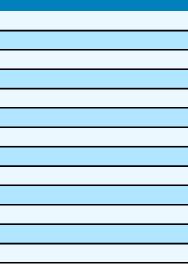
Parent Participant ID		Parent Race/Ethnicity							
Unique Identifier for Parent/Caregiver Participating	Optional Household ID	American Indian or Alaskan Native	Asian	Black	Hispanic/Latino	Middle Eastern/North African	Hawaiian or Pacific Islander	White	
parent_id_shared.pa rent_id Data Entry Type: Unique ID per parent/caregiver. Please do not use the parent's name, birthdate, or other private information as the ID.	parent_id_shared.optio nal_household_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.	d.race_aian Data Entry Type: Drop Down, Yes or No for all Categories of	ace_asian Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that	parent_race_shared.rac e_black Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	parent_race_shared.r ace_hispanic Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	ce_mena Data Entry Type: Drop	parent_race_shared.race _hawaii Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	parent_race_shared. race_white Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	

			Parent's Children l	Parent Location		Parent Requires Interpretation	Parent Recruitment	
			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?	
parent_race_shared.r ace_other Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	parent_race_shared.r ace_other_text Data Entry Type: Text, Write-in text for those who selected Other Race/Ethnicity.	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.part icipants_children Data Entry Type: Whole Number, Min Value = 1, Max Value = 20 How many children age 5 and under is the participant parenting?	d.zip_code Data Entry Type: 5 Digit Zip Code Enter the zip code	parentlocationshared. county Data Entry Type: Drop Down, Listing of NC Counties. Indicate county of residence of participant.	parentinterpretshare.interpretation 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.	parentrecruit_shared.recruitmen Data Entry Type: Drop Down, Word of mouth Social Media Referral from Community Partner Traditional Media Outreach Event Other: text inpu for description in the next field. Select only one.	

	Dosage & Delivery		Referrals			
Recruitment Other Text		# 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	Nun this has serv
parentrecruit_shared.recruit ment_other_text Data Entry Type: Text box for description of the other method of recruitment that the participant experienced.	dosage_delivery.number_of _sessions Data Entry Type: Whole Number, Max Value 12	dosage_delivery.numb er_sessions_to_date Data Entry Type: Whole Number, Max Value 36 Could be in this FY or Previous years	dosage_delivery.delivery_mode Data Entry Type: Drop Down, Only Virtual Only In-Person Hybrid (a mix of in-person and virtual sessions)	referrals.num_ref_receive d_this_fy Data Entry Type: Whole Number, Max Value 100	referrals.num_ref_receiv ed_to_date Data Entry Type: Whole Number, Max Value 100 This FY and previous FYs, if data is available	refer ceiv Data Num Of th this is th serv serv

umber of Service Referrals his FY for which the Parent as or is currently receiving ervices

- eferrals.num_ref_currently_re eiving
- ata Entry Type: Whole umber, Max Value 100
- of the referrals made during his FY, for how many of those the parent currently receiving ervices or has received ervices this FY?



							Notes (Optional)
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	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	Optional Notes
referrals.num_health_ref_this_ fy	referrals.num_ref_basic_this_f y	referrals.num_ref_parent_ed_this _fy	referrals.num_ref_chil d_care_this_fy	referrals.num_ref_other _this_fy	referrals.desc_of_ot her_referrals	referrals.num_ref_over all_this_fy	notes.optional_notes
Data Entry Type: Whole Number, Max Value 100	Data Entry Type: Whole Number, Max Value 100	Data Entry Type: Whole Number, Max Value 100	Data Entry Type: Whole Number, Max Value 100	Data Entry Type: Whole Number, Max Value 100	Data Entry Type: Text	Data type: Whole number, Max Value 100	Data Entry Type: Text.
Health services include referrals to a medical home, physical health, mental health, dental home, therapies, early	Basic needs include food, clothing, shelter, hygiene products, transportation etc	Parenting Education includes mentoring, support groups (COP, COSP, etc), parent education classes (NPP, Triple P, etc),	These should be referrals to the CCR&R system,	Any referrals that don't fall into the previous categories.	Please describe in just a few words the OTHER referrals made for this		
intervention, etc		parenting education home visiting (PAT, HFA, etc) and others.			participant.		