Republic of the Philippines
Department of Education
REGION VIII - EASTERN VISAYAS

August 17, 2026

OFFICE MEMORANDUM
HRDD–2026 – 404

SUBMISSION OF ACCOMPLISHED REQUESTS FOR ACTION (RFAs) AND SIGNED AUDIT REPORTS FOR FY 2025 INTER-REGION INTERNAL QUALITY AUDIT

To: Director III
Regional Functional Division Chiefs
Unit and Section Heads
All Others Concerned

1. Attached is Memorandum DM-OUHRODI-2026-2799 from Undersecretary Wilfredo E. Cabral, Office of the Undersecretary for Human Resource and Organizational Development and Infrastructure, containing the Internal Quality Audit Summary Report of DepEd Region VIII.

2. The concerned functional divisions, sections or units, and QMS Teams shall submit the accomplished Requests for Action (RFAs) and signed Audit Reports to the Quality Management Representative (QMR), through the QMS Secretariat, **on or before August 19, 2026**.

3. For inquiries or concerns, contact Dr. Rita R. Dimakiling, QMR, through **pprd.region8@deped.gov.ph**.

4. Immediate dissemination of and compliance with this Memorandum are desired.

SALUSTIANO T. JIMENEZ JD, EdD, CESO III
Regional Director

HRDD-DSS

DEPARTMENT OF EDU
RECORDS SECTION REGIONAL
404
By: 8/18/26

MEMORANDUM
DM-OUHRODI-2026-2799

TO : **SALUSTIANO T. JIMENEZ**
Regional Director
DepEd Region VIII

FROM : **WILFREDO E. CABRAL**
Undersecretary
Human Resource and Organizational Development, and Infrastructure

SUBJECT : **INTERNAL QUALITY AUDIT SUMMARY REPORT OF DEPED REGIONAL OFFICE VIII**

DATE : 07 August 2026

The Internal Quality Audit (IQA) is conducted to evaluate the conformity of offices with ISO 9001:2015 Standards and to gauge the impact of the Quality Management System (QMS) on the organization's daily operations. The conduct of IQA for the Department of Education (DepEd) Regional Office (RO) VIII, as required under the ISO 9001:2015 standards, also provides the Department with an initial assessment of its readiness for the surveillance audit this FY 2026.

The Inter-Region IQA FY 2025 was conducted for six weeks. The audit schedule is as follows:

Week	Date	Auditee	Auditor
Week 1	June 22 - 26, 2026	Region II	CAR
		NCR	Region III
		Region VI	Region IV-B
		✓ Region VIII	Region XI
Week 2	June 29 – July 3, 2026	Region III	NCR
		Region V	Region VIII
		Region I	Region II
Week 3	July 6 – 10, 2026	CAR	Region I
		Region IV-B	Region V
		Region X	Region IX
Week 4	July 13-17, 2026	Region XI	Region VI
		Caraga	Region XII

Week 5	July 20 – 24, 2026	Region XII	Region VII
		Region IX	Caraga
Week 6	July 27-31, 2026	Region VII	Region X

The assigned Regional IQA Teams conducted interviews and document reviews with the following objectives:

a. fVerify the continued conformance of the QMS to the requirements of ISO 9001:2015;
b. Evaluate the performance and effectiveness of the QMS in achieving quality objectives; and
c. Verify the effective implementation of corrective actions from the previous audit.

Upon completion of the audit, the IQA Teams presented and discussed the initial audit findings and issues with the offices through the Closing Meeting.

In this connection, the enclosed **Audit Findings Summary** of your region is hereby transmitted for reference and guidance. You are respectfully requested to ensure that the nonconformities (NCs) identified are resolved by filling out the Request for Action (RFA) forms issued by the auditors. **The RFA forms and audit reports can be accessed through this link: https://tinyurl.com/IRIQA-RO8**. Accomplish the RFAs, if there are any, by filling out Section 2, particularly:

- Corrections – actions taken/implemented/to be done to eliminate a nonconformity;
- Target Completion Date – the exact date that the corrections are due to be completed as set out in the schedule;
- Root Cause Analysis (RCA) – is a set of problem-solving tools targeted at identifying the true root cause for a nonconformity. The office may use the RCA method of their choice, including the name and signature of the person/s who did the RCA;
- Corrective Actions – action/s to eliminate the cause of a detected nonconformity or other undesirable situations;
- Target Closeout Date – the exact date that corrective actions are completely implemented.

