

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

for STATE FORMULA GRANT PROGRAMS under the
Individuals with Disabilities Education Act

For reporting on
FFY 2024

Tennessee



PART C DUE
February 2, 2026

U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202

Introduction

Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State's systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) and early intervention service (EIS) providers and EIS programs meets the requirements of Part C of the IDEA. This introduction must include descriptions of the State's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

Intro - Indicator Data

Executive Summary

In 2024-25, the lead agency for IDEA Part C in Tennessee was renamed to the Department of Disability and Aging (DDA).

Additional information related to data collection and reporting

General Supervision System

The systems that are in place to ensure that the IDEA Part C requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions). Include a description of all the mechanisms the State uses to identify and verify correction of noncompliance and improve results. This should include, but not be limited to, State monitoring, State database/data system, dispute resolution, fiscal management systems as well as other mechanisms through which the State is able to determine compliance and/or issue written findings of noncompliance. The State should include the following elements:

Describe the process the State uses to select EIS providers and/or EIS programs for monitoring, the schedule, and number of EIS providers/programs monitored per year.

TEIS conducts annual monitoring of all nine Early Intervention Service (EIS) programs. These programs include TEIS Points of Entry (POEs) and contracted EIS providers, such as Early Intervention Resource Agencies and therapy vendors (speech, physical, and occupational) within each POE district.

In FFY 2021–22, TEIS introduced an integrated monitoring approach designed to:

- Increase local access to monitoring data.
- Provide tools for local leadership and staff to make timely program adjustments.
- Empower POEs to drive meaningful change within their districts.
- Utilize real-time data for decision-making.
- Streamline communication and reporting processes to reduce administrative burden.
- Support improved outcomes for children and families.

Results Monitoring

In 2024–25, TEIS implemented results monitoring for the third consecutive year. Priority areas—selected with stakeholder input—were child find and family outcomes. Each POE received a designation in one of three tiers based on results criteria:

Tier 1: Flexibility to create improvement plans focused on locally chosen, data-informed areas.

Tier 2: Requires a central office—approved improvement plan addressing flagged areas; technical assistance available upon request.

Tier 3: Requires participation in technical assistance to develop an improvement plan for flagged areas.

All TEIS districts receive real-time data updates throughout the year to support improvement planning efforts.

Compliance Monitoring - Annual Monitoring Process

The TEIS IDEA Implementation Team reviews at least one calendar month of data in Tableau for Indicators 1, 7, and 8C for each POE. This review includes all services and meetings due within the selected month and forms the basis for federal reporting. Beginning in 2024-25, the practice of pre-finding correction was eliminated, and findings of noncompliance were issued based on this initial data review. The review month is determined annually.

For Indicators 8A and 8B, fiscal year data are reviewed for all children identified as “potentially eligible for Part B” under the interagency agreement between TEIS and the SEA.

Use of Tableau

FFY 2023–24 marked the first year TEIS used Tableau, a business intelligence tool linked to the TEIDS data system, to support compliance monitoring for Indicators 1, 7, and 8C. POE leadership began verifying TEIDS data accuracy through a monthly Internal Controls for Monitoring Process. Access to real-time data allowed POE leadership and Service Coordinators to respond proactively before meetings and service initiation deadlines. When delays occurred, reasons were documented (e.g., exceptional family circumstances, system issues).

2024–25 Annual Monitoring Details

- Indicators 7 and 8C: All meetings due in October 2023 were monitored.
- Indicator 1: All new early intervention services due in January 2024 data were monitored.
- Indicator 8A: Maintained through TEIDS validation and reviewed for the fiscal year.

-Indicator 8B: Fiscal year data file shared between the state Central Office (Part C) and Part B, 619 preschool SEA and LEAs used for annual monitoring.

Monitoring data were pulled for the designated timeframe, reviewed, and confirmed as complete and accurate.

Describe how child records are chosen, including the number of child records that are selected, as part of the State's process for determining an EIS provider's and EIS program's compliance with IDEA requirements and verifying the EIS provider/program's correction of any identified noncompliance.

For compliance Indicators 1, 7, and 8C, TEIS selects a target month each year to verify all meetings and services due. Previously, TEIS collaborated with technical assistance providers to evaluate whether a specific month would best represent the population served. After analyzing three years of data across multiple elements, TEIS determined that all months were equally representative for compliance monitoring.

For FFY 2024–25, TEIS used March 2025 as the target month for compliance monitoring. All meetings or services due in March were included in the annual review, which was completed in May 2025. The data was representative of all EIS programs and EIS providers. The TEIS IDEA Implementation Team reviews and sets the annual monitoring schedule each year.

Indicators 8A and 8B

For Indicators 8A and 8B, the state data team analyzes full fiscal year data at the end of the year, confirming alignment with the state's exiting data. If a TEIS POE is found noncompliant, a formal finding is issued by the Director of IDEA Implementation. Subsequent months' data are reviewed to confirm child and systemic correction.

Changes Beginning FFY 2024–25

Starting in FFY 2024–25, TEIS eliminated the practice of pre-finding correction. Findings were issued immediately after the IDEA Implementation Team reviewed data and identified systemic and/or child-level noncompliance during annual monitoring. Subsequent monthly data are reviewed until correction is verified as follows:

Systemic Correction: Verified when a subsequent month's data shows no untimely meetings or service delays. The IDEA Implementation Team identified each instance of untimely service delivery attributable to the early intervention system. Reasons for delay were reviewed, and the responsible entity (EIS program or provider) was identified for monthly monitoring until correction was verified.

Systemic correction was achieved when no untimely services were attributable to the early intervention system in a subsequent month for the EIS program/provider. However, a finding was only considered corrected when all child-level noncompliance was also resolved.

Child-Level Correction

To verify child-level correction, the IDEA Implementation Team documented each instance of services that were past due and not yet delivered at the time of monitoring. TEIS refers to these as past due pending. For each case, the specific service and child identification number is logged for investigation and follow-up, as reasons for delay are only entered into the system once the service is delivered.

Child-level compliance was achieved when all outstanding past due services were resolved for the source of noncompliance identified in the finding. Resolution could occur by:

- Delivering the service.
- Removal of a service from the IFSP if no longer desired by the family.
- Family withdrawal from early intervention services.

Child-level correction was confirmed when no past due pending services remained for the EIS program/provider in the original data pull and all subsequent months until correction. A finding was only considered corrected when there were also no systemic delays for the same entity.

Describe the data system(s) the State uses to collect monitoring and SPP/APR data, and the period from which records are reviewed.

Child records from the Tennessee Early Intervention Data System (TEIDS) are used for annual monitoring and to verify correction of noncompliance for EIS programs and providers. TEIDS is a real-time, web-based system that houses each child's educational record.

For Indicators 1, 7, and 8C, TEIDS data are reviewed through a Tableau dashboard by the IDEA Implementation Team, starting with the designated target month and continuing with subsequent months until both systemic and child-level correction are verified.

In FFY 2024–25, the target month was March 2025, meaning all meetings and services due in that month were reviewed for compliance.

For Indicators 8A and 8B, the state data team analyzes full fiscal year data and continues reviewing subsequent months until systemic and child-level correction is confirmed.

Describe how the State issues findings: by EIS provider and/or EIS program; and if findings are issued by the number of instances or by EIS provider and/or EIS program.

TEIS has nine EIS programs, also referred to as TEIS Points of Entry (POEs). All POE office personnel are state employees. Written findings of noncompliance identified through 2024–25 annual monitoring were issued to the TEIS POE (EIS program), regardless of whether the root cause was attributable to POE staff or contracted EIS service provider personnel within the POE's district.

TEIS issues one finding per compliance indicator or regulatory requirement, regardless of the number of individual instances identified. Each finding specifies:

- The entity or entities responsible (EIS program, EIS provider, or individual Service Coordinator).
- The specific requirements for correction at the systemic and child levels.

The EIS Program Director (TEIS District Administrator) collaborates with the identified entity/entities to ensure correction of noncompliance.

Other Sources of Findings

Findings of noncompliance may also result from General Supervision activities, including but not limited to:

- Results monitoring
- Monitoring outside of annual compliance (targeted or focused monitoring, State/Department internal audits)
- Dispute resolution activities
- Investigation of credible allegations of noncompliance related to IDEA requirements received through other channels

All findings of noncompliance for IDEA violations by EIS programs/providers within TEIS are issued by the IDEA Implementation Team and specify activities required for correction. The Director of IDEA Implementation issues a letter of correction once systemic and child level correction has been verified.

If applicable, describe the adopted procedures that permit its EIS providers/ programs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction).

Beginning with FFY 2024-25 monitoring, TEIS eliminated the use of pre-finding correction. This policy change went into effect in December 2024 and was shared at the January 2025 SICC meeting. The use of pre-finding correction in 2023-24 is described in each compliance indicator as applicable to correction of findings of noncompliance.

Describe the State's system of graduated and progressive sanctions to ensure the correction of identified noncompliance and to address areas in need of improvement, used as necessary and consistent with IDEA Part C's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State policies.

TEIS uses a graduated and progressive system of sanctions to ensure correction of noncompliance identified through compliance monitoring. Enforcement provisions are outlined in the document "Tennessee System of Determination Enforcements for Early Intervention Service Programs," which aligns with IDEA Part C requirements. This document is reviewed annually and updated as needed.

The enforcement framework describes actions based on determination levels:

- Meets Requirements
- Needs Assistance
- Needs Intervention
- Needs Substantial Intervention

Enforcement actions range from:

- No required actions
- Improvement plans
- Corrective action plans
- Training and technical assistance
- Use of human resources performance management processes
- Contract management measures
- Restructuring of an EIS program or provider

Describe how the State makes annual determinations of EIS program performance, including the criteria the State uses and the schedule for notifying EIS programs of their determinations. If the determinations are made public, include a web link for the most recent determinations.

TEIS issues annual determinations to EIS programs within 120 days after submitting the Annual Performance Report (APR). Consistent with OSEP's QA 23-01, TEIS's FFY 2024-25, determinations were based on:

- Performance on APR indicators,
- Status of correction of identified noncompliance,
- Validity and reliability of submitted data, and
- Other data available to the state about the EIS program's compliance with IDEA.

Determination Categories and Scoring

TEIS uses the four federal determination categories:

- Meets Requirements
- Needs Assistance
- Needs Intervention
- Needs Substantial Intervention

A rubric is used to assign point values for each determination element against established targets. Using TEIS POE data, the rubric calculates both a determination score and the corresponding category. Enforcement actions for each category are defined in TEIS's document, "Tennessee System of Determination Enforcements for Early Intervention Service Programs."

Notification and Support

Each spring, EIS programs receive:

- Their determination results.
- A copy of the POE and state determination rubric.
- Overview of Annual Program Determinations
- Tennessee System of Determination Enforcements for Early Intervention Service Programs

TEIS leadership provides an overview during a District Administrator meeting, and individual technical assistance is available to POEs upon request.

Public Reporting

TEIS does not publish EIS Program Determinations on its website. However, the state's annual determination from OSEP is shared with the State Interagency Coordinating Council (SICC) and other stakeholders. EIS Program performance on APR indicators is published on the Department's website through the TEIS Annual Report to the Public.

Provide the web link to information about the State's general supervision policies, procedures, and process that is made available to the public.

Information and links to TEIS policies and procedures can be found throughout the TEIS website at this link: <https://www.tn.gov/disability-and-aging/disability-aging-programs/teis.html>

Reports, including TEIS's Annual Performance Report, State Systemic Improvement Plan, and the TEIS Annual Report to the Public are posted on the Department's Reports & Data page: <https://www.tn.gov/disability-and-aging/about-us/reports.html>

Technical Assistance System:

The mechanisms that the State has in place to ensure the timely delivery of high quality, evidence-based technical assistance and support to EIS programs.

The TEIS Staff and Provider Engagement Team ensures TEIS maintains a Comprehensive Training Plan to meet the needs of staff, providers, and families. The plan for supporting staff in 2024-25 included:

- Written operations manual for staff.
- Training and technical assistance opportunities.
- Opportunities to engage with TEIS leadership and the early intervention community.

Support Requests and Feedback

-In FFY 2024–25, the Engagement Team implemented an online form for Point of Entry (POE) Leadership to request support for POEs and individual Service Coordinators. After support is provided, follow-up surveys are sent promptly to gather feedback and improve technical assistance.

POE-Specific Trainings

During 2024–25, POE offices requested targeted trainings based on identified needs. Examples include:

- First TN POE: Focus group on communication and professionalism.
- Memphis TN POE: Training on Adobe Sign for efficient parent signature collection.

Positive feedback and suggestions informed ongoing technical assistance efforts. POE trainings are offered upon request throughout the contract year.

Service Coordinator Support

The Engagement Team provided individualized support for Service Coordinators identified by leadership as needing additional training. Activities included:

- Chart reviews and observations.
- Customized training sessions.
- Collaboration with POE leadership.

Visit frequency was based on need, and progress was measured individually. Next steps were clearly communicated. Service Coordinators reported positive impacts on their work, benefiting TEIS families and partners. Follow-up surveys captured feedback on helpful aspects and areas for improvement.

Training Highlights

In 2024–25, 15 new online trainings were added for TEIS staff and EI community partners. Topics included:

- Child Development Basics (Birth to Five) for Providers and TEIS Staff.
- New Hire Orientation.
- Service Coordination 101.
- IFSP Goals 101.
- FGRBI.
- Mock TPC and IFSP Reviews.
- HOPE Family Outcomes Data Collection.
- Sensitive and Effective Communication.
- System of Payments Policy Overview.
- Vendor Orientation.

-Rights Brochure/Procedural Safeguards.

New hire training for Service Coordinators continues through Relias, with courses assigned during onboarding. Additional courses can be assigned as needed. POE leadership will soon have access to enhanced support tools for chart reviews and field observations. Each training includes feedback surveys to inform revisions.

Professional Development System:

The mechanisms the State has in place to ensure that service providers have the skills to effectively provide services that improve results for infants and toddlers with disabilities and their families.

The TEIS Staff and Provider Engagement Team ensures TEIS maintains a Comprehensive Training Plan to meet the needs of staff, providers, and families. The technical assistance plan to support EIS providers in 2024-25 included:

- Written operations manuals for staff and providers.
- Training and technical assistance opportunities.
- Opportunities to engage with TEIS leadership and the early intervention community.

The TEIS website provides extensive resources for providers, including:

- A Provider Guidance Manual (updated at least twice per year).
- Training materials, resource documents, and online forms.

Professional Development in FFY 2024–25 targeted contracted providers, staff, and families and was delivered through multiple formats:

- Webinars (Lunch and Learn sessions)
- Online trainings
- In-person trainings
- Coffee Break sessions
- Ongoing coaching for Early Interventionists (EIs)

Key Professional Development Initiatives

Time for Teaming (TFT) are regional events hosted by TEIS for POE and EIRA personnel.

-In Spring 2025, a TFT mini-conference was held in West Tennessee, focusing on promoting resilience in professional practice. Parents shared firsthand experiences during presentations.

-Attendance: 222 participants, including parents, Service Coordinators, POE leadership, EIRA leadership and staff, evaluation staff, therapy vendors, and TEIS leadership.

Capacity Building Services (Vanderbilt TRIAD Partnership) is an intensive coaching partnership for Early Interventionists offering:

- FGRBI small group and peer support sessions
- Communication Academy for early communicators
- Community of Practice featuring case studies
- Archived webinars available on TRIAD's learning platform

Coffee Break Series for EIRA directors and leadership. Topics included:

- FGRBI Coaching and Reflection
- EI Competencies
- Evidence-Based Practice in Childcare Settings
- Adult Learning Principles (Dr. Dana Childress, 6 sessions)
- Problem Solving and Goal Adaptation
- Challenging Home Visit Situations
- Constructive Feedback

EIRA Quarterly Meetings were held in person. Topics for 2024-25 included:

- Resources for EIs and childcare providers
- Recruitment strategies for EI professionals
- Accreditation for TN DDA and TEIS
- TN Department of Children's Services procedures
- EI TN Endorsement long-range plans

Individualized Support for EIS Providers included:

-Online Training reviewed and updated regularly by the TEIS Staff and Provider Engagement Team and accessible via the Relias Learning Management System and linked on the TEIS Community Resource website.

-15 new online trainings added in 2024–25, including:

- Child Development Basics (Birth to Five)
- Introduction to TEIDS for Providers
- IFSP Goals 101
- FGRBI
- Mock TPC and IFSP Reviews
- Sensitive and Effective Communication
- System of Payments Policy Overview
- Vendor Orientation
- Rights Brochure/Procedural Safeguards

Lunch and Learn Sessions are held monthly with recordings posted on the TEIS Community Resource website. Topics in 2024-25 included:

- Self-Care at Work in Early Intervention
- Genetic Testing in Infants and Children
- Early Childhood Transition
- Conscious Discipline
- Building Strong Foundations for Early Literacy

Stakeholder Engagement:

The mechanisms for broad stakeholder engagement, including activities carried out to obtain input from, and build the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.

