**State of Rhode Island**

**Rhode Island State Archives & Public Records Administration**

**DIGITAL PRESERVATION PLAN**

The Public Records Administration requires all government agencies planning to digitize public records that were originally in paper format that have a retention of ten (10) years or more to complete a Digital Preservation Plan to document the necessary requirements to ensure the digital records are accessible for the full retention period of the records.

The Digital Preservation Plan should be formulated with input from agency administration, records managers, and IT department.

***This plan must be updated and resubmitted for approval if an agency modifies scanning procedures, storage methods, or if retention periods are amended in the future.***

For additional resources:

* [Records Retention Schedules](https://sosri.access.preservica.com/uncategorized/SO_055847f5-a7d7-4cd3-86af-509cfbfe8d68/)
* [Digitizing Public Records Guidance Document](https://www.sos.ri.gov/divisions/frequent-filers/records-management/guidelines)
* [Navigating the Digital Lifecycle Webinar](https://sosri.access.preservica.com/uncategorized/IO_0cd512c3-3e46-48e0-b305-c9c4c293226c/)
* [Records Management Regulation for Electronic Records (100-RICR-40-05-1.7(C))](https://rules.sos.ri.gov/Regulations/Part/100-40-05-1)
* “[Levels of Digital Preservation](https://ndsa.org/documents/NDSA_Levels_Archiving_2013.pdf)” PDF; *Proceedings of the Archiving (IS&T) Conference,* April 2013, Washington, DC.

**Agency Name:** **Date: / /**

**Division/Unit:**

**Agency Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Physical Address:** |  | | | | |
| **Records Officer Name:** | |  | | | |
| **Project Coordinator Name** (*if different*)**:** | | | | |  |
| **Project Coordinator’s Phone:** | | | |  | |
| **Project Coordinator’s Email:** | | |  | | |

**Purpose and Scope**

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| --- | --- | --- | --- | --- | --- | --- |
| **Develop statement/s that defines each project and its purpose, including benefits to be derived.** These should be based on your institutional needs (ex., “To establish a long-term digital preservation solution for our institution that will ensure the accessibility of the records.”): | | | | | | |
|  | | | | | | |
| **Outline the scope of the digitization project being undertaken, identifying which record series and date ranges will be part of the current project:** | | | | | | |
| **Digitized Records** | | **Born-Digital Records** | | | **Hybrid Records** | |
| *Check all that apply:* | | | | | | |
| **0-5 years** | **6-9 years** | | **10 or more years** | **Permanent** | | **Unscheduled** |
| **Additional Record Series Information:** | | | | | | |
|  | | | | | | |

**Key Mandates**

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| **Identify the appropriate statutes and regulations which govern your records and how they are managed and regulated, separated by line or comma** (*including R.I. Gen. Laws, C.F.R. and RICR*)**:** |
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**Record Creation**

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| **Identify how the records were created and how they will be digitized:** |
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**Technical Requirements**

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| **Identify the output format that the digitized records will be in to ensure long term archival management, storage, and access, and identify the DPI that the records will be scanned at:** | | | |
| **TIFF** | **PDF/A** | **DPI** (*Dots Per Inch*)**:** |  |

**Quality Assurance and Quality Control (QA/QC)**

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| --- | --- | --- | --- | --- | --- |
| **QA/QC is a process that verifies the quality, accuracy, and consistency of digital images to ensure the products match the specifications outlined in the project plan.** Each item in the below checklists should be reviewed by two staff as records are digitized. For a full list of responsibilities, see the [Digitizing Public Records Guidance Document](https://www.sos.ri.gov/divisions/frequent-filers/records-management/guidelines). | | | | | |
| **Staff Reviewer 1:** | | | **Staff Reviewer 2:** | | |
| **File Specifications Reviewed** | | | **File Specifications Confirmed** | | |
| **Image Quality Reviewed** | | | **Image Quality Confirmed** | | |
| **Page Count Reviewed** | | | **Page Count Confirmed** | | |
| **Metadata Accurate and Complete?** | | | **Metadata Confirmed?** | | |
| **Checklist to ensure the following metadata is collected as part of the project for each record:** | | | | | |
| **File Name** | **Program Name** | **Size** | | **Type of File** | **Date Created** |

**Storage**

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| --- | --- | --- |
| **Backup Plan** Outline the type of system backup that will be used for records storage: | | |
|  | | |
| **Verify System Trustworthiness** A computer application designed to create, store, and retrieve data according to well-documented processes that ensure records based on those data are authentic and reliable. | | |
| **Is the system being used trustworthy based on the above statement?** | **Yes** | **No** |
| **Migration Plan**  Identify the plan to check records and migrate them to preservation formats in the future, as needed: | | |
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**Disposition Process**

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| **After records are digitized, a Certification of Records Destruction signed by the Agency Head must be properly submitted for approval, with the associated Notice of Intent to Digitize attached. The submitted form must be counter-signed by the State Archivist and Public Records Administrator before the original paper records may be destroyed.**  Outline any additional internal or external steps required for records disposition as part of this project: |
|  |

**Signatures**

|  |  |  |
| --- | --- | --- |
| **Agency Head’s Name:** |  | |
| ***I hereby certify that the information provided above is accurate.*** | | |
| **Agency Head’s Signature:** | | **Date:** |
|  | | **/ /** |

|  |  |  |
| --- | --- | --- |
| **Project Coordinator’s Name:** |  | |
| ***I hereby certify that the information provided above is accurate.*** | | |
| **Project Coordinator’s Signature:** | | **Date:** |
|  | | **/ /** |

|  |  |  |
| --- | --- | --- |
| **State Archivist & Public Records Administrator’s Name:** |  | |
| **State Archivist & Public Records Administrator’s Signature:** | | **Date:** |
|  | | **/ /** |

**Send the completed form to the Rhode Island State Archives & Public Records Administration:**

**33 Broad Street, Providence, RI, 02903 |** [**records@sos.ri.gov**](mailto:records@sos.ri.gov)