


DEPUTY DIRECTOR, BO

DEPUTY DIRECTOR, BES

DEPUTY DIRECTOR, BAMS

DEPUTY DIRECTOR, BR


INTERIM DIRECTOR

INTERIM CHIEF DEPUTY

SENIOR DEPUTY DIRECTOR

DEPUTY DIRECTOR, BSP

MANAGEMENT DIRECTIVE

SUBJECT: REQUEST FOR SERVICES FROM
INFORMATION TECHNOLOGY
SERVICES

POLICY#: MD 99-01

EFFECTIVE DATE: Immediately Upon Release

CANCEL DATE: None

The purpose of this Directive is to state the parameters for software development and modifications completed by ITS and to outline the process by which staff can request and document the changes.

1. DEFINITIONS

A. *Internal Services Department (ISD)*

ISD is the Department of Los Angeles County that provides services for planning, building, and running computer and communication systems for Los Angeles County Departments.

B. *Information Technology Services (ITS)*

The Division of the Department assigned the responsibility for management, development, and long range planning of automated information systems and the selection, purchase, installation and maintenance of related computer equipment, software and other technical aspects of computerized systems.

C. *Programming*

A logical sequence of instructions used by the computer to solve a problem or process information.

D. *Requester*

Anyone designated by the Regional Administrator or Division Chief to request ITS services. The services include acquisition of equipment, the development of a new automated system or changes to an existing system.

E. *Services*

ITS provides services that include consultations, systems analysis and design, modifying existing automated systems, developing new systems, providing scheduled production and ad hoc reports, requesting computer equipment and software, adding or removing users from various mainframe systems, and/or making network changes.

F. *Software*

A set of off-the-shelf or specifically designed/customized computer programs used to perform various business functions.

G. *Systems Affected*

Systems such as the Automated Providers Payment Systems (APPS), Uniform Vendor Payment Systems (UVPS), etc., impacted by changes made to existing software or the addition of new software.

H. *Systems Development and Modifications*

The development of new systems and/or changes to existing software applications, which improve functionality or add additional features.

Programming modifications may include programs to be written or modified by ITS or the purchase of support applications that will work in conjunction with the existing applications to produce the best results.

I. *Systems Design*

The practice of developing specifications based on observable behavior (human interaction, task management, and data management) and adding details to design, develop and implement an automated system.

2. POLICY AND STANDARDS

- A. The protection and safety of a child is always the first priority.
- B. Our primary mission is legal permanency.
- C. DCFS case records are confidential pursuant to WIC Section 827 and 10850. The Los Angeles County Juvenile Court policy on confidentiality sets forth the details of the court's interpretation of their statutory requirements. Failure to follow confidentiality policy may lead to disciplinary action, including discharge and civil action. Under the provisions of the statutes, a violation is a basis for criminal prosecution.
- D. The policy and procedures in this Directive are effective upon release.
- E. The purpose of this Directive is to ensure that all developments or modifications made to the software, applications, forms, report formats, etc., aid in retaining the integrity of child welfare services data to meet the Department's mission to serve and protect the children in our care, and meet state and federal regulations.
- F. The Auditor-Controller requires that Management Information Division implement a policy of documenting all program modifications on a program change request or similar document.
- G. The Auditor-Controller also mandates that the requester or user tests programming changes and confirms the requester's satisfaction with the completed modifications.
- H. All requests for development or modifications will be carefully evaluated as to their business need and benefit to the Department as a whole.
- I. Any employee identified as tampering or attempting to sabotage any computer software or database will be subject to disciplinary action.

3. PROCEDURE

- A. All requests for ITS services by the Regions/Divisions must be submitted in writing to ITS's Division Chief with approval at the level of Regional Administrator, Division Chief or above utilizing the attached *IT Service Request* form (Attachment A). Each request must describe the business need and justification for implementing the change.
- B. An ITS analyst will be assigned to analyze and evaluate each request and provide a response to the requester as to the status of the request within 15 working days after the request is assigned.