TEIS incorporates broad stakeholder input when addressing areas of need within the system through multiple channels, including:

- State Interagency Coordinating Council (SICC) membership and attending visitors.
- TEIS, EIRA, and Vendor Advisory Councils.
- Office Hours sessions.
- Feedback from family surveys, advocacy groups, and local engagement efforts.

The TEIS website and department newsletter provide stakeholders with consistent updates on program activities and service delivery.

State Interagency Coordinating Council (SICC)

The SICC met quarterly in January, April, July, and October. Members, appointed by the Governor, represent diverse stakeholders in early intervention, including service providers, parents, state agencies, referral sources, and higher education.

Meetings are open to the public, and agenda topics can be submitted via the TEIS website. Topics addressed in 2024-25 included:

- HOPE Family Survey results and feedback.
- Results Monitoring.
- TEIS Central Office team functions.
- POE initiatives and regional goals.
- Other program updates.

Additionally, SICC provided direct feedback to OSEP during Tennessee's DMS 2.0 audit.

Advisory Councils

Two advisory councils serve as key feedback channels:

- Early Intervention Resource Agency (EIRA) Advisory Council – Agencies providing developmental therapy.
- Vendor Advisory Council – Agencies providing therapy services (speech, physical, occupational).

Updates from both councils are shared at quarterly SICC meetings. Membership includes contracted EIS provider agencies.

EIRA Advisory Council focuses on:

- Improving services for children and families.
- Increasing access to services statewide.
- Enhancing communication between TEIS and EIRAs.

This year, the council emphasized IFSP teaming, analyzed survey feedback, and developed action plans to address concerns among Service Coordinators, leadership, families, and therapy vendors.

Vendor Advisory Council collaborates on:

- Issues impacting therapy vendors.
- Streamlining billing and business processes.

-Improving IFSP teaming in partnership with the EIRA Advisory Council.

Council Structure

Membership is voluntary and includes agency administrators and direct service providers from Tennessee's three grand regions (East, Middle, West). Councils operate autonomously under a chairperson recommended by members and appointed by the Assistant Commissioner of TEIS. The Program Director of TEIS Initiatives serves as liaison and provides departmental support for quarterly meetings.

Office Hours

TEIS leadership hosts regular virtual meetings for early intervention providers (EIRAs and vendors) and staff. These sessions promote dialogue, share updates, and gather stakeholder input.

Parent Engagement

Stakeholder engagement activities—along with professional development and technical assistance—help build the capacity of parents through:

-Direct engagement: Participation in SICC or local councils, training sessions, surveys, and direct communication with TEIS leadership.

-Indirect engagement: Training and monitoring systems that strengthen IFSP team members' knowledge and skills, benefiting children and families.

Apply stakeholder input from introduction to all Part C results indicators. (y/n)

YES

Number of Parent Members:

10

Parent Members Engagement:

Describe how the parent members of the Interagency Coordinating Council, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.

Family feedback and input remained a key priority for TEIS throughout the fiscal year. Families and family advocates were invited to participate in various forums, including SICC meetings, the annual teaming conference, and the HOPE Family Survey. Input was received on topics such as:

-Results Monitoring

-IFSP Teaming

-Family and Child Outcomes

-General Supervision System

-Monitoring processes

-Transition

Statewide Interagency Coordinating Council (SICC)

Family members and advocates serve as members of the SICC and attend quarterly meetings, bringing valuable perspectives as parents of children receiving TEIS services. Meetings are open to the public, and parents interested in participating are encouraged to attend.

In 2024–25, families and advocates received updates on:

-HOPE Family Survey results and feedback

-Results Monitoring

-TEIS Central Office functions

-POE initiatives and regional goals

-Other program updates

Additionally, SICC members provided direct feedback to OSEP during Tennessee's DMS 2.0 audit.

Informational Materials

TEIS continued collaborating with family advocacy agencies to develop resources that help families understand options after their child turns three. These materials are distributed through:

-Service Coordinators

-Department newsletters

-The TEIS website

Regional Teaming Events

Families and advocates participated in the West Time for Teaming event in Memphis, Tennessee. This event fosters collaboration among TEIS staff, early intervention providers, vendors, and parents. Families shared personal early intervention experiences, some of which led them to careers in the field.

Upcoming events:

-Middle Region: November 2025

-East Region: May 2026

HOPE Family Survey

Family outcome measures are collected annually through the HOPE Family Survey, administered statewide to families receiving TEIS services for at least six months. Over 90% of families responded in 2024-25.

Survey comments undergo in-depth qualitative analysis, providing actionable insights for program improvements. As reported in Indicator 4 (Family Outcomes), TEIS continues to enhance data collection to increase response rates and ensure all families have a voice.

Activities to Improve Outcomes for Children with Disabilities:

Describe the activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families.

TEIS works to improve outcomes for children with disabilities through multiple strategies, including activities outlined in Indicator 11 (State Systemic Improvement Plan), family training and outreach sessions offered by TEIS and its partners, and comprehensive monitoring efforts. These initiatives aim to remove barriers to family engagement in early intervention services by ensuring seamless eligibility procedures, increasing referrals, and improving the percentage of referrals that result in IFSPs.

Family Outcomes Data

During this cycle, TEIS prioritized improving the collection of family outcomes data to:

- Increase response rates.
- Ensure responses represent all families served.
- Provide every family an opportunity to share their voice.
- Conducting a comprehensive analysis of the data, including the comments and utilizing the feedback provided by families for programmatic improvement.

Family-Centered, Evidence-Based Practices

As detailed in the Professional Development and Technical Assistance sections and Indicator 11, TEIS continues implementing family-centered, evidence-based practices that strengthen caregiver competence and confidence in supporting their child.

Professional development, technical assistance, and training opportunities are offered year-round to Early Intervention Resource Agencies (EIRAs) and TEIS Points of Entry (POEs). In 2024–25, specific training sessions were offered for families. Other sessions of interest to families were open to a mixed audience of parents and professionals.

Family Resources

The TEIS website includes a robust Community Resources section with:

- Family Resources: Links to training and informational materials for families.
- Community/Provider Resources: Tools and guidance for early intervention professionals.

Results Monitoring

TEIS's Results Monitoring program directly impacts outcomes for children and families. Using real-time data, the IDEA Implementation Team works with POEs to:

- Analyze data.
- Investigate flagged areas.
- Develop improvement plans.

In 2024–25, results monitoring focused on child find and family outcomes.

Soliciting Public Input:

The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.

Public input is always welcome, and the Department shares news and updates regularly through multiple channels, including:

- Newsletters
- Website
- Social media
- Scheduled virtual and in-person meetings
- Topic-specific forums

The Department's communications team and executive leadership also partner with advocacy groups to gather concerns and feedback from as many stakeholders as possible.

Transparency and Access

SICC Meetings: TEIS's State Interagency Coordinating Council (SICC) meetings are publicly posted and open to the public. Members of the public are encouraged to submit agenda topics via the TEIS website.

Advisory Council Information: Meeting minutes and council vacancies are also posted publicly.

Data Review: Program data is reviewed and discussed at each SICC meeting, with the Annual Performance Report highlighted during the January meeting.

Making Results Available to the Public:

The mechanisms and timelines for making the results of the setting targets, data analysis, development of the improvement strategies, and evaluation available to the public.

The draft Annual Performance Report (APR), including Indicator 11 (State Systemic Improvement Plan), was reviewed by TEIS executive leadership and the SICC Chairperson in January 2026 prior to its presentation to the State Interagency Coordinating Council (SICC).

The APR was then presented to SICC members and attendees, including TEIS district office leadership, early intervention service providers, advocates, and other stakeholders. During the presentation, participants were given the opportunity to ask questions and provide feedback.

Reporting to the Public:

How and where the State reported to the public on the FFY 2023 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2023 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2023 APR in 2025, is available.

TEIS completed federal reporting requirements for the performance of each EIS program (the nine TEIS POEs) compared to the state's SPP/APR targets. The report, titled Report to the Public, was posted on the state's website within the required timeline—no later than 120 days after the state submitted the APR on February 1.

The state's Annual Performance Report (APR) was also posted at the same location after the federal clarification period closed. An email notification with the website link was sent to Tennessee's Part C OSEP contact and TEIS POE leadership. The June 1, 2025 edition of the TRI-Starts newsletter included a public announcement about the availability of the public reports.

Stakeholder Communication

TEIS uses its bi-monthly newsletter, TRI-Starts, as a communication tool to:

- Announce when federal reports are posted online.
- Share learning opportunities and program updates.
- Highlight family, agency, and staff spotlights.
- Provide information on upcoming meetings (e.g., service providers, SICC, Advisory Councils).
- Advertise TEIS employment opportunities.

Public Access to Reports

The following reports are available on the Lead Agency's website under "TEIS Reports & Data" at <https://www.tn.gov/disability-and-aging/about-us/reports.html>:

- 2025 Annual Report to the Public (FY 2023–24 data)
- 2023–24 Annual Performance Report
- State Systemic Improvement Plan (SSIP)/APR Indicator 11

Intro - Prior FFY Required Actions

None

Intro - OSEP Response

The State attached its signed 2026 Annual Report Certification of the State Interagency Coordinating Council (SICC) Form. However, OSEP notes that the SICC Form was incomplete. Specifically, the SICC Form did not indicate the State/jurisdiction to which the certification applies.

OSEP notes that in its description of how it makes annual determinations of EIS program performance, the State did not include all the factors that must be considered when making annual determinations, consistent with OSEP's QA 23-01. Specifically, the State did not include other data available to the State about the EIS program's compliance with IDEA, including any relevant audit findings in its description of the criteria the State uses to make annual determinations. OSEP may follow up with the State regarding how it makes annual determinations of EIS program performance outside of the SPP/APR process.

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

Data to be taken from monitoring or State data system and must be based on actual, not an average, number of days. Include the State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

Measurement

Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Account for untimely receipt of services, including the reasons for delays.

Instructions

If data are from State monitoring, describe the method used to select early intervention service (EIS) programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. States report in both the numerator and denominator under Indicator 1 on the number of children for whom the State ensured the timely initiation of new services identified on the IFSP. Include the timely initiation of new early intervention services from both initial IFSPs and subsequent IFSPs. Provide actual numbers used in the calculation.

The State's timeliness measure for this indicator must be either: (1) a time period that runs from when the parent consents to IFSP services; or (2) the IFSP initiation date (established by the IFSP Team, including the parent).

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in the Office of Special Education Programs' (OSEP's) response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	98.10%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	97.76%	99.15%	98.63%	97.87%	98.10%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
1,185	1,258	98.10%	100%	98.81%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.

58

Provide reasons for delay, if applicable.

During FFY 2024-25 compliance monitoring, delays in timely initiation of IFSP services were categorized into two primary groups: Exceptional Family Circumstances and System Issues. Examples of reasons under each category are outlined below:

Exceptional Family Circumstances

- Child or family illness
- Family vacation or holiday
- Family's preferred schedule
- Missed appointments or cancellations of scheduled services by family
- Weather-related events (e.g., snow, ice, tornado, flood)
- State or local disaster recovery

System Issues

- Delay by the Service Coordinator in notifying a provider that a service was added to an IFSP
- Provider delay in initiating service
- Lack of provider availability
- Incomplete documentation of delay reasons
- Provider waiting for physician or medical authorization for a service
- Delay in obtaining language interpretation services

Include your State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

Tennessee defines "timely service delivery" as no longer than 30 calendar days from the date of parent consent on the Individualized Family Service Plan (IFSP) for a service.

Data account for the timely initial receipt of all services for a child rather than individual services. For example, if a child had three new services initiated on an IFSP and any one of the services were delivered untimely, the child had untimely service delivery.

What is the source of the data provided for this indicator?

State monitoring

Describe the method used to select EIS programs for monitoring.

All nine Early Intervention Service (EIS) programs, also referred to as TEIS Points of Entry (POEs), were monitored for compliance with Indicator 1 during FFY 2024-25.

Annual Monitoring Overview

For annual monitoring, TEIS selects a representative month of data. In FFY 2024, the month chosen was March 2025. All initial Individualized Family Service Plans (IFSPs) due in that month were reviewed using Tableau, a business intelligence tool linked to the state's database. The Monitoring Team conducted the review on May 19, 2025, assessing both systemic and child-level compliance.

Data Selection Process

To establish TEIS's monitoring approach, an analysis was conducted during FFY 2020-21 using three years of data across multiple elements. The goal was to determine whether any month was more representative of the population served by Tennessee's Early Intervention System (TEIS). With technical assistance, TEIS concluded that all months were equally representative. The schedule for monitoring all nine EIS programs is reviewed and determined annually.

Monitoring Details for FFY 2024-25

For FFY 2024-25, the Monitoring Team used March 2025 data from the Tennessee Early Intervention Data System (TEIDS) to calculate the percentage of Part C children with IFSPs who received early intervention services in a timely manner.

- The review included all children with new IFSP services due in March 2025, totaling 1,427 initial services for 1,258 children.
- All TEIS POEs and Service Coordinators with active caseloads were represented in the data.

-Findings were issued for EIS programs not demonstrating full systemic and/or child-level compliance.

Use of Tableau and Internal Controls

FFY 2023-24 marked the first year Tableau was used for Indicator 1 compliance monitoring. During that year, TEIS POE leadership also implemented an Internal Controls for Monitoring Process to improve oversight of compliance data.

-POE leadership accessed real-time data through Tableau, enabling proactive responses, forecasting, and resource allocation to prevent delays.

-When delays occurred, reasons were coded in the data system (e.g., exceptional family circumstances, system-related issues).

Data Accuracy and Reasons for Delay

The TEIS IDEA Implementation Team uses Tableau dashboards to support annual compliance monitoring. The team reviewed the data and confirmed its completeness and accuracy. Reasons for untimely IFSP service initiation or delivery were documented in the system.

Refer to the section "Provide reasons for delay, if applicable" for examples of exceptional family circumstances and system-related reasons used in FFY 2024-25 monitoring.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0	0		0

If procedures have been adopted that permit EIS program or providers to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

Verification of Correction of Noncompliance

TEIS utilizes OSEP’s QA 23 01 guidance to ensure full alignment with federal requirements for identifying and correcting noncompliance through the State’s general supervision system. In FFY 2023, Tennessee Early Intervention System (TEIS) utilized a pre finding correction process for Indicator 7. This practice was discontinued beginning in FFY 2024.

Identification of Noncompliance

As part of TEIS’s annual monitoring activities, the State reviewed data for all initial services due in October 2023. This review, completed on December 5, 2023, included all nine EIS programs. One EIS program was verified as 100% compliant. Six programs did not demonstrate full compliance during the review. In addition, two programs had ongoing Indicator 1 findings of noncompliance issued on April 18, 2022. TEIS does not issue subsequent findings of noncompliance for the same issue if not corrected timely. Timely correction of noncompliance is addressed in TN Part C’s EIS Determination process.

Correction of Noncompliance

TEIS conducted monthly data reviews to ensure timely correction at both the child and systemic levels:

-October 2023 data were reviewed monthly until each individual instance of child level noncompliance was verified as corrected. For the six programs initially not 100% in compliance to achieve pre-finding correction, all instances of child-level noncompliance in the October 2023 data must be corrected within 90 days from the original data pull in December 2023.

-Data for initial services due in November 2023, December 2023, and January 2024 were reviewed in January, February, and March 2024, respectively, for pre finding correction at both the systemic and child levels.

TEIS verified 100% compliance for each of the EIS six programs not initially 100% compliant but without pre-existing findings of noncompliance. In accordance with TEIS’s pre-finding correction practices effective in FFY 2023 and OSEP’s 23-01 guidance, these six EIS programs were verified as 100% compliant prior to the issuance of findings of noncompliance; therefore, no Indicator 1 findings were issued for these programs.

Programs with Pre Existing Findings Issued in FFY 2022

The two EIS programs with existing noncompliance findings from April 2022 did not correct timely in FFY 2022 and demonstrated continued noncompliance during FFY 2023 annual monitoring. TEIS provided targeted technical assistance and supported the development and implementation of updated Corrective Action Plans. Monthly monitoring continued until TEIS verified that each program was 100% compliant, having corrected each instance of child-level noncompliance and demonstrated correct implementation of the regulatory requirements, consistent with OSEP’s 23-01 guidance.

-Program 1 was verified as 100% compliant on June 18, 2024.

-Program 2 was verified as 100% compliant on September 25, 2025.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Response to actions required in FFY 2023 SPP/APR

The State has revised and expanded the section describing its pre finding correction process in FFY 2023 for this indicator. The updated narrative provides a clearer explanation of how TEIS ensured full alignment with OSEP QA 23 01, including (1) verification that each EIS program correctly implemented the regulatory requirements based on subsequently collected data, and (2) confirmation that each individual instance of noncompliance was corrected unless the child was no longer within the program's jurisdiction. The revised description now explicitly details the data sources reviewed, the monthly verification steps used to confirm both child level and systemic correction, and how TEIS determined that programs achieved 100% compliance prior to the issuance of findings.

