction	• Review the nonconforming project, product and/or service and lay down correction steps • Obtain deviation permit and/or concession as necessary	Process Holder and Bureau/ Service/Office/ School Head	Nonconformity Detection and Control Matrix Request for Action (RFA)

Ref. No.	Key Activities		Responsible	Reference Documented Information
5.3	Determine the cause of non-conformities	• Conduct root cause analysis	Process Holder	RFA
5.4	Determine and implement corrective actions	• Plan, develop, and recommend corrective actions • Approve corrective actions and their alignment to the root-cause • Implement corrective actions	Process Holder; Bureau/Service /Office/ School Head IQA Team or RMT Team Process Holder	RFA
5.5	Review the effectiveness of the corrective action/s taken	• Review the alignment of the corrective actions and the generated objective evidence/s • Ensure that the implemented actions shall prevent recurrence of the NC	IQA Team or RMT Team	RFA, Corrective Action Status Report
5.6	Report the status of corrective actions	• Report the implementation status and evaluate the effectiveness of corrective actions during Management Reviews	IQA Team or RMT Team	Corrective Action Status Report

5.1 Identify the Nonconformity

5.1.1 The corrective action procedure is triggered by identifying nonconformities. Refer to ***Nonconformity Detection and Control Matrix***.

5.1.2 The person/office who identified the nonconformity fills out the Request for Action (RFA) form gives it to the person who is responsible for noting the RFA.

5.1.3 After the review, the person who noted the RFA shall give it to the Lead KMT for number coding.

5.1.4 The Lead KMT issues the numbered RFA to the Process Holder affected.

5.2 Review the NC and Determine and Apply Correction

5.2.1 The initial review of the Request for Action considers:

i. The extent and impact of the reported nonconformity.
ii. The processes contributing to and affected by the reported non-conformity.
iii. Occurrence or potential occurrence of similar NCs in other offices

5.2.2 Corrections may include, but are not limited to, the following:

i. *Rework* – e.g. reworking a nonconforming training design before its implementation
ii. *Repair* – e.g. repairing an armchair that does not conform to standard specifications
iii. *Concession* – e.g. agreeing with the publisher to supply missing pages of a book delivered to schools without additional cost
iv. *Re-evaluations/re-testing* to demonstrate conformity to specifications (after repair, or rework) (e.g. conducting a technical evaluation of the armchairs repaired to conform with specifications)
v. *Adjusting an ongoing service* – e.g. adjusting a training design currently being implemented
vi. *Restarting a service that has been temporarily discontinued* - e.g. a temporarily discontinued series of training is restarted after review of the first run/pilot run
vii. *Redirecting to other services or service providers* – transferring a training into another venue due to failed delivery of acceptable services

5.3 Determine the Cause of Nonconformity

5.3.1 All nonconformities are subjected to root cause analysis to be able to come up with corrective action plans.

5.3.2 Process Holders may use different Root Cause Analysis (RCA) techniques such as:

a. Why Method
b. Fishbone (Ishikawa) Diagram
c. Current-reality Tree
d. Pareto Analysis
e. Other relevant RCA methods

Root cause analysis considers the different factors contributing to the nonconformity, including:

i. *Manpower* - personnel competencies and their ability to consistently perform their functions as required
ii. *Machine* - the availability of appropriate tools, equipment and facilities to enable effective operations
iii. *Methods* - the availability and consistent application of appropriate procedures, guidelines and standards
iv. *Materials* - the availability of the needed materials and supplies to enable effective operations
v. *Milieu (Environment)* – the condition of the surroundings and work environment

5.3.3 Where several root causes are identified, they are prioritized relative to their contribution to the non-conformity

5.3.4 The root causes identified are documented in the RFA form.

5.4 Determine and Implement Corrective Actions

5.4.1 Based on the root causes identified, the corresponding corrective action plan is developed and approved by the Head of Office.

5.4.2 The Head of Office identifies the concerned personnel who should be involved in the corrective action, including the applicable resources. This may extend to personnel and resources outside his/her own offices. Coordination with the other concerned offices should be established.

5.4.3 The timeline of implementing the corrective actions, including the target closeout date, **shall not exceed one (1) full year from the date of the issuance of the RFA**. The Head of Office must ensure to write the Target Closeout Date in the RFA.