Kindly **submit the accomplished RFAs and the signed Audit Reports signed by their respective Head of Office on or before August 14, 2026**, acknowledging the audit findings by emailing them to nqmssupport@deped.gov.ph.

For further questions and clarification, please contact **Ms. Dorothy Aireen B. Lipit** or **Ms. Rachelyn M. Manalo** of the NQMS Secretariat through phone number at (02) 8633-5375 or email at nqmssupport@deped.gov.ph.

Thank you.

Copy Furnished:
OFFICE OF THE SECRETARY
osec@deped.gov.ph

AUDIT FINDINGS SUMMARY

DepEd Regional Office VIII

A. Conformities

Top Management

1. Demonstrated strong leadership concerning customer focus by ensuring that customer and applicable statutory and regulatory requirements are determined, understood, and met. (Top Management).
2. Determined external and internal issues that are relevant to its purpose and strategic direction and that affect its ability to achieve the intended result(s) of its QMS. (Top Management, QMR).
3. Ensured the needs and expectations of the relevant interested parties/stakeholders of the organization, especially at times of crisis. (Top Management, QMR).
4. Ensured that necessary actions to address nonconformity, opportunities for improvement, and other findings by the concerned functional divisions and process owner through Management Review and ManCom. (Top Management, QMR).
5. Evaluated the performance and effectiveness of the quality management system and retained appropriate documented information as evidence of the results. (Top Management, QMR).

QMS Teams

Training and Advocacy Team (TAT)

1. Established and institutionalized Learning and Development Needs Assessment (LDNA) Tools in identifying and addressing personnel competency requirements related to the Quality Management System (QMS) implementation (TAT, ORD-Legal Unit).
2. Capacitated 15 personnel on Auditing Management System & 13 personnel on Knowledge Management through Development Academy of the Philippines (DAP) Training Programs (TAT).
3. Implemented all activities in the 2025 DepEd RO VIII Quality Management Communication Plan, strengthening personnel QMS engagement (TAT).
4. Conducted L&D Programs on the Revised G6910, Training of School Leaders on MATATAG Phase 2 Implementation, & the Strengthened Senior High School (SHS) Curriculum with 100% participant attendance; and attendance at the Orientation on the Quality Management System Manual, Procedures, and PAWIM; and HRDD, QWT.

Risk Management Team (RMT)

1. Quarterly monitoring of identified risks and opportunities was conducted (CIP: Risk & Opportunity Monitoring & Review Form dated March 31, 2026). (RMT)

Knowledge Management Team (KMT)

1. Maintained and protected the repository drive of all controlled documents. (KMT)
2. Utilized the repository drive of all forms and tools, both internal and external that can be accessed by all FDs. (KMT)

Quality Workplace Team (QWT)

1. PRAISE Good Housekeeping Award, with monetary incentives, to recognize offices that consistently demonstrate exemplary implementation of 5S Quality Workplace practices. (QWT)

2. The competence of QWT members was supported through their attendance at the Orientation on the Quality Management System Manual, Procedures, and PAWIM conducted via MS Teams on June 19, 2026.
3. The Quality Workplace Team (QWT) implemented the approved Quality Workplace processes, as evidenced by the orderly and well-maintained offices and work environment observed during the audit.
4. The conduct of Office Pintakasi (Brigadahan) on July 20, 2026, and December 7, 2026, was included in the approved work plan to support the maintenance of the office environment. (QWT)
5. The office adopted the engagement of outsourced utility workers to maintain the cleanliness and upkeep of the office surroundings. This practice supports the sustained maintenance of a clean, safe, and conducive work environment and enables personnel to focus on their core functions. (QWT)

Office of the Regional Director (ORD)

Legal Unit

1. The Legal Unit developed and implemented the E-Certificate of No Pending Case, an innovation that streamlines the issuance of certifications by reducing processing time and enabling requesting parties to obtain the certificate without the need to visit the office.
2. Three of the five personnel of the Legal Unit received recognition under the PRAISE Program through the Gawad ng Regional Director Award in 2023, 2024, and 2025. This reflects the office's sustained recognition of exemplary performance and its commitment to promoting employee engagement and a culture of excellence. (Legal Unit)
3. Document review and self-rating of the 2025 Individual Performance Commitment and Review (IPCR) were conducted to monitor progress toward the achievement of the Strategic Objectives (CIP: Minutes of Meeting Year-End Review/Assessment of IPCR dated January 5, 2026, 1:00 PM). (9.1.1) Legal Unit
4. The office demonstrated continual improvement in the timeliness of investigation processes, reducing the average investigation period from 703 days in 2021 to 325 days in 2022, 299 days in 2023, and 150 days in 2025. (10.3) Legal Unit
5. The Legal Unit adopted the digitization of key legal processes through an internally developed initiative, improving process efficiency and accessibility of legal services. This practice supports the continual improvement of office operations. (10.3) Legal Unit

