

Table 1, Record Type: Basic Format		
Position	Field Name	Valid Values - Description
1 to 3	FILEID	File identifier for record type. REQUIRED CHI - Child ADD - Address LAB - Lab INV - Investigation LNK - Child-to-address link HHI - healthy housing inspection
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)
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 CLPPP (or lead database) submitting the data. 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 program ID from the Lead Poisoning Prevention Branch (LPPB).
13 to 20	CHILD_ID	Child identifier. REQUIRED 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.
13 to 20	ADDR_ID	Address identifier. REQUIRED 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.

Record Type: Basic Format		
Position	Field Name	Valid Values - Description
1 to 3	FILEID	File identifier for record type. REQUIRED CHI - Child ADD - Address LAB - Lab INV - Investigation LNK - Child-to-address link
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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. The first two positions must contain the state FIPS (Federal Information Processing Standard) code. The next three positions are pre-assigned for HHLPPSS and must be unique for each lead database within a state (including databases other than HHLPPSS). Program ID is obtained from the Healthy Homes and Lead Poisoning Prevention Program (HHLPPP).
13 to 20	CHILD_ID	Child identifier. REQUIRED 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.
13 to 20	ADDR_ID	Address identifier. REQUIRED 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.

Removed Table # for Basic Format

Removed Healthy Housing Inspection (HHI) Record Type

Systematic Tracking of Elevated Lead Levels And Remediation (STELLAR) Software retired & replaced with Healthy Homes and Lead Poisoning Surveillance System (HHLPPSS) Software

HHLPPSS Variables (OMB Control 0920-0931; Exp. Date 05/31/2018)

CBLs Variables (Extension revision request)

Differences (if blank, no change)

Table: 3		
Record Type: Child		
FILEID: CHI		
Position	Field Name	Valid Values - Description
1 to 3	FILEID	CHI - Child. REQUIRED File identifier for record type.
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)
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.
13 to 20	CHILD_ID	Child identifier. REQUIRED A unique identifier for a child; must be numeric and zero-filled.
21 to 28	DOB	Child's date of birth. (CCYYMMDD) REQUIRED 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.
29	GENDER	Gender. 1 - Male 2 - Female 9 - Unknown
30	ETHNIC	Ethnicity (Select only one). 1 - Hispanic or Latino 2 - Not Hispanic or Latino
31	RACE	Race (More than one can be selected). 1 - American Indian or Alaskan Native 2 - Asian 3 - Black or African American 4 - Native Hawaiian or Other Pacific Islander 5 - White

Table: 1		
Record Type: Child		
FILEID: CHI		
Position	Field Name	Valid Values - Description
1 to 3	FILEID	CHI - Child. REQUIRED File identifier for record type.
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)
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.
13 to 20	CHILD_ID	Child identifier. REQUIRED A unique identifier for a child; must be numeric and zero-filled.
21 to 28	DOB	Child's date of birth. (CCYYMMDD) REQUIRED 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.
29	SEX	Sex. REQUIRED 1 - Male 2 - Female 9 - Unknown
30	ETHNIC	Ethnicity (Select only one). REQUIRED 1 - Hispanic or Latino 2 - Not Hispanic or Latino 9 - Unknown
31	RACE	Race (Select only one). REQUIRED 1 - American Indian or Alaskan Native 2 - Asian 3 - Black or African American 4 - Native Hawaiian or Other Pacific Islander 5 - White 6 - More than one race 9 - Unknown

Moved CHILD Record to Table 1.

"SEX" instead of "GENDER"
Change to required variable

Addition of 'unknown' category.
Change to required variable

Addition of 'more than one race' and 'unknown' to available categories
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)

