ble: 1, Record Type	-	V-lidV-l Dii
Position	Field Name	Valid Values - Description
		File identifier for record type. REQUIRED
		CHI - Child
		ADD - Address
1 to 3	FILEID	LAB - Lab
		INV - Investigation
		LNK - Child-to-address link
		HHI - healthy housing inspection
		Database action code. REQUIRED
4	ACTION	A - Add record
4	ACTION	C - Change/replace
		D - Delete
		Reporting quarter. All annual submissions should be "4" for fourth quarter REQUIRED
		1 - First quarter (1/01/yy - 3/31/yy)
5	QTR	2 - Second quarter (4/01/yy - 6/30/yy)
		3 - Third quarter (7/01/yy - 9/30/yy)
		4 - Fourth quarter (10/01/yy - 12/31/yy)
		Reporting year. REQUIRED
6 to 7	RPT_YR	Last two digits of the reporting year.
		Must be numeric.
8 to 12		Program identifier. REQUIRED
		A unique identifier for the CLPPP (or lead database) submitting the data.
	PGMID	
		The first two positions must contain the state FIPS (Federal Information Processing Standard) code. The next three positions are pre-assigned for STELLAR databases and must be unique for each lead database within a state (including databases other than STELLAR). You may obtain a progra ID from the Lead Poisoning Prevention Branch (LPPB).
		Child identifier. REQUIRED
13 to 20	CHILD_ID	A unique identifier for a child; must be numeric and zero-filled. This woul generally be a system-assigned sequential number within a database. Thi identifier is used in relational databases to eliminate redundant data. The child information exists only once, in one physical record, and is linked to related records by the child identifier.
		When records from two or more databases are combined, the combination of PGMID and CHILD_ID form a unique identifier within the combined database.
		Address identifier. REQUIRED
13 to 20	ADDR_ID	A unique identifier for an address; must be numeric and zero-filled. This would generally be a system-assigned sequential number within a databa The identifier is used in relational databases to eliminate redundant data. The address information exists only once, in one physical record, and is linked to related records by the identifier.
		When records from two or more databases are combined, the combination of PGMID and ADDR_ID form a unique identifier within the combined database.
21 to 249		Table-specific variable format area based on required reporting. The contents and format depend on the value in the field FILEID. See Tables 1 to follow.

ecord Type: Basic Forma	t		Removed Table # for Basic Format
Position	Field Name	Valid Values - Description	
		File identifier for record type. REQUIRED	
		CHI - Child	
		ADD - Address	
1 to 3	FILEID	LAB - Lab	
1103	FILLID	INV - Investigation	
		LNK – Child-to-address link	
			Removed Healthy Housing Inspection
			(HHI) Record Type
		Database action code. REQUIRED	
4	ACTION	A - Add record	
		C - Change/replace	
		D - Delete	
		Reporting quarter. All annual submissions should be "4" for fourth quarter. REQUIRED	
_		1 - First quarter (1/01/yy - 3/31/yy)	
5	QTR	2 - Second quarter (4/01/yy - 6/30/yy)	
		3 - Third quarter (7/01/yy - 9/30/yy)	
		4 - Fourth quarter (10/01/yy - 12/31/yy)	
		Reporting year. REQUIRED	
6 to 7	RPT_YR	Last two digits of the reporting year.	
		Must be numeric.	
		Program identifier. REQUIRED	
		A unique identifier for the Awardee submitting the data, or for each lead	
		reporting database within the Awardee jurisdiction.	Systematic Tracking of Elevated Lead
8 to 12	PGMID	The first two positions must contain the state FIPS (Federal Information Processing Standard) code. The next three positions are pre-assigned for HHLPSS and must be unique for each lead database within a state (including databases other than HHLPSS). Program ID is obtained from the Healthy Homes and Lead Poisoning Prevention Program (HHLPPP).	Levels And Remediation (STELLAR) Software retired & replaced with Healthy Homes and Lead Poisoning Surveillance System (HHLPSS) Software
		Child identifier. REQUIRED	
13 to 20	CHILD_ID	A unique identifier for a child; must be numeric and zero-filled. This would generally be a system-assigned sequential number within a database. The identifier is used in relational databases to eliminate redundant data. The child information exists only once, in one physical record, and is linked to related records by the child identifier.	
		When records from two or more databases are combined, the combination of PGMID and CHILD_ID form a unique identifier within the combined database.	
		Address identifier. REQUIRED	
13 to 20	ADDR_ID	A unique identifier for an address; must be numeric and zero-filled. This would generally be a system-assigned sequential number within a database. The identifier is used in relational databases to eliminate redundant data. The address information exists only once, in one physical record, and is linked to related records by the identifier.	
		When records from two or more databases are combined, the combination of PGMID and ADDR_ID form a unique identifier within the combined database.	
21 to 249		Table-specific variable format area based on required reporting. The contents and format depend on the value in the field FILEID. See Tables 1-5 to follow.	

