



AUDIT REPORT

Client ID No/ 5394	Date of Audit: 28-29 October 2021	Total Pages:
Pre-Audit <input type="checkbox"/>	Stage 1 Audit <input type="checkbox"/>	Stage 2 Audit <input type="checkbox"/>
Transition <input type="checkbox"/>	Special / Extension <input type="checkbox"/>	Follow-Up <input type="checkbox"/>
Surveillance Audit <input checked="" type="checkbox"/>	Re-Assessment Audit <input type="checkbox"/>	Unannounced <input type="checkbox"/>
Organization Name & Address: Cultural Center of the Philippines		Audit Location (if different) of site visit, including dates of audit at the sites: (Remote audit)
Standard(s) to be covered by certification: <input checked="" type="checkbox"/> ISO 9001 <input type="checkbox"/> ISO 14001 <input type="checkbox"/> OHSAS 18001 <input type="checkbox"/> ISO 45001 <input type="checkbox"/> ISO 27001 <input type="checkbox"/> ISO 22000 <input type="checkbox"/> ISO 50001 <input type="checkbox"/> ISO 55001 <input type="checkbox"/> HACCP <input type="checkbox"/> Others, please specify:		
Recommended Scope: (Attach extra page if necessary) Provision of arts education services, cultural exchange management, production and exhibition management, cultural content management, venue and asset management		
Exclusion/s, if any: (Identify the exclusion/s and justification) 8.3 Design and Development of Products & Services. 7.1.5 Monitoring and Measuring Resource,		
Justification : 1. The organization does not design products or services. All designs are provided by external providers. 2. The organization’s processes does not require the use of monitoring and measuring equipment to verify the conformity of products or services to requirements		
Functional Areas or Processes Audited: (please enumerate): 1. Context of the Organization Actions to Address Risks and Opportunities +Verification of TEAM-01-ST2 (Clause 4.1, 4.2, 6.1) 2. Documented Information +Verification of TEAM-02-ST2 (Clause 7.5) 3. Financial Management (Clauses 6.2, 7.1, 8.1, 9.1) 4. Production and Exhibition Management (Clause 6.2, 8 and 9.1) 5. Cultural Content Management +Verification of Minor NC’s TEAM-01-S1, TEAM-02- S1 (Clause 6.2, 8 and 9.1) 6. Marketing Services (Clause 6.2, 8 and 9.1) 7. Customer Satisfaction and Feedback Handling (Clause 9.1.2) 8. Management Review (Clause 9.3) 9. Maintenance & Engineering +Verification of TEAM-03-ST2 (Clause 6.2, 7.1.3, 9.1) 10. General Services (Clause 6.2, 8 and 9.1) 11. Competence, Awareness +Verification of TEAM-01-S1 (Clause 6.2, 7.2, 7.3, 9.1) 12. Provision of Arts and Education Services (Clause 6.2, 8 and 9.1) 13. Procurement +Verification of TEAM-03-ST2 (Clauses 6.2, 8.4, 9.1) 14. MIS (Clause 6.2, 8 and 9.1) 15. Cultural Exchange Management (Clause 6.2, 8 and 9.1) 16. Internal Audit, Nonconformity and Corrective Action +Verification of ALE-02-ST2 (Clause 9.2, 10.2)		

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Use of Certification Mark acceptable Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	If "No" Raise Action Request RP2
Are there any changes since the last audit Y <input type="checkbox"/> N <input checked="" type="checkbox"/> If Yes, please indicate change and give brief description: Company name <input type="checkbox"/> main/site address(s) <input type="checkbox"/> scope <input type="checkbox"/> number of employees <input type="checkbox"/> OHSMS reportable serious incident or breach of regulation <input type="checkbox"/> Others <input type="checkbox"/> Please specify: _____	

1. Audit Conclusions

Lead Auditor recommendation	QMS	EMS	OH&S	FSMS	ISMS	EnMS	AMS	HACCP
Stage 2 can proceed								
Certification recommended								
Certification recommended, subject to implementation of action plan related to AR's raised (within 30 days)			*					
Certification not recommended								
Certification continuation								
Certification continuation, subject to implementation of action plan related to AR's raised (within 30 days). In case of Major NC on-site follow-up with 60 days.	X							
Certification discontinuation/suspension/withdrawal								
Certification renewal								
Certification renewal subject to implementation of action plan related to AR's raised (within 1 month of certification expiry)			*					

* I confirm that the effectiveness of the organisation's OH&SMS and that I have provided a summary of evidence of the capability of the OH&SMS to meet its compliance obligations

2. Executive Summary to the Client:

Conformity of the organization to the requirements of ISO 9001:2015 was found adequate. Quality objectives were seen established in the different process areas/ departments and were monitored, measured and generally attained.

Corrective actions are implemented for NC's raised from internal audits, customer complaints or unmet targets that were recorded and corresponding corrections and corrective actions put in place.

Process owners were knowledgeable with the procedures in their areas and knew their roles and how they contribute to the success of the Quality Management System.

Verification of Previous NC's :

1. TEAM-01-ST2 : NC is closed.
2. TEAM-02-ST2 : NC closed for Item 2, 4, 5 & 6
3. TEAM-02-ST2 : NC still open for Item 1, 3 & 7
4. TEAM-01-S1 : NC is closed.
5. TEAM-02-S1 : NC is closed.
6. TEAM-03-ST2 : NC is closed
7. ALE-02-ST2 : NC is closed

Action Requests raised

# Major	# Minor
0	2

Initial date AR response due:
16 Dec 2021

RP1 GIP-2020
This Report consists of this document (RP1) , attachments (RP1-1) and action requests (RP2) as indicated

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<p>OH&S Management System audits only. In case of OHSMS, have all activities, products and services within the organisation's control or influence that can impact the organisation's OHSMS performance been included in the management system? <input type="checkbox"/> yes <input type="checkbox"/> no Is a Special Audit recommended following an OHSMS reportable serious incident or breach of regulation? <input type="checkbox"/> yes <input type="checkbox"/> no State justification: Has there been a closure of facilities/work areas since the last audit? <input type="checkbox"/> yes <input type="checkbox"/> no If Yes, confirm that new risks have been identified and handled in compliance with requirement. Provide evidence. Are there any areas of concern (i.e. for OHSMS a serious accident or incident or breach of OHS regulation necessitating the involvement of the competent authority) that could be classified as a nonconformity during stage 2 or would affect the transfer of certification? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please specify: Are there any relevant regulatory requirements that have been identified as a non-conformance and needed to be communicated to the organisation? <input type="checkbox"/> yes <input type="checkbox"/> no Please provide details.</p>		
Lead Auditor	Company Representative	
Name/ Signed Date 14 Nov 2021	 RENATO MADRID, JR.	Name/ Signed Date
Audit Team Members: Lead Auditor	Renato G. Madrid Jr.	
Auditor 1	Carlos I. Somera	
Auditor 2		
Auditor 3		
Auditor 4/Technical Expert		
<p>3. Audit Summary What to report on within this section: Stage 1 (a) Comment on compliance of management system documentation (b) Level of preparedness (c) Identification of sites whether they are to appear on certificates or just support the main site and if they are considered key sites (attach list if possible) All Audits. (a) Confirm Audit Plan was covered or provide details if not. (b) Comment on the organization's current activities related to the scope (existing business, new business etc.). (c) Comment on level of compliance with the relevant standard(s), (d) Comment on <u>effectiveness of links</u> between standards, organization's policy, objectives and targets, legal requirements, responsibilities, personnel competence, operations, procedures, performance data and internal findings and conclusions as appropriate (e) Key positive comments</p>		

