

Instrument 2 – Beneficiary Report

Tab 1: PRA Statement

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Public reporting burden for this collection of information is estimated to average 4 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

OMB Approval Number: 0970-XXXX

Expiration Date: XX/XX/XXXX

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Tab 2: Instructions

Instructions

The DDDRP Beneficiary Report is a semi-annual supplement to the quarterly PPR. This is a cumulative report of beneficiary characteristics and outcomes. The child, caregiver, and family characteristics tab should include unduplicated counts of beneficiaries who have enrolled since the start of the program. The outcomes tab should include unduplicated counts of beneficiaries for whom outcomes have been measured at six months after program enrollment.

Cover Page

Please enter your grant recipient name, grant number, and project period start date as identified in your Notice of Award. Please enter the final day of the reporting period for this report.

Child Characteristics Tab

This tab only includes information on children receiving diapers through DDDRP. Please do not include characteristics of other children in the household. Please enter the number of children receiving diapers in cell B4. Next, please enter the number of children receiving diapers that fall into each category. The totals for each category, except race and ethnicity, will automatically calculate and should match the total number entered at the top of the sheet. For the race and ethnicity item, your data collection instruments should permit participants to select all races and ethnicities that apply. Because each individual may select multiple races and ethnicities, the total does not automatically sum for this question, and we ask you to confirm the number of individuals who provided this information in the total row. For more information on structuring race and ethnicity questions for your collection of information from participants, please see <https://spd15revision.gov/content/spd15revision/en/2024-spd15/question-format.html>.

Caregiver Characteristics Tab

Please enter the number of caregivers in the child's household for the enrolled children in cell B4. Next, please enter the number of caregivers that fall into each category. The totals for each category, except the race and ethnicity category, will automatically calculate and should match the total number entered at the top of the sheet. For the race and ethnicity item, your data collection instruments should permit participants to select all races and ethnicities that apply. Because each individual may select multiple races and ethnicities, the total does not automatically sum for this question, and we ask you to confirm the number of individuals who provided this information in the total row. For more information on structuring race and ethnicity questions for your collection of information from participants, please see <https://spd15revision.gov/content/spd15revision/en/2024-spd15/question-format.html>.

Family Characteristics Tab

Please enter the number of families receiving diapers in cell B4. Next, please enter the number of families that fall into each category. The totals for each category will automatically calculate and should match the total number entered at the top of the sheet.

Outcomes Tab

Please fill out each section and appropriately enter the number of children, caregivers, or families that fall into each category. Please note that each section asks for different units, so pay attention to this. The outcomes tab should record outcomes at 6 months for enrolled families. Outcomes should be unduplicated and only recorded once for a family, caregiver, or child during the course of the program.

Tab 3: Cover Page

| | |
|--------------------------------|--|
| Name of Grant Recipient | |
| Grant Number | 90EDA_____ |
| Reporting Period | [SELECT 1] April 1, 2025 - September 30, 2025 October 1, 2025 - March 31, 2026 April 1, 2026 - September 30, 2026 October 1, 2026 - March 31, 2027 April 1, 2027 - September 30, 2027 |

Tab 4: Child Characteristics

| Item | Description | Number of Children Newly Enrolled During This Reporting Period [Populate reporting period from pulldown on coversheet] | Notes |
|------|---|---|-------|
| CT | Total Number of Children Receiving Diapers: | | |

| Item | Age at Enrollment for Children Receiving Diapers | Number of Children Newly Enrolled During This Reporting Period | Notes |
|------|--|--|-------|
| CA1 | Not yet born | | |
| CA2 | Newborn - 3 months | | |
| CA3 | 4 - 6 months | | |
| CA4 | 7 - 9 months | | |
| CA5 | 10 - 12 months | | |
| CA6 | 13 - 15 months | | |
| CA7 | 16 - 18 months | | |
| CA8 | 19 - 23 months | | |
| CA9 | 2 years | | |
| CA10 | 3 years | | |
| CA11 | 4 years | | |
| CA12 | 5 - 7 years | | |
| CA13 | 8 - 11 years | | |
| CA14 | 12 - 14 years | | |
| CA15 | 15+ years | | |

| | | | |
|------------|-----------------------------------|--|--|
| CAU | Unknown | | |
| CAT | TOTAL (automatically sums) | | |

