FOREWORD

To all who took time from their normal work routine to complete the request to fill out the survey forms for the update of the Database and Datafile Resource Guide, the Illinois Center of Health Statistics staff would like to thank you. It is our hope that this updated document will be useful to each of you already engaged in data collecting endeavors, to others that may be contemplating survey or research projects, and those who may be establishing a program where data collection and management are paramount.

The words datafile, dataset, and database are used interchangeably throughout this document and always refer to the host of a specific collection of variables, not the data itself, that are collected, stored and retrievable in a given program or project database. Datafiles include both computerized data and data recorded on paper.

All datasets used in the Department are included in this document with the exception of budget, personnel, legal and Information Technology. There may be some however, that were not reported to us. Please inform us when a new datafile is put into use or deleted. We will contact you approximately every 12 months to update this guide.

The Database and Datafile Resource Guide shows the data elements as reported to us. Abbreviations are those provided by the person(s) submitting the information. Editing has been limited to formatting, spelling, and general consistency.

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OVERVIEW

PURPOSE:

The purpose of the Database and Datafile Resource Guide is to provide a single document where a comprehensive listing of data elements (variables) and data sources used within the Illinois Department of Public Health (IDPH) can be found. It is designed to serve as a resource guide to all who need to use or gain knowledge about the collection of data elements from a given database or datafile.

FORMAT:

The Database and Datafile Resource Guide data sheets represent a compendium of currently used dataset descriptions that have been provided to us by the IDPH Division Chiefs as a representation of their data collection. The dataset descriptions are listed alphabetically by centers and divisions within IDPH. In addition to the description of each datafile, there is a brief listing of the: name, purpose, location, contact person, process for accessing data, restrictions to the use of data, reports generated, and a listing of variables collected.

HOW TO USE THE DATABASE AND DATAFILE RESOURCE GUIDE:

Databases are alphabetical within the Center or Division where they are located within the Department.

Potential users may review the databases to:

1. Determine whether a particular data element (variable) is collected somewhere within the Department.
2. Ascertaining how the data element (variable) is used.
3. Check the collection format.
4. Identify the contact person for that datafile to acquire additional information.

The contact person’s telephone number is listed on the datafile sheet, while a listing of the Centers and Divisions telephone number represented in this document appears on the page following the table of contents.
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TELEPHONE NUMBERS OF IDPH CENTERS AND DIVISIONS
REPRESENTED IN THIS DOCUMENT

Center for Health Statistics ................................................. (217) 785-1064
Center for Rural Health ....................................................... (217) 782-1624
Center for Minority Health .................................................... (217) 782-4977
Division of Emergency Medical Services and Highway Safety .......... (217) 785-2080
Division of Environmental Health ........................................... (217) 782-5830
Division of Epidemiologic Studies .......................................... (217) 785-1873
Division of Facilities Development .......................................... (217) 782-3516
Division of Food, Drugs and Dairies ........................................ (217) 785-2439
Division of Health Assessment and Screening ............................. (217) 785-5246
Division of Health Care Facilities and Programs .......................... (217) 782-7412
Division of Health Policy ...................................................... (217) 782-6235
Division of Infectious Diseases ............................................. (217) 785-7165
Division of Laboratories
  Carbondale ................................................................. (618) 457-5131
  Chicago ........................................................................... (312) 793-4760
  Springfield ................................................................. (217) 782-6562
Division of Long-term Care Quality Assurance ............................. (217) 782-5180
Division of Oral Health ......................................................... (217) 785-4899
Division of Women’s Health Services ....................................... (217) 524-6088
Division of Vital Records ....................................................... (217) 782-6554
Plumbing Program ............................................................... (217) 524-0791
Training and Resource Center ............................................... (217) 524-6817

TTY (hearing impaired use only) ............................................. (800) 547-0466
DIRECTOR’S OFFICE

DIVISION OR CENTER NAME: CENTER FOR MINORITY HEALTH
Refugee and Immigrant Health Services

1. DATABASE/DATAFILE TITLE: Refugee Registry System

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Health Promotion

3. DESCRIPTION: The Refugee Registry System registers refugees and immigrants settling in Illinois and collects medical, and sponsorship information.

   Method of Collection: Data entry forms
   Percent Return: 100%
   Percent Completeness (Individual Surveys): 90%
   Database/Datafile is -
     Computerized: Yes
     Mainframe: Yes
     Personal Computer: No
     Both: Yes
   Paper Format: No
   Frequency of Updating: Daily
   Date of Last Update: Daily
   Years of Data: from 3/01 to Present
   If PC, software used for this database:
   If PC, what is type of file storage:
   If PC, frequency of backup:
   If PC, is it stand alone, network, client server, etc.:

4. PURPOSE FOR WHICH COLLECTED: To document billing and payment integrity and to gather health statistics by ethnicity and other reports for funding providers.

5. RESTRICTIONS ON DATA USE: Confidential data, security clearance is required.

6. CONTACT PERSON: Kathleen Dawson   Telephone number: 217-785-4311
   Data Processing Contact Person: Karl Knox   Telephone number: 217-524-1292

7. PROCESS FOR ACCESSING DATA: Written request, appropriate fee charged under the Department’s regulations in accordance with the Freedom of Information Act.

8. STANDARD REPORTS GENERATED: Monthly/Quarterly

9. DATA ELEMENTS COLLECTED:

   Name/alias  Official Arrival  Voluntary Agency
   Alien number  ODP/Immigrant  Sponsor (non-agency)
   Date of Birth  Originating Country  Class A/B Condition (medical)
   MC  Client Type  Screening Site Assigned
   Sex  Language  Screening Center
   Place of Birth  Race  Arrival Date
OFFICE OF EPIDEMIOLOGY AND HEALTH SYSTEMS
DEVELOPMENT

DIVISION OR CENTER NAME: CENTER FOR HEALTH STATISTICS

1. DATABASE/DATAFILE TITLE: Ambulatory Surgery Treatment Center Database

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Illinois Center for Health Statistics, Health Systems Section

3. DESCRIPTION: Annual Survey of all licensed ambulatory surgery treatment centers.

   Method of Collection .........................................: Renewal Questionnaire
   Percent Return ..................................................: 100%
   Percent Completeness (Individual Surveys) ..............: 90%
   Database/Datafile is -
      Computerized ..............................................: X Yes  No
      Mainframe ..................................................: Yes  X No
      Personal Computer ........................................: X Yes  No
      Both .........................................................: Yes  X No
      Paper Format ...............................................: X Yes  No
   Frequency of Updating ......................................: As needed
   Date of Last Update .........................................: Ongoing
   Years of Data ..................................................: from 1994 to Present
   If PC, software used for this database ....................: FoxPro
   If PC, what type of file storage .........................: Network
   If PC, frequency of backup .................................: Weekly
   If PC, is it stand alone, network, client
      server, etc .................................................: Network

4. PURPOSE FOR WHICH COLLECTED: Required annual renewal questionnaire. The data will provide an inventory of Ambulatory Surgery Treatment Center Services and subsequent changes over time. A variety of reports is planned to be produced.

5. RESTRICTIONS ON DATA USE: None statistically.

6. CONTACT PERSON: Bob Green (Questionnaire)  Telephone Number: 217-785-1064
   Rose Castleman (Application) 217-782-0514

7. PROCESS FOR ACCESSING DATA: Request to contact person.

8. STANDARD REPORTS GENERATED: Profiles of each ASTC

9. DATA ELEMENTS COLLECTED:
   ASTC Application  Notary Public
   Name  Ownership
   Address, City, State, Zip  Registered Agent
   Phone  Parent Firm
   County  State Inc.
   Administrator  President
VP
Secretary
Treasurer
Stockholders
Owners
Contract management
Medical Director
Supervising Nurse
ASTC Personnel
Administrator
Physicians
Director of Nursing
Registered Nurse
Certified Aides
Other Health Prof.
Other Non-Health Prof.
ASTC Patients
ASTC Reporting Year
ASTC Facility Set up
Operating Rooms
Recovery Beds
Diagnostic/Therapeutic
ASTC Daily Operations
Work Week
ASTC Hospital Contracts
Hospital Name
Type of complication
ASTC Surgery Patterns
Children
Adult
Prep Time
Surgery Time
Clean-up Time
ASTC Surgery
Cardiovascular
Dermatology
General
Gastroenterology
Neurological
OB/Gyn
Oral/Maxillofacial
Laser Surgery
Ophthalmology
Orthopaedic
Otolaryngology
Pain Management
Plastic
Podiatry
Thoracic
Urology
ASTC Payment Source
Medicaid
Medicare
Other Public
Insurance
Private Pay
ASTC Revenue
Medicaid
Medicare
Other Public
Insurance
Private Pay
Other
ASTC Deductions
Bad Debt
Charity Care
Medicaid Allowance
Medicare Allowance
Prearranged Discounts
Other Allowances
ASTC Expenditure
Administration
ASTC Employed Medical Staff
Other Medical Staff
Non-Medical Staff
Building and Maintenance
Medical Supplies
Medical Equipment
Malpractice Insurance
Mortgage
Rent
Advertising
Other Insurance
Office Expenditures
Other

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DIVISION OR CENTER NAME: CENTER FOR HEALTH STATISTICS

1. DATABASE/DATAFILE TITLE: Annual Hospital Questionnaire

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Illinois Center for Health Statistics, Health Systems Section
3. DESCRIPTION: Provide data on all services offered by hospitals.

Method of Collection: Annual Questionnaire
Percent Return: 100%
Percent Completeness (Individual Surveys): 100%
Database/Datafile is:
- Computerized: Yes
- Mainframe: Yes
- Personal Computer: Yes
- Both: Yes
Paper Format: Yes
Frequency of Updating: Annually
Date of Last Update: 2000
Years of Data: from 1980 to Present
- If PC, software used for this database: FoxPro
- If PC, what is type of file storage: File Server
- If PC, frequency of backup: Weekly
- If PC, is it stand alone, network, client server, etc.: Network

4. PURPOSE FOR WHICH COLLECTED: To provide data for a variety of reports including the Inventory of Health Care Facilities and Services and Need Determinations. This data is used by the Facilities Planning Board staff in reviewing CON applications. Statistical analysis of the data for hospital groups and for the state as a whole is done to ensure access and coverage are available.

5. RESTRICTIONS ON DATA USE: None

6. CONTACT PERSON: Michael Pieper Telephone number: 217-785-1064

7. PROCESS FOR ACCESSING DATA: Written requests.

8. STANDARD REPORTS GENERATED: In patient days, length of stay, occupancy rates, patients served and special reports on each topic for which data is collected.

9. DATA ELEMENTS COLLECTED:
- Hospital Name
- Address
- Telephone Number
- Legal Owner
- Name of Operational Management
- Type of Management
- Management Contracts
- Peak Medical-Surgical Beds Set Up/Staffed by Age Category and Total
- Medical-Surgical Admissions Age Specific
- Medical-Surgical Inpatient Days Age Specific
- Peak Census by Age Category
- Obstetrics Admissions
- Maternity and Clean Gynecology
- Obstetrics Inpatient Days
- Peak Obstetrics Beds Set Up and Staffed
- Peak Census
- Number of Deliveries
- Number of Live Births
Number of Newborn (Level I) Inpatient Days
Number of Newborn (Level II) Inpatient Days
Intensive Care Beds
Intensive Care Inpatient Days
  Direct Days
  Transfer Days
ICU Direct Admissions
  Peak Census
Transfers into ICU
  Peak Census
Intensive Care Patients Serviced
Peak Pediatric Beds Set Up and Staffed
Pediatric Admissions
Pediatric Inpatient Days
  Peak Census
Peak Burn Unit Beds Set UP and Staffed
Burn Unit Inpatient Admissions
Burn Unit Inpatient Days
  Peak Census
Peak Long Term Care Beds Set Up and Staffed
Long Term Care Inpatient Admissions
Long Term Care Inpatient Days
  Peak Census
Peak LTC Swing Beds Set Up and Staffed
LTC Swing Beds Inpatient Admissions
LTC Swing Beds Inpatient Days
  Peak Census
Peak Rehabilitation Beds Set Up and Staffed
Rehabilitation Inpatient Admissions
Rehabilitation Inpatient Days
  Peak Census
Peak Acute Mental Illness (AMI) Beds Set Up and Staffed
AMI Inpatient Admissions
AMI Inpatient Days
  Peak Census
Peak Neonatal High Risk Level III Beds Set Up and Staffed
Neonatal High Risk Level III Inpatient Admissions
Neonatal High Risk Level III Inpatient Days
  Peak Census
Grand Total (Admission, Inpatient Days, Total Peak Beds, Total Peak Census)
Race, Ethnic Group of Patient
Number of Operating Rooms, Inpatient, Outpatient, and Combined
Hours of Surgery, Inpatient, Outpatient Hours for Categories Listed Below
  General Surgery
  Cardiovascular
  Dermatology
  Otolaryngology
  Orthopedic
  Plastic
  Ophthalmology
  Podiatry
  Thoracic
  Neurological

-5-
Gastroenterology
Total
Number of Surgical Inpatients Treated (above categories) and Total
Number of Surgical Outpatients Treated (above categories) and Total
Number of Labor Rooms
Number of Delivery Rooms
Number of Birthing Rooms
Number of Labor-Delivery-Recovery (LDR) Rooms
Number of Labor-Delivery-Recovery-Postpartum Rooms
Number of Surgical Recovery Rooms
Number of Surgical Recovery Beds
Number of Other Recovery Rooms
Number of Inpatient Laboratory Patients Served
Number of Inpatient Laboratory Tests Performed
Number of Outpatient Laboratory Patients Served
Number of Outpatient Laboratory Tests Performed
Number of Laboratory Tests Performed by Contracted Agents
Number of Pieces of Equipment
- Gamma Camera
- CT Scanner
- Magnetic Resonance Imaging (MRI)
- Positron Emission Tomography (PET)
- Ultrasound
- Lithotripter
Number of Inpatient and Outpatient tests performed for:
- Radiography/Fluoroscopy
- Ultrasound
- Lithotripsy
- Magnetic Resource Imaging
- Mammography
- Positron Emission Tomography
- Angiography
- CT Scanners
Magnetic Resonance Imaging
Position Emission Tomography
Number of Diagnostic Imaging Services by Outpatient Agents through formal agreements or contract
Type of Radiology Equipment Used and Number of Treatment Courses
Number of Emergency Department Visits
Number of Outpatient Department Visits
Number of Inpatients generated from:
- Emergency Department
- Outpatient Department
Category of Emergency Services
Number of Lithotripters owned or contracted
Contractor's Name
Number of MRI owned or contracted
Contractor's Name
Organ Transplantation
- Kidney
- Heart
- Heart/Lung
- Lung
Pancreas
Liver
Bone Morrow
Open Heart Surgery and Cardiac Catheterization
Open Heart
  Ages 0 - 14
  Ages 15 and greater
Total Number of CAGB (Coronary Artery Bypass Graft) Done Without Pump Assistance
Total Heart Surgeries
Total Cardiac Catheterization Laboratories
Cardiac Catheterizations
  Ages 0 - 14
  Ages 15 and greater
Performed PTCA (Percutaneous Transluminal Coronary Angioplasty)
Number of PTCA performed
Payment Source By Age Group and Sex

DIVISION OR CENTER NAME: CENTER FOR HEALTH STATISTICS

1. DATABASE/DATAFILE TITLE: Behavioral Risk Factor Surveillance System

2. LOCATION WHERE DATABASE/FIELD IS MAINTAINED: Illinois Center for Health Statistics

3. DESCRIPTION:

   Method of Collection ........................................ : Telephone Interview
   Percent Return ................................................ : 70%
   Percent Completeness (Individual Surveys) ................ : 95-100%
   Database/Datafile is -
     Computerized .............................................. : X Yes  No
     Mainframe ................................................... :  Yes  No
     Personal Computer ........................................ : X Yes  X No
     Both ......................................................... :  Yes  X No
     Paper Format ............................................... :  Yes  X No
   Frequency of Updating ...................................... : Annually
   Date of Last Update ........................................ : 1999
   Years of Data ................................................. : from 1990 to Present
   If PC, software used for this database .................... : SPSS
   If PC, what is type of file storage ....................... : ASCII
   If PC, frequency of backup ............................... : 
   If PC, is it stand alone, network, client server, etc. : 

4. PURPOSE FOR WHICH COLLECTED: To determine population based prevalence of behaviors and conditions related to the leading causes of death, disability, and preventable disease among Illinois adults.

5. RESTRICTIONS ON DATA USE: No restrictions on published data. Restrictions on database include compliance with CDC "at-risk" definitions, citation of data source, and Departmental review and approval of reports using database.

6. CONTACT PERSON: Bruce Steiner  Telephone number: 217-785-1064
7. **PROCESS FOR ACCESSING DATA**: Submission of written proposal by researchers to contact person. Details for requesting access to database available on request.


9. **DATA ELEMENTS COLLECTED**:

<table>
<thead>
<tr>
<th>Age</th>
<th>Smoking</th>
<th>Colorectal Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Acute Drinking</td>
<td>Health Insurance</td>
</tr>
<tr>
<td>Race</td>
<td>Drinking and Driving</td>
<td>Routine Checkup</td>
</tr>
<tr>
<td>Educational Level</td>
<td>Cervical Cancer</td>
<td>Fruit &amp; Vegetable Consumption</td>
</tr>
<tr>
<td>Household Income</td>
<td>Mammography</td>
<td>Health Care Utilization</td>
</tr>
<tr>
<td>Employment Status</td>
<td>Weight Control Practices</td>
<td>Injury Control</td>
</tr>
<tr>
<td>Seatbelt Use</td>
<td>Cholesterol</td>
<td>Sexual Activity</td>
</tr>
<tr>
<td>Hypertension</td>
<td>HIV/AIDS</td>
<td>Health Care Access</td>
</tr>
<tr>
<td>Obesity</td>
<td>Physical Activity</td>
<td>Health Status</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>Diabetes</td>
<td>Health Status</td>
</tr>
</tbody>
</table>

DIVISION OR CENTER NAME: CENTER FOR HEALTH STATISTICS

1. **DATABASE/DATAFILE TITLE**: Dissolution of Marriage Data

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED**: Division of IT

3. **DESCRIPTION**: Dissolution of Marriage Statistics

4. **PURPOSE FOR WHICH COLLECTED**: To maintain the vital records and statistics of the citizens of Illinois.

5. **RESTRICTIONS ON DATA USE**: Names, addresses not released.

6. **CONTACT PERSON**: Mark Flotow  **Telephone number**: 217-785-1064

7. **PROCESS FOR ACCESSING DATA**: Written request to Barbara Sullivan, Data Processing.
8. **STANDARD REPORTS GENERATED**  Divorces by ages, years married, race, sex, number of children under 18, number of annulments, month, county of occurrence.

9. **DATA ELEMENTS COLLECTED**  
   Husband-Name (First, Middle, Last)  
   Husband-City, Town, Township  
   Husband-County  
   Husband-Date of Birth (Month, Day, Year)  
   Husband-Age Now  
   Wife-Name (First, Middle, Last)  
   Wife-City, Town, Township  
   Wife-County  
   Wife-Date of Birth (Month, Day, Year)  
   Wife-Age Now  
   Date of This Marriage (Month, Day, Year)  
   Place of This City  
   State (if not in U.S. Name Country)  
   Date Couple Separated (Month, Day, Year)  
   Number of Children Born Alive of This Marriage  
   Children Under 18 in This Family (Specify)  
   Petitioner-Husband, Wife, Both, Other (Specify)  
   Type of Decree (Specify)  
   Legal Grounds for Decree  
   Date of Recording Decree (Month, Day, Year)  
   Husband-Race  
   Husband-Number of This Marriage (Specify)  
   Husband-If Previously Married How Many Ended by Death  
   Husband-If Previously Married How Many Ended by Dissolution or Invalidity of Marriage  
   Husband-Education (Specify Highest Grade Completed)  
   Wife-Race  
   Wife-Number of this Marriage (Specify)  
   Wife-If Previously Married How Many Ended by Death  
   Wife-If Previously Married How Many Ended by Dissolution or Invalidity of Marriage  
   Wife-Education (Specify Highest Grade Completed) 

DIVISION OR CENTER NAME: CENTER FOR HEALTH STATISTICS

1. **DATABASE/DATAFILE TITLE:**  Home Health Agency Database

2. **LOCATION WHERE DATABASE/FIELD IS MAINTAINED:** Illinois Center for Health Statistics, Health Systems Section

3. **DESCRIPTION:**  Provides data of service offered and patients served by location for each home health agency.

   Method of Collection  . . . . . . . . . . . . . . . . :  Annual License Application & Questionnaire
   Percent Return  . . . . . . . . . . . . . . . . :  100%
   Percent Completeness (Individual Surveys)  . . . . . . :  95%
   Database/Datafile is -  
   Computerized  . . . . . . . . . . . . . . . . :  **X** Yes  ___ No
Mainframe ............................. : ___ Yes   X No
Personal Computer ...................... : X Yes ___ No
Both .................................. : ___ Yes ___ No
Paper Format ............................ : X Yes ___ No
Frequency of Updating ................. : As Needed
Date of Last Update .................... : Ongoing
Years of Data .......................... : from 1993 to Present
If PC, software used for this database : FoxPro
If PC, what is type of file storage ..... : Network
If PC, frequency of backup ............. : Weekly
If PC, is it stand alone, network, client server, etc. ............... : Network

4. PURPOSE FOR WHICH COLLECTED: Required annual license application. The data will provide an inventory of home health services and the subsequent changes over time. A variety of statistical reports is planned to be produced.

5. RESTRICTIONS ON DATA USE: None statistically - Patient names, addresses and doctor's names and addresses are not released. Personnel files are not public information.

6. CONTACT PERSON: Don Williams (Questionnaire) Telephone: 217-785-1064
   Maggie Emerson (Application) 217-782-0514

7. PROCESS FOR ACCESSING DATA: Written request to contact person.

8. STANDARD REPORTS GENERATED: Profile of Home Health Agencies

9. DATA ELEMENTS COLLECTED:
   Home Health Agency Licensing Application
   Fiscal Reporting Year for Application
   Mailing Label (Name and address of agency)
   IDPH License Number/Medicare Provider Number
   County of Agency Headquarters
   Affidavit of Agreement
   Administrator's name/signature
   Contact person's name and phone number
   Subunit of Parent Agency Information
   Medicare Provider ID Number
   IDPH Licence Number
   Name of Parent Agency
   Phone Number of Parent Agency
   Home Health Agency Information (owner, address, phone number)
   Address and County of all branch offices
   Type of organization
     Governmental
     Non-Profit
     Propriety
     Stockholder Information
   Name of Corporation
   Name of President
   Name of Secretary
   Names of stockholders and shares held
   Personnel Information By Category of Classification (month of October only)
No. of full time employees
No. of part time employees
Total Hours Worked by All Employees
Total Visits Per Year
No. of Contractual Staff
Total Visits Per Year
Contract for Service
Legal Name of Organization
Address (street, city, state and zip code)
Type of Organization
Type of Service
Financial Data (Revenue and Expenditure)
Source of Funding by operational revenues and expenditures
Geographic Service Area Information
Client Characteristics
Total number of patients served by Agency
Number of Patients by Sex and Age Range
Number of Patients Referred and Discharged by specified categories:
Patients Referred By Physicians
Governmental Agencies
Churches/Synagogues
Hospitals
Community agencies
HMO/PPO
LTC Facilities
Clinics
Family/Friends
Self
Other Home Health Agencies
Other (specify)
Patients Discharged to
Home (own, relative or other)
General Hospitals
Psychiatric Hospitals
Centers for Developmentally Disabled
Community Based Residential Facilities
Nursing Homes
Alternative Care Programs (specify)
Hospice
Death
Other (specify)
Type of service provided by specified categories, total number of patients and visits
Skilled Nursing
Physical Therapy
Speech Therapy
Occupational Therapy
Medical Social Work
Home Health Aide
Companion Services
Home Delivered Meals
Counseling
Nutrition
Other (specify)
Name of Home Health Agency
IDPH Licence Number
County of Home Health Agency Headquarters
Patients by Sex in Particular Settings for Fiscal (Reporting)
  Home - Living Alone
  Home - Living with Parent/Guardian
  Home - Living with Children
  Home - Living with Relative
  Home - Living with Spouse
  Home - Living with Friends
  Home - Living with Caretakers
  Community Based Residential Facilities
  Nursing Homes
  Alternative Care Programs (specify)
  Other (specify)
Racial Orientation by Sex
Ethnic Orientation by Sex
Diagnosis of total number patients in specified ICD-9-CM code categories by sex
Total expenditures by service categories specified
  Skilled Nursing
  Home Health Aide
  Physical Therapy
  Occupational Therapy
  Speech Therapy
  Medical Social Work
  Companion Services
  Home Delivered Meals
  Counseling
  Nutrition Counseling
  Other (specify)
Total expenditures by type of expense
Total number of patients by sex by source of payment
Geographic service area by county

DIVISION OR CENTER NAME: CENTER FOR HEALTH STATISTICS

1. DATABASE/DATAFILE TITLE: Hospital Bed (HospBed) Database
2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Illinois Center for Health Statistics, Health Systems Section
3. DESCRIPTION: Maintains daily update of beds per service area of all Illinois non-federal, short-stay hospitals.

  Method of Collection : From approved action of the Illinois Health Facilities Planning Board
  Percent Return : 100%
  Percent Completeness (Individual Surveys) : 100%
  Database/Datafile is -
    Computerized : Yes  No
    Mainframe : Yes  No
4. PURPOSE FOR WHICH COLLECTED: Provides an accurate daily update of the number of authorized beds for each clinical service for each hospital.

5. RESTRICTIONS ON DATA USE: None

6. CONTACT PERSON: Michael Pieper Telephone number: 217-785-1064

7. PROCESS FOR ACCESSING DATA: Written request.

8. STANDARD REPORTS GENERATED: Monthly accounting of hospital by ID Number, Name and Bed Count. Other Ad Hoc reports are available.

9. DATA ELEMENTS COLLECTED:

<table>
<thead>
<tr>
<th>Fed. No.</th>
<th>Health Service Area</th>
<th>Bed Changes by CON Permit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Number</td>
<td>End of Year</td>
<td>Beds changed by 10% rule</td>
</tr>
<tr>
<td>IDPH Number</td>
<td>Clinical Service</td>
<td>Date change made</td>
</tr>
<tr>
<td>Hospital Name, Address, City</td>
<td>Functional Capacity Beds</td>
<td>Service being changed</td>
</tr>
<tr>
<td>Administrator’s Name</td>
<td>Surveyed Capacity Beds</td>
<td>Total Beds Authorized</td>
</tr>
<tr>
<td>County Number Hospital</td>
<td>Hospital Calculated Capacity</td>
<td></td>
</tr>
<tr>
<td>Planning Area</td>
<td>Beds</td>
<td></td>
</tr>
</tbody>
</table>

DIVISION OR CENTER NAME: CENTER FOR HEALTH STATISTICS

1. DATABASE/DATAFILE TITLE: Long Term Care Facilities Data File

2. LOCATION WHERE DATABASE/FIELD IS MAINTAINED: Illinois Center for Health Statistics, Health Systems Section

3. DESCRIPTION: Annual survey of all licensed long-term care facilities in Illinois.

Method of Collection: Annual Questionnaire Percent Return: 98 - 100% Percent Completeness (Individual Surveys): 98 - 100%

Computerize: X Yes No Mainframe: ___ Yes X No Personal Computer: X Yes No Both: ___ Yes X No
4. **PURPOSE FOR WHICH COLLECTED:** Originally CON review process for the Health Facilities Planning Board; data are now also used for program planning and monitoring by agencies such as IDPH, IDPA, DMH/DD and DOA.

5. **RESTRICTIONS ON DATA USE:** Aggregated data are public information.

6. **CONTACT PERSON:** Bob Green  **Telephone number:** 217-785-1064

7. **PROCESS FOR ACCESSING DATA:** Through contact person; for complex requests, a written request stating purpose of use is required.

8. **STANDARD REPORTS GENERATED:** Profile of Long-Term-Care Facilities, Inventory of Health Facilities and Bed Need Determination, Annual Report of Summary Long-Term Care Findings.

9. **DATA ELEMENTS COLLECTED:**
   - Name of Facility Street, City, State and Zip Code of Facility
   - Telephone Number of Facility
   - Administrator's Name and Signature
   - Date of Completion of Survey
   - Admissions Restrictions
     - Aggressive/Anti-social Behavior
     - Chronic Alcoholism
     - Developmental Disabilities
     - Drug Addiction
     - Medicaid Recipient
     - Mental Illness
     - Non-Ambulatory status
     - Non-Mobile status
     - Pregnancy
     - Public Aid Recipient
     - Under 65 years old
     - Unable to Self-Medicate
     - Other
     - Alzheimer's by Age
     - Race
     - Sex
   - Bed License/Beds in Use
     - Nursing
     - Developmentally Disabled
     - Sheltered Care
     - Skilled Under 22
   - Facility Staffing Patterns by Employment Categories
DIVISION OR CENTER NAME: CENTER FOR HEALTH STATISTICS

1. DATABASE/DATAFILE TITLE: Long Term Care Inventory Database

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Illinois Center for Health Statistics, Health Systems Section

3. DESCRIPTION: LTC Inventory Database.

   Method of Collect: Licensure/Certification, Permits
   Percent Return: 100%
   Percent Completeness (Individual Surveys): 100%

   Database/Datafile is:
   Computerized: X Yes No
   Mainframe: Yes X No
   Personal Computer: X Yes No
   Both: X Yes No
   Paper Format: X Yes No
   Frequency of Updating: Ongoing
   Date of Last Update: March 16, 1999
   Years of Data: from 1981 to Present
4. **PURPOSE FOR WHICH COLLECTED:** Purpose defined by Health Facilities Planning Board; Inventory of Health Care Facilities and Need Determination by Planning Area; Updates to Inventory.

5. **RESTRICTIONS ON DATA USE:** None

6. **CONTACT PERSON:** Bob Green  **Telephone Number:** 217-785-1064

7. **PROCESS FOR ACCESSING DATA:** In IDPH, call contact person for read-only privileges.

8. **STANDARD REPORTS GENERATED:** Monthly Updates, Ad Hoc for Licensure and Certification.

9. **DATA ELEMENTS COLLECTED:**
   - Facility ID
   - License ID
   - HSA
   - PSA
   - County
   - Certification No.
   - Facility Name
   - License Bed Level of Care
   - Permit Level of Care
   - Certification Status
   - Nursing Care Under Certification
   - Skilled 22
   - ICF/DD
   - ICF/SNF Occupancy
   - Certification Count
   - Restrictions to Admission
   - Footnotes to Actions
   - Medicare/Medicaid Occupancy
   - Skilled 22
   - ICF/DD
   - ICF/SNF Occupancy
   - Certification Count
   - Restrictions to Admission
   - Footnotes to Actions
   - Medicare/Medicaid Occupancy

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**DIVISION OR CENTER NAME:** CENTER FOR HEALTH STATISTICS

1. **DATABASE/DATAFILE TITLE:** Marriage Data

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of IT.

3. **DESCRIPTION:** Marriage Statistics

   - Method of Collection: Marriage Application
   - Percent Return: 100%
   - Percent Completeness (Individual Surveys): N/A
   - Database/Datafile is -
     - Computerized: X Yes
     - Mainframe: X Yes
     - Personal Computer: X Yes
     - Both: X Yes
     - Paper Format: X Yes
   - Frequency of Updating: Annual
   - Date of Last Update: 2000
   - Years of Data: from 1962 to Present
   - If PC, software used for this database: 
   - If PC, what type of file storage: 
   - If PC, frequency of backup: 
   - If PC, is it stand alone, network, client server, etc.: 

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4. **PURPOSE FOR WHICH COLLECTED:** To maintain the vital records statistics of citizens of the State.

5. **RESTRICTIONS ON DATA USE:** Names, addresses not released.

6. **CONTACT PERSON:** Mark Flotow  **Telephone number:** 217-785-1064

7. **PROCESS FOR ACCESSING DATA:** Written request to Barbara Sullivan, Data Processing.

8. **STANDARD REPORTS GENERATED:** Marriage by age of groom/bride, first marriages, previous marriages, county of occurrence, race.

9. **DATA ELEMENTS COLLECTED:**
   - Groom-Name (First, Middle, Last)
     - City
     - County
     - Date of Birth (Month, Day, Year)
     - Age
     - Birthplace (State or Foreign Country)
   - Bride-Name (First, Middle, Last)
     - City
     - County
     - Date of Birth (Month, Day, Year)
     - Age
     - Birthplace (State or Foreign Country)
   - Date of Marriage (Month, Day, Year)
   - Place of Marriage (City, Village or Town)
   - Type of Ceremony (Religious or Civil, Specify)
   - Title
   - Groom-Race
   - Groom-Education (Specify Highest Grade Completed)
   - Groom-Number of this Marriage
   - Groom-If Previously Married Specify How Ended
   - Groom-If Previously Married Specify When Ended
   - Bride-Race
   - Bride-Education (Specify Highest Grade Completed)
   - Bride-Number of this Marriage
   - Bride-If Previously Married Specify How Ended
   - Bride-If Previously Married Specify When Ended

**DIVISION OR CENTER NAME:** CENTER FOR HEALTH STATISTICS

1. **DATABASE/DATAFILE TITLE:** Population Estimates for Illinois, Chicago and Downstate by Age, Sex and Race

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Illinois Center for Health Statistics, Health Status and Demographic Analysis Section.

3. **DESCRIPTION:** Population Estimates for Illinois, Chicago and Downstate by Age, Sex and Race.

   - Method of Collection  : Various
   - Percent Return  : N/A
Percent Completeness (Individual Surveys) .............. : N/A
Database/Datafile is -

<table>
<thead>
<tr>
<th>Component</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computerized</td>
<td>X</td>
<td>N</td>
</tr>
<tr>
<td>Mainframe</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Personal Computer</td>
<td>X</td>
<td>N</td>
</tr>
<tr>
<td>Both</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Paper Format ................. : X Yes No

Frequency of Updating ........... : Annual
Date of Last Update ............ : 1999
Years of Data .................. : from 1980 to Present

If PC, software used for this database .......... : Quattro Pro
If PC, what is type of file storage ............ : Hard Drive
If PC, frequency of backup ................... : Monthly
If PC, is it stand alone, network, client server, etc. .................. : Stand Alone

4. PURPOSE FOR WHICH COLLECTED: For computing vital rates.

5. RESTRICTIONS ON DATA USE: None, except for proper citation.

6. CONTACT PERSON: Mohammed Shahidullah Telephone number: 217-785-1064

7. PROCESS FOR ACCESSING DATA: Written request.

8. STANDARD REPORTS GENERATED: One report, as described above.

9. DATA ELEMENTS COLLECTED:
   Population from Census
   U.S. Bureau of Census Data
   Births
   Infant Deaths
   Project FORTRAN ratio-generating program

DIVISION OR CENTER NAME: CENTER FOR HEALTH STATISTICS

1. DATABASE/DATAFILE TITLE: Population Estimates of Cities 10,000+

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Illinois Center for Health Statistics, Health Status and Demographic Analysis Section.


   Method of Collection ................. : Various
   Percent Return ....................... : N/A
   Percent Completeness (Individual Surveys) : N/A

Database/Datafile is -

<table>
<thead>
<tr>
<th>Component</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computerized</td>
<td>X</td>
<td>N</td>
</tr>
<tr>
<td>Mainframe</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Personal Computer</td>
<td>X</td>
<td>N</td>
</tr>
<tr>
<td>Both</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
4. PURPOSE FOR WHICH COLLECTED: For computing vital statistics.

5. RESTRICTIONS ON DATA USE: None, except for proper citation.

6. CONTACT PERSON: Mohammed Shahidullah  Telephone number: 217-785-1064

7. PROCESS FOR ACCESSING DATA: Written request

8. STANDARD REPORTS GENERATED: One report, as described above.

9. DATA ELEMENTS COLLECTED:
   Population for two decennial censuses
   Births
   Deaths
   FSCPE County Estimates
   Special Censuses

DIVISION OR CENTER NAME: CENTER FOR HEALTH STATISTICS

1. DATABASE/DATAFILE TITLE: Population Estimates for Illinois Counties for Total and For Age 65+

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Illinois Center for Health Statistics, Health Status and Demographic Analysis Section.

3. DESCRIPTION: Population Estimates for Illinois Counties for Total and For Age 65+

   Method of Collection : Various
   Percent Return : N/A
   Percent Completeness (Individual Surveys) : N/A
   Database/Datafile is -
   Computerized : X Yes  No
   Mainframe : X Yes  No
   Personal Computer : X Yes  No
   Both : X Yes  No
   Paper Format : X Yes  No
   Frequency of Updating : Annually
   Date of Last Update : 1999
   Years of Data : from 1980 to Present
   If PC, software used for this database : Quattro Pro
   If PC, what is type of file storage : Hard Drive
4. PURPOSE FOR WHICH COLLECTED: For computing vital statistics.

5. RESTRICTIONS ON DATA USE: None, except for proper citation.

6. CONTACT PERSON: Mohammed Shahidullah  Telephone number: 217-785-1064

7. PROCESS FOR ACCESSING DATA: Written request

8. STANDARD REPORTS GENERATED: One report, as described above.

9. DATA ELEMENTS COLLECTED

<table>
<thead>
<tr>
<th>Population Data of Census</th>
<th>Deaths</th>
<th>Immigration from Abroad</th>
</tr>
</thead>
<tbody>
<tr>
<td>Census</td>
<td>Medicare Enrollees</td>
<td>Abroad</td>
</tr>
<tr>
<td>Births</td>
<td>Group Quarter Populations</td>
<td>Internal Migration</td>
</tr>
</tbody>
</table>

DIVISION OR CENTER NAME: CENTER FOR HEALTH STATISTICS

1. DATABASE/DATAFILE TITLE: Pregnancy Risk Assessment Monitoring System

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Illinois Center for Health Statistics

3. DESCRIPTION:

| Method of Collection                        | Mail survey/Telephone interview |
| Percent Return                             | 81%                             |
| Percent Completeness (Individual Surveys)  | 95-100%                         |
| Database/Datafile is -                     |                                |
| Computerized                               | _X_ Yes _ No                   |
| Mainframe                                  | _ No                           |
| Personal Computer                          | _X_ Yes _ No                   |
| Both                                       | _X_ Yes _ No                   |
| Paper Format                               | _X_ Yes _ No                   |
| Frequency of Updating                      | Annually                       |
| Date of Last Update                        | 1999                            |
| Years of Data                             | From 1997 to Present           |
| If PC, software used for this database     | PRAMTrac, SAS, Survey, SPSS    |
| If PC, what is type of file storage        | ASCII                           |
| If PC, frequency of backup                 | Nightly                         |
| If PC, is it stand alone, network, client  |                                |
| server, etc.                               |                                |

4. PURPOSE FOR WHICH COLLECTED: To determine prevalence of pregnancy risk factors of new mothers aged 14 and older.

5. RESTRICTIONS ON DATA USE: Restrictions on database include compliance with CDC “at-risk” definitions,
citation of data source, and Departmental review and approval of reports using database.

6. **CONTACT PERSON:** Theresa Sandidge  
   **Telephone number:** 217-785-1064

7. **PROCESS FOR ACCESSING DATA:** Submission of written proposal by researchers to contact person. Details for requesting access to database available on request.

8. **STANDARD REPORTS GENERATED:** Prevalence of pregnancy risk factor among new mothers.

9. **DATA ELEMENTS COLLECTED:**

<table>
<thead>
<tr>
<th>Number of live births</th>
<th>Previous births</th>
<th>Pregnancy known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intention of pregnancy</td>
<td>Insurance/Medicaid</td>
<td>Birth control Use</td>
</tr>
<tr>
<td>Prenatal care</td>
<td>WIC participation</td>
<td>Weight</td>
</tr>
<tr>
<td>Height</td>
<td>Folic Acid Knowledge</td>
<td>Tobacco Use</td>
</tr>
<tr>
<td>Alcohol</td>
<td>Mom hospitalization</td>
<td>Physical Abuse</td>
</tr>
<tr>
<td>Labor/delivery</td>
<td>Baby hospitalization</td>
<td>Mortality</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>Well-baby care</td>
<td>Physical environment</td>
</tr>
<tr>
<td>Household size</td>
<td>Household size</td>
<td>Household income</td>
</tr>
<tr>
<td>Age</td>
<td>Dental Care</td>
<td>Alcohol Use</td>
</tr>
</tbody>
</table>

--------------------------------------------------------------------------------------------------------------------

**DIVISION OR CENTER NAME:** CENTER FOR RURAL HEALTH

1. **DATABASE/DATAFILE TITLE:** Primary Care Physician Database

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Center for Rural Health

3. **DESCRIPTION:** Data in WordPerfect by county, identifying all primary care physicians practicing in the county. Name, location, FTE, and specialty listed.

