

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0920-1050)

Instruction: This form should be completed by the primary contact person from the Program sponsoring the collection.

DETERMINE IF YOUR COLLECTION IS APPROPRIATE FOR THIS GENERIC CLEARANCE MECHANISM:

Instruction: Before completing and submitting this form, determine first if the proposed collection is consistent with the scope of the Collection of Routine Customer Feedback generic clearance mechanism. To determine the appropriateness of using the Collection of Routine Customer Feedback generic clearance mechanism, complete the checklist below.

If you select “yes” to all criteria in Column A, the Collection of Routine Customer Feedback generic clearance mechanism can be used. If you select “yes” to any criterion in Column B, the Collection of Routine Customer Feedback generic clearance mechanism cannot be used.

Column A	Column B
The information gathered will only be used internally to CDC. [X] Yes [] No	Information gathered will be publicly released or published. [] Yes [X] No
Data is qualitative in nature and not generalizable to people from whom data was not collected. [X] Yes [] No	Employs quantitative study design (e.g. those that rely on probability design or experimental methods) [] Yes [X] No
There are no sensitive questions within this collection (e.g. sexual orientation, gender identity). [X] Yes [] No	Sensitive questions will be asked (e.g. sexual orientation, gender identity). [] Yes [X] No
Collection does not raise issues of concern to any other Federal agencies. [X] Yes [] No	Other Federal agencies may have equities or concerns regarding this collection. [] Yes [X] No
Data collection is focused on determining ways to improve delivery of services to customers of a current CDC program. [X] Yes [] No	Data will be used to inform programmatic or budgetary decisions, for the purpose of program evaluation, for surveillance, for program needs assessment, or for research. [] Yes [X] No
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. [X] Yes [] No	

Did you select “Yes” to all criteria in Column A?

If yes, the *Collection of Routine Customer Feedback* generic clearance mechanism may be appropriate for your investigation. You may proceed with this form.

Did you select “Yes” to any criterion in Column B?

If yes, the *Collection of Routine Customer Feedback* generic clearance mechanism is NOT appropriate for your investigation. Stop completing this form now.

TITLE OF INFORMATION COLLECTION:

Centers for Disease Control and Prevention (CDC) Vaccine Distribution and Administration Tracking (VDAT) Help Desk (HD) Customer Satisfaction (CSAT) Survey

PURPOSE:

The CDC VDAT HD supports the CDC in achieving its overarching goal to accurately track, report, and distribute emergency and non-emergency response related vaccines as well as emergency and non-emergency response related diagnostics and therapeutics. The Help Desk is a robust and comprehensive infrastructure to manage user inquiries and requests related to use for managing and reporting emergency and non-emergency response related vaccine administration, therapeutics and diagnostics.

High-level overview of the systems using the CDC VDAT HD:

- Health Partner Order Portal (HPoP) users are jurisdictions, states, federal entities, pharmacies, and clinics who order and track their emergency and non-emergency response related vaccines, diagnostics, and therapeutics.
- Vaccine Finder (VF) focuses on providing information to the public about where emergency and non-emergency response related vaccines are available, and tracks usage by pharmacies and clinics.
- The Vaccine Administration Management System (VAMS) provides access to users to maintain appointments and information on recipient emergency and non-emergency response related vaccine dosages for a handful of states, prisons, and organizations.
- General Public: Inquiries that fall outside the system applications.

Common inquiries include:

- VF & HPoP
 - Account/Login (TFA Issues)
 - Change/Add POC
 - Inventory Issues
- VAMS
 - Vaccination Card/Certificate/Replacement/Lost/QR Code
 - Access Issue (Inactive Account/Password Lockout)
 - Access Issue (MFA/OTP)
- General Public:
 - Vaccine Card Damage/Lost Replacement/Certificate
 - Travel Guidelines/Questions
 - Medical Advice/Health Questions (Vaccine Exemption, Booster Shots, Payment for Medical Bills)

The CDC VDAT HD program monitors the performance of the Help Desk Specialists (HDS), the training they receive, and the information they provide to ensure it meets the needs of the vaccine distribution vendor users and the general public. CDC VDAT Team developed and administers a survey tool via email through Salesforce system to collect data regarding HDS performance and the HD experience.

The CDC VDAT HD creates Service Request (SR) tickets are received both phone and email channels. All users with a closed ticket receive a survey. Salesforce automated system is used to

send a survey invitation based on a ticket's status of closed.

The purpose of the voluntary survey is to gather qualitative customer and stakeholder feedback on CDC VDAT HD service delivery. Conceptual aspects are usefulness, staff's knowledge, timeliness, satisfaction, and experience are analyzed. The survey results are used to provide insights into customer perceptions, experiences, and expectations of the CDC VDAT HD program. The survey responses can provide early warning of issues with a system or service, or focus attention on areas where communication, training or changes in customer service operations may improve the overall quality and delivery of service of the help desk operations.

