



## OCLQS Portal – Corrective Action Plan Response

### Description:

This Job Aid describes the process of submitting a Corrective Action Plan (CAP) Response in the OCLQS Portal.

**Alternate Flow A** of the Job Aid describes the process of resubmitting a CAP Response that has been Returned for Revision.

### Related Job Aid(s):

- OCLQS Portal – Account Management

### Step 1: Select the Program

- Log in to the OCLQS Portal
  - For information on OCLQS Portal log in refer to the OCLQS Portal – Account Management Job Aid
- Click anywhere in the program card

*Note: The program card will display "ACTION(S) REQUIRED" in red for programs that require actions such as an outstanding Corrective Action Plan (CAP) Response.*

The screenshot shows the OCLQS Portal interface. At the top left is the logo for the Ohio Department of Education and Job and Family Services. The main header includes 'Dashboard', 'Messages', 'Documents', and 'Add System User'. The page title is 'Programs'. Below the title is a search bar and a 'Sort By' dropdown menu set to 'Priority'. A 'Create an Application' button with a plus sign icon is on the left. A program card for 'Educare Learning Center' (ID: 2170001304) is highlighted with a red box. The card shows 'ACTION(S) REQUIRED' in red, a 5-star rating, and details: Type: Child Care Center, Program Status: Pending, Expires: (blank), SUTQ Status: Not Rated, Expires: (blank). A red callout bubble points to the card with the text 'Click program card'.



## Step 2: Find Corrective Action Plan(s)

Click the number in the **Corrective Action Plan(s)** column for the inspections with CAP(s)

The screenshot shows the 'Educare Learning Center' dashboard for Program Number 2170001304. A red banner indicates 'ACTION(S) REQUIRED' with a note: 'Corrective Action Plan is either not submitted or it's returned for revision.' Below this is a license card for 'Educare Learning Center' with status 'Not Licensed' and a 'Manage Programs' button. The main section contains three expandable tables: 'Licensing Inspections', 'SUTQ Desk Reviews and On-Site Visits', and 'Serious Incidents'. The 'Licensing Inspections' table has columns: Date of Inspection, Status, Corrective Action Plan(s), Full Report, and Non-Compliance Summary. A row for '1/3/2017' has '3' in the 'Corrective Action Plan(s)' column, which is highlighted with a red box. A red callout bubble points to this box with the text 'Click the number'.

## Step 3: Click on the Finding

Click on the name in the **Finding** column

The screenshot shows a table titled 'Corrective Action Plan(s)'. The table has columns: Finding, Risk Level, Document Required, Due Date, Status, and Status Date. The first row is highlighted with a red box around the 'Finding' column. A red callout bubble points to this box with the text 'Click the name'.

Finding	Risk Level	Document Required	Due Date	Status	Status Date
L - Missing Information on Medical	Low	Yes	4/13/2018	Not Submitted	3/14/2018
L - Disaster Plan - Not Complete	Low		3/13/2018	Not Submitted	3/14/2018
L - Attendance Form Missing Information	Low		3/13/2018	Not Submitted	3/14/2018



## Step 4: Enter CAP Information

- 1) Enter answers to questions
- 2) Check the **Electronic Signature** box if you agree to the statement
- 3) Enter your full name

Corrective Action Plan Response

Submit Your Response

Inspection ID  
Inspection # 001703

Document Required

Inspection Date

CAP Due Date  
2/2/2017

Rule : 42918.54306

Finding

The following information is required to be kept current in the Ohio Child Licensing and Quality System (OCLQS): 1) Mailing Address 2) Telephone Number 3) Email Address 4) Days and Hours of Operation 5) Services Offered During the inspection, it was determined the information in item number(s) [ 1 ] was not up to date in OCLQS. Technical assistance was provided, and as discussed, log on to OCLQS and update the information, as required.

\*1. What short term or immediate action has been taken to correct the area of non-compliance?

\*2. Please explain the planned changes to your system(s) or procedure(s) in order to prevent this non-compliance in the future

\*3. Who will be responsible for the on-going implementation of the planned changes to your system(s) or procedure(s) in order to continue or prevent this non-compliance? Please list the position(s) of those that will hold the responsibility

Electronic Signature

By electronically signing below, I hereby attest that the information contained within this Corrective Action Plan (CAP) is truthful and correct under penalty of perjury.

