

## OMB Control Number History

### Blood Lead Surveillance System (BLSS) (formerly known as 'The Healthy Homes and Lead Poisoning Prevention Surveillance System (HHLPPSS)')

OMB Control Number: **0920-0931**

ICR Ref. No.	Request Type	Date Received By OIRA	Conclusion Date	Conclusion Action																				
0920-0931	Revision of a currently approved collection  NCEH and NIOSH published a 60-day Federal Register Notice for a new CBLS-ABLES ICR on April 6, 2017, Vol. 82, No. 65, pp. 16839 (Attachment 2a). A 60-day Federal Register Notice to extend HHLPPSS was also published in the Federal Register on November 8, 2017, vol. 82, No. 215, pp. 51841 (Attachment 2b). In consultation with the OMB Office of Information and Regulatory Affairs (OIRA), the programs have decided to combine all program changes under this single HHLPPSS revision ICR.	03/27/2018	pending	pending																				
	<b>IC: pending</b>																							
<a href="#">201502-0920-012</a>	Extension without change of a currently approved collection	02/26/2015	05/20/2015	<a href="#">Approved without change</a> Exp. Date 05/31/2018																				
<p>Terms of Clearance: Clearance is provided contingent on CDC advising its grantees/contractors of the change in wording of the race/ethnicity and asthma questions that were made during clearance. Dissemination of the aggregate data set and statistics generated from the aggregate data set will always be accompanied by the following caveats: These data were collected for program management purposes. The data are not generalizable at the national, state, or local level. Furthermore, because inclusion criteria vary across grantees, comparisons of aggregate statistics across programs can be misleading (i.e., state policies and practices for blood lead testing vary and local priorities drive decisions regarding which homes receive assessments for other housing hazards). However, descriptive statistics can be used to compare changes overtime in a given area when the method by which housing units are chosen for inclusion remains the same. With a thoughtful understanding of the approach used to include housing units in a given location, HHLPPS can be used to make associations between the number of individuals in a given area and a specific housing hazard or health condition and geographic descriptors such as poverty, age of housing, tenancy, and health conditions."</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 20%; text-align: center;">Inventory as of this Action</th> <th style="width: 20%; text-align: center;">Requested</th> <th style="width: 30%; text-align: center;">Previously Approved</th> </tr> </thead> <tbody> <tr> <td>Expiration Date</td> <td style="text-align: center;">05/31/2018</td> <td style="text-align: center;">36 Months From Approved</td> <td style="text-align: center;">05/31/2015</td> </tr> <tr> <td>Responses</td> <td style="text-align: center;">160</td> <td style="text-align: center;">160</td> <td style="text-align: center;">160</td> </tr> <tr> <td>Time Burden (Hours)</td> <td style="text-align: center;">640</td> <td style="text-align: center;">640</td> <td style="text-align: center;">640</td> </tr> <tr> <td>Cost Burden (Dollars)</td> <td style="text-align: center;">15,000</td> <td style="text-align: center;">15,000</td> <td style="text-align: center;">0</td> </tr> </tbody> </table>						Inventory as of this Action	Requested	Previously Approved	Expiration Date	05/31/2018	36 Months From Approved	05/31/2015	Responses	160	160	160	Time Burden (Hours)	640	640	640	Cost Burden (Dollars)	15,000	15,000	0
	Inventory as of this Action	Requested	Previously Approved																					
Expiration Date	05/31/2018	36 Months From Approved	05/31/2015																					
Responses	160	160	160																					
Time Burden (Hours)	640	640	640																					
Cost Burden (Dollars)	15,000	15,000	0																					
<b>Estimated Annualized Burden Hours</b>																								
Type of	Form	No. of	No. of	Average Burden	Total																			

