

Parent's Children	Parent Location		Parent Requires	Child Use of Services	
How many children age 5 and under is the participant parenting?	Zip Code	County	Did the Participant Require Interpretation Services Participate?	Number of Children Attached to the Participating Parent Eligible for Screenings	Number of Children Attached to the Participating Parent who Received for Screenings
parent_child_shared.pa	parentlocationshared.zi	parentlocationshared.co	parentinterpretshare.int	child_use_of_scvs.num	child_use_of_scvs.num
<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: Whole Number.</p> <p>In line with previous Child Use of Services measure in Fabrik.</p>	<p>Data Entry Type: Whole Number.</p> <p>In line with previous Child Use of Services measure in Fabrik.</p>

			Notes (Optional)	Parent Participant ID FY 26-27	
Number of Children Attached to the Participating Parent who are Eligible for Service Referral	Number of Children Attached to the Participating Parent who Recieved at least One Service Referral	Number of Children Attached to the Participating Parent who are now Using at least One Service Referral	Optional Notes	Unique Identifier for Parent/Caregiver Participating	Household ID
child_use_of_scvs.num	child_use_of_scvs.num	child_use_of_scvs.num	notes.optional_notes	parent_id_2627.unique	parent_id_2627.househ
Data Entry Type: Whole Number.  In line with previous Child Use of Services measure in Fabrik.	Data Entry Type: Whole Number.  In line with previous Child Use of Services measure in Fabrik.	Data Entry Type: Whole Number.  In line with previous Child Use of Services measure in Fabrik.	Data Entry Type: Text.	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.

**Parent Race/Ethnicity FY 26-27**

American Indian or Alaskan Native	Asian	Black/African American	Hispanic/Latino	Middle Eastern/North African	Hawaiian or Pacific Islander
parent_race_2627.race	parent_race_2627.race	parent_race_2627.race	parent_race_2627.race	parent_race_2627.race	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: 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.

				Parent Recruitment FY 26-27	
White	Other Race/Ethnicity	Other Race/Ethnicity Text Box	I Prefer Not to Respond	How did the participant learn about this program?	Recruitment Other Text
parent_race_2627.race	parent_race_2627.oth	parent_race_2627.oth	parent_race_2627.race	parent_recruit_2627.rec	parent_recruit_2627.rec
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.	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.  Traditional Media typically includes TV, Radio, Newspaper.	Data Entry Type: Text box for description of the other method of recruitment that the participant experienced.