Public Affairs Unit (PAU)

1. The office developed and implemented the CSM CARES (Customer Satisfaction Measurement Certificate of Appearance and Referral Enhanced System), which supported the efficient issuance of Certificates of Appearance and improved the management of referral processes and customer satisfaction (PAU).
2. Region 8 Public Assistance Action Center - Tracking Center - a tracker of complaints for efficient monitoring of status and delivery of services for CSM/CCSS. (ORD-PAU)
3. Ensured timely and efficient Office performance through Monthly reporting of the Customer/Client Satisfaction Survey to all FDs to continually improve and sustain client satisfaction. (ORD-PAU-CCSS/CSM)
4. The office effectively planned, managed, and disseminated information to relevant customers through the conduct of regular meetings with Schools Division Office (SDO) counterparts, particularly Division Information Officers, and the utilization of official social media accounts. These mechanisms

enhanced coordination, ensured timely and consistent communication, and improved the accessibility and dissemination of information to stakeholders (PAU).

5. The organization hired personnel in charge of the Customer Client Satisfaction Survey (CCSS) or CSM to monitor and ensure customers' perception on the degree to which their needs and expectations have been fulfilled.

Information and Communications Technology (ICT) Unit

1. Developed and implemented digitized innovations in streamlining and continually improving the services and effectiveness of the quality management system.
2. Timely response and resolution of ICT technical assistance requests were evidenced through the Technical Assistance Portal (TAP). A printer troubleshooting request from HRDD dated June 24, 2026, at 8:00 AM was responded to within 15 minutes and addressed within 25 minutes, resulting in the resolution of the reported issue (CIP: Technical Assistance Portal). 8.5.1 (ICTU)
3. A Training Needs Survey was conducted through Google Forms, which identified Web and Application Development as a learning need. Subsequently, a Capacity Building on Web Systems and Application Development (Basic-Intermediate Level) was conducted on September 15–19, 2025 (CIP: RM-ORDICTU-2025-1030 dated August 19, 2025) (7.2) ICTU
4. The ICTU demonstrated effective application of organizational knowledge by providing technical support in the development and implementation of digital innovations initiated by other functional divisions. These include the Regional Integrated Portal of PPRD, CSM CARES of PAU, the EVRAA Medal Tallying System, and the ongoing development of the Donations Recording System for the Regional Office and Schools Division Offices. This practice enhanced process digitalization, improved data accessibility, and increased operational efficiency across offices. (7.1.6) ICTU

Administrative Services Division

General Services Unit

1. Developed an online vehicle request system through a consolidated worksheet that integrates vehicle requests, trip tickets, and other related templates. This initiative streamlined the processing of vehicle requests, improved accessibility of forms, and enhanced the efficiency of transport service operations. (AD-GSU)
2. Outsourced utility workers to maintain the cleanliness and upkeep of the office surroundings. This practice supports the sustained maintenance of a clean, safe, and conducive work environment and enables personnel to focus on their core functions. (AD-GSU)

Personnel Section

1. Utilized an online-based Leave Management System that enables efficient updating, monitoring of leave balances, and accessible viewing by personnel, thereby improving transparency and administrative efficiency. (AD-PS)
2. Utilized the Personnel Document Tracking System to support systematic tracking of personnel records, improving document control, traceability, and efficiency. (AD-PS)
3. A mechanism for monitoring the Employees' movements that improves quality of services, increases productivity at work, and enhances accountability. A monthly reward system for employees with good standing on this program is recognized by the top management. (AD-PS)

4. Consolidated monthly summary Report on Employees Going Out that improves monitoring and documentation of employees' movements and enhances accountability. (AD-PS)

Procurement Unit and Asset Management Section

1. Developed and implemented the SMARTProcure system to support procurement monitoring and tracking, which improved transparency, strengthened control over procurement activities, and enhanced efficiency in procurement management processes. (AD-PU)

