

SFY25 REPORT

Colorado Universal Preschool Program Process Evaluation

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Introduction

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)ⁱ established the [Colorado Universal Preschool Program \(UPK\)](#)¹ under the newly created [Colorado Department of Early Childhood \(CDEC\)](#), transferring the authority to operate a statewide preschool program from the Colorado Department of Education (CDE). The first cohort of children participated in UPK during the 2023-2024 school year. The program is currently in its third year of implementation.

Exhibit 1 summarizes program types that may offer UPK services, along with eligibility criteria for participating children. The program aims to offer universal access for all children in the year before they attend kindergarten, capped at covering up to 15 hours per week of child care costs using UPK funds. Depending on funding availability, UPK also aims to offer targeted access for children who may most greatly benefit from preschool participation based on specific qualifying factors. 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^a
- At least 10 hours of preschool per week for 3-year-old children with at least one qualifying factor^a

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.

^aQualifying 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

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.

Evaluation approach

HB22-1295 requires CDEC to engage in an ongoing, multi-year evaluation to inform programmatic quality improvement and understand whether UPK is meeting its goals. In 2025, CDEC contracted with Child Trends, an independent research and evaluation organization, to do a process, or “implementation”, evaluation of UPK. 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 (Colorado 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.

We ground this process evaluation in an implementation science framework.ⁱⁱ Implementation science research shows that any new program, initiative, or system moves through distinct stages of development:ⁱⁱⁱ

- **Exploration**, identifying needs and potential solutions where leaders assess the feasibility of a new program
- **Installation**, building the necessary infrastructure and putting it in place to support the program, including staffing, funding and other resources, processes and policies, and systems-building
- **Initial implementation**, launching the program and addressing issues that arise through revisions and adjustments
- **Full implementation**, integrating the program as part of routine practice once operations are stabilized and consistently meeting intended goals, monitoring fidelity to the intended model, and engaging in continuous quality improvement
- **Scale-up and sustainability**, expanding the program, such as increasing its reach, and ensuring the program maintains program implementation over the long term

While these stages are distinct, implementation does not always occur in a linear way; rather, implementation is an iterative process.^{iv} **Research shows that, for well-defined, well-researched programs, it can be expected to take two to four years to achieve successful functioning and sustainability;^{v, vi} the process may take longer for programs that are less defined upon initial implementation.**

In addition, the field of implementation science has identified three core elements that are important for effectiveness at every stage of implementation.^{vii} These core elements are:

- **Implementation teams**, who are groups of individuals who work together and intentionally monitor and support implementation. These include key personnel and stakeholders at every level of the program who are accountable for the program’s, initiative’s, or system’s success
- **Data systems and feedback loops**, which involves embedding a continuous improvement process through the intentional and systematic collection of data and development of integrated data systems to inform decisions about program planning, implementation, and outcomes, and includes making connections between policy and practice
- **Infrastructure development**, which refers to the individual and organizational capacity, conditions, processes, and elements that support or hinder how the program implements its activities

A process evaluation is both descriptive and evaluative. It typically describes what the program looks like in practice, how it is delivered, and if it is delivered as intended relative to the program’s maturity (i.e., implementation stage). A process evaluation also identifies factors that facilitate the successful implementation of a program, barriers to its success, and its progression toward the next implementation stage. It aims to provide information to help successfully move the program toward full implementation as a high-fidelity routine practice that is sustained over time. Further, a process evaluation should take place before an outcome (or summative) evaluation because it is premature – particularly during the initial implementation stage – to examine program impacts such as those for children and families.

Having launched its first cohort of participating providers, children, and families in the 2023-2024 school year, **we approach this evaluation with the understanding that UPK is still in the stage of initial implementation.** Thus, this process evaluation describes UPK implementation in the context of it being a new program that is still undergoing iterative development and that has not yet reached full capacity in its staffing, policies, processes, and funding. As such, it is important to identify areas of success that should be maintained and to uncover challenges that may or may not be expected during the initial implementation stage. **Collectively, this process evaluation is an opportunity for continued refinement toward UPK reaching full implementation and eventual scale-up and sustainability.**

Evaluation questions and report focus

As requested by CDEC, this process evaluation of UPK has the following goals, which Child Trends will examine over the course of three years:

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.

To achieve these goals, Child Trends' process evaluation aims to provide information to describe what UPK looks like in practice and how it is being delivered, and if UPK is being delivered as intended given that the program is in the initial implementation stage. Specifically, the evaluation examines a series of evaluation questions (EQs) in the following domains: 1) **UPK foundation and launch**, which includes questions about implementation progress, structures, and core components, as well as program operations and processes; and 2) **UPK participation**, which includes questions about program reach that includes the numbers of participants (e.g., providers, early childhood staff, and children and families) as well as participants' characteristics. Exhibit 2 lists the EQs across the two domains.

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?

We recommend that the information presented in this process evaluation report be viewed as “early findings” about UPK’s implementation, given the following caveats:

- Because this evaluation is taking place over three years, this first report may not answer each of the EQs,² or each EQ in full.
- This first report does not include the perspectives from all stakeholder groups with vested interest in UPK. In addition to using extant data from CDEC, the Child Trends team collected data from state and regional leaders, providers, and representatives from LCOs. **Due to timeline and resource constraints, this first report does not yet include data directly collected from families.**
- For those who contributed information for this first report, findings may not be representative of or generalizable due to sample size or the constellation of participants from a given stakeholder group (see p. 5 for details on these data sources). For example, information collected about and from providers may not generalize to all providers, or to specific subgroups of providers.
- Further, the data collected for this first report represent a point in time and may not fully reflect aspects of UPK implementation at various points in time since UPK’s initial conception and the time that this report is published and disseminated. Specifically, the Child Trends team carried out data collection activities during April – May 2025 (SYF25) and used extant data from CDEC for the 2024-2025 school year.

Future evaluation years will aim to address areas that may not be covered in this first report. For example, collecting information directly from families will be a priority in the next step of the evaluation.

The subsequent sections of this report are organized as follows:

- **A brief overview of the methods** used to examine the EQs, such as the data sources, data collection participants, and analysis methods. More details about the methods and data are presented in Appendix A.
- A section presenting the **findings for each EQ** examined in this report, which includes key findings, followed by more detailed descriptions of these early findings; data tabulations referenced in these descriptions are presented in Appendix B.
- **A summary and discussion of these early findings**, which presents big-picture, action-oriented takeaways across the areas of UPK’s foundation and launch and UPK participation.
- **A description of the limitations of this report.**
- **Considerations for CDEC** that can inform UPK’s ongoing implementation and next steps in the process evaluation.

² For example, this first report does not yet include information describing the characteristics of UPK and non-UPK teachers.

Methodology and Data

Data sources

This evaluation uses a mixed-methods design, drawing on the following quantitative and qualitative data sources:

- Extant data from CDEC on providers (i.e., licensing data, UPK provider lists) and UPK children and families (i.e., UPK application, enrollment status, and payment data) for the 2024-2025 school year³
- Surveys conducted with providers, LCOs, and state and regional leaders
- Focus groups conducted with providers and LCOs
- Interviews conducted with state and regional leaders

Due to timeline and resource constraints, Child Trends collected these data from April – May 2025 (SYF25). Providers, LCOs, and state and regional leaders also shared their perceptions of families’ experiences with UPK; we were unable to collect data directly from families for this first report of the process evaluation but will do so in the future. Extant data also provided information about children and families.

Exhibit 3 summarizes the number of providers, LCOs, and state and regional leaders who participated in original data collection (i.e., surveys, focus groups, and interviews).

Exhibit 3. Samples for surveys, interviews, and focus groups

Data source	Number of people invited	Number of people participated
Surveys		
Provider survey	1,997	376
LCO survey	32	24
State and regional leader survey	21	13
Interviews and focus groups		
Provider focus groups	28	13 (in 3 focus groups)
LCO focus group	9	10 (in 1 focus group) ⁴
State and regional leader interviews	13	13 (in 10 interviews)

Source: Colorado Universal Preschool Process Evaluation; provider, LCO, and state and regional leader surveys; provider and LCO focus groups; state and regional leader interviews; Spring 2025.

Participants in the surveys and focus groups represented nearly all 32 LCOs across the state and both Metro and non-Metro areas. Over half of the provider survey respondents (57%) were community-based providers, one-third (32%) were home-based providers, and 11 percent were school-based providers. School-based providers who responded to the survey represented 38 school districts. Relative to the population of all Colorado licensed providers and those invited to complete the survey, the survey sample includes an overrepresentation of community-based providers and an underrepresentation of school-based providers (Appendix B, Table 1). Provider focus group participants also represented a range of community-based, home-based, and school district-based providers.

³ UPK applicants and attendees were examined through January 2025 based on data availability at the time of the analysis.

⁴ The number of people who participated was greater than the number of people we initially invited because multiple representatives from the same LCO joined the focus group.

Analysis strategies

Child Trends used descriptive analyses (e.g., means, frequencies, cross-tabulations) to analyze quantitative data for the full sample and key subgroups (e.g., provider type, family income, child multilingual status). For subgroup analyses of provider survey data, Child Trends used chi-square tests to test differences by provider type (i.e., home-, community-, and school-based providers). Because analyses of CDEC extant data are based on the entire population of providers or children rather than a sample, we did not use inferential statistical tests; these tests are designed to estimate sampling variability and assess the likelihood that observed differences would occur by chance when generalizing from a sample to a population.

To analyze qualitative data, Child Trends developed coding schemes for the state and regional leader interview, provider focus group, and LCO focus group. Due to timeline constraints, we developed the coding schemes after data collection. We created codes based on the EQs guiding the interview and focus group protocol questions, as well as initial impressions from the data. Two team members independently coded notes from each session and then met to come to consensus on the final codes. One team member identified themes from the coded data, and a second performed a quality check on the themes identified.

Child Trends then triangulated data within data source type (e.g., surveys across providers, LCOs, and state and regional leaders) as well as across data sources (i.e., extant, survey, interview, and focus group).

Additional information about the data sources, samples, and analyses is provided in Appendix A.

Strategy for reporting findings

In the next section, we report early findings for each EQ, organized by: 1) UPK foundation and launch, and 2) UPK participation. EQs in the UPK foundation and launch domain are grouped by those related to implementation progress, structures, and core components followed by those related to program operations and processes. Each section opens with a brief description and listing of the EQs covered in that section.

For each EQ, we provide a brief introduction to inform the reader:

- What information will be covered for this EQ
- If the findings are primarily descriptive (e.g., what the program is doing, who is participating)
- If the findings can be viewed from an evaluative perspective that considers UPK's stage of implementation; viewing the information produced by the data sources from an evaluative perspective aligns with the goal of identifying actionable findings that can inform next steps in UPK's implementation or for the process evaluation itself
- Which specific data sources informed the findings for the EQ (i.e., providers, LCOs, or state and regional leaders; survey, focus group, interview, or extant data)

Then, we present a bulleted list of each EQ's key findings in grey boxes using UPK's program maturity and a continuous improvement as a lens for potential action steps, when relevant and appropriate. We then elaborate on the key findings in narrative descriptions, with select visual exhibits. Narrative descriptions of survey and extant data findings reference more detailed tables in Appendix B.

Because this is the first report over the course of the three-year process evaluation of UPK, these early findings may only partially answer a given EQ, and may not yet represent the experiences and perspectives needed to address a given EQ. Again, this first report does not yet include data directly collected from families. In addition to efforts to collect data from families, we anticipate that future evaluation years will build on these early findings and generate data to fully address each EQ by the conclusion of the evaluation in summer 2027, pending evaluation priorities and resources.

Presentation of Early Findings

UPK foundation and launch: Implementation progress, structures, and core components

The following EQs provide information about UPK's implementation progress, structures, and core components critical to the program's foundation and launch. While we provide information to describe these aspects of UPK, we also present information that can inform continuous improvement efforts as CDEC and UPK leaders further develop and refine the program during this initial implementation stage.

- 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?

What are UPK's implementation successes, and how are they maintained and leveraged?

This question provides high-level descriptions about implementation successes for UPK at this point in its initial implementation based on data from state and regional leader interviews, LCO focus groups, and provider surveys and focus groups. Subsequent sections of the report may further elaborate on these high-level findings. Future evaluation years will cover how successes are maintained and leveraged.

Key Findings:

- **UPK has significantly expanded access to publicly-funded preschool for 4-year-olds across Colorado.** The program now serves 70 percent of the state's 4-year-olds, elevating Colorado from 27th to 3rd nationally for preschool access, according to the National Institute for Early Education Research's (NIEER) State of Preschool Yearbook.
- **UPK is viewed as a benefit to children and families.** Providers feel that UPK is preparing children for kindergarten, supporting Spanish-speaking families, and helping families save on child care costs.
- **Provider participation in UPK is growing and stable.**
- **The successful launch of UPK during a period of major transition was a key accomplishment.** Launching UPK alongside CDEC made the achievement especially significant.
- **Improvements made between the first and second years of UPK strengthened some aspects of families', providers', and leaders' experiences.** Improvements to the application and enrollment processes, and adding a help desk for the payment platform, were cited as key improvements.
- **Providers, LCOs, and state and regional leaders expressed gratitude for UPK.** Gubernatorial support has been a major facilitator of UPK's success. There is strong appreciation for UPK and UPK funding.
- **Providers' top successes with UPK overall** included meeting UPK requirements, improving facilities, and engaging with families who apply and enroll in UPK.
- **Most providers experienced stable or strengthened staffing in their programs, and few report classroom vacancies.** Over 80 percent of providers reported no decline in highly qualified staff, and only seven percent had classrooms closed due to teacher hiring challenges.

Family and provider participation in UPK

UPK has significantly expanded access to publicly-funded preschool for 4-year-olds across Colorado. Providers, LCOs, and state and regional leaders universally agreed that UPK's biggest success has been increasing public preschool enrollment among 4-year-olds. UPK now reaches 70 percent of Colorado's 4-year-olds, a dramatic increase that boosted the state's national ranking for public preschool access from 27th to 3rd in the United States, per the [NIEER's most recent State of Preschool Yearbook](#).

"More [Colorado] kids are in 4-year-old preschool than ever before....That's huge. I mean, we do have to celebrate that."
~Provider focus group participant

UPK is viewed as a benefit to children and families. While the program is not yet mature enough to evaluate the outcomes of children in UPK, providers felt that UPK gives children positive early learning experiences and prepares them for kindergarten. They reported that UPK has helped children attend preschool who otherwise may not have had access and who may have instead stayed at home or been homeschooled. Providers also noted UPK has enabled them to reach new populations (e.g., Spanish-speaking families) and suggested that families are saving money on child care, freeing up household income for other priorities.

Provider participation in UPK is growing and stable. Another success according to state and regional leaders and extant data from CDEC (see p. 55) is the increasing number of providers joining UPK each year, alongside a strong retention rate. State and regional leaders hypothesized that this sustained engagement, at least in part, suggests that UPK is providing value and support to participating providers.

Process of launching and improving UPK

The successful launch of UPK during a period of major transition was a key accomplishment. State and regional leaders emphasized that simply launching UPK was a major achievement, particularly as it occurred concurrently with the creation of CDEC and ongoing challenges related to the COVID-19 pandemic. For example, CDEC was building its own internal infrastructure, creating its organizational structure, establishing relationships, working to define and fill staff roles, and designing agency operating procedures; had CDEC already been fully operational at the time of UPK launch, UPK may have benefitted from leveraging those existing structures.

Improvements made between the first and second years of UPK have strengthened some aspects of families', providers', LCOs', and state leaders' experiences. According to LCO focus group participants and state and regional leader interview participants, adding the Pre-Registration (continuity of care) pathway, the Family Matching pathway, the Non-IEP Direct Enrollment pathway, and the separate IEP Placement pathway for children with IEPs to be directly routed to school districts have been positive changes. Providers noted that adding the MetrixIQ help desk to assist with technology issues in the second year of UPK has been helpful, as LCOs do not have the bandwidth to handle the volume of support calls from providers and families. State and regional leaders also noted that some communication confusion between CDEC and other state offices has lessened over time.

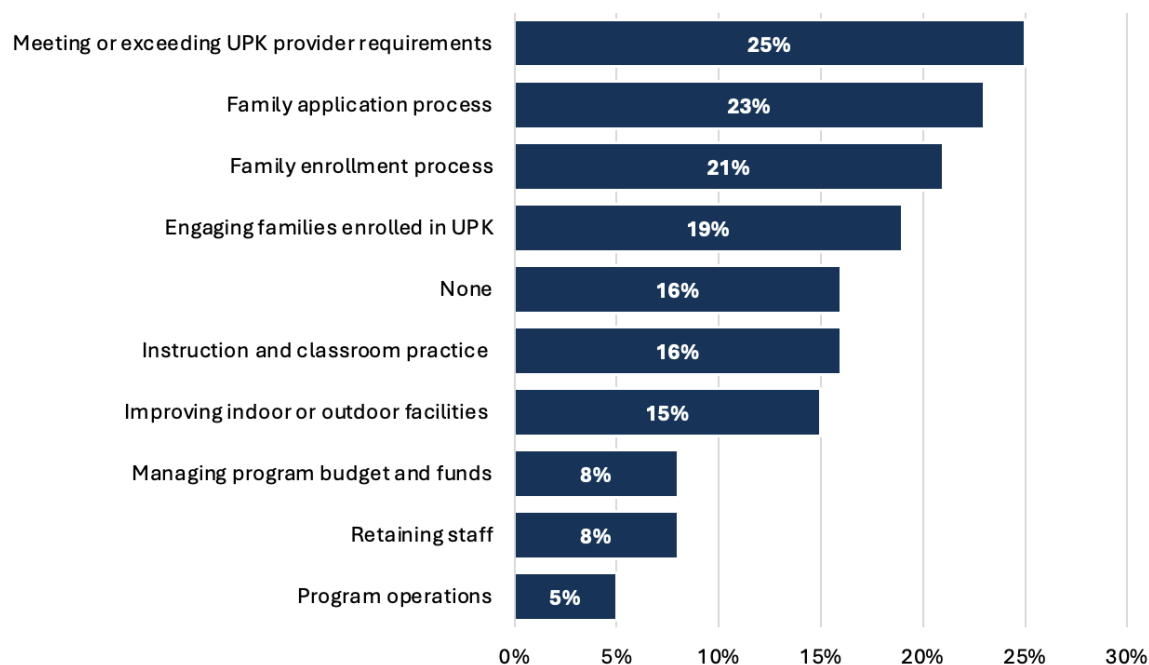
Providers, LCOs, and state and regional leaders expressed gratitude for UPK. Many state and regional leaders believed that active gubernatorial support has been a major facilitator of UPK's success so far. Providers expressed gratitude for UPK and indicated that families appreciate the financial support but could use more. LCOs stated they want UPK to be successful and families to have reduced costs.

"I am grateful that Colorado has this program for our children and our families, and we definitely see the benefit that it is providing for young children and their families as well." ~Provider focus group participant

Providers' successes with UPK

UPK providers experienced a variety of successes in program implementation and interactions with families. While interviews and focus groups highlighted successes of UPK as a statewide initiative, providers' survey responses underscored successes in individual home-, community-, and school-based UPK programs. Top successes varied across providers, but the most reported successes were meeting the UPK provider requirements (25% said this was a top success), the family application process (23%), and the family enrollment process (21%; Appendix B, Table 3; see Exhibit 4).

Exhibit 4. Top successes in providers' experiences with UPK overall



Source: Colorado Universal Preschool Process Evaluation; provider survey; Spring 2025.

Note: $n = 221$. Providers were asked to select up to two successes. Top 10 most common successes shown above. Percentages do not sum to 100%.

When we examined differences across provider types, top successes among community-based providers were meeting the UPK provider requirements (25% said this was a top success), the family application (26%) and enrollment (24%) processes, and engaging families enrolled in UPK (23%). The most reported success for school-based providers was meeting UPK provider requirements (32%), and for home-based providers, improvements in their indoor or outdoor facilities (31%) (Appendix B, Table 4).

Most UPK providers experienced stable or strengthened staffing in their programs, and few classroom vacancies. While staffing can be a challenge in early care and education (ECE) programs, especially during the launch and initial implementation of new policies and procedures, over 80 percent of surveyed providers indicated that the number of highly qualified staff in their programs did not change in the last year, and 12 percent reported an increase (Appendix B, Table 6). Also, only seven percent of providers reported they had preschool classrooms that closed due to difficulty finding teachers to hire (Appendix B, Table 10).

What are UPK's implementation challenges and barriers, and how are they anticipated and addressed?

This question provides high-level descriptions about implementation challenges and barriers for UPK at this point in its initial implementation, with consideration of the program's maturity and potential actions UPK might take to anticipate and address implementation challenges. More detailed findings on specific challenge areas are described in the EQs about communications (p. 29); stakeholder engagement (p. 25); and the UPK application, matching, and enrollment process (p. 38). As they did with successes, state and regional leaders, LCOs, and providers discussed key challenges of UPK in interviews and focus groups. Providers also reported on challenges they experienced via the survey and focus groups.

Key Findings:

- **There was universal agreement that, while UPK has had some key initial successes, improvements are still needed.** Stakeholders remain hopeful but stressed the importance of ongoing adjustments and stronger local support to meet the needs of families and providers.
- **While iterations and adjustments are expected during initial implementation, time to reflect on proposed changes and get stakeholder input prior to carrying them out may reduce backtracking on decisions.** Frequent policy shifts and backtracking on changes to program policies and procedures have left providers feeling frustrated by unclear or reactive implementation.
- **Stakeholders are eager for UPK to focus on quality.** Providers and state leaders emphasized the need for clear quality standards and supports, especially for national benchmarks.
- **Providers and LCOs feel that UPK, as it is being implemented today, does not reflect the original vision for the program described to and approved by voters.** Providers and LCOs raised concerns about UPK's structure, if it operates as a universal program, and if it is delivering on its promise.
- **There is strong consensus that CDEC communications can be significantly improved across all aspects of UPK operations and with all stakeholders.** Stakeholders said CDEC communications were inconsistent, confusing, overly complex, and lacking transparency or responsiveness.
- **Improved communications are needed to reduce confusion, lessen frustration, and promote trustworthiness.** Providers and LCOs reported that unclear or contradictory messaging makes it difficult to carry out their work and erodes trust in state leadership.
- **Considering their experiences with UPK overall, providers most often identified the family enrollment process as a top challenge. Adjustments could improve providers' and families' understanding of and experience with the process.** Many providers, especially school-based providers, found the process confusing or burdensome. Understanding eligibility and matching appears hard for families (based on providers' perspectives).
- **Supports for managing program budget and funds would help address another top challenge identified by providers.** While some parts of the payment process are manageable, nearly half of providers reported difficulties with tracking and reporting UPK-related expenses.
- **Providers wished for UPK policies and implementation practices to recognize the perspectives and experiences of all settings in the mixed delivery system.** Some providers felt that school district perspectives were elevated over other provider types. Home-based providers in particular expressed concerns about being overlooked or deprioritized.

