

OMB Control Number History

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

OMB Control Number: **0920-0931**

ICR Ref. No.	Request Type	Date Received By OIRA	Conclusion Date	Conclusion Action																																	
	Extension of a currently approved collection (ICR Name: Blood Lead Surveillance System [BLSS])	pending	pending	pending																																	
pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Type of Respondents</th> <th style="text-align: center;">Form Name</th> <th style="text-align: center;">No. of Respondents</th> <th style="text-align: center;">No. of Responses per Respondent</th> <th style="text-align: center;">Average Burden per Response (in hours)</th> <th style="text-align: center;">Total Burden Hours</th> </tr> </thead> <tbody> <tr> <td rowspan="4" style="text-align: center; vertical-align: middle;">State or Local Health Departments, or their Bona Fide Agents</td> <td>CBLS Variables (ASCII Text Files)</td> <td style="text-align: center;">59</td> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> <td style="text-align: center;">944</td> </tr> <tr> <td>CBLS Aggregate Records Form (Excel)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ABLES Case Records Form and Brief Narrative Report</td> <td style="text-align: center;">32</td> <td style="text-align: center;">1</td> <td style="text-align: center;">8</td> <td style="text-align: center;">256</td> </tr> <tr> <td>ABLES Aggregate Records Form and Brief Narrative Report</td> <td style="text-align: center;">8</td> <td style="text-align: center;">1</td> <td style="text-align: center;">3</td> <td style="text-align: center;">24</td> </tr> <tr> <td style="text-align: center;">Total</td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">1,226</td> </tr> </tbody> </table>				Type of Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours	State or Local Health Departments, or their Bona Fide Agents	CBLS Variables (ASCII Text Files)	59	4	4	944	CBLS Aggregate Records Form (Excel)	1	1	2	2	ABLES Case Records Form and Brief Narrative Report	32	1	8	256	ABLES Aggregate Records Form and Brief Narrative Report	8	1	3	24	Total					1,226
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<p>ICs: HHL PSS Variables ; CBLS Variables - FY14/FY17 State or Local Health Departments; CBLS Aggregate Records - FY14/FY17 State or Local Health Departments; CBLS Variables - FY17 State or Local Health Departments; CBLS Variables - FY18 State or Local Health Departments; ABLES Case Records Form and Brief Narrative Report; ABLES Aggregate Records Form and Brief Narrative Report</p>																																					
201907-0920-003	No material or non-substantive change to a currently approved collection	07/03/2019	07/10/2019	Approved without																																	