HLPPSS Variables (OMB Control 0920-0931; Exp. Date 05/31/201
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CHI - Child. REQUIRED

File identifier for record type. Database action code. REQUIRED

Field Name

FILEID

CBLS Variables (Extension revision request)

Differences (if blank, no change) Moved CHILD Record to Table 1.

Table: 3 Record Type: Child

FILEID: CHI Position

1 to 3

- 1	ı	ID:	
- 1		ın.	CL

Table: 1

29

30

31

ord Type: Child		
ID: CHI		
Position	Field Name	Valid Values - Description
1 to 3	FILEID	CHI - Child. REQUIRED
1103	FILEID	File identifier for record type.
		Database action code. REQUIRED
4	ACTION	A - Add record
4	ACTION	C - Change/replace
		D - Delete
		Reporting quarter. All annual submissions should be "4" for fourth quarter. REQUIRED
	QTR	1 - First quarter (1/01/yy - 3/31/yy)
5		2 - Second quarter (4/01/yy - 6/30/yy)
		3 - Third quarter (7/01/yy - 9/30/yy)
		4 - Fourth quarter (10/01/yy - 12/31/yy)
	RPT_YR	Reporting year. REQUIRED
6 to 7		Last two digits of the reporting year.
		Must be numeric.
		Program identifier. REQUIRED
8 to 12	PGMID	A unique identifier for the Awardee submitting the data, or for each lead reporting database within the Awardee jurisdiction.
		Child identifier. REQUIRED
13 to 20	CHILD_ID	A unique identifier for a child; must be numeric and zero-filled.
		Child's date of birth. (CCYYMMDD) REQUIRED
21 to 28	DOB	Birth date cannot be after the end of the reporting year.

Child may not be older than 16 years at the start of the reporting year.

Sex. REQUIRED

1 - Male

2 - Female

5 - White

9 – Unknown

1 – Hispanic or Latino

2 – Not Hispanic or Latino 9 - Unknown

Ethnicity (Select only one). REQUIRED

Race (Select only one). REQUIRED

3 – Black or African American

6 – More than one race 9 - Unknown

1 – American Indian or Alaskan Native

4 – Native Hawaiian or Other Pacific Islander

SEX

ETHNIC

RACE

A - Add record ACTION 4 C - Change/replace D - Delete Reporting quarter. All annual submissions should be "4" for fourth quarter. REQUIRED 1 - First quarter (1/01/yy - 3/31/yy) 5 QTR 2 - Second quarter (4/01/yy - 6/30/yy) 3 - Third quarter (7/01/yy - 9/30/yy) 4 - Fourth quarter (10/01/yy - 12/31/yy) Reporting year. REQUIRED Last two digits of the reporting year. 6 to 7 RPT_YR Must be numeric. Program identifier. REQUIRED 8 to 12 **PGMID** A unique identifier for the Awardee submitting the data, or for each lead reporting database within the Awardee jurisdiction. Child identifier. REQUIRED CHILD_ID 13 to 20 A unique identifier for a child; must be numeric and zero-filled. Child's date of birth. (CCYYMMDD) REQUIRED Birth date cannot be after the end of the reporting year. 21 to 28 DOB Child may not be older than 16 years at the start of the reporting year. Gender. 1 - Male 29 GENDER 2 - Female 9 - Unknown Ethnicity (Select only one). 1 – Hispanic or Latino 30 ETHNIC 2 – Not Hispanic or Latino Race (More than one can be selected). 1 - American Indian or Alaskan Native 31 RACE 3 - Black or African American 4 – Native Hawaiian or Other Pacific Islander 5 - White

Valid Values - Description

Addition of 'unknown' category.

"SEX" instead of "GENDER"

Change to required variable

Change to required variable

Addition of 'more than one race' and 'unknown' to available categories Change to required variable

