Parent Participant ID		Parent Race/Ethnicity							
-	Optional Household ID	American Indian or Alaskan Native	Asian	Black	Hispanic/Latino	Middle Eastern/North African	Hawaiian or Pacific Islander	White	
parent_id_shared.pare nt_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.	nal_household_id If you are able to track a family or household	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.ra ce_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	ce_hawaii	parent_race_shared.ra ce_white Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	

			Parent Location		Parent's Children	Parent Requires Interp	
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 I Services Participate?	
ce_other		ce_no_response	ip_code	parentlocationshared.c ounty Data Entry Type: Drop Down, Listing of NC Counties. Indicate county of residence of participant.	articipants_children	parentinterpretshare.interpreta Data Entry Type: Drop Down, N Yes indicates that the Participa interpreter or bilingual staff to p programming. This could be fo any language other than Englis No, indicates that the participal comfort and fluency to receive verbally in spoken English.	

pretation
Interpretation

tation , Yes|No

pant required an o participate in for ASL, Spanish, or glish.

oant has sufficient ve programming

Parent Recruitment		Parent Use of Se	Notes (Optional)	
How did the participant learn about this program?	Recruitment Other Text	Number of services referrals received by parent participant	Number of services that parent participant was referred to and has used this FY or is currently used	Optional Notes
parentrecruit_shared.recruitment 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.	ent_other_text Data Entry Type: Text box for description of the other	errals	parent_use_services.number_o f_services_parent Data Entry Type: Whole Number Enter the number of service referrals the participating parent received AND used or is currently using.	notes.optional_notes Data Entry Type: Text.