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	Change Request_OMB Control Number 0920-0931 (race) 06202019.docx			change Exp. Date 05/31/2021																																								
201805-0920-006	No material or non-substantive change to a currently approved collection Request for Change 0920-0931.docx	05/22/2018	05/31/2018	Approved without change Exp. Date 05/31/2021																																								
	Revision of a currently approved collection (ICR Name Change to Blood Lead Surveillance System [BLSS])	05/15/2018	05/15/2018	Approved with change Exp. Date 05/31/2021																																								
<p>Terms of Clearance: Within two months of the approval of this ICR, CDC will submit a non-substantive change request confirming updates to the public-facing website reflecting the new language as indicated in the supplementary document associated with this package.</p> <p>Approved consistent with CDC's commitment to always communicate that these data do not provide for nationally representative prevalence estimates, due to the fact that not all states participate in CBLS and ABLS, as well as differences in jurisdictional screening practices and laboratory reporting requirements among state and local jurisdictions. However, use of the consistent case definition allows for estimating needs at the Federal, state, and local level which is important for establishing national program goals and objectives. In addition, CDC commits to working with CMS to better capture Medicaid-required test results and decrease duplicative requirements on States.</p> <table border="1"> <thead> <tr> <th></th> <th>Inventory as of this Action</th> <th>Requested</th> <th>Previously Approved</th> </tr> </thead> <tbody> <tr> <td>Expiration Date</td> <td>05/31/2021 36 Months From Approved</td> <td></td> <td>05/31/2018</td> </tr> <tr> <td>Responses</td> <td>409</td> <td>0</td> <td>160</td> </tr> <tr> <td>Time Burden (Hours)</td> <td>1,226</td> <td>0</td> <td>640</td> </tr> <tr> <td>Cost Burden (Dollars)</td> <td>0</td> <td>0</td> <td>15,000</td> </tr> </tbody> </table>						Inventory as of this Action	Requested	Previously Approved	Expiration Date	05/31/2021 36 Months From Approved		05/31/2018	Responses	409	0	160	Time Burden (Hours)	1,226	0	640	Cost Burden (Dollars)	0	0	15,000																				
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201805-0920-004	<p>Estimated Annualized Burden Hours (Year 1)</p> <table border="1"> <thead> <tr> <th>Data Collection</th> <th>Type of Respondents</th> <th>Form Name*</th> <th>No. of Respondents</th> <th>No. of Responses per Respondent</th> <th>Average Burden per Response (in hours)</th> <th>Total Burden Hours</th> </tr> </thead> <tbody> <tr> <td rowspan="3">CBLS</td> <td rowspan="3">FY14/FY17 State or Local Health Departments, or their Bona Fide Agents</td> <td>HHPSS Variables</td> <td>33</td> <td>4</td> <td>1</td> <td>132</td> </tr> <tr> <td>CBLS Variables (ASCII Text Files)</td> <td>33</td> <td>4</td> <td>3</td> <td>396</td> </tr> <tr> <td>CBLS Aggregate Records (Excel)</td> <td>1</td> <td>1</td> <td>2</td> <td>2</td> </tr> <tr> <td></td> <td>Solely FY17 State or Local Health Departments, or their Bona Fide Agents</td> <td>CBLS Variables (ASCII Text Files)</td> <td>14</td> <td>4</td> <td>4</td> <td>224</td> </tr> <tr> <td></td> <td>Solely FY18 State or Local Health Departments, or their Bona Fide</td> <td>CBLS Variables (ASCII Text Files)</td> <td>12</td> <td>4</td> <td>4</td> <td>192</td> </tr> </tbody> </table>						Data Collection	Type of Respondents	Form Name*	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours	CBLS	FY14/FY17 State or Local Health Departments, or their Bona Fide Agents	HHPSS Variables	33	4	1	132	CBLS Variables (ASCII Text Files)	33	4	3	396	CBLS Aggregate Records (Excel)	1	1	2	2		Solely FY17 State or Local Health Departments, or their Bona Fide Agents	CBLS Variables (ASCII Text Files)	14	4	4	224		Solely FY18 State or Local Health Departments, or their Bona Fide	CBLS Variables (ASCII Text Files)	12	4	4	192
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Agents						
ABLES	State or Local Health Departments, or their Bona Fide Agents	ABLES Case Records Form and Brief Narrative Report	32	1	8	256
		ABLES Aggregate Records Form and Brief Narrative Report	8	1	3	24
Total						1,226
Estimated Annualized Burden Hours (Year 2&3)						
Data Collection	Type of Respondents	Form Name*	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
CBLS	All FY17 and FY18 State or Local Health Departments, or their Bona Fide Agents*	CBLS Variables (ASCII Text Files)	59	4	4	944
		CBLS Aggregate Records (Excel)	1	1	2	2
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ICs: HHL PSS Variables ; CBLS Variables - FY14/FY17 State or Local Health Departments; CBLS Aggregate Records - FY14/FY17 State or Local Health Departments; CBLS Variables - FY17 State or Local Health Departments; CBLS Variables - FY18 State or Local Health Departments; ABLES Case Records Form and Brief Narrative Report; ABLES Aggregate Records Form and Brief Narrative Report						
201802-0920-006	Extension without change of a currently approved collection (ICR Name: The Healthy Homes and Lead Poisoning Prevention Surveillance System [HHL PSS])			03/27/2018	05/14/2018	Withdrawn and continue
	Terms of Clearance: CDC will withdraw and resubmit as a revision request.					
	Inventory as of this Action		Requested	Previously Approved		
Expiration Date		05/31/2018	18 Months From Approved		05/31/2018	

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	Responses	160	0	160																																												
	Time Burden (Hours)	640	0	640																																												
	Cost Burden (Dollars)	15,000	0	15,000																																												
	IC: pending																																															
201502-0920-012	Extension without change of a currently approved collection (ICR Name: The Healthy Homes and Lead Poisoning Prevention Surveillance System [HHLPPS])	02/26/2015	05/20/2015	Approved without change 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"> <thead> <tr> <th></th> <th>Inventory as of this Action</th> <th>Requested</th> <th>Previously Approved</th> </tr> </thead> <tbody> <tr> <td>Expiration Date</td> <td>05/31/2018</td> <td>36 Months From Approved</td> <td>05/31/2015</td> </tr> <tr> <td>Responses</td> <td>160</td> <td>160</td> <td>160</td> </tr> <tr> <td>Time Burden (Hours)</td> <td>640</td> <td>640</td> <td>640</td> </tr> <tr> <td>Cost Burden (Dollars)</td> <td>15,000</td> <td>15,000</td> <td>0</td> </tr> </tbody> </table> <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 Respondent</th> <th>Average Burden per Response (in hours)</th> <th>Total Burden (in hours)</th> </tr> </thead> <tbody> <tr> <td>State, local, and territorial Health Departments</td> <td>Healthy Homes and Lead Poisoning Surveillance Variables</td> <td>40</td> <td>4</td> <td>4</td> <td>640</td> </tr> <tr> <td colspan="5">Total</td> <td>640</td> </tr> </tbody> </table> <p>IC: Healthy Homes and Lead Poisoning Surveillance Variables https://www.reginfo.gov/public/do/DownloadDocument?objectID=53666501 (NIOSH variables combined in Table 7 of HHLPPS Form)</p>					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	Estimated Annualized Burden Hours						Type of Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)	State, local, and territorial Health Departments	Healthy Homes and Lead Poisoning Surveillance Variables	40	4	4	640	Total					640
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State, local, and territorial Health Departments	Healthy Homes and Lead Poisoning Surveillance Variables	40	4	4	640																																											
Total					640																																											
201111-0920-005	New collection (Request for a new OMB Control Number) (ICR Name: The Healthy Homes and Lead Poisoning Prevention	11/22/2011	04/23/2012	Approved with change Exp. Date 04/30/2015																																												

