

100 North First Street Springfield, Illinois 62777-0001

Program Name:	RCDT Code:	
Reporting Period:		
nstructions: Each program will complete and submit this for the second submit this for the second submit this for the second submit this formation into the document. Information locuring the period you are reporting. Reports due in IWAS:	ensure that you save this form to your com	puter befor
Reporting Period July	1, 2023 to June 30, 2024.	
If you take an extended program year, you will h	nave an additional report for July 1st to Aug	ust 31 ^{st .}
Report Opens	Report Due	
June 30 th	July 30 th	
Report Opens-Extended Program Year ONLY	Report Due-Extended Program Year ONLY	
August 31 st	September 30 th	
	ermined to be at risk of academic failure, as	defined in
A. 80% of children who are enrolled have been detended the 23 Illinois Administrative Code Part 235 for the Expansion electronic grant. The program is conducted eligibility requirements.	Early Childhood Preschool for All/Preschool	for All
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A. 80% of children who are enrolled have been detended the 23 Illinois Administrative Code Part 235 for the Expansion electronic grant. The program is conducted eligibility requirements.	Early Childhood Preschool for All/Preschool ing ongoing and regular screenings to meet ment of children as defined in the Early Child	for All Ihood
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2. Is the program conducting ongoing and regular screenings to meet eligibility requirements?				YES	NO			
If No, please state reason below:								
3. Is the program maintaining 100% capacity for enrollment of children as defined in the Early Childhood Proschool for All Proschool for All Expansion 3.5 plastropic grant?			arly	YES	NO			
Childhood Preschool for All/Preschool for All Expansion 3-5 electronic grant?								
If No, please state reason below:								
4. What are the program recruitment efforts that will take place in the next quarter to raise program enrollment?								
(only answer if under enrolled)								
5. Number of children to	6. Number of children	7. Number of children	8. Number of children					
be served as indicated in electronic grant:	currently enrolled in the program:	on waiting list:	screened:					
0. What was the control of	(6018) - 11 11							
9. What continuous quality improvement plan (CQIP) activities/goals did your program staff engage in, complete, or implement this reporting period?								