- C. If programming services are being requested, the analyst will complete a *ITS Programming Request* for ITS services or the *Internal Services Department Service (ISD) Request*, if ISD is to perform the services (Attachments B and C). The request must include a detailed description of the expected benefits, time frames and specifications. The request must be reviewed by the immediate supervisor and section head and approved by the ITS Division Chief.
- D. After ITS completes the development or programming modifications, the requesting Region/Division will test the application with ITS staff and confirm the acceptance of the changes by signing the *ITS User Sign Off for Programming Modifications* (Attachment D). The acceptance of the changes must be approved at the level of Regional Administrator, Division Chief or above.

4. FORMS

A. FORMS REQUIRED

All programming development and modifications done by ITS require at least two forms before implementation:

1. *IT Service Request, DCFS 5413*

The DCFS 5413 must be completed by the requester before any services are performed by ITS. See Attachment A.

2. *ITS Programming Request, DCFS 5414*

The DCFS 5414 must be completed by ITS's staff before any services are performed. The form should be completed within 15 working days, concurrent with ITS's response to the requestor as to the status of the request. See Attachment B.

To avoid any misunderstanding, ITS staff completing the form must describe every aspect of the request in detail and include examples when necessary.

3. *ISD Service Request, ISD Form # 761838*

The ISD Form # 761838 must be completed by ITS before any services are performed by ISD. See Attachment C.

To avoid any misunderstanding, ITS staff completing the ISD Form # 761838 must describe every aspect of the request in detail and include examples when necessary. See the back of the form for completion instructions.

4. *User Signoff For Programming/Modifications, DCFS 5415*

The DCFS 5415 is required as a "sign-off" document which will confirm the requester's satisfaction with the specifications and programming modifications. See Attachment D. It can be used alternatively as an instrument to cancel a request. Sign and date the relevant Section as indicated below:

- a. Sign and date Section I if you are fully satisfied with the specifications presented to you.
- b. Sign and date Section II if you are only satisfied with a portion of the specifications and want to have a particular section put into production. Attach a detailed description of the items to be implemented.
- c. Section III is provided for the user who may want to cancel a request.
- d. Upon conducting a careful acceptance test of the product, the user confirms in Section IV that all the requirements in the items approved for production have been met.
- e. Section V is a final "sign-off" by the requesting Regional Administrator/Division Chief, confirming that all the specifications have been met.

B. FORMS CANCELLED/REVISED

None

RW:PJ
VC:ag



FOR MID USE ONLY
(1) MID SERVICE REQUEST NO.

IT SERVICE REQUEST

(DCFS STAFF USE THIS FORM TO REQUEST MID SERVICES)

REQUESTER COMPLETES (PRINT OR TYPE) THIS PORTION OF FORM

(2) TITLE OF REQUEST:	(3) DATE REQUESTED: ____/____/____
(4) DESCRIPTION OF REQUEST:	
(5) BUSINESS NEEDS JUSTIFICATION:	
(6) NATURE OF REQUEST:	
<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> OTHER _____	
(7) TYPE OF WORK REQUIRED:	
<input type="checkbox"/> FEASIBILITY STUDY <input type="checkbox"/> PROGRAMMING <input type="checkbox"/> SYSTEM DESIGN <input type="checkbox"/> AD HOC REPORT <input type="checkbox"/> SOFTWARE <input type="checkbox"/> OTHER _____	
(8) DATE WORK NEEDED BY: ____/____/____	(9) SYSTEMS AFFECTED:
(10) REQUESTED BY: _____ TITLE: _____ LOCATION: _____ PHONE: _____	
(11) APPROVED BY: _____ TITLE: _____ LOCATION: _____ PHONE: _____	
(12) APPROVED BY: _____ TITLE: _____ Reg. Admin/Div, Chief _____ LOCATION: _____ PHONE: _____	

ATTACHMENT A

IT SERVICE REQUEST (SR) COMPLETION INSTRUCTIONS

ALL FIELDS IN THIS FORM ARE MANDATORY. FAILURE TO FILL ONE OF THE FIELDS MAY RESULT IN DELAYS OR THE RETURN OF THIS DOCUMENT TO THE SENDER.

