OFFICE MEMORANDUM
CID-2025- **154**

0 2 SEP 2025

To: Assistant Schools Division Superintendent
        Chief Education Supervisors
        QMS Team Leaders
        SDO Unit and Section Heads
        Concerned SDO Employees

INTERNAL QUALITY PREPAREDNESS AUDIT (IQPA) REPORT

1.   In line with the Internal Quality Preparedness Audit (IQPA) conducted from July 28–30, 2025, this Office disseminates the audit results and requests all concerned personnel to take the necessary corrective and preventive actions.

2.   All Functional Unit Heads are advised to issue a Request for Action (RFA) to the process owners to address each identified Nonconformity (NC). Identified NCs must be settled within twenty (20) days upon receipt of the RFA.

3.   Meanwhile, process owners are enjoined to act on the Opportunities for Improvement (OFIs) to ensure that these are addressed before the next scheduled IQPA in October 2025.

4.   The Risk Management Team, Knowledge Management Team, Functional Unit Heads, and process owners shall coordinate closely to resolve the audit findings, following the established processes of the Quality Management System (QMS).

5.   Attached is the IQPA report for reference.

6.   Be guided accordingly.

ANSELMO R. ALUDINO
Schools Division Superintendent

EBN/OM-IQA Results
25002/August 27, 2025

SDCB RECORDS UNIT

2513241

AUDIT REPORT

OFFICE AUDITED:			DATE OF AUDIT:
Schools Division of the City of Batac			

AUDIT OBJECTIVE

Assess the conformity to the established QMS
Evaluate its effectiveness
Identify opportunities for improvement

AUDIT COVERAGE:

PROCESS/OFFICE	CLAUSES/ REQUIREMENTS	AUDITEE	AUDITOR
1. Asset Management	4.4, 6.1, 7.5, 9.1, 9.2	Angelica D. Obiano	Jennifer C. Bungubung Ma. Veronica A. Cabangisan
2. Data Information Management	4.4, 7.5.3, 9.1.1, 9.2, 10.2	Deejay R. Opelac	Reyna Monique L. Lanuza
3. Disaster Risk Reduction and Management	4.4, 10.3, 10.2, 7.5, 9.1, 8.1.2, 6.1, 7.2, 8,4.1, 8.4.3, 9.2	Rhaian A. Gamet	Aileen V. Joaquin
4. Education Assessment and Research	4.4, 7.5, 9.1, 6.1, 9.2	Marilou B. Sales Eldefonso B. Natividad Jr.	Mark Louie P. Duldulao
5. External Partnership and Management	4.4, 8.2.1, 7.5, 10.2, 9.2	Gilbert P. Isla	Opresinia Z. Castillo Edwin V. Tangonan
6. Financial Management	4.4, 5.3, 7.1.5	Jaquelyn Mendoza	Maritess Diego
7. General Services Management	4.4, 7.5, 6.1, 10.2	Joel P. Malunao	Jedidiah B. Jagto Maylene D. Yasay
8. Human Resource Management and Development	4.4, 7.5, 9.1, 6.1,10.2	Mark Louie P. Duldulao Jadley Mel P. Piso	Jedidiah B. Jagto Aileen V. Joaquin
9. ICT Management	7.5.1	Mark Anthony R. Bensan	Dolores A. Ubiña
10. Infrastructure Management	4.4, 7.5, 9.1, 6.1, 9.2	Jacqueline G. Abiño	Jennifer C. Bungubung Ma. Veronica A. Cabangisan
11. Learner Support Management	4.4, 5.1, 6.1, 7.5, 8.1, 8.2, 9.3, 10.2	Maritess D. Diego Angelo M. Bangcud	Opresinia Z. Castillo Jadley Mel P. Piso
12. Learning Delivery Management and Development	4.4, 7,5, 9.1.2, 8.1 ,9.1.1, 9.3, 9.2, 10.2	CID Supervisors	Rhaian A. Gamet Reyna Monique L. Lanuza

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No.	Process	References	Process Owner	Approving Authority
13.	Learning Professional Development and Management for Teachers and School Leaders	4.4, 5.1.1. 6.1, 6.2, 7.1.4, 7.2, 7.5, 8.1, 8.2, 9.1.1, 9.1.2, 9.1.3, 9.3, 10.2, 10.3	Mark Louie P. Duldulao	Aileen V. Joaquin Eldefonso B. Natividad Jr.
14.	Learning Resource Management and Development	4.4, 6.1, 7.5, 8.1	Aubrhey Marie R. Oasay	Dolores A. Ubiña
15.	Legal Management	4.4, 5.1.1, 8.1, 8.4, 10.2, 10.3	Gerwin V. Dela Rosa	Jedidiah B. Jagto Rhaian A. Gamet
16.	Organizational Development	4.4, 9.1.1, 7.1.5, 7.5, 8.1, 6.1, 9.2, 10.2	Deejay R. Opelac	Opresinia Z. Castillo Maritess D. Diego
17.	Performance Monitoring and Evaluation	4.4, 7.5, 6.1, 9.1	Arnel S. Bandiola Nemalyn M. Ulep Joel P. Malunao	Gladys B. Lampitoc Jocelyn L. Aribuabo
18.	Plan Formulation	4.2, 5.3, 6.1, 7.2, 7.5, 8.5,	Deejay Opelac Edwin V. Tangonan	Eldefonso B. Natividad Jr. Dolores Ubina
19.	Policy Development	4.4, 5.2, 5.1.1	Arnel S. Bandiola Nemalyn M. Ulep Joel P. Malunao	Gladys B. Lampitoc Jocelyn L. Aribuabo
20.	Private Education Regulations and Development	4.4, 7.3, 7.4, 8.2, 9.1.1., 9.2, 10.2	Jocelyn L. Aribuabo	Rhaian A. Gamet Jadley Mel P. Piso
21.	Procurement Management	4.4, 7.5, 9.1, 6.1, 9.2	Bac Secretariat (Aubrhey Marie R. Oasay & Pauline Joyce Lopez)	Jennifer C. Bungubung Ma. Veronica A. Cabangisan
22.	Project Management	4.4,7.5,9.1,6.1, 9.2	Jocelyn L. Aribuabo Gilbert P. Isla	Mark Louie P. Duldulao
23.	Public Affairs Management	4.4, 5.1.1., 5.3, 8.1	Joycelyn P. Perdido Reyna Monique L. Lanuza	Eldefonso B. Natividad Jr.
24.	Records Management	4.4, 7.5, 6.1, 10.2	Kristine Joy B. Galasinao	Edwin V. Tangonan Maylene D. Yasay
25.	Research Management	6.1, 7.5, 8.1	Edwin V. Tangonan	Aileen V. Joaquin Gladys B. Lampitoc
26.	Knowledge Management Team	7.2, 7.5.3, 8.5.1	Reyna Monique L. Lanuza Aubrhey Marie R. Oasay	Eldefonso B. Natividad Jr.
27.	Quality Workplace Team	7.5.1	Joel P. Malunao Angelica D. Obiano	Dolores A. Ubiña Jadley Mel P. Piso

