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		
nt_id Data Entry Type: Unique ID per	parent_id_shared.optional _household_id If you are able to track a family or household	parent_race_share d.race_aian Data Entry Type: Drop Down, Yes or No for all	.race_asian Data Entry Type: Drop Down, Yes or	.race_black Data Entry Type: Drop Down, Yes or	.race_hispanic Data Entry Type: Drop Down, Yes or	parent_race_shared.r ace_mena Data Entry Type: Drop Down, Yes or No for	Down, Yes or No for	Drop Down, Yes or	d.race_other Data Entry Type: Drop Down, Yes or		
parent/caregiver. Please do not use the parent's name, birthdate, or other private information as the ID.	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.	Categories of Race/Ethnicity that may apply to a		of Race/Ethnicity that may apply to a Parent/Caregiver.	No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Categories of Race/Ethnicity that may apply to a Parent/Caregiver.		

		Parent's Children	Parent Locati	ion	Parent Requires Interpretati	Parent Recruitme	ent	Dosage & Deliv
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	
t Data Entry Type:	parent_race_shared.r ace_no_response Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	parent_child_shared.par ticipants_children Data Entry Type: Whole Number, Min Value = 1, Max Value = 20 How many children age 5 and under is the participant parenting?	red.zip_code	parentlocationshared.county Data Entry Type: Drop Down, Listing of NC Counties. Indicate county of residence of 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	Down, Word of mouth Social Media Referral from Community Partner Traditional Media Outreach Event Other: text input for description in the	parentrecruit_share d.recruitment_other _text Data Entry Type: Text box for description of the other method of recruitment that the participant experienced.	dosage_delivery.nu mber_of_sessions Data Entry Type: Whole Number, Max Value 12

ery		Referrals									
# of Sessions	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	Number of Service Referrals this FY for Basic Needs	Number of Service Referrals this FY for Parenting Education				
e Data Entry Type: Whole Number, Max Value 12	dosage_delivery.delivery_m ode Data Entry Type: Drop Down, Only Virtual Only In- Person Hybrid (a mix of in- person and virtual sessions)	referrals.num_ref_received_this_f y Data Entry Type: Whole Number, Max Value 100	referrals.num_ref_received_t o_date Data Entry Type: Whole Number, Max Value 100 This FY and previous FYs, if data is available	referrals.num_ref_currentl y_receiving 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?	referrals.num_health_ref_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	referrals.num_ref_basic _this_fy Data Entry Type: Whole Number, Max Value 100 Basic needs include food, clothing, shelter, hygiene products, transportation etc	referrals.num_ref_parent_ed_this_fy 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.				

	Protective Factors Survey- 2 Pre											
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	Date of Assessment	Pre- Family Functioning / Resiliency	Pre- Nurturing & Attachment	Pre- Social Supports	Pre- Caregiver/Practitione r Relationship	Pre- Concrete Supports			
referrals.num_ref_ch ild_care_this_fy 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.	other_this_fy Data Entry Type:	referrals.description_of_ other_referrals_made Data Entry Type: Text Please describe in just a few words the OTHER referrals made for this participant.	· ·		e.pre_family_func _resil Data Entry Type: Number, Max Value = 4 Subscale Average Scores	h Data Entry Type: Number, Max Value = 4 Subscale Average Scores will be a number 0-4 to	protect_fact_2_pre.pr e_social_supports Data Entry Type: Number, Max Value = 4 Subscale Average Scores will be a number 0-4 to hundredths place	protect_fact_2_pre.pre _caregiver_prac_relati ons Data Entry Type: Number, Max Value = 4 Subscale Average Scores will be a number 0-4 to hundredths place	protect_fact_2_pre.pre_concrete_supports Data Entry Type: Number, Max Value = 4 Subscale Average Scores will be a number 0-4 to hundredths place			

Protective Fact	tors Survey- 2 Post				Notes (Optional)
Post- Family Functioning / Resiliency	Post- Nurturing & Attachment	Post- Social Supports	Post- Caregiver/Practitioner Relationship	Post- Concrete Supports (Blank if using retrospective)	Optional Notes
protect_fact_2_post .post_family_func_r esil Data Entry Type: Number, Max Value = 4 Subscale Average Scores will be a number 0-4 to hundredths place	protect_fact_2_post.post_nu rturing_attach Data Entry Type: Number,	protect_fact_2_post.post _social_supports Data Entry Type: Number, Max Value = 4 Subscale Average Scores will be a number 0-4 to hundredths place	protect_fact_2_post.post_caregiver_prac_relation Data Entry Type: Number, Max Value = 4 Subscale Average Scores will be a number 0-4 to hundredths place	pre/post survey, this field will be blank!* Subscale Average Scores will be a number 0-4 to hundredths	notes.optional_notes Data Entry Type: Text.
				place	