5.4.4 Planning of corrective actions (solutions) involves the following:

i. generation of alternative solutions
ii. selection of the best solution (from the alternatives)
iii. identification of specific activities, adequate resources, clear responsibilities and appropriate timelines to implement the selected solution.

5.4.5 The Corrective Action Plan is documented in the RFA, which must be accomplished within 20 working days upon issuance of RFA to ensure that actions are taken without undue delay.

5.5 Review the effectiveness of the corrective action/s taken

5.5.1 The implementation status and effectiveness of corrective actions is monitored and evaluated by the person who noted the RFA through:
- i. Reviewing the alignment of the corrective actions with the generated objective evidence/s; and
- ii. Ensuring that the implemented actions shall prevent recurrence of the NC

5.5.2 The person who noted the RFA updates the RFA monitoring sheet.

5.5.3 The Initiator and the Receiver shall close out the RFA.

5.6 Report the Status of Corrective Actions Taken

5.6.1 The Lead, KMT monitors the submission of the closed RFA through the RFA monitoring sheet.

5.6.2 Corrective actions, including the status of implementation and their effectiveness, are collectively reviewed by the EXECOM during the management review. Depending on the nature of the solution and the associated nonconformity, monitoring and review shall continue for at least six (6) months and at most twelve (12) months after the start of the implementation or until deemed effective, after which the corrective action is deemed completed.

6.0 Attachment

6.1 Request for Action
6.2 Nonconformity Detection and Control Matrix

Endorsed by:

WILFREDO E. CABRAL
Quality Management Representative

Approved by:

LEONOR MAGTOLIS BRIONES
Secretary

A. Detection Matrix

SOURCES OF NONCONFORMITY (NC)	DETAILS	DETECTED BY			
		CO	RO	SDO	Schools
INTERNAL					
A.1. Nonconforming Outputs and/or Services	Poor quality of outputs received by end users Employees dissatisfaction on internal support services	Any Employee who experienced dissatisfaction in the services and outputs			
A.2. Poor Process Evaluation Results	As a result of monitoring, measurement, analysis, and evaluation of data Occurrence of lapses such as: a. Lack of proper dissemination of policies or other issuances b. Incomplete or inappropriate documents submitted c. Human resource related d. processing delays e. violation of communication protocol f. Lack of resources	Head of Bureau/ Service	Head of Functional Division/ Section/Unit	Head of Functional Division/ Section/Unit	School Head
A.3. Poor Organizational Performance Results	Non-attainment of targets and plans found during management review, performance implementation review and accomplishment reporting	EXECOM Head of Bureau/ Service	REXECOM Head of Functional Division/ Section/Unit	DEXECOM Head of Functional Division/ Section/Unit	School Head and Program Coordinators
A.4. Low quality of the services, processes, and products from	As a result of the Supplier's Performance Assessment	End-user	End-user	End-user	End-user

SOURCES OF NONCONFORMITY (NC)	DETAILS	DETECTED BY			
		CO	RO	SDO	Schools
External providers					
A.5. Process Changes	A need to streamline a process as a result of a new law, policy/guideline, risk, and/or opportunities	Head of Bureau/ Service	Head of Functional Division/ Section/Unit	Head of Functional Division/ Section/Unit	School Head
A.6. Internal Quality Audit (IQA) Findings	As a result of the conduct of Internal Audit	IQA Team	IQA Team	IQA Team	IQA Team
EXTERNAL					
A.7. Client/Citizen Complaints	Complaints or negative feedback received	Public Affairs Service - PAAC	Public Affairs Unit	OSDS-Proper	Office of the School Head
A.8. External Audit	NC from the results of the Certification or Surveillance Audit	Certifying Body			

B. Matrix in Accomplishing the RFA

SOURCES OF NONCONFORMITY (NC)	Section 1 *(filled out after detection)*			Section 2 *(filled out after issuance)*	Section 3 *(filled out on the specified dates in the Action Plan)*	Section 4 *(filled out on the specified Target Completion date)*
	Issued by: *(Initiator)*	***Noted by:***	***Issued to:*** *(Receiver)*			
A.1. Nonconforming Outputs and/or Services	Any Employee	Internal Quality Auditor (IQA) or Risk Management Team (RMT) Member	Head of Office	*Accomplished by:* Process Holder *Approved by:* Head of Office	*Verified by:* The person who Noted (Section 1) the RFA	Signed by: Initiator and Receiver
A.2. Poor Process Evaluation Results	Process Holder	IQA or RMT	Head of Office			