HHLPPSS Variables (OMB Control 0920-0931; Exp. Date 05/31/2018)			CBLs Variables (Extension revision request)			Differences (if blank, no change)
32	CHELATED	Chelation therapy administered. 1 - Yes 2 - No 9 - Unknown	32	CHELATED	Chelation therapy administered. REQUIRED 1 - Yes 2 - No 9 - Unknown	Change to required variable
33	CHEL_TYPE	Type of chelation. 1 - Inpatient 2 - Outpatient 3 - Both 9 - Unknown Cannot be blank if CHELATED =1. Cannot be 1, 2, or 3 if CHELATED =2 or 9.	33	CHEL_TYPE	Type of chelation. REQUIRED 1 - Inpatient 2 - Outpatient 3 - Both 9 - Unknown Cannot be blank if CHELATED =1. Cannot be 1, 2, or 3 if CHELATED =2 or 9.	Change to required variable
34	CHEL_FUND	Source of funding for the chelation therapy. 1 - Public, includes Medicaid 2 - Private insurance 3 - Parent self-pay 8 - Other 9 - Unknown Cannot be blank if CHELATED = 1.	34	CHEL_FUND	Source of funding for the chelation therapy. REQUIRED 1 - Public, includes Medicaid 2 - Private insurance 3 - Parent self-pay 8 - Other 9 - Unknown Cannot be blank if CHELATED = 1.	Change to required variable
35	NPLSZ	Non-paint lead source - other. 1 - Yes 2 - No 9 - Unknown	35	NPLSZ	Non-paint lead source - other. REQUIRED 1 - Yes 2 - No 9 - Unknown	Change to required variable
36	NPLSM	Non-paint lead source - traditional medicines. 1 - Yes 2 - No 9 - Unknown	36	NPLSM	Non-paint lead source - traditional medicines. REQUIRED 1 - Yes 2 - No 9 - Unknown	Change to required variable
37	NPLSO	Non-paint lead source - occupation of household member. 1 - Yes 2 - No 9 - Unknown	37	NPLSO	Non-paint lead source - occupation of household member. REQUIRED 1 - Yes 2 - No 9 - Unknown	
38	NPLSH	Non-paint lead source - hobby of household member. 1 - Yes 2 - No 9 - Unknown	38	NPLSH	Non-paint lead source - hobby of household member. REQUIRED 1 - Yes 2 - No 9 - Unknown	Change to required variable
39	NPLSP	Non-paint lead source - pottery, imported or improperly fired. 1 - Yes 2 - No 9 - Unknown	39	NPLSP	Non-paint lead source - pottery, imported or improperly fired. REQUIRED 1 - Yes 2 - No 9 - Unknown	
40	NPLSC	Non-paint lead source - child occupation. 1 - Yes 2 - No 9 - Unknown	40	NPLSC	Non-paint lead source - child occupation. REQUIRED 1 - Yes 2 - No 9 - Unknown	Change to required variable
			41	BIRTH	Country of birth. 1 - U.S. 2 - Other 3 - Unknown	Country of birth ("BIRTH") is a new variable

Table: 2		
Record Type: Address		
FILEID: ADD		
Position	Field Name	Valid Values - Description
1 to 3	FILEID	ADD - Address. REQUIRED File identifier for record type.
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)
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.
13 to 20	ADDR_ID	Address identifier. REQUIRED
21 to 35	CITY	City name.
36 to 38	CNTY_FIPS	County FIPS code. REQUIRED Numeric, zero-filled. 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). Left justified, blank-fill or zero-fill.
48 to 49	STATE	State abbreviation (two-letter alphabetic code).
50 to 56	CENSUS	Census tract. Left justified, blank-fill.
57	RENOVATED	Residence renovated. REQUIRED 1 - Yes, once 2 - No 3 - Yes, more than once 9 - Unknown
58 to 65	START_REN	Date first renovation begun. (CCYYMMDD) Date must be present when RENOVATED is coded 1 or 3. Date must be blank when RENOVATED is coded 2 or 9.
66 to 73	COMP_REN	Date latest renovation completed. (CCYYMMDD) Cannot be earlier than START_REN. Leave blank if renovation is ongoing as of the end of the reporting year.

Table: 2		
Record Type: Address		
FILEID: ADD		
Position	Field Name	Valid Values - Description
1 to 3	FILEID	ADD - Address. REQUIRED File identifier for record type.
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)
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.
13 to 20	ADDR_ID	Address identifier. REQUIRED
21 to 35	CITY	City name.
36 to 38	CNTY_FIPS	County FIPS code. REQUIRED Numeric, zero-filled. A list of counties their associated FIPS codes is available from HHLPPP.
39 to 47	ZIP	Zip code (5+4 format, no dash). Left justified, blank-fill or zero-fill.
48 to 49	STATE	State abbreviation (two-letter alphabetic code).
50 to 56	CENSUS	Census tract. Left justified, blank-fill.
57	RENOVATED	Residence renovated. REQUIRED 1 - Yes, once 2 - No 3 - Yes, more than once 9 - Unknown
58 to 65	START_REN	Date first renovation begun. (CCYYMMDD) Date must be present when RENOVATED is coded 1 or 3. Date must be blank when RENOVATED is coded 2 or 9.
66 to 73	COMP_REN	Date latest renovation completed. (CCYYMMDD) Cannot be earlier than START_REN. Leave blank if renovation is ongoing as of the end of the reporting year.

