

SFY25 REPORT

Colorado Universal Preschool Program Process Evaluation

Executive Summary

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December 2025

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Executive Summary

This executive summary presents early high-level findings and considerations from the first report in the three-year process evaluation of the Colorado Universal Preschool Program (UPK),¹ which is being led by Child Trends, an independent research and evaluation organization. With funding from the Colorado Department of Early Childhood (CDEC), Child Trends is partnering with Early Milestones Colorado (EMC) and Early Years Forward (EYF) to carry out the evaluation. The partnership receives guidance from the Colorado Evaluation and Action Lab at the University of Denver, the Colorado UPK Evidence-Building Advisory Group, and stakeholder teams that include representatives from local coordinating organizations (LCOs) as well as Colorado early childhood providers and families with young children.

The Colorado Universal Preschool Program (UPK)

In 2020, Colorado voters passed Proposition EE, which would allow the state to use revenues from a statewide nicotine tax to fund public preschool services to all 4-year-old children and qualifying 3-year-old children in Colorado. In 2022, Colorado House Bill 22-1295 (HB22-1295) established UPK under the newly created CDEC. Launching in the 2023-2024 school year, UPK is currently in its third year of implementation. Exhibit 1 summarizes program types that may offer UPK services, along with eligibility criteria for participating children² and how families apply for the program. UPK funds are paid directly to child care providers via the MetrixIQ platform based on the number of hours for which the child is eligible.

Exhibit 1. Colorado Universal Preschool Program fast facts (2024-2025 school year)

Who provides UPK services?

UPK's "mixed delivery" program model offers preschool services at a variety of licensed program types:

- Community-based providers
- Home-based providers, such as family child care homes
- School district providers

Who is eligible for UPK services?

UPK provides both universal and targeted preschool access, based on child age and qualifying factors:

- Up to 15 hours of preschool per week for *all* children in their year before kindergarten
- Up to 30 hours of preschool per week for children in their year before kindergarten who are living in poverty, or who live in a low-income household and have at least one other qualifying factor
- At least 10 hours of preschool per week for 3-year-old children with at least one qualifying factor

How do families apply for UPK?

Families use the BridgeCare platform to apply for UPK using the pathways below:

- **Pre-registration:** for a child who is currently enrolled, who has a sibling currently enrolled, or who has a parent or guardian currently employed with a UPK provider. The Pre-Registration window opens first, before families looking for a new provider can apply.
- **Family matching:** for families looking for a new preschool provider. The family matching window opens after the pre-registration window closes.
- **Non-IEP direct enrollment:** for families still looking for a provider after the family matching window closes, through the end of the school year, as space allows.
- **IEP placement:** a separate process to place children with an IEP, usually with a school district provider. The IEP placement window opens at the same time as pre-registration and does not have a close date.

¹ The official name of the program is "Colorado Universal Preschool Program." For brevity and readability, we use the abbreviation "UPK" as is done on the program's website.

² Qualifying factors for supplemental hours or for 3-year-olds include: experiencing homelessness; multilingual; eligible for special education services with an individualized education program (IEP); in a home with a household income >100 percent of the federal poverty guidelines; in foster care.

Evaluation approach

HB22-1295 requires CDEC to engage in ongoing, multi-year evaluation to inform programmatic quality improvement and understand whether UPK is meeting its goals. In its third year of implementation, UPK is still in the stage of **initial implementation**—a distinct stage of development for any new program, initiative, or system. Research shows that, for well-defined, well-researched programs, it can take two to four years to achieve successful functioning and sustainability.^{i,ii} Thus, this process evaluation describes UPK implementation in the context of being a new program still undergoing iterative development that has not yet reached full capacity in its staffing, policies, processes, and funding. Finally, a process evaluation should occur before an outcome (or summative) evaluation because it is premature—particularly during initial implementation—to examine program impacts such as those for children and families.

This process evaluation of UPK has two goals:

1. Document the implementation of key program strategies across the foundation, launch, and initial participation phases of UPK.
2. Produce actionable findings to inform ongoing implementation, scale-up, and sustainability of UPK.

Exhibit 2 shows the evaluation questions (EQs) to address these goals, spanning two domains: 1) **UPK foundation and launch**; and 2) **UPK participation**.

