Form Approved

OMB No. 0920-1215

Expiration Date 03/31/2024

Below is the Centers for Disease Control and Prevention’s (CDC) annual assessment for state and local childhood lead poisoning prevention programs (”programs”).

You have been asked to take part in this assessment as a state or local public official operating in your official capacity as decision-maker within a program.

The purpose of the assessment is to identify 1) jurisdictional legal frameworks governing CDC-funded programs in the United States, and 2) strategies for implementing childhood lead poisoning prevention activities in the United States.

This information collection will allow the CDC Childhood Lead Poisoning Prevention Program (CDC CLPPP) to identify specific factors that may support or hinder the efforts of public health agencies engaged in lead poisoning prevention. The information collection will inform guidance, resource development, and technical assistance activities the CDC CLPPP conducts in support of the ultimate goal of lead elimination. Assessment findings will be shared with key stakeholders, placed on CDC’s CLPPP website, and used to respond to inquiries by the public, media, and Congress.

The data will be kept secure throughout the analysis and reporting process.

This assessment should take no more than 47 minutes to complete. You may stop taking the assessment and finish it at a later time. To re-enter the web survey, the tool will provide you with a unique link and passcode for return access. Please refer to the Awardee Lead Profile Assessment (ALPA) training manual for instructions on answering each question. Each text box has a character limit of 200 characters.

Please complete the assessment by [SPECIFIC DATE TO BE PROVIDED – 2 WEEKS AFTER THE SURVEY IS SENT OUT].

Participation is required for satisfactory performance. No individually identifiable information will be requested.

If you have programmatic questions, you can contact CDC CLPPP via your Project Officer.

1. Please choose one option below to continue:

ᴏ I agree to participate in the assessment.

ᴏ I do not agree to participate in the assessment. **(END OF ASSESSMENT)**

CDC estimates the average public reporting burden for this collection of information as 47 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1215).

**Section 1: Program Information**

1. Program Title (ex. State Childhood Lead Poisoning Prevention Program)
2. City of Program Headquarters
3. State or Territory of Program Headquarters

ᴏ State Abbreviations and Territories

**Section 2: State and Territorial Program Legal Governance**

|  |  |  |
| --- | --- | --- |
| a. Does your jurisdiction have state or territorial legislation mandating blood lead testing for | b. What strategy is the mandate based on? | c. Please specify the ages covered by your jurisdiction’s legislation. |
| 1. **a. Medicaid-enrolled children?**   ᴏ Yes  ᴏ No (Skip to question 6a)  ᴏ Unknown (Skip to question 6a) | **5b.**  ○ Universal testing  ○ Targeted testing  ○ Both universal and targeted testing  ○ Other; please specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **5c.**  ᴏ All ages are covered  ᴏ A select age range is covered, with the maximum age covered being: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ᴏ Unknown |
| 1. **a. non-Medicaid-enrolled children?**   ᴏ Yes  ᴏ No (Skip to question 7a)  ᴏ Unknown (Skip to question 7a) | **6b.**  ○ Universal testing  ○ Targeted testing  ○ Both universal and targeted testing  ○ Other; please specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **6c.**  ᴏ All ages are covered  ᴏ A select age range is covered, with the maximum age covered being: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ᴏ Unknown |
| 1. **a. pregnant women?**   ᴏ Yes  ᴏ No (Skip to question 8)  ᴏ Unknown (Skip to question 8) | **7b.**  ○  ○ Testing only  ○  ○ Other; please specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

1. Does your jurisdiction have state or territorial legislation mandating the existence or operation of a program?

ᴏ Yes

ᴏ No; it is allowed but not mandated

ᴏ No; it is not allowed

ᴏ Unknown

1. Does your jurisdiction have a state or territorial reporting law for blood lead levels in children?

ᴏ Yes

ᴏ No (Skip to question 10)

ᴏ Unknown (Skip to question 10)

**9a.** Please specify the ages covered by your jurisdiction’s blood lead level reporting law.

ᴏ All ages are covered

ᴏ A select age range is covered, with the maximum age covered being: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ᴏ Unknown

**9b.** Please specify which blood lead levels are required to be reported. (Select one)

ᴏ All blood lead levels

ᴏ Blood lead levels ≥3.5 µg/dL

ᴏ Blood lead levels ≥5 µg/dL

ᴏ Blood lead levels ≥10 µg/dL

ᴏ Blood lead levels ≥15 µg/dL

ᴏ Blood lead levels ≥20 µg/dL

ᴏ Blood lead levels ≥45 µg/dL

ᴏ Blood lead levels ≥70 µg/dL

ᴏ Unknown

**9c.** Please specify who is mandated to report the blood lead levels. (Select all that apply)

□ Private laboratories

□ State public health laboratories

□ Providers

□ Local health departments

□ Other please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your jurisdiction have a state or territorial electronic health data reporting law?

