



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 Department of 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 displays '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)

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 |
|------|--------|------|------|---------------------|-----------------|
|------|--------|------|------|---------------------|-----------------|

Serious Incidents

| Case Number | Description | Date of Incident | Status | Date Opened | Date Closed | Incident Report |
|-------------|-------------|------------------|--------|-------------|-------------|-----------------|
|-------------|-------------|------------------|--------|-------------|-------------|-----------------|

Log an Incident

Step 3: Click on the Finding

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

Corrective Action Plan(s)

| Finding | Risk Level | Document Required | Due Date | Status | Status Date |
|------------------------------------|------------|-------------------|----------|---------------|-------------|
| L - Program Info Not Current/OCLQS | Low | | 2/2/2017 | Not Submitted | 1/3/2017 |
| L Fire Form Incomplete | Low | | 2/2/2017 | Not Submitted | 1/3/2017 |
| L Fire Form Incomplete | Low | | 2/2/2017 | Submitted | 1/3/2017 |



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 : 42918.54305

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 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 - 42918.54305
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:

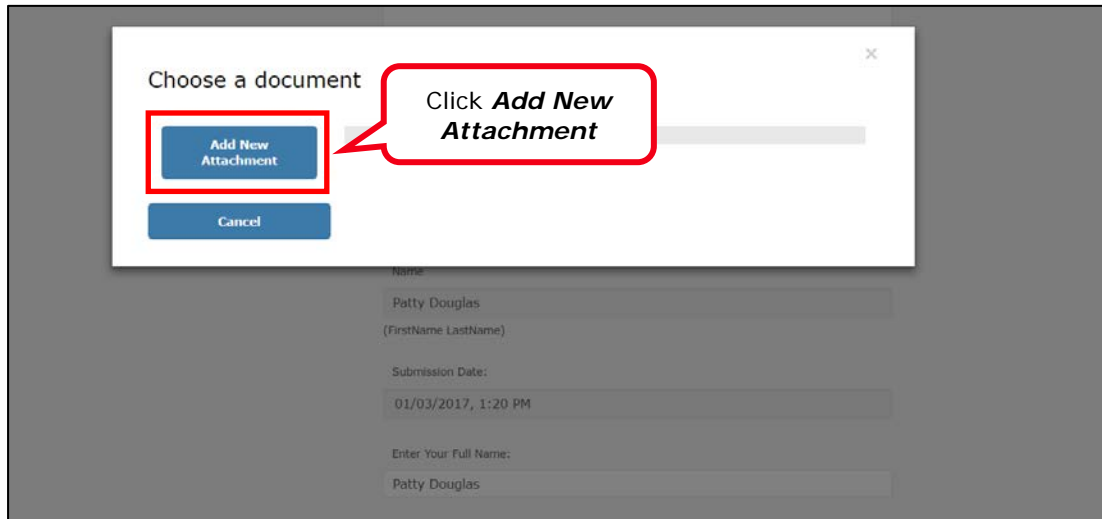
Attach Document

Submit Your Response

Click **Attach Document**

Step 6: Add New Attachment

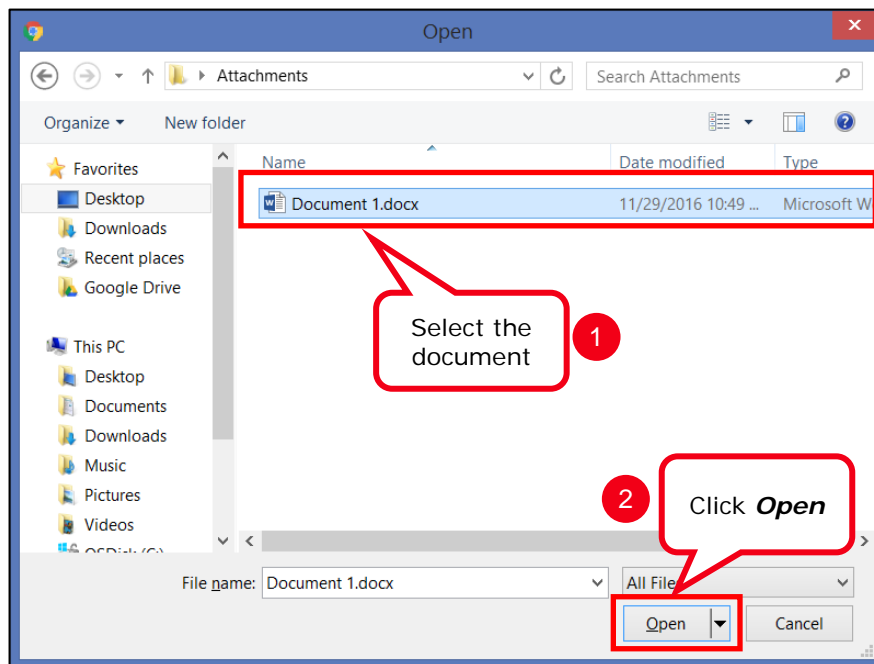
Click **Add New Attachment**



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" on the left and "Save" on the right. 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 but dimmed. It includes the following fields and buttons:

- Name: Patty Douglas (FirstName LastName)
- Submission Date: 01/03/2017, 1:20 PM
- Enter Your Full Name: Patty Douglas
- Attach Document button
- Submit Your Response button