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28. Risk Management Team	4.4, 7.5, 6.1, 9.1	Joycelyn P. Perdido Jhon Rey D. Ortal	Jocelyn L. Aribuabo
29. Training and Advocacy Team	4.4, 6.1, 7.5, 10.2	Marilou B. Sales Mark Louie P. Duldulao	Eldefonso B. Natividad Jr. Maylene D. Yasay

CONFORMITIES *(General descriptions of practices, activities, methodologies, etc. that are conforming to standards. May also mention commendable findings that are worth recognizing)*

Asset Management

1. In relation to ISO 9001:2015 Clause 7.5 – **Documented Information**, the Unit maintains and controls documented information to ensure the effective implementation of processes and evidence of conformity. The Unit presented documents such as the Inspection and Acceptance Report (IAR), Notice of Delivery, Request and Issuance Slips (RIS), and Report on the Physical Count of Inventories (RPCI) as evidence of the implementation of the Quality Control Plan. The Unit uses locally-developed Inventory and Delivery Management Systems, which help streamline inventory tracking and delivery processes. It was noted that these systems and records not only demonstrate compliance with established procedures but also represent a best practice that supports operational efficiency and continuous improvement.

Data Information

2. The audit of the Data Information process, conducted in reference to ISO 9001:2015 **Clauses 4.4 (Process Approach), 7.5.3 (Control of Documented Information), 9.1.1 (Monitoring, Measurement, Analysis, and Evaluation), 9.2 (Internal Audit), and 10.2 (Nonconformity and Corrective Action)**, confirmed that all required documentary evidence was presented and conformed to the established quality management system requirements. Objective evidence showed that processes are effectively implemented, documented information is properly controlled, performance is regularly monitored and evaluated, internal audits are conducted as scheduled, and corrective actions are appropriately managed. These observations validate that the Data Information process is being carried out in accordance with the QMS provisions. The findings indicate full compliance with the criteria, with no nonconformities observed.

Disaster Risk Reduction and Management

3. The audit confirmed that the Disaster Risk Reduction and Management (DRRM) processes are well-documented and aligned with the protocols established by the Division, in compliance with **Clause 4.4 (Process Approach)**. Key references such as the Quality Control Procedures (QCP), DRRM plan, and program reports were consistently followed. Supporting documents were found to be properly maintained and accessible as required under Clause 7.5 (Documented Information). The actual application of DRRM processes was evident through timely action and incident reports, as well as the development of the Division Contingency Plan, thereby meeting the intent of Clause 4.4 regarding effective implementation of processes.

4. Planning, execution, and monitoring mechanisms were clearly in place as shown by DRRM protocols, training records, and the utilization of vetted tools like RADaR, aligning with **Clause 4.4 and Clause 9.1 (Monitoring, Measurement, Analysis, and Evaluation).** Best practices in disaster preparedness and response were also noted, including the development of contextualized IEC materials, conduct of community drills, active stakeholder participation, and use of monitoring tools like the Comprehensive School Safety

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Tool and RADaR Reports. These practices are consistent with the requirements of Clause 10.3 (Continual Improvement).

5. Competence and readiness of DRRM focal persons and teams are assured through regular training and drills, documented in the training matrix and certificates, in compliance with **Clause 7.2 (Competence)**. Additionally, planned responses and learning continuity strategies during emergencies were properly documented and aligned with national standards, addressing Clauses 8.4.1 and 8.4.3 (Control of Externally Provided Processes, Products and Services and Emergency Situations).

Education Assessment and Research

6. The office implements a structured process under **Clause 4.4 of the Quality Management System and its processes**, as outlined in the Quality Control Procedures (QCP) and supported by documented information. This process focuses on evaluating educational processes, outcomes, and systems to ensure continuous improvement and consists of several sub-processes, including planning, validation, implementation, and performance review. In compliance with Clause 7.5 on Documented Information, this was demonstrated through the implementation and validation of approved research. As required in Clause 9.1 on Performance Evaluation, documented outputs include approved capsule research proposals for validation and research proposals for implementation. In line with Clause 6.1 on Actions to Address Risks and Opportunities, the main challenge encountered was the overlapping of activities, which was resolved through proper scheduling and coordination to ensure smooth execution.

