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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 [ ]  UnsurePlease 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 [ ]  NoPlease explain:      Impact on tribal governments and citizens? [ ]  Yes [ ]  NoPlease explain:      Impact on LGBTQIA+ communities?  [ ]  Yes [ ]  NoPlease explain:      Impact on other traditionally marginalized communities? [ ]  Yes [ ]  NoPlease 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 [ ]  NoIf 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 ApprovedDevelopment: [ ]  Not yet started [ ]  In Progress [ ]  CompleteImplementation Plan: [ ]  In Progress [ ]  CompleteImplementation: [ ]  In Progress [ ]  CompleteProject Completion Date: Click or tap to enter a date.Effective Implementation Date: Click or tap to enter a date. |