



Republic of the Philippines
OCCIDENTAL MINDORO STATE COLLEGE
San Jose, Occidental Mindoro
Telefax: (043) 457-0259
Website: www.omsc.edu.ph / Email: omsc_9747@yahoo.com

CERTIFICATION

This is to certify that, the **OCCIDENTAL MINDORO STATE COLLEGE**, Main Campus, San Jose, Occidental Mindoro, conducted a Management Review on December 29, 2017 through a meeting attended by the ISO Consultant, College President, Vice President for Academic Affairs, Chief Administrative Officer, Campus Directors, Director of Student Affairs and Services, Human Resource Officer, Research Director, Extension Director, Planning Officer and the Director of Institutional Quality Assurance. The management review focused on the external and internal issues relevant to the Quality Management System (QMS), performance and effectiveness of QMS, adequacy of resources, actions to be taken to address the non-conformity concerns and the opportunities for improvement

This certification is issued for any legal purpose that would serve the school best.

Issued this 30th day of December, 2017.


MARLYN G. NIELO, PhD
SUC President II



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MINUTES OF THE MANAGEMENT REVIEW
Pedro T. Mendiola Hall, OMSC – Main Campus
December 29, 2017; 4:00pm

I. Attendees:

Dr. Marlyn G. Nielo	-	College President
Dr. Elbert C. Edaniol	-	Vice President for Academic
Affairs Ms. Ma. Paz Fatima D. Palmares	-	Chief Administrative Officer
Dr. Susanita G. Lumbo	-	Research Director
Ms. Mary Yole Apple D. Ruedas	-	Extension Director
Ms. Ayn Kathrine Doronila	-	Human Resource Officer
Ms. Riza Reyteran	-	IQA Director
Dr. Glimar V. Gaspar	-	Campus Director, Murtha Campus
Dr. Amalia E. Roldan	-	Planning Office-Monitoring and Evaluation
Ms. Merlita Dela Cruz	-	Director of Students Affairs
Ms. Loyda Amor N. Cajucom	-	Iso Consultant

II. Meeting Proper:

The meeting was called to discuss the key issues that may affect to attain the following:

1. Performance and Effectiveness of QMS

2. Extent of Quality objectives

- a. Customer Satisfaction and feedback of stakeholders
- b. Extent of Quality Objective
- c. Process Performance
The HRMO was asked for the results of the SPMS (OPCR/IPCR) and she replied that all department/units had passed the IPCR/OPCR.
- d. Audit and Monitoring
 - Identify the Non-Conformities and establish the corrective action
 - There are OFIs that need to be addressed by the Institution
 - Monitor results
 - Performance evaluation of external providers; if none, there is a need to determine its status
 - Prioritize the OFIs for improvement

3. Internal Issues

- a) Influx – student enrollment (*free tuition for SUCs)

Concerns raised by the body:

- No. of classrooms for incoming students, grade 11, one section per tract not more than 10 classrooms;
- Volume of students, classroom allocation,

Ms. Mary Yole Apple D. Ruedas suggested to establish policy for the admission requirements of incoming students and make an early announcement for the limited slots for the incoming grade 11 (c/o VPAA).

Dr. Elbert C. Edaniol said that the number of rooms needed for Grade 12 students must be determined first before finalizing the number of Grade 11 to be accepted.

Dr. Marlyn G. Nielo stated to prioritize the incoming 1st year college students.