- Field 1. Assign and enter a unique request number.
- Field 2. Enter a title, which will identify the request.
- Field 3. Enter the date that the ITS Service Request is submitted.
- Field 4. Enter a detailed description of the service requested.
- Field 5. Enter the need and the expected solution to an existing problem, which will be fulfilled by the service requested.
- Field 6. Enter a check mark to indicate if the request is new or a change of an existing one.
- Field 7. Enter a check mark to indicate if the work requested is a feasibility study, programming, system design, Ad hoc report, obtaining new software, etc.
- Field 8. Enter the date by which the services are needed. If date is unknown then enter TBD.
- Field 9. Indicate which systems or existing programs may/will be affected by the fulfillment of the request.
- Field 10. Enter the name, title, location and phone number of the authorized requester.
- Field 11. Enter the name, title, location and phone number of the person authorized to approve the request
- Field 12. Enter the name, title, location and phone number of the Regional Administrator/Division Chief approving the request.

DEPARTMENT OF CHILDREN
AND FAMILY SERVICES

(1) MID SERVICE REQUEST NUMBER: _____



ITS PROGRAMMING REQUEST

USE THIS FORM TO REQUEST MID PROGRAMMING
(FOR MID STAFF USE ONLY)

(2) TITLE OF REQUEST: _____ (3) DATE REQUESTED: ___/___/_____

(4) DESCRIPTION OF REQUEST:

(5) NATURE OF REQUEST:
 NEW CHANGE OTHER _____

(6) TYPE OF WORK REQUIRED:
 FEASIBILITY STUDY PROGRAMMING SYSTEM DESIGN OTHER _____

(7) DATE COMPLETED WORK REQUIRED: ___/___/_____ (8) SYSTEMS AFFECTED: _____

(9) OTHER DIVISIONS AND SECTIONS AFFECTED: _____

(10) REQUESTED BY: _____ TITLE: Analyst / Programmer
PHONE: _____
(11) REVIEWED BY: _____ TITLE: Data System Supervisor
PHONE: _____
(12) REVIEWED BY: _____ TITLE: Section Head
PHONE: _____
(13) APPROVED BY: _____ TITLE: Division Chief
PHONE: _____

**ITS PROGRAMMING REQUEST (PR)
COMPLETION INSTRUCTIONS**

ALL FIELDS IN THIS FORM ARE MANDATORY. FAILURE TO FILL ONE OF THE FIELDS MAY RESULT IN DELAYS OR THE RETURN OF THIS DOCUMENT TO THE SENDER.

Field 2. Enter a title, which will identify the request.

Field 3. Enter the date that the PR is submitted.

Field 4. Enter a detailed description of the service requested.

Field 5. Enter a check mark to indicate if the request is new or a change of an existing one.

Field 6. Enter a check mark to indicate if the work requested is a feasibility study, programming, system design, etc.

Field 7. Enter the date by which the services are needed. If date is unknown then enter TBD.

Field 8. Indicate which systems or existing programs may/will be affected by the fulfillment of the request.

Field 9. It is important that the analyst indicates which other divisions/sections will be affected by the programming changes. The impacted divisions/sections must be informed about the changes in a timely manner.

Field 10. Enter the name, title, location and phone number of the authorized analyzer / programmer initiating the request.

Field 11. Enter the name, title, location and phone number of the data system supervisor.

Field 12. Enter the name, title, location and phone number of the section head.

Field 13. Enter the name, title, location and phone number of the person approving the request.

FOR ITS USE ONLY

Field 1. Enter the corresponding request number from the IT Service Request form.



SERVICE REQUEST

USE THIS FORM TO REQUEST ISD SERVICES
(SEE BACK FOR ASSISTANCE IN COMPLETING FORM)

FOR ISD USE ONLY	
(1) MAIN / SUB ACCOUNT NOS.	
SERVICE REQUEST NO.	

