

CT Preschool through Twenty & Workforce Information Network (P20 WIN)

DATA REQUEST DOCUMENT

This form and all attachments are to be submitted to the P20 WIN Data Governing Board for consideration and approval before the execution of each Data Request.

Information provided here is required to fulfill the mandatory provisions for written agreements according to the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. §1232g and to comply with Unemployment Compensation (UC) considerations under state (CGS § 31-254) and federal (20 CFR 603) law. PERSONS WHO ARE NOT STATE GOVERNMENT EMPLOYEES OR OFFICIALS MAY NOT HAVE ACCESS TO UNIT LEVEL WAGE DATA.

SECTION 1 – BASIC DATA REQUEST INFORMATION	
1. Application Submission Date: <i>enter the date please</i> <u>11/1/2017</u>	
1.B TYPE OF SUBMISSION: <input type="checkbox"/> Initial Application <input checked="" type="checkbox"/> Continuation* <input type="checkbox"/> Modification**	
*Initial applications are approved for a given duration. Select 'continuation' if this request is to extend that timeframe. ** If you are requesting a modification to a request that has already been approved and is underway, select 'Modification' and address only the sections of this form which are being adjusted from the prior request.	
1.c P20 WIN Data Request Number: <u>P20W_1607_2_0012</u>	
1.d Data Request Title: <u>Employment Outcomes of HS Graduates</u>	
1.e Agencies from which data is being requested (Check all that apply):	
<input checked="" type="checkbox"/> SDE <input type="checkbox"/> CSCU <input checked="" type="checkbox"/> Department of Labor <input type="checkbox"/> Cicu-IRPS <input type="checkbox"/> UCONN	
1.f Has this Data Request been discussed with program employees at the involved agencies?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please indicate with whom:	
Agency:	Name:
Agency:	Name:
Agency:	Name:
SECTION 2 – REQUESTOR INFORMATION	
2.a Name (last, first) All information same as original request	
2.b Title	
2.c Organization	
2.d Mailing Address	
2.e Email Address	
2.f Phone Number	Fax Number
2.g Provide Full name, institution, email address, and project role for ALL other persons working with data, derived data or data output for this project. Add additional space as necessary. Please print and attach a signed Confidentiality Agreement for each individual needing access to the resultant data set. (See Attachment C)	

SECTION 3—ALIGNMENT OF PURPOSE & SCOPE

3.a Provide a brief summary of the Data Request:

3.b Clearly state the purpose of this request and describe how the purpose is an audit or evaluation of federal or state supported education program(s) (See Audit or Evaluation Exception 20 U.S.C. 1232g(b)(1)(C), (b)(3), and (b)(5) and §§99.31(a)(3) and 99.35).

3.c Describe the benefit that this audit/evaluation will provide to a local or State Education Authority or Agency (34 C.F.R. 99.1) and the state of Connecticut. Note requests that only provide audit or evaluation of non-state Participating Agencies will not be approved.

3.d Provide a brief description of the method for analysis.

3.e Provide a description of the documents or reports that will reference data from this Data Request. For each report indicate the audience for the report and expected indicators or measures to be included in each.

3.f In addition to utilizing a minimum cell size as documented by the Data Governance Procedure, identify/describe the statistical methods that will be used to minimize the risk of re-identification of PII for data to be published. Some typical methods are listed below; however, this list is not comprehensive. Options should be used in combination for maximum security. See the [USED Technical Brief 3](#) as a resource.

- **Suppression by:** cell, row, sampling (present data for a portion of students: e.g. 80%)
- **Blurring through:** aggregation of groups, rounding, use of ranges, use of top/bottom categories (e.g. 'less than 5%, greater than 95%),
- **Perturbation:** data swapping, adding noise, use of synthetic data

SECTION 4 – PROTECTION OF CONFIDENTIALITY

4.a By what date will the datasets and all paper or electronic copies will be destroyed by the requestor?