Records Section

1. Developed and utilized Project GREAT (Governance Records Enforcement and Action Tracking), which has enhanced records management and action-tracking processes. The system provides an effective mechanism for monitoring commitments, tracking progress, and managing records, thereby promoting accountability, improving process monitoring, and increasing operational efficiency. (AD-RS)
2. Demonstrated timely, efficient, and effective practice in Certification, Authentication, and Verification (CAV) processing by conducting pre-evaluation and validation of documents through a digitized mechanism in coordination with SDOs. This approach strengthens document accuracy, reduces turnaround time, and improves service efficiency, resulting in the prompt release of CAV documents. (AD-RS)
3. Outstanding customer service by Region VIII Civil Service Commission (CSC), reflecting a dedication to client satisfaction and quality service delivery. (AD-RS)

Payroll Section

1. Disbursed employees' benefits, compensation, salaries, and wages efficiently and timely to ensure employees' welfare is taken care of by the organization. (AD-CS)

Curriculum and Learning Management Division (CLMD)

1. Developed and implemented 14 digitized innovations in streamlining and continually improving the services and effectiveness of the quality management system.
2. Top-Notch National Recognition in National Festivals of Talents (NFOT) and Journalism Program through National Schools Press Conference (NSPC), both in the Individual and Group Categories.
3. Outstanding performance Rating in the 2025 OPCR of 4.83 Outstanding.
4. Consistent outstanding performance rating of the Customer Client Satisfaction Survey (CCSS).
5. 1st Place and 2nd Place winners in the national competition as an outcome of the Project R8MC (Region 8 Match Chronicles specifically in the 2025 Math Intervention Program on Enhancement of the Proficiency Level by the three Grade 6 Beneficiary learners).
6. Recommended and utilized "Policy Recommendations on the Revisions of the Learning Action Cell (LAC) as K to 12 Basic Education Program School-Based Continuing Professional Development Strategy; and Multigrade Program per DO No. 039, s. 2021 and Joint Circular No. 01, s. 2021."
7. Monitored and evaluated the status of implementation on programs, projects, and regional initiatives via digital and printed tools, results were analyzed and utilized for continual improvement.

8. Presented the evidence of conformity tagged in the audit report for comment by the External Auditor during the 1st Surveillance Audit:
    - Final research output on (Exploring the Integration of the 21st Century Skills in the Pedagogical Approaches and Assessment Strategies)

Education Support Services Division (ESSD)

1. The EVRAA delegation was recognized as the 1st Place Most Disciplined Delegation during the 2026 Palarong Pambansa.
2. Published Kaleidoscope, a coffee table book that documents and showcases significant accomplishments, innovations, and best practices.
3. Undertaken immediate/rapid actions on the shooting incident, including the conduct of an initial assessment and the suspension of classes within the Division of Tacloban City to address safety and security concerns affecting learners.
4. Established a coordinated disaster response mechanism that enabled the timely provision of assistance and post-disaster assessment following the strong earthquakes that affected Manay, Davao Oriental, and Bogo City, Cebu. This was evidenced by the provision of Edukahon to affected learners in the North and South Districts of Manay and the deployment of DRRM personnel, in coordination with the concerned Schools Division Office, to conduct assessment activities in Bogo City. The practice demonstrates effective collaboration and responsiveness in supporting affected learners and schools during emergencies.
5. Developed and implemented a localized reporting system to enhance reporting and information management processes, addressed localized data generation requirements, and complemented the existing system of the Central Office.
6. Conducted Psychological First Aid to teachers and staff of San Jose National High School on June 24, 2026, to support personnel's well-being following a critical incident.
7. Stock Cards for medical and dental supplies are used for monitoring inventory levels and supporting purchasing decisions.
8. The office conducted the EDU-LEAD Convergence 2026: Empowering Local Leaders for Learner Success on June 24, 2026, at Madison Park Hotel, Tacloban City. The activity convened local chief executives, political leaders, and other stakeholders to strengthen collaboration and support for learner-centered programs and initiatives.
9. The office implemented the "Love Ko si Teeth-Chers" initiative in 2025, through which three teachers from each of the 13 Schools Division Offices were provided with free dentures. The initiative, funded through the personal resources of the office dentist, supported the oral health and well-being of selected teaching personnel. This practice demonstrates a commendable commitment to employee welfare beyond regular program interventions.
10. Presented the evidence of conformity on "Oplan Kalusugan sa DepEd Accomplishment Report for 2025, 2nd Quarter" tagged in the audit report for comment by the External Auditor during the 1st Surveillance Audit.

