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: 0970-0642 Expiration Date: 04/30/2028 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.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.

Instructions

The DDDRP Beneficiary Report is a semi-annual supplement to the quarterly PPR. This is a 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 reporting period. 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 reporting 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.

Name of Grant Recipient	
Grant Number	90EDA____
Reporting Period	

Item	Description	Number of Children Newly Enrolled During This Reporting Period
CT	**Total Number of Children Receiving Diapers:**	

Item	Age at Enrollment for Children Receiving Diapers	Number of Children Newly Enrolled During This Reporting Period
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)**	**0**

Item	Race or Ethnicity for Children Receiving Diapers	Number of Children Newly Enrolled During This Reporting Period
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
CE1	Yes	
CE2	No	
CEU	Unknown	
CET	**TOTAL (automatically sums)**	**0**

Item	Children Under-Age for Kindergarten Receiving Diapers that Attend Childcare	Number of Children Newly Enrolled During This Reporting Period
CC1	Yes	
CC2	No	
CC3	Other	
CCU	Unknown	
CCT	**TOTAL (automatically sums)**	**0**

Notes

Notes

Notes

Notes

Notes

Item	Description	Number of Caregivers Newly Enrolled During This Reporting Period
GT	**Total Number of Caregivers:**	

Item	Age	Number of Caregivers Newly Enrolled During This Reporting Period
GA1	Under 18	
GA2	18 - 24	
GA3	25 - 34	
GA4	35 - 44	
GA6	45 - 64	
GA7	65 +	
GAU	Unknown	
GAT	**TOTAL (automatically sums)**	**0**

Item	Sex	Number of Caregivers Newly Enrolled During This Reporting Period
GG1	Female	
GG2	Male	
GGU	Unknown	
GGT	**TOTAL (automatically sums)**	**0**

Item	Race or Ethnicity	Number of Caregivers Newly Enrolled During This Reporting Period
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
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)**	**0**

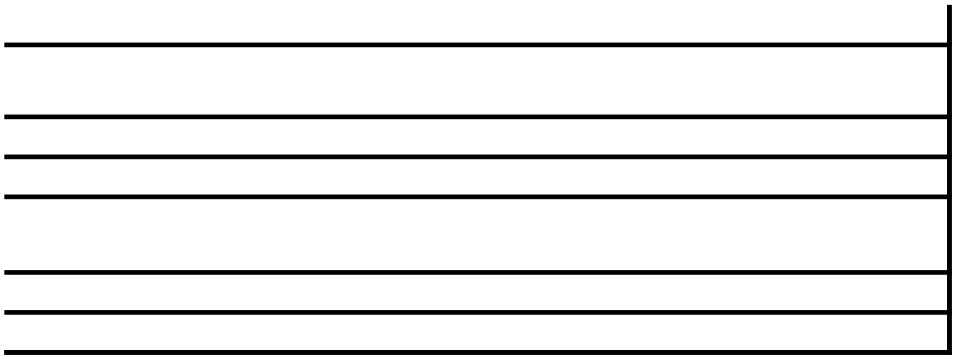
Notes

Notes

Notes

Notes

Notes



Item	Description	Number of Families Newly Enrolled During This Reporting Period
FT	**Total Number of Families:**	

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

Item	Number of Children Under 18 in Family Household	Number of Families Newly Enrolled During This Reporting Period
FC1	0	
FC2	1	
FC3	2	
FC4	3	
FC5	4	
FC6	5	
FC7	6+	
FCU	Unknown	
FCT	**TOTAL (automatically sums)**	**0**

Item	Household Size	Number of Families Newly Enrolled During This Reporting Period
FH1	1	
FH2	2	
FH3	3	
FH4	4	
FH5	5	
FH6	6+	
FHU	Unknown	
FHT	**TOTAL (automatically sums)**	**0**

Item	Federal Poverty level	Number of Families Newly Enrolled During This Reporting Period
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)**	**0**

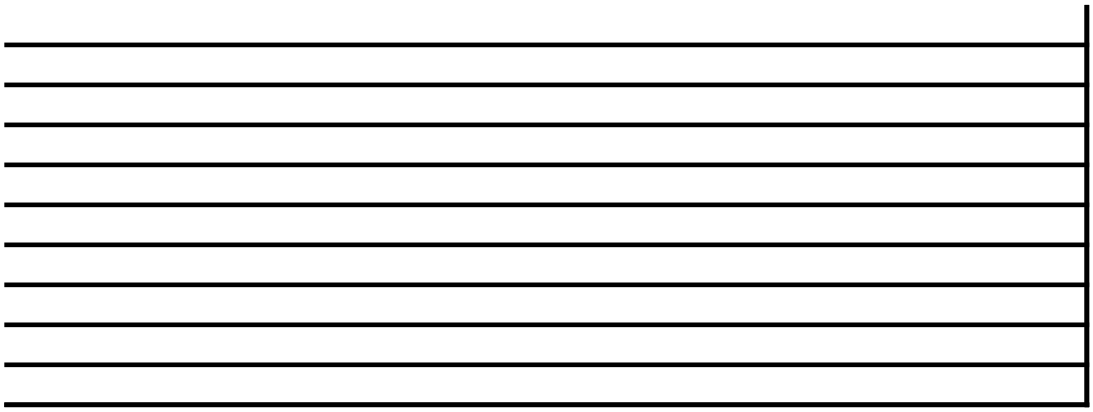
Notes

Notes

Notes

Notes

Notes



Item	Total Enrollment Indicators	Number of Families Eligible for Outcomes Reporting During This Reporting Period
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
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**	**0**

Item	Total Enrollment Indicators	Number of Caregivers Eligible for Outcomes Reporting This Reporting 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
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**	**0**

Item	Total Enrollment Indicators	Number of Children Eligible for Outcomes Reporting This Reporting Period

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
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**	**0**

Item	Total Enrollment Indicators	Number of Families Eligible for Outcomes Reporting This Reporting Period
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
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**	**0**

Notes

Notes

Notes

Notes

Notes

Notes

Notes

Notes