

RECORDS RETENTION AND DISPOSAL SCHEDULE

DEPARTMENT OF HEALTH & MENTAL HYGIENE

SECRETARIAT/ADMINISTRATION OFFICE/DIVISION BOARD/UNIT  
Dep. Sec. for Operations/Infor. Resources Mgmt. Administration - All Divisions

Item No.	Description of Records (Programs, Forms, etc.)	Retention
01	<p>This Schedule supersedes DHMH Schedule # 1167 and # 794.</p> <p>Information Systems Division: This item is to include all forms of IT documentation, which can consist of a variety of media. The media may be of hard copy (paper) variety. However, it could be documentation stored on magnetic tape, floppy disk, audio cassettes, or video cassettes.</p> <p>A. JCL Listings: ISD develops the unmodified "Master" version of each JCL Procedure.</p> <p>B. Systems Documentation: A collection of Program Specifications, Record Layouts, File Descriptions, CICS (test and production) Forms, IT Turnaround Documents, Correspondence, Status Reports, Source Reports, Source Code Listings, Project Management Reports and all other necessary documents that are designated as Systems Documentation.</p>	<p>Retain in Active File until superseded, then destroy.</p> <p>Retain in Active File until superseded, then destroy.</p>

APPROVED BY: (DHMH Official)

DATE: 8/2/00

SIGNATURE: *Chris R. Frost*

NAME/TITLE: ASIA R FROST JR  
DIRECTOR IRMA

AUTHORIZED BY: (State Archivist)

DATE: SEP 15 2000

SIGNATURE: *Edward C. Papenfuss*

NAME/TITLE:

RECORDS RETENTION AND DISPOSAL SCHEDULE

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SECRETARIAT/ADMINISTRATION

OFFICE/DIVISION

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Dep. Sec. for Operations/Infor. Resources Adm. - All Divisions

Item No.	Record Series Description	Retention
02	<p><b>Policy, Planning and Administration Division:</b></p> <p><b>A. Budget Records:</b>                      Budget Estimates, Actuals, Request and Appropriation Documentation                      Budget Preparation Papers and worksheets                      Copies of Refund and Cancelled Checks                      Journal Entries                      Copies of R*STARS Request/Inquiry                      Requisition for Supplies (pink carbon copies)                      Requisition and Approval Documentation ADPICS                      FMIS Log Book                      Expenditure Correspondence Detail                      Copies of Processed/Paid Invoices                      Quarterly Federal Fund Attainment Request                      Regular and Special Payments Bi-weekly Payroll Reports                      Monthly Corporate Purchasing Card Reconciliations                      Travel Expense Reports                      Petty Cash Disbursement Receipts                      DHMH/Support Services' Office Supplies Charge Sheet</p> <p><b>B. Miscellaneous Budget Records:</b>                      Gifts and Grants Report                      Master Inventory Reports</p> <p><b>C. Procurement Records:</b>                      Signed contracts and proposals from vendors pertaining to Information Technology services/equipment purchases by DHMH. Included are copies of proposals initiated by the Department with bids from both winning and losing vendors. All documents necessary in the procurement process including: fund certifications, FMIS transmittals, evaluation committee proposal/bid analysis, sole source justification, Maryland Register notices, blanket purchase orders, award letter, regret letter, clarification letter, etc. are also included.</p>	<p>Retain for three years or until all audit requirements have been fulfilled, then destroy.</p> <p>Retain for three years or until all audit requirements have been fulfilled, then destroy.</p> <p>Retain in office for three years, and until all audit requirements have been fulfilled. Transfer to State Records Center for three years, then destroy.</p>

