SUPPLEMENTARY INFORMATION:

A. Purpose

The Mission-Support Customer Satisfaction Survey (CSS) is an annual survey led by the Office of Management and Budget (OMB) and managed by the General Services Administration (GSA). The CSS began in 2015 as part of the Obama Administration's President's Management Agenda (PMA).

The CSS asks Federal employees to rate how satisfied they are with mission-support functions and services, how important specific mission-support services are to achieving mission outcomes, and whether a function serves as an effective strategic partner. Employees are asked to rate their perception of satisfaction, importance, and strategic partnership for 24 service areas on a seven-point Likert Scale within the following four support functions (functions are in *bold*):

Contracting: Pre-Award Activities; Contract Administration; Purchase Card Management.

Finance: Budget Formulation; Budget Execution; Financial Management Information & Analysis; Bill Payments; Bill Collections; Financial Risk Management.

Human Capital: Recruiting & Hiring; Training & Development; Work/Life Support; Employee Relations; Labor Relations; Performance & Recognition Management; Workforce Planning & Succession; Time & Attendance Management; Benefits Management; Retirement Planning & Processing.

Information Technology: IT Support; IT Communications & Collaboration; IT Equipment; Operations & Maintenance (O&M); Development, Modernization & Enhancement (DM&E).

The CSS is an annual, non-mandatory survey typically sent in early spring to all federal civilian employees at the 24 CFO Act Agencies.

The survey is distributed through email and responses are collected through an online survey platform. Each email sent contains a unique link to take the survey. Email contacts are obtained through the Office of Personnel Management's (OPM) Enterprise Human Resources Integration-Statistical Data Mart (EHRI–SDM). The EHRI–SDM is an information system that supports statistical analyses of federal personnel management programs. Agencies submit data from their personnel systems to the EHRI–SDM.

Agencies may choose to supplement or edit the EHRI–SDM email list for the purposes of this survey.

Survey reminders are sent once per week to those who have not yet taken the survey starting 7 days after the initial launch date until the closing of the survey. The survey is typically open for 6 to 8 weeks.

Individual survey responses are tracked for completeness so that reminders are sent only to those who have not yet taken the survey.

This is a confidential survey. To prevent identification of individual respondents, average satisfaction scores are excluded where the number of responses is fewer than 10. Once the survey is closed, all personal identifiable information (PII) is stripped from the data to protect privacy.

Survey participants only answered questions related to functions or services they had interaction within the previous year.

The response rate from year to year is approximately 20%.

Survey participants are allowed to opt out or choose not to take the survey.

The CSS is 508 compliant.

The CSS data is used by the Federal Government for three primary reasons:

- To provide a significant measure for quality of service provided, so that agencies can evaluate functional performance on quality as well as cost.
- To allow agencies to compare their performance to other agencies at the agency and bureau level.
- To provide the center of government a valuable data set to analyze and provide actionable insights for mission-support performance improvement.

Here are other specifics around how we plan to share the data:

- The items and the results of the items will be made publicly available for Federal agencies to assess their scores to identify areas for improvement;
- The general public, including researchers and the media, will also have access to this information;
- The collections are voluntary;
- Access to completed surveys will be limited to GSA and contractors who are involved in collecting and/or preparing the information for further analysis at OMB and distribution to other agencies:
- Information is only shared for the for the whole population and for certain subgroups. Neither federal agencies nor the public will receive data by subgroups that could be used to identify a specific individual or a person's specific response to a survey question.

The Agency has established a manager/managing entity to serve for this generic clearance and will conduct an independent review of each information collection to ensure compliance with the terms of this clearance prior to submitting each collection to OMB.

B. Annual Reporting Burden

Respondents: 300,100.
Responses per Respondent: 1.
Total Annual Responses: 1.
Hours per Response: 0.093 (338 seconds).
Total Burden Hours: 28,176.06.

C. Public Comments

A 60-day notice published in the **Federal Register** at 87 FR 39095 on June 30, 2022. No comments were received.

Obtaining Copies of Proposals: Requesters may obtain a copy of the information collection documents from the Regulatory Secretariat Division by calling 202–501–4755 or emailing *GSARegSec@gsa.gov.* Please cite OMB Control No. ''3090–XXXX Generic Clearance for the Collection of the Mission-Support Customer Satisfaction Survey'' in all correspondence.

Beth Anne Killoran,

Deputy Chief Information Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–23–1166]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled ''Poison Center Collaborations for Public Health Emergencies (PCCPHE)'' to the Office of Management and Budget (OMB) for review and approval. CDC previously published a ''Proposed Data Collection Submitted for Public Comment and Recommendations'' notice on August 26, 2022 to obtain comments from the public and affected agencies. CDC received no substantive public comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.,* permitting electronic submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

Poison Center Collaborations for Public Health Emergencies (PCCPHE)(OMB Control No. 0920–1166, Exp. 04/30/2023)—Revision—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC) is requesting a three-year Paperwork Reduction Act (PRA) Revision of the Generic Information Collection Request (Generic ICR) titled Poison Center Collaborations for Public Health Emergencies (PCCPHE) (OMB Control No. 0920–1166; Expiration Date 04/30/2023).

CDC's key partner is America's Poison Centers, formerly known as the American Association of Poison Control Centers (AAPCC). America's Poison Centers is a national network of 55 poison centers working to prevent and treat poison exposures. America's Poison Centers manages its existing surveillance system called the National Poison Data System (NPDS) and provides CDC access to monitor this system under a cooperative agreement and a data license agreement.

