

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Office of Community Relations**

This schedule supersedes schedules 1583, 1585, and 1586.

	DESCRIPTION	RETENTION
1	<u>Equal Access Compliance Unit</u> Complaint Case Files	1. Retain complaint case files in office for two (2) years after closing; transfer to the State Records Center for five (5) years , then destroy.
2	Program Administration File - LEP Files, correspondence, compliance reports,	2. Retain compliance reports, public notice documentation, etc. in office for five (5) years then destroy if no longer needed.
3	<u>Americans with Disabilities Act Program</u> Complaint Case Files	3. Retain complaint case files in office for two (2) years after closing; transfer to the State Records Center for five (5) years , then destroy.
4	Program Administration File, Compliance Reports, etc	4. Retain compliance reports, public notice documentation, etc. in office for five (5) years , then, destroy if no longer needed.
5	<u>Employment Equity Unit</u> Charge Files- Active files pending OAG legal action or under review.	5. Retain charge files in office for two (2) years after OAG approves closing; transfer to the State Records Center for three (3) years , then destroy.
6	Program Administration File- Annual EEO Report, employment reports and statistics, and other source information,	6. Screen files, discarding supplemental working papers after report is issued. Retain 2 copies of the EEO report in office for five (5) years , then destroy if no longer needed.
7	<u>Minority Business Enterprise Program</u> Complaint Case Files	7. Retain complaint case files in office for three (3) years after closing; transfer to the State Records Center for five (5) years , then destroy.
8	Program Administration Files - copies of contracts, RFB's, RFP's, solicitations with MBE participation, reports, etc.	8. Screen files after Annual Minority Business Reports are issued, discarding working papers. Retain one copy of each Annual Minority Business Report in office permanently , for eventual transfer to State Archives.
9	<u>Special Projects/Programs</u> School programs, Black History Month programs, etc.	9. Retain files in office until no longer active; transfer to Records Center for five (5) years then destroy.
APPROVED:(DHMH Official) DATE: APR 14 2005		MAY 12 2005
SIGNATURE: <u>Hilda Davis</u> Hilda Davis, Director, OCR		AUTHORIZED:(State Archives) DATE: MAY 12 2005 Signature: <u>Edward C. Papenfuse Jr.</u> Edward C Papenfuse Jr, State Archivist

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

Series 1 and 2
PAGE 1 OF 5

1. Department/Agency

DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Division

OCR

3. Unit or Section

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

Equal Access Compliance Unit

5. Earliest Year/Latest Year

1985 to Present

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

- Non Discrimination Services
~~_____~~
- LEP
Complaints
Compliance Reports

7. Record Series Format(s)

- Letter Size
- Legal Size
- Bound Book
- Audio Tape
- Other (specify) _____
- Microfilm
- Computer Tape
- Floppy Disk
- Video Tape

8. Record Series Sequence

- Alphabetical
- Numerical
- Chronological
- Geographical
- Other (specify) _____

9. Volume

Number

- File Drawer(s)
- Microfilm Reel(s)
- Computer Tape(s)
- Other (specify)

10. Annual Accumulation

Number

- File Drawer(s)
- Microfilm Reel(s)
- Computer Tape(s)
- Other (specify)

11. File is Used

- Daily
- Weekly
- Monthly

12. File Becomes Inactive After

- Number _____
- Month(s)
- Year(s)

13. Current Location(s) (Bldg., Floor, Room)

5th

14. Is Record Series Duplicated Elsewhere?

(If yes, specify agency or office)
 Yes No

15. Access Restrictions

(If Yes, cite Law(s) & Regulation(s))
 Yes No

16. Audit Requirements

- None
- State
- Federal
- Independent

17. Is an Index System used?

(If yes, explain briefly and describe any hardware/software requirements)

- Yes
- No

18. Recommended Retention

5 yrs at State Rec Ctr
Hold complaints 2 yrs in office

19. Name and Title of Preparer

20. Room Number

21. Date

Telephone Number

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 2 OF 5

1. Department/Agency

DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Division

OCR

3. Unit or Section

Series 314

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

ADA

5. Earliest Year/Latest Year

1941 to present

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

Complaints

7. Record Series Format(s)

- Letter Size Microfilm
 Legal Size Computer Tape
 Bound Book Floppy Disk
 Audio Tape Video Tape
 Other (specify) _____

8. Record Series Sequence

- Alphabetical
 Numerical
 Chronological
 Geographical
 Other (specify) _____

9. Volume

Number _____

- File Drawer(s)
 Microfilm Reel(s)
 Computer Tape(s)
 Other (specify) _____

10. Annual Accumulation

Number _____

- File Drawer(s)
 Microfilm Reel(s)
 Computer Tape(s)
 Other (specify) _____

11. File is Used

- Daily Weekly Monthly

12. File Becomes Inactive After

- Number _____ Month(s) Year(s)