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Item No.	Record Series Description	Retention
02	<p>Policy, Planning and Administration Division (cont.):</p> <p>D. Training:</p> <p>Goods or Services Received Training Roster</p> <p>Training Enrollment Forms</p> <p>E. Personnel: The following forms are updated periodically, and received either through a transfer of files or on disk.</p> <p>Interchangeable Memos Memo to Classification Unit 1854 - Reclassification Request 1854a - Supplement to DHMH 1854 MS-100 MS-22 and Behavioral Elements Statistical Data Collection Forms W4 1242-1 Contractual or Part-Time Employees Certification 1242-2 Contractual Employee Agreement Memorandum 1819-a Applicant &amp; Wages Information 311-t Special Payments Payroll Authorization I-9 - Employment Eligibility Criminal Conviction Form Software Code of Ethics Driver Acknowledgement Education Verification Employment Verification Experience Verification Reference Check Separation Drug Testing Requirement Form (Sensitive Classes)</p>	<p>Retain in IRMA Training Office for one Year. Transfer to the State Records Center for three years, and until all Audit Requirements have been fulfilled, then destroy.</p> <p>Retain one copy in the IRMA Training Office File for three months, or until no longer needed, then destroy.</p> <p>Retain one copy in the IRMA Budget Office File for two months. Transfer the IRMA Budget Office copy to the State Records Center for three years, and until all Audit Requirements have been fulfilled, then destroy.</p> <p>IRMA Personnel Files are Unofficial Records. Retain until no longer needed, then destroy.</p>

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Deputy Secretart for Operations/Infor. Resources Mgmt. Adm. - All Divisions

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OFFICE/DIVISION

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Item No.	Record Series Description	Retention
02	<p>Administrative Documentation: (cont.)</p> <p>E. Personnel (Cont.):</p> <ul style="list-style-type: none"> <li>Health Benrefits Election Form</li> <li>Sexual Harassment</li> <li>State of MD Substance Abuse Policy Acknowledgement Form</li> <li>Fingerprinting Check Form</li> </ul> <p>F. Distance Learning:</p> <ul style="list-style-type: none"> <li>Video Conferencing Room Log</li> </ul> <p>G. Security:</p> <ul style="list-style-type: none"> <li>HMFJ005D - Security reports.</li> </ul> <p>H. Audit Reports:</p> <ol style="list-style-type: none"> <li>1. Reports of Audits conducted by the Legislative Auditors.</li> <li>2. Reports of Audits conducted by persons or agencies other than the Legislative Auditors.</li> </ol> <p>I. Email:</p> <p>J. Policies, standards, and Procedures:</p> <p>K. Meeting Notes and Special Reports:</p> <p>L. Internet/Intranet Web Sites:</p>	<p>Retain in Office file for three years, and then destroy.</p> <p>Screen quarterly. Transfer inactive reports to State Records Center for two years, then destroy.</p> <p>Retain for ten years, then destroy.</p> <p>Retain permanently. Transfer periodically to Maryland State Archives.</p> <p>Retain 30 days, then delete.</p> <p>Retain until superseded or vacated.</p> <p>Retain in Active File for three years, or until no longer needed, then destroy.</p> <p>Retain electronic copy of each revision for two years, then delete.</p>
03	<p>Information Technology Support Division:</p> <ul style="list-style-type: none"> <li>Surplus Property Declaration Forms.</li> <li>Inventory Disposition Forms.</li> <li>HW Repair/Service records.</li> <li>Departmental SAS Licensing Records.</li> </ul>	<p>Retain until Hardware/Software is no longer in use, then transfer to State Records Center for three years, then destroy.</p>
04	<p>Computer Operations Division:</p> <p>A. The following form is used in the Printer Room:</p> <ul style="list-style-type: none"> <li>Records Meter Readings on PTR</li> </ul> <p>B. The following form is used in the HMIS Computer Room:</p> <ul style="list-style-type: none"> <li>Problem Report</li> </ul>	<p>Retain 1 years, then destroy.</p> <p>Retain 1 year, then destroy.</p>

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Deputy Secretary for Operations/Infor. Resources Mgmt. Adm. - All Divisions