1 - OSEP Response

The State's FFY 2023 data for this indicator reflected less than 100% compliance. The State reported that it did not identify any findings of noncompliance in FFY 2023 because it corrected the noncompliance prior to the issuance of findings. However, OSEP could not determine if the State ensured, consistent with OSEP QA 23-01, that each EIS program or provider: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

1 - Required Actions

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings. (20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in EDFacts file specification FS902.

Measurement

Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

The data reported in this indicator should be consistent with the State's 618 data reported in Table 2. If not, explain.

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	76.00%

FFY	2019	2020	2021	2022	2023
Target>=	85.04%	84.00%	84.00%	84.00%	84.00%
Data	83.29%	78.91%	74.04%	75.93%	74.59%

Targets

FFY	2024	2025
Target >=	84.00%	84.00%

Targets: Description of Stakeholder Input

TEIS incorporates broad stakeholder input when addressing areas of need within the system through multiple channels, including:

- State Interagency Coordinating Council (SICC) membership and attending visitors.
- TEIS, EIRA, and Vendor Advisory Councils.
- Office Hours sessions.
- Feedback from family surveys, advocacy groups, and local engagement efforts.

The TEIS website and department newsletter provide stakeholders with consistent updates on program activities and service delivery.

State Interagency Coordinating Council (SICC)

The SICC met quarterly in January, April, July, and October. Members, appointed by the Governor, represent diverse stakeholders in early intervention, including service providers, parents, state agencies, referral sources, and higher education.

Meetings are open to the public, and agenda topics can be submitted via the TEIS website. Topics addressed in 2024-25 included:

- HOPE Family Survey results and feedback.
- Results Monitoring.
- TEIS Central Office team functions.
- POE initiatives and regional goals.
- Other program updates.

Additionally, SICC provided direct feedback to OSEP during Tennessee's DMS 2.0 audit.

Advisory Councils

Two advisory councils serve as key feedback channels:

- Early Intervention Resource Agency (EIRA) Advisory Council – Agencies providing developmental therapy.
- Vendor Advisory Council – Agencies providing therapy services (speech, physical, occupational).

Updates from both councils are shared at quarterly SICC meetings. Membership includes contracted EIS provider agencies.

EIRA Advisory Council focuses on:

- Improving services for children and families.
- Increasing access to services statewide.
- Enhancing communication between TEIS and EIRAs.

This year, the council emphasized IFSP teaming, analyzed survey feedback, and developed action plans to address concerns among Service Coordinators, leadership, families, and therapy vendors.

Vendor Advisory Council collaborates on:

- Issues impacting therapy vendors.
- Streamlining billing and business processes.
- Improving IFSP teaming in partnership with the EIRA Advisory Council.

Council Structure

Membership is voluntary and includes agency administrators and direct service providers from Tennessee’s three grand regions (East, Middle, West). Councils operate autonomously under a chairperson recommended by members and appointed by the Assistant Commissioner of TEIS. The Program Director of TEIS Initiatives serves as liaison and provides departmental support for quarterly meetings.

Office Hours

TEIS leadership hosts regular virtual meetings for early intervention providers (EIRAs and vendors) and staff. These sessions promote dialogue, share updates, and gather stakeholder input.

Parent Engagement

Stakeholder engagement activities—along with professional development and technical assistance—help build the capacity of parents through:

- Direct engagement: Participation in SICC or local councils, training sessions, surveys, and direct communication with TEIS leadership.
- Indirect engagement: Training and monitoring systems that strengthen IFSP team members’ knowledge and skills, benefiting children and families.

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	7,273
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Total number of infants and toddlers with IFSPs	9,892

FFY 2024 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
7,273	9,892	74.59%	84.00%	73.52%	Did not meet target	Slippage

Provide reasons for slippage, if applicable.

Since the Lead Agency implemented the TEIS Extended Option in October 2022, TEIS’s overall child count has grown by 33.95%. This option allows the program to continue serving eligible children until they begin school following their fifth birthday.

As of December 1, 2024, there were:

- 3,089 children over age three served under the TEIS Extended Option that are not reported in this indicator

-12,981 total children served by Tennessee Part C (birth through age five)

The increase in child count reflects both the Lead Agency's child find efforts and the implementation of the TEIS Extended Option. With this growth, the demand for early intervention services has significantly increased statewide.

Despite this expansion, TEIS observed only a slight decrease (1.07%) in the percentage of children ages birth to three served in home and community settings under this indicator during FY 2024. TEIS and the Lead Agency continue proactive, ongoing recruitment efforts with early intervention service providers to meet the needs of children and families across Tennessee and ensure timely, high-quality service delivery.

Provide additional information about this indicator (optional).

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

State selected data source.

Measurement

Outcomes:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication); and
- C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

- a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

Summary Statements for Each of the Three Outcomes:

Summary Statement 1: Of those infants and toddlers who entered early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 1:

Percent = [(# of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d)) divided by ((# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d))] times 100.

Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 2:

Percent = [(# of infants and toddlers reported in progress category (d) plus # of infants and toddlers reported in progress category (e)) divided by the (total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e))] times 100.

Instructions

Sampling of infants and toddlers with IFSPs is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) page 2 for additional instructions on sampling.)

In the measurement, include in the numerator and denominator only infants and toddlers with IFSPs who received early intervention services for at least six months before exiting the Part C program.

Report: (1) the number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting data under Section 618 of the IDEA; and (2) the number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements.

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three Outcomes.

In presenting results, provide the criteria for defining "comparable to same-aged peers." If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Process (COS), then the criteria for defining "comparable to same-aged peers" has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

If the State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i), the State must report data in two ways. First, it must report on all eligible children but exclude its at-risk infants and toddlers (i.e., include just those infants and toddlers experiencing developmental delay (or "developmentally delayed children") or having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (or "children with diagnosed conditions")). Second, the State must separately report outcome data on either: (1) just its at-risk infants and toddlers; or (2) aggregated performance data on all of the infants and toddlers it serves under Part C (including developmentally delayed children, children with diagnosed conditions, and at-risk infants and toddlers).

3 - Indicator Data

Does your State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or “at-risk infants and toddlers”) under IDEA section 632(5)(B)(i)? (yes/no)

NO

Targets: Description of Stakeholder Input

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Historical Data

Outcome	Baseline	FFY	2019	2020	2021	2022	2023
A1	2022	Target>=	59.00%	59.00%	59.00%	59.00%	59.00%
A1	67.73%	Data	66.79%	68.02%	69.03%	67.73%	76.59%
A2	2022	Target>=	52.00%	52.00%	52.00%	52.00%	52.00%
A2	48.80%	Data	44.73%	45.83%	48.61%	48.80%	70.95%
B1	2022	Target>=	58.00%	58.00%	58.00%	58.00%	58.00%
B1	46.71%	Data	46.18%	47.13%	47.18%	46.71%	53.15%
B2	2022	Target>=	34.00%	34.00%	34.00%	34.00%	34.00%
B2	35.42%	Data	29.70%	33.03%	34.26%	35.42%	47.42%
C1	2022	Target>=	67.50%	67.50%	67.50%	67.50%	67.50%
C1	63.29%	Data	63.28%	65.46%	64.08%	63.29%	63.11%
C2	2022	Target>=	53.00%	53.00%	53.00%	53.00%	53.00%
C2	58.35%	Data	55.78%	57.27%	59.61%	58.35%	66.90%

Targets

FFY	2024	2025
Target A1>=	59.00%	59.00%
Target A2>=	52.00%	52.00%
Target B1>=	58.00%	58.00%
Target B2>=	34.00%	34.00%
Target C1>=	67.50%	67.50%
Target C2>=	53.00%	53.00%

Outcome A: Positive social-emotional skills (including social relationships)

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	368	5.14%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,206	16.86%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	393	5.49%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,935	27.04%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	3,253	45.46%

Outcome A	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they	2,328	3,902	76.59%	59.00%	59.66%	Met target	No Slippage

Outcome A	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
turned 3 years of age or exited the program							
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	5,188	7,155	70.95%	52.00%	72.51%	Met target	No Slippage

Outcome B: Acquisition and use of knowledge and skills (including early language/communication)

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	514	7.18%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	2,679	37.44%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	691	9.66%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,880	26.28%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,391	19.44%

Outcome B	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	2,571	5,764	53.15%	58.00%	44.60%	Did not meet target	Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	3,271	7,155	47.42%	34.00%	45.72%	Met target	No Slippage

Provide reasons for B1 slippage, if applicable

The observed slippage was primarily due to adjustments in the formula used to determine progress categories. These changes were informed by data from a pilot project launched in FFY 2024-25, in which an internal team conducted developmental check-ins as part of annual IFSP review meetings.

During these check-ins, the team gathered information on each child's present levels of development from all IFSP team members, including parents, and completed a Child Outcomes Summary (COS) rating. Analysis of the pilot data helped the Lead Agency identify necessary corrections in how progress was calculated using BDI-3 data.

As a result of these adjustments, some shifts occurred in progress categories for children exiting in FFY 2024-25 compared to the previous reporting period (FFY 2023-24).

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	364	5.09%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,832	25.60%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	521	7.28%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,676	23.42%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	2,762	38.60%

Outcome C	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	2,197	4,393	63.11%	67.50%	50.01%	Did not meet target	Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	4,438	7,155	66.90%	53.00%	62.03%	Met target	No Slippage

Provide reasons for C1 slippage, if applicable

The observed slippage was primarily due to adjustments in the formula used to determine progress categories. These changes were informed by data from a pilot project launched in FFY 2024-25, in which an internal team conducted developmental check-ins as part of annual IFSP review meetings.

During these check-ins, the team gathered information on each child's present levels of development from all IFSP team members, including parents, and completed a Child Outcomes Summary (COS) rating. Analysis of the pilot data helped the Lead Agency identify necessary corrections in how progress was calculated using BDI-3 data.

As a result of these adjustments, some shifts occurred in progress categories for children exiting in FFY 2024-25 compared to the previous reporting period (FFY 2023-24).

FFY 2024 SPP/APR Data

The number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data.	9,387
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	2,061
Number of infants and toddlers with IFSPs assessed.	7,155

Sampling Question	Yes / No
Was sampling used?	NO

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process? (yes/no)

NO

Provide the criteria for defining "comparable to same-aged peers."

In FFY 2024-25, TEIS primarily relied on developmental assessment instruments to provide data for Early Childhood Outcomes (ECO) reporting. Child Outcomes Summary (COS) ratings were used to report the data; however, these ratings were generally derived from developmental instruments.

Transition to New Assessment Instruments:

In FFY 2022-23, TEIS began transitioning from the Assessment, Evaluation, and Programming System (AEPS), 2nd Edition to the Battelle Developmental Inventory, 3rd Edition (BDI-3) for ongoing assessment and ECO reporting. The BDI-3 also replaced the BDI-2 for initial eligibility evaluations.

Data Included in 2024-25 Reporting:

The 2024-25 ECO data includes children whose initial assessments were completed using AEPS, BDI-2, or BDI-3.

Entrance ratings from these instruments were converted to a 1–7 COS scale.

Exit ratings were collected using the BDI-3, converted to the same scale, and compared to entrance scores using the methodology described below.

Domains used for outcomes:

- Outcome A: Social-emotional
- Outcome B: Communication and cognition
- Outcome C: Adaptive and motor

Pilot Process for Developmental Check-Ins:

Beginning in FFY 2024-25, TEIS piloted an internal process for conducting developmental check-ins during annual IFSP development. This pilot incorporated the traditional COS process. For children included in the pilot and the ECO reporting, COS data from these check-ins supported exit ECO scores.

Crosswalk and Progress Calculation:

A crosswalk was developed to align BDI-3 data with COS ratings based on standard deviations (z-scores).

-Children scoring -1.3 SD or higher in the relevant domain(s) were considered “comparable to same-aged peers.”

-Based on pilot data, the state reviewed and adjusted its formula for determining progress from BDI-3 scores.

-This adjustment resulted in some shifts in progress categories compared to the 2023-24 reporting period.

List the instruments and procedures used to gather data for this indicator.

Assessment Instruments and ECO Data Collection

In FFY 2024-25, TEIS primarily used the Battelle Developmental Inventory, 3rd Edition (BDI-3) for eligibility determination, ongoing assessment, and Early Childhood Outcomes (ECO) data collection. Additional instruments included in the 2024-25 dataset were the Assessment, Evaluation, and Programming System (AEPS), 2nd Edition and the Battelle Developmental Inventory, 2nd Edition Normative Update (BDI-2 NU). These other instruments (AEPS and BDI-2) were used prior to FFY 2022-23; however, due to the TEIS Extended Option—which allows eligible children to remain in Part C services until they start school following their fifth birthday—some children continued in the program with entrance scores from these earlier tools.

Pilot Process for Developmental Check-Ins

Beginning in FFY 2024-25, TEIS piloted a new process using an internal team to conduct developmental check-ins during annual IFSP development. This pilot incorporated the traditional Child Outcomes Summary (COS) process for ECO data collection and included gathering present levels of development from all IFSP team members. For children who participated in the pilot and were included in the 2024-25 ECO reporting, COS data from these developmental check-ins was used to support exit ECO scores.

Provide additional information about this indicator (optional).

3 - Prior FFY Required Actions

None

3 - OSEP Response

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

State selected data source. State must describe the data source in the SPP/APR.

Measurement

- A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.
- B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs) divided by the (# of respondent families participating in Part C)] times 100.
- C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

Instructions

Sampling of families participating in Part C is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) page 2 for additional instructions on sampling.)

Provide the actual numbers used in the calculation.

Describe the results of the calculations and compare the results to the target.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of families to whom the surveys were distributed and the number of respondent families participating in Part C. The survey response rate is auto calculated using the submitted data.

States will be required to compare the current year's response rate to the previous year(s) response rate(s) and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers receiving services in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).

If the analysis shows that the demographics of the infants or toddlers for whom families responded are not representative of the demographics of infants and toddlers receiving services in the Part C program, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to families (e.g., by mail, by e-mail, on-line, by telephone, in-person), if a survey was used, and how responses were collected.

When reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race/ethnicity in its analysis. In addition, the State's analysis must also include at least one of the following demographics: socioeconomic status, parents, or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2019	2020	2021	2022	2023
A	2013	Target>= =	90.60%	95.00%	95.00%	95.00%	95.00%
A	75.42 %	Data	98.26%	95.33%	92.96%	94.07%	94.10%
B	2013	Target>= =	93.60%	96.00%	96.00%	96.00%	96.00%
B	78.45 %	Data	97.79%	96.13%	91.84%	93.83%	93.98%
C	2013	Target>= =	90.60%	93.00%	93.00%	93.00%	93.00%
C	74.58 %	Data	96.26%	93.66%	94.47%	91.30%	91.27%

Targets

FFY	2024	2025
Target A>=	95.00%	95.00%
Target B>=	96.00%	96.00%
Target C>=	93.00%	93.00%

Targets: Description of Stakeholder Input

TEIS incorporates broad stakeholder input when addressing areas of need within the system through multiple channels, including:

- State Interagency Coordinating Council (SICC) membership and attending visitors.
- TEIS, EIRA, and Vendor Advisory Councils.
- Office Hours sessions.
- Feedback from family surveys, advocacy groups, and local engagement efforts.

The TEIS website and department newsletter provide stakeholders with consistent updates on program activities and service delivery.

State Interagency Coordinating Council (SICC)

The SICC met quarterly in January, April, July, and October. Members, appointed by the Governor, represent diverse stakeholders in early intervention, including service providers, parents, state agencies, referral sources, and higher education.

Meetings are open to the public, and agenda topics can be submitted via the TEIS website. Topics addressed in 2024-25 included:

- HOPE Family Survey results and feedback.
- Results Monitoring.
- TEIS Central Office team functions.
- POE initiatives and regional goals.
- Other program updates.

Additionally, SICC provided direct feedback to OSEP during Tennessee's DMS 2.0 audit.

Advisory Councils

Two advisory councils serve as key feedback channels:

- Early Intervention Resource Agency (EIRA) Advisory Council – Agencies providing developmental therapy.
- Vendor Advisory Council – Agencies providing therapy services (speech, physical, occupational).

Updates from both councils are shared at quarterly SICC meetings. Membership includes contracted EIS provider agencies.

EIRA Advisory Council focuses on:

- Improving services for children and families.
- Increasing access to services statewide.
- Enhancing communication between TEIS and EIRAs.

This year, the council emphasized IFSP teaming, analyzed survey feedback, and developed action plans to address concerns among Service Coordinators, leadership, families, and therapy vendors.

Vendor Advisory Council collaborates on:

- Issues impacting therapy vendors.
- Streamlining billing and business processes.
- Improving IFSP teaming in partnership with the EIRA Advisory Council.

