Request for Approval under the "Generic Clearance for the Collection I-Catalyst Program (OMB Control Number: 0920-1158)

TITLE OF INFORMATION COLLECTION: CDC I-CATALYST PROGRAM: PROJECT NCCDPHP **SUIDIRF**

PURPOSE: The CDC I-Catalyst program teaches CDC teams a "customer discovery" process aimed at helping teams with a new solution to identify their customers. This is done by taking a team's main assumptions about who their customer is, the exact problem they are solving for the customer, and how the customer wants to receive or use the solution from the team—and turning those assumptions into hypotheses which the teams will then test (mainly through interviews with potential customers).

Ten years ago, National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) brought together Subject matter Experts (SMEs) to update a form that collects information at the scene of an infant death. The form, known as Sudden Unexplained Infant Death and the Investigation Report Form (SUIDIRF) is used by 2 primary groups: 1) the death certifier to better determine cause and manner of death; and 2) child death review Projects to discuss infant death prevention strategies. When CDC updated the form 10 years ago, NCEZID did not consider child death review Projects and also did not ask end-users what they wanted. The form was not pre-tested. NCEZID will like to update the form and improve its usability. Prior work to determine need was found that the first needed step was to edit and update the form. This project will support the activities to seek death investigators and other end-user's input in updating the form for usability.

DESCRIPTION OF RESPONDENTS: Project SUIDIRF will focus on seeking input from death investigators such as medical examiners/forensic pathologists; law enforcement officers.

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
[x] Other: one-on-one informal interviews

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.

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

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? [ ] Yes **[X] No**

2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [ ] Yes **[X] No**

3. If Applicable, has a System or Records Notice been published? [ ] Yes [ ] No **[X] N/A**

Gifts or Payments:

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

BURDEN HOURS

Type of Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden per Response (in hrs.)	Total Burden (in hrs.)
Epidemiologists, statisticians, Health Scientist	Interview Guide	50	1	30/60	25
Total					25