Parent Partic	cipant ID	Parent Race/	Ethnicity						
	Optional Household ID	American Indian or Alaskan Native		Black	Hispanic/Latino	Middle Eastern/North African	Hawaiian or Pacific Islander	White	Other Race/Ethnicity
d.parent_id		ed.race_aian	ace_asian	d.race_black	parent_race_shared.ra ce_hispanic	d.race_mena	d.race_hawaii	d.race_white	d.race_other
Unique ID per parent/caregiver.  Please do not use the parent's name, birthdate, or other private	members, please	Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to	Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	or No for all Categories of	Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	or No for all Categories of	Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.

		Parent's Children	Parent Location		Parent Requires Interpretation	Parent Recruitment		
Other Race/Ethnicity Text Box	No Response - Race/Ethnicity	How many children age 5 and under is the participant parenting?	Zip Code	County	Did the Participant Require Interpretation Services Participate?	How did the participant learn about this program?	Recruitment Other Text	
·	parent_race_shared.rac e_no_response	parent_child_shared.par	parentlocationshared. zip code	parentlocationsh ared.county	parentinterpretshare.interpretation	parentrecruit shared.recruitment	parentrecruit_shared.rec	
Data Entry Type:	Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Whole Number, Min Value = 1, Max Value = 20  How many children age 5 and under is the participant parenting?		Data Entry Type: Drop Down, Listing of NC Counties.		Data Entry Type: Drop Down, Word of mouth   Social Media   Referral from Community Partner   Traditional Media   Outreach Event   Other: text input for description in the next field.  Select only one.	Data Entry Type: Text box for description of the other method of recruitment that the participant experienced.	

Child Use of Servic	es				Notes (Optional)	
Number of Children Attached to the Participating Parent Eligible for Screenings	Number of Children	Number of Children Attached to the Participating Parent who are Eligible for Service Referral	Number of Children Attached to the Participating Parent who Recieved at least One Service Referral	Number of Children Attached to the Participating Parent who are now Using at least One Service Referral	Optional Notes	
child_use_of_scvs.num_c nildren_eligible	child_use_of_scvs.num_childr en_received	child_use_of_scvs.num_children _eligible_ref	child_use_of_scvs.num_children_received_ref	child_use_of_scvs.num_children_using_ref	notes.optional_notes	
Data Entry Type: Whole Number.  In line with previous Child	Data Entry Type: Whole Number.	Data Entry Type: Whole Number.  In line with previous Child Use of Services measure in Fabrik.		Data Entry Type: Whole Number.  In line with previous Child Use of Services measure in Fabrik.	Data Entry Type: Text.	