Parent Participan	t ID	Parent Race/Ethr	nicity					
	Optional Household ID	American Indian or Alaskan Native	Asian	Black	Hispanic/Latino	Middle Eastern/North African	Hawaiian or Pacific Islander	White
nt_id Data Entry Type: Unique ID per parent/caregiver. Please do not use the parent's name, birthdate, or other	nal_household_id If you are able to track a family or household	parent_race_shared.ra ce_aian 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_asian Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	parent_race_shared.ra ce_black Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	ce_hispanic	ce_mena Data Entry Type: Drop Down, Yes or No for	ce_hawaii	ce_white

			Parent Location		Parent's Children	Parent Requires	Parent Recruitme	ent
Other Race/Ethnicity	Other Race/Ethnicity Text Box	No Response - Race/Ethnicity	Zip Code	County	How many children age 5 and under is the participant parenting?	Did the Participant Require Interpretation Services Participate?	How did the participant learn about this program?	Recruitment Other Text
parent_race_shared.ra ce_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.ra ce_other_text Data Entry Type: Text, Write-in text for those who selected Other Race/Ethnicity.	parent_race_shared.ra ce_no_response Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	ip_code	parentlocationshared.county Data Entry Type: Drop Down, Listing of NC Counties. Indicate county of residence of participant.	articipants_children	terpretation	ecruitment Data Entry Type: Drop Down, Word of mouth Social Media Referral from Community	ecruitment_other_text Data Entry Type: Text box for description of the other method of recruitment that the participant experienced.

Dosage & Deliver	γ		Notes (Optional)
# of Sessions	# of Sessions	Indicate the Delivery	Optional Notes
Supporting this	Supporting this	Mode of Sessions	
Parent this FY	Parent to Date		
dosage delivery numb	dosade delivery numb	dosage_delivery.delive	
er of sessions	er_sessions_to_date		notes.optional_notes
Data Entry Type:	Data Entry Type:	Data Entry Type: Drop	Data Entry Type: Text.
Whole Number, Max	Whole Number, Max	Down, Only	Data Littly Type: Text.
Value 12	Value 36	Virtual Only In-	
Value 12	value oo	Person Hybrid (a mix	
	Could be in this FY or	of in-person and virtual	
	Previous years	sessions)	
	1 Tovious yours	000010110)	