**Submitted by:** Chairman of the Assembly at the Request of the Mayor
**Prepared by:** Information Technology
**For reading:** October 14, 2008

CLERK'S OFFICE
APPROVED
Date: 10/14/2008

ANCHORAGE, ALASKA
AR NO. 2008-219

**A RESOLUTION OF THE ANCHORAGE ASSEMBLY APPROVING THE UPDATED RECORDS RETENTION SCHEDULE FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, IN ACCORDANCE WITH MUNICIPAL POLICY AND PROCEDURE 52-2**

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WHEREAS, The Department of Health and Human Services has updated its Records Retention Schedule; and

WHEREAS, in accordance with Municipal Policy and Procedure 52-2, the Records Management Officer has reviewed the Records Retention Schedule and forwarded it for review and approval to the Municipal Archivist, Clerk, Internal Auditor and Controller; and

WHEREAS, the Municipal Archivist, Clerk, Internal Auditor and Controller have reviewed and approved the Records Retention Schedule.

NOW, therefore, the Anchorage Assembly adopts the Retention Schedule as submitted, reviewed and approved.

PASSED AND APPROVED by the Anchorage Municipal Assembly this 14th day of October, 2008.

Chair

ATTEST:

Municipal Clerk

# MUNICIPALITY OF ANCHORAGE
## RECORDS RETENTION SCHEDULE

Records Management Use Only

| Department | Division | Section | Phone # | Dept. ID | Revision # | Effective Date | | Ret. Schd. Code |
|---|---|---|---|---|---|---|---|---|
| DHHS | All | All | 343-6718 | | | | Page _1_ of _1_ | |

## Records Retention Schedule - Signature Page (Form 91-042)

### Signature Page

Pursuant to the provisions of AO No. 83-56, the records listed on this schedule are to be included on the Municipality of Anchorage Master Retention Schedule and recommended for disposition as indicated.

In accordance with Municipal Policy and Procedure 52-2, we have reviewed this Retention Schedule and the Records Retention Schedule Update Log. We provide our signatures below as approval.

| Title | Name | Signature | Date |
|---|---|---|---|
| Agency Head | Diane Ingle | Diane Ingle | 8/15/2008 |
| Agency Records Coordinator | Dallene Pinkley | Dallene Pinkley | 8/15/2008 |
| Records Management Officer | Fred Carpenter | | |
| Archivist | Toby Allen | | |
| Clerk | Barbara E. Gruenstein | | |
| Controller | Teresa Peterson | | |
| Internal Auditor | Peter W. Raiskums | | |
| Assembly Approval Received | This Retention Schedule received Assembly approval on the date provided in this row. This date becomes the Effective Date of this schedule and should be entered above. | | |

# MUNICIPALITY OF ANCHORAGE
## RECORDS RETENTION SCHEDULE

Form 91-042A

For Records Center Use Only

Ret. Schd. Code

| Department | Division | Section | Phone # | Dept. ID | Revision # | Effective Date | |
|---|---|---|---|---|---|---|---|
| Health and Human Services | Administration | Animal Care and Control Center | 343-8136 | 2250 | | 10/14/2008 | Page 1 of 5 |

| 1 Retention Schedule Item # | 2 Record Series Title and Description of records included in the series | 2a ERec | 3 Record Copy Dept. | 4 Retention Period: Office (years) | 4 Retention Period: Records Center (years) | 5 Records Disposition: Destroy | 5 Records Disposition: Hist. Archive | 5 Records Disposition: Other | 6 Vital Record | 7 Retention Period Source Citation, Other Justification Remarks |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Dispatch/Truck Log | | ACCC | 1 | 2 | X | | | | |
| 2 | Cash Receipts/Supporting Documentation | | ACCC | 1 | 5 | X | | | | |
| 3 | Refund Documentation | | ACCC | 1 | 2 | X | | | | |
| 4 | Rabies Certification | | ACCC | 1 | 4 | X | | | | Required by state law |
| 5 | Facility Licenses | | ACCC | 2 | 4 | X | | | | |
| 6 | Hearings | | ACCC | 5 | 4 | X | | | | |
| 7 | Notices of Violation | | ACCC | 3 | 7 | X | | | | |
| 8 | Case Files | | ACCC | 3 | 7 | X | | | | |
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**Retention Codes**
(for use with 4 above.)
C = Current/Created Year
A = Audit Year
# = Number of years
P = Permanent
T = Terminated
ACT = Active
SUP = Superseded
IND = Indefinite