PPSS Variable	es (OMB Control 0	920-0931; Exp. Date 05/31/2018)	CBLS Variables (Extens	sion revision requ		Differences (if blank, no chan
		Chelation therapy administered.			Chelation therapy administered. REQUIRED	Change to required variable
32	CHELATED	1 - Yes	32	CHELATED	1 - Yes	
32	CHELATED	2 - No	32	CHELATED	2 - No	
		9 – Unknown			9 – Unknown	
		Type of chelation.			Type of chelation. REQUIRED	Change to required variable
		1 - Inpatient			1 - Inpatient	
		2 – Outpatient			2 - Outpatient	
33	CHEL_TYPE	3 - Both	33	CHEL_TYPE	3 - Both	
		9 – Unknown			9 - Unknown	
		Cannot be blank if CHELATED =1. Cannot be 1, 2, or 3 if CHELATED =2 or 9.			Cannot be blank if CHELATED =1. Cannot be 1, 2, or 3 if CHELATED =2 or 9.	
		Source of funding for the chelation therapy.			Source of funding for the chelation therapy. REQUIRED	Change to required variable
		1 – Public, includes Medicaid			1 - Public, includes Medicaid	change to required variable
		2 - Private insurance			2 - Private insurance	
34	CHEL_FUND	3 - Parent self-pay	34	CHEL_FUND	3 - Parent self-pay	
34	CHEL_FOND		34	CHEL_FOND	8 - Other	
		8 - Other				
		9 - Unknown			9 - Unknown	
		Cannot be blank if CHELATED = 1.			Cannot be blank if CHELATED = 1.	
		Non-paint lead source - other.			Non-paint lead source - other. REQUIRED	Change to required variable
35	NPLSZ	1 - Yes	35	NPLSZ	1 - Yes	
33	INFLSZ	2 - No	35	INFLSZ	2 - No	
		9 – Unknown			9 – Unknown	
		Non-paint lead source - traditional medicines.			Non-paint lead source - traditional medicines. REQUIRED	Change to required variable
		1 - Yes			1 - Yes	
36 NPLSM	2 - No	36	NPLSM	2 - No		
	9 – Unknown			9 – Unknown		
		Non-paint lead source – occupation of household member.			Non-paint lead source – occupation of household member. REQUIRED	
37	NPLSO	1 - Yes	37	NPLSO	1 - Yes	
	2 - No			2 - No		
		9 – Unknown			9 – Unknown	
		Non-paint lead source - hobby of household member.			Non-paint lead source - hobby of household member. REQUIRED	Change to required variable
38	NPLSH	1 - Yes	38	NPLSH	1 - Yes	
00	141 2511	2 - No	30	INPLSH	2 - No	
		9 - Unknown			9 - Unknown	
		Non-paint lead source - pottery, imported or improperly fired.			Non-paint lead source - pottery, imported or improperly fired. REQUIRED	
00	NECES	1 - Yes		NO. CO	1 - Yes	
39	NPLSP	2 - No	39	NPLSP	2 - No	
		2 - NO 9 - Unknown			2 - NO 9 - Unknown	
						_
		Non-paint lead source - child occupation.			Non-paint lead source - child occupation. REQUIRED	Change to required variable
40	NPLSC	1 - Yes	40	NPLSC	1 - Yes	
111200	2 - No			2 - No		
		9 - Unknown			9 – Unknown	Country of high / "DIDTI !"\io a non
					Country of birth.	Country of birth ("BIRTH")is a new variable
			41	BIRTH	1 - U.S.	
				2	2 - Other	
		1	1	3 - Unknown		

CBLS Variables (Extension revision request)

Table: 2

Record Type: Address

FILEID: ADD

Position	Field Name	Valid Values - Description
		ADD - Address. REQUIRED
1 to 3	FILEID	File identifier for record type.
		Database action code. REQUIRED
4	ACTION	A - Add record
4	ACTION	C - Change/replace
ı		D - Delete
		Reporting quarter. All annual submissions should be "4" for fourth quarter. REQUIRED
_		1 - First quarter (1/01/yy - 3/31/yy)
5	QTR	2 - Second quarter (4/01/yy - 6/30/yy)
		3 - Third quarter (7/01/yy - 9/30/yy)
		4 - Fourth quarter (10/01/yy - 12/31/yy)
		Reporting year. REQUIRED
6 to 7	RPT_YR	Last two digits of the reporting year.
		Must be numeric.
		Program identifier. REQUIRED
8 to 12	PGMID	A unique identifier for the Awardee submitting the data, or for each lead reporting database within the Awardee jurisdiction.
13 to 20	ADDR_ID	Address identifier. REQUIRED
21 to 35	CITY	City name.
		County FIPS code. REQUIRED
36 to 38	CNTY_FIPS	Numeric, zero-filled.
	5.1.1_1.10	A list of counties their associated FIPS codes is available from lead poisoning prevention branch.
39 to 47	ZIP	Zip code (5+4 format, no dash).
37 10 47		Left justified, blank-fill or zero-fill.
48 to 49	STATE	State abbreviation (two-letter alphabetic code).
50 to 56	CENSUS	Census tract.
30 10 30	CENSOS	Left justified, blank-fill.
		Residence renovated. REQUIRED
		1 - Yes, once
57	RENOVATED	2 - No
		3 - Yes, more than once
		9 - Unknown
		Date first renovation begun. (CCYYMMDD)
58 to 65	START_REN	Date must be present when RENOVATED is coded 1 or 3.
		Date must be blank when RENOVATED is coded 2 or 9.
		Date latest renovation completed. (CCYYMMDD)
66 to 73	COMP_REN	Cannot be earlier than START_REN.