Field Technical Assistance Division (FTAD)

1. The competence of personnel was supported by the attendance of an ADAS I to the Knowledge Management Training conducted by DAP in Pasig City, as evidenced by the approved participation and training records.
2. The progress of the SBM Self-Assessment conducted in schools across the region was monitored through a Google Worksheet.

6. Demonstrated effective implementation of the Rewards and Recognition Program through the Bituon han Sinirangan 2025 Regional Awarding Ceremony, including the first-time recognition of personnel with 30 or more years of dedicated government service through the Loyalty Award.
7. Established a repository of developed Work Application Plans (WAPs) on the Revised G6910 and Strengthened SHS Curriculum trainings.
8. Implemented the Onboarding Program for Newly Hired Personnel through the Non-Teaching Personnel Induction Program Coursebooks (Online), with continuous review and updating of learning materials in accordance with RM No. 737, s. 2026 dated June 15, 2026.
9. Implemented a plan for the utilization of QAME results through the Review of the QAME Report Form on the Training of School Leaders on the Phase 2 Implementation of the Revised K to 12 Curriculum, where actions taken to address identified issues and improvement opportunities were reviewed and validated by the QAD-In-Charge.
10. Developed and implemented the Learning and Development Needs Assessment (LDNA) Tool for Regional and Division Office personnel, patterned after the Version 3 Compendium, focusing on Core Behavioral and Functional Competencies that systematically identify competency gaps and training needs.
11. Completed Phases 1 and 2 of the RELC–NEAP repair and rehabilitation, enhancing infrastructure and operational readiness (NEAP).
12. Developed and implemented the Learning and Development Needs Assessment (LDNA) Tool for Regional and Division Office personnel, patterned after the Version 3 Compendium, focusing on Core Behavioral and Functional Competencies that systematically identify competency gaps and training needs.

Policy, Planning and Research Division (PPRD)

1. Developed and utilized Project SMILE (System Management and Information for Learner's Education) as a mechanism for managing learner information and monitoring education-related data. The system improved data organization, accessibility, and reporting efficiency, thereby enhancing support for educational planning and service delivery.
2. Received recognition as one of the Best Implementers of the FY 2025 Program Management Information System (PMIS) as cited by DepEd Central Office, reflecting excellence in program monitoring, implementation, and reporting. The award serves as evidence of effective program management practices and the office's commitment to continual improvement and performance excellence.
3. Consistent outstanding rating on the Customer Client Satisfaction Survey.
4. Demonstrated strong collaboration and coordination with the Schools Division Offices (SDOs) in the development of the Regional Basic Education Development Plan (RBEDP). This collaborative approach promoted stakeholder participation, facilitated the integration of division-level inputs, and contributed to the development of a comprehensive and responsive education development plan aligned with regional priorities and objectives.
5. Established a monitoring mechanism on the programs and the established processes which ensure intended outputs of objectives like Research activities, e-saliksik portal.
6. Calibrated Regional Education Development Plan into Quality Basic Education Development Plan (QBEDP) integrating DepEd's 5-Point Reform Agenda to address the learning crisis and transform the country's educational standards

by focusing the 5 key pillars: teachers, learners, governance, learning quality, and employability.

Quality Assurance Division (QAD)

1. An outstanding performance with a perfect rating of 5.00 in the Office Performance and Commitment Review for Fiscal Year 2025.
2. Developed i-QAD Portal of DepEd Region VIII to streamline the processes of the regulatory services, and an intervention in addressing identified risk.
3. Conducted Quarterly Program Implementation Review (PIR) as a check and balance of the organization's quarterly performance and direction. It leads to continual improvement, ensure operational efficiency (resource and financial), and data-driven bases for decisions/evidence-based decision making, catch-up plans, verification of process conformity, and assess progress of the KPIs and objectives.
4. Presented a commendable analysis and evaluation of the organization's performance aligned with the Key Performance Indicators (KPIs).