ᴏ Yes

ᴏ No; electronic reporting is allowed but not mandated

ᴏ No; electronic reporting is not allowed

ᴏ Unknown

1. Does your jurisdiction have a state or territorial lead paint abatement and/or remediation law(s)?

ᴏ Yes

ᴏ No (Skip to question 12)

ᴏ Unknown (Skip to question 12)

**11a.** What strategy(s) is the law(s) based on? (Select all that apply)

□ Regulations regarding the type of building/facility (e.g. childcare centers, Section 8 housing, rental properties, etc.)

□ Regulations regarding the condition of the building/facility (e.g. pre-1978, 2 square feet of deteriorating paint, etc.)

□ Regulations regarding contractors and/or workers that perform abatement

□ Other; please specify:\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11b.** What triggers the law(s)? (Select all that apply)

□ Presence of children

□ Blood lead level

□ Other; please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11c.** Please specify which age ranges trigger the law(s). (Select one)

ᴏ Children ≤1 years of age

ᴏ Children ≤2 years of age

ᴏ Children ≤3 years of age

ᴏ Children ≤6 years of age

ᴏ Children ≤16 years of age

ᴏ N/A

○ Other; please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11d.** Please specify which blood lead levels trigger the law(s). (Select one)

ᴏ All blood lead levels

ᴏ Blood lead levels ≥3.5 µg/dL

ᴏ Blood lead levels ≥5 µg/dL

ᴏ Blood lead levels ≥10 µg/dL

ᴏ Blood lead levels ≥15 µg/dL

ᴏ Blood lead levels ≥20 µg/dL

ᴏ Blood lead levels ≥45 µg/dL

ᴏ Blood lead levels ≥70 µg/dL

ᴏ N/A

**Section 3: Local Program Legal Governance**

1. Are you a local health department or their bona fide agent?

○ Yes

○ No (Skip to section 4, question 21)

1. Do any of your jurisdiction’s local legislations regarding childhood lead poisoning prevention differ from your state legislations?

○ Yes

○ No (Skip to section 4, question 21)

|  |  |  |
| --- | --- | --- |
| 1. Does your jurisdiction have local legislation mandating blood lead testing for | 1. What strategy is the mandate based on? | 1. Please specify the ages covered by your jurisdiction’s legislation. |
| 1. **a. Medicaid-enrolled children?**   ᴏ Yes  ᴏ No (Skip to question 15a)  ᴏ Unknown (Skip to question 15a) | **14b.**  ○ Universal testing  ○ Targeted testing  ○ Both universal and targeted testing  ○ Other; please specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **14c.**  ᴏ All ages are covered  ᴏ A select age range is covered, with the maximum age covered being: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ᴏ Unknown |
| 1. **a. non-Medicaid-enrolled children?**   ᴏ Yes  ᴏ No (Skip to question 16a)  ᴏ Unknown (Skip to question 16a) | **15b.**  ○ Universal testing  ○ Targeted testing  ○ Both universal and targeted testing  ○ Other; please specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **15c.**  ᴏ All ages are covered  ᴏ A select age range is covered, with the maximum age covered being: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ᴏ Unknown |
| 1. **a. pregnant women?**   ᴏ Yes  ᴏ No (Skip to question 17)  ᴏ Unknown (Skip to question 17) | **16b.**  ○  ○ Testing only  ○  ○ Other; please specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

1. Does your jurisdiction have local legislation mandating the existence or operation of a program?

ᴏ Yes

ᴏ No; it is allowed but not mandated

ᴏ No; it is not allowed

ᴏ Unknown

1. Does your jurisdiction have a local reporting law for blood lead levels in children?

ᴏ Yes

ᴏ No (Skip to question 19)