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Surveillance System [HHLPPS])																																			
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<p>IC: Healthy Homes and Lead Poisoning Surveillance Variables https://www.reginfo.gov/public/do/DownloadDocument?objectID=31823701 (NIOSH variables combined in Table 7 of HHLPPS Form)</p>																																			

OMB Control Number History

National Blood Lead Surveillance

OMB Control Number: **0920-0337**

Attachment 9. OMB Control Number History for Blood Lead Surveillance

ICR Ref. No.	Request Type	Date Received By OIRA	Conclusion Date	Conclusion Action																				
200805-0920-008	Discontinue	04/26/2012	04/27/2012	Approved																				
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200805-0920-008	Emergency extension	01/31/2012	01/31/2012	Approved Exp. Date 01/31/2012																				
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200805-0920-008	Revision of a currently approved collection	05/13/2008	01/08/2009	Approved without change Exp. Date 01/31/2009																				
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	State and Local Health Departments for Child Surveillance	42	4	2	336																				
	State and Local Health Departments for Adult Surveillance	40	4	2	320																				
	TOTAL				656																				
<p>IC: State and Local Health Department Surveillance for Childhood National Blood Lead Surveillance System https://www.reginfo.gov/public/do/PRAViewIC?ref_nbr=200805-0920-008&icID=6764 IC: State and Local Health Department Surveillance for Adult National Blood Lead Surveillance System https://www.reginfo.gov/public/do/PRAViewIC?ref_nbr=200805-0920-008&icID=184878</p>																									
200501-0920-002	Reinstatement with change of a previously approved collection	01/28/2005	05/06/2005	Approved without change Exp. Date 05/31/2005																					
<p>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.</p> <table border="1"> <thead> <tr> <th></th> <th>Inventory as of this Action</th> <th>Requested</th> <th>Previously Approved</th> </tr> </thead> <tbody> <tr> <td>Expiration Date</td> <td>05/31/2008</td> <td>05/31/2008</td> <td></td> </tr> <tr> <td>Responses</td> <td>336</td> <td>336</td> <td>0</td> </tr> <tr> <td>Time Burden (Hours)</td> <td>672</td> <td>672</td> <td>0</td> </tr> <tr> <td>Cost Burden (Dollars)</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table> <p>IC: National Blood Lead Surveillance System</p>							Inventory as of this Action	Requested	Previously Approved	Expiration Date	05/31/2008	05/31/2008		Responses	336	336	0	Time Burden (Hours)	672	672	0	Cost Burden (Dollars)	0	0	0
	Inventory as of this Action	Requested	Previously Approved																						
Expiration Date	05/31/2008	05/31/2008																							
Responses	336	336	0																						
Time Burden (Hours)	672	672	0																						
Cost Burden (Dollars)	0	0	0																						
200104-0920-006	Emergency extension	09/30/2004	09/30/2004	Approved																					
<p>Terms of Clearance: Approved consistent with clarification in CDC memo of 6-1-01.</p> <table border="1"> <thead> <tr> <th></th> <th>Inventory as of this Action</th> <th>Requested</th> <th>Previously Approved</th> </tr> </thead> <tbody> <tr> <td>Expiration Date</td> <td>06/30/2004</td> <td>06/30/2004</td> <td>06/30/2001</td> </tr> <tr> <td>Responses</td> <td>188</td> <td>188</td> <td>148</td> </tr> <tr> <td>Time Burden (Hours)</td> <td>600</td> <td>600</td> <td>456</td> </tr> <tr> <td>Cost Burden (Dollars)</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table> <p>IC: National Childhood Blood Lead Surveillance System</p>							Inventory as of this Action	Requested	Previously Approved	Expiration Date	06/30/2004	06/30/2004	06/30/2001	Responses	188	188	148	Time Burden (Hours)	600	600	456	Cost Burden (Dollars)	0	0	0
	Inventory as of this Action	Requested	Previously Approved																						
Expiration Date	06/30/2004	06/30/2004	06/30/2001																						
Responses	188	188	148																						
Time Burden (Hours)	600	600	456																						
Cost Burden (Dollars)	0	0	0																						
200104-0920-006	Emergency extension	06/18/2004	06/18/2004	Approved																					