Council Structure

Membership is voluntary and includes agency administrators and direct service providers from Tennessee's three grand regions (East, Middle, West). Councils operate autonomously under a chairperson recommended by members and appointed by the Assistant Commissioner of TEIS. The Program Director of TEIS Initiatives serves as liaison and provides departmental support for quarterly meetings.

Office Hours

TEIS leadership hosts regular virtual meetings for early intervention providers (EIRAs and vendors) and staff. These sessions promote dialogue, share updates, and gather stakeholder input.

Parent Engagement

Stakeholder engagement activities—along with professional development and technical assistance—help build the capacity of parents through:

- Direct engagement: Participation in SICC or local councils, training sessions, surveys, and direct communication with TEIS leadership.
- Indirect engagement: Training and monitoring systems that strengthen IFSP team members' knowledge and skills, benefiting children and families.

The TEIS IDEA Implementation Team collaborates with partners to strengthen family engagement and improve outcomes, including enhancing the survey process. In 2024–25, TEIS collected and analyzed all feedback from families through the annual survey, conducting a thorough review of responses to identify actionable insights. These findings were shared with POE leadership, POE staff, TEIS leadership, and other stakeholders to guide improvements in services and supports for children and families. Examples of actions taken in response to the input received from families in 2024-25 include updates to staff training and family resources and planned revisions to the State Systemic Improvement Plan described in Indicator 11.

Ahead of the 2025–26 survey cycle, TEIS met with POE and TEIS leadership to gather input aimed at improving both the collection process and the overall effectiveness of the upcoming survey.

FFY 2024 SPP/APR Data

The number of families to whom surveys were distributed	8,382
Number of respondent families participating in Part C	7,783
Survey Response Rate	92.85%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	7,359
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	7,783
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	7,339
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	7,783
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	7,121
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	7,783

Measure	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	94.10%	95.00%	94.55%	Did not meet target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	93.98%	96.00%	94.30%	Did not meet target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	91.27%	93.00%	91.49%	Did not meet target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	NO

Response Rate

FFY	2023	2024
Survey Response Rate	89.89%	92.85%

Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).

TEIS used the Early Childhood Technical Assistance (ECTA) Center Response Rate and Representativeness Calculator (version January 2024) to calculate representativeness of the 2024-25 data across multiple variables.

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State. States must include race/ethnicity in their analysis. In addition, the State's analysis must include at least one of the following demographics: socioeconomic status, parents, or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another category approved through the stakeholder input process.

The analysis confirms that the HOPE Family Survey process, designed to eliminate barriers to participation, continues to produce results that are broadly representative of the population groups served by TEIS in FFY 2024-25. Using the ECTA Center Response Rate and Representativeness Calculator, the data was found to be representative across the following categories:

- Race/Ethnicity
- Hispanic Origin
- Socioeconomic Status (SES)
- Respondent Language

Additionally, responses were analyzed geographically by grand region (East, Middle, and West), each representing approximately one-third of the state. Middle and West regions were representative; however, the East region was not. TEIS identified the specific POE office within the East region that lacked representativeness and has begun implementing changes for the next survey cycle to improve participation.

TEIS continues to monitor family survey response rates as part of its results-based monitoring system. This includes analyzing POE-level response rates across Service Coordinators to ensure all families have the opportunity to participate.

The overall response rate for the survey was 92.85%, with 7,783 of 8,382 surveys returned.

Detailed Category Analysis

- Race/Ethnicity: Data analyzed using federally required categories; results were representative across all groups.
- Hispanic Origin: Data analyzed using federally required categories; results were representative across all groups.
- Socioeconomic Status (SES): Counties grouped into five categories based on the Appalachian Regional Commission index: Distressed, At-Risk, Transitional, Competitive, and Attainment. Results were representative across all groups.
- Respondent Language: Data analyzed using federally required categories; results were representative across all groups.
- Grand Region: Middle and West regions were representative; East region was not. TEIS is addressing this through targeted improvements at the identified POE office.

The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. (yes/no)

YES

Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The Lead Agency will continue implementing the Help Our Parents Excel (HOPE) Annual Survey process, designed to remove barriers to participation. This approach has consistently improved both response rates and representativeness. Since its introduction in FFY 2018-19, TEIS has seen steady annual increases in family survey participation, rising from 15% in FFY 2014-15 (prior to HOPE) to 92.85% in FFY 2024-25.

Training for Service Coordinators

Before surveys are administered, TEIS Service Coordinators receive annual training covering:

- Purpose of the survey
- Data collection process
- Survey methodology
- Federal indicators
- Family outcomes
- ECO-FOS-R (Early Childhood Outcomes Family Outcomes Survey-Revised) instrument
- Reliability and validity measures
- Identifying and minimizing bias

Training is required for all new Service Coordinators prior to administering the survey. Each POE office determines refresher training policies for experienced staff, and all staff are welcome to participate. Training is also available anytime through the Lead Agency's learning management system.

Survey Administration

Service Coordinators are responsible for collecting family outcomes data for every family on their caseload that has received at least six months of service during the annual data collection window (January–April).

Coordinators receive a list of eligible children at the start of the survey window and updated status reports twice monthly.

Surveys can be completed in multiple formats:

- Online
- Adobe Sign
- Paper

Families may complete the survey independently or choose to have their Service Coordinator or another TEIS staff member assist through an interview. Service Coordinators work with families to determine the most convenient method.

Technical Assistance

Technical assistance was available from the IDEA Implementation Team upon request. A dedicated email address was established for survey-related support. FFY 2024-25 marked the first year TEIS administered the survey in-house, without using an external contract agency.

Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

The analysis confirms that the HOPE Family Survey process, designed to eliminate barriers to participation, continues to produce family outcome survey results that are largely representative of the population groups served by TEIS in FFY 2024-25.

Using the ECTA Representativeness Calculator (January 2024 version), the data was found to be representative across four of the five demographic categories analyzed:

- Race/Ethnicity
- Hispanic Origin
- Socioeconomic Grouping
- Respondent Language

The only category not fully representative was Grand Region, where the East Region was underrepresented. Further investigation identified one POE office within the East Region as the source of this gap. TEIS has already begun implementing changes for the next survey cycle to improve representativeness in this POE.

TEIS continues to track family survey response rates as part of its results-based monitoring system. This includes analyzing POE-level response rates across Service Coordinators to ensure all families have the opportunity to participate in the survey.

Provide additional information about this indicator (optional).

4 - Prior FFY Required Actions

None

4 - OSEP Response

4 - Required Actions

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in EDFacts file specification FS902 and Census (for the denominator).

Measurement

Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

The State should conduct a root cause analysis of child find identification rates, including reviewing data (if available) on the number of children referred, evaluated, and identified. This analysis may include examining not only demographic data but also other child-find related data available to the State (e.g., geographic location, family income, primary language, etc.). The State should report the results of this analysis. If the State is required to report on the reasons for slippage, the State must include the results of its analyses.

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	0.74%

FFY	2019	2020	2021	2022	2023
Target >=	0.89%	1.49%	1.50%	1.51%	1.52%
Data	1.49%	1.51%	1.48%	1.30%	1.38%

Targets

FFY	2024	2025
Target >=	1.53%	1.54%

Targets: Description of Stakeholder Input

TEIS incorporates broad stakeholder input when addressing areas of need within the system through multiple channels, including:

- State Interagency Coordinating Council (SICC) membership and attending visitors.
- TEIS, EIRA, and Vendor Advisory Councils.
- Office Hours sessions.
- Feedback from family surveys, advocacy groups, and local engagement efforts.

The TEIS website and department newsletter provide stakeholders with consistent updates on program activities and service delivery.

State Interagency Coordinating Council (SICC)

The SICC met quarterly in January, April, July, and October. Members, appointed by the Governor, represent diverse stakeholders in early intervention, including service providers, parents, state agencies, referral sources, and higher education.

Meetings are open to the public, and agenda topics can be submitted via the TEIS website. Topics addressed in 2024-25 included:

- HOPE Family Survey results and feedback.
- Results Monitoring.
- TEIS Central Office team functions.
- POE initiatives and regional goals.
- Other program updates.

Additionally, SICC provided direct feedback to OSEP during Tennessee's DMS 2.0 audit.

Advisory Councils

Two advisory councils serve as key feedback channels:

- Early Intervention Resource Agency (EIRA) Advisory Council – Agencies providing developmental therapy.
- Vendor Advisory Council – Agencies providing therapy services (speech, physical, occupational).

Updates from both councils are shared at quarterly SICC meetings. Membership includes contracted EIS provider agencies.

EIRA Advisory Council focuses on:

- Improving services for children and families.
- Increasing access to services statewide.
- Enhancing communication between TEIS and EIRAs.

This year, the council emphasized IFSP teaming, analyzed survey feedback, and developed action plans to address concerns among Service Coordinators, leadership, families, and therapy vendors.

Vendor Advisory Council collaborates on:

- Issues impacting therapy vendors.
- Streamlining billing and business processes.
- Improving IFSP teaming in partnership with the EIRA Advisory Council.

Council Structure

Membership is voluntary and includes agency administrators and direct service providers from Tennessee's three grand regions (East, Middle, West). Councils operate autonomously under a chairperson recommended by members and appointed by the Assistant Commissioner of TEIS. The Program Director of TEIS Initiatives serves as liaison and provides departmental support for quarterly meetings.

Office Hours

TEIS leadership hosts regular virtual meetings for early intervention providers (EIRAs and vendors) and staff. These sessions promote dialogue, share updates, and gather stakeholder input.

Parent Engagement

Stakeholder engagement activities—along with professional development and technical assistance—help build the capacity of parents through:

- Direct engagement: Participation in SICC or local councils, training sessions, surveys, and direct communication with TEIS leadership.
- Indirect engagement: Training and monitoring systems that strengthen IFSP team members' knowledge and skills, benefiting children and families.

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers birth to 1 with IFSPs	1,223
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2024	06/03/2025	Population of infants and toddlers birth to 1	83,031

FFY 2024 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
1,223	83,031	1.38%	1.53%	1.47%	Did not meet target	No Slippage

Provide results of the root cause analysis of child find identification rates

The TEIS Results Monitoring system includes a strong focus on Child Find, tracking both the number of referrals by geographic region and the outcomes of those referrals (e.g., eligibility determination, IFSP development, and retention after initial IFSP). Child Find data points are monitored at both the TEIS Point of Entry (POE) level and the county level to identify potential gaps in outreach.

Following slippage in FFY 2022-23, revisions were made in FFY 2023-24 to strengthen monitoring. These updates included adding data flags with an additional focus on birth-to-one referrals. Results Monitoring staff provide POEs with technical assistance and monthly Child Find data reports, which are used to make adjustments and evaluate the effectiveness of local outreach and POE practices.

The efforts of POE staff at the local level are producing positive outcomes, helping TEIS reach Tennessee's youngest children more effectively.

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in EDFacts file specification FS902 and Census (for the denominator).

Measurement

Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

The State should conduct a root cause analysis of child find identification rates, including reviewing data (if available) on the number of children referred, evaluated, and identified. This analysis may include examining not only demographic data but also other child-find related data available to the State (e.g. geographic location, family income, primary language, etc.). The State should report the results of this analysis. If the State is required to report on the reasons for slippage, the State must include the results of its analysis.

6 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	1.80%

FFY	2019	2020	2021	2022	2023
Target >=	2.37%	3.37%	3.40%	3.43%	3.46%
Data	3.43%	3.38%	3.69%	3.93%	3.86%

Targets

FFY	2024	2025
Target >=	3.49%	3.52%

Targets: Description of Stakeholder Input

TEIS incorporates broad stakeholder input when addressing areas of need within the system through multiple channels, including:

- State Interagency Coordinating Council (SICC) membership and attending visitors.
- TEIS, EIRA, and Vendor Advisory Councils.
- Office Hours sessions.
- Feedback from family surveys, advocacy groups, and local engagement efforts.

The TEIS website and department newsletter provide stakeholders with consistent updates on program activities and service delivery.

State Interagency Coordinating Council (SICC)

The SICC met quarterly in January, April, July, and October. Members, appointed by the Governor, represent diverse stakeholders in early intervention, including service providers, parents, state agencies, referral sources, and higher education.

Meetings are open to the public, and agenda topics can be submitted via the TEIS website. Topics addressed in 2024-25 included:

- HOPE Family Survey results and feedback.
- Results Monitoring.
- TEIS Central Office team functions.
- POE initiatives and regional goals.
- Other program updates.

Additionally, SICC provided direct feedback to OSEP during Tennessee's DMS 2.0 audit.

Advisory Councils

Two advisory councils serve as key feedback channels:

- Early Intervention Resource Agency (EIRA) Advisory Council – Agencies providing developmental therapy.
- Vendor Advisory Council – Agencies providing therapy services (speech, physical, occupational).

Updates from both councils are shared at quarterly SICC meetings. Membership includes contracted EIS provider agencies.

EIRA Advisory Council focuses on:

- Improving services for children and families.
- Increasing access to services statewide.
- Enhancing communication between TEIS and EIRAs.

This year, the council emphasized IFSP teaming, analyzed survey feedback, and developed action plans to address concerns among Service Coordinators, leadership, families, and therapy vendors.

Vendor Advisory Council collaborates on:

- Issues impacting therapy vendors.
- Streamlining billing and business processes.
- Improving IFSP teaming in partnership with the EIRA Advisory Council.

Council Structure

Membership is voluntary and includes agency administrators and direct service providers from Tennessee’s three grand regions (East, Middle, West). Councils operate autonomously under a chairperson recommended by members and appointed by the Assistant Commissioner of TEIS. The Program Director of TEIS Initiatives serves as liaison and provides departmental support for quarterly meetings.

Office Hours

TEIS leadership hosts regular virtual meetings for early intervention providers (EIRAs and vendors) and staff. These sessions promote dialogue, share updates, and gather stakeholder input.

Parent Engagement

Stakeholder engagement activities—along with professional development and technical assistance—help build the capacity of parents through:

- Direct engagement: Participation in SICC or local councils, training sessions, surveys, and direct communication with TEIS leadership.
- Indirect engagement: Training and monitoring systems that strengthen IFSP team members’ knowledge and skills, benefiting children and families.

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers birth to 3 with IFSPs	9,892
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2024	06/03/2025	Population of infants and toddlers birth to 3	250,213

FFY 2024 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
9,892	250,213	3.86%	3.49%	3.95%	Met target	No Slippage

Provide results of the root cause analysis of child find identification rates

The TEIS Results Monitoring system places a strong emphasis on Child Find, tracking both the number of referrals by geographic region and the outcomes of those referrals (e.g., eligibility determination, IFSP development, and retention after the initial IFSP). Data points are monitored at both the TEIS Point of Entry (POE) level and the county level to identify potential gaps in outreach.

Results Monitoring staff provide POEs with technical assistance and monthly Child Find data reports, which are used to make adjustments and evaluate the effectiveness of local outreach and POE practices. These efforts by POE staff at the local level are producing positive results, helping TEIS reach Tennessee’s youngest children more effectively.

Provide additional information about this indicator (optional).

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance indicator: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data to be taken from monitoring or State data system and must address the timeline from point of referral to initial IFSP meeting based on actual, not an average, number of days.

Measurement

Percent = [(# of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline) divided by the (# of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons for delays.

Instructions

If data are from State monitoring, describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. Provide actual numbers used in the calculation.

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	98.97%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	99.16%	99.10%	99.72%	99.00%	98.97%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
790	868	98.97%	100%	98.96%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.

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Provide reasons for delay, if applicable.

During FFY 2024-25 compliance monitoring, delays in timely initial evaluation and initial IFSP meeting were categorized into two primary groups: Exceptional Family Circumstances and System Issues. Examples of documented reasons are outlined below.

Exceptional Family Circumstances

- Child or family illness
- Family vacation or holiday
- Family's preferred schedule
- Missed appointments or cancellations of scheduled services
- Weather-related events (e.g., snow, ice, tornado, flood)
- State or local disaster recovery

System Issues

- Delays attributable to referral processing, evaluation agency, or Service Coordinator
- Incomplete documentation of delay reasons
- Delay in obtaining medical records for eligibility
- Delay in obtaining language interpretation services

What is the source of the data provided for this indicator?

State monitoring

Describe the method used to select EIS programs for monitoring.

All nine Early Intervention Service (EIS) programs, also known as TEIS Points of Entry (POEs), were monitored for this indicator. For annual monitoring, TEIS uses a representative month of data. In FFY 2024, the selected month was March 2025. All initial IFSPs due in that month were reviewed using Tableau, a business intelligence tool linked to the state database. The review, conducted on May 19, 2025, assessed both systemic and child-level noncompliance.

Data Selection Process

To determine the most representative month for monitoring, TEIS analyzed three years of data across multiple elements during FFY 2020-21. With technical assistance, TEIS concluded that all months were equally representative of the population served. The monitoring schedule for all nine EIS programs is reviewed and set annually.