External Partnership and Management

7. The SGOD External Partnership Management process maintains a systematic and well-documented approach to establishing and monitoring partnerships. Memoranda of Agreement (MOA) and other documentary requirements were properly filed. These practices are aligned with QMS **Clause 8.4 (Control of externally provided processes, products, and services)**.

8. The Partnership Database is updated regularly and includes key indicators such as type of partnership, duration, partner institution, and scope of support. Evidence of monitoring and evaluation reports of partnership implementation was available, indicating alignment with **Clause 9.1 (Monitoring, measurement, analysis, and evaluation)**. Commendable practice observed in the preparation of accomplishment reports that reflect the outcomes and impact of partnerships on learners and schools.

9. Positive stakeholder engagement practices were observed, as evidenced by the conduct of coordination meetings, implementation of feedback mechanisms, and acknowledgment of partner contributions. This is compliant with **Clause 4.2 (Understanding the needs and expectations of interested parties)**.

Financial Management

10. In relation to **Clause 5.3 – Organizational Roles, Responsibilities, and Authorities**, the auditee was able to clearly explain the flow of their processes, including how these are interconnected—particularly the linkage between their process, the accountant, and the cash unit. This demonstrates a clear understanding of functional responsibilities and interdepartmental coordination, thus confirming conformity.

11. Regarding **Clause 7.1.5 – Monitoring and Measuring Resources**, the auditee presented updated and verifiable documentation, such as reports generated from the Unified Report System and the Budget Monitoring System. These serve as the documented outputs at various stages of their processes, thereby meeting the requirements for monitoring, measurement, and control—again reflecting **conformity**.

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General Services Management

12. In relation to ISO 9001:2015 **Clause 6.1 – Actions to Address Risks and Opportunities**, the General Services Management encountered challenges in transportation services, particularly due to the lack of available drivers. To address this issue, the office prepared and issued an "Authority to Drive" to personnel who are capable of driving. This practice is in conformity with the requirement, as the organization identified and acted on a potential risk to maintain operational continuity.

13. The organization conforms with ISO 9001:2015 **Clause 7.5 – Documented Information** by maintaining documented information necessary for the effective operation of its processes. The List of Quality Forms is available and in use; however, minor updates were noted, such as the need to change the date from "May 02, 2022" to 2024 and to remove the outdated "Matatag" footer. Additionally, two forms—Performance Evaluation Checklist and Request to Use the SDO Conference Hall—are to be added to the list. These are considered part of continual improvement, and the system remains in conformity with the clause requirements.

Human Resource Management and Development

14. Under **Clause 7.5 – Documented Information**, conformity was observed through the presentation of a memorandum assigning personnel for training, demonstrating the application of the documented procedure.

15. With regard to **Clause 9.1 – Performance Evaluation**, the process generates multiple documented outputs such as memoranda, certificates of completion, attendance, participation, and recognition. These documents serve as evidence of process execution and performance monitoring.

16. In compliance with **Clause 6.1 – Actions to Address Risks and Opportunities**, the auditee acknowledged challenges such as overlapping scheduled activities involving the same personnel. This issue was managed through internal coordination and scheduling adjustments, reflecting the office's ability to address risks and ensure continuity in process implementation.

ICT Management

Infrastructure Management

Learner Support Management

17. In compliance with **Clause 4.4 – Quality Management System and its Processes and Clause 7.1.6 – Organizational Knowledge**, the auditees demonstrated a clear understanding of the purpose and flow of their respective processes. The School Health unit effectively outlined procedures related to health profiling, the delivery of medical and dental services, and the referral system. Similarly, the Youth Formation unit focused on the implementation of values education, leadership programs, and student-led initiatives, showing alignment with the division's goals and the QMS framework.

18. Under **Clause 8.1 – Operational Planning and Control and Clause 8.5.1 – Control of Production and Service Provision**, both units provided tangible and verifiable evidence of program execution. This included documentation of health assessments, leadership trainings, and various student-centered activities, indicating that service provision was controlled and implemented according to planned arrangements.

19. In relation to **Clause 7.5 – Documented Information**, all necessary documents such as health cards, accomplishment reports, action plans, and monitoring and evaluation (M&E) tools were found to be available, well-maintained, and regularly updated, reflecting effective document control practices.

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20. Based on **Clause 9.1.1 – Monitoring, Measurement, Analysis and Evaluation and Clause 8.2.2 – Determining the Requirements for Products and Services**, no major issues or delays were reported during implementation. Activities were carried out as planned and within scheduled timelines, indicating efficient planning, responsiveness to requirements, and effective monitoring of service delivery.

Learning Delivery Management and Development

21. The audit of the Learning Delivery Management and Development process, based on **ISO 9001:2015 Clauses 4.4 (Process Approach), 7.5 (Documented Information), 8.1 (Operational Planning and Control), 9.1.1 (Monitoring, Measurement, Analysis, and Evaluation – General), 9.1.2 (Customer Satisfaction), 9.2 (Internal Audit), 9.3 (Management Review), and 10.2 (Nonconformity and Corrective Action)**, confirmed that all required documentary evidence was available and met the prescribed quality management system requirements. The process was found to be effectively implemented, with documented information properly maintained, customer satisfaction monitored, internal audits conducted regularly, and corrective actions implemented where needed. These demonstrate that the process is well-controlled, data-driven, and aligned with continuous improvement efforts.