Attachment 10. OMB Control Number History for Blood Lead Surveillance

Respondents	Name	Respondents	Responses per Respondent	per Response (in hours)	Burden (in hours)																				
State, local, and territorial Health Departments	Healthy Homes and Lead Poisoning Surveillance Variables	40	4	4	640																				
<b>Total</b>					<b>640</b>																				
<b>IC: Healthy Homes and Lead Poisoning Surveillance Variables</b> <a href="https://www.reginfo.gov/public/do/DownloadDocument?objectID=53666501">https://www.reginfo.gov/public/do/DownloadDocument?objectID=53666501</a> (NIOSH variables combined in Table 7 of HHLPPS Form)																									
<a href="#">201111-0920-005</a>	New collection (Request for a new OMB Control Number)			11/22/2011	04/23/2012	<a href="#">Approved with change</a> Exp. Date 04/30/2015																			
Terms of Clearance: Clearance is provided contingent on CDC advising its grantees/contractors of the change in wording of the race/ethnicity and asthma questions that were made during clearance. Dissemination of the aggregate data set and statistics generated from the aggregate data set will always be accompanied by the following caveats: These data were collected for program management purposes. The data are not generalizable at the national, state, or local level. Furthermore, because inclusion criteria vary across grantees, comparisons of aggregate statistics across programs can be misleading (i.e., state policies and practices for blood lead testing vary and local priorities drive decisions regarding which homes receive assessments for other housing hazards). However, descriptive statistics can be used to compare changes overtime in a given area when the method by which housing units are chosen for inclusion remains the same. With a thoughtful understanding of the approach used to include housing units in a given location, HHLPPS can be used to make associations between the number of individuals in a given area and a specific housing hazard or health condition and geographic descriptors such as poverty, age of housing, tenancy, and health conditions."																									
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<table border="1"> <thead> <tr> <th colspan="6">Estimated Annualized Burden Hours</th> </tr> <tr> <th>Type of Respondents</th> <th>Form Name</th> <th>No. of Respondents</th> <th>No. of Responses per</th> <th>Average Burden per Response</th> <th>Total Burden</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Estimated Annualized Burden Hours						Type of Respondents	Form Name	No. of Respondents	No. of Responses per	Average Burden per Response	Total Burden								
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			Respondent	(in hours)	(in hours)
State, local, and territorial Health Departments	Healthy Homes and Lead Poisoning Surveillance Variables	40	4	4	640
Total					640
<b>IC: Healthy Homes and Lead Poisoning Surveillance Variables</b> <a href="https://www.reginfo.gov/public/do/DownloadDocument?objectID=31823701">https://www.reginfo.gov/public/do/DownloadDocument?objectID=31823701</a> (NIOSH variables combined in Table 7 of HHPSS Form)					

## OMB Control Number History

### National Blood Lead Surveillance

OMB Control Number: **0920-0337**

ICR Ref. No.	Request Type	Date Received By OIRA	Conclusion Date	Conclusion Action
<a href="#">200805-0920-008</a>	Discontinue	04/26/2012	04/27/2012	<a href="#">Approved</a>
	<b>Inventory as of this Action</b>		<b>Requested</b>	<b>Previously Approved</b>
	Expiration Date	01/31/2012 36 Months From Approved		01/31/2009
	Responses	328	328	336
	Time Burden (Hours)	656	656	672
	Cost Burden (Dollars)	0	0	0
	<b>IC: State and Local Health Department Surveillance for Childhood National Blood Lead Surveillance System</b> <a href="https://www.reginfo.gov/public/do/PRAViewIC?ref_nbr=200805-0920-008&amp;icID=6764">https://www.reginfo.gov/public/do/PRAViewIC?ref_nbr=200805-0920-008&amp;icID=6764</a> <b>IC: State and Local Health Department Surveillance for Adult National Blood Lead Surveillance System</b> <a href="https://www.reginfo.gov/public/do/PRAViewIC?ref_nbr=200805-0920-008&amp;icID=184878">https://www.reginfo.gov/public/do/PRAViewIC?ref_nbr=200805-0920-008&amp;icID=184878</a>			
<a href="#">200805-0920-008</a>	Emergency extension	01/31/2012	01/31/2012	<a href="#">Approved</a> Exp. Date 01/31/2012
	<b>Inventory as of this Action</b>		<b>Requested</b>	<b>Previously Approved</b>