Moving UPK from vision to launch

There was universal agreement that, while UPK has had some key initial successes, improvements are still needed. Providers were hopeful that UPK could be improved, but also wary of bureaucracy interfering with the needs of the community and those involved in UPK. Some LCOs felt that UPK is getting more complex, and it is hard to tell if the program is headed in the right direction or if solutions exist to make improvements. For UPK to be truly successful, LCOs felt families and providers need strong local support from their LCOs.

While iterations and adjustments are expected during initial implementation, time to reflect on proposed changes and get stakeholder input prior to carrying them out may reduce backtracking on decisions. Some providers wished for CDEC to be more reflective before rolling out aspects of UPK implementation (e.g., changes related to charging fees, provider education/credentials), rather than having to backtrack program decisions. Some providers also felt that CDEC did not include them or trust their expertise in the planning and decision making for UPK.

Relatedly, some state and regional leaders felt that UPK's launch was rushed and influenced by political pressure, negatively affecting various aspects of UPK's start and implementation.

Stakeholders are eager for UPK to focus on quality.

While increasing access has been a clear strength of the program, both providers and state and regional leaders felt that quality needed to be prioritized for UPK. Some state and regional leaders described an eagerness for UPK to be further along in developing quality standards for the program. This concern related to quality standards is partly exacerbated by the latest NIEER report showing that Colorado met two of 10 quality benchmarks.^{viii}

"I think that we should be inviting people to be a UPK provider that provides the kind of environment we want kids to be in. I don't think it should be easy to be a UPK provider. I think it's too easy, in fact. We should have standards that everybody who wants to participate has to meet." ~Provider focus group participant

Some providers and LCOs felt that UPK, as it is being implemented today, does not reflect the original vision for the program described to and approved by Colorado voters. For example, some providers questioned whether UPK is truly a universal program, given that it allows some families to get funding for supplemental hours when they meet certain qualifying factors. Some providers also noted that restrictions on home-based and community-based providers serving children with IEPs, and general perceived favoritism toward school-based providers, limit the universality of UPK. In addition, some providers felt that a lack of respect for different pedagogies did not reflect a universal approach. Collectively, providers suggested that these concerns ran contrary to Governor Polis's emphasis on family choice. Some providers also felt there were promises made about what UPK could offer (e.g., address enrollment problems, offer livable staff wages, address teacher shortages) that have not been actualized.

"So years ago, when I voted for UPK...I thought that we were voting for every 4-year-old in Colorado to get 10 hours of free preschool - tuition free preschool - from tax dollars. And then when [UPK] came... it's 10 hours or 15 hours and then it bumped to the 30 hours and then we started adding in 3-year-olds and all of the different risk factors. So, I feel like what I voted for was different than what we ended up getting and we made it way more complicated with adding those risk factors and adding the 3-year-olds. And I just thought we were adding in very basic, every 4-year-old now qualifies for a year of 10 hours of preschool. And it just grew and I think that's where it got so much harder." ~Provider focus group participant

Communication challenges

There is strong consensus that CDEC communications can be significantly improved across all aspects of UPK operations and with all stakeholders. LCOs and providers of all types participating in focus groups described many challenges with CDEC communications about UPK. These challenges included timeliness, differing or conflicting messages (e.g., across provider types or LCOs), backtracked communications on policies and procedures, lack of clarity, jargon in emails and materials, lack of responsiveness, and LCOs getting information at the same time as providers. While CDEC and LCO communications have improved somewhat, LCOs felt significant challenges remain.

State and regional leader interview participants described similar communication challenges around timeliness, transparency, and backtracked communications that create confusion. Some said

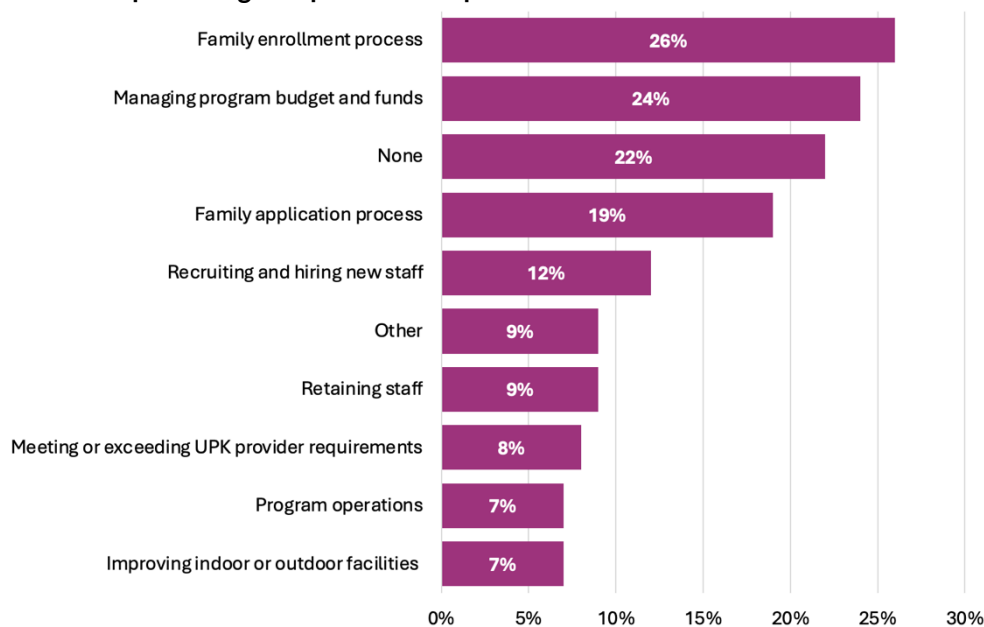
communications from CDEC feel one-sided or inauthentic. A few noted that in the early days of UPK, CDEC made substantial efforts to get the word out about UPK, including in-person town hall meetings held around the state. Since then, there have been significant challenges with CDEC communications about UPK, in large part due to high turnover in the CDEC Communications Director position.

Improved communications are needed to reduce confusion, lessen frustration, and promote trustworthiness. Providers participating in focus groups expressed confusion, stress, and frustration related to the communication challenges they have experienced. Frustrations about communications from LCO focus group participants mirrored survey findings, with over half of LCO survey participants saying they did not get answers or solutions from CDEC, did not trust the accuracy of information they received from CDEC about UPK, and were not satisfied with communication from CDEC about UPK (Appendix B, Table 23). LCO focus group participants elaborated that responses to their questions often are copied-and-pasted material from handbooks rather than attempts to engage in dialogue and discussion about issues or troubleshoot how to make things easier for families and providers.

Providers' challenges with UPK

Considering their experiences with UPK overall, providers most often identified the family enrollment process as one of their top challenges, with a high percentage of school-based providers reporting challenges in this area, suggesting that adjustments could improve providers' and families' understanding of and experience with the process. When asked about top challenges providers faced in the last school year, the family enrollment process rose to the top, as did managing their program's budget (Appendix B, Table 3; see Exhibit 5). Interestingly, some providers identified the family enrollment process as an area of success (see p. 10). The finding that the family enrollment process emerged as both a success and a challenge suggests that providers may have had varying experiences in this area (e.g., some experiencing success and others experiencing challenges) and/or that some of the same providers saw this as both a success and challenge (e.g., because they found it challenging but successfully navigated this process). Notably, 22 percent indicated they did not experience challenges related to their participation in UPK.

Exhibit 5. Top challenges in providers' experiences with UPK overall



Source: Colorado Universal Preschool Process Evaluation; provider survey; Spring 2025.

Note: n = 221. Providers were asked to select up to two challenges. Top 10 most common challenges shown above. Percentages do not sum to 100%.

While the family enrollment process was the most common challenge reported by school-based providers and home-based providers, and the second most common challenge reported by community-based providers, the percentage of school-based providers reporting that the family enrollment process was challenging was particularly high. Over half of school-based providers indicated that the enrollment process was a top challenge, followed by 26 percent of home-based providers, and 19 percent of community-based providers. In addition, nearly 40 percent of school-based providers indicated that the family application process also was a top challenge, compared to 20 percent of home-based providers and 14 percent of community-based providers (Appendix B, Table 4). The differences between school-based providers and other provider types (i.e., community- and home-based providers) was statistically significant ($p < .05$) or marginally significant ($p < .10$), indicating that the higher percentage of school-based providers in our sample reporting challenges in these areas, relative to other providers, was unlikely to be due to chance. The high proportion of school-based providers experiencing challenges with these processes is notable given that some providers view policies and practices as favoring school-based providers.

Supports for managing program budget and funds would help address another top challenge identified by providers. Around 27 percent of school-based providers, 24 percent of community-based providers, and 20 percent of home-based providers who completed the survey said this was a top challenge in the last school year (Appendix B, Table 4).

Providers wished for UPK policies and implementation practices to recognize the perspectives and experiences of all settings in the mixed delivery system. Multiple home-based providers participating in focus groups felt that home-based providers are neglected or de-prioritized relative to school districts. They also felt that school districts are portrayed as having the primary role in educating children.

How is UPK moving through the stages of implementation, and how is it positioned to meet future scale-up and sustainability goals?

Recognizing that UPK is in the initial implementation stage, this question describes UPK's progress relative to this stage as well as efforts to position itself to meet future scale-up and sustainability goals, consistent with the idea of "beginning with the end in mind." Broader discussion about funding, beyond its role in program stability, is presented in the evaluation question about UPK governance, infrastructure, and funding (p. 17). State and regional leaders shared their perspectives during interviews on UPK's progression through the stages of implementation and the program's attention to scale-up and sustainability goals.

Key Findings:

- UPK launched quickly and, while it is now in its third year, **as expected, the program has not yet reached full implementation.** Initially, UPK was highly iterative and driven by responding to challenges that are typical during the initial implementation stage of a new program, but it has begun to stabilize. Still, several program dimensions have not yet been fully developed or implemented.
- **Aiming for program stabilization and planning for UPK's scale-up and sustainability were both identified as important during initial implementation.** Some state and regional leaders expressed concern that such plans do not seem to be in place, but others felt that stabilization is needed first.
- **State and regional leaders had multiple ideas for UPK's scale-up efforts,** with some wishing to prioritize scaling up UPK access and others wanting more attention to underdeveloped program dimensions such as UPK quality.
- There is awareness that **planning for UPK's sustainability must include identifying a stable funding source that goes beyond state nicotine tax revenue.**

Progress through implementation stages

State and regional leaders agreed that **UPK's launch happened quickly, and while UPK has been operating for two full school years, as expected, it has not yet reached the stage of full implementation.** There was a two-year period from when Colorado voters approved Proposition EE in 2020 to fund UPK to when legislation established UPK and CDEC in 2022. Thus, there was limited time for CDEC and UPK leaders to engage in installation activities before enrolling providers and families for the 2023-2024 school year. These activities include creating key infrastructure supports such as defining implementation teams and filling staff roles, setting up robust and useful data systems, defining UPK's core features, establishing an implementation plan with a data-based continuous improvement approach, and instituting operational procedures.

As is typical during the initial implementation stage of a new program, some state and regional leaders described a high degree of iteration in UPK's first two years. They perceived decisions about the program as reactive and crisis-oriented, though they felt that the program is now starting to stabilize. Still, some state and regional leaders identified several program dimensions that have not yet been developed or fully implemented such as quality standards, workforce supports, data quality and integrated data systems, programming and supports for families, and measuring child outcomes.

Attending to scale-up and sustainability

Aiming for program stabilization and planning for UPK's scale-up and sustainability were both identified as important during initial implementation. Some state and regional leaders felt CDEC does not have a clear plan for scaling-up and sustaining UPK. Some felt that given UPK's substantial iteration in its first two years, UPK needs to stabilize before doing heavy work on scale-up and sustainability planning.

State and regional leaders had multiple ideas for UPK’s scale-up efforts. Some state and regional leaders viewed priorities for UPK’s scale-up efforts from the lens of access and number of slots, commenting that because UPK is a universal program, the scaling up of access and number of slots will take care of itself. Others suggested that scale-up efforts should focus on dimensions that have not yet been fully developed or implemented (e.g., quality, workforce needs, data issues, family supports, child outcomes) rather than access.

Priorities for UPK’s sustainability center on identifying a stable funding source. Some state and regional leaders noted that identifying stable funding sources for UPK that do not rely on the revenue generated by the nicotine tax is critical to sustaining the program. There is awareness that nicotine tax revenue may not be fully sufficient to fund UPK as time goes on, given interest in expanding access and enhancing program operations and supports as well as changes in nicotine use in Colorado that could generate less tax revenue.

Which governance, infrastructure, and funding strategies define UPK?

This question describes the governance, infrastructure, and funding strategies that define UPK—as they currently stand at this point in the program’s development and those that are not yet fully developed. This question considers potential improvements, particularly from the lens of existing knowledge about core elements that foster successful implementation such as building a strong program infrastructure and creating implementation teams. State and regional leaders shared their perspectives during interviews and surveys on UPK’s governance structure, infrastructure, and funding. LCO representatives and providers also provided information about UPK’s infrastructure and funding via surveys and focus groups.

Key findings:

Governance

- **The CDEC executive director, by design, has the ultimate authority for rule-making processes** to allow for quick, agile, and flexible adaptations during this period of high iteration for UPK. A Rules Advisory Committee (RAC) and other mechanisms to get LCO and provider input aim to ensure that UPK rule development and finalization includes stakeholder perspectives.

Infrastructure

- **Continuing to develop and strengthen state-level structures for programmatic decision making offers opportunities to clarify and further specify internal UPK staff roles, to define how CDEC engages with other state offices, and to integrate stakeholder input to increase collaborative decision making.** Programmatic decision making is highly collaborative with the Governor’s Office. Stakeholders wished for more understanding of how UPK makes programmatic decisions and opportunities to collaborate with CDEC in these efforts.
- **While UPK has a theory of change, having a formal strategic plan will be critical for guiding UPK implementation and decision making.** A short-term future goal will be converting UPK’s strategic plan into a formal implementation plan, which is important for implementation success.
- **As a new program, UPK is still in the process of filling state-level staff positions and ensuring they have the capacity to support efficient and effective implementation.** Addressing staffing needs is critical to ensuring that UPK has a dedicated state-level implementation team.
- **LCOs are a critical part of UPK’s infrastructure, but clarity is need on their roles and responsibilities.**
- **Some LCOs wished for more resources to equip them and to improve their effectiveness to support UPK providers and families, while others felt well-prepared.**

Funding

- **UPK’s funding structure blends universal (15 hours) and targeted (30 hours) approaches.** The targeted approach is for children who meet certain qualifying factors (pending funding availability) to ensure preschool access for families who need it the most.
- **UPK envisioned blending, braiding, and stacking of UPK funds with other ECE funding sources but the infrastructure to facilitate this is still in development.** The Colorado Child Care Assistance Program for Families (CCCAP) is the additional funding source most often used by UPK providers.
- **More study is needed to understand the adequacy of the UPK reimbursement rate and if it covers the true costs of care.** Some providers and other stakeholders find it acceptable, and others do not.
- **Knowing the reimbursement rate earlier in the application, matching, and enrollment timeline will help providers and families better plan financially and make informed enrollment decisions.**
- **Most providers find entering UPK payment data and getting payments to be easy.** But many providers need support with tracking payment expenses and resolving payment issues.
- **Providers prefer an advanced payment model, which they say has fewer challenges than the arrears payment model.**

Governance

There is a shared understanding that UPK is situated within CDEC. By design, the CDEC executive director, who is appointed by the governor of Colorado, has the ultimate authority for rule-making processes to allow for quick, agile, and flexible adaptations during this period of high iteration for UPK. As described in state and regional leader interviews, efforts to install UPK began shortly after CDEC was created; thus, not only were CDEC and UPK established concurrently, but the development of their governance structures is also intertwined. UPK's rule-making processes rest with the CDEC executive director as the rule promulgator, rather than a decision making state board.

Rulemaking is informed by the [RAC](#). The 15-member RAC is intended to serve as the voice for multiple stakeholder groups (including families, the ECE workforce, different provider types, and diverse geographic areas) and reflects UPK's high expectations for public engagement and outreach on CDEC's behalf. Described as an innovative process, the RAC can propose rules and changes to UPK. CDEC also gives pre-rule presentations to various advisory groups like the Early Childhood Leadership Commission (ECLC), Tribal, and Family Advisory groups. RAC meetings provide instantaneous translation for RAC members who speak Spanish. Some state and regional leaders noted that, initially, RAC members thought that they would have a more direct role in decision making for UPK. Some state and regional leaders described the first few rules that were promulgated for UPK as being done on an emergency basis. While RAC input has been discussed for all rule-making decisions (with rule-making hearing recordings and materials posted publicly online), the ultimate decisions made may not have always reflected the RAC's recommendations, which may have resulted in questions or concerns about how much UPK values stakeholder input.

While the RAC and the ECLC, which is Colorado's federally-authorized state advisory council for early childhood, have opportunities to give input on UPK, some state and regional leaders felt uncertain about what other mechanisms exist to get stakeholder feedback on UPK. The Colorado state legislature also indirectly gives input on UPK and makes decisions about UPK funding.

Infrastructure

State-level infrastructure

Continuing to develop and strengthen state-level structures for programmatic decision making offers opportunities to clarify and further specify internal UPK staff roles, to define how CDEC engages with other state offices, and to integrate stakeholder input to increase collaborative decision making. The CDEC executive director and UPK leadership team work in collaboration with the Governor's Office to make programmatic decisions about UPK. At first, the Governor's Office had daily and weekly briefings with the CDEC and UPK teams to give input on the program's practices and general implementation. In the last year, as the program has started to stabilize, the UPK leadership team creates regular briefings that identify challenges and recommended solutions paired with justifications that are discussed internally, with some issues shared with the Governor's Office for input. While the governor continues to be very involved with UPK's programming decision making, the CDEC executive director and UPK leadership team are responsible for carrying out UPK's vision and plan with the support of state-level UPK staff.

However, not everyone is clear about UPK's internal programmatic decision making processes and the role of input from other entities. Some state and regional leaders expressed uncertainty about how many and which individuals need to be involved in the UPK decision making process. State and regional leaders, LCOs, and providers more often described UPK decision making as unilateral rather than collaborative, particularly with groups outside of CDEC. State and regional leader survey participants were relatively split in their opinion that a process is in place for how decisions are made about UPK's vision, goals, and major activities (Appendix B, Table 12). Further, over half of survey participants disagreed that the system for making decisions about UPK's vision, goals, and major activities is effective.

Having a formal strategic plan will be critical for guiding UPK implementation and programmatic decision making. Legislation has guided various aspects of UPK’s program governance, infrastructure, and funding, such as specifying the leadership structure and rule-making authority, universal hours and qualifying factors for supplemental hours, and the process for determining the reimbursement rate. Some state and regional leader interview participants described how CDEC, like other state offices, uses Wildly Important Goals (WIGs) and lead measures to guide UPK’s vision and progress; so far, these activities have focused on enrollment numbers. In addition to enrollment goals, some state and regional leaders noted that UPK’s vision prioritizes making sure UPK works for families and that UPK values the mixed delivery system. Other state and regional leaders felt that UPK leaders are not actively engaging in strategic planning work, and other UPK staff are focused on managing program implementation. Notably, state and regional leaders did not reference [UPK’s theory of change](#) in these discussions, or imply the existence of a formal UPK implementation plan that includes a process for data-based programmatic decision making.

As a new program, UPK is still in the process of filling state-level staff positions and ensuring the program has the capacity to support efficient and effective implementation. During interviews, some state and regional leaders described major challenges with filling UPK state staff positions and ensuring they remain filled. Some noted that hiring full-time state employees (with key areas of expertise) and program experts (vs. contractors), as well as private sector software product specialists, has helped stabilize UPK staffing.

Local coordinating organizations (LCOs)

LCOs are a critical part of UPK’s infrastructure and reflect the value of local community partnerships. HB22-195 indicates that LCOs are “responsible for working with the families, program and service providers, and local governments in the community and with the department [CDEC] to increase access to, coordinate, and allocate funding for program and service providers in the community.” In addition to adopting a community plan approved by CDEC, HB22-195 indicates that CDEC enters into a coordinating agreement with each LCO that specifies the LCO’s duties to implement their community plan, other LCO responsibilities including those related to UPK, and what CDEC will do to support and assist the LCO.

Some state and regional leader interview participants said LCOs were included as part of UPK’s infrastructure with the intent to have a local, on-the-ground resource for providers and families. They noted that the LCO model reflects Colorado’s valuing of local control and recognizes that local partners know their communities best. LCO focus group participants expressed similar sentiments about their value in UPK’s infrastructure, given their close relationships and trust with local providers and families, and deep understanding of community needs.

Thus, LCOs are intended to serve as a bridge to support providers and families in the following ways:

- Helping providers and families sign up for UPK
- Handling payment questions
- Relaying feedback to CDEC from providers, families, and from their own knowledge and experiences

Yet, more clarity is needed in LCO’s roles and responsibilities. Some state and regional leaders noted challenges in the expectations, monitoring, and support for LCOs and felt tweaks are needed to the LCO model. In turn, LCO focus group participants felt unclear about their responsibilities versus CDEC’s, and how LCOs fit in with the state’s vision for UPK from an operational perspective. Specifically, LCOs described requesting that CDEC give LCOs more structure to their role, agency, decision making authority and control at the local level, and opportunities to follow their community plans. Some LCOs felt that if LCOs had more agency and local decision making ability, they could have more influence on UPK. They felt LCOs could help CDEC be more proactive and not reactive in decision making and communication. LCOs wanted CDEC to focus on the bigger picture, like strategic planning. LCOs wished to engage with providers and families to keep UPK messaging clean, simple, easy, and effective for families and providers in their area (e.g., level of

education, languages). LCOs also recognized that they are unable to carry out some of their responsibilities for aspects of UPK yet to be implemented (e.g., supporting providers to meet UPK quality standards).

LCOs also wished for stronger communication and collaboration with CDEC and UPK leadership. LCOs said that the relationship with CDEC has felt one-sided and authoritarian. LCOs felt that shifting to a partnership between CDEC and LCOs would help address CDEC turnover, which has negatively impacted LCOs' work, and would further help UPK to stabilize. They suggested that a stronger partnership between CDEC and LCOs could alleviate what they see as capacity concerns among state-level UPK staff. Similarly, some state and regional leaders felt that challenges with LCOs have been exacerbated by CDEC and LCO staff turnover. Finally, some LCOs felt that the constant changes with UPK undermine LCOs' relationships with providers.