Examples:
C+2 = Current Year + 2 years
C+A+1 = Current Year+Audit year+1 year
5 = 5 years

**Instructions, explanation and help. If you need more help, contact Records Management 343-4849**

**1 Retention Schedule Item #** Use numerical identification only.

**2 Record Series Title and Description of included records:** Provide the Record Series Title. Provide a list and description of records that are included in this record series. Use all the space you need here to adequately list pertinent, descriptive information about the included records. Indicate those record types that are **ELECTRONIC** Records by placing (E Rec) after the record type.

**2a** Place an X in this column to indicate if the Record Series contains any **ELECTRONIC** Record types.

**3 Record Copy Dept. :** The "official copy" of a record is the record copy. Usually, the department which produces the record also holds the record copy. List the dept. that holds the record copy.

**4 Retention Period:** This is the length of time (years) that this record series is required to be kept until it reaches final dispositon. List years in the office and years in the record center. The sum of office years and record center years equal the total retention period. For **ELECTRONIC records, indicate the total retention period for the record under the Records Center column.**

**5 Records Disposition:** Place 'X' in the column that describes the disposition for the records series. If final disposition is "Other", ie.: Digitization (scanning), Microfilm, Archival Review, or another process, check this box and provide detailed information about the disposition process in the remarks in column 7.

**6 Vital Record:** Vital records include agency critical operations information, essential business continuity information or any other record which justifies special protection and inclusion in the MOA Business Continuity Plan.

**7 Retention Period Source Citation, Other Justification, Remarks:** Cite the source authority for any mandated retention period or justify the retention period with a sound administrative, fiscal or legal need. Also provide any remarks that will avoid confusion in the handling and disposition of the record series or in the application of the retention period. Use all the space you need to provide information on any unusual circumstances about the record series.

# MUNICIPALITY OF ANCHORAGE
## RECORDS RETENTION SCHEDULE

Form 91-042A

| Department | Division | Section | Phone # | Dept. ID | Revision # | Effective Date | |
|---|---|---|---|---|---|---|---|
| Health and Human Services | Administration | Division Support | 343-6718 | 2210 | | 10/14/2008 | Page 2 of 5 |

| 1 Retention Schedule Item # | 2 Record Series Title and Description of records included in the series | 2a ERec | 3 Record Copy Dept. | 4 Retention Period: Office (years) | Records Center (years) | 5 Records Disposition: Destroy | Hist. Archive | Other | 6 Vital Record | 7 Retention Period Justification; Authorities; Remarks |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Anchorage/Chugiak Senior Center Application to Serve Alcoholic Beverages (Party Plan/Proof of Insurance/Cash Receipt) | | | C+1 | | | | | | Use of a municipal buidling history |
| | | | | | | | | | | |
| | **Payroll** | | | | | | | | | |
| 2 | Agency Copies of Records - Personnel | | | C+5 | T | | | | | Forward to ER after Termination of Employee |
| 3 | Vacant Position Announcements | | | C+5 | 4 | X | | | | |
| 4 | Payroll Processing Back-up Documentation:<br>Includes but not limited to the following items:<br>Timesheets, Overtime slips, Leave Requests<br>Leave Cash In Request forms, Acting Pay forms<br>Earnings Adjustments – military, court, etc.<br>Leave Adjustments, Prior Period Adjustments<br>Retroactive Pay worksheets<br>Error reports from Time and Labor, Query results<br>Payroll Processing Checklist, Employee Transfer<br>Check off Lists, Mileage Reimbursement forms<br>Allowance documentation – cell phone stipends, clothing, etc., Off Cycle Check Requests, Override Rate justification | | | C+1 | 3 | X | | | | |
| 5 | Evaluations | | ER | C+5 | 4 | X | | | | |
| 6 | Vehicle Mileage Reports, Boards and Commissions Checks, Cell Phone Payments | | | C+5 | 4 | X | | | | |
| 7 | Payroll Check Register, Animal Control Refunds | | | C+5 | 4 | X | | | | |