   - **Method of Collection** ................................................ : Program staff
   - **Percent Return** .................................................... : 100%
   - **Percent Completeness (Individual Surveys)** .................. : 100%
   - **Database/Datafile is -**
     - Computerized ......................................................... : X Yes No
     - Mainframe ............................................................ : No
     - Personal Computer .................................................. : X Yes No
     - Both ................................................................. : X Yes No
     - Paper Format ......................................................... : No
   - **Frequency of Updating** ............................................ : Continual
   - **Date of Last Update** ............................................. : Depends on county
   - **Years of Data** .................................................... : from 1992 to Current
   - **If PC, software used for this database** ...................... : ACCESS
   - **If PC, what is type of file storage** .......................... :
   - **If PC, frequency of backup** .................................... : Daily
   - **If PC, is it stand alone, network, client server, etc.** .... : Network

4. **PURPOSE FOR WHICH COLLECTED:** Identify areas needing additional primary care physicians.

5. **RESTRICTIONS ON DATA USE:** Aggregated data at county level, no names included.
6. CONTACT PERSON: Jerry Partlow  Telephone number: 217-782-1624

7. PROCESS FOR ACCESSING DATA: AMA directory, local contact and phone book.

8. STANDARD REPORTS GENERATED: County update upon request.

9. DATA ELEMENTS COLLECTED:
   Name   Location   FTE    Speciality   Year Licensed
   -----------------------------------------------------------------------------

DIVISION OR CENTER NAME: CENTER FOR RURAL HEALTH

1. DATABASE/DATAFILE TITLE: Areas of Illinois having state physicians shortage areas and/or federal health professional shortage areas identified by Illinois Department of Public Health, Center for Rural Health.

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Center for Rural Health

3. DESCRIPTION:
   Method of Collection ......................... : Program Staff
   Percent Return ......................... : 100%
   Percent Completeness (Individual Surveys) ........... : 100%
   Database/Datafile is -
      Computerized ......................... : X Yes __ No
      Mainframe ......................... : X Yes __ No
      Personal Computer .................. : __ Yes X No
      Both ......................... : __ Yes X No
   Paper Format ......................... : X Yes __ No
   Frequency of Updating ......................... : as needed
   Date of Last Update ......................... : 06/18/00
   Years of Data ............................. : from 1994 to Current
   If PC, software used for this database .......... : Corel Work Perfect
   If PC, what is type of file storage ...............:
   If PC, frequency of backup ....................:
   If PC, is it stand alone, network, client
      server, etc ............................ : Network

4. PURPOSE FOR WHICH COLLECTED: to determine federal and state health professional shortage areas in IL for the purpose of educational loan repayment, rural health clinics, medical student and allied health professional scholarship recipient practice sites.

5. RESTRICTIONS ON DATA USE: N/A

6. CONTACT PERSON: Jerry Partlow  Telephone number: 217/782-1624

7. PROCESS FOR ACCESSING DATA: By request

8. STANDARD REPORTS GENERATED: Listing of all State and Federally designated health professional shortage areas.

9. DATA ELEMENTS COLLECTED: Name of county, portion of county designated under served and last updated data, for federal and state under served designations.

---------------------------------------------------------------------------------------------------
DIVISION OR CENTER NAME: DIVISION OF EPIDEMIOLOGIC STUDIES

1. DATABASE/DATAFILE TITLE: Adverse Pregnancy Outcomes Reporting System (APORS)

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Epidemiologic Studies

3. DESCRIPTION:

   Method of Collection: Hospital completes Infant Discharge Record; Field review of and abstraction of maternal report and Birth Certificate
   Percent Return: 90% - 100%
   Percent Completeness (Individual Surveys): 90%
   Database/Datafile is -
   Computerized: Yes
   Mainframe: Yes
   Personal Computer: No
   Both: No
   Paper Format: Yes
   Frequency of Updating: Ongoing
   Date of Last Update: Years of Data: from 08/01/88 to Present

4. PURPOSE FOR WHICH COLLECTED: Epidemiologic studies to guide public health policy in the reduction of adverse pregnancy outcomes, infant mortality and developmental disabilities; and to refer infants to the Perinatal Tracking System for a series of follow-up visits by a local health nurse.

5. RESTRICTIONS ON DATA USE: Non-confidential data are released without restrictions. Confidential data requests are reviewed by Data Access Committee

6. CONTACT PERSON: Trish Egler Telephone Number: 217-785-7133

7. PROCESS FOR ACCESSING DATA: Written request (with justification for confidential data) to contact person.

8. STANDARD REPORTS GENERATED: Division reports and aggregated data. Annual reports included surveillance of Infants Born with a Positive Toxicity for Controlled Substances, quarterly; trends in the Prevalence of Birth Defects in Illinois and Chicago.

9. DATA ELEMENTS COLLECTED:

<table>
<thead>
<tr>
<th>Infant Discharge Record</th>
<th>Delivery date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract number</td>
<td>Discharge date</td>
</tr>
<tr>
<td>Reporting hospital</td>
<td>Infant's sex</td>
</tr>
<tr>
<td>Delivery hospital</td>
<td>Infant's race</td>
</tr>
<tr>
<td>Perinatal center</td>
<td>Hispanic</td>
</tr>
<tr>
<td>Patient ID number</td>
<td>Gestation age</td>
</tr>
<tr>
<td>Infant's Med. Rec. Number</td>
<td>Admit to DPU</td>
</tr>
<tr>
<td>Infant's Last Name</td>
<td>Infant consult</td>
</tr>
<tr>
<td>Infant's First Name</td>
<td>Drug toxicity</td>
</tr>
<tr>
<td>Admission date</td>
<td>Drug toxicity type</td>
</tr>
</tbody>
</table>
DIVISION OR CENTER NAME: DIVISION OF EPIDEMIOLOGIC STUDIES

1. DATABASE/DATAFILE TITLE: Illinois State Cancer Registry

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Epidemiologic Studies

3. DESCRIPTION:

   Method of Collection ...........................................: Hospital, Ambulatory Surgical Treatment Centers, and Radiation Therapy Facilities submissions, path labs
   Percent Return ..................................................: 100%
   Percent Completeness (Individual Surveys) .................: 97%
   Database/Datafile is -
      Computerized .................................................: X Yes ___ No
      Mainframe ....................................................: ___ Yes X No
      Personal Computer ..........................................: X Yes ___ No
      Both .....................................................................: ___ Yes X No
      Paper Format .....................................................: X Yes ___ No
   Frequency of Updating ...........................................: Biweekly
   Date of Last Update ..............................................: 
   Years of Data .......................................................: from 1986 to Present
If PC, software used for this database : Rocky Mountain Cancer Data System
If PC, what type of file storage : Rocky Mountain Cancer Data System
If PC, frequency of backup : Daily modified; weekly full
If PC, is it stand alone, network, client server, etc : Network

4. PURPOSE FOR WHICH COLLECTED: Population based cancer incidence registry for epidemiologic studies, research projects and cancer cluster investigations.

5. RESTRICTIONS ON DATA USE: Confidential information must have approval of data access committee. Non-confidential information is released in aggregate reports and is public information.

6. CONTACT PERSON: Jan Snodgrass Telephone Number: 217-785-7132

7. PROCESS FOR ACCESSING DATA: Written request to contact person; fee may be required.


9. DATA ELEMENTS COLLECTED:

Patient Name
Maiden Name
Residential Address
Sex
Hispanic Origin
Usage Codes (Tobacco & Alcohol)
Occupation and Industry Codes
Facility Id
Accession Number
Discharge Status
Initial Diagnosis Date
Primary Site
Morphology
Abstractor Id
Social Security Number
Birth Date
Race
Birthplace
Medical Record Number
Discharge Date
Class of Case
Method of Diagnosis
Laterality
Stage of Disease
Abstract Date
Treatment Information
Admission date
Survival Status

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DIVISION OR CENTER NAME: DIVISION OF EPIDEMIOLOGIC STUDIES

1. DATABASE/DATAFILE TITLE: Census of Fatal Occupational Injuries

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Epidemiologic Studies

3. DESCRIPTION:

Method of Collection : Death Certificate Search, Clipping Service, OSHA reports and other.
Percent Return : 100%
Percent Completeness (Individual Surveys) : 100%
Database/Datafile is -
Computerized : X Yes ___ No
Mainframe : ___ Yes ___ No
4. **PURPOSE FOR WHICH COLLECTED:** To submit to BLS occupational fatalities to insure an accurate count so that preventive programs can be developed.

5. **RESTRICTIONS ON DATA USE:** Must have prior approval from Bureau of Labor Statistics.

6. **CONTACT PERSON:** Roy Maxfield  
   **Telephone number:** 557-5663

7. **PROCESS FOR ACCESSING DATA:** Contact Roy Maxfield

8. **STANDARD REPORTS GENERATED:** Annual CFOI report published by IDPH.

9. **DATA ELEMENTS COLLECTED:**
   
   - Record Id
   - Record Status Code
   - Injury/illness Code
   - Work Relation Code
   - Source Document Code
   - Death Certificate Number
   - Last Name
   - First Name
   - Middle Name
   - Social Security Number
   - Date of Birth
   - Race
   - Hispanic Origin
   - Gender
   - Impairment
   - State of Residence
   - Foreign Birthplace
   - Employer Name
   - Secondary Company Name
   - Establishment Size Class
   - Nationwide Size Class
   - Industrial Code
   - Ownership Code
   - Occupational Code
   - Employment Status
   - Length of Service in Occupation
   - Length of Service in Position
   - Length of Service with Employer
   - Usual Lifetime in Industry
   - Usual Lifetime in Occupation
   - State of Employment
   - Date of Injury/illness
   - Date of Death
   - County of Injury/illness
   - Time of Incident
   - Nature of Incident
   - Part of Body Affected
   - Source of the Incident
   - Event or Exposure Causing Incident
   - Secondary Source
   - Worker Activity
   - Cause of Injury
   - Medical Complications
   - Location
   - Time Workday Began
   - How Injury Occurred (Narrative)

---

**DIVISION OR CENTER NAME:** DIVISION OF EPIDEMIOLOGIC STUDIES

1. **DATABASE/DATAFILE TITLE:** Occupational Disease Registry (Adult Blood Lead Registry)
2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Epidemiologic Studies

3. DESCRIPTION:

   Method of Collection .............................................: Laboratory’s Blood Lead Analysis Form
   Percent Return ......................................................: 100%
   Percent Completeness (Individual Surveys) ..................: 96% for cases with follow-up completed,
                                                             50% for cases with no follow-up

   Database/Datafile is -
     Computerized ......................................................: ✓ Yes  No
     Mainframe .............................................................: ✓ Yes  No
     Personal Computer .................................................: ✓ Yes  No
     Both .................................................................: ✓ Yes  No
     Paper Format .......................................................: ✓ Yes  No
   Frequency of Updating ............................................: Weekly
   Date of Last Update ................................................: Current
   Years of Data .......................................................: from April 1990 to Present
   If PC, software used for this database .......................: FoxPro 2.5
   If PC, what type of file storage ...............................: F Directory
   If PC, frequency of backup ......................................: Daily
   If PC, is it stand alone, network, client server, etc ....: Network

4. PURPOSE FOR WHICH COLLECTED: To conduct surveillance studies on elevated adult blood lead levels
   and provide data to assist in assessment for policy and program impact. ABLR also provides data to other IDPH
   lead programs and outside agencies who then conduct intervention activities.

5. RESTRICTIONS ON DATA USE: Aggregate data and reports are public information.

6. CONTACT PERSON: Roy Maxfield  Telephone Number: 217-557-5663

7. PROCESS FOR ACCESSING DATA: Written request, subject to confidential protection reviews.

8. STANDARD REPORTS GENERATED: Aggregate numbers.

9. DATA ELEMENTS COLLECTED:
   Laboratory Reporting Form Elements
     Name
     Street Address
     City, State, Zip Code
     County
     Telephone Number
     Sex
     Date of Birth
     Submitting Party Name
     Submitting Party Telephone Number
     Type of Submitting Party
     Testing Facility Name
     Testing Facility Address
     Testing Facility Telephone Number
     Test Results
     Date Sample Collected
     Date Sample Analyzed
     Specimen Type
     Methodology
   Person completing form
     Date Form Submitted
   Follow-up Form Elements
     Social Security Number
     Telephone Number
     Sex
     Date of Birth
     Race
     Hispanic Origin
     Number of children Under 16 living with the case
     Case or other in household pregnant
     Trimester of pregnancy at time of diagnosis
     Occupation
     Industry
     Was the case removed from the workplace
     Employer name
     Employer Address
     Employer telephone number
     Person completing the form

-27-
DIVISION OR CENTER NAME: DIVISION OF EPIDEMIOLOGIC STUDIES

1. DATABASE/DATAFILE TITLE: Survey of Occupational Injuries and Illnesses


3. DESCRIPTION:

   Method of Collection .........................: Annual survey of selected companies
   Percent Return ..............................: 93%
   Percent Completeness (Individual Surveys) : 97%
   Database/Datafile is -
       Computerized ..........................: X Yes  No
       Mainframe ............................: X Yes  No
       Personal Computer ...................: X Yes  X No
       Both ....................................: X Yes  X No
       Paper Format ...........................: X Yes  X No
   Frequency of Updating ......................: Nightly
   Date of Last Update .......................: 10/9/01
   Years of Data ..............................: from 1998 to 2000
   If PC, software used for this database ....: N/A
   If PC, what is type of file storage ......: N/A
   If PC, frequency of backup ...............: N/A
   If PC, is it stand alone, network, client 
       server, etc. ..........................: Client server

4. PURPOSE FOR WHICH COLLECTED: To submit to BLS occupational nonfatal injuries and illnesses occurring in Illinois workplaces so that preventive programs can be developed.

5. RESTRICTIONS ON DATA USE: Must have approval from Bureau of Labor Statistics.

6. CONTACT PERSON: Roy F. Maxfield Telephone number: 217-557-5663

7. PROCESS FOR ACCESSING DATA: Roy F. Maxfield

8. STANDARD REPORTS GENERATED: Annual OSH report published by IDPH

9. DATA ELEMENTS COLLECTED:

   Company Name
   Company Address
   Company City
   Company State
   Company Zipcode
   Contact Person
   Contact Person Phone Number
   Contact Person Fax Number
   Contact Person Title
   Date Survey Was Completed
   Sic Code
   Company Worksite
   Number of Employees
   Type of Industry Unit (Government or Private)
   Number of Hours Worked
   Number of Deaths as a Result of Injury
   Number of Injuries with Days Away from Work or Restricted Workdays or Both
   Number of Injuries with Days Away from Work
   Number of Total Days Away from Work
   Number of Total Days of Restricted Work
   Activity
DIVISION OR CENTER NAME: DIVISION OF HEALTH POLICY

1. DATABASE/DATAFILE TITLE: Certificate of Need Database

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Systems Development Section

3. DESCRIPTION: The Certificate of Need database contains information pertaining to all Certificate of Need (CON) and Certificate of Exemption (COE) applications. The CON portion of the database contains descriptions of all project files for applications submitted for CON. The COE portion of the database contains information pertaining to all applications received for exemptions under CON. Exemptions can involve the following transactions: change of ownership for a health care facility, acquisition of major medical equipment by or on behalf of a health care facility, combined facility licensure, temporary use of beds, addition of dialysis stations to an existing dialysis facility and the establishment of Positron Emission Tomography (PET) service at health care facilities. Paper backup of these files is available in the System Development Section for the previous three years. An additional seven years of files is available through the State Archives.

   Method of Collection : Application
   Percent Return : 100%
   Percent Completeness (Individual Surveys) : Database/Datafile is -
   Computerized : Yes
   Mainframe : No
   Personal Computer : Yes
   Both : No
   Paper Format : Yes
   Frequency of Updating : As needed
   Date of Last Update : As submitted
   Years of Data : from 1975 (CON) 1992 (COE) to Present
   If PC, software used for this database : FoxPro 6.0
   If PC, what is type of file storage : Hard Drive
   If PC, frequency of backup : As needed
   If PC, is it stand alone, network, client server, etc. : Network
4. **PURPOSE FOR WHICH COLLECTED:** Required by statute; data files provide a record of all exemptions submitted.

5. **RESTRICTIONS ON DATA USE:** Access is limited to staff in System Development Section

6. **CONTACT PERSON:** Mike Copelin  **Telephone number:** 217-782-3516

7. **PROCESS FOR ACCESSING DATA:** Contact Mike Copelin.

8. **STANDARD REPORTS GENERATED:** From the CON portion of the database, the following reports are available on a routine basis: alphabetical listing of health care facilities, reference numbers by health care facility, applicant ID number by applicant name, CON projects of a health care facility and CON projects sorted by applicant. In addition, the following summary reports are available: projects by project type, approval dates by project, post-permit activity by project, permit alterations by project, State Board action sorted by month, summary of costs by project, dollar costs per square foot, State Board decision/agency recommendations, annual progress report information by health care facility or project and completeness information. Also, the database can generate standardized letters to assist program staff. These include: intent-to-deny, denial, permit issuance, permit renewal and permit alteration letters. From the COE portion of the database, the following reports are available on a routine basis: summary of exemptions granted under the exemptions reverencees in Item 3.

9. **DATA ELEMENTS COLLECTED for COE portion:**
   - Name of Applicant for Exemption
   - Address of Applicant
   - Description of Transaction or Purchase
   - Anticipated Costs
   - Signed Certifications
   - Assigned Exemption ID Numbers
   - Date Exemption Issued or Rejected

9. **DATA ELEMENTS COLLECTED for CON portion:**
   - Project ID Number
   - Facility ID Number
   - Applicant ID Number
   - Project Type
   - Date Permit Issued
   - Permit Expiration Date
   - Permit Extension Date
   - Second Permit Extension Date
   - Initial Amount Approved
   - Altered Amount Approved
   - Permit Revoked Date
   - Permit Alteration Date
   - Nature of Alteration
   - Alteration Cost
   - Second Alteration Date
   - Nature of 2nd Alteration
   - Second Alteration Cost
   - Third Alteration Date
   - Nature of 3rd Alteration
   - Third Alteration Cost
   - Authorization to Obligate Date
   - Obligation Date
   - Permit Renewal Date
   - Revised Expiration Date
   - Permit Completion Date
   - Amount of Settlement Agreement
   - Settlement Date
   - Final Project Cost
   - Annual Progress
   - Report Due Date
   - Contact Person Name
   - Contact Person Address
   - Initial Proposed Cost of Project
   - Project Description
   - Date Application Received
   - Name of Reviewer
   - Date Application Called Incomplete
   - Date Application Called Complete
   - Coapplicant Names
   - Date of Public Hearing
   - Review Extension Date
   - Staff Recommendations
   - Application Modified Date
   - Nature of Modification
   - Second Modification Date
   - Nature of 2nd Modification
   - Date of Second Public Hearing
   - Project Withdrawn Date
   - Date of Intent-To-Deny
   - Date of Initial Denial
   - Date of Final Denial
   - Name of Applicant
   - Name of Facility
   - Facility Address
<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Planning Area</td>
<td>Off-Site Work Costs</td>
</tr>
<tr>
<td>Facility Health System Area</td>
<td>New Construction Contract Amount</td>
</tr>
<tr>
<td>Site Owner</td>
<td>Modernization Contract Costs</td>
</tr>
<tr>
<td>Site Owner Address</td>
<td>Contingency Amount</td>
</tr>
<tr>
<td>Legal Name of Operating Entity</td>
<td>Architects Fees</td>
</tr>
<tr>
<td>Operating Entity Address</td>
<td>Consultant Fees</td>
</tr>
<tr>
<td>County ID of Facility</td>
<td>Movable Capital Equipment Costs</td>
</tr>
<tr>
<td>Region ID of Facility</td>
<td>Total Direct Project Costs</td>
</tr>
<tr>
<td>Applicant Name</td>
<td>Borrowed Funds</td>
</tr>
<tr>
<td>Applicant Address</td>
<td>Bond Issue Amount</td>
</tr>
<tr>
<td>Type of Applicant Ownership</td>
<td>Lease Amount</td>
</tr>
<tr>
<td>State of Incorporation Applicant</td>
<td>Bond Issue Expenses</td>
</tr>
<tr>
<td>State of Partnership Applicant</td>
<td>Debt Service Reserve Fund</td>
</tr>
<tr>
<td>Beds at Start of Project</td>
<td>Interest Expense During Construction</td>
</tr>
<tr>
<td>Beds at Finish of Project</td>
<td>Interest Earnings on Construction Funds</td>
</tr>
<tr>
<td>New Construction Square Footage</td>
<td>Other Costs to Be Capitalized</td>
</tr>
<tr>
<td>Modernization Square Footage</td>
<td>Total Use of Funds</td>
</tr>
<tr>
<td>Audit Year</td>
<td>Total Source of Funds</td>
</tr>
<tr>
<td>Revenue from Audit Year</td>
<td>Cash and Securities Available</td>
</tr>
<tr>
<td>Inpatient Revenue from Audit Year</td>
<td>Pledge Amount</td>
</tr>
<tr>
<td>Outpatient Revenue from Audit Year</td>
<td>Fund Raising Expenses</td>
</tr>
<tr>
<td>Projected Patient Days</td>
<td>Gifts and Bequests</td>
</tr>
<tr>
<td>Debt Service after Project Completion</td>
<td>Appropriations and Grants</td>
</tr>
<tr>
<td>Project Debt After Project Completion</td>
<td>Project Equity</td>
</tr>
<tr>
<td>Facility Capital Expense after Project Completion</td>
<td>Projected Uses of Funds</td>
</tr>
<tr>
<td>Facility Debt after Project Completion</td>
<td>Projected Sources of Funds</td>
</tr>
<tr>
<td>Preplanning Costs</td>
<td>Total</td>
</tr>
<tr>
<td>Site Acquisition Costs</td>
<td>Construction and Equipment Costs</td>
</tr>
<tr>
<td>Building Acquisition Costs</td>
<td>Bed Changes by Service</td>
</tr>
<tr>
<td>Soil Survey Costs</td>
<td></td>
</tr>
<tr>
<td>Site Preparation Costs</td>
<td></td>
</tr>
</tbody>
</table>

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**DIVISION OR CENTER NAME:** DIVISION OF HEALTH POLICY

1. **DATABASE/DATAFILE TITLE:** Healthy People 2010 Objectives

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of Health Policy

3. **DESCRIPTION:**

- **Method of Collection** : OEHSD Staff
- **Percent Return** : 100%
- **Percent Completeness (Individual Surveys)** : 100%
- **Database/Datafile is -**
  - **Computerized** : Yes, No
  - **Mainframe** : Yes, No
  - **Personal Computer** : Yes, No
  - **Both** : Yes, No
  - **Paper Format** : Yes, No
- **Frequency of Updating** : Annually
- **Date of Last Update** : 8/14/01
- **Years of Data** : from 2001 to Present
If PC, software used for this database ..................... : Microsoft Access, V 97
If PC, what type of file storage ............................. : Network
If PC, frequency of backup .................................. : Daily
If PC, is it stand alone, network, client server, etc .......... : Network

4. PURPOSE FOR WHICH COLLECTED: Tracking selection of national health objectives for Department’s performance management activities

5. RESTRICTIONS ON DATA USE: None

6. CONTACT PERSON: Meg Richards  Telephone Number: 217-782-6235

7. PROCESS FOR ACCESSING DATA: Data request to Office of Epidemiology and Health Systems Development staff

8. STANDARD REPORTS GENERATED: Lists Illinois Department of Public Health offices by the Healthy People 2010 objectives each has selected for monitoring purposes.

9. DATA ELEMENTS COLLECTED: Healthy People 2010 Objectives, inclusive of all 28 chapters

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DIVISION OR CENTER NAME: DIVISION OF HEALTH POLICY

1. DATABASE/DATAFILE TITLE: IPLAN Data System (Illinois Project for Local Assessment of Needs)

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Division of Health Policy

3. DESCRIPTION:

<table>
<thead>
<tr>
<th>Method of Collection</th>
<th>IDPH and other state agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Return</td>
<td>100%</td>
</tr>
<tr>
<td>Percent Completeness (Individual Surveys)</td>
<td>100%</td>
</tr>
<tr>
<td>Database/Datafile is -</td>
<td>X Yes No</td>
</tr>
<tr>
<td>Computerized</td>
<td>Yes</td>
</tr>
<tr>
<td>Mainframe</td>
<td>X No</td>
</tr>
<tr>
<td>Personal Computer</td>
<td>X Yes No</td>
</tr>
<tr>
<td>Both</td>
<td>Yes X No</td>
</tr>
<tr>
<td>Paper Format</td>
<td>X Yes X No</td>
</tr>
<tr>
<td>Frequency of Updating</td>
<td>On going</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>7/19/00</td>
</tr>
<tr>
<td>Years of Data</td>
<td>from 1990 to 1998</td>
</tr>
</tbody>
</table>

4. PURPOSE FOR WHICH COLLECTED: IPLAN

5. RESTRICTIONS ON DATA USE: None

6. CONTACT PERSON: Yali Dong  Telephone Number: 217-782-6235

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7. **PROCESS FOR ACCESSING DATA:** On the Internet at: [http://www.idph.state.il.us/iplan](http://www.idph.state.il.us/iplan)

8. **STANDARD REPORTS GENERATED:** None

9. **DATA ELEMENTS COLLECTED:**
   - Maternal and Child Health Indicators
     - DPA Enrollees Receiving EPSDT
     - Kotelcheck Index
   - Chronic Diseases Indicators
   - Demographic & Socioeconomic Characteristics
     - Population by Age and Gender
     - Dependency Indicators (Race, Ethnicity)
     - Race/Ethnicity Distribution (Race, Ethnicity)
     - Median Age (Race, Ethnicity)
     - Non-High School Graduates (Race, Ethnicity)
     - High School Drop-Outs (Race, Ethnicity)
     - Poverty (Race, Ethnicity)
     - Food Stamps
     - Rural Population
     - Unemployed (Race, Ethnicity)
     - Medicaid Enrollees
     - Single Parent Household
     - Per Capita Personal Income
   - General Health and Access to Care Indicators
     - Mortality Rates (Race, Ethnicity)
     - Leading Causes of Mortality Race, Ethnicity)
     - Life Expectancy at Birth
     - Excess Non-white Deaths
     - Population Uninsured
     - Cause Specific YPLL at Age 65
     - Percent Population - No Medical Physical in Past 2 yrs
     - Medical to Enrollees to Medicaid Physician Vendors Ratio
     - Advanced Life Support Emergency Care Vehicles
     - Population residing in Primary Care Health Professional Shortage Area HPSA
     - Population with Optimally Fluoridated Water Supplies
   - Maternal and Child Health Indicators
     - Live Births (Race, Ethnicity)
     - Infant Mortality (Race, Ethnicity)
     - Low Birthweight (Race, Ethnicity)
     - Mothers Smoke
     - Mothers Drink
     - Kessner Index
     - Mothers Begin Prenatal in 1st Trimester (Race, Ethnicity)
     - Infant Positive for Cocaine
     - Leading Causes of Mortality (Children 1-4) (Race, Ethnicity)
     - WIC - Low Weight for Height
     - Teen Birth Rate
     - Percent Births to Teens (Race, Ethnicity)
     - Child Abuse/Neglect
     - Congenital Anomalies
     - Medicaid Deliveries
     - DPA Enrollees Receiving EPSDT
   - Chronic Diseases Indicators
     - Mortality Rates for:
       - Coronary Heart Disease (Race, Ethnicity)
       - Cerebrovascular Disease (Race, Ethnicity)
       - Cirrhosis of Liver (Race, Ethnicity)
Mortality Rates for:
  Breast Cancer (Race, Ethnicity)
  Lung Cancer (Race, Ethnicity)
  Colorectal Cancer (Race, Ethnicity)
  Cervical Cancer (Race, Ethnicity)
  Prostate Cancer (Race, Ethnicity)

Hospitalization Rates for:
  Alcohol-Dependence Syndrome
  Total Psychoses
  Diabetes

Percent of Population:
  Overweight, Smokers, Sedentary Lifestyles

Age-adjusted Incidence Rate for:
  Breast Cancer
  Colorectal Cancer
  Cervical Cancer
  Lung Cancer
  Prostate Cancer

Percent Diagnosed:
  In situ Breast Cancer
  Local Stage Colorectal Cancer
  Local Stage Prostate Cancer
  Local Stage Cervical Cancer

Age-Adjusted Incidence Rate for:
  Childhood Cancers

Infectious Disease Indicators
  Syphilis (Race, Ethnicity)
  Gonorrhea in Primary Care (Race, Ethnicity)
  Chlamydia (Race, Ethnicity)
  AIDS
  HIV Infection
  Basic Series Vaccination (Age 5/3)
  Haemophilus Meningitis (Age 0-2, 0-4)
  Infections by Key Foodborne Pathogens
  Vaccine Preventable Diseases - Diphtheria, Pertussis, Tetanus, Measles, Mumps, Rubella, Polio
  Hepatitis B
  Tuberculosis

Environmental/ Occupation/Injury Control Indicators
  Environmental Indicators –
    Regulated Drinking Water/Private Wells, NPL Hazardous Sites
    Days Exceeding EPA Ambient Air Pollution Standards
  Toxic Agents Released into Air, Water, Soil
  Mortality Due to Motor Vehicle Crashes, (Race, Ethnicity)
  Mortality Due to Homicide (Race, Ethnicity)
  Mortality Due to Suicide
  Mortality Due to Suicide (Race, Ethnicity)
  Hospitalization for Non-Fatal Head/Spinal Cord Injuries and for Hip Fractures
  Alcohol-Related Motor Vehicle Deaths
  Occupational Diseases/Injuries
  Blood Lead Levels in Children
  Assaults

Sentinel Events
  Infants (0-1)
    Hospital for Dehydration
  Children (0-17)
    Hospitalization for Rheumatic Fever
  Children (0-14)
Hospitalized for Asthma
Adults (> 18)
Tuberculosis
Hospitalization for Uncontrolled Hypertension
Sentinel Events - Cancer
In situ Breast Cancer
Late Cervical Cancer

Local Health Department Health Assessment Results (Health priorities determined using the IPLAN Process):
Local Health Department (LHD) Name
LHD Phone Number
LHD E-Mail Address
LHD Web Site
IPLAN Round Number
Health Priority Name
Outcome Objectives
Impact Objectives
Intervention Strategies

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OFFICE OF FINANCE AND ADMINISTRATION

DIVISION OR CENTER NAME: TRAINING & RESOURCE CENTER

1. DATABASE/DATAFILE TITLE: Employee Training Records

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: IDPH Training Center

3. DESCRIPTION: Maintains training records for all IDPH employees who have taken courses offered by the Training and Resource Center.

   Method of Collection ............................................ : 
   Percent Return .................................................. : 
   Percent Completeness (Individual Surveys) ...................... : 
   Database/Datafile is - 
     Computerized .................................................. : X Yes __ No
     Mainframe ..................................................... : __ Yes X No
     Personal Computer ........................................... : X Yes __ No
     Both ............................................................. : __ Yes X No
   Paper Format .................................................... : __ Yes X No
   Frequency of Updating ........................................... : Bi-Weekly
   Date of Last Update ............................................. : 07/99
   Years of Data ..................................................... : from 07/99 to Present
   If PC, software used for this database ........................ : Access
   If PC, what is type of file storage ............................ : Data on server
   If PC, frequency of backup ..................................... : Daily
   If PC, is it stand alone, network, client server, etc. ........ : Network

4. PURPOSE FOR WHICH COLLECTED: To keep accurate training attendance records for the employees individual use and for grant or budgetary justification.

5. RESTRICTIONS ON DATA USE: None

6. CONTACT PERSON: Ron Marr Telephone number:
7. PROCESS FOR ACCESSING DATA: One week's notice for reports.

8. STANDARD REPORTS GENERATED: Training attendance by date/class. Training attendance by individual. All reports are generated upon request.

9. DATA ELEMENTS COLLECTED:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>Division/Region</th>
<th>Course Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Instructor’s Name</td>
<td>Date of Class</td>
</tr>
</tbody>
</table>

DIVISION OR CENTER NAME: DIVISION OF VITAL RECORDS

1. DATABASE/DATAFILE TITLE: Birth Data

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: IT

3. DESCRIPTION:

- Method of Collection: From Birth Certificates
- Percent Return: 100%
- Percent Completeness (Individual Surveys): 100%

Database/Datafile is -
- Computerized: Yes
- Mainframe: Yes
- Personal Computer: Yes
- Both: Yes

- Paper Format: Yes

- Frequency of Updating: New occurrences added daily
- Date of Last Update: Daily
- Years of Data: from 1955 to Present

4. PURPOSE FOR WHICH COLLECTED: To maintain the vital statistics of the state and to certify the records of birth for the citizens.

5. RESTRICTIONS ON DATA USE: Names and addresses are not released; hospitals and doctors are not identified. Small cell sizes stripped of identifiers.

6. CONTACT PERSON: Vickie Williams Telephone number: 217-782-6554

7. PROCESS FOR ACCESSING DATA: Written request to contact person.

8. STANDARD REPORTS GENERATED: Annual; births by place of residence, sex, race, age of mother, county, birth weight, out-of-state occurrences, congenital malformations.

9. DATA ELEMENTS COLLECTED:

Child-Name
- Date of Birth
- Sex

Hospital-Name (if not hospital, Give Street and Number)
City, Town, Twp., or Road District No., County
Name and Title of Attendant at Birth if Other Than Certifier
Mother-Maiden Name
Age
State of Birth (if not in U.S.A., Name Country)
Residence Street and Number
City, Town, Twp., or Road District No.
Inside City Limits
County
State
Race
Education
Hispanic Origin
Father-Name
Age
State of Birth (if not in U.S.A., Name Country)
Race
Education
Hispanic Origin
Live Births-Now Living (Do Not Include This Child)
Live Births-Now Dead
Date of Last Live Birth
Other Terminations (Spontaneous and Induced)
Date of Last Termination
Month Prenatal Care Began - 1st, 2nd, 3rd
Prenatal Visits - Total Number
Birth Weight
This Birth - Single, Twin, Triplet
Not Single - Born 1st, 2nd, 3rd
Mother Married
Complications of Pregnancy (Describe or None)
Complications, Illnesses or Conditions Affecting the Pregnancy (Describe or None)
Congenital Malformations/Anomalies of Child (Describe or None)
Apgar Score 1 Minute
Apgar Score 5 Minutes
Date of Mother's Blood Test for Syphilis
Laboratory Doing Serology

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DIVISION OR CENTER NAME: DIVISION OF VITAL RECORDS

1. DATABASE/DATAFILE TITLE: Death Data

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: IT

3. DESCRIPTION

Method of Collection : From Death Certificates
Percent Return : 100%
Percent Completeness (Individual Surveys) : 100%
Database/Datafile is -
Computerized : Yes
Mainframe : Yes
Personal Computer : No
Both : No
Paper Format : No
Frequency of Updating : Variable
Date of Last Update : Variable
4. **PURPOSE FOR WHICH COLLECTED:** To maintain the vital statistics of the state and to certify the records of death for the citizens of the State of Illinois

5. **RESTRICTIONS ON DATA USE:** Names, addresses, Social Security Numbers not released. (Certain causes of death)

6. **CONTACT PERSON:** Vickie Williams  **Telephone number:** 217-782-6554

7. **PROCESS FOR ACCESSING DATA:** Written request to contact person.

8. **STANDARD REPORTS GENERATED:** Deaths by occurrence, detail cause, birth weight (infant), accident type, external causes, out-of-state occurrence, delayed filing death, sex, race. All reports are annual.

9. **DATA ELEMENTS COLLECTED:**
   - Medical and Coroner's*/Medical Examiner's*
   - Certificate of Death
   - Deceased - Name
   - Sex
   - Date of Death
   - Race
   - Origin or Descent
   - Age - Years
   - Age - Under 1 year (Months/Days)
   - Age - Under 1 day (Hours/Minutes)
   - Date of Birth
   - County of Death
   - City, Town, Twp., or Road District
   - Hospital or Inst.
   - Indicate DOA, Outpatient, Emergency Room, Inpatient
   - State of Birth (If Not U.S.A., Name Country)
   - Citizen of What Country
   - Married, Never Married, Widowed, Divorced
   - Social Security Number
   - Decedent Ever in U.S. Armed Forces
   - Residence Street and Number
   - City, Town, Twp., or Road District Number
   - Inside City Limits
   - County
   - State
   - Father (Last Name Keyed Only)
   - Death Caused by Interval between Onset and Death
   - Immediate Cause
   - Due to, or as a consequence of
   - Other Significant Conditions
   - Autopsy
   - Findings Considered in Cause of Death
   - Accident, Suicide, Homicide or Undetermined
   - Date of Injury
   - Injury at Work
   - Place of Injury
   - Location
   - Pregnancy in Past Three Months
   - Date Received by Local Registrar
   - Fetal Death Certificate
   - Date of Delivery
   - Sex/Race
   - Delivery - Single, Twin, Triplet
   - Not Single Delivery, Delivered First, Second, Third
   - County of Delivery
   - City, Town, Twp., or Road District Number
   - Hospital - Name (If Not In Hospital, Give Street and Number)
   - Fetal Death Was Caused By: Specify Fetal or Maternal
   - Immediate Cause
   - Due to, or as a consequence of
   - Other Significant Conditions of Fetus or Mother
   - Fetus Died (Specify Before or After Labor, During Delivery or Unknown)
   - Autopsy
   - Findings Considered in Cause of Death
   - Attendant (M.D., D.O., Other)
   - Father's Education (Specify Highest Grade Completed)
   - Previous Deliveries - Now Living
   - Born Alive - Now Dead
   - Born Dead (Anytime After Conception)
   - Mother's Race
   - Mother's Education (Specify Highest Grade Completed)
   - Date of Last Live Birth
   - Date of Last Fetal Death
   - Date Last Normal Menses Began
DIVISION OR CENTER NAME: DIVISION OF VITAL RECORDS

1. DATABASE/DATAFILE TITLE: Divorce Data

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: IT

3. DESCRIPTION:

   Method of Collection ..............................................: From Certificates of Divorce
   Percent Return ......................................................: 100%
   Percent Completeness (Individual Surveys) .....................: 100%
   Database/Datafile is -
     Computerized ......................................................: X Yes ___ No
     Mainframe ............................................................: X Yes ___ No
     Personal Computer ..................................................: ___ Yes ___ No
     Both .................................................................: ___ Yes ___ No
     Paper Format .......................................................: ___ Yes ___ No
   Frequency of Updating ............................................: variable
   Date of Last Update ................................................: variable
   Years of Data .......................................................: from 1962 to Present
   If PC, software used for this database ..........................:
   If PC, what type of file storage ..................................:
   If PC, frequency of backup .......................................:
   If PC, is it stand alone, network, client server, etc ..........:

4. PURPOSE FOR WHICH COLLECTED: To create an index of all divorces, annulments, and invalidities in the state.

5. RESTRICTIONS ON DATA USE: No copies are made of the divorce certificates. A verification of the parties' names, date of the decree, and the place where decree was granted can be issued.

6. CONTACT PERSON: Vickie Williams Telephone Number: 217-782-6554

7. PROCESS FOR ACCESSING DATA: Written request to contact person.

8. STANDARD REPORTS GENERATED: Race of both parties. Age of both parties. Number of previous marriages of each party. Number of years of marriage.

9. DATA ELEMENTS COLLECTED:

   County where decree granted ....................................: Race of both parties
   Date of decree ......................................................: Hispanic Origin of both parties
   Date of marriage ....................................................: Number of this marriage for both parties
   Names of both parties .............................................:
   Residence addresses ..............................................:
   Dates of birth and ages of both parties ........................:
   Education of both parties .......................................:

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DIVISION OR CENTER NAME: DIVISION OF VITAL RECORDS

1. DATABASE/DATAFILE TITLE: Marriage Data

2. LOCATION WHERE DATABASE/FIELD IS MAINTAINED: IT

3. DESCRIPTION:

   Method of Collection: From Marriage Applications
   Percent Return: 100%
   Percent Completeness (Individual Surveys): 100%

   Database/Datafile is:
   - Computerized: Yes
   - Mainframe: Yes
   - Personal Computer: Yes
   - Both: Yes
   - Paper Format: Yes

   Frequency of Updating: variable
   Date of Last Update: variable
   Years of Data: from 1962 to Present

   If PC, software used for this database:
   If PC, what type of file storage:
   If PC, frequency of backup:
   If PC, is it stand alone, network, client server, etc.

4. PURPOSE FOR WHICH COLLECTED: To create an index of all marriages in the state.

5. RESTRICTIONS ON DATA USE: No copies are made of the marriage applications. A verification of the parties' names, date of marriage, and place of marriage can be issued.

