CEBU NORMAL UNIVERSITY
Osmeña Boulevard
Cebu City
6000
PHILIPPINES

GENERAL DATA

Project ID	89-18778-1-Q		
Client Name	CEBU NORMAL UNIVERSITY		
Head Office Address	Osmeña Boulevard, Cebu City, 6000, PHILIPPINES		
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Main Contact	FILOMENA T. DAYAGBIL		
Audit Criteria	ISO 9001:2015	**EA Code**	37
Group Category	37C-Q	**NACE Code**	85.32
Audit Scope Definition	Administration and Management of Commission on Higher Education (CHED) and Board of Regents (BOR) approved programs including the essential support to operations services and facilities		
Team Member(s)	Loyda Amor Cajucom (Lead Auditor)		
	Rizza Bagalanon		
Audit Times (days)			
Stage 1	1		
Stage 2	8		
Surveillance Visits	2		
Surveillance 1	4		
Surveillance 2	4		

LOGSHEET: MEETINGS

ID	Visit	Name	Position	Open	Close	NCN Accepted
1	Surv 2	Flordelynn E. Escarda	Univ. Registrar	Yes	Yes	
2	Surv 2	Portia T. Ruben	Head Librarian	Yes	Yes	
3	Surv 2	Jillian A. Bejoc	Chair. Research & Publication, CN	Yes	Yes	
4	Surv 2	Meshel Balijon	OIC-Testing Director	Yes	Yes	
5	Surv 2	Ray Fernandez	Univ. Eng.	Yes	Yes	
6	Surv 2	Rodin Paspasan	BAC-Vice Chair	Yes	Yes	
7	Surv 2	Aida Dela Cerna	Museam Curator	Yes	Yes	
8	Surv 2	Ruby Melchor	Tourism Mngt. Dept Chair	Yes	Yes	
9	Surv 2	Dr. Ireneo Abad	Chair, Graduate Statudies	Yes	Yes	
10	Surv 2	Dr. Remedios Bacus	Member, Performance Improvement Team	Yes	Yes	
11	Surv 2	Dr. Roberto Corcino	Math Dep't/RICMP	Yes	Yes	
12	Surv 2	Dr. Carmel Vip Derasin	Chiar, Dept of Languages & Literature	Yes	Yes	
13	Surv 2	Lelani Dapat	QA Team	Yes	Yes	
14	Surv 2	Ma. Rosita Hernai	QA Team	Yes	Yes	
15	Surv 2	Christise Espera	Liaison-CTE	Yes	Yes	
16	Surv 2	Bryan Vincent King	Chair, Dept of Chemistry & Physics	Yes	Yes	
17	Surv 2	Mau Mayla Imelda Lapa	PA-Quality Assurace	Yes	Yes	Yes
18	Surv 2	Dr. Milagros Greif	Dean, CAS	Yes	Yes	
19	Surv 2	Jewish Merin	QA Team	Yes	Yes	
20	Surv 2	Noemi Yntig	Dean, College of Nursing	Yes	Yes	
21	Surv 2	Dr. Daisy Palompon	Vice President for Academic Affairs	Yes	Yes	
22	Surv 2	Mr. Alain Kenneth Ragay	RLE Chair/Coordinator-CN	Yes	Yes	
23	Surv 2	Geraldine Rebamonte	Chair, Filipino Dept.	Yes	Yes	
24	Surv 2	Dr. Mervin Reyes	Chair, Social Science Dept.	Yes	Yes	
25	Surv 2	Dr. Emiliano Jan Suson II	Faculty	Yes	Yes	
26	Surv 2	Chery Bercede	Guidance Counselor-CTE	Yes	Yes	
27	Surv 2	Diosdado Ceniza	Supply Officer	Yes	Yes	
28	Surv 2	Dr. Gercrumo Obeob Jr.	Chair, CTE Undergraduate	Yes	Yes	
29	Surv 2	Eva Marie Galasan, PhD	Public Info. Officer	Yes	Yes	