Some LCOs wished for more resources to equip them and to improve their effectiveness to support UPK providers and families, while others felt well-prepared. Over half of LCO survey participants agreed that staff at their LCO (Appendix B, Table 13):

- Have the training or other resources they need to carry out their work related to UPK
- Have the skills and the time they need to carry out their work related to UPK
- Understand their responsibilities for supporting providers and families
- Are effective at supporting providers and families, including those from a variety of settings and backgrounds, around UPK

However, LCO survey participants were split in feeling they have the support they need from CDEC to carry out the UPK work and their satisfaction with the UPK contracting process (Appendix B, Table 13). Further, over half of LCO survey participants disagreed they had the budget resources they need for their UPK work (Appendix B, Table 13). Indeed, LCO focus group participants reported they experienced barriers to effectively support providers and families, such as restricted views of provider and family data in BridgeCare. Provider focus group participants also felt LCOs have significant challenges in their roles, such as not having needed funding, staffing, and information to do their UPK work. Relatedly, some LCO focus group participants felt frustrated with CDEC's requests for budget cuts but not seeing state offices adjust their own budgets.

"What LCOs can do is greatly dependent on the resources. Each LCO has a different budget and there might just be one person in your office in that office that can handle all these things." ~Provider focus group participant

"It's great to have a local person. But, I do think they've got to streamline some things for that [LCO] to really be more supportive of families and give us a little bit more ability to make the changes and moves we need to make. The other thing that is interesting is sometimes I'll come to my LCO with a question and they won't necessarily have received the same information that I've received or that I've heard from other districts. So there seems to be a communication gap between CDEC and the LCOs as well." ~Provider focus group participant

Funding

Funding structure and funding sources

UPK's funding structure includes 15 universal hours for 4-year-olds (an increase from the 10 hours that voters approved) or 30 hours for children who meet certain qualifying factors, pending funding availability. With the addition of supplemental hours, UPK aims to ensure preschool access for families who need it the most. Recorded in statute, UPK's qualifying factors (i.e., income, disability, and multilingual learner status) for supplemental hours (30 hours vs. 15 universal hours) were based on those used in the Colorado Preschool Program (CPP). State and regional leaders indicated that CDEC later added factors for homelessness and foster/kinship care, via the RAC process with community input. Some provider focus group participants were critical of UPK increasing the number of universal hours from 10 to 15 hours, with some part-day providers noting that if the hours had remained at 10, they could perhaps serve more

children. Some providers also expressed that the increased universal hours and addition of supplemental hours is at odds with the 10 hours approved by Colorado voters.

CDEC envisioned blending, braiding, and stacking of UPK funds with other ECE funding sources (e.g., CCCAP, Head Start, local ECE funding streams), but the infrastructure to facilitate this is still in development. State and regional leader interview participants described progress with stacking UPK and CCCAP funds but less progress with blending and braiding other funding sources with UPK dollars. Indeed, nearly 80 percent of provider survey participants reported that one or more UPK children in their program attend for more hours than those funded by UPK (Appendix B, Table 14). Further, 61 percent of providers use CCCAP funds to pay for children’s services (Appendix B, Table 16). In addition, 6 percent of providers reported using other funding sources, and 29 percent indicated that they do not use other funding sources other than tuition from families (Appendix B, Table 16).

State and regional leaders described various challenges with stacking funds. These include double-paying providers, the current freeze on CCCAP funds that come from federal funding, and providers’ capacity to manage multiple funding sources. Specifically, compared with larger providers, smaller and solo providers may have fewer resources to manage multiple funding sources. Some provider focus group participants reported that it is difficult and burdensome to manage different funding sources, noting that some providers have a finance team to manage multiple funding sources, but others do not.

Some state and regional leaders as well as provider focus group participants had suggestions for improving efforts to stack, blend, and braid funding sources. Both state and regional leaders and providers suggested that centralization, such as a common payment management system to cross-reference payments across funding sources or state systems, and a universal family enrollment application for multiple ECE programs would be helpful. In addition, multiple providers wished for improvements to the CCCAP system itself, for example, having a centralized system to track all fundings streams across a provider’s enrollment and switching to an advanced payment model.

UPK reimbursement rate

More study is needed to understand the adequacy of the UPK reimbursement rate and if it covers the true costs of care, as some providers and state and regional leaders find it acceptable but others do not. State and regional leader interview participants reported that UPK’s reimbursement rate was determined following a study of the cost of care, considering differentiated costs by provider location. HB22-1295 describes how rates can be determined, and the rate can be adjusted annually. The 2024-2025 average reimbursement rates were: \$4,916.37 (10 hours), \$6,198.90 (15 hours), and \$11,006.57 (30 hours).

“The rate is fine. It hasn’t increased like it should based on the economy. It’s okay. It is what it is. But the work we do for UPK, even though it’s not that much more, there’s a significant amount of work that needs to get into it. And I feel like we’re getting paid for our care for those kids, but not necessarily getting paid for the amount of work we put in.” ~Provider focus group participant

“I’m fine with the rates. We’re a half-day preschool, so actually it’s good for us.” ~Provider focus group participant

Over one-third (37%) of provider survey participants disagreed that UPK payments covered the true costs of services for children (Appendix B, Table 18). Further, a significantly lower percentage of school-based providers (41%) reported that UPK payments covered the cost of services, relative to home- and community-based providers (77% and 64%, respectively; Appendix B, Table 19).

Provider focus group participants said the reimbursement rate should account for the state of the economy, actual costs of incurred expenses, and the unpaid work they do to care for children and families they serve. Several state and regional leaders noted that providers absorb costs not covered by the reimbursement rate instead of charging families the difference. They suggested using a sliding scale or a tiered rate to cover costs varying by location or to ensure appropriate services based on children’s needs (e.g., children with IEPs). Other provider focus group participants were satisfied with the reimbursement rate.

Knowing the reimbursement rate earlier in the application, matching, and enrollment timeline will help providers and families better plan financially and make more informed enrollment decisions. The

UPK budget for CDEC, and information about the UPK reimbursement rate for the coming school year, is not known until the Joint Budget Committee (JBC) meets in March or April. For providers, the timing of state budget decisions means that they are expected to decide about becoming a UPK provider or to

update their UPK Provider Agreement without knowing the reimbursement rate. In addition, some provider focus group participants said they begin budget planning in November or December prior to the next school year, and not knowing the UPK reimbursement rate until the spring—after they update their information in BridgeCare—prevents providers from solidifying their budgets and tuition program costs. Such limited information prevents providers from notifying families about their program’s tuition costs, which interferes with families making informed decisions about applying to specific programs. Thus, providers shared that families may complete the UPK match process and sign enrollment contracts without knowing how many UPK hours they will get, the reimbursement rate, or tuition costs.

“So the JBC told us that we were getting a 2% increase... because of the [reimbursement] formula though, it actually only turned out to be for me, for my county, [a] 0.46% increase, which is like something like 40 bucks for the families. That won't even buy me a case of gloves, because gloves cost over \$100 a case now, so that's laughable.”

~Provider focus group participant

For these reasons, many provider focus group participants described these reimbursement rate challenges as examples of incomplete information and lack of transparency by CDEC, with some indicating they were confused about the rate or did not fully trust or believe the information from CDEC.

UPK payments

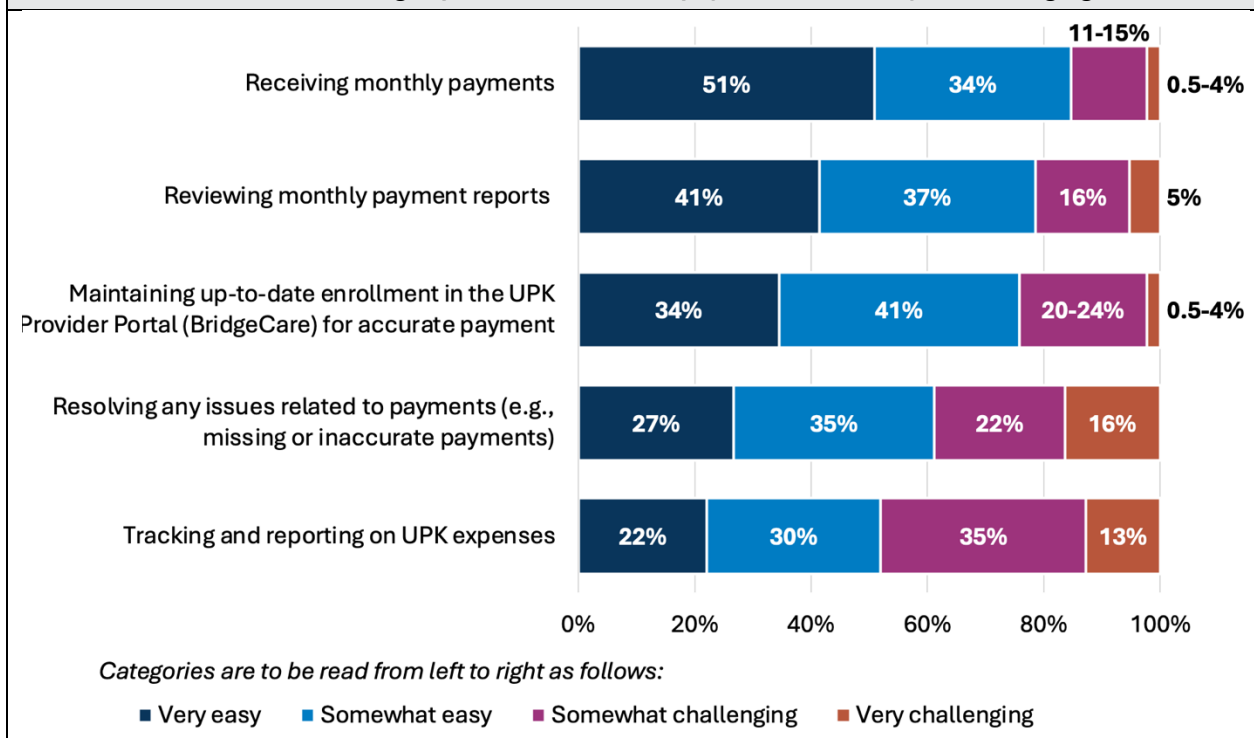
While entering payment data and getting UPK payments is going smoothly for most providers, providers also need support tracking payment expenses and resolving payment issues. As shown in Exhibit 6, most provider survey participants generally agreed that keeping BridgeCare enrollment data updated and receiving and reviewing monthly UPK payments and payment reports was easy for them, and that they received payments in a timely manner (Appendix B, Table 20, Appendix B, Table 18). Notably, chi-square tests indicated that, compared to the percentage of community-based or home-based providers, a statistically significant higher percentage of school-based providers reported that maintaining up-to-date enrollment in BridgeCare for accurate payment, receiving monthly payments, and resolving any issues related to payments (e.g., missing or inaccurate payments) were challenging or very challenging (Appendix B, Table 21). In addition, a significantly lower percentage of school-based providers reported that they received UPK payments in a timely manner, relative to home- and community-based providers (Appendix B, Table 19). Some state and regional leader interview participants offered that payment delays may be due to providers being unaware they need to mark the child’s status as “enrolled” in MetrixIQ to trigger payment.

However, about half of provider survey participants felt that tracking UPK expenses was easy for them (Appendix B, Table 20). Multiple provider focus group participants wished to receive regular payment notifications, and a way to sync payment information with popular business accounting software. LCO focus group participants described that some providers feel unclear about how to allocate UPK funds.

Similarly, just over half of provider survey participants felt that resolving UPK payment issues was easy for them (Appendix B, Table 20). Many provider focus group participants expressed frustration with getting answers to their questions about UPK payments, such as the amount of money they will get from UPK payments. They expressed frustration that CDEC tells providers to direct their reimbursement and payment questions to MetrixIQ, to which providers receive generic responses to consult the UPK Provider Handbook or that MetrixIQ staff do not have the information to answer providers’ questions. State and regional leaders suggested that better payment tracking processes and systems, written policies, and strong communications would improve the payment process.

Exhibit 6. Provider reflections on experiences with UPK payments

Providers who said the following experiences with UPK payments were easy or challenging for them¹



And, 86% agreed or strongly agreed that they received UPK payments in a timely manner.²

Comments from providers about their experiences with UPK payments

Most provider survey participants generally agreed that keeping BridgeCare enrollment data updated and receiving and reviewing monthly UPK payments and payment reports was easy for them. But, just over half of providers felt that tracking UPK expenses or resolving UPK payment issues was easy for them.

"It would be nice for it [the UPK payment system] to connect to my QuickBooks more readily, so I have that information easily." ~Provider focus group participant

"CDEC uses the vendor Metrix for payments, but then the automatic replies or even the replies I get from actual Metrix employees sometimes aren't even related to the email I sent. So, there seems to be a big communication gap." ~ Provider focus group participant

Data source: Colorado Universal Preschool Process Evaluation; provider survey; provider focus groups; Spring 2025.

¹ns = 165-211, ²n = 206.

Note: Consistent with suppression rules in our contract, in some cases we report ranges rather than exact percentages to prevent possible identification of participants in analyses with small sample sizes (i.e., n < 10).

Providers prefer an advanced payment model, which they say has fewer challenges than the arrears payment model. During its first year, UPK used the advanced payment model, and switched to the arrears model in the second year. Some state and regional leaders reported that the advanced payment model presented challenges such as reconciliation errors. State and regional leaders as well as provider focus group participants indicated that the arrears model presented various financial strain for providers, such as:

- Creating a funding gap for providers from floating care costs when school starts and not getting payment to cover those costs until later
- Navigating a burdensome process to petition CDEC for advanced payments, which providers feel conveys that CDEC does not trust them with advanced payments

- Being unsure how payments work if a child disenrolls from their program, and if providers will experience a funding gap

In addition, some provider focus group participants commented that the arrears model does not account for the differences among provider types and appears to favor school districts, which are more resourced than home-based and community-based providers, especially smaller ones. Some providers also noted that an advanced payment model is more provider-friendly, making it easier to plan their annual budgets. Some providers said that the advanced payment model was something they appreciated and missed about the Colorado Preschool Program (CPP).

How does UPK welcome and engage stakeholders in decisions affecting implementation?

This question describes perceptions about how and how well UPK engages stakeholders in ways that feel meaningful to them and includes their input on decisions that affect UPK implementation. It also sheds light on UPK's progress on creating an implementation team, which requires stakeholder inclusion to be effective. State and regional leaders reported in surveys and interviews on the use of stakeholder input to inform UPK implementation. LCOs and providers commented via surveys and focus groups.

Key Findings:

- **Some stakeholders wished for CDEC to more actively welcome stakeholder input to proactively inform UPK implementation.** LCOs were more critical than state and regional leaders or providers of whether there were opportunities for them to share input with CDEC about UPK.
- **LCOs, and providers to a lesser extent, wanted to see how CDEC acts on stakeholder input when making changes to UPK.** Such efforts could address concerns about how much CDEC “hears” and respects stakeholder input, and if CDEC considers multiple perspectives in UPK decision making.

Gathering stakeholder input

Some stakeholders wished for CDEC to more actively welcome stakeholder input to proactively inform UPK implementation. State and regional leader survey participants were split in agreeing that a regular process exists for collecting information from LCOs, providers, and families to inform decisions about UPK. Over half disagreed that such a process exists to get input from the public (Appendix B, Table 22), suggesting that, at least for rule-making actions, participants may have limited knowledge about the RAC process. While over half of LCO survey participants agreed they have opportunities to share feedback with CDEC (Appendix B, Table 23), 84 percent of provider survey participants agreed (10% strongly agree and 74% agree) they have opportunities for sharing feedback with CDEC and/or their LCO (Appendix B, Table 24).

State and regional leader interview participants and LCO and provider focus group participants elaborated on concerns about CDEC's efforts to elicit stakeholder input. Consistent with survey data, LCOs expressed frustration about giving CDEC input. For example, LCOs described trying to communicate with CDEC about issues in their communities, or to forecast potential issues so CDEC is aware and can get ahead of the problem. LCOs also felt that CDEC would benefit from shifting to a proactive rather than a reactive decision making approach and get more input from LCOs, which they felt would make a tremendous difference. State and regional leaders, LCOs, and providers who had concerns about stakeholder input agreed that potential changes to UPK should be discussed with stakeholders prior to implementing them.

Acting on stakeholder input

Many LCOs, and providers to a lesser extent, would like to see how CDEC acts on stakeholder input when making changes to UPK. Among survey participants, over half of LCOs disagreed that CDEC acts on feedback they share (Appendix B, Table 23) whereas 74 percent of providers agreed (12% strongly agree and 62% agree) that CDEC and/or their LCO acts on their feedback (Appendix B, Table 24). LCO, and some provider, focus group participants felt that CDEC does not hear their input or truly value their expertise.

Some state and regional leader interview participants had concerns that CDEC may more strongly value certain stakeholder voices when making changes to UPK, suggesting that CDEC seeks and responds to input from isolated perspectives rather than multiple perspectives or existing data sources. Thus, they felt that UPK decision making may be influenced by loud stakeholder voices, leading to questions about whether some changes to UPK were based on limited perspectives, perceptions, or misunderstandings.

What are UPK’s integrated data systems and improvement cycle processes for informing implementation?

This question provides information about UPK’s data systems, primarily the BridgeCare platform used by providers and families as well as the MetrixIQ platform for UPK payments. This question covers aspects such as the availability, access, use, and reporting of UPK data; the user experience with data platforms; and implications for using a continuous improvement cycle to inform implementation. This question considers potential improvements, given that data and data systems are a core element for successful implementation. Details about the UPK application, matching, and enrollment process are presented later in this report (p. 38). State and regional leaders shared their thoughts about UPK data and data systems via interviews, whereas LCOs and providers did so in focus groups. State and regional leader interview and survey participants also reported on data-driven continuous improvement efforts to inform UPK implementation.

Key Findings:

- **It is important to examine how key data systems obtain UPK application and enrollment data, which may limit data quality and usability.** Confusion about what and when information is requested from providers and families in BridgeCare may affect data quality.
- **Improvements to data and data systems need to extend to enhance data reporting capacity.** Reporting functions in BridgeCare do not seem to meet users’ and other UPK stakeholders’ needs.
- **Potential changes to data platforms (e.g., BridgeCare, MetrixIQ) require testing** to examine data quality and user experience. Changes need to be more thoroughly vetted before implementation.
- **More needs to be done to integrate UPK data with other Colorado early childhood data systems.** There are barriers to accessing other state-level data for UPK purposes, and other early childhood data systems efforts critical to a strong UPK data infrastructure have not yet been developed.
- **As a core element affecting implementation success, having a formal, data-driven continuous improvement process is critical to inform UPK implementation.** While CDEC seems to engage in some continuous improvement activities, they may not be formalized or evident to stakeholders.
- **Stakeholders felt that improvements in data availability, access, and use were needed for UPK’s continuous improvement efforts.** While CDEC described using application, enrollment, and payment data to inform program decisions and implementation, they experience barriers doing so.
- **Stakeholders requested that CDEC be more transparent in their use of UPK data use and share data with stakeholders and the public.** In addition to knowing how CDEC uses UPK data to inform implementation, stakeholders wished for CDEC to have standing mechanisms to share data and data reports, especially on UPK participants disaggregated by provider and family characteristics.

Data and data systems

It is important to examine how key data systems obtain UPK application and enrollment data, which may limit data quality and usability. State and regional leaders, LCOs, and providers agreed that confusing aspects of BridgeCare processes and information requests may affect the quality of data about providers and families. Further, some state and regional leaders indicated that the timing of certain information requests could result in an incomplete picture of providers’ and families’ experiences. For example, collecting satisfaction data when families complete their UPK application in BridgeCare may be too early to evaluate their experiences with the full application, matching, and enrollment process. Thus, CDEC does not collect data from families about their experience enrolling with their selected provider.

Improvements to data and data systems need to extend to enhance data reporting capacity. Specifically, some state and regional leaders remarked that the version of the BridgeCare CDEC purchased was a “basic” version that lacked the functionality to produce commonly needed UPK data reports. Relatedly, some

interview participants noted instances when CDEC explained critiques about BridgeCare as stemming from software issues or limitations, when those limitations were related to decisions made by the program.

Potential changes to data platforms require testing that involves examining data quality and user experience. When considering making specific changes to BridgeCare, state and regional leaders stressed the importance of considering potential downstream impacts on other parts of the platform (e.g., question wording or programming). Interview participants recommended testing specific changes to BridgeCare before rolling them out to see if they affect the resulting data, and getting feedback from providers and families on those data and the user experience.

More needs to be done to integrate UPK data with other Colorado early childhood data systems. Some state and regional leaders and providers felt frustrated about barriers integrating UPK data with other state-level data. One example was the timing, accessibility, and quality of CDE data on 3-year-olds with IEPs. Some state and regional leaders also described in-progress efforts essential to supporting UPK's data infrastructure and data integration, such as developing an early childhood integrated data system (ECIDS), creating the first statewide longitudinal data system, and aligning UPK and Colorado Shines search tools.

Continuous improvement efforts

As a core element affecting implementation success, having a formal, data-driven continuous improvement process is critical to inform UPK implementation. Over half of the state and regional leader survey participants disagreed that UPK takes the following actions to support continuous improvement efforts (Appendix B, Table 26):

- Having a process for identifying areas that need to be tracked for continuous improvement
- Having specific staff or staff roles responsible for UPK's continuous improvement
- Having sufficient resources dedicated to engaging in continuous improvement efforts

These views complement comments from interviews with state and regional leaders, where some stated that they are not clear if CDEC has a continuous improvement process in place for UPK. Some remarked that, or wondered if, continuous improvement efforts are happening but they might not be formalized in a plan or may not be visible to those outside of UPK leadership and staff.

Stakeholders felt that improvements in data availability, access, and use were needed for UPK's continuous improvement efforts. While over half of state and regional leader survey participants disagreed that data are used to support UPK's continuous improvement efforts (Appendix B, Table 27), interview participants gave examples of using BridgeCare and MetryxIQ data to make improvements, engage in decision making, and update the Governor's Office. Still, some noted data access and usability barriers, such as relying on time-consuming manual procedures to obtain data.

Stakeholders requested that CDEC be more transparent in their use of UPK data use and share data with stakeholders and the public. Like concerns about the visibility of UPK's continuous improvement efforts, several state and regional leaders acknowledged CDEC's use of UPK data to inform program decisions may not be as public as it could be. Indeed, some state and regional leaders as well as LCOs and providers did not perceive CDEC as using data to inform implementation improvements.

Regarding sharing data with stakeholders and the public, CDEC has publicly shared some data on provider and family enrollment. However, there currently is no standing mechanism for sharing real-time data publicly (e.g., data dashboard), such as information about participating providers. Rather, individuals outside of CDEC must submit a Colorado Open Records Act (CORA) request to receive data about UPK. Thus, some state and regional leaders and LCOs expressed frustration about the limited information shared about participating providers and families; they also would like to see these data disaggregated for providers and families by county, provider type, family race/ethnicity and economic indicators, and other characteristics.

UPK foundation and launch: Program operations and processes

The following EQs provide information about UPK's program operations and processes initiated during the program's foundation and launch. Again, we describe these aspects of UPK, and information to guide continuous improvement efforts as UPK continues to be refined during this initial implementation stage.