6. CONTACT PERSON: Vickie Williams  Telephone Number: 217-782-6554

7. PROCESS FOR ACCESSING DATA: Written request to contact person.

8. STANDARD REPORTS GENERATED: Marriages by race of bride and groom. Number of previous marriages by bride and groom. Age of bride and groom.

9. DATA ELEMENTS COLLECTED:
   Names of Bride and Groom  Residence of Bride and Groom
   Date of Marriage  Date of Birth and Age of Bride and Groom
   County of Marriage
   Officiant's Title

How previous marriages ended
Date previous marriages ended
Type of decree
Legal grounds
Who was the petitioner
Place of marriage
Number of children born
Number of children under 18
Who custody was granted to
Date couple last lived in same household
OFFICE OF HEALTH CARE REGULATION

DIVISION OR CENTER NAME: DIVISION OF EMERGENCY MEDICAL SERVICES AND HIGHWAY SAFETY

1. DATABASE/DATAFILE TITLE: Ambulance Licensure

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Division of EMS & HS

3. DESCRIPTION:

   Method of Collection: Information is gathered from the licensure inspection procedure
   Percent Return:
   Percent Completeness (Individual Surveys):
   Database/Datafile is -
     Computerized: Yes
     Mainframe: Yes
     Personal Computer: Yes
     Both: No
   Paper Format: Yes
   Frequency of Updating: Annually
   Date of Last Update:
   Years of Data: from 1982 to Present
   If PC, software used for this database: Clarion
   If PC, what is type of file storage: LAN
   If PC, frequency of backup:
   If PC, is it stand alone, network, client server, etc.: LAN

4. PURPOSE FOR WHICH COLLECTED: To meet the requirements of the EMS Act.

5. RESTRICTIONS ON DATA USE: Subject to Freedom of Information Act

6. CONTACT PERSON: Ralph Antonacci Telephone number: 217-785-2080

7. PROCESS FOR ACCESSING DATA: Call contact person.

8. STANDARD REPORTS GENERATED: Reports as needed. May be generated by region, county and various sort orders.

9. DATA ELEMENTS COLLECTED:

   Vehicle Transportation  Unit Radio Identification
DIVISION OR CENTER NAME:  DIVISION OF EMERGENCY MEDICAL SERVICES AND HIGHWAY SAFETY

1. DATABASE/DATAFILE TITLE:  Communication Unit Identifiers and Communication Access Codes

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED:  Division of EMS & HS

3. DESCRIPTION:

   Method of Collection  ......................... : Division assigned unit ID and access codes
   Percent Return  .............................. : X Yes  __ No
   Percent Completeness (Individual Surveys)  ...... : X Yes  __ No
   Database/Datafile is -
      Computerized  ............................. : X Yes  __ No
      Mainframe  ............................... : ___ Yes  __ No
      Personal Computer  ....................... : X Yes  __ No
      Both  ................................... : ___ Yes  __ No
   Paper Format  .............................. : ___ Yes  __ No
   Frequency of Updating  ..................... : As needed
   Date of Last Update  ....................... : 
   Years of Data  .............................. : from 1972 to Present
   If PC, software used for this database .......... : Dataease
   If PC, what is type of file storage ............ : LAN
   If PC, frequency of backup  .................. : 
   If PC, is it stand alone, network, client server, etc.  : LAN

4. PURPOSE FOR WHICH COLLECTED:  Control and monitoring of medical communications in Illinois (ambulance and helicopters to hospital).

5. RESTRICTIONS ON DATA USE:  None

6. CONTACT PERSON:  Ralph Antonacci  Telephone number:  217-785-2080

7. PROCESS FOR ACCESSING DATA:  Call contact person.

8. STANDARD REPORTS GENERATED:  As requested for private line access code and unit identifiers for MERCI radios.

9. DATA ELEMENTS COLLECTED:
   Name of service  Region
   Address  Authorization number
   County  Unit ID

--------------------------------------------------------------------------------------------------------------------

DIVISION OR CENTER NAME:  DIVISION OF EMERGENCY MEDICAL SERVICES AND HIGHWAY SAFETY
1. DATABASE/DATAFILE TITLE: Emergency Medical Technician-Basic, Intermediate and Paramedic Question Banks and Trauma Nurse Specialist Question Banks

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Division of EMS & HS

3. DESCRIPTION:

   Method of Collection ............................. : Questions are collected/sorted according to specific curriculum.

   Percent Return .................................. :

   Percent Completeness (Individual Surveys) ........... :

   Database/Datafile is -
   Computerized ................................. : __ Yes __ No
   Mainframe .................................... : __ Yes __ No
   Personal Computer .......................... : X Yes __ No
   Both .......................................... : __ Yes __ No
   Paper Format .................................. : __ Yes __ No

   Frequency of Updating .......................... : Twice per year

   Date of Last Update ............................ : 

   Years of Data ................................. : from 1988 to Present

   If PC, software used for this database ............. : Dataease

   If PC, what is type of file storage ............... : Hard Disk

   If PC, frequency of backup ..................... : Monthly

   If PC, is it stand alone, network, client server, etc. : Stand alone

4. PURPOSE FOR WHICH COLLECTED: To generate tests for state licensure exams.

5. RESTRICTIONS ON DATA USE: Highly restricted due to the nature of the data.


7. PROCESS FOR ACCESSING DATA: Call contact person.

8. STANDARD REPORTS GENERATED: Twice per year.

9. DATA ELEMENTS COLLECTED:

   Multiple Choice Questions with four discriminators and documentation.

   Date Entered ID Number
   Time Entered Questions
   Module Number Exam Used
   Mod Name Quiz Date

DIVISION OR CENTER NAME: DIVISION OF EMERGENCY MEDICAL SERVICES AND HIGHWAY SAFETY

1. DATABASE/DATAFILE TITLE: Emergency Medical Technician-Basic (EMT-B), EMT-Intermediate (EMT-I) and EMT-Paramedic (EMT-P) Licensure Database. Also First Responder and Emergency Medical Dispatchers Recognition Database.

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Division of EMS & HS

3. DESCRIPTION:
Method of Collection: From all who become licensed
Percent Return: 100%
Percent Completeness (Individual Surveys): Dependent upon each database
Database/Datafile is:
  Computerized: X Yes  No
  Mainframe: X Yes  No
  Personal Computer: Yes  No
  Both: Yes  No
  Paper Format: Yes  No
Frequency of Updating: Daily
Date of Last Update: from 1997 to Present
Years of Data: from 1997 to Present
If PC, software used for this database:
If PC, what is type of file storage:
If PC, frequency of backup:
If PC, is it stand alone, network, client server, etc.:


5. RESTRICTIONS ON DATA USE: Addresses are not released


7. PROCESS FOR ACCESSING DATA: Call contact person.

8. STANDARD REPORTS GENERATED: Monthly reports, monthly totals of licensed individuals by classification. Available by county, region and various sort orders.

9. DATA ELEMENTS COLLECTED:
   Technician Last Name  City, State, Zip Code  Code
   Technician First Name  Status  Category
   Technician Middle Initial  Category  Course Code
   Lapse Date  County Region  Lapse Date
   Residence Address  Date Submitted  Comments

DIVISION OR CENTER NAME: DIVISION OF EMERGENCY MEDICAL SERVICES AND HIGHWAY SAFETY

1. DATABASE/DATAFILE TITLE: EMSC Linked Dataset

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Division of EMS Loyola University Medical Center

3. DESCRIPTION:
   Method of Collection: Request individual databases from each data source
   Percent Return: 100%
   Percent Completeness (Individual Surveys): Dependent upon each database
   Database/Datafile is:
     Computerized: X Yes  No
     Mainframe: Yes  X No
4. PURPOSE FOR WHICH COLLECTED: To enhance pediatric surveillance and EMS quality improvement activities within the state.

5. RESTRICTIONS ON DATA USE: Confidentiality measures have been defined.

6. CONTACT PERSON: Evelyn Lyons  Telephone number: 708-327-2556

7. PROCESS FOR ACCESSING DATA: Submission of a written request.

8. STANDARD REPORTS GENERATED: Pending

9. DATA ELEMENTS COLLECTED: Select data elements from state crash, prehospital, trauma registry, hospital discharge and death certificates databases.

--------------------------------------------------------------------------------------------------------------------
DIVISION OR CENTER NAME: DIVISION OF EMERGENCY MEDICAL SERVICES AND HIGHWAY SAFETY

1. DATABASE/DATAFILE TITLE: Illinois Head and Spinal Cord Injury and Violence Reporting Registries

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Division of EMS & HS

3. DESCRIPTION:

   Method of Collection ............................. : 50% of hospitals - Illinois Trauma Registry Computer software; 50% report by paper forms.

   Percent Return ................................. :

   Percent Completeness (Individual Surveys) .......... : Unknown

   Database/Datafile is -
   Computerized ................................. : X Yes ___ No
   Mainframe ..................................... : X Yes ___ No
   Personal Computer ............................ : ___ Yes ___ No
   Both ......................................... : ___ Yes ___ No
   Paper Format ................................. : X Yes ___ No

   Frequency of Updating ........................... :

   Date of Last Update ............................ :

   Years of Data ................................. :

   If PC, software used for this database .............. : Trauma for Head/Spinal Cord/D-base
   If PC, what is type of file storage ................. : Network server
   If PC, frequency of backup ........................ : Nightly

   from 7/91 to Present (Head & Spinal Cord) from 3/98 to Present (Violence)
If PC, is it stand alone, network, client server, etc. : Network/Client Server

4. PURPOSE FOR WHICH COLLECTED: Needs assessments for services for injured patients and injury/control prevention of head/spinal cord injuries and injuries caused by a violent act.

5. RESTRICTIONS ON DATA USE: None

6. CONTACT PERSON: Randy Wise  Telephone number: 217-785-2080

7. PROCESS FOR ACCESSING DATA: Contact Leslee Stein-Spencer.

8. STANDARD REPORTS GENERATED: Injury Control Summary, Trauma System Summary, Head and Spinal Cord Injury Summary

9. DATA ELEMENTS COLLECTED:

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Number Code</td>
<td>Glasgow Total</td>
</tr>
<tr>
<td>Prehospital Number</td>
<td>Systolic Blood Pressure</td>
</tr>
<tr>
<td>Crash Number</td>
<td>Respiratory Rate</td>
</tr>
<tr>
<td>Medical Record Number</td>
<td>Respiratory Rate Status</td>
</tr>
<tr>
<td>Patient Name</td>
<td>Disposition From ED</td>
</tr>
<tr>
<td>ED Arrival Date</td>
<td>Nature of Injury Code 1</td>
</tr>
<tr>
<td>Birth date</td>
<td>Nature of Injury Code 2</td>
</tr>
<tr>
<td>Age in Years</td>
<td>Nature of Injury Code 3</td>
</tr>
<tr>
<td>Sex</td>
<td>Nature of Injury Code 4</td>
</tr>
<tr>
<td>Race</td>
<td>Nature of Injury Code 5</td>
</tr>
<tr>
<td>Injury Date</td>
<td>Discharge Disposition Code</td>
</tr>
<tr>
<td>FIPS Scene Number</td>
<td>Facility Out</td>
</tr>
<tr>
<td>Scene City</td>
<td>Hospital Days</td>
</tr>
<tr>
<td>FIPS Home Number</td>
<td>Expression</td>
</tr>
<tr>
<td>Home City</td>
<td>Feeding</td>
</tr>
<tr>
<td>Ecode</td>
<td>Locomotion</td>
</tr>
<tr>
<td>Ecode 849</td>
<td>Rehabilitation Potential</td>
</tr>
<tr>
<td>Work Related Code</td>
<td>Billed Charge</td>
</tr>
<tr>
<td>Safety Equipment Code</td>
<td>Primary Payment Source Code</td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
</tr>
</tbody>
</table>

DIVISION OR CENTER NAME: EMERGENCY MEDICAL SERVICES AND HIGHWAY SAFETY

1. DATABASE/DATAFILE TITLE: Illinois Prehospital Care Report Form (IPCRF)

2. LOCATION WHERE DATABASE/FIELD IS MAINTAINED: Division of EMS & HS

3. DESCRIPTION:

<table>
<thead>
<tr>
<th>Method of Collection</th>
<th>Scannable &quot;Bubble&quot; Forms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Return</td>
<td>100%</td>
</tr>
<tr>
<td>Percent Completeness (Individual Surveys)</td>
<td>N/A</td>
</tr>
<tr>
<td>Database/Datafile is -</td>
<td></td>
</tr>
<tr>
<td>Computerized</td>
<td>X Yes _ No</td>
</tr>
<tr>
<td>Mainframe</td>
<td>_ Yes _ No</td>
</tr>
</tbody>
</table>

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4. PURPOSE FOR WHICH COLLECTED: Pre-hospital Q/I - Output reports submitted to participating EMS system hospitals as requested.

5. RESTRICTIONS ON DATA USE: None

6. CONTACT PERSON: Suzanne Gray  Telephone Number: 217-785-2080

7. PROCESS FOR ACCESSING DATA: Call contact person.

8. STANDARD REPORTS GENERATED: Quarterly reports; Admission Report, Incident Location/Type, Medical Report, EMT Skills Report, Unit Utilization Report.

9. DATA ELEMENTS COLLECTED:
- Agency No.
- Date
- Call Received
- Dispatch Time
- En Route Time
- Arrival Time
- Patient Contact Time
- Depart Location Time
- Arrive at Destination Time
- County
- Crash No.
- Called By
- Incident Location
- Incident Type
- Assistance
- Medical History
- Illness/Symptom
- Injury Site/Type
- Injury Criteria
- Patient Protection
- Contributing Factors
- Sender
- Ethnic Origin
- Glasgow Coma Scale
- Initial Vital Signs
- Pupils
- Pediatric Weight
- Treatment
- Medications
- EKG
- Body Substance Isolation
- IV Type/Rate
- Attempts
- Non-Transport
- Medical Control
- Patient Destination
- EMS Resource Hosp No.
- Patient Date of Birth
- Crew Member Lic. No.
- Incident No.
- Patient Zip Code
- Research Code

DIVISION OR CENTER NAME: DIVISION OF EMERGENCY MEDICAL SERVICES AND HIGHWAY SAFETY

1. DATABASE/DATAFILE TITLE: Illinois Trauma Registry

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Division of EMS & HS

3. DESCRIPTION:
   - Method of Collection: Computerized software-data submitted by trauma centers
   - Percent Return: 100%
   - Percent Completeness (Individual Surveys): 90%
4. PURPOSE FOR WHICH COLLECTED: To assist the Department in the evaluation of Level I and Level II trauma centers to be used for injury control and prevention; and trauma research.

5. RESTRICTIONS ON DATA USE: All data which would identify patients, physicians or facility are confidential and are subject to 77 Illinois Administrative Code, Chapter 1 515.2050.

6. CONTACT PERSON: Betsy Tannahill  Telephone number: 217-785-2080

7. PROCESS FOR ACCESSING DATA: Contact Leslee Stein-Spencer.

8. STANDARD REPORTS GENERATED: Hospital Management, Clinical Management, Quality Improvement and Register Management.

9. DATA ELEMENTS COLLECTED:

<table>
<thead>
<tr>
<th>Screen Type</th>
<th>Data Elements</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add Record Screen</td>
<td>Trauma Register Number</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Social Security Number</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Crash Record Number</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prehospital Record Number</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Billing Control Number</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medical Record Number</td>
<td></td>
</tr>
<tr>
<td></td>
<td>User-Refined Number</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Name</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>Demography Entry Screen</td>
<td>Birthdate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sex</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Race</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Injury Date</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Injury Time</td>
<td></td>
</tr>
<tr>
<td></td>
<td>System Access</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Scene FIPS Code</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Scene City Name</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Home FIPS Code</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Home City Name</td>
<td></td>
</tr>
<tr>
<td></td>
<td>E-Code Cause</td>
<td></td>
</tr>
<tr>
<td></td>
<td>E-Code Place</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Narrative</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Work-Related</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Safety Equipment</td>
<td></td>
</tr>
<tr>
<td>Transfer Screen</td>
<td>Date Arrived at Transferring Hospital</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Time Arrived at Transferring Hospital</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Glasgow Coma Scale Total at Transferring</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Data Elements</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Systolic Pressure at Transferring Hospital</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Respiratory Rate at Transferring Hospital</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Admission/Surgery at Transferring Hospital</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Transferred From Facility No.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Transferred by Vehicle No.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Date Discharged from Transferring Hospital</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Time Discharged From Transferring Hospital</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Transfer Memo</td>
<td></td>
</tr>
<tr>
<td>Prehospital Screen</td>
<td>Triage Criteria</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Minutes for Response</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Minutes at Scene</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Minutes for Transport</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vehicle No.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Glasgow Coma Scale total</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Glasgow Coma Scale Eye</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Glasgow Coma Scale Verbal</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Glasgow Coma Scale Motor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Systolic Pressure</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Respiratory Rate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trauma Score (Regular)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trauma Score (Pediatric)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cardiopulmonary Arrest</td>
<td></td>
</tr>
<tr>
<td></td>
<td>EMS Report on Chart</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prehospital Memo</td>
<td></td>
</tr>
<tr>
<td>Emergency Entry Screen</td>
<td>Admit Time</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discharged Last 72 Hours</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hospital Status</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trauma Response</td>
<td></td>
</tr>
</tbody>
</table>

-48-
Emergency Physician No.
Trauma Surgeon No.
Assisting Surgeon No.
Assisting Surgeon Mins.
Anesthesiologist No.
Anesthesiologist Mins.
Neurosurgeon No.
Neurosurgeon Mins.
Consulting Physician No. 1
Consulting Physician No. 8
Consulting Physician Mins.
Emergency Nurse No.
Blood Alcohol
Drug Screen
Glasgow Coma Scale Total
Glasgow Coma Scale Eye
Glasgow Coma Scale Verbal
Glasgow Coma Scale Motor
Systolic Pressure
Respiratory Rate
Respiratory Status
Regular Trauma Score
Hourly Vitals
Periodic Neuro Checks
Minutes Prior to CT Scan
Minutes in Radiology
Minutes in Department
Disposition from Department
Room No.
Admitted to Physician No.
Inhospital Memo

**Treatment Screen**

Date of First Operation
Time of First Operation
Procedure 1 Through Procedure 50
Procedure Location 1 Through Procedure Location 50
Unanticipated Operation
Return to Operating Room
Reintubated Within 48 hours
Total Units of Blood Transfused
Platelets/Plasma Without Blood
Total Intensive Care Days
Upgraded to Intensive Care
Apache Score
Inhospital Memo

**Free Text**

Injury 1 Through Injury 10

**Injuries**

Injury 1 Through Injury 20
Injury Severity Score
ISS Calculation
C-Spine Diagnosis Delay
Inhospital Memo

**Illinois System Data**

Address Home
City, State Zip Code (Home)
Address Scene
City, State, Zip Code (Scene)
Other Safety Equipment
Vehicle Position
Prehospital Patient Contact

Prehospital Diastolic Pressure
Prehospital Pulse Rate
Prehospital Suspected Alcohol
Prehospital Triage Criteria Hypotension
Prehospital Triage Criteria Two Regions
Prehospital Triage Criteria Pregnancy
Prehospital Triage Criteria Cavity Penetration
Prehospital Triage Criteria Flail Chest
Emergency Department Diastolic Pressure
Emergency Department Pulse Rate
Emergency Department Temperature
Emergency Department Scale

Emergency Department Method of Measurement
Emergency Department Triage Category
Emergency Department Triage Category I Time
Emergency Department Triage Category II
Emergency Department Triage Category II Time
E.D. Physician Notification Time
Neurosurgeon Notification Time
Trauma Surgeon Notification Time
Trauma Surgeon Consultation Notification Time
Medical History Cardiovascular
Medical History IMM-Disease
Medical History Respiratory Conditions
Medical History Diabetes
Medical History IMM-Post Splenectomy
Medical History Other
Medical History Liver Conditions
Medical History IMM-Therapy
Medical History Pregnancy
Medical History Renal Conditions
Emergency Department Disposition Arrival Date
Emergency Department Disposition Arrival Time
Emergency Department Reason for Transfer
Emergency Department Disposition Deaths
Total Monitored Bed Days
Total Ventilator Days

**Discharge**

Complication #1 Through Complication #8
Discharge Disposition
Transferred to
Total Hospital Days
Expression
Feeding
Locomotion
Rehabilitation Potential
Readmissions
Autopsy No.
Organ Donor
Hospital Charges
Hospital Collections
Hospital Payment Source
Physician Charges
Physician Collections
Physician Payment Source
Inhospital Memo

**Quality Improvement**

Contributing Courses
QA Issue Reviewed
DIVISION OR CENTER NAME: DIVISION OF EMERGENCY MEDICAL SERVICES AND HIGHWAY SAFETY

1. DATABASE/DATAFILE TITLE: Trauma Nurse Specialist

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Division of EMS & HS

3. DESCRIPTION:

   Method of Collection ......................................: From nurses who complete the TNS course or pass exam.
   Percent Return ...........................................: 100%
   Percent Completeness (Individual Surveys) .............:
   Database/Datafile is -
   Computerized ...........................................: X Yes  No
   Mainframe ...............................................: X Yes  No
   Personal Computer .....................................: Yes  No
   Both ......................................................: Yes  No
   Paper Format ...........................................: Yes  No
   Frequency of Updating ..................................: As needed
   Date of Last Update ....................................: from 1986 to Present
   Years of Data ............................................: from 1986 to Present
   If PC, software used for this database ..................:
   If PC, what is type of file storage .....................:
   If PC, frequency of backup .............................:
   If PC, is it stand alone, network, client server, etc.:

4. PURPOSE FOR WHICH COLLECTED: To track nurses who complete the Department's course.

5. RESTRICTIONS ON DATA USE: None

6. CONTACT PERSON: Linda Loftus  Telephone number: 217-785-2080

7. PROCESS FOR ACCESSING DATA: Call contact person.

8. STANDARD REPORTS GENERATED: As needed, reports are generated for each of the 16 training sites.

9. DATA ELEMENTS COLLECTED:
   Name
   Address
   Birthdate
   Dates of Course Completed
   Location of Course Site
   Date First Licensed
   Last Child Support Statement
   Level
   Status
   Legal Action
   Last Action
   Expiration Date

   Effective Date
   Training Class
   Renewal Printed
   Renewal Returned
   License Printed
   License Returned
   Residence Region
   EMS Region
   Last Changed
   Changed By
   ID#
1. DATABASE/DATAFILE TITLE: CLIA Data Entry

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Health Care Facilities and Programs - G:/HCF&P/CLIA

3. DESCRIPTION:

Method of Collection ............................. : Application
Percent Return ................................. : 100%
Percent Completeness (Individual Surveys) ............................. : 100%
Database/Datafile is -
Computerized ............................. : Yes No
Mainframe .............................. : Yes No
Personal Computer ....................... : Yes No
Both ................................... : Yes No
Paper Format ............................. : Yes No
Frequency of Updating .................... Daily
Date of Last Update .............................. Ongoing
Years of Data .............................. from 2001 to Present
If PC, software used for this database ................ Access 97
If PC, what is type of file storage .................
If PC, frequency of backup .................... Nightly by IT
If PC, is it stand alone, network, client server, etc. ................. Network

4. PURPOSE FOR WHICH COLLECTED: To track lab renewal information and assist in survey scheduling

5. RESTRICTIONS ON DATA USE: None

6. CONTACT PERSON: Malinda Garrels  Telephone number: 217-782-6747

7. PROCESS FOR ACCESSING DATA: Contact Division Chief with written request stating description of report desired and purpose of intended use

8. STANDARD REPORTS GENERATED: Various by query.

9. DATA ELEMENTS COLLECTED:

<table>
<thead>
<tr>
<th>Lab Name</th>
<th>Certification History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correspondence Received</td>
<td>Phone Number</td>
</tr>
<tr>
<td>Tax ID Number</td>
<td>Lab Type</td>
</tr>
<tr>
<td>Lab Administrator</td>
<td>Inspection Dates</td>
</tr>
<tr>
<td>Lab Address</td>
<td>Medicare Number</td>
</tr>
<tr>
<td>Certification Type</td>
<td>Fax Number</td>
</tr>
</tbody>
</table>

DIVISION OR CENTER NAME: DIVISION OF HEALTH CARE FACILITIES AND PROGRAMS

1. DATABASE/DATAFILE TITLE: Division of Health Care Facilities & Programs - 3270 Mainframe

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Mainframe

3. DESCRIPTION:

Method of Collection ............................. : Application
Percent Return ................................. : 100%
Percent Completeness (Individual Surveys) ............................. : 100%
Database/Datafile is -
4. PURPOSE FOR WHICH COLLECTED: The Division maintains a complete record on each licensed entity (hospitals, home health agencies, hospice, ambulatory surgical treatment centers, and end stage renal disease facilities) for the purpose of issuing licenses or recognition.

5. RESTRICTIONS ON DATA USE: None

6. CONTACT PERSON: Bonita Jones  Telephone number: 217-782-0383

7. PROCESS FOR ACCESSING DATA: Contact Division Chief with written request stating description of report desired and purpose of intended use.

8. STANDARD REPORTS GENERATED: Directories for hospitals, home health agencies, hospices, ambulatory surgical treatment centers, and end stage renal disease facilities.

9. DATA ELEMENTS COLLECTED:

<table>
<thead>
<tr>
<th>Name</th>
<th>Administrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>County</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>Ownership</td>
</tr>
<tr>
<td>Telephone</td>
<td>Medicare No.</td>
</tr>
<tr>
<td>Accreditation</td>
<td>Expiration Date</td>
</tr>
<tr>
<td>Services</td>
<td>Original Date of Participation</td>
</tr>
</tbody>
</table>

DIVISION OR CENTER NAME: DIVISION OF HEALTH CARE FACILITIES AND PROGRAMS

1. DATABASE/DATAFILE TITLE: Design Standards

2. LOCATION WHERE DATABASE/FIELD IS MAINTAINED: Health Care Facilities and Programs

3. DESCRIPTION:

<table>
<thead>
<tr>
<th>Method of Collection</th>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Return</td>
<td>100%</td>
</tr>
<tr>
<td>Percent Completeness (Individual Surveys)</td>
<td>100%</td>
</tr>
<tr>
<td>Database/Datafile is -</td>
<td></td>
</tr>
<tr>
<td>Computerized</td>
<td>X Yes</td>
</tr>
<tr>
<td>Mainframe</td>
<td>X Yes</td>
</tr>
<tr>
<td>Personal Computer</td>
<td>X Yes</td>
</tr>
<tr>
<td>Both</td>
<td>X Yes</td>
</tr>
<tr>
<td>Paper Format</td>
<td>X Yes</td>
</tr>
<tr>
<td>Frequency of Updating</td>
<td>Daily</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Years of Data</td>
<td>from 1996 to Present</td>
</tr>
<tr>
<td>If PC, software used for this database</td>
<td>Access 97</td>
</tr>
<tr>
<td>If PC, frequency of backup</td>
<td>Nightly by IT</td>
</tr>
</tbody>
</table>
4. **PURPOSE FOR WHICH COLLECTED:** To track HB202 construction projects for hospitals and ambulatory surgery centers, track staff performance for evaluation purposes

5. **RESTRICTIONS ON DATA USE:** None

6. **CONTACT PERSON:** Jody Gudgel  
   **Telephone number:** 217-785-4264

7. **PROCESS FOR ACCESSING DATA:** Contact Division Chief with written request stating description of report desired and purpose of intended use

8. **STANDARD REPORTS GENERATED:** Various by query.

9. **DATA ELEMENTS COLLECTED:**
   - Facility Name
   - Project Description
   - Payment Information
   - Inspection Information
   - Facility Address
   - Project Cost
   - Medicare Number
   - License Number
   - Architect Name
   - Architect Project Number
   - Correspondence Information
   - Plan Review Information

---

**DIVISION OR CENTER NAME:** DIVISION OF HEALTH CARE FACILITIES AND PROGRAMS

1. **DATABASE/DATAFILE TITLE:** Facility Licensing

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Health Care Facilities and Programs - G:/COOS/Licensing DB/Facility Licensing

3. **DESCRIPTION:**

   Method of Collection ........................................... : Application  
   Percent Return .................................................. : 100%  
   Percent Completeness (Individual Surveys) ....................... : 100%  
   Database/Datafile is -  
      Computerized .................................................. : X Yes  
      Mainframe ..................................................... : X No  
      Personal Computer ............................................ : X Yes  
      Both .............................................................. : X Yes  
      Paper Format .................................................. : X Yes  
   Frequency of Updating ........................................... : Daily  
   Date of Last Update ............................................. : Ongoing  
   Years of Data .................................................... : from 1999 to Present  
   If PC, software used for this database .......................... : Access 97  
   If PC, what is type of file storage .............................. :  
   If PC, frequency of backup ...................................... : Nightly by IT  
   If PC, is it stand alone, network, client server, etc. ........... : Network

4. **PURPOSE FOR WHICH COLLECTED:** To track licensing issuance of hospitals, home health agencies, hospice, ambulatory surgical treatment centers, end stage renal disease facilities and track correspondence and status of these facilities

5. **RESTRICTIONS ON DATA USE:** None

6. **CONTACT PERSON:** Bonita Jones  
   **Telephone number:** 217-782-0382
7. **PROCESS FOR ACCESSING DATA**: Contact Division chief with written request stating description of report desired and purpose of intended use.

8. **STANDARD REPORTS GENERATED**: Various by query

9. **DATA ELEMENTS COLLECTED**:

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Contact person</td>
</tr>
<tr>
<td>Address</td>
<td>County</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>Geographic service area</td>
</tr>
<tr>
<td>Telephone</td>
<td>Services offered</td>
</tr>
<tr>
<td>Fax</td>
<td>Expiration date</td>
</tr>
<tr>
<td>E-Mail</td>
<td></td>
</tr>
</tbody>
</table>

**DIVISION OR CENTER NAME**: DIVISION OF HEALTH CARE FACILITIES AND PROGRAMS

1. **DATABASE/DATAFILE TITLE**: Nursing

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED**: Health Care Facilities and Programs - G:/HCF&P/Nursing

3. **DESCRIPTION**:

<table>
<thead>
<tr>
<th>Method of Collection</th>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Return</td>
<td>100%</td>
</tr>
<tr>
<td>Percent Completeness</td>
<td>100%</td>
</tr>
<tr>
<td>Database/Datafile is</td>
<td>X Yes No</td>
</tr>
<tr>
<td>Computerized</td>
<td>X Yes No</td>
</tr>
<tr>
<td>Mainframe</td>
<td>X Yes No</td>
</tr>
<tr>
<td>Personal Computer</td>
<td>X Yes No</td>
</tr>
<tr>
<td>Both</td>
<td>X Yes No</td>
</tr>
<tr>
<td>Paper Format</td>
<td>X Yes No</td>
</tr>
<tr>
<td>Frequency of Updating</td>
<td>Daily</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Years of Data</td>
<td>from 2001 to Present</td>
</tr>
<tr>
<td>If PC, software used for this database</td>
<td>Access 97</td>
</tr>
<tr>
<td>If PC, what is type of file storage</td>
<td></td>
</tr>
<tr>
<td>If PC, frequency of backup</td>
<td>Nightly by IT</td>
</tr>
<tr>
<td>If PC, is it stand alone, network, client server, etc.</td>
<td>Network</td>
</tr>
</tbody>
</table>

4. **PURPOSE FOR WHICH COLLECTED**: To track inspections conducted by the nurses and assist in scheduling surveys

5. **RESTRICTIONS ON DATA USE**: None

6. **CONTACT PERSON**: Carol Phillips  **Telephone number**: 312-793-7329

7. **PROCESS FOR ACCESSING DATA**: Contact Division Chief with written request stating description of report desired and purpose of intended use

8. **STANDARD REPORTS GENERATED**: Various by query.

9. **DATA ELEMENTS COLLECTED**:

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Correspondence Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey Dates</td>
<td>Facility Address</td>
</tr>
<tr>
<td>Medicare Number</td>
<td></td>
</tr>
</tbody>
</table>
DIVISION OR CENTER NAME: DIVISION OF HEALTH CARE FACILITIES AND PROGRAMS

1. DATABASE/DATAFILE TITLE: Rural Health Clinics, Outpatient Physical Therapy, Speech Pathology, Occupational Services, Portable X-Ray and Comprehensive Outpatient Rehabilitation Facilities.

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Health Care Facilities and Programs-Disk

3. DESCRIPTION:

   Method of Collection ....................... : Application
   Percent Return ................................ : 100%
   Percent Completeness (Individual Surveys) : 100%
   Database/Datafile is -
      Computerized ............................. : X Yes X No
      Mainframe ................................ : X Yes X No
      Personal Computer ...................... : X Yes X No
      Both ................................... : X Yes X No
   Frequency of Updating .................... :
   Date of Last Update ....................... :
   Years of Data ............................ : from 2000 to Present
   If PC, software used for this database : Access 97
   If PC, what is type of file storage : Disk
   If PC, is it stand alone, network, client server, etc. : Stand alone

4. PURPOSE FOR WHICH COLLECTED: To track survey history of the various facility types: rural health, outpatient physical therapy, speech pathology, occupational services, portable x-ray, and comprehensive outpatient rehabilitation facilities.

5. RESTRICTIONS ON DATA USE: None

6. CONTACT PERSON: Maggie Emerson    Telephone number: 217-782-7412

7. PROCESS FOR ACCESSING DATA: Contact Division Chief with written request stating description of report desired and purpose of intended use.

8. STANDARD REPORTS GENERATED: Various by query

9. DATA ELEMENTS COLLECTED:

   Name                                     Contact Person
   Address                                 County
   City, State, Zip                        Telephone
   Fax                                     E-mail

--------------------------------------------------------------------------------------------------------------------
1. **DATABASE/DATAFILE TITLE**: 670 Database

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED**: Health Care Facilities and Programs - G:/HCF&P/670

3. **DESCRIPTION**:  
   ![Method of Collection](Application)
   ![Percent Return](100%)
   ![Percent Completeness (Individual Surveys)](100%)
   ![Database/Datafile is -](
   - Computerized: Yes
   - Mainframe: Yes
   - Personal Computer: Yes
   - Both: No
   ![Paper Format](Yes)
   ![Frequency of Updating](Daily)
   ![Date of Last Update](Ongoing)
   ![Years of Data](from 1999 to Present)
   ![If PC, software used for this database](Access 97)
   ![If PC, what is type of file storage](Network)
   ![If PC, frequency of backup](Nightly by IT)
   ![If PC, is it stand alone, network, client server, etc.](Network)

4. **PURPOSE FOR WHICH COLLECTED**: To process monthly, quarterly and yearly budget reports.

5. **RESTRICTIONS ON DATA USE**: None

6. **CONTACT PERSON**: Jody Gudgel  **Telephone number**: 217-785-4264

7. **PROCESS FOR ACCESSING DATA**: Contact Division Chief with written request stating description of report desired and purpose of intended use.

8. **STANDARD REPORTS GENERATED**: Various by query

9. **DATA ELEMENTS COLLECTED**:  
<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Address</th>
<th>Facility Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey Type</td>
<td>Survey Date</td>
<td>Pre-Survey Hours</td>
</tr>
<tr>
<td>On Site Survey Hours</td>
<td>Report Pre Hours</td>
<td>Surveyor(s)</td>
</tr>
<tr>
<td>Supervisor Review Hours</td>
<td>Clerical Processing Hours</td>
<td>Travel Hours</td>
</tr>
</tbody>
</table>

---

**DIVISION OR CENTER NAME**: DIVISION OF LONG-TERM CARE QUALITY ASSURANCE

1. **DATABASE/DATAFILE TITLE**: Long Term Care System, License and Certification Subsystem

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED**: Division of Long-Term Care Quality Assurance

3. **DESCRIPTION**:  
   ![Method of Collection](Application)
   ![Percent Return](100%)
   ![Percent Completeness (Individual Surveys)](100%)
   ![Database/Datafile is -](
   - Computerized: Yes
   - Mainframe: Yes
   - Personal Computer: Yes
   - Both: No
   ![Paper Format](Yes)
   ![Frequency of Updating](Daily)
   ![Date of Last Update](Ongoing)
   ![Years of Data](from 1999 to Present)
   ![If PC, software used for this database](Access 97)
   ![If PC, what is type of file storage](Network)
   ![If PC, frequency of backup](Nightly by IT)
   ![If PC, is it stand alone, network, client server, etc.](Network)
4. PURPOSE FOR WHICH COLLECTED: The Department maintains a complete record on each facility (ownership data, bed capacity, etc.) for the purpose of issuing licenses and to establish a data base system for logging and tracking all surveys and any legal actions.

5. RESTRICTIONS ON DATA USE: None

6. CONTACT PERSON: Maribeth Farnham Telephone number: 217-782-5180

7. PROCESS FOR ACCESSING DATA: A written request stating description of the report and purpose of use intended.

8. STANDARD REPORTS GENERATED: Nursing Home Directory

9. DATA ELEMENTS COLLECTED:
   Administrator Name
   Approvals/affiliations of Facility
   Bed Count
   Federal Certification Status
   Licensee’s Financial Interest in Other Facilities
   License Information
   Licensee Information (Address and Name of
   Legal Contact)
   Licensure Status
   Ownership Detail for Individuals with 5% or More Interest in Either the Licensee or Site and
   Building Owner

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OFFICE OF HEALTH PROMOTION

DIVISION OR CENTER NAME: DIVISION OF HEALTH ASSESSMENT AND SCREENING

1. DATABASE/DATAFILE TITLE: Childhood Lead Poisoning Blood Lead Data

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Information Management Section

3. DESCRIPTION:

   Method of Collection ........................................ : Written, electronic transfer
   Percent Return ................................................... : 90%
   Percent Completeness (Individual Surveys) ............... :
   Database/Datafile is -
     Computerized ............................................. : _X_ Yes ___ No
     Mainframe ................................................. : _X_ Yes ___ No
     Personal Computer ....................................... : ___ Yes ___ X No
     Both ................................................................ : ___ Yes ___ X No
   Paper Format .................................................. :
   Frequency of Updating ...................................... :
   Date of Last Update ...........................................
   Years of Data ..................................................
     from FY87 to Present

-57-
4. PURPOSE FOR WHICH COLLECTED: To monitor blood lead levels of children tested.

5. RESTRICTIONS ON DATA USE: Limited to staff. Confidential medical records.

6. CONTACT PERSON: Phil Garner  Telephone number: 217-785-4903

7. PROCESS FOR ACCESSING DATA: Written request

8. STANDARD REPORTS GENERATED: Segmented by lead level, geographic location and by provider.

9. DATA ELEMENTS COLLECTED:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Birthdate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Name</td>
<td>Test Date</td>
<td>Test Result</td>
</tr>
<tr>
<td>Type of Test</td>
<td>Testing Lab</td>
<td>Provider</td>
</tr>
<tr>
<td>Child Sex</td>
<td>Ethnicity</td>
<td></td>
</tr>
</tbody>
</table>

DIVISION OR CENTER NAME: DIVISION OF HEALTH ASSESSMENT AND SCREENING

1. DATABASE/DATAFILE TITLE: Clearing House Database

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Community Intervention Section

3. DESCRIPTION:

<table>
<thead>
<tr>
<th>Method of Collection</th>
<th>Articles etc. collected by the program staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Return</td>
<td>100%</td>
</tr>
<tr>
<td>Percent Completeness (Individual Surveys)</td>
<td>100%</td>
</tr>
</tbody>
</table>

Database/Datafile is:
- Computerized: Yes
- Mainframe: Yes
- Personal Computer: Yes
- Both: Yes
- Paper Format: Yes

Frequency of Updating: Daily
Date of Last Update: July 1999
Years of Data: from 1990 to Present

If PC, software used for this database: Access
If PC, what is type of file storage: LAN
If PC, frequency of backup: Through the LAN
If PC, is it stand alone, network, client server, etc.: Network

4. PURPOSE FOR WHICH COLLECTED: To provide readily accessible cataloging of articles, including single word and topic searches.