Table: 5		
Record Type: Lab Results		
FILEID: LAB		
Position	Field Name	Valid Values - Description
1 to 3	FILEID	LAB - Lab Results. REQUIRED File identifier for record type.
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)
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.
13 to 20	CHILD_ID	Child identifier. REQUIRED
21 to 28	SAMP_DATE	Date sample was drawn. (CCYYMMDD) REQUIRED . 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) Zero-fill if unknown.
37 to 39	RESULT	Sample result measured in µg/dL. Whole number, zero-filled. REQUIRED
40	fund_source	Source of funding for the laboratory test. 1 - Public, includes Medicaid 2 - Private insurance 3 - Parent self-pay 8 - Other 9 - Unknown
41	SAMP_TYPE	Sample type. 1 - Venous, blood lead 2 - Capillary, blood lead 9 - Unknown
42	TEST_RSN	Test reason. 1 - Screening (asymptomatic child without previous elevated level) 2 - Clinical suspicion of lead poisoning (child symptomatic) 3 - Confirmatory test following elevated value by fingerstick 4 - Follow-up, child with confirmed elevated level 5 - EP, not for lead-screening

Table: 3		
Record Type: Lab Results		
FILEID: LAB		
Position	Field Name	Valid Values - Description
1 to 3	FILEID	LAB - Lab Results. REQUIRED File identifier for record type.
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)
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.
13 to 20	CHILD_ID	Child identifier. REQUIRED
21 to 28	SAMP_DATE	Date sample was drawn. (CCYYMMDD) REQUIRED . 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) Zero-fill if unknown.
37	PREGNANT	Pregnant at time of blood lead test. 1 - Yes 2 - No 3 - N/A 9 - Unknown
38 to 39	--	BLANK
40	LAB_FUND	Source of funding for the laboratory test. REQUIRED 1 - Public, includes Medicaid 2 - Private insurance 3 - Parent self-pay 8 - Other 9 - Unknown
41	SAMP_TYPE	Sample type. REQUIRED 1 - Venous, blood lead 2 - Capillary, blood lead 9 - Unknown
42	TEST_RSN	Test reason. REQUIRED 1 - Screening (asymptomatic child without previous elevated level) 2 - Clinical suspicion of lead poisoning (child symptomatic) 3 - Confirmatory test following elevated value by fingerstick 4 - Follow-up, child with confirmed elevated level 5 - EP, not for lead-screening

Moved LAB Record to Table 3.

"PREGNANT" is a new variable.
Sample result variable position 37-39 moved to positions 68-73 to accommodate change from whole number to two decimal points

BLANK due to above change

Changed variable name from fund_source to LAB_FUND
Change to required variable

Change to required variable

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)

