



Republic of the Philippines  
Department of Education  
REGION VII - CENTRAL VISAYAS  
SCHOOLS DIVISION OF NEGROS ORIENTAL

Office of the Schools Division Superintendent

10 JUN 2021

DIVISION MEMORANDUM

No. 090, s. 2021

**CONDUCT OF DEPED COMPUTERIZATION PROGRAM (DCP)  
UTILIZATION AND MAINTENANCE MONITORING AND EVALUATION**

To: Assistant Schools Division Superintendents  
Chiefs, CID and SGOD  
Education Program Supervisors  
Public Schools District Supervisors/ DICs  
Elementary and Secondary School Heads  
District ITOs  
All Others Concerned

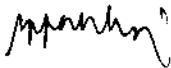
1. This Office hereby informs the conduct of the **Division and District Level DepEd Computerization Program (DCP) Utilization and Maintenance Monitoring and Evaluation** starting this month of June 2021.
2. The **Division ICT Unit Personnel** and all **Elementary and Secondary District ICT Coordinators** with **selected School ICT Coordinators** in coordination with the **Public Schools District Supervisors** are hereby directed to visit the e-Classrooms/ Computer Laboratories of all DCP recipient schools, to validate the status of utilization and maintenance of all deployed DCP packages. The monitoring team shall evaluate in particular the following:
  - a. **Number of functional Computers**
  - b. **Number of functional IT Equipment**
  - c. **Available Internet Service Providers (ISPs)**
  - d. **Internet Connection average monthly expenses**
  - e. **List of defective hardware with specifications**
3. A **remote monitoring** shall be conducted to the DCP recipient schools in case any of the following situations is present:
  - a. **Insurgency**



Address: Kagawasan Avenue, Capitol Area, Daro, Dumaguete City  
Telephone Nos.: (035)225-2838 / 225-2376 / 422-7644  
Email Address: negros.oriental@depd.gov.ph

- b. Lockdown areas due to COVID19 community transmission**
- c. Bad weather condition**

4. For schools with internet connection, the school ICT Coordinators/SITOs are advised to perform speed test at <http://www.speedtest.net> and gather the following data of their internet connectivity speed:
  - a. **Date Tested**
  - b. **Time Tested**
  - c. **Ping (ms)**
  - d. **Download (Mbps)**
  - e. **Upload (Mbps)**
5. Attached is the new monitoring tool and other documents needed in the on-site validation.
6. The members of the Division/ District Monitoring Team are advised to bring face masks, face shields, hand sanitizers and shall strictly observe the required health standards/ protocols set by DOH and IATF.
7. Transportation, accommodation, meals, and other incidental expenses shall be charged against **DCP Program Support Fund** subject to usual accounting and auditing rules and regulations.
8. Immediate dissemination and strict compliance to this Division Memorandum is desired.

  
**SENEN PRISCILLO P. PAULIN, CESO V**  
Schools Division Superintendent  
6/10/2021



Republic of the Philippines  
**Department of Education**  
 Region VII, Central Visayas  
**Division of Negros Oriental**



<**SCHOOL NAME**>  
 <School Address>

**COMPUTER LABORATORY MONITORING REPORT**

SCHOOL ID: \_\_\_\_\_ NAME OF SCHOOL: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No. (Of the school): \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_

Name of the Comp. Lab.: \_\_\_\_\_

Location of the Laboratory: \_\_\_\_\_

**CONTACT PERSON(S):**

School Head: \_\_\_\_\_

Contact Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

ICT Coordinator: \_\_\_\_\_

Contact Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Lab In-Charge: \_\_\_\_\_

Contact Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**A. INVENTORY**

**ICT Equipment:**

DCP	1.
	2.
	3.
SEF/LGU	1.
	2.
	3.
National Government Agency	1.
	2.
NGO/Private Stakeholders	1.
	2.
	3.
Private individuals	1.
	2.
School MOOE	1.
	2.





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**<SCHOOL NAME>**

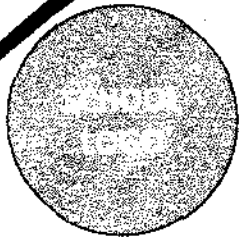
<School Address>

**Facilities:**

Facilities	Not Available	Available	Working	Defective	Total	Detail/Remarks
Air-Condition Units						
Computer Tables						
Chairs						
Electrical Outlets						
Circuit Breaker						
Telephone Line/s						
Generator						
LAN Connection						
Electric Fan						
Fire Extinguisher						
Others:						

**Tools and Materials:**

Tools:	Working	Defective	Total	Detail/Remarks



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**<SCHOOL NAME>**  
 <School Address>

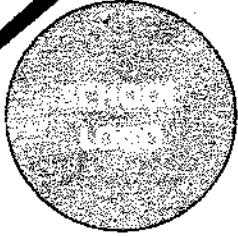
Materials:	MOOE	Donated	Total	Detail/Remarks

**Internet Connection:**

Counter	Internet Service Provider	Speed	Committed Information Rate	Type of Connection	MSF	Remarks

**Instructional Resources:**

Title	Donor / Publisher	Subject Area	Type of Media	Qty.



