| 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** |
| parent_id_2627.unique | parent_id_2627.househ | 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.<br><br>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. |
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| Middle Eastern/North African | Hawaiian or Pacific Islander | White | Other Race/Ethnicity | Other Race/Ethnicity Text Box | I Prefer Not to Respond |
|---|---|---|---|---|---|
| parent_race_2627.race | parent_race_2627.race | parent_race_2627.race | parent_race_2627.othe | parent_race_2627.othe | parent_race_2627.race |
| 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: 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. |
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| Parent Location | | Parent Requires I | Parent's Children | Parent Recruitment FY 26-27 | |
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| **Zip Code** | **County** | **Did the Participant Require Interpretation Services Participate?** | **How many children age 5 and under is the participant parenting?** | **How did the participant learn about this program?** | **Recruitment Other Text** |
| parentlocationshared.zi | parentlocationshared.co | parentinterpretshare.int | parent_child_shared.pa | parent_recruit_2627.rec | parent_recruit_2627.rec |
| Data Entry Type: 5 Digit Zip Code<br><br>Enter the zip code of the participant's home address. | Data Entry Type: Drop Down, Listing of NC Counties.<br><br>Indicate county of residence of participant. | Data Entry Type: Drop Down, Yes\|No<br><br>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.<br><br>No, indicates that the participant has sufficient comfort and fluency to receive programming verbally in spoken English. | Data Entry Type: Whole Number, Max Value = 20 How many children age 5 and under is the participant parenting? | 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.<br><br>Traditional Media typically includes TV, Radio, Newspaper. | Data Entry Type: Text box for description of the other method of recruitment that the participant experienced. |
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| Dosage and Delivery | | | Notes (Optional) |
|---|---|---|---|
| **Number of Sessions This FY** | **Number of Sessions from past FYs** | **Indicate the Delivery Mode of Sessions** | **Optional Notes** |
| dosage_and_delivery.n | dosage_and_delivery.n | dosage_and_delivery.in | notes.optional_notes |
| Data Type: Whole Number, Max of 104<br><br>Please indicate the total number of sessions attended by the participant during this FY. Depending on the model, this could be homevisits, seminars, group meetings, etc. | Data Type: Whole Number, Max of 500<br><br>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) | Data Entry Type: Text. |
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