5. RESTRICTIONS ON DATA USE: None

6. CONTACT PERSON: Cheryl Wycoff  Telephone number: 217-785-5378

7. PROCESS FOR ACCESSING DATA: Through contact person or section coordinator.

8. STANDARD REPORTS GENERATED: Listing of articles by variety of categories
DIVISION OR CENTER NAME: DIVISION OF HEALTH ASSESSMENT AND SCREENING

1. DATABASE/DATAFILE TITLE: Contact Database

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Information Management

3. DESCRIPTION: Local Health Department contacts used by division.

   Method of Collection : Program Staff
   Percent Return : 100%
   Percent Completeness (Individual Surveys) : 100%
   Database/Datafile is -
     Computerized : Yes
     Mainframe : Yes
     Personal Computer : No
     Both : Yes
     Paper Format : No
   Frequency of Updating : As needed
   Date of Last Update : July 1999
   Years of Data : from _ to _
   If PC, software used for this database : ACCESS
   If PC, what is type of file storage : LAN
   If PC, frequency of backup : Through LAN
   If PC, is it stand alone, network, client server, etc. : Network

4. PURPOSE FOR WHICH COLLECTED: To facilitate mailings

5. RESTRICTIONS ON DATA USE: None

6. CONTACT PERSON: Phil Garner  Telephone number: 217-785-4903

7. PROCESS FOR ACCESSING DATA: Contact person or section administrator

8. STANDARD REPORTS GENERATED: Sets of labels, directory

9. DATA ELEMENTS COLLECTED: Name, Address, Phone and Fax

--------------------------------------------------------------------------------------------------------------------

DIVISION OR CENTER NAME: DIVISION OF HEALTH ASSESSMENT & SCREENING

Genetics Section

1. DATABASE/DATAFILE TITLE: Genetic Counseling Services

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Genetics Section

3. DESCRIPTION:

   Method of Collection : Written Report
   Percent Return : 100%
   Percent Completeness (Individual Surveys) : 100%
   Database/Datafile is -
     Computerized : Yes
     Mainframe : Yes
4. PURPOSE FOR WHICH COLLECTED: To monitor and summarize genetic counseling activities provided through the genetic services grants.

5. RESTRICTIONS ON DATA USE: Limited to Program staff. All client information is confidential.

6. CONTACT PERSON: Claudia Nash Telephone number: 217-524-4900

7. PROCESS FOR ACCESSING DATA: Written request stating purpose and specific information needed.

8. STANDARD REPORTS GENERATED: In the process of being developed. Will include reports of patient demographics, patient visit information, indications for referral and diagnosis, laboratory test, pregnancy testing/outcome.

9. DATA ELEMENTS COLLECTED:

Patient Demographics
- Month
- Year
- Grantee
- Age
- Sex
- Race
- Hispanic
- Ethnicity
- Education Completed
- Annual Income
- Method of Payment

Patient Visit Information
- Month
- Year
- Grantee
- Name
- Type of Visit
- Source of Referral
- Identification with Other State/Program
- Site/Type of Encounter
- Services Provided
- Disposition
- Prenatal Clients
- Abnormal DNA test in fetus
- Chromosomal abnormality in fetus
- Consanguinity
- 35 or older at EDC
- Advanced Maternal Age: less than 35 at EDC
- Known chromosomal abnormality in pregnant patient/biological father
- Family history of chromosomal abnormality
- Family history of autosomal recessive disorder
- Family history of autosomal dominant disorder
- Family history of X-linked disorder

- Family history of mental retardation
- Family history of epilepsy
- Family history of metabolic disorder
- Family history of neural tube defect
- Family history of other inherited disorder or defect
- Risk of hemoglobinopathy
- Elevated amniotic fluid AFP
- Low amniotic fluid AFP
- Elevated MSAFP
- Low MSAFP
- Abnormal MSAFP/HCG/Estriol
- Paternal teratogen exposure
- Parental anxiety/concern
- Other
- Not reported
- Previous pregnancy loss/stillbirth
- Abnormal ultrasound
- Maternal seizure disorder
- Maternal diabetes
- Maternal Teratogen exposure
- Radiation
- Alcohol
- Illicit drug
- Medication
- Infectious agent
- Toxic chemical
- Other environmental/occupational agent
- Non-Prenatal Clients
- Normal
- Functional Disorders
- Metabolic/Endocrine Disorder
- Neuromuscular Disorder
- Skeletal/Connective Tissue Disorder
- Hematological Disorder
<table>
<thead>
<tr>
<th>Single Malformation</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple Congenital Anomalies</td>
<td>Grantee</td>
</tr>
<tr>
<td>Reproductive Risk</td>
<td>Name</td>
</tr>
<tr>
<td>Other</td>
<td>State Residents</td>
</tr>
<tr>
<td><strong>Laboratory/Diagnostic Tests</strong></td>
<td>Out-of-State Resident</td>
</tr>
<tr>
<td><strong>Month</strong></td>
<td>Residency Unspecified</td>
</tr>
<tr>
<td><strong>Year</strong></td>
<td>Pt. Contact by County of Residence</td>
</tr>
<tr>
<td><strong>Grantee</strong></td>
<td>County of Residence by Urban/Rural</td>
</tr>
<tr>
<td><strong>Name</strong></td>
<td>Clinical Services/Counseling Provided</td>
</tr>
<tr>
<td><strong>Lab</strong></td>
<td>Genetist</td>
</tr>
<tr>
<td>Blood Stumes</td>
<td>Non-Genetist</td>
</tr>
<tr>
<td>Amniotic Fluid</td>
<td>Info to Referral Source</td>
</tr>
<tr>
<td>Chorionic Tissue</td>
<td>Other</td>
</tr>
<tr>
<td>Fibroblasts/Bone Marrow</td>
<td>Outcome</td>
</tr>
<tr>
<td>Urine</td>
<td>Prenatal Testing/Reason Not Performed</td>
</tr>
<tr>
<td><strong>DX</strong></td>
<td>No Fetal Abnormality</td>
</tr>
<tr>
<td>Ultrasonography</td>
<td>Fetal Abnormality - unconfirmed postnatally</td>
</tr>
<tr>
<td>Diagnostic Imaging</td>
<td>Fetal abnormality found - confirmed postnatally</td>
</tr>
<tr>
<td>Diagnostic X-Rays</td>
<td>Findings of uncertain significance</td>
</tr>
<tr>
<td>Amniocentesis</td>
<td>Unable to Interpret Results/Unsatisfactory Evaluation</td>
</tr>
<tr>
<td>CVS</td>
<td>Other</td>
</tr>
<tr>
<td>Fetal Blood Sampling</td>
<td>Not Reported</td>
</tr>
<tr>
<td>Biopsy</td>
<td></td>
</tr>
</tbody>
</table>

---

**DIVISION OR CENTER NAME:** DIVISION OF HEALTH ASSESSMENT & SCREENING
Genetics Section

1. **DATABASE/DATAFILE TITLE:** GenSys Confirmed

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Genetics Newborn Screening Section

3. **DESCRIPTION:**

   - **Method of Collection** : Written Report (Physician Report)
   - **Percent Return** : 90%
   - **Percent Completeness (Individual Surveys)** : 90%
   - **Database/Datafile is -**
     - **Computerized** : Yes
     - **Mainframe** : Yes
     - **Personal Computer** : Yes
     - **Both** : Yes
     - **Paper Format** : Yes
   - **Frequency of Updating** : Initial Report and Annual Report
   - **Date of Last Update** : Implemented annually
   - **Years of Data** : from 1985 to Present
   - **If PC, software used for this database** :
   - **If PC, what is type of file storage** :
   - **If PC, frequency of backup** :
   - **If PC, is it stand alone, network, client server, etc.** :

4. **PURPOSE FOR WHICH COLLECTED:** Retention of follow-up information on confirmed cases from birth through adulthood, maintenance of a registry of clients with confirmed diagnoses, an inventory control and shipping order system for the provision of medical treatment products to PKU clients, assessment for development progress of clients.

5. **RESTRICTIONS ON DATA USE:** Restricted to Section staff. None statistically.
DIVISION OR CENTER NAME: DIVISION OF HEALTH ASSESSMENT AND SCREENING
Genetics Section

1. DATABASE/DATAFILE TITLE: GenSys Newborn Screening Suspects

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Genetics Newborn Screening Program Section

3. DESCRIPTION: Identify At-Risk Newborns.

4. PURPOSE FOR WHICH COLLECTED: Identify at-risk newborns using lab. test results, retain specified follow-up information on suspect cases, automate generation of appropriate reports, maintain a registry of clients, promulgate determining quantitative data on sources and types of errors in testing to facilitate more efficient screening.

5. RESTRICTIONS ON DATA USE: Individual client results are confidential. Access to data is allowable only to designated staff.

6. CONTACT PERSON: Claudia Nash  Telephone number:  217-782-6557

7. PROCESS FOR ACCESSING DATA: See Restrictions.

8. STANDARD REPORTS GENERATED: Example: Suspects by disorder, sex, age at time of specimen, and prematurity/full term.

9. DATA ELEMENTS COLLECTED:

- Product Master
- Clients Master
- Diseases Abbreviation
  - 'GAL' =
  - 'HYP' =
  - 'PKU' =
  - 'HGB' =
  - 'BIO' =
  - 'CAH' =
- Patient Demographics
- Follow-up Activities
- Progress of patients
DIVISION OR CENTER NAME: DIVISION OF HEALTH ASSESSMENT AND SCREENING

1. DATABASE/DATAFILE TITLE: Hearing Aid Consumer Protection Program, Information System

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Vision and Hearing Section

3. DESCRIPTION:

   Method of Collection : Application for certification submitted to the program individually
   Percent Return : 90%
   Percent Completeness (Individual Surveys) : 100% Before Approval

   Database/Datafile is -
   - Computerized : Yes
   - Mainframe : Yes
   - Personal Computer : Yes
   - Both : Yes
   - Paper Format : No

   Frequency of Updating : Daily
   Date of Last Update : from 1984 to Present
   Years of Data : from 1984 to Present

   If PC, software used for this database : Dataease
   If PC, what is type of file storage : LAN and disk
   If PC, frequency of backup : Daily via LAN and Weekly with disk
   If PC, is it stand alone, network, client server, etc. : Network

4. PURPOSE FOR WHICH COLLECTED: Each person must make application to the program to become a licensed hearing aid dispenser. After successful completion of the written or practical examination administered by the Department - he/she is eligible for a (6 month) temporary license. After successful completion of the remaining exam, that person is eligible to become certified (2 year permanent license). A license is issued for a temporary application and again when certified.

5. RESTRICTIONS ON DATA USE: Data is available upon written request and after review by the Section Coordinator. Lists and labels may also be purchased from the program.

6. CONTACT PERSON: Fern Schneider  Telephone number: 217-782-1234

7. PROCESS FOR ACCESSING DATA: Through contact person or the Section Coordinator.

8. STANDARD REPORTS GENERATED: License for temporary and Certified dispensers, current active list and mailing labels of dispensers by region or statewide.

9. DATA ELEMENTS COLLECTED:
   - Name
   - Home Address
   - Business Address
   - Educational Background
   - Selected Health Issues
   - Name of Supervisor
   - Liability Insurance Information
   - Committed a Felon
   - Home Phone
   - Business Phone

DIVISION OR CENTER NAME: DIVISION OF HEALTH ASSESSMENT AND SCREENING

1. DATABASE/DATAFILE TITLE: Hearing Instrument Program Database (Validation)

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Community Intervention Section

3. DESCRIPTION: Document fees received for examinations and license renewals
4. PURPOSE FOR WHICH COLLECTED: Track fees received.

5. RESTRICTIONS ON DATA USE: Program staff only - confidential

6. CONTACT PERSON: Fern Schneider  Telephone number: 217-782-1234

7. PROCESS FOR ACCESSING DATA: Contact person or section administrator

8. STANDARD REPORTS GENERATED: Summaries

9. DATA ELEMENTS COLLECTED:

<table>
<thead>
<tr>
<th>Dollar amount</th>
<th>Purpose</th>
<th>Payor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DIVISION OR CENTER NAME: DIVISION OF HEALTH ASSESSMENT AND SCREENING

1. DATABASE/DATAFILE TITLE: Hemoglobinopathies Quarterly Reports

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Community Intervention Section

3. DESCRIPTION: Reports of children receiving genetic services

<table>
<thead>
<tr>
<th>Method of Collection</th>
<th>Quarterly reports from grantees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Return</td>
<td>100%</td>
</tr>
<tr>
<td>Percent Completeness (Individual Surveys)</td>
<td>100%</td>
</tr>
<tr>
<td>Database/Datafile is -</td>
<td></td>
</tr>
<tr>
<td>Computerized</td>
<td>X Yes</td>
</tr>
<tr>
<td>Mainframe</td>
<td>X Yes</td>
</tr>
<tr>
<td>Personal Computer</td>
<td>X Yes</td>
</tr>
<tr>
<td>Both</td>
<td>X Yes</td>
</tr>
<tr>
<td>Frequency of Updating</td>
<td>As needed</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>July 1999</td>
</tr>
<tr>
<td>Years of Data</td>
<td>from 1998 to 1999</td>
</tr>
<tr>
<td>If PC, software used for this database</td>
<td>Access</td>
</tr>
<tr>
<td>If PC, what is type of file storage</td>
<td>LAN</td>
</tr>
<tr>
<td>If PC, frequency of backup</td>
<td>Through LAN</td>
</tr>
<tr>
<td>If PC, is it stand alone, network, client server, etc.</td>
<td>Network</td>
</tr>
</tbody>
</table>
4. PURPOSE FOR WHICH COLLECTED: Monitor grantee activities

5. RESTRICTIONS ON DATA USE: Program staff only - confidential medical information.

6. CONTACT PERSON: Claudia Nash  Telephone number: 217-524-4900

7. PROCESS FOR ACCESSING DATA: Through contact person or section coordinator

8. STANDARD REPORTS GENERATED: Quarterly and annual summaries

9. DATA ELEMENTS COLLECTED:

<table>
<thead>
<tr>
<th>Grantee</th>
<th>Screening diagnosis</th>
<th>Whether referred to Local Health Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grantor</td>
<td>Final diagnosis</td>
<td>Referral Source</td>
</tr>
<tr>
<td>Name</td>
<td>Mother’s diagnosis</td>
<td>Payment Source</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Father’s diagnosis</td>
<td>Date/age PCN started</td>
</tr>
<tr>
<td>Race</td>
<td>Siblings diagnosis</td>
<td># of clinic visits</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Whether family</td>
<td># ER visits</td>
</tr>
<tr>
<td>Sex</td>
<td>was counseled</td>
<td># days in hospital</td>
</tr>
<tr>
<td>Zip</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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DIVISION OR CENTER NAME: DIVISION OF HEALTH ASSESSMENT AND SCREENING

1. DATABASE/DATAFILE TITLE: NEWTECHS

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Health Assessment and Screening/Vision & Hearing Section

3. DESCRIPTION:

<table>
<thead>
<tr>
<th>Method of Collection</th>
<th>By Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Return</td>
<td>100%</td>
</tr>
<tr>
<td>Percent Completeness (Individual Surveys)</td>
<td>100%</td>
</tr>
<tr>
<td>Database/Datafile is -</td>
<td></td>
</tr>
<tr>
<td>Computerized</td>
<td>X Yes No</td>
</tr>
<tr>
<td>Mainframe</td>
<td>X Yes No</td>
</tr>
<tr>
<td>Personal Computer</td>
<td>X Yes No</td>
</tr>
<tr>
<td>Both</td>
<td>X Yes No</td>
</tr>
<tr>
<td>Paper Format</td>
<td>___ Yes No</td>
</tr>
<tr>
<td>Frequency of Updating</td>
<td>Summer 1999</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td></td>
</tr>
<tr>
<td>Years of Data</td>
<td>from 1969 to 1999</td>
</tr>
<tr>
<td>If PC, software used for this database</td>
<td>Microsoft Access</td>
</tr>
<tr>
<td>If PC, what is type of file storage</td>
<td></td>
</tr>
<tr>
<td>If PC, frequency of backup</td>
<td>Automatic Backup</td>
</tr>
<tr>
<td>If PC, is it stand alone, network, client server, etc.</td>
<td></td>
</tr>
</tbody>
</table>

4. PURPOSE FOR WHICH COLLECTED: To monitor certified vision and hearing screeners, locations and activities.

5. RESTRICTIONS ON DATA USE: Limited to program staff and support staff.

6. CONTACT PERSON: Gail Tanner  Telephone number: 217-782-4733

7. PROCESS FOR ACCESSING DATA: Written request stating purpose and specific info needed.

8. STANDARD REPORTS GENERATED: Techs by County, by Region, Active Screeners, Recertification Lists and Expiration Lists.

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9. DATA ELEMENTS COLLECTED:

<table>
<thead>
<tr>
<th>ID #</th>
<th>Work Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>County</td>
</tr>
<tr>
<td>Social Security Number</td>
<td>Course Information</td>
</tr>
<tr>
<td>Title</td>
<td>Score</td>
</tr>
<tr>
<td>Degree</td>
<td>Status</td>
</tr>
<tr>
<td>Home Information</td>
<td>Expiration Date</td>
</tr>
</tbody>
</table>

DIVISION OR CENTER NAME: DIVISION OF HEALTH ASSESSMENT AND SCREENING

1. DATABASE/DATAFILE TITLE: NIA Database (clinic)

2. LOCATION WHERE DATABASE/FIELD IS MAINTAINED: Health Assurance

3. DESCRIPTION: Expenses associated with vision and hearing clinics, direct service screening

   Method of Collection ............................................ : Submitted expenses
   Percent Return ..................................................... : 100%
   Percent Completeness (Individual Surveys) .................... : 100%
   Database/Datafile is -
   Computerized .................................................... : X Yes No
   Mainframe ....................................................... : X Yes No
   Personal Computer ............................................. : X Yes No
   Both .............................................................. : X Yes No
   Paper Format .................................................... : Yes No
   Frequency of Updating ........................................... : Monthly
   Date of Last Update ............................................. : July 1999
   Years of Data .................................................... : from 1/99 to Current

   If PC, software used for this database ........................ : Access
   If PC, what is type of file storage ............................ : LAN
   If PC, frequency of backup ...................................... : Through LAN
   If PC, is it stand alone, network, client
   server, etc. ..................................................... : Network

4. PURPOSE FOR WHICH COLLECTED: Provide data to accounting services to pay expenses.

5. RESTRICTIONS ON DATA USE: Program staff only - confidential data

6. CONTACT PERSON: Gail Tanner  Telephone number: 217-782-1231

7. PROCESS FOR ACCESSING DATA: Contact person or section administrator

8. STANDARD REPORTS GENERATED: Summaries and detail reports

9. DATA ELEMENTS COLLECTED:

<table>
<thead>
<tr>
<th>Name</th>
<th>Expenses due</th>
<th>Total pay due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic date</td>
<td>Fee/clinic</td>
<td>Total mileage due</td>
</tr>
<tr>
<td>Location</td>
<td>Money due for clinics</td>
<td>Total Due</td>
</tr>
<tr>
<td>Hours worked</td>
<td># Clinics salary due</td>
<td>Date Paid</td>
</tr>
<tr>
<td>Total mileage</td>
<td>Fee/hours cost per night</td>
<td></td>
</tr>
</tbody>
</table>

DIVISION OR CENTER NAME: DIVISION OF HEALTH ASSESSMENT AND SCREENING

1. DATABASE/DATAFILE TITLE: SIDS & SIDS/IM

2. LOCATION WHERE DATABASE/FIELD IS MAINTAINED: Community Intervention Section
3. DESCRIPTION:

Method of Collection ....................................: Coroner/Medical Examiner Reports, birth & death certificates, Nurse Report forms
Percent Return .............................................: NA
Percent Completeness (Individual Surveys) ...........: NA
Database/Datafile is -
  Computerized .............................................: _X_ Yes ___ No
  Mainframe .............................................: _X_ Yes ___ No
  Personal Computer ....................................: _X_ Yes ___ No
  Both ......................................................: _X_ Yes ___ No
  Paper Format ...........................................: ___ Yes ___ No
Frequency of Updating .................................: Daily
Date of Last Update .....................................: Current Date
Years of Data ..........................................: from 1989 to Current
If PC, software used for this database ...............: 
If PC, what is type of file storage ....................: 
If PC, frequency of backup ............................: 
If PC, is it stand alone, network, client
  server, etc. .............................................: 

4. PURPOSE FOR WHICH COLLECTED: To determine reporting expediency and collect relevant information pertaining to SIDS Infants & their families. Provide counseling and referral services, and compile statistical data on SIDS in Illinois.

5. RESTRICTIONS ON DATA USE: Client information is not released

6. CONTACT PERSON: Barb Breidenbaugh Telephone number: 217-557-2931

7. PROCESS FOR ACCESSING DATA: Written request with stated purpose and intent.

8. STANDARD REPORTS GENERATED: Mailing List, Statewide Totals of Reported Cases, Coroner’s Reporting Expediency, Status of Cases, Overdue Nurse Report Forms, Contacts Reports, Referrals Reports.

9. DATA ELEMENTS COLLECTED:

- Sex
- Date of Birth
- Weight
- Race
- Hispanic
- Twin
- Sib Order
- Autopsy Performed
- SIDS or cause of death on DC
- Caretaker
- Other SIDS in Family
- Mother’s Name
  - Age
  - Address, City, State, Zip
  - Phone
- Sleep Position
- Co-sleeping - (where/with whom)
- Date of death - age (days)
- Marital Status
- Prenatal Care
- Month Began
- Number of Visits

  Type of Delivery
- Use of Alcohol, Tobacco or Drug
- Father’s Name
- Address, City, State, Zip
- Phone
- Death Reported by
- Date Reported
- County of Occurrence
- County of Residence
- HVR Received
- Birth Certificate
- Death Certificate
- Agency Code
- Agency Name
- Date Referral Sent
- Date PRG Condolence Sent
- Mailing List wished
- Parent Contact wished
- Group Contact wished
- Referrals
- Reactions to Professionals
DIVISION OR CENTER NAME: DIVISION OF HEALTH ASSESSMENT AND SCREENING

1. DATABASE/DATAFILE TITLE: Vision and Hearing Database (Summary)

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Health Assurance

3. DESCRIPTION: Summary statistics from schools, local health departments and others describing the number of children screened and referred for vision and hearing problems.

   Method of Collection .................. : Survey
   Percent Return ........................ : 
   Percent Completeness (Individual Surveys) .......... : 
   Database/Datafile is -
      Computerized ........................ : Yes
      Mainframe ................................ : Yes
      Personal Computer ................... : Yes
      Both ................................... : Yes
   Paper Format .......................... : 
   Frequency of Updating .................. : Annually
   Date of Last Update ................... : August 1998
   Years of Data .......................... : from 1994 to 1998
   If PC, software used for this database ............. : Access
   If PC, what is type of file storage ................. : Lan
   If PC, frequency of backup ................... : Through LAN
   If PC, is it stand alone, network, client
      server, etc. .......................... : Network

4. PURPOSE FOR WHICH COLLECTED: To summarize activity.

5. RESTRICTIONS ON DATA USE: Program staff only - published in paper form

6. CONTACT PERSON: Gail Tanner  Telephone number: 217-782-1231

7. PROCESS FOR ACCESSING DATA: Contact person or section administrator

8. STANDARD REPORTS GENERATED: Summary data

9. DATA ELEMENTS COLLECTED:
   Numbers of children screened  Referred and followed-up by grade
   Rescreened  School/health department for vision and hearing problems

DIVISION OR CENTER NAME: DIVISION OF HEALTH ASSESSMENT AND SCREENING

1. DATABASE/DATAFILE TITLE: Vision and Hearing (Information Request)

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Community Intervention Section

3. DESCRIPTION: Document requests for brochures filled by program

   Method of Collection .................. : Request
   Percent Return ........................ : 100%
   Percent Completeness (Individual Surveys) .......... : 100%
   Database/Datafile is -
      Computerized ........................ : Yes
      Mainframe ................................ : Yes
      Personal Computer ................... : Yes

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4. PURPOSE FOR WHICH COLLECTED: To track brochures provided

5. RESTRICTIONS ON DATA USE: None

6. CONTACT PERSON: Gail Tanner    Telephone number: 217-782-1231

7. PROCESS FOR ACCESSING DATA: Contact person or section administrator

8. STANDARD REPORTS GENERATED: Summary data

9. DATA ELEMENTS COLLECTED:
   Name       Address       Sender
   Phone      Quantity      Brochure Name

DIVISION OR CENTER NAME: DIVISION OF HEALTH ASSESSMENT AND SCREENING

1. DATABASE/DATAFILE TITLE: Vision and Hearing Technicians

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Community Intervention Section

3. DESCRIPTION: List of vision and hearing technicians; active and inactive

   Method of Collection : License applications
   Percent Return : 100%
   Percent Completeness (Individual Surveys) : 100%
   Database/Datafile is -
      Computerized : X Yes  No
      Mainframe : X Yes  No
      Personal Computer : X Yes  No
      Both : X Yes  No
   Paper Format : X Yes  No
   Frequency of Updating : As needed
   Date of Last Update : July 1999
   Years of Data : from 1993 to Current
   If PC, software used for this database : Access
   If PC, what is type of file storage : LAN
   If PC, frequency of backup : LAN Backup
   If PC, is it stand alone, network, client server, etc. : Network

4. PURPOSE FOR WHICH COLLECTED: Maintain list of technicians

5. RESTRICTIONS ON DATA USE: Program staff only - confidential data

6. CONTACT PERSON: Gail Tanner    Telephone number: 217-782-1231

7. PROCESS FOR ACCESSING DATA: Contact person or section administrator
8. STANDARD REPORTS GENERATED: Lists of technicians

9. DATA ELEMENTS COLLECTED:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Certification Date</th>
<th>Test scores</th>
<th>Degree</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency</td>
<td>Work Address</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

--------------------------------------------------------------------------------------------------------------------

DIVISION OR CENTER NAME: DIVISION OF HEALTH ASSESSMENT & SCREENING

1. DATABASE/DATAFILE TITLE: Vision and Hearing Version 1.2 (Hearing Instrument Program)

2. LOCATION WHERE DATABASE/FREE IS MAINTAINED: Health Assessment & Screening/Vision & Hearing Section

3. DESCRIPTION:

   Method of Collection ....................................: By application
   Percent Return ...........................................: 100%
   Percent Completeness (Individual Surveys) ............: 100%

   Database/Datafile is
   Computerized .............................................: X Yes __ No
   Mainframe ..................................................: X Yes __ No
   Personal Computer .......................................: X Yes __ No
   Both .........................................................: X Yes __ No
   Paper Format ...............................................: ___ Yes ___ No

   Frequency of Updating ....................................
   Date of Last Update .......................................: Spring 1999
   Years of Data .............................................: from 1985 to 1999
   If PC, software used for this database ..................: Microsoft Access
   If PC, what is type of file storage .....................: Automatic Backup
   If PC, is it stand alone, network, client server, etc.:

4. PURPOSE FOR WHICH COLLECTED: Monitoring and licensing hearing instrument dispensers.

5. RESTRICTIONS ON DATA USE: Program and support staff.

6. CONTACT PERSON: Fern Schneider  Telephone number: 217-782-1234

7. PROCESS FOR ACCESSING DATA: Written request stating purpose and specific information needed.

8. STANDARD REPORTS GENERATED: Renewal reports, expiration, active lists, labels, business lists and examiner lists.

9. DATA ELEMENTS COLLECTED:

   Identifying Information Date of Birth
   ID# Sex
   Business Information Test Scores
   Expiration Date Education
   Active Status Continuing Education Credit Hours

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DIVISION OR CENTER NAME: DIVISION OF ORAL HEALTH

1. DATABASE/DATAFILE TITLE: Craniofacial Anomaly
2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Craniofacial Anomaly Program

3. DESCRIPTION:

<table>
<thead>
<tr>
<th>Method of Collection</th>
<th>Written and electronically from IMS birth file and APORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Return</td>
<td>100%</td>
</tr>
<tr>
<td>Percent Completeness (Individual Surveys)</td>
<td>100%</td>
</tr>
<tr>
<td>Database/Datafile is -</td>
<td></td>
</tr>
<tr>
<td>Computerized</td>
<td>X Yes ____ No</td>
</tr>
<tr>
<td>Mainframe</td>
<td>X Yes ____ No</td>
</tr>
<tr>
<td>Personal Computer</td>
<td>X Yes ____ No</td>
</tr>
<tr>
<td>Both</td>
<td>X Yes ____ No</td>
</tr>
<tr>
<td>Paper Format</td>
<td></td>
</tr>
<tr>
<td>Frequency of Updating</td>
<td>Monthly</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>None</td>
</tr>
<tr>
<td>Years of Data</td>
<td>from 1986 to Present</td>
</tr>
<tr>
<td>If PC, software used for this database</td>
<td>WordPerfect 8.0</td>
</tr>
<tr>
<td>If PC, what type of file storage</td>
<td>Floppy and LAN</td>
</tr>
<tr>
<td>If PC, frequency of backup</td>
<td>Annually</td>
</tr>
<tr>
<td>If PC, is it stand alone, network, client server, etc</td>
<td>LAN</td>
</tr>
</tbody>
</table>

4. PURPOSE FOR WHICH COLLECTED: The primary purpose for which the data is collected is the notification of new mothers whose children are born with a cleft lip/palate congenital abnormality of how to feed the infants and to make them aware the craniofacial teams which are available to help correct the problem. Secondly, the statistics may be helpful in any number of reports.

5. RESTRICTIONS ON DATA USE: None statistically.

6. CONTACT PERSON: Ann Roppel  Telephone Number: 217-278-5934

7. PROCESS FOR ACCESSING DATA: Written request stating purpose and specific information needed.


9. DATA ELEMENTS COLLECTED:

- Children Born with Cleft Lip/palate
- Type of Congenital Abnormality
- Date of Birth
- Mother's Name
- Mother's Marital Status
- Child's Name
- Child's Race
- Apgar Score from Birth Certificate
- Child's Sex
- Race Information from Birth Certificate

DIVISION OR CENTER NAME: DIVISION OF ORAL HEALTH

1. DATABASE/DATAFILE TITLE: Dental Sealant Grant

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Dental Sealant Grant Program

3. DESCRIPTION:

<table>
<thead>
<tr>
<th>Method of Collection</th>
<th>Billing and Individual Reporting Forms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Return</td>
<td>100%</td>
</tr>
<tr>
<td>Percent Completeness (Individual Surveys)</td>
<td>80-100%</td>
</tr>
<tr>
<td>Database/Datafile is -</td>
<td></td>
</tr>
<tr>
<td>Computerized</td>
<td>X Yes ____ No</td>
</tr>
<tr>
<td>Mainframe</td>
<td>____ Yes X No</td>
</tr>
<tr>
<td>Personal Computer</td>
<td>X Yes ____ No</td>
</tr>
</tbody>
</table>
4. PURPOSE FOR WHICH COLLECTED: This system enables the Division of Oral Health to approve fee-for-service billing, monitor grant performance and collect number of clients served and services provided.

5. RESTRICTIONS ON DATA USE: None statistically.

6. CONTACT PERSON: Stacey Ballweg  Telephone Number: 217-785-4899

7. PROCESS FOR ACCESSING DATA: Written request.


9. DATA ELEMENTS COLLECTED:
   - No. Of Children Served
   - No. Of Dental Sealants Applied
   - Grant Funds Expended
   - Other Sealants Done
   - No. Of Medicaid Children Served
   - No. Of Sealants Applied on Medicaid Children
   - No. Of Schip/kidcare Children Served
   - No. Of Sealants Applied on Schip/kidcare Children

--------------------------------------------------------------------------------------------------------------------

DIVISION OR CENTER NAME: DIVISION OF ORAL HEALTH

1. DATABASE/DATAFILE TITLE: Fluoridation

2. LOCATION WHERE DATABASE/FIELD IS MAINTAINED: Fluoridation Program

3. DESCRIPTION: Maintenance of fluoridation monitoring data.

   Method of Collection ................. : From lab analysis forms
   Percent Return ....................... : 100%
   Percent Completeness (Individual Surveys) .............. : 90% - 100%
   Database/Datafile is -
   Computerized ....................... : X Yes ___ No
   Mainframe .............................. : X Yes ___ No
   Personal Computer .................. : X Yes ___ No
   Both ................................... : X Yes ___ No
   Paper Format .......................... : X Yes ___ No
   Frequency of Updating .............. : Monthly
   Date of Last Update .................. : 8/01
   Years of Data ......................... : from 1981 to Present
   If PC, software used for this database ................. : Microsoft Access
   If PC, what type of file storage ...................... : Lan and Floppy
   If PC, frequency of backup .................. : Quarterly
   If PC, is it stand alone, network, client server, etc. : Network

4. PURPOSE FOR WHICH COLLECTED: This system enables the Division of Oral Health to monitor compliance of public water supplies with the Illinois Statute mandating adjustment of fluoride to a level of between
0.9 to 1.2 milligrams per liter inclusively.

5. **RESTRICTIONS ON DATA USE:** None

6. **CONTACT PERSON:** Julie Ann Janssen  **Telephone number:** 217-785-4899

7. **PROCESS FOR ACCESSING DATA:** Written request


9. **DATA ELEMENTS COLLECTED:**
   
   Public Water Supplies: Facility Number
   Name # Population Served
   Address Fluoridation Test Results

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**OFFICE OF HEALTH PROTECTION**

**DIVISION OR CENTER NAME:** DIVISION OF ENVIRONMENTAL HEALTH

1. **DATABASE/DATAFILE TITLE:** Asbestos Commercial and Public Building Project Notifications

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Environmental Health

3. **DESCRIPTION:** Maintain records of commercial and public building asbestos abatement projects that are required in accordance with Section 855.220a) 1) of the Asbestos Code.

   - **Method of Collection** .................................. : Notification form
   - **Percent Return** ...................................... : 90%
   - **Percent Completeness (Individual Surveys)** .............. : 75%
   - **Database/Datafile is -**
     - **Computerized** .................................. : X Yes    No
     - **Mainframe** ...................................... : Yes    X No
     - **Personal Computer** ............................. : X Yes    No
     - **Both** ........................................... : X Yes    No
   - **Paper Format** ...................................... : X Yes    No
   - **Frequency of Updating** ................................: Daily
   - **Date of Last Update** ............................... : Daily
   - **Years of Data** ..................................... : from 1999 to Present
   - **If PC, software used for this database** .................. : Database
   - **If PC, what is type of file storage** ..................... : Network
   - **If PC, frequency of backup** .......................... : Daily
   - **If PC, is it stand alone, network, client server, etc.** : Network

4. **PURPOSE FOR WHICH COLLECTED:** Under Section 855.220a) 1) of the Asbestos Code, notification for commercial and public building projects shall be submitted to the Department for project activities ranging in size from 3 square feet/3linear feet to 160 square feet/260 linear feet.

5. **RESTRICTIONS ON DATA USE:** Asbestos Program use or requests through the Freedom of Information Act.

6. **CONTACT PERSON:** Cinda Noak  **Telephone number:** 217/782-3517
7. PROCESS FOR ACCESSING DATA: Written request through the Freedom of Information Act.


9. DATA ELEMENTS COLLECTED:
   - Project ID Number
   - Building ID Number
   - County Name
   - Region
   - Building Name, Address, City, State, Zip Code
   - Contractor Name
   - Contractor Expiration Date
   - Inspector ID Number, Name and Expiration Date
   - Project Designer ID Number, Name and Expiration Date
   - Start Date and Time
   - Completion Date and Time
   - Cancellation Date
   - Scope of Project

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. DATABASE/DATAFILE TITLE: Asbestos Contractor Licensing Program

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Environmental Health

3. DESCRIPTION: Illinois Licensed Asbestos Abatement Contractors

   - Method of Collection: Application
   - Percent Return: 90%
   - Percent Completeness (Individual Surveys): 75%
   - Database/Datafile is:
     - Computerized: Yes
     - Mainframe: No
     - Personal Computer: Yes
     - Both: No
   - Paper Format: Yes
   - Frequency of Updating: Daily
   - Date of Last Update: Daily
   - Years of Data: from 1986 to Present
   - If PC, software used for this database: Dataease
   - If PC, what is type of file storage: Network
   - If PC, frequency of backup: Daily
   - If PC, is it stand alone, network, client server, etc.: Network

4. PURPOSE FOR WHICH COLLECTED: The Asbestos Abatement Act and Code and the Commercial and Public Building Asbestos Abatement Act mandates that contractors shall be licensed by the Illinois Department of Public Health to conduct asbestos activities in all buildings except single family homes and apartment buildings ten units or less.

5. RESTRICTIONS ON DATA USE: Asbestos Program use or request through the Freedom of Information Act.

6. CONTACT PERSON: Cinda Noak  Telephone number: 217-782-3517

7. PROCESS FOR ACCESSING DATA: Large request through the Freedom of Information Act. Small request may be by phone.

8. STANDARD REPORTS GENERATED: Licensed contractors - by request.

9. DATA ELEMENTS COLLECTED:
   - Identification Number
   - Address, City, State, Zip
   - Name of Company
   - Phone Number
DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. DATABASE/DATAFILE TITLE: Asbestos On-Site Inspections, Fines, Warnings, Violations

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Environmental Health

3. DESCRIPTION: Maintains records of on-site inspections for asbestos abatement projects in Illinois and any violations, warnings or fines.

   Method of Collection: Report by inspector
   Percent Return: 100%
   Percent Completeness (Individual Surveys): 100%
   Database/Datafile is -
     Computerized: Yes
     Mainframe: Yes
     Personal Computer: Yes
     Both: Yes
   Paper Format: Yes
   Frequency of Updating: Daily
   Date of Last Update: Daily
   Years of Data: from 1992 to Present
   If PC, software used for this database: DataEase
   If PC, what is type of file storage: Network
   If PC, frequency of backup: Daily
   If PC, is it stand alone, network, client server, etc.: Network

4. PURPOSE FOR WHICH COLLECTED: Document on-site asbestos abatement project inspections, any violations that occurred and any warnings or fines that are issued.

5. RESTRICTIONS ON DATA USE: Asbestos Program use or requests through the Freedom of Information Act.

6. CONTACT PERSON: Cinda Noak
   Telephone number: 217/782-3517

7. PROCESS FOR ACCESSING DATA: Written request through FOIA

8. STANDARD REPORTS GENERATED: Reports created based on request.

9. DATA ELEMENTS COLLECTED:
   Abatement Project Number
   Inspection dates
   Type of Action
   Name of Inspectors
   Name of School facility
   Address of School facility
   City, State and Zip of School Facility
   Name of commercial or public building
   Address of commercial or public building
   City, State and Zip of commercial and public building
   Contractor receiving action
   Professionals receiving action
   Legal action and dates
DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. DATABASE/DATAFILE TITLE: Asbestos Professional Licensing Program

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Environmental Health

3. DESCRIPTION: Maintain records for licensed asbestos professionals; inspectors, management planners, project supervisors, project managers, air sampling professionals, and project designers.

   Method of Collection ............................. : Application
   Percent Return ..................................... : 90%
   Percent Completeness (Individual Surveys) ........... : 75%
   Database/Datafile is -
      Computerized .................................... : X Yes No
      Mainframe ....................................... : X Yes No
      Personal Computer ................................: X Yes No
      Both ............................................. : X Yes No
   Paper Format ...................................... : X Yes No
   Frequency of Updating ............................. : Daily
   Date of Last Update ................................. : Daily
   Years of Data ...................................... : from 1990 to Present
   If PC, software used for this database ................ : Dataease
   If PC, what is type of file storage .................... : Network
   If PC, frequency of backup .......................... : Daily
   If PC, is it stand alone, network, client
      server, etc. ..................................... : Network

4. PURPOSE FOR WHICH COLLECTED: The Asbestos Abatement Act and Code mandates that supervisors, inspectors, management planners, project designers, project managers and air sampling professionals shall be licensed by the Illinois Department of Public Health to conduct asbestos activities in public and non-public school facilities. The Commercial and Public Building Asbestos Abatement Act mandates that supervisors, inspectors, and project designers shall be licensed by the Illinois Department of Public Health to conduct asbestos activities in all buildings except single family homes and apartment buildings ten units or less.

5. RESTRICTIONS ON DATA USE: Asbestos Program use or request through the Freedom of Information Act.

2. CONTACT PERSON: Cinda Noak    Telephone number: 217-782-3517

7. PROCESS FOR ACCESSING DATA: Large request through the Freedom of Information Act. Small request may be by phone.

8. STANDARD REPORTS GENERATED: By request; Licenses Inspectors, Licensed Project Managers, Licensed Project Supervisors, Licensed Air Sampling Professionals, Licensed Project Designers, Licensed Management Planners.

9. DATA ELEMENTS COLLECTED:
   Identification Number
   Name
   Address, City, State, Zip
   Phone Number
   Social Security Number
   Worker Identification Number
   Company Id Number
   Company Name
   Company Address
   City, State, Zip (For Company)
   Phone Number (For Company)
   Expiration Date per License
   Disapproval Date per License
   License Print Date per Type of License
   Initial Training Course(s)
   Exam Date
   Expiration Date
   Initial Certificate Number
   Refresher Training Course(s)
   Exam Date
   Refresher Certificate Number

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DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. DATABASE/DATAFILE TITLE: Asbestos Worker Licensing Program

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Environmental Health

3. DESCRIPTION: Maintain records for licensed asbestos workers.

   Method of Collection ...........................................: Application
   Percent Return ...................................................: 90%
   Percent Completeness (Individual Surveys) .................: 75%
   Database/Datafile is -
       Computerized .................................................: X Yes ___ No
           Mainframe .................................................: X Yes ___ No
           Personal Computer .......................................: ___ No
           Both ..........................................................: X Yes ___ No
   Paper Format ....................................................: X Yes ___ No
   Frequency of Updating .........................................: Daily
   Date of Last Update ............................................: Daily
   Years of Data ....................................................: from 1986 to Present
   If PC, software used for this database .....................: Dataease
   If PC, what is type of file storage .........................: Network
   If PC, frequency of backup ...................................: Daily
   If PC, is it stand alone, network, client
       server, etc. ...................................................: Network

4. PURPOSE FOR WHICH COLLECTED: The Asbestos Abatement Act and Code and the Commercial and Public Building Asbestos Abatement Act mandates that asbestos workers shall be licensed by the Illinois Department of Public Health to conduct asbestos activities in all buildings except single family homes and apartment buildings ten units or less.