ᴏ Unknown (Skip to question 19)

**18a.** Please specify the ages covered by your jurisdiction’s blood lead level reporting law

ᴏ All ages are covered

ᴏ A select age range is covered, with the maximum age covered being: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ᴏ Unknown

**18b.** Please specify which blood lead levels are required to be reported. (Select one)

ᴏ All blood lead levels

ᴏ Blood lead levels ≥3.5 µg/dL

ᴏ Blood lead levels ≥5 µg/dL

ᴏ Blood lead levels ≥10 µg/dL

ᴏ Blood lead levels ≥15 µg/dL

ᴏ Blood lead levels ≥20 µg/dL

ᴏ Blood lead levels ≥45 µg/dL

ᴏ Blood lead levels ≥70 µg/dL

ᴏ Unknown

**18c.** Please specify who is mandated to report the blood lead levels. (Select all that apply)

□ Private laboratories

□ State public health laboratories

□ Providers

□ Local health departments

□ Other; please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your jurisdiction have a local electronic health data reporting law?

ᴏ Yes

ᴏ No, electronic reporting is allowed but not mandated

ᴏ No, electronic reporting is not allowed

ᴏ Unknown

1. Does your jurisdiction have a local lead paint abatement and/or remediation law(s)?

ᴏ Yes

ᴏ No (Skip to question 21)

ᴏ Unknown (Skip to question 21)

**20a.** What strategy(s) is the law(s) based on? (Select all that apply)

□ Regulations regarding the type of building/facility (e.g. childcare centers, Section 8 housing, rental properties, etc.)

□ Regulations regarding the condition of the building/facility (e.g. pre-1978, 2 square feet of deteriorating paint, etc.)

□ Regulations regarding contractors and/or workers that preform abatement

□ Other; please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**20b.** What triggers the law(s)? (Select all that apply)

□ Presence of children

□ Blood lead level

□ Other; please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**20c.** Please specify which age ranges trigger the law(s). (Select one)

ᴏ Children ≤1 years of age

ᴏ Children ≤2 years of age

ᴏ Children ≤3 years of age

ᴏ Children ≤6 years of age

ᴏ Children ≤16 years of age

ᴏ N/A

○ Other; please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**20d.** Please specify which blood lead levels trigger the law(s). (Select one)

ᴏ All blood lead levels

ᴏ Blood lead levels ≥3.5 µg/dL

ᴏ Blood lead levels ≥5 µg/dL

ᴏ Blood lead levels ≥10 µg/dL

ᴏ Blood lead levels ≥15 µg/dL

ᴏ Blood lead levels ≥20 µg/dL

ᴏ Blood lead levels ≥45 µg/dL

ᴏ Blood lead levels ≥70 µg/dL

ᴏ N/A

**Section 4: Program Surveillance and Prevention Strategy**

1. Regarding the blood lead levels at which various public health actions are initiated, has your jurisdiction decided to (select one response below):

○ Use the updated BLRV (3.5 ug/dL) for at least one public health action.

○ Not use the updated BLRV (3.5 ug/dL) for any public health actions (Skip to question 22)

○ A decision has not been made yet (Skip to question 22)

○ This has not yet been discussed (Skip to question 22)

○ Unknown (Skip to question 22)

**21a.** When will this change be effective? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What barriers hinder your jurisdiction’s ability to use the updated BLRV of 3.5 ug/dL to initiate various public health actions? (Select all that apply)

□ Lack of support from providers

□ Lack of organizational support

□ Lack of support from decision makers

□ Lack of resources for the program

□ Lack of resources for testing

□ Lack of resources for follow-up activities

□ Lack of resources for laboratories

□ Laboratory testing capacity

□ Other; please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ None

1. Over the past 12 months, what has been the general trend for blood lead testing rates in your jurisdiction?

○ Testing rates have increased (Skip to question 23b)

○ Testing rates have decreased (Skip to question 23b)

○ Testing rates have remained relatively consistent (Skip to question 24)

○ Unknown (Skip to question 24)

**23a**. If testing rates have increased in your jurisdiction, what do you attribute that change to?

□ New policies/regulations

□ Increased availability of staff

□ Increased Funding

□ Increased resources for the program

□ Increased resources for testing

□ Increased resources for laboratories

□ Other; please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**23b**. If testing rates have decreased in your jurisdiction, what do you attribute that change to?

□ New policies/regulations

□ Decreased availability of staff

□ Decreased funding

□ Recalls of point-of-care testing kits

□ Decreased resources for the program

□ Decreased resources for testing

□ Decreased resources for laboratories

□ Laboratory-related issues; please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other; please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| 1. For the following populations, does your jurisdiction practice blood lead case management that is different from your jurisdiction’s mandate? | 1. How does your jurisdiction’s practiced blood lead case management differ from your jurisdiction’s mandate? (Select all that apply) | 1. What barriers does your jurisdiction face when practicing blood lead case management ? (Select all that apply) |
| 1. **a. Medicaid-enrolled children** less than 6 years (72 months) of age**?**   ○ Yes  ○ No (Skip to question 25a)  ○ Unknown (Skip to question 25a) | **24b.**  □ Specific interventions are triggered at a lower blood lead level than what is mandated  □ Specific interventions are triggered at a higher blood lead level than what is mandated  □ Focus is on targeting younger children  □ Other; please specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **24c.**  □ Resources for the program  □ Resources for testing  □ Working with providers  □ Education and/or outreach to providers  □ Education and/or outreach to public  □ Education and/or outreach to targeted populations  □ Accessing Medicaid program data  □ Other; please specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **a. non-Medicaid-enrolled children** less than 6 years (72 months) of age**?**   ○ Yes  ○ No (Skip to question 26)  ○ Unknown (Skip to question 26)  ○ There is no mandate for non-Medicaid-enrolled children less than 6 years of age (Skip to question 26) | **25b.**  □ Specific interventions are triggered at a lower blood lead level than what is mandated  □ Specific interventions are triggered at a higher blood lead level than what is mandated  □ Focus is on targeting younger children  □ Other; please specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **25c.**  □ Resources for the program  □ Resources for testing  □ Working with providers  □ Education and/or outreach to providers  □ Education and/or outreach to public  □ Education and/or outreach to targeted populations  □ Accessing Medicaid program data  □ Other; please specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Section 5: Primary Prevention Strategy**

1. Does your program conduct any of the following primary prevention activities? (Select all that apply)

**□** Link families with young children at high risk for lead poisoning to housing inspection and environmental intervention resources

**□** Evaluate lead-safe housing status of the community by conducting systematic environmental investigation activities (such as lead dust wipes, visual inspections, paint chip and soil analysis) based on the high-risk status of the housing (i.e. pre-1950 housing in poor condition), compiling those data in an electronic format, and developing an ongoing evaluation component

**□** Have codified specifications for lead-safe housing treatments

□ Lead hazard identification has been incorporated into ongoing housing code or other inspections as a result of

partnerships with housing agencies

□ Assure that policy changes needed to promote childhood lead poisoning prevention and lead-safe environments are recommended and supported with data

□ Collaborate with other agencies and organizations and incorporate lead poisoning educational information into

other health, housing, and community services that reach high-risk families

□ Conduct family and community education that support primary prevention activities

□ Conduct professional health education, risk communication, and/or training activities to increase lead poisoning

prevention awareness

□ When a child is identified with lead poisoning, require that environmental testing of adjacent units is conducted

□ Require that housing units identified previously as sources for lead exposure for child are prioritized for remediation

□ Lead-safe training sessions occur at least quarterly

□ Provide resources to help families reduce lead hazards in their homes

□ Require that all lead abatement contractors are certified and that all renovation and other contractors who work in pre-1978 housing are trained in lead-safe work practices

□ Replace lead service lines

□ Replace drinking fountains

□ None of the above

1. Has your jurisdiction’s program developed a lead elimination plan or goal?

○ Yes

○ No (Skip to question 28)

○ Unknown (Skip to question 28)

**27a.** Does your jurisdiction’s lead elimination plan have any measures? (Select all that apply)

□ Quantifiable standard

□ Timeline for goals

□ Other; please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ None of the above

**27b.** Does your jurisdiction’s lead elimination plan include any of the following components? (Select all that apply)

□ Primary prevention plan

□ Testing plan

□ CLPPP workplan

□ Laws/regulations and/or policy plan

□ Other; please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ None of the above

1. Does your jurisdiction’s program target high-risk areas and/or populations?

○ Yes; Our jurisdiction targets both high-risk areas and populations

○ Yes; Our jurisdiction targets only high-risk areas

○ Yes; Our jurisdiction targets only high-risk populations

○ No

○ Unknown

1. Does your jurisdiction publish GIS maps of high-risk areas and/or populations for public use?

○ Yes, GIS maps of both high-risk areas and populations are published

○ Yes; GIS maps of only high-risk areas are published

○ Yes; GIS maps of only high-risk populations are published

○ No

○ Unknown

**Continue to Section 6, beginning on the next page.**

**Section 6: Program Services**

|  |
| --- |
| **Section 6: Program Services Answer Key** |
| I: ≥3.5 µg/dL  II: ≥5 µg/dL  III: ≥10 µg/dL  IV: ≥15 µg/dL  V: ≥20 µg/dL  VI: ≥45 µg/dL  VII: ≥70 µg/dL  VIII: Not applicable |

At what confirmed blood lead level do you initiate the following actions according to your jurisdiction’s case definition for lead in blood for children less than 6 years (72 months) of age?

|  |  |  |
| --- | --- | --- |
| 1. **Administrative** | | |
| Action | Mandated  Blood Lead Level | Practiced  Blood Lead Level |
| Phone call | 30a. \_\_\_\_\_\_\_\_\_\_\_ | 30b. \_\_\_\_\_\_\_\_\_\_\_ |
| Mail letter and/or brochure | 30c. \_\_\_\_\_\_\_\_\_\_\_ | 30d. \_\_\_\_\_\_\_\_\_\_\_ |
| Refer patient for services | 30e. \_\_\_\_\_\_\_\_\_\_\_ | 30f. \_\_\_\_\_\_\_\_\_\_\_ |
| Begin coordination of services | 30g. \_\_\_\_\_\_\_\_\_\_\_ | 30h. \_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Assessment and Remediation of Residential Lead Exposure** | | |
| Action | Mandated  Blood Lead Level | Practiced  Blood Lead Level |
| Inspection of the child’s home and other sites | 31a. \_\_\_\_\_\_\_\_\_\_\_ | 31b. \_\_\_\_\_\_\_\_\_\_\_ |
| Obtain a history of the child’s exposure to potential lead hazards | 31c. \_\_\_\_\_\_\_\_\_\_\_ | 31d. \_\_\_\_\_\_\_\_\_\_\_ |
| Measure environmental lead levels in the home and other sites | 31e. \_\_\_\_\_\_\_\_\_\_\_ | 31f. \_\_\_\_\_\_\_\_\_\_\_ |
| Educational interventions to reduce ongoing exposure | 31g. \_\_\_\_\_\_\_\_\_\_\_ | 31h. \_\_\_\_\_\_\_\_\_\_\_ |
| Abatement interventions to reduce ongoing exposure | 31i. \_\_\_\_\_\_\_\_\_\_\_ | 31j. \_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Medical Assessment and Interventions** | | |
| Action | Mandated  Blood Lead Level | Practiced  Blood Lead Level |
| Caregiver lead education (nutritional and environmental) | 32a. \_\_\_\_\_\_\_\_\_\_\_ | 32b. \_\_\_\_\_\_\_\_\_\_\_ |
| Follow-up blood lead monitoring and testing | 32c. \_\_\_\_\_\_\_\_\_\_\_ | 32d. \_\_\_\_\_\_\_\_\_\_\_ |
| Complete history and physical exam | 32e. \_\_\_\_\_\_\_\_\_\_\_ | 32f. \_\_\_\_\_\_\_\_\_\_\_ |
| Complete neurological exam | 32g. \_\_\_\_\_\_\_\_\_\_\_ | 32h. \_\_\_\_\_\_\_\_\_\_\_ |
| Labwork (e.g. hemoglobin or hematocrit, iron status) | 32i. \_\_\_\_\_\_\_\_\_\_\_ | 32j. \_\_\_\_\_\_\_\_\_\_\_ |
| Temporary measures for lead hazard reduction | 32k. \_\_\_\_\_\_\_\_\_\_\_ | 32l. \_\_\_\_\_\_\_\_\_\_\_ |
| Permanent measures for lead hazard reduction | 32m. \_\_\_\_\_\_\_\_\_\_ | 32n. \_\_\_\_\_\_\_\_\_\_\_ |
| Neurodevelopmental monitoring | 32o. \_\_\_\_\_\_\_\_\_\_\_ | 32p. \_\_\_\_\_\_\_\_\_\_\_ |
| Abdominal x-ray with bowel decontamination | 32q. \_\_\_\_\_\_\_\_\_\_\_ | 32r. \_\_\_\_\_\_\_\_\_\_\_ |
| Chelation therapy | 32s. \_\_\_\_\_\_\_\_\_\_\_ | 32t. \_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Nutritional Assessment and Interventions** | | |
| Question | Mandated  Blood Lead Level | Practiced  Blood Lead Level |
| Diet evaluation | 33a. \_\_\_\_\_\_\_\_\_\_\_ | 33b. \_\_\_\_\_\_\_\_\_\_\_ |
| Referral to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | 33c. \_\_\_\_\_\_\_\_\_\_\_ | 33d. \_\_\_\_\_\_\_\_\_\_\_ |
| Referral to nutritionist | 33e. \_\_\_\_\_\_\_\_\_\_\_ | 33f. \_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Developmental Assessment** | | |
| Question | Mandated  Blood Lead Level | Practiced  Blood Lead Level |
| Conduct developmental assessment | 34a. \_\_\_\_\_\_\_\_\_\_\_ | 34b. \_\_\_\_\_\_\_\_\_\_\_ |
| Refer for diagnostic evaluation for neurodevelopmental issues | 34c. \_\_\_\_\_\_\_\_\_\_\_ | 34d. \_\_\_\_\_\_\_\_\_\_\_ |
| Refer for early intervention/stimulation programs | 34e. \_\_\_\_\_\_\_\_\_\_\_ | 34f. \_\_\_\_\_\_\_\_\_\_\_ |

