

Plan of Correction

| 1. POC Identification | | | | | |
|---|--|---|---|-----------------------|---------------------|
| CCIS: | | | Date: | | |
| Director: | | | Coordinator: | | |
| 2. Performance Standard – Category and Standard (Underline and Bold the Standard that needs a POC) | | | | | |
| A. Customer Service: | Standard #1 | Standard #2 | | | |
| | Comprehensive Information and timely responses to inquiries and complaints | Provides comprehensive Parent Education and R & R | | | |
| C. Compliance | Standard #1 | Standard #2 | Standard #3 | Standard #4 | Standard #5 |
| | Timeliness | Priority Groups | Parent/Caretaker | Residence | Work/Ed/Training |
| | Standard #6 | Standard #7 | Standard #8 | Standard #9 | Standard #10 |
| | Child Age/Citizenship | | Eligible Provider | Provider Requirements | Income Calculations |
| | Standard #11 | Standard #12 | | | |
| Meets FPIG Guidelines | Subsidy Payment | | | | |
| D. Caseload Management | Standard #1 | Standard #2 | Standard #3 | | |
| | Processes Case Actions for suspended and authorized cases | Processes Case Actions for re-determinations | Processes and manages in boxes and update boxes | | |
| E. Administrative Management | Standard #1 | Standard #2 | Standard #3 | | |
| | Manages service allocations to maximizing expenditures and funds | Manages FSS expenditures | Timely and accurately submits requests from OCDEL | | |
| 3. Performance Standard – Rating Description (Describe the details of the “Needs Improvement” rating.) | | | | | |
| | | | | | |
| 4. Plan of Correction – CCIS (Narrate what steps the CCIS will take to make a “Satisfactory” rating for the identified Performance Standard.) | | | | | |
| | | | | | |

Plan of Correction (Continued)

Date:

5. Plan of Correction – Subsidy Coordinator (Narrate what steps the Subsidy Coordinator will take to support the POC.

6. CCIS staff responsible for the POC:

7. Date POC to be implemented:

8. POC Approval – Place an “X” in either the “Approved” or “Denied” box. If “Denied”, explain the steps needed to achieve “Approved”

| | | |
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| Approved | Denied | Explanation: |
|----------|--------|--------------|

9. Signatures

Subsidy Coordinator

CCIS Director

Date:

Date:

Obsolete