5. RESTRICTIONS ON DATA USE: Asbestos Program use or request through the Freedom of Information Act.

6. CONTACT PERSON: Cinda Noak Telephone number: 217-787-3517

7. PROCESS FOR ACCESSING DATA: Large request through the Freedom of Information Act. Small request may be by phone.

8. STANDARD REPORTS GENERATED: Asbestos Workers - by request only.

9. DATA ELEMENTS COLLECTED:
   Identification Number
   Name
   Address, City, State, Zip
   Phone number
   Social Security Number
   Initial training course(s) Exam Date
   Expiration Date
   Certification number
   Refresher Training Course(s) Exam Date
   Expiration Date
   Certification number
   Initial Fee Amount
   Initial Validation Number
   Renewal Fee Amount
   Renewal Validation Number
   Duplicate Fee
   Reinstatement Fee
   Comments for Fine/violation
DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. DATABASE/DATAFILE TITLE: Federal Well Survey

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Environmental Health

3. DESCRIPTION:

   Method of Collection: Evaluation Reports
   Percent Return: 100%
   Percent Completeness (Individual Surveys): 97%
   Database/Datafile is -
      Computerized: Yes
      Mainframe: Yes
      Personal Computer: Yes
      Both: No
      Paper Format: No
   Frequency of Updating: None
   Date of Last Update: from 1994
   Years of Data: from to 1994

4. PURPOSE FOR WHICH COLLECTED: Comply with requirements of CDC Grant

5. RESTRICTIONS ON DATA USE:

6. CONTACT PERSON: David Antonacci  Telephone Number: 217-782-5830

7. PROCESS FOR ACCESSING DATA: Written request.

8. STANDARD REPORTS GENERATED: None

9. DATA ELEMENTS COLLECTED:
   State
   County
   Well Number
   Survey Date
   Well Type
   Driven
   Drilled
   Dug
   Bored to Surface
   Buried Slab
   Other
   Adults Ill
   Children Ill
   Properly Constructed
   Sewage System Operating
   Properly
   Depth of Well in Feet
   Age of Well in Years
   Lab Results
   Total Coliform
   E. Coli
   Atrazine
   Alachlor
   Message

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. DATABASE/DATAFILE TITLE: Illinois Asbestos Training Course Providers

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Environmental Health

3. DESCRIPTION: Maintains records of Illinois approved training course providers.

   Method of Collection: Application
   Percent Return: 90%
4. PURPOSE FOR WHICH COLLECTED: The Asbestos Abatement Act and Rules and Regulations provides for the accreditation of all training course providers that want to teach asbestos-related courses.

5. RESTRICTIONS ON DATA USE: Asbestos Program use or request through the Freedom of Information Act.

6. CONTACT PERSON: Cinda Noak
   Telephone number: 217-782-3517

7. PROCESS FOR ACCESSING DATA: Large request through the Freedom of Information Act. Small request may be by phone.

8. STANDARD REPORTS GENERATED: Illinois Accredited Asbestos Training Course Providers - by request.

9. DATA ELEMENTS COLLECTED:
   - Identification Number
   - Name of Provider
   - Address, City State, Zip
   - Telephone Number
   - Contact Person
   - Fax Number
   - Application Date per Type of Training Course
   - Fee Received per Type of Training Course
   - Approval Date per Type of Training Course
   - Renewal Dates and Fees per Type of Training Course
   - Disapproval Date per Type of Training Course
   - Course Audit Type
   - Course Dates
   - Course Audit Date
   - Course Auditor

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. DATABASE/DATAFILE TITLE: Illinois Lead Training Course Providers

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Environmental Health

3. DESCRIPTION: Maintain records of Illinois approved training course providers.

   Method of Collection : Application
   Percent Return : 100%
   Percent Completeness (Individual Surveys) : 75%
   Database/Datafile is -
   - Computerized : X Yes No
   - Mainframe : X Yes No
   - Personal Computer : X Yes No
   - Both : X Yes No
   - Paper Format : X Yes No
   - Frequency of Updating : Daily
   - Date of Last Update : Daily
   - Years of Data : from 1996 to Present
   - If PC, software used for this database : DataEase
   - If PC, what is type of file storage : Network
   - If PC, frequency of backup : Daily
   - If PC, is it stand alone, network, client server, etc. : Network
4. PURPOSE FOR WHICH COLLECTED: The Lead Poisoning Prevention Code provides for the approval of training course providers that teach lead courses. Licensed applicants shall complete an Illinois approved lead training course.

5. RESTRICTIONS ON DATA USE: Used by the Lead Program

6. CONTACT PERSON: Cinda Noak
   Telephone number: (217)782-3517

7. PROCESS FOR ACCESSING DATA: List of Illinois Approved Lead Training Providers is available upon request by phone, mail and is on the Department Web site.


9. DATA ELEMENTS COLLECTED:
   - Id#
   - Fee Exempt
   - Name of Company
   - Address of Company
   - City, State, Zip, Phone and Fax of Company
   - Contact Person
   - Training Manager
   - Designated Instructors
   - Application Received Date per Type of Course
   - Amount of Money Received per Type of Course
   - Disapproval Date per Type of Course
   - Approval Date per Type of Course
   - Expiration Date per Type of Course
   - Alternative Course Schedules Approved

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. DATABASE/DATAFILE TITLE: Illinois School Abatement Projects

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Environmental Health

3. DESCRIPTION: Maintain records for all asbestos abatement projects in Illinois school facilities

   - Method of Collection: Reports
   - Percent Return: 90%
   - Percent Completeness (Individual Surveys): 75%
   - Database/Datafile is -
     - Computerized: X Yes X No
     - Mainframe: X Yes X No
     - Personal Computer: X Yes X No
     - Both: X Yes X No
     - Paper Format: X Yes X No
   - Frequency of Updating: When received
   - Date of Last Update: Daily
   - Years of Data: from 1986 to Present
   - If PC, software used for this database: Dataease
   - If PC, what is type of file storage: Network

   - -80-
4. PURPOSE FOR WHICH COLLECTED: AHERA and the Asbestos Abatement Act and Rules and Regulations mandates that all public and non-public school facilities submit abatement notifications and project manager reports to the Asbestos Program for asbestos projects conducted.

5. RESTRICTIONS ON DATA USE: Asbestos Program use or request through the Freedom of Information Act.

6. CONTACT PERSON: Cinda Noak Telephone number: 217-782-3517

7. PROCESS FOR ACCESSING DATA: Large request through the Freedom of Information Act. Small request may be by phone.

8. STANDARD REPORTS GENERATED: Current Abatement Projects - monthly

9. DATA ELEMENTS COLLECTED:

- Project Identification Number
- School Identification Number
- Name
- Address, City, State, Zip
- Phone number
- School District Name and Identification Number
- Contracting Company
- Expiration Date
- Insurance Expiration Date
- Abatement Notice Received Date
- Project Start Date
- Project End Date
- O & M Procedure
- Abatement Cost
- Disposal Site
- Project Designer Name
- Project Manager Name
- Air Sampling Professional Name
- Description of Project
- Date PM Report Received
- Variance Granted
- Types of Approval of Variance
- NVLAP Certificate Compliance

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. DATABASE/DATAFILE TITLE: Illinois School Facilities

2. LOCATION WHERE DATABASE/FIELD IS MAINTAINED: Environmental Health

3. DESCRIPTION: Maintain records for all school facilities and related asbestos activities.

- Method of Collection: ISBE & Reports
- Percent Return: 90%
- Percent Completeness (Individual Surveys): 90%
- Database/Datafile is:
  - Computerized: X Yes
  - Mainframe: X Yes
  - Personal Computer: X Yes
  - Both: X Yes
  - Paper Format: X Yes
- Frequency of Updating: Daily
- Date of Last Update: Daily
- Years of Data: from 1986 to Present
- If PC, software used for this database: Dataease
- If PC, what is type of file storage: Network
- If PC, frequency of backup: Daily
- If PC, is it stand alone, network, client server, etc.: Network
4. PURPOSE FOR WHICH COLLECTED: AHERA and the Asbestos Abatement Act and Rules and Regulations mandates that all public and non-public school facilities be inspected for ACBM and submit inspection reports, management plans, and 3 year reinspection reports and project manager reports to the Asbestos Program.

5. RESTRICTIONS ON DATA USE: Asbestos Program use or request through the Freedom of Information Act.

6. CONTACT PERSON: Cinda Noak  Telephone number: 217-782-3517

7. PROCESS FOR ACCESSING DATA: Large request through the Freedom of Information Act. Small request may be by phone.

8. STANDARD REPORTS GENERATED: List of all school facilities in Illinois.

9. DATA ELEMENTS COLLECTED:

<table>
<thead>
<tr>
<th>School Identification Number</th>
<th>Management Plan Received Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Name of Inspector and Management Planner</td>
</tr>
<tr>
<td>Address, City, State, Zip</td>
<td>Management Plan Company</td>
</tr>
<tr>
<td>Phone number</td>
<td>Management Plan Complete or Incomplete</td>
</tr>
<tr>
<td>School District Name and Identification Number</td>
<td>AHERA Compliance Inspections</td>
</tr>
<tr>
<td>Administrator’s Name</td>
<td>3-year Reinspection</td>
</tr>
<tr>
<td>Enrollment</td>
<td>Comments</td>
</tr>
<tr>
<td>Deferral Request Information</td>
<td>Exclusion Received Date</td>
</tr>
<tr>
<td>Initial Inspection Date</td>
<td>Exclusion Approved Date</td>
</tr>
</tbody>
</table>

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. DATABASE/DATAFILE TITLE: Investigations Conducted by Toxicology Section

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Environmental Health

3. DESCRIPTION:

<table>
<thead>
<tr>
<th>Method of Collection</th>
<th>Reports of investigations which were conducted by Toxicology staff.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Return</td>
<td>X  Yes  X No</td>
</tr>
<tr>
<td>Percent Completeness (Individual Surveys)</td>
<td>X  Yes  X No</td>
</tr>
<tr>
<td>Database/Datafile is -</td>
<td>X  Yes  X No</td>
</tr>
<tr>
<td>Computerized</td>
<td>X  Yes  X No</td>
</tr>
<tr>
<td>Mainframe</td>
<td></td>
</tr>
<tr>
<td>Personal Computer</td>
<td></td>
</tr>
<tr>
<td>Both</td>
<td></td>
</tr>
<tr>
<td>Paper Format</td>
<td>X  Yes  X No</td>
</tr>
<tr>
<td>Frequency of Updating</td>
<td>As necessary</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>During 1992</td>
</tr>
<tr>
<td>Years of Data</td>
<td>from 1986 to Present</td>
</tr>
<tr>
<td>If PC, software used for this database</td>
<td>Dataease</td>
</tr>
<tr>
<td>If PC, what type of file storage</td>
<td>Disk</td>
</tr>
<tr>
<td>If PC, frequency of backup</td>
<td>Daily</td>
</tr>
<tr>
<td>If PC, is it stand alone, network, client</td>
<td>EH network</td>
</tr>
</tbody>
</table>

4. PURPOSE FOR WHICH COLLECTED: Filing and retrieval purposes.

5. RESTRICTIONS ON DATA USE: None

6. CONTACT PERSON: Louise Boyd  Telephone Number: 217-782-5830

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7. **PROCESS FOR ACCESSING DATA:** Written request or telephone to contact person.

8. **STANDARD REPORTS GENERATED:** None at present.

9. **DATA ELEMENTS COLLECTED:**

<table>
<thead>
<tr>
<th>ID Number</th>
<th>County</th>
<th>CERCLIS #</th>
</tr>
</thead>
<tbody>
<tr>
<td>County</td>
<td>Toxicologist</td>
<td>Address</td>
</tr>
<tr>
<td>FIPS Code</td>
<td>Contact Person</td>
<td>City</td>
</tr>
<tr>
<td>Region</td>
<td>Contact Phone #1</td>
<td>Zip Code</td>
</tr>
<tr>
<td>Record Number</td>
<td>Contact Phone #2</td>
<td>County</td>
</tr>
<tr>
<td>ID Number</td>
<td>Contact Fax</td>
<td>Region</td>
</tr>
<tr>
<td>Entry Date</td>
<td>Facility Type</td>
<td>Health Assessment</td>
</tr>
<tr>
<td>Investigation Date</td>
<td>File Updated</td>
<td>HA Publication Date</td>
</tr>
<tr>
<td>Facility Name</td>
<td>Who Has File</td>
<td>Health Consultation</td>
</tr>
<tr>
<td>Address</td>
<td>File Returned</td>
<td>HC Publication Date</td>
</tr>
<tr>
<td>City</td>
<td>Site Name</td>
<td>Health Study</td>
</tr>
<tr>
<td>State</td>
<td>Record #</td>
<td>Health Education</td>
</tr>
<tr>
<td>Zip</td>
<td>ILD#</td>
<td>Toxicologist</td>
</tr>
<tr>
<td>FIPS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**DIVISION OR CENTER NAME:** DIVISION OF ENVIRONMENTAL HEALTH

1. **DATABASE/DATAFILE TITLE:** Lead Abatement Project Notifications

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Environmental Health

3. **DESCRIPTION:** Maintain records of lead abatement projects

   - **Method of Collection** : Notification
   - **Percent Return** : 90%
   - **Percent Completeness (Individual Surveys)** : 75%
   - **Database/Datafile is -**
     - Computerized : Yes
     - Mainframe : Yes
     - Personal Computer : Yes
     - Both : Yes
     - Paper Format : Yes
   - **Frequency of Updating** : Daily
   - **Date of Last Update** : Daily
   - **Years of Data** : from 1999 to Present
   - **If PC, software used for this database** : DataEase
   - **If PC, what is type of file storage** : Network
   - **If PC, frequency of backup** : Daily
   - **If PC, is it stand alone, network, client server, etc.** : Network

4. **PURPOSE FOR WHICH COLLECTED:** In accordance with Section 845.31 e) of the Lead Poisoning Prevention Code the lead contractor shall notify the Department of any lead abatement or mitigation projects.

5. **RESTRICTIONS ON DATA USE:** Lead Program use

6. **CONTACT PERSON:** Cinda Noak  
   **Telephone number:** 217/782-3517

7. **PROCESS FOR ACCESSING DATA:** Request through the Freedom of Information

8. **STANDARD REPORTS GENERATED:** Reports created based on request.
9. DATA ELEMENTS COLLECTED:

<table>
<thead>
<tr>
<th>Project Number</th>
<th>Completion Date and Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Received</td>
<td>on Site Supervisors</td>
</tr>
<tr>
<td>Contractor Id Number, Name, Address, City, State, Zip and Phone</td>
<td>Description of Project, Comments</td>
</tr>
<tr>
<td>Location of Abatement Project, Building Name, Address, City, State and Zip</td>
<td>Building Owner Name, Address, City, State, Zip and Phone</td>
</tr>
<tr>
<td>Start Date and Times</td>
<td></td>
</tr>
</tbody>
</table>

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. DATABASE/DATAFILE TITLE: Lead Children

2. LOCATION WHERE DATABASE/FIELD IS MAINTAINED: Environmental Health

3. DESCRIPTION: Maintains records of children with elevated blood lead levels and the dwelling of possible exposure

   Method of Collection ............................. : Report from Childhood Lead
   Percent Return .................................. : 100%
   Percent Completeness (Individual Surveys) ........... : 80%
   Database/Datafile is -
   Computerized ..................................... : X Yes No
   Mainframe ...................................... : X Yes No
   Personal Computer .............................. : X Yes No
   Both ........................................... : X Yes No
   Paper Format ..................................... : X Yes No
   Frequency of Updating ........................... : Daily
   Date of Last Update ............................. : Daily
   Years of Data ................................... : from 1993 to Present
   If PC, software used for this database ............... : DataEase
   If PC, what is type of file storage .................... : Network
   If PC, frequency of backup ....................... : Daily
   If PC, is it stand alone, network, client server, etc. : Network

4. PURPOSE FOR WHICH COLLECTED: Report children with elevated blood lead levels to refer for an environmental investigation

5. RESTRICTIONS ON DATA USE: Lead Program use or requests through the Freedom of Information Act

6. CONTACT PERSON: Cinda Noak
   Telephone number: 217/782-3517

7. PROCESS FOR ACCESSING DATA: Written request through Freedom of Information

8. STANDARD REPORTS GENERATED: Reports created based on request.

9. DATA ELEMENTS COLLECTED:

<table>
<thead>
<tr>
<th>Child Identifier</th>
<th>Child Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Entered</td>
<td>DOB</td>
</tr>
<tr>
<td>Last Update</td>
<td>EBL</td>
</tr>
<tr>
<td>Medicaid #</td>
<td>Referral Date</td>
</tr>
<tr>
<td>Medicaid Eligible</td>
<td>Comments</td>
</tr>
<tr>
<td>SS #</td>
<td>Address ID #</td>
</tr>
<tr>
<td>Child First Name</td>
<td></td>
</tr>
</tbody>
</table>

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH
1. DATABASE/DATAFILE TITLE: Lead Contractors

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Environmental Health

3. DESCRIPTION: Record of all contractors applying to the Department for licensure as a lead abatement contractor.

   Method of Collection ......................... : Application
   Percent Return ............................. : 90%
   Percent Completeness (Individual Surveys) : 75%

   Database/Datafile is -
   Computerized ................................ :   X  Yes    X  No
   Mainframe ................................... :   X  Yes    X  No
   Personal Computer ........................... :   X  Yes    X  No
   Both ........................................ :   X  Yes    X  No
   Paper Format ............................... :   X  Yes    X  No
   Frequency of Updating ..................... : Daily
   Date of Last Update ....................... : Daily
   Years of Data .............................. : from 1994 to Present
   If PC, software used for this database : Dataease
   If PC, what type of file storage ........... : Network
   If PC, frequency of backup ............... : Daily
   If PC, is it stand alone, network, client
      server, etc .............................. : Network

4. PURPOSE FOR WHICH COLLECTED: The Lead Poisoning Prevention Code requires lead abatement contractors to be licensed by the Department.

5. RESTRICTIONS ON DATA USE: Lead Program use or request through the Freedom of Information Act.

6. CONTACT PERSON: Cinda Noak  Telephone Number: 217-782-3517

7. PROCESS FOR ACCESSING DATA: Large request through the Freedom of Information Act. Small request may be by phone. List of licensed contractors on Department website.

8. STANDARD REPORTS GENERATED: List of licensed lead abatement contractors.

9. DATA ELEMENTS COLLECTED:
   Identification Number
   Company Number
   Company Address, City, State, and Zip
   Contact Person
   Telephone Number, Fax Number
   County Region
   Date of Application
   Disapproval Date
   Approval Date
   Fee Received
   Renewal Dates and Fees Received
   Designated Supervisor
   Designated Supervisor Expire Date
   Insurance Carrier
   Expiration of Insurance
   Violations

   1. DATABASE/DATAFILE TITLE: Lead Environmental Inspections

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Environmental Health

3. DESCRIPTION: Maintain records of dwellings that are inspected by IDPH lead inspectors for children with elevated blood lead levels.

   Method of Collection ........................ : Regional lead inspector
4. PURPOSE FOR WHICH COLLECTED: Inspection information for dwellings of children with elevated blood lead levels

5. RESTRICTIONS ON DATA USE: Lead Program use or requests through the Freedom of Information Act.

6. CONTACT PERSON: Cinda Noak  Telephone Number:  217-782-3517

7. PROCESS FOR ACCESSING DATA: Written Request through Freedom of Information Act.

8. STANDARD REPORTS GENERATED: Reports created based on request

9. DATA ELEMENTS COLLECTED:

| Date Entered | Last Update | Compliance Conference Date |
| Inspection ID# | Inspectors | Case Closed Date and Reason |
| Address ID# | Referral Date | Last Active Date and Reason |
| Child Identifier | Inspection Dates | Stipulation Date |
| Fips | Mitigation Dates | Enforcement Case Prepared |
| County | Substantial Compliance | Comments |
| Region | Extension Dates and Reason |

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. DATABASE/DATAFILE TITLE: Lead Environmental Investigations

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Environmental Health

3. DESCRIPTION: Record of environmental investigations of dwellings for which confirmed elevated blood levels in children have been reported.

Method of Collection               : Reports
Percent Return               : 95%
Percent Completeness (Individual Surveys) : 75%

Database/Datafile is -

| Computerized | X Yes | No |
| Mainframe | Yes | X No |
| Personal Computer | X Yes | X No |
| Both | Yes | X No |
| Paper Format | X Yes | No |

Frequency of Updating               : Daily
Date of Last Update                    : Daily
4. PURPOSE FOR WHICH COLLECTED: Maintain records of all environmental lead investigations in compliance with the Lead Poisoning Prevention Code.

5. RESTRICTIONS ON DATA USE: Use of the lead program or by request through the Freedom of Information Act.

6. CONTACT PERSON: Cinda Noak  Telephone Number: 217-782-3517

7. STANDARD REPORTS GENERATED: Special reports created upon request.

8. DATA ELEMENTS COLLECTED:
   - Record Identification Number
   - Address, City, State and Zip of Dwelling
   - County of Dwelling
   - Region of Dwelling
   - Inspectors
   - Referral Date
   - Names and Identification Numbers of Children Residing at Dwelling

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. DATABASE/DATAFILE TITLE: Lead Inspectors, Workers, Contractor/Supervisors, and Risk Assessors

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Environmental Health

3. DESCRIPTION:
   - Method of Collection: Application
   - Percent Return: 90%
   - Percent Completeness (Individual Surveys): 75%
   - Database/Datafile is:
     - Computerized: X Yes
     - Mainframe: X Yes
     - Personal Computer: X Yes
     - Both: X Yes
     - Paper Format: X Yes
   - Frequency of Updating: Daily
   - Date of Last Update: Daily
   - Years of Data: from 1993 to Present
   - If PC, software used for this database: Dataease
   - If PC, what type of file storage: Network
   - If PC, frequency of backup: Daily
   - If PC, is it stand alone, network, client server, etc: Network

4. PURPOSE FOR WHICH COLLECTED: The Lead Poisoning Prevention Code requires lead inspectors, risk assessors, workers and contractor/supervisors be licensed by the Department.
5. **RESTRICTIONS ON DATA USE:** Lead Program use or request through the Freedom of Information Act.

6. **CONTACT PERSON:** Cinda Noak  **Telephone Number:** 217-782-3517

7. **PROCESS FOR ACCESSING DATA:** Large requests through the Freedom of Information Act. Small requests may be by phone.

8. **STANDARD REPORTS GENERATED:** By request; *list of licensed lead inspectors, list of licensed lead workers, *list of licensed lead supervisor, *list of licensed lead risk assessors. *These lists are on the Department website.

9. **DATA ELEMENTS COLLECTED:**

<table>
<thead>
<tr>
<th>Identification Number</th>
<th>Fee Received per Type of License</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Applicant</td>
<td>Renewal Dates and Fees Received per Type of License</td>
</tr>
<tr>
<td>Address, City, State, and Zip of Applicant</td>
<td>Expiration Date per Type of License</td>
</tr>
<tr>
<td>Phone Number of Applicant</td>
<td>License Print Date</td>
</tr>
<tr>
<td>Social Security Number</td>
<td>Training Certification Information per Type of License</td>
</tr>
<tr>
<td>Company Name</td>
<td>Third Party Exam Date</td>
</tr>
<tr>
<td>Company Address, City, State, and Zip</td>
<td>Third Party Exam Score</td>
</tr>
<tr>
<td>Telephone Number of Company</td>
<td>Third Party Certificate Number</td>
</tr>
<tr>
<td>Fips Cope for Company</td>
<td>Third Party Pass/fail</td>
</tr>
<tr>
<td>Date of Application per Type of License</td>
<td>Approval Date per Type of License</td>
</tr>
</tbody>
</table>

---

**DIVISION OR CENTER NAME:** DIVISION OF ENVIRONMENTAL HEALTH

1. **DATABASE/DATAFILE TITLE:** Lockformer Groundwater

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Environmental Health

3. **DESCRIPTION:**

Method of Collection : Information from IEPA
Percent Return : 
Percent Completeness (Individual Surveys) : 
Database/Datafile is -

<table>
<thead>
<tr>
<th>Computerized</th>
<th>Mainframe</th>
<th>Personal Computer</th>
<th>Both</th>
</tr>
</thead>
<tbody>
<tr>
<td>X Yes</td>
<td>X Yes</td>
<td>X Yes</td>
<td>X Yes</td>
</tr>
</tbody>
</table>

Frequency of Updating : As Necessary
Date of Last Update : October 2001
Years of Data : from 2001 to Present
If PC, software used for this database : Access
If PC, what is type of file storage : Disk
If PC, frequency of backup : Daily
If PC, is it stand alone, network, client server, etc. : Network

4. **PURPOSE FOR WHICH COLLECTED:** To monitor extent of site-related contamination and provide information to area residents

5. **RESTRICTIONS ON DATA USE:**

6. **CONTACT PERSON:** Ken McCann  **Telephone number:** 217-782-5830

---
7. PROCESS FOR ACCESSING DATA: Written request or telephone contact person.

8. STANDARD REPORTS GENERATED: None

9. DATA ELEMENTS COLLECTED

<table>
<thead>
<tr>
<th>ID</th>
<th>Last Name</th>
<th>First Name</th>
<th>Address</th>
<th>City</th>
<th>Zip</th>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Cell Phone</th>
<th>Letter Sent</th>
<th>Letter Sent Date</th>
<th>Number Times Sampled</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ID</th>
<th>Downers Grove Site</th>
<th>1,1,1-TCA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>Lockformer Site</td>
<td>1,1,1-TCA#Bromomethane</td>
</tr>
<tr>
<td>First Name</td>
<td>RecID</td>
<td>1,2-DCE</td>
</tr>
<tr>
<td>Address</td>
<td>ID</td>
<td>1,1-DCA</td>
</tr>
<tr>
<td>City</td>
<td>Sample Date</td>
<td>MTBE</td>
</tr>
<tr>
<td>Zip</td>
<td>Who Sampled?</td>
<td>Acetone</td>
</tr>
<tr>
<td>Home Phone</td>
<td>Date Received</td>
<td>Methylene Chloride</td>
</tr>
<tr>
<td>Work Phone</td>
<td>PCE</td>
<td>Chloroform</td>
</tr>
<tr>
<td>Cell Phone</td>
<td>PCE#</td>
<td>No Detect</td>
</tr>
<tr>
<td>Letter Sent</td>
<td>TCE</td>
<td>Below MCL</td>
</tr>
<tr>
<td>Letter Sent Date</td>
<td>TCE#</td>
<td>Above MCL</td>
</tr>
<tr>
<td>Number Times Sampled</td>
<td>PCE + TCE</td>
<td>Resample</td>
</tr>
</tbody>
</table>

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. DATABASE/DATAFILE TITLE: MPREP2

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Environmental Health

3. DESCRIPTION:

<table>
<thead>
<tr>
<th>Method of Collection</th>
<th>Information from USEPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Return</td>
<td></td>
</tr>
<tr>
<td>Percent Completeness (Individual Surveys)</td>
<td></td>
</tr>
<tr>
<td>Database/Datafile is -</td>
<td></td>
</tr>
<tr>
<td>Computerized</td>
<td>Yes</td>
</tr>
<tr>
<td>Mainframe</td>
<td>Yes</td>
</tr>
<tr>
<td>Personal Computer</td>
<td>X</td>
</tr>
<tr>
<td>Both</td>
<td>Yes</td>
</tr>
<tr>
<td>Paper Format</td>
<td>Yes</td>
</tr>
<tr>
<td>Frequency of Updating</td>
<td>As Necessary</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>June 2002</td>
</tr>
<tr>
<td>Years of Data</td>
<td>from 1997 to 1999</td>
</tr>
<tr>
<td>If PC, software used for this database</td>
<td>Access</td>
</tr>
<tr>
<td>If PC, what is type of file storage</td>
<td>Disk</td>
</tr>
<tr>
<td>If PC, frequency of backup</td>
<td>Daily</td>
</tr>
<tr>
<td>If PC, is it stand alone, network, client server, etc.</td>
<td>Environmental Health Network</td>
</tr>
</tbody>
</table>

4. PURPOSE FOR WHICH COLLECTED: Methyl Parathion Public Health. Response

5. RESTRICTIONS ON DATA USE: Confidential Biological Data

6. CONTACT PERSON: Ken McCann Telephone number: 217-782-5830

7. PROCESS FOR ACCESSING DATA: Written request or telephone contact person.

8. STANDARD REPORTS GENERATED: None

9. DATA ELEMENTS COLLECTED:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>Last Name2</th>
<th>Date Contacted</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>First Name2</td>
<td>Scheduled</td>
</tr>
</tbody>
</table>
DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. DATABASE/DATAFILE TITLE: Manufactured Home Communities

2. LOCATION WHERE DATABASE/FI Le IS MAINTAINED: Facility Licensure System, Division of Environmental Health

3. DESCRIPTION: Identification, license and inspection information for regulated mobile home parks.

   Method of Collection .................. : Application and inspection
   Percent Return ........................ : 100%
   Percent Completeness (Individual Surveys) ....... : 100%
   Database/Datafile is -
      Computerized ....................... : X Yes    No
      Mainframe .......................... : X Yes    No
      Personal Computer .................. : ___ Yes  X No
      Both ............................... : ___ Yes  X No
      Paper Format ........................ : X Yes    No
   Frequency of Updating .................. : Bi-Weekly
   Date of Last Update ................... : Bi-Weekly
   Years of Data ........................... : from 1953 to Present
   If PC, software used for this database ............ :
   If PC, what is type of file storage .............. :
   If PC, frequency of backup ...................
   If PC, is it stand alone, network, client server, etc. ............. :

4. PURPOSE FOR WHICH COLLECTED: Maintain, inventory and license manufactured home communities. Automated generation of renewal notices, licenses, management reports and mailing labels.

5. RESTRICTIONS ON DATA USE: None

6. CONTACT PERSON: Colleen Leonard  Telephone number: 217-782-5830

7. PROCESS FOR ACCESSING DATA: Written request and staff retrieval on FLS On-Line Screen.

8  STANDARD REPORTS GENERATED: Facility Listings, Renewal Status Reports, Facility Profiles, Financial Reports, Enforcement Reports.

9. DATA ELEMENTS COLLECTED:
   Identification Number
   Type of Inspection (Licensure, Operational, Re-inspection)
DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. DATABASE/DATAFILE TITLE: Mercury in Schools

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Environmental Health

3. DESCRIPTION:

   Method of Collection ......................... : Surveys mailed to school
   Percent Return ............................. : 20%
   Percent Completeness (Individual Surveys) : 
   Database/Datafile is -
     Computerized ............................. : X Yes  No
     Mainframe .............................. : X Yes  X No
     Personal Computer ...................... : X Yes  No
     Both .................................... : ___ Yes  ___ No
     Paper Format ........................... : ___ Yes  X No

   Frequency of Updating ..................... : As necessary
   Date of Last Update ...................... : 10/2001
   Years of Data ............................ : from ___ to ___
   If PC, software used for this database : Access
   If PC, what type of file storage .......... : Disk
If PC, frequency of backup: Daily
If PC, is it stand alone, network, client server, etc: EH network

4. PURPOSE FOR WHICH COLLECTED: Determine number of schools with mercury in classrooms

5. RESTRICTIONS ON DATA USE: None

6. CONTACT PERSON: Jennifer Davis  Telephone Number: 217-782-5830

7. PROCESS FOR ACCESSING DATA: Written request or telephone contact person.

8. STANDARD REPORTS GENERATED: None.

9. DATA ELEMENTS COLLECTED:
   School ID
   School Name
   Contact Person
   School Address
   City
   Zip Code
   Phone Number
   Needs Assessment Returned
   Mercury Web Page Returned
   Date Completed NA Received
   One of First 500 Returned
   Thermometer Sent
   Date Thermometer Sent

-- Divided or Center Name: Division of Environmental Health

1. DATABASE/DATAFILE TITLE: NICOR

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Environmental Health

3. DESCRIPTION:
   Method of Collection: Information from NICOR
   Percent Return
   Percent Completeness (Individual Surveys)
   Database/Datafile is -
     Computerized: Yes
     Mainframe: No
     Personal Computer: Yes
     Both: No
     Paper Format: No
   Frequency of Updating: As necessary
   Date of Last Update: 11/2001
   Years of Data: from 7/00 to Present
   If PC, software used for this database: Access
   If PC, what type of file storage: Disk
   If PC, frequency of backup: Daily
   If PC, is it stand alone, network, client server, etc: EH network

4. PURPOSE FOR WHICH COLLECTED: NICOR Mercury Response

5. RESTRICTIONS ON DATA USE: Confidential Biological Data

6. CONTACT PERSON: Ken McCann  Telephone Number: 217-782-5830

7. PROCESS FOR ACCESSING DATA: Written request or telephone contact person.
8. **STANDARD REPORTS GENERATED:** None.

9. **DATA ELEMENTS COLLECTED:**
   - ID#
   - NICOR ID #
   - People’s ID #
   - North Shore’s ID#
   - Last Name
   - First Name
   - Address
   - City
   - Zip
   - Home Phone
   - Work Phone
   - Cell Phone
   - # Occupants
   - Pregnant Woman
   - Months Pregnant
   - Youngest Occupant Home Sampled
   - Home Cleared
   - Urine Samples
   - Clearance Letter Sent
   - NICOR
   - People’s Gas
   - North Shore Gas
   - Comments
   - Confirmatory Samples
   - Urine Sample
   - Select for Resample
   - Hot Homes
   - City
   - County

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**DIVISION OR CENTER NAME:** DIVISION OF ENVIRONMENTAL HEALTH

1. **DATABASE/DATAFILE TITLE:** Non-Community Public Water Operator Certification

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Environmental Health

3. **DESCRIPTION:** Data concerning non-transient, non-community public water supplies operators certification

   | Method of Collection            | Application |
   | Percent Return                 | 99%         |
   | Percent Completeness           | 99%         |
   | Database/Datafile is -         |             |
   | Computerized                   | X Yes No    |
   | Mainframe                      | Yes X No    |
   | Personal Computer              | X Yes No    |
   | Both                           | Yes X No    |
   | Paper Format                   |             |
   | Frequency of Updating          | As needed   |
   | Date of Last Update            | Current     |
   | Years of Data                 | from 1/01 to Present |
   | If PC, software used for this database | MS Access 97 |
   | If PC, what type of file storage | Network Drive |
   | If PC, frequency of backup     | Quarterly on Network |
   | If PC, is it stand alone, network, client server, etc | Stand Alone |

4. **PURPOSE FOR WHICH COLLECTED:** Maintain an inventory of all operators of non-transient, non-community public water supplies. Safe Drinking Water Act requires these operators to be certified

5. **RESTRICTIONS ON DATA USE:** None

6. **CONTACT PERSON:** Joe Mitchell  **Telephone Number:** 217-782-5830

7. **PROCESS FOR ACCESSING DATA:** Written request

8. **STANDARD REPORTS GENERATED:** None.

9. **DATA ELEMENTS COLLECTED:**
   - First Name of Operator
   - Last Name of Operator
   - IDPH Operator ID Certification ID Number
   - IDPH Operator ID Certification Expiration Date
   - Business Name (Organization)
   - Operator’s Title
DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. DATABASE/DATAFILE TITLE: Recreational Areas and Youth Camps

2. LOCATION WHERE DATABASE/FIELD IS MAINTAINED: Facility Licensure System, Division of Environmental Health

3. DESCRIPTION: Identification, license and inspection information for regulated recreational areas and youth camps.

   Method of Collection ....................................: Application and inspection
   Percent Return ...........................................: 100%
   Percent Completeness (Individual Surveys) .............: 100%
   Database/Datafile is -
       Computerized .........................................: X Yes ___ No
       Mainframe ...........................................: X Yes ___ No
       Personal Computer ..................................: ___ Yes X No
       Both ..................................................: ___ Yes X No
   Paper Format ............................................: X Yes ___ No
   Frequency of Updating ..................................: Bi-Weekly
   Date of Last Update .....................................: Bi-Weekly
   Years of Data ...........................................: from 1972 to Present
   If PC, software used for this database ...................:
   If PC, what is type of file storage .......................:
   If PC, frequency of backup ..............................:
   If PC, is it stand alone, network, client
       server, etc. ........................................:

4. PURPOSE FOR WHICH COLLECTED: Maintain, inventory and license campgrounds and youth camps. Automated generation of renewal notices, licenses, management reports, and mailing labels.

5. RESTRICTIONS ON DATA USE: None

6. CONTACT PERSON: Lynn Koskey Telephone number: 217-782-5830

7. PROCESS FOR ACCESSING DATA: Written request.

8. STANDARD REPORTS GENERATED: Facility Listings, Renewal Status Reports, Facility Profiles, Financial Reports, Enforcement Reports.

9. DATA ELEMENTS COLLECTED:
   Identification Number
   Type of Inspection (Licensure, Operational, Re-inspection)
   Date of Inspection
   Recommended License (None, License, Provisional/Conditional)
DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. DATABASE/DATAFILE TITLE: Safe Drinking Water Program

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Division of Environmental Health

3. DESCRIPTION: Data concerning description of non-transient, non-community public water supplies and related water sampling and inspection and violation data.

   Method of Collection .......................... : Sampling
   Percent Return ............................... : 100%
   Percent Completeness (Individual Surveys) : 100%
   Database/Datafile is -
     Computerized ............................... : X Yes No
     Mainframe ................................. : X Yes No
     Personal Computer ......................... : X Yes No
     Both ...................................... : X Yes No
4. PURPOSE FOR WHICH COLLECTED: Track sampling requirements consistent with the USEPA Safe Drinking Water Act. Primary Drinking Water Regulations, pertaining to all non-transient non-community public water systems.

5. RESTRICTIONS ON DATA USE: None

6. CONTACT PERSON: Dick Petrella  Telephone number: 217-782-5830

7. PROCESS FOR ACCESSING DATA: Written Request

8. STANDARD REPORTS GENERATED:
   Progress report of testing on non-transient, non-community water systems
   Non-transient systems with MCL violations for VOC, SOC, IOC only
   Number of non-transient systems with monitoring violations for VOC, SOC, IOC only

9. DATA ELEMENTS COLLECTED:

<table>
<thead>
<tr>
<th>Element</th>
<th>Date</th>
<th>Status</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS Site Information</td>
<td></td>
<td></td>
<td>Detects</td>
</tr>
<tr>
<td>Unique Site Identification Number</td>
<td></td>
<td></td>
<td>High</td>
</tr>
<tr>
<td>Site Name</td>
<td></td>
<td></td>
<td>Synthetic Organic Chemicals</td>
</tr>
<tr>
<td>County</td>
<td></td>
<td></td>
<td>Most Recent</td>
</tr>
<tr>
<td>Region</td>
<td></td>
<td></td>
<td>Next Due</td>
</tr>
<tr>
<td>Address, City, State, Zip</td>
<td></td>
<td></td>
<td>Status</td>
</tr>
<tr>
<td>Mail, City, State, Zip</td>
<td></td>
<td></td>
<td>Detects</td>
</tr>
<tr>
<td>Contact Person</td>
<td></td>
<td></td>
<td>High</td>
</tr>
<tr>
<td>Status: A Date</td>
<td></td>
<td></td>
<td>Inorganic Chemicals</td>
</tr>
<tr>
<td>Surface or Ground Water</td>
<td></td>
<td></td>
<td>Most Recent</td>
</tr>
<tr>
<td>Size of Population Served</td>
<td></td>
<td></td>
<td>Next Due</td>
</tr>
<tr>
<td>Volatile Organic Chemicals (VOC) Waiver Date</td>
<td></td>
<td></td>
<td>Status</td>
</tr>
<tr>
<td>Copper Plan Filed</td>
<td></td>
<td></td>
<td>Detects</td>
</tr>
<tr>
<td>Accepted</td>
<td></td>
<td></td>
<td>High</td>
</tr>
<tr>
<td>Original Vulnerability</td>
<td></td>
<td>Copper</td>
<td>Most Recent</td>
</tr>
<tr>
<td>VOCs</td>
<td></td>
<td></td>
<td>Next Due</td>
</tr>
<tr>
<td>Pesticides</td>
<td></td>
<td></td>
<td>Status</td>
</tr>
<tr>
<td>Metals</td>
<td></td>
<td>Copper</td>
<td>Most Recent</td>
</tr>
<tr>
<td>Stop Testing</td>
<td></td>
<td></td>
<td>Next Due</td>
</tr>
<tr>
<td>VOCs</td>
<td></td>
<td></td>
<td>Status</td>
</tr>
<tr>
<td>Pesticides</td>
<td></td>
<td></td>
<td>Lead</td>
</tr>
<tr>
<td>Copper</td>
<td></td>
<td></td>
<td>Most Recent</td>
</tr>
<tr>
<td>Lead</td>
<td></td>
<td></td>
<td>Next Due</td>
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<tr>
<td>Effective Stop Date for:</td>
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<td>Status</td>
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<td>VOCs</td>
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<td>Detects</td>
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<td>Most Recent</td>
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<td>High</td>
</tr>
<tr>
<td>Next Due</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Status</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. DATABASE/DATAFILE TITLE: Safe Drinking Water Program-Federal Requirements

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Environmental Health

3. DESCRIPTION:

   Method of Collection .................................: Inspection Data
   Percent Return .....................................: 100%
   Percent Completeness (Individual Surveys) ..........: 100%
   Database/Datafile is -
      Computerized .....................................: X Yes No
      Mainframe .......................................: X Yes No
      Personal Computer .......................: Yes No
      Both ..........................................: Yes No
      Paper Format ...................................: Yes No
   Frequency of Updating .............................: As needed
   Date of Last Update ..............................: Current
   Years of Data ....................................: from 1978 to Present
   If PC, software used for this database ............: IMS
   If PC, what is type of file storage ...............:
   If PC, frequency of backup .......................:
   If PC, is it stand alone, network, client
      server, etc. ...................................:

4. PURPOSE FOR WHICH COLLECTED: Maintain an inventory of all non-community public water supplies and store all inspections, water sample, and rule violations for requested reporting to USEPA.

