

RECORDS RETENTION AND DISPOSAL SCHEDULE

DEPARTMENT OF HEALTH & MENTAL HYGIENE
DEVELOPMENTAL DISABILITIES ADMINISTRATION
(Regional and Headquarters Offices)

This schedule supersedes Schedules 893, 619, and 619A. This schedule does not apply to DDA Residential Facilities, which are covered by a General Schedule.
 (REFER TO DHMH GENERAL ADMINISTRATIVE SCHEDULE 2112 FOR ADMINISTRATIVE RECORDS).

	Records Series /Description	Authorized Retention Period & Instructions
DDA REGIONAL OFFICES		
1	General Consumer Files - Eligibility documentation, service applications, psychological analysis, medical information, approval of funding, reportable incident reports, etc.	<p>1 Maintain active consumer files in office, screening information and updating as necessary. When consumer becomes inactive (dies, or is no longer considered a resident of MD), move folder to inactive files.</p> <p>Retain inactive files in office until audited, then transfer to storage until five (5) years old, then destroy.</p>
2.	<p>PASRR Database / Support Documentation Consumer demographics, location of nursing home and pertinent information, name of Resource Coordinator.</p> <p>(Data is added, changed or deleted on a continual basis, with periodic back ups and selective printouts of compilations and reports.)</p>	<p>2 Retain all source documentation that is entered into database until data accuracy is verified and the database is backed up, then destroy if no longer needed. Database is subject to continual change, so it cannot be considered permanent. Destroy old back ups when new ones are made, and store off site.</p>
3	<p>Provider/Agency Files Licenses, correspondence, evaluations, support documents of various DDA funded agencies,</p>	<p>3. Maintain active provider files, screening and updating as necessary. When providers become inactive, move folders to inactive file in office and retain there for five (5) years, and then destroy.</p>
4	<p>Regional Fiscal/Budget Files Budgets, procurement, bid records, purchase receipts, credit card logs, RFP's, consumer's services funding plan, approved allocated DDA funding per consumer, fiscal reports, spreadsheets, correspondence, etc. (HIPAA applies)</p>	<p>4. Maintain active program fiscal / budget files in annual folders, updating as necessary. Retain inactive folders in office three (3) years or until all audit requirements are met. Transfer to storage until five (5) years old, then destroy.</p>
5.	<p>Regional Training Service Files Staff training, class schedules, event coordination, etc.</p>	<p>5. Maintain files, updating as needed, until inactive. Retain inactive files in office for three (3) years. Transfer to storage until five (5) years,old, then destroy.</p>