REQUESTOR COMPLETES (PRINT OR TYPE) THIS PORTION OF FORM

(2) DATE OF REQUEST	(3) SERVICE REQUEST INDICATOR (Check One) <input type="checkbox"/> NEW <input type="checkbox"/> REVISION <input type="checkbox"/> CANCEL	(4) FISCAL YEAR	* REQUESTOR MUST COMPLETE BOXES 1 THROUGH 12, UNLESS BOX HAS AN ASTERISK - THESE ARE OPTIONAL.
(5) REQUESTOR ORGANIZATION NAME			(6) MAIN ACCOUNT NO. (7) SUB ACCOUNT NO.
(8) AUTHORIZED AMOUNT * \$	(9) MAPS CODE	(10) SUB MAPS AUTHORIZED AMOUNT * \$	(11) REQUEST FOR SUB MAPS (Check One) * <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING <input type="checkbox"/> CHANGE
(12) ACCOUNT DESCRIPTION / JOB TITLE			(13) SUB MAPS *
(14) SUB MAPS DESCRIPTION *			
(15) JOB LOCATION			(16) REQUIRED COMPLETION DATE *
(17) REQUESTOR'S NAME			(18) REQUESTOR'S PHONE #
(19) CONTACT NAME			(20) CONTACT PHONE #
(21) COMMENTS / SPECIAL INSTRUCTIONS: *			

<input type="checkbox"/> NOT TO EXCEED	<input type="checkbox"/> FIXED FEE	<input type="checkbox"/> (ISD ONLY) EXPENDITURE DISTRIBUTION
(22) SIGNATURE (AUTHORIZED REPRESENTATIVE - may be typed & initialed)		(23) DATE
REQUESTOR RETAIN COPY FORWARD ORIGINAL TO ISD SERVICE PROVIDER AS NOTED ON BACK		

FOR ISD USE ONLY

(24) DATE RECEIVED / /	(25) PROJECT MANAGER'S PHONE #	(26) PROJECT MANAGER'S NAME
(27) LEAD ORG. CODE	(28) ACCT STATUS	(29) INCOME ACCT
(30) STATUS: <input type="checkbox"/> CANCELLED <input type="checkbox"/> COMPLETED DATE / /		(31) EST. COMPLETION DATE * / /
(32) BIS NO. *	(33) ESTIMATE NO. *	(34) ESTIMATED COST APPROVED BY (35) DATE / /

FIXED FEE

(36) FIXED FEE ACCOUNT NO.	(37) MAPS CODE	(38) APPROVED BY	(39) DATE / /
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EXPENDITURE DISTRIBUTION FOR FINANCIAL MANAGEMENT USE ONLY

(40) ACCOUNT NO.	(43) DISTRIBUTE IN ORDER SHOWN		
(41) MAPS CODE	(42) ACCT STATUS	<input type="checkbox"/> 1 - ISD FINANCIAL MGNT. _____	<input type="checkbox"/> 2 - ISD LEAD DIV: _____
		<input type="checkbox"/> 3 - ISD SUPPORT DIV(S): _____	<input type="checkbox"/> 4 - CLIENT _____