- 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?

How do target audiences learn about UPK?

This question describes resources, mechanisms, and experiences related to communications about UPK at this point in the program’s development and considers potential improvements. Via surveys and focus groups, providers and LCOs shared their perspectives on and experiences with UPK communication methods, timing, and frequency. State and regional leaders commented via surveys and interviews.

Key Findings:

- **Various communication methods and resources are used to share information about UPK.** These methods and resources include CDEC’s website, email updates, newsletters, handbooks, help desk, and portals for providers and families.
- **Providers most commonly use and get information about UPK from the UPK Provider Handbook, the UPK Provider Portal and payment system, and emails, but also would welcome other types of communication.** Providers expressed a desire for more centralized or interactive formats—such as in-person meetings or online hubs—to better support understanding and implementation of UPK.
- **Providers say LCO communications are particularly helpful. Providers and LCOs find the Provider Agreement and UPK Provider and Family Handbooks helpful, but they have limitations.** Providers, LCOs, and state and regional leaders had varied opinions on other communication methods.
- **At the local level, LCOs, providers, and families commonly communicate via emails, phone calls, and other interactive methods.** Providers and LCOs viewed direct and personal forms of communication as the most effective for communicating and supporting providers and families.
- **Communication about UPK happens throughout the year, with peaks at certain times.** Communications between providers and families, and between providers, LCOs, and CDEC, mostly occur at key milestones—like the family application, matching, and enrollment periods.
- **Providers report some positive experiences with communications overall, but they see room for improvement in CDEC’s clarity, completeness, and responsiveness.** They often receive needed information but saw room for improvement in CDEC’s communications.
- **Providers’ experiences with LCOs and CDEC are largely positive.** Providers especially saw their LCO as supportive and a trusted source of information.
- **LCOs have needed resources and information, but communication challenges make it difficult to conduct their role.** Challenges with the timeliness, consistency, and opportunities for dialogue with CDEC make it hard to support providers effectively and maintain shared understanding across the system.
- **UPK messaging must carefully avoid communications that can confuse families and local communities about the program and what they can expect from it.** Confusion about eligibility, costs, and what “free preschool” means has led to misaligned expectations among families and, at times, diminished trust in the accuracy of official messages.

Methods of communication

There are a variety of communication methods and resources used to share information about UPK. State and regional leaders noted that current communication mechanisms include the CDEC website, CDEC social media, email messages, regular meetings between CDEC and LCOs or with the ECLC and LCOs, a weekly newsletter to families, and a help desk. In addition, several resources have now been created for CDEC staff, providers, and families such as standard operating procedures (in some areas), memos, provider handbooks, and family handbooks. Most provider survey participants used or received information from each of these methods (Appendix B, Table 28).

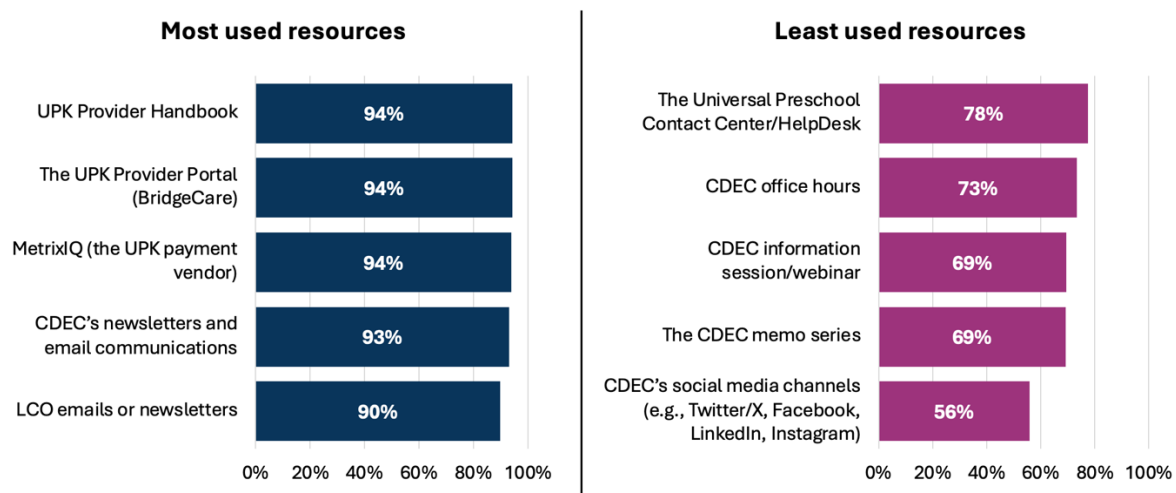
Providers most commonly use and get information about UPK from the UPK Provider Handbook, the UPK Provider Portal (BridgeCare), payment system (MetrixIQ), and emails, but they would welcome other

types of communication, as well. At least 90 percent of providers who completed the survey indicated that they used the following communication methods, resources, or systems related to UPK (Appendix B, Table 28; see Exhibit 7):

- UPK Provider Handbook
- UPK Provider Portal (BridgeCare)
- MetrixIQ (the UPK payment vendor)
- CDEC’s newsletters and email communications
- LCO emails or newsletters

Providers used CDEC’s social media channels (56%) the least.

Exhibit 7. Providers reporting that they used each of the following UPK resources



Source: Colorado Universal Preschool Process Evaluation; provider survey; Spring 2025.
Note: n = 211-215. The five most used and five least used resources are shown above.

In focus groups, providers indicated that they wanted more communications from CDEC beyond email and the Provider Handbook. Providers reported they would welcome more in-person meetings with CDEC. Providers also wished for a one-stop shop for UPK information, for more information and direct links on the UPK and CDEC websites, and more provider-centered communications.

Providers find communications from their LCOs to be particularly helpful. As shown in Exhibit 8, of all the communication methods and resources asked about in the survey, the three that were rated the most helpful by providers were all provided by LCOs: LCO staff (90% rated as somewhat or extremely helpful), LCO emails or newsletters (79%), and LCO information sessions/webinars (87%). Notably, nearly two-thirds of providers rated LCO staff as an extremely helpful resource, which was a markedly higher proportion compared to all other methods and resources (Appendix B, Table 29).

Providers and LCOs find the Provider Agreement and UPK Provider and Family Handbooks helpful, but they noted some limitations. Most providers rated the UPK Provider Handbook (83%) and UPK Family Handbook (82%) as somewhat or extremely helpful (Appendix B, Table 29, Exhibit 8). LCOs reported that the UPK Provider Handbook, as well as the LCO Resource Site, were the most helpful resources from their perspective (Appendix B, Table 30).

Similar trends also came up in focus groups, where multiple providers across provider type noted that they appreciated having the Provider Handbook. Still, many providers expressed frustration toward CDEC’s use of wordy, lengthy, and jargony communications in email messages, the Provider Agreement, and the

Provider Handbook. Providers also felt frustrated that CDEC does not communicate in advance when changes are made to the handbook, when the changes are made/go into effect, what the specific changes are, and where to find them in the handbook. Providers noted that sometimes they are not learning about changes that negatively affect them unless they stumble upon them in the handbook.

Providers, LCOs, and state and regional leaders had varying opinions on other communication methods.

A majority (75-80%) of providers rated the other methods or resources as somewhat or extremely helpful (e.g., CDEC staff, CDEC information sessions/webinars, UPK Provider Portal, UPK website, UPK Family Portal, MetrixIQ, CDEC newsletters and emails, help desk, office hours; see Appendix B, Table 29). In focus groups, providers noted that they appreciated the offer of regular office hours to support providers, but they also felt frustrated that those holding the office hours did not seem to understand the needs of community and home-based providers, especially those offering extended hours and wrap-around care.

"This year is better. Having standard office hours set up and the office times having them at 1:00 PM and 6:00 PM are nice, to have those two options. But even when you go to the office hours and you ask questions, the people running the meeting don't seem to understand the difference between settings. I think with CPP it was mainly school districts, so they have that school district model in their head. And they don't understand how community-based programs work, especially if you're doing like wrap around services with extended hours."

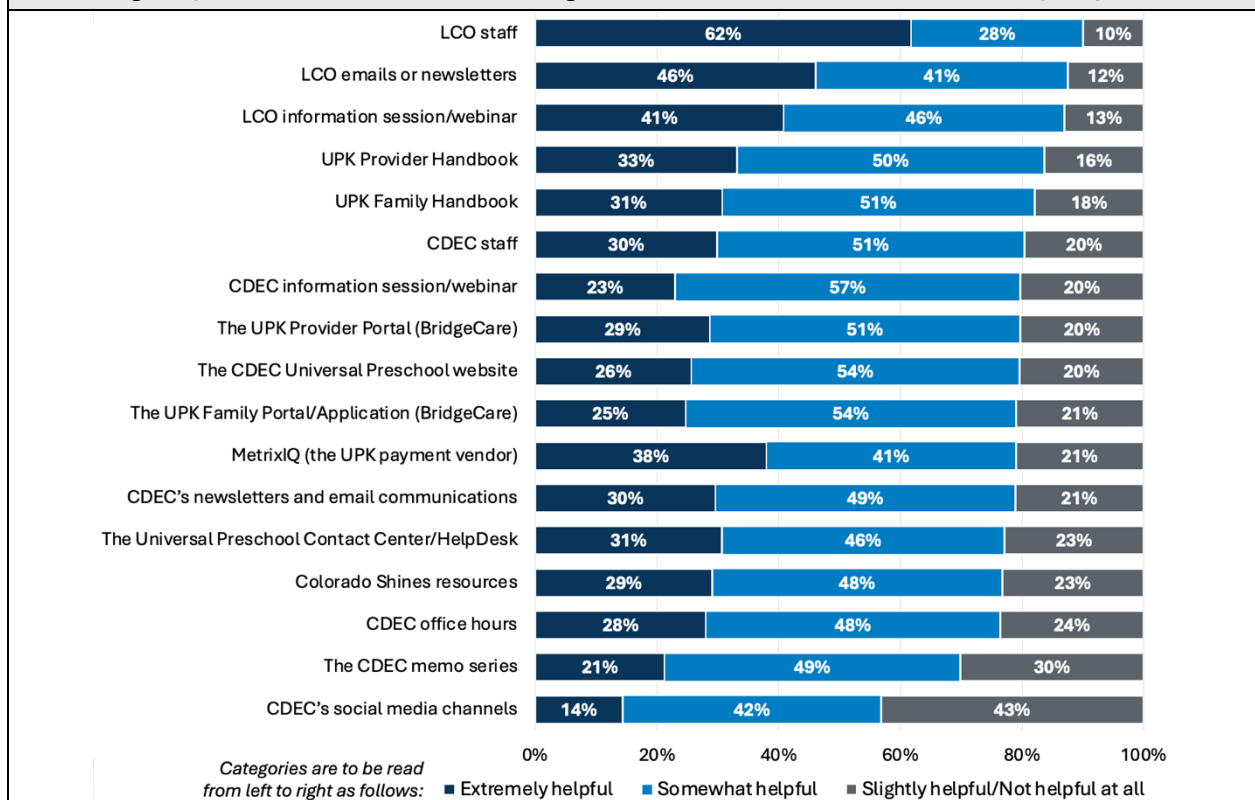
~Provider focus group participant

Providers, LCOs, and state and regional leaders shared mixed views on communication methods that were less effective. Providers rated the CDEC memo series (nearly one-third of providers rated this as not at all or only slightly helpful) and CDEC's social media channels (43% rated this as not at all or only slightly helpful) as the least helpful methods or resources (Appendix B, Table 29). LCOs felt most communication methods were generally effective, but they had mixed views (roughly half agreed and half disagreed about the effectiveness) on the UPK help desk, CDEC's social media channels, and the UPK Provider and Family Portals (Appendix B, Tables 30-31). State and regional leaders had mixed views on the UPK family portal, and over half did not agree that CDEC's newsletters and email communications were effective (Appendix B, Tables 32-33).

It is worth noting that for providers, the most common response option for almost all methods, resources, systems asked about on the survey was "somewhat helpful," which suggests that while providers are able to get something out of these methods or resources, there is still room to improve these methods and resources' helpfulness (Appendix B, Table 29).

Exhibit 8. Provider experiences with communications about UPK

Percentage of providers who said the following resources were somewhat or extremely helpful



Most providers agreed or strongly agreed that UPK communications were relevant (92%) and provided in varied formats (85%); one-third disagreed or strongly disagreed that they were clear and easy to understand.²

Comments from providers about resources and communications

Provider survey participants felt positively about the relevance and formats of UPK communications, but not their clarity. Providers in focus groups elaborated on communication issues and potential changes.

“When I get emails from [CDEC], they're so incredibly wordy. They just go on and on and on and on. And I read through it and I still am left thinking, ‘what do they want from me?’ Like, keep it simple. Give me a bullet point. Give me a couple sentences. But it's a long couple paragraphs that is just filler. We're all busy. We're all doing a million things. We don't need it this long. Straight and simple—to the point.” ~Provider focus group participant

“I really wish everything was just in one place instead of being told, ‘go back in your emails or we'll resend that to you.’ I wish it was all just on the website and everything was searchable.” ~Provider focus group participant

“[CDEC] actually told me to refer back to the Provider Handbook [as a one-stop shop]. But unfortunately, when they update that Provider Handbook they don't tell anyone and they don't tell you exactly what has changed. So, I have taken to printing copies, dating them, and then I've gone back and actually had to go line by line in a 75-page document to find what was changed. And we found one change that was a major, significant change that has impacted [my employees and families]....And when I asked [my LCO] how would I have known this information without going through this process, they just said ‘well, it's in the Provider Handbook.’ So, that needs a huge improvement... if that's going to be their route for communication to us.” ~Provider focus group participant

Data source: Colorado Universal Preschool Process Evaluation; provider survey; provider focus groups; Spring 2025.

¹ns = 114-199, ²n = 210-211.

At the local level, LCOs, providers, and families commonly communicate via emails, phone calls, and other interactive methods. Over 90 percent of LCOs and providers reported using emails and phone calls in

communications with each other and with families (Appendix B, Tables 34-35; Appendix B, Table 36). LCOs also reported commonly using one-on-one meetings and information sessions with providers (Appendix B, Table 34). The majority of LCOs and providers rated these methods as somewhat or extremely effective, with high proportions saying these were “extremely effective” (Appendix B, Tables 34-35; Appendix B, Table 37). Text messages were somewhat less commonly used between LCOs and providers (59%; Appendix B, Table 34), LCOs and families (64%; Appendix B, Table 35), and providers and families (76%; Appendix B, Table 36), but texts were among the most effective methods of communication according to LCOs and providers using that method.

Apps were the least common communication method used, though providers using apps to communicate with families did rate them as effective. Providers and LCOs had more mixed views on the effectiveness of social media and marketing materials from CDEC (Appendix B, Table 34; Appendix B, Table 37).

Timing and frequency of communication

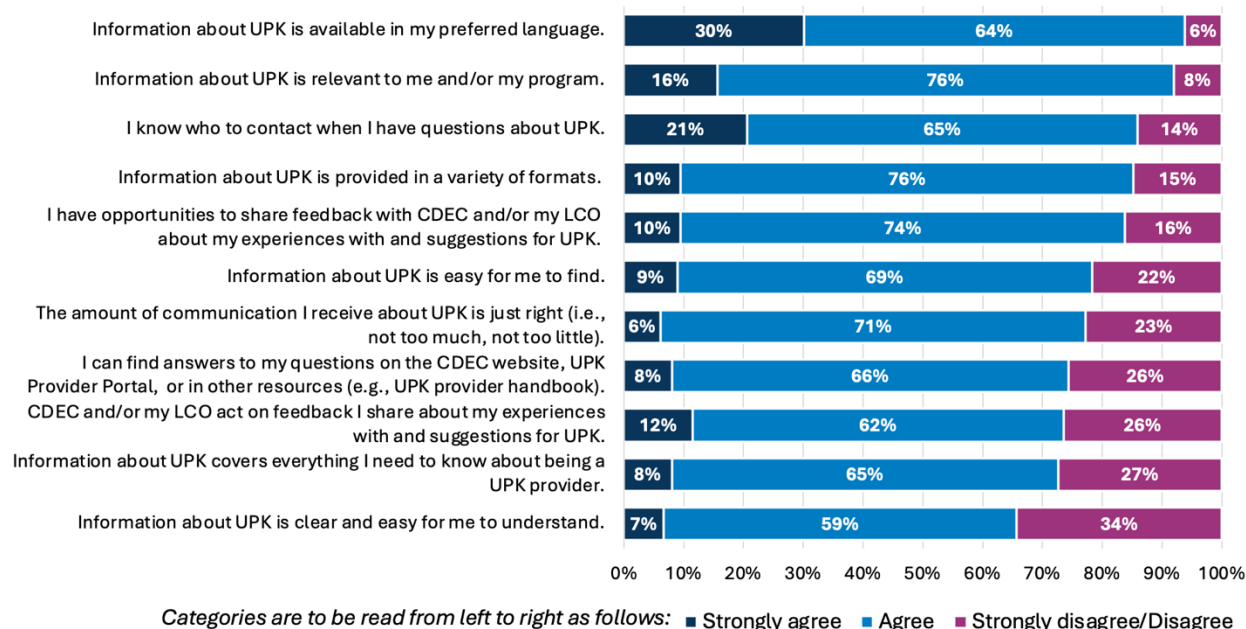
Communication related to UPK happens throughout the year, with peaks at certain times. When asked how frequently they received information from CDEC and LCOs, providers reported a range—from “never or a few times per year” to “one or more times per week”—but most received communications one to three times per month (Appendix B, Table 38). There was wide variation in LCOs’ report of how frequently they communicated with providers. LCOs talked with providers most frequently (multiple times per month or more) about provider enrollment, and family application, matching, and enrollment processes (Appendix B, Table 39).

Providers reported talking to families about applying or enrolling in their UPK program across the entire year, though most commonly in January through May for applying/registering and enrolling in programs. October and November were the least common months for communication (Appendix B, Table 40). LCOs reported that families most often ask for information about the UPK application and matching process in January through April, and about the UPK enrollment process in January through April and August through September (Appendix B, Table 41).

Experiences with communication

Providers report some positive experiences with communications overall, but they see room for improvement in CDEC’s clarity, completeness, and responsiveness. Providers agreed or strongly agreed that information about UPK is available in their preferred language (94%), relevant to them (92%), provided in a variety of formats (85%), and that they know who to contact with questions (86%; Appendix B, Table 42). Most selected “agree” rather than “strongly agree,” reflecting a baseline level of satisfaction but room for improvement. Still, one-quarter to one-third of providers disagreed about several aspects of communication, indicating difficulties with clarity, completeness of information, and responsiveness (e.g., getting answers to questions or feeling that CDEC/LCO act on feedback). For example, 34 percent of providers disagreed that information in communications is clear and easy to understand; 27 percent did not think information they receive covers everything they need to know about being a UPK provider; 26 percent did not think they could find answers to their questions on the CDEC website, UPK Provider Portal, or in other resources; and 26 percent disagreed that CDEC and/or their LCO act on their feedback (Appendix B, Table 42; Exhibit 9).

Exhibit 9. Providers' experiences with communications about UPK



Source: Colorado Universal Preschool Process Evaluation; provider survey; Spring 2025.

Note: n = 208-213.

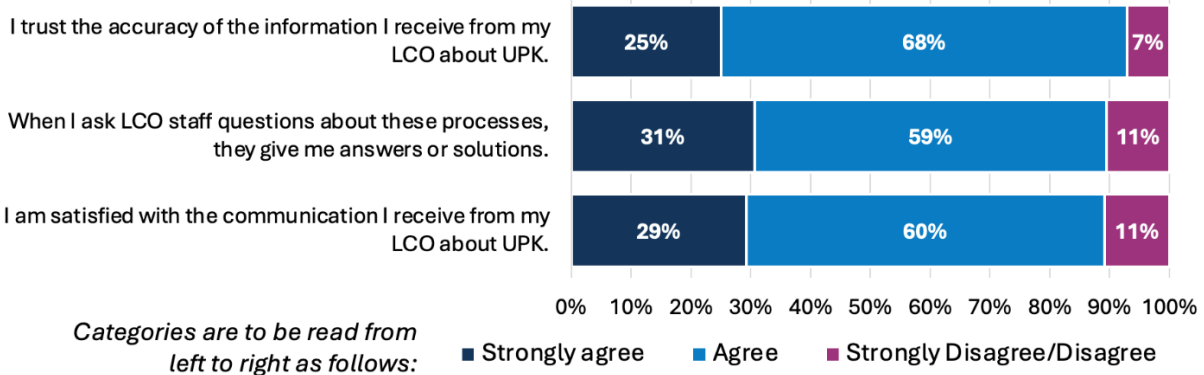
Provider focus group participants also described numerous challenges with CDEC communications, including timing (messages coming after key events), accuracy, excessive volume, contradictory guidance, and lack of responsiveness. These issues create confusion, stress, and frustration.

Providers' experiences with their LCO and CDEC are largely positive. As shown in Exhibit 10, providers indicated that they trusted the accuracy of information from LCOs (93% agreed/strongly agreed), got answers or solutions (89%), and were satisfied overall (89%), with one-quarter to one-third strongly agreeing (Appendix B, Table 43). Most provider focus group participants also reported positive experiences, communications, and support from their LCO, but this was not universal. Other providers said their LCO was not very responsive or helpful, and wondered if this was due to a lack of resources.

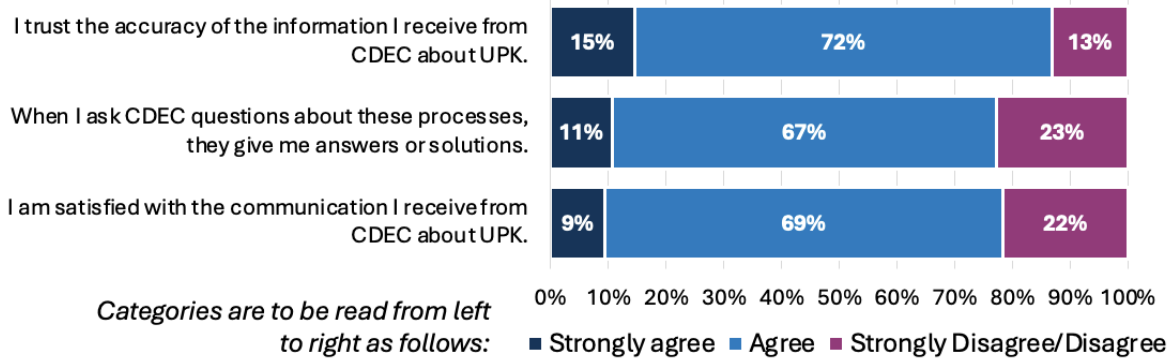
For communications from CDEC, ratings were generally high as well, though slightly lower compared to the ratings on communications from LCOs. Providers indicated they trusted the accuracy of information from CDEC (87% agreed or strongly agreed), got answers or solutions (78%), and were satisfied overall (78%); most providers agreed with these statements but did not strongly agree. Notably, nearly one-quarter of providers disagreed that CDEC gave them answers or solutions to questions (23%) or that they were satisfied with communication they receive from CDEC (22%; Appendix B, Table 44).