APPROVED BY: (DHMH Official) DATE: JAN 20 2008

AUTHORIZED BY: (ARCHIVES Official) DATE: 22 Feb 08

SIGNATURE: 
 NAME/TITLE: DIANE COUGHLIN, Director, DDA

SIGNATURE: 
 NAME/TITLE: EDWARD C PAPERFUSE JR, State Archivist

RECORDS RETENTION AND DISPOSAL SCHEDULE

**DEPARTMENT OF HEALTH & MENTAL HYGIENE
DEVELOPMENTAL DISABILITIES ADMINISTRATION
(Regional and Headquarters Offices)**

	Records Series /Description	Authorized Retention Period & Instructions
	DDA HEADQUARTERS OFFICES	
6	<p><u>DDA FISCAL SERVICES</u> DDA PROVIDER CONTRACTS- Three-year contracts with renewal options for group homes, activity centers, and associations for developmentally disabled citizens, alternative living units, large and small residential centers, etc. Files include evaluations, contracts (grants), licenses, correspondence, and related materials for each provider. Copy also maintained on hard drive.</p>	6. Upon completion of contract move to inactive file for five (5) years or until all audit requirements have been met, Destroy following verification that all requirements have been met.
7	<p>FINANCIAL AND ACCOUNTING RECORDS Non-administrative, program-related files including journal entries, cash receipt logs, requisitions, purchasing receipts, equipment invoices, credit card logs, advances and expedited payments, audit services, special programs finance records, etc. Copies of region accounting reports.</p>	7. Set up annual folders by fiscal year. Maintain folders in office for three (3) years or until all audit requirements are met. Transfer to storage until five (5) years old, then destroy after verification that all requirements have been met.
8	<p><u>OPERATIONS</u> MANAGEMENT SUBJECT FILES Including regulation and policy coordination, emergency planning, Information technology, human resources, etc.</p>	8. Retain current information in active file, then move to inactive file when no longer used. Retain inactive file in office for three (3) years; transfer to storage until five (5) years old, then destroy.
9	<p>PCIS2 Database – interactive web-based database providing consumer information requirements, client and provider information, used to generate invoices and as a management tool.</p>	9. Database is continually updated. Maintain input source documentation until next backup. Store back up off site.
10	<p><u>INFORMAL HEARINGS</u> Case files including correspondence, documentation, etc..</p>	10. Retain in office for three (3) years or until all audit requirements are met, then transfer to storage until files are six (6) years old, then destroy.
11	<p><u>DDA PROGRAM SERVICES</u> QUALITY ASSURANCE FILES Includes agency quality assurance plans, mortality reports, mortality review committee files, agency sanctions and settlement agreements, other QA elated projects. Agency deficiency report, Resource coordination Files.</p>	11. Maintain active QA files in office, updating as needed. Retain inactive files in office until all audit requirements are met, then transfer to storage until files are six (6) years old, then destroy.

RECORDS RETENTION AND DISPOSAL SCHEDULE

**DEPARTMENT OF HEALTH & MENTAL HYGIENE
DEVELOPMENTAL DISABILITIES ADMINISTRATION
(Regional and Headquarters Offices)**

	Records Series /Description	Authorized Retention Period & Instructions
12	<p><u>DDA PROGRAMS SERVICES</u> SPECIAL POPULATIONS a. Forensic Services Files Including court-orders, charging documentation, screening reports, psychiatric or psychological evaluations, Conditional release and pretrial release documents , Interagency Forensic Services</p> <p>b. Aging Services Program Screening reports, psychiatric / psychological evaluations,</p> <p>c. Childrens Services Program Files including resource coordination contract, contract monitor files, etc</p> <p>d. Affiliated Committees, Boards, Task Forces, etc Reports, copies of minutes, communications, and other information for affiliated groups related to programs. (Md. Traumatic Brain Injury Board, Interagency Forensic Services, Multi-Agency Review Team, Md Caregivers Support & Coordinating Council, Md Respite Care Coalition, Md Out-of-home Placement Legislative Workgroup,</p>	<p>12</p> <p>a. Maintain files, updating as needed, until inactive (client dies or is no longer considered a resident of MD). Retain inactive files in office for five (5) years and until audited, then destroy</p> <p>b. Maintain files, updating as needed, until inactive (dies or is no longer considered a resident of MD). Retain inactive files for six (6) years, then destroy.</p> <p>c. Maintain files, updating as needed, until inactive. Retain inactive files in office for five (5) years and until audited, then destroy.</p> <p>d. Screen files periodically, removing and destroying non-record information that is obsolete or no longer needed. Maintain correspondence and record material three (3) years or until no longer needed, then destroy.</p>
13	<p>DDA TRAINING SERVICES Includes service coordination training, DDA HQ and regional staff training, event s coordination, Training Advisory Committee records, etc</p>	<p>13. Maintain files, updating as needed, until inactive. Retain inactive files in office for three (3) years. Transfer to storage until five (5) years,old, then destroy.</p>
14	<p>DDA HOUSING SERVICES- includes Housing Policy Committee files, Governor's Housing Commission records, CSLA 248 Forms, Group Home Loan requers, HUD 811's, DHMH Community Bonds, etc.</p>	<p>14. Maintain files, updating as needed, until inactive. Retain inactive files in office for four (4) years or until audited then transfer to storage until inactive for six (6) years, then destroy.</p>
15	<p>STATEWIDE COORDINATOR FOR TRANSITION AND EMPLOYMENT SERVICES Committee/task force files, case files for transitioning youth, supported employment, assistive technology, transportation, out-of-state placements, etc.</p>	<p>15. Screen files periodically, removing and destroying non-record information that is obsolete or no longer needed. Maintain correspondence and record material three (3) years or until no longer needed, then destroy.</p>
16	<p><u>DDA STATE & FEDERAL RELATIONS</u> STATE/FEDERAL LIAISON SERVICES -Legislation Files, Regulation Development Files, etc</p>	<p>16. Retain active files until legislation/ regulations are adopted. Screen files, removing drafts, duplicates, and non-essential working papers, Retain in office until legislation / regulation is no longer in effect, then destroy.</p>
17.	<p>MEDICAID Waiver Files</p>	<p>17. Maintain files, updating as needed, until inactive (client dies or is no longer considered a resident of MD). Retain inactive files in office for five (5) years and until audited, then destroy.</p>

