## Request for Approval under the “Improving Customer Experience:

## (OMB Circular A-11, Section 280 Implementation)”

## (OMB Control Number: 0503-0024)

**TITLE OF INFORMATION COLLECTION:** USDA APHIS Veterinary Services Customer Satisfaction Survey

**PURPOSE:** USDA Animal Plant Health Inspection Service’s Veterinary Services program (VS) interfaces with customers through multiple venues, including District offices in each US state and territory, Port Services along the Northern and Southern Borders, New York, Miami, and Los Angeles, Veterinary Export Trade Services, international pet travel, the Cattle Fever Tick Eradication program and the National Veterinary Accreditation Program. We currently do not have a systematic method for measuring real-time customer satisfaction other than through individual communications, Town Halls or high-level meetings with State Animal Health Officials, the VS Deputy Administrator or above. Limited visibility on real-time employee and customer satisfaction leads us to react to input that is irrelevant or outdated at best, especially during a global pandemic. On top of that, because we lack data and due to political and other pressures, we tend to cede all power to disgruntled customers, which in turn disengages employees. Because we are not consistently and routinely collecting real-time data, we assume that no news is good news and are missing the opportunity to have an impact on real pain points for our employees and customers. Questions asked here are intended to provide us a baseline for where to start on customer experience improvement initiatives. Data collected through this survey over time will also give us the ability to measure the impact of our improvements. This initial survey is a pilot that will be tested with our equine sector stakeholders. This survey will be part of a multi-pronged approach—to include journey mapping, workforce analysis reviews and customer/employee observation—to understanding and tracking customer and employee satisfaction. Ultimately this work will enable us to continuously surface, prioritize and address pain points and potential opportunities for improvements.

**TYPE OF ACTIVITY:** (Check one)

[ ] Customer Research

[ X ] Customer Feedback Survey *Does not deviate from A-11 standard questions*

[ ] User Testing of Services and Digital Products

**DESCRIPTION OF ACTIVITY**

1. How will you collect the information? (Check all that apply)

[ ] Web-based or other forms of Social Media

[ ] Telephone

[ ] In-person

[ ] Mail

[ X ] Other, Explain

We will be emailing a link to this survey to our stakeholders and customers.

As stated above, we will be piloting this survey on our partners in the equine sector. We will be sending out a link to the survey to our most current email list of equine sector stakeholders and partners from private industry that have interacted with VS Ports Services and VS Veterinary Export Trade Services. The recipients of the survey will be encouraged to share it with their equine sector networks that interact with APHIS Veterinary Services on a regular basis. We anticipate respondents will represent the following: broker/shipping agents, private equine quarantine operators, importers and exporters of equids, and animal handlers and haulers. Our veterinary medical officer leads in each state will also be sharing this survey with their State Animal Health Official counterparts who interact with these same private industry equine sector stakeholders.

**Personally Identifiable Information:** None.

**Gifts or Payments:** Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [ X ] No

**CERTIFICATION:**

I certify the following to be true:

1. The collections are voluntary;
2. The collections are low-burden for respondents (based on considerations of total burden hours or burden-hours per respondent) and are low-cost for both the respondents and the Federal Government;
3. The collections are non-controversial and do not raise issues of concern to other Federal agencies;
4. Any 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 near future;
5. Personally identifiable information (PII) is collected only to the extent necessary and is not retained;
6. Information gathered is intended to be used for general service improvement and program management purposes
7. Upon agreement between OMB and the agency aggregated data may be released as part of A-11, Section 280 requirements only on performance.gov. Summaries of customer research and user testing activities may be included in public-facing customer journey maps.
8. Additional release of data will be coordinated with OMB.

**Name:**

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**BURDEN HOURS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **No. of Respondents** | **Participation Time** | **Burden Hours** |
| Private sector – equine sector | 700 | 5 minutes | 59 hrs |
| State, local, or tribal governments | 25 | 5 minutes | 2 hrs |
| **Totals** | **725** |  | **61 hrs** |

**All instruments used to collect information must include:**

**OMB Control No.** 0503-0024

**Expiration Date:** 04/30/2023

## Instructions for completing Request for Approval under the “Improving Customer Experience (OMB Circular A-11, Section 280 Implementation)”

**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS**: Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

**BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households;(2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

**No. of Respondents:** Provide an estimate of the Number of respondents.

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

**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.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If applicable, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.