NONCONFORMITY DETECTION AND CONTROL MATRIX

SOURCES OF NONCONFORMITY (NC)	**Section 1** *(filled out after detection)*			**Section 2** *(filled out after issuance)*	**Section 3** *(filled out on the specified dates in the Action Plan)*	**Section 4** *(filled out on the specified Target Completion date)*
	Issued by: *(Initiator)*	***Noted by:***	***Issued to:*** *(Receiver)*			
A.3. Poor Organizational Performance Results	Process Holder	IQA	Head of Office			
A.4. Low quality of the services, processes, and products from External providers	End-User	Head of Office	**CO:** ProcMS **RO:** Finance **SDO:** OSDS-Finance **School:** Supplier Performance Assessment in-charge			
A.5. Process Changes	Process Holder	RMT	Head of Office			
A.6. Internal Quality Audit (IQA) Findings	Member IQA	Audit Team Leader or Lead IQA	Process Holder			
A.7. Client/Citizen Complaints	**CO:** PAAC **RO:** PAU **SDO:** OSDS	RMT	Process Holder			

NONCONFORMITY DETECTION AND CONTROL MATRIX

SOURCES OF NONCONFORMITY (NC)	Section 1 *(filled out after detection)*			Section 2 *(filled out after issuance)*	Section 3 *(filled out on the specified dates in the Action Plan)*	Section 4 *(filled out on the specified Target Completion date)*
	Issued by: *(Initiator)*	***Noted by:***	***Issued to:*** *(Receiver)*			
	School: OSH					
A.8. External Audit	Certifying Body	Quality Management Representative	Process Holder			

Note:
Section 1 – Details of Nonconformity
Section 2 – Necessary Actions
Section 3 – Verification of Implementation and Effectiveness
Section 4 – Close out

Endorsed by:

WILFREDO E. CABRAL
Quality Management Representative

Approved by:

LEONOR MAGTOLIS BRIONES
Secretary

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Section 1 – Details of Nonconformity (NC) (To be accomplished by the Auditor/ Process Owner Affected) – **filled out after detection of NC**					
RFA No.:		Date:		Issued by: (Initiator)	
Details: *(As a result of):*				Office Affected:	
☐Nonconforming Output/ Service	☐Low Quality of External Process, Product/Service	☐Client/Citizen Complaints	☐Internal Quality Audit		
☐Poor Process Evaluation (Unmet Target)	☐Poor Organizational Performance	☐Process Changes	☐External Audit		
Description *(of the Nonconformity):*					
Evidence:					
Requirement:					
Noted by: _____ Signature over Printed Name				**Acknowledged by and Issued to (Receiver):** _____ Signature over Printed Name	

Section 2 – Necessary Action(s) (To be accomplished by the Auditee/ Process Owner) - **filled out within 20 working days**			
Correction *(describe action to correct the NC, including it consequence)*:		Target Completion Date:	
Root Cause *(Analysis can be done on a separate page and may serve as attachment)*:		**Analyzed By** *(Process Owner)*:	
		_____ Signature over Printed Name	
Describe the necessary **Corrective Action**(s):			
Activity	**Resource Needs**	**Responsible Person/Office**	**Timeline** (basis for review)
1			
2			
Approved By: *(Head of Process Owner)*	_____ Signature over Printed Name	Target Closeout Date:	

Section 3 – Verification of Implementation and Effectiveness (To be accomplished by the Initiator)			
Results of Action(s) Taken		Remarks	
Verified By:		Verification Date:	
Acknowledged By:		Next Verification Date:	
Results of Action(s) Taken		Remarks	
Verified By:		Verification Date:	
Acknowledged By:		Next Verification Date:	

Section 4 – Closeout (To be accomplished by the Initiator and the Receiver)		
☐ Effective (Closed) ☐ Ineffective (Refer to new RFA No.: _____)	_____ Signature over Printed Name (Initiator)	_____ Signature over Printed Name (Receiver)