<p>DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate Inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records 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>DHMH RECORDS INVENTORY 11 2395 PAGE 1 OF 17</p>	
<p>1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board Developmental Disabilities Administration</p>		<p>3. Division/Unit or Section Eastern Shore Regional Office</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 Consumer Files/Office Operating Files/Provider Agency Files/Employee Working Files</p>				<p>5. Earliest Year/Latest Year N/A to 2005</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>1. • Consumer files – service application/psychological analysis/medical information/approval of funding • Reportable Consumer Incidents – information concerning serious incidents pertaining to consumer(s). Reported from various Provider agencies 2. • PASRR Database – Consumer demographics/information; location of Nursing home & pertinent information; Name of Resource Coordinator 3. • Training Files – cost of training; staff training requests/applications; information on each training session conducted; verification of forms • Office Operating Files – correspondence pertaining to procedures and building information, invoices of operational cost • State Residential Center – correspondence pertaining to the Holly Center and other related SRC's • Personnel Files – demographics & various information pertaining to office staff 3. • Provider Agency Files – licenses and supporting documents of various DDA funded agencies • Various correspondence and materials pertaining to employee's daily usage</p>					
<p>7. Record Series Format(s) List all Paper: Film / tape: Electronic: <input type="checkbox"/> Letter Size <input type="checkbox"/> Film/Slides <input checked="" type="checkbox"/> Kept on Hard Drive (PASRR Data) (35mm, etc) <input checked="" type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ <input type="checkbox"/> Computer Tape <input type="checkbox"/> 80s <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD, DVD, etc <input type="checkbox"/> Card <input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological (PASRR Data & Training files) <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) approx. 70 Computer Tape(s) Number <input type="checkbox"/> Other (specify) _____</p> <p>10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) N/A Computer Tape(s) Number <input type="checkbox"/> Other (specify) _____</p>	
<p>11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After N/A <input type="checkbox"/> Month(s) Number <input type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 1500 Riverside Dr., Salisbury, MD</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/Format _____</p>		
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other HIPAA regulations (If Yes, cite Law(s) & Regulation(s))</p>			<p>16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input checked="" type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____</p>			<p>18. Recommended Retention: In Office And In Storage (Each Format) Upon inactive status - retain in office for 3 years, transfer to State Records Center for 3 years and destroy. Consumer, SRC files and Office operating records retained permanently.</p>		
<p>19. Name and Title of Preparer Debbie Adkins, Admin. Officer E-mail address: adkinsd@dnhm.state.md.us</p>		<p>20. Location: Develop. Disabilities Admin., Eastern Shore Telephone Number# 410-334-6920 Room # _____</p>		<p>21. Date April 25, 2005</p>	