# MUNICIPALITY OF ANCHORAGE
## RECORDS RETENTION SCHEDULE

Form 91-042A

For Records Center Use Only

| Department | Division | Section | Phone # | Dept. ID | Revision # | Effective Date | | Ret. Schd. Code |
|---|---|---|---|---|---|---|---|---|
| Health and Human Services | Administration | Fiscal | 343-6735 | 2220 | | 10/14/2008 | Page 3 of 5 | |

| 1 | 2 | 2a | 3 | 4 Retention Period | | 5 Records Disposition | | | 6 | 7 |
|---|---|---|---|---|---|---|---|---|---|---|
| Retention Schedule Item # | Record Series Title and Description of records included in the series | ERec | Record Copy Dept. | Office (years) | Records Center (years) | Destroy | Hist. Archive | Other | Vital Record | Retention Period Justification; Authorities; Remarks |
| 1 | Grant Folders (Grant Agreements, AR/AM, Project Setup Forms, Budget Info & Reports) | | | A+11 | | X | | | | State of Alaska must approve prior to destruction |
| 2 | Paid Invoices (A/P Vouchers, P-Card & Munimart Original Invoices) | | | A+3 | P | | | | X | MOA Account Payable recommends no destruction |
| 3 | PO Folders (Purchase Order, Contract, Copies of Paid Invoices) | | PUR | A+11 | | X | | | | |
| 4 | Operating Budget Folders (Copies of Paid Invoices, Reconciliations, Journal Entries, Labor Distribution) | | | A+4 | | X | | | | |
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# MUNICIPALITY OF ANCHORAGE
## RECORDS RETENTION SCHEDULE

Form 91-042A

For Records Center Use Only

| Department | Division | Section | Phone # | Dept. ID | Revision # | Effective Date | | Ret. Schd. Code |
|---|---|---|---|---|---|---|---|---|
| Health and Human Services | Administration | Grants and Contracts | 343-4634 | 2240 | | 10/14/2008 | Page 4 of 5 | |

| 1 Retention Schedule Item # | 2 Record Series Title and Description of records included in the series | 2a ERec | 3 Record Copy Dept. | 4 Retention Period Office (years) | Records Center (years) | 5 Records Disposition Destroy | Hist. Archive | Other | 6 Vital Record | 7 Retention Period Justification; Authorities; Remarks |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Grants & Contracts | | | C+2 | 5 | X | | | | |
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# MUNICIPALITY OF ANCHORAGE
## RECORDS RETENTION SCHEDULE

Form 91-042A

For Records Center Use Only

| Department | Division | Section | Phone # | Dept. ID | Revision # | Effective Date | | Ret. Schd. Code |
|---|---|---|---|---|---|---|---|---|
| Health and Human Services | Administration | Cemetery | 343-6814 | 2710 | | 10/14/2008 | Page 5 of 5 | |

| 1 Retention Schedule Item # | 2 Record Series Title and Description of records included in the series | 2a ERec | 3 Record Copy Dept. | 4 Retention Period: Office (years) | Records Center (years) | 5 Records Disposition: Destroy | Hist. Archive | Other | 6 Vital Record | 7 Retention Period Justification; Authorities; Remarks |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Burial Files | | | P | | | | | | |
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# MUNICIPALITY OF ANCHORAGE
## RECORDS RETENTION SCHEDULE

Form 91-042A

For Records Center Use Only
Ret. Schd. Code

| Department | Division | Section | Phone # | Dept. ID | Revision # | Effective Date | |
|---|---|---|---|---|---|---|---|
| Health and Human Services | Community Health Services | Division Support | 343-4601 | 2410 | | 10/14/2008 | Page 1 of 2 |

| 1 | 2 | 2a | 3 | 4 Retention Period | | 5 Records Disposition | | | 6 | 7 |
|---|---|---|---|---|---|---|---|---|---|---|
| Retention Schedule Item # | Record Series Title and Description of records included in the series | ERec | Record Copy Dept. | Office (years) | Records Center (years) | Destroy | Hist. Archive | Other | Vital Record | Retention Period Source Citation, Other Justification Remarks |
| 1 | Letters of Agreement | | | C+ 3 | | | X | | | |
| 2 | Contracts | | | C+ 2 | 5 | T | | | | |
| 3 | Grants | | | C+ 2 | 5 | T | | | | |
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**Retention Codes**
(for use with 4 above.)
C = Current/Created Year
A = Audit Year
# = Number of years
P = Permanent
T = Terminated
ACT = Active
SUP = Superseded
IND = Indefinite