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Item No.	Record Series Description	Retention
04	<p>Computer Operations Division: (cont)</p> <p>C. The following form is used in Data Entry: Data Entry Control Sheet</p> <p>D. The following forms are used in the WIC Computer Room: (WIC DP) Shipping and Tracking Log DBCIBOL and RISC 6000 System Backup Log (WIC) Voucher Courier Delivery Log Unix System Job Log Sheet Weekly Section Analysis Financials Voucher Courier delivery Log Single Part Vouchers (WICNET) (WIC) Voucher Courier delivery Log Retail Chronological Order of Voucher Production Runs in Order of Occurrence (WIC) Voided and Destroyed Vouchers Check List - Production</p> <p>E. The following forms are used by the Production Control section: Fax Number Header Sheet Eligibility Processing Transmittal (Penn. Blue Shield) ADC Form # COT/DPD-115 ADC Production Job Request Unit Tracking Log (Independ. Services Corp.) COM MICROFILM ORDER/INVOICE (DGS) JCL Listings These are "Run Time" (Production) Job Control Listings from Computer Operations. They reflect input files, programs used, output files and related operational statistics. These listings are required to verify the accuracy of the input-output programs, record counts and computer time expenditures, for any given run. Some of these listings are automatically recorded on RMDS. The rest are printed in hard copy.</p>	<p>Retain two years, then destroy.</p> <p>Retain for one year, and until all Audit Requirements have been met, then destroy.</p> <p>Retain for one year, or until no longer needed, then destroy.</p> <p>Retain in Active File for three months. Transfer to Inactive File for fifteen months, then destroy.</p>

<p>DHMH Instructions - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>AGENCY RECORDS INVENTORY</p>	
				<p>PAGE <u>1</u> OF <u>4</u></p>	
<p>1. Department/Agency <b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b></p>		<p>2. Office/Administration/Division <b>IRMA</b></p>		<p>3. Unit or Section <b>ISD (Info Sys.)</b></p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title <b>INFORMATION SYSTEMS DOCUMENTATION</b></p>				<p>5. Earliest Year/Latest Year <b>— to current.</b></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <b>Job Control language (JCL) listings and procedures for "mainframe" operations, including Program Specs, File descriptions, Source Code listings,</b></p>					
<p>7. Record Series Format(s)</p> <p><input type="checkbox"/> Letter Size      <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size      <input checked="" type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Bound Book      <input checked="" type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Audio Tape      <input type="checkbox"/> Video Tape</p> <p><input checked="" type="checkbox"/> Other (specify) <b>Computer Listings</b></p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p><b>N/A</b></p> <p>Number _____</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify)</p>	
				<p>10. Annual Accumulation</p> <p><b>N/A</b></p> <p>Number _____</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify)</p>	
<p>11. File is Used</p> <p><input checked="" type="checkbox"/> Daily      <input type="checkbox"/> Weekly      <input type="checkbox"/> Monthly</p>			<p>12. File Becomes Inactive After - <b>Continually updated</b></p> <p>Number _____ <input type="checkbox"/> Month(s)      <input type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room)</p> <p><b>201 W Preston - 59 level</b></p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office)</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No <b>CC-BDC of Annapolis DC.</b></p>		
<p>15. Access Restrictions <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>(If Yes, cite Law(s) &amp; Regulation(s))</p>			<p>16. Audit Requirements</p> <p><input checked="" type="checkbox"/> None      <input type="checkbox"/> State      <input type="checkbox"/> Federal      <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements)</p> <p><input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No</p>			<p>18. Recommended Retention</p> <p><b>Retain in Active File until superseded, then destroy.</b></p>		
<p>19. Name and Title of Preparer</p> <p><b>T. Krawitz</b></p>		<p>20. Room Number</p> <p>Telephone Number <b>410 767-5934</b></p>		<p>21. Date</p> <p><b>8/4/2000</b></p>	