Monitoring Details for FFY 2024-25

For FFY 2024-25, the Monitoring Team used March 2025 data from the Tennessee Early Intervention Data System (TEIDS) to calculate the percentage of eligible infants and toddlers with IFSPs who had an initial evaluation, assessment, and IFSP meeting completed within Part C's 45-day timeline. The review included all children referred to TEIS with initial IFSPs due in March 2025.

- The review included all 868 children with initial evaluation and initial IFSPs due in March 2025.
- All TEIS POEs and Service Coordinators with caseloads were represented in the data.

Use of Tableau and Internal Controls

FFY 2023-24 marked the first year Tableau was used for Indicator 7 compliance monitoring. During that year, TEIS POE leadership also implemented a monthly Internal Controls for Monitoring Process to improve oversight of compliance data.

POE leadership accessed real-time data through Tableau, enabling proactive responses, forecasting, and resource allocation to prevent delays.

When delays occurred, reasons were documented in the data system (e.g., exceptional family circumstances, system-related issues).

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0	0	0	0

If procedures have been adopted that permit EIS program or providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

Verification of Correction of Noncompliance

TEIS utilizes OSEP's QA 23 01 guidance to ensure full alignment with federal requirements for identifying and correcting noncompliance through the State's general supervision system. In FFY 2023, Tennessee Early Intervention System (TEIS) utilized a pre finding correction process for Indicator 7. This practice was discontinued beginning in FFY 2024.

Identification of Noncompliance

As part of TEIS's annual monitoring activities for FFY 2023, the State reviewed data for all initial IFSPs due in October 2023. This review, completed on December 5, 2023, included all nine Early Intervention Service (EIS) programs. Three EIS programs were verified as 100% compliant at the time of review. For the remaining six programs, TEIS identified instances of child level and/or systemic noncompliance in accordance with State procedures.

Correction of Noncompliance

TEIS implemented a structured monthly data review process to ensure timely correction.

-The October 2023 initial IFSP data were reviewed again in December 2023 and January 2024 until each individual case of child level noncompliance identified in the original data pull was verified as corrected.

-Data for all initial IFSPs due in November 2023 were reviewed in January 2024 for the programs not initially found to be 100% in compliance in October to verify that there were no additional instances of child-level or system delays.

Through this process, TEIS verified that each EIS program was 100% compliant at the system and child-levels. For child level compliance, TEIS verified that each affected child received the required meeting or was no longer under the jurisdiction of TEIS. For systemic compliance, TEIS confirmed that the EIS program demonstrated the ability to correctly implement the regulatory requirements moving forward, consistent with OSEP's requirements.

Verification of Full Compliance Prior to the Issuance of Findings

TEIS verified 100% compliance for each of the EIS six programs not initially 100%. In accordance with TEIS's pre-finding correction practices effective in FFY 2023 and OSEP's 23-01 guidance, these six EIS programs were verified as 100% compliant prior to the issuance of findings of noncompliance; therefore, no Indicator 7 findings were issued for these programs.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Response to actions required in FFY 2023 SPP/APR

The State has revised and expanded the section describing its pre finding correction process in FFY 2023 for this indicator. The updated narrative provides a clearer explanation of how TEIS ensured full alignment with OSEP QA 23 01, including (1) verification that each EIS program correctly implemented the regulatory requirements based on subsequently collected data, and (2) confirmation that each individual instance of noncompliance was corrected unless the child was no longer within the program's jurisdiction. The revised description now explicitly details the data sources reviewed, the monthly verification steps used to confirm both child level and systemic correction, and how TEIS determined that programs achieved 100% compliance prior to the issuance of findings.

7 - OSEP Response

The State's FFY 2023 data for this indicator reflected less than 100% compliance. The State reported that it did not identify any findings of noncompliance in FFY 2023 because it corrected the noncompliance prior to the issuance of findings. However, OSEP could not determine if the State ensured, consistent with OSEP QA 23-01, that each EIS program or provider: is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

7 - Required Actions

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = [(# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C at age 3)] times 100.
- B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

Indicator 8C: Do not include in the calculation but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	100.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

Data include only those toddlers with disabilities exiting Part C at age 3 for whom the Lead Agency was required to develop an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday. (yes/no)

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
3,492	3,492	100.00%	100%	100.00%	Met target	No Slippage

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.

0

Provide reasons for delay, if applicable.

There were no delays for this indicator.

What is the source of the data provided for this indicator?

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

July 1, 2024-June 30, 2025

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

The data includes all infants and toddlers exiting at age three in 2024-25 who were potentially eligible for Part B. Children who exited prior to reaching transition age, children who exited for specific reasons (e.g. moved out of state), and children who did not have IFSPs are excluded from the dataset.

The Tennessee Early Intervention Data System (TEIDS) includes a validation feature that ensures every initial Individualized Family Service Plan (IFSP) contains a transition outcome/goal, including steps and services. This transition goal must be in place before an initial IFSP can be finalized in the child's educational record. In FFY 2024-25, 100% of infants and toddlers exiting at age three had timely transition steps and services documented on their IFSPs.

Each IFSP includes a section titled Transition Information, which provides families with:

- The Transition Planning Conference due date
- The deadline for submitting the LEA/SEA Notification Opt-Out Form (if the family chooses to opt out) and where to locate the form
- A link to the resource brochure: Steps for Success: A Practical Guide to Transition for Parents in Tennessee's Early Intervention System

The transition goal is reviewed and updated at subsequent IFSP meetings as needed, particularly as the child approaches the age of transition. Notes from the LEA Transition Planning Conference are added to the IFSP to document decisions, actions, and next steps.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected

If procedures have been adopted that permit EIS program or providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the *regulatory requirements*; and, (2) each *individual case* of noncompliance was corrected.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8A - Prior FFY Required Actions

None

8A - OSEP Response

8A - Required Actions

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = [(# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C at age 3)] times 100.
- B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

Indicator 8C: Do not include in the calculation but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	100.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	100.00%	99.96%	99.90%	99.95%	99.95%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
3,486	3,599	99.95%	100%	99.83%	Did not meet target	No Slippage

Number of parents who opted out

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

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Provide reasons for delay, if applicable.

FFY 2024-25 data were analyzed to identify causes of delayed SEA/LEA notifications.

For the six children with delayed notifications:

- Five delays occurred because the child's file was reopened 90–120 days before the third birthday, and the initial IFSP was still pending.
- One delay was due to a Service Coordinator data entry error.

FFY 2024-25 was the first year TEIS did not use pre-finding correction for this indicator. Findings were issued for EIS programs that did not report 100% compliance.

Describe the method used to collect these data.

Each month, TEIS state data personnel extract child-level data from TEIDS for all children served by TEIS who are approaching the age of transition (i.e., from nine months before to no fewer than 90 days prior to their third birthday) and who are potentially eligible for Part B, Section 619 Special Education Preschool Services.

Notification data are shared with the State Education Agency (SEA) and the child's Local Education Agency (LEA) unless the family has opted out. The notification file includes contact information for each child and is sent to the LEA where the child resides to help the LEA prepare for toddlers who may be eligible for Part B preschool services.

Annual monitoring for this indicator uses the completed data file at the end of the fiscal year. Findings are issued for EIS programs that do not report 100% compliance. Subsequent monthly data reviews continue until systemic and child-level corrections are verified.

Do you have a written opt-out policy? (yes/no)

YES

If yes, is the policy on file with the Department? (yes/no)

YES

What is the source of the data provided for this indicator?

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

July 1, 2024-June 30, 2025

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

The data includes all infants and toddlers exiting at age three in 2024-25 who were potentially eligible for Part B. Children who exited prior to reaching transition age, children who exited for specific reasons (e.g. moved out of state), and children who did not have IFSPs are excluded from the dataset.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0	0	0	0

If procedures have been adopted that permit EIS program or providers to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

Verification of Correction of Noncompliance

TEIS utilizes OSEP’s QA 23 01 guidance to ensure full alignment with federal requirements for identifying and correcting noncompliance through the State’s general supervision system. In FFY 2023, Tennessee Early Intervention System (TEIS) utilized a pre finding correction process for Indicator 7. This practice was discontinued beginning in FFY 2024.

Identification of Noncompliance

As part of TEIS’s annual monitoring activities, the State reviewed full census data for all potentially eligible children exiting Part C between July 1, 2023, and June 30, 2024. During this review, TEIS identified two children—served by two different EIS programs—with untimely SEA/LEA notifications. In both cases, the delays were attributable to Service Coordinator data entry errors. TEIS verified that each instance was corrected at the child level in accordance with federal requirements.

Correction of Noncompliance

TEIS conducted a subsequent monthly data review to verify that the two EIS programs demonstrated compliance at both the systemic and child levels. Monthly data for July 2024 were reviewed, and TEIS confirmed that both EIS programs were 100% compliant. There were no untimely LEA/SEA notifications. TEIS verified that the programs were correctly implementing the notification requirement and were fully compliant moving forward.

Verification of Full Compliance

TEIS verified 100% compliance for both of the EIS programs not initially 100% compliant. In accordance with TEIS’s pre-finding correction practices effective in FFY 2023 and OSEP’s 23-01 guidance, these EIS programs were verified as 100% compliant prior to the issuance of findings of noncompliance; therefore, no Indicator 8B findings were issued for these programs.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8B - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Response to actions required in FFY 2023 SPP/APR

The State has revised and expanded the section describing its pre finding correction process in FFY 2023 for this indicator. The updated narrative provides a clearer explanation of how TEIS ensured full alignment with OSEP QA 23 01, including (1) verification that each EIS program correctly implemented the regulatory requirements based on subsequently collected data, and (2) confirmation that each individual instance of noncompliance was corrected unless the child was no longer within the program’s jurisdiction. The revised description now explicitly details the data sources reviewed, the monthly verification steps used to confirm both child level and systemic correction, and how TEIS determined that programs achieved 100% compliance prior to the issuance of findings.

8B - OSEP Response

The State's FFY 2023 data for this indicator reflected less than 100% compliance. The State reported that it did not identify any findings of noncompliance in FFY 2023 because it corrected the noncompliance prior to the issuance of findings. However, OSEP could not determine if the State ensured, consistent with OSEP QA 23-01, that each EIS program or provider is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and 2 has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

8B - Required Actions

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = [(# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C at age 3)] times 100.
- B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

Indicator 8C: Do not include in the calculation but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	100.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	98.66%	96.76%	99.74%	98.60%	100.00%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

Data reflect only those toddlers for whom the Lead Agency was required to conduct the transition conference, held with the approval of the family, at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services (yes/no)

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
429	478	100.00%	100%	100.00%	Met target	No Slippage

Number of toddlers for whom the parent did not provide approval for the transition conference

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

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Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.

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Provide reasons for delay, if applicable.

During FFY 2024-25 compliance monitoring, delays in timely Transition Planning Conferences were categorized into two primary groups: Exceptional Family Circumstances and System Issues. The documented reasons are outlined below.

Exceptional Family Circumstances

- Child or family illness
- Family vacation or holiday
- Family's preferred schedule
- Missed or canceled scheduled meetings
- Weather-related events (e.g., snow, ice, tornado, flood)
- State or local disaster recovery (e.g., flood, tornado, ice storm)

System Issues

- Service Coordinator delay in contacting the LEA to schedule a conference
- Limited LEA availability for meetings (e.g., during spring/summer or due to staffing constraints)
- Incomplete documentation of delay reasons
- Delay in scheduling interpreters

What is the source of the data provided for this indicator?

State monitoring

Describe the method used to select EIS programs for monitoring.

All nine Early Intervention Service (EIS) programs (TEIS Points of Entry) were monitored for this indicator. TEIS uses a representative month of data for annual monitoring; in FFY 2024, the selected month was March 2025. All Transition Planning Conferences (TPCs) due in that month were reviewed using Tableau, a business intelligence tool linked to the state database. The review, conducted on May 19, 2025, assessed both systemic and child-level noncompliance.

Establishing the Monitoring Process

To determine the most representative month for monitoring, TEIS analyzed three years of data across multiple elements during FFY 2020-21. With technical assistance, TEIS concluded that all months were equally representative of the population served. The monitoring schedule for all nine EIS programs is reviewed and set annually.

Monitoring Details for FFY 2024-25

For FFY 2024-25, the Monitoring Team used March 2025 data from the Tennessee Early Intervention Data System (TEIDS) to calculate the percentage of Part C eligible toddlers who reached the age of transition (at least 90 days—and, at the discretion of all parties, up to nine months—before the child’s third birthday), were potentially eligible for Part B, and had timely Transition Planning Conferences (with parent consent) due in March.

- The review included 450 children with TPCs due in March 2025
- All TEIS POEs and Service Coordinators with active caseloads were represented in the data.

Use of Tableau and Internal Controls

FFY 2023-24 was the first year Tableau was used for Indicator 8C compliance monitoring. During that year, TEIS POE leadership also implemented a monthly Internal Controls for Monitoring Process to improve oversight of compliance data.

POE leadership accessed real-time data through Tableau, enabling proactive responses before SEA/LEA Transition Planning Conferences were due.

- This allowed leadership and Service Coordinators to visualize and forecast data, allocate resources, and prevent delays.
- When delays occurred, reasons were documented in TEIDS (e.g., exceptional family circumstances, system-related issues).

Data Validation

The TEIDS 618 exiting report for FFY 2023 served as the basis for Indicator 8C measurement of children exiting who were potentially eligible for Part B. Tableau data from TEIDS was analyzed for delay reasons recorded through the POE’s monthly Internal Controls process for children with TPCs due in March.

Annual monitoring confirmed alignment between Tableau and an Excel spreadsheet containing exiting data for children potentially eligible for Part B with TPCs due in March. Data included documented reasons for untimely conferences. (See section “Provide reasons for delay, if applicable” for examples of exceptional family circumstances and system-related delays used in FFY 2024-25 monitoring.)

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0	0	0	0

If procedures have been adopted that permit EIS program or providers to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

In FFY 2023, TEIS utilized pre-finding correction for Indicator 8C. This practice was discontinued beginning in FFY 2024.

On December 5, 2023, TEIS reviewed data for all Transition Planning Conferences (TPCs) due in October 2023 for annual monitoring. Of the nine EIS programs, three were verified as 100% compliant.

Correction Process

Monthly data reviews were conducted as follows:

- October 2023 data was monitored until all outstanding instances of child-level noncompliance were corrected.
- Data for TPCs due in November, December, and January were reviewed for pre-finding correction in January, February, and March 2024, respectively, for both systemic and child-level compliance.

TEIS verified correction at both levels for all six EIS programs that were not initially 100% compliant. These programs were considered corrected prior to the issuance of findings.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8C - Prior FFY Required Actions

None

8C - OSEP Response

8C - Required Actions

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures under section 615 of the IDEA are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in EDFacts file specification FS908.

Measurement

Percent = (3.1(a) divided by 3.1) times 100.

Instructions

Sampling from the State's 618 data is not allowed.

This indicator is not applicable to a State that has adopted Part C due process procedures under section 639 of the IDEA.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baselines or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, the State must develop baselines and targets and report them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Select yes to use target ranges.

Target Range not used

Select yes if the data reported in this indicator are not the same as the State's data reported under Section 618 of the IDEA.

NO

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Dispute Resolution - Due Process Complaints (EDFacts file spec FS908; Data group 5031)	11/19/2025	3.1 Number of resolution sessions	0
SY 2024-25 IDEA Part C Dispute Resolution - Due Process Complaints (EDFacts file spec FS908; Data group 5031)	11/19/2025	3.1(a) Number resolution sessions resolved through settlement agreements	0

Targets: Description of Stakeholder Input

TEIS incorporates broad stakeholder input when addressing areas of need within the system through multiple channels, including:

- State Interagency Coordinating Council (SICC) membership and attending visitors.
- TEIS, EIRA, and Vendor Advisory Councils.
- Office Hours sessions.
- Feedback from family surveys, advocacy groups, and local engagement efforts.

The TEIS website and department newsletter provide stakeholders with consistent updates on program activities and service delivery.

State Interagency Coordinating Council (SICC)

The SICC met quarterly in January, April, July, and October. Members, appointed by the Governor, represent diverse stakeholders in early intervention, including service providers, parents, state agencies, referral sources, and higher education.

Meetings are open to the public, and agenda topics can be submitted via the TEIS website. Topics addressed in 2024-25 included:

- HOPE Family Survey results and feedback.
- Results Monitoring.
- TEIS Central Office team functions.
- POE initiatives and regional goals.
- Other program updates.

Additionally, SICC provided direct feedback to OSEP during Tennessee's DMS 2.0 audit.

Advisory Councils

Two advisory councils serve as key feedback channels:

- Early Intervention Resource Agency (EIRA) Advisory Council – Agencies providing developmental therapy.
- Vendor Advisory Council – Agencies providing therapy services (speech, physical, occupational).

