FY25-26

Parent Participant ID		Parent Race/Ethnicity							
Unique Identifier for Parent/Caregiver Participating	Optional Household ID	American Indian or Alaskan Native	Asian	Black	Hispanic/Latino	Middle Eastern/North African	Hawaiian or Pacific Islander	White	Other Race/Ethnicity
parent_id_shared.parent_id	parent_id_shared.optional_household_id	parent_race_shared.race_aian	parent_race_shared.race_asian	parent_race_shared.race_black	parent_race_shared.race_hispanic	parent_race_shared.race_mena	parent_race_shared.race_hawaii	parent_race_shared.race_white	parent_race_shared.race_other
Data Entry Type: Unique ID per parent/caregiver. Please do not use the parent's name, birthdate, or other private information as the ID.	If you are able to track a family or household members, please include a unique id for these purposes. This is optional for FY 25-26 and we hope to get everyone doing this during FY 26-27.	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.	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.	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.

Other Race/Ethnicity Text Box	No Response - Race/Ethnicity	Parent's Children U How many children age 5 and under is the participant parenting?	Parent Location Zip Code	County	Parent Requires Interpretation Did the Participant Require Interpretation Services Participate?
parent_race_shared.race_other_text	parent_race_shared.race_no_response	parent_child_shared.participants_children	parentlocationshared.zip_code	parentlocationshared.county	parentinterpretshare.interpretation
Data Entry Type: Text, Write-in text for those who selected Other Race/Ethnicity.	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: 5 Digit Zip Code

Enter the zip code of the participant's home address. | 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. |

Parent Recruitment		Dosage & Delivery			Referrals			
How did the participant learn about this program?	Recruitment Other Text	# of Sessions Supporting this Parent this FY	# of Sessions Supporting this Parent to Date	Indicate the Delivery Mode of Sessions	Number of Service Referrals Received by this Parent this FY	Number of Service Referrals Received by this Parent to Date	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
parentrecruit_shared.recruitment	parentrecruit_shared.recruitment_other_text	dosage_delivery.number_of_sessions	dosage_delivery.number_sessions_to_date	dosage_delivery.delivery_mode	referrals.num_ref_received_this_fy	referrals.num_ref_received_to_date	referrals.num_ref_currently_receiving	referrals.num_health_ref_this_fy
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.	Data Entry Type: Whole Number, Max Value 12	Data Entry Type: Whole Number, Max Value 36 Could be in this FY or Previous years	Data Entry Type: Drop Down, Only Virtual|Only In-Person|Hybrid (a mix of in-person and virtual sessions)	Data Entry Type: Whole Number, Max Value 100	Data Entry Type: Whole Number, Max Value 100 This FY and 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

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	Number of Service Referrals this FY for OTHER needed supports	Description of OTHER Referrals made	Number of services overall that parent participant was referred to and has used this FY or is currently used	Notes (Optional) Optional Notes
referrals.num_ref_basic_this_fy	referrals.num_ref_parent_ed_this_fy	referrals.num_ref_child_care_this_fy	referrals.num_ref_other_this_fy	referrals.description_of_other_referrals_made	referrals.num_ref_overall_this_fy	notes.optional_notes
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) and others. | Data Entry Type: Whole Number, Max Value 100

These should be referrals to the CCR&R system, either their online search portal or the 1-800 number. | 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 type: Whole number | Data Entry Type: Text. |