Learning Professional Development and Management for Teachers and School Leaders

The internal audit of the Learning and Development (L&D) processes was conducted based on **ISO 9001:2015 Clauses 4.4, 5.1.1, 6.1, 6.2, 7.1.4, 7.2, 7.5, 8.1, 8.2, 9.1, 9.1.1, 9.1.2, 9.1.3, 9.3, and 10.2–10.3.**

22. The audit confirmed that documented procedures are in place and consistently implemented in managing learning and development activities, as supported by Quality Control Procedures (QCPs), strategic documents, and professional development frameworks. Learning and development needs are systematically identified through Training Needs Analysis (TNA), IPCR-based gap analysis, and coaching and mentoring records.

23. Learning interventions are effectively planned, implemented, monitored, and evaluated using activity plans, attendance sheets, monitoring tools, and post-activity reports, ensuring alignment with organizational goals and the competency framework. The presence of complete, organized, and accessible documented information—both digital and hard copies—demonstrates compliance with record control standards.

24. Evaluation tools, reflection summaries, and training impact reports show that the effectiveness and relevance of L&D activities are consistently measured and used for continuous improvement. Inclusive and equitable access to professional development is ensured through well-documented selection criteria, invitation logs, and attendance tracking.

25. Stakeholder feedback is systematically incorporated into the planning of L&D programs, and regular reviews of strategies and updated L&D plans highlight responsiveness to emerging needs. Innovations such as assistance in PD proposal writing, prompt updates, data readiness, and training tracking reflect documented best practices. While challenges like overlapping schedules and limited manpower have been noted, these are addressed through adaptive planning and action plans.

Learning Resource Management and Development

26. Conformity to **Clause 7.5 – Documented Information** was confirmed through the availability of controlled documents, including a signed Learning Resource Situation Report and the approved Learning Resource Management System (LRMS) Plan. These serve as official records that support the implementation and monitoring of LRMS processes.

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27. In compliance with **Clause 8.2 – Determining the Requirements for Products and Services**, the process employs an agency-prescribed Customer Satisfaction Measurement tool, complemented by an automated feedback mechanism via the SPEED-LR online platform. This system efficiently captures, consolidates, and reports user feedback within defined periods, ensuring responsiveness to client needs.

28. Additionally, in alignment with **Clause 6.1 – Actions to Address Risks and Opportunities**, the use of prepaid modems to mitigate the risk of unstable internet connectivity demonstrates proactive risk management, thereby maintaining continuity and quality in service delivery.

Legal Management

Organizational Development

29. Under **Clause 7.5 – Documented Information**, the SGOD Organizational Management process is supported by appropriate and well-maintained digital documentation. These records ensure accessibility, control, and traceability, enabling efficient management of organizational data.

30. In line with **Clause 8.4.3 – Control of Externally Provided Processes, Products, and Services and Clause 8.1 – Operational Planning and Control**, the implementation of the Special Hardship Allowance (SHA) process demonstrates effective planning, coordination, and endorsement by SGOD in collaboration with relevant OSDS units. This joint effort facilitates the smooth and timely execution of the process.

31. Furthermore, consistent with **Clause 7.5.3 – Control of Documented Information**, outputs related to the SHA process are properly stored in digital formats and comply with the requirements for operational control and information management, supporting the integrity and reliability of the process.

Performance Monitoring and Evaluation

32. Under **Clause 7.5 – Control of Documented Information**, the copy of the approved Quality Control Plan (QCP) is available with four sub-processes: Management Review/ Meeting, Internal Audit, Program Implementation Review, and Office Staff Performance and Appraisal. Conduct of quarterly Management Review Meeting was observed, Internal Audit as planned and scheduled was implemented, and quarterly employee performance reviews were being done.

Plan Formulation

33. In accordance with **ISO 9001:2015 Clause 7.2 – Competence**, the audit revealed that the auditees demonstrated a strong understanding of the process. They were able to clearly articulate the process steps and their responsibilities without reliance on external prompts or documents. This indicates that the personnel involved in the process are competent and well-oriented with the documented procedure.

34. Under **Clause 7.5 – Control of Documented Information**, the Quality Control Procedure (QCP) was found to be properly maintained. It was signed by the responsible official, labeled as a controlled copy, and filed according to the document control system. These elements confirm that the documented information is appropriately controlled and accessible.

Policy Development

35. Based on the audit conducted, it has been determined that the organization demonstrates conformity with the requirements of **ISO 9001:2015 Clause 4.4 – Quality Management System and Its Processes**. This is evidenced by the availability of an approved and documented Quality Control Plan (QCP), which

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effectively outlines and supports the implementation of the organization's quality objectives and related processes.

Private Education Regulations and Development

36. The audit of the Private Education Regulations and Development process was conducted based on the requirements of ISO 9001:2015 **Clauses 4.4 (Process Approach), 7.3 (Awareness), 7.4 (Communication), 8.2 (Requirements for Products and Services), 9.1.1 (Monitoring and Evaluation), 9.2 (Internal Audit), and 10.2 (Corrective Action)**. The required documentary evidence was presented and adequately demonstrated conformity to the stated clauses.

37. The office also actively uses the DepEd E-APPS platform to manage private school applications and records, showing an effective use of digital systems in regulatory processes.

38. Additionally, regular Focus Group Discussions (FGDs) with the Regional Office and private school administrators are conducted to ensure dissemination and understanding of policy updates and operational guidelines. These practices confirm that the process is being implemented effectively in accordance with QMS requirements.

