

Parent Participant ID FY 26-27		Parent Race/Ethnicity FY 26-27				
Unique Identifier for Parent/Caregiver Participating	Household ID	American Indian or Alaskan Native	Asian	Black/African American	Hispanic/Latino	Middle Eastern/North African
parent_id_2627.unique	parent_id_2627.household	parent_race_2627.race	parent_race_2627.race	parent_race_2627.race	parent_race_2627.race	parent_race_2627.race
Data Entry Type: Unique ID per parent/caregiver. Please do not use the parent's name, birthdate, or other private information as the ID.	All participants should have a household id. If participants are part of the same family or household they should have the same household id. Participants do not have to live at the same address to be considered part of the same family or household. For example: A parent brings a child to a session and then on another date an elder relative brings the same child. They can all be counted as part of the same family or household. This is necessary for FY 26-27, it was optional for FY 25-26.	Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.

					Parent's Children	Parent Location
Hawaiian or Pacific Islander	White	Other Race/Ethnicity	Other Race/Ethnicity Text Box	I Prefer Not to Respond	How many children age 5 and under is the participant parenting?	Zip Code
parent_race_2627.race	parent_race_2627.race	parent_race_2627.oth	parent_race_2627.oth	parent_race_2627.race	parent_child_shared.pa	parentlocationshared.z
Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Text, Write-in text for those who selected Other Race/Ethnicity and would like to provide additional clarity for their background.	Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver. This is the appropriate selection when a participant has selected- I Prefer not to Respond.	Data Entry Type: Whole Number, Max Value = 20 How many children age 5 and under is the participant parenting?	Data Entry Type: 5 Digit Zip Code Enter the zip code of the participant's home address.

County	Parent Requires	Parent Recruitment FY 26-27		Dosage and Delivery		
	Did the Participant Require Interpretation Services Participate?	How did the participant learn about this program?	Recruitment Other Text	Number of Sessions This FY	Number of Sessions from past FYs	Indicate the Delivery Mode of Sessions
parentlocationshared.c	parentinterpretshare.in	parent_recruit_2627.re	parent_recruit_2627.re	dosage_and_delivery.n	dosage_and_delivery.n	dosage_and_delivery.i
Data Entry Type: Drop Down, Listing of NC Counties. Indicate county of residence of participant.	Data Entry Type: Drop Down, Yes No Yes indicates that the Participant required an interpreter or bilingual staff to participate in programming. This could be for ASL, Spanish, or any language other than English. No, indicates that the participant has sufficient comfort and fluency to receive programming verbally in spoken English.	Data Entry Type: Word of mouth Social Media Referral from Community Partner Traditional Media Outreach Event Child Care Center Flyer Website Other: text input for description in the next field. Select only one. Traditional Media typically includes TV, Radio, Newspaper.	Data Entry Type: Text box for description of the other method of recruitment that the participant experienced.	Data Type: Whole Number, Max of 104 Please indicate the total number of sessions attended by the participant <u>during</u> this FY. Depending on the model, this could be homevisits, seminars, group meetings, etc.	Data Type: Whole Number, Max of 500 How many sessions did the participant attend in previous FYs (before July 1 of this FY), if they were part of the program in a previous FY? If they were not part of the program previously, please indicate 0-zero in this column. If you do not know if they participated previous please leave blank and add a note in that column to explain.	Data Entry Type: Drop Down, Only Virtual Only In-Person Hybrid (a mix of in-person and virtual sessions)

Navigation Referrals						
Number of Service Referrals Received by this Parent this FY	Number of Service Referrals Received by this Parent in PREVIOUS FYs	Number of Service Referrals this FY for which the Parent has or is currently receiving services	Number of Service Referrals this FY for Health Services	Number of Service Referrals this FY for Basic Needs	Number of Service Referrals this FY for Parenting Education	Number of Service Referrals this FY for Finding Child care
referrals.num_ref_rece	referrals.num_ref_rece	referrals.num_ref_curre	referrals.num_health_re	referrals.num_ref_basi	referrals.num_ref_pare	referrals.num_ref_child
Data Entry Type: Whole Number, Max Value 100	Data Entry Type: Whole Number. All previous FYs, if data is available	Data Entry Type: Whole Number, Max Value 100 Of the referrals made during this FY, for how many of those is the parent currently receiving services or has received services this FY?	Data Entry Type: Whole Number, Max Value 100 Health services include referrals to a medical home, physical health, mental health, dental home, therapies, early intervention, etc	Data Entry Type: Whole Number, Max Value 100 Basic needs include food, clothing, shelter, hygiene products, transportation etc	Data Entry Type: Whole Number, Max Value 100 Parenting Education includes mentoring, support groups (COP, COSP, etc), parent education classes (NPP, Triple P, etc), parenting education home visiting (PAT, HFA, etc), literacy (RAR, DPIL, Read and Grow with Me, etc) and others.	Data Entry Type: Whole Number, Max Value 100 These should be referrals to the CCR&R system, NC PreK, Subsidy, etc either their online search portal or the 1-800 number.