When a public health emergency of interest emerges in NPDS, the CDC and America's Poison Centers hold a meeting to mutually decide whether the incident needs further investigation. For a public health emergency to be selected for call-back, adverse health effects must have occurred, and a response is needed to prevent further morbidity and mortality. The event must meet the following criteria: (1) the event is a public health emergency causing adverse health effects; (2) timely data are urgently needed to inform rapid public health action to prevent or reduce injury, disease, or death; (3) the incident is characterized by a natural or man-made disaster, contaminated food or water, a new or existing consumer product, or an emerging public health threat; (4) the incident has resulted in calls to a poison center, and the poison center agrees to conduct the call-back data collection; (5) the incident is domestic; and (6) data collection will be completed in 60 days or less.

The purpose of this Generic ICR is to create a timely mechanism to allow poison centers, supported by CDC, to follow-up with callers during select public health emergencies on exposure and health. These PCCPHE Generic Information Collections (GenICs) will obtain information on sources of exposure, scenario of exposure, health seeking behaviors following exposure, and awareness of health communication messaging. These additional data can help CDC identify interventions to improve health messaging meant to reduce exposure; improve disaster and emergency response; and prevent future events for the specific area or incident of interest.

Trained poison center staff will conduct the call-back telephone survey or will facilitate the call-back web survey, after administering consent. Respondents will include individuals who call poison centers about exposures related to the select public health emergencies. These respondents include adults, 18 years and older; adolescents, 15 to less than 18 years; and parents or guardians on behalf of their children less than 15 years of age.

In 2019, a PCCPHE GenIC, titled ''Risk Factors for Harmful Algal Blooms (HABs),'' was conducted to identify sources of and risk factors for HAB exposures. New information gained about HAB exposures were used improve HAB incident response, communication, and outreach at the state and national level. During the past three-year approval period, no PCCPHE GenICs were conducted; however, two NPDS-related follow-up studies were implemented using the Secretary's Public Health Emergency PRA Waiver for COVID–19. During a non-pandemic situation, these two studies would have used this Generic ICR. These studies assessed unintentional exposures associated with cleaning products (*e.g.,* bleach, hand sanitizers) in home settings to determine knowledge, attitudes, and practices regarding cleaning behaviors and help guide public health messaging.

Based on CDC's past experience, the following revisions affecting public burden are proposed. CDC plans to increase the annual number of public health emergencies of interest from two to three per year. CDC will reduce the estimated time per response from 40 minutes to 10 minutes. CDC plans to add web surveys as a second secure mode of collection to the currently approved telephone surveys. CDC will also increase the annual number of respondents from 150 to 500 per call-back investigation.

Based on these revisions, the annual time burden requested is 250 hours, which is an increase of 50 hours over the 200 hours previously approved. There is no cost to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Adult Poison Center Callers	Call-back Questionnaire for Self	1,200	1	10/60
Adolescent Poison Center Callers	Call-back Questionnaire for Self	150	1	10/60
Parent or Guardian Poison Center Callers	Call-back Questionnaire for Proxy	150	1	10/60

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–23–22CB]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled ''Assessment for the *Get Ahead of Sepsis (GAOS)* Consumer and Healthcare Professional Campaign'' to the Office of Management and Budget (OMB) for review and approval. CDC previously published a ''Proposed Data Collection Submitted for Public Comment and Recommendations'' notice on January 31, 2022, to obtain comments from the public and affected agencies. CDC received two comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.,* permitting electronic submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

Assessment for the Get Ahead of Sepsis (GAOS) Consumer and Healthcare Professional Campaign—New—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Sepsis is a life threating emergency, and it is the body's overactive and toxic response to an infection. Each year 1.7 million adults in the United States develop sepsis, with 270,000 fatalities. Sepsis is the leading cause of death in hospitals and one out of three hospital fatalities are due to sepsis infection. Sepsis management in U.S. hospitals is the highest when compared to inpatient cost for all other medical conditions. Annual costs are estimated to be over $62 billion.

In media and public health campaigns, antimicrobial resistance and sepsis are rarely presented together which does not make their linkage apparent. It has been concluded that sepsis and antimicrobial stewardship should not be discussed in isolation. Surprisingly, 24% of adults in the U.S. have never heard of sepsis, so this presents a unique opportunity for future messaging campaigns.

The goals of the Get Ahead of Sepsis (GAOS) educational campaign are to prevent and reduce infections that lead to sepsis and to optimize healthcare quality and patient safety by raising awareness, knowledge, and motivating behavior change related to sepsis prevention, early recognition, and appropriate treatment among consumer and healthcare professional (HCP) audiences. A panel survey will be utilized to recruit participants. Surveys will be distributed to consumer audiences and HCPs both before and after the media campaign and partner outreach.

Consumer audiences include:

(1) Cancer patients and their caregivers,

(2) Patients who survived severe COVID–19 or sepsis and their caregivers,

(3) Parents of children 12 and younger,

(4) Adults who care for a family member age 65+, (5) Men aged 65+ with one or more chronic conditions, and (6) Healthy adults 65+

HCP audiences include:

(1) Emergency Medical Services personnel,

(2) Nurse Practitioners and Physician Assistants who work at urgent care clinics,

(3) Emergency Department triage nurses,

(4) General medical ward staff,

(5) Primary care physicians,

(6) Long-term care (LTC) nurses, and

(7) LTC medical technicians and sitters.

This program evaluation will assist CDC in determining if the GAOS media campaign, along with partner outreach, was successful in raising knowledge and awareness and motivating behavior change among consumer and HCP audiences in select markets. The information gathered from this evaluation will also be used to inform refinement and implementation of the campaign (materials and tactics).

CDC requests OMB approval for an estimated 1366 annual burden hours. There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Consumers	*GAOS* Consumer Pre-Campaign web survey	945	1	20/60