<p>DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records 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>DHMH RECORDS INVENTORY</p> <p>PAGE <u>4</u> OF <u>17</u></p>	
<p>1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board Developmental Disabilities Administration</p>		<p>3. Division/Unit or Section Eastern Shore Regional Office</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 Fiscal/Budget Files</p>				<p>5. Earliest Year/Latest Year N/A to 2005</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> <ul style="list-style-type: none"> Fiscal Files – various budget correspondence; reports, surveys, policies and procedures, general correspondence Budget Files – Consumer’s Service Funding Plan, approved allocated DDA funding per consumer 					
<p>7. Record Series Format(s) List all</p> <p>Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card</p> <p>Film / tape: <input type="checkbox"/> 35mm, etc <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____</p> <p>Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD, DVD, etc</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical <input checked="" 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) Number <input type="checkbox"/> Other (specify) _____</p> <p>10. Annual Accumulation</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify) _____</p>	
<p>11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After <u>N/A</u> <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 1500 Riverside Dr., Salisbury, MD</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Agency/Format <u>DDA H.Q./ Holly Center</u></p>		
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other <u>HIPAA regulations</u> (If Yes, cite Law(s) & Regulation(s))</p>			<p>16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input checked="" type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____</p>			<p>18. Recommended Retention: In Office And In Storage (Each Format) Upon inactive status - retain in office for 3 years, transfer to State Records Center for 5 years and destroy.</p>		
<p>19. Name and Title of Preparer Debbie Adkins, Admin. Officer E-mail address: adkinsd@dhhm.state.md.us</p>		<p>20. Location: Develop. Disabilities Admin., Eastern Shore Telephone Number# 410-334-6920 Room # _____</p>		<p>21. Date April 25, 2005</p>	

<p>DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records 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>DHMH RECORDS INVENTORY</p> <p>PAGE <u>6</u> OF <u>17</u></p>
<p>1. Department/Agency</p> <p>DEPT OF HEALTH & MENTAL HYGIENE</p>	<p>3. Division/Unit or Section</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 Item # 2B. Provider Contracts</p>	<p>5. Earliest Year/Latest Year FY-2003 _____ to 2006 _____</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.) DDA Provider contracts are multi year (3 years with option to re-new). These files include group homes, activity centers, and associations for developmentally disabled citizens, alternative living units, large and small residential centers. Files for general correspondence, evaluation, licensing and contracts (grants) is maintained for each provider.</p> <p>Behavioral Support Residential Summer Programs Day Programs Family Support Services Individual Family Support Purchase of Care Supported Employment Community support services Case Management/Service Coordination</p>		
<p>7. Record Series Format(s) List all</p> <p>Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls _____ <input type="checkbox"/> Bound Book <input type="checkbox"/> Card _____</p> <p>Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____</p> <p>Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD,DVD,etc</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>_____ Number <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>10. Annual Accumulation</p> <p>_____ Number <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>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After _____ Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room)</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Agency/ Format _____</p>	
<p>15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other</p> <p>(If Yes, cite Law(s) & Regulation(s))</p>	<p>16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No _____</p>	<p>18. Recommended Retention: In Office And In Storage (Each Format) Retain current year and (3) previous years in the office. once audit requirements are met, audits are every (4) years. Then transfer to the State Records Center for five (5) years. It must be verified with the Administration that the files have been audited before they are destroyed.</p>	

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.

DEPARTMENT OF GENERAL SERVICES
STATE RECORDS CENTER
7275 WATERLOO ROAD
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JESSUP, MARYLAND 20794
(410) 799-1379

DHMH RECORDS INVENTORY

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1. Department/Agency

DEPT OF HEALTH & MENTAL HYGIENE

3. Division/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

Item # 2A. Financial and Accounting Records.

5. Earliest Year/Latest Year

FY-2003 _____ to 2006 _____

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

Journal Entries, Cash Receipt logs, Requisitions, credit card logs, Advance and Expedited payments Staff Development logs, Expense reports. Copies of fiscal and accounting records for DDA'S regional offices, CMRO,ESRO,SMRO and WMRO. Files for general correspondence, attached concerning fiscal invoices payments and credit card orders.