Project Management

39. In accordance with **Clause 4.4 (Quality Management System and its Processes)**, the office has a documented process for approving and evaluating innovations such as Research Enhancement and Assistance Program (REAP) and Project Implementation Proposals (PIP) for school heads, teachers, and non-teaching personnel, as outlined in the Quality Control Procedure (QCP) and other documented information. This process includes several sub-processes covering proposal submission, review, approval, and monitoring.

40. As verified under **Clause 7.5 (Documented Information)**, the process was implemented when employees submitted innovation proposals for evaluation and approval.

41. For each step, as required under **Clause 9.1 (Performance Evaluation – General)**, documented outputs such as terminal reports, reviewed proposals, and completed innovations were produced.

42. Under **Clause 6.1 (Actions to Address Risks and Opportunities)**, it was noted that some reviewed and evaluated innovation proposals were discontinued by proponents; however, this was addressed through continuous monitoring.

Public Affairs Management
Records Management

43. The required documentary evidence regarding the process of Records Management was presented and fulfills the requirements outlined in **Clause 7.5** of the QMS, as the unit/section was able to include documented information as required by international standards and was determined by the unit/section as being necessary for the effectiveness of the QMS. The unit maintains updated quality forms and documents, including a tracking system to track and store documents acted upon. The conformity of the Records Management process to Clause 7.5 of the QMS demonstrates the unit/section's commitment to maintaining effective control of documented information, as required by international standards. This strengthens the organization's ability to ensure data integrity, traceability, and accessibility of records, which are essential for evidence-based decision-making and continuous improvement.

Research Management

44. The audit revealed that the office has a duly signed and approved Quality Control Plan (QCP), which outlines how risks and opportunities are managed throughout the process. The procedures documented in the QCP are actively

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being followed, demonstrating that preventive and mitigating measures are embedded in the operational flow. Therefore, the organization has effectively planned and implemented actions to address risks and opportunities in accordance with **Clause 6.1 - Actions to Address Risks and Opportunities.**

45. During the audit, it was confirmed that all forms and templates used by the office are properly registered, stored, and controlled, in alignment with the requirements of Clause 7.5. Documented information is maintained in a systematic and secure manner, ensuring accuracy, accessibility, and traceability. Therefore, the organization meets the documentation control requirements stipulated in **Clause 7.5 - Documented Information.**

46. The audit showed that all sub-processes under the QCP are being followed diligently, ensuring operational activities are aligned with planned arrangements. While no completed research outputs have been archived yet during the current term, the established procedures remain active and ready for implementation. The personnel are guided and supported to contribute effectively to the QCP's execution. The operational planning and control mechanisms are in place and consistent with **Clause 8.1 (Operational Planning and Control)**, ensuring continued conformity to planned processes.

Knowledge Management Team

47. Aligned with **Clause 7.2 – Competence**, the auditees demonstrated in-depth understanding of the document control process, specifically on the use and application of the Document Review and Approval Form (DRAF). During the audit interview, KMT personnel clearly described the flow and purpose of the DRAF, including how it ensures that documents are reviewed and approved prior to release. This reflects their competence and strong grasp of process requirements.

48. In compliance with **Clause 7.5.3 – Documented Information**, it was observed that a shared OneDrive repository is used to manage the life cycle of documents—from creation and revision to disposition or deletion. This drive is accessible to all KMT members across different functional divisions, supporting transparency, traceability, and controlled access to quality documents. Document history and versioning are traceable through metadata and file history.

49. In accordance with **Clause 8.5.1 – Control of Production and Service Provision** and **Clause 7.5.3 – Document Information**, the auditees presented a tracking system that shows the release and distribution of controlled copies. This system ensures that only the current and approved versions of documents are disseminated to the intended recipients. The use of document logs and acknowledgment mechanisms further supports effective control.

Quality Workplace Team
Risk Management Team

50. In compliance with **Clause 7.5.3 – Documented Information**, it was observed that a copy of the Procedure and Work Instructional Manual (PAWIM) is available at the point of use.

Training and Advocacy Team

51. The process conforms with **ISO 9001:2015 Clause 4.4**, as evidenced by the team's role as the main organizer and proponent in conducting QMS-related training activities, which serve as an avenue for disseminating standards and supporting the implementation of the Quality Management System. The results of the Training and Advocacy Team's (TAT) activities are evaluated and, with the assistance of the SMME, are reported during the Management Review Committee (MRC) meeting, demonstrating conformity with the established process requirements.

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52. In accordance with **ISO 9001:2015 Clause 7.5 on Documented Information**, the process involves the use of properly maintained and controlled records to support the planning and implementation of training activities under the Quality Management System. The documented information reviewed includes the Analysis of IPCRF Results for SY 2023–2024, which helps determine training needs; the HRD Annual Implementation Plan, which outlines scheduled development programs; and attendance sheets that confirm employee participation. The practices observed are found to be conforming.

53. In accordance with **ISO 9001:2015 Clause 6.1 on Actions to Address Risks and Opportunities**, the process revealed that risks and operational challenges—such as overlapping of scheduled activities, limited access to conducive venues for learning transfer, and the use of schools as alternative venues when the SDO Conference Hall is unavailable—are identified and managed appropriately. These demonstrate that the organization takes action to address potential risks and opportunities through resource adjustments and planning. The implementation of this process is considered conforming to the requirements of the standard.

