



Ohio Historical Society  
State Archives of Ohio  
Local Government Records Program

800 E. 17<sup>th</sup> Avenue  
Columbus, Ohio 43211-2497

For State Archives - LGRP Use Only

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JUN 26 2014

## RECORDS RETENTION SCHEDULE (RC-2) – Part 1

See instructions before completing this form. Must be submitted with PART 2

Section A: Local Government Unit (To complete this form online, use "tab" key to jump from box to box.)

Montgomery County Board of Developmental Disabilities Services

Schedule for All Units

(local government entity)

(unit)

Mark Gerhardstein

Superintendent

5/19/14

(signature of responsible official)

(name)

(title)

(date)

Section B: Records Commission

Montgomery County Records Commission

(937) 225-6366

Records Commission

(telephone number)

117 S. Main St.

Dayton

45422

Montgomery

(address)

(city)

(zip code)

(county)

To have this form returned to the Records Commission electronically, include an email address:

ratcliff@mcoho.org

I hereby certify that our records commission met in an open meeting, as required by Section 121.22 ORC, and approved the schedules listed on this form and any continuation sheets. I further certify that our commission will make every effort to prevent these records series from being destroyed, transferred, or otherwise disposed of in violation of these schedules and that no record will be knowingly disposed of which pertains to any pending legal case, claim, action or request. This action is reflected in the minutes kept by this commission.

Records Commission Chair Signature

6/18/14

Date

Section C: Ohio Historical Society - State Archives

Signature

Consultant Records Architect

Title

7/2/2014

Date

Section D: Auditor of State

Signature

7-15-14

Date

Please Note: The State Archives retains RC-2 forms permanently.  
It is strongly recommended that the Records Commission retain a permanent copy of this form



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*Audited means: the years encompassed by the records have been audited by the Auditor of State and no audit report has been released pursuant to Sec. 117.25 O.R.C.*

## Section E: Records Retention Schedule

# Montgomery County Board of Developmental Disabilities Services

(local government entity)

(unit)

(1) Schedule Number	(2) Record Title and Description	(3) Retention Period	(4) Media Type	(5) For use by Auditor of State or OHS-LGRP	(6) RC-3 Required by OHS- LGRP
	<b>Administration</b>				
14-1	<b>Annual Cost Report &amp; Supportive Information:</b> Documentation of cost breakdown by program and services. Includes expenditures, revenues, salary/benefits.	7 years or 6 years past adjudicated audit (whichever is longer).	Paper/ Electronic		<input type="checkbox"/>
14-2	<b>Asbestos Reports:</b> AHERRA reports describing where asbestos is located and what has been done to remove it. Done every 3 years.	30 years	Paper/ Electronic		<input type="checkbox"/>
14-3	<b>Program Calendars:</b> Documents Adult and Children's Services scheduled and non-scheduled days of service.	3 months after audit.	Paper/ Electronic		<input type="checkbox"/>
14-4	<b>Building Inspections:</b> Documentation of external inspections by licensed contractors and the outcomes of those inspections.	3 years	Paper/ Electronic		<input type="checkbox"/>
14-5	<b>Emergency Drills:</b> Documentation of required drills, such as fire, tornado, etc.	3 years	Paper/ Electronic		<input type="checkbox"/>
14-6	<b>Program Waivers:</b> Documentation from State that waives minimum required in session days for a program year.	3 months after audit	Paper/ Electronic		<input type="checkbox"/>
14-7	<b>Seniority Lists:</b> Documentation of years of service for bargaining units, vehicle operators and aids. Used for route bids, overtime and leave request.	Retain current year plus 2 years.	Paper/ Electronic		<input type="checkbox"/>
14-8	<b>Safety Minutes:</b> Documentation of monthly safety meetings in facilities.	3 years	Paper/ Electronic		<input type="checkbox"/>
14-9	<b>Staff Training Records:</b> Documentation of mandatory staff training.	6 years past adjudicated audit.	Paper/ Electronic		<input type="checkbox"/>