7. Record Series Format(s) List all

Paper: Letter Size Legal Size Rolls Bound Book Card _____
 Film / tape: Film/Slides (35mm, etc) Microfilm/Microfiche Video Tape Other (specify) _____
 Electronic: Kept on Hard Drive Computer Tape Floppy Disk CD,DVD,etc

8. Record Series Sequence

Alphabetical
 Numerical
 Chronological
 Geographical
 Other (specify) _____

9. Volume

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

10. Annual Accumulation

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

11. File is Used Daily Weekly Monthly Annually

12. File Becomes Inactive After _____ Month(s)
 Number _____ Year(s)

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

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

Yes No Agency/ Format _____

15. Privacy / Access Restrictions Yes No
 Personal Medical Proprietary Classified Other

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

16. Audit Requirements None Internal OIG
 Legislative Federal Independent

17. Is an Index System used? If yes, explain briefly and describe requirements

Yes No _____

18. Recommended Retention: In Office And In Storage (Each Format)
 Retain current year and (3) previous years in the office. once audit requirements are met, audits are every (4) years. Then transfer to the State Records Center for five (5) years. It must be verified with the Administration that the files have been audited before they are destroyed.

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 8,9,10 PAGE ___ OF 17	
1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Division <i>DDA HOP</i>		3. Unit or Section <i>Operations</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>Operations</i>				5. Earliest Year/Latest Year ___ to ___	
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>8. Personnel</i> <i>Regulations</i> <i>Emergency Planning</i> <i>Eligibility</i> <i>Management Subject Files</i> <i>#10 Informal Hearings</i> <i>#9 PCIS 2 - Added & Deleted as needed</i> <i>Waiver Issues</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) _____	
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 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>Office 3 years</i> <i>Records Center 4 years</i>			
19. Name and Title of Preparer		20. Room Number Telephone Number		21. Date	

Peter deFries 75573

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>11</u> OF <u>17</u>	
1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Division DDA		3. Unit or Section Programs Unit	
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 Quality Assurance				5. Earliest Year/Latest Year 1999 to 2005	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Agency Quality Assurance Plans - Agency Deficiency Reports mortality Reports - Resource Coordination Files mortality Review Committee files Agency Sanctions & Settlement Agreements Other QA related projects & Policies					
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 type="checkbox"/> Other (specify) _____		8. Record Series Sequence <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <u>17</u> Number <input checked="" 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) 201 W. Preston Street 417 B & C		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s)) HIPPA		16. Audit Requirements <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 checked="" type="checkbox"/> No		18. Recommended Retention Retain in office for 5 years, then transfer to State Records Center for storage for			
19. Name and Title of Preparer Iwen Winston, Statewide QA Chief		20. Room Number 417C Telephone Number 410-767-5586		21. Date 5/23/05	

<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 style="text-align: right;">12/2/17</p> <p>PAGE 1 17</p>	
<p>1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Division <i>Developmental Disabilities Adm.</i></p>		<p>3. Unit or Section <i>Programs Unit</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>B-Aging Services - Special Populations C-Children</i></p>				<p>5. Earliest Year/Latest Year _____ to _____</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>Governor or Sec, DHMH appointed boards/commissions (state mandated) Maryland Caregivers Support Coordinating Council + subcommittee Maryland Respite Care Coalition Governor's Office on Children - Wrap around Committee Maryland Out of Home Placement Legislative Wkgrp</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 checked="" type="checkbox"/> Other (specify) <i>binders</i></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>Number _____</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>11. File is Used</p> <p><input type="checkbox"/> Daily <input checked="" 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>201 West Preston Str. Baltimore</i></p>		<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>15. Access Restrictions <input 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 type="checkbox"/> No</p>		<p>18. Recommended Retention</p>			
<p>19. Name and Title of Preparer <i>Lester McMillan</i> <i>For Connie Urquhart</i></p>		<p>20. Room Number <i>417G</i></p> <p>Telephone Number <i>410 9675624</i></p>		<p>21. Date <i>June 2, 2005</i></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>126</u> OF <u>17</u>	
1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Division <i>Developmental Disabilities Admin.</i>		3. Unit or Section <i>Programs Unit, Special Population</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>SPECIAL POPULATIONS</i> <i>D. Forensic Services</i>				5. Earliest Year/Latest Year _____ to _____	
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>Forensic files include Court orders, charging documents, screening reports, psychiatric & psychological evaluations, DHMH Forensic Evaluation, Conditional Release & Pretrial Release documents, etc</i>					
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 type="checkbox"/> Other (specify) _____		8. Record Series Sequence <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <u>8</u> Number <input checked="" 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 <i>Approx. 1 or 2</i> Number <input checked="" 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) <i>Can remain active indefinitely</i>		
13. Current Location(s) (Bldg., Floor, Room) <i>201 W. Preston Street</i> <i>4th floor, room 417 H</i>			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s)) <i>Some information is considered confidential.</i>			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 checked="" type="checkbox"/> No			18. Recommended Retention <i>Retain in office indefinitely</i>		
19. Name and Title of Preparer <i>Michael Rehak,</i> <i>Coord. for Special Prog.</i>		20. Room Number <i>417 H</i> Telephone Number <i>410-767-3209</i>		21. Date <i>May 25, 2005</i>	