**Examples:**
C+2 = Current Year + 2 years
C+A+1 = Current Year+Audit year+1 year
5 = 5 years

**Instructions, explanation and help. If you need more help, contact Records Management 343-4849**

**1 Retention Schedule Item #** Use numerical identification only.

**2 Record Series Title and Description of Included records:** Provide the Record Series Title. Provide a list and description of records that are included in this record series. Use all the space you need here to adequately list pertinent, descriptive information about the included records. Indicate those record types that are **ELECTRONIC** Records by placing (E Rec) after the record type.

**2a** Place an X in this column to indicate if the Record Series contains any **ELECTRONIC** Record types.

**3 Record Copy Dept. :** The "official copy" of a record is the record copy. Usually, the department which produces the record also holds the record copy. List the dept. that holds the record copy.

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# MUNICIPALITY OF ANCHORAGE
## RECORDS RETENTION SCHEDULE

Form 91-042A

For Records Center Use Only

| Department | Division | Section | Phone # | Dept. ID | Revision # | Effective Date | | Ret. Schd. Code |
|---|---|---|---|---|---|---|---|---|
| Health and Human Services | Community Health Services | Health Information Management | 343-4601 | 2430 | | 10/14/2008 | Page _2__ of __2__ | |

| 1 Retention Schedule Item # | 2 Record Series Title and Description of records included in the series | 2a ERec | 3 Record Copy Dept. | 4 Retention Period: Office (years) | Records Center (years) | 5 Records Disposition: Destroy | Hist. Archive | Other | 6 Vital Record | 7 Retention Period Justification; Authorities; Remarks |
|---|---|---|---|---|---|---|---|---|---|---|
| 4 | Medical Records | | | C+7 | | X | | | | Confidential Files, Restricted Access |
| 5 | Medical Records | X | | C+7 | | X | | | | Confidential Files, Restricted Access |
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# MUNICIPALITY OF ANCHORAGE
## RECORDS RETENTION SCHEDULE

Form 91-042A

For Records Center Use Only

Ret Schd Code

| Department | Division | Section | Phone # | Dept. ID | Revision # | Effective Date | |
|---|---|---|---|---|---|---|---|
| Health and Human Services | Environmental Services | Air Quality | 343-4065 | 25398G | | 10/14/2008 | Page 1 of 3 |

| 1 | 2 | 2a | 3 | 4 Retention Period | | 5 Records Disposition | | | 6 | 7 |
|---|---|---|---|---|---|---|---|---|---|---|
| Retention Schedule Item # | Record Series Title and Description of records included in the series | ERec | Record Copy Dept. | Office (years) | Records Center (years) | Destroy | Hist. Archive | Other | Vital Record | Retention Period Source Citation, Other Justification Remarks |
| 1 | Agreements | | | C+ 2 | | X | | | | |
| 2 | Contracts | | | C+ 2 | | X | | | | |
| 3 | EPA Title 9 Certification (Smoke School) | | | P | | | | | | |
| 4 | General Program Files | | | C+ 4 | | X | | | | |
| 5 | Grants | | | C+ 2 | | X | | | | |
| 6 | Monitoring Equipment Logs | | | 5 | | X | | | | |
| 7 | Public Information Files/Correspondence | | | 5 | | X | | | | |
| 8 | Request for Proposals | | | C | | X | | | | |
| 9 | Reports/Studies/Statistical Data | | | P | | | | | | |
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**Retention Codes**
(for use with 4 above.)
C = Current/Created Year
A = Audit Year
# = Number of years
P = Permanent
T = Terminated
ACT = Active
SUP = Superseded
IND = Indefinite

**Examples:**
C+2 = Current Year + 2 years
C+A+1 = Current Year+Audit year+1 year
5 = 5 years

**Instructions, explanation and help. If you need more help, contact Records Management 343-4849**

**1 Retention Schedule Item #** Use numerical identification only.

**2 Record Series Title and Description of included records:** Provide the Record Series Title. Provide a list and description of records that are included in this record series. Use all the space you need here to adequately list pertinent, descriptive information about the included records. Indicate those record types that are **ELECTRONIC** Records by placing (E Rec) after the record type.