DHMH Instructions - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		AGENCY RECORDS INVENTORY	
				PAGE <u>2</u> OF <u>4</u>	
1. Department/Agency <b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>		2. Office/Administration/Division <b>IRMA</b>		3. Unit or Section <b>Pol, Planning, &amp; Admin.</b>	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <b>Policy, Planning &amp; Admin Documentation</b>				5. Earliest Year/Latest Year <b>1990 to</b>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <b>A. Budget B. Budget Rpts. C. Procurement Records. D. Training E. Personnel (Working Papers) F. Distance Learning G. Security H. Audits I. E-Mail J. Policies, K. Meeting Notes. L. Web Sites</b>					
7. Record Series Format(s) <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input checked="" type="checkbox"/> Other (specify) <b>Computer Printouts</b>		8. Record Series Sequence <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume _____ Number <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____	
		10. Annual Accumulation _____ Number <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____			
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			12. File Becomes Inactive After _____ Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) <b>201 W Preston. 55 and 6 levels</b>			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <b>partial</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
15. Access Restrictions <input checked="" type="checkbox"/> Yes <b>some</b> <input type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s)) <b>Security (passwords etc), Personal info.</b>			16. Audit Requirements - <b>Budget, Procurement, Training</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements) <input type="checkbox"/> Yes <input type="checkbox"/> No			18. Recommended Retention <b>Retain 3 yrs and until audit req's fulfilled.</b> <b>except: C. Procurement - 1-3 yrs of records etc.</b> <b>E-Working papers - destroy when no longer needed</b> <b>H - 10 yrs / or permanent. I - 30 days</b> <b>J. Will superseded. L - 2 years.</b>		
19. Name and Title of Preparer <b>T. Kravitz</b>		20. Room Number Telephone Number <b>410 767-5934</b>		21. Date <b>8/14/2000</b>	

DHMH Instructions - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series Identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		AGENCY RECORDS INVENTORY	
				PAGE <u>3</u> OF <u>4</u>	
1. Department/Agency <b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>		2. Office/Administration/Division <i>IRMA</i>		3. Unit or Section <i>Tech Support</i>	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <i>Tech Support Documentation</i>				5. Earliest Year/Latest Year <i>95 to Present</i>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <i>Inventory - Surplus Property Declaration forms, Hardware Repair and Servicing records. Licensing records.</i>					
7. Record Series Format(s) <input type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume _____ Number <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____	
				10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____	
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			12. File Becomes Inactive After - <i>Equip is obsolete.</i> _____ Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) <i>201 W. Preston - 55 Level</i>			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input type="checkbox"/> Yes <input type="checkbox"/> No		
15. Access Restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements) <input type="checkbox"/> Yes <input type="checkbox"/> No			18. Recommended Retention <i>Retain in active file until corresponding Equip/Software is no longer used then transfer to Record Center for 3 yrs.</i>		
19. Name and Title of Preparer <i>T. Kravitz</i>		20. Room Number Telephone Number <i>410 767-5934</i>		21. Date <i>8/14/2000</i>	

DHMH Instructions - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		AGENCY RECORDS INVENTORY  PAGE <u>4</u> OF <u>4</u>	
1. Department/Agency <b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>		2. Office/Administration/Division <i>IRMA</i>		3. Unit or Section <i>Computer Operations Div</i>	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <i>Computer Operations Documentation</i>				5. Earliest Year/Latest Year <i>1998 to Present</i>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <i>meter readings problem reports, Data Entry Control Sheets, WIC control and operations forms; production control forms.</i>					
7. Record Series Format(s) <input type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input checked="" type="checkbox"/> Other (specify) <i>Computer printouts</i>		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume _____ Number <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)	
		10. Annual Accumulation _____ Number <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)			
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			12. File Becomes Inactive After _____ Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room)			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input type="checkbox"/> Yes <input type="checkbox"/> No		
15. Access Restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent <i>WIC</i>		
17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements) <input type="checkbox"/> Yes <input type="checkbox"/> No			18. Recommended Retention <i>Retain one year, then destroy except:</i> <i>Data Entry - 2 yrs</i> <i>WIC - also audit fulfillment</i> <i>Production Ctrl - 3 months active/ 15 months inactive</i>		
19. Name and Title of Preparer <i>T. Kravitz</i>		20. Room Number Telephone Number <i>410 767-5434</i>		21. Date <i>8/14/2000</i>	