Prioritize the tract connected with the programs offered by the College, Dr. Edaniol added. Ms. Ma Paz Fatima D. Palmares reminded that the initial policy must be announced early to the public to prevent negative feedbacks.

b) Manpower of the College

Concerns raised:

- Insufficient Clerical staff
- Job orders/contractual – will be outsourced
- HR review for Administrative Plantilla Positions (PASUC)
- Review after 6 months, if the corrective action is effective and issues have been solved then, maximize the opportunities brought by the issues set.
- Pros and cons of the issues stated and set as priority example in the job order.
- Review the performance of the workers/staff who will be absorbed/retained
- Identified areas that lack the human resource like the Registrar's Office, Records, Physical Plant and Facilities, Guidance Office, if there is possible manpower to sustain the deficiency.
- Budget on the existing manpower, supplemental funding for the additional hiring
- ISO concern- outputs will not be compromised for the multi-tasking arrangement of existing manpower

c) Release of tuition grants for the college

- Buffer – use the savings of the school to cover the expenses until the next collection
- Recommendation: intensify the IGP to back-up the expenses
- Control the expenses
- Adjust the spending of the college, no procurement for the equipment to lessen the spending
- ISO concern: the school will sacrifice the learning materials of the school which will not give a positive remark for the institution
- Other recommendation: outsourcing and intensify the linkages

4. External Issues

- External concerns like new PSGs (Policies, Standards and Guidelines for the Program mandated/regulated by CHED)
- Mandates for the educational requirement (vertical aligned) of instructors
- OBE and PSG implementation must be outcomes-based
- New curriculum to accommodate the k-12

Questions raised:

- How do you intent to ensure that the curriculum is aligned with the PSG?

The VPAA, Dr. Edaniol made the following suggestions:

- ✓ to create timeline,
- ✓ check if there is adequate faculty for the subjects;
- ✓ conduct program review;

- ✓ review faculty compliment and/or review the credentials of faculty to determine who needs the training and schooling
- Relative to this, another situation raised was SHS students can enroll to any tract at no prescribed bridging, what are the plans of OMSC to trouble-shoot this problem?
 - ✓ Set a command/policy for the requirements to accommodate the graduates from SHS, a policy which will be endorsed for BOT approval;
 - ✓ Create an assessment tool to establish the tract that will set an entry level competence for each course/program
 - ✓ Guidance and counseling must be done prior to enrollment to assess the students and orient the parents of the evaluation results from the established assessment tool
- There are new RA and Bills which are due for full implementation next year. What are the plans? Actions? Directions?
 - ✓ The officials has attended series of orientation and has started collecting data needed for the full implementation of the RAs, Bills and EOs
- Vertical- autonomy – regulated and deregulated institutions to autonomous status
 - ✓ The school was already subjected for the initial evaluation of its documents to be classified as horizontally-typed university.
- ASEAN Integration

The school has no plans yet of participating in the ASEAN quality integration; Priority is given to submit the institution for ISO certification. The thrust of CHED will focus on the monitoring of graduates as per ASEAN qualifications framework.

5. Management System

- ✓ Costumer's Satisfaction Data
- ✓ Feedback of the client/students towards the services:
- ✓ Long line-up during enrollment

Feedback of interested parties:

1. OJT partners with regards to students/OJT performance: student-teachers received good feedback, they are ready to go out as teachers while students from CBAM – were given negative comments; student trainees from the BS Midwifery and Agriculture- were considered competent; documented by the assessment forms submitted by the agency-partners;
2. Suppliers/Contractors – immediate process of payment for the completed projects; procurement in accordance with RA 9184
3. Extension/training – fully documented with assessment forms and positive outputs
4. Feedbacks from parents – good or bad must be documented; parents want to be informed of their children's performance; Faculty conduct parent's consultation; orientation and briefing / visitation (tertiary level); Grades of students and performance per semester can be forwarded to parents at the end of the semester
5. SPMS (OPCR/IPCR) – findings: timeliness of services, compliance of reports – for review in the 1st quarter of CY 2018