Attachment 9. OMB Control Number History for Blood Lead Surveillance

	Terms of Clearance: Approved consistent with clarification in CDC memo of 6-1-01.			
	Inventory as of this Action	Requested	Previously Approved	
	Expiration Date	06/30/2004	06/30/2004	06/30/2001
	Responses	188	188	148
	Time Burden (Hours)	600	600	456
	Cost Burden (Dollars)	0	0	0
	IC: National Childhood Blood Lead Surveillance System			
200104-0920-006	Extension without change of a currently approved collection	04/13/2001	06/08/2001	Approved without change Exp. Date 06/30/2001
	Inventory as of this Action	Requested	Previously Approved	
	Expiration Date	06/30/2004	06/30/2004	06/30/2001
	Responses	188	188	148
	Time Burden (Hours)	600	600	456
	Cost Burden (Dollars)	0	0	0
	Terms of Clearance: Approved consistent with clarification in CDC memo of 6-1-01.			
	IC: National Childhood Blood Lead Surveillance System			
199801-0920-002	Emergency extension	03/29/2001	03/29/2001	Approved
	Inventory as of this Action	Requested	Previously Approved	
	Expiration Date	03/31/2001	03/31/2001	
	Responses	148	148	0
	Time Burden (Hours)	456	456	0
	Cost Burden (Dollars)	0	0	0
	IC: Childhood Blood Lead Surveillance System			
199801-0920-002	Reinstatement with change of a previously approved collection	01/09/1998	03/02/1998	Approved without change Exp. Date 03/02/1998
	Inventory as of this Action	Requested	Previously Approved	
	Expiration Date	03/31/2001	03/31/2001	
	Responses	148	148	0
	Time Burden (Hours)	456	456	0
	Cost Burden (Dollars)	0	0	0
	IC: Childhood Blood Lead Surveillance System			

Attachment 9. OMB Control Number History for Blood Lead Surveillance

199310-0920-003	New collection (Request for a new OMB Control Number)	10/25/1993	01/18/1994	Approved without change Exp. Date 01/31/1994																									
	<table border="1"> <thead> <tr> <th data-bbox="451 276 1041 337"></th> <th data-bbox="1041 276 1220 337">Inventory as of this Action</th> <th data-bbox="1220 276 1367 337">Requested</th> <th data-bbox="1367 276 1640 337">Previously Approved</th> <th data-bbox="1640 276 1957 337"></th> </tr> </thead> <tbody> <tr> <td data-bbox="451 337 1041 370">Expiration Date</td> <td data-bbox="1041 337 1220 370">01/31/1997</td> <td data-bbox="1220 337 1367 370">01/31/1997</td> <td data-bbox="1367 337 1640 370"></td> <td data-bbox="1640 337 1957 370"></td> </tr> <tr> <td data-bbox="451 370 1041 402">Responses</td> <td data-bbox="1041 370 1220 402">60</td> <td data-bbox="1220 370 1367 402">60</td> <td data-bbox="1367 370 1640 402"></td> <td data-bbox="1640 370 1957 402">0</td> </tr> <tr> <td data-bbox="451 402 1041 435">Time Burden (Hours)</td> <td data-bbox="1041 402 1220 435">132</td> <td data-bbox="1220 402 1367 435">132</td> <td data-bbox="1367 402 1640 435"></td> <td data-bbox="1640 402 1957 435">0</td> </tr> <tr> <td data-bbox="451 435 1041 467">Cost Burden (Dollars)</td> <td data-bbox="1041 435 1220 467">0</td> <td data-bbox="1220 435 1367 467">0</td> <td data-bbox="1367 435 1640 467"></td> <td data-bbox="1640 435 1957 467">0</td> </tr> </tbody> </table>		Inventory as of this Action	Requested	Previously Approved		Expiration Date	01/31/1997	01/31/1997			Responses	60	60		0	Time Burden (Hours)	132	132		0	Cost Burden (Dollars)	0	0		0			
	Inventory as of this Action	Requested	Previously Approved																										
Expiration Date	01/31/1997	01/31/1997																											
Responses	60	60		0																									
Time Burden (Hours)	132	132		0																									
Cost Burden (Dollars)	0	0		0																									
IC: National Childhood Blood Lead Surveillance System																													