B. Opportunities for Improvement (OFI)

Top Management

QMS Teams

Knowledge Management Team (KMT)

1. Protection of the controlled documents from damage and loss inside the glass cabinet without lock in the QMS office, re: PAWIM-P-005 (KMT)
2. Controls for documented information by strengthening the management of active and obsolete planning documents and other controlled documents. Consider establishing and implementing mechanisms for systematic identification, protection, archiving, retention, and disposal of documented information to minimize the risk of improper use of obsolete or unintended versions and to enhance document control effectiveness. (KMT)
3. Ensure documentary requirements and a mechanism in communication to concerned government agencies in processing the Disposition of Records (AD-RS, KMT)
4. Consider all necessary documented evidence on the implementation of PAWIM-P-006: Knowledge Management as required by the PAWIM. References: DO 009, s. 2021"Institutionalization of a Quality Management System in the Department of Education" and DM 014, s. 2022 "The DepEd Quality Management System Manual and Procedures and Work Instructions Manual". (KMT)

Risk Management Team (KMT)

1. Maintaining minutes of the meetings during the conduct of quarterly Risk Monitoring activities to provide documented evidence of discussions, decisions, and actions taken on identified risks and opportunities. (RMT)
2. The Risk Monitoring Team (RMT) may consider reviewing the action plans identified by each Functional Division to ensure that these are aligned with and adequately address the corresponding risks. (RMT)

Office of the Regional Director (ORD)

1. Completeness of details in accomplishing the OPCRF and IPCRF specifically on part IV of the template.
2. Consider strengthening the control of documented information by ensuring that all documents and records are consistently reviewed, maintained, and aligned with the established Documented Information Management standards.
3. Established monitoring and measuring of results, particularly when monitoring or measuring, is used asfor evidence of conformity of products and

services to specified requirements. For improvement, the M&E tools should be quality assured by the QAD to ensure valid and reliable tools. (7.1.5) (All FDs)
4. Complete documented information on the Actions Taken from the recommendations/agreements of the Results of the Monitoring and Evaluation activities. (All FDs)

Public Affairs Unit (PAU)

1. Updating the OM-QCP for PAU by adding detailed implementation activities and clearly defined process controls to strengthen monitoring and ensure the consistent release of quality products and services.8.1 (PAU)
2. Interpretation and analysis on the consolidated results of the CCSS, FY 2025 and the 2026 Quarterly reports. (PAU)
3. May consider implementing an online application/request system to facilitate the submission, tracking, and processing of service requests. (PAU)
4. Approved Status Report on the 34 open status complaints identified by the External Auditor during 1st Surveillance Audit and track the status of 2 remaining open complaints endorsed to Legal Unit. 10.2 (ORD-PAU)

Information and Communications Technology (ICT) Unit

1. Enhancement of the existing Payroll System. (ORD-ICTU)

Administrative Services Division (AD)

1. Completeness of details in accomplishing the OPCRF and IPCRF specifically on part IV of the template.
2. Established monitoring and measuring results, particularly when monitoring or measuring, is used as evidence of conformity of products and services to specified requirements. For improvement, the M&E tools should be quality assured by the QAD to ensure valid and reliable tools.
3. Update the OM-QCPs to include detailed implementation of activities and integrate existing controls and mechanisms to strengthen monitoring and ensure consistent delivery of quality services. (AD-All)
4. Review and update Risk Registry and Opportunity Registry to ensure they accurately reflect and align with the findings of the SWOT analysis. (AD-All)
5. Completeness of details in accomplishing the OPCRF and IPCRF specifically on part IV of the template. (AD-All)
6. Strengthen the control of documented information by ensuring that all documents and records are consistently reviewed, maintained, and aligned with the established Documented Information Management standards. (AD)
7. Complete documented information on the Actions taken from the recommendations/agreements of Monitoring and Evaluation activities.

Personnel Section

1. Update the List of Interested Parties to include DepEd Central Office and Schools as internal parties, and other relevant parties to Administrative Division, to ensure complete identification of relevant stakeholders, strengthen context analysis of the organization and support improved alignment of quality management system processes with stakeholder needs and expectations. (AD-PS)
2. Update employee 201 files and implement a standardized labeling system by category to facilitate easier identification, retrieval, and file management. (AD-PS)

3. Strengthen the process for monitoring and updating professional licenses of personnel with practice of profession eligibility by implementing a systematic tracking and documentation mechanism. (AD-PS)
4. Records of teaching-related and non-teaching personnel with renewed PRC licenses ensuring personnel performing work affecting quality are competent meeting legal and regulatory requirements (AD-PS)

Records Section

1. Incorporating Force Majeure events in the SWOT Analysis under the "Threats" category to strengthen risk identification, preparedness, and business continuity planning. (AD-RS).
2. A coding mechanism for documents to clearly identify priority levels during emergencies, enabling faster retrieval and effective management of critical records. (AD-RS)
3. Documentary requirements and a mechanism in communication to concerned government agencies in processing the Disposition of Records. (AD-RS)
4. Records disposal was last conducted in FY 2023; thus, the organization may consider scheduling periodic records disposition activities to ensure the timely disposal of inactive records and compliance with established records management procedures. (AD-RS)