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	Expiration Date	01/31/2012	36 Months From Approved	01/31/2009
	Responses	328	328	336
	Time Burden (Hours)	656	656	672
	Cost Burden (Dollars)	0	0	0
	<b>IC: State and Local Health Department Surveillance for Childhood National Blood Lead Surveillance System</b> <b>IC: State and Local Health Department Surveillance for Adult National Blood Lead Surveillance System</b>			
<a href="#">200805-0920-008</a>	Revision of a currently approved collection	05/13/2008	01/08/2009	<a href="#">Approved without change</a> Exp. Date 01/31/2009
	<b>Inventory as of this Action</b>	<b>Requested</b>	<b>Previously Approved</b>	
	Expiration Date	01/31/2012	36 Months From Approved	01/31/2009
	Responses	328	328	336
	Time Burden (Hours)	656	656	672
	Cost Burden (Dollars)	0	0	0
	<b>Estimated Annualized Burden Hours</b>			
	Type of Respondents	Number of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)
	State and Local Health Departments for Child Surveillance	42	4	2
	State and Local Health Departments for Adult Surveillance	40	4	2
	TOTAL			656
	<b>IC: State and Local Health Department Surveillance for Childhood National Blood Lead Surveillance System</b> <a href="https://www.reginfo.gov/public/do/PRAViewIC?ref_nbr=200805-0920-008&amp;icID=6764">https://www.reginfo.gov/public/do/PRAViewIC?ref_nbr=200805-0920-008&amp;icID=6764</a> <b>IC: State and Local Health Department Surveillance for Adult National Blood Lead Surveillance System</b> <a href="https://www.reginfo.gov/public/do/PRAViewIC?ref_nbr=200805-0920-008&amp;icID=184878">https://www.reginfo.gov/public/do/PRAViewIC?ref_nbr=200805-0920-008&amp;icID=184878</a>			
<a href="#">200501-0920-002</a>	Reinstatement with change of a previously approved collection	01/28/2005	05/06/2005	<a href="#">Approved without change</a> Exp. Date 05/31/2005
	Terms of Clearance: Approved consistent with the following terms of clearance: prior collection of information under the ABLES program constituted a violation of the Paperwork Reduction Act (PRA) and shall be reported in the 2006 ICB. CDC is reminded that collections of information subject to the PRA must receive approval from OMB prior to fielding.			

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<a href="#">200104-0920-006</a>	Emergency extension	09/30/2004	09/30/2004	<a href="#">Approved</a>																									
	Terms of Clearance: Approved consistent with clarification in CDC memo of 6-1-01.																												
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<a href="#">199801-0920-002</a>	Emergency extension	03/29/2001	03/29/2001	<a href="#">Approved</a>
	<b>Inventory as of this Action</b>	<b>Requested</b>	<b>Previously Approved</b>	
	Expiration Date	03/31/2001	03/31/2001	
	Responses	148	148	0
	Time Burden (Hours)	456	456	0
	Cost Burden (Dollars)	0	0	0
	<b>IC: Childhood Blood Lead Surveillance System</b>			
<a href="#">199801-0920-002</a>	Reinstatement with change of a previously approved collection	01/09/1998	03/02/1998	<a href="#">Approved without change</a> Exp. Date 03/02/1998
	<b>Inventory as of this Action</b>	<b>Requested</b>	<b>Previously Approved</b>	
	Expiration Date	03/31/2001	03/31/2001	
	Responses	148	148	0
	Time Burden (Hours)	456	456	0
	Cost Burden (Dollars)	0	0	0
	<b>IC: Childhood Blood Lead Surveillance System</b>			
<a href="#">199310-0920-003</a>	New collection (Request for a new OMB Control Number)	10/25/1993	01/18/1994	<a href="#">Approved without change</a> Exp. Date 01/31/1994
	<b>Inventory as of this Action</b>	<b>Requested</b>	<b>Previously Approved</b>	
	Expiration Date	01/31/1997	01/31/1997	
	Responses	60	60	0
	Time Burden (Hours)	132	132	0
	Cost Burden (Dollars)	0	0	0
	<b>IC: National Childhood Blood Lead Surveillance System</b>			