

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	Middle Eastern/North African
parent_id_2627.unique	parent_id_2627.household	parent_race_2627.race	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.	Data Entry Type: Drop Down, Yes for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.

					Parent's Children	Parent Location
Hawaiian or Pacific Islander	White	Other Race/Ethnicity	Other Race/Ethnicity Text Box	I Prefer Not to Respond	How many children age 5 and under is the participant parenting?	Zip Code
parent_race_2627.race	parent_race_2627.race	parent_race_2627.othe	parent_race_2627.othe	parent_race_2627.race	parent_child_shared.pa	parentlocationshared.zi
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.	Data Entry Type: Whole Number, Max Value = 20 How many children age 5 and under is the participant parenting?	Data Entry Type: 5 Digit Zip Code  Enter the zip code of the participant's home address.

	Parent Requires	Parent Recruitment FY 26-27		Dosage and Delivery		
County	Did the Participant Require Interpretation Services Participate?	How did the participant learn about this program?	Recruitment Other Text	Number of Sessions This FY	Number of Sessions from past FYs	Indicate the Delivery Mode of Sessions
parentlocationshared.co	parentinterpretshare.int	parent_recruit_2627.rec	parent_recruit_2627.rec	dosage_and_delivery.n	dosage_and_delivery.n	dosage_and_delivery.in
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 sufficient comfort and fluency to receive programming verbally in spoken English.	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.	Data Type: Whole Number, Max of 104  Please indicate the total number of sessions attended by the participant <u>during this FY</u> . Depending on the model, this could be homevisits, seminars, group meetings, etc.	Data Type: Whole Number, Max of 500  How many sessions did the participant attend in previous FYs (before July 1 of this FY), if they were part of the program in a previous FY? If they were not part of the program previously, please indicate 0-zero in this column. If you do not know if they participated previous please leave blank and add a note in that column to explain.	Data Entry Type: Drop Down, Only Virtual Only In-Person Hybrid (a mix of in-person and virtual sessions)

<b>Referrals</b>						
<b>Number of Service Referrals Received by this Parent this FY</b>	<b>Number of Service Referrals Received by this Parent to Date</b>	<b>Number of Service Referrals this FY for which the Parent has or is currently receiving services</b>	<b>Number of Service Referrals this FY for Health Services</b>	<b>Number of Service Referrals this FY for Basic Needs</b>	<b>Number of Service Referrals this FY for Parenting Education</b>	<b>Number of Service Referrals this FY for Finding Child care</b>
referrals.num_ref_recei	referrals.num_ref_recei	referrals.num_ref_curre	referrals.num_health_re	referrals.num_ref_basid	referrals.num_ref_paren	referrals.num_ref_child
Data Entry Type: Whole Number, Max Value 100	Data Entry Type: Whole Number, Max Value 100  This FY and previous FYs, if data is available	Data Entry Type: Whole Number, Max Value 100  Of the referrals made during this FY, for how many of those is the parent currently receiving services or has received services this FY?	Data Entry Type: Whole Number, Max Value 100  Health services include referrals to a medical home, physical health, mental health, dental home, therapies, early intervention, etc	Data Entry Type: Whole Number, Max Value 100  Basic needs include food, clothing, shelter, hygiene products, transportation etc	Data Entry Type: Whole Number, Max Value 100 Parenting Education includes mentoring, support groups (COP, COSP, etc), parent education classes (NPP, Triple P, etc), parenting education home visiting (PAT, HFA, etc), literacy (RAR, DPIL, Read and Grow with Me, etc) and others.	Data Entry Type: Whole Number, Max Value 100 These should be referrals to the CCR&R system, NC PreK, Subsidy, etc either their online search portal or the 1-800 number.

		<b>Notes (Optional)</b>
<b>Number of Service Referrals this FY for OTHER needed supports</b>	<b>Description of OTHER Referrals made</b>	<b>Optional Notes</b>
referrals.num_ref_other	referrals.desc_of_other	notes.optional_notes
Data Entry Type: Whole Number, Max Value 100  Any referrals that don't fall into the previous categories.	Data Entry Type: Text  Please describe in just a few words the OTHER referrals made for this participant.	Data Entry Type: Text.