



**BOARD OF SUPERVISORS  
AGENDA LETTER**

**Clerk of the Board of Supervisors**  
105 E. Anapamu Street, Suite 407  
Santa Barbara, CA 93101  
(805) 568-2240

Agenda Number:

Department Name: Child Support Services  
Department No.: 045  
For Agenda Of: 11/21/2006  
Placement: Administrative  
Estimate Time:  
Continued Item: NO  
If Yes, date from:  
Vote Required: Majority

**TO:** Board of Supervisors  
**FROM:** Department Director(s) Carrie Topliffe, C.P.A., 568-2326  
Contact Info: Shirley Moore, Business Manager 568-2319

**SUBJECT: Destruction of Records**

**County Counsel Concurrence:**

As to form:  Yes  No  N/A

**Auditor-Controller Concurrence:**

As to form:  Yes  No  N/A

**Other Concurrence: N/A**

As to form:  Yes  No  N/A

**Recommended Action(s):**

That the Board of Supervisors:

Endorse the disposal of internal department personnel and fiscal records at least five years old, and client files, and fiscal records at least four years and two months older than the last date of contact with the client.

**Summary:**

The Department of Child Support Services requests authorization to destroy internal fiscal files over five years old, and internal personnel files which are older than five years from the date of separation. The Department also requests authorization to destroy client fiscal records and case files which are older than the date mandated by Government Code 26205 and 26202 and by the Department of Child Support Services, State of California.

**Background:**

Records destruction has previously been done under Board authorization through the District Attorney's Office. We separated from the District Attorney's Office in 2000 and took with us both personnel and fiscal records which have aged out in accordance with the referenced statutes. When we were with the District Attorney's Office we complied with the regulations and statutes which govern Child Support Services. We currently seek to continue this practice of periodic destruction of records, observing the statutes and in accordance with regulation, through your Board's approval and permission.

**Fiscal and Facilities Impacts:**

Budgeted:  Yes  No

**Fiscal Analysis:**

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<u>Funding Sources</u>	<u>Current FY Cost:</u>	<u>Annualized</u> <u>On-going Cost:</u>	<u>Total One-Time</u> <u>Project Cost</u>
General Fund	\$ -	\$ -	
State			
Federal			
Fees			
Other:			
Total	\$ -	\$ -	\$ -

Narrative: No Fiscal and Facilities Impact

**Staffing Impact(s):**

**Legal Positions:**

**FTEs:**

**Special Instructions:**

Please return a copy of the Minute Order to Shirley Moore, Child Support Services

**Attachments:**

Schedule of Records for Destruction

Application for Destruction of Records Certification of Approval

**Authored by:**

Shirley Moore, Business Manager

**cc:**

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**SCHEDULE OF RECORDS FOR DESTRUCTION**

<b>Type of Record</b>	<b>Original or Copy</b>	<b>Period Covered</b>
<b>Fiscal Records</b>	<b>Copy</b>	<b>July 1, 1998 – June 30, 2001</b>
<b>Human Resources</b>	<b>Copy</b>	<b>January 1988 – December 2000</b>
<b>Client Manual Ledgers</b>	<b>Original</b>	<b>1981-1993</b>
<b>Other Client Fiscal Records (Payments, adjustments)</b>	<b>Copy</b>	<b>1989-2000</b>
<b>Intercept Records</b>	<b>Copy</b>	<b>1989-1998</b>
<b>Closed Case Files</b>	<b>Original</b>	<b>1999-2002</b>

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**APPLICATION FOR DESTRUCTION OF RECORDS CERTIFICATION OF APPROVAL**

To: Board of Supervisors  
County of Santa Barbara, California

The undersigned officer hereby applies, pursuant to the law cited below, for an order to destroy the records described in the attached schedule and to excuse said officer and his assistants, deputies and employees from further custody of said records.

Code and Section Number: Government Code Sections 26205 and 26202,

Executed at Santa Barbara, California on October 2<sup>nd</sup>, 2006

\_\_\_\_\_  
Carrie Topliffe, C.P.A.  
Director

**APPROVED:**

COUNTY COUNSEL

AUDITOR-CONTROLLER

BY: \_\_\_\_\_

BY: \_\_\_\_\_

**CERTIFICATION OF APPROVAL**

I hereby certify that the above application was approved and adopted on \_\_\_\_\_, 200\_\_ by the following vote of the Board of Supervisors:

AYES:

NOES:

ABSENT:

\_\_\_\_\_  
County Clerk and ex officio Clerk of the Board of  
Supervisors, County of Santa Barbara, State of  
California

BY: \_\_\_\_\_