| Item | Race or Ethnicity for Children Receiving Diapers | Number of Children Newly Enrolled During This Reporting Period | Notes |
|------------|---|--|-------|
| CR1 | American Indian or Alaskan Native | | |
| CR2 | Asian | | |
| CR3 | Black or African American | | |
| CR4 | Hispanic or Latino | | |
| CR5 | Middle Eastern or North African | | |
| CR6 | Native Hawaiian or Other Pacific Islander | | |
| CR7 | White | | |
| CRU | Unknown | | |
| CRT | TOTAL KNOWN (cell does not autosum because caregivers can select multiple race and ethnicity options.) | | |

| Item | DDDRP Children Enrolled in Early Head Start or Head Start | Number of Children Newly Enrolled During This Reporting Period | Notes |
|------------|---|--|-------|
| CE1 | Yes | | |
| CE2 | No | | |
| CEU | Unknown | | |
| CET | TOTAL (automatically sums) | | |

| Item | Children Under-Age for Kindergarten Receiving Diapers that Attend Childcare | Number of Children Newly Enrolled During This Reporting Period | Notes |
|------|---|--|-------|
| CC1 | Yes | | |
| CC2 | No | | |
| CC3 | Other | | |
| CCU | Unknown | | |
| CCT | TOTAL (automatically sums) | | |

Tab 5: Caregiver Information

| Item | Description | Number of Caregivers Newly Enrolled During This Reporting Period [Populate reporting period from pulldown on coversheet] | Notes |
|------|-----------------------------|--|-------|
| GT | Total Number of Caregivers: | | |

| Item | Age | Number of Caregivers Newly Enrolled During This Reporting Period | Notes |
|------|----------------------------|--|-------|
| GA1 | Under 18 | | |
| GA2 | 18 - 24 | | |
| GA3 | 25 - 34 | | |
| GA4 | 35 - 44 | | |
| GA6 | 45 - 64 | | |
| GA7 | 65 + | | |
| GAU | Unknown | | |
| GAT | TOTAL (automatically sums) | | |

| Item | Sex | Number of Caregivers Newly Enrolled During This Reporting Period | Notes |
|------|----------------------------|--|-------|
| GG1 | Female | | |
| GG2 | Male | | |
| GGU | Unknown | | |
| GGT | TOTAL (automatically sums) | | |

| Item | Race or Ethnicity | Number of Caregivers Newly Enrolled During This Reporting Period | Notes |
|------------|--|--|-------|
| GR1 | American Indian or Alaskan Native | | |
| GR2 | Asian | | |
| GR3 | Black or African American | | |
| GR4 | Hispanic or Latino | | |
| GR5 | Middle Eastern or North African | | |
| GR6 | Native Hawaiian or Other Pacific Islander | | |
| GR7 | White | | |
| GRU | Unknown | | |
| GRT | TOTAL KNOWN (cell does not autosum because caregivers can select multiple race and ethnicity options.) | | |

| Item | Education Levels | Number of Caregivers Newly Enrolled During This Reporting Period | Notes |
|------|--|--|-------|
| GE1 | Grades 0-8 | | |
| GE2 | Grades 9-12 or Non-Graduate | | |
| GE3 | High School Graduate, GED, or Equivalency Diploma | | |
| GE4 | 12th Grade + Some Post- Secondary | | |

| | | | |
|------------|---|--|--|
| GE5 | 2 or 4 Years College Graduate | | |
| GE6 | Graduate or Other Post-Secondary School | | |
| GEU | Unknown | | |
| GET | TOTAL (automatically sums) | | |

Tab 6: Family Characteristics

| Item | Description | Number of Families Newly Enrolled During This Reporting Period [Populate reporting period from pulldown on coversheet] | Notes |
|------|---------------------------|--|-------|
| FT | Total Number of Families: | | |

| Item | Number of Adults in Family Household | Number of Families Newly Enrolled During This Reporting Period | Notes |
|------|--------------------------------------|--|-------|
| FA1 | 0 | | |
| FA2 | 1 | | |
| FA3 | 2 | | |
| FA4 | 3 | | |
| FA5 | 4+ | | |
| FAU | Unknown | | |
| FAT | TOTAL (automatically sums) | | |

| Item | Number of Children Under 18 in Family Household | Number of Families Newly Enrolled During This Reporting Period | Notes |
|------|---|--|-------|
| FC1 | 0 | | |
| FC2 | 1 | | |
| FC3 | 2 | | |
| FC4 | 3 | | |
| FC5 | 4 | | |
| FC6 | 5 | | |