After the Approved Requestor has received data files and the matrix of generic unique identifiers, the Approved Requestor has 12 months to complete analysis and destroy the data files. Note, that the Data Governing Board may set a shorter or longer time frame before the data files must be destroyed, and this 12 month limitation may be extended with written approval from the Data Governing Board. Requestors need to submit the Data Request Document as a 'continuation' for approval of an extension.

SDE and DOL are seeking a six month continuation from the original date. Data for this request will be destroyed by May 15, 2018.

4.b With the addition of your signature at the bottom of this section, indicate that you agree to each of the following statements:

- I will only utilize the data received through this Data Request to meet the purpose as described. The approval given to receive data through this Data Request does not confer approval to use it for another purpose.
- I will not re-disclose the data received through this Data Request approval process to any public official who has not been authorized by the Data Governing Board to receive it, and who has not also signed a Personal Statement of Confidentiality and Non-Disclosure.
- I will take the necessary and appropriate precautions to safeguard personal information and will comply with all state and federal laws concerning the safeguarding and disclosure of such information.
- I will not use the datasets to re-identify individuals.
- I agree that approval to receive data does not convey ownership of the data.
- I agree that prior to the public release of any documents or reports generated from this Data Request I will supply all reports or documents to the Data Governing Board for review and verification that the intended purpose has been adhered to.
- I agree to store all resultant data, in print or electronic form, in a locked receptacle that can be accessed by authorized persons only.
- I agree to store all resultant data on secure desktop computers and in secure files to which access is restricted to authorized persons only.
- I agree that no resultant data may be transmitted via email or placed or stored on a mobile computing or storage device. For purposes of this agreement, a definition of "mobile computing device" includes, but is not limited to, notebooks, palmtops, PDAs, iPods®, Blackberry® devices, and cell phones with internet browsing capability. A "mobile storage device" includes but is not limited to, mobile computing devices, diskettes, magnetic tapes, external/removable hard drives, flash cards (e.g., SD, Compact Flash), thumb drives (USB keys), jump drives, compact disks, digital video disks, etc.
- I agree to destroy all confidential information obtained through this agreement as soon as such information is no longer needed.
- I agree that the Data Governing Board will be allowed access to monitor all authorized users to ensure such users observe the confidentiality requirements of the information obtained under this Agreement.
- I agree to comply with all provisions of the P20 Win Data Request Management Procedure.

I Ajit Gopalakrishnan & Andrew Condon, agree with each of the statements in section 4.b.

SECTION 5 – ADDITIONAL INFORMATION

5.a Provide any additional comments that would be useful to the Data Governing Board in considering this request.

SECTION 6 – SIGNATURE OF REQUESTOR AND DATE

6.a Signature of Requestor

I understand that the entities that are providing data to P20 WIN (hereinafter Participating Agencies) have made reasonable efforts to ensure that the data available through P20 WIN are up-to-date, accurate, complete and comprehensive at the time of disclosure. These records reflect data as reported to the Participating Agencies by their data-submitting organizations for the reporting period indicated. Changes or updates to the data may occur after the time of disclosure and may impact data that have previously been made available. The Participating Agencies are not responsible for data that are misinterpreted or altered in any way. Derived conclusions and analyses generated from this data are not to be considered attributable to the Participating Agencies or the participating organization(s) from which the data originated.

I certify that the information supplied in this form, with attachments, is complete, accurate. The analysis will be conducted according to the protocol approved by the Data Governing Board, applicable federal, state and local laws regarding the protection of education records and unemployment insurance records. I will ensure that all protocol changes will be prospectively reviewed by the Data Governing Board. I will request approval from the Data Governing Board for changes to the Data Request and will not implement proposed changes until I receive Data Governing Board approval. I will promptly report to the Data Governing Board any related complaints, problems, and/or breaches of confidentiality.

Signature Ajit Gopalakrishna Date 10/28/2017
Signature [Handwritten Signature] Date 11/1/2017