No.	NONCONFORMITY (Practices, documentations, activities, outputs, etc. that do not fulfill the requirements)		
	Description of Nonconformity (what is happening/what is the issue?)	**Requirement** (clause/reference which was not fulfilled)	**Evidence** (objective evidences that support the description)
1	**Asset Management Unit** During the review of documents submitted by the Asset Management Unit, the Report on the Physical Count of Semi-Expendable Property (RPCSPE) and the Requisition and Issue Slip for Maintenance and Issuance (RSMI) lacked the required signatures. This may compromise the validity of related transactions and inventory records. The finding is not in conformity with ISO 9001:2015 Clause 9.1, which requires that monitoring and evaluation be based on complete and verified documented information.	9.1	RPCSPE and RSMI lacked signatures
2	ICT Management In reference to **Clause 4.4 – Quality Management System and Its Processes**, only a draft (soft) copy of the Quality Control Plan (QCP) was presented during the audit. While this indicates that efforts toward establishing a documented process are in place, the absence of a finalized, signed, and controlled copy signifies nonconformity in ensuring proper documentation, approval, and control of critical process references.	7.5.1	Only a draft softcopy of the QCP is available

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3	**External Partnership Management** The responsibility for commemorative and related events, although prescribed to SGOD – Mobilization and Networking per QMS, is not formally embedded or documented in the auditee's scope of responsibilities. The task is currently being practiced by the planning officer and SGOD-EPS based on verbal designation.	Clause 4.4 – Quality Management System and its Processes Clause 5.3 – Organizational roles, responsibilities, and authorities	Absence of documented assignment in the scope of responsibilities of the auditee. Verbal confirmation from the planning officer and SGOD-EPS on current practice. QMS documents indicate Mobilization and Networking as the responsible unit.
4	Infrastructure Management During the audit of the infrastructure management process, it was found that the Program of Works and Inspection Reports did not have control numbers. Without control numbers, it is harder to track and organize these records. Although a logbook is kept, the actual documents should still be numbered. This does not meet the requirements of **ISO 9001:2015 Clause 7.5**, which says that documents must be properly identified and easy to find.	7.5 Documented Information	No control numbers
5	Legal Management In reference to **Clause 4.4 – Quality Management System and Its Processes and Clause 7.5 – Documented Information**, it was noted that only a soft (draft) copy was presented by the process owner. This constitutes nonconformity, as the lack of a formally controlled and distributed QCP may lead to inconsistencies in implementation and reduced traceability. The absence of version control and issuance records compromises document integrity and may affect the alignment of activities with the established quality management system.	7.5.1	Only a draft softcopy of the QCP is available
6	Organizational Development The previous audit identified an OFI for revisiting the Organizational Development process. The current QCP still reflects OSDS-HR as responsible, which contradicts the QMS stating	9.2	Copy of Request for Action (RFA), Verbal confirmation

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	SGOD as accountable. This issue remains unaddressed.		
7	**Procurement Management** The audit found a nonconformance with ISO 9001:2015 **Clause 4.4** requirement – "Quality Management and its Processes", which mandates the creation, maintenance, and continual improvement of a process-based Quality Management System. The auditee did not present three of the four required sub-processes that constitute its process-based QMS. The absence of standard and documented sub-processes indicates a gap in the implementation and control of the QMS, and it also indicates a lack of proper process definition and standardization. This poses a risk to the consistent delivery of products and services that meet customer and regulatory requirements.	4.4 - Quality Management and its Processes	No QCP for Procurement Planning, Contract Monitoring, and Contract Implementation.
8	Public Affairs Management. In accordance with **ISO 9001:2015 Clause 4.4.1 – Process Approach and Clause 8.1 – Operational Planning and Control**, the audit revealed that the Public Affairs Management process lacks a documented Quality Control Plan (QCP) for key subprocesses such as Information Management and Dissemination, Materials Production, Media Relations, and the Publication of Issuances. No formal QCP could be provided by the auditee during the audit. This absence indicates that these critical communication-related functions are being implemented without a defined structure for quality control, potentially affecting consistency, effectiveness, and alignment with quality objectives.	4.4.1 – Process Approach 8.1 – Operational Planning and Control	No QCP for Information Management and Dissemination, Materials Production, Media Relations, and the Publication of Issuances
	Based on **ISO 9001:2015 Clause 5.3 – Organizational Roles, Responsibilities, and Authorities**, the audit found that no official designation order has been issued for the Division Information Officers. While some personnel are informally performing information-related roles such as media coordination and publication, there is no formal documentation assigning these responsibilities. This lack of formal assignment poses risks to role clarity and accountability, and may result in inconsistent outputs, especially in the absence or reassignment of personnel.	5.3 – Organizational Roles, Responsibilities, and Authorities	No official designation as Division Information Officers Conflict between QMS ad Citizen's Charter

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	Referring to **ISO 9001:2015 Clauses 5.1.1 – Leadership and Commitment, 5.3 – Organizational Roles and Responsibilities**, and **4.4.1 – Process Approach**, the audit identified a **conflict** between the Quality Management System (QMS) document and the Citizen's Charter regarding the responsible unit for the publication of issuances. The QMS designates the Records Unit as the process owner, while the Citizen's Charter specifies the Information and Communications Technology Unit (ICTU) as responsible.	5.1.1 – Leadership and Commitment 5.3 – Organizational Roles and Responsibilities, 4.4.1 – Process Approach	
9	Risk Management Team In accordance with **Clause 6.1 – Actions to Address Risks and Opportunities and Clause 7.5 – Documented Information**, no signed copies of the Risk and Opportunities Registry reports for the 1st and 2nd quarters were available at the time of audit. However, soft copies of these reports were readily accessible. This represents nonconformity in ensuring that key risk management documents are formally authorized and properly controlled to maintain traceability and accountability.	Clause 7.5 Documented Information	No signed copies of Risk and Opportunity Registry for 1st and 2nd quarter

OPPORTUNITIES FOR IMPROVEMENT
(Observed situations that do not actually violate any standard or requirement but may result to potential nonconformities.)