HHLPPSS Variables (OMB Control 0920-0931; Exp. Date 05/31/2018)			CBLs Variables (Extension revision request)			Differences (if blank, no change)
		9 - Unknown/other			9 - Unknown/other	
43	LAB_TYPE	Type of laboratory processing sample. 1 - Public health laboratory 2 - Commercial laboratory 3 - Clinical setting (i.e., lead screening) 9 - Unknown	43	LAB_TYPE	Type of laboratory processing sample. REQUIRED 1 - Public health laboratory 2 - Commercial laboratory 3 - Clinical setting (i.e., lead screening) 9 - Unknown	Change to required variable
44	SCRN_SITE	Type of provider ordering test, or screening site. 1 - CLPPP fixed-site specific to lead 2 - Door to door program 3 - Other fixed-site screening program, e.g. WIC 4 - Private health care provider 5 - Referred for confirmation, no screening information 9 - Unknown/other	44	SCRN_SITE	Type of provider ordering test, or screening site. REQUIRED 1 - CLPPP fixed-site specific to lead 2 - Door to door program 3 - Other fixed-site screening program, e.g. WIC 4 - Private health care provider 5 - Referred for confirmation, no screening information 9 - Unknown/other	Change to required variable
45	Medicaid	1 - Yes 2 - No 9 - Unknown	45	METH_ANAZ	Laboratory method used to analyze sample. REQUIRED 1 - Inductively coupled plasma mass spectrometry (ICP-MS) 2 - Graphite furnace atomic absorption spectroscopy (GFAAS) (also known as Electrothermal Atomic Absorption Spectroscopy (ETAAS)) 3 - Anodic Stripping Voltammetry (ASV) (e.g., LeadCare®) 9 - Unknown	Medicaid indicator variable removed Laboratory method ("METH_ANAZ") used to analyze sample is a new variable.
			46 to 51	METH_LOD	Limit of detection of METH_ANAZ. (000.00) See Note below.	Limit of detection ("METH_LOD") is a new variable.
46-53	SAMP_ANAZ_DT	Date sample analyzed by lab. (CCYYMMDD) May not be prior to SAMP_DATE.	52 to 59	SAMP_ANAZ_DT	Date sample analyzed by lab. (CCYYMMDD) May not be prior to SAMP_DATE.	
54 to 61	RSLT_RPT_DT	Date results reported to/received by health department. (CCYYMMDD) May not be prior to SAMP_DATE.	60 to 67	RSLT_RPT_DT	Date results reported to/received by health department. (CCYYMMDD) May not be prior to SAMP_DATE.	
			68 to 73	RESULT	Sample result measured in µg/dL. (000.00) REQUIRED See Note below.	Sample result variable moved from position 37-39 to positions 68-73 to accommodate change from whole number to two decimal points
			74	RST_INTPCODE	Numeric result comparator (result interpretation code). REQUIRED 1 - Equal 2 - Less Than 3 - Greater Than	Numeric result comparator ("RST_INTPCODE") is a new variable.
			75 to 80	LAB_LOD	Limit of detection of the lab that performed the results. (000.00) Only need for "No Result" test. See Note below.	Limit of detection of the lab ("LAB_LOD") is a new variable.
			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).

Table: 4		
Record Type: Investigation		
FILEID: INV		
Position	Field Name	Valid Values - Description
1 to 3	FILEID	INV - Investigation. REQUIRED File identifier for record type.
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)
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.
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) May not be prior to DATE_REF.
37 to 44	ABAT_COMP	Date address hazard remediation or abatement completed. (CCYYMMDD) May not be prior to INSP_COMP.
45 to 48	YEAR	Year the dwelling was constructed. (YYYY) Blank if unknown. May not be after reporting year.
49	OWNERSHIP	Residential ownership status. 1 - Private, owner-occupied 2 - Rental, privately owned 3 - Rental, publicly owned 4 - Rental, Section 8 9 - Unknown
50	DWELL_TYPE	Type of dwelling. REQUIRED 1 - Attached, single family 2 - Day care center 3 - Detached, single family 4 - Multi-unit 5 - School 8 - Other 9 - Unknown

Table: 4		
Record Type: Investigation		
FILEID: INV		
Position	Field Name	Valid Values - Description
1 to 3	FILEID	INV - Investigation. REQUIRED File identifier for record type.
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)
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.
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) May not be prior to DATE_REF.
37 to 44	ABAT_COMP	Date address hazard remediation or abatement completed. (CCYYMMDD) May not be prior to INSP_COMP.
45 to 48	YEAR	Year the dwelling was constructed. (YYYY) Blank if unknown. May not be after reporting year.
49	OWNERSHIP	Residential ownership status. REQUIRED 1 - Private, owner-occupied 2 - Rental, privately owned 3 - Rental, publicly owned 4 - Rental, Section 8 9 - Unknown
50	DWELL_TYPE	Type of dwelling. REQUIRED 1 - Attached, single family 2 - Day care center 3 - Detached, single family 4 - Multi-unit 5 - School 8 - Other 9 - Unknown

Change to required variable

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)

