

Component Description

The Part B Referral Component contains data related to children transitioning from Part C to Part B. This includes children exiting Part C who are receiving special education services.

Document Contents

Schema	Contains the component characteristic names, descriptions, and specifications (Excel Sheet 2)
List of Values	Contains the list of allowed values for all characteristics of a "List of Values" datatype (Excel Sheet 3)
Staging Area Business Rule Validations	Contains the list of business rule validations, grouped by characteristic, that apply to this component (Excel Sheet 4)
Version History	Contains a history of updates made to the business rule validations in this school year (Excel Sheet 5)
User Guide	Contains references and support for using this document (Excel Sheet 6)

Collection Matrix

Collection Name	Component Status
CEPI Internal Request for UIC	Not Allowed
Early Childhood EOP	Not Allowed
Early Childhood Fall	Not Allowed
Early Childhood Spring	Not Allowed
EOY 2018 General Collection	Optional
Fall 2017 General Collection	Optional
IHE Request for UIC	Not Allowed
Request for UIC	Not Allowed
Request for UIC	Not Allowed
Spring 2018 General Collection	Optional
Student Record Maintenance	Optional
Teacher Student Data Link	Not Allowed

Schema

Characteristic Name	Characteristic Description	Data Type	Min Length	Max Length	Min Value	Max Value	Decimal Positions	Is Multi Valued?	Required?
SEANotification	Part C Indicator 8 B: Did notification to the SEA occur at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services?	Yes / No (or True False, or Boolean)						False	True
LEANotification	Part C Indicator 8 B: Did notification to the LEA where the toddler resides occur at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services?	Yes / No (or True False, or Boolean)						False	True
Parent Last Name	The parent's last name, family name, or surname. This is usually the person who is responsible for signing the child's IFSP. However, may be another adult who is a primary care giver for the child and who will be able to answer survey questions related to Early On program participation.	Names (letters, apostrophe, commas, hyphens, periods)	1	50				False	True
Parent First Name	The parent's first name. This may be the person who is responsible for signing the child's IFSP	Names (letters, apostrophe, commas, hyphens, periods)	1	50				False	True
Parent Street Address	This is the street address where the parent (whose name is being submitted) lives at the time of reporting or the parent's last known street address of residence. This may be a Post Office Box if no other parent address is available.	Text (free form)	1	100				False	False
Parent Street Address 2	Mailing address that differs from the parent's street address, or routing information for mailing in addition to Street Address. (e.g. Post Office Box, apartment, or lot number).	Text (free form)	0	100				False	False
Parent City	The name of the city or town where the parent lives at the time of reporting or the parent's last known city or town of residence.	Text (numbers and letters)	1	50				False	False
Parent State	The two-character alphabetic code that represents the state where the parent lives at the time of reporting or the parent's last known State of residence.	List of Values (choose from list)						False	False
Parent Zip Code	The five- or nine-digit ZIP code of the location where the parent lives at the time of reporting or the last known code of residence. If there is no four-digit code, pad with five blanks (NNNNNbbbb).	Text (numbers and letters)	5	10				False	False
Parent Phone Number	The parent's primary contact telephone number (for the parent whose name is being submitted).	Text (free form)	1	10				False	False
Parent Address Unknown	The parent is homeless and/or does not have an address where he/she can receive mail.	Yes / No (or True False, or Boolean)						False	False

Parent Phone Unknown	The parent does not have a telephone number where he/she can be contacted.	Yes / No (or True False, or Boolean)							False	False
----------------------	--	--------------------------------------	--	--	--	--	--	--	-------	-------

List of Values

Parent State	
Code	Description
AA	Armed Forces Americas (except Canada)
AB	Alberta
AE	Armed Forces Africa, Canada, Europe and Middle East
AK	Alaska
AL	Alabama
AP	Armed Forces Pacific
AR	Arkansas
AS	American Somoa
AZ	Arizona
BC	British Columbia
CA	California
CO	Colorado
CT	Connecticut
DC	District of Columbia
DE	Delaware
FL	Florida
FM	Federated States of Micronesia
GA	Georgia
GU	Guam
HI	Hawaii
IA	Iowa
ID	Idaho
IL	Illinois

IN	Indiana
KS	Kansas
KY	Kentucky
LA	Louisiana
MA	Massachusetts
MB	Manitoba
MD	Maryland
ME	Maine
MH	Marshall Islands
MI	Michigan
MN	Minnesota
MO	Missouri
MP	Northern Mariana Islands
MS	Mississippi
MT	Montana
NB	New Brunswick
NC	North Carolina
ND	North Dakota
NE	Nebraska
NH	New Hampshire
NJ	New Jersey
NL	Newfoundland and Labrador
NM	New Mexico
NS	Nova Scotia
NT	North West Territories
NU	Nunavut
NV	Nevada
NY	New York

PartBReferral

Last Updated: 4/9/2024

OH	Ohio
OK	Oklahoma
ON	Ontario
OR	Oregon
PA	Pennsylvania
PE	Prince Edward Island
PR	Puerto Rico
PW	Palau
QC	Quebec
RI	Rhode Island
SC	South Carolina
SD	South Dakota
SK	Saskatchewan
TN	Tennessee
TX	Texas
UT	Utah
VA	Virginia
VI	Virgin Islands
VT	Vermont
WA	Washington
WI	Wisconsin
WV	West Virginia
WY	Wyoming
YT	Yukon