I agree with the above statement

Name  
Patty Douglas  
(FirstName LastName)

Submission Date:  
01/03/2017, 1:20 PM

Enter Your Full Name:

Attach Document

Submit Your Response

Enter answers

Check the box

Enter full name



## Step 5: Attach Document

To attach a document, click **Attach Document**

*Note: A document can be attached for any CAP, but attaching a document is not required for all CAPs. The **Document Required** field indicates if a document is required for the CAP.*

*Proceed to Step 9 if no document is being attached to the **Corrective Action Plan Response**.*

### Corrective Action Plan Response

Submit Your Response

Inspection ID Inspection# 001703	Document Required
Inspection Date	CAP Due Date 2/2/2017

Rule : 42918.54306  
Finding

The following information is required to be kept current in the Ohio Child Licensing and Quality System (OCLQS): 1) Mailing Address 2) Telephone Number 3) Email Address 4) Days and Hours of Operation 5) Services Offered During the inspection, it was determined the information in item number(s) [ ] was not up to date in OCLQS. Technical assistance was provided, and as discussed, log on to OCLQS and update the information, as required.

\*1. What short term or immediate action has been taken to correct the area of non-compliance?

\*2. Please explain the planned changes to your system(s) or procedure(s) in order to prevent this non-compliance in the future

\*3. Who will be responsible for the on-going implementation of the planned changes to your system(s) or procedure(s) in order to continue or prevent this non-compliance? Please list the position(s) of those that will hold the responsibility

**Electronic Signature**  
By electronically signing below, I hereby attest that the information contained within this Corrective Action Plan (CAP) is truthful and correct under penalty of perjury.

I agree with the above statement

Name  
Patty Douglas  
(FirstName LastName)

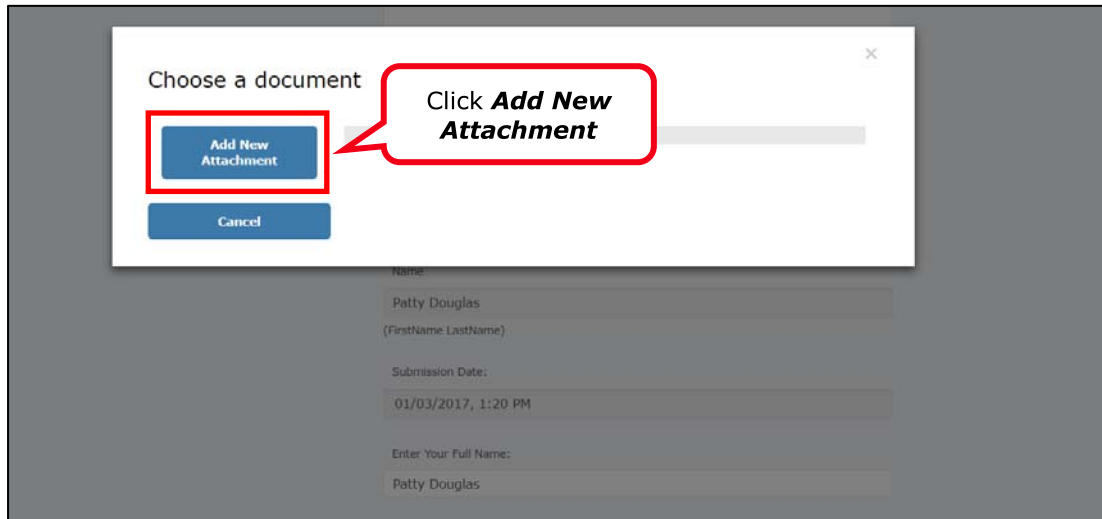
Submission Date:  
01/03/2017, 1:20 PM

Enter Your Full Name:

Click **Attach Document**

## Step 6: Add New Attachment

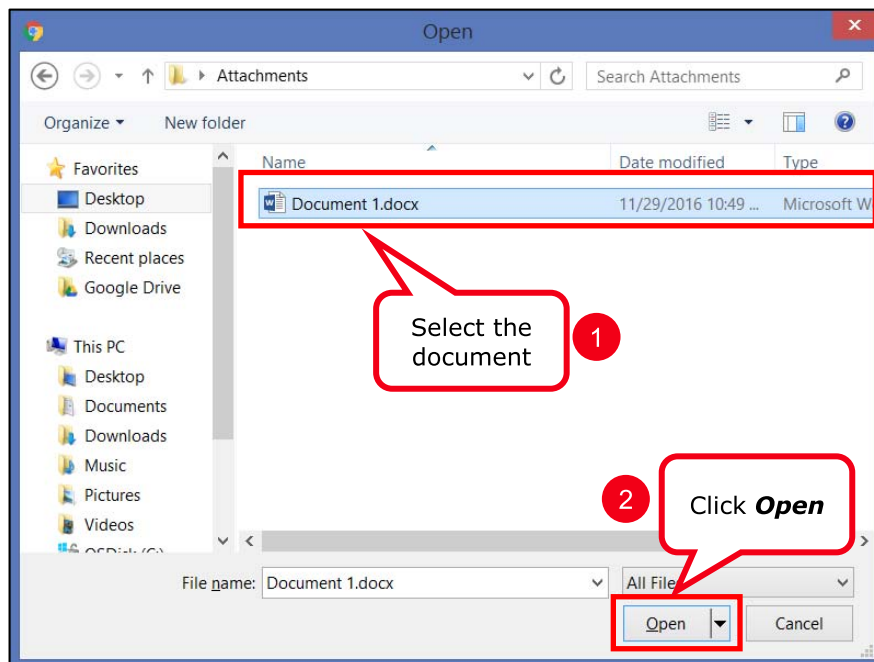
Click **Add New Attachment**



## Step 7: Choose the Document

- 1) Select the document to attach
- 2) Click **Open**

*Note: The view of this step will vary depending on the internet browser you are using.*





## Step 8: Save the Document

Click **Save**

The screenshot shows a web application interface with a modal dialog box titled "Choose a document". The dialog box has a close button (X) in the top right corner. Below the title, there is a text input field containing "Test Document.docx". At the bottom of the dialog, there are two buttons: "Cancel" and "Save". The "Save" button is highlighted with a red rectangular box, and a red callout bubble with a white background and a red border points to it, containing the text "Click **Save**".

Below the dialog box, the main form is visible. It includes a "Name" field with the value "Patty Douglas" and the label "(FirstName LastName)", a "Submission Date" field with the value "01/03/2017, 1:20 PM", and an "Enter Your Full Name:" field with the value "Patty Douglas". At the bottom of the form, there are two buttons: "Attach Document" and "Submit Your Response".



## Step 9: Submit Your Response

Click **Submit Your Response**

### Corrective Action Plan Response

Submit Your Response

Inspection ID	Document Required
Inspection# 001703	
Inspection Date	CAP Due Date
	2/2/2017

Rule : 42918.54306

Finding

The following information is required to be kept current in the Ohio Child Licensing and Quality System (OCLQS): 1) Mailing Address 2) Telephone Number 3) Email Address 4) Days and Hours of Operation 5) Services Offered During the inspection, it was determined the information in item number(s) [ ] was not up to date in OCLQS. Technical assistance was provided, and as discussed, log on to OCLQS and update the information, as required.

\*1. What short term or immediate action has been taken to correct the area of non-compliance?

\*2. Please explain the planned changes to your system(s) or procedure(s) in order to prevent this non-compliance in the future

\*3. Who will be responsible for the on-going implementation of the planned changes to your system(s) or procedure(s) in order to continue or prevent this non-compliance? Please list the position(s) of those that will hold the responsibility

#### Electronic Signature

By electronically signing below, I hereby attest that the information contained within this Corrective Action Plan (CAP) is truthful and correct under penalty of perjury.

I agree with the above statement

Name  
Patty Douglas  
(FirstName LastName)

Submission Date:  
01/03/2017, 1:20 PM

Enter Your Full Name:

**Attach Document**

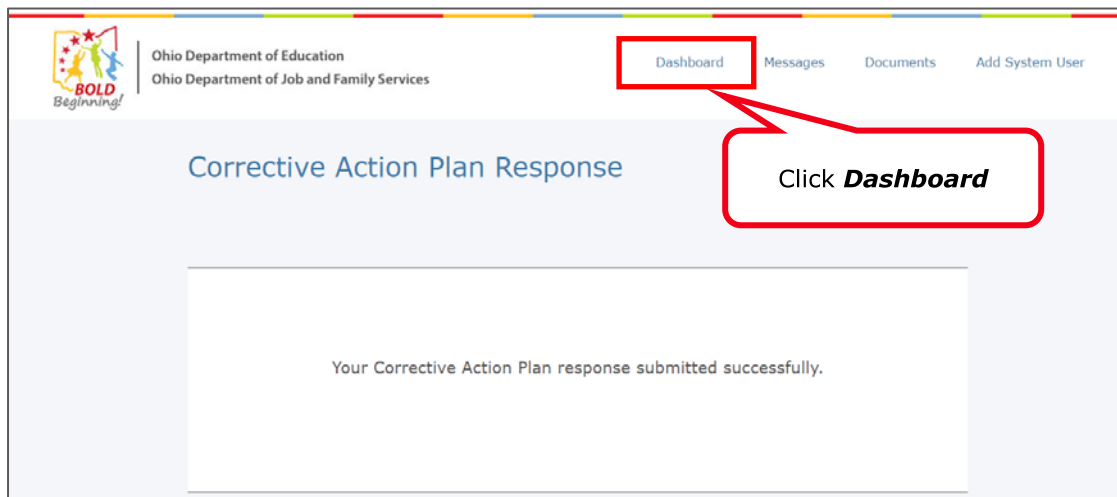
**Submit Your Response**

Click **Submit Your Response**



## Step 10: Return to the Dashboard

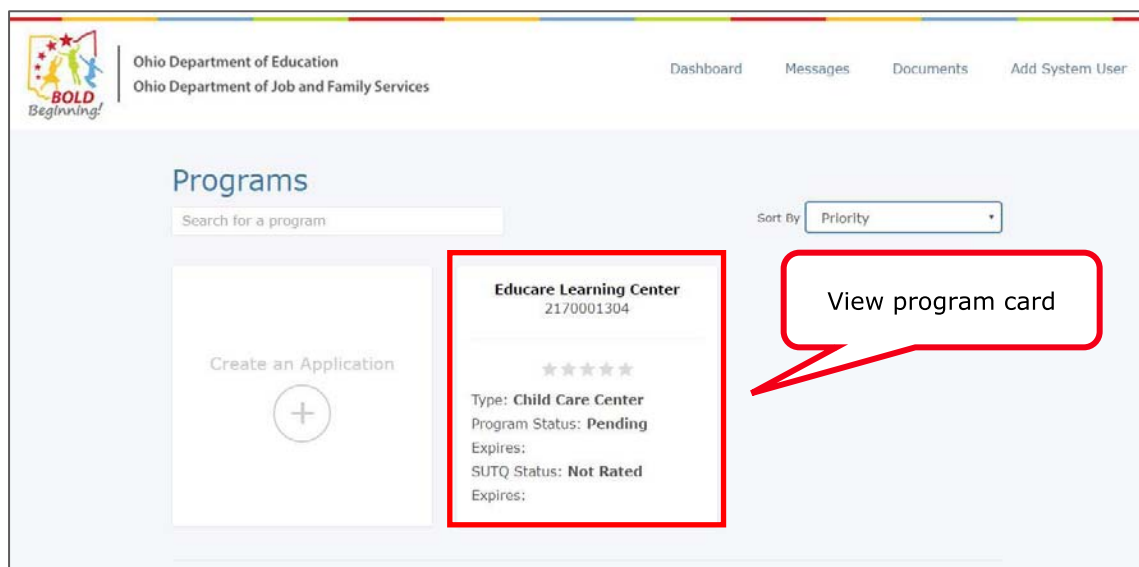
Click **Dashboard** link



## Step 11: View Program Card

View the program card to see if additional actions are required

*Note: If the CAP Response and other required actions for a program are complete, then the program card will NOT display "ACTION(S) REQUIRED" in red for the program.*



The process of submitting a Corrective Action Plan (CAP) Response is complete. To submit additional CAP Responses return to Step 1.





## Alternate Flow A: CAP Response Returned for Revision

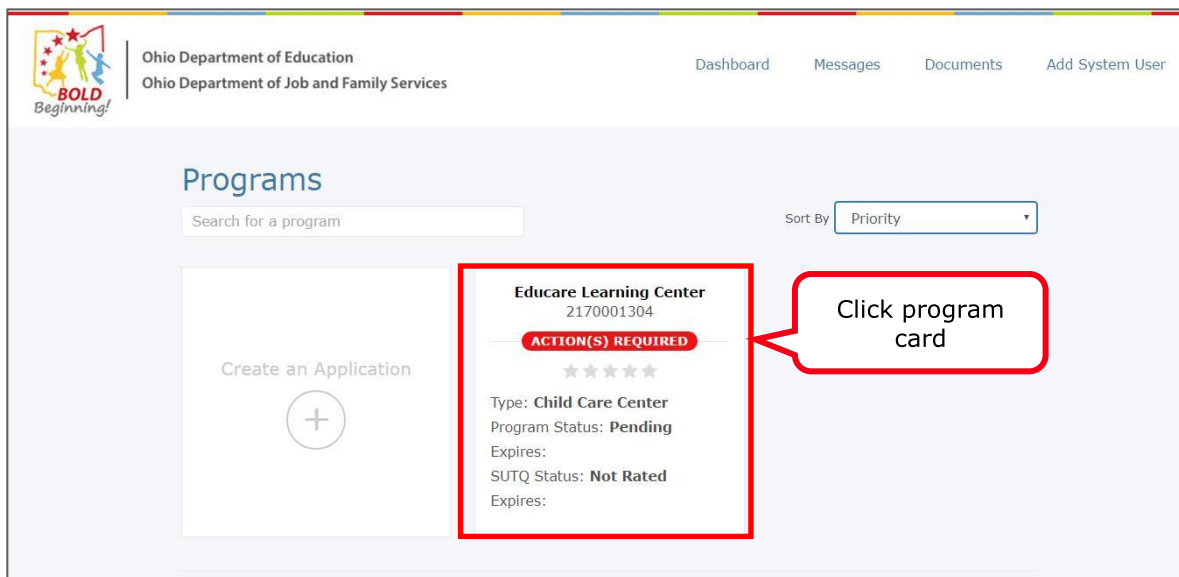
### Description:

This alternate flow of the Job Aid describes the process of resubmitting a CAP Response that has been Returned for Revision.

### Step A-1: Select the Program

- Log in to the OCLQS Portal
  - For information on OCLQS Portal log in refer to the OCLQS Portal – Account Management Job Aid
- Click anywhere in the program card

*Note: The program card will display "ACTION(S) REQUIRED" in red for programs that require actions such as a Corrective Action Plan (CAP) Response that has been Returned for Revision.*





## Step A-2: Find Corrective Action Plan(s)

Click the number in the **Corrective Action Plan(s)** column for the inspections with a CAP Response Returned for Revision.

Educare Learning Center  
Program Number: 2170001304

**ACTION(S) REQUIRED**

• Corrective Action Plan is either not submitted or it's returned for revision.

License

Educare Learning Center

Status: **Not Licensed** Expires:

Manage Programs

▼ Licensing Inspections

Date of Inspection	Status	Corrective Action Plan(s)	Full Report	Non-Compliance Summary
1/3/2017		3	↓	↓

▼ SUTQ Desk Reviews and On-Site Visits

Name	Status	Date	Type	Desk Review Summary	On-Site Summary
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▼ Serious Incidents

Log an Incident

Case Number	Description	Date of Incident	Status	Date Opened	Date Closed	Incident Report
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## Step A-3: Click on the Finding

Click on the name in the **Finding** column with **Returned for Revision** in the **Status** column

### Corrective Action Plan(s)

Finding	Risk Level	Document Required	Due Date	Status	Status Date
L - General Hazards	Low	No	3/12/2017	Returned for Revision	10/23/2018
L - General Hazards	Low			Submitted	3/15/2017
M - Ratios Out More Than Once/Same Group or Different Group	Moderate			Submitted	3/15/2017



## Step A-4: View the Finding

View comment entered when the CAP was Returned for Revision and the Rule information.

### Corrective Action Plan Response

Submit Your Response

Inspection ID	Document Required
Inspection# 001703	
Inspection Date	CAP Due Date
	2/2/2017

Rule : 42918.54306  
Finding  
CAP response does not meet requirements.  
The following information is required to be kept current in the Ohio Child Licensing and Quality System (OCLQS): 1) Mailing Address 2) Telephone Number 3) Email Address 4) Days and Hours of Operation 5) Services Offered  
During the inspection, it was determined the information in item number(s) [ ] was not up to date in OCLQS. Technical assistance was provided, and as discussed, log on to OCLQS and update the information, as required.

\*1. What short term or immediate action has been taken to correct the area of noncompliance?  
We updated the information.

\*2. Please explain the planned changes to your system(s) or procedure(s) in order to prevent this non-compliance in the future  
An administrator is assigned to periodically update our information.

\*3. Who will be responsible for the on-going implementation of the planned changes to your system(s) or procedure(s) in order to continue or prevent this noncompliance? Please list the position(s) of those that will hold the responsibility  
Kelly Jackson

**Electronic Signature**  
By electronically signing below, I hereby attest that the information contained within this Corrective Action Plan (CAP) is truthful and correct under penalty of perjury.

I agree with the above statement

Name  
Patty Douglas  
(FirstName LastName)

Submission Date:  
01/03/2017, 1:37 PM

Enter Your Full Name:  
Patty Douglas

[Attach Document](#)

[Submit Your Response](#)

To continue the process submitting a CAP Response return to Step 4 of the main flow of this Job Aid.