HHLPPSS Variables (OMB Control 0920-0931; Exp. Date 05/31/2018)			CBLs Variables (Extension revision request)			Differences (if blank, no change)
51	PAINT_HAZ	Dwelling with peeling, chipping, or flaking paint. 1 - Yes, interior 2 - Yes, exterior 3 - Yes, both 4 - No 9 - Not inspected Must be 9 if INSP_COMP is blank.	51	PAINT_HAZ	Dwelling with peeling, chipping, or flaking paint. REQUIRED 1 - Yes, interior 2 - Yes, exterior 3 - Yes, both 4 - No 9 - Not inspected Must be 9 if INSP_COMP is blank.	Change to required variable
52 to 56	XRF	Highest XRF reading in mg/cm ² . (000.0) See Note below.	52 to 56	XRF	Highest XRF reading in mg/cm ² . (000.0) See Note below.	
57 to 64	DUST_FLOOR	Highest floor dust sample reading. (000000.0) See Note below.	57 to 64	DUST_FLOOR	Highest floor dust sample reading. (000000.0) See Note below.	
65	FLOOR_MSR	Unit of measure. U - µg/ft ² P - ppm Cannot be blank if DUST_FLOOR > 0.	65	FLOOR_MSR	Unit of measure. U - µg/ft ² P - ppm Cannot be blank if DUST_FLOOR > 0.	
66 to 73	DUST_SILL	Highest window sill dust sample reading. (000000.0) See Note below.	66 to 73	DUST_SILL	Highest window sill dust sample reading. (000000.0) See Note below.	
74	SILL_MSR	Unit of measure. U - µg/ft ² P - ppm Cannot be blank if DUST_SILL > 0.	74	SILL_MSR	Unit of measure. U - µg/ft ² P - ppm Cannot be blank if DUST_SILL > 0.	
75 to 82	DUST_WELL	Highest window well dust sample reading. (000000.0) See Note below.	75 to 82	DUST_WELL	Highest window well dust sample reading. (000000.0) See Note below.	
83	WELL_MSR	Unit of measure. U - µg/ft ² P - ppm Cannot be blank if DUST_WELL > 0.	83	WELL_MSR	Unit of measure. U - µg/ft ² P - ppm Cannot be blank if DUST_WELL > 0.	
84 to 91	PAINT	Highest paint chip sample reading. (000000.0) See Note below.	84 to 91	PAINT	Highest paint chip sample reading. (000000.0) See Note below.	
92	PAINT_MSR	Unit of measure. U - µg/ft ² P - ppm M - mg/cm ² Cannot be blank if PAINT > 0.	92	PAINT_MSR	Unit of measure. U - µg/ft ² P - ppm M - mg/cm ² Cannot be blank if PAINT > 0.	
93 to 100	SOIL	Highest soil sample reading in ppm. (000000.0) See Note below.	93 to 100	SOIL	Highest soil sample reading in ppm. (000000.0) See Note below.	
101 to 108	WATER	Highest water sample reading in ppb. (000000.0) See Note below.	101 to 108	WATER	Highest water sample reading in ppb. (000000.0) See Note below.	
109	INDHAZ	Industrial hazard near dwelling. 1 - Yes 2 - No 9 - Unknown	109	INDHAZ	Industrial hazard near dwelling. 1 - Yes 2 - No 9 - Unknown	
			110 to 117	DATE_DUE	Date remediation due. (CCYYMMDD)	Date remediation due ("DATE_DUE") is a new variable

118	INV_CLOS_RES	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
119 to 126	CLEAR_DATE	Date clearance testing completed. (CCYYMMDD)
127	CLEAR_RSLT	Clearance Testing Results 1 - Passed 2 - Failed 9 - Unknown

	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.

Table: 6
Record Type: Child-to-address link (Optional record type)
FILEID: LNK

Position	Field Name	Valid Values - Description
1 to 3	FILEID	LNK - Child-to-Address Link. REQUIRED File identifier for record type.
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)
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.
13 to 20	CHILD_ID	Child identifier. REQUIRED
21 to 28	ADDR_ID	Address identifier. REQUIRED
29	TYPE_ADDR	Type of Address. REQUIRED 1 - Primary address 2 - Relocation address 3 - Alternative 4 - Supplemental 9 - Unknown
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.

Table: 5
Record Type: Child-to-address link (Optional record type)
FILEID: LNK

Position	Field Name	Valid Values - Description
1 to 3	FILEID	LNK - Child-to-Address Link. REQUIRED File identifier for record type.
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)
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.
13 to 20	CHILD_ID	Child identifier. REQUIRED
21 to 28	ADDR_ID	Address identifier. REQUIRED
29	TYPE_ADDR	Type of Address. REQUIRED 1 - Primary address 2 - Relocation address 3 - Alternative 4 - Supplemental 9 - Unknown
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.

	Moved LINK Record to Table 5
	Change to required variable
	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. (CCYMMDD) May not be prior to FIRST_OCC.
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38 to 45	LAST_OCC	Date the child moved from or ceased spending time at address. (CCYMMDD) May not be prior to FIRST_OCC.
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