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

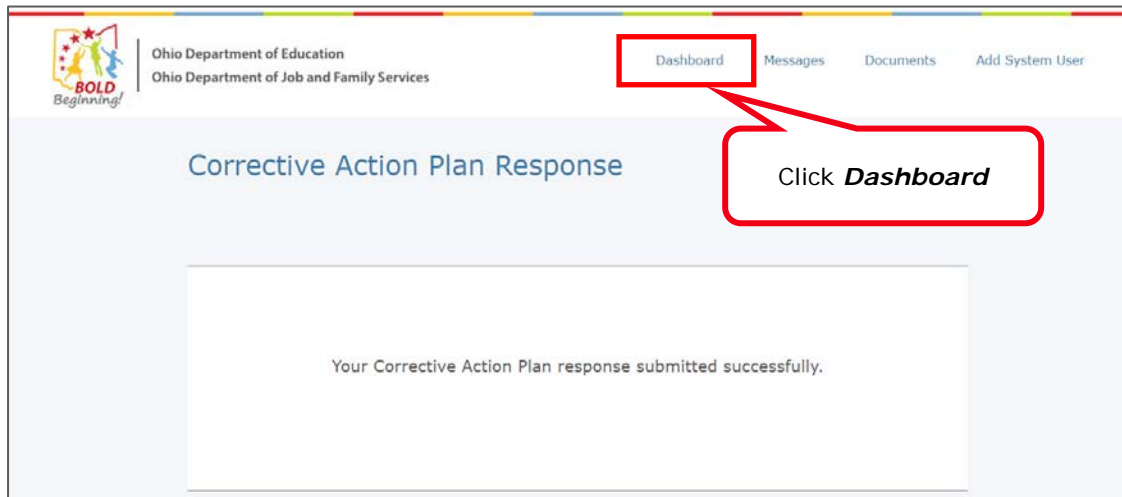
Submit Your Response

Click **Submit Your Response**



Step 10: Return to the Dashboard

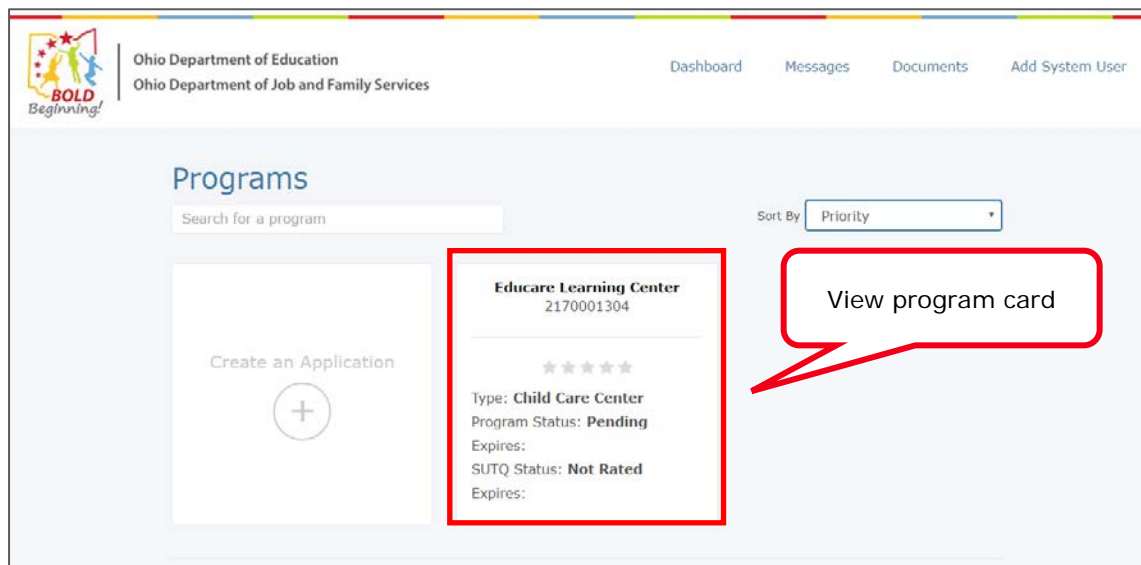
Click **Dashboard** link



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

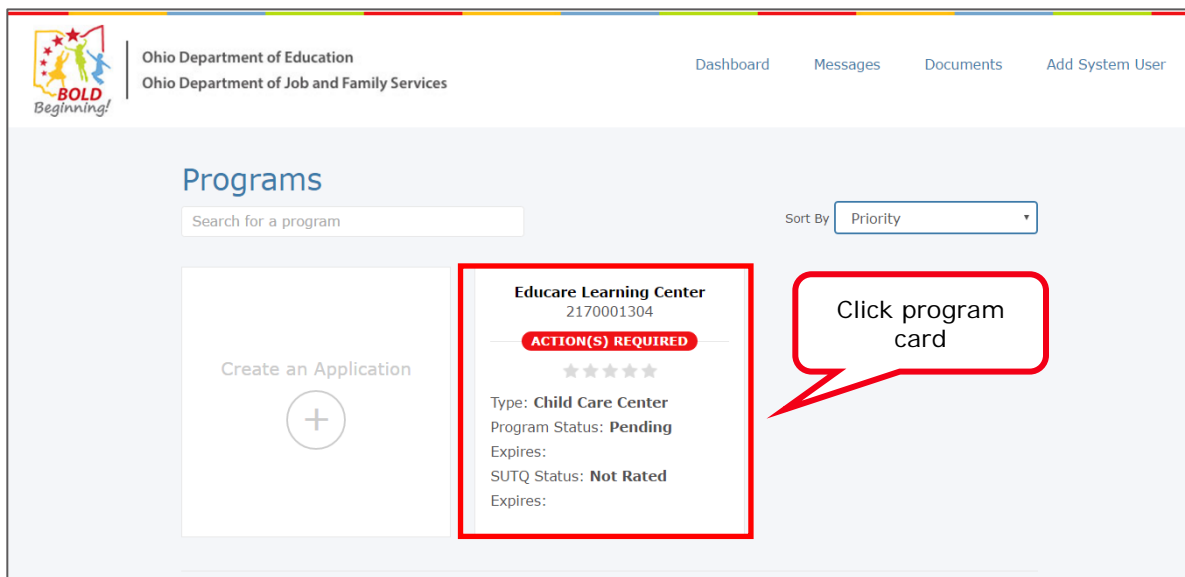
Description:

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 | Download | Download | | |

SUTQ Desk Reviews and On-Site Visits

| Name | Status | Date | Type | Desk Review Summary | On-Site Summary |
|------|--------|------|------|---------------------|-----------------|
|------|--------|------|------|---------------------|-----------------|

Serious Incidents

| Case Number | Description | Date of Incident | Status | Date Opened | Date Closed | Incident Report |
|-------------|-------------|------------------|--------|-------------|-------------|-----------------|
|-------------|-------------|------------------|--------|-------------|-------------|-----------------|

[Log an Incident](#)

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 - Program Info Not Current/OCLQS | Low | | 2/2/2017 | Returned for Revision | 1/3/2017 |
| L Fire Form Incomplete | Low | | 2/2/2017 | Submitted | 1/3/2017 |
| L Fire Form Incomplete | Low | | 2/2/2017 | Submitted | 1/3/2017 |



Step A-4: Click on 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 to 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.