Supporting Statement A

Transforming Pediatrics for Early Childhood (TPEC) Program Performance Measures

OMB Control No. 0906-XXXX

Terms of Clearance: None

A. Justification

1. Circumstances Making the Collection of Information Necessary

HRSA is requesting OMB approval for a new information collection, the Transforming Pediatrics for Early Childhood (TPEC) Program Performance Measures. All TPEC funding recipients will collect data and report standardized annual performance measures included in this ICR.

The TPEC Program is authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act), which authorizes awards and allocates funding for special projects of regional and national significance in maternal and child health. The Special Projects of Regional and National Significance (SPRANS) program supports HRSA's mission to improve the health and well-being of America's mothers, children, and families.

Through the TPEC Program, HRSA directly funds organizations with statewide or tribal reach to place early childhood development (ECD) experts in local pediatric practices to deliver team-based care to young children and their families.

Since fiscal year 2022, Congress has allocated SPRANS funding to place ECD experts in pediatric settings with a high percentage of Medicaid and Children’s Health Insurance Program patients. The program began in 2022 with appropriations allocated annually since. Previous TPEC funding recipients did not report separate, standardized performance measures to HRSA, instead submitting performance reports through the MCHB Discretionary Grants Information System (DGIS), approved under OMB Control # 0915-0298. This approach resulted in data that was similar in scope but varied across recipients.

2. Purpose and Use of Information Collection

The information will be used by the HRSA program team to monitor and provide

oversight to TPEC funding recipients so TPEC funding recipients can successfully access, analyze, and use pediatric practice-level and state-level data to meet program goals. HRSA will also use the performance information to demonstrate program accountability and impact to young children and their families served by the TPEC-funded pediatric practices. Information collected will include:

- Total number of partner pediatric practices, total number of ECD experts placed in partner pediatric practices, total number of pediatric primary care staff trained statewide; and

- Percentage of children (aged 5 and under) served in partner pediatric practices that received a timely well-child visit, percentage of children (aged 3 and under) served in partner pediatric practices that received a timely developmental screening using a validated parent-completed tool, percentage of children (aged 5 and under) and their families served in partner pediatric practices comprehensively screened, percentage of children (aged 5 and under) and their families served in partner pediatric practices that received appropriate follow-up services, and percentage of children (aged 6 months-5 years) served in partner pediatric practices that meet child flourishing criteria, as aligned with the National Survey of Children's Health.

3. Use of Improved Information Technology and Burden Reduction

Funding recipients will report on the TPEC Program Performance Measures for all five years of their cooperative agreement, which begins in fiscal year 2026.

TPEC funding recipients will report TPEC Program Performance Measures and additional data through the DGIS, MCHB's reporting system within HRSA's Electronic Handbooks grants management application. This system is a 508-compliant, electronic reporting tool that allows for the appropriate storage, extraction, and records management of performance data by federal staff, imposes minimal burden on respondents, and avoids submission of numerous reports.

4. Efforts to Identify Duplication and Use of Similar Information

The information is not collected through any other means. The information is specific to the TPEC Program and is not included in other information collection efforts.

5. Impact on Small Businesses or Other Small Entities

Some information will be collected from small businesses or other small entities, namely physicians and pediatric practices supported by TPEC. Because information collection may involve small businesses, the information being requested has been held to the absolute minimum necessary for the intended use of the data and to demonstrate programmatically important outputs and outcomes.

6. Consequences of Collecting the Information Less Frequently

The information collected through this request is reported on an annual basis. The intended use of this information is to assist HRSA in describing and reporting program performance, monitoring and grants oversight activities, and to target technical assistance resources more efficiently. This information is required to demonstrate awardee performance and to comply with GPRA reporting requirements.

There are no legal obstacles to reduce the burden.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

The request fully complies with the regulation.

8. Comments in Response to the Federal Register Notice/Outside Consultation

Section 8A:

A 60-day Federal Register Notice was published in the *Federal Register* on April 16, 2026, vol. 91, No. 73; pp. 20472-20473. There were no public comments.

A 30-day Federal Register Notice was published in the *Federal Register* on 8/10/ 2026, vol. 91, No. 152 pp. 51498 - 51499.There were no/ XX public comments (if public comments were received provide summary).

Section 8B:

Previous TPEC funding recipients did not report separate, standardized performance measures to HRSA. This posed a challenge for federal staff to provide consistent oversight to TPEC funding recipients and to effectively demonstrate program impact on young children and their families served by the TPEC-funded pediatric practices.