Exhibit 10. Provider experiences with communications from their LCO and CDEC

Providers' experiences with communications from their LCO¹



Providers' experiences with communications from CDEC²



Comments from providers about communications from their LCO and CDEC

Most UPK provider survey participants agreed they had positive experiences with their LCO and with CDEC. Provider focus group participants gave examples of positive communications from LCOs and CDEC.

"[My LCO] has been absolutely wonderful. She's super helpful. She communicates well and she really tries to help us. I also know that she's getting super overwhelmed and they recently moved from us being able to contact her directly to having to go through a help desk and then sometimes it's her calling us back. Or sometimes it's the help desk and when it's the help desk I don't usually get a good or as good of an answer as when she is able to answer us. She's also really great with our families. If they have questions that we can't answer, I refer them straight to her or have in the past. And that's been really awesome." ~Provider focus group participant

"There's been a lot of communication lately from the new Deputy Director of UPK. Fantastic. He's amazing. Wonderful communicator.... He's doing a great job of making sure that things are taken care of and he knows what providers need because he's taken the time to be involved. His background and his work history has been provider-focused and also family-focused with just what he does." ~Provider focus group participant

Data source: Colorado Universal Preschool Process Evaluation; provider survey; provider focus groups; Spring 2025.

¹n = 209-212, ²n = 206-213.

LCOs have the technology resources and baseline information they need, but communication challenges have made it difficult for them to carry out their role. Most LCOs agreed that they have the technology resources needed for their work and that information from CDEC is relevant, available in their preferred language, and accessible to staff with varying technology skills (Appendix B, Table 48). However, more than

half of LCOs disagreed with multiple statements about CDEC communications, indicating dissatisfaction, difficulties getting information needed, and lack of trust. More than half disagreed that:

- Information from CDEC about UPK covers everything they need to know about supporting providers and families
- They are satisfied with the communication received from CDEC
- The amount of communication they receive from CDEC is just right
- CDEC provides answers or solutions when they ask questions
- They can find answers to questions on the CDEC website or in other resources
- They trust the accuracy of the information from CDEC

In focus groups and interviews, there was consensus among LCOs, some state and regional leaders, and providers that LCOs experience challenges with CDEC communications that interfere with them carrying out their responsibilities. While communications between CDEC and LCOs have improved, LCOs felt there were still significant challenges with timing, consistency, and responsiveness of CDEC's communications. They also reported that structured communication mechanisms have been inconsistent. For example, weekly regional LCO meetings with CDEC were discontinued, leaving no regular venue for joint discussion or peer support. LCOs feel that CDEC's communications are now more instructional, telling them what to do, rather than engaging or collaborative. Some LCOs have begun self-organized peer groups to fill this gap.

UPK messaging must carefully avoid communications that can confuse families and local communities about the program and what they can expect from it. As shown in Exhibit 11, providers who completed the survey agreed that information was available in families' preferred language (74%), relevant for families care preferences (71%), and that families have the technology resources they need to access information about UPK (69%) (Appendix B, Table 49). However, approximately 40 percent of providers disagreed with the statement that families know who to contact with questions, understand the process for applying to programs with UPK seats, or that information about UPK is clear and easy for families to understand, indicating some significant concerns with communications to families (Appendix B, Table 49; see Exhibit 11).

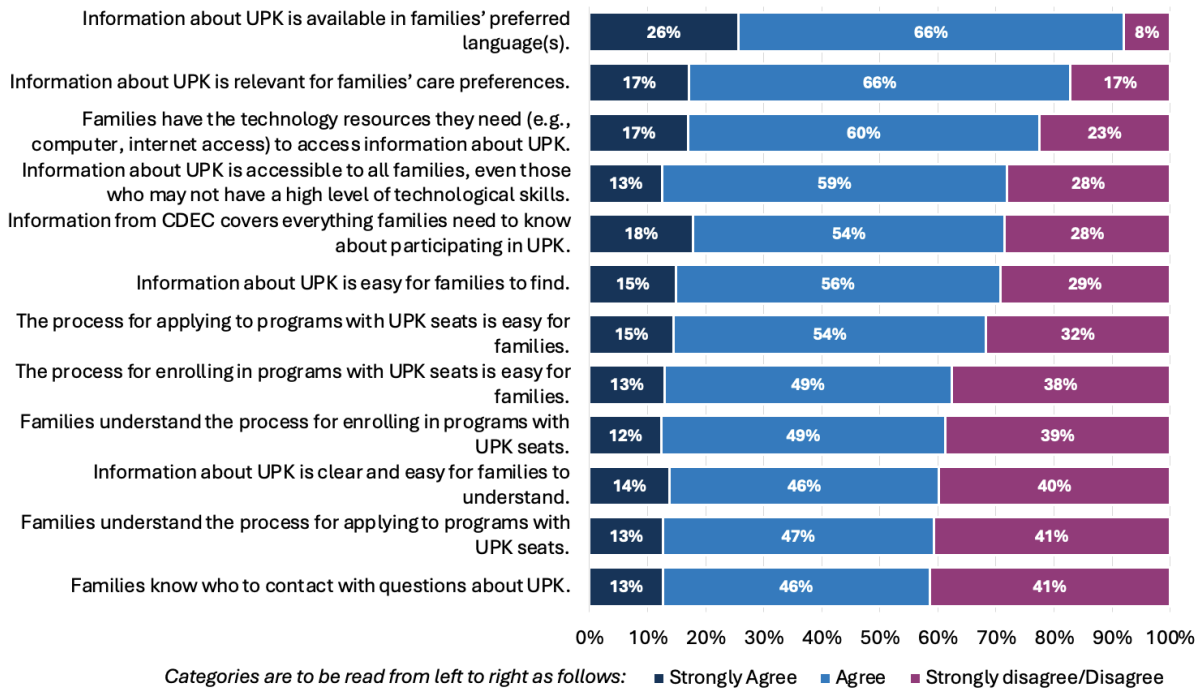
Providers in focus groups echoed these concerns about communications with families. Providers said that while there have been some improvements since the first year of UPK, more improvements are needed to get information about UPK to families. They felt that families need someone to sit down with them and go through the application and communicate about the hours, what they qualify for, and what that means for any additional out-of-pocket costs. However, some state and regional leaders noted that there are no funds for more community-based, in-person ways to inform families about UPK.

Providers in focus groups felt that messaging from CDEC and the Governor's Office has caused confusion, especially around eligibility, costs, and what "free preschool" means. Some state and regional leader interview participants expressed concerns that families are sometimes surprised to learn during the match and enrollment process that they do not qualify for supplemental hours, and that they may have to pay for the remaining hours. Providers also noted that messaging from the Governor's Office and CDEC that families are "saving \$6,000" (as stated on the UPK website⁵) has created confusion for some families, since families' actual savings may differ from this depending on the number of hours they qualify for and what their provider charges. Providers also described hearing comments in their communities that reflect misunderstandings about the UPK mixed delivery systems (e.g., that UPK is only offered through school-based programs, or that school-based programs are more "educational" than other providers) or about the UPK application and enrollments processes and timing.

⁵ The [UPK website](#) states: "Last year, families who participated in the program saved an average of \$600 a month, and \$6,000 a year, on preschool costs!"

Exhibit 11. Provider perspectives about communication to families

Providers who agreed or disagreed about families' experiences with UPK communications¹



Comments from providers about communication to families about UPK

Despite positive ratings about the relevance and accessibility of UPK information for families, just over half of provider survey participants felt that families understand UPK information and processes. Providers participating in focus groups elaborated on communication challenges that families experience.

"I know that this year, at least, that communication with the families has been better. I don't feel like I've had to spoon-feed the information to the families as much this year, but I still think that the information on the process with UPK—there's still a lot of confusion around that." ~Provider focus group participant

"If [families] make one mistake on the application, it messes up a whole bunch of stuff. I think instead of just relying on the parents filling out the application and that's the only communication they have, there needs to be a sit down and stuff gone over so that they can make sure they personally understand each section and what's going to happen. There just needs to be some more personal contact with the families." ~Provider focus group participant

"A key stroke difference [on the application] means only 15 hours worth of funding rather than 30, so that's a huge issue. Families are told that when they put all their information in hey, you're gonna qualify for 30 hours. So, that's what families think. Great, all apply for a full day. That's not what that means. You can get this, but it doesn't mean that the money is necessarily there or it's been awarded. So none of that is communicated to families whatsoever. Programs have to do that [communication]." ~Provider focus group participant

"I've talked to some other providers that say their families were upset. They're like, 'no, I'm supposed to save \$6,000 on tuition,' and this is for a child that attends 40-50 hours a week of care, and it really it's not [like that]. My families saved between \$3,000 and \$4,000 a year because... my costs are lower because I charge less for my services.... So, that's very confusing. And it's not just CDEC saying [that]. It's Governor Polis saying parents are saving \$6,000. Well, yes, if they were going to enroll their child in a program that charged \$6,000 for 15 hours of UPK, that's what they're saving. But in reality, dollar for dollar, my parents are saving closer to \$4,000. But that doesn't mean it doesn't cost me \$6,000 to provide those services, because even when I did my expenditure report, the money I got paid for two enrolled children did not even cover my hourly compensation for 15 hours a week." ~Provider focus group participant

Data source: Colorado Universal Preschool Process Evaluation; provider survey; provider focus groups; Spring 2025.

¹ ns = 201-206.

What are UPK’s application, matching, and enrollment processes, and how do they prevent common barriers for families and providers?

This question describes providers’ experiences signing up for UPK. It also explains providers’ descriptions of their own experiences as well as their perceptions of families’ experiences with UPK’s application, matching, and enrollment processes (including the four application pathways: Pre-Registration, Family Matching, Non-IEP Direct Enrollment, and IEP Placement); and providers’ experiences using the BridgeCare platform. More details on the Family Matching pathway are presented later in this report (p. 46). We consider potential improvements to prevent common barriers that families and providers experience.

Providers, LCOs, and state and regional leaders reported on providers’ experiences signing up for UPK; providers and families’ experiences with the UPK application, matching, and enrollment process; and potential adjustments to the process. Providers and LCOs shared information about these topics via surveys and focus groups. State and regional leaders commented via interviews and surveys. Information about families’ experiences is based on the perceptions of state and regional leaders, LCOs, and providers. Families’ perspectives on their own experiences will be collected in future evaluation years.

Key Findings:

- **State and regional leaders and LCOs perceived families as more satisfied with UPK application, matching, and enrollment processes than providers, and they perceived providers as less satisfied.**
- UPK providers found **some aspects of signing up for UPK to be easy**, such as becoming a UPK provider, staffing UPK classrooms with qualified teachers, and meeting UPK requirements.
- **Some UPK providers may need more information and support with navigating challenges when signing up for UPK**, including ensuring critical information is provided in the UPK Provider Agreement, addressing administrative burdens, and helping them to enter data in BridgeCare.
- **Overall, many providers found aspects of the UPK application, matching, and enrollment process to be easy; still, the process is confusing or burdensome for some.** More information about how to make the process easier is needed, especially for school-based providers experiencing more challenges and home-based providers without the technology skills to complete UPK processes.
- **Streamlining the UPK application, matching, and enrollment process and attending to technology demands may prevent confusion and difficulties families experience.** Families especially were perceived to experience confusion about Family Matching and finalizing enrollment with a provider.
- **Specifically, more efforts are needed to ensure families understand UPK’s qualifying factors for supplemental hours, BridgeCare’s questions about qualifying factors, and families’ options if they do not qualify for supplemental hours.**
- Suggested adjustments include **making BridgeCare more streamlined and user-friendly and directly supporting families to complete the UPK application, matching, and enrollment process.**

Providers’ experiences signing up for UPK

UPK providers found some aspects of signing up for UPK to be easy. As shown in Exhibit 12, around 70 percent or more of UPK provider survey participants described the following as easy (Appendix B, Table 52):

- Becoming a UPK provider
- Staffing UPK classrooms with qualified teachers
- Meeting UPK requirements
- Using BridgeCare

Similarly, over half of state and regional leaders as well as LCO survey participants agreed that providers know who to contact for support in applying to become a UPK provider, and that providers are generally satisfied with the process to become a UPK provider. However, over half of state and regional leader survey participants also agreed that providers understand the process for becoming a UPK provider and that the process of becoming a UPK provider is easy and feasible to complete. Only about half of LCO survey participants agreed with these statements (Appendix B, Table 53; Appendix B, Table 54).

To help them make an informed decision about whether to sign up as a UPK provider, providers requested that critical information be included in the UPK Provider Agreement. As previously noted, provider focus group participants and state and regional leader interview participants said that providers felt frustrated about being asked to sign the Provider Agreement when it lacks critical details on the reimbursement rate and timing and frequency of receiving UPK payments. They also described the reporting requirements in the agreement as vague, and lacking information about the content, frequency, and volume of data to be reported to CDEC. Some state and regional leaders suggested that some providers may feel they did not have enough information to decide whether to become a UPK provider.

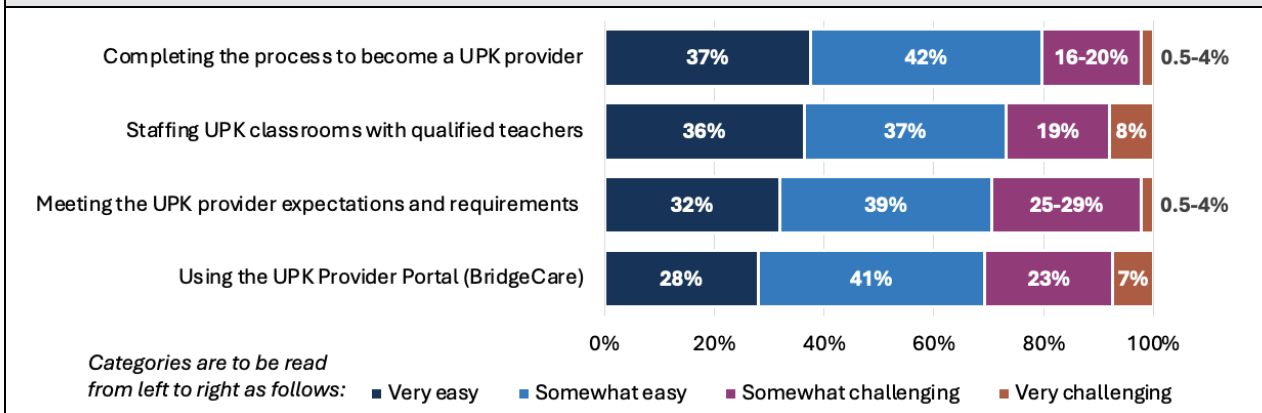
Identifying how to mitigate heavy administrative burdens in the process of signing the UPK Provider Agreement and submitting requested documentation from CDEC would improve providers' experiences signing up for the program. For example, some provider focus group participants were not the individual authorized to sign the agreement, and had to find a person in their program could sign. Other providers said it was difficult to understand legal jargon in the agreement. Like the comments in Exhibit 12, multiple providers also had trouble locating the appropriate insurance documentation requested, describing that insurance coverage and documents vary by provider type; some providers questioned whether CDEC understood these nuances related to insurance coverage.

LCO focus group participants and some state and regional leader interview participants felt that administrative burdens have discouraged some providers from signing up with UPK. Some provider focus group participants felt it would be helpful to have someone walk through the provider sign up process with them step by step. Some providers remarked that they have received this type of support from their LCO.

Some UPK providers may need support to navigate challenges initially entering their information in BridgeCare, and using BridgeCare thereafter. As shown in Exhibit 12, some provider focus group participants said BridgeCare is not provider friendly. For example, providers with multiple sites must enter multiple rounds of information in BridgeCare; in contrast, they appreciated signing one Provider Agreement to cover multiple sites. In addition, providers with UPK and non-UPK sites wished for filters in BridgeCare to see sites by UPK status or other child characteristics. Several providers also wished to make edits in BridgeCare without submitting a request to BridgeCare staff.

Exhibit 12. Provider experiences with provider enrollment

Providers who said the following processes related to becoming a UPK provider were easy or challenging¹



Comments from providers about their experience signing up to become a UPK provider

While around three-quarters of provider survey participants had positive experiences with the process of becoming a UPK provider, provider focus group participants pointed out various onboarding challenges.

“As a school district—and we’re considered a small school district even though our enrollment numbers and preschool are pretty high—it was a pretty heavy lift for us to get all of our provider information set up. I would say the portal is not provider friendly. There’s no kind of district friendly or multi-site friendly way to go about it.”

~Provider focus group participant

“We are just the one site and I can see how it would be difficult if we had more, but I didn’t have any issues with it. You know, put everything in and click submit and it went through pretty well.”

~Provider focus group participant

“As a family child care home, finding that insurance that needed to be carried was a chore and it wasn’t something that I had to have before to do what I was doing. And, I didn’t like that I was signing an agreement which I didn’t have all the information on what I’m signing. So, I didn’t like that I was signing that I would get paid, but I didn’t know how much I was gonna get paid. I didn’t like that. I was signing that I would fill out reports, but I didn’t know what those reports were gonna look like or be asked of me. I didn’t like that. The confusion, at least that first year on insurance, was dramatic.”

~Provider focus group participant

“There’s a lot of legal language that’s in that Provider Handbook. And not to say that I think that it should be simplified. But, I believe that districts have access to a legal team. Providers that are private don’t have those. We just don’t necessarily have both the time or the resources to go through a 39-page Provider Agreement and really understand what’s being asked of us.”

~Provider focus group participant

“As a Montessori school, I’m frustrated by some of the requirements. We are a mixed age group school. We have 40 children in a classroom from 2 1/2 through kindergarten and so some of the new regulations for it to feel like it’s not universal. And so if it’s going to be called ‘universal pre-K,’ it should actually be universal to all different types of schools.”

~Provider focus group participant

Data source: Colorado Universal Preschool Process Evaluation; provider survey; provider focus groups; Spring 2025.

¹ns = 187- 220.

Note: Consistent with suppression rules in our contract, in some cases we report ranges rather than exact percentages to prevent possible identification of participants in analyses with small sample sizes (i.e., n<10).

Ease of completing the UPK application, matching, and enrollment process

Overall, many providers had a positive experience with aspects of the UPK application, matching, and enrollment process, though school-based providers may need more supports. As shown in Exhibit 13, around two-thirds of provider survey participants overall had positive experiences with the following aspects of the family application, matching, and enrollment process (Appendix B, Table 52):

- Declining matches with a family for approved reasons
- Using BridgeCare to track and manage families' enrollment status
- Enrolling families who went through the UPK matching process
- The pre-registration process for families who were continuing care
- Managing a waitlist
- Enrolling families after the UPK matching deadline

However, chi-square tests indicated that a statistically significant higher percentage of school-based providers reported that the following were challenging or very challenging, compared to the percentage of community-based or home-based providers (Appendix B, Table 55):

- Using BridgeCare during the provider enrollment process (compared to community-based providers but not home-based providers)
- The UPK family application and matching process
- The pre-application process for families who were continuing care for a child currently enrolled, with siblings currently enrolled, or with a family member currently employed at their UPK program
- Using BridgeCare to track and manage the enrollment status of families who matched with their UPK program
- Managing a waitlist

It will be important to learn from school-based providers about the challenges they are experiencing and potential solutions. For example, school-based providers might need more support with steps in the application, matching, and enrollment process. Or, school-based providers might wish for more alignment between UPK processes and the application and enrollment systems they already use.

Families are perceived as more satisfied with UPK application, matching, and enrollment processes, whereas providers are perceived as less satisfied. Over half of state and regional leader and LCO survey participants agreed that families are generally satisfied with the UPK application, matching, and enrollment processes once they are matched to a provider (Appendix B, Table 56, Appendix B, Table 57).

Both state and regional leaders and LCOs appeared to rate the overall application process more positively than the matching process specifically. For example, about half of state and regional leaders agreed that providers were generally satisfied with the process for families to apply to a UPK program and the process of enrolling families post-UPK match, but over half disagreed that providers are generally satisfied with the UPK matching process. Following a similar trend, over half of LCOs agreed that providers are generally satisfied with the process for families to apply to a UPK program and the process of enrolling families post-UPK match, but only half agreed that providers are generally satisfied with the UPK matching process (i.e., the Family Matching pathway) itself (Appendix B, Table 58, Appendix B, Table 59).

Many providers have the resources and skills needed to complete UPK application, matching, and enrollment process, though this was less true for home-based providers. As shown in Exhibit 13, most providers agreed or strongly agreed that they had the technology resources (97%), technology skills (93%), and support staff (84%) needed to complete UPK processes (Appendix B, Table 60). Chi-square tests also showed that a statistically significantly or marginally lower percentage of home-based providers, compared to community-based and school-based providers, agreed or strongly agreed that they had the technology skills needed to complete UPK processes (Appendix B, Table 61).

Yet, about half of state and regional leader survey participants agreed providers have the technology resources to complete these processes (e.g., computer, internet access). Yet, over half disagreed that information about UPK is accessible to all providers, even those without a high level of technological skills (Appendix B, Table 62). In contrast, over half of LCO survey participants agreed that providers have the technology resources needed and that technology barriers do not limit providers' access to UPK information (Appendix B, Table 63).

Attending to technology needs and demands is important for preventing and addressing barriers that create challenges for families in the UPK application, matching, and enrollment process. Over half of state and regional leader and LCO survey participants agreed that families have the technology resources needed to complete these processes (e.g., computer, internet access; Appendix B, Table 64, Appendix B, Table 65). Many state and regional leader (over half) and LCO survey participants agreed that UPK information is accessible to all families, even those without high technology skills (Appendix B, Table 64, Appendix B, Table 65).

However, some provider focus group participants perceived that forcing families to complete the UPK application online, and not offering paper options, creates access barriers for some families who do not have access to technology (e.g., devices, internet) or strong technology literacy. LCO and provider focus group participants also described how restricted access to some aspects within BridgeCare limits the information they can see, which subsequently interferes with their ability to support providers and families, respectively.

Clarity in the UPK application, matching, and enrollment process

The UPK application, matching, and enrollment processes are confusing and burdensome for many providers, suggesting that more information about what would make the process easier for providers is needed. Appendix C presents the 2024-25 Colorado Universal Preschool Registration Form, which includes the specific questions families answer when submitting their application for UPK. As shown in Exhibit 13, about half of provider survey participants agreed that the UPK processes are too confusing (53%), and less than half agreed that UPK processes are too burdensome (47%) (Appendix B, Table 60). In addition, a significantly higher percentage of school-based providers reported that UPK processes overall were too confusing (relative to home-based and community-based providers) and too burdensome (relative to home-based providers) (Appendix B, Table 61). Further, relative to home-based providers, a marginally higher percentage of community-based providers reported that UPK processes were too confusing and too burdensome (Appendix B, Table 61).

