

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 1670-0027)

TITLE OF INFORMATION COLLECTION:

CISA Central Operations Branch: Stakeholder Feedback Form

PURPOSE:

The CISA Central Operations Center is a 24/7 information sharing hub on emerging threats and incidents involving Communication, Cyber and Physical Critical Infrastructure. Central Operations provides reports to DHS and CISA Senior Leaders, internal partners, and external stakeholders and are required to solicit feedback to improve reporting products. Information collected will be used internally to improve reporting products. Making a feedback survey available to stakeholders was recently identified as a requirement in a GAO Audit. A link will be provided at the bottom of each report sent to the various distribution lists. Stakeholders who wish to provide feedback on a report will select the embedded link in the report, complete a brief survey using Microsoft Forms, and submit. No personally identifiable information will be collected or maintained.

DESCRIPTION OF RESPONDENTS:

The respondents include internal and external partners who are on our distribution lists. The distribution varies by report type and incident type. A link will be provided within the email body of each report. The link will bring respondents to the survey on Microsoft Forms and providing feedback is completely voluntary.

TYPE OF COLLECTION: (Check one)

- | | |
|---|--|
| ☐ Customer Comment Card/Complaint Form | ☐ Customer Satisfaction Survey |
| ☐ Usability Testing (e.g., Website or Software | ☐ Small Discussion Group |
| ☐ Focus Group | ☒ Other: Stakeholder Feedback on
CISA Central Reporting |

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: Hensley S. Holling /Ray Hudson

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 ☒ N/A
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

Type of Respondent	Number of Respondents	Responses per Respondent	Average Burden per Response (in hours)	Total Annual Burden (in hours)	Average Hourly Wage Rate	Total Cost
Senior Leadership Note	406	1	0.05	20.3	38.24	\$776
Situation Report	1000	1		50		\$1,912
Daily Operations Report	574	1		28.7		\$1,098
Awareness Message	1320	1		66		\$2,524
Operations Summary	375	1		18.75		\$717
Totals	3675			183.75		\$7,027

https://www.bls.gov/oes/2020/may/oes_nat.htm#00-0000

² Table 1. Employer Costs for Employee Compensation by Ownership. Private Industry Workers.

https://www.bls.gov/news.release/archives/eccec_12162021.pdf. The load factor is estimated by dividing total compensation (\$37.24) by salaries and wages \$26.36).

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

Instrument	Number of Respondents	Responses per Respondent	Average Burden per Response (in hours)	Total Annual Burden (in hours)	Average Hourly Wage Rate	Total Cost
Senior Leadership Note	406	1	0.05	20.3	\$107.32	\$2,179
Situation Report	1000	1		50		\$5,366

Daily Operations Report	574	1		28.7		\$3,080
Awareness Message	1320	1		66		\$7,083
Operations Summary	375	1		18.75		\$2,012
Totals	3675			183.75		\$19,721

³ [Pay & Leave : Salaries & Wages - OPM.gov](#)

⁴ Load factor based on compensation and salary data for state and local government workers, per the BLS employer cost for employee compensation, September 2021. https://www.bls.gov/news.release/archives/eccec_12162021.pdf

STATISTICAL METHOD:

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?

CISA Central produces three specific types of reports for situational awareness to CISA leadership, internal partners, and external stakeholders. The distribution list for each varies based on the report and information sharing restrictions in place. The survey would be sent to each person on the distribution list each time a report is produced and sent out.

Recipients are determined by standard distribution lists dependent upon product type.

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 (email response) The link to the survey will be added to each report as they are distributed to internal and external partners.

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.

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.

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.

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