Table: 2 Record Type: Address FILEID: ADD

Position	Field Name	Valid Values - Description
4 1- 0	FILEID	ADD - Address. REQUIRED
1 to 3	FILEID	File identifier for record type.
		Database action code. REQUIRED
4	ACTION	A - Add record
4	ACTION	C - Change/replace
		D - Delete
		Reporting quarter. All annual submissions should be "4" for fourth quarter. REQUIRED
		1 - First quarter (1/01/yy - 3/31/yy)
5	QTR	2 - Second quarter (4/01/yy - 6/30/yy)
		3 - Third quarter (7/01/yy - 9/30/yy)
		4 - Fourth quarter (10/01/yy - 12/31/yy)
		Reporting year. REQUIRED
6 to 7	RPT_YR	Last two digits of the reporting year.
		Must be numeric.
		Program identifier. REQUIRED
8 to 12	PGMID	A unique identifier for the Awardee submitting the data, or for each lead reporting database within the Awardee jurisdiction.
13 to 20	ADDR_ID	Address identifier. REQUIRED
21 to 35	CITY	City name.
	CNTY_FIPS	County FIPS code. REQUIRED
36 to 38		Numeric, zero-filled.
		A list of counties their associated FIPS codes is available from HHLPPP.
20 to 47	710	Zip code (5+4 format, no dash).
39 to 47	ZIP	Left justified, blank-fill or zero-fill.
48 to 49	STATE	State abbreviation (two-letter alphabetic code).
501.51	95719119	Census tract.
50 to 56	CENSUS	Left justified, blank-fill.
		Residence renovated. REQUIRED
		1 - Yes, once
57	RENOVATED	2 - No
		3 - Yes, more than once
		9 - Unknown
		Date first renovation begun. (CCYYMMDD)
58 to 65	START_REN	Date must be present when RENOVATED is coded 1 or 3.
		Date must be blank when RENOVATED is coded 2 or 9.
		Date latest renovation completed. (CCYYMMDD)
66 to 73	COMP REN	Cannot be earlier than START_REN.
00 10 73	COI-II _KEN	Leave blank if renovation is ongoing as of the end of the reporting year.

HHLPPSS Variable	s (OMB Control 0	920-0931; Exp. Date 05/31/2018)	CBLS Variables (Extens	ion revision requ	rest)	Differences (if blank, no change)
Table: 5	Table: 5					Moved LAB Record to Table 3.
Record Type: Lab Results			Record Type: Lab Results			
FILEID: LAB			FILEID: LAB			
Position	Field Name	Valid Values - Description	Position	Field Name	Valid Values - Description	
1 to 3	FILEID	LAB – Lab Results. REQUIRED	1 to 3	FILEID	LAB – Lab Results. REQUIRED	
1100	TILLID	File identifier for record type.	1100	TIEELD	File identifier for record type.	
		Database action code. REQUIRED			Database action code. REQUIRED	
4	ACTION	A - Add record	4	ACTION	A - Add record	
		C - Change/replace	· ·		C - Change/replace	
		D - Delete			D - Delete	
		Reporting quarter. All annual submissions should be "4" for fourth quarter. REQUIRED			Reporting quarter. All annual submissions should be "4" for fourth quarter. REQUIRED	
		1 - First quarter (1/01/yy - 3/31/yy)			1 - First quarter (1/01/yy - 3/31/yy)	
5	QTR	2 - Second quarter (4/01/yy - 6/30/yy)	5	QTR	2 - Second quarter (4/01/yy - 6/30/yy)	
		3 - Third quarter (7/01/yy - 9/30/yy)			3 - Third quarter (7/01/yy - 9/30/yy)	
		4 - Fourth quarter (10/01/yy - 12/31/yy)			4 - Fourth quarter (10/01/yy - 12/31/yy)	
		Reporting year. REQUIRED			Reporting year. REQUIRED	
6 to 7	RPT_YR	Last two digits of the reporting year.	6 to 7	RPT_YR	Last two digits of the reporting year.	
		Must be numeric.			Must be numeric.	
		Program identifier. REQUIRED			Program identifier. REQUIRED	
8 to 12	PGMID	A unique identifier for the Awardee submitting the data, or for each lead reporting database within the Awardee jurisdiction.	8 to 12	PGMID	A unique identifier for the Awardee submitting the data, or for each lead reporting database within the Awardee jurisdiction.	
13 to 20	CHILD_ID	Child identifier. REQUIRED	13 to 20	CHILD_ID	Child identifier. REQUIRED	
21 += 20	CAMP DATE	Date sample was drawn. (CCYYMMDD) REQUIRED.	24 += 20	CANAD DATE	Date sample was drawn. (CCYYMMDD) REQUIRED.	
21 to 28	SAMP_DATE	May not be prior to child DOB.	21 to 28	SAMP_DATE	May not be prior to child DOB.	
29 to 36	ADDR_ID	Address identifier. (Unique identifier of child's primary address on the date sample was drawn)	29 to 36	ADDR_ID	Address identifier. (Unique identifier of child's primary address on the date sample was drawn)	
		Zero-fill if unknown.		<u> </u>	Zero-fill if unknown.	"PREGNANT" is a new variable.
		Sample result measured in µg/dL. Whole number, zero-filled. REQUIRED			Pregnant at time of blood lead test.	PREGNANT IS a flew variable.
					1 - Yes	Sample result variable position 37-39
37 to 39	RESULT		37	PREGNANT	2 - No	moved to positions 68-73 to accommodate change from whole
					3 - N/A	number to two decimal points
					9 – Unknown	
			38 to 39		BLANK	BLANK due to above change
		Source of funding for the laboratory test.			Source of funding for the laboratory test. REQUIRED	Changed variable name from
		1 - Public, includes Medicaid			1 - Public, includes Medicaid	fund_source to LAB_FUND
		2 - Private insurance			2 - Private insurance	Change to required variable
40	fund_source	3 - Parent self-pay	40	LAB_FUND	3 - Parent self-pay	
		8 - Other			8 - Other	
		9 - Unknown			9 - Unknown	
		Sample type.			Sample type. REQUIRED	Change to required variable
		1 - Venous, blood lead			1 - Venous, blood lead	change to required variable
41	SAMP_TYPE	2 - Capillary, blood lead	41	SAMP_TYPE	2 – Capillary, blood lead	
		9 - Unknown			9 – Unknown	
		Test reason.			Test reason. REQUIRED	Change to required variable
		1 – Screening (asymptomatic child without previous elevated level)			1 – Screening (asymptomatic child without previous elevated level)	
42	TEST_RSN	Clinical suspicion of lead poisoning (child symptomatic) Confirmatory test following elevated value by fingerstick	42	TEST_RSN	Clinical suspicion of lead poisoning (child symptomatic) Confirmatory test following elevated value by fingerstick	
		4 - Follow-up, child with confirmed elevated level			4 - Follow-up, child with confirmed elevated level	
		5 - EP, not for lead-screening			5 - EP, not for lead-screening	
II	I		I	ı		II