These experiences are mostly consistent with state and regional leaders' and LCOs' perceptions of providers' experiences. At least half or more of state and regional leader and LCO survey participants agreed that UPK processes are too confusing, too burdensome, and too time-consuming for providers (Appendix B, Table 58, Appendix B, Table 59). Also, state and regional leader and LCO survey participants were roughly split in half about whether they agreed that the UPK Provider Portal (BridgeCare) is easy and feasible for providers to track and manage the enrollment status of families who match with their program. Some provider and LCO focus group participants and state and regional leader interview participants described administrative burdens providers experience when using BridgeCare and MetrixIQ.

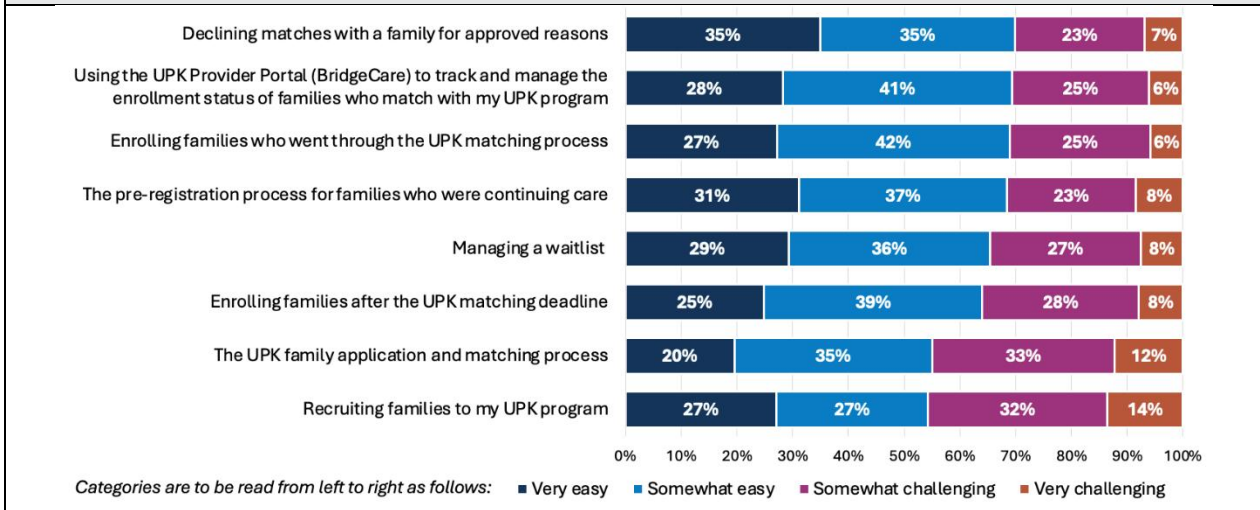
Yet, state and regional leaders as well as LCOs generally see providers as understanding the specific steps in the UPK application, matching, and enrollment process. Over half of state and regional leader and LCO survey participants agreed that providers understand the following (Appendix B, Table 58, Appendix B, Table 59):

- The process for families to apply for UPK, including the pre-application process
- The next steps for enrollment for families who match into their program
- How to decline matches with a family for approved reasons
- The process for enrolling families after the UPK matching deadline

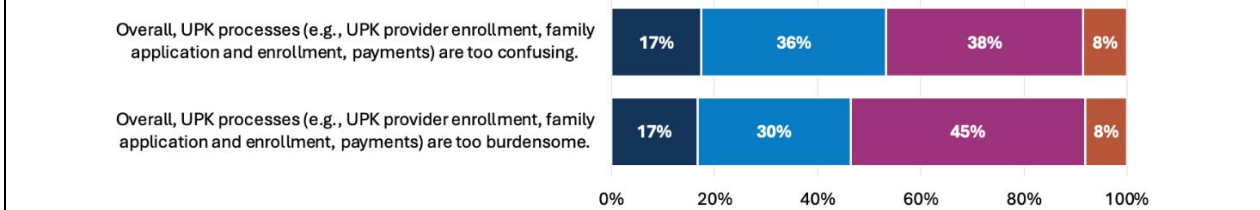
Also, many state and regional leader (about half) and LCO (over half) survey participants agreed providers understand the process of matching families to UPK providers (Appendix B, Table 62, Appendix B, Table 63).

Exhibit 13. Provider experiences with family application, matching, and enrollment

Providers who said the following processes related to family application, matching, and enrollment were easy or challenging¹



While the vast majority of providers agreed or strongly agreed that they had the technology resources (97%), technology skills (93%), and support staff (84%) needed to complete UPK processes, approximately half agreed or strongly agreed that the processes are too confusing (53%) or too burdensome (47%).²



Comments from providers about the family application, matching, and enrollment process

While around two-thirds of provider survey participants had positive experiences with the family application, matching, and enrollment process, about half noted challenges which they described as confusing and burdensome. Providers participating in focus groups elaborated on these challenges.

"On the family side...it's a lot of back and forth and they get really panicky and it's a lot of work. That's more of our time, walking them through every step. You have to send out so many reminders. You're getting your match. Accept your match. Don't forget to accept your match, or you'll be put back in the pool. Oh my gosh, you better accept your match. It's just so confusing and not equitable. That's what bums me out the most. It was supposed to be universal. I do not feel it is because it is such a hard process even on families." ~Provider focus group participant

"I really think [the application process] has to be improved upon significantly so families understand their part. We already mentioned the lengthy emails we get. Parents are getting the same and... come to me and they turn their phone around and say, 'What does this even say?' I've had a couple families I've accepted the match but they've declined because they don't understand. And then I lose them. I can't see them in BridgeCare anymore. Then they show up on the first day of school and they're like, I did all this with you. And I'm like, I have nothing. I can't see you. I don't have a spot for you. Fortunately, we've found ways to get them in, but it's just a very, very difficult process. I think the parent experience is frustrating and we have lost students and families because of it. I had a family who was like, this is just such a nightmare. Can I just pay you tuition? And I was shocked by that, that the family would rather pay out of pocket, than deal with the back and forth and all the steps." ~Provider focus group participant

Data source: Colorado Universal Preschool Process Evaluation; provider survey; Spring 2025.

¹ns = 133-220, ²ns = 204-218.

Streamlining the UPK application, matching, and enrollment process may prevent common barriers that make the process confusing and burdensome for families. Some state and regional leader interview participants felt that the application, matching, and enrollment process and systems are much clearer now for providers and families. However, over half of state and regional leader as well as LCO survey participants agreed that the UPK's processes are too confusing for families (Appendix B, Table 56, Appendix B, Table 57). Many state and regional leader (about half) and LCO (over half) survey respondents agreed that the processes are burdensome for families (Appendix B, Table 56, Appendix B, Table 57). However, over half disagreed that the UPK process are too time-consuming for families (Appendix B, Table 56, Appendix B, Table 57). CDEC reported that it takes families an average of 12 minutes and 40 seconds to submit their application in BridgeCare. State and regional leader and LCO survey participants had different views about how easy and feasible the process is for families, with over half of state and regional leaders agreeing and over half of LCOs disagreeing (Appendix B, Table 56, Appendix B, Table 57).

Many state and regional leader (about half) and LCO (over half) survey participants agreed that families understood the UPK application process, including the Pre-Registration process. However, many state and regional leader (about half) and LCO (over half) survey participants disagreed that families understood the Family Matching process or the Direct Enrollment process, and the next steps for enrollment after a provider accepts their match (Appendix B, Table 64, Appendix B, Table 65). Nonetheless, many state and regional leader (about half) and LCO (over half) survey participants agreed that families know who to contact if they need support to apply for or enroll in UPK (Appendix B, Table 64, Appendix B, Table 65).

Some state and regional leader interview participants gave examples of families' confusion with the steps in the process of applying, matching, and enrollment. BridgeCare has event alerts to notify families and providers of completed action steps or steps that require action. However, BridgeCare alerts have not been fully effective in communicating the steps in the process, actions needed, and the consequences of not completing specific action steps to users. As seen in districts that use a choice process for K-12 enrollment, some parents reportedly assume there are no further actions needed on their part once they receive news of their match, and they do not realize they need to accept the match and formally enroll the child with the provider. Should parents miss the steps of accepting the match and formally enrolling their child with their matched provider, families may lose the child's seat with the provider.

Provider focus group participants also noted that the process may be especially confusing and burdensome for families who are asked to fill out applications both for their school district and also within BridgeCare. They also indicated that school districts and UPK application windows might not occur on the same timeline.

More efforts are needed to ensure that families understand UPK's qualifying factors for supplemental hours, BridgeCare's questions about qualifying factors, and families' options if they do not qualify for supplemental hours. In general, over half of state and regional leader as well as LCO survey participants agreed that families understand eligibility criteria for supplemental UPK hours (Appendix B, Table 64, Appendix B, Table 65). Some provider and LCO focus group participants have observed families having difficulty understanding the application questions, which has consequences for how the family's application is routed in BridgeCare (for children with IEPs) or for families qualifying for supplemental hours (for the qualifying factor of multilingualism). Providers also described observing families being confused about the number of UPK hours they request in BridgeCare versus the number of hours they qualify for based on the qualifying factors; some families appear not to understand that they may need to pay the difference in tuition costs if they do not qualify for supplemental hours.

Potential adjustments to the UPK application, matching, and enrollment process

Suggested adjustments to BridgeCare include making it more streamlined and user-friendly. Some provider focus group participants suggested that administrative burdens using BridgeCare could be partially alleviated by reducing the number of steps in the process (e.g., back-and-forth at each step), which has presented challenges for families and providers. In addition, some provider focus group participants

recommended there be more efforts to make sure families understand each step, to make BridgeCare more family-friendly, and to reduce the amount of follow-up providers need to do with families.

Suggested recommendations to the UPK application, matching, and enrollment process include providing resources for directly supporting families to complete the process. To support families, some provider focus group participants reported that they are able to directly assist families by sitting down with them to complete the UPK application. However, they noted that not all providers are resourced to do this. Even if they are resourced to offer families these supports, some providers described how the amount of follow-up they must do with families can cause tension in provider-family relationships.

Are UPK families matched to their preferred setting, and how well does their match align with their care preferences?

This question describes perceptions about UPK’s Family Matching pathway including how it may affect families’ experiences seeking and accessing preschool services, its general utility, and its potential to increase equitable preschool access. Other sections of this report give more information about the numbers and characteristics of children who used the Family Matching pathway (pp. 64-68), and the characteristics of UPK providers where these children enrolled (pp. 69-75). State and regional leader interview participants as well as LCO and provider focus group participants shared their perceptions about families’ care needs and preferences, and how well they felt the Family Matching pathway is working. Future evaluation activities will examine extant data to determine if families who use the Family Matching pathway are matched to their preferred setting, and will collect families’ direct perspectives about their experience with the Family Matching pathway, including if they feel their match aligns with their care preferences.

Key Findings:

- **A high percentage of families who go through UPK’s Family Matching pathway are perceived to match to their first-choice provider, and families were perceived by state and regional leaders as being satisfied with their match results.**
- **More efforts are needed to understand if families who go through Family Matching can make a “true choice” to select and enroll with a provider that meets their needs and preferences, which may be affected by access barriers, coverage needs, and limited information about providers.**
- **More information is needed to fully understand the benefits and downsides of the Family Matching pathway to apply for UPK, and if the pathway increases equitable access to preschool.** Critics of the Family Matching pathway felt it did not reduce inequities in preschool access and added administrative burdens for families, raising questions about its overall utility. In contrast, supporters of Family Matching saw it as potentially promoting equitable preschool access and alleviating challenges in the application and enrollment process.
- **Understanding the utility of the Family Matching pathway must consider whether UPK’s policies about providers enrolling matched children is responsive to individual providers’ or children’s needs.** While UPK has allowances for declining matches, home-based providers especially noted aspects of the home-based setting factor into their enrollment decisions.

Perceptions of Family Matching to meet families’ needs and preferences

A high percentage of families who go through UPK’s Family Matching are perceived to match to their first-choice provider. CDEC application and enrollment data have not yet been used in this evaluation⁶ to examine if families who apply to UPK via the Family Matching pathway do in fact match to their first-choice provider. Yet, according to some state and regional leaders, families are reportedly satisfied with their match results. They also perceived families as being happy to no longer navigate securing care on a first-come, first-served basis that could involve submitting multiple applications, getting on waitlists, and paying application and waitlist fees. Some state and regional leaders argued that the high first-choice match rate indicates that matching is not needed.

More efforts are needed to understand if families who go through Family Matching can make a “true choice” to select and enroll with a provider that meets their needs and preferences, which may be affected by access barriers, lack of alignment with families’ care coverage needs, and limited information about providers. State and regional leaders suggested that families may live in areas where the number of

⁶ Due to the truncated timeline for this first year of evaluation, it was not feasible to analyze these data for this report.

providers is limited, thereby reducing their available options. In addition, in general, providers perceived families as needing more than 15 hours of care per week, and if they do not qualify for supplemental hours, they may turn down UPK funding and look for other options with full or extended day coverage. Further, some state and regional leaders suggested that limited information about providers in BridgeCare (e.g., quality ratings) that would inform families' selections may restrict families' decisions to be based on the information that is available (e.g., safety, location). Appendix D shows an excerpt from a de-identified provider's profile in BridgeCare.

Perceptions of Family Matching to reduce inequities

Critics of UPK's Family Matching pathway felt it did not address, or even exacerbated, inequities in preschool access and added administrative burdens. These concerns prompted questions about the overall utility of the Family Matching pathway. Some state and regional leaders noted that Family Matching does not achieve purported equity goals because all families are treated the same and are not necessarily getting their needs met via matching. Some LCOs suggested that UPK's Family Matching application timeline is misaligned with that of some school districts which could increase burdens for families to submit multiple applications. In such situations, families might not get the slots they want, or they might get the slot they want with a district and then subsequently disenroll with a private provider. Some LCOs advocated for handling matching locally; other LCOs were not enthusiastic about the idea of a local matching process and described it as feeling overwhelming. Some state and regional leaders also suggested UPK completely move to a direct enrollment model.

Supporters of UPK's Family Matching pathway emphasized its potential to alleviate equity challenges in the enrollment process. Some LCOs and state and regional leaders felt that UPK's Family Matching pathway promotes equitable preschool access, with some arguing that all families can enroll with a provider of their choosing, with matching thereby "leveling the playing field." Specifically, they suggested that UPK's Family Matching pathway improves upon the first-come, first-served application and enrollment processes families and providers previously faced prior to UPK, which may disadvantage families lacking the time, financial, experiential, or relational resources to submit applications and get on waitlists with multiple providers. Some LCOs felt encouraged by families' reports that UPK's Family Matching pathway removed the need for them to be on a waitlist for multiple years, which LCOs felt gave more families equitable access and protected the mixed delivery system.

Understanding the utility of the Family Matching pathway must consider whether UPK's policies about providers enrolling matched children are responsive to individual providers' or children's needs. While not a critique of the Family Matching pathway's utility per se, some providers were concerned about their perception of UPK requiring them to enroll matched children in their program despite UPK having allowances for providers to decline matches. These concerns centered on worries that providers may be forced to enroll matched children without consideration of providers' or the child's needs. Multiple providers, particularly home-based providers, felt that some settings may not be a good match for a child's needs, and that Family Matching reduces opportunities to assess fit for the provider, child, and family. Home-based providers also pointed out the unique context of their settings when making enrollment decisions. For example, home-based providers aim to build relationships with families early in the application process, especially given that enrolled children will be in the provider's home.

What does UPK implementation look like at the learning setting level?

This question describes various aspects of the learning settings among UPK providers, with consideration of how variability in learning settings may reflect UPK offering families choices across a mixed delivery model. Providers reported on their program's structure, operations, early childhood practices, and services on the provider survey.

Key Findings:

- **As a mixed delivery model, there is wide variation in how providers structure UPK attendance and programming.** Some report specific days and times when all UPK children attend, and others do not.
- **UPK and non-UPK children are commonly integrated within classrooms.** Providers also use similar practices across UPK and non-UPK children.
- **Providers largely rely on existing staff to teach in UPK classrooms.** Most providers indicated assigning existing staff or a combination of existing staff and new staff to UPK classrooms. Providers also offer varying types and amounts of professional development to lead and assistant teachers.
- **Most providers reported using a whole-child curricula** that focused on multiple domains of children's learning. **Use of domain-specific curricula is less common**, especially for math or science.
- **Most providers use developmental screening and formative assessment practices**, as well as **observations of instructional quality.** Most providers regularly use data to guide instruction.
- **School-based providers are more likely than community- and home-based providers to use curricula, developmental screening, formative assessments, and observations.** Findings suggest that different types of providers might need different supports to increase use of these practices in the future.
- **Many, but not all, providers offer a range of early childhood services beyond UPK programming.** This includes health screenings, services for children with developmental delays, early childhood mental health consultation, and mental health referrals for children and families.
- **A subset of providers offer instruction in languages other than English, formally and informally.** While some formally offer dual language instruction or instruction in languages other than English, many more providers reported staff speak Spanish, Arabic, or other languages with UPK children.
- **Most providers indicated strong family engagement across many different practices.** Providers highly agreed that staff were committed to high quality interactions with families and ensuring all families are included, but slightly less strongly agreed that they included families in decision making.

UPK providers' program structure and staffing

As a mixed-delivery model, there is wide variation in the way providers structure UPK attendance and programming. Just over half (57%) of providers indicated that all UPK children attend on specific days and times, whereas the rest (43%) did not report using this type of attendance schedule (Appendix B, Table 66). Only 30 percent of providers reported that they designated specific days or times for UPK programming (Appendix B, Table 67).

UPK and non-UPK children are commonly integrated within classrooms. Just over half of providers (56%) reported that UPK and non-UPK children are mixed in all classrooms, and another 28 percent said this occurs in some classrooms. Very few providers (7%) reported fully separating UPK and non-UPK children in different classrooms (Appendix B, Table 68). Further, nearly all providers (93%) reported using similar curricula, assessments, and other practices with UPK and non-UPK children in their programs (Appendix B, Table 69).

Providers largely rely on existing staff to teach in UPK classrooms and offer varied types and amounts of professional development. Nearly two-thirds of providers assigned existing staff to teach in UPK classrooms, while a little over one-third combined existing staff and new hires. Only a few hired entirely new staff (Appendix B, Table 70). Most providers reported they offer lead and/or assistant teachers paid planning time (93%) and access to mentoring or coaching (86%); fewer (43%) offered paid time off to participate in college courses or training (Appendix B, Table 71). Few providers (11%) used different staffing practices or professional development with teachers who do and do not work with UPK children (Appendix B, Table 72).

Additional information about structure and staffing by provider type is provided in the Appendix (Appendix B, Tables 73-78).

Curricula, screening, and assessment

Most providers reported using whole-child curricula focused on multiple domains of children's learning. Creative Curriculum was the most used whole-child curriculum, indicated by one-third of providers. Fewer providers (1 to 8%) used other whole-child curricula, including Experience Curriculum, High Scope, Big Day for Pre-K, Connect4Learning, Core Knowledge, Frog Street Pre-K, Funshine Express, Opening the World of Learning, Pre-K for ME, Tools of the Mind, or a proprietary curriculum developed for their corporation. A notable portion (31%) reported using another curriculum not listed. Although most providers reported that educators used a whole-child curriculum, about one-third indicated that educators plan materials according to themes but do not use a formal curriculum. Three percent indicated that educators do not yet use a specific process for planning for domains of children's learning (Appendix B, Table 79).

Use of domain-specific curricula is less common, especially curricula focused on math or science learning. Relatively few providers use stand-alone domain-specific curricula. About one-third (33%) of providers use a social-emotional learning (SEL) curriculum, and one-quarter (23%) use a language and literacy curriculum. Fewer providers reported using a math (15%) or science (9%) curriculum (Appendix B, Table 80).

Most providers use developmental screening and formative assessment practices. The most used developmental screeners are the Ages and Stages Questionnaire (47%) and Ages and Stages Questionnaire: Social Emotional (30%) (Appendix B, Table 81). The most used formative assessment tool is Teaching Strategies Gold (43%) (Appendix B, Table 82). Providers reported high use of the data they collect. Almost 70 percent regularly (56%) or often (13%) review individual children's data with teaching staff to make joint decisions about adjusting curriculum or classroom practices. Another 22 percent reported doing so sometimes (Appendix B, Table 83).

Although most providers reported using screening and assessment practices, about one-third reported that they did not use a developmental screener (34%) or a formative assessment (31%) (Appendix B, Tables 81-82).

Many providers (59%) use an observation of instructional quality. Among these, the most used tools are the Environment Rating Scales (64%) and the Classroom Assessment Scoring System (44%). Some also use the Teaching Pyramid Observation Tool (16%) or other observation frameworks (Appendix B, Tables 84-85).

School-based providers are more likely than community- and home-based providers to use curricula, developmental screening, formative assessments, and observations, suggesting that different types of providers might need different supports to increase use of these practices in the future. For example, over 60 percent of school-based providers reported using an SEL curriculum, which was significantly higher than the percentage of community-based providers (33%) and home-based providers (2-16%⁷) using SEL curricula; the percentage of community-based providers using SEL curricula was also significantly higher

⁷ Consistent with suppression rules in our contract, in some cases we report ranges rather than exact percentages to prevent possible identification of participants in analyses with small sample sizes (i.e., $n < 10$).

than the percentage of home-based providers. Following a similar trend, over 40 percent of school-based providers reported using a language and literacy curriculum, which was significantly higher than the percentage of community-based providers (21%) and home-based providers (2-16%). Approximately 30 percent of school-based providers used a math curriculum, which was significantly higher than the percentage of community-based providers (12%) and home-based providers (2-16%) (Appendix B, Table 87).

In addition, the percentage of home-based providers reporting that they did not use any developmental screener (56%) or formative assessment (51%) was significantly higher than the percentage of community-based providers reporting the same (31% did not use any screener, and 31% did not use any formative assessment). Percentages for both home- and community-based providers were significantly higher than the percentage of school-based providers reporting that they did not use any developmental screener (3-24%) or formative assessment (0%). Similarly, approximately 40 percent of home-based providers used observations of instructional practice, compared to 60 percent of community-based providers and over three-quarters of school-based providers; all group differences were statistically significant.

Services and languages

Many, but not all, providers offer a range of early childhood services beyond UPK programming. Just over half of UPK providers provided the following services directly or through a partner organization, whereas the remaining providers did not offer these services (Appendix B, Table 91):

- Health screenings for children (52%)
- Services for children with developmental delays (52%)
- Early childhood mental health consultation (54%)
- Mental health referrals for children and families (53%)

A subset of providers offer instruction in languages other than English, formally and informally. For the official language of instruction for their UPK programs, most providers offered English language instruction (84%), while some offered dual language instruction (18%), in Spanish only (4%), or another language only (under 4%) (Appendix B, Table 92). However, providers indicated greater language diversity beyond the official language of instruction for their UPK programs. Nearly 40 percent of providers indicated that staff speak Spanish with UPK children at their program, four percent have staff that speak Arabic with UPK children, and five percent have staff that speak another language with UPK children (Appendix B, Table 93). Also, about one-third of providers offer multilingual support services for children and/or families (Appendix B, Table 91).