5. RESTRICTIONS ON DATA USE: None

6. CONTACT PERSON: Jamie Tosetti  Telephone number: 217-782-5830

7. PROCESS FOR ACCESSING DATA: Written request.

8. STANDARD REPORTS GENERATED: Inventory Summary Analysis, Date of Licensing, Delinquent Sampling Report, Mailing Lists and Labels, other under revision.

9. DATA ELEMENTS COLLECTED:

   Tran Code  seasonal Facility
   PWS ID Number  Dates of Operation
   PWS Name  Inactive Status
   Address, City, Zip Code  Date Inactive
   County Code  Number of Samples
   Non-Comm, N.T.-N.C. Code  Type of Bottle
   Active/Inactive Code  Sample Period
   Predominant Characteristics/Service Area  Next Sample Due Date
   Owner Type  Name of Preparer
   Currently Regulated  Date
   Population Served  Employee (Reg. Office, LHD, etc.)
   Number of Service Connections  Tran Code
   Consecutive Water Sample  PWS ID Number
   Type of Storage  Source of Water
   Pump Capacity  Source Number
   PWS ID No. of Seller  Type Code
<table>
<thead>
<tr>
<th>Availability Code</th>
<th>Sample Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>Routine</td>
</tr>
<tr>
<td>Name of Preparer</td>
<td>Check</td>
</tr>
<tr>
<td>Date</td>
<td>Other</td>
</tr>
<tr>
<td>Employee (Reg. Office, LHD, etc.)</td>
<td>Results</td>
</tr>
<tr>
<td>Tran Code</td>
<td>Total Coli (MF)</td>
</tr>
<tr>
<td>PWS Id Number</td>
<td>Total Coli (MPN)</td>
</tr>
<tr>
<td>Violation Awareness Date</td>
<td>Nitrate (Quan) as N</td>
</tr>
<tr>
<td>Sequence No.</td>
<td>Turbidity</td>
</tr>
<tr>
<td>Date Violation Began</td>
<td>Date Received at Laboratory</td>
</tr>
<tr>
<td>Violation Type Code</td>
<td>Membrane Filter</td>
</tr>
<tr>
<td>Contaminant Code</td>
<td>Coliform</td>
</tr>
<tr>
<td>Analysis Method</td>
<td>Fecal Coliform</td>
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<tr>
<td>MCL Test Results-MG/L</td>
<td>Date Reported From Laboratory Analyst</td>
</tr>
<tr>
<td>Coliform-100 ML</td>
<td>Name of Source</td>
</tr>
<tr>
<td>Turbidity - TU&gt;</td>
<td>Facility Name</td>
</tr>
<tr>
<td>Enforcement Action Date</td>
<td>Address of Source</td>
</tr>
<tr>
<td>Employee (Reg. Office, LHD, etc.)</td>
<td>City/Town/State</td>
</tr>
<tr>
<td>Source of Facility Name</td>
<td>Zip Code</td>
</tr>
<tr>
<td>Address of Source</td>
<td>Date Collected</td>
</tr>
<tr>
<td>Zip Code</td>
<td>Time Collected</td>
</tr>
<tr>
<td>County Code</td>
<td>Supply Chlorinated</td>
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<tr>
<td>Date Collected</td>
<td>Sample Point</td>
</tr>
<tr>
<td>Time Collected</td>
<td>IDPH Collector's Name</td>
</tr>
<tr>
<td>Is Supply Chlorinated?</td>
<td>Sample Location</td>
</tr>
<tr>
<td>Collector Name</td>
<td>Raw at Pump</td>
</tr>
<tr>
<td>Well</td>
<td>Filtered</td>
</tr>
<tr>
<td>Dug</td>
<td>At Tap</td>
</tr>
<tr>
<td>Drilled</td>
<td>Other</td>
</tr>
<tr>
<td>Driven</td>
<td>Well</td>
</tr>
<tr>
<td>Bored</td>
<td>Dug Drilled Driven Bored</td>
</tr>
<tr>
<td>Well Depth</td>
<td>Well Depth</td>
</tr>
<tr>
<td>City Water</td>
<td>City Water</td>
</tr>
<tr>
<td>Cistern</td>
<td>Cistern</td>
</tr>
<tr>
<td>Spring</td>
<td>Spring</td>
</tr>
<tr>
<td>Lake</td>
<td>Lake</td>
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<td>Other</td>
<td>Other</td>
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<td>Sample Type</td>
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<td>Filtered</td>
<td>Check</td>
</tr>
<tr>
<td>At Tap</td>
<td>Other</td>
</tr>
<tr>
<td>Other</td>
<td>Results</td>
</tr>
</tbody>
</table>

---

**DIVISION OR CENTER NAME:** DIVISION OF ENVIRONMENTAL HEALTH

1. **DATABASE/DATAFILE TITLE:** Safe Drinking Water Program-Local Health Departments Evaluation

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Environmental Health

3. **DESCRIPTION:**

   - Method of Collection: Inspection data
   - Percent Return: 100%
   - Percent Completeness (Individual Surveys): 100%
   - Database/Datafile is -
     - Computerized: **X Yes **No
4. **PURPOSE FOR WHICH COLLECTED:** Maintain an inventory of all non-community public water supplies and store all inspections, water sample, and rule violations for requested reporting to USEPA.

5. **RESTRICTIONS ON DATA USE:** None

6. **CONTACT PERSON:** Jamie Tosetti/Joe Mitchell  **Telephone number:** 217-782-5830

7. **PROCESS FOR ACCESSING DATA:** Written request.

8. **STANDARD REPORTS GENERATED:** Inventory Summary Analysis, Date of Licensing, Delinquent Sampling Report, Mailing Lists and Labels, other under revision.

9. **DATA ELEMENTS COLLECTED:**

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Tran Code</td>
<td>Violation Type Code</td>
</tr>
<tr>
<td>PWS ID Number</td>
<td>Contaminant Code</td>
</tr>
<tr>
<td>PWS Name</td>
<td>Analysis Method</td>
</tr>
<tr>
<td>Address, City, Zip Code</td>
<td>MCL Test Results-MG/L</td>
</tr>
<tr>
<td>County Code</td>
<td>Coliform-100 ML</td>
</tr>
<tr>
<td>Non-Comm, N.T.-N.C.</td>
<td>Turbidity - TU&gt;</td>
</tr>
<tr>
<td>Predominant</td>
<td>Enforcement Action</td>
</tr>
<tr>
<td>Characteristics/Service Area</td>
<td>Date</td>
</tr>
<tr>
<td>Owner Type</td>
<td>Employee (Reg. Office, LHD, etc.)</td>
</tr>
<tr>
<td>Currently Regulated</td>
<td>Source of Facility Name</td>
</tr>
<tr>
<td>Population Served</td>
<td>Address of Source</td>
</tr>
<tr>
<td>Number of Service Connections Consecutive</td>
<td>Zip Code</td>
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<tr>
<td>Water Sample</td>
<td>County Code</td>
</tr>
<tr>
<td>Type of Storage</td>
<td>Date Collected</td>
</tr>
<tr>
<td>Pump Capacity</td>
<td>Time Collected</td>
</tr>
<tr>
<td>PWS ID No. of Seller</td>
<td>Is Supply Chlorinated?</td>
</tr>
<tr>
<td>Seasonal Facility</td>
<td>Collector Name</td>
</tr>
<tr>
<td>Dates of Operation</td>
<td>Well</td>
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<td>Inactive Status</td>
<td>Dug</td>
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<tr>
<td>Date Inactive</td>
<td>Drilled</td>
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<tr>
<td>Number of Samples</td>
<td>Driven</td>
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<tr>
<td>Type of Bottle</td>
<td>Bored</td>
</tr>
<tr>
<td>Sample Period</td>
<td>Well Depth</td>
</tr>
<tr>
<td>Next Sample Due Date</td>
<td>City Water</td>
</tr>
<tr>
<td>Name of Preparer</td>
<td>Cistern</td>
</tr>
<tr>
<td>Date</td>
<td>Spring</td>
</tr>
<tr>
<td>Employee (Reg. Office, LHD, etc.)</td>
<td>Other Sample Location</td>
</tr>
<tr>
<td>Tran Code</td>
<td>Other</td>
</tr>
<tr>
<td>PWS ID Number</td>
<td>Raw at Pump</td>
</tr>
<tr>
<td>Source of Water</td>
<td>Filtered</td>
</tr>
<tr>
<td>Source Number</td>
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</tr>
<tr>
<td>Type Code</td>
<td>Other</td>
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<tr>
<td>Availability Code</td>
<td>Sample Type</td>
</tr>
<tr>
<td>Description</td>
<td>Routine</td>
</tr>
<tr>
<td>Violation Awareness Date</td>
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</tr>
<tr>
<td>Sequence No.</td>
<td>Other</td>
</tr>
<tr>
<td>Date Violation Began</td>
<td>Results</td>
</tr>
</tbody>
</table>
DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. DATABASE/DATAFILE TITLE: School Districts

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Environmental Health

3. DESCRIPTION: Maintains records of Illinois School Districts and related asbestos activities

   Method of Collection ....................... : ISBE
   Percent Return ............................. : 100%
   Percent Completeness (Individual Surveys) ............................. : 100%

   Database/Datafile is -
   Computerized ......................... : X Yes No
   Mainframe .............................. : Yes X No
   Personal Computer ........................ : X Yes No
   Both ................................... : Yes X No
   Paper Format ............................. : X Yes No

   Frequency of Updating ...................... : Daily
   Date of Last Update ...................... : Daily
   Years of Data ............................. : from 1992 to Present

   If PC, software used for this database ...................... : DataEase
   If PC, what is type of file storage ...................... : Network
   If PC, frequency of backup ...................... : Daily
   If PC, is it stand alone, network, client server, etc. ...................... : Network

4. PURPOSE FOR WHICH COLLECTED: AHERA and the Asbestos Abatement Act and Code requires that all school buildings be inspected for ACBM and submit a management plan and be reinspected every three years.

5. RESTRICTIONS ON DATA USE: Asbestos Program use or requests through the Freedom of Information Act

6. CONTACT PERSON: Cinda Noak  Telephone number: 217-782-3517
7. **PROCESS FOR ACCESSING DATA:** Written request through Freedom of Information At

8. **STANDARD REPORTS GENERATED:** Reports created based on request

9. **DATA ELEMENTS COLLECTED:**
   - School District ID
   - School District Name
   - District Address
   - Administrator
   - School District Phone Number

---

**DIVISION OR CENTER NAME:** DIVISION OF ENVIRONMENTAL HEALTH

1. **DATABASE/DATAFILE TITLE:** Structural Pest Control Program and Inspection Log System

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Environmental Health

3. **DESCRIPTION:**
   - Method of Collection: Inspection reports & labels
   - Percent Return: 100%
   - Percent Completeness (Individual Surveys): 100%
   - Database/Datafile is:
     - Computerized: X Yes  No
     - Mainframe: Yes  X No
     - Personal Computer: X Yes  No
     - Both: Yes  X No
   - Paper Format: Yes  X No
   - Frequency of Updating: As received
   - Date of Last Update: 2000
   - Years of Data: from 1995 to 9/01
   - If PC, software used for this database: DataEase 5.15i
   - If PC, what is type of file storage: File Server
   - If PC, frequency of backup: Daily
   - If PC, is it stand alone, network, client server, etc.: Network

4. **PURPOSE FOR WHICH COLLECTED:** Record of inspections conducted to report to EPA for grant requirements and internal management of program.

5. **RESTRICTIONS ON DATA USE:** Access is password protected by DEH program staff and DEH Data Manager. Sub-files may have confidential information pertaining to technicians and complainants.

6. **CONTACT PERSON:** Fred Riecks  Telephone number: 217-782-4674

7. **PROCESS FOR ACCESSING DATA:** For internal purposes only.

8. **STANDARD REPORTS GENERATED:** EPA Cases - (By Type)--(Quarterly), Detailed Evaluation, etc. -- Once or twice/year at budget time. Case For Company (As Needed). Legal Cases (As Needed). Statewide MARS Summary (Monthly). Statewide Federal MARS Summary (Monthly).

9. **DATA ELEMENTS COLLECTED:**
   - Case Number
   - Date Report Sent

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DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. DATABASE/DATAFILE TITLE: Structural Pest Control Program, Vocational Licensure System (VLS)

2. LOCATION WHERE DATABASE/FIELD IS MAINTAINED: Environmental Health

3. DESCRIPTION:

   Method of Collection ............................................ : Applications
   Percent Return ..................................................... : 100%
   Percent Completeness (Individual Surveys) ................. : 100%
   Database/Datafile is -
      Computerized ................................................... : X Yes ___ No
      Mainframe ....................................................... : X Yes ___ No
      Personal Computer .............................................. : ___ Yes X No
      Both ...................................................................... : ___ Yes X No
   Paper Format ......................................................... : ___ Yes X No
   Frequency of Updating ........................................... : Daily - on line
   Date of Last Update ............................................... : 2001
   Years of Data ....................................................... : from 1975 to Present
   If PC, software used for this database ....................... : No
   If PC, what is type of file storage ............................ : 
   If PC, frequency of backup ....................................... : 
   If PC, is it stand alone, network, client server, etc. ........ : 

4. PURPOSE FOR WHICH COLLECTED: To administer the license, registration and certification provisions of the Structural Pest Control Act. VLS Mainframe downloaded from time-to-time to update Inspection Log System.

5. RESTRICTIONS ON DATA USE: IMSA/VLS password protected. Only central office program staff can amend a file. Regional staff have "Read Only" capability which is also password protected.

6. CONTACT PERSON: Lois Phillips  Telephone number: 217-782-5830

7. PROCESS FOR ACCESSING DATA: Written requests and appropriate copying fee as determined by IDPH.

8. STANDARD REPORTS GENERATED: Alpha listing of all licenses, alpha listing of all registrants and alpha listing of all certified technicians (monthly - CO; quarterly - regions; others upon request). Mailing labels for above and match list -- certified technicians with all licensees/registrants (upon request). Technician detailed printout (quarterly). Listing of technicians without seminar credit (annual).

9. DATA ELEMENTS COLLECTED:
   EMPLOYER GENERAL INFORMATION SCREEN
      Business ID Number
      License Status
      Business Name
      Business Address, City, State, Zip Code
      Business Telephone Number
      County Code Name and Number
      Region Number
      Business Contact Person
      Mailing Address Information
      Violation Code
      Insurance Expiration Date

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DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. DATABASE/DATAFILE TITLE: Swimming Pool and Bathing Beach

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Facility Licensure System, Division of Environmental Health
3. DESCRIPTION: Inventory of all public swimming pools and bathing beaches, license status, and dates of inspection.

<table>
<thead>
<tr>
<th>Method of Collection</th>
<th>Application and Inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Return</td>
<td>100%</td>
</tr>
<tr>
<td>Percent Completeness (Individual Surveys)</td>
<td>100%</td>
</tr>
</tbody>
</table>

Database/Datafile is -

- Computerized: X Yes No
- Mainframe: X Yes No
- Personal Computer: ___ Yes X No
- Both: ___ Yes X No
- Paper Format: X Yes No

Frequency of Updating: Bi-Weekly
Date of Last Update: Bi-Weekly
Years of Data: from 1974 to Present

If PC, software used for this database:
If PC, what is type of file storage:
If PC, frequency of backup:
If PC, is it stand alone, network, client server, etc.:

4. PURPOSE FOR WHICH COLLECTED: Maintain, inventory and license public swimming pools and bathing beaches. Automated generation of renewal notices, licenses, management reports and mailing labels.

5. RESTRICTIONS ON DATA USE: None

6. CONTACT PERSON: Colleen Leonard Telephone number: 217-782-5830

7. PROCESS FOR ACCESSING DATA: Written request and staff retrieval on FLS On-Line screen.

8. STANDARD REPORTS GENERATED: Facility Listings, Renewal Status Reports, Facility Profiles, Financial Reports, Enforcement Reports.

9. DATA ELEMENTS COLLECTED:
- Identification Number
- Type of Inspection (Licensure, Operational, Re-inspection)
- Date of Inspection
- Recommended License (None, License, Provisional/Conditional)
- Date Operated From
- Date Operated To
- Name of Facility
- Facility Street Address, City, Zip Code
- County Code of Facility (FIPS)
- Telephone Number of Facility
- Name of Licensee
- Street Address, City, State and Zip Code of Licensee
- Telephone Number of Licensee
- Name of Manager
- Street Address, City, State and Zip Code of Manager
- Telephone Number of Manager
- Water Supply (Community Public, Non-Community Public, Semi-Private)
- Sewage Disposal (EPA Regulated, Private Sewage Disposal)
- Food Service (Yes or No)
- Bathing Beach (Yes or No)
- Water Slide (Yes or No)
- Pool Location (Indoor, Outdoor, Both)
Calculated Bather Load
Enforcement Closure (Yes or Blank)
Date Application Received
License Status (Applicant, Licensed (Fee Required), Licensed (Fee Not Required), Exempt, Provisional/Conditional, Unlicenced, Revoked, Not Renewed, Renewal, Inactive)
Date of Licensure Expiration
Year of Original License
Fee Receipt Number
Date of Fee Receipt
Mail Preference (To Facility, Licensee, or Manager)
Inspection (Not Inspected, In Compliance, Non-Compliance)
License (Issue No License, Issue License-Still Pending, Issue Amended License)
Annual Report Fee (Received or Not)
Provisional/Conditional Reset
Enforcement Closure Reset

-----------------------------------------------------------------------------------------------

DIVISION OR CENTER NAME: DIVISION OF ENVIRONMENTAL HEALTH

1. DATABASE/DATAFILE TITLE: Vocational Licensure System (VLS), The Private Water Program

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Environmental Health

3. DESCRIPTION:

   Method of Collection ......................... : Application
   Percent Return ................................ : 100%
   Percent Completeness (Individual Surveys) : 100%
   Database/Datafile is -
      Computerized ................................ : Yes
      Mainframe .................................. : Yes
      Personal Computer ....................... : No
      Both ..................................... : No
      Paper Format ............................. :
      Frequency of Updating ..................... : As needed
      Date of Last Update ....................... : Current
      Years of Data ............................ : from 1978 to Present
      If PC, software used for this database ....
      If PC, what is type of file storage ........
      If PC, frequency of backup ............... :
      If PC, is it stand alone, network, client
        server, etc. ........................... :

4. PURPOSE FOR WHICH COLLECTED: Maintain an inventory, license all water well and/or pump installation contractors and send annual license renewals.

5. RESTRICTIONS ON DATA USE: None

6. CONTACT PERSON: Elaine Beard  Telephone number: 217-782-5830

7. PROCESS FOR ACCESSING DATA: Written request.

8. STANDARD REPORTS GENERATED: Inventory of licensed contractors and delinquent licenses report.
9. **DATA ELEMENTS COLLECTED:**

<table>
<thead>
<tr>
<th>ID Number of Contractor</th>
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<th>Renewal Fee Date</th>
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</thead>
<tbody>
<tr>
<td>License Status</td>
<td>Date First Licensed</td>
<td>Information/Date Received</td>
</tr>
<tr>
<td>Contractor Name</td>
<td>Expiration Date of License</td>
<td>Validation Number/Amount</td>
</tr>
<tr>
<td>Contractor Address, City, Zip Code</td>
<td>ID Number if Licensed</td>
<td>Misc. Fee Info./Date Recd</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>Plumber/Apprentice</td>
<td>Misc. Validation Info/Date</td>
</tr>
<tr>
<td>County Code (FIPS)</td>
<td>Hours of Continuing</td>
<td>Amend and Other Licensing</td>
</tr>
<tr>
<td>Region</td>
<td>Education</td>
<td>Pending Flags</td>
</tr>
<tr>
<td>Business Contact</td>
<td>Date of Continuing</td>
<td>Renewal Validation</td>
</tr>
<tr>
<td>Street Address, City, State/Zip Code</td>
<td>Education</td>
<td>Number/Amount</td>
</tr>
<tr>
<td>State/Zip Code</td>
<td>Contractor Education</td>
<td></td>
</tr>
</tbody>
</table>

**DIVISION OR CENTER NAME:** DIVISION OF ENVIRONMENTAL HEALTH

1. **DATABASE/DATAFILE TITLE:** Vocational Licensure System
   The Private Sewage Program

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:**

3. **DESCRIPTION:**

   - Method of Collection ................. : Application
   - Percent Return ....................... : 100%
   - Percent Completeness (Individual Surveys) : 100%
   - Database/Datafile is -
     - Computerized ...................... : X Yes No
     - Mainframe .......................... : X Yes No
     - Personal Computer ................. : Yes No
     - Both ................................ : Yes No
   - Paper Format ......................... : Yes No
   - Frequency of Updating ............... : As Needed
   - Date of Last Update .................. : Current
   - Years of Data ........................ : from 1978 to Present
   - If PC, software used for this database : IMS
   - If PC, what is type of file storage : 
   - If PC, frequency of backup .......... : 
   - If PC, is it stand alone, network, client server, etc. : 

4. **PURPOSE FOR WHICH COLLECTED:** Maintain an inventory, license all sewage contractors and send annual license renewals.

5. **RESTRICTIONS ON DATA USE:** None

6. **CONTACT PERSON:** Elaine Beard  Telephone number: 217-782-5830

7. **PROCESS FOR ACCESSING DATA:** Written Request

8. **STANDARD REPORTS GENERATED:** Inventory of licensed contractors and delinquent licenses reports.

9. **DATA ELEMENTS COLLECTED:**
   - ID Number of Contractor
   - ID Number of Contractor if Licensed Plumber
DIVISION OR CENTER NAME: DIVISION OF FOOD, DRUGS AND DAIRIES

1. DATABASE/DATAFILE TITLE: FDDD1

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Division of Data Processing

3. DESCRIPTION: Food & Drug Establishment Database

   Method of Collection: Paper copy
   Percent Return: 100%
   Percent Completeness (Individual Surveys): 
   Database/Datafile is:
     Computerized: Yes
     Mainframe: Yes
     Personal Computer: No
     Both: No
     Paper Format: Yes
   Frequency of Updating: Daily
   Date of Last Update: 01/20/93
   Years of Data: from 1990 to Present
   If PC, software used for this database:
   If PC, what is type of file storage:
   If PC, frequency of backup:
   If PC, is it stand alone, network, client server, etc.

4. PURPOSE FOR WHICH COLLECTED: Maintain records of establishment location and inspection information for food processing firms located in the State of Illinois. Retail food establishment directory for participating local health departments.

5. RESTRICTIONS ON DATA USE: None
6. CONTACT PERSON: Debra Perry  Telephone number: 217-785-2439

7. PROCESS FOR ACCESSING DATA: Written request to contact person.

8. STANDARD REPORTS GENERATED: Please refer to the Division of Date Processing Database Portfolio.

9. DATA ELEMENTS COLLECTED:

<table>
<thead>
<tr>
<th>Establishment ID #</th>
<th>Status</th>
<th>Inspection Date &amp; Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>County</td>
<td>Local Health Dept.</td>
<td>Cycle</td>
</tr>
<tr>
<td>Name</td>
<td>Water Supply</td>
<td>Item Violations</td>
</tr>
<tr>
<td>Street, City, State, Zip Code</td>
<td>Water Supply Test Date</td>
<td>Salvage Establishment</td>
</tr>
<tr>
<td>Phone Number</td>
<td>Region</td>
<td>Inspection Fee</td>
</tr>
<tr>
<td>Establishment Owner</td>
<td>Regulatory Authority</td>
<td>Fee Validation #</td>
</tr>
<tr>
<td>Name</td>
<td>Establishment Federal ID #</td>
<td>Salvage Establishment Inspection</td>
</tr>
<tr>
<td>Street, City, State, Zip Code</td>
<td>Establishment Square Footage</td>
<td>Fee Validation Date</td>
</tr>
<tr>
<td>Phone Number</td>
<td>(applicable only for Salvage Establishment)</td>
<td>Commodity Codes</td>
</tr>
<tr>
<td>Classification</td>
<td>Firms</td>
<td></td>
</tr>
</tbody>
</table>

DIVISION OR CENTER NAME: DIVISION OF FOOD, DRUGS AND DAIRIES

1. DATABASE/DATAFILE TITLE: INC

2. LOCATION WHERE DATABASE/FIELD IS MAINTAINED: Division of Data Processing

3. DESCRIPTION: Reported incidents of foodborne/waterborne illness outbreaks database.

   Method of Collection .................. : Paper copy
   Percent Return ........................ : 100%
   Percent Completeness (Individual Surveys) ....... :
   Database/Datafile is -
      Computerized ........................... : X Yes ___ No
      Mainframe ............................. : X Yes ___ No
      Personal Computer ..................... : ___ Yes X No
      Both ................................... : ___ Yes X No
      Paper Format ........................... : ___ Yes X No
   Frequency of Updating .................. : Daily
   Date of Last Update .................... : 01/28/93
   Years of Data ........................... : from 1990 to Present
   If PC, software used for this database .......... :
   If PC, what is type of file storage ............ :
   If PC, frequency of backup ..................
   If PC, is it stand alone, network, client
     server, etc. ............................ :

4. PURPOSE FOR WHICH COLLECTED: Maintain records of incidents (consumer complaints).

5. RESTRICTIONS ON DATA USE: None

6. CONTACT PERSON: Debra Perry  Telephone number: 217-785-2439

7. PROCESS FOR ACCESSING DATA: Written request to contact person.

8. STANDARD REPORTS GENERATED: Please refer to the Division of Data Processing Database Portfolio.
**DIVISION OR CENTER NAME:**  DIVISION OF FOOD, DRUGS AND DAIRIES

1. **DATABASE/DATAFILE TITLE:** MGRD1

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of Data Processing

3. **DESCRIPTION:** Food Service Sanitation Manager Certification Program certificate holder, instructor and sponsor information.

   - **Method of Collection** : Paper copy
   - **Percent Return** : 100%
   - **Percent Completeness (Individual Surveys)** : 100%
   - **Database/Datafile is** :
     - **Computerized** : Yes
     - **Mainframe** : Yes
     - **Personal Computer** : Yes
     - **Both** : Yes
   - **Paper Format** : No
   - **Frequency of Updating** : Daily
   - **Date of Last Update** : 01/20/93
   - **Years of Data** : from 1983 to Present
   - **If PC, software used for this database** :
   - **If PC, what is type of file storage** :
   - **If PC, frequency of backup** :
   - **If PC, is it stand alone, network, client server, etc.** :

4. **PURPOSE FOR WHICH COLLECTED:** Maintain records, issue applications & certificates for manager certification program participants mandated by the Food Service Sanitation Code (Ill. Adm. Code 750).

5. **RESTRICTIONS ON DATA USE:** None

6. **CONTACT PERSON:** Debra Perry  **Telephone number:** 217-785-2439

7. **PROCESS FOR ACCESSING DATA:** Written request to contact person.

8. **STANDARD REPORTS GENERATED:** Please refer to the Division of Data Processing Database Portfolio.

9. **DATA ELEMENTS COLLECTED:**
   - Certified Food Service Manager ID #
   - Name
   - Address, City, State Zip Code

---

**9. DATA ELEMENTS COLLECTED:**
   - Incident # (Region)
   - Incident # (Central Office)
   - Informant Name
   - Informant Address
   - Informant City
   - Informant State
   - Informant Zip Code
   - Informant Phone
   - Symptoms
   - Onset Time of Symptoms
   - Product Name
   - Product Brand
   - Product Code
   - Product Description
   - Inci dent Establishment Number
   - Incident Store Name
   - Incident Store Address
   - Incident Store City
   - Incident Store State
   - Incident Store Zip Code
   - Product Serial Number
   - Product Expiration Date
   - Product Purchase Date
   - Product Distributor Name
   - Product Distributor Address
   - Product Distributor City
   - Product Distributor State
   - Product Distributor Zip Code
   - Description of Incident
   - Incident Disposition
DIVISION OR CENTER NAME: DIVISION OF FOOD, DRUGS AND DAIRIES

1. DATABASE/DATAFILE TITLE: PH01TAN

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Division of Data Processing

3. DESCRIPTION: Dairy Farm & Plans Facility Location, Inspection & Sampling Database

   Method of Collection ....................... : Paper copy
   Percent Return .............................. : 100%
   Percent Completeness (Individual Surveys) ...................... :
   Database/Datafile is -
     Computerized ......................... : X Yes  No
     Mainframe ............................. : X Yes  No
     Personal Computer  ................. : Yes  No
     Both  .............................. : Yes  No
   Paper Format .............................. : Yes  No
   Frequency of Updating ..................... : Daily
   Date of Last Update  ...................... : 01/28/93
   Years of Data  ........................... : from 1984 to Present
   If PC, software used for this database ...................... :
   If PC, what is type of file storage ...................... :
   If PC, frequency of backup  .................. :
   If PC, is it stand alone, network, client server, etc. ............... :

4. PURPOSE FOR WHICH COLLECTED: Maintain records of Dairy Plants, Dairy Farms, Inspections and Samples.
5. **RESTRICTIONS ON DATA USE:** None

6. **CONTACT PERSON:** Debra Perry  **Telephone number:** 217-785-2439

7. **PROCESS FOR ACCESSING DATA:** Written request to contact person.

8. **STANDARD REPORTS GENERATED:** Please refer to the Division of Data Processing Database Portfolio.

9. **DATA ELEMENTS COLLECTED:**

<table>
<thead>
<tr>
<th>Dairy Farm</th>
<th>Number of Cows</th>
<th>Type of Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approval Number</td>
<td>Regulations Violated</td>
<td>Inspection Date</td>
</tr>
<tr>
<td>Approval Date</td>
<td>Water Supply</td>
<td>Regulations Violated</td>
</tr>
<tr>
<td>Name</td>
<td>Water Sample Date</td>
<td>Inspector ID #</td>
</tr>
<tr>
<td>Address, City, State, Zip Code</td>
<td>Water Sample Results</td>
<td>Product Code</td>
</tr>
<tr>
<td>Region Location</td>
<td>Milk Sample Date</td>
<td>Product Temperature</td>
</tr>
<tr>
<td>County Location</td>
<td>Milk Sample</td>
<td>Product Inhibitor</td>
</tr>
<tr>
<td>Product Receiver ID #</td>
<td>Laboratory ID #</td>
<td>Product SPC Count</td>
</tr>
<tr>
<td>Product Receiver Name</td>
<td>Milk Sample Results</td>
<td>Product Phos Count</td>
</tr>
<tr>
<td>Product Rec. Address</td>
<td>Dairy Plant</td>
<td>Product Coliform Count</td>
</tr>
<tr>
<td>Product Receiver City</td>
<td>ID #</td>
<td>Product Fat Count</td>
</tr>
<tr>
<td>Product Receiver State</td>
<td>Name, Address, City,</td>
<td>Product Tested for Salmonella</td>
</tr>
<tr>
<td>Date of Inspection</td>
<td>Size</td>
<td>Drugs Found on Premises</td>
</tr>
<tr>
<td>Type of Inspection</td>
<td>Approval Date</td>
<td>Type of Drug</td>
</tr>
<tr>
<td>Inspector ID #</td>
<td>Region Location</td>
<td>Equipment Charts Checked</td>
</tr>
<tr>
<td>Pounds of Milk Processed Per Day</td>
<td>County Location</td>
<td>Dates</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Raw Milk Received</td>
</tr>
</tbody>
</table>

---

**DIVISION OR CENTER NAME:** DIVISION OF FOOD, DRUGS AND DAIRIES

1. **DATABASE/DATAFILE TITLE:** PH01TAS

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of Data Processing

3. **DESCRIPTION:** Bulk Tank Operator Location and Inspection Database.

   *Method of Collection* ................................. : Paper copy
   *Percent Return* ................................. : 100%
   *Percent Completeness (Individual Surveys)* ................................. :
   *Database/Datafile is -*
     *Computerized* ................................. : X Yes__ No
     *Mainframe* ................................. : X Yes__ No
     *Personal Computer* ................................. : Yes__ No
     *Both* ................................. : Yes__ No
     *Paper Format* ................................. : Yes__ No
   *Frequency of Updating* ................................. : Daily
   *Date of Last Update* ................................. : 01/28/93
   *Years of Data* ................................. : from 1984 to Present
   *If PC, software used for this database* ................................. :
   *If PC, what is type of file storage* ................................. :
   *If PC, frequency of backup* ................................. :
   *If PC, is it stand alone, network, client server, etc.* ................................. :
4. **PURPOSE FOR WHICH COLLECTED:** Maintain records of Bulk Tank Operators.

5. **RESTRICTIONS ON DATA USE:** None

6. **CONTACT PERSON:** Debra Perry  **Telephone number:** 217-785-2439

7. **PROCESS FOR ACCESSING DATA:** Written request to contact person.

8. **STANDARD REPORTS GENERATED:** Please refer to the Division of Data Processing Database Portfolio.

9. **DATA ELEMENTS COLLECTED:**
   - Bulk Tank
   - Operator ID #
   - Operator Status
   - Operator Name
   - Operator Address
   - Operator City
   - Operator State
   - Operator Zip Code
   - Operator Region Location
   - Operator County Location
   - Operator Sampling Inspection Date
   - Fee Validation Number
   - Fee Validation Date
   - Expiration Date

---

**DIVISION OR CENTER NAME:** DIVISION OF FOOD, DRUGS AND DAIRIES

1. **DATABASE/DATAFILE TITLE:** TAND1

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of Data Processing

3. **DESCRIPTION:** Tanning Facility Database.

   - **Method of Collection** ................. : Paper copy
   - **Percent Return** ........................ : 100%
   - **Percent Completeness (Individual Surveys)** ........... : 
     - **Database/Datafile is -**
       - Computerized .......................... : X Yes ___ No
       - Mainframe ............................. : X Yes ___ No
       - Personal Computer ..................... : ___ Yes ___ No
       - Both .................................. : ___ Yes ___ No
       - Paper Format ........................... : ___ Yes ___ No
   - **Frequency of Updating** ............... : Daily
   - **Date of Last Update** ................. : 01/20/93
   - **Years of Data** .......................... : from 1990 to Present
   - **If PC, software used for this database** ........ : 
   - **If PC, what is type of file storage** .............. : 
   - **If PC, frequency of backup** .............. : 
   - **If PC, is it stand alone, network, client server, etc.** ........ : 

4. **PURPOSE FOR WHICH COLLECTED:** Maintain records of Tanning Facilities and Inspections.

5. **RESTRICTIONS ON DATA USE:** None

6. **CONTACT PERSON:** Debra Perry  **Telephone number:** 217-785-2439

7. **PROCESS FOR ACCESSING DATA:** Written request to contact person.

8. **STANDARD REPORTS GENERATED:** Please refer to the Division of Data Processing Database Portfolio.
9. DATA ELEMENTS COLLECTED:
   - Tanning Site ID#
   - Name, Address, City, State, Zip
   - Phone, On Site Manager Name
   - Address, City, State, Zip, Hours of Operation
   - Phone, Facility Type
   - Owner Name, Local Health Department
   - Fee Validation Number, Equipment Manufacturer
   - Equipment Type, Inspector ID#
   - Inspection Date, Hours of Operation

--------------------------------------------------------------------------------------------------------------------

DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES
Communicable Disease Control Section

1. DATABASE/DATAFILE TITLE: Aggregate Data for Chickenpox, Strep Throat, Scarlet Fever and Animal Bites

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Division of Infectious Diseases

3. DESCRIPTION:
   Method of Collection: Primarily from schools, daycare centers and animal control offices
   Percent Return: Unknown
   Percent Completeness (Individual Surveys): Most records are complete
   Database/Datafile is:
     - Computerized: X Yes __ No
     - Mainframe: __ X Yes __ No
     - Personal Computer: __ X Yes __ No
     - Both: __ X Yes __ No
     - Paper Format: X Yes __ No
   Frequency of Updating: Early 2000
   Date of Last Update: The week prior to the date this form was perused
   Years of Data: from 1988 to 1999
   If PC, software used for this database: N/A
   If PC, what is type of file storage: N/A
   If PC, frequency of backup: N/A
   If PC, is it stand alone, network, client server, etc.: N/A

4. PURPOSE FOR WHICH COLLECTED: To track the incidence of these diseases and animal bites.

5. RESTRICTIONS ON DATA USE: None. Patient identifiers are not included

6. CONTACT PERSON: Carl W. Langkop Telephone number: 217/782-2016

7. PROCESS FOR ACCESSING DATA: Formal procedure has not been established.

8. STANDARD REPORTS GENERATED:

9. DATA ELEMENTS COLLECTED: County, City, (over 25,000 population), Age group, sex, week of onset of illness.

--------------------------------------------------------------------------------------------------------------------
1. DATABASE/DATAFILE TITLE: AIDS Drug Assistance Program (ADAP)

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Division of Infectious Diseases, HIV/AIDS Section

3. DESCRIPTION:
   - **Method of Collection** ........................................ : Application for ADAP
   - **Percent Return** ............................................... : N/A
   - **Percent Completeness (Individual Surveys)** .............. : 100%
   - **Database/Datafile is** -
     - **Computerized** ............................................. : X Yes ___ No
     - **Mainframe** .................................................. : ___ Yes X No
     - **Personal Computer** ........................................ : X Yes ___ No
     - **Both** ........................................................... : ___ Yes X No
   - **Paper Format** .................................................. : X Yes ___ No
   - **Frequency of Updating** ..................................... : Ongoing basis
   - **Date of Last Update** ........................................ :  
   - **Years of Data** ................................................ : from 1989 to Present
   - **If PC, software used for this database** .................... : Proprietary software built with Access
   - **If PC, what is type of file storage** ....................... : Network
   - **If PC, frequency of backup** ................................ : Network standard backup, two sequential months backup of entire database.
   - **If PC, is it stand alone, network, client server, etc.** : Network

4. PURPOSE FOR WHICH COLLECTED: Database for storage of client information on those individuals who are receiving services through the state and federally funded program for AIDS Drug Assistance Program.

5. RESTRICTIONS ON DATA USE: Approved by IDPH HIV/AIDS Program. Access to data with identities restricted to program personnel

6. CONTACT PERSON: Nancy Abraham  **Telephone number:** 217-524-5983

7. PROCESS FOR ACCESSING DATA: Restricted access through ADAP/CHIC Administrator. Written request, stating description of report desired and intended use.