Updates from both councils are shared at quarterly SICC meetings. Membership includes contracted EIS provider agencies.

EIRA Advisory Council focuses on:

- Improving services for children and families.
- Increasing access to services statewide.
- Enhancing communication between TEIS and EIRAs.

This year, the council emphasized IFSP teaming, analyzed survey feedback, and developed action plans to address concerns among Service Coordinators, leadership, families, and therapy vendors.

Vendor Advisory Council collaborates on:

- Issues impacting therapy vendors.
- Streamlining billing and business processes.
- Improving IFSP teaming in partnership with the EIRA Advisory Council.

Council Structure

Membership is voluntary and includes agency administrators and direct service providers from Tennessee's three grand regions (East, Middle, West). Councils operate autonomously under a chairperson recommended by members and appointed by the Assistant Commissioner of TEIS. The Program Director of TEIS Initiatives serves as liaison and provides departmental support for quarterly meetings.

Office Hours

TEIS leadership hosts regular virtual meetings for early intervention providers (EIRAs and vendors) and staff. These sessions promote dialogue, share updates, and gather stakeholder input.

Parent Engagement

Stakeholder engagement activities—along with professional development and technical assistance—help build the capacity of parents through:

- Direct engagement: Participation in SICC or local councils, training sessions, surveys, and direct communication with TEIS leadership.
- Indirect engagement: Training and monitoring systems that strengthen IFSP team members' knowledge and skills, benefiting children and families.

Historical Data

Baseline Year	Baseline Data

FFY	2019	2020	2021	2022	2023
Target>=	.00%				
Data					

Targets

FFY	2024	2025
Target>=	0.00%	

FFY 2024 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
0	0		0.00%		N/A	N/A

Provide additional information about this indicator (optional)

There were no resolution sessions held during FFY 2024-25. States are not required to establish a baseline or targets if the number of resolution sessions is less than 10.

9 - Prior FFY Required Actions

None

9 - OSEP Response

The State reported fewer than ten resolution sessions held in FFY 2024. The State is not required to provide targets until any fiscal year in which ten or more resolution sessions were held.

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements. (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in EDFacts file specification FS907.

Measurement

Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baselines or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, the State must develop baseline and report them in the corresponding SPP/APR.

The consensus among mediation practitioners is that 75-85% is a reasonable rate of mediations that result in agreements and is consistent with national mediation success rate data. States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

10 - Indicator Data

Select yes to use target ranges

Target Range not used

Select yes if the data reported in this indicator are not the same as the State's data reported under Section 618 of the IDEA.

NO

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Dispute Resolution - Mediation Requests (EDFacts file spec FS907; Data group 5030)	11/19/2025	2.1 Mediations held	0
SY 2024-25 IDEA Part C Dispute Resolution - Mediation Requests (EDFacts file spec FS907; Data group 5030)	11/19/2025	2.1.a.i Mediations agreements related to due process complaints	0
SY 2024-25 IDEA Part C Dispute Resolution - Mediation Requests (EDFacts file spec FS907; Data group 5030)	11/19/2025	2.1.b.i Mediations agreements not related to due process complaints	0

Targets: Description of Stakeholder Input

TEIS incorporates broad stakeholder input when addressing areas of need within the system through multiple channels, including:

- State Interagency Coordinating Council (SICC) membership and attending visitors.
- TEIS, EIRA, and Vendor Advisory Councils.
- Office Hours sessions.
- Feedback from family surveys, advocacy groups, and local engagement efforts.

The TEIS website and department newsletter provide stakeholders with consistent updates on program activities and service delivery.

State Interagency Coordinating Council (SICC)

The SICC met quarterly in January, April, July, and October. Members, appointed by the Governor, represent diverse stakeholders in early intervention, including service providers, parents, state agencies, referral sources, and higher education.

Meetings are open to the public, and agenda topics can be submitted via the TEIS website. Topics addressed in 2024-25 included:

- HOPE Family Survey results and feedback.
- Results Monitoring.
- TEIS Central Office team functions.
- POE initiatives and regional goals.
- Other program updates.

Additionally, SICC provided direct feedback to OSEP during Tennessee's DMS 2.0 audit.

Advisory Councils

Two advisory councils serve as key feedback channels:

- Early Intervention Resource Agency (EIRA) Advisory Council – Agencies providing developmental therapy.
- Vendor Advisory Council – Agencies providing therapy services (speech, physical, occupational).

Updates from both councils are shared at quarterly SICC meetings. Membership includes contracted EIS provider agencies.

EIRA Advisory Council focuses on:

- Improving services for children and families.
- Increasing access to services statewide.
- Enhancing communication between TEIS and EIRAs.

This year, the council emphasized IFSP teaming, analyzed survey feedback, and developed action plans to address concerns among Service Coordinators, leadership, families, and therapy vendors.

Vendor Advisory Council collaborates on:

- Issues impacting therapy vendors.
- Streamlining billing and business processes.
- Improving IFSP teaming in partnership with the EIRA Advisory Council.

Council Structure

Membership is voluntary and includes agency administrators and direct service providers from Tennessee’s three grand regions (East, Middle, West). Councils operate autonomously under a chairperson recommended by members and appointed by the Assistant Commissioner of TEIS. The Program Director of TEIS Initiatives serves as liaison and provides departmental support for quarterly meetings.

Office Hours

TEIS leadership hosts regular virtual meetings for early intervention providers (EIRAs and vendors) and staff. These sessions promote dialogue, share updates, and gather stakeholder input.

Parent Engagement

Stakeholder engagement activities—along with professional development and technical assistance—help build the capacity of parents through:

- Direct engagement: Participation in SICC or local councils, training sessions, surveys, and direct communication with TEIS leadership.
- Indirect engagement: Training and monitoring systems that strengthen IFSP team members’ knowledge and skills, benefiting children and families.

Historical Data

Baseline Year	Baseline Data
2005	

FFY	2019	2020	2021	2022	2023
Target>=	.00%				
Data					

Targets

FFY	2024	2025
Target>=		

FFY 2024 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
0	0	0				N/A	N/A

Provide additional information about this indicator (optional)

There were no mediations held during FFY 2024-25. States are not required to establish baseline or targets if the number of mediation sessions is less than 10.

10 - Prior FFY Required Actions

None

10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2024. The State is not required to meet its targets until any fiscal year in which ten or more mediations were held.

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Measurement

Results Indicator: The State's SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for infants and toddlers with disabilities and their families. The SSIP includes each of the components described below.

Instructions

Baseline Data: The State must provide baseline data expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Targets: In its FFY 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

Updated Data: In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages), and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for infants and toddlers with disabilities and their families by improving early intervention services. Stakeholders, including parents of infants and toddlers with disabilities, early intervention service (EIS) programs and providers, the State Interagency Coordinating Council, and others, are critical participants in improving results for infants and toddlers with disabilities and their families and must be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State's targets under Indicator 11. The SSIP should include information about stakeholder involvement in all three phases.

Phase I: Analysis:

- Data Analysis;
- Analysis of State Infrastructure to Support Improvement and Build Capacity;
- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;
- Selection of Coherent Improvement Strategies; and
- Theory of Action.

Phase II: Plan (which is in addition to the Phase I content (including any updates) outlined above:

- Infrastructure Development;
- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and
- Evaluation.

Phase III: Implementation and Evaluation (which is in addition to the Phase I and Phase II content (including any updates) outlined above:

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

Phase III: Implementation and Evaluation

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result for Infants and Toddlers with Disabilities and Their Families (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2020 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 3, 2025). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2024 APR, report on anticipated outcomes to be obtained during FFY 2025, i.e., July 1, 2025-June 30, 2026).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (e.g., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2024 APR, report on activities it intends to implement in FFY 2025, i.e., July 1, 2025-June 30, 2026) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

11 - Indicator Data

Section A: Data Analysis

What is the State-identified Measurable Result (SiMR)?

The percent of infants and toddlers who demonstrate improved acquisition and use of knowledge and skills and who function within age expectations by the time they exit or turn age three will increase [ECO Outcome 3B, Summary Statement 2]

Has the SiMR changed since the last SSIP submission? (yes/no)

NO

Is the State using a subset of the population from the indicator (e.g., a sample, cohort model)? (yes/no)

NO

Is the State’s theory of action new or revised since the previous submission? (yes/no)

NO

Please provide a link to the current theory of action.

[https://www.tn.gov/content/dam/tn/disability-and-aging/documents/disability-aging-programs/teis/ssip-2022-2025-\(updated-10.27.25\)-ada-accessible.pdf](https://www.tn.gov/content/dam/tn/disability-and-aging/documents/disability-aging-programs/teis/ssip-2022-2025-(updated-10.27.25)-ada-accessible.pdf)

Progress toward the SiMR

Please provide the data for the specific FFY listed below (expressed as actual number and percentages).

Select yes if the State uses two targets for measurement. (yes/no)

NO

Historical Data

Baseline Year	Baseline Data
2022	35.42%

Targets

FFY	Current Relationship	2024	2025
Target	Data must be greater than or equal to the target	34.00%	34.00%

FFY 2024 SPP/APR Data

The percent of children who were functioning within age expectations in ECO Outcome B by the time they turned 3 or exited the program (Outcome B; progress categories d+e)	All children who exited with at least six months of services in FFY 2023 who had both entrance and exit ECO ratings in Outcome B (Outcome B; progress categories (a) + (b) + (c) + (d) + (e) times 100.	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
3,271	7,155	47.42%	34.00%	45.72%	Met target	No Slippage

Provide the data source for the FFY 2024 data.

Data source for the SiMR is Outcome B, summary statement 2. Numerator equals the percent of infants/toddlers who were functioning within age expectations in ECO Outcome B by the time they turned 3 or exited the program (Outcome B; progress categories d+e). Denominator equals all infants/toddlers who exited with at least six months of services in FFY 2024 who had both entrance and exit ECO ratings in Outcome B (Outcome B; progress categories (a) + (b) + (c) + (d) + (e) times 100).

Please describe how data are collected and analyzed for the SiMR.

The 2024-25 SiMR data mirrors the reporting for Indicator 3, B2. The data for 2024-25 includes children whose initial assessments were completed using AEPS, BDI-2, or BDI-3.

Entrance ratings from these instruments were converted to a 1–7 COS scale. Exit ratings were collected using the BDI-3, converted to the same scale, and compared to entrance scores using the methodology described below. The communication and cognition domains were combined for Outcome B.

Pilot Process for Developmental Check-Ins:

Beginning in FFY 2024-25, TEIS piloted an internal process for conducting developmental check-ins during annual IFSP development. This pilot incorporated the traditional COS process. For children included in the pilot and the ECO reporting, COS data from these check-ins supported exit ECO scores.

Crosswalk and Progress Calculation:

A crosswalk was developed to align BDI-3 data with COS ratings based on standard deviations (z-scores).

- Children scoring –1.3 SD or higher in the relevant domain(s) were considered “comparable to same-aged peers.”
- Based on pilot data, the state reviewed and adjusted its formula for determining progress from BDI-3 scores.
- This adjustment resulted in some shifts in progress categories compared to the 2023-24 reporting period.

Optional: Has the State collected additional data (i.e., benchmark, CQI, survey) that demonstrates progress toward the SiMR? (yes/no)

YES

Describe any additional data collected by the State to assess progress toward the SiMR.

Beginning in FFY 2024-25, TEIS piloted a new process using an internal team to conduct developmental check-ins during annual IFSP development. This pilot incorporated the traditional Child Outcomes Summary (COS) process for ECO data collection and included gathering present levels of development from all IFSP team members. For children who participated in the pilot and were included in the 2024-25 ECO reporting, COS data from these developmental check-ins was used to support exit ECO scores.

Did the State identify any general data quality concerns, unrelated to COVID-19, which affected progress toward the SiMR during the reporting period? (yes/no)

YES

Describe any data quality issues, unrelated to COVID-19, specific to the SiMR data and include actions taken to address data quality concerns.

TEIS made adjustments in the formula used to determine progress categories. These changes were informed by data from a pilot project launched in FFY 2024-25, in which an internal team conducted developmental check-ins as part of annual IFSP review meetings.

During these check-ins, the team gathered information on each child’s present levels of development from all IFSP team members, including parents, and completed a Child Outcomes Summary (COS) rating. Analysis of the pilot data helped the Lead Agency identify necessary corrections in how progress was calculated using BDI-3 data.

As a result of these adjustments, some shifts occurred in progress categories for children exiting in FFY 2024-25 compared to the previous reporting period (FFY 2023-24). The shifts in these progress categories are less notable in the SiMR in 2024-25 but may impact future outcomes data as more children who participated Developmental Check-Ins exit TEIS services.

Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)

YES

If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State’s ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection.

During the COVID-19 pandemic, children entered TEIS services at a time when early intervention was delivered remotely. This required flexibility in assessment and evaluation procedures to ensure responsiveness to family needs, particularly for those unable to reliably participate in telehealth assessments.

Typically, these children would have exited early intervention due to age. However, with the implementation of the TEIS Extended Option, which allows eligible children to remain in services until the start of school following their fifth birthday, some records still exist where entrance ratings are missing.

Section B: Implementation, Analysis and Evaluation

Please provide a link to the State’s current evaluation plan.

[https://www.tn.gov/content/dam/tn/disability-and-aging/documents/disability-aging-programs/teis/ssip-2022-2025-\(updated-10.27.25\)-ada-accessible.pdf](https://www.tn.gov/content/dam/tn/disability-and-aging/documents/disability-aging-programs/teis/ssip-2022-2025-(updated-10.27.25)-ada-accessible.pdf)

Is the State’s evaluation plan new or revised since the previous submission? (yes/no)

YES

If yes, provide a description of the changes and updates to the evaluation plan.

The measurable result "Decrease in requested review IFSP meetings held to adjust services over baseline" has now been removed from IFSP Teaming. This change is explained below.

If yes, describe a rationale or justification for the changes to the SSIP evaluation plan.

Further data analysis of this improvement strategy showed that requests to review or modify services between scheduled IFSP meetings occurred for a variety of reasons. The number of requested review meetings is unable to be utilized as a metric related to IFSP team function.

Provide a summary of each infrastructure improvement strategy implemented in the reporting period.

In 2023, the TEIS Contracts Team partnered with the Vendor Advisory Council to address barriers to service delivery and improve communication with current and potential agencies. The goal was to expand contracts and increase available service hours for children statewide.

To support this effort, TEIS launched a Vendor Expansion Grant from May 1 to August 1, 2023, encouraging existing providers of physical therapy, occupational therapy, and speech therapy to increase service hours, particularly in priority geographic areas and for traditionally underserved populations.

As a result:

-In 2023–2024, TEIS added 22 new vendors across the state and expanded services for 8 existing vendors, including additional therapies and service locations.

-In 2024–2025, TEIS added 11 new vendors and expanded services for 17 existing vendors to include more therapies and delivery options.

On July 1, 2024, TEIS began a new five-year contract cycle for both new and existing therapy vendors to provide IDEA-compliant services to children enrolled in TEIS.

Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SIMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.

As reported in previous SSIPs, TEIS's primary infrastructure improvement has focused on reducing Service Coordinator (SC) caseloads. In 2023–2024, TEIS implemented multiple strategies, including:

- Strengthening oversight to the statewide service coordination team.
- Maintaining dedicated efforts to fill vacant positions.
- Implementing recruitment and retention initiatives.

These efforts have significantly reduced caseloads over time. Average caseloads by year:

2019–2020: 87
2020–2021: 78
2022–2023: 82
2023–2024: 63
2024–2025: 58

This downward trend demonstrates the positive impact of TEIS's targeted strategies to improve service delivery and support for families.

Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)

NO

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.

In the upcoming reporting period, TEIS will continue to focus on enhancements to TEIS staff and provider recruitment and retention efforts with dedicated efforts on the upcoming solicitation process for eligibility evaluation agencies beginning in January 2026.

List the selected evidence-based practices implemented in the reporting period:

- IFSP Teaming: All children served by TEIS have IFSP teams who communicate regularly and collaborate effectively to support the child's progress
- Family-Centered Services: Services to children are delivered by professionals using evidence-based practices across a variety of service settings/modalities
- Early Childhood Outcomes (ECO) Data: Families and early intervention service providers base decisions on meaningful child progress data

Provide a summary of each evidence-based practice.

IFSP Teaming :

This improvement strategy was implemented to support each IFSP team member, including families in their role and eliminate barriers to communication. Past work on this strategy has included system development of contract performance measures/payment structures to support IFSP meeting or other teaming opportunities, development of data system enhancements to capture co-visiting, and district-specific work on IFSP teaming goals.

Family-Centered Services:

This improvement strategy was selected to support the implementation of evidence-based practices within service delivery that emphasizes the role of the parent/caregiver in the intervention and working with the child and family to support their daily routines.