1. Are any of these actions implemented by all or some local health departments rather than at the state health department level?

□ Phone call

□ Mail letter and brochure

□ Refer patient for services

□ Begin coordination of services

□ Caregiver lead education (nutritional and environmental)

□ Inspection of the child’s home and other sites

□ Obtain a history of the child’s exposure to potential lead hazards

□ Measure environmental lead levels in the home and other sites

□ Educational interventions to reduce ongoing exposure

□ Abatement interventions to reduce ongoing exposure

□ Follow-up blood lead monitoring and testing

□ Complete history and physical exam

□ Complete neurological exam

□ Labwork (e.g. hemoglobin or hematocrit, iron status)

□ Temporary measures for lead hazard reduction

□ Permanent measures for lead hazard reduction

□ Neurodevelopmental monitoring

□ Abdominal x-ray with bowel decontamination

□ Chelation therapy

□ Diet evaluation

□ Referral to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

□ Referral to nutritionist

□ Conduct developmental assessment

□ Refer for diagnostic evaluation for neurodevelopment issues

□ Refer for early intervention/stimulation programs

□ None of the above (Skip to question 37)

1. Are action(s) implemented by the local health department at a different blood lead level than levels set by the state health department?

○ Yes, the actions are implemented at a lower blood lead level

○ Yes, the actions are implemented at a higher blood lead level

○ No, the actions are implemented at the same blood lead level

1. Does your program receive Medicaid reimbursement for any of the following lead poisoning prevention related services? (Select all that apply)

□ Phone call

□ Mail letter and brochure

□ Refer patient for services

□ Begin coordination of services

□ Caregiver lead education (nutritional and environmental)

□ Inspection of the child’s home and other sites

□ Obtain a history of the child’s exposure to potential lead hazards

□ Measure environmental lead levels in the home and other sites

□ Educational interventions to reduce ongoing exposure

□ Abatement interventions to reduce ongoing exposure

□ Follow-up blood lead monitoring and testing

□ Complete history and physical exam

□ Complete neurological exam

□ Labwork (e.g. hemoglobin or hematocrit, iron status)

□ Temporary measures for lead hazard reduction

□ Permanent measures for lead hazard reduction

□ Neurodevelopmental monitoring

□ Abdominal x-ray with bowel decontamination

□ Chelation therapy

□ Diet evaluation

□ Referral to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)?

□ Referral to nutritionist

□ Conduct developmental assessment

□ Refer for diagnostic evaluation for neurodevelopment issues

□ Refer for early intervention/stimulation programs

□ None of the above