43	LAB_TYPE	9 - Unknown/other 1ype of laboratory processing sample. 1 - Public health laboratory 2 - Commercial laboratory 3 - Clinical setting (i.e., lead screening)			9 - Unknown/other Type or Taboratory processing sample. REQUIRED	Change to required variable
43	LAB_TYPE	1 – Public health laboratory 2 – Commercial laboratory			Type of laboratory processing sample. REQUIRED	Change to required variable
43	LAB_TYPE	2 - Commercial laboratory				Change to required variable
43	_				1 – Public health laboratory	
		3 - Clinical setting (i.e., lead screening)	43	LAB_TYPE	2 – Commercial laboratory	
		o chinear setting (i.e., read serecting)			3 – Clinical setting (i.e., lead screening)	
		9 – Unknown			9 – Unknown	
		Type of provider ordering test, or screening site.			Type of provider ordering test, or screening site. REQUIRED	Change to required variable
		1 – CLPPP fixed-site specific to lead			1 – CLPPP fixed-site specific to lead	
		2 – Door to door program			2 – Door to door program	
44	_	3 - Other fixed-site screening program, e.g. WIC	44	SCRN_SITE	3 – Other fixed-site screening program, e.g. WIC	
		4 - Private health care provider			4 - Private health care provider	
		5 - Referred for confirmation, no screening information			5 – Referred for confirmation, no screening information	
		9 - Unknown/other			9 - Unknown/other	4
		1 - Yes			Laboratory method used to analyze sample. REQUIRED	Medicaid indicator variable removed
		2 - No			1 – Inductively coupled plasma mass spectrometry (ICP-MS)	
45	Medicaid	9 - Unknown	45	METH_ANAZ	2 – Graphite furnace atomic absorption spectroscopy (GFAAS) (also known as Electrothermal Atomic Absorption Spectroscopy (ETAAS))	Laboratory method ("METH_ANAZ") used to analyze sample is a new variable.
					3 - Anodic Stripping Voltammetry (ASV) (e.g., LeadCare*)	, '
					9 - Unknown Limit of detection of METH ANAZ. (000.00)	Limit of detection ("METH_LOD") is a
			46 to 51	METH_LOD		new variable.
					See Note below.	
46-53 SA	AMP ANAZ DT	Date sample analyzed by lab. (CCYYMMDD)	52 to 59	SAMP_ANAZ_DT	Date sample analyzed by lab. (CCYYMMDD)	
		May not be prior to SAMP_DATE.		<u> </u>	May not be prior to SAMP_DATE.	4
54 to 61	RSLT_RPT_DT	Date results reported to/received by health department. (CCYYMMDD)	60 to 67	RSLT_RPT_DT	Date results reported to/received by health department. (CCYYMMDD)	
		May not be prior to SAMP_DATE.	00 10 07	1.022.	May not be prior to SAMP_DATE.	
			68 to 73	RESULT	Sample result measured in μg/dL.(000.00) REQUIRED	Sample result variable moved from position 37-39 to positions 68-73 to accommodate change from whole number to two decimal points
					See Note below.	
					Numeric result comparator (result interpretation code). REQUIRED	Numeric result comparator ("RST_INTPCODE") is a new variable.
			74	RST_INTPCODE	1 – Equal	(KST_INTEGODE) IS a flew variable.
					2 - Less Than	
					3 – Greater Than	
					Limit of detection of the lab that performed the results. (000.00)	Limit of detection of the lab ("LAB_LOD") is a new variable.
			75 to 80	LAB_LOD	Only need for "No Result" test.	
					See Note below.	
			74 to 123	LAB_NAME	Name of Laboratory that reported result	Name of laboratory reporting results ("LAB_NAME") is a new variable.
			124 to 134	LAB_ID	Clinical Laboratory Improvement Amendment (CLIA) Number of laboratory	CLIA number ("LAB_ID") is a new variable.
			135 to 144	NPI	National Provider Identifier or NPI is a unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS).	NPI is a new variable.