Curriculum and Learning Management Division (CLMD)

1. Completeness of details in accomplishing the OPCRF and IPCRF specifically on Part IV of the template.
2. Alignment of outputs and the Quality Assurance (QA) /evaluation tool of Learning Resources (LRs).
3. Established monitoring and measuring of results, particularly when monitoring or measuring is used for evidence of conformity of products and services to specified requirements. For improvement, the M&E tools should be quality assured by QAD to ensure valid and reliable tools.
4. QAME mechanism on the implementation of the Kirk Patrick's Level of Evaluation for Levels 2, 3 and 4 of the L&D Program per DM 44, s. 2023 "Interim Guidelines for the Quality Assurance, Monitoring and Evaluation of the NEAP Core Programs".
5. Completeness of documented information on the Actions taken from the recommendations/agreements of the following activities.
   -Results of the Monitoring and Evaluation; and
   -Research Studies
6. A mechanism in monitoring the implementation of the submitted Learning and Development (L&D) Work Application Plan (WAP).

Education Support Services Division (ESSD)

1. Completeness of details in accomplishing the OPCRF and IPCRF specifically on part IV of the template.
2. Establishing monitoring and measuring of results, particularly when monitoring or measuring is used for evidence of conformity of products and services to specified requirements. For improvement, the M&E tools should be quality assured by the QAD to ensure valid and reliable tools.
3. Completing documented information on the Actions Taken from the recommendations/agreements of the Monitoring and Evaluation activities.
4. Support from Local Government Units (LGUs) for sports development and participation in regional sporting competitions was noted. Further engagement with LGUs and other stakeholders may be explored to enhance

support for participation in higher-level competitions, including the Palarong Pambansa.

Field Technical Assistance Division (FTAD)

1. The office may consider ensuring the consistency and alignment of dates indicated in the Risk Registry and corresponding action plans, as the Risk Registry is effective April 1, 2026, while the identified action plan indicates Quarter 2 of 2025
2. Current files and obsolete versions were observed to be maintained in the same folder. The office may consider segregating obsolete documents to ensure proper control of documented information.
3. Completeness of details in accomplishing the OPCRF and IPCRF specifically on part IV of the template.

Finance Division and Cash Section

1. Completeness of details in accomplishing the OPCRF and IPCRF specifically on part IV of the template.

Human Resource Development Division (HRDD)

1. Completeness of details in accomplishing the OPCRF and IPCRF specifically on part IV of the template.
2. A mechanism may be developed to monitor the number of scholars by corresponding scholarship program, enabling more efficient monitoring and data reporting.
3. A monitoring mechanism for the implementation of participants' Work Application Plans (WAPs) may be developed and implemented. Accomplished WAPs may be consolidated and maintained in a centralized repository, while the implementation status of participants' WAPs may be systematically monitored and verified.
4. QAME mechanism on the implementation of the Kirk Patrick's Level of Evaluation for Levels 2, 3 and 4 of the L&D Program per DM 44, s. 2023 "Interim Guidelines for the Quality Assurance, Monitoring and Evaluation of the NEAP Core Programs" (QAD, HRDD, Learning Managers)
5. Established monitoring and measuring of results, particularly when monitoring or measuring is used for evidence of conformity of products and services to specified requirements. For improvement, the M&E tools should be quality assured by the QAD to ensure valid and reliable tools.

Policy, Planning and Research Division (PPRD)

1. Updating the List of Interested Parties to include DepEd Central Office as internal party and Private Entities requesting indorsement to conducted research – as external party, to ensure complete of relevant stakeholders, strengthen context analysis of the organization and support alignment of quality management system processes with stakeholder needs and expectations.
2. Updating the OM-QCPs to include detailed implementation activities and integrate existing controls and mechanisms to strengthen monitoring and ensure consistent delivery of quality services.
3. Reviewing and updating Risk Registry and Opportunity Registry to ensure they accurately reflect and align with the findings of the SWOT analysis.
4. Ensuring completeness of details in accomplishing the OPCRF and IPCRF specifically on part IV of the template.