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14-10	<b>VEST Training (Vehicle Employee Safety Training):</b> Record of employees' certification.	Permanent	Paper until scanned to disc then converted to microfilm for permanent record.		<input type="checkbox"/>
<b>Department of Safety and Protection</b>					
14-11	<b>Major Unusual Incident Reports (MUI):</b> Documentation of incidents involving individuals served by the Board and investigation follow up.	7 years from date of investigation	Paper/ Electronic		<input type="checkbox"/>
14-12	<b>Witness Statement Forms:</b> Documentation of witness interviews of MUI.	7 years from date of investigation	Paper/ Electronic		<input type="checkbox"/>
14-13	<b>Incident Report Form:</b> Report by provider agencies or community members of incidents involving individuals served by the Board.	7 years from date of investigation	Paper/ Electronic		<input type="checkbox"/>
14-14	<b>Synopsis Letter:</b> Summary letter of outcomes of MUI investigations.	7 years from date of investigation	Paper/ Electronic		<input type="checkbox"/>
14-15	<b>Pictures:</b> Photos of related injuries or site involving individuals served by the Board.	7 years from date of investigation	Paper/ Electronic		<input type="checkbox"/>
14-16	<b>Police Reports:</b> Police reports of incidents involving individuals served by the Board.	7 years from date of investigation	Paper/ Electronic		<input type="checkbox"/>
14-17	<b>Correspondence Pertaining to Investigations:</b> Includes E-Mails.	7 years from date of investigation	Paper/ Electronic		<input type="checkbox"/>
14-18	<b>Driver Qualification Records:</b> Physicals, driving record report, bus driver certifications.	2 years after termination of staff member.	Paper/ Electronic		<input type="checkbox"/>
14-19	<b>First Aid Certificates and Related Records:</b> Periodically renewed.	2 years after termination of staff member.	Paper/ Electronic		<input type="checkbox"/>



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Public domain items were  
 encompassed by the records  
 have been audited by the  
 Auditor of State and the  
 audit report has been  
 received pursuant to  
 Sec. 117.25 O.R.C.

	<b>Vehicle &amp; Operations Records</b>				
14-20	<b>Accident Reports:</b> Report of vehicle accidents. Kept for investigation and litigation.	5 years	Paper/ Electronic		<input type="checkbox"/>
14-21	<b>Daily Operations Logs:</b> Daily record of which bus a staff member is on. Kept for reference.	3 years	Paper/ Electronic		<input type="checkbox"/>
14-22	<b>Driver Defect Reports:</b> Bus repairs needed. Kept for reference.	3 years	Paper/ Electronic		<input type="checkbox"/>
14-23	<b>Field Trip Reports:</b> Outcomes of field trips.	6 years past adjudicated audit.	Paper/ Electronic		<input type="checkbox"/>
14-24	<b>Field Trip Requests:</b> Requests to go on field trips and to reserve a vehicle.	6 years past adjudicated audit.	Paper/ Electronic		<input type="checkbox"/>
14-25	<b>Fuel Log:</b> Record of fuel consumption and cost. Used for cost report.	Retain current year plus previous year.	Paper/ Electronic		<input type="checkbox"/>
14-26	<b>Incident Reports:</b> Reports of incidents occurring on bus.	3 years	Paper/ Electronic		<input type="checkbox"/>
14-27	<b>Mileage Logs &amp; Van Trip Records:</b> Log of trip destinations and mileage.	6 years past adjudicated audit.	Paper/ Electronic		<input type="checkbox"/>
	<b>Records of Individuals Served</b>				
14-28	<b>Ohio School Bus Inspection Reports:</b> State inspection reports.	Retain 2 years after vehicle retired.	Paper/ Electronic		<input type="checkbox"/>
14-29	<b>Adult Services Intake Meeting Documents:</b> Includes Agenda, Minutes, Individualized Assessment Plan. Documents showing what occurred during intake meetings and what assessments are being recommended.	6 years after adjudicated audit.	Paper/ Electronic		<input type="checkbox"/>
14-30	<b>Adult Services Return To Work Forms:</b> Form from doctor to return to work	6 years past adjudicated audit.	Paper/ Electronic		<input type="checkbox"/>



