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
d	parent_id_shared.optional_h ousehold_id	ce_aian	ce_asian	ce_black	ce_hispanic	ce_mena	ce_hawaii	ce_white
Data Entry Type: Unique ID per parent/caregiver. Please do not use the	unique id for these	Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that	Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that	Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that	Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that	Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that	Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that	Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that
parent's name, birthdate, or other private information as the ID.	purposes. This is optional for FY 25-26 and we hope to get everyone doing this during FY 26-27.	may apply to a Parent/Caregiver.						

			Parent Location		Parent Requires Interpretation	Parent Recruitment	
Other Race/Ethnicity	Other Race/Ethnicity Text Box	No Response - Race/Ethnicity	Zip Code	County	Did the Participant Require Interpretation Services Participate?	How did the participant learn about this program?	Recruitment Other Text
	parent_race_shared.ra ce_other_text	parent_race_shared.ra ce_no_response	parentlocationshared.z ip_code	parentlocationshared.c	parentinterpretshare.interpretation	parentrecruit_shared.recruit ment	parentrecruit_shared.r ecruitment_other_text
	Data Entry Type: Text, Write-in text for those who selected Other Race/Ethnicity.	Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: 5 Digit Zip Code Enter the zip code of the participant's home address.	Data Entry Type: Drop Down, Listing of NC Counties. Indicate county of residence of participant.	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	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.	Data Entry Type: Text box for description of the other method of recruitment that the participant experienced.
					sufficient comfort and fluency to receive programming verbally in spoken English.	Colour offiny offic.	

Dosage & Deliver	у		Notes (Optional)
Number of Sessions Attended To Date	Number of Sessions Attended This FY	Indicate the Delivery Mode of Sessions	Optional Notes
dosage_and_delivery. num_of_sessions_atte nded_to_date Data Entry Type: Whole Number, Max Value 104	dosage_and_delivery. num_of_sessions_atte nded_this_fy Data Entry Type: Whole Number, Max Value 52	dosage_and_delivery. delivery_mode_of_ses sions Data Entry Type: Drop Down, Only Virtual Only In- Person Hybrid (a mix of in-person and virtual sessions)	