Illinois Network of Child Care Resource & Referral Agencies
Data Request Procedures and Policies

Illinois Network of Child Care Resource & Referral Agencies (INCCRRA) and the 16 local Child Care Resource & Referral (CCR&R) agencies work in partnership to provide local, regional and statewide data with outside entities. INCCRRA is committed to making child care data available for the purpose of contributing to research, providing services to child care professionals and forging new partnerships with other organizations to improve the lives of children and families. INCCRRA's data request policies and procedures have been approved by the Illinois Department of Human Services (IDHS).

Each local CCR&R is responsible for filling requests within their Service Delivery Area (SDA). Please refer to the attached map to contact your local CCR&R agency to determine their service area.

INCCRRA will be responsible for filling your data requests that encompass multiple SDA's and/or the entire state. To better serve you, please complete the attached *Data Information Request Form.*

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DATA AVAILABLE:

❖ **Customer Database:** The INCCRRA customer database includes information on persons seeking child care across the entire state. Information available through the database includes, but is not limited to: type of care parents requested, parents difficulty in searching for care, reasons needing care (education/employment), family schedule requests, number/ages of children for whom care is requested, etc. (The customer database is confidential and will not be made available for commercial use or for mailing lists.)

❖ **Provider Database:** The INCCRRA provider database includes information on types of child care programs available in the state. Information available through this database includes, but not limited to capacity and vacancies of programs by age groups, training/education levels of providers, average rate information, types of programs, etc.

❖ **CCAP (Subsidy) Data:** The local CCR&R agencies administer the state Child Care Assistance Program (CCAP) under contract by the Illinois Department of Human Services (IDHS). All data collected by the local CCR&R's for the processing of subsidy applications and payments is for internal use only. Requests for CCAP information can be made to IDHS.

❖ **Mailing Labels:** INCCRRA will make labels available to external entities for regional and statewide projects endorsed by INCCRRA. For approved projects, INCCRRA will forward the labels to a mailing service. The organization requesting mailing labels will be responsible for obtaining a mailing service, getting their materials to the mailing service and any associated costs of the service. Mailing labels are available from the provider database only. Provider labels are not available for the purpose of solicitation. Please enclose a copy of materials being sent to providers with your *Data Information Request Form.*

INCCRRA reserves the right to deny any requests for mailing labels or statistics.

FEES FOR SERVICE:

Requesters for data services will be charged a nominal service fee to help defray costs associated with providing data information/mailing labels. These fees are based on factors such as: staff time to generate reports/statistics, printing, material costs, and database maintenance. Upon receipt of your request the INCCRRA Data and Research Department will evaluate and estimate staff time to fulfill your request. Please see the price list below for general fees.

Service fees may be waived or discounted to non-profit organizations, service agencies, and state departments at the discretion of INCCRRA.

Mailing Labels:
All mailing labels are sorted by zip code unless otherwise specified. Additional sorting please add $10.00 per sort request. (Example: type of provider)

Set-Up Fee: $40.00 (includes shipping & handling)
Per 1000 Labels: $15.00 per set

Statistical Data Requests:

❖ INCCRRA will provide statistical information which is readily available and can be filled immediately free of charge.

❖ More complicated data requests will be assessed at $50.00 per hour. An estimate for approximate staff time will be given at the time of request.

❖ Organizations who wish to receive equivalent data updates on a monthly, quarterly or yearly basis will be assessed on a case-by-case basis.

All requests must be submitted to INCCRRA using the Data Request Form.

Mail or Fax to:

Attn: Joellyn Whitehead
INCCRRA
Data & Research Department
1226 Towanda Plaza
Bloomington, IL 61701
Phone: 309-829-5327
Fax: 309-828-1808

INCCRRA Data Request Form

Date of Request: _____ **Date Information Needed By:**_____

Contact Person: _____

Organization: _____

Mailing Address:_____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: (____) _____ **Fax:** (____) _____ **Email:** _____

Organizational Profile: *Please √ all that apply.*
- ❏ Public/Non-profit
- ❏ Private
- ❏ Community Program
- ❏ Government Agency
- ❏ State Organization
- ❏ National Organization
- ❏ Current partnership with INCCRRA
- ❏ Former partnership with INCCRRA

Please indicate your preferred method of correspondence:
- ❏ Mail
- ❏ Fax
- ❏ Phone
- ❏ Email

This request is for:
- ❏ **Mailing Labels (Providers Only)**
   Please indicate which providers to include:

  - ○ Licensed Centers
  - ○ Preschools
  - ○ ISBE Pre-K
  - ○ Licensed Exempt Family Child Care
  - ○ All groups
  - ○ Other (please explain) _____

  - ○ License Exempt Centers
  - ○ Head Start
  - ○ Licensed Family Child Care Homes
  - ○ In-home Providers

- ❏ **Data/Statistical (Customer and/or Provider)**
   Please select a database.

  - ○ Customer (parent referrals)   ○ Provider   ○ Both

Please describe the type of data/statistics you are requesting: *(Examples: Seeking the number of providers who are serving low-income families, number of providers who are willing to care for infants, number of providers who have an education/degree in child development, type of family schedules parents requested, number/ages of children for who care was requested.)*

Geographic Area Needed: *Please complete at least one of the following geographic categories. You may request information in all categories if needed. (Example: If you are requesting multiple counties, but would like a breakdown of the cities within those counties, you would complete the "Multiple Counties" and the "Specific Cities" sections.)*

- ❑ **Entire State of Illinois**

- ❑ **Multiple Counties:** *Please list counties.*

  _____ _____ _____ _____
  _____ _____ _____ _____
  _____ _____ _____ _____
  _____ _____ _____ _____

- ❑ **Specific Cities of Multiple Regions:** *Please list by zip code.*

  _____ _____ _____ _____
  _____ _____ _____ _____
  _____ _____ _____ _____
  _____ _____ _____ _____

- ❑ **Multiple Regions:** *Please √ Service Delivery Areas.* (For regional geographic areas please see attached map.)

○ SDA 1	○ SDA 5	○ SDA 9	○ SDA 13
○ SDA 2	○ SDA 6	○ SDA 10	○ SDA 14
○ SDA 3	○ SDA 7	○ SDA 11	○ SDA 15
○ SDA 4	○ SDA 8	○ SDA 12	○ SDA 16

- ❑ **Other:** *Please Explain*

Time Period of Data Requested: *(Month/Year, Fiscal year)*

From: _____ to _____

Briefly describe below your purpose for this request. *Include why you are requesting the information, and how you plan to use this information. (If you are requesting mailing labels please enclose the materials you will be mailing to providers.)*

I understand that if this request is approved, I will only have permission to use this information received from INCCRRA in the manner I have described. I understand that if the information is used for any other purposes, INCCRRA reserves the rights to deny further requests. If statistical information is used in a published document, INCCRRA will be credited in the document. INCCRRA also reserves the right to view published documents before it is disseminated to the public.

Authorized Signature: _____ Date:_____