The survey is designed to be unintrusive and as simple as possible for any responder to understand. Survey questions will not contain Personally Identifiable Information (PII) and the results will only be used to improve the quality of the CDC VDAT HD program.

DESCRIPTION OF RESPONDENTS:

Most of the responses are from the general public and pharmacies.

- General Public (Inquiries that fall outside the system applications)
- Pharmacy Corporate Offices & Individual Pharmacy Stores

Less common respondents include:

- State Jurisdictions
- Federal Entities
- Hospitals
- Clinics
- Doctor Offices
- Dialysis Centers

TYPE OF COLLECTION: (Check one)

Instruction: Please sparingly use the Other category

- ☐ 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.

Name: Amanda Kellerman

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

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? ☐ Yes ☒ **No**
 - a. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? ☐ Yes ☐ No
 - b. 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**

If Yes: Please describe the incentive. If amounts are outside of customary incentives, please also provide a justification

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Jurisdictions, States, Federal Entities, Pharmacy Corporate Offices	12	3 minutes per response 3 min x 12 responses/week = 36 minutes	5 hours/week 5 hours/week x 52 weeks = 260 hours
Providers: Individual Pharmacy Stores, Hospitals, Clinics, Doctor Offices, Dialysis Centers	37	3 minutes per response 3 min x 37 responses/week = 111 minutes or 1.85 hours/week	
General Public	51	3 minutes per response 3 min x 51 responses/week = 153 minutes or 2.55 hours/week	
Totals	110	300 minutes/week or 5 hours/week	260 hours

FEDERAL COST: The estimated annual cost to the Federal government is \$50,000

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 Yes:** Please provide a description of both below (or attach the sampling plan)
- **If No:** Please provide a description of how you plan to identify your potential group of respondents and how you will select them or ask them to self-select/volunteer
 - The Help Desk is a robust and comprehensive infrastructure to manage user inquiries and requests related to use for managing and reporting emergency and non-emergency response related vaccine administration, therapeutics and diagnostics. The CDC VDAT HD creates Service Request (SR) tickets are received both phone and email channels. All users with a closed ticket receive a survey.

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. *See below please.*

Salesforce automated system is used to send a survey invitation via email based on a ticket's status of closed.

The survey contains a total of five (5) questions which will be used to gather information to determine the following:

- How useful is the HD
- How knowledgeable is the HDS
- How timely is the resolution
- How satisfied is the user with the HD
- Overall feedback or comments to improve the HD experience

Sample Survey

Usefulness
Was this the first time you contacted the Help Desk regarding an issue?
Yes OR No
If "No", please provide additional detail regarding your experience
Trained Staff

Was your Help Desk Specialist knowledgeable about the application? Yes OR No
--

Timeliness Was your inquiry resolved in a timely manner? Yes OR No
--

Satisfaction How easily did the Help Desk Specialist resolve your issue? Scale of 0 – 10 (0: Not Resolved; 10: Resolved)
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Overall experience Considering your overall experience with the CDC VDAT Help Desk, how likely are you to recommend? Scale of 0 – 10 (0: Very Unlikely; 10: Very Linkely)

Survey Invite Email Template

Hello {First name, Last name},

Thank you for contacting the CARS Help Desk. To continue providing the best service and customer experience, please assist us by taking a moment to complete a survey by sharing your experience with the CARS Help Desk. The survey is voluntary, and all information will be kept confidential.

{Provided Link}

Please be aware that consent is implied once the link has been accessed.

We appreciate your participation and will effectively use it to improve our services to you.

Thank you,

COVID-19 Administration Reporting Systems Help Desk (CARS)

Email: CARS_HelpDesk@cdc.gov

Phone: 1-833-748-1979

CONFIDENTIALITY NOTICE: This e-mail, including attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information or otherwise be protected by law. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender and destroy all copies and the original message.

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 concise 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 concise 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. The ‘Other’ category should be used only in the contexts in which the provided categories cannot reasonably apply.

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: As a general matter, incentives are not appropriate for customer service collections; however, incentives may be appropriate for focus groups or in-depth usability studies, especially when participants must travel to a site to participate. In the latter circumstance, the incentive should include travel costs. Customary incentives for focus groups in the Federal government are \$40 for a one-hour interview and \$75 for a 90-minute focus group. If you answer yes to the question, please describe the incentive and provide a justification for amounts other than those cited above; justifications should be limited to Federal studies of a similar design and subpopulation.

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.