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**<SCHOOL NAME>**  
<School Address>

**OVERALL CONDITION of the Computer Laboratory:**

Roof/Ceiling:

- Good Condition                       Not in Good Condition

Remarks:

Electrical Wiring:

- Good     Needs Improvement

Remarks:

With Window Grill/s:

- Yes                       No

Remarks:

Door Grills:

- Very Good                       Good                       Needs Improvement

Remarks:

Ventilation/Temperature of the Laboratory:

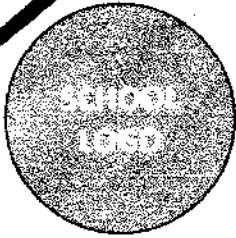
- Very Good                       Good                       Needs Improvement

Remarks:

Occupational Health and Safety (OHS)/Enough Spacing:

- Very Good                       Good                       Needs Improvement

Remarks:



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<**SCHOOL NAME**>  
 <School Address>

With CCTV:

- Yes       No

Remarks:

**B. COMPUTER UTILIZATION**

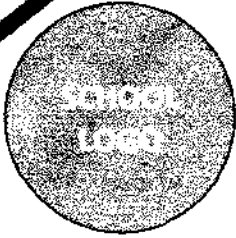
PURPOSE OF USAGE

Check if applicable:

- For Class in EPP/TLE/TVE/TVL (pls. specify class) \_\_\_\_\_
- Tool for teaching across subject areas (pls. check the applicable subject/s)
  - Math    Science    English    Filipino    AP    MAPEH    EsP    Mother Tongue
- To accomplish clerical (LIS, EBEIS, and others) and administrative tasks of teachers.
- To accomplish clerical and administrative tasks of non-teaching personnel.
- To provide ICT access to the DepEd and Brgy. community for training and seminar. *Pls. specify the:*
  - Purpose*
    - ICT Training
    - Seminars
    - Others (pls. specify)
  - Type of User*
    - LGU
    - Out-of-School Youth
    - Brgy. Official
    - PTA
    - Others (pls. specify)

- |  |                              |  |
|--|------------------------------|--|
| Does the Computer Laboratory have a Log Book?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No (if yes, pls. attached the latest) |
| Does the Computer Laboratory have Class Schedule?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No (if yes, pls. attached)            |
| Does the Computer Laboratory have Physical Layout? | <input type="checkbox"/> Yes | <input type="checkbox"/> No (if yes, pls. attached)            |

Remarks:



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**<SCHOOL NAME>**  
<School Address>

**C. RECOMMENDATION:**

Prepared by:

\_\_\_\_\_  
Lab/Shop In-Charge

\_\_\_\_\_  
Schools ICT Coordinator

Noted:

Approved:

\_\_\_\_\_  
EPP/TLE/TVE/SHS Coordinator

\_\_\_\_\_  
School Head





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**DIVISION OF NEGROS ORIENTAL**  
*Dumaguete City*

## CERTIFICATE OF APPEARANCE

**TO WHOM IT MAY CONCERN:**

This is to certify that XXXXX XXXXX, District ICT Coordinator – Elementary of XXXXX District appeared in the following schools on the indicated dates for the following purposes:

1. To conduct DCP Utilization and Maintenance Monitoring to all DCP recipient schools in xxxxx District.

Name of School	Location	Date	School Head/ School Personnel Signature



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XXXXXXXX  
XXXXXXXX  
XXXXXXXX

**Program of Works for DCP Batch \_\_\_\_\_**

**District** : Name of District  
**School ID** : 000000  
**School** : Name of School  
**Purpose** : For the repair and maintenance of out of warranty DCP packages  
**Source of Funds** : DCP Program Support Funds  
**Fund Code** : '01101101

**Estimated Budget**

ITEM (with specifications)	QUANTITY	UNIT COST	TOTAL COST

Proposed by:

XXXXX

School ICT Coordinator

Recommending Approval:

XXXXX

District ICT Coordinator

Approved by:

XXXXX

School Head



Republic of the Philippines  
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 Negros Island Region  
 Division of Negros Oriental  
 Dumaguete City



**Breakdown Maintenance Form**

ICT-MSR No.: \_\_\_\_\_

<b>ICT MAINTENANCE SERVICE REPORT</b>	Date: _____
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Name of School: _____	School ID: _____
Address: _____	
Name of Principal/School Head: _____	Contact No.: _____
Problem Reported By: _____ <i>(Name &amp; Designation)</i>	Contact No.: _____

**NATURE OF PROBLEM**

Problem Reported: _____	<i>(Please Check Box)</i> Warranty (Contact Supplier VIA) Yes: <input type="checkbox"/> No: <input type="checkbox"/> <input type="checkbox"/>
System Down: <i>(Please Check Box)</i> (If computer unit) Yes: <input type="checkbox"/> No: <input type="checkbox"/> NA: <input type="checkbox"/>	Equipment Type: _____
Brand: _____ Model: _____	Property No.: _____ Serial No.: _____
Date Reported: _____ Time: _____	

**SERVICE DETAILS**

<p><b>Corrective Maintenance:</b></p>          <p><b>Analysis of Problem Cause:</b></p>          <p>Status After Service: <i>(Please Check Box)</i></p> <p><b>Complete</b></p> <p><b>INCOMPLETE</b></p> <p style="margin-left:20px;">Pending for Spares      Under Observation</p> <p style="margin-left:20px;">Working Solution Provided</p>	<p><b>Purchase Request:</b></p>          <p><b>Corrective Action Taken:</b></p>          <p><b>Start of Service:</b></p> <p>Date: _____ Time: _____</p> <p><b>End of Service:</b></p> <p>Date: _____ Time: _____</p>
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\_\_\_\_\_  
*Technician Signature Over Printed Name*

<b>REVIEW OF CORRECTIVE ACTION TAKEN:</b> (State if effective or not, i.e., problem did not recur within one month)
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\_\_\_\_\_  
*School Representative Signature Over Printed Name*