2a Place an X in this column to indicate if the Record Series contains any **ELECTRONIC** Record types.

**3 Record Copy Dept. :** The "official copy" of a record is the record copy. Usually, the department which produces the record also holds the record copy. List the dept. that holds the record copy.

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**6 Vital Record:** Vital records include agency critical operations information, essential business continuity information or any other record which justifies special protection and inclusion in the MOA Business Continuity Plan.

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# MUNICIPALITY OF ANCHORAGE
## RECORDS RETENTION SCHEDULE

Form 91-042A

For Records Center Use Only

| Department | Division | Section | Phone # | Dept. ID | Revision # | Effective Date | | Ret. Schd. Code |
|---|---|---|---|---|---|---|---|---|
| Health and Human Services | Environmental Services | Food Safety and Sanitation | 343-4065 | 2560 | | 10/14/2008 | Page 2 of 3 | |

| 1 Retention Schedule Item # | 2 Record Series Title and Description of records included in the series | 2a ERec | 3 Record Copy Dept. | 4 Retention Period: Office (years) | Records Center (years) | 5 Records Disposition: Destroy | Hist. Archive | Other | 6 Vital Record | 7 Retention Period Justification; Authorities; Remarks |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Complaint Files | | | 3 | | X | | | | |
| 2 | Facility Files | | | C+ 3 | | X | | | | |
| 3 | General Program Files | | | 3 | | X | | | | |
| 4 | Pest Control Files | | | C+ 3 | | X | | | | |
| 5 | Plan Review Files | | | C+ 3 | | X | | | | |
| 6 | Refunds | | | 2 | | X | | | | |
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# MUNICIPALITY OF ANCHORAGE
RECORDS RETENTION SCHEDULE

Form 91-042A

Records Center Use Only
Ret. Sched. Code:

| Department | Division | Section | Phone # | Dept. ID | Revision # | Effective Date | |
|---|---|---|---|---|---|---|---|
| Health and Human Services | Environmental Services | Division Support | 343-4065 | 2510 | | 10/14/2008 | Page 3 of 3 |

| 1 | 2 | 2a | 3 | 4 Retention Period | | 5 Records Disposition | | | 6 | 7 |
|---|---|---|---|---|---|---|---|---|---|---|
| Retention Schedule Item # | Record Series Title and Description of records included in the series | ERec | Record Copy Dept. | Office (years) | Records Center (years) | Destroy | Hist. Archive | Other | Vital Record | Retention Period Justification; Authorities; Remarks |
| 1 | Agreements | | | C+ 2 | | X | | | | |
| 2 | Certificate of Inspection | | | 5 | | X | | | | |
| 3 | Certificate of Inspection Log Books | | | 5 | | X | | | | |
| 4 | Contracts | | | C+ 2 | | X | | | | |
| 5 | General Files/Correspondence | | | 5 | | X | | | | |
| 6 | Grants | | | C+ 2 | | X | | | | |
| 7 | Legal Correspondence | | | C | | X | | | | |
| 8 | Mechanic Files | | | C | 3 | X | | | | |
| 9 | Policy/Procedures Files | | | P | | | | | | |
| 10 | POS Daily/Monthly Reports | | | 2 | | X | | | | |
| 11 | Public Information/Relation Files | | | 3 | | X | | | | |
| 12 | Quarterly Station Audits | | | 3 | | X | | | | |
| 13 | Referee Station Files | | | C | | X | | | | |
| 14 | Refunds | | | 2 | | X | | | | |
| 15 | Request for Proposal | | | C | | X | | | | |
| 16 | Reports/Studies/Statistical Data | | | P | | | | | | |
| 17 | Station Files | | | C | 3 | X | | | | |
| 18 | Administrative Files | | | C | 1 | X | | | | |