30	Surv 2	Jezyl Cutamora, RN, MN, PhD	Faculty, College of Nursing	Yes	Yes	
31	Surv 2	Filomena Dayagbil	President, Cebu Normal University	Yes	Yes	
32	Surv 2	Dominiciana Badala	VP, Admin/Chief Admin Officer	Yes	Yes	
33	Surv 2	Angeline Pogo	VP, Research, Extension & Publication	Yes	Yes	
34	Surv 2	Naila Beltran	Director, External Affairs & Int'l Linkages	Yes	Yes	
35	Surv 2	Evelyn G. Tradio	Chief Admin Officer-Finance	Yes	Yes	
36	Surv 2	Laurence Garcia	Director, Center for Research & Devt.	Yes	Yes	
37	Surv 2	Marili B. Cardillo	Director, Income Generating Project	Yes	Yes	

LOGSHEET: OBSERVATIONS

ID	Visit	Description	Status
1	Surv 2	The control of non-conforming output may be enhanced specially for the instances on repetitive non-conforming output such as that of late submission of report, and incorrect faculty assignment from the nursing college.	Open
2	Surv 2	There is a need to improve the tool for assesment student performance especially in the laboratory classes which measures skills to make it more objective.	Open
3	Surv 2	The IPCR criteria may be improved to reflect difference between the IPCR of ordinary faculty and the faculty with Admin tasks as well as adequate reflection of how the DPCR will be translated on the persons who will be accountable as per their IPCR.	Open
4	Surv 2	The Supply Office failed to show sufficient evidence that Analysis and Evaluation of the Performance of Suppliers has been conducted although policies and proc has already been	Open

LOGSHEET: NON-CONFORMITIES

ID	Visit	Type	Clause	Details	Correction	Due By	LA Verification	Date	Root Cause & Corrective Action	Due By	LA Verification	Date
1	Surv 2	Major	8.7	The standard requires that the organization shall ensure that outputs that do not conform to their requirements are identified and controlled to prevent their unintended delivery. However, a student from the college of nursing with student number 19-001095, who had a medical condition that may render him unqualified for enrollment was issued a medical certificate by the medical clinic without the appropriate evidence that the student was cleared by pulmonologist for enrollment. Moreover, the standard requires that this is documented and no documented can be traced that show that appropriate control was done prior to allowing the student enroll.	**Problem #1**: See attachment on DOH Protocol regarding PTB patients. the faculty to determine those who have incomplete pre-employment documents starting immediately. **Problem #2:** HRMO to establish protocol on safekeeping of 201 files with updated documents. **Problem #3:** HRMO to include updated licenses as partial requiremnet in the faculty proportional pay clearance on April 2019.	24.04.20	Action will correct the NCR	16.03.20	**Root Cause Analysis:** **Problem #1:** Issued a medical certificate with "ok to enroll" to a certain student despite underlying medical condition. 1. Why a medical certificate was issued despite medical condition? A medical certificate was issued since the medical condition of the student is deemed non-infections as per medical evaluation of the submitted diagnostic report and the current update on the treatment protocol. 2. Why is it not considered non-infections? Considered non-infections once medication has started as per update on the current treatment protocol. **Problem #2:** Failure to document and trace the documented information. 1. Why it failed to document and trace the documented information? Failed to assist and even checked if the student has made his entry in the log-book. On the other hand, failed to further ask to submit pertinent health document regarding underlying medical condition.	24.04.20	Photo of updated Policy/Protocol for issuance of medical certificate and logbook for documentation shown.	16.03.20
									Problem #3: Failure to inform the department concerned regarding the issue of the student. 1. Why was the department concerned not informed? The student was not in the referable list of cases that needs to be followed-up. 2. Why was the student not enlisted in the referable cases? Human error. Failed to check if the student has logged-in in the designated log-book. **Corrective Action:** 1. An official monitoring sheet (Case Monitoring Sheet) with the official list of students that needs to be monitored and followed-up be submitted per department concerned. 2. Create and establish a Protocol on infections disease management within the school.			