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14-31	<b>Assessments:</b> Includes Individual Service Plan Planning Assessment (ISPPA), Adult Assessments, Acuity Assessments, Support Staff Assessments, Assessments from Other Agencies, Behavior Support, Preschool and School Age Assessments. Contain comprehensive information about an individual's preferences, personal goals, needs, abilities, health status and other supports.	6 years past adjudicated audit.	Paper/ Electronic	<b>Noted means: the years encompassed by the records have been audited by the Auditor of State and the audit report has been released pursuant to Sec. 117.26 O.R.C.</b>	
14-32	<b>Authorization for Release of Information:</b> Consent form signed by individual or guardian granting permission to release information to outside parties.	6 years past adjudicated audit.	Paper/ Electronic		<input type="checkbox"/>
14-33	<b>Case Notes:</b> Targeted Case Management, Therapist, Adult Services, Others. A written description of services provided to, with and/or on behalf of an individual receiving services.	6 years past adjudicated audit.	Paper/ Electronic		<input type="checkbox"/>
14-34	<b>Children's Programs Parent Questionnaire:</b> Results of satisfaction questions for parents of children served in programs.	2 years	Paper/ Electronic		<input type="checkbox"/>
14-35	<b>Correspondence:</b> Letters written or received containing information about the individual served.	6 years past adjudicated audit.	Paper/ Electronic		<input type="checkbox"/>
14-36	<b>Ohio Developmental Disabilities Profile (DDP):</b> State mandated assessment tool to obtain funding ranges for individuals on Individual Options Waiver (IO Waiver).	6 years past adjudicated audit.	Paper/ Electronic		<input type="checkbox"/>
14-37	<b>Documentation of Services Provided:</b> Title XIX, Title XX, Waiver Services Documentation, Non-Medical Transportation Documentation, Vertex Timesheets, Day Program Acuity Ratio Documentation, Attendance, Etc. Documentation of Medicaid services, educational services and Title XX services delivered.	6 years past adjudicated audit.	Paper/ Electronic		<input type="checkbox"/>
14-38	<b>Family Selected Provider Application, Liability and Waiver Form:</b> Assurance agreement between the family and provider who will provide respite care services to participants enrolled in FHSP. Required to meet local, state and federal regulations.	5 years	Paper/ Electronic		<input type="checkbox"/>
14-39	<b>Individual Service Plan (ISP):</b> Includes Cover Sheet, Minutes, Goals, Objectives, Meeting Notifications, Update Review/Revisions, Permission/Acceptance Form, EI/Pre-School and School Age IEPs, Travel Training Plan, Behavior Plan. Documents outlining annual services agreed upon by individual that will be delivered.	6 years past adjudicated audit.	Paper/ Electronic		<input type="checkbox"/>
14-40	<b>MCBDDS Information Sheet/Consumer Detail:</b> Summary of consumer demographics.	Replace annually.	Paper/ Electronic		<input type="checkbox"/>



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14-41	<b>ODJFS 7334 Notice of Denial of Your Application for Assistance:</b> Notice of denial of Medicaid services.	6 years past adjudicated audit.	Paper/ Electronic	<input type="checkbox"/>
14-42	<b>ODJFS 4065:</b> Prior notice that Medicaid services are being changed and right to State Hearing.	6 years past adjudicated audit.	Paper/ Electronic	<input type="checkbox"/>
14-43	<b>Medical Cards—Emergency and Summary Cards:</b> Cards with emergency medical information.	2 years	Paper/ Electronic	<input type="checkbox"/>
14-44	<b>Minutes of Meetings Not Related to Individual Plan Development:</b> Written record of the meeting with individual served.	6 years past adjudicated audit.	Paper/ Electronic	<input type="checkbox"/>
14-45	<b>Missing Document Form:</b> Record of missing document.	Retain per schedule of the missing document.	Paper/ Electronic	<input type="checkbox"/>
14-46	<b>Monitoring Forms:</b> Form used to ensure the services and individual requests are being delivered per the ISP.	6 years past adjudicated audit.	Paper/ Electronic	<input type="checkbox"/>
14-47	<b>Nursing Files:</b> Contains nursing notes and medication records.	6 years past adjudicated audit.	Paper/ Electronic	<input type="checkbox"/>
14-48	<b>Orientation Checklist:</b> Checklist to show individuals received orientation to facility.	6 years past adjudicated audit.	Paper/ Electronic	<input type="checkbox"/>
14-49	<b>Patient Liability Reports:</b> Report indicating amount an individual served is responsible for paying a specified provider each month.	6 years past adjudicated audit.	Paper/ Electronic	<input type="checkbox"/>
14-50	<b>PAWS Confirmation Reports:</b> Report from State confirming payment authorization for waiver services that were entered by Board staff.	6 years past adjudicated audit.	Paper/ Electronic	<input type="checkbox"/>
14-51	<b>Payment Authorization of Waiver Services (PAWS/PAS):</b> Indicates services and level of services that have been authorized over a certain time period.	6 years past adjudicated audit.	Paper/ Electronic	<input type="checkbox"/>
14-52	<b>Placement Data, MONCO Community Employment Placement Report, Competitive Community Employment Placement Report:</b> Reports of community employment placement activities and plans for community employment for individuals served.	Retain until a new one is completed.	Paper/ Electronic	<input type="checkbox"/>
14-53	<b>Public Relations Release Authorization:</b> Permission to use name/picture in public relations materials.	6 years past adjudicated audit.	Paper/ Electronic	<input type="checkbox"/>
14-54	<b>Quality Assurance Reports:</b> Includes Provider Compliance report, Medication Quality Assurance report and Quality Assurance Review Tool. Used to assess an individual served for satisfaction with services and to review quality of services in relation to rules, guidelines and expectations.	Retain until a new one is completed.	Paper/ Electronic	<input type="checkbox"/>