# MUNICIPALITY OF ANCHORAGE
## RECORDS RETENTION SCHEDULE

Form 91-042A

For Records Center Use Only

Ret Schd Code

| Department | Division | Section | Phone # | Dept. ID | Revision # | Effective Date | |
|---|---|---|---|---|---|---|---|
| Health and Human Services | Health Planning and Preparedness | Emergency Preparedness | 343-4109 | 26588G | | 10/14/2008 | Page 1 of 3 |

| 1 Retention Schedule Item # | 2 Record Series Title and Description of records included in the series | 2a ERec | 3 Record Copy Dept. | 4 Retention Period Office (years) | Records Center (years) | 5 Records Disposition Destroy | Hist. Archive | Other | 6 Vital Record | 7 Retention Period Source Citation, Other Justification Remarks |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Anchorage Pandemic Influenza Plan | X | | 5 | P | | | | | State retention policy |
| 2 | DHHS Facility Emergency Plan and Protocols | X | | 5 | 5 | | | | | |
| 3 | DHHS SNS Plan (Standard Operating guide for the Strategic National Stockpile) | X | | 5 | P | | X | | | State retention policy |
| | | | | | | | | | | |
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**5 Records Disposition:** Place 'X' in the column that describes the disposition for the records series. If final disposition is "Other", ie.: Digitization (scanning), Microfilm, Archival Review, or another process, check this box and provide detailed information about the disposition process in the remarks in column 7.

**6 Vital Record:** Vital records include agency critical operations information, essential business continuity information or any other record which justifies special protection and inclusion in the MOA Business Continuity Plan.

**7 Retention Period Source Citation, Other Justification, Remarks:** Cite the source authority for any mandated retention period or justify the retention period with a sound administrative, fiscal or legal need. Also provide any remarks that will avoid confusion in the handling and disposition of the record series or in the application of the retention period. Use all the space you need to provide information on any unusual circumstances about the record series.

# MUNICIPALITY OF ANCHORAGE
## RECORDS RETENTION SCHEDULE

Form 91-042A

For Records Center Use Only

| Department | Division | Section | Phone # | Dept. ID | Revision # | Effective Date | | Ret Schd Code |
|---|---|---|---|---|---|---|---|---|
| Health and Human Services | Health Planning and Preparedness | Health Planning and Education | 343-4109 | 2610 | | 10/14/2008 | Page 2 of 3 | |

| 1 Retention Schedule Item # | 2 Record Series Title and Description of records included in the series | 2a ERec | 3 Record Copy Dept. | 4 Retention Period: Office (years) | 4 Retention Period: Records Center (years) | 5 Records Disposition: Destroy | 5 Records Disposition: Hist. Archive | 5 Records Disposition: Other | 6 Vital Record | 7 Retention Period Justification; Authorities; Remarks |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Health & Human Services Commission Minutes | | | 10 | P | | X | | | State retention policy |
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# MUNICIPALITY OF ANCHORAGE
RECORDS RETENTION SCHEDULE

Form 91-042A

For Records Center Use Only

| Department | Division | Section | Phone # | Dept. ID | Revision # | Effective Date | | Ret Schd Code |
|---|---|---|---|---|---|---|---|---|
| Health and Human Services | Health Planning and Preparedness | Information Systems | 343-4649 | 2620 | | 10/14/2008 | Page 3 of 3 | |

| 1 Retention Schedule Item # | 2 Record Series Title and Description of records included in the series | 2a ERec | 3 Record Copy Dept. | 4 Retention Period: Office (years) | Records Center (years) | 5 Records Disposition: Destroy | Hist. Archive | Other | 6 Vital Record | 7 Retention Period Justification; Authorities; Remarks |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | HIPAA Backup Server Tapes | X | | 1 month | 99 | X | | | | HIPAA Regulation - held in office one month |
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# MUNICIPALITY OF ANCHORAGE
## RECORDS RETENTION SCHEDULE

Form 91-042A

For Records Center Use Only
Ret. Schd. Code

| Department | Division | Section | Phone # | Dept. ID | Revision # | Effective Date | |
|---|---|---|---|---|---|---|---|
| Health and Human Services | Human Services | Division Support | 343-6310 | 2320 | | 10/14/2008 | Page 1 of 5 |

| 1 Retention Schedule Item # | 2 Record Series Title and Description of records included in the series | 2a ERec | 3 Record Copy Dept. | 4 Retention Period: Office (years) | 4 Retention Period: Records Center (years) | 5 Records Disposition: Destroy | 5 Records Disposition: Hist. Archive | 5 Records Disposition: Other | 6 Vital Record | 7 Retention Period Source Citation, Other Justification Remarks |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Division Reading Files | | | 3 | | X | | | | |
| 2 | Dvision Reports | X | | 3 | | | | X | | |
| 3 | Correspondence Files | X | | 3 | | X | | | | |
| 4 | Policies & Procedures | X | | P | SUP | | | | | |
| 5 | Program Grants | | | C+A+2 | | | | | | |
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**Retention Codes**
(for use with 4 above.)
C = Current/Created Year
A = Audit Year
# = Number of years
P = Permanent
T = Terminated
ACT = Active
SUP = Superseded
IND = Indefinite