Note: Laboratory sample results and limits of detection (LODs) should all be shown right-justified, zero-filled on the left, and formatted with two decimal positions. If no decimal value, format with decimal and zero (000.00).

Γable: 4

Record Type: Investigation

FILEID: INIV

FILEID: INV					
Position	Field Name	Valid Values - Description			
14-2	FILEID	INV - Investigation. REQUIRED			
1 to 3	FILEID	File identifier for record type.			
		Database action code. REQUIRED			
4	ACTION	A - Add record			
4	ACTION	C - Change/replace			
		D - Delete			
		Reporting quarter. All annual submissions should be "4" for fourth quarter. REQUIRED			
		1 - First quarter (1/01/yy - 3/31/yy)			
5	QTR	2 - Second quarter (4/01/yy - 6/30/yy)			
		3 - Third quarter (7/01/yy - 9/30/yy)			
		4 - Fourth quarter (10/01/yy - 12/31/yy)			
		Reporting year. REQUIRED			
6 to 7	RPT_YR	Last two digits of the reporting year.			
		Must be numeric.			
		Program identifier. REQUIRED			
8 to 12	PGMID	A unique identifier for the Awardee submitting the data, or for each lead			
		reporting database within the Awardee jurisdiction.			
13 to 20	ADDR_ID	Address identifier. REQUIRED			
21 to 28	DATE_REF	Date address referred for investigation. (CCYYMMDD) REQUIRED			
29 to 36	INICE COLUE	Date address investigation inspection completed. (CCYYMMDD)			
29 10 30	INSP_COMP	May not be prior to DATE_REF.			
37 to 44	ABAT_COMP	Date address hazard remediation or abatement completed. (CCYYMMDD)			
37 10 44	ABA1_COMP	May not be prior to INSP_COMP.			
		Year the dwelling was constructed. (YYYY)			
45 to 48	YEAR	Blank if unknown.			
		May not be after reporting year.			
	†	Residential ownership status.			
		1 - Private, owner-occupied			
		2 - Rental, privately owned			
49	OWNERSHIP	3 - Rental, publicly owned			
		4 - Rental, Section 8			
		9 - Unknown			
		Type of dwelling.			
		1 – Attached, single family			
		2 - Day care center			
		3 – Detached, single family			
50	DWELL_TYPE	4 - Multi-unit			
		5 – School			
		8 - Other			
		9 – Unknown			
		<u></u>			