Protective Factors Survey- 2 Pre (Retrospective)						
Number of Service Referrals this FY for OTHER needed supports	Description of OTHER Referrals made	Date of Assessment	Pre- Family Functioning / Resiliency	Pre- Nurturing & Attachment	Pre- Social Supports	Pre- Caregiver/Practitioner Relationship
referrals.num_ref_oth	referrals.desc_of_oth	protect_fact_2_pre.date	protect_fact_2_pre.pre	protect_fact_2_pre.pre	protect_fact_2_pre.pre	protect_fact_2_pre.pre
Data Entry Type: Whole Number, Max Value 100 Any referrals that don't fall into the previous categories.	Data Entry Type: Text Please describe in just a few words the OTHER referrals made for this participant.	Data Entry Type: Date, mm/dd/yyyy (month/day/year) Date of assessment must be this FY.	Data Entry Type: Number, Max Value = 4 Subscale Average Scores will be a number 0-4 to hundredths place	Data Entry Type: Number, Max Value = 4 Subscale Average Scores will be a number 0-4 to hundredths place	Data Entry Type: Number, Max Value = 4 Subscale Average Scores will be a number 0-4 to hundredths place	Data Entry Type: Number, Max Value = 4 Subscale Average Scores will be a number 0-4 to hundredths place

Pre- Concrete Supports	Protective Factors Survey- 2 Post (Retrospective)					Parent Standards
<p>protect_fact_2_pre.pre</p> <p>Data Entry Type: Number, Max Value = 4</p> <p>Subscale Average Scores will be a number 0-4 to hundredths place</p>	<p>protect_fact_2_post.po</p> <p>Data Entry Type: Number, Max Value = 4</p> <p>Subscale Average Scores will be a number 0-4 to hundredths place</p>	<p>protect_fact_2_post.po</p> <p>Data Entry Type: Number, Max Value = 4</p> <p>Subscale Average Scores will be a number 0-4 to hundredths place</p>	<p>protect_fact_2_post.po</p> <p>Data Entry Type: Number, Max Value = 4</p> <p>Subscale Average Scores will be a number 0-4 to hundredths place</p>	<p>protect_fact_2_post.po</p> <p>Data Entry Type: Number, Max Value = 4</p> <p>Subscale Average Scores will be a number 0-4 to hundredths place</p>	<p>protect_fact_2_post.po</p> <p>Data Entry Type: Number, Max Value = 4</p> <p>*If using the retrospective pre/post survey, this field will be blank!*</p> <p>Subscale Average Scores will be a number 0-4 to hundredths place</p>	<p>parent_stdsofqsurvey.s</p> <p>Data Entry Type: Drop Down, Strongly Agree Agree Disagree Strongly Disagree</p>

of Quality Survey (optional 26-27)						
2) Services and activities are offered at convenient times for families.	3) Staff members are welcoming and respectful of families.	4) Staff members ask me about my family's strengths.	5) Staff members ask me about my family's concerns, priorities, and needs.	6) Staff members provide or connect me with resources to address my concerns, priorities, and needs.	7) Staff members support me to understand healthy family development.	8) Staff members welcome multiple people that are important in my child's life/ children's lives to participate in Program services and activities.
parent_stdsofqsurvey.s	parent_stdsofqsurvey.s	parent_stdsofqsurvey.s	parent_stdsofqsurvey.s	parent_stdsofqsurvey.s	parent_stdsofqsurvey.s	parent_stdsofqsurvey.s
Data Entry Type: Drop Down, Strongly Agree Agree Disagree Strongly Disagree	Data Entry Type: Drop Down, Strongly Agree Agree Disagree Strongly Disagree	Data Entry Type: Drop Down, Strongly Agree Agree Disagree Strongly Disagree	Data Entry Type: Drop Down, Strongly Agree Agree Disagree Strongly Disagree	Data Entry Type: Drop Down, Strongly Agree Agree Disagree Strongly Disagree	Data Entry Type: Drop Down, Strongly Agree Agree Disagree Strongly Disagree	Data Entry Type: Drop Down, Strongly Agree Agree Disagree Strongly Disagree

9) I have opportunities to build good relationships with other families through the Program.	10) Staff members are able to communicate with me in my preferred language.	11) Staff members respect my identity (ethnicity, cultural traditions, religion, values, sexual orientation, special needs, etc.).	12) The Program offers opportunities for me to learn about diversity, equity, and inclusion.	13) Staff support me to advocate for what my family needs.	14) The Program offers opportunities for me to be involved in addressing community issues and priorities.	15) The Program offers opportunities for me to develop leadership skills to use in the community.
parent_stdsofqsurvey.s Data Entry Type: Drop Down, Strongly Agree Agree Disagree Strongly Disagree	parent_stdsofqsurvey.s Data Entry Type: Drop Down, Strongly Agree Agree Disagree Strongly Disagree	parent_stdsofqsurvey.s Data Entry Type: Drop Down, Strongly Agree Agree Disagree Strongly Disagree	parent_stdsofqsurvey.s Data Entry Type: Drop Down, Strongly Agree Agree Disagree Strongly Disagree	parent_stdsofqsurvey.s Data Entry Type: Drop Down, Strongly Agree Agree Disagree Strongly Disagree	parent_stdsofqsurvey.s Data Entry Type: Drop Down, Strongly Agree Agree Disagree Strongly Disagree	parent_stdsofqsurvey.s Data Entry Type: Drop Down, Strongly Agree Agree Disagree Strongly Disagree

			Notes (Optional)
16) Staff value my feedback and ideas about the Program.	17) Overall, the Program has provided valuable support for me/my family.	18) I would like to share these additional comments about the Program: (text)	Optional Notes
parent_stdsofqsurvey.s	parent_stdsofqsurvey.s	parent_stdsofqsurvey.s	notes.optional_notes
Data Entry Type: Drop Down, Strongly Agree Agree Disagree Strongly Disagree	Data Entry Type: Drop Down, Strongly Agree Agree Disagree Strongly Disagree	Data Entry Type: Text, Enter any additional comments about the program	Data Entry Type: Text.