This first process evaluation report focuses on data collected by the Child Trends team from state and regional leaders, providers, and representatives from local coordinating organization (LCOs) during April – May 2025 (SYF25), and extant data from CDEC for the 2024-2025 school year. Because the evaluation takes place over three years, this first report may not answer each of the EQs, or each EQ in full, and does not yet include the perspectives from all stakeholder groups with vested interest in UPK. **Due to timeline constraints, this first report does not include information directly from families, which will be a priority in the next step of the evaluation. Future evaluation years will aim to address other areas not yet covered in this first report.**

Exhibit 2. UPK process evaluation questions (EQs)

Child Trends is examining a series of process evaluation questions over a three-year period:

UPK foundation and launch

Implementation progress, structures, and core components

- What are UPK’s implementation successes and how are they maintained and leveraged?
- What are UPK’s implementation challenges and barriers, and how are they anticipated and addressed?
- How is UPK moving through the stages of implementation and how is it positioned to meet future scale-up and sustainability goals?
- Which governance, infrastructure, and funding strategies define UPK?
- How does UPK welcome and engage stakeholders in decisions affecting implementation?
- What are UPK’s integrated data systems and improvement cycle processes for informing implementation?

Program operations and processes

- How do target audiences learn about UPK?
- What are UPK’s application, matching, and enrollment processes, and how do they prevent common barriers for families and providers?
- Are UPK families matched to their preferred setting, and how well does their match align with their care preferences?
- What does UPK look like at the learning setting level?

UPK participation

- What are the characteristics of UPK and non-UPK providers?
- What are the characteristics of UPK and non-UPK teachers?
- What are the characteristics of UPK and non-UPK children and families?
- Is there variability in UPK implementation and participation for providers, staff, and children/families, and does it reflect inequities to be addressed?

Early key findings

UPK foundation and launch

UPK implementation progress, structures, and core components

- 1. Despite limited time for building its infrastructure, UPK is now in its third year of operation and has engaged in substantial iteration during its initial years of implementation—with some key aspects of the program still in development and to be implemented.** Not surprisingly, the program’s leadership has engaged in a high degree of iteration and program changes, and UPK implementation is still working toward stabilization. Establishing and launching UPK—within a shortened timeline concurrent with the creation of CDEC and following the COVID-19 pandemic—is a major success.
- 2. UPK has an established governance model, led by the CDEC executive director. Moving forward, it will be important to ensure there are opportunities to engage a broad range of stakeholders to inform UPK’s rule-making process and its programmatic and implementation decisions.** Whereas UPK’s rule-making processes rest with the CDEC executive director as the rule promulgator, programmatic decision-making is done in collaboration between CDEC, the UPK leadership team, and the Governor’s Office. UPK has made progress in building and using mechanisms to get stakeholder input for both these processes. However, feedback from stakeholders and LCOs suggests the need for more opportunities and ongoing trust-building to show that CDEC will act on input from a broad range of perspectives. Building out a dedicated UPK implementation team that meaningfully includes stakeholders may help ensure that external input informs decisions about UPK.
- 3. UPK was established in statute as a dedicated funding stream. UPK’s initial years have helped establish its foundation, but to become a fully functioning program and not solely a funding stream, several core components will need to evolve as implementation capacity increases.** So far, UPK has focused on improving public preschool access but has not yet addressed other priorities (e.g., program quality). Also, UPK is not yet engaged in a data-driven continuous improvement plan, and there are challenges with data availability, access, quality, use, sharing, and reporting. Developing a formal strategic plan and a data-driven implementation plan, with improved data and data systems, will help UPK systemically make data-based iterations to help achieve stabilization.
- 4. LCOs are positioned to be a critical and valued element of UPK’s infrastructure; however, clarifying the role of LCOs and increasing their supports may be needed to fully support providers and families.** LCOs are intended to be an important element of UPK’s infrastructure, given their local knowledge and relationships with providers and families in their communities. LCOs need clearer delineation of their specific responsibilities, stronger communications with CDEC, and better support from CDEC to reach their full potential in helping providers and families participate in UPK.
- 5. UPK’s funding structure recognizes the value of using both universal and targeted approaches to increase public preschool access and leveraging other funding sources when possible.** Stacking, braiding, or blending UPK funds with other ECE funding sources has been limited; progress will require infrastructure enhancements to support providers and increase their organizational capacity. Greater understanding of the impacts of UPK’s funding structure, reimbursement rate, and payment process may be needed to avoid creating financial burdens for providers and families.

