

Parent Participant ID FY 26-27		Parent Race/Ethnicity FY 26-27			
Unique Identifier for Parent/Caregiver Participating	Household ID	American Indian or Alaskan Native	Asian	Black/African American	Hispanic/Latino
parent_id_2627.unique	parent_id_2627.household	parent_race_2627.race	parent_race_2627.race	parent_race_2627.race	parent_race_2627.race
Data Entry Type: Unique ID per parent/caregiver. Please do not use the parent's name, birthdate, or other private information as the ID.	All participants should have a household id. If participants are part of the same family or household they should have the same household id. Participants do not have to live at the same address to be considered part of the same family or household. For example: A parent brings a child to a session and then on another date an elder relative brings the same child. They can all be counted as part of the same family or household. This is necessary for FY 26-27, it was optional for FY 25-26.	Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.

Middle Eastern/North African	Hawaiian or Pacific Islander	White	Other Race/Ethnicity	Other Race/Ethnicity Text Box	I Prefer Not to Respond
parent_race_2627.race	parent_race_2627.race	parent_race_2627.race	parent_race_2627.othe	parent_race_2627.othe	parent_race_2627.race
Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Text, Write-in text for those who selected Other Race/Ethnicity and would like to provide additional clarity for their background.	Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver. This is the appropriate selection when a participant has selected- I Prefer not to Respond.

Parent's Children	Parent Location		Parent Requires	Parent Recruitment FY 26-27	
How many children age 5 and under is the participant parenting?	Zip Code	County	Did the Participant Require Interpretation Services Participate?	How did the participant learn about this program?	Recruitment Other Text
parent_child_shared.pa	parentlocationshared.zi	parentlocationshared.co	parentinterpretshare.int	parent_recruit_2627.rec	parent_recruit_2627.rec
<p>Data Entry Type: Whole Number, Max Value = 20 How many children age 5 and under is the participant parenting?</p>	<p>Data Entry Type: 5 Digit Zip Code</p> <p>Enter the zip code of the participant's home address.</p>	<p>Data Entry Type: Drop Down, Listing of NC Counties.</p> <p>Indicate county of residence of participant.</p>	<p>Data Entry Type: Drop Down, Yes No</p> <p>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.</p> <p>No, indicates that the participant has sufficient comfort and fluency to receive programming verbally in spoken English.</p>	<p>Data Entry Type: Word of mouth Social Media Referral from Community Partner Traditional Media Outreach Event Child Care Center Flyer Website Other: text input for description in the next field. Select only one.</p> <p>Traditional Media typically includes TV, Radio, Newspaper.</p>	<p>Data Entry Type: Text box for description of the other method of recruitment that the participant experienced.</p>

Dosage		Parent Use of Services		Notes (Optional)
Number of children for who this parent received diapers during this FY	Number of Diaper Packages that Parent Participant has received during this FY	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
dosage.num_children	dosage.num_diaper_pk	parent_use_services.nu	parent_use_services.nu	notes.optional_notes
Data entry type: Whole Number, Max Value 20	Data Entry Type: Whole Number	Data Entry Type: Whole Number Enter the number of service referrals the participating parent received.	Data Entry Type: Whole Number Enter the number of service referrals the participating parent received AND used or is currently using.	Data Entry Type: Text.