Staging Area Business Rule Validations

Characteristic Name	Rule Number	Data Validation	Severity	Error/Warning Message
	281.1	If the {PartBReferral} component is submitted the {EarlyOn} component must be submitted	1	When a record includes the Part B Referral component, the Early On component is also required.
	281.2	If the {PartBReferral} component is submitted the child's age must be >= 2 years on the AsOfDate	1	Transition from Part C services does not occur until the child is 2 years of age or older.
ParentAddressUnknown	281.538.1	If [ParentStreetAddress] is blank OR [ParentCity] is blank OR [ParentState] is blank OR [ParentZipCode] is blank [ParentAddressUnknown] must = "True"	1	The parent's address is required unless he/she does not have an address where they can receive mail.
ParentCity	281.534.1	If [ParentAddressUnknown] = "True" [ParentCity] must be blank	1	If the parent's address is unknown, Parent City cannot be submitted.
ParentPhoneNumber	281.537.1	If [ParentPhoneUnknown] = "True" [ParentPhoneNumber] must be blank	1	If the parent's phone number is unknown, Parent Phone Number cannot be submitted.
ParentPhoneUnknown	281.539.1	If [ParentPhoneNumber] is blank [ParentPhoneUnknown] must = "True"	1	The parent's phone number is required unless he/she doesn't have a telephone number where they can receive calls.
ParentState	281.535.1	If [ParentAddressUnknown] = "True" [ParentState] must be blank	1	If the parent's address is unknown, Parent State cannot be submitted.
ParentStreetAddress	281.532.1	If [ParentAddressUnknown] = "True" [ParentStreetAddress] must be blank	1	If the parent's address is unknown, a Parent Street Address cannot be submitted.
ParentStreetAddress2	281.533.1	If [ParentStreetAddress] does not contain a value [ParentStreetAddress2] cannot contain a value	1	This characteristic may not be submitted if Parent Street Address is blank.
	281.533.2	If [ParentAddressUnknown] = "True" [ParentStreetAddress2] must be blank	1	If the parent's address is unknown, Parent Street Address 2 cannot be submitted.
ParentZipCode	281.536.1	If [ParentAddressUnknown] = "True" [ParentZipCode] must be blank	1	If the parent's address is unknown, Parent Zip Code cannot be submitted.

Version History

No updates have been made to this component.

User Guide

Collection Matrix

Component Status

Defines which collections the component may be submitted. The possible values are:

<u>Name</u>	<u>Description</u>
Required	This component must be submitted in this collection. If omitted in an upload, the file will be rejected upon upload.
Optional	This component is optional in this collection, but may be conditionally required due to validation rules.
Not Allowed	This component cannot be submitted in this collection. If included in an upload file, the file will be rejected upon upload.

Schema

Characteristic Name

The name of the characteristic. This matches the name in the schema.

Characteristic Description

A description of the characteristic and why the data is needed.

Data Type

The system data type. The possible values are:

<u>Name</u>	<u>Classification</u>
Addresses (numbers, letters, #)	string
Date (only)	date
Date (year and month only) (YYYYMM)	string
Decimal Number	decimal
List of Values (choose from list)	string
Names (letters, apostrophe, commas, hyphens, periods)	string
Numeric Text (0-6) (can have leading zeros)	string
Numeric Text (can have leading zeros)	string
Text (free form)	string
Text (numbers and letters)	string

Whole Number (integer)	int
Yes / No (or True False, or Boolean)	boolean

Min Length

For characteristics of a "text" data type classification, this specifies the minimum character length

Max Length

For characteristics of a "text" data type classification, this specifies the maximum character length

Min Value

For characteristics of a "number" data type classification, this specifies the minimum character length

Max Value

For characteristics of a "number" data type classification, this specifies the maximum character length

Decimal Positions

For characteristics of a "number" data type, this specifies the number of digits allowed to the right of a decmial point.

Is Multi Valued?

TRUE indicates that this characteristic may be submitted multiple times in the same component; FALSE indicates that only one instance is allowed.

Required?

Y indicates this characteristic is required to be submitted as part of the schema; N indicates that is either optional at the schema level (but may be conditionally required due to validation rules)

Validation Rules

Definitions & Guidance

- Text surrounded by {} indicates that this is a component
- Text surrounded by [] indicates that this is a characteristic
- A Severity of "1" indicates that the validation is an error; a "2" indicates that it is a warning
- *CollectionName* refers to the value of the "CollectionName" attribute in the collection schema
- *AsOfDate* refers to one of two values:
 - For single-certified collections, it is the State-defined certification as of date for the collection
 - For ongoing certified collections, it is the value of the [AsOfDate] characteristic in the {StudentRecordMaintenance} component

Version History

Notes

- TFS Number is used internally by CEPI for tracking purposes
- Each update to a validation or a wording change to the error/warning message will be noted here

Appendix A

Certain entity-related validations in MSDS are dependent on which collection is being submitted. The table below defines the dates or date ranges that are used in these validations. Validations that are dependent on this table are noted in the specific data validation; they will contain a reference to this appendix.

Collection	Type	Start Date	End Date
General collections	date	Certification As of Date	
Early Childhood collections	date range	Collection Open Date	Collection Close Date
Student Record Maintenance	date	As of Date (SRM component)	
Teacher Student Data Link *	date range	7/1/{AcademicYear start}	8/31/{School Year End}
	date range	7/1/{School Year Start}	8/31/{School Year End}
Early Roster	date range	7/1/{School Year Start}	6/30/{School Year End}
all other collections	date	Today's Date	

* The TSDL collection will use the school year value submitted in the Academic Year characteristic, if it was submitted. If no value is found, the current school year values are used.