UPK operations and processes

1. **While UPK has made progress in creating mechanisms and procedures to inform target audiences about UPK, improving the quality, accuracy, and efficacy of UPK communications for LCOs, providers, and families must be a high-priority goal.** Stakeholders wished for CDEC to engage in more interactive and in-person communications with LCOs, providers across setting types, and families. While political support and the championing of UPK have been greatly appreciated by stakeholders, they also cautioned that some messaging misrepresents UPK to families. Addressing these challenges is critical to ensure trust and confidence in CDEC, along with support for and engagement in UPK.
2. **Creating different application pathways showed CDEC's willingness to adjust the process for accessing UPK. While providers are generally satisfied with and understand the process, UPK must do more to anticipate and address aspects of the application, matching, and enrollment process that are confusing and burdensome for providers and families.** Anticipating and addressing confusing or burdensome aspects (e.g., qualifying for supplemental hours) may require strategies that do not rely on technology or that provide technology supports. Addressing information and technology gaps in the process may enhance families' willingness to apply for and enroll in UPK programs.
3. **The value of UPK's Family Matching pathway, and whether it reduces barriers and promotes families' equitable access to public preschool, is still not fully known. Decisions about Family Matching must be informed by application and enrollment data and by families' preferences and experiences.** Compared to Year 1, UPK's Family Matching process now runs more efficiently. It may be premature to make decisions about the value of UPK's Family Matching pathway before getting families' perspectives (i.e., alignment across preferences, provider options, post-enrollment experience) and application and enrollment data disaggregated by family and provider characteristics.
4. **UPK providers offer learning settings that vary in their operational structure, practices, and services for children and families, providing families a range of options.** Refining what distinguishes UPK from other preschool programs, while maintaining variety and flexibility within providers' learning settings, will support the goals of promoting family choice and helping families make informed decisions about their options. It will be important to consider what supports and resources providers may need to promote alignment with UPK's vision and goals for its quality standards.

UPK participation

1. **Over 60 percent of Colorado providers eligible to serve preschool children have signed up for UPK, with increased numbers and high retention since its first year. While UPK providers span various settings and quality levels, increasing the participation of home-based providers may help provide more options to families.** Participation in UPK is also high among providers with higher levels of quality and those eligible to serve children receiving Colorado Child Care Assistance Program (CCCAP) funds. While the enrollment, retention, and range of providers in UPK is a major success, engaging more home-based providers and understanding why they do not participate in UPK may help UPK offer families choices within a mixed delivery system.
2. **Various factors influence providers' decisions to sign up for UPK, with funding needs and autonomy concerns commonly cited by UPK providers and non-UPK providers, respectively.** UPK and non-UPK providers were frustrated by insufficient information about UPK to help them make informed decisions about signing up for the program (e.g., requirements and payments in the UPK Provider Agreement). Understanding and responding to provider questions and concerns may help fulfill UPK's commitment to a mixed delivery system and offer more choices for families.

