

Form Approved OMB No. 0920-0666 Exp. Date: 12/31/2026 www.cdc.gov/nhsn

Prevention Process Measures Monthly Monitoring for LTCF

Page 1 of 1 *required for saving **conditionally required based upon monitoring selection in Monthly Reporting Plan			
Facility ID #:		*Year:	*Location Code:
Prevention Process	: Measures		
Hand Hygiene		Gown and Gloves	<u>5</u>
**Performed:	_	**Used:	
**Indicated:	_	**Indicated:	
Custom Fields			
Label			
Data _			
collected with a guarantee tha	at it will be held in strict confidence, will be	e used only for the purposes stated, and will	Id permit identification of any individual or institution is not otherwise be disclosed or released without the ervice Act (42 USC 242b, 242k, and 242m(d)).
Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing			

CDC 57.143 v.7.0

data sources, gathering and maintaining the data 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 this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS H21-8, Atlanta, GA

30333, ATTN: PRA (0920-0666).