

## Request for Inclusion or Revision to an Administrative Directive

**Connecticut Department of Correction** 

CN 1301 REV 06/29/18

| Administrative Directive Number: 4.7   |  |   | Title: Records Retention  |            |               |  |
|--|--|---|---|------------|---------------|--|
| I recommend the following inclusion or revision to the above referenced Administrative Directive (provide detailed explanation regarding reason for change):   |  |   |   |            |               |  |
| Based on a change by the Connecticut State Library the following changes to the body of AD 4.7 Records Retention are recommended. The PDF versions of the below documents as well as the Crosswalk -Summary and Facility Short List- Retention Schedule Summary currently on the X-Drive should be removed as they are outdated.  A. Schedule S-1, Administrative Records; B. Schedule S-2, Personnel Records; C. Schedule S-3, Fiscal Records; D. Schedule S-4, Health Records; E. Schedule S-5, Higher Education Records; F. Schedule S-6, Information Systems Records; G. Schedule RC-050, Department of Correction Records Retention |  |   |   |            |               |  |
| Schedule; and, H. General Letter 2009-2, Management and Retention of E-mail and other Electronic Messages.   |  |   |   |            |               |  |
| For the most current records retention schedules please use the link provided below.  https://ctstatelibrary.org/publicrecords/general-schedules-state   |  |   |   |            |               |  |
| See attached documents   |  |   |   |            |               |  |
| ORIGINATOR   |  |   |   |            |               |  |
| Name: Lisa Letrançois  |  |   |   | Title: FRO | Date: 123/19  |  |
| Signature: Rusa Citanogus Facility/Unit: Central Office  |  |   |   |            |               |  |
| OFFICE OF STANDARDS AND POLICY REVIEW:  Reviewed by:   |  |   |   |            |               |  |
|  |  | Office of Standards and Policy Staff signature: |   | Date:      |               |  |
| UNIT/DISTRICT/DIVISION RECOMMENDATIONS:  |  |   |   |            |               |  |
| Approved   | Denied   | Unit Administrator's signature: Date: 12/33/1   |   |            |               |  |
|  |  |   | District Administrator's signature: (only needed if originating from facility)  Date: |            |               |  |
|  |  | Division Administrator's                        | signature:  | W          | Date:12/23/19 |  |
| COMMISSIONER'S DECISION:   |  |   |   |            |               |  |
| This request is: DENIED Effective date of request: 12/24/19  |  |   |   |            |               |  |
| The language/provisions of this inclusion/revision shall be effective as of and subsequently added to the Administrative Directive at the next update:   |  |   |   |            |               |  |
| This inclusion/revision shall be added to the Administrative Directive prior to:   |  |   |   |            | Date:         |  |
| This inclusion/revision shall be added immediately to the Administrative Directive.  |  |   |   |            |               |  |
|  | commissioner's signature: Commissioner's signature: Date: 224 15 |   |   |            |               |  |