3. **Families' reasons for applying for UPK may be related to child care costs, among other reasons.** In the absence of data from families, providers, LCOs, and state and regional leaders perceived families as motivated to sign up for UPK to save money on child care costs. Families who did not sign up were perceived as potentially being happy with their current non-UPK provider, or that UPK providers' schedules do not meet their needs. Data from families themselves on why they do or do not apply is needed to inform UPK improvements and should be considered relative to provider availability and alignment with their needs and preferences.
4. **Most of the more than 40,000 children attending UPK in 2024-2025 enrolled in school-based and community-based programs rather than home-based programs.** Since UPK's launch, the number of 4-year-old Colorado children accessing public preschool [increased from 27th to 3rd in the United States](#). While increased public preschool access for 4-year-olds since UPK's launch is a major success, more needs to be done to understand enrollment changes affecting UPK and non-UPK providers across settings, especially those that may most heavily impact home-based providers.
5. **There are clear demographic differences in families' use of UPK's application pathways and the characteristics of providers with whom they enroll.** More children from homes with lower incomes, multilingual children, children who are unhoused or in foster care, and Black or Hispanic children applied for UPK via the Non-IEP Direct Enrollment or Family Matching pathway, which both take place later in the year than the Pre-Registration pathway; they also more often attended district-based providers and high-quality providers. In contrast, children from homes with higher incomes, children who are not multilingual, children who are housed and not in foster care, and White children applied for UPK via the Pre-Registration pathway; they more often attended community-based or home-based providers and providers whose quality ratings were lower on average. Knowing whether UPK application pathways inadvertently constrain the options that are available to families who apply later in the process (e.g., via the Non-IEP Direct Enrollment pathway in particular), or lead to inequitable access to high-quality settings aligned with families' preferences will be critical to determining if major changes to the program are warranted.
6. **Policies and procedures that affect how families of children with IEPs access UPK providers, and which providers are eligible for serving children with disabilities, may create barriers for children to receive needed services.** UPK limits families of children with IEPs to enrolling with public school-based providers. It will be important to examine whether families of children with IEPs interested in UPK experience barriers receiving IEP services in preschool settings that align with families' preferences.

Considerations

1. **Invest time in activities such as creating a strategic plan, specifying an implementation plan, and continuing to build structures and capacity for data informed decision making—all of which will promote continued efforts to develop UPK as a distinct program.** If CDEC intends UPK to be more than a funding stream—and instead be a well-defined program that is distinct from other ECE programs—it will be important for UPK to have formal strategic and implementation plans that include a data-driven CQI process. In addition to aligning the implementation plan with UPK's theory of change, ongoing work to develop UPK quality standards will help distinguish UPK as a distinct program.
2. **Strengthen the quality of CDEC's UPK communications to respond to target audiences' needs and perspectives, enhance communication effectiveness, avoid potentially misleading messaging about UPK to families, and instill trust in CDEC.** Addressing communication challenges should be a major priority. A strong UPK communications plan is essential for UPK implementation and should align with UPK's strategic vision, theory of change, and implementation plan. It also must respond to stakeholders' wish for clearer, efficient, timely, and transparent communications.

3. **Increase efforts to meaningfully welcome and build trusted partnerships with stakeholders by seeking their input, demonstrating the value and respect for their perspectives and experiences, and acting on their input in inclusive ways.** UPK’s implementation team should include key stakeholder groups such as LCOs, providers from different settings, and families. Given their critical role in UPK’s infrastructure, CDEC may benefit from regular meetings with LCOs. CDEC should transparently convey to stakeholders the opportunities for engaging with CDEC about UPK and how stakeholder input is incorporated into program decisions.
4. **Address information gaps and identify places to streamline the UPK application, matching, and enrollment process to reduce confusion and other barriers.** Providers, LCOs, and state and regional leaders perceived families as experiencing information gaps in understanding specific aspects of what UPK “is” and navigating steps in the application, matching, and enrollment process in BridgeCare. These gaps may be due to a lack of existing information about UPK for families, information being unclear or inaccessible to families, or a lack of in-person supports to complete the process. Addressing information gaps and streamlining the process should involve the input of LCOs, providers, and families to ensure that improvements address families’ needs.
5. **Consider how UPK’s application, matching, and enrollment policies and processes may limit family choice or potentially create inequitable access for families in poverty, multilingual children, Black or Hispanic children, or children with disabilities.** There are clear demographic differences among families in terms of how and when they apply for UPK and in the characteristics of the programs they attend (i.e., provider type, quality rating). More information is needed about what motivates and influences families from different backgrounds to use certain UPK application pathways and enroll with a UPK provider. CDEC should look into how other states and districts with public preschool programs have handled these issues.

Suggested Citation: LaForett, D. R., Abenavoli, R., Guerra, G., Maxfield, E., Dao, Q., & Daily, S. (2025). *Colorado Universal Preschool Program Process Evaluation. SYF25. Executive Summary.* Child Trends.

ⁱ Bierman, K. L., Coie, J. D., Dodge, K. A., Greenberg, M. T., Lochman, J. E., McMahon, R. J., & Pinderhughes, E. (2002). The implementation of the Fast Track Program: An example of a large-scale prevention science efficacy trial. *Journal of Abnormal Child Psychology*, 30, 1-17.

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