			Facility ID, if ECE			
Participant's Role	Participant's Location		Professionals		Program Progress	Notes (Optional)
Participant's Role	Zip Code	County	Facility ID	Has this Participant made Progress towards Completion of the Program during this FY?	Has the Participant Completed the Program during this FY?	Optional Notes
participants_role.participants_r ole Data Entry Type: Drop Down,	participant_location.zip_code Data Type: Zip Code, 5 digits	participant_location.county Data Entry Type: Drop	facility_id_ece_prof.facility_id DCDEE Facility ID using system lookup	program_progress. has_this_participa nt_made_progress Data Entry Type:	program_progress.has_the_participant_co	notes.optional_notes Data Entry Type: Text.
ECE Owner/Operator ECE Teachers Human Service Professionals Medical Professionals	ex, 27127, 27403 Zip code of the participant's home address.	Down, All NC Counties Indicate county of residence of participant.		Drop Down, Yes No		
The role of the providers participating in the training.						