8. STANDARD REPORTS GENERATED: Statistical evaluative reports

9. DATA ELEMENTS COLLECTED:
   - Patient's Last Name
   - Patient's First Name
   - Middle Initial State
   - Social Security Number
   - Date of Birth
   - Gender
   - Telephone Number
   - Health Insurance
   - CD4
   - Viral Load
   - Race/Ethnicity
   - Physician’s Name
   - Information
   - Apartment Number
   - Street Address, City, Zip
   - County
   - Diagnosis
   - Net Monthly Income

--------------------------------------------------------------------------------------------------------------------

**DIVISION OR CENTER NAME:** DIVISION OF INFECTIOUS DISEASES

HIV/AIDS Section
1. DATABASE/DATAFILE TITLE: Continuation of Health Insurance Coverage (CHIC)

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Division of Infectious Diseases, HIV/AIDS Section

3. DESCRIPTION:

   Method of Collection ................................ : Application
   Percent Return ..................................... : N/A
   Percent Completeness (Individual Surveys) .......... : 100%
   Database/Datafile is -
      Computerized ................................... : X Yes  No
      Mainframe ..................................... : X Yes  X No
      Personal Computer ............................. : X Yes  No
      Both ......................................... : X Yes  X No
   Paper Format ..................................... : X Yes  No
   Frequency of Updating ............................ : Monthly
   Date of Last Update .............................. :
   Years of Data .................................... : from 1993 to Current Date
   If PC, software used for this database ............ : Access
   If PC, what is type of file storage ............... : Hard drive and network
   If PC, frequency of backup ....................... : Currently monthly
   If PC, is it stand alone, network, client
   server, etc. ..................................... : Network

4. PURPOSE FOR WHICH COLLECTED: Database for storage of client information for those individuals applying for payment of their health insurance premium coverage through the CHIC Program.

5. RESTRICTIONS ON DATA USE: Approved by IDPH HIV/Aids Program. Access to data with identifiers, restricted to program personnel

6. CONTACT PERSON: Nancy Abraham  Telephone number: 217/524-5983

7. PROCESS FOR ACCESSING DATA: Restricted access through ADAP/CHIC Administrator

8. STANDARD REPORTS GENERATED: Financial, demographic and utilization data

9. DATA ELEMENTS COLLECTED:
   Client First Name, Last Name  Address
   Telephone  Social Security Number
   Sex  Race
   DOB/DOD  County
   Health Insurance Coverage  Total Premium
   Premium Paid by Client  Premium Paid by CHIC
   Dates of Various Program Aspects (start, termination, etc.)

DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASE
HIV/AIDS Section

1. DATABASE/DATAFILE TITLE: CTS Program on PRODAS

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Division of Infectious Disease, HIV/AIDS Section
3. DESCRIPTION:

Method of Collection ............................................: Counselor completed
Percent Return ..................................................: 98%
Percent Completeness (Individual Surveys) ...............: 95%
Database/Datafile is -
  Computerized ..................................................: X Yes   No
  Mainframe .....................................................: Yes   X No
  Personal Computer ...........................................: X Yes   No
  Both ....................................................................: Yes   X No
  Paper Format .....................................................: X Yes   No
Frequency of Updating ........................................: Bi-monthly
Date of Last Update ...........................................: 07/21/00
Years of Data .....................................................: from 03/88 to Present
If PC, software used for this database ......................: PRODAS/CTS & MS Access ‘97
If PC, what is type of file storage .........................: C drive - Network
If PC, frequency of backup ..................................: As data is added - monthly
If PC, is it stand alone, network, client
server, etc. .......................................................: PC on C drive, on network

4. PURPOSE FOR WHICH COLLECTED: Monitor clients demographics of clients served through publicly funded sites.

5. RESTRICTIONS ON DATA USE: Approved by IDPH HIV/AIDS program. Access to data with identifiers, restricted to program personnel

6. CONTACT PERSON: Gina Latham-Whitener Telephone number: 217-524-5983

7. PROCESS FOR ACCESSING DATA: Written or verbal requests

8. STANDARD REPORTS GENERATED: Summary Statistics Option A - monthly for all sites; quarterly by site; quarterly for all sites; annually by site/all sites. Post-test Counseling Option B - quarterly by site/all sites. Summary Statistics Option C - quarterly by site. Pre-test Counselor Activities Option D - quarterly by site. Summary Data, Error File Option E - weekly on entry. # - $ Site, Program - monthly for billing purposes/error checks. # - $ Sum, Program - quarterly by site/all sites. Frequency Reports by Specific Data Subsets - as needed. Site Specific Line Listings for Reimbursement - monthly.

9. DATA ELEMENTS COLLECTED:
   Project Area
   Site Type
   Site Number
   Pre-test Counselor #
   Date of Visit
   Sex
   Race
   Age
   Health Insurance
   State, County, Zip of Residence
   Client Code Number
   Reason for Visit
   Risk Information
   Testing Information
   Post-test Counseling Information
   Referral Information
   Reserved Fields

-------------------------------------------------------------------------------------------------------------------

DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES
HIV/AIDS Section

1. DATABASE/DATAFILE TITLE: HIV/AIDS Reporting System (HARS)

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Division of Infectious Diseases, HIV/AIDS
3. DESCRIPTION:

<table>
<thead>
<tr>
<th>Method of Collection</th>
<th>Private providers/Local Health Depts.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Return</td>
<td>80-100%</td>
</tr>
<tr>
<td>Percent Completeness (Individual Surveys)</td>
<td>100%</td>
</tr>
<tr>
<td>Database/Datafile is -</td>
<td></td>
</tr>
<tr>
<td>Computerized</td>
<td>X Yes _ No</td>
</tr>
<tr>
<td>Mainframe</td>
<td>_ Yes X No</td>
</tr>
<tr>
<td>Personal Computer</td>
<td>X Yes _ No</td>
</tr>
<tr>
<td>Both</td>
<td>_ Yes X No</td>
</tr>
<tr>
<td>Paper Format</td>
<td>_ Yes X No</td>
</tr>
<tr>
<td>Frequency of Updating</td>
<td>Daily</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td></td>
</tr>
<tr>
<td>Years of Data</td>
<td>from 1979 to Present (AIDS)</td>
</tr>
<tr>
<td></td>
<td>from 7/1/99 to Present (HIV)</td>
</tr>
<tr>
<td>If PC, software used for this database</td>
<td>HARS software provided by CDC</td>
</tr>
<tr>
<td>If PC, what is type of file storage</td>
<td></td>
</tr>
<tr>
<td>If PC, frequency of backup</td>
<td>Daily</td>
</tr>
<tr>
<td>If PC, is it stand alone, network, client</td>
<td>Network</td>
</tr>
</tbody>
</table>

4. PURPOSE FOR WHICH COLLECTED: HIV and AIDS surveillance

5. RESTRICTIONS ON DATA USE: Access limited to AIDS surveillance personnel. Individual case reports are confidential. Aggregated data are released to the public. Approved by IDPH HIV/AIDS program. Access to data with identifiers, restricted to program personnel

6. CONTACT PERSON: Fran Eury Telephone number: 312-814-4846
                  Martha Doellman 217-524-5983

7. PROCESS FOR ACCESSING DATA: Written request, stating description of report desired and purpose of use intended.

8. STANDARD REPORTS GENERATED: Monthly and quarterly demographic data on reported cases of AIDS in Illinois. Specific reports available upon request.

9. DATA ELEMENTS COLLECTED:

<table>
<thead>
<tr>
<th>Name</th>
<th>Source of Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Sex</td>
</tr>
<tr>
<td>Race</td>
<td>Residence data</td>
</tr>
<tr>
<td>Month/Year of Diagnosis</td>
<td>Alive/Dead Status</td>
</tr>
<tr>
<td>Country of Birth</td>
<td>Patient History/Exposure Post-1977</td>
</tr>
<tr>
<td>Reporting Health Department</td>
<td>Facility of Diagnosis, Diagnosing Physician</td>
</tr>
<tr>
<td></td>
<td>Diseases Indicative of AIDS</td>
</tr>
</tbody>
</table>

Laboratory data: results of HIV antibody tests (Elisa, Western blot), and other immunologic laboratory tests (CD4+ lymphocyte count).

--------------------------------------------------------------------------------------------------------------------

DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES
HIV/ Section

1. DATABASE/DATAFILE TITLE: HIV Family of Seroprevalence Surveys
2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Division of Infectious Diseases, HIV/AIDS Section

3. DESCRIPTION:

   Method of Collection ........................................: Survey forms completed at clinics and test results completed by laboratory are sent to IDPH
   Percent Return .............................................: 100%
   Percent Completeness (Individual Surveys) ..............: 100%
   Database/Datafile is -
      Computerized .............................................: Yes
      Mainframe .................................................: No
      Personal Computer .......................................: Yes
      Both .......................................................: No
   Paper Format .................................................: Yes
   Frequency of Updating ......................................: As necessary
   Date of Last Update .........................................: from 1988 to Present
   Years of Data ...............................................: from 1988 to Present
   If PC, software used for this database ....................: HFS software provided by the CDC
   If PC, what is type of file storage .......................: Hard drive, disk, Bernoulli Cartridges
   If PC, frequency of backup ................................: Weekly or as needed
   If PC, is it stand alone, network, client server, etc. : Stand alone

4. PURPOSE FOR WHICH COLLECTED: IDPH, in collaboration with the Centers for Disease Control and Prevention, is conducting HIV, seroprevalence surveys within selected populations in the state as part of a national survey, to determine the prevalence and trends of HIV infection.

5. RESTRICTIONS ON DATA USE: Approved by IDPH HIV/AIDS program. Access to data with identifiers, restricted to program personnel.

6. CONTACT PERSON: Fran Eury Telephone number: 312-814-4846

7. PROCESS FOR ACCESSING DATA: Written request and purpose of use is required. Individual survey data are confidential. Aggregated data are released to the public.

8. STANDARD REPORTS GENERATED: Monthly reports are generated for internal use and survey site staff during the months the surveys are being conducted. Periodic reports are distributed widely. Special reports are generated as needed.

9. DATA ELEMENTS COLLECTED:
   SEXUALLY TRANSMITTED CLINIC SURVEY: (1988-1996)
      Month/year of visit
      County and zip code
      Sex risk exposure
      Referral source
      VDRL/STS/RPR results
      Residence State, County, zip code
      Age Group
      Race/Ethnicity
      Reason for visit
      STD diagnosis
      HIV antibody test results
   WOMEN's HEALTH CLINIC SURVEY: (1988-1995)
      Quarter/year of visit
      County and zip code
Race/ethnicity
Reason for visit
Residence State, County, zip code
Age Group
Risk exposures
HIV antibody test results

TUBERCULOSIS CLINIC SURVEY: (1988-1992)
Quarter/year of visit
County and zip code
Country of origin
Clinical status
Culture for tuberculosis
Residence state, County, zip code
Age
Race/ethnicity
Risk exposures
Anatomic site
HIV antibody test results

Quarter/year of visit
County and zip code
Sex
 Injected drugs since 1978
Drugs injected
HIV antibody test results
Residence state, County, zip code
Age Group
Race/ethnicity
Non-injected drugs in past year
Other drug use
Treatment modality
Preferential admission to treatment status

SURVEY IN CHILDBEARING WOMEN: (1989-1997)
Month/year of birth
County and zip code OF HOSPITAL
Mother's age GROUP
Mother's county
Infants race/ethnicity
HIV antibody test results

Quarter/year of visit
Age group
Risk exposures
HIV antibody test results
Sex
Race/ethnicity
Reason for visit

Month/year of Admission
Sex
Race/ethnicity
Age Group
Previous incarceration
Risk Behaviors
HIV antibody test results

--------------------------------------------------------------------------------------------------------------------
DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES
HIV/AIDS Section

1. DATABASE/DATAFILE TITLE: HIV Laboratory Report Database

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Division of Infectious Diseases, HIV/AIDS Section

3. DESCRIPTION: Number of HIV diagnostic tests conducted and positive specimens identified by laboratories and blood banks in Illinois.

   Method of Collection: Laboratories and blood banks
   Percent Return: 80-100%
   Percent Completeness (Individual Surveys): 90%
   Database/Datafile is -
   Computerized: X Yes ___ No
   Mainframe: X Yes ___ No
   Personal Computer: ___ Yes ___ No
   Both: ___ Yes ___ No
   Paper Format: X Yes ___ No
   Frequency of Updating: Daily
   Date of Last Update: from 1988 to 7/99
   If PC, software used for this database: Mainframe
   If PC, what is type of file storage: 
   If PC, frequency of backup: 
   If PC, is it stand alone, network, client server, etc.: 

4. PURPOSE FOR WHICH COLLECTED: HIV surveillance

5. RESTRICTIONS ON DATA USE: Approved by IDPH HIV/AIDS program. Access to data with identifiers, restricted to program personnel

6. CONTACT PERSON: Fran Eury
   Telephone number: 312-814-4846
   Martha Doellman
   Telephone number: 217-524-5983

7. PROCESS FOR ACCESSING DATA: Written request, stating description of report desired and purpose of use intended.

8. STANDARD REPORTS GENERATED: Statistical/evaluative reports

9. DATA ELEMENTS COLLECTED:

   Laboratory Name, city state
   Laboratory's State Number
   No. of Elisa Tests Performed/# Positive
   No. of Western blots Performed/# Positive
   No. of Antigen Tests Performed/# Positive

   For patients with reactives on 2 Elisas and 1 Western blot or a positive antigen test:
   Date of Tests
   Age
   Sex
   Name of Testing Physician
   Phone # of Testing Physician
   Patient Code (PCN)
   Race
   Type of Positive Test
   Address of Testing Physician

--------------------------------------------------------------------------------------------------------------------
DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES
HIV/AIDS Section

1. DATABASE/DATAFILE TITLE: HIV Reporting System

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Division of Infectious Diseases, HIV/AIDS Section

3. DESCRIPTION:

- Method of Collection: Physicians
- Percent Return: 80-100%
- Percent Completeness (Individual Surveys): 100%
- Database/Datafile is -
  - Computerized: Yes
  - Mainframe: Yes
  - Personal Computer: Yes
  - Both: Yes
- Paper Format: Yes
- Frequency of Updating: Daily
- Date of Last Update:
- Years of Data: from 1988 to 7/99

4. PURPOSE FOR WHICH COLLECTED: HIV surveillance.

5. RESTRICTIONS ON DATA USE: Approved by IDPH HIV/AIDS program. Access to data with identifiers, restricted to program personnel.

6. CONTACT PERSON: Fran Eury
   Telephone number: 312-814-4846
   Martha Doellman
   Telephone number: 217-524-5983

7. PROCESS FOR ACCESSING DATA: Written request, stating description of report desired and purpose of use intended.

8. STANDARD REPORTS GENERATED: Monthly and quarterly demographic data on HIV Infection Reports in Illinois.

9. DATA ELEMENTS COLLECTED:

   - Age
   - Sex
   - City of Residence
   - Hospitalization
   - Report Date
   - HIV Antibody Test Results
   - Reason for Test
   - Physician's Name
   - Physician's Telephone
   - Sex Risk Behavior History
   - Diagnosis
   - Pregnancy Status
   - Test Date
   - Previous Test Results
   - Person Completing Form
   - Physician's Address

--------------------------------------------------------------------------------------------------------------------
1. DATABASE/DATAFILE TITLE: HIV/PCN Database

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Division of Infectious Diseases, HIV/AIDS Section

3. DESCRIPTION: As of July 1, 1999 HIV is reportable in Illinois by a PCN (Patient Code Number). This database contains HIV case reports submitted by private providers throughout the state.

   Method of Collection ........................................: Private Providers
   Percent Return ..................................................: 80 - 100%
   Percent Completeness (Individual Surveys) .............: 90%
   Database/Datafile is -
     Computerized ............................................: Yes
     Mainframe .................................................: Yes
     Personal Computer .....................................: No
     Both .......................................................: Yes
     Paper Format .............................................: Yes
   Frequency of Updating ....................................: Daily
   Date of Last Update .......................................: 
   Years of Data ................................................: from 07/99 to Present
   If PC, software used for this database .................: Access '97
   If PC, what is type of file storage ....................: MCB
   If PC, frequency of backup .............................: 
   If PC, is it stand alone, network, client server, etc.: Network

4. PURPOSE FOR WHICH COLLECTED: HIV Surveillance.

5. RESTRICTIONS ON DATA USE: Approved by IDPH HIV/AIDS program. Access to data with identifiers, restricted to program personnel.

6. CONTACT PERSON: Fran Eury
   Telephone number: 312-814-4846
   Martha Doellman
   Telephone number: 217/524-5983

7. PROCESS FOR ACCESSING DATA: Written request stating description of report desired and purpose of use intended.

8. STANDARD REPORTS GENERATED: Statistical/evaluative reports

9. DATA ELEMENTS COLLECTED:
   Date Form Completed
   PCN Number
   Country of Birth
   Residence at Diagnosis, (City, County, State, Zip Code)
   Patient Risk History
   CD4 count (if available)
   Pregnancy and Birth History (if female)
   Physician Name
   Person Completing Form Name and Phone Number
   Date Entered by IDPH
   Date Received by LHD
   Vital Status
   Race/Ethnicity
   Date of HIV Test
   Data on Treatment Services and Referrals
   Physician Phone Number
   LHD Sending Report
   Death Date & State (if applicable)
   Last 4 digits of Social Security #
   Facility of Diagnosis
   Type of HIV Test
   Patient Medical Record Number
   Hospital/Facility Submitting Form
   Date Received by IDPH

DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES
HIV/AIDS Section
1. DATABASE/DATAFILE TITLE: Interview Record Database, AIRC on Nomad Interview Record

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Division of Infectious Diseases, HIV/AIDS Section

3. DESCRIPTION: Completed only on clients identified with HIV infection.

   Method of Collection ............................................. : Counselor completed
   Percent Return ..................................................... : 95%
   Percent Completeness (Individual Surveys) ...................... : 95%
   Database/Datafile is -
      Computerized .................................................. : X Yes ___ No
      Mainframe ..................................................... : X Yes ___ No
      Personal Computer .......................................... : ___ Yes X No
      Both ............................................................ : ___ Yes X No
   Paper Format ...................................................... : X Yes ___ No
   Frequency of Updating ............................................ : Bi-monthly
   Date of Last Update ............................................... : 07/26/00
   Years of Data .................................................... : from 1991 to Present
   If PC, software used for this database .......................... :
   If PC, what is type of file storage ............................. : Server
   If PC, frequency of backup ...................................... : Server
   If PC, is it stand alone, network, client
      server, etc. .................................................... : Network

4. PURPOSE FOR WHICH COLLECTED: Monitor partner notification (PN) initiatives; data is collected on seropositive clients identified through publicly funded sites; identifies testing and client risk specifics and data-specific information on dispositions of partners notified.

5. RESTRICTIONS ON DATA USE: Approved by IDPH HIV/AIDS program. Access to data with identifiers, restricted to program personnel

6. CONTACT PERSON: Gina Latham-Whitener    Telephone Number: 217-524-5983

7. PROCESS FOR ACCESSING DATA: CTRPN personnel. Written and verbal requests.

8. STANDARD REPORTS GENERATED: Custom report per request based on data elements, statistical /evaluative.

9. DATA ELEMENTS COLLECTED:
   Patient ID                        Report Source                        Interview Date
   Resident County                  Reason for Exam                        Field Record Number
   Age                             Period Partners                        Partner Identifier
   Race                            Counseling/Testing Info               Partner Disposition
   Sex                             Risk Information                       Disposition Date
   Clinic Code                      Worker Number                        Exposure Dates
   Partner Identifier
   Disposition Date
   Exposure Dates

DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES
HIV/AIDS Section

1. DATABASE/DATAFILE TITLE: Lab Utilization on PFS Plan

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Division of Infectious Diseases, HIV/AIDS Section

3. DESCRIPTION:
**4. PURPOSE FOR WHICH COLLECTED:** Monitor lab utilization by publicly funded HIV counseling and testing sites.

**5. RESTRICTIONS ON DATA USE:** Approved by IDPH HIV/AIDS program. Access to data with identifiers, restricted to program personnel

**6. CONTACT PERSON:** Gina Latham-Whitener  Telephone number: 217/524-5983

**7. PROCESS FOR ACCESSING DATA:** Written or verbal request

**8. STANDARD REPORTS GENERATED:** Custom per request, statistical, evaluative

**9. DATA ELEMENTS COLLECTED:**

<table>
<thead>
<tr>
<th>Provider Code</th>
<th>Total # Specimens for month</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th># Reactive Specimens for month</th>
<th>Positivity Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th># Equivocal Specimens for month</th>
<th>Total YTD Positive Specimens</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th># Negative Specimens for month</th>
<th>Total YTD Test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Positivity Rate YTD</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DIVISION OR CENTER NAME:** DIVISION OF INFECTIOUS DISEASES

**HIV/AIDS Section**

**1. DATABASE/DATAFILE TITLE:** Laboratory Reporting

**2. LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of Infectious Diseases, HIV/AIDS Section

**3. DESCRIPTION:** Number of confirmatory HIV tests conducted and number of positive specimens identified by laboratories and blood banks in Illinois. All CD4 counts <200 micro liter <14% identified by laboratories and blood banks in Illinois. This report replaces the HIV Laboratory Report Database which was previously maintained on the mainframe.

**Method of Collection ............................. :** Laboratories and Blood Banks

**Percent Return ................................. :** 80-100%

**Percent Completeness (Individual Surveys) ........... :** 90%

**Database/Datafile is -**

<table>
<thead>
<tr>
<th>Computerized</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mainframe</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Paper Format</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**4. PURPOSE FOR WHICH COLLECTED:** Monitor lab utilization by publicly funded HIV counseling and testing sites.

**5. RESTRICTIONS ON DATA USE:** Approved by IDPH HIV/AIDS program. Access to data with identifiers, restricted to program personnel

**6. CONTACT PERSON:** Gina Latham-Whitener  Telephone number: 217/524-5983

**7. PROCESS FOR ACCESSING DATA:** Written or verbal request

**8. STANDARD REPORTS GENERATED:** Custom per request, statistical, evaluative

**9. DATA ELEMENTS COLLECTED:**

<table>
<thead>
<tr>
<th>Provider Code</th>
<th>Total # Specimens for month</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th># Reactive Specimens for month</th>
<th>Positivity Rate</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th># Equivocal Specimens for month</th>
<th>Total YTD Positive Specimens</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th># Negative Specimens for month</th>
<th>Total YTD Test</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Total Positivity Rate YTD</th>
<th></th>
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<td></td>
</tr>
</tbody>
</table>

**DIVISION OR CENTER NAME:** DIVISION OF INFECTIOUS DISEASES

**HIV/AIDS Section**

**1. DATABASE/DATAFILE TITLE:** Laboratory Reporting

**2. LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of Infectious Diseases, HIV/AIDS Section

**3. DESCRIPTION:** Number of confirmatory HIV tests conducted and number of positive specimens identified by laboratories and blood banks in Illinois. All CD4 counts <200 micro liter <14% identified by laboratories and blood banks in Illinois. This report replaces the HIV Laboratory Report Database which was previously maintained on the mainframe.

**Method of Collection ............................. :** Laboratories and Blood Banks

**Percent Return ................................. :** 80-100%

**Percent Completeness (Individual Surveys) ........... :** 90%

**Database/Datafile is -**

<table>
<thead>
<tr>
<th>Computerized</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mainframe</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
Personal Computer ................................ : __X__ Yes ___ No
Both ........................................ : ___ Yes __X__ No
Paper Format ............................... : __X__ Yes ___ No
Frequency of Updating ........................ : Daily
Date of Last Update .......................... :  
Years of Data ................................. : from 07/99 to Present
If PC, software used for this database : Access '97
If PC, what is type of file storage ....... : MDB
If PC, frequency of backup ................. :  
If PC, is it stand alone, network, client
server, etc. ................................. : Network

4. PURPOSE FOR WHICH COLLECTED: HIV Surveillance.

5. RESTRICTIONS ON DATA USE: Approved by IDPH HIV/AIDS program. Access to data with identifiers, restricted to program personnel.

6. CONTACT PERSON: Fran Eury Telephone number: 312-814-4846
Martha Doellman 217/524-5983

7. PROCESS FOR ACCESSING DATA: Written request stating description of report desired and purpose of use intended.

8. STANDARD REPORTS GENERATED: Statistical and evaluative reports.

9. DATA ELEMENTS COLLECTED:
All reports collect the following data elements:
Laboratory State Number Laboratory Name
Laboratory Street Address Laboratory City
Laboratory State Laboratory Zip Code
Laboratory Phone Number Laboratory Contract Person Name

Physician ID number (this is connected to the following data)
Physician Last Name Physician First Name
Physician Street Address Physician City
Physician State Physician Zip Code
Physician Phone Number

For HIV test results:
Number of Confirmatory Tests Conducted Number of Confirmed Positives
Diagnostic Test Blood Donor Test

For Patients with confirmed HIV positive results
Date IDPH Received Results Date IDPH Entered Results
Specimen Date Test Date
Patient Code Number (PCN) Patient Age
Patient Sex Type of Confirmatory Test Conducted

For CD4 counts <200 micro liter <14%
Date IDPH Received Results Date IDPH Entered Results
Specimen Date Test Date
Patient Last Name Patient First Name
Patient Middle Initial Patient Street Address
Patient City Patient State
Patient Zip Code CD4 Count
CD4 percentage
DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES

1. DATABASE/DATAFILE TITLE: NETSS

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Immunization Program

3. DESCRIPTION:

   Method of Collection ......................... : From local health departments
   Percent Return ................................ : Unknown, varies by disease
   Percent Completeness (Individual Surveys)  : Most records are complete
   Database/Datafile is -
      Computerized .............................. : X Yes X No
      Mainframe ............................... : X Yes X No
      Personal Computer ........................ : X Yes X No
      Both ...................................... : X Yes X No
   Paper Format ............................... : X Yes X No
   Frequency of Updating ...................... : Daily
   Date of Last Update ........................ : from 1994 to Present
   Years of Data .............................. : Epi 6.04
   If PC, software used for this database ........ : Epi 6.04
   If PC, what is type of file storage .......... : Epi 6.04
   If PC, frequency of backup .................. : Epi 6.04
   If PC, is it stand alone, network, client server, etc. ................................. :

4. PURPOSE FOR WHICH COLLECTED: To document Vaccine Preventable Disease investigations.

5. RESTRICTIONS ON DATA USE: Access is available ONLY to selected Immunization program members

6. CONTACT PERSON: Chuck Jennings Telephone number: 217-785-1455

7. PROCESS FOR ACCESSING DATA: Because of the confidential nature of this data, Access is available ONLY to selected Immunization program staff. Aggregate data on disease incidence, not violating small cell issues, is provided to interested parties through the Freedom of Information Act.

8. STANDARD REPORTS GENERATED: Disease-specific reports are various clinical, diagnostic and epidemiologic factors and numerous ad-hoc reports.

9. DATA ELEMENTS COLLECTED:
   Log Number Date of Report
   Name MMWR Week
   Age Imported Data
   Birthdate Disease Status
   Sex Outbreak Association
   Race Clinical Data
   Ethnicity Diagnostic Data
   Disease Suspected Vaccination History Data
   Date of onset Hospitalization Data
   Address Mortality Data
   Telephone Transmission Situations
   Reporting Source Source Identified
   Epidemiologic Investigation/Measures Contact Prophylaxis Data
DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES

1. DATABASE/DATAFILE TITLE: Registry of Communicable Disease Cases.

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Division of Infectious Diseases.

3. DESCRIPTION: The database collects information on all reportable communicable diseases except for chickenpox, streptococcal sore throat, scarlet fever, animal bites, HIV-related infectious, the traditionally defined sexually transmitted diseases and tuberculosis.

   Method of Collection : From physicians, hospitals, laboratories, long-term care facilities, schools and others.
   Percent Completeness (Individual Surveys) : Most records are complete.
   Database/Datafile is -
     Computerized : Yes
     Mainframe : Yes
     Personal Computer : Yes
     Both : Yes
     Paper Format : Yes
   Frequency of Updating : Daily (for mainframe)
   Date of Last Update : The date prior to the date this form is perused.
   Years of Data : from 1988 to 2000 (except 1988 excludes City of Chicago data)
   If PC, software used for this database : EpiInfo Version 6.04B
   If PC, what is type of file storage : LAN
   If PC, frequency of backup : Daily
   If PC, is it stand alone, network, client server, etc. : LAN

4. PURPOSE FOR WHICH COLLECTED: To track the incidence of communicable diseases and to assist in identifying outbreaks.

5. RESTRICTIONS ON DATA USE: Mainframe communicable disease data are confidential because identifiers are included.


7. PROCESS FOR ACCESSING DATA: Formal procedure has not been developed. Mainframe data with identifiers are confidential.

8. STANDARD REPORTS GENERATED: Untitled - report to Centers for Disease Control of newly identified cases generated weekly. Selected Cases of Reported Infectious Diseases or Conditions - Monthly Numerous ad hoc reports depending on need.

9. DATA ELEMENTS COLLECTED:
   Log Number
   Last Name
   First Name
   Middle Initial
   Age in Years
   Age in Months for Patients Under One Year of Age
   Birthdate
   Sex
   Race
   Hispanic Ethnicity
   Date of Onset
   Street Address, City, State
Community Area (Chicago only, 1992)
Census Tract (Chicago only, 1992)
City Code
County Code
Jurisdiction Code
Region
Telephone Number
Information Needed
Date the Record Was Opened
Date of Initial Report
Type of Reporting Source
Reporting Source is a Hospital, What Hospital
Community Clinic as Reporting Source (Chicago records only)
Date Record was Last Updated
Date Case Reported to CDC
Record Open (Pending) or Closed
Case Confirmed, Probable, Suspect, under Investigation, or Not a Case.
Case was Fatal, Date of Death
Prophylaxis Administered to Contacts
Prophylaxis was Administered to Contacts by Public Health Agencies, the Number of Persons
Who Received Prophylaxis
Investigator was the Investigation Assigned (Chicago only, 1992)
Patient was Hospitalized, Name of Hospital
City of Hospital where Patient Hospitalized
Name of Physician
City of Physician
Physician's Telephone Number
Case was Associated with an Outbreak, Code Identifying the Outbreak
Infection Acquired in Illinois, in Another State, or in Another Country
Occupation
Risk factors for Exposure to the Infection
Comments

DIVISION OR CENTER NAME:  DIVISION OF INFECTIOUS DISEASES

1. DATABASE/DATAFILE TITLE:  Salmonella Serotype File

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED:  Division of Infectious Diseases

3. DESCRIPTION:  The file records data on all Salmonella serotypes by week serotyping in the laboratory was performed.

Method of Collection .............................. :  IDPH laboratory reports salmonella serotyping to the Division of Infectious Diseases.
Percent Return ................................. :  100%
Percent Completeness (Individual Surveys) ........... :  100%
Database/Datafile is -
Computerized .............................. :  X Yes ___ No (1989-1997)
Mainframe .............................. :  X Yes ___ No
Personal Computer .......................... : ___ Yes X No
Both .............................. : ___ Yes X No
Paper Format .............................. :  X Yes ___ No (1972-1997)
Frequency of Updating ........................... :  Approximately monthly
Date of Last Update .............................. :  Approximately January 2001
Years of Data .............................. :  from 1972 to 2000
If PC, software used for this database ............... :  N/A
If PC, what is type of file storage .................... :  N/A
If PC, frequency of backup ........................ :  N/A
If PC, is it stand alone, network, client server, etc. : N/A

4. PURPOSE FOR WHICH COLLECTED: Surveillance of types of Salmonella in Illinois.

5. RESTRICTIONS ON DATA USE: None of the computer database because no patient identifiers are contained in the database. Patient names are present on paper records and are not available outside the Division of Infectious Diseases due to confidentiality concerns.


7. PROCESS FOR ACCESSING DATA: Policies for accessing these data have not been established.

8. STANDARD REPORTS GENERATED: A monthly report showing serotype by week.

9. DATA ELEMENTS COLLECTED:
   - Serotype
   - Number of Isolates
   - Week Serotyping Performed

DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES Sexually Transmitted Diseases Section

1. DATABASE/DATAFILE TITLE: IDPH Division of Laboratories STD Testing Data

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: STD Section

3. DESCRIPTION: IDPH Division of Laboratories and selected laboratories performing diagnostic and screening tests for reportable STDs.

   Method of Collection : Electronic File
   Percent Return : 100%
   Percent Completeness (Individual Surveys) : 100%
   Database/Datafile is -
   - Computerized : Yes
   - Mainframe : Yes
   - Personal Computer : Yes
   - Both : Yes
   Paper Format : Yes
   Frequency of Updating : Monthly
   Date of Last Update : 10/10/01
   Years of Data : from 1994 to Present
   If PC, software used for this database : MS Access
   If PC, what is type of file storage : MS Access
   If PC, frequency of backup : Daily
   If PC, is it stand alone, network, client server, etc. : Network

4. PURPOSE FOR WHICH COLLECTED: Evaluate STD screening activities, track STD prevalence trends and produce reports to comply with state and federal reporting requirements.

5. RESTRICTIONS ON DATA USE: Approval of IDPH STD Program. Access to data with identifiers is restricted.

6. CONTACT PERSON: Charlie Rabins Telephone number: 217-782-2747
7. **PROCESS FOR ACCESSING DATA:** Through contact person

8. **STANDARD REPORTS GENERATED:** Summary Reports by Test, by Lab, by Provider. High Priority, Low Priority Syphilis Reports. Summary and site’s specific reports on positivity testing and data completeness.

9. **DATA ELEMENTS COLLECTED:**

<table>
<thead>
<tr>
<th>Serial #</th>
<th>Chl Source</th>
<th>Date Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Rcvd</td>
<td>Gon Source</td>
<td>Zip Corrected</td>
</tr>
<tr>
<td>Year Rcvd</td>
<td>Syp Source</td>
<td>Chl Result Date</td>
</tr>
<tr>
<td>IDPH Lab Code</td>
<td>Gon Reason</td>
<td>Chl Comment</td>
</tr>
<tr>
<td>First Name</td>
<td>Syp Reason</td>
<td>Medicare No</td>
</tr>
<tr>
<td>Last Name</td>
<td>Chl Reason</td>
<td>DOB</td>
</tr>
<tr>
<td>Zip</td>
<td>RPR</td>
<td>Ge_LCX_Result</td>
</tr>
<tr>
<td>Sex Code Lab</td>
<td>VDRL</td>
<td>Ge_LCX_Date</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td>Ge_LCX_Comment</td>
</tr>
<tr>
<td>Race Code Lab</td>
<td>Syp Res Data</td>
<td>C_LCX_Result</td>
</tr>
<tr>
<td>Ethnicity Code Lab</td>
<td>FTAQ</td>
<td>C_LCX_Date</td>
</tr>
<tr>
<td>Date Coll</td>
<td>Syp Analyst</td>
<td>C_LCX_Comment</td>
</tr>
<tr>
<td>Patient ID</td>
<td>FTA Results</td>
<td>Ge_TMA</td>
</tr>
<tr>
<td>Provcode</td>
<td>FTA Date</td>
<td>C_TMA</td>
</tr>
<tr>
<td>Chl Probe Test</td>
<td>FTA Analyst</td>
<td>C_Qualifier</td>
</tr>
<tr>
<td>Gon Probe Test</td>
<td>Gon Probe Result</td>
<td>GC-Qualifier</td>
</tr>
<tr>
<td>Ethnicity Corrected</td>
<td>Gon Probe Date</td>
<td>Gon Test Type</td>
</tr>
<tr>
<td>Race Corrected</td>
<td>Gon Probe Comment</td>
<td>Serl test Type</td>
</tr>
<tr>
<td>Job Corrected</td>
<td>Chl Result</td>
<td>Serial Number Original</td>
</tr>
<tr>
<td>Sex Corrected</td>
<td>Gon Result All</td>
<td>Test Type</td>
</tr>
<tr>
<td>Syp Test</td>
<td>Chl Result All</td>
<td>Corrected Record</td>
</tr>
</tbody>
</table>

--------------------------------------------------------------------------------------------------------------------

**DIVISION OR CENTER NAME:** DIVISION OF INFECTIOUS DISEASES
Sexually Transmitted Diseases Section

1. **DATABASE/DATAFILE TITLE:** Sexually Transmitted Disease (STD) Laboratory

2. **LOCATION WHERE DATABASE/FIELD IS MAINTAINED:** STD Section

3. **DESCRIPTION:** Summary reporting data for laboratories performing tests for reportable STDs in Illinois.

<table>
<thead>
<tr>
<th>Method of Collection</th>
<th>Reports submitted to IDPH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Return</td>
<td>95 - 100%</td>
</tr>
<tr>
<td>Percent Completeness (Individual Surveys)</td>
<td>95 - 100%</td>
</tr>
</tbody>
</table>

**Database/Datafile is -**

<table>
<thead>
<tr>
<th>Computerized</th>
<th>X Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainframe</td>
<td></td>
<td>X No</td>
</tr>
<tr>
<td>Personal Computer</td>
<td>X Yes</td>
<td>No</td>
</tr>
<tr>
<td>Both</td>
<td></td>
<td>X No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Paper Format</th>
<th>_Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Frequency of Updating</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Last Update</td>
<td></td>
</tr>
<tr>
<td>Years of Data</td>
<td>from 1994 to Present</td>
</tr>
</tbody>
</table>

**If PC, software used for this database** | MS Access |
**If PC, what is type of file storage** | MS Access |
**If PC, frequency of backup** | Daily |
**If PC, is it stand alone, network, client**
4. **PURPOSE FOR WHICH COLLECTED:** Evaluate laboratory reporting and STD testing trends. Data are also used for required federal reports and grant application.

5. **RESTRICTIONS ON DATA USE:** Approval of IDPH STD program. Access to data with identifiers is restricted.

6. **CONTACT PERSON:** Charlie Rabins  
   **Telephone number:** 217-782-2747

7. **PROCESS FOR ACCESSING DATA:** Through contact person

8. **STANDARD REPORTS GENERATED:** Lab Timeliness, quarterly. Labs missing, quarterly

9. **DATA ELEMENTS COLLECTED:**

<table>
<thead>
<tr>
<th>Prov Code</th>
<th>MaleGonPositive</th>
<th>MaleGonDone</th>
<th>MaleChlDone</th>
<th>MaleChlPositive</th>
<th>MaleChlDone</th>
<th>FemaleGonPositive</th>
<th>FemaleGonDone</th>
<th>FemaleChlDone</th>
<th>FemaleCHlPositive</th>
<th>FemaleCHlDone</th>
<th>VDRLs/RPRs Done</th>
<th>VDRLs/RPRs Positive</th>
<th>FTAs/MHAs Done</th>
<th>FTAs/MHAs Positive</th>
<th>Chanchroid Done</th>
<th>Chanchroid Positive</th>
<th>Date Received by Local Health</th>
</tr>
</thead>
</table>

**DIVISION OR CENTER NAME:** DIVISION OF INFECTIOUS DISEASES  
Sexually Transmitted Diseases Section

1. **DATABASE/DATAFILE TITLE:** Sexually Transmitted Diseases (STD) Intervention

2. **LOCATION WHERE DATABASE/FIELD IS MAINTAINED:** STD Section

3. **DESCRIPTION:** Early syphilis intervention outcomes by local health department in Illinois (excluding Chicago).

   **Method of Collection** : Reports submitted to IDPH
   **Percent Return** : 89-90%
   **Percent Completeness (Individual Surveys)** : 90-95%

   **Database/Datafile is -**
   **Computerized** : Yes
   **Mainframe** : No
   **Personal Computer** : Yes
   **Both** : No
   **Paper Format** : No

   **Frequency of Updating** : Daily
   **Date of Last Update** : Daily
   **Years of Data** : from 1988 to Present
   **If PC, software used for this database** : MS Access, Epi.-Info
   **If PC, what is type of file storage** : MS Access, (dBaseIII)
   **If PC, frequency of backup** : Daily
   **If PC, is it stand alone, network, client server, etc.** : Network

4. **PURPOSE FOR WHICH COLLECTED:** Evaluate outcomes and timeliness of early syphilis intervention. Data are also used for required federal reports and grant application.

5. **RESTRICTIONS ON DATA USE:** Approval of IDPH STD Program. Access to data with identifiers is restricted.
6. **CONTACT PERSON:** Charlie Rabins  **Telephone number:**  217-782-2747

7. **PROCESS FOR ACCESSING DATA:** Through contract person

8. **STANDARD REPORTS GENERATED:** STD-MIS Reports; Intervention, as needed.