Asset Management

1. In accordance with ISO 9001:2015 **Clause 4.4 – Quality Management System and its Processes**, organizations are required to determine the processes needed for the quality management system, their sequence and interaction, and maintain documented information necessary for effective operation and control. The Quality Control Plan for the Asset Management process has three subprocesses which are Asset Acquisition, Asset Disposition, and Asset Utilization. It was found during the audit that the QCP is not aligned with the SIPOC (Suppliers, Inputs, Process, Outputs, Customers) format, the activity steps are not sequentially numbered, and the QCP used as a controlled copy. The QCP for the Asset Disposition subprocess has not been updated to comply with the current disposal guidelines. These limits effective process management and compliance to established procedures.

2. In relation to ISO 9001:2015 **Clause 6.1-Actions to address risks and opportunities**, organizations are required to identify and address risks and opportunities to ensure the quality management system can achieve its intended results, enhance desirable outcomes, and prevent or reduce undesired effects. It was found during the audit that the Purchase Order had not yet been signed by the supplier at the time of delivery. The Unit accepted the delivery without prior confirmation from the BAC Secretariat regarding the approval of the PO. Furthermore, the inspection of accommodation and meals was not conducted promptly, resulting in discrepancies between the Inspection and Acceptance Report date and the actual delivery date. The IAR for meals was also not prepared on time due to the delayed submission of the billing statement by the supplier.

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3. In accordance with ISO 9001:2015 **Clause 9.2 – Internal Audit**, organizations are required to conduct internal audits to ensure that the quality management system conforms to planned arrangements and is effectively implemented and maintained. It was observed that there was no formal endorsement or handover of the Internal Quality Audit results from the previous process owner to the current one.

Data Information Management

Disaster Risk Reduction and Management

Education Assessment and Research

4. During the audit, no controlled copy of the Quality Control Plan (QCP) was available for verification. Nonetheless, a signed version of the QCP was presented, indicating management approval. The absence of a controlled copy, however, remains an Opportunity for Improvement (OFI) under **Clause 4.4 – Quality Management Systems and Its Processes**, as it may affect version control and consistent implementation.

External Partnership and Management

5. Under **Clause 9.1.2 – Customer Satisfaction**, it was observed that no formalized feedback mechanism exists from partner institutions to assess the quality of coordination and identify opportunities for mutual improvement.

6. Relatedly, findings aligned with **Clause 6.2 – Quality Objectives and Planning to Achieve Them** and **Clause 8.1 – Operational Planning and Control** indicate that sustainability planning within partnership proposals is limited, which may compromise the long-term impact of these collaborations and their alignment with DepEd priorities.

7. Furthermore, in reference to **Clause 6.1 – Actions to Address Risks and Opportunities**, partnership evaluations lack consistent incorporation of risk assessments, particularly for high-value or long-term engagements, thereby exposing the organization to potential unforeseen risks.

Financial Management

8. Under **Clause 4.4 – Quality Management System and its Processes**, the office has an approved Quality Control Plan (QCP), which outlines the major processes involved. However, **an Opportunity for Improvement (OFI)** was noted as the document does not bear a "controlled copy" mark, despite being duly signed by top management. This may affect traceability and version control of critical documents.

General Services Management

9. In relation to ISO 9001:2015 **Clause 4.4 – Quality Management System and its Processes**, the Quality Control Procedure (QCP) has no controlled hard copy on file, although a soft copy exists and is duly signed by the process owner and top management. While this satisfies the requirement for documented information, there is an opportunity for improvement in enhancing document control by ensuring that a controlled hard copy is also maintained. This would help ensure consistent access and use of the latest approved version, particularly in areas with limited digital access.

Human Resource Management and Development

10. In relation to **Clause 4.4 – Quality Management Systems and Its Processes**, a documented Quality Control Plan (QCP) is in place; however, an Opportunity for Improvement (OFI) was noted. While one of the auditees presented a controlled copy of the QCP, the other auditee did not have

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access to a controlled version, which may affect consistency and version control across process owners.

ICT Management

Infrastructure Management

11. In relation to ISO 9001:2015 **Clause 4.4 –QMS and its processes**, it was found that reports or feedback sourced from social media on the damaged school facilities were not included as input or supplier sources in the QCP. These platforms are frequently used to surface facility-related concerns and stakeholder feedback.

12. Several documents were presented during the audit, namely the Notice of Suspension, Resume Order, Time Extension Evaluation Report, Variation Order, Liquidated Damages Computation, and Summary of Variation Order. These documents are useful for tracking project changes, contractor performance, and overall compliance. However, these were not identified or included as outputs in the documented process. There is an opportunity to improve the process by including these documents as formal outputs, which would ensure transparency, consistency, and provide effective monitoring and evaluation of infrastructure projects in line with **Clause 9.1's requirement** for effective measurement and evaluation of processes.

