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| This form is used by LD program supervisors and leadership to review and approve submitted innovative ideas for practice, policy, or protocol change. Requests are made using form 05-41A LD Practice Change Request, and are tracked with Axosoft. See [LD Policy 15.03, Managing Licensing Division Practice Changes](http://sharepoint.ca.dshs.wa.lcl/DCYFLD/_layouts/15/start.aspx#/TEST%20Policy%20and%20Procedure%20Page/Forms/AllItems.aspx). |

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| **Section 2 – Program Supervisors to complete this section.** | |
| **Resources and capacity for: data collection/analysis, research, risk assessment, if needed.**    **Will this require legislation or additional resources that are currently not available?**  Yes  No  Unsure  Please explain: | |
| **Please use the** [**DCYF Racial Equity and Social Justice Tools and Resources**](http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/racial-equity-social-justice/resources) **for guidance in this section:**  Impact on children, youth, families, providers, and/or communities of color?  Yes  No  Please explain:  Impact on tribal governments and citizens?  Yes  No  Please explain:  Impact on LGBTQIA+ communities?  Yes  No  Please explain:  Impact on other traditionally marginalized communities?  Yes  No  Please explain: | |
| **Section 3 – Assistant Secretary to complete this section and send form to program supervisors** | |
| Informational, we are moving forward with this request, no approval needed  Approval needed due to large impact, resource need, etc.  Approved  Not Approved  Approved and Expedite (send to affected LD Senior Administrator if expedited) | |
| **Decision Justification:** | |
| **Section 4 – Project Manager/Lead to complete this section for preliminary planning.** | |
| **Licensing Division Programs Affected (select all that apply):**  Child Care  LD/CPS  Assessment  Regional Licensing  SAM  FFN  KCEU/KNU | |
| **Project Outcomes:**  What will be achieved by this project?  What coordination and communication structure needs to be established to ensure a collaborative collective impact approach? |  |
| **Estimated Cost:**  Is the estimated cost known for this request?  Yes  No  If Yes, please enter the estimated cost.  Identify approximate FTE needs. |  |
| **Project Start Date:** Click Date |  |
| **Project Completion Date:** Click date.  What is the desired timeline to have the project completed?  Include project build time and training implementation – webinar, e-Learning, in-person as well as sending communication to staff, providers or community partners. |  |
| **Which areas may be affected by this request? (select all that apply to represent in Exploratory Impact Group)** | |
| Assessment  Admin Support Staff  Change Management  Child Care  Communication  LD/CPS  Data Systems (Compass, FamLink, WACAP)  Forms  KCEU/KNU | License Exempt Services/FFN  Office of Tribal Affairs  Policy and Procedures  Practice Improvement  QA/CQI  Regional Licensing  RESJ Advisory Group  SAM  Workforce Development  Other DCYF Divisions, as needed (e.g., Child Welfare,  Early Learning, Subsidy, Caregiver R&R) |

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| **To be completed by Program Supervisor** |
| Request Tracking Axosoft Number:  Priority Choose an item.  **Follow 15.03 PRO-Managing Licensing Division Practice Changes**  Project Status:  Approved  Not Approved  Development:  Not yet started  In Progress  Complete  Implementation Plan:  In Progress  Complete  Implementation:  In Progress  Complete  Project Completion Date: Click or tap to enter a date.  Effective Implementation Date: Click or tap to enter a date. |