13. Current Location(s) (Bldg., Floor, Room)

5th

14. Is Record Series Duplicated Elsewhere?

(If yes, specify agency or office)

- Yes No

15. Access Restrictions

(If Yes, cite Law(s) & Regulation(s)) Yes No

16. Audit Requirements

- None State Federal Independent

17. Is an Index System used?

(If yes, explain briefly and describe any hardware/software requirements)

- Yes No

18. Recommended Retention

5 yrs SRC
Complaints - 2 yrs in office of first

19. Name and Title of Preparer

20. Room Number

21. Date

Telephone Number

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 2 OF 5

1. Department/Agency

DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Division

OCR

3. Unit or Section

Series 5+6

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

Employment Equity

5. Earliest Year/Latest Year

1980 to Present

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

Sexual Harassment
-
- charge files program admin.

7. Record Series Format(s)

- Letter Size
- Microfilm
- Legal Size
- Computer Tape
- Bound Book
- Floppy Disk
- Audio Tape
- Video Tape
- Other (specify) _____

8. Record Series Sequence

- Alphabetical
- Numerical
- Chronological
- Geographical
- Other (specify) _____

9. Volume

Number

- File Drawer(s)
- Microfilm Reel(s)
- Computer Tape(s)
- Other (specify)

10. Annual Accumulation

Number

- File Drawer(s)
- Microfilm Reel(s)
- Computer Tape(s)
- Other (specify)

11. File is Used

- Daily
- Weekly
- Monthly

12. File Becomes Inactive After

- Number _____
- Month(s)
- Year(s)

13. Current Location(s) (Bldg., Floor, Room)

506

14. Is Record Series Duplicated Elsewhere?

(If yes, specify agency or office)

- Yes
- No

15. Access Restrictions

(If Yes, cite Law(s) & Regulation(s))

- Yes
- No

16. Audit Requirements

- None
- State
- Federal
- Independent

17. Is an Index System used?

(If yes, explain briefly and describe any hardware/software requirements)

- Yes
- No

18. Recommended Retention

Changes - 2 yrs office files OAG 3 yr SR
paper - screen 5 yrs reports.

19. Name and Title of Preparer

20. Room Number

Telephone Number

21. Date

<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>4</u> OF <u>5</u></p>	
<p>1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Division</p>		<p>3. Unit or Section <i>Series 7 & 8</i></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 <i>MBE</i></p>				<p>5. Earliest Year/Latest Year <i>1985 to present</i></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.)</p> <p><i>Program files - contracts, RFB's, RFP's, Solicitations, contract binder plate. Complants -</i></p>					
<p>7. Record Series Format(s)</p> <p><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 type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p> <p>Number _____</p>	
				<p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p> <p>Number _____</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</p> <p>Number _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room)</p> <p><i>502</i></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</p>		
<p>15. Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s))</p>			<p>16. Audit Requirements</p> <p><input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			<p>18. Recommended Retention</p> <p><i>Compliments - in office 3 yrs. - 5 yrs SEC from column - Annual Rpt - Perun. Discard working papers 1 yr after rpt.</i></p>		
<p>19. Name and Title of Preparer</p>		<p>20. Room Number Telephone Number</p>		<p>21. Date</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 5 OF 5

1. Department/Agency

DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Division

3. Unit or Section

Series 9

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

Spec Projects

5. Earliest Year/Latest Year

1990 to present

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

Black History Month,
School programs -
PR/Education projects.

Surveys, etc

7. Record Series Format(s)

- Letter Size
- Legal Size
- Bound Book
- Audio Tape
- Other (specify) _____
- Microfilm
- Computer Tape
- Floppy Disk
- Video Tape

8. Record Series Sequence

- Alphabetical
- Numerical
- Chronological
- Geographical
- Other (specify) _____

9. Volume

Number

- File Drawer(s)
- Microfilm Reel(s)
- Computer Tape(s)
- Other (specify)

10. Annual Accumulation

Number

- File Drawer(s)
- Microfilm Reel(s)
- Computer Tape(s)
- Other (specify)

11. File is Used

- Daily
- Weekly
- Monthly

12. File Becomes Inactive After

- Number _____
- Month(s)
- Year(s)

13. Current Location(s) (Bldg., Floor, Room)

5th

14. Is Record Series Duplicated Elsewhere?
(If yes, specify agency or office)

- Yes
- No

15. Access Restrictions (If Yes, cite Law(s) & Regulation(s))

- Yes
- No

16. Audit Requirements

- None
- State
- Federal
- Independent

17. Is an Index System used?
(If yes, explain briefly and describe any hardware/software requirements)

- Yes
- No

18. Recommended Retention

Send to SRC 5 yrs when not needed in office.

19. Name and Title of Preparer

20. Room Number
Telephone Number

21. Date