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<p>The audit was able to cover all areas indicated in the Audit Plan. The organization's present activities were seen to correlate with the scope of services stated. Compliance to relevant requirements of the standard was confirmed with few if any lapses.</p> <p>The organization complied with requirements of the ISO 9001:2015 standard with regards to the Quality Policy, quality objectives as well as legal requisites. Financial Management, Maintenance & Engineering, General Services, Production & Exhibition Management, Provision of Arts & Education Services, Cultural Content Management, Marketing Services, Procurement, MIS and Cultural Exchange Management function under controlled conditions. Procedures are documented/ followed and audited to ensure consistent implementation of plans and established processes.</p> <p>Key processes are monitored and performance data are analyzed to find areas for improvement. Nonconformities are acted upon with corrections/ corrective actions and verified for effectiveness before closure.</p> <p>Key good points : 1) Quality Objectives are closely monitored monthly and actions taken for unmet goals; 2) QMS monitoring & measurement is carried out well through IQA, Management Reviews, process & product monitoring and review of quality objectives 3) Leadership is highly committed to customer satisfaction and operating an effective QMS.</p>		
<p>4. Management system status and performance/Meeting requirements</p> <p>What to report on within this section:</p> <p>Stage 1.</p> <ul style="list-style-type: none"> a) Comment on level of development or maturity of the management system in supporting the organization's strategic goals and whether key processes, aspects and objectives have been identified with relevant supporting plans. Briefly list the key documents and records seen. b) Comment on whether sector specific or customer specific legislation has been identified and briefly list the key documents and records seen <p>All other Audits.</p> <ul style="list-style-type: none"> a) Report on performance monitoring, examples of objectives seen, results and achievements of targets, improvement and resource audit trails followed along with evidence. b) Report on whether the management system is effective in (a) meeting any specific organizations' or clients' requirements, (b) legal compliance (consider laws, regulations, national standards etc. where applicable and (c) establishing operational control. Detail the audit trails followed, along with evidence c) Unresolved issues, if any (these can include disagreement between auditor/audit team and auditee on audit findings. Consider also actions required for potential non-conformities reported in previous audits and other issues that can significantly impact the management system and the organization). d) Results of the verification of corrective actions regarding previously reported non-conformities, if applicable. 		
<p>The organization's QMS was seen to be effective in meeting customer requirements. Summary results of customer surveys from Jan to Oct 2021 showed an average rating of at least '4' or 'Agree' for 93.6% of 128 respondents. The target is at least 90%. There was no average score below '4' for any respondent customer.</p> <p>Operational control was seen established in the close monitoring of quality objectives in key departments- Financial Management, Maintenance & Engineering, General Services, Production & Exhibition Management, Provision of Arts & Education Services, Cultural Content Management, Marketing Services, Procurement, MIS and Cultural Exchange Management. Quality objectives were mostly attained in all areas audited, except those areas affected by the lockdowns and business downturn due to the COVID pandemic..</p> <p>Improvement was evident as seen in corrective actions taken for addressing NC's raised in audits, unmet targets or as a result of customer complaints.</p> <p>Procedures documenting key processes serve to control and ensure consistency in implementation of methods. Monitoring and measurement thru Internal Audits, Management Reviews, product/ process monitoring ensure plans are implemented properly.</p>		

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<p>5. Internal auditing, management leadership and management review and customer requirements</p> <p>What to report on within this section:</p> <p>Stage 1. Report on whether internal audits and management review are being planned and performed. Briefly list the key documents and records seen (Note: If internal audits and management reviews have not yet been conducted at the time of Stage 1, at least these are already adequately planned for effective performance)</p> <p>All other audits. Report on the status and effectiveness of internal auditing, and actions to address risk and opportunities and additionally, customer complaints and management review. Detail the audit trails followed along with evidence, including dates of records seen.</p>		
<p>An Audit Program is established specifying one internal audit per year. Latest internal audit was conducted last Sept 9 - 30, 2021. Audit Plan, Audit Checklists and Audit Reports seen confirm the conduct of the audit.</p> <p>Actions taken to address risks were seen in the Risk Contingency Plan/ register which outlines the strategy, actions and monitoring to be taken to address risks.</p> <p>Management reviews are conducted in MANCOM meetings. The MANCOM minutes seen mostly covered the agenda required by ISO Clause 9.3.2/ 9.3.3.</p>		
<p><i>Note:</i></p> <ul style="list-style-type: none"> (1) <i>Audit is based on a limited sample and other nonconformities may exist.</i> (2) <i>This report and its contents should be treated as confidential except with the prior agreement of the Company</i> (3) <i>Signing this report indicates acknowledgement of receipt of any related action requests.</i> (4) <i>For Stage 2 and Re-certification Audits all action requests must be closed and implemented prior to certification. Additional sites should be listed on continuation pages if necessary.</i> 		

AUDIT REPORT

Continuation Page

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Item #	<p>POTENTIAL NON-CONFORMITIES (STAGE 1 AUDITS ONLY) / OPPORTUNITIES FOR IMPROVEMENT</p> <p>NB: FOR STAGE 1 AUDITS POTENTIAL NON-CONFORMITIES MAY RESULT IN THE STAGE 2 AUDIT BEING DELAYED OR THESE BECOMING DOCUMENTED NON-CONFORMANCES DURING THE STAGE 2 AUDIT</p>				
RP1-CIP-2020	<p><u>Name of Organization:</u> Cultural Center of the Phils</p> <p><u>Dates/ s of Audit :</u> 28-29 October 2021</p> <p><u>Auditor :</u> Renato G. Madrid Jr.</p> <p><u>Audit Standard /s:</u> ISO 9001:2015</p> <p><u>Audit Scope :</u> Provision of arts education services, cultural exchange management, production and exhibition management, cultural content management, venue and asset management</p> <p><u>Audit Type :</u> S2</p> <p><u>Areas/Functions/Processes Audited:</u></p> <ol style="list-style-type: none"> 1. Context of the Organization Actions to Address Risks and Opportunities +Verification of TEAM-01-ST2 (Clause 4.1, 4.2, 6.1) 2. Documented Information +Verification of TEAM-02-ST2 (Clause 7.5) 3. Financial Management (Clauses 6.2, 7.1, 8.1, 9.1) 4. Production and Exhibition Management (Clause 6.2, 8 and 9.1) 5. Cultural Content Management +Verification of Minor NC's TEAM-01-S1, TEAM-02-S1 (Clause 6.2, 8 and 9.1) 6. Marketing Services (Clause 6.2, 8 and 9.1) 7. Customer Satisfaction and Feedback Handling (Clause 9.1.2) 8. Management Review (Clause 9.3) <p>A. Context of the Organization/ Actions to Address Risks & Opportunities</p> <ol style="list-style-type: none"> 1 Conformities: <ol style="list-style-type: none"> a) Issues <ol style="list-style-type: none"> i) The organization has determined internal/ external issues relevant to the firm. These include, among others : <ol style="list-style-type: none"> (1) External <ol style="list-style-type: none"> (a) Changing arts education environment (b) International audience discouraged by security issues (c) Exposure of content to piracy/ infringement (d) Deterioration of theatre facilities (2) Internal <ol style="list-style-type: none"> (a) Sustainability of on-line visibility (b) Slow payment processing & request for equipment & supplies (c) Poor observance of standard procedure in terms of repairing of tools & equipment of the center 				



ii) Interested Parties

(1) The organization has identified interested parties relevant to the firm including their needs. These include among others :

