

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0579-0377)

TITLE OF INFORMATION COLLECTION: Highly Pathogenic Avian Influenza (HPAI) Emergency Response Responder Feedback Survey

PURPOSE: This Responder Feedback Survey seeks to collect observations from HPAI emergency response personnel regarding their HPAI emergency response roles, assignments, and experiences. This online survey provides a venue to receive feedback to evaluate current response activities and make recommendations and changes to improve the Animal and Plant Health Inspection Service’s HPAI emergency response capabilities and efforts in a timely, effective, and efficient manner. This survey has also been conducted on APHIS personnel (exempt from the Paperwork Reduction Act) who responded along with the responders (State and contracted/business) this information collection is seeking approval to survey.

DESCRIPTION OF RESPONDENTS: Respondents include persons who work in or have expertise, knowledge, and skills in the fields of animal health, epidemiology, and welfare; livestock and poultry management; animal transport; wildlife health and management; public health and occupational safety; environmental management; emergency response management; administrative and financial management; laboratory diagnostics; information technology; statistics and geospatial analysis; communications, education and training; and national and international trade. Respondents include veterinarians, animal health technicians, wildlife biologists, laboratory technicians, safety and training officers, technical support, and budget, contract, and office support.

TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input 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 checked="" type="checkbox"/> Other: Responder Feedback Survey |

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: [Debbi A. Donch, Senior Staff Veterinarian, APHIS Veterinary Services \(VS\)](#)

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

Personally Identifiable Information:

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

2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [] Yes [] No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [] Yes [] No

Gifts or Payments:

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

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
State, Local, or Tribal governments	20	.5 hours per response with 20 responses per respondent	200 hours
Totals	20	.5	200

FEDERAL COST: The estimated annual cost to the Federal government is \$6,186

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

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?
 [X] 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?

Universe and identification of potential respondents: The potential respondent universe for this HPAI emergency response Responder Feedback Survey is all persons engaged in the HPAI emergency response activities, including response coordination and management, onsite and virtual response activities, and response support activities.

Specific categories of potential respondents will be identified as follows:

- Federal responders (VS, APHIS non-VS, USDA non-APHIS, and any other Federal agency responders) and National Animal Health Emergency Response Corps (NAHERC) responders are identified using the Resource Ordering & Status System (ROSS) deployment reports. These responders will be provided the link to the on-line survey by the APHIS VS Incident Coordination Group (ICG). These responders are exempt from the Paperwork Reduction Act and are therefore not included in this information collection request for approval.
- State, local, and Tribal governments and private sector responders are identified and offered the survey through their respective State, local and Tribal government and private sector incident management representatives. The appropriate incident management representatives are provided in the link to the online survey by the VS Incident

Coordination Group.

Explanation: APHIS manages animal disease emergency response activities through the National Incident Management System (NIMS) and Incident Command System (ICS). An APHIS National Incident Coordination Group (ICG) is established. Additionally, the APHIS Emergency Management Leadership Council (EMLC) is engaged as the Multi-Agency Coordination (MAC) Group and establishes an APHIS HPAI MAC Group. State, local, and Tribal government and private sector respondents provide representation to the APHIS HPAI MAC Group, actively participating in the management and coordination of the resources they bring, including response persons, to support the emergency response.

Sampling plan for selecting from the potential respondent universe: The emergency response responder feedback survey will be offered to all responders participating in the HPAI emergency response activities. Completion of this survey is voluntary and completely anonymous. Therefore, sampling is a “convenience” sample consisting of all potential emergency responders willing to complete the survey. Sampling will occur throughout the emergency response incident.

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

Please make sure that all instruments, instructions, and scripts are submitted with the request.

**Instructions for completing Request for Approval under the “Generic
Clearance for the Collection of Routine Customer Feedback”**

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: Provide answers to the questions. 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.

FEDERAL COST: Provide an estimate of the annual cost to the Federal government.

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 the answer is yes, to the first question, 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.

Submit all instruments, instructions, and scripts with the request.