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**	**Hawaiian or Pacific Islander**	**White**	**Other Race/Ethnicity**
parent_id_2627.unique	parent_id_2627.househ	parent_race_2627.race	parent_race_2627.race	parent_race_2627.race	parent_race_2627.race	parent_race_2627.race	parent_race_2627.race	parent_race_2627.race	parent_race_2627.othe
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.	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		Parent Requires I	Parent Recruitment FY 26-27		Dosage and Delivery	
Other Race/Ethnicity Text Box	**I Prefer Not to Respond**	**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**	**Number of Sessions This FY**	**Number of Sessions from past FYs**
parent_race_2627.othe	parent_race_2627.race	parent_child_shared.pa	parentlocationshared.zi	parentlocationshared.c	parentinterpretshare.int	parent_recruit_2627.rec	parent_recruit_2627.rec	dosage_and_delivery.n	dosage_and_delivery.nu
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.	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 during this FY. 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.

	Referrals					
Indicate the Delivery Mode of Sessions	**Number of Service Referrals Received by this Parent this FY**	**Number of Service Referrals Received by this Parent to Date**	**Number of Service Referrals this FY for which the Parent has or is currently receiving services**	**Number of Service Referrals this FY for Health Services**	**Number of Service Referrals this FY for Basic Needs**	**Number of Service Referrals this FY for Parenting Education**
dosage_and_delivery.in	referrals.num_ref_recei	referrals.num_ref_recei	referrals.num_ref_curre	referrals.num_health_re	referrals.num_ref_basic	referrals.num_ref_parer
Data Entry Type: Drop Down, Only Virtual|Only In-Person|Hybrid (a mix of in-person and virtual sessions)	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) and others.

				Net Promoter Score		Notes (Optional)
Number of Service Referrals this FY for Finding Child care	**Number of Service Referrals this FY for OTHER needed supports**	**Description of OTHER Referrals made**	**Number of services overall that parent participant was referred to and has used this FY or is currently used**	**On a scale of 0-10, how likely are you to recommend the program you are participating in to a friend or colleague?**	**Please describe why you selected your score between 0 and 10 to help us better understand your experience with this program.**	**Optional Notes**
referrals.num_ref_child	referrals.num_ref_other	referrals.desc_of_other	referrals.num_ref_overa	net_promoter_score.ne	net_promoter_score.wh	notes.optional_notes
Data Entry Type: Whole Number, Max Value 100 These should be referrals to the CCR&R system, either their online search portal or the 1-800 number.	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 type: Whole number, Max Value 100	Data Type: Whole Number, Min 0 Max 10 The language "the program" can and likely should be replaced with the name of the program, as the participant would recognize it.	Data type: Text	Data Entry Type: Text.