| | | | |
|------------|-----------------------------------|--|--|
| FC7 | 6+ | | |
| FCU | Unknown | | |
| FCT | TOTAL (automatically sums) | | |

| Item | Household Size | Number of Families Newly Enrolled During This Reporting Period | Notes |
|------------|-----------------------------------|--|-------|
| FH1 | 1 | | |
| FH2 | 2 | | |
| FH3 | 3 | | |
| FH4 | 4 | | |
| FH5 | 5 | | |
| FH6 | 6+ | | |
| FHU | Unknown | | |
| FHT | TOTAL (automatically sums) | | |

| Item | Federal Poverty level | Number of Families Newly Enrolled During This Reporting Period | Notes |
|------|-----------------------|--|-------|
| FP1 | Up to 50% | | |
| FP2 | 51% - 75% | | |
| FP3 | 76% - 100% | | |
| FP4 | 101% - 125% | | |
| FP5 | 126% - 150% | | |
| FP6 | 151% - 175% | | |
| FP7 | 176% - 200% | | |
| FP8 | 201% - 250% | | |
| FP9 | 251% and over | | |
| FPU | Unknown | | |

| | | | |
|-----|----------------------------|--|--|
| FPT | TOTAL (automatically sums) | | |
|-----|----------------------------|--|--|

Tab 7: Outcomes

| Item | Total Enrollment Indicators | Number of Families Eligible for Outcomes Reporting During This Reporting Period [Populate reporting period from pulldown] | Notes |
|------|--|---|-------|
| OT1 | Total Families Reporting Diaper Need at Baseline Reaching 6-Month Enrollment Milestone This Reporting Period | | |

| Item | Family Diaper Need | Number of Families This Reporting Period | Notes |
|------|---|--|-------|
| ON1 | Number of families with diaper need at baseline who do not have diaper need during the outcomes reporting period | | |
| ON2 | Number of families with diaper need at baseline who continue to have diaper need during the outcomes reporting period | | |
| ONT | TOTAL | | |

| Item | Total Enrollment Indicators | Number of Caregivers Eligible for Outcomes Reporting This Reporting | Notes |
|------|-----------------------------|---|-------|
|------|-----------------------------|---|-------|

| | | Period | |
|-----|--|--------|--|
| OT2 | Total Caregivers With Employment Needs at Baseline Reaching 6-Month Enrollment Milestone This Reporting Period | | |

| Item | Caregiver Education, Training and Employment Activities | Number of Caregivers This Reporting Period | Notes |
|------|---|--|-------|
| OE1 | Number of caregivers with employment needs at baseline preparing for employment or training activities this reporting period | | |
| OE2 | Number of caregivers with employment needs at baseline enrolling in education or training activities this reporting period | | |
| OE3 | Number of caregivers with employment needs at baseline obtaining employment this reporting period | | |
| OE4 | Number of caregivers with employment needs at baseline who have not prepared for employment or training, enrolled in education or training, or obtained employment this reporting | | |

| | | | |
|------------|--------------|--|--|
| | period | | |
| OET | TOTAL | | |

| Item | Total Enrollment Indicators | Number of Children Eligible for Outcomes Reporting This Reporting Period | Notes |
|------------|---|--|-------|
| OT3 | Total Children with Diaper Health Issues at Baseline Reaching 6-Month Enrollment Milestone This Reporting Period | | |

| Item | Child Diaper Health Issues | Number of Children This Reporting Period | Notes |
|------------|---|--|-------|
| OH1 | Number of children with diaper health issues at baseline who did not have diaper health issues at follow up | | |
| OH2 | Number of children with diaper health issues at baseline who had diaper health issues at follow up | | |
| OHT | TOTAL | | |

| Item | Total Enrollment Indicators | Number of Families Eligible for Outcomes Reporting This Reporting Period | Notes |
|------|-----------------------------|--|-------|
|------|-----------------------------|--|-------|

| | | | |
|------------|--|--|--|
| OT4 | Total Families with Childcare Needs at Baseline Reaching 6-Month Enrollment Milestone This Reporting Period | | |
|------------|--|--|--|

| Item | Childcare Access | Number of Families This Reporting Period | Notes |
|-------------|--|---|--------------|
| OC1 | Total families with childcare need at baseline who have obtained childcare | | |
| OC2 | Total families with childcare need at baseline who have not obtained childcare | | |
| OCT | Total | | |