Examples:
C+2 = Current Year + 2 years
C+A+1 = Current Year+Audit year+1 year
5 = 5 years

**Instructions, explanation and help. If you need more help, contact Records Management 343-4849**

**1 Retention Schedule Item #** Use numerical identification only.

**2 Record Series Title and Description of Included records:** Provide the Record Series Title. Provide a list and description of records that are included in this record series. Use all the space you need here to adequately list pertinent, descriptive information about the included records. Indicate those record types that are **ELECTRONIC** Records by placing (E Rec) after the record type.

**2a** Place an X in this column to indicate if the Record Series contains any **ELECTRONIC** Record types.

**3 Record Copy Dept. :** The "official copy" of a record is the record copy. Usually, the department which produces the record also holds the record copy. List the dept. that holds the record copy.

**4 Retention Period:** This is the length of time (years) that this record series is required to be kept until it reaches final dispositon. List years in the office and years in the record center. The sum of office years and record center years equal the total retention period. For **ELECTRONIC records**, indicate the **total retention period** for the record under the **Records Center column.**

**5 Records Disposition:** Place 'X' in the column that describes the disposition for the records series. If final disposition is "Other", ie.: Digitization (scanning), Microfilm, Archival Review, or another process, check this box and provide detailed information about the disposition process in the remarks in column 7.

**6 Vital Record:** Vital records include agency critical operations information, essential business continuity information or any other record which justifies special protection and inclusion in the MOA Business Continuity Plan.

**7 Retention Period Source Citation, Other Justification, Remarks:** Cite the source authority for any mandated retention period or justify the retention period with a sound administrative, fiscal or legal need. Also provide any remarks that will avoid confusion in the handling and disposition of the record series or in the application of the retention period. Use all the space you need to provide information on any unusual circumstances about the record series.

# MUNICIPALITY OF ANCHORAGE
## RECORDS RETENTION SCHEDULE

Form 91-042A

For Records Center Use Only
Ret. Schd. Code

| Department | Division | Section | Phone # | Dept. ID | Revision # | Effective Date | |
|---|---|---|---|---|---|---|---|
| Health and Human Services | Human Services | Human Services Safety Links | 343-6589 | 2360 | | 10/14/2008 | Page 2 of 5 |

| 1 Retention Schedule Item # | 2 Record Series Title and Description of records included in the series | 2a ERec | 3 Record Copy Dept. | 4 Retention Period Office (years) | 4 Retention Period Records Center (years) | 5 Records Disposition Destroy | 5 Records Disposition Hist. Archive | 5 Records Disposition Other | 6 Vital Record | 7 Retention Period Justification; Authorities; Remarks |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Anchorage Domestic Violence Prevention | | | P | | | | | | Locked Confidential File |
| 2 | Grants | | | C+ 2 | | | | | | |
| 3 | Service Point Files (Secured) | X | | 5 | | X | | | | These are secured internet files. |
| 4 | Program Files | | | 5 | | X | | | | Inclusive of Pathways to Sobriety, Link, Safe Child |
| 5 | APD Domestic Violence Reports | | | P | | | | | | Locked Confidential File |
| 6 | Client Files | | | 5 | | X | | | | |
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# MUNICIPALITY OF ANCHORAGE
## RECORDS RETENTION SCHEDULE