Learner Support Management
Learning Delivery Management and Development

13. An opportunity for improvement was identified in the control and implementation of the revised Quality Control Plan (QCP). While an approved version exists, the updated QCP remains uncontrolled and unapproved by the KMT. Additionally, several input sections lack defined controls, which may affect the effectiveness and consistency of process implementation as required by ISO 9001:2015 **Clause 4.4.**

14. An opportunity for improvement was also observed in the control and use of documented information in accordance with ISO 9001:**2015 Clause 7.5**. The unit has accomplished reports for each criterion or purpose, which are being consolidated by CID-CES, and maintains a Google Drive for storing monitoring tools and reports. However, the drive is not consistently utilized by all Education Program Supervisors (EPSs), resulting in potential inconsistencies in documentation access and control.

15. Although the monitoring tool is version-controlled, the terminology used—specifically "DRRM criteria"—does not fully reflect the intended purpose, as it would be more accurately represented by the term "DRRM Integration."

Learning Professional Development and Management for Teachers and School Leaders
Learning Resource Management and Development (LRMD)

16. In reference to ISO 9001:2015 **Clause 4.4**, which requires that units establish, implement, maintain, and continually improve a Quality Management System (QMS) and its processes in accordance with set standards, the audit of the LRMD process revealed that the Quality Control Plan (QCP) for the sub-processes- Development of Contextualized Learning Resources and Management of Quality Assurance of Learning Resources - were duly signed and approved, demonstrating that key processes have been documented. However, the QCP did not bear Controlled Copy markings, which are essential to ensure document authenticity, version control, and alignment with QMS document control protocols. This condition presents an Opportunity for Improvement (OFI) to reinforce conformance with QMS requirements by ensuring that only controlled copies of quality documents are used and maintained at the point of use.

Legal Management

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Organizational Development

17. In reference to **Clause 4.4 – Quality Management System and Its Processes** and **Clause 5.3 – Organizational Roles, Responsibilities, and Authorities**, it was noted that certain activities being implemented—such as School-Based Management (SBM), change of school name, and operation of Senior High School (SHS)—are actively practiced within the division but are not reflected in the current Quality Control Plan (QCP). While these processes are referenced in other QMS documents, their absence from the QCP indicates a misalignment between documented procedures and actual practices. This gap may result in unclear role assignments, inconsistent implementation, and missed opportunities for standardization and monitoring, thereby presenting an **Opportunity for Improvement (OFI)** in aligning the QCP with the full scope of operational activities.

Performance Monitoring and Evaluation

18. Under Clause **7.5 – Documented Information**, it was noted that the "Program Implementation Review," which is consistently conducted by SGOD but not uniformly by other units, is not yet reflected in the Quality Control Plan (QCP). Additionally, the Division's plan to implement a rolling validation approach for the "Office Staff Performance and Appraisal" process, wherein the Project Monitoring Team (PMT) and division personnel will jointly validate the Means of Verification (MOVs), also necessitates formal inclusion in the QCP.

Plan Formulation

19. Referencing **Clause 4.2 – Understanding the Needs and Expectations of Interested Parties** and **Clause 8.2 – Determining the Requirements for Products and Services**, the audit noted a misalignment in customer identification. While the QCP lists only SGOD as its customer, interviews and process walkthroughs confirmed that other offices, such as the Curriculum Implementation Division (CID) and the Office of the Schools Division Superintendent (OSDS), are also users of and contributors to the PMIS process. This exclusion results in an incomplete representation of the actual service scope.

20. In line with **Clause 8.5 – Control of Production and Service Provision**, it was observed that some process steps currently being practiced—such as the Budget Officer signing the WFP first before Planning Officer—are not reflected in the QCP. These undocumented steps were adopted based on successful outcomes and operational practicality, especially to address errors in allocation computations. While these adaptations are beneficial, the failure to formally document them presents risks in standardization and knowledge transfer.

21. According to **Clause 5.3 – Organizational Roles, Responsibilities, and Authorities**, the audit discovered that the Budget Officer, although consistently signing the WFPs, is not designated in the QCP as a person responsible in the process. This lack of documentation may lead to confusion regarding role expectations and accountability, particularly for new personnel or during personnel transitions.

22. Based on **Clause 8.5 – Control of Production and Service Provision and Clause 6.1 – Actions to Address Risks and Opportunities**, there is no established control mechanism to ensure the timely submission of hardcopy documents for review. The auditee relies on giving reminders and reverting the request to the process owner after a three-day delay. While this has prevented significant delays, a formalized system would better support consistency and efficiency.

Policy Development

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23. Under **Clause 5.2 – Quality Policy**, it was noted that not all personnel have access to or are fully aware of the Quality Control Plan (QCP). This limited awareness has led to the continued performance of routine tasks based on familiar practices rather than those explicitly aligned with the QCP. Furthermore, although policies on the Deployment Process and the School-Based Feeding Program (SBFP) were reportedly followed and reviewed, documentation of their implementation was not consistently maintained.

Private Education Regulations and Development	
Project Management	
Public Affairs Management	
Records Management	

24. Under **Clause 6.1.2**, the unit/section addressed risks encountered during operations, such as missing documents for routing and release. However, these actions were not yet integrated into the QMS processes, as required by the clause.

25. **Clause 4.4** requires that the unit/section shall establish, implement, maintain, and continually improve a QMS, including the processes needed and their interactions, in accordance with the requirements set by standards. The unit/section implements and maintains an approved QCP; however, its revised version is still pending approval. Inconsistencies were also noted in the established QCP, particularly in the Records Inventory sub-process, such as unclear sources of input, customer identification, and input descriptions.

Research Management
Knowledge Management Team
Quality Workplace Team
Risk Management Team
Training and Advocacy Team
OTHER RELEVANT MATTERS:

AUDIT CONCLUSION:

53 Conformities, 9 Non-conformities, 25 OFIs

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