- (a) Individual Performers specific to art form – acquisition of higher level performance skills
- (b) Filmmaker/ audience – funding & subsidy
- (c) Internal resident company/ lessee/ students – availability of venue & equipment
- (d) Students – interactive tours; deepening experience of arts
- (e) Artist – training; acquisition of higher level performance

iii) Risks & Opportunities

(1) Risks and opportunities were derived primarily from issues and interested parties linked to the issues. Risks are categorized based on management decision. Opportunities are not rated. Contingency plan is prepared for all risks/ opportunities. All information is consolidated in a Risk Contingency/ Operational plan and is reviewed every six months or more often as needed. The latest review was done in Oct 2021. Effectiveness of actions is determined by reviewing the outcome of plans and reassessing the risk category.

iv) Sampling of Registers

(1) 2 risks and 1 opportunity were examined for handling and treatment and found to be adequate with established plans, resources, monitoring and evaluation of effectiveness :

(a) Risks / Opportunity (As of Oct 2021)

(i) Risk : Manpower, financial and physical resources unavailability

- 1. Issue : Development of audience for the arts
- 2. Risk Category : Medium
- 3. Interested Party : Children/ Youth/ Student/ Teacher
- 4. Action : Constant linkage with external partners
- 5. Monitoring : Audience count
- 6. Completion : 2025

(ii) Risk : No CCP events for media coverage

- 1. Issue : Limited production capacity of news media due to lockdowns
- 2. Risk Category : High
- 3. Interested Party : General Public
- 4. Action : Increase distribution channel by increasing traditional digital platform
- 5. Monitoring : Media Monitoring
- 6. Completion : 2021

(iii) Opportunity : More exposure and focus on short films

- 1. Issue : COVID 19 pandemic
- 2. Opportunity Category : Medium



3. Interested Party : Film makers/ Audience/ Industry Partners
4. Action : Pre-selling of tickets to schools to make it part of curriculum
5. Monitoring : Post Festival Evaluation
6. Completion : 2021

2 Opportunity/ies for Improvement (if any):

a) None

3 Nonconformity/ies(if any):

a) None

4 Potential Nonconformity/ies (if any) Stage 1 only

B. Documented Information

1 Conformities:

a) Clause 7.5.1

i) Documented information required by the ISO standard were seen as follows :

- (1) Quality Policy
- (2) Quality Objectives
- (3) QMS Scope
- (4) Customer Satisfaction Measurement reports
- (5) IQA documents

b) Clauses 7.5.2 and 7.5.3

- i) QMS documents were seen to have title, document code, revision number, effective date, prepared/ reviewed by and approved by.
- ii) Distribution of QMS documents is controlled. Original copies are stamped "Master Copy", copies "Controlled Copy" and outdated file "Obsolete Copy". Sample documents were seen including Quality Manual, "Procedure on Issuance of Stock" from Property & Supply and "Training & Dev't" from Production & Design.
- iii) Original copies are kept by the DICO at the Central Records Office. Distribution is set by the process owner as indicated in the document. DICO then issues the controlled copies based on the list provided by the process owner.
- iv) Policy on Document Control – CCP-GL-001 is in-place which specifies :
 - (1) Document storage - Master Copies/ Obsolete Files – Central Records Office
 - (2) Revision process of QMS documents - defined in the policy
 - (3) Digital copies controls – soft copies kept by the DICO and access is allowed only for authorized personnel.
 - (4) Policy on distribution and handling of unauthorized copies of controlled documents.
 - (5) Retention and disposal of obsolete copies - congruent with the National Archives Rules & Regulations – i.e. 5 years retention and located at the Central Records Office. Disposal is by scrapping.
 - (6) External Documents control - The DICO has a Masterlist of External Documents. Safekeeping of external documents is by the process owners. Samples of external docs were seen :



- (a) HR – CSC/ CAO/ DBM Joint Circular ; Policy on Training & Dev't Requirements by CSC
- (b) Purchasing – Gov't Procurement Reform Act 2016; RA 9184

2 Opportunity/ies for Improvement (if any):

- a) None

3 Nonconformity/ies(if any):

- a) None

4 Potential Nonconformity/ies (if any) Stage 1 only

C. Financial Management

1 Conformities:

- a) Quality objectives are set, measurable and monitored at Financial Mgt. These includes :

- i) Accounting :

- (1) Submit monthly FS and reports on or before the 12th day of the following month
- (2) Submit Annual Financial Audit reports to COA on or before Feb14 of the following year
- (3) 85% processed DV within the set time frame
- (4) Zero issuances of COA disallowances and suspensions

- ii) Budget :

- (1) Submit budget proposal 1 day before deadline
- (2) Submit budget allocations 1 day before deadline
- (3) Submit Budget Report 1 day before deadline

- iii) Treasury :

- (1) 100% of checks prepared on-time – 1-3 days
- (2) 100% of request for SOA prepared and collected within 1 month
- (3) 85% of SOA prepared were collected
- (4) 100% monitored and rolled over of mature investment and just in-time for new placement

- iv) Actual performance of Financial Mgt is generally good with majority of targets attained except the goal on budget allocation (90.29% vs 100% target). However, this was explained to be due to COVID lockdowns. Management then decided to defer this target for next year.

- b) Process Control

- i) Procedures were noted to be used to control the unit's activities. Two were examined to check implementation and was confirmed to be followed :

- (1) Procedure on Budget Allocation

- (a) Records seen :

- (i) BUR – Budget Utilization Request

- (ii) Budget Ledger Card



- (iii) Annual Procurement Plan
- (iv) Corporate Operating Budget – COA approved

(b) Transactions :

- (i) Bur #21-09-2147; Date : 9/1/21; Payee : Sheifa Alojameeto; Amt : P5K
- (ii) BUR #21-08-1802; Date 7/30/21; Payee : Imelda Andaya; Amt : P5K

(2) Procedure on Processing of Disbursement Voucher

(a) Records seen :

- (i) Routing Slip
- (ii) Checklist of Requirements
- (iii) Disbursement Voucher
- (iv) Journal Entry Voucher (JEV)
- (v) Certified DV

(b) Transactions :

- (i) Payee : Thirdmed Trading; Item : PPE; Amt : 24,112.90; Date : 8/31/21
- (ii) Payee : Leong Panuelos; Item : Honorarium; Amt : 17,800; Date : 7/15/21

c) Process Monitoring

- i) Monitoring was evident in the organization as seen in the following monitoring forms :
 - (1) OPCR Monitoring – used to track the status of quality objectives
 - (2) Monitoring Summary Investment – used to track investments – roll over
 - (3) Disbursement Voucher Monitoring – used to track timeliness of processing DV

2 Opportunity/ies for Improvement (if any):

- a) None

3 Nonconformity/ies(if any):

- a) None

4 Potential Nonconformity/ies (if any) Stage 1 only

D. Production & Exhibition Mangement

1 Conformities:

a) Quality Objectives

- i) Quality targets are in-place, measurable and monitored at Production & Exhibition Mgt. These goals include :

- (1) 100% P1M target income for venue rental – annual
- (2) 100% P11K target income for Building & Theater Tour – annual
- (3) 90% rating of “Agreeable” or “Strongly Agreeable” in standard customer satisfaction survey in 2021