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1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Division <i>Developmental Disabilities Adm.</i>		3. Unit or Section <i>Programs Unit</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>Assistant Directorate Program Special Populations - Children</i>		5. Earliest Year/Latest Year _____ to _____			
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>Resource Coordination Contract - Contract Monitor Governor or Sec, DHMH or Dir, DDA appointed boards - Committees (State mandated) Maryland Traumatic Brain Injury Board Intra-agency Forensic Services Multi-Agency Review Team (LSAL) Individual Files</i>					
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) <i>in binders</i>		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 <i>2</i> Number <input checked="" 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 or <input checked="" 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) <i>201 West Preston Street Balto MD</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 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		
19. Name and Title of Preparer <i>Leslie A. McMillan</i>		20. Room Number <i>417</i> Telephone Number <i>410 767-5631</i>		21. Date <i>June 2, 2005</i>	

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1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Division <i>Developmental Disabilities Admin</i>		3. Unit or Section <i>Programs Unit</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>Training - 13</i> <i>Housing - 14</i>				5. Earliest Year/Latest Year _____ to _____	
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>Event Coordination</i> <i>FY Training Budget</i> <i>Statewide Behavior Supports Committee</i> <i>Training Advisory Committee</i> <i>HUD 811</i> <i>DHMH Community Bond</i> <i>Governor's Housing Commission</i> <i>Housing Policy Committees</i> <i>CSLA 248 Forms</i> <i>Group Home Loan Requests</i>					
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 type="checkbox"/> Other (specify) _____		8. Record Series Sequence <input checked="" 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 _____ 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) <i>201 W. Preston St 4th Floor</i> <i>Room 417D</i>			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <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 checked="" type="checkbox"/> No			18. Recommended Retention <i>13 - 3yrs in house - 5 yrs total</i> <i>14 - 4yrs in house - 6 yrs total</i>		
19. Name and Title of Preparer <i>Diane Dressler</i>		20. Room Number <i>417D</i> Telephone Number <i>410-767-5568</i>		21. Date <i>5/24/2005</i>	

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				<p>PAGE 15 OF 17 <u>17</u></p>	
1. Department/Agency		2. Office/Administration/Division		3. Unit or Section	
DEPT OF HEALTH & MENTAL HYGIENE					
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				5. Earliest Year/Latest Year	
statewide coordinator for transition + employment services				1998 to 2005	
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>Transitioning Youth related committees/task forces, etc. supported employment ^{budget} related committees/task forces assistive technology ^{budget} board of directors minutes + related files transportation committees/task forces, etc. out of state placements of children case files, committees etc.</p>					
7. Record Series Format(s)		8. Record Series Sequence		9. Volume	
<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) _____		<input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		<input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
				10. Annual Accumulation	
				<input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number _____	
11. File is Used			12. File Becomes Inactive After		
<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			Number _____ <input type="checkbox"/> Month(s) <u>5</u> <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room)			14. Is Record Series Duplicated Elsewhere?		
4th Floor, cubicle, desk drawers, over head files + file cabinet			(If yes, specify agency or office) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>NO</u>		
15. Access Restrictions			16. Audit Requirements		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s)) some case files confidential			<input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used?			18. Recommended Retention		
(If yes, explain briefly and describe any hardware/software requirements) <input type="checkbox"/> Yes <input type="checkbox"/> No			3 yrs		
19. Name and Title of Preparer		20. Room Number		21. Date	
Colleen Gauruder		Telephone Number 410-767-5306		5/24/05	

