| 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 | |
| arent_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_shared.race_ aian Data Entry Type: Drop Down, Yes or No for all | race_asian Data Entry Type: Drop Down, Yes or | _black Data Entry Type: Drop Down, Yes or No for all | _hispanic Data Entry Type: Drop Down, Yes or No for all | parent_race_shared.race_me na Data Entry Type: Drop Down, Yes or No for all Categories of | | |
| the parent's name, birthdate, or other | 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 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. | Categories of Race/Ethnicity that may apply to a Parent/Caregiver. | Race/Ethnicity that may apply to a Parent/Caregiver. | Race/Ethnicity that may apply to a Parent/Caregiver. | |
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| | | | | Parent's Children l | Parent Location | | Parent Requires Interpretation |
|----------|---|----------------------------------|---------------------------------------|--|--|---|--|
| White | Other Race/Ethnicity | Other Race/Ethnicity Text Box | No Response - Race/Ethnicity | How many children age 5 and under is the participant parenting? | | County | Did the Participant Require Interpretation Services Participate? |
| ce_white | parent_race_shared.race_other Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver. | ce_other_text | ce_no_response Data Entry Type: Drop | cipants_children Data Entry Type: Whole Number, Min Value = 1, Max Value = 20 | zip_code Data Entry Type: 5 Digit Zip Code Enter the zip code of | ounty Data Entry Type: Drop Down, Listing of NC Counties. | parentinterpretshare.interpretation |
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| Parent Recruitment | | Please Select the ass Notes (Optional) | | | |
|--|---|---|--|--|--|
| How did the participant learn about this program? | Recruitment Other Text | Please Select the Assessment tool that the LP is using | Optional Notes | | |
| parentrecruit_shared.recruit ment 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. | parentrecruit_shared.re cruitment_other_text Data Entry Type: Text box for description of the other method of recruitment that the participant experienced. | hfa_select_tool.hfa_select_a ssessment Data Entry Type: Drop Down, Parenting Interaction with Children: Checklist of Observations Linked to Outcomes (PICCOLO) Parents' Assessment of Protective Factors (PAPF) Protective Factors Survey-2 Healthy Families Parenting Inventory (HFPI) | notes.optional_notes Data Entry Type: Text. | | |
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