Family engagement practices

Nearly all providers indicated strong family engagement across a range of different practices. Over 95 percent of providers agreed or strongly agreed that staff were engaged in most of the family engagement practices we surveyed. Providers reported the strongest agreement for the following practices, with over two-thirds strongly agreeing that: staff showed a commitment to high quality interactions with families (72-75%), staff ensured that all families are included in all aspects of the program (67-70%), and staff used a variety of strategies to communicate with families and community partners (67-70%). Although overall agreement was still high, fewer providers reported that they strongly agreed that staff regularly have opportunities to develop skills to work effectively with diverse families (44%) or that staff engage families and community partners in decision making (35%) (Appendix B, Table 94).

UPK participation

The following EQs provide information about the providers, children, and families who do and do not participate in UPK. This information is primarily descriptive; however, information about the variability in who participates in UPK can also inform continuous improvement efforts.

- What are the characteristics of UPK and non-UPK providers?
- 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?

What are the characteristics of UPK and non-UPK providers?

This question describes factors that may influence why providers do and do not sign up to be a UPK provider, which may inform efforts to increase provider participation. To describe UPK's reach among providers, this question reports on the numbers of UPK and non-UPK providers and variations in their delivery setting, quality, and other characteristics. Information about providers' sign-up decisions is based on provider survey and focus group data, as well as state and regional leader interviews and LCO focus groups. CDEC licensing data and UPK provider lists provided data about provider characteristics.

Key Findings:

- **Child- and family-centered reasons and funding needs** often influenced providers' decisions to sign up to be a UPK provider; providers who did not sign up have **concerns about autonomy and UPK requirements**, suggesting the need to understand these concerns and how to address them.
- **Over 60 percent of all licensed providers were participating in UPK by the second year of the program (2024-2025), and retention from Year 1 to Year 2 was high.** A very small percentage discontinued after Year 1.
- **While participation in UPK is high for community-based providers, there is a need to understand limited participation of home-based providers.** Participation in UPK is also high among providers with higher levels of quality and those eligible to serve children receiving CCCAP.
- **Relatedly, while UPK providers represent the range of mixed delivery settings, home-based providers constitute the largest proportion of non-UPK providers.** UPK providers included a mix of community-based, home-based, and school-based providers.
- **UPK providers span the range of quality levels with many operating at high levels of quality, whereas nearly all non-UPK providers are operating at the lowest levels of quality.**
- **Most UPK providers are eligible to serve children receiving CCCAP, but most non-UPK providers are not.**

Providers' decisions about signing up for UPK

UPK providers' decisions about becoming a UPK provider were often influenced by child- and family-centered reasons. As shown in Exhibit 14, 71 percent of UPK provider survey participants reported the families they serve wanted their children to participate in UPK, which heavily influenced providers' decision to sign up for the program (Appendix B, Table 95). This finding is consistent with comments from some provider focus group participants as well as some state and regional leader interview participants. In addition, 58 percent of UPK provider survey participants indicated that they signed up to attract more families to their program (Appendix B, Table 95). Some provider focus group participants described how signing up to become a UPK provider would help make sure that families have reduced child care costs, allow them to offer families different preschool setting types, and give them the opportunity to serve specific populations of children and families. A few provider focus group participants felt that becoming a UPK provider could offer their program visibility to their community and show the value of the services their program offers.

"[One reason I signed up for UPK] was to show the families and the community that the [home-based] services I provide in my program are considered just as valuable as other settings." ~Provider focus group participant

Funding needs played a role in whether providers signed up for UPK. As shown in Exhibit 14, 67 percent of UPK provider survey participants cited factors related to wanting to serve families and getting additional access to funding as major reasons for becoming a UPK provider (Appendix B, Table 95). This finding was consistent with comments from many provider focus group participants and state and regional leader interview participants, who noted the need for funding to keep providers' businesses afloat; several providers remarked that this was especially true for those who previously were a CPP provider. In addition,

some providers felt they had to compromise and live with what UPK is offering and requiring, or risk under enrollment that would force them to close a classroom or re-license it for a different age group. Further, some LCO focus group participants and some state and regional leader interview participants felt that the UPK reimbursement rate, as well as information about payments and payment timing, influenced providers' decisions to sign up for the program. Some state and regional leaders suggested that private providers with tuition that exceeds the UPK reimbursement rate and that have healthy waitlists may not feel the need to participate in UPK.

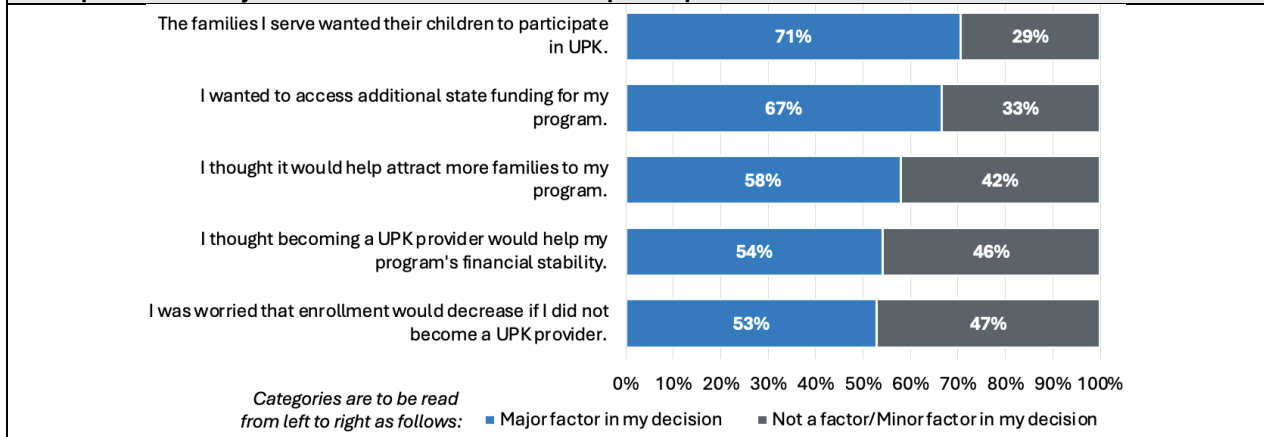
In addition, UPK funds are desired for specific purposes. For example, some provider focus group participants and some state and regional leader interview participants indicated that providers needed funding to serve children who receive IEP services. Some providers also noted that UPK participation gives their program funds to support the provision of high-quality ECE programming.

Providers who did not sign up for UPK were most often influenced by autonomy concerns related to the UPK requirements, offering an opportunity for CDEC to understand these concerns and how to address them. As shown in Exhibit 14, 60 percent of non-UPK provider survey participants indicated that not wanting their program to lose its independence and wanting to be able to select which children to enroll in their program were major factors that influenced their decision not to become a UPK provider (Appendix B, Table 96). These findings are consistent with comments from LCO focus group participants as well as state and regional leader interview participants. They suggested that some providers' decisions about signing up for the program were influenced by UPK requirements and expectations, such as those related to insurance, curriculum choices, and autonomy over enrollment decisions. Some state and regional leaders also speculated that providers may have questions about whether the state would be responsive to and respectful of providers' culture, language, and values.

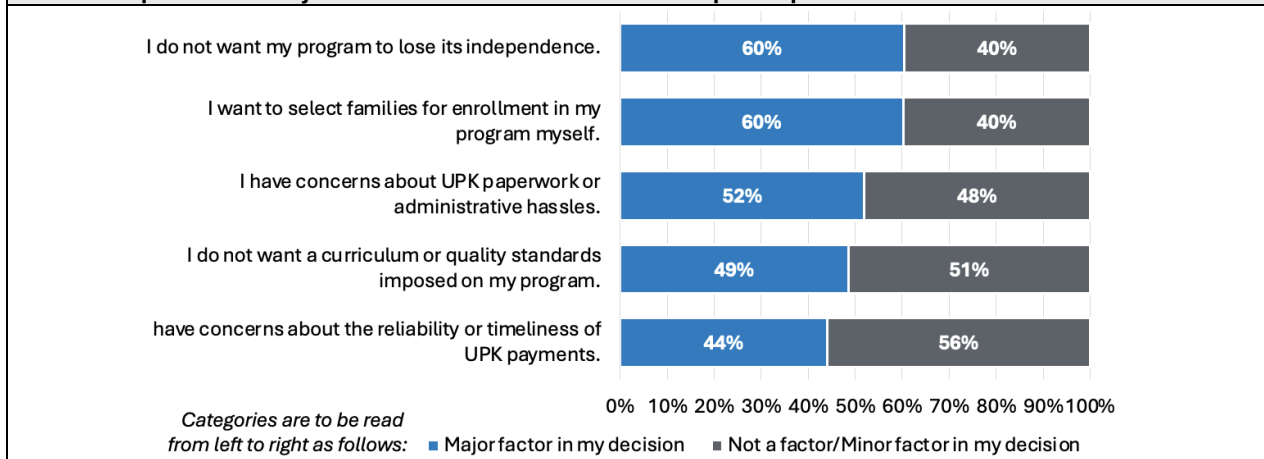
A range of other reasons may influence providers' decisions about whether to sign up for the program. About half (52%) of non-UPK survey participants also had concerns about burdens associated with UPK paperwork and administrative burdens (Appendix B, Table 96). While most focus group participants were UPK providers, they described perceived concerns from non-UPK provider peers about the challenges and difficulties UPK has experienced so far as a deterrent to signing up for the program. This second-hand perspective is consistent with comments from some providers and state and regional leaders who felt that non-UPK providers were waiting to sign up until after the program had stabilized. UPK providers also speculated that some of their non-UPK peers were unable to participate due to having low quality ratings for their program. In addition, LCO focus group participants and some state and regional leader interview participants also identified relationship factors that influenced some providers' decisions about becoming a UPK provider, such as the opinions and experiences of fellow providers, the amount of support LCOs could give to them, and lack of trust with the state.

Exhibit 14. Provider reasons for participating or not participating in UPK

UPK providers' major factors in their decisions to participate in UPK¹



Non-UPK providers' major factors in their decisions not to participate in UPK²



Comments from providers about factors that influenced their decision to become a UPK provider

While Non-UPK provider survey participants cited concerns about program autonomy, UPK provider survey and focus group participants said serving families and funding motivated them to sign up for UPK.

"We're a faith-based program and one of the goals of our school was to provide a great preschool experience at an affordable cost." ~Provider focus group participant

"And as a school district, we definitely prioritize offering low-cost options for early education, early intervention programs because we really believe in that strong foundation to start out for early education and then later school success. So I would say it was also a no brainer that we would participate because we know our district families and our students really would benefit from the program." ~Provider focus group participant

"Our families can really benefit from it [UPK], and it also provides us with a little more financial stability, just having that direct tuition payments to us allows us to provide care to our kiddos. We work with a lot of low-income, single families. And the quality improvement system that they work with; I think is also really attractive and that helps us kind of make sure that we continue to be a quality care program." ~Provider focus group participant

"We needed public funding in order to stay afloat and we are also an AU [Administrative Unit]. So, we serve students with disabilities. So, in order to fund them, we had to be a UPK provider." ~Provider focus group participant

Data source: Colorado Universal Preschool Process Evaluation; provider survey; provider focus groups; Spring 2025.

¹n = 226-229, ²n = 100-103.

Participation rates

When considering all provider types eligible to serve preschool children,⁸ over 60 percent (62%) of Colorado providers were participating in UPK by the second year of the program (2024-2025), and retention across Years 1 and 2 of UPK was high. Only a very small percentage (3%) of providers participated in Year 1 but not Year 2 (Appendix B, Table 97). A slightly higher percentage (8%) did not participate in Year 1 but were participating in Year 2 (Appendix B, Table 97). Approximately 95 percent of providers who participated in Year 1 ($n = 2,008$ total Year 1 participants⁹) continued to participate in Year 2 ($n = 1,909$ providers who participated in both Years 1 and 2; Appendix B, Table 97).

While participation in UPK is high among community-based providers, there is a need to understand why participation among home-based providers is lower and whether this affects families' access to UPK in settings of their choice. Nearly 75 percent of community-based providers participated in UPK in 2024-2025 (1,024 participating out of 1,390), while about 30 percent of home-based providers participated (411 participated out of 1,356). All school-based providers licensed to serve 3- and/or 4-year-olds are participating in UPK (Appendix B, Table 98).

Participation in UPK is also high among providers with higher levels of quality. Eighty-five percent of Colorado Shines Level 3, 88 percent of Level 4, and 92 percent of Level 5 providers participated in UPK in 2024-2025. Also, 75 percent of providers eligible to serve children receiving CCCAP participated in UPK.

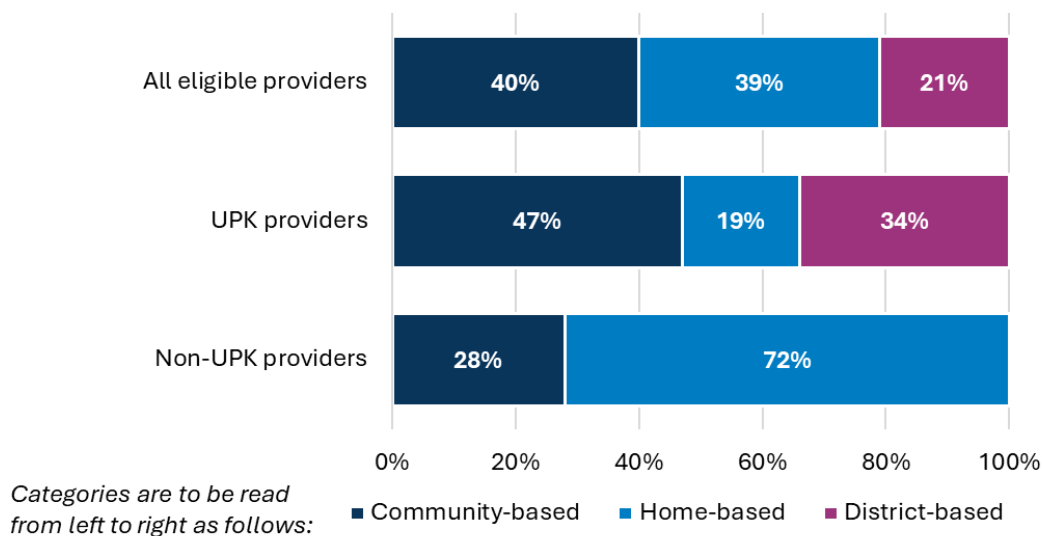
Provider characteristics

UPK providers represent the range of mixed delivery settings, whereas home-based providers constitute the largest proportion of non-UPK providers. Approximately 47 percent of UPK providers were community-based providers, 34 percent were school-based providers, and 19 percent were home-based providers. In contrast, home-based providers made up nearly three-quarters of non-UPK providers (72%), followed by over one-quarter being community-based providers (28%; Exhibit 15; Appendix B, Table 98). Some home-based providers stated in focus groups that they wished that more of their peers would participate in UPK.

⁸ This includes all providers licensed to serve 3- and 4-year-olds, as well as home-based providers (for whom licensed capacity is not distinguished by age group).

⁹ This includes providers who only participated in Year 1 and providers who participated in Years 1 and 2.

Exhibit 15. Provider types among all eligible providers, UPK providers, and non-UPK providers



Source: Colorado Universal Preschool Process Evaluation; CDEC licensing data (March 2025); UPK provider lists.
Note: n = 3,485. Non-UPK providers included 28% community-based providers, 72% home-based providers, and 0% district-based providers (district-based percentage not shown above).

UPK providers span the range of quality levels with many operating at high levels of quality, whereas nearly all non-UPK providers are operating at the lowest levels of quality. Based on quality ratings in Colorado Shines (Exhibit 16), just over half (54%) of UPK providers are Colorado Shines Level 1 or Level 2 providers, six percent are Level 3, about one-third are Level 4 (34%), and six percent are Level 5. These represent higher levels of quality compared to non-UPK providers, where approximately 90 percent are Colorado Shines Level 1 or Level 2 providers, 2 percent are Level 3, eight percent are Level 4, and one percent are Level 5 (Exhibit 17; Appendix B, Table 98). Some UPK provider focus group participants advocated for stricter quality-based criteria to be eligible to become a UPK provider.

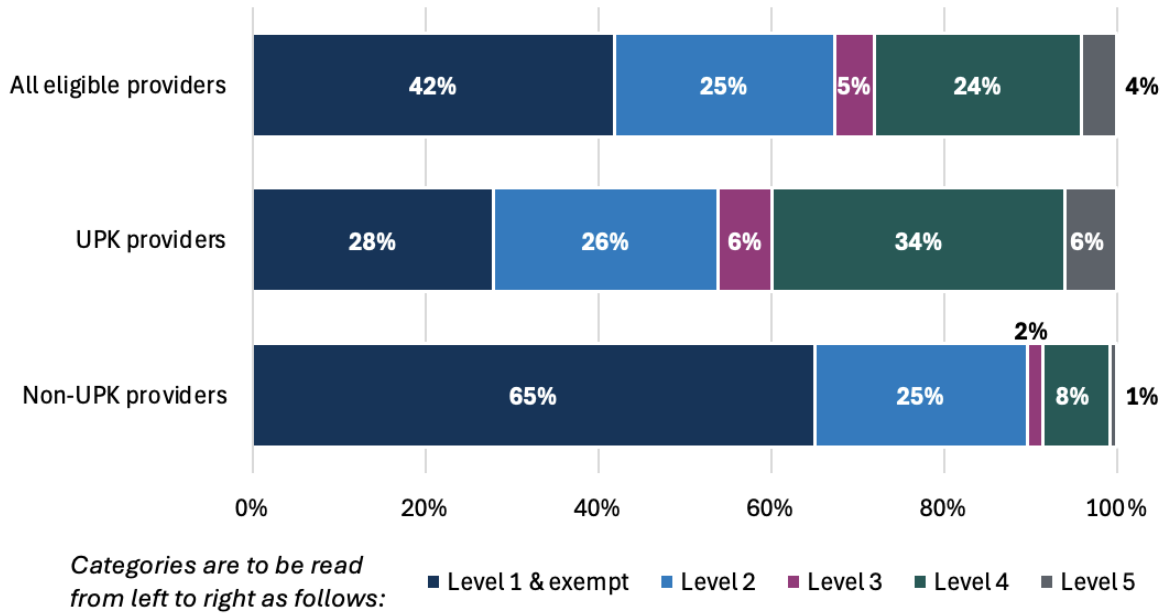
The majority of UPK providers are eligible to serve children receiving CCCAP, while the majority of non-UPK providers are not. Nearly two-thirds (63%) of UPK providers could serve children receiving CCCAP, compared to just over one-third (35%) of non-UPK providers (Appendix B, Table 98).

Exhibit 16. Colorado Shines

Colorado Shines is Colorado’s official quality rating and improvement system (QRIS) for licensed early childhood education programs.

- At Level 1, providers are licensed and registered with the Provider Hub.
- At Level 2, staff are registered in the Professional Development Information System (PDIS) and 75 percent have completed Colorado Shines training. Programs are also taking steps toward quality improvement (e.g., completing a self-assessment and creating a quality improvement plan).
- Levels 3, 4, and 5 are determined by points in the following areas: workforce qualifications and professional development, family partnerships, leadership, management, and administration, learning environment, and child health. In most cases, school districts, Head Start programs, and programs with accreditation from the National Association for the Education of Young Children (NAEYC) automatically have a minimum rating of Level 4.

Exhibit 17. Colorado Shines levels among all eligible providers, UPK providers, and non-UPK providers



Source: Colorado Universal Preschool Process Evaluation; CDEC licensing data (March 2025); UPK provider lists.
Note: n = 3,485.

What are the characteristics of UPK and non-UPK children and families?

This question describes factors that may influence why families do and do not apply to or enroll with UPK providers, which may inform efforts to increase families' participation. To describe UPK's reach among families, this question reports on the numbers of participating children and families, their use of specific application pathways, and variations in their delivery setting, quality, and other characteristics such as UPK's qualifying factors for supplemental hours (i.e., income, multilingual status, having an IEP, experiencing homelessness, or being in foster care). More detailed information about application pathways and enrollment as related to child and family or provider characteristics is presented later in this report (p. 64). This question also describes information about enrollment changes for providers, which could identify potential areas for further study or program improvements. Perceptions of families' reasons for applying to and enrolling in UPK are based on state and regional leader interviews as well as LCO and provider focus groups. UPK application, enrollment status, and payment data were used to describe characteristics of UPK applicants and UPK attendees in Year 2 of UPK.¹⁰ In addition, providers reported on enrollment in their programs in focus groups and on the survey.

Key Findings:

- **Multiple factors may influence families' decisions to apply or enroll in UPK.**
- **Over 46,000 children applied to UPK in 2024-2025**, and they varied in family income, multilingual status, housing status, foster care placement, and race/ethnicity. About one-quarter of children were from families with incomes under 100 percent of the federal poverty level (FPL), just under one-third (30%) were from families with incomes between 100-270 percent of the FPL, and 45 percent were from families with incomes over 270 percent of the FPL. In addition, one-quarter were multilingual, one percent were unhoused, and two percent were in foster care.
- **Children applied to UPK via four pathways:** Pre-Registration (for continuity of care), Family Matching, Non-IEP Direct Enrollment (after the application and matching deadline), or through the separate IEP Placement process for children with IEPs.
- **Over 42,000 4-year-old children had attended UPK in the 2024-2025 school year (as of January 2025).** Attendees' background characteristics looked similar to those of applicants.
- **Most children were enrolled in school-based and community-based providers, with lower numbers enrolled in home-based providers**, prompting the need to further understand families' preferences.
- **Providers across settings experienced changes in the populations of children they serve since becoming a UPK provider.** Some are now serving Spanish-speaking children or children with IEPs.
- **While about half of providers have experienced stable enrollment since becoming UPK providers, it will be important to learn more about others that have experienced increases or decreases.** About one-quarter of UPK providers who completed the survey reported decreases in enrollment numbers since becoming a UPK provider.

Perceptions of families' decisions about applying for UPK

Multiple factors may influence whether families apply to or enroll in UPK. Provider focus group participants and state and regional leader interview participants suggested that families primarily are

¹⁰ Analyses in this year of the evaluation focus on characteristics of UPK children and families only. Future analyses may examine characteristics of non-UPK children and families.

interested in UPK to help them ease the burden of child care costs. State and regional leaders felt that some families are interested in UPK because they value having their child participate in preschool.