ECO Data:

This improvement strategy focuses on efforts to improve the quality of the ECO/child progress data available to IFSP teams. Work on this strategy has resulted in moving from professional judgement to the implementation of a single instrument for eligibility, ongoing child progress towards goals, and ECO data.

Provide a summary of how each evidence-based practices and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes, and/or child/outcomes.

Refer to the introduction of the APR for details on specific training, technical assistance, and professional development activities conducted during 2024–25 to support these improvement strategies.

IFSP Teaming

The goal of this strategy is to ensure all children served by TEIS have IFSP teams that communicate regularly and collaborate effectively to support the child's progress.

Work in 2024–25 included:

- Continued implementation of a comprehensive training plan for TEIS staff and providers.
- Opportunities for regular communication between TEIS leadership, staff, and early intervention service providers.
- Ensuring IFSP team members receive timely, accurate, and consistent guidance, supported by accessible guidance manuals.

TEIS also continued its Time for Teaming initiative. Previously, three regional events (West, Middle, East) were held annually; this year, events were scheduled on an 18-month cycle.

During this timeframe, one event was held in West Tennessee, focusing on individualized content developed by regional staff. Parents participated in presentations, sharing firsthand experiences and feedback.

Attendance: 218 participants, including parents, Service Coordinators, POE leadership, EIRA leadership and staff, eligibility evaluation staff, therapy vendors, and TEIS leadership.

Family-Centered Services

The goal of this strategy is to ensure services are delivered using evidence-based practices and to provide families with a range of early intervention options across settings and modalities, including home and community visits, telehealth, and other formats.

These efforts support the SiMR by promoting service delivery aligned with family needs, routines, and preferences.

Key activities in 2024–25 included:

- Early Intervention Endorsement Intro Course: Completed by 77 students across five state universities, with plans to expand statewide.
- Development of recruitment tools, including one-page materials for seven disciplines, and planned dissemination through Advisory Councils.
- Website updates to ensure ADA compliance.
- Monthly family-focused Lunch & Learns.
- Internal training for TEIS staff.
- FGRBI-based vendor visits to reinforce evidence-based practices.

Describe the data collected to monitor fidelity of implementation and to assess practice change.

IFSP Teaming and Participation

In 2023–24, TEIS established new baselines for IFSP team member participation in annual IFSP meetings due to changes in service delivery during the COVID-19 pandemic and the expansion of telehealth options. IFSP team member participation data was analyzed for all annual IFSP meetings occurring within one month each year as follows:

-Total number of meetings reviewed: 570 in 2023–24 and 760 in 2024–25.

Percentage of team members attending was comparable for each type from 2023-24 to 2024-25:

- Developmental Therapist: 54% (2023-24) and 51% (2024-25)
- Developmental Evaluator: 42% (2023-24) and 41% (2024-25)
- Interpreter: 5% (2023-24) and 4% (2024-25)
- Vendor (SLP, OT, PT): 2% (2023-24) and 8% (2024-25)
- Parents and Service Coordinators: 100% attendance both years

IFSP Review Requests

TEIS analyzed requests for IFSP review meetings outside the regular six-month or annual cycle. In one month, 2,308 reviews were held. Top reasons:

- Adding a service after provider evaluation (28%)
- Adding a provider evaluation to an IFSP (17%)
- Adjusting service frequency, intensity, duration, or setting (15%)

Most reviews were family-driven, and opportunities to reduce these through improved teaming were limited. As this measure did not yield anticipated outcomes, TEIS will no longer report on it in future SSIPs.

Time for Teaming

In 2024–25, TEIS hosted one Time for Teaming event in West Tennessee, focusing on evidence-based, family-centered service delivery. Attendance: 218 participants (EIRA leadership/staff 65%, TEIS staff 30%, TEIS leadership 6%, vendors <1%).

Attendee survey results:

- 64% agreed activities were engaging and relevant.
- 79% agreed panels provided valuable insights.
- 74% planned to apply what they learned.
- 84% said attending was worthwhile.

Two additional regional events will occur in 2025–26.

Training and Professional Development

In 2024–25, the Staff and Provider Engagement Team delivered:

- 48 trainings with an average of 47 participants each.
- 1,696 survey responses showed 86% high satisfaction.

Questions included:

- “This course was clearly presented.”
- “I am more equipped to perform my job after taking this course.”

These efforts strengthen IFSP team communication and collaboration.

Vendor Expansion and Data Entry

-TEIS continues to expand vendor capacity and encourage providers to increase service hours, especially in underserved areas.

Key actions:

- An administrative fee implemented July 1, 2024, for timely service entry into TEIDS to improve IFSP team collaboration and progress tracking.
- 34 vendor billing trainings held to improve invoicing processes.
- New contract cycle (2025) introduced incentives for timely data entry, resulting in a significant increase in compliance.

Family-Centered Services

TEIS contracted with:

- 153 therapy vendor agencies (11 new, 17 expanded services/settings)
- 17 assistive technology vendors
- 15 interpreters for 12+ languages
- 34 EIRAs providing home/community developmental therapy
- 9 EIRAs providing center-based developmental therapy

Service Coordinator Caseloads

Average caseloads have steadily decreased as mentioned in the infrastructure improvements:

- 2021–22: 82
- 2022–23: 61
- 2023–24: 63
- 2024–25: 58

Strategies include statewide SC team utilization and workload streamlining.

Early Childhood Outcomes (ECO)

In 2024–25, data showed:

- Retention rate: 87.1% (children remaining in services for a minimum of 6 months after initial IFSP)

-IFSP goals showing progress: 83.4% (up from 82%)

Results Monitoring and POE feedback have contributed to improved retention and progress toward goals.

Describe any additional data (e.g., progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.

The data collected around each evidence-based practice is described in the box above "Describe the data collected to monitor fidelity of implementation and assess practice change". The evidence to support discontinuation of the strategy in reducing requested reviews is also described.

Provide a summary of the next steps for each evidence-based practice and the anticipated outcomes to be attained during the next reporting period.

IFSP Teaming

In 2023-24, TEIS established new baselines for IFSP team member participation in annual IFSP meetings and in the Time for Teaming events. Time for Teaming will continue as an annual event with participation from the Early Intervention network in Tennessee. TEIS will also continue with a focus on the goal of enhancing IFSP team communication and efforts to streamline Service Coordinator workload.

Family Centered Service

In 2025-26, TEIS will continue to provide a comprehensive approach to staff and provider support, training, and technical assistance. A new solicitation for eligibility evaluation agencies will be posted early 2026. TEIS will continue support EI agencies in accessing and utilizing data to drive decisions about their programs. The Staff and Provider Engagement team will continue to implement a comprehensive Professional Development and Technical Assistance plan that is responsive to the needs of the early intervention community in Tennessee.

ECO Data

In 2025-26, TEIS will continue to implement Developmental Check-Ins at annual IFSP meetings and support the ongoing evaluation of the process for collecting and communicating outcomes data, making adjustments as needed.

Does the State intend to continue implementing the SSIP without modifications? (yes/no)

NO

If no, describe any changes to the activities, strategies or timelines described in the previous submission and include a rationale or justification for the changes.

In 2024–25, TEIS continued implementing the improvement activities and measurable results outlined in the 2022–25 Implementation and Evaluation Plan. Beginning in 2025–26, TEIS plans to utilize feedback gathered from families as described below and in Indicator 4 to update this SSIP to place a stronger emphasis on Family Outcomes. With over 90% of families participating in the annual family survey and the helpful comments received from families, TEIS is able to utilize the information to support programmatic improvement efforts.

Section C: Stakeholder Engagement

Description of Stakeholder Input

TEIS incorporates broad stakeholder input when addressing areas of need within the system through multiple channels, including:

- State Interagency Coordinating Council (SICC) membership and attending visitors.
- TEIS, EIRA, and Vendor Advisory Councils.
- Office Hours sessions.
- Feedback from family surveys, advocacy groups, and local engagement efforts.

The TEIS website and department newsletter provide stakeholders with consistent updates on program activities and service delivery.

State Interagency Coordinating Council (SICC)

The SICC met quarterly in January, April, July, and October. Members, appointed by the Governor, represent diverse stakeholders in early intervention, including service providers, parents, state agencies, referral sources, and higher education.

Meetings are open to the public, and agenda topics can be submitted via the TEIS website. Topics addressed in 2024-25 included:

- HOPE Family Survey results and feedback.
- Results Monitoring.
- TEIS Central Office team functions.
- POE initiatives and regional goals.
- Other program updates.

Additionally, SICC provided direct feedback to OSEP during Tennessee's DMS 2.0 audit.

Advisory Councils

Two advisory councils serve as key feedback channels:

- Early Intervention Resource Agency (EIRA) Advisory Council – Agencies providing developmental therapy.
- Vendor Advisory Council – Agencies providing therapy services (speech, physical, occupational).

Updates from both councils are shared at quarterly SICC meetings. Membership includes contracted EIS provider agencies.

EIRA Advisory Council focuses on:

- Improving services for children and families.
- Increasing access to services statewide.
- Enhancing communication between TEIS and EIRAs.

This year, the council emphasized IFSP teaming, analyzed survey feedback, and developed action plans to address concerns among Service Coordinators, leadership, families, and therapy vendors.

Vendor Advisory Council collaborates on:

- Issues impacting therapy vendors.
- Streamlining billing and business processes.
- Improving IFSP teaming in partnership with the EIRA Advisory Council.

Council Structure

Membership is voluntary and includes agency administrators and direct service providers from Tennessee's three grand regions (East, Middle, West). Councils operate autonomously under a chairperson recommended by members and appointed by the Assistant Commissioner of TEIS. The Program Director of TEIS Initiatives serves as liaison and provides departmental support for quarterly meetings.

Office Hours

TEIS leadership hosts regular virtual meetings for early intervention providers (EIRAs and vendors) and staff. These sessions promote dialogue, share updates, and gather stakeholder input.

Parent Engagement

Stakeholder engagement activities—along with professional development and technical assistance—help build the capacity of parents through:

- Direct engagement: Participation in SICC or local councils, training sessions, surveys, and direct communication with TEIS leadership.
- Indirect engagement: Training and monitoring systems that strengthen IFSP team members' knowledge and skills, benefiting children and families.

Describe the specific strategies implemented to engage stakeholders in key improvement efforts.

TEIS actively engages stakeholders through multiple channels to support SSIP activities. In addition to engagement through the State Interagency Coordinating Council (SICC), TEIS hosts regular office hours and quarterly in-person meetings with early intervention service providers. The Staff and Provider Engagement Team meets regularly with EIRA staff and local POE leadership for planning and problem-solving, while TEIS's Assistant Commissioner and Deputy Director hold annual meetings with EIRA leadership.

TEIS leadership also conducts on-site visits with POEs, vendors, and EIRAs to connect directly with staff. The EIRA Advisory Council, Vendor Advisory Council, and specialized sub-groups provide valuable insight and actionable plans to address critical issues such as provider recruitment and retention, as well as staff recruitment strategies.

Were there any concerns expressed by stakeholders during engagement activities? (yes/no)

YES

Describe how the State addressed the concerns expressed by stakeholders.

TEIS leadership actively promotes open communication and provides multiple opportunities for stakeholders to ask questions and share concerns. A common issue raised by stakeholders involves provider availability and ensuring timely, accurate information during the competitive contract process. To address this, the TEIS Contracts Team has established a fair and consistent process for reviewing contract applications and sharing information with applicants.

TEIS also continues to explore ways to address provider concerns about reimbursement rates. Providers frequently express concerns about coverage and reimbursement for public benefits and private insurance, particularly for services delivered in natural environments. The TEIS Vendor Advisory Council has collaborated with TEIS and Department leadership to address these issues. As part of these efforts, TEIS has been able to implement some adjustments, such as an increased mileage rate and an administrative fee incentive for timely data entry, while continuing to seek solutions to the larger issue.

Additional Implementation Activities

List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.

Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.

Describe any newly identified barriers and include steps to address these barriers.

Provide additional information about this indicator (optional).

11 - Prior FFY Required Actions

None

11 - OSEP Response

11 - Required Actions

Indicator 12: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

Compliance indicator: This SPP/APR indicator focuses on the State lead agency's exercise of its general supervision responsibility to monitor its Early Intervention Service (EIS) Providers and EIS Programs for requirements under Part C of the Individuals with Disabilities Act (IDEA) through the State's reporting on timely correction of noncompliance (20 U.S.C. 1416(a) and 1435(a)(10); 34 C.F.R. §§ 303.120 and 303.700). In reporting on findings under this indicator, the State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State.

Data Source

The State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State. Provide the actual numbers used in the calculation. Include all findings of noncompliance regardless of the specific type and extent of noncompliance.

Measurement

This SPP/APR indicator requires the reporting on the percent of findings of noncompliance corrected within one year of identification:

- # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2024 submission, use FFY 2023, July 1, 2023 – June 30, 2024)
- # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance

Percent = [(b) divided by (a)] times 100

Instructions

Targets must be 100%.

States are required to complete the General Supervision Data Table within the online reporting tool.

Report in Column A, the number of findings of noncompliance made in FFY 2023 (July 1, 2023 – June 30, 2024), as reported in the compliance indicator, and report in Column C1, the number of those findings which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance. Report in Column B, the number of additional findings of noncompliance related to the compliance indicator made in FFY 2023 (July 1, 2023-June 30, 2024) and report in Column C2, the number of those additional findings related to the compliance indicator which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance.

States may also provide additional information related to other findings of noncompliance that are not specific to the compliance indicators. This row would include reporting on all other findings of noncompliance that were not reported by the State under the compliance indicators (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.). In future years (e.g., with the FFY 2026 SPP/APR), States may be required to further disaggregate findings by results indicators (2, 3, 4, 5, 6, 9, 10, and 11), fiscal and other areas.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous findings of noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

12 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	100.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data					100.00%

Targets

FFY	2024	2025
Target	100%	100%

Indicator 1. Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0	0	0	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

No findings were issued for Indicator 1 in FFY 2023, either through annual monitoring or other processes. In FFY 2023, Tennessee Early Intervention System (TEIS) utilized a pre finding correction process for Indicator 7. This practice was discontinued beginning in FFY 2024. TEIS utilizes OSEP's QA 23 01 guidance to ensure full alignment with federal requirements for identifying and correcting noncompliance through the State's general supervision system.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

Identification of Noncompliance

As part of TEIS's annual monitoring activities, the State reviewed data for all initial services due in October 2023. This review, completed on December 5, 2023, included all nine EIS programs. One EIS program was verified as 100% compliant. Six programs did not demonstrate full compliance during the review. In addition, two programs had ongoing Indicator 1 findings of noncompliance issued on April 18, 2022. TEIS does not issue subsequent findings of noncompliance for the same issue if not corrected timely. Timely correction of noncompliance is addressed in TN Part C's EIS Determination process.

Correction of Noncompliance

TEIS conducted monthly data reviews to ensure timely correction at both the child and systemic levels:

-October 2023 data were reviewed monthly until each individual instance of child level noncompliance was verified as corrected. For the six programs initially not 100% in compliance to achieve pre-finding correction, all instances of child-level noncompliance in the October 2023 data must be corrected within 90 days from the original data pull in December 2023.

-Data for initial services due in November 2023, December 2023, and January 2024 were reviewed in January, February, and March 2024, respectively, for pre finding correction at both the systemic (correct implementation of the regulatory requirements) and child levels.

TEIS verified 100% compliance for each of the EIS six programs not initially 100% compliant but without pre-existing findings of noncompliance. In accordance with TEIS's pre-finding correction practices effective in FFY 2023 and OSEP's 23-01 guidance, these six EIS programs were verified as 100% compliant prior to the issuance of findings of noncompliance; therefore, no Indicator 1 findings were issued for these programs.

Programs with Pre Existing Findings Issued in FFY 2022

The two EIS programs with existing noncompliance findings from April 2022 did not correct timely in FFY 2022 and demonstrated continued noncompliance during FFY 2023 annual monitoring. TEIS provided targeted technical assistance and supported the development and implementation of updated Corrective Action Plans. Monthly monitoring continued until TEIS verified that each program was 100% compliant, having corrected each instance of child-level noncompliance and demonstrated correct implementation of the regulatory requirements, consistent with OSEP's 23-01 guidance.

-Program 1 was verified as 100% compliant on June 18, 2024.

-Program 2 was verified as 100% compliant on September 25, 2025.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

Identification of Noncompliance

As part of TEIS's annual monitoring activities, the State reviewed data for all initial services due in October 2023. This review, completed on December 5, 2023, included all nine EIS programs. One EIS program was verified as 100% compliant. Six programs did not demonstrate full compliance during the review. In addition, two programs had ongoing Indicator 1 findings of noncompliance issued on April 18, 2022. TEIS does not issue subsequent findings of noncompliance for the same issue if not corrected timely. Timely correction of noncompliance is addressed in TN Part C's EIS Determination process.