								Root Cause Analysis / Corrective Action			
2	Surv 2	Minor	9.3.1	The standard requires that management review shall be planned and carried out taking into consideration 7) the performance of external providers. However, at the time of audit this was not covered in the management review inputs and as of audit day this lead to failure to address the requirement for a re-evaluation of external providers.	Inclusion of the required item in all entries for/of the top management review for the next review cycle May and November 2020 and thereafter.	24.02.20	Action will correct the NCR	24.02.20	**Root Cause Analysis:** Why 1: Why was the required input not included in the formatted op management review minutes? The omission was a clerical error on the part of the secretariat. Why 2: Why the error occurred? The error of occurred because when the formatting of the review minutes was done, the agenda for the meeting was not strictly used as a reference. **Corrective Action:** To prevent the same occurrence from happening, counterchecking and rechecking of review items as per agenda will be done by 2 parties. 1. Writer of the minutes. 2. Verifier of the minutes correctness and completeness. 3. Approval by the presiding officer.	24.02.20	Copy of said agenda for May management sent covering missing items and all other required inputs.
3	Surv 2	Minor	8.4	The standard requires that the organization shall determine and apply criteria for the evaluation, selection, monitoring of performance, and re-evaluation of external providers. However, at the time of audit the re-evaluation of external providers have yet been done.	The Supply Office will gather data for the evaluation of the accredited suppliers as the baseline for the succeeding year. It will be done on March 2020.	24.02.20	Action will correct the NCR	24.02.20	**Root Cause Analysis:** At the time of audit, the Supply Office were still having dry run for the implementation of the newly formulated evaluation of suppliers. **Corrective Actions:** As soon as the data will be gathered and the evaluation will be fully implemented, the Supply Office will categorize its suppliers according to its rendered services, namely: * For office supplies, furniture & fixture, appliances, hardware & electrical, inks & toners, IT & Computer Supplies, pharmaceutical & medical supplies, printing services, plaques & jewelries, sporting goods & tools, medical supplies and equipment. - Evaluation will be done quarterly. * For food & catering services and hotel accommodation. - Evaluation will be done right after their service has been serve. The Supply Office will attach the evaluation form together with the purchase order for the end-user to fill in.	24.02.20	Tools formmonitoring and evaluation and schedule for the year was shown with initial implementation started February 15.

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									> To prevent the recurrence of the problem, the Supply Office will create an Accreditation Form to validate the accredited suppliers. This will help the Supply Office to know if the accredited suppliers are keeping their records up to date. The form is subject for review and submission to Quality Assurance for enrolment. It will done on March 2020. > As part of monitoring the suppliers, the Supply Office will give a copy of the result of evaluation to our suppliers for them to be aware on how their services affect the efficiency of the Supply Office in delivering its functions and responsibilities to its customers. > An orientation to all the suppliers' evaluation is in place, Supply Office will be able to classify them into two (2): * Active and Inactive suppliers. Procedure on its classification will be created. It will be done on December 2020.			
4	Surv 2	Minor	8.5, 6.3	The standard requires that the organization shall conduct operations in a controlled manner including the implementation of actions to prevent human error and when the organization determines the need for changes to the quality management system, the changes. However, at the time, changes in assessment tool was done and implemented without approval and several records of the IQA NC report form did not reflect the signature for verification of NCs and acceptance of NC, and the training needs assessment upon created has no area for date and was just stamped and distribution of unsigned syllabus to students.	Lead auditor to meticulously fill out all required entries. - Approval of the assessment tool used in one of the nursing subjects last February 5, 2020. - Submission of all existing assessment tools for review and subsequent approval following the schedule below: February 7 and 14, 2020 (Tools used in level I subjects). February 21 and 28, 2020 (Tools used in level II subjects). The current forms were immediately revised prior to its use. Checking was done by the L and D focal person so that no form will be released with incomplete required data. Tracing of the distributed syllabus to the students to verify the presence of the unsigned distributed syllabus. Syllabus complied in the office of the dean were checked for completeness of signatories. Syllabuses in the position of the program chairs were also traced and reviewed for completeness of signatories.	24.02.20	Action will correct the NCR	24.02.20	**Quality Assurance Office** **Root Cause Analysis:** 1. Why were the entries in the audit report not completed? The auditor thought that personnel from the QA office will place the dates in the audit report form. 2. Why were the entries not completed by the QA Office personnel? The completion of the required entries were overlooked during receiving and filing of the audit reports. **Corrective Actions:** I. Meeting will be called for all CNU internal auditors. 1. Stress the audit requirements as planned by the Lead internal auditor. 2. Emphasize the importance of filling up the required entries even the minutest detail for purpose of traceability and monitoring. II. Creation of a checklist/monitoring sheet that would specify the completeness of required entries for all audit report received/released by the QA office. III. QA staff to pay particular attention of the required entries and minutest detail of the audit report form when receiving such.	24.02.20	Minutes of meeting sent, sample checklist/monitoring sheet shown.	

