

Program Name: _____

RCDT Code: _____

Reporting Period: _____

Instructions: Each program will complete and submit this form at least on an annual basis by uploading it into the ISBE IWAS Grant Periodic Reporting System (GPRS). Please ensure that you save this form to your computer before you enter information into the document. Information located on this form should reflect activities completed during the period you are reporting. Reports due in IWAS:

Reporting Period July 1, 2024 to June 30, 2025.	
If you take an extended program year, you will have an additional report for July 1 st to August 31 st .	
Report Opens June 30 th	Report Due July 30 th
Report Opens-Extended Program Year ONLY August 31 st	Report Due-Extended Program Year ONLY September 30 th

Deliverable: UGA Exhibit B

Complete and submit at a least, quarterly in the [Grant Periodic Reporting System](https://www.isbe.net/Pages/Early-Childhood.aspx) and report on the program enrollment of families. Quarterly reports need to be uploaded into the Grant Periodic Reporting System. Report can be found at <https://www.isbe.net/Pages/Early-Childhood.aspx>

Performance Measure: UGA Exhibit E

- A. 100% of families enrolled have been determined to be at risk of academic failure according to program eligibility weighted criteria form and 100% program enrollment for families as defined in the Early Childhood Prevention Initiative 0-3 electronic grant. The program is conducting ongoing and regular screenings to meet eligibility requirements.

Performance Standard: UGA Exhibit F

- A. The program maintains at least 60% enrollment for families as defined in the Early Childhood Prevention Initiative 0-3 electronic grant and 100% have been determined to be at risk of academic failure. The conducts ongoing, regular screenings to meet enrollment requirements.

1. Caseload (HV, CB)

Are 100% of children who are enrolled in the program <u>determined to be at risk of academic failure</u> ? (Children are identified by the use of a weighted eligibility form.)	YES	NO
If no, please state reason below:	<input type="checkbox"/>	<input type="checkbox"/>

2. Enrollment (HV, CB)

2.a. Is the program maintaining 100% capacity for enrollment of children , as defined in the Early Childhood Prevention Initiative 0-3 IWAS electronic grant this reporting period?		YES	NO
2.b. If no, please state reason below:		<input type="checkbox"/>	<input type="checkbox"/>
2.c. Number of children to be served as indicated in the electronic grant:	2.d. Number of children currently enrolled in the program this reporting period:		

3. Screenings and Waiting List (HV, CB)

3.a. Does the program have children on a waiting list this reporting period?		YES	NO
3.b. Number of children on the waiting list this reporting period:		<input type="checkbox"/>	<input type="checkbox"/>
	3.c. The number of screenings conducted in this reporting period:		

3.d. What are the program recruitment efforts that will take place in the next reporting period to raise program enrollment?

4. Continuous Quality Improvement (HV, CB)

4.a. What continuous quality improvement plan (CQIP) activities/goals did your program staff engage in, complete, or implement this reporting period?