

# CalSAWS | Enhancement Request (CER)

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|                        |  |
|------------------------|--|
| <b>Submission Date</b> | 07/30/2024   |
| <b>Title</b>           | Enhancement of WFP&I Child Care Referrals by Agency Monthly Report |

|                                  |                                |  |
|----------------------------------|--------------------------------|--|
| <b>Region #</b><br>6             | <b>County</b><br>Los Angeles   |  |
| <b>Submitter</b><br>Lee, Shirley | <b>Phone</b><br>(310) 349-5892 | <b>Email</b><br>ShirleyLee@dpss.lacounty.gov |

**Program(s) Impacted**

|  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Reports  | <input checked="" type="checkbox"/> Special Investigation | <input type="checkbox"/> Case Assignment       |
| <input type="checkbox"/> Eligibility         | <input type="checkbox"/> Call Center                      | <input type="checkbox"/> Hearings              |
| <input type="checkbox"/> Lobby Management    | <input type="checkbox"/> Imaging                          | <input type="checkbox"/> Fiscal/Collections    |
| <input type="checkbox"/> Resource Data Bank  | <input type="checkbox"/> Task Mgmt                        | <input type="checkbox"/> Time Limits           |
| <input type="checkbox"/> Self Service Portal | <input type="checkbox"/> Training                         | <input type="checkbox"/> Client Correspondence |
| <input type="checkbox"/> Security            | <input type="checkbox"/> Schedule Appt                    |  |

**Other**

**Area(s) Impacted**

|  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Child Care | <input type="checkbox"/> CAPI           | <input type="checkbox"/> GROW           |
| <input type="checkbox"/> Adoptive Services     | <input type="checkbox"/> GA/GR          | <input type="checkbox"/> TNB            |
| <input type="checkbox"/> GAIN/REP/WTW          | <input type="checkbox"/> CalWORKS / RCA | <input type="checkbox"/> Medi-Cal / RMA |
| <input type="checkbox"/> Cal-Learn             | <input type="checkbox"/> Kin-GAP        | <input type="checkbox"/> ARC            |
| <input type="checkbox"/> Foster Care           | <input type="checkbox"/> CalFresh       | <input type="checkbox"/> CMSP           |
| <input type="checkbox"/> SNB                   |   |   |

**Interface(s)**

**Other**

**Justification / Request Summary**

**Issues**  
Currently the report does not capture Child Care Referrals Received, Assigned and Completed - Design Issues.

**Proposed Recommendation**  
The report should capture the followings data/info:  
A list of Child Care Referrals Received, Assigned and Completed including the followings: Assigned Investigators' worker ID, Type of Child Care Referrals, Referral Dates, Completion Dates, all Aid Programs involved, O/P O/I amount,

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Investigation Results.

- Assumptions
- ACL/ACIN/ACWDL Number(s)
- Senate/Assembly Bill Number(s)
- NOA(s) and Form(s)

*Required for this change?*

No

*Are NOA(s)/Form(s) being revised?*

No

*NOA(s) and Form(s) Description:*

## Priority/Implementation Consideration(s)

WFP&I uses these data in evaluating business performance, completing administrative reports and providing necessary data to Child Care Agencies.

## Approval

**Section Head Approval**

Electronically Signed by Franco, Jorge

**Date**

07/31/2024

**Chief Approval**

Electronically Signed by Bonilla, Gerry

**Date**

08/01/2024

## CalSAWS Response

**CER Tracking #** *(automatically generated by JIRA)*

**SCR #**

**Rejected By**

**Date**

**Rejection Reason(s) or other Comments**