i abie: 4	
Record Type:	Investigation

ILEID: INV			_			
Position	Field Name	Valid Values - Description				
1 to 3	FILEID	INV - Investigation. REQUIRED				
1100	112215	File identifier for record type.				
		Database action code. REQUIRED				
4	ACTION	A - Add record				
•	Action	C - Change/replace				
		D - Delete				
		Reporting quarter. All annual submissions should be "4" for fourth quarter. REQUIRED				
_		1 - First quarter (1/01/yy - 3/31/yy)				
5	QTR	2 - Second quarter (4/01/yy - 6/30/yy)				
		3 - Third quarter (7/01/yy - 9/30/yy)				
		4 - Fourth quarter (10/01/yy - 12/31/yy)				
		Reporting year. REQUIRED				
6 to 7	RPT_YR	Last two digits of the reporting year.				
		Must be numeric.				
		Program identifier. REQUIRED				
8 to 12	PGMID	A unique identifier for the Awardee submitting the data, or for each lead reporting database within the Awardee jurisdiction.				
13 to 20	ADDR_ID	Address identifier. REQUIRED				
21 to 28	DATE_REF	Date address referred for investigation. (CCYYMMDD) REQUIRED				
29 to 36	INSP_COMP	Date address investigation inspection completed. (CCYYMMDD)				
29 10 30	INSP_COMP	May not be prior to DATE_REF.				
		Date address hazard remediation or abatement completed. (CCYYMMDD)				
37 to 44	ABAT_COMP	May not be prior to INSP_COMP.				
		Year the dwelling was constructed. (YYYY)	-			
45 to 48	YEAR	Blank if unknown.				
15 15 15	. 27	May not be after reporting year.				
		Residential ownership status. REQUIRED	Chanast			
		1 - Private, owner-occupied	Change t			
		2 - Rental, privately owned				
49	OWNERSHIP	3 - Rental, publicly owned				
		4 - Rental, Section 8				
		9 - Unknown				
		Type of dwelling. REQUIRED	Change t			
		1 – Attached, single family	Change			
		2 - Day care center				
		3 – Detached, single family				
50	DWELL_TYPE	4 - Multi-unit				
		5 - School				
		8 - Other				
		9 - Unknown				

hange to required variable

Change to required variable

i i 55 Variabic	s (OMB Control C	920-0931; Exp. Date 05/31/2018)		CBLS Variables (Exten	sion revision requ	est)	Differences (if blank, no change
		Dwelling with peeling, chipping, or flaking paint.				Dwelling with peeling, chipping, or flaking paint. REQUIRED	Change to required variable
		1 - Yes, interior				1 – Yes, interior	
		2 - Yes, exterior				2 - Yes, exterior	
51 PAINT_HAZ	PAINT_HAZ	3 - Yes, both		51	PAINT_HAZ	3 - Yes, both	
		4 - No				4 - No	
		9 - Not inspected				9 - Not inspected	
		Must be 9 if INSP_COMP is blank.				Must be 9 if INSP_COMP is blank.	
50 to 5/	VDE	Highest XRF reading in mg/cm². (000.0)		50 +- 5/	VDE	Highest XRF reading in mg/cm ² . (000.0)	
52 to 56	XRF	See Note below.		52 to 56	XRF	See Note below.	
		Highest floor dust sample reading. (000000.0)				Highest floor dust sample reading. (000000.0)	
57 to 64	DUST_FLOOR	See Note below.		57 to 64	DUST_FLOOR	See Note below.	
		Unit of measure.				Unit of measure.	
		U - μg/ft²				U - μg/ft²	
65	FLOOR_MSR	P – ppm		65	FLOOR_MSR	P – ppm	
		Cannot be blank if DUST_FLOOR > 0.				Cannot be blank if DUST_FLOOR > 0.	
	+	Highest window sill dust sample reading. (000000.0)				Highest window sill dust sample reading. (000000.0)	
66 to 73	DUST_SILL	See Note below.		66 to 73	DUST_SILL	See Note below.	
		Unit of measure.				Unit of measure.	
		U - µg/ft²				U - μg/ft²	
74 SILL_MSR	SILL_MSR	P – ppm		74	SILL_MSR	P – ppm	
		Cannot be blank if DUST_SILL > 0.				Cannot be blank if DUST_SILL > 0.	
	+	Highest window well dust sample reading. (000000.0)			+	Highest window well dust sample reading. (000000.0)	
75 to 82	DUST_WELL	See Note below.		75 to 82	DUST_WELL	See Note below.	
		Unit of measure.				Unit of measure.	
83	WELL_MSR	U - µg/ft²		83	WELL_MSR	U - μg/ft²	
		P - ppm				P - ppm	
		Cannot be blank if DUST_WELL > 0.			-	Cannot be blank if DUST_WELL > 0.	
84 to 91	PAINT	Highest paint chip sample reading. (000000.0)		84 to 91	PAINT	Highest paint chip sample reading. (000000.0)	
		See Note below.				See Note below.	
		Unit of measure.				Unit of measure.	
		U – μg/ft²		92		U – μg/ft²	
92	PAINT_MSR	P – ppm			PAINT_MSR	P - ppm	
		M - mg/cm ²				M - mg/cm ²	
	Cannot be blank if PAINT > 0.				Cannot be blank if PAINT > 0.		
93 to 100 SOIL	SOIL	Highest soil sample reading in ppm. (000000.0)		93 to 100	SOIL	Highest soil sample reading in ppm. (000000.0)	
	See Note below.		/5 15 155	33.2	See Note below.		
101 to 108 WATER	WATED	Highest water sample reading in ppb. (000000.0)		101 to 108	WATER	Highest water sample reading in ppb. (000000.0)	
	WAILK	See Note below.		101 to 100	WAILK	See Note below.	
		Industrial hazard near dwelling.				Industrial hazard near dwelling.	
109 INDHAZ	1 - Yes		400	INDUAT	1 - Yes		
	INDHAZ	2 - No		109	INDHAZ	2 - No	
		9 – Unknown				9 – Unknown	
	1		_	T	1		Date remediation due ("DATE_DUE