Some state and regional leaders had ideas about why families may choose not to apply to or enroll in UPK:

- They are already happy with a non-UPK provider.
- They are unaware of UPK.
- They prefer to keep their child at home.
- They experience fear or hesitancy about applying (e.g., if families are undocumented).
- They feel that the hours and schedules of the providers available to them do not meet their needs.

“At the end of the day, families are looking for convenience and part of that is the amount of money that they would potentially save on their tuition, and they're not going to put their personal feelings or loyalties to any one program over convenience and getting a little bit of a tuition break.” ~Provider focus group participant

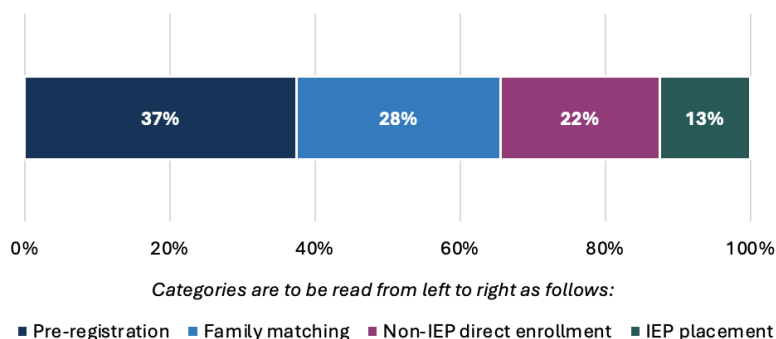
Families’ perspectives on the reasons why they do or do not apply to or enroll in UPK will be included in future evaluation years.

UPK applicants

Children applied to UPK via four pathways. Effective in the 2024-2025 school year, the application pathways included: Pre-Registration (for continuity of care), Family Matching, Non-IEP Direct Enrollment (after the Family Matching deadline), or through the separate IEP Placement process. Over one-third (37%) of children applied via Pre-Registration, about one-quarter each went through the Family Matching (28%) and Non-IEP Direct Enrollment (22%) pathways, and 13 percent had IEPs and therefore were routed through the IEP Placement process (Exhibit 18; Appendix B, Table 99).

“It can't be that we can't serve 3-year-olds.... If we're losing those 3-year-olds to build into our pre-k program, we just don't have kids to pull from. And it's kind of just beating our heads against the walls, like what do we do? It's like the district here, and I don't know how it is in the rest of the state, the district here, has that edge with those 3-year-olds.” ~Provider focus group participant

Exhibit 18. UPK applicants who applied to UPK by different pathways in 2024-2025



Data source: Colorado Universal Preschool Process Evaluation; Colorado Universal Preschool Program 2024-2025 child application and child enrollment status (through January 2025).

Note: n = 46,026.

Over 46,000 children applied to UPK in 2024-2025, and they varied in terms of family income, multilingual status, housing status, foster care placement, and race/ethnicity. About one-quarter (26%) of children were from families with incomes under 100 percent of the federal poverty level (FPL), just under one-third (30%) were from families with incomes between 100-270 percent of the FPL, and just under half (45%) were from families with incomes over 270 percent of the FPL (Exhibit 19; Appendix B, Table 99). In addition, one-quarter were multilingual, one percent were unhoused, and two percent were in foster care. In terms of race

and ethnicity, nearly half of children (47%) were White (non-Hispanic), one-third (34%) were Hispanic (any race), five percent were Black (non-Hispanic), four percent were Asian (non-Hispanic), under one percent were American Indian or Alaska Native (non-Hispanic) and Native Hawaiian or Other Pacific Islander (non-Hispanic), and 10 percent reported being more than one race. According to the Colorado State Demography Office,¹¹ approximately 53 percent of 4-year-olds in Colorado are White, 33 percent are Hispanic, 5 percent are Black, 4 percent are Asian, and 5 percent are multiracial. UPK applicants generally resemble the population of 4-year-olds, though the percentage of multiracial children is slightly higher and the percentage of White children is slightly lower.

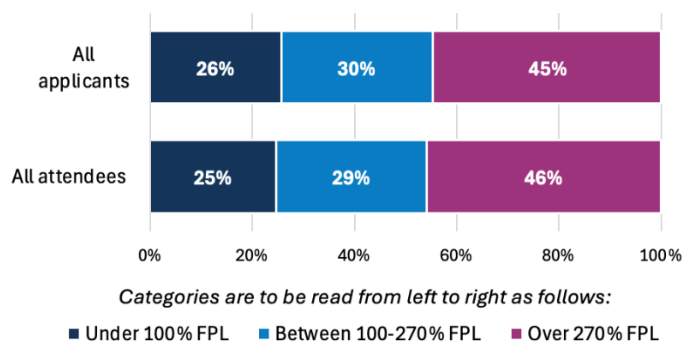
More detailed information about applicants and their background characteristics is provided in the section starting on page 68.

UPK 4-year-old attendees

Over 42,000 4-year-old children attended UPK in the 2024-2025 school year (through January 2025).¹² This number is comparable to the 43,479 4-year-olds served by UPK in the program's first year (2023-2024).^{ix} The background characteristics of attendees looked quite similar to the background characteristics of applicants (Exhibits 19-21; Appendix B, Table 101). As of January 2025, approximately 98 percent of children who had applied via the Pre-Registration pathway, 91 percent of children who applied via the Family Matching pathway, 86 percent of children who applied via the non-IEP Direct Enrollment pathway, and 90 percent of children with an IEP had attended UPK.¹³ The number of 3-year-old children attending is not reported, as their enrollment and payment is handled by school districts.

Most 4-year-old children enrolled with school-based and community-based providers, with few in home-based providers, prompting the need to further understand families' preferences. Over half (54%) of children enrolled with school-based providers, followed by just under half (43%) in community-based providers and about two percent in home-based providers (Appendix B, Table 102).

Exhibit 19. Income band of UPK applicants and enrollees who attended UPK through January 2025



Source: Colorado Universal Preschool Process Evaluation; Colorado Universal Preschool Program 2024-2025 child application, child enrollment status, and child payment data.

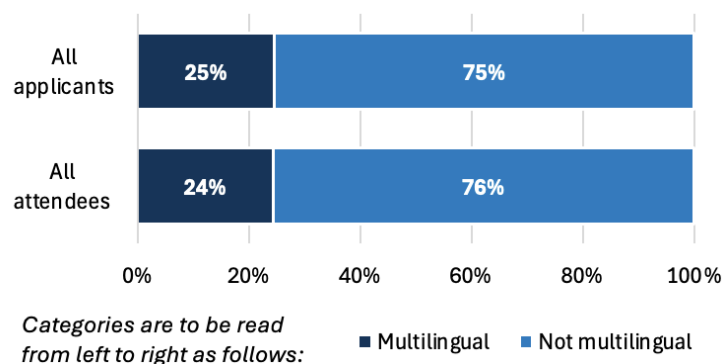
Note: UPK applicants $n = 45,595$, UPK attendees $n = 42,652$. Exhibit is limited to 4-year-old UPK attendees through January 2025.

¹¹ https://demography.dola.colorado.gov/assets/lookups/region_sya_race_lookup.html

¹² "Attendee" is defined as a child for whom at least one UPK payment was made for the 2024-2025 school year through January 2025. These children enrolled with a provider and received UPK services. Attendees were examined through January 2025 based on data availability at the time of the analysis.

¹³ The difference between those who applied and those who attended could be due to actual non-enrollment, data discrepancies (e.g., different or missing child ID across application and payment data), or timing of application relative to receipt of services (e.g., applied by January 2025 but had not yet enrolled/attended).

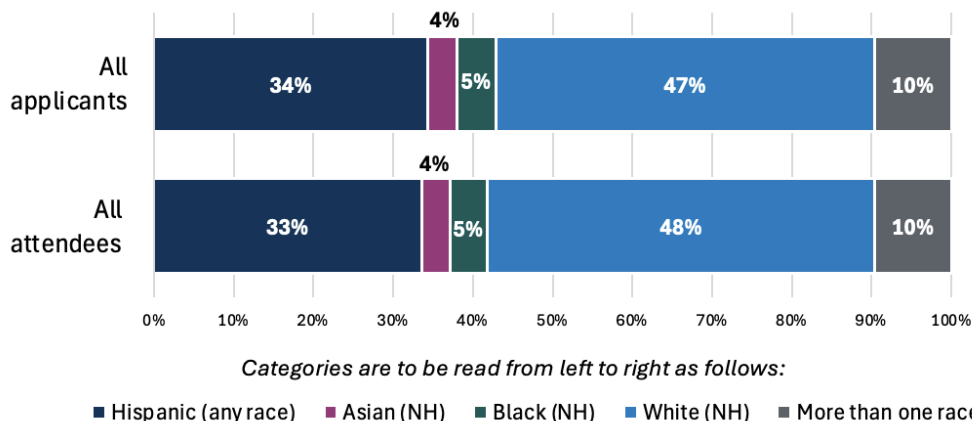
Exhibit 20. Language status of UPK applicants and enrollees who attended UPK through January 2025



Source: Colorado Universal Preschool Process Evaluation; Colorado Universal Preschool Program 2024-2025 child application, child enrollment status, and child payment data.

Note: UPK applicants $n = 45,935$, UPK attendees $n = 42,743$. Exhibit is limited to 4-year-old UPK attendees through January 2025.

Exhibit 21. Race and ethnicity of UPK applicants and enrollees who attended UPK through January 2025



Source: Colorado Universal Preschool Process Evaluation; Colorado Universal Preschool Program 2024-2025 child application, child enrollment status, and child payment data.

Note: UPK applicants $n = 45,902$, UPK attendees $n = 42,403$. NH = Non-Hispanic. Exhibit is limited to 4-year-old UPK attendees through January 2025. Under one percent of children were in the following racial-ethnic subgroups and are not shown in the figure above: Non-Hispanic American Indian or Alaska Native, Non-Hispanic Middle Eastern or North African, Non-Hispanic Native Hawaiian or Other Pacific Islander (see Appendix B, Table 101 for numbers and percentages for all racial-ethnic subgroups).

Enrollment changes

Providers across all settings are experiencing changes in the populations of children they serve since becoming a UPK provider. Providers in focus groups and some state and regional leaders described providers learning about new families to serve. Some providers described now serving Spanish-speaking children, and some school-based providers described seeing a higher proportion of children with IEPs versus typically developing children, which has impacts for goals related to inclusive classrooms.

"I am really excited that there we reached more students and more populations of students and those that maybe we wouldn't have ever seen before. I had a couple of or I had one in particular, Spanish only-speaking family that I don't think would have reached out and looked for something had. If it not been for the UPK system and I'm just so glad that they had a good positive early childhood experience for their child when I don't think that they would have."
~Provider focus group participant

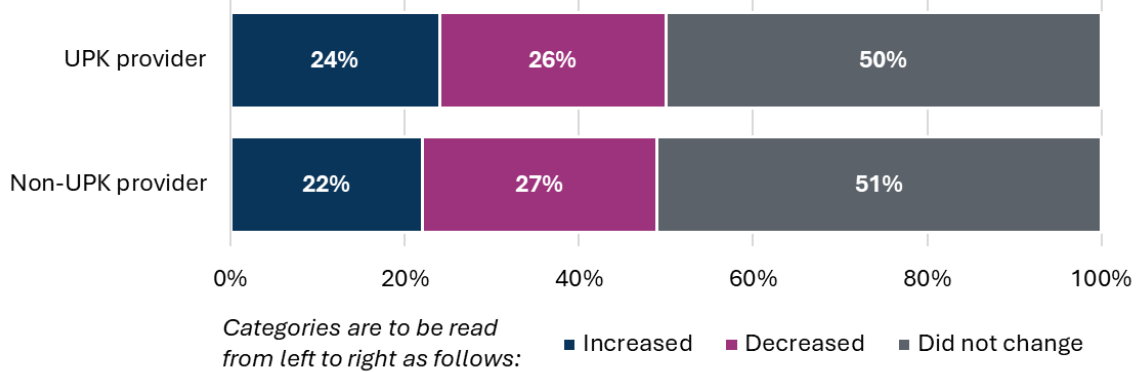
While about half of providers have experienced stable enrollment since becoming UPK providers, it will be important to learn more about others that have experienced increases or decreases. As shown in Exhibit 22, while about half of providers who completed the survey reported stable enrollment numbers in the last school year, approximately one-quarter of UPK provider survey participants reported decreases in their enrollment numbers since becoming a UPK provider (Appendix B, Table 6); however, a similar proportion of non-UPK providers also reported decreases (Appendix B, Table 8). In focus groups, home-based and community-based providers shared their perception that children were enrolling instead in school-based settings, which may be more convenient or less costly for families, or may have more slots available due to opening new classrooms. These providers also thought that enrollment patterns may be the result of various biases that favor school-based providers. Some state and regional leaders described concerns from community-based and home-based providers that UPK is prioritizing matching children to school-based providers, but they did not see anything about the Family Matching process to support this concern. Indeed, school-based providers also described children enrolling in charter schools or homeschooling rather than district classrooms. These experiences contribute to ongoing tensions between community- and home-based providers on one side and school-based providers on the other regarding child enrollment numbers and populations served.

“We are opening two classrooms...that we've never had. However, unfortunately, for various reasons, our community partners are just not surviving and it was not an easy decision for our district at all. For many years, [we said] we will not hurt our community partners in this way because we know the 4-year-olds help pay for the infants and the toddlers, and that hurts our community overall. But then we got to a point where we kind of had to because we're responsible for those special education students which we were putting in community partners. But they weren't able to keep up the quality and the criteria that it takes to have an IEP kid. They couldn't keep the ratios. They couldn't do the TS Gold assessments that are required and to no fault of theirs. I completely understand when you're short staffed and you're piecemealing together day by day to survive, you can't expect a community partner to take all that on. So it was not an easy decision. But we will be opening two new classrooms next year so that we can serve those in house and ensure quality. I don't know how to fix that.”

~Provider focus group participant

Exhibit 22. Provider experiences with enrollment changes

Providers who reported that the number of children enrolled in the last school year increased, decreased, or did not change¹



Comments from UPK providers about enrollment changes since becoming a UPK provider

While about half of provider survey participants did not see changes in the number of enrolled children in the last school year, about one quarter saw decreases and about one quarter saw increases. These percentages were relatively the same for UPK and non-UPK providers. This variability was seen among provider focus group participants.

"I've seen significant changes [in enrollment]. It was a significant decrease and, I mean, it almost broke us as a school to be honest with you. I know that our local charter and public schools increased the number of students they accepted. We're also seeing a lower number of 3-year-olds we served... we aren't allowed to serve them with the UPK rules. Again, I'm confused why it's called UPK, if it's actually universal." ~Provider focus group participant

"There's a thing with the school district where enrollment is down in the elementary schools. There's a huge trend of kids going to charter schools and even home schooling. For whatever reason, they're dissatisfied with the public school system. So, they're making other choices for their kids, which is leaving the elementary schools with lower enrollment. So, these elementary schools are now opening up those classrooms to early childhood." ~Provider focus group participant

"My numbers have definitely gone down. But I'm finding that a lot of [my 3-year-olds] leave to go to the school districts, and it fits them right. [Families] have older kids that are at the school district, so it's easier for drop off or pick up or whatever. And so I don't blame them. They're picking what's easiest for them." ~Provider focus group participant

"I've seen no impact on my enrollment. We've always been a center that's been full and had a waitlist." ~Provider focus group participant

"We have a waiting list and we're pretty fully enrolled, but we're not fully enrolled in our UPK classroom for UPK kids." ~Provider focus group participant

Data source: Colorado Universal Preschool Process Evaluation; provider survey; provider focus groups; Spring 2025.

¹UPK provider $n = 222$, non-UPK provider $n = 102$. Analyses examining differences among UPK providers indicated that reports of enrollment patterns did not significantly differ between UPK home-based and UPK school-based providers, or between UPK community-based and UPK school-based providers. However, the percentage of UPK home-based providers reporting that their enrollment had not changed was significantly greater than the percentage of UPK community-based providers. We did not examine differences among non-UPK providers, as this was not a focus of this report.

Is there variability in UPK implementation and participation for providers, staff, and children/families, and does it reflect inequities to be addressed?

To inform potential program improvements, this question provides more detailed information about variations in UPK application pathways and enrollment by child and family characteristics such as race and ethnicity, income, disability status, multilingualism, or being unhoused or in foster care. In addition, this question considers this variation by provider type and quality based on ratings in Colorado Shines. It is important to note that analyses examining enrollment differences by provider types or Colorado Shines Level 4 or 5 providers do not speak to family preference and whether families' UPK arrangements match their UPK preferences. These important questions will be addressed in future years of the evaluation.

Information about variability in UPK access was based on extant data on four application pathways (Pre-Registration, Family Matching, Non-IEP Direct Enrollment, or IEP Placement). State and regional leaders, LCOs, and providers shared their perspectives on variability in UPK access via interviews and focus groups.

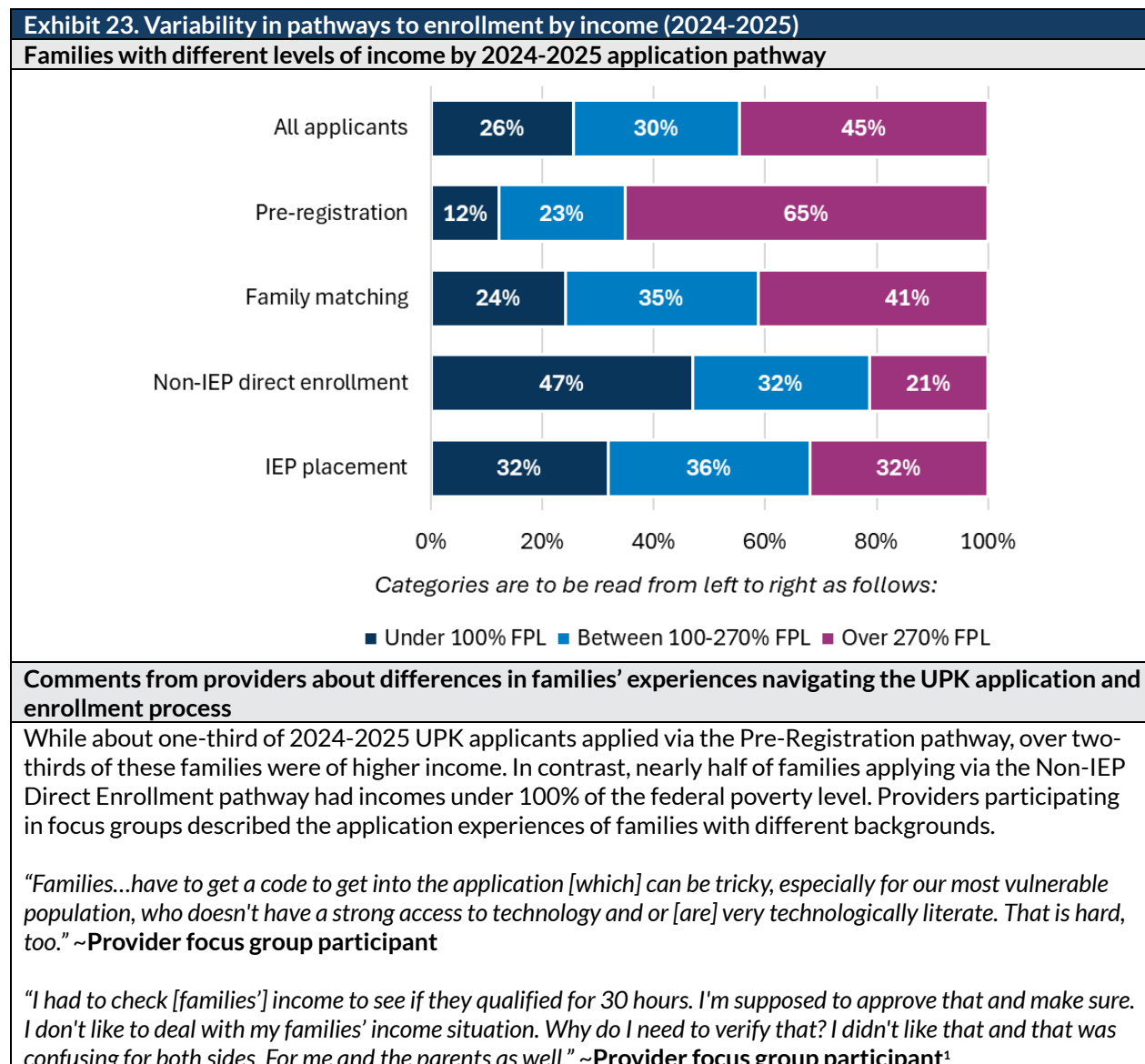
Key Findings:

- Children who applied for UPK via the Pre-Registration pathway more often were from homes with higher incomes and were more often White, relative to all UPK applicants.
- Children who applied via the Non-IEP Direct Enrollment pathway more often were from homes with lower incomes, were multilingual learners, and were more often Hispanic or Black, relative to all UPK applicants.
- Most children applying via the Pre-Registration pathway attended community-based providers. Most children who applied to UPK via the Family Matching and via Non-IEP Direct Enrollment pathways attended district-based providers.
- More information is needed to understand if UPK's separate IEP Placement pathway directing children with IEPs to school district providers creates inequities for providers, children, and families.
- A higher percentage of children who applied via the Non-IEP Direct Enrollment pathway attended high-quality providers (i.e., Colorado Shines Level 4 or 5 providers) compared to all UPK attendees.
- A higher percentage of children from homes with lower incomes, multilingual children, children who are unhoused or in foster care, and Black children attended district-based providers and high-quality providers compared to children from homes with higher incomes, children who are not multilingual, children who are housed and not in foster care, and White children. Whereas a higher percentage of Hispanic children also attended district-based providers, about half of Hispanic children attended high-quality UPK providers.

Variability in UPK access by qualifying factors

Children who applied for UPK via the Pre-Registration pathway were from homes with higher incomes relative to the population of UPK applicants overall, and children who applied for the program through the Non-IEP Direct Enrollment process were from homes with lower incomes. As shown in Exhibit 23, extant CDEC data showed that only 12 percent of children who pre-registered were from families with incomes under 100 percent of the FPL and a full two-thirds were from families with incomes over 270 percent of the FPL; in contrast, nearly half (47%) of children who directly enrolled were from families with incomes under 100 percent of the FPL, and only 21 percent were from families with incomes over 270 percent of the FPL (Appendix B, Table 99). Children who applied via the Family Matching pathway fell in between these groups and resembled the population of UPK applicants overall (24% with incomes 100% of the FPL and 41% with incomes over 270% of the FPL).

These data appear to be consistent with impressions from some state and regional leader interview participants and some LCO and provider focus group participants, who suggested that families with higher resources appear to have an easier time navigating the application process or enrolling in UPK. For example, based on their understanding of select local data, LCOs and some state and regional leaders indicated that families who have higher economic resources or are already connected to a provider may have an easier time with the UPK application process and are overrepