

**Request for Approval under the “Generic Clearance for the Collection of
Routine Customer Feedback” OIG-HHS Online Customer Surveys (OMB
Control Number: 0990-0379)**

TITLE OF INFORMATION COLLECTION:

OIG HHS Website feedback

PURPOSE:

The Architecture and Transformation Division (ATD) within the Office of the Chief Information Officer (OCIO) at the Office of the Inspector General for U.S. Department of Health and Human Services (OIG HHS) is responsible for maintaining the OIG HHS public-facing website, OIG.HHS.gov. As such, the ATD has begun the task of totally redesigning the front-end website as well as the back-end architecture to enhance the end-user experience. ATD will utilize website surveys to capture user/stakeholder satisfaction and feedback in an efficient, timely manner, in accordance with our commitment to improving service delivery.

The information collected from our customers and stakeholders will help ensure that users have an effective, efficient, and satisfying experience with our communications, reports and tools; as well as verify the various phases of website redesign are achieving the desired effect for the end-user. This feedback will provide insights into user/stakeholder perceptions, experiences, and expectations, provide an early warning of issues with service, or focus attention on areas where communication, training or changes in operations might improve delivery of products or services.

This collection of information is necessary to enable OIG HHS to garner customer and stakeholder feedback, and will allow for ongoing, collaborative, and actionable communications between the Agency and its customers and stakeholders. The primary objectives are to determine whether OIG HHS communications and reporting products: 1) meet the needs of the audience; 2) use effective mediums for delivering messages to audiences; 3) motivate the expected impact or change; 4) require mid-course corrections; and 5) require change in development and dissemination strategies for future communications and improvements.

DESCRIPTION OF RESPONDENTS:

Visitors to the OIG.HHS website that select the button to provide feedback.

TYPE OF COLLECTION: (Check one)

☐ Customer Comment Card/Complaint Form
☐ Usability Testing (e.g., Website or Software)
☐ Focus Group

☒ Customer Satisfaction Survey
☐ Small Discussion Group
☐ 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: Janet Wayland

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 hour
Website Customer Satisfaction Survey	120,000	3/60	6,000

FEDERAL COST: The estimated annual cost to the Federal government is \$86,000

These costs are comprised of: instrument preparation, implementation and analysis; survey preparation, conduction and analysis; and manager survey review.

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?

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

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.