

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

---

### **TITLE OF INFORMATION COLLECTION:**

Project ECHO Biosafety Community of Practice: Registration and Follow-up Surveys

### **PURPOSE:**

The Development of Biosafety Community of Practice project is based upon the Extension for Community Healthcare Outcomes (ECHO) model and will address laboratory biosafety challenges by bringing together subject matter experts to present and discuss case studies and lessons learned across 11 sessions hosted over one year. Evaluation and gathering feedback to improve future sessions are essential to the ECHO model. This evaluation is composed of a voluntary, three-part survey, including a short registration survey, a post-session, and follow-up evaluation after the fifth and eleventh session. Holistically, these three surveys will provide feedback from participants to help CDC assess and improve services to target audiences, promote best practices, advance application of laboratory safety, and meet evaluation requirements for use of the ECHO model.

Survey 1 - Participants will be asked to complete a short one-minute Registration survey the first time they register for a Biosafety ECHO session. Registration is not required by attendees when registering for subsequent sessions.

Survey 2 - Post-Session session surveys focus on speaker and case-study evaluation. Participants will be asked to complete a brief survey that should take no longer than 2 minutes. One survey will be completed for each of the 11 ECHO sessions attended.

Survey 3 – Participants will be asked to voluntarily complete a Follow-up survey after the fifth and eleventh sessions if they attend sessions during these two 6-month periods. The survey should take no longer than 2 minutes. Attendees would only be asked to complete a survey for the first 5 or the last 6 sessions of the Biosafety ECHO they attended. For example, if an attendee participates in any of the session 1-5 and any of session 6-11, they will complete two surveys. A participant who only attends one session from session 1-5 or 6-11 will complete only one survey.

We calculate the total estimated time of 27 minutes to complete these three-part evaluation surveys, which include the maximum number of sessions that an attendee can participate as follows:

- Survey 1 at registration: total of one minute
- Survey 2 at each of the 11 sessions: total of 11 times 2 minutes = 22 minutes
- Survey 3 at the sixth and eleventh sessions: total of 2 times 2 minutes = 4 minutes

### **DESCRIPTION OF RESPONDENTS:**

Respondents will be entirely comprised of laboratory professionals, including but not limited to biosafety officers, quality managers, and laboratory directors. All contacted respondents will have experience with and/or duties related to biosafety in clinical or public health laboratories.

### **TYPE OF COLLECTION: (Check one)**

- |   |  |
|---|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form         | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software | <input type="checkbox"/> Small Discussion Group                  |

Focus 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: \_\_\_\_\_ Aufra Araujo, PhD \_\_\_\_\_

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 Not applicable

**Gifts or Payments:**

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

**BURDEN HOURS**

Burden has been estimated as if all attendees participated in all sessions. However, based on previous collection efforts using the ECHO methodology, attendee participation averaged from 33%-50% of all sessions. The burden estimate below represents the maximal total number of respondents participating in all parts of the information collection.

Category of Respondent	No. of Respondents	Participation Time	Burden (hours)
State, local, or tribal governments	85	27/60	38 and 15/60
<b>Totals</b>			<b>38 and 15/60</b>

**FEDERAL COST:** The estimated total annual cost to the Federal government is \$14,160.00. The cost to the federal government includes the salary of CDC staff and contractors to develop the data collection instrument, collect data, and perform data analysis. There are no equipment or overhead costs.

**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?

The CDC Division of Laboratory Systems will collaborate with the Association of Public Health Laboratories to identify personnel from member laboratories, which include state, local and territorial public health laboratories, suitable to participate in ECHO sessions. Identified personnel have experience with and/or subject matter expertise related to Biosafety ECHO sessions.

### **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.

**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.**