

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0920-1026)

TITLE OF INFORMATION COLLECTION: VTrckS Contact Center Customer Satisfaction Survey_2015

PURPOSE: To gauge customer satisfaction from immunization awardee office staff members who use VTrckS and the VTrckS Contact Center. VTrckS is an online vaccine ordering system for publicly funded vaccines. The VTrckS Contact Center provides customer support to users of the VTrckS application. The survey will include questions pertaining to user friendliness, vaccine management and vaccine budget functionality, navigation, access to reports, and other key features of using the VTrckS system, as well as questions pertaining to the service quality that VTrckS users receive from the VTrckS Contact Center. Data collected will be used to improve CDC’s service delivery to immunization awardee users of VTrckS.

DESCRIPTION OF RESPONDENTS: Immunization awardee program managers. We seek information on the overall awardee experience with the VTrckS application (e.g., system access, system reliability, vaccine management and vaccine budget functionality, benefits, challenges, user friendliness, etc.) and with the overall awardee experience with the service delivered by the VTrckS Contact Center customer service representatives. We will we ask each program manager to submit one completed instrument on behalf of everyone in the awardee office who uses VTrckS.

TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input type="checkbox"/> Other: _____ |

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: Julie Orta, Public Health Analyst

To assist review, please provide answers to the following question:

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? Yes No

2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? Yes No
3. If Applicable, has a System or Records Notice been published? Yes No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? Yes No

BURDEN HOURS

| Category of Respondent | No. of Respondents | Participation Time | Burden |
|-------------------------------------|--------------------|--------------------|--------|
| State, local, or tribal governments | 62 | 1 | 62 |
| | | | |
| Totals | | | |

FEDERAL COST: The estimated annual cost to the Federal government is \$3,045

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe? Yes No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

Answer:

There is no sampling plan. The potential respondents are the 62 immunization awardee program managers. CDC maintains a current group email distribution list of all immunization program managers. Using that distribution list, we will email one data collection instrument to each of the 62 program managers.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
 - Web-based or other forms of Social Media
 - Telephone
 - In-person
 - Mail
 - Other, Explain
2. Will interviewers or facilitators be used? Yes No

Attachments:

Attachment A_VTrckS Contact Center Customer Satisfaction Survey_2015_Screen Shots