**SERVICE REQUEST (SR)
CUSTOMER INSTRUCTIONS**

- Field 2. Mandatory. Enter the date that the SR is forwarded to ISO.
- Field 3. Mandatory. Enter a check (x) mark indicating if SR is new, a revision or cancellation,
- Field 4. Mandatory. Enter the Fiscal Year during which services are to be provided.
- Field 5. Mandatory. Enter the name of the requester's organization associated with the five (5) digit CAPS Org Code.
- Field 6. Mandatory. Enter the six (6) character main account number. (A for regular account. B for capital project) followed by the five (5) digit CAPS Org Code.
- Field 7. Mandatory. Enter a five (5) digit sub account number.
- Field 8. Optional. Enter the authorized amount **(\$)** to be assigned to the account.
- Field 9. Mandatory. Enter the three (3) character code of the Major Activity, Project or Service for which SR has been initiated.
- Field 10. Optional. Enter the authorized amount **(\$)** to be assigned to the sub maps.
- Field 11. Optional. Enter a check (x) mark to indicate if the request is for a new sub maps or a change to an existing one.
- Field 12. Mandatory. Enter a description of the account and/or services requested.
- Field 13. Optional. Enter a four (4) digit code (0001 through 9999) to assign a sub maps.
- Field 14. Optional. Enter a description for a new sub maps code.
- Field 15. Mandatory when services are provided in customer facility. Enter address and room number.
- Field 16. Optional. Enter date by which services are to be completed. If date is not known, enter TBD.
- Field 17. Mandatory. Enter name of authorized requestor (Last Name, First Initial).
- Field 18. Mandatory. Enter requestor's telephone number (Area Code & Number).
- Field 19. Mandatory. Enter name of contact person (Last Name, First Initial). if different from requestor.
- Field 20. Mandatory. Enter contact person's telephone number, if different from requestor.
- Field 21. Optional. Enter any pertinent comments/instructions regarding requested services.
- Field 22. Mandatory. Enter signature of authorized requestor (type name and sign).
- Field 23. Mandatory. Enter date of authorized requestor's signature.

ROUTING INSTRUCTIONS

If requested services are for:

Telecommunications forward SR to Telecommunications Customer Service Unit at 1110 N. Eastern Ave.. LA 90063

Customer Applications forward SR to the appropriate Customer Applications Division at 9150 E. Imperial Hwy. Downey 90242

Computing Services forward SR to the appropriate Computing Services Division at 9150 E. Imperial Hwy. Downey 90242

Construction & Real Property Services forward SR to Work Management at 550 S. Vermont Ave.. 5th Floor, LA 90020

Facilities Operations Services forward SR to Estimating/Scheduling at 1100 N. Eastern Ave., 1st Floor, LA 90063

Purchasing & Central Services forward SR to the appropriate PCS Division at 2500 S. Garfield Ave., Commerce 90040

ATTACHMENT D

	DEPARTMENT OF CHILDREN AND FAMILY SERVICES USER SIGNOFF FOR PROGRAMMING/MODIFICATIONS	(1) REQUESTED BY:
		(2) REQUEST NUMBER:
		(3) DATE REQUESTED:
(4) TITLE OF REQUEST:		
I. (5) SATISFIED WITH SPECIFICATIONS		
MY STAFF HAVE REVIEWED THE SPECIFICATIONS RELATED TO THIS REQUEST, AND I AM SATISFIED THAT ALL REQUIREMENTS HAVE BEEN MET.		
APPROVED BY: _____ DATE: ___/___/_____		
II. (6) SATISFIED WITH A PORTION OF THE SPECIFICATIONS		
MY STAFF HAVE REVIEWED THE SPECIFICATIONS RELATED TO THIS REQUEST. A PORTION OF IT MEETS THE REQUIREMENTS AND OWING TO THE URGENCY, I AUTHORIZE THE PORTION DESCRIBED BELOW TO BE PUT IN PRODUCTION. THIS IS NOT A FULL SIGNOFF OF THIS REQUEST.		
<u>ATTACHED IS THE DESCRIPTION OF PORTION(S) TO BE IMPLEMENTED:</u>		
APPROVED BY: _____ DATE: ___/___/_____		
III. (7) CANCELLATION:		
I AUTHORIZE THE CANCELLATION OF THIS REQUEST FOR THE ATTACHED REASONS.		
CANCELED BY: _____ DATE: ___/___/_____		
IV. (8) ACCEPTANCE TEST		
I HAVE REVIEWED THE TEST RESULTS INITIATED BY MY STAFF AND I AM SATISFIED THAT ALL THE REQUIREMENTS HAVE BEEN MET.		
ACCEPTED BY: _____ DATE: ___/___/_____		

V. (9) FINAL SIGN OFF

MY STAFF HAVE REVIEWED THE PRODUCTION RELATING TO THIS REQUEST AND I AM SATISFIED THAT ALL SPECIFICATIONS HAVE BEEN MET. THIS CONSTITUTES A FINAL SIGNOFF OF THIS REQUEST.

APPROVED BY: _____ DATE: ___/___/_____