

INDIVIDUAL OBSERVATION WORKSHEET

Name of Facility		Date
Location/Start		Location/Start
Time/Start		Time/Finish
Surveyor		Client Codes

COLUMN 1 — TIME	COLUMN 2 — OBSERVATION

COLUMN 1 — TIME	COLUMN 2 — OBSERVATION

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0062 (Expires 2/28/2021). This information collection is mandatory for states to complete as authorized by Title XIX of the Social Security Act, Section 1905(d). To determine compliance with the requirements, section 1902(a)(33)(B) of the Social Security Act requires the State to utilize the same agency used by the Secretary under Section 1864 of the Act to determine whether institutions meet the requirements for participating in the program. The information collection records data relative to facility characteristics, including a description of the client population served and essential characteristics of the survey conducted in order to determine compliance with discreet requirements and to report to the Federal government. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. The time required to complete this information collection is estimated to average three hours per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. *****CMS Disclaimer*****Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the ICF/IID mailbox at QSOG_ICFIID@cms.hhs.gov.