9. **DATA ELEMENTS COLLECTED:**

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auto ID</td>
<td>Cx Agency</td>
</tr>
<tr>
<td>ID Control Number</td>
<td>Remote User</td>
</tr>
<tr>
<td>ID</td>
<td>Time Stamp</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Form ID</td>
</tr>
<tr>
<td>Reason For Exam</td>
<td>V</td>
</tr>
<tr>
<td>Symptoms</td>
<td>AI</td>
</tr>
<tr>
<td>Sym Onset Date</td>
<td>AR</td>
</tr>
<tr>
<td>Sym Days</td>
<td>OR</td>
</tr>
<tr>
<td>Sym Description</td>
<td>OG</td>
</tr>
<tr>
<td>Sym Onset Date 2</td>
<td>Sex With</td>
</tr>
<tr>
<td>Sym Days 2</td>
<td>Number Partners</td>
</tr>
<tr>
<td>Sym Description 2</td>
<td>Sex Drug Money</td>
</tr>
<tr>
<td>Sym Onset Date 3</td>
<td>Sex With Sex Wrk</td>
</tr>
<tr>
<td>Sym Days 3</td>
<td>Parts With Sex Wrk</td>
</tr>
<tr>
<td>Sym Description 3</td>
<td>Partner Sym</td>
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<tr>
<td>Date Assign</td>
<td>Incarcerated</td>
</tr>
<tr>
<td>Assign Wrk Code</td>
<td>Reason Jail</td>
</tr>
<tr>
<td>Caselx</td>
<td>Test Syp Incarcerated</td>
</tr>
<tr>
<td>Orgix Date</td>
<td>Sex While Incarcerated</td>
</tr>
<tr>
<td>lx Period</td>
<td>Sex O0J</td>
</tr>
<tr>
<td>lx Period Partners</td>
<td>Travel Where</td>
</tr>
<tr>
<td>Parnerstini</td>
<td>BC</td>
</tr>
<tr>
<td>Clusters ini</td>
<td>P</td>
</tr>
<tr>
<td>Fr Wrk Code</td>
<td>N</td>
</tr>
<tr>
<td>Date Ofix</td>
<td>Str</td>
</tr>
<tr>
<td>Partner/Cluster</td>
<td>DH</td>
</tr>
<tr>
<td>First Exp Date</td>
<td>Sch</td>
</tr>
<tr>
<td>Date Closed</td>
<td>Oth</td>
</tr>
<tr>
<td>Date Entered</td>
<td>Facilities</td>
</tr>
</tbody>
</table>

**DIVISION OR CENTER NAME:** DIVISION OF INFECTIOUS DISEASES  
Sexually Transmitted Disease Section

1. **DATABASE/DATAFILE TITLE:** Sexually Transmitted Disease (STD) Morbidity.

2. **LOCATION WHERE DATABASE/F ILE IS MAINTAINED:** STD Section.

3. **DESCRIPTION:** Report cases of gonorrhea, syphilis, chlamydia and chancroid in Illinois.

<table>
<thead>
<tr>
<th>Method of Collection</th>
<th>Reports submitted to IDPH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Return</td>
<td>99-100%</td>
</tr>
<tr>
<td>Percent Completeness (Individual Surveys)</td>
<td>95-100%</td>
</tr>
<tr>
<td>Database/Datafile is -</td>
<td></td>
</tr>
<tr>
<td>Computerized</td>
<td>X Yes No</td>
</tr>
<tr>
<td>Mainframe</td>
<td>X Yes No</td>
</tr>
<tr>
<td>Personal Computer</td>
<td>X Yes No</td>
</tr>
</tbody>
</table>

-133-
4. PURPOSE FOR WHICH COLLECTED: Evaluate STD incidence trends. Data are also used for required federal reports and grant application.

5. RESTRICTIONS ON DATA USE: Approval of IDPH STD program. Access to data with identifiers is restricted.

6. CONTACT PERSON: Charlie Rabins Telephone number: 217-782-2747

7. PROCESS FOR ACCESSING DATA: Through contact person.


9. DATA ELEMENTS COLLECTED:

<table>
<thead>
<tr>
<th>ID</th>
<th>Provider Code</th>
<th>Test Result</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID</td>
<td>Last Name</td>
<td>Rx Date 1</td>
<td>Addr Grp</td>
</tr>
<tr>
<td>ID</td>
<td>First Name</td>
<td>Rx Date 1 Rx</td>
<td>Street 1-2</td>
</tr>
<tr>
<td>ID</td>
<td>Middle Initial</td>
<td>Rx Date 2</td>
<td>City 2</td>
</tr>
<tr>
<td>ID</td>
<td>Phone 1</td>
<td>Rx Date 2Rx</td>
<td>State 2</td>
</tr>
<tr>
<td>ID</td>
<td>DOB</td>
<td>RX Date 3</td>
<td>Zip</td>
</tr>
<tr>
<td>ID</td>
<td>Age Current</td>
<td>Rx Date 3Rx</td>
<td>Date Report</td>
</tr>
<tr>
<td>ID</td>
<td>County Name</td>
<td>Time Stamp</td>
<td>Exp To Record Search</td>
</tr>
<tr>
<td>ID</td>
<td>County Name Breakup</td>
<td>Suspense File</td>
<td>Exp to Netts</td>
</tr>
<tr>
<td>ID</td>
<td>Gender Code</td>
<td>Verify Wks</td>
<td>Date Entered</td>
</tr>
<tr>
<td>ID</td>
<td>Pregnancy Status</td>
<td>Form ID</td>
<td>Date of Birth</td>
</tr>
<tr>
<td>ID</td>
<td>Pregnancy Weeks</td>
<td>Batch No.</td>
<td>Test ID</td>
</tr>
<tr>
<td>ID</td>
<td>Race Code</td>
<td>Remote User</td>
<td>Serial Number</td>
</tr>
<tr>
<td>ID</td>
<td>Ethnicity Code</td>
<td>Remote Uid</td>
<td>Form Pri</td>
</tr>
<tr>
<td>ID</td>
<td>Dx Code Chl</td>
<td>Remote Fax</td>
<td>Orig Pg Seq</td>
</tr>
<tr>
<td>ID</td>
<td>Chl Test Date</td>
<td>Remote Cmp</td>
<td>Batch Cust 1</td>
</tr>
<tr>
<td>ID</td>
<td>Chl Test Result</td>
<td>Remote Phn</td>
<td>Batch Cust 2</td>
</tr>
<tr>
<td>ID</td>
<td>DX Code Gon</td>
<td>CSID</td>
<td>Batch Cust 3</td>
</tr>
<tr>
<td>ID</td>
<td>Gon Test Date</td>
<td>Batch Dir</td>
<td>Batch Cust 4</td>
</tr>
<tr>
<td>ID</td>
<td>Gon Test Result</td>
<td>Batch Pg No</td>
<td>Batch Cust 5</td>
</tr>
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<td>ID</td>
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<td>Batch Pg Cnt</td>
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<td>RPR-VDRL Test</td>
<td>Batch R Date</td>
<td>Physician Address</td>
</tr>
<tr>
<td>ID</td>
<td>RPR-VDRL Test Date</td>
<td>Batch Sc Opr</td>
<td>Physician Name</td>
</tr>
<tr>
<td>ID</td>
<td>RPR-VDRL Result</td>
<td>Batch Track</td>
<td>Physician City</td>
</tr>
<tr>
<td>ID</td>
<td>Titer</td>
<td>Route To</td>
<td>Physician Phone</td>
</tr>
<tr>
<td>ID</td>
<td>FTA-MHA-HATTS Test</td>
<td>Image Seq</td>
<td>P Code</td>
</tr>
<tr>
<td>ID</td>
<td>FTA-MHA-HATTS Test Date</td>
<td>Date 1</td>
<td>IDPH Lab</td>
</tr>
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<td>ID</td>
<td>FTA-MHA-HATTS Result</td>
<td>Apartment Number</td>
<td>Physician Zip</td>
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<tr>
<td>ID</td>
<td>Darkfield Test Date</td>
<td>Street 1</td>
<td>Bathc Pg Data</td>
</tr>
<tr>
<td>ID</td>
<td>Darkfield Result</td>
<td>Data Grp</td>
<td>Appended New Morb</td>
</tr>
<tr>
<td>ID</td>
<td>Other Syp Test Date</td>
<td>City</td>
<td></td>
</tr>
</tbody>
</table>

-134-
DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES
Sexually Transmitted Disease Section

1. DATABASE/DATAFILE TITLE: Sexually Transmitted Disease (STD) Patient

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: STD Section.

3. DESCRIPTION: Data on follow-up of persons with a positive test for a reportable STD or named as a sex partner to a person infected with an STD.

   Method of Collection ................................ : Reports submitted to IDPH
   Percent Return .................................. : 80-90%
   Percent Completeness (Individual Surveys) .......... : 90-95%
   Database/Datafile is -
     Computerized ................................... : Yes
     Mainframe ..................................... : Yes
     Personal Computer ............................ : Yes
     Both ......................................... : Yes
   Paper Format ................................... : No
   Frequency of Updating ........................... : Daily
   Date of Last Update ............................. : Daily
   Years of Data .................................. : from 1988 to Present
   If PC, software used for this database ............... : MS Access
   If PC, what is type of file storage .................. : MS Access
   If PC, frequency of backup ........................ : Daily
   If PC, is it stand alone, network, client
     server, etc. .................................. : Network

4. PURPOSE FOR WHICH COLLECTED: Evaluate timeliness and outcome of STD follow-up activities. Data are also used for required federal reports and grant application.

5. RESTRICTIONS ON DATA USE: Approval of IDPH STD program. Access to data with identifiers is restricted.

6. CONTACT PERSON: Charlie Rabins  Telephone number: 217-782-2747

7. PROCESS FOR ACCESSING DATA: Through contact person.

8. STANDARD REPORTS GENERATED: Frs Open, monthly.

9. DATA ELEMENTS COLLECTED:
   Unique ID  Exp First
   FRID  Exp Freq
   FR Number  Exp Last
   Marital Status  OPID
   Height  Referral Basis
   Size/Build  Referral Basis Type
   Hair  Disease 1
   Complexion  Disease 2
   Pregnancy Status  Prov Code
   Number Weeks  Inv Agency
   Unknown  Clinic Code
DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES

1. DATABASE/DATAFILE TITLE: Sexually Transmitted Disease (STD) Risk Assessment Survey

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: STD Section

3. DESCRIPTION: Risk Assessment Survey (RAS) is a one page scannable form (created in TELEform) designed to obtain risk and demographic information from STD clients. Data is maintained in MS Access.

   - Method of Collection: Reports submitted to IDPH
   - Percent Return: 95%-100%
   - Percent Completeness (Individual Surveys): 95%-100%
   - Database/Datafile is:
     - Computerized: Yes
     - Mainframe: Yes
     - Personal Computer: Yes
     - Both: No
     - Paper Format: No
   - Frequency of Updating: Weekly
   - Date of Last Update:
   - Years of Data: from 1998 to Present
   - If PC, software used for this database: MS Access
   - If PC, what is type of file storage: MS Access
   - If PC, frequency of backup: Daily
   - If PC, is it stand alone, network, client server, etc.: Network and

4. PURPOSE FOR WHICH COLLECTED: Evaluate STD clients risks for acquiring STD’s.

5. RESTRICTIONS ON DATA USE: Approval of IDPH STD program. Access to data with identifiers is restricted.

6. CONTACT PERSON: Charlie Rabins Telephone number: 217/782-2747

7. PROCESS FOR ACCESSING DATA: Through contact person.

8. STANDARD REPORTS GENERATED: Quarterly behavioral risk assessment reports.

9. DATA ELEMENTS COLLECTED:
   - Form ID
   - Time Stamp
   - Provider Code
   - Clinic Date
   - Client Number
   - Age
   - Sex
   - Q1 (History of Hepatitis)
   - Q2A (Vaccinated for Hepatitis)
   - Q2B (Vaccinated for Hepatitis B)
Q3 (Tested for HIV/AIDS)  
Q4 (IV Drug Use)  
Q5 (Sex with Intravenous (IV) Drug User)  
Q5B (Snorted Drugs)  
Q6 (Sex with Male)  
Q7 (Sex with Female)  
Q8 (Sex or Needle with ind. With Hiv/AIDS)  
Q9 (Sex Drugs/Money)  
Q10 (Sex while drunk or high)  
Q11 (History of STD)  
Q12 (Condom Usage)  
Q13 (Sex Partners 12 months)  
Bar Code  
Clinic Visit, Other  
If No, Reason  
Chlamydia  
Syphilis  
NGU1 (Non-Gonococcal Urethritis)  
Herp1 (Herpes)  
CAN1 (Candiasis)  
BV1 (Bacterial Vaginosis)  
Trich1 (Trichomoniais)  
HPV (Human Papillomavirus Virus)  
Chan1 (Chancroid)  
Gonorrhea  
Other1  
None  
Race  
Ethnicity  
No Vaccination, Other  
County Code  
Zip  
Counselor Number  
Vaccinated  
Hepatitis Type  
No Vaccine -Other (Other Reason Not Vaccinated)

DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES

1. DATABASE/DATAFILE TITLE: STD Table Morbidity

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: STD Section

3. DESCRIPTION: Report cures of gonorrhea, syphilis, chlamydia and chancroid

   Method of Collection ......................................: Reports submitted to IDPH
   Percent Return ................................................: 99%-100%
   Percent Completeness (Individual Surveys) ..............: 95%-100%
   Database/Datafile is -
      Computerized ..............................................: X Yes No
      Mainframe ..................................................: Yes No
      Personal Computer .......................................: Yes No
      Both .........................................................: Yes No
   Paper Format .................................................: No
   Frequency of Updating .......................................: Daily
   Date of Last Update .........................................: Daily
   Years of Data ................................................: from 1998 to Present
   If PC, software used for this database ...................: Access
   If PC, what is type of file storage .......................: Access
   If PC, frequency of backup ..................................: Daily
   If PC, is it stand alone, network, client server, etc.: Network

4. PURPOSE FOR WHICH COLLECTED: Evaluate treatment and timeliness reporting trends. Data are used for federal reports and grant objectives.

5. RESTRICTIONS ON DATA USE: Approval of IDPH STD program. Access to data with confidential identifiers is
6. **CONTACT PERSON**: Charlie Rabins  
**Telephone number**: 217/782-2747

7. **PROCESS FOR ACCESSING DATA**: Through contact person.

8. **STANDARD REPORTS GENERATED**: Treatment rates, time of treatment to data received by IDPH STD

9. **DATA ELEMENTS COLLECTED**:

```
DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES
TUBERCULOSIS CONTROL

1. DATABASE/DATAFILE TITLE: TIMS (Tuberculosis Management System)
2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: TIMS Server
3. DESCRIPTION:
   Method of Collection: Paper, Data Entry, Download
   Percent Return: 100%, Call to verify
   Percent Completeness (Individual Surveys):
   Database/Datafile is:
   - Computerized: Yes
   - Mainframe: Yes
   - Personal Computer: Yes
   - Both: Yes
   Paper Format: Yes
   Frequency of Updating: Daily
   Date of Last Update: Daily
   Years of Data: from 1993 to Present
   If PC, software used for this database: Sybase
   If PC, what is type of file storage: CDC - TIMS
   If PC, frequency of backup: Weekly
   If PC, is it stand alone, network, client server, etc.: Stand Alone

4. **PURPOSE FOR WHICH COLLECTED**: Surveillance, CDC Reporting
5. **RESTRICTIONS ON DATA USE**: Confidential
6. **CONTACT PERSON**: Mike Arbise  
**Telephone number**: 217-785-5371
7. **PROCESS FOR ACCESSING DATA**: TIMS Reports, SPSS, Access
8. **STANDARD REPORTS GENERATED**: Yes
9. **DATA ELEMENTS COLLECTED**:
   - Age
   - Asian Race
   - Birth Date
   - Birth Date Unk
   - Client ID
   - Contact
   - Converter
   - Country Origin
   - Date Entered U.S.
   - Date Entered Unk
   - Ethnicity
   - Event Stamp (Last date and time this record was modified)
   - First Name
   - Gender
   - Know English
   - Last Name
   - Local ID (City/county case number)
   - Middle Name
   - Past Therapy
```
Initial Drug Susceptibility Results: was generated from patient management

Susceptibility Results

- Amikacin
- Capreomycin
- Cycloserine
- Ethambutol
- Ethionamide
- Isoniazid
- Kanamycin
- Ofloxacin
- Pyrazinamide
- Rifabutine
- Rifampin
- Streptomycin

Final Drug Susceptibility Results: was follow-up drug susceptibility testing done?

Final Susceptibility Results

- Amikacin
- Capreomycin
- Ciprofloxacin
- Cycloserine
- Ethambutol
- Ethionamide
- Isoniazid
- Kanamycin
- Ofloxacin
- Pyrazinamide
- Rifabutine
- Rifampin
- Streptomycin

Type of Health Care Provider

Internal Identifier for Corresponding RVCT Record

Reason Therapy Stopped

Date Therapy Stopped

Date Therapy Stopped: is unknown or partial date

Calculated Variable: age at report date

Calculated variable: 5 year age group

Excess Alcohol Use Within Past Year

Tuberculin (Mantoux) Skin Test at Diagnosis: if negative, was patient anergic?

Race: Specify:

Date of Birth
DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASES

1. DATABASE/DATAFILE TITLE: TOTS

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: DP

3. DESCRIPTION:
   
   Method of Collection ................................ : TOTS enrolled providers submit data via modem, fax, phone.
   
   Percent Return .................................... : Most providers are expected to submit all vaccination records on children they vaccinate.
   
   Percent Completeness (Individual Surveys) ........ : About 20 providers piloting database currently
   
   Database/Datafile is -
   
   Computerized .................................... : X Yes  No
   
   Mainframe ........................................ : X Yes  X No
   
   Personal Computer ................................ : X Yes  No
   
   Both ............................................... : X Yes  X No
   
   Paper Format ..................................... : X Yes  X No

   Frequency of Updating ............................ : Daily
   
   Date of Last Update .............................. : from 1997 to Present
   
   Years of Data .................................... : from 1997 to Present
   
   If PC, software used for this database .......... : DB2
   
   If PC, what is type of file storage ............. :
   
   If PC, frequency of backup ........................ :
   
   If PC, is it stand alone, network, client server, etc. : Network/alone

4. PURPOSE FOR WHICH COLLECTED: To improve immunization coverage levels

5. RESTRICTIONS ON DATA USE: Access is available ONLY to selected Immunization program, DP & TOTS development team members and enrolled providers.

6. CONTACT PERSON: Karen Austin  Telephone number: 217-785-1455

7. PROCESS FOR ACCESSING DATA: Because of the confidential nature of this data, Access is available ONLY to selected Immunization program, DP & TOTS development team members and enrolled providers.

8. STANDARD REPORTS GENERATED: Patient-specific vaccination forecasting, school physical forms, reminder/recall notification to return for overdue vaccinations, and practice and registry-based immunization coverage level assessments

9. DATA ELEMENTS COLLECTED:
   
   Assigning facility ID .............................. : Cornerstone ID
   
   Birth certificate ID .............................. : Medicare ID
   
   Chart ID of physician’s office .................. : Medicaid ID
### DIVISION OR CENTER NAME: DIVISION OF INFECTIOUS DISEASE HIV/AIDS SECTION

1. DATABASE/DATAFILE TITLE: Universal HIV Prevention Log (HERR)

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Division of Infectious Disease HIV/AIDS Section

3. DESCRIPTION:

   Method of Collection ...........................................: Counselor completed
   Percent Return : 98%
   Percent Completeness (Individual Surveys) ......................: 95%
   Database/Datafile is -
      Computerized ..................................................: X Yes ___ No
      Mainframe ....................................................: ___ Yes X No
      Personal Computer ............................................: X Yes ___ No
      Both .............................................................: ___ Yes X No
      Paper Format .................................................: X Yes ___ No
   Frequency of Updating ............................................:
   Date of Last Update .............................................:
   Years of Data ....................................................: from 2000 to Present
   If PC, software used for this database : Teleform, MS Access 97
   If PC, what is type of file storage: C Drive, Network
   If PC, frequency of backup: As data is added
   If PC, is it stand alone, network, client server, etc.: PC on C Drive, on Network

4. PURPOSE FOR WHICH COLLECTED: Monitor client’s demographics for educational purposes
5. **RESTRICTIONS ON DATA USE:** Approved by IDPH HIV/AIDS Program. Access to data with identifiers restricted to program personnel

6. **CONTACT PERSON:** Gina Latham-Whitener  **Telephone number:** 217-524-5983

7. **PROCESS FOR ACCESSING DATA:** Written or verbal requests.

8. **STANDARD REPORTS GENERATED:** Monthly, quarterly and bi-yearly reports by agencies

9. **DATA ELEMENTS COLLECTED:**

-----------------------------------------------------------------------------------------------

**DIVISION OR CENTER NAME:** DIVISION OF INFECTIOUS DISEASES

1. **DATABASE/DATAFILE TITLE:** VACMAN - Vaccine Management System

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Division of Infectious Diseases

3. **DESCRIPTION:** The database maintains shipping, inventory, vaccine account-ability information on vaccines that are provided for Illinois Vaccine providers who are enrolled in the Illinois “Vaccines For Children Program. In addition, this database contains enrolled-providers demographics such as address, type of practice, hours of operation, etc.

<table>
<thead>
<tr>
<th>Method of Collection</th>
<th>From physicians, health departments, other enrolled providers.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Return</td>
<td>100%</td>
</tr>
<tr>
<td>Percent Completeness (Individual Surveys)</td>
<td>All</td>
</tr>
<tr>
<td>Database/Datafile is -</td>
<td>X Yes  X No</td>
</tr>
<tr>
<td>Computerized</td>
<td>X Yes  X No</td>
</tr>
<tr>
<td>Mainframe</td>
<td>X Yes  X No</td>
</tr>
<tr>
<td>Personal Computer</td>
<td>X Yes  X No</td>
</tr>
<tr>
<td>Both</td>
<td>X Yes  X No</td>
</tr>
<tr>
<td>Paper Format</td>
<td>X Yes  X No</td>
</tr>
<tr>
<td>Frequency of Updating</td>
<td>Daily, Weekly</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>07/15/99</td>
</tr>
<tr>
<td>Years of Data</td>
<td>from 1989 to 2000 (Excludes City of Chicago)</td>
</tr>
<tr>
<td>If PC, software used for this database</td>
<td>FoxPro for Windows - Version 2.63</td>
</tr>
<tr>
<td>If PC, what is type of file storage</td>
<td>LAN</td>
</tr>
<tr>
<td>If PC, frequency of backup</td>
<td>Daily</td>
</tr>
<tr>
<td>If PC, is it stand alone, network, client server, etc.</td>
<td>LAN</td>
</tr>
</tbody>
</table>

4. **PURPOSE FOR WHICH COLLECTED:** Used by immunization grant programs and to maintain inventories.

5. **RESTRICTIONS ON DATA USE:** Under legal discussion.

6. **CONTACT PERSON:** Mark Amerson  **Telephone number:** (217) 785-1455

7. **PROCESS FOR ACCESSING DATA:** Requests to the Division and Internet site.

8. **STANDARD REPORTS GENERATED:** Vaccine reports, lists of physicians, Inventory Reports, Bulk Order Reports, Summary Reports and Administrative Reports.
DIVISION OR CENTER NAME: DIVISION OF LABORATORIES

1. DATABASE/DATAFILE TITLE: Pediatric Blood Lead Tracking and Reporting System

2. LOCATION WHERE DATABASE/FIILE IS MAINTAINED: Springfield and Chicago Laboratories

3. DESCRIPTION: Collection of demographics and test results on specimens submitted for testing of blood lead. The data is received and entered by the laboratory and uploaded via electronic mail to Data Processing where the data is loaded to a history tape and a billing database; and high lead results are loaded to a Blood Lead Nomad database on the mainframe.

   Method of Collection: Optical scan forms and specimen results from lab analysis equipment.

   Percent Return: 100%

   Percent Completeness (Individual Surveys): 100%

   Database/Datafile is:
   - Computerized: Yes
   - Mainframe: Yes
   - Personal Computer: Yes
   - Both: Yes

   Paper Format: Yes

   Frequency of Updating: Daily data updates

   Date of Last Update: Sept. 1993

   Years of Data: from 1989 to Present

   If PC, software used for this database: Dataease

   If PC, what is type of file storage: LAN File Server

   If PC, frequency of backup: Daily

   If PC, is it stand alone, network, client server, etc.: Network

4. PURPOSE FOR WHICH COLLECTED: To identify patients, track specimens and report results on blood submitted for lead content in blood.

5. RESTRICTIONS ON DATA USE: Confidential: Data to providers, Family Health, Financial Services and internally within the Laboratory.

6. CONTACT PERSON: Dick Waters  Telephone number: 217-782-6562

7. PROCESS FOR ACCESSING DATA: Through general contact person on a restricted, need to know basis.

8. STANDARD REPORTS GENERATED: Daily individual result reports for providers. High lead results to IDPH Division of Family Health and providers.

9. DATA ELEMENTS COLLECTED:

<table>
<thead>
<tr>
<th>Element</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serial #</td>
<td>Address, City, State</td>
</tr>
<tr>
<td>Date Received</td>
<td>Patient Phone Number</td>
</tr>
<tr>
<td>Batch Number</td>
<td>County</td>
</tr>
<tr>
<td>First Name</td>
<td>Date of Birth</td>
</tr>
<tr>
<td>Last Name</td>
<td>Sex</td>
</tr>
<tr>
<td>Provider Code</td>
<td>Medicaid NBR</td>
</tr>
<tr>
<td>Age of Client</td>
<td>Race</td>
</tr>
<tr>
<td>Name of Client</td>
<td>Date Vaccine Administered</td>
</tr>
<tr>
<td>Provider Enrollment</td>
<td>Provider’s Names</td>
</tr>
</tbody>
</table>

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DIVISION OR CENTER NAME: DIVISION OF LABORATORIES

1. DATABASE/DATAFILE TITLE: Rabies

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Carbondale, Chicago, and Springfield Laboratories

3. DESCRIPTION: Collection of demographics and test results on specimen submitted testing for rabies.

   Method of Collection .................................. : Specimen submission forms and test results
   Percent Return ..................................... : 100%
   Percent Completeness (Individual Surveys) ........... :
   Database/Datafile is -
      Computerized ..................................... : X Yes ___ No
      Mainframe ....................................... : ___ Yes ___ No
      Personal Computer ............................. : X Yes ___ No
      Both .......................................... : ___ Yes ___ No
   Paper Format ...................................... : ___ Yes ___ No
   Frequency of Updating .............................. : On receipt of Specimen
   Date of Last Update .............................. : from Jan. 1992 to Present
   Years of Data .................................... : from Jan. 1992 to Present
   If PC, software used for this database .............. : Dataease
   If PC, what is type of file storage .................. : Network
   If PC, frequency of backup ........................ : Daily
   If PC, is it stand alone, network, client
      server, etc. ................................... : File Server

4. PURPOSE FOR WHICH COLLECTED: Generation of reports to submitters and specimen tracking.

5. RESTRICTIONS ON DATA USE: Need to know.

6. CONTACT PERSON: Pat Yohe Telephone number: 618/457-5131

7. PROCESS FOR ACCESSING DATA: Through contact person.

8. STANDARD REPORTS GENERATED: The test results are returned to the submitter.

9. DATA ELEMENTS COLLECTED:
   Exposed Person's Name                      Reporting Agency Address/Phone
   Exposed Person's Address/Phone              Specimen Size
   Specimen Owner's Name                      Specimen Species
   Specimen Owner's Address/Phone              Specimen Breed
   Submitting Agency Name                     Specimen Cause of Death
   Submitting Agency Address/Phone             Specimen ID#
   Reporting Agency Address/Phone             Date Received

--------------------------------------------------------------------------------------------------------------------
--------------------------------------------------------------------------------------------------------------------
--------------------------------------------------------------------------------------------------------------------
DIVISION OR CENTER NAME: DIVISION OF LABORATORIES
1. DATABASE/DATAFILE TITLE: Sexually Transmitted Disease Tracking and Reporting System-

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Chicago, Springfield and Carbondale Laboratories.

3. DESCRIPTION: Collection of demographics and test results on specimen submitted for testing of gonorrhea, syphilis, and chlamydia. Chicago and Carbondale Laboratories test for all three of the above sexually transmitted diseases; while Springfield Laboratory test only for syphilis and gonorrhea. The test results are uploaded to the Division of Infectious Diseases on a weekly basis.

   Method of Collection ........................................: Optical scan forms and specimen results
   Percent Return ..................................................: 100%
   Percent Completeness (Individual Surveys) ...............: 100%
   Database/Datafile is -
     Computerized .................................................: X Yes __ No
     Mainframe ......................................................: ___ Yes ___ No
     Personal Computer ............................................: X Yes ___ No
     Both .............................................................: ___ Yes ___ No
   Paper Format .....................................................: ___ Yes ___ No
   Frequency of Updating ........................................: Daily
   Date of Last Update ..........................................: 12/22/93
   Years of Data ..................................................: from 1989 to Present
   If PC, software used for this database ......................: Dataease
   If PC, what is type of file storage ..........................: LAN File Server
   If PC, frequency of backup ....................................: Daily
   If PC, is it stand alone, network, client server, etc. ....: Network

4. PURPOSE FOR WHICH COLLECTED: To identify patients, track specimens and report results on gonorrhea, syphilis, and chlamydia submitted to the laboratory.

5. RESTRICTIONS ON DATA USE: Confidential: Data to providers, IDPH Division of Infectious Disease, and internally within the laboratory.

6. CONTACT PERSON: Pat Yohe Telephone number: 618-457-5131

7. PROCESS FOR ACCESSING DATA: Through general contact person on a restricted, need to know basis.

8. STANDARD REPORTS GENERATED: Daily individual result reports to providers. Results to health departments and IDPH Division of Infectious Disease as needed. Monthly statistics of number of gonorrhea cultures tested, negative and positive. FTA Worksheet, weekly. RPR Worksheet, weekly. VDRL Worksheet, weekly. FTA Check Sheet, daily. RPR Check Sheet, daily. VDRL Check Sheet weekly. FTA Result Reports, daily. RPR Result Reports, daily. VDRL Result Reports, weekly. Chlamydia Worksheet, biweekly. Chlamydia Accession Sheet, weekly. Chlamydia Results, weekly.

9. DATA ELEMENTS COLLECTED:
   Serial Number ..................................................: Test for Syphilis
   Date Received ...................................................: Test for Chlamydia
   RLAB Code ..........................................................: G Source
   First Name .........................................................: G Source Name
   Last Name ..........................................................: S Source
   Sex .................................................................: S Source Name2
   Age .................................................................: C Source
   Date Collected ...................................................: C Source Name2
   Race ...............................................................: G Reason
   Ethnicity ...........................................................: G Reason Name
   Physicians ........................................................: S Reason
   Last Name .........................................................: S Reason Name
   Patient's ID .......................................................: C Reason
   Provider Code ....................................................: C Reason Name
   Provider Code2 ....................................................: G RESULT
   Test for GC .......................................................: G Res Date
   RPR .................................................................: VDRL
   SRES Date ..........................................................: SRES Date
   C Result .............................................................: CONF
   CONF ...............................................................: G analyst
   GRO .................................................................: RLU
   Titer ...............................................................: OX
   G Reason Name ....................................................: OX
   FTA .................................................................: Titer
   Comment ...........................................................: Comment
   SMR .................................................................: SMR
   BLACT ...............................................................: BLACT
   S Comment ..........................................................: S Comment
DIVISION OR CENTER NAME: PLUMBING PROGRAM

1. DATABASE/DATAFILE TITLE: Plumbing Program

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Vocational Licensure System.

3. DESCRIPTION:

   Method of Collection ........................................... : Application
   Percent Return .................................................. : 100%
   Percent Completeness (Individual Surveys) .................. : 100%
   Database/Datafile is -
     Computerized ................................................. : X Yes ___ No
     Mainframe .................................................... : X Yes ___ No
     Personal Computer .......................................... : ___ Yes X No
     Both .......................................................... : ___ Yes X No
   Paper Format ..................................................... : ___ Yes X No
   Frequency of Updating ........................................ : Daily
   Date of Last Update ........................................... : N/A
   Years of Data .................................................. : from 1972 to Present
   If PC, software used for this database ....................... :
   If PC, what is type of file storage ......................... :
   If PC, frequency of backup ................................... :
   If PC, is it stand alone, network, client server, etc. ....:

4. PURPOSE FOR WHICH COLLECTED: Generation of licenses, registrations, renewals, and management reports for the Plumbing Program.

5. RESTRICTIONS ON DATA USE: None

6. CONTACT PERSON: Ted Buecker Telephone number: 217-524-0791

7. PROCESS FOR ACCESSING DATA: Written request and appropriate copying fee as determined by IDPH.

8. STANDARD REPORTS GENERATED: Mailing list & labels, plumbers matched with apprentices, various lists of plumbers or apprentices sorted and grouped by various fields, various internal control and error reports, and renewal notices and licenses.

9. DATA ELEMENTS COLLECTED:
   ID Number of Plumber or Apprentice Plumber
   ID Number of Sponsoring Plumber
   License Status
   County Code (FIPS)
   Region
   Amended and Other License Pending Flags
   Date First Licensed
   Date of License Expiration
   Date of Exam or Expiration of Insurance
   Name of Plumber or Apprentice
   Address of Plumber or Apprentice
   City of Plumber or Apprentice
   State of Plumber or Apprentice
   Zip Code of Plumber or Apprentice
OFFICE OF WOMEN’S HEALTH

DIVISION OR CENTER NAME: WOMEN’S HEALTH SERVICES

1. DATABASE/DATAFILE TITLE: Cornerstone/BCCP File

2. LOCATION WHERE DATABASE/FILE IS MAINTAINED: Harris Building, 100 S. Grand Ave. East, Springfield, IL 62704-3802

3. DESCRIPTION:

   Method of Collection ............................................. : Data entry occurs at the IBCCP
   Percent Return ....................................................... : Data about every IBCCP client is entered
   Percent Completeness (Individual Surveys) ...................... : Data is corrected to 100% completion after
                                                                  error reports identify data entry deficiencies

   Database/Datafile is -
   Computerized ...................................................... : X Yes No
   Mainframe .............................................................. : X Yes No
   Personal Computer ................................................... : Yes X No
   Both ........................................................................... : Yes X No
   Paper Format .............................................................. : X Yes No

   Client files are maintained on paper and selected data is entered into the Cornerstone system
   Frequency of Updating ................................................ : Cornerstone is updated daily
   Date of Last Update ................................................... : 10/18/01
   Years of Data ............................................................. : from 1995 to 2001
   If PC, software used for this database ............................. : N/A
   If PC, what is type of file storage ..................................... : N/A
   If PC, frequency of backup .............................................. : N/A
   If PC, is it stand alone, network, client
         server, etc. .......................................................... : N/A

4. PURPOSE FOR WHICH COLLECTED: Data allows agency personnel to effectively serve BCCP clients, case
   management tracking by program administrators at the state level, aggregate program information reporting and
   submission of minimum data elements to the CDC.

5. RESTRICTIONS ON DATA USE: Access to data is limited to personnel working with clients in a designated
cathment area and to the Data Manager and administrative personnel at the state level.

6. CONTACT PERSON: Charlotte Rodems  Telephone number: 217-785-1058

7. PROCESS FOR ACCESSING DATA: Data requests are submitted to the IBCCP Data Manager and approved by the Division Chief of Women’s Health Services.

8. STANDARD REPORTS GENERATED:
   Cornerstone Reports:
   HSPR0781  Summary of Services Rendered (Individual agency information)
   HSPR0783  Detailed Participant Procedure and Reimbursement
   HSPR0784  Summary Statistics (Individual agency information)  1064A Sub-report with client detail
   HSPR0785  Open Screening Follow-up
   HSPR0786  Re-screening Reminder
   HSPT0787  Detailed Procedures - Results with No Bills
   HSPR0788  BCCP Procedure
   HSPR1060  Summary of Services Rendered (Aggregate of statewide information)
   HSPR1064  Summary Statistics (Information by agency and statewide totals)

   Foxfire Reports:
   Re-screening Rate
   Breast Re-screening Rate Summary
   Cervical Re-screening Rate Summary
   BCCP Initial Screening Report by Date Range
   BCCP Re-screening Report by Data Range
   BCCP Initial Screening List by Date Range
   BCCP Re-screening List by Date Range
   BCCP Screening List - All Records

9. DATA ELEMENTS COLLECTED:

   Actual Procedure
   Transportation Provided Indicator
   Clinic ID
   Address
   Participant ID
   Address ID
   Date of Service
   Clinic ID
   Service Type Code
   Address ID Type Code
   Procedure Code
   Address Type Code
   Payee Number
   Address Line 1
   Referring Provider ID
   Address Line 2
   Facility Name
   Apartment Number
   Primary Authorization Number
   City
   Unit Type Code
   State
   Number of Units
   Zip Code
   Modifier
   Zip Code Extension
   Procedure Result
   Contact Name
   Adequacy or Assessment
   Relationship Code
   Procedure Charge
   County Code
   Billing Status
   Phone Number
   Date of Assessment
   Modem Number
   Date Acknowledgment
   Fax Number
   Date of Bill Printing
   Agency
   Actual Service
   Agency ID
   Clinic ID
   Participant ID
   Region
   Date of Service
   Assessment Results
   Service Type Code
   Clinic ID
   Employee ID
   Assessment Type Code
   Place of Service
   Date of Assessment
   Provider ID
   Question Number
   Primary Diagnosis Code
   Question Result
   Secondary Diagnosis Code
   Comments
   Other Diagnosis Code
   Employee ID/Assessor
1. **DATABASE/DATAFILE TITLE:** Grant Quarterly Report Database

2. **LOCATION WHERE DATABASE/FILE IS MAINTAINED:** Office of Women’s Health

3. **DESCRIPTION:**

   - **Method of Collection:** Grantees report quarterly
   - **Percent Return:** 100%
   - **Percent Completeness (Individual Surveys):**
     - **Database/Datafile is:** 
       - Computerized: Yes
       - Mainframe: Yes
       - Personal Computer: Yes
       - Both: Yes
       - Paper Format: Yes
     - Client files are maintained on paper and selected data is entered into the Cornerstone system
     - Frequency of Updating: Quarterly
     - Date of Last Update: Just beginning
     - Years of Data: from 1995 to 2001
     - If PC, software used for this database: Access
     - If PC, what is type of file storage: 
     - If PC, frequency of backup: Quarterly
     - If PC, is it stand alone, network, client server, etc.: Network

4. **PURPOSE FOR WHICH COLLECTED:** Gathering data from grantees each quarter to determine number of women served, their demographics, success in meeting their objectives

5. **RESTRICTIONS ON DATA USE:** One staff person will log in all the data and run the reports

6. **CONTACT PERSON:** Phallisha Curtis  **Telephone number:** 217-524-6088

7. **PROCESS FOR ACCESSING DATA:** Seven staff will give information to the staff person to log in. Reports will be generated by that staff person

8. **STANDARD REPORTS GENERATED:** We expect to be asked for reports on numbers of women served, numbers of minority women served, 100% of grantees that met their objectives.

9. **DATA ELEMENTS COLLECTED:**
   - Age
   - Annual Household Income
   - Employment Status
   - Education
   - Gender
   - Race
<table>
<thead>
<tr>
<th>Database</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>670 Database</td>
<td>-56-</td>
</tr>
<tr>
<td>Adverse Pregnancy Outcomes Reporting System (APORS)</td>
<td>-23-</td>
</tr>
<tr>
<td>Aggregate Data for Chickenpox, Strep Throat, Scarlet Fever and Animal Bites</td>
<td>-114-</td>
</tr>
<tr>
<td>AIDS Drug Assistance Program (ADAP)</td>
<td>-115-</td>
</tr>
<tr>
<td>Ambulance Licensure</td>
<td>-41-</td>
</tr>
<tr>
<td>Ambulatory Surgery Treatment Center Database</td>
<td>-2-</td>
</tr>
<tr>
<td>Annual Hospital Questionnaire</td>
<td>-3-</td>
</tr>
<tr>
<td>Areas of Illinois having state physicians shortage areas and/or federal health professional shortage areas identified by Illinois Department of Public Health, Center for Rural Health</td>
<td>-22-</td>
</tr>
<tr>
<td>Asbestos Commercial and Public Building Project Notifications</td>
<td>-73-</td>
</tr>
<tr>
<td>Asbestos Contractor Licensing Program</td>
<td>-74-</td>
</tr>
<tr>
<td>Asbestos On-Site Inspections, Fines, Warnings, Violations</td>
<td>-75-</td>
</tr>
<tr>
<td>Asbestos Professional Licensing Program</td>
<td>-76-</td>
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<tr>
<td>Asbestos Worker Licensing Program</td>
<td>-77-</td>
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<tr>
<td>Behavioral Risk Factor Surveillance System</td>
<td>-7-</td>
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<tr>
<td>Birth Data</td>
<td>-36-</td>
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<tr>
<td>Census of Fatal Occupational Injuries</td>
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<tr>
<td>Certificate of Need Database</td>
<td>-29-</td>
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<tr>
<td>Childhood Lead Poisoning Blood Lead Data</td>
<td>-57-</td>
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<tr>
<td>Clearing House Database</td>
<td>-58-</td>
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<tr>
<td>CLIA Data Entry</td>
<td>-51-</td>
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<tr>
<td>Communication Unit Identifiers and Communication Access Codes</td>
<td>-42-</td>
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<tr>
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