Correction of Noncompliance

TEIS conducted monthly data reviews to ensure timely correction at both the child and systemic levels:

-October 2023 data were reviewed monthly until each individual instance of child level noncompliance was verified as corrected. For the six programs initially not 100% in compliance to achieve pre-finding correction, all instances of child-level noncompliance in the October 2023 data must be corrected within 90 days from the original data pull in December 2023.

-Data for initial services due in November 2023, December 2023, and January 2024 were reviewed in January, February, and March 2024, respectively, for pre finding correction at both the systemic and child levels.

TEIS verified 100% compliance for each of the EIS six programs not initially 100% compliant but without pre-existing findings of noncompliance. In accordance with TEIS's pre-finding correction practices effective in FFY 2023 and OSEP's 23-01 guidance, these six EIS programs were verified as 100% compliant prior to the issuance of findings of noncompliance; therefore, no Indicator 1 findings were issued for these programs.

Programs with Pre Existing Findings Issued in FFY 2022

The two EIS programs with existing noncompliance findings from April 2022 did not correct timely in FFY 2022 and demonstrated continued noncompliance during FFY 2023 annual monitoring. TEIS provided targeted technical assistance and supported the development and implementation of updated Corrective Action Plans. Monthly monitoring continued until TEIS verified that each program was 100% compliant, having corrected each instance of child-level noncompliance and demonstrated correct implementation of the regulatory requirements, consistent with OSEP's 23-01 guidance.

- Program 1 was verified as 100% compliant on June 18, 2024.
- Program 2 was verified as 100% compliant on September 25, 2025.

Indicator 7. Percent of eligible infants and toddlers with IFSPs for whom initial evaluation, initial assessment, and the initial IFSP meeting were conducted within Part C's 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0	0	0	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

No findings were issued for Indicator 7 in FFY 2023, either through annual monitoring or other processes. In FFY 2023, TEIS implemented pre-finding correction procedures for compliance. This approach was discontinued beginning in FFY 2024. TEIS utilizes OSEP's QA 23 01 guidance to ensure full alignment with federal requirements for identifying and correcting noncompliance through the State's general supervision system.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

Identification of Noncompliance

As part of TEIS's annual monitoring activities for FFY 2023, the State reviewed data for all initial IFSPs due in October 2023. This review, completed on December 5, 2023, included all nine Early Intervention Service (EIS) programs. Three EIS programs were verified as 100% compliant at the time of review. For the remaining six programs, TEIS identified instances of child level and/or systemic noncompliance in accordance with State procedures.

Correction of Noncompliance

TEIS implemented a structured monthly data review process to ensure timely correction.

- The October 2023 initial IFSP data were reviewed again in December 2023 and January 2024 until each individual case of child level noncompliance identified in the original data pull was verified as corrected.
- Data for all initial IFSPs due in November 2023 were reviewed in January 2024 for the programs not initially found to be 100% in compliance in October to verify that there were no additional instances of child-level or system delays.

Through this process, TEIS verified that each EIS program was 100% compliant at the system and child-levels. For child level compliance, TEIS verified that each affected child received the required meeting or was no longer under the jurisdiction of TEIS. For systemic compliance, TEIS confirmed that the EIS program demonstrated the ability to correctly implement the regulatory requirements moving forward, consistent with OSEP's requirements.

Verification of Full Compliance Prior to the Issuance of Findings

TEIS verified 100% compliance for each of the EIS six programs not initially 100%. In accordance with TEIS's pre-finding correction practices effective in FFY 2023 and OSEP's 23-01 guidance, these six EIS programs were verified as 100% compliant prior to the issuance of findings of noncompliance; therefore, no Indicator 7 findings were issued for these programs.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

Identification of Noncompliance

As part of TEIS's annual monitoring activities for FFY 2023, the State reviewed data for all initial IFSPs due in October 2023. This review, completed on December 5, 2023, included all nine Early Intervention Service (EIS) programs. Three EIS programs were verified as 100% compliant at the time of review. For the remaining six programs, TEIS identified instances of child level and/or systemic noncompliance in accordance with State procedures.

Correction of Noncompliance

TEIS implemented a structured monthly data review process to ensure timely correction.

-The October 2023 initial IFSP data were reviewed again in December 2023 and January 2024 until each individual case of child level noncompliance identified in the original data pull was verified as corrected.

-Data for all initial IFSPs due in November 2023 were reviewed in January 2024 for the programs not initially found to be 100% in compliance in October to verify that there were no additional instances of child-level or system delays.

Through this process, TEIS verified that each EIS program was 100% compliant at the system and child-levels. For child level compliance, TEIS verified that each affected child received the required meeting or was no longer under the jurisdiction of TEIS. For systemic compliance, TEIS confirmed that the EIS program demonstrated the ability to correctly implement the regulatory requirements moving forward, consistent with OSEP's requirements.

Verification of Full Compliance Prior to the Issuance of Findings

TEIS verified 100% compliance for each of the EIS six programs not initially 100%. In accordance with TEIS's pre-finding correction practices effective in FFY 2023 and OSEP's 23-01 guidance, these six EIS programs were verified as 100% compliant prior to the issuance of findings of noncompliance; therefore, no Indicator 7 findings were issued for these programs.

Indicator 8A. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days (and, at the discretion of all parties, not more than nine months) prior to the toddler's third birthday. (20 U.S.C. 1416(a)(3)(B) and 1442).

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
	0		0	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

No findings were issued for Indicator 8A in FFY 2023, either through annual monitoring or other processes. TEIS utilizes a data system validation and enhancements to the IFSP document to ensure compliance with this indicator.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

Not applicable

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

Not applicable

Indicator 8B. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

B. Notified (consistent with any opt-out policy) the SEA and LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (20 U.S.C. 1416(a)(3)(B) and 1442)

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0	0	0	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

No findings were issued for Indicator 8B in FFY 2023, either through annual monitoring or other processes. In FFY 2023, TEIS implemented pre-finding correction procedures for compliance. This approach was discontinued beginning in FFY 2024. TEIS utilizes OSEP's QA 23 01 guidance to ensure full alignment with federal requirements for identifying and correcting noncompliance through the State's general supervision system.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

Identification of Noncompliance

As part of TEIS's annual monitoring activities, the State reviewed full census data for all potentially eligible children exiting Part C between July?1,?2023, and June?30,?2024. During this review, TEIS identified two children—served by two different EIS programs—with untimely SEA/LEA notifications. In both cases, the delays were attributable to Service Coordinator data entry errors. TEIS verified that each instance was corrected at the child level in accordance with federal requirements.

Correction of Noncompliance

TEIS conducted a subsequent monthly data review to verify that the two EIS programs demonstrated compliance at both the systemic and child levels. Monthly data for July?2024 were reviewed, and TEIS confirmed that both EIS programs were 100% compliant. There were no untimely LEA/SEA notifications. TEIS verified that the programs were correctly implementing the notification requirement and were fully compliant moving forward.

Verification of Full Compliance

TEIS verified 100% compliance for both of the EIS programs not initially 100% compliant. In accordance with TEIS's pre-finding correction practices effective in FFY 2023 and OSEP's 23-01 guidance, these EIS programs were verified as 100% compliant prior to the issuance of findings of noncompliance; therefore, no Indicator 8B findings were issued for these programs.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

Identification of Noncompliance

As part of TEIS's annual monitoring activities, the State reviewed full census data for all potentially eligible children exiting Part C between July?1,?2023, and June?30,?2024. During this review, TEIS identified two children—served by two different EIS programs—with untimely SEA/LEA notifications. In both cases, the delays were attributable to Service Coordinator data entry errors. TEIS verified that each instance was corrected at the child level in accordance with federal requirements.

Correction of Noncompliance

TEIS conducted a subsequent monthly data review to verify that the two EIS programs demonstrated compliance at both the systemic and child levels. Monthly data for July?2024 were reviewed, and TEIS confirmed that both EIS programs were 100% compliant. There were no untimely LEA/SEA notifications. TEIS verified that the programs were correctly implementing the notification requirement and were fully compliant moving forward.

Verification of Full Compliance

TEIS verified 100% compliance for both of the EIS programs not initially 100% compliant. In accordance with TEIS's pre-finding correction practices effective in FFY 2023 and OSEP's 23-01 guidance, these EIS programs were verified as 100% compliant prior to the issuance of findings of noncompliance; therefore, no Indicator 8B findings were issued for these programs.

Indicator 8C. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

C. Conducted the transition conference held with the approval of the family at least 90 days (and, at the discretion of all parties, not more than nine months) prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (20 U.S.C. 1416(a)(3)(B) and 1442)

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0	0	0	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.)

No findings were issued for Indicator 8C in FFY 2023, either through annual monitoring or other processes. In FFY 2023, TEIS implemented pre-finding correction procedures for compliance. This approach was discontinued beginning in FFY 2024.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

In FFY 2023, TEIS utilized pre-finding correction for Indicator 8C. This practice was discontinued beginning in FFY 2024.

On December 5, 2023, TEIS reviewed data for all Transition Planning Conferences (TPCs) due in October 2023 for annual monitoring. Of the nine EIS programs, three were verified as 100% compliant.

Correction Process-Regulatory Requirements

The IDEA Implementation Team identified each instance of untimely Transition Planning Conferences attributable to the early intervention system. Reasons for delay were reviewed, and the responsible entity (LEA, TEIS POE) was identified for monthly monitoring until correction was verified.

Systemic correction was achieved when no untimely TPCs were attributable to the early intervention system in a subsequent month. However, a finding was only considered corrected when all child-level noncompliance was also resolved.

Monthly data reviews were conducted as follows:

- October 2023 data was monitored until all outstanding instances of child-level noncompliance were corrected.
- Data for TPCs due in November, December, and January were reviewed for pre-finding correction in January, February, and March 2024, respectively, for both systemic and child-level compliance.

TEIS verified correction at both levels for all six EIS programs that were not initially 100% compliant. These programs were considered corrected prior to the issuance of findings.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

In FFY 2023, TEIS utilized pre-finding correction for Indicator 8C. This practice was discontinued beginning in FFY 2024.

On December 5, 2023, TEIS reviewed data for all Transition Planning Conferences (TPCs) due in October 2023 for annual monitoring. Of the nine EIS programs, three were verified as 100% compliant.

Correction Process-Child-Level Compliance

The IDEA Implementation Team documented each instance of Transition Planning Conferences that were past due and not yet delivered at the time of monitoring. TEIS refers to these as past due pending. For each case, the specific child identification number was logged for investigation and follow-up, as reasons for delay are only entered into the system once the meeting is held.

Child-Level Compliance

Child-level compliance was achieved when all outstanding past due TPCs were resolved for the source of noncompliance identified in the finding. Resolution could occur by:

- Holding the meeting.
- Family withdrawal from early intervention services.

Child-level correction was confirmed when no past due IFSP meetings remained for the EIS program in the original data pull and all subsequent months until correction. A finding was only considered corrected when there were also no systemic delays for the same entity.

Monthly data reviews were conducted as follows:

- October 2023 data was monitored until all outstanding instances of child-level noncompliance were corrected.
- Data for TPCs due in November, December, and January were reviewed for pre-finding correction in January, February, and March 2024, respectively, for both systemic and child-level compliance.

TEIS verified correction at both levels for all six EIS programs that were not initially 100% compliant. These programs were considered corrected prior to the issuance of findings.

Optional for FFY 2024, and 2025:

Other Areas - All other findings: States may report here on all other findings of noncompliance that were not reported under the compliance indicators listed above (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.).

Column B: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any findings reported in this section:

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

Total for All Noncompliance Identified (Indicators 1, 7, 8A, 8B, 8C, and Optional Areas):

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0	0	0	0

FFY 2024 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified in FFY 2023	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
0	0	100.00%	100%		N/A	N/A

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	
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Provide additional information about this indicator (optional)

Summary of Findings of Noncompliance identified in FFY 2023 Corrected in FFY 2024 (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State identified during FFY 2023 (the period from July 1, 2023 through June 30, 2024).	0
2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the EIS program/provider of the finding)	0
3. Number of findings <u>not</u> verified as corrected within one year	0

Subsequent Correction: Summary of All Outstanding Findings of Noncompliance identified in FFY 2023 Not Timely Corrected in FFY 2024 (corrected more than one year from identification of the noncompliance):

4. Number of findings of noncompliance not timely corrected	0
5. Number of written findings of noncompliance (Col. A) the State has verified as corrected beyond the one-year timeline ("subsequent correction") - as reported in Indicator 1, 7, 8A, 8B, 8C	0
6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 1	
6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 7	

6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8A	
6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8B	
6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8C	
6f. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Other Areas - <u>All other findings</u>	
7. Number of findings <u>not</u> yet verified as corrected	0

Subsequent correction: If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

12 - Prior FFY Required Actions

None

12 - OSEP Response

OSEP notes that the State reported no written findings of noncompliance were issued in FFY 2023 because it corrected the noncompliance prior to the issuance of findings. This indicator measures the percent of findings of noncompliance corrected within one year of identification. Please note OSEP's response under Indicators 1, 7, and 8b regarding whether the State ensured correction of noncompliance identified in FFY 2023, consistent with OSEP QA 23-01.

12 - Required Actions

Certification

Instructions

Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.

Certify

I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.

Select the certifier's role

Designated by the Lead Agency Director to Certify

Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.

Name:

Shannon Pargin

Title:

Director of IDEA Implementation

Email:

Shannon.Pargin@tn.gov

Phone:

615-924-1007

Submitted on:

04/21/26 4:33:01 PM

Determination Enclosures

Data Rubric

Tennessee

FFY 2024 APR (1)

Part C Timely and Accurate Data -- SPP/APR Data

APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3	1	1
4	1	1
5	1	1
6	1	1
7	1	1
8A	1	1
8B	1	1
8C	1	1
9	1	1
10	1	1
11	1	1
12	1	1

APR Score Calculation

Subtotal	14
Timely Submission Points - If the FFY 2024 APR was submitted on-time, place the number 5 in the cell on the right.	5
Grand Total - (Sum of Subtotal and Timely Submission Points) =	19

(1) In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.

618 Data (2)

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/Settings Due Date: 7/30/25	1	1	1	3
Exiting Due Date: 2/18/26	1	1	1	3
Dispute Resolution Due Date: 11/19/25	1	1	1	3

618 Score Calculation

Subtotal	9
Grand Total (Subtotal X 2.11111111) =	19.00

Indicator Calculation

A. APR Grand Total	19
B. 618 Grand Total	19.00
C. APR Grand Total (A) + 618 Grand Total (B) =	38.00
Total N/A Points in APR Data Table Subtracted from Denominator	0
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
Denominator	38.00
D. Subtotal (C divided by Denominator) (3) =	1.0000
E. Indicator Score (Subtotal D x 100) =	100.00

(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 2.11111111 points are subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

(3) Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 2.11111111.

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2026 Submission

SPP/APR Data

1) Valid and Reliable Data - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

Part C 618 Data

1) Timely – A State will receive one point if it submits all *EDFacts* files associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described in the table below).

618 Data Collection	EDFacts Files	Due Date
Part C Child Count and Setting	FS902, FS903*, FS904*, FS905	7/30/2025
Part C Exiting	FS901	2/18/2026
Part C Dispute Resolution	FS906, FS907, FS908	11/19/2025

* if applicable

2) Complete Data – A State will receive one point if it submits data for all data elements, subtotals, totals as well as responses to all questions associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. State-level data include data from all districts or agencies.

3) Passed Edit Check – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection.

Dispute Resolution

IDEA Part C

Tennessee

Year 2024-25

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	2
(1.1) Complaints with reports issued.	1
(1.1) (a) Reports with findings of noncompliance.	0
(1.1) (b) Reports within timelines.	1
(1.1) (c) Reports within extended timelines.	0
(1.2) Complaints pending.	0
(1.2) (a) Complaints pending a due process hearing.	0
(1.3) Complaints withdrawn or dismissed.	1

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	0
(2.1) Mediations held.	0
(2.1) (a) Mediations held related to due process complaints.	0
(2.1) (a) (i) Mediation agreements related to due process complaints.	0
(2.1) (b) Mediations held not related to due process complaints.	0
(2.1) (b) (i) Mediation agreements not related to due process complaints.	0
(2.2) Mediations pending.	0
(2.3) Mediations not held.	0

Section C: Due Process Complaints

(3) Total number of due process complaints filed.	0
Has your state adopted Part C due process hearing procedures under 34 CFR 303.430(d)(1) or Part B due process hearing procedures under 34 CFR 303.430(d)(2)?	PARTB
(3.1) Resolution meetings (applicable ONLY for states using Part B due process hearing procedures).	0
(3.1) (a) Written settlement agreements reached through resolution meetings.	0
(3.2) Hearings fully adjudicated.	0
(3.2) (a) Decisions within timeline.	0
(3.2) (b) Decisions within extended timeline.	0
(3.3) Hearings pending.	0
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	0

This report shows the most recent data that was entered by:

Tennessee

These data were extracted on the close date:

11/19/2025