6. Non-Conformity Concerns:

a. Organizational

1. No defined functions/specific responsibilities
Preparation of duties and responsibilities (HR Concern) – to avoid duplication of duties and responsibilities
{ in PBB with Isolation – needs clarity in job functions }
Corrective action for this NC- HRMO
2. There's no clear mechanism yet in planning of changes
Create a policy that will assist every unit/department/college to adapt with the changes and at any impact of the change in the Institution and its clientele: the students will be shielded from the negative impact, The policy must be well-planned out (conduct stakeholders' consultation); In changes like infrastructure renovations; there must be clear-cut policy to institute the major change and make contingency planning.
The administrative manual must be revised to insert the policy on the planning of changes.
Corrective action- Director of Planning – accepted by the OIC
3. Traceability of the students' records in the medical/dental unit is not accurate resulting to misinformation of student's medical records.
Dr. Rosario Fe A. Mendiola will be informed of the NC and will submit a corrective action for this.
4. Awareness of the Quality Policy – not all the employees are informed of the quality policy established (Manuals are BOT approved, although not fully disseminated, needs revision/ modification). Who will disseminate the quality statement policy?
IQA Director- Ms. Reyteran – to post on the OMSC website and other conspicuous place
5. Incidences / Problem with DTRs (lost and delay) faculty not submitting on time –
HR will do corrective actions (HR issued a memo for no DTR no salary starting January 2018); address problem for lost DTRs – HR will be responsible for the corrective action
6. Student activity evaluation programs need to be established –
Corrective action will be done by Student affairs and Services
7. Establish process/mechanism for non-conforming incidents – direct responsibility of the department head; make an immediate correction with the department heads authority and his/her judgment to make an NC report / incident report for the repeated incidents and if possible make a root-cause analysis.
IQA director takes the responsibility to make the corrective action - to establish a policy on how to address the issues with the repeating NCs applicable for the different unit/departments.
8. Established process/mechanism for non-conforming outputs
9. Monitoring of Results –the institutional objective is the based-line data for the strategic plan –
 - I. Institutional Objective
 - a. To provide relevant curricular, co and extra-curricular programs that will promote quality and excellence;
 - b. To generate and transfer new knowledge and appropriate technologies through research and extension endeavors to improve the quality of lives of the community
 - c. To intensify the resource-generation programs of the College and strengthen linkages and networking
 - d. To promote an education community imbued with the core values of involvement , efficiency, effectiveness, resourcefulness, spirituality and integrity that manifest practice of dedicated public service

- e. To institutionalize efficient and effective fiscal management and foster transparency and accountability
- f. To assure good practice and participative governance
- g. To establish programs that will promote, respect and preserve the rich cultural heritage of the Indigenous Peoples (IPs) and
- h. To protect the rights of the marginalized sectors

II. Physical and Infrastructure Projects (please see attachments)

III. Audit reports

Based on the findings of the internal audit, the school has twenty (20) opportunities for improvements (OFIs) and eight (8) nonconformances (NCs). Officials and concerned personnel were given instructed to address these OFIs and NCs.

7. Other matters discussed by the body:

FOI that needs to be addressed institutionally:

- a. Monitoring Tool
- b. Quality Policy Review
- c. Reflect Commitment
- d. Risk Management
- e. Institutional level
- f. PWD access (infra) no available for PWD access
- g. Infra concern – no specific room for individual and group counseling needs budget
- h. Calibration of medical equipment
- i. Planning office need to develop monitoring and measuring tool
- j. Registrar's data system – built in monitoring – checking mechanism
- k. Enhance personnel competence who transfer office – send to trainings; create a turn-over of assignments policy)
- l. Delays in external communication and opportunities have been missed; staff must have a clear procedure on the screening of the receiving/releasing of the communications; establish a procedure on the releasing/receiving of communications; stable internet connection for each department/unit for them to access the communication sent thru emails

After some more discussions and recommendations, the body resolved to schedule the re-orientation of all regular/permanent faculty and employees on ISO 9001:2015 standards on January 3 to 5, 2018.

With no other matters to discuss, the meeting was adjourned at 5:45 PM

Prepared by:


RIZA S. REYTERAN, MA
IQA Director

Attested by:


MARILYN G. NIELO, PhD
SUC President II