In 2026, HRSA used the range of currently reported data, experiences previous TPEC funding recipients have shared, and measures used in the field to develop standardized measures and guidance. HRSA consulted with Project Directors and supporting staff the first cohort of grantees during routine monitoring calls to identify challenges and other opportunities for improvement to inform the development of the TPEC Program Performance Measures. Because this was done through non-standardized follow-up questions to 0915-0298, and as part of routine grants management, this action did not require PRA approval.

The program team also consulted internally within the Maternal and Child Health Bureau to ensure measure alignment with DGIS-OMB No. 0915-0298.

9. Explanation of any Payment/Gift to Respondents

Respondents will not receive any payments or gifts.

10. Assurance of Confidentiality Provided to Respondents

No personally identifiable information (PII) is being collected through this information collection request. All data will be reported in aggregate by the funding recipients. This project does not require IRB approval.

Data will be kept private to the extent allowed by law.

11. Justification for Sensitive Questions

This ICR does not include sensitive questions.

12. Estimates of Annualized Hour and Cost Burden

12A. Estimated Annualized Burden Hours

This information collection is required for all TPEC funding recipients and there are 10 recipients expected for this grant cycle. The average burden hours per response are estimated to be 120 hours. This burden estimate includes the time expended accessing the form, reading the form, preparing a plan for completing the form, training staff to complete the form, collecting and entering data, performing data quality checks, completing validation, cleaning, and analysis of data, and to submitting the completed form to HRSA. There may be variation in the time respondents need to complete the form based on the size and structure of the funding recipient organization and their data systems and processes.

The burden hours were estimated through informal consultations with the previous TPEC Program funding recipients who currently collect non-standardized data like those included in this ICR.

Type of Respondent	**Form Name**	**No. of Respondents**	**No. Responses per Respondent**	**Average Burden per Response (in hours)**	**Total Burden Hours**
TPEC funding recipients	Transforming Pediatrics for Early Childhood Program Performance Measures	10	1	120	1,200
	Total	10	1	120	**1,200**

12B.

The estimated total annual cost to respondents is $ 142,920. This cost is based on a median hourly wage of $59.55 for Medical and Health Services Managers, who plan, direct, and coordinate medical and health services, as estimated by the U.S. Bureau

of Labor Statistics in 2025. This wage category was used because this occupation is most likely to be the TPEC funding recipient who is likely to complete this data collection. The median hourly rate is used, as opposed to adjusting for locality, since funding recipients are spread across the country. Median hourly wage has been doubled to account for overhead costs.

Estimated Annualized Burden Costs

Type of Respondent	**Total Burden Hours**	**Hourly Wage Rate (x2)**	**Total Respondent Costs**
Medical and Health Services Managers	1,200	$119.10 ($59.55 x 2)	$136,104
Total			$136,104

Source: United States Bureau of Labor Statistics. (2025). *Occupational Employment and Wage Statistics (Medical and Health Services Managers (11-9111))* [Data set]. United States Bureau of Labor Statistics. https://data.bls.gov/oes/#/area/0000000/2025

13. Estimates of other Total Annual Cost Burden to Respondents or Recordkeepers/Capital Costs

Other than their time, there is no cost to respondents.

14. Annualized Cost to Federal Government

The total cost of this information collection to the federal government is $40,055. This includes the cost of federal staff time for development and project oversight of information collection activities. This includes approximations for one public health analyst at Grade 13, step 4 ($64.19 per hour x 1.5 for 416 hours, totaling $40,055). HRSA multiplied wages by 1.5 to account for overhead costs.

15. Explanation for Program Changes or Adjustments

This is a new information collection.

16. Plans for Tabulation, Publication, and Project Time Schedule

HRSA is considering data publication. Because previous TPEC funding recipients did not report standardized performance measures to HRSA, HRSA anticipates requiring two years to build reporting capacity and to assess the quality of data. Data included in this ICR may be published on the program webpage on the HRSA website (https://mchb.hrsa.gov/programs-impact/early-childhood-systems/transforming-pediatrics-early-childhood) with a target of Spring 2028.

Project Timeline

Item	Due Date
Program start date and annual reporting period begins	September 30, 2026
Annual reporting period ends	September 29, 2027
Distribute approved data collection forms and instructions to TPEC funding recipients through DGIS	September 30, 2027
DGIS Report due from TPEC funding recipients	January 31, 2028
HRSA review and approval completed	March 15, 2028

17. Reason(s) Display of OMB Expiration Date is Inappropriate

The OMB number and Expiration date will be displayed on every page of every form/instrument.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.