Form 91-042A

For Records Center Use Only
Ret. Schd. Code

| Department | Division | Section | Phone # | Dept. ID | Revision # | Effective Date | |
|---|---|---|---|---|---|---|---|
| Health and Human Services | Human Services | Child Care Assistance | 343-6310 | 23478G | | 10/14/2008 | Page 3 of 5 |

| 1 Retention Schedule Item # | 2 Record Series Title and Description of records included in the series | 2a ERec | 3 Record Copy Dept. | 4 Retention Period: Office (years) | Records Center (years) | 5 Records Disposition: Destroy | Hist. Archive | Other | 6 Vital Record | 7 Retention Period Justification; Authorities; Remarks |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Client Files | | | 6 | | X | | | | |
| 2 | Grant Files | | | C+A+2 | | X | | | | |
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# MUNICIPALITY OF ANCHORAGE
## RECORDS RETENTION SCHEDULE

Form 91-042A

For Records Center Use Only
Ret. Schd. Code

| Department | Division | Section | Phone # | Dept. ID | Revision # | Effective Date | |
|---|---|---|---|---|---|---|---|
| Health and Human Services | Health Services | Child and Adult Care Licensing | 343-6310 | 2580 | | 10/14/2008 | Page 4 of 5 |

| 1 Retention Schedule Item # | 2 Record Series Title and Description of records included in the series | 2a ERec | 3 Record Copy Dept. | 4 Retention Period: Office (years) | Records Center (years) | 5 Records Disposition: Destroy | Hist. Archive | Other | 6 Vital Record | 7 Retention Period Justification; Authorities; Remarks |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Child Care Facility Files | | | C+A+3 | | X | | | X | |
| 2 | Grant Application | X | | C+2 | | X | | | | |
| 3 | Complaint Files | | | C+6 | | X | | | | |
| 4 | Provider Information | | | C+A+2 | | X | | | | |
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# MUNICIPALITY OF ANCHORAGE
## RECORDS RETENTION SCHEDULE

Form 91-042A

For Records Center Use Only

| Department | Division | Section | Phone # | Dept. ID | Revision # | Effective Date | | Ret. Schd. Code |
|---|---|---|---|---|---|---|---|---|
| Health and Human Services | Human Services | Women and Infant Children | 343-6310 | 2380 | | 10/14/2008 | Page __5__ of __5__ | |

| 1 | 2 | 2a | 3 | 4 Retention Period | | 5 Records Disposition | | | 6 | 7 |
|---|---|---|---|---|---|---|---|---|---|---|
| Retention Schedule Item # | Record Series Title and Description of records included in the series | ERec | Record Copy Dept. | Office (years) | Records Center (years) | Destroy | Hist. Archive | Other | Vital Record | Retention Period Justification; Authorities; Remarks |
| 1 | Client Files | | | 3 | 2 | X | | | | |
| 2 | Foster Care Client Files | | | 5 | 13 | X | | | | |
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**Content ID:** 006896
**Type:** RecRetentionSched -
**Title:** Department of Health and Human Services â€“ Records Retention Schedule Update
**Author:** pruittns
**Initiating Dept:** IT
**Date Prepared:** 10/1/08 6:59 PM
**Director Name:** Fred Carpenter
**Assembly Meeting Date:** 10/14/08

| Workflow Name | Action Date | Action | User | Security Group | Content ID |
|---|---|---|---|---|---|
| Clerk_Admin_SubWorkflow | 10/3/08 11:11 AM | Exit | Heather Handyside | Public | 006896 |
| MuniMgrCoord_SubWorkflow | 10/3/08 11:11 AM | Approve | Heather Handyside | Public | 006896 |
| MuniManager_SubWorkflow | 10/3/08 10:47 AM | Approve | Michael Abbott | Public | 006896 |
| InternalAudit_SubWorkflow | 10/3/08 7:45 AM | Approve | Peter Raiskums | Public | 006896 |
| Controller_SubWorkflow | 10/2/08 4:05 PM | Approve | Teresa Peterson | Public | 006896 |
| Muni_Clk_SubWorkflow | 10/2/08 2:41 PM | Approve | Barbara Gruenstein | Public | 006896 |
| Archivist_SubWorkflow | 10/2/08 2:40 PM | Approve | Toby Allen | Public | 006896 |
| CFO_SubWorkflow | 10/2/08 2:03 PM | Checkin | Nina Pruitt | Public | 006896 |
| IT_SubWorkflow | 10/2/08 8:33 AM | Approve | Fred Carpenter | Public | 006896 |
| RecRetentionSched | 10/1/08 7:06 PM | Checkin | Toby Allen | Public | 006896 |