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14-55	<b>Referrals:</b> In-house form to refer for additional services	6 years past adjudicated audit.	Paper/ Electronic		<input type="checkbox"/>
14-56	<b>Suspensions/Removals:</b> Notice of removal from programming.	6 years past adjudicated audit.	Paper/ Electronic		<input type="checkbox"/>
14-57	<b>Transportation Services Notification:</b> Tells how person is transported and any transportation needs.	Retain until a new one is completed.	Paper/ Electronic		<input type="checkbox"/>
14-58	<b>Waiver Redetermination/No Change Packet:</b> Annual recommendation for continuation of Waiver Services indicating no significant change in status.	6 years past adjudicated audit.	Paper/ Electronic		<input type="checkbox"/>
		<i>Audited means: the years encompassed by the records have been audited by the Auditor of State and the audit report has been released pursuant to Sec. 11735 O.R.C.</i>			
<b>Permanent Records of Individuals Served</b>					
<b>Note: All Permanent Documents will be retained as paper until scanned to disc then converted to microfilm for permanent record.</b>					
14-59	<b>Acceptance of Community Placement:</b> Signed document accepting least restrictive placement, which may be a community placement.	Permanent	Paper/ Electronic/ Microfilm		<input type="checkbox"/>
14-60	<b>Acknowledgement Letter of Eligibility:</b> Letter stating eligibility or ineligibility for services.	Permanent	Paper/ Electronic/ Microfilm		<input type="checkbox"/>
14-61	<b>Application for Enrollment into Adult Services:</b> Application for entering Adult programming.	Permanent	Paper/ Electronic/ Microfilm		<input type="checkbox"/>
14-62	<b>Authorization to Evaluate:</b> Signed form giving permission to evaluate for eligibility and other needs in order to determine services.	Permanent	Paper/ Electronic/ Microfilm		<input type="checkbox"/>
14-63	<b>Baseline Level of Care (LOC) Packet:</b> Initial Level of Care packet completed when individual is applying for Waiver Services. Indicates level of care required.	Permanent UNLESS there is a Redetermination/Significant Change Packet. Then only keep 6 years past adjudicated audit.	Paper/ Electronic/ Microfilm		<input type="checkbox"/>
14-64	<b>Burial Plans:</b> Burial arrangements for individual served	Permanent	Paper/ Electronic/ Microfilm		<input type="checkbox"/>