HLPPSS Variable	riables (OMB Control 0920-0931; Exp. Date 05/31/2018)		CBLS Variables (Exten	Differences (if blank, no change)		
			119 to 126	INV_CLOS_RES CLEAR_DATE CLEAR_RSLT	Investigation closure reason. A - Administratively closed B - Batch closed C - Remediation complete D - Unit demolished F - Insufficient funds I - Permanent injunction M - Family moved N - No hazard found R - Inspection refused U - No longer rental unit Date clearance testing completed. (CCYYMMDD) Clearance Testing Results 1 - Passed 2 - Failed	Investigation closure reason ("INV_CLOS_RES") is a new variable Date clearance testing completed ("CLEAR_DATE") is a new variable. Clearance testing results ("CLEAR_RSLT") is a new variable.
					9 - Unknown	
able: 6 ecord Type: Child-	-to-address link (On	otional record type)	Table: 5 Record Type: Child-to-a	address link (Optiona	il record type)	Moved LINK Record to Table 5
LEID: LNK			FILEID: LNK			
Position	Field Name	Valid Values - Description	Position	Field Name	Valid Values - Description	
1 to 3	FILEID	LNK - Child-to-Address Link. REQUIRED	1 to 3	FILEID	LNK - Child-to-Address Link. REQUIRED	
		File identifier for record type.	1100		File identifier for record type.	
4	ACTION	Database action code. REQUIRED A - Add record C - Change/replace D - Delete	4	ACTION	Database action code. REQUIRED A - Add record C - Change/replace D - Delete	
5	QTR	Reporting quarter. All annual submissions should be "4" for fourth quarter. REQUIRED 1 - First quarter (1/01/yy - 3/31/yy) 2 - Second quarter (4/01/yy - 6/30/yy) 3 - Third quarter (7/01/yy - 9/30/yy) 4 - Fourth quarter (10/01/yy - 12/31/yy)	5	QTR	Reporting quarter. All annual submissions should be "4" for fourth quarter. REQUIRED 1 - First quarter (1/01/yy - 3/31/yy) 2 - Second quarter (4/01/yy - 6/30/yy) 3 - Third quarter (7/01/yy - 9/30/yy) 4 - Fourth quarter (10/01/yy - 12/31/yy)	
6 to 7	RPT_YR	Reporting year. REQUIRED Last two digits of the reporting year. Must be numeric.	6 to 7	RPT_YR	Reporting year. REQUIRED Last two digits of the reporting year. Must be numeric.	
8 to 12	PGMID	Program identifier. REQUIRED A unique identifier for the Awardee submitting the data, or for each lead reporting database within the Awardee jurisdiction.	8 to 12	PGMID	Program identifier. REQUIRED A unique identifier for the Awardee submitting the data, or for each lead reporting database within the Awardee jurisdiction.	1
13 to 20	CHILD_ID	Child identifier. REQUIRED	13 to 20	CHILD_ID	Child identifier. REQUIRED	
21 to 28	ADDR_ID	Address identifier. REQUIRED	21 to 28	ADDR_ID	Address identifier. REQUIRED	
29	TYPE_ADDR	Type of Address. 1 - Primary address 2 - Relocation address 3 - Alternative 4 - Supplemental 9 - Unknown	29	TYPE_ADDR	Type of Address. REQUIRED 1 - Primary address 2 - Relocation address 3 - Alternative 4 - Supplemental 9 - Unknown	Change to required variable
30 to 37	FIRST_OCC	Date the child first occupied or began spending time at address. (CCYYMMDD) REQUIRED May not be after the end of the reporting period.	30 to 37	FIRST_OCC	Date the child first occupied or began spending time at address. (CCYYMMDE REQUIRED May not be after the end of the reporting period.	o) Change to required variable

HHLPPSS Variables (OMB Control 0920-0931; Exp. Date 05/31/2018)		CBLS Variables (Extension revision request)			Differences (if blank, no change)	
38 to 45	LAST_OCC	Date the child moved from or ceased spending time at address. (CCYYMMDD) May not be prior to FIRST_OCC.	38 to 45	LAST_OCC	Date the child moved from or ceased spending time at address. (CCYYMMDE May not be prior to FIRST_OCC.	