								College of Nursing **Root Cause Analysis:** **Problem #1:** There were changes in the sampled assessment tool. 1. Why were there changes in the assessment tool? The faculty handling the subject did not know that there was an existing tool. 2. Why was the faculty unaware of the existing tool? The tool was not disseminated and only one faculty was keeping a copy of the tool. 3. Why was is not disseminated or why is it that only one faculty is handling a copy of the tool? There was no endorsement done from the previous teaching team to current teaching team. 4. Why was there no endorsement done? The previous training team was not included in the planning; new team is handling the subject.			

AUDIT PLAN - SURVEILLANCE AUDIT 2

Project ID	89-18778-1-Q		
Company Name	CEBU NORMAL UNIVERSITY		
Head Office (HO)	Osmeña Boulevard, Cebu City, 6000, PHILIPPINES		
Lead Auditor (LA)	Loyda Amor Cajucom	**Support Auditor (A1)**	
Support Auditor (A2)		**Support Auditor (A3)**	
Technical Expert (TE)	Rizza Bagalanon	**Observer**	N/A
UKAS Observer	N/A	**Translator**	N/A
Client Scope	Administration and Management of Commission on Higher Education (CHED) and Board of Regents (BOR) approved programs including the essential support to operations services and facilities		
Audit Type	Surveillance Audit	**Visit Number**	Surveillance Audit 2
Audit Start Date	23/01/2020	**Audit End Date**	24/01/2020

Date	Site	Start	End	Process/Activity	Auditor
23/01/2020	HO	0830	0900	Opening meeting	LA
	HO	0900		Site tour, use of certification marks and logos	
	HO			Review of previous findings and changes since last audit	
	HO			Interview with management rgarding policy, commitment, roles and responsibilities and resources	
	HO			Control of suppliers, external providers and purchasing	
	HO			Objectives and targets	
		1200	1300	Lunch	
	HO	1300		Internal audits, schedules and findings	
	HO			Management review meetings, schedules and actions	
	HO			Course design and approval	
	HO			Course accreditation from governing bodies	
	HO	1600	1630	Auditors private time and report writing	
	HO	1630	1700	End of day 1 review meeting	
24/01/2020	HO	0830		School registration, lesson plans and tutor performance	
	HO			Course completions, exam markings and certification	
	HO			Risks associated with key processes and controls in place. Change management and planning	
	HO	1200	1300	Lunch	
	HO	1300		Monitoring, measuring and data analysis	
	HO			Nonconformances, complaints and feedback	
	HO	1600	1630	Auditors private time and report writing	
	HO	1630	1700	Closing meeting	LA

Preamble

This report is intended to provide information to satisfy the needs of "interested parties". Such parties include, but not limited to: Certification Client, Certification Body, Accreditation Body and Regulatory Authority. The release of this report, or information contained within it comply with the conditions stated within the GlobalGROUP Scheme Rules (Rules of Registration).

Statement of Confidentiality

GlobalGROUP agrees not to disclose any information relating to the client's business or affairs except information, which is in their possession after the receipt of an enquiry for registration with GlobalGROUP. Where GlobalGROUP are required to disclose information to a third party either by law or as required under maintenance of certification by and Accreditation Body, such as UKAS, the client shall be informed of the information as required by law. The only other exception to confidentiality is that GlobalGROUP is required under to make publicly accessible, or provide details on request information related to accredited certification. Such information can be validated on the GlobalGROUP website using the registration number.