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14-65	<b>C/OEDI (Child/Ohio Eligibility Determination Instrument) Score Sheet:</b> State Department of Developmental Disabilities form to document the results of the assessment tool. Reviewer signature is documented.	Permanent	Paper/ Electronic/ Microfilm		<input type="checkbox"/>
14-66	<b>Copy of Birth Certificate:</b> Copy of individual served's official birth record.	Permanent	Paper/ Electronic/ Microfilm		<input type="checkbox"/>
14-67	<b>Copy of Social Security Card:</b> Copy of the individual served's official record with the US Social Security Administration.	Permanent	Paper/ Electronic/ Microfilm		<input type="checkbox"/>
14-68	<b>County Board Application:</b> Form requesting personal, developmental, medical and financial information necessary to provide Board services.	Permanent	Paper/ Electronic/ Microfilm		<input type="checkbox"/>
14-69	<b>Court Documents:</b> Official court documents that are submitted by individuals served.	Permanent	Paper/ Electronic/ Microfilm		<input type="checkbox"/>
14-70	<b>DHS 2399 (ODJFS Home and Community Based Waiver Referral Form):</b> Form used for referral in order to be considered for waiver services.	Permanent	Paper/ Electronic/ Microfilm		<input type="checkbox"/>
14-71	<b>Discharge Summary, Minutes, Closed ISP:</b> Documents showing when/why an individual leaves Board services.	Permanent	Paper/ Electronic/ Microfilm		<input type="checkbox"/>
14-72	<b>C/FED/Grandfather Statement (Eligibility—DODD):</b> Form authorizing or denying an individual's eligibility for services. Grandfather statement refers to individual's receiving services prior to July 1991.	Permanent	Paper/ Electronic/ Microfilm		<input type="checkbox"/>
14-73	<b>Guardianship Papers:</b> Official documents showing court appointed guardianship of individual served.	Permanent	Paper/ Electronic/ Microfilm		<input type="checkbox"/>
14-74	<b>Hepatitis B Immunity Status Verification:</b> Medical statement of Hep B Immunity status.	Permanent	Paper/ Electronic/ Microfilm		<input type="checkbox"/>
14-75	<b>Hepatitis B Shots Waiver:</b> Record that individual has waived Hep B shots.	Permanent	Paper/ Electronic/ Microfilm		<input type="checkbox"/>
14-76	<b>Hospital and Clinical Reports:</b> Doctor's orders, hospital reports of medical issues.	Permanent	Paper/ Electronic/ Microfilm		<input type="checkbox"/>
14-77	<b>Initial Eligibility Information Form:</b> Includes Initial Date of Inquiry for Service. Form that captures initial demographic information and initial date of request for Board services. Completed upon first inquiry for services. Used for waiting list determination.	Permanent	Paper/ Electronic/ Microfilm		<input type="checkbox"/>
14-78	<b>Insurance Policies:</b> Record of medical, life, etc., policies of individuals served.	Permanent	Paper/ Electronic/ Microfilm		<input type="checkbox"/>





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14-79	<b>Medical Summaries:</b> Documentation of physical exams of individuals served. Signed by physician.	Permanent	Paper/ Electronic/ Microfilm		<input type="checkbox"/>
14-80	<b>Program Application for Enrollment (Children's Programs):</b> Application for entrance to Board programs for children.	Permanent	Paper/ Electronic/ Microfilm		<input type="checkbox"/>
14-81	<b>Provider Selection Documentation:</b> Form outlining individual serverd's process of choosing a qualified and willing provider to provide home and community based services.	Permanent	Paper/ Electronic/ Microfilm		<input type="checkbox"/>
14-82	<b>Psychological Exams:</b> Report completed by psychologist.	Permanent	Paper/ Electronic/ Microfilm		<input type="checkbox"/>
14-83	<b>Record of File Access:</b> Record of who has accessed an individual's file.	Permanent	Paper/ Electronic/ Microfilm		<input type="checkbox"/>
14-84	<b>Waiver Redetermination/Significant Change LOC Packet:</b> Typically completed at 6 and 16 years old for individuals on a Waiver. May be completed any time there is a significant change in an individual's status that may impact their Waiver.	Permanent	Paper/ Electronic/ Microfilm		<input type="checkbox"/>
14-85	<b>Resume:</b> Record of individual served's job history.	Permanent	Paper/ Electronic/ Microfilm		<input type="checkbox"/>
14-86	<b>Service Assessment Protocol (SAP):</b> Internal assessment tool used to include an individual served on the Waiting List for Waiver Services.	Permanent	Paper/ Electronic/ Microfilm		<input type="checkbox"/>
14-87	<b>Social History and Updates:</b> Written history of social aspects of lives of individuals served.	Permanent	Paper/ Electronic/ Microfilm		<input type="checkbox"/>
14-88	<b>Work Limitations:</b> Doctor notes of physical limitations of individuals served.	Permanent	Paper/ Electronic/ Microfilm		<input type="checkbox"/>