5. Consider strengthening the control of documented information by ensuring that all documents and records are consistently reviewed, maintained, and aligned with the established Documented Information Management standards.
6. Strengthening the control of documented information by ensuring that all documents and records are consistently reviewed, maintained, and aligned with the established Documented Information Management standards.
7. Complete documented information on the Actions taken from the recommendations/agreements of the following activities:
   -Results of the Monitoring and Evaluation; and
   -Research Studies

Quality Assurance Division (QAD)

1. Completeness of details in accomplishing the OPCRF and IPCRF specifically on Part I and Part IV of the template.
2. Consolidated M&E results, analysis and evaluation on the 2025 organizational performance in PIR versus the targets stipulated in the REDP; 2025 Quality Assurance, Monitoring and Evaluation (QAME) of the L&D programs and the utilization of QAME results.
3. Quality Assurance of the Monitoring and Evaluation (M&E) tools of functional divisions to ensure valid and reliable tools and results of monitoring and evaluation.
4. QAME mechanism on the implementation of the Kirk Patrick's Level of Evaluation for Levels 2, 3 and 4 of the L&D Program per DM 44, s. 2023 "Interim Guidelines for the Quality Assurance, Monitoring and Evaluation of the NEAP Core Programs"
5. Complete documented information on the Actions taken from the recommendations/agreements on the results of Monitoring and Evaluation activities.
6. Prescribed QAME Analysis Form 3 template per DM 44, s.2023 "Interim Guidelines on the Quality Assurance and Monitoring and Evaluation of NEAP Core Programs." Source: RTOT on ALS Assessment dated September 16, 2025, QAME Report Doc.Ref. Code: RO-QAD-F019.

C. Nonconformity

Top Management

No.	Description of Nonconformity	Requirement	Evidence
1.	The organization failed to consider the internal and external issues in determining risk and opportunity determine risks and opportunities that need to be addressed.	6.1.1 Actions to address risks and opportunities 7.5.1 Documented information	During the audit, some identified internal and external issues in the SWOT were not reflected in the risk registry and opportunity registry. (all FDs) -RMT
2.	The organization failed to control the documented information required by the quality management system.	7.5.2 Creating and updating	Incomplete details of the accomplished, approved and released DRAFs for Sections II and III, and noted NA for Section IV

		7.5.3 Control of documented information	specifically, date registered in DML (all FDs) -KMT
3.	The organization failed to maintain control over approved controlled copies of forms and templates, including Request for Approval (RFA) documents and printed forms/templates.	7.5.1 Documented information 7.5.2 Creating and updating 7.5.3 Control of documented information	During the audit, the RFAs, forms and templates were not consistently identified, approved, or distributed in accordance with the established document control procedure. (e.g. RFAs of CCSS and IQAT, DRAF-CLMD-2025-00176, CLMD-2025-00175, CLMD-2025-00176, CLMD2025-00177, CLMD-2025-00181) –KMT

Quality Assurance Division

No.	Description of Nonconformity	Requirement	Evidence
1.	The organization failed to maintain documented information that proves corrective actions were effectively implemented and verified, as required by quality standards.	10.2 Nonconformity and corrective action 7.5.1 Documented Information	During the audit, the auditee presented the closed RFAs, however, there was no objective evidence of the 13 open status NCs of the Internal Audit. (IQAT) Reference: issued Audit Report by TuvNord in the 1st Surveillance Audit dated July 22, 2025
2.	The Office failed to establish and consistently apply proper regulatory processes for one of the private schoo applicants in the processing of applications for Permit and Government Recognition. Evaluation documentation is incomplete, decisions are not clearly recorded, and there is inconsistency in the official authorization issued.	7.5.3 Control of documented information 8.2.3 Review of the requirements for products and services 8.5.1 Control of production and service provision 8.7 Control of nonconforming outputs	During the audit, the evaluation checklists of Five Holy Founders Learning Center Incorporated used for the document review/inspection contain no remarks indicating whether the application complied or did not comply with all requirements; the recommendation section of the inspection report has no selection or check marked for the options "Issuance of

			Government Recognition", "Defer Issuance of Government Recognition upon completion of requirements", or "Others"; while the school was issued an approved Government Recognition No. TAC-409215-02 series of 2026 for kindergarten, but the communication of the approved offering was a Provisional Permit for SHS per released Regional Memorandum No. 675, s. 2026 dated May 25, 2026 on the "List of Approved Government Permit, Government Recognition, Provisional Permit to Offer Basic Education, School Year 2026-2027"