Declaration of Impartiality

Prior to the audit taking place the client was written to with background details of all audit team members. No objections was made by the client to any member on the team and confirmation was made by the client that no audit team member has ever worked directly for or on behalf of any other person or organisation in any capacity.

Basis of Findings

The files and records reviewed during this visit were based on random sampling techniques to provide the GlobalGROUP Lead Auditor with confidence that the management system has been effectively implemented and/or maintained. Due to the nature of sampling it could be that there are issues within the management system that are in existence but not discovered by the audit. If such issues are known their action is required to be taken by the company. It was emphasised to the company by the GlobalGROUP Lead Auditor the importance of effective internal audits as a tool for both detection of issues and as a part of the improvement cycle.

Audit Team Members

The Lead Auditor has declared that he has had no dealings with the company to be audited in the past with the exception of auditing services. This includes consultancy services. If this is not the case please inform the GlobalGROUP Quality Manager.

Audit Language

The language of the audit is in English.

Audit Timings

The audit timings for this stage are general and due to the findings may alter.

Ownership

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Executive Summary

Description of full management system scope, boundaries and clause applicability:
The management system scope covers all CHED approved programs as well as the laboratory school of the College of Teacher Education including the administrative and support services reqiireed to render the educational requirements of the students. All clauses of the standard are applicable.

Audit team recommendation:
Continued registration is recommended.

Description of Management Systems integration:
Not integrated.

Certification documents and marks:
The client is effectively controlling certification documents and marks where applicable.

Previously identified nonconformities:
The client has implemented effective corrective actions where applicable.

Summary of evidence relating to the internal audit and management review process:

The internal audit was conducted was done twice a year based on the QMS needs and result of audit. The primary auditors were trained for internal audit under BSI Academy. The audit was conducted March 7-11, 2019 and Oct 22-29, 2019 with 8 observations and 13 NCS raised throughout the 2 audits. All NCs raised has been adquately closed. Management review was done twice a year as well May 6 and Nov 28, 2019 and covered all required inputs except performance of external providers. Management review input showed actions towards improvement which they also moved to reflect in the revision of their proposed annual budget plan to include all required resources to implement such improvements.

Summary of evidence relating to the capability of the management system to meet applicable requirements and expected outcomes:
Evidence of the capability of the management system to meet applicable and expected outcomes includes continued recognition by CHED as a Center of Excellence for Teacher Education as well as Nursing education, Continual approval of their programs by CHED, several top notchers in board exam for teachers and nurses are recognized in the past 3 years. Moreover, they remain to be categorized as an autonomous university by the state because of exemplary performance. They have also maintained to meet the customer satisfaction targets that they have placed as well as their short term objectives and is already 75% into meeting their 3 year strategic plan still entering their 3rd year this coming AY 2020-2021. Moreover, the QMS are relatively stable with NCs adequately addressed and addressed in a timely manner

AUDIT PROGRAMME

ID	Location	Process	IA 2	Surveillances 1	2	3	4	5
1	HO	Scope and boundaries (including non applicable clauses)	LA					
2	HO	Interview with management rgarding policy, commitment, roles and responsibilities and resources	LA		LA			
3	HO	Context of the organisation, including internal and external issues and interested parties	LA	LA				
4	HO	Operational controls for course design, course review, course approval, student applications, student registrations, course and acedemia planning, tutor monitoring and certification	LA		LA			
5	HO	Risks associated with key processes and controls in place. Change management and planning	LA		LA			
6	HO	Competency, training and awareness	LA	LA				
7	HO	Objectives and targets	LA	LA	LA			
8	HO	Control of suppliers, external providers and purchasing	LA		LA			
9	HO	Internal audits and management review	LA	LA	LA			
10	HO	Monitoring, measuring and data analysis	LA	LA	LA			
11	HO	Nonconformances, complaints and feedback	LA	LA	LA			
12	HO	Use of certification marks and logos		LA	LA			

Audit Objectives

To audit the continued effectiveness of specific activities and processes within the Management System as defined by the 3 year audit plan.