- (4) Provide 16 productions with production management services
- (5) 85% of total number of materials posted as scheduled
- (6) 3 screening/ streaming platform, 215 films month long screening, 7 related events (book launch, special screening, talk back)

ii) Actual performance of Production indicates most targets were attained or even exceeded. Target peso income was converted to equity income as approved by top management. This was due to the COVID lockdowns, which reduced peso earning tours and venue activities.

b) Process Control

i) Procedures were used by the organization to control activities. One was examined for implementation and found to be carried out adequately :

(1) Procedure on Technical Services – CCP-PEP-PDD-PR-011

(a) Records seen :

- (i) Production Meeting Checklist
- (ii) Rehearsal Report Log
- (iii) Performance Report
- (iv) Customer Satisfaction Measurement

(b) Transactions

- (i) "Manatili" Music Video by Ebe Dancel; Date : 7/8/21
- (ii) "Batang Mujahideen"; Date : 2/21/20
- (iii) "For Love and For Dance"; 2/16/20

c) Process Monitoring

i) Process monitoring was evident as seen in the following tracking forms used :

- (1) Monthly Accomplishment Report – used to monitor Productions/ projects status
- (2) Booking Accomplishment Report – used to track shows, date, time, producer and total contract prices
- (3) Customer Satisfaction Survey for CCP Audiences – used track the level of customer satisfaction after every production.

2 Opportunity/ies for Improvement (if any):

a) None

3 Nonconformity/ies(if any):

a) None

4 Potential Nonconformity/ies (if any) Stage 1 only

E. Cultural Content Management

1 Conformities:

a) Quality Objectives

i) Quality objectives are in-place, measurable and monitored at Cultural Content Mgt. These include :

- (1) 5 reviews from different reading communities for 2021



- (2) 5 reviews from different literary and publishing communities for 2021
- (3) 5 video productions for 2021

ii) Actual performance of the unit on their targets for the period Jan to Sept 2021 indicates the goals were exceeded : Obj 1 = 16, Obj 2 = 23, Obj 3 = 14.

b) Process Control

i) Procedures were seen to be used by the organization for control of activities. Two were examined for implementation and found to be being carried out as confirmed by transaction records :

(1) Publishing Library Work – CCP-CCD-1D-PR-001

(a) Transaction Records Seen

- (i) Publication Proposal Form
- (ii) Entry Form
- (iii) Press Release
- (iv) Manuscript
- (v) Cover Art

(b) Transactions

- (i) Title : ANI 41 Lakbay ; Dec 2019-2020 ; Media : e-Book
- (ii) Title : In Certain Seasons; Dec 2020;
- (iii) Title : Gawad CCP Para sa Sining 2020

(2) Procedure on Video Production

(a) Records seen :

- (i) Approved Request
- (ii) Pre-Production Meeting Minutes
- (iii) Outline/ Script
- (iv) Video/ Print
- (v) Finished Audio Visual Prez

(b) Transactions

- (i) Nonoy Froilan – Dancer - “Mananayaw”
- (ii) Raul Sunico – Pianist
- (iii) Liwayway Magazine

c) Process Monitoring

i) Principal monitoring tool is on the OPCR Monitoring & Measurement, used for tracking the status of quality objective

2 Opportunity/ies for Improvement (if any):

a) None

3 Nonconformity/ies(if any):

a) None

4 Potential Nonconformity/ies (if any) Stage 1 only



F. Marketing Services

1 Conformities:

a) Quality Objectives

- i) Quality objectives are established, measurable and monitored at Marketing Services. These targets include :
 - ii) Sales & Promo Div
 - (1) Increase Sales & Promo Div total revenue by 15% to P9.43M
 - (2) Increase CCP Facebook followers by 20% to 99K
 - iii) Market Dev't Div
 - (1) Increase the amount of sponsorship & membership to P700K for 2021
- iv) Actual performance of the unit shows targets were met or at least attainable until the end of the year. This was confirmed in OPCR reports.

b) Process Control

- i) Procedures were seen to be used by Marketing for control of activities. Three were examined to confirm implementation and found to be well carried out as evidenced by transaction records :
 - (1) Procedure on Selling Tickets to Customers – CCP-MD-SPD-PR-001
 - (a) Records Seen :
 - (i) Final Settlement Report
 - (ii) Original Receipt
 - (iii) Order of Payment
 - (b) Transactions :
 - (i) The King Maker – 2020 Film on Imelda Marcos; Net Sales = P25,131
 - (ii) Festival of Plays by Women – Date : 3/6/20; Net Sales = P866
 - (2) Procedure : Design Request for Marketing Collateral - #CCP-MD-SPD-PR-003
 - (a) Records Seen :
 - (i) Request Form – Creative Request
 - (ii) Collateral
 - (b) Transactions :
 - (i) A Musical Voyage to Outer Space; 10/32/21; Media : CCP FB; Requestor : Phil Philharmonic Orchestra
 - (ii) Cely's Crocodile Launch; 11/21/20; Media : Story Book; Requestor : Intertextual Division
 - (iii) November On-site Special Screening : 1) Celebrating Filipino Excellence on the Job; 2) A Thousand Cuts ; Requestor : Film Division
 - (iv) Simbang Gabi Poster; Requestor : Production/ Exhibition Dept.
 - (3) Procedure : Procedure on Solicitation of Cash Sponsor
 - (a) Records Seen :



- (i) Sponsorship Proposal
- (ii) Sponsorship Contract
- (iii) Statement of Account
- (iv) Original Receipt

(b) Transactions :

- (i) Cinemalaya Film Festival; Partner : Huachen Bay Front Hotel; Date : 7/6/21; Event Date : 8/6 to 9/5 2021
- (ii) Kanto Canta; Partner : PAGCOR; Date : 4/1/21; Event Date : 4/1 to 9/30

c) Process Monitoring

- i) Process monitoring of the unit was evident as seen in the use of the following tracking reports :
 - (1) OPCR – Operational Plan – used for monitoring the status of quality targets
 - (2) Summary of Payment in Process Report – used by Sales Promo Div to track payment processing timeliness
 - (3) Income Report by Quarter – used for tracking sales/ revenue from ticket, subscription, printing and publication
 - (4) CCP FB Page Follower Count – used to track FB follower count by month

2 Opportunity/ies for Improvement (if any):

- a) None

3 Nonconformity/ies(if any):

- a) None

4 Potential Nonconformity/ies (if any) Stage 1 only

G. Customer Satisfaction/ Feedback Handling

1 Conformities:

- a) Customer satisfaction measurement (CSM) is done with the use of customer surveys conducted after each show, production or event.
- b) The quality objective related to customer satisfaction is :“At least 90% of customers have a total average score of at least “4” or “Agree”.
- c) Survey criteria for audiences include :
 - i) Staff/ Organization – respect, prompt response, timelines, adequate staff, etc.
 - ii) Cultural Show & Arts Ticketing Sys – efficient, convenient
 - iii) Cultural Show/ Arts – Overall Quality – relevant content, enjoyable, etc.
 - iv) Information & Communication – easy to obtain, clear/ relevant, etc.
 - v) Information & Communication Website – accessible, user friendly, etc.
 - vi) Complaints Handling/ Records Keeping – easy to file complaints, resolve complaint within time frame, etc.
 - vii) Facilities (Event Area) – spacious, up-to-date facilities, etc.
- d) Survey criteria for Lessees is slightly different
- e) Scoring system : 0- Abstain, 1- Strongly Disagree, 2- Disagree, 3- Neither Agree nor disagree, 4- Agree, 5 – Strongly Agree. Target = 90% of respondents with an average score of “4”.



- f) Summary of performance for CSM from Jan to Oct 2021 is as follows :
 - i) Total Respondents = 128
 - ii) Total Ave Score Clients = 96.4% with a score of at least "4"
 - iii) Total Ave Score Lessee = 90.8% with a score of at least "4"
 - iv) Total Average Score (combined) = 93.6% with an average score of at least "4"
 - v) No average score less than "4"
- g) Analysis of CSM results was seen with average scores per criteria, per respondents including conclusions and recommendations.

2 Opportunity/ies for Improvement (if any):

- a) Consider to simplify the client/ lessee feedback form to make it easier and faster for the respondent to fill-up. Generally 4 criteria can be used : Quality of Product, Timeliness, Cost and Service.
- b) Consider to compare results of CSM surveys month to month and previous vs current year. Use line graphs to show trends and find areas for improvement.

3 Nonconformity/ies(if any):

- a) None

4 Potential Nonconformity/ies (if any) Stage 1 only

H. Management Review (MR)

1 Conformities:

- a) MR meetings are consolidated with MANCOM meetings conducted each month.
- b) Most of the agenda required by the ISO Clauses 9.3.2 and 9.3.3 was seen to discussed in MANCOM as confirmed in minutes of meeting. However, performance of suppliers was not discussed (see NC).

2 Opportunity/ies for Improvement (if any):

- a) Consider to have a separate Management Review meeting to discuss each agenda required by ISO Clause 9.3.2 and 9.3.3. Use a MR minutes template specifying agenda items so that no topics will be overlooked/

3 Nonconformity/ies(if any):

- a) It was determined that the performance of external providers (suppliers) was not discussed in the management review covered in the MANCOM meeting. This is contrary to Clause 9.3.2.

4 Potential Nonconformity/ies (if any) Stage 1 only

I. Verification of Previous NC

- 1 TEAM-01-ST2 : NC is closed.
- 2 TEAM-01-S1 : NC is closed
- 3 TEAM-02-ST2 : NC closed for Item 2, 4, 5 & 6
- 4 TEAM-02-ST2 : NC open for item1, 3 & 7

=====END OF RP1-1 RGM=====

AUDIT REPORT

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	<p><u>Name of Organization:</u> Cultural Center of the Philippines</p> <p><u>Type of Audit and Audit Standard/s:</u> Second Surveillance (Off-site). ISO 9001: 2015</p> <p><u>Date/s of Audit:</u> 28-29 October 2021</p> <p><u>Auditor:</u> Carlos I.I. SOMERA</p> <p><u>Areas/Functions/Processes Audited:</u> Maintenance and Engineering and Review of Team 03/St2, General Services, Competence and Awareness and Review of Team-01/Sv1, Provision of Arts and Education Services, Procurement and Review of Team-03/St2, MIS, Cultural Exchange Management, Internal Audit and Non-Conformity and Corrective Action and Review of ALE-02/St2.</p> <p><u>Audit Findings (per area/function/process):</u> Maintenance and Engineering (Clause/s 6.2, 7.1.3, and 9.1) and Review of Team 03/St2.</p> <p><u>Conformities:</u></p> <ol style="list-style-type: none"> 1 The performance commitments of the Maintenance and Engineering Services Division for 2021 were seen in its Strategic Plan fro 2018-2022 (Document Code: CCP-ASD-MESD-SP-001, Revision No. 001, Effective Date: 01 January 2020). Under the Organization-wide Quality Objective "Sustainability and Viability" the Division presented several Key Result Areas (KRA) with Key Performance Indicators (KPI) and specific Strategic Targets/Goals to be achieved for the year. The Strategic Plan also contained sections for the identification of internal and external issues, needs and expectations of interested parties, the strategic plans for achieving the KRAs, and the quantitative targets to be achieved for the years 2018 to 2022. <ol style="list-style-type: none"> 1.1 (KRA 1) Increase lifespan of building, building accessories, and equipment. KPI and Strategic Target for 2021 to decrease the cost of 	

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<p>RP1-CIP-2020</p>	<p>repairs and maintenance and equipment replacement by 85% based on 2017 performance.</p> <p>1.2 Minimized power and water consumption. Target for 2021 is to decrease consumption by 85%.</p> <p>1.3 Environmentally compliant institution. 100% compliance.</p> <p>1.4 Infrastructure development: achieve 85% of planned infrastructure development.</p> <p>All targets were to be achieved by end-2021.</p> <p>2 The 2018-2022 Strategic Plan of the Division was revised; the revision was approved by the Board on 18 May 2021. The period covered by the updated Strategic Plan was for 2021-2025. The revisions were made in response to the impact of the on-going pandemic to the operations not only of the Division but the entire CCP.</p> <p>3 The 2020 KPI and target of 80% cost reduction was achieved as seen in the presented Repair and Maintenance Cost Comparison Analysis (2019-2020). For 2021; based on the presented documents, the targets on 85% cost and consumption reduction were on track to being achieved, if not exceed. Status of the KPIs were reported to the Board, the most recent was 26 October 2021.</p> <p>4 The Engineering Maintenance Program for 2021 was presented. The document also showed the actual accomplishments from January 2021 to September 2021.</p> <p>4.1 As of end-September 2021, 67.595% of the Maintenance Program had been accomplished. The accomplishments of both in-house maintenance personnel and external service providers/contractors were presented.</p> <p>4.2 Maintenance activities for 2020 followed the planned maintenance activities and had a reduction in maintenance cost.</p> <p>4.2.1 Compliance with the 2020 Maintenance Program was 94.9% as seen in the Engineering Maintenance Program's Accomplishment for Q4 2020. The documented also presented the accomplishments of both the Division's in-house maintenance personnel as well as the accomplishments of its external service provider.</p> <p>5 Review of Team 03/St2: The Repair and Maintenance Cost Comparison Analysis (2019 - 2020) showed the given budget and actual expenses for Repair and Maintenance and Utilities. The comparative report clearly showed cost reduction/savings of of 63.52% for Repair and Maintenance and 39.0% for Utilities; target cost reduction/budget utilization of 80% for 2020 (for both) was achieved. Team 03/St2 is CLOSED.</p>



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	<p><u>Opportunity/ies for Improvement (if any):</u></p> <ol style="list-style-type: none"> 1 Although maintenance activities were planned, being implemented, and monitored, the current Key Performance Indicators had not defined a specific objective to be achieved related to maintenance. 2 The presented 2018-2022 Strategic Plan of the Maintenance and Engineering Services Division had not identified those internal and/or external issues and needs and expectations of interested parties that were relevant to its commitment to customer satisfaction. <p><u>Non-Conformities (if any):</u> (None to report in this audit).</p> <p>General Services (Clause/s 6.2, 8, and 9.1).</p> <p><u>Conformities:</u></p> <ol style="list-style-type: none"> 1 The Key Result Areas and Key Performance Indicators that the General Services function presented was based on the revised 2021-2025 Strategic Plan of the Cultural Center of the Philippines that became effective after the Board's approval on 18 May 2021.: <ol style="list-style-type: none"> 1.1 100% availability of personnel for janitorial, security, motor pool, central records, and grounds maintenance for the daily delivery of service. 1.2 100% of vehicle requests are served daily. 1.3 100% monthly zero-incidence of theft and other criminal activity. 1.4 100% of document requests are served daily. 1.5 Achieve 100% level of completion of housekeeping assignments for daily, weekly, monthly, and yearly activities. 1.6 Achieve 100% level of completion of vehicle preventive maintenance for daily, weekly, and monthly activities. 1.7 Achieve 97.5% level of zero infection within the CCP owned buildings. 1.8 Achieve 100% level of completion of grounds maintenance for daily and weekly activities. <p>The Strategic Plan also defined internal and external issues, needs and expectations of interested parties, the strategic plans for achieving the KRAs, and the quantitative targets to be achieved for the years 2021 to 2025.</p> 2 Achievement of KPIs were being monitored closely due to the negative impact of the COVID-19 pandemic on the availability of personnel: <ol style="list-style-type: none"> 2.1 For the target 100% availability of personnel, Attendance reports such as the Time Record Sheet for Indoor Janitorial Services for 02 July 2021 	

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	<p>was presented. The target was not met as there were shortages in indoor janitorial personnel from January 2021 to September 2021.</p> <p>2.1.1 For this unmet target, General Services communicated with the concerned personnel service agency to increase the number of their personnel but the summary showed continuous non-achievement of the KPI.</p> <p>2.2 For the target on 100% request for vehicle served daily, the data on the achievement of General Services as seen in the Summary of Vehicle Request for the Year 2021 showed that there were three(3) requests in March that were not served.</p> <p>3 The evaluation of the level of achievement of the General Services function vis-à-vis their Strategic Plan was to be determines at year's end. Those managing the General Services, however, were seen to be monitoring the Function's performance monthly in order to take needed actions for improvement.</p> <p>4 Monthly processing of contractor's performance, as applicable, was to be conducted. The pandemic, however, hampers the consistent implementation of this process.</p> <p><u>Opportunity/ies for Improvement (if any):</u> (None to report in this audit.)</p> <p><u>Non-Conformities (if any):</u></p> <p>1 (Minor, Clause 10.2-Non-conformity and corrective action). The presented Strategic Plans/Key Result Areas of General Services showed that those responsible for managing the Function were monitoring its performance commitments/Key Performance Indicators (KPIs). As stated by the Process Owners, results of the monitoring were being discussed. At the time of this audit, however, no other documented information was available that served as evidence of any subsequent actions taken regarding KPIs that were not met (such as 100% availability of personnel to ensure the provision of daily services and 100% of vehicles requested are served) and results of any corrective action.</p> <p>Competence (Clause 6.2, 7.2, and 9.1). Awareness (Clause 7.3) and Review of Team-01/Sv1.</p> <p><u>Conformities:</u></p> <p>1 At the time of this second surveillance audit the total number of plantilla/permanent positions of the CCP was 323. Of this number, 243 had been filled.</p>

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	<ol style="list-style-type: none"> 2 The competency/qualifications of the 323 positions were defined in the CCP Competency-Framework Manual that was last revised in 2016. <ol style="list-style-type: none"> 2.1 Supplementing the Competency Framework were the Position Descriptions for each permanent position title. This documented information being maintained by the CCP defined the Qualification Standards (Education, Experience, Training, and Eligibility); Preferences (such as With RA 1080[CPA], Excellent managerial and leadership skills); specific Competencies; and Duties and Responsibilities. These qualifications were based on CSC-QS. 3 The CCP Competency-Framework Manual and Position Descriptions were used when hiring and selecting individuals to be part of the Organization. 4 Actual performance of the individual is seen in the Individual Performance and Commitment Review form (prescribed form from DBM-CSC). The performance review is done annually. 5 Competency assessment was also being conducted annually to determine any gaps in the individual's competency: defined competency were categories Beginner, Developing, Competent, and Expert. If the determined competency of the individual was Beginner or Developing, the individual was deemed with gaps in competencies. <ol style="list-style-type: none"> 5.1 To address Beginner or Developing competency classifications, an Individual Development Plant is prepared that defined the current competency level and the required competency level and interventions to be given to address this gap. Evidences showing that the intervention was given were presented through Evaluation reports: Evaluation, third level, done to show effectiveness of the intervention (given 3 to 6 months after the intervention). If the result shows the intervention was not effective, identification of other causes and alternative interventions were done. 6 Orientation for new hires discussed primarily the basic rules and regulations being implemented by the Cultural Center of the Philippines. Flag ceremony and departmental orientation activities tackle quality management system concerns. Virtual conferences, the de facto alternative to facto-face meetings, also provided a venue to tackle current concerns about the quality management system. 7 Review of Team-01/Sv1— The Programs Monitoring for CY 2020 was presented showing the three(3) KPIs/Targets of the Training and Development Division. Also seen were the frequency of monitoring, status (level of achievement), Remarks, and Plan of Action. All targets were achieved in 2020. Team-01/Sv1 is CLOSED.

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	<p><u>Opportunity/ies for Improvement (if any):</u></p> <p>1 The.Plans for when to review the Competency-Framework Manual to ensure needed competencies are identified in order to provide individuals with the expected competencies that translates to improved achievements have not yet been completed.</p> <p><u>Non-Conformities (if any):</u> (None to report in this audit.)</p> <p>Provision of Arts and Education Services (Clauses 6.2, 8, and 9.1).</p> <p><u>Conformities:</u></p> <p>1 The 2021-2025 Strategic Plan of the Arts Education Department was presented (CCP-AED-CMD-SP-001, Revision no. 001, Effective Date 18 May 2021): the KRAs and its corresponding KPIs and quantitative targets/goals, applicable internal and external issues, relevant needs and expectations by interested parties, strategic actions plans to achieve the KRAs, and yearly performance commitments from 2021 to 2025 were all defined the Strategic Plan of the Arts Education Department. The overarching Quality Objective of the CCP was seen to be echoed in the Department's Strategic Plan: Sustainability and Viability. As stated by Department's management, the current focus was on performing arts.</p> <p>1.1 (KRA) Globally competitive arts organization.</p> <p>1.1.1 (KPI 1) Number of arts organization participation to CCP Arts Market; for 2021, the target was participation by one(1) arts organization with the Department eyeing a total of 30 arts organizations participating in its Arts Market programs by end of 2025.</p> <p>1.1.2 (KPI 2) Number of arts organizations willing to be promoted to networks; the Department similarly targets a total of 30 arts organizations by the end of 2025 with three(3) organizations eyed to be promoted to networks in 2021.</p> <p>1.2 The implementation of Department projects/programs that are aligned with the requirements of the creative industry.</p> <p>1.2.1 Number of projects implemented: five(5) by end-2025 with one (1) project to be implemented within 2021 that is aligned with the requirements of the creative industry.</p> <p>1.2.2 Number of arts organizations that have benefitted from the industry aligned programs/projects: one(1) arts organization is</p>



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	<p>targeted as a beneficiary in 2021 while by 2025 a total of five (5) arts organizations are being eyed to be beneficiaries.</p> <p>1.3 The Department had three(3) Divisions: Artist Training Division, Cultural Management Division, and Audience Development Division. Each Division had its own Strategic Objectives, KRAs, and Performance Indicators. The first iteration of Strategic Objectives, for the period 2018-2022, and the revised Strategic Objectives for 2021-2025 were presented. Examples from then updated 2021-2025 Strategic Objectives were</p> <p>1.3.1 The Artists Training Division, without question, was targeting an increase in the number of high quality training and arts appreciation programs to develop both the current and next generation of Pilipino artists. For 2021, six(6) training programs were targeted; at the end of 2025 a ten training programs were eyed for implementation.</p> <p>1.3.2 For the Audience Development Division a program "Arts On-Line" that started in 2005 was presented. At the time of this audit, the program was still on-going and it was aligned with DEPED learning streams. In 2020, 250 on-line classes were conducted. Live streaming is recorded and accessed by schools.</p> <p>1.3.3 The 2021-2025 Strategic Plan of the Cultural Management Division was presented: Achievements regarding the KPIs of the Cultural Management Function were reported per project.</p> <p>2 As seen in the presented performance report of the Arts Education Department, as of September 2021, the KRAs of the Divisions under the Department had either been achieved or were on track to achieving, if not exceeding, the targets..</p> <p><u>Opportunity/ies for Improvement (if any):</u> (None to report in this audit.)</p> <p><u>Non-Conformities (if any):</u> (None to report in this audit.)</p> <p>Procurement (Clauses 6.2, 8.4, and 9.1) and Review of Team-03/St2.</p> <p><u>Conformities:</u></p> <p>1 The 2018-2022 Strategic Plan with its Key Result Areas was presented. Although a 2021-2025 Strategic Plan had been approved 18 May 2021 the implementation of this updated Strategic Plan was to be at the beginning of 2022. The revision of the Strategic Plan was due to the effects of the pandemic</p>



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<p>RP1-CIP-2020</p>	<p>on the operations of CCP. The 2018-2022 commitment on timeliness of purchase was 98%.</p> <p>2 The results of the monitoring of the Division’s performance based on its KRAs are normally reported annually. The Board requires a monthly submission on the status of procurements with a substantial amount (pegged by the Division at 100k and higher). For substantial purchases, a semi-annual presentation of the status is made, when deemed necessary by the Division. The 2021 version of the Monitoring Sheet of Procurement Management also included the date of posting at the PhilGEPS site.</p> <p>2.1 The results of the monitoring of the 2020 KRAs were seen in the Accomplishment Thru Regular Procurement report (annual report): annual performance on the timeliness of procurement was 98.97% (target of 98% was achieved). For procurement that went through the public bidding process, the four(4) projects were within the required number of days that is from 15-45 calendar days (RA 9184).</p> <p>2.2 For 2021, the KRA on timeliness was 95% (taking into account the effect of the pandemic). For the period January to June, procurement through Regular Procurement was 97.83% (target was met as seen in the January 2021 to June 2021 Accomplishment Thru Regular Procurement report); for public bidding, the status of the four(4) projects as of August 2021 in terms of timeliness of awarding of the contracts the 100% commitment was achieved as seen in the Procurement Monitoring Report as of August 2021. For one(1) contract that started in December 2020, the Government Procurement Policy Board had given a decision that facilitated the awarding since considering the number of approved bidders and in the event that issues concerning each bidder would be seen and given the required time for each to respond, the 141 to 156 calendar days for the awarding of the contract for infrastructure projects would clearly be exceeded, the decision of the GPPB provided the legal basis of awarding and still considered as compliant with the maximum number of days for awarding (target of 100% for public bidding was met)</p> <p>3 Selection of external providers was through PhilGEPS whether for public bidding or not. As required by RA 9184, all external providers are required to be registered with PhilGEPS. Procurement Division also requires basic documentation based on the GPPB requirements for Good and Infrastructure.</p> <p>4 Evaluation of external provider’s performance were seen in Supplier/Vendor Evaluation report that was accomplished by the Procurement Division for each supplier once a year. Evaluation was done for seven(7) criteria (such as Quality of service provided, Timeliness of delivery, Completeness of delivery, Handling of complaints).</p>
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<p>RP1-CIP-2020</p>	<p>4.1 Based on the annual performance review of external providers, disposition were blacklisting or continuation of accreditation based on GPPB policies. The access of the CCP Procurement Division to the blacklisting portal of the GPPB was presented.</p> <p>5 For projects requiring public bidding, requirements of CCP are reviewed and approved within CCP and the Office of the Government Corporate Counsel, when needed. These approved requirements are contained in contacts, Notice of Awards, and/or Notice to Proceed documents, as applicable.</p> <p>6 Review of Team-03/St2- (RA 9184 compliance in the awarding of contracts between 15-45 calendar days). Presented documented information was the 2020 version of the Monitoring Sheet of Procurement Management showing all approved purchases and the details of each purchase. The elapsed time starts with the date the Request and Issuance Slip was received to the time of the awarding of the purchase to the winning bidder/approved supplier. The 2021 version of the Monitoring Sheet included the number of days the elapsed from the time the RIS was received to the awarding of the purchase. Team-03/St/2 is CLOSED.</p> <p><u>Opportunity/ies for Improvement (if any):</u></p> <ol style="list-style-type: none"> 1 The current format used in presenting the Strategic Plans show, among others, the needs and expectations of interested parties. However, the interested party had not been identified in the documents. This ensures consistency between the actions to address risks and opportunities and the Strategic Plan and actions to be undertaken to meet the Key Result Areas/Objectives. 2 The evaluation of suppliers was currently being done annually. This method of monitoring and measuring the performance of the external provider, however, does not ensure that the final evaluation is based on the performance during each transaction; this methodology ensures availability of objective/verifiable data on performance of the external provider. 3 There was no accomplishment report for public bidding similar to the Accomplishment Thru Regular Procurement report. <p><u>Non-Conformities (if any):</u> (None to report in this audit.)</p> <p>MIS (Clause/s 6.2, 8, and 9.1).</p> <p><u>Conformities:</u></p> <ol style="list-style-type: none"> 1 The 2021 KRA of the MIS Function presented: <ol style="list-style-type: none"> 1.1 Increased percentage in the number of activities completed in the implementation of the IT preventive maintenance program. The target



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	<p>was 90% based on result of the strategic planning that considered the impact of the pandemic on the operations of MIS.</p> <p>2 Implementation of the IT maintenance program was seen to be on track to achieve at least 90% compliance. The Preventive Maintenance Planning and Scheduling for CCP, PDC, Admin, and finance was presented: the schedule covered security features such as the firewall and anti-virus application, servers, maintenance of computer units, and inventory of computers.</p> <p><u>Opportunity/ies for Improvement (if any):</u></p> <p>1 The current KRA was focused on the implementation of the IT Maintenance Plan; the effect of the conduct of the Maintenance activities (after the preventive maintenance, no unexpected breakdown) and the needs and expectations of its interested parties (no unexpected breakdown, timely repair, no repeated breakdown of the same cause) were not fully considered in the development of the KRA.</p> <p>1.1 The issues related to connectivity were not included.</p> <p><u>Non-Conformities (if any):</u> (None to report in this audit.)</p> <p>Cultural Exchange Management (Clause/s 6.2, 8, and 9.1).</p> <p><u>Conformities:</u></p> <p>1 The 2021-2025 Strategic Plan of the Cultural Exchange Department was presented. As mentioned in the earlier parts of this Audit Report, the 2021-2025 Strategic Plans replaced the 2018-2022 Strategic Plans of the Cultural Center of the Philippines and its constituent Functions due to the substantial if not dramatic impact of the COVID-19 global pandemic. The Board of the CCP had approved the 2021-2025 Strategic Plans on 18 May 2021. As stated by those managing the Cultural Exchange Department, international exchanges were being conducted until 2019; the COVID-19 pandemic had a strong impact on the CCPs cultural exchange operations. The KRAs of the Cultural Exchange Department was based on the CCP's organization-level Quality Objective "Arts for Transformation." Examples of the Department's KRAs and corresponding KPIs and targets were</p> <p>1.1 (KRA) A thriving network of public, private, and non-profit regional arts centers actively promoting Philippine arts and culture. (KPI) Number of established and sustained regional arts centers; the Department's targets for 2021 was to add three(3) regional arts centers to its current list with an total target of 70 regional arts centers by end of 2025.</p>



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	<p>1.2 An art and culture scene engaging with multi-sectoral and multi-cultural concerns.</p> <p>1.2.1 For 2021, forty(40) regional areas were targeted and by end-2025 there would be 50 regional areas reached.</p> <p>1.2.2 Ten(10) indigenous groups and 20 women/artists/ cultural workers participating in the Department's activities.</p> <p>2 Monitoring of the achievement of the KRA was being done through the use of on-line platforms and closer coordination with regional networks and artists. The presented 2021 Summary of Accomplishments (As of September 2021) showed that the Department was on track to achieving, if not exceeding, its KRAs by end-2021.</p> <p>3 Audience survey is conducted during the program/activity. For the Virtual Apprenticeship Program the result of the survey was highly positive as a substantial majority rated the Virtual Apprenticeship Program as "Very Good."</p> <p><u>Opportunity/ies for Improvement (if any):</u></p> <ol style="list-style-type: none"> The previous activities of the Department regarding international cultural exchanges were discontinued due to the impact of the pandemic, however, opportunities continue to be available albeit through social media platforms. Aside from a quantity count such as number of artists/modules reached, the objective of the programs with regards to the impact to be achieved was not yet fully defined. Results of the customer satisfaction surveys were not being reported. The sampled customer reactions were all positive. Presenting the status/degree of accomplishment for each KRA in relation to the committed target to be achieved by year-end. This additional data provides management information from which interventions can be introduced to avert not meeting the KPIs and/or continual improvement can be introduced. <p><u>Non-Conformities (if any):</u> (None to report in this audit.)</p> <p>Internal Audit (Clause/s 9.2) and Non-Conformity and Corrective Action (Clause/s 10.2) and Review of ALE-02/St2.</p> <p><u>Conformities:</u></p> <ol style="list-style-type: none"> Documented information on internal audit and non-conformity and corrective action were presented: <ol style="list-style-type: none"> Procedure on Internal Quality Audit (Document Code: CCP-IQA-PR-001, Revision No. 01, Effective Date: 01 June 2021).

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	<p>1.2 CCP Internal Quality Audit Program (Document Code: CCP-IQA-APR-001, Revision No. 01, Effective Date: 01 June 2021).</p> <p>1.3 Control of Non-Conformity and Corrective Action (Document Code: CCP-IFA-CNC-001, Revision No. 01, Effectivity Date: 15 October 2020).</p> <p>2 Based on the Internal Audit Program internal audit of the quality management system of the CCP is at least once a year.</p> <p>2.1 The Audit Plan for the 2021 internal audit stated that the conduct of the internal audit was to be from 09-30 September 2021. The different Functions of the Cultural Center of the Philippines were covered by the internal audit as well as to-management.</p> <p>2.2 The requirement to ensure actions are taken on audit findings without undue delay were in the procedure for non-conformity and corrective action.</p> <p>2.3 Management Review and Internal Audit were audited by Internal Audit Department (Finance); this showed that objectivity and impartiality of auditors and the audit process was being observed. This policy was contained in the Procedure on Internal Quality Audit.</p> <p>2.4 An Audit Checklist was presented. This checklist was to be used for the September 2021 internal audit.</p> <p>2.5 The audit was conducted using internet-based applications.</p> <p>3 Identification of consequence and action to be taken, if applicable, was seen in the RFA form as well as making changes to the quality management system.</p> <p>4 Determining if similar non-conformities exist or could potentially occur was stated in the revised documented process on non-conformity and corrective action as well updating risks and opportunities.</p> <p>5 Determination of the necessity to update risks and opportunities and/or make changes to the quality management system was reported to be done during management reviews.</p> <p>6 The Audit Report presented the positive aspects, conformities, non-conformities, and opportunities for improvement. Overall, the results of the internal audit showed that the quality management system of the CCP conformed to the requirements established by the management of the Center and the requirement of ISO 9001: 2015; also, the quality management system of the CCP was implemented and maintained effectively.</p> <p>7 Review of ALE-02/St2: Documented information presented was Control of Non-conformity and Corrective action (Document Code: CCP-IFA-CNC-001, Revision Number 01, Effectivity Date: 15 October 2020). Determining the effectiveness of the actions taken was stated in this document as well the other</p>



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	<p>requirements related to non-conformity and corrective action. ALE-02/St2 is CLOSED.</p> <p><u>Opportunity/ies for Improvement (if any):</u></p> <ol style="list-style-type: none">1 The procedure detail section of the documented information on the control of non-conformities and corrective actions did not include Objectives/KRAs that were not achieved as non-conformities. The current procedure is not consistent with the practice of issuing a Request for Action for unmet KRA and for Department Heads concerned to prepare their own Corrective Action Report for unmet KRAs.2 Controls to ensure that all clauses and their numerous requirements were covered during the internal audit in September were not yet fully established.3 Controls to ensure objectivity and impartiality in the audit of management review and internal audit were not yet fully established. <p><u>Non-Conformities (if any):</u> (None to report in this audit.)</p> <p style="text-align: center;">##End of this Report.## Carlos I.I. SOMERA</p>



CERTIFICATION
INTERNATIONAL

ACTION REQUEST REPORT

Notes:

1. The Lead Auditor should use the [TAB] Key in the right-hand column to add extra rows as necessary to document all Findings requiring action.
2. Major Non-conformities will require an initial response within 30 calendar days and a follow-up audit within 60 calendar days.
3. Minor Non-conformities will require a response within 30 calendar days.
4. The Lead Auditor needs to advise the client of the need to respond to the findings below using the Action Request Response Form RP2-1.
5. All actions on findings will be reviewed during the next audit.

Organization : Cultural Center of the Philippines		Client Number: 5394		Total Pages:
Lead Auditor: Renato G. Madrid Jr. / Carlos I. Somera		Date: 9 Nov 2021		
a. AR Ref no.	Description of finding	Minor	Major	Follow-up Audit required
b. Standard/ Clause No. and Proceid ref:		(Enter "Yes")	(Enter "Yes")	(Enter "Yes")
a. RGM-01/S2 b. ISO 9001:2015 Clause 9.3.2	a. It was determined that the performance of external providers (suppliers) was not discussed in the management review covered in the MANCOM meeting. This is contrary to Clause 9.3.2.	Yes		



a. AR Ref no. b. Standard/ Clause No. and Procd ref:	Description of finding	Minor (Enter "Yes")	Major (Enter "Yes")	Follow-up Audit required (Enter "Yes")
a. CIIS-01/S2 b. ISO 9001:2015 Clause 10.2.2	a. General Services: The presented Strategic Plans/Key Result Areas of General Services showed that those responsible for managing the Function were monitoring its performance commitments/Key Performance Indicators (KPIs). As stated by the Process Owners, results of the monitoring were being discussed. At the time of this audit, however, no other documented information was available that served as evidence of any subsequent actions taken regarding KPIs that were not met (such as 100% availability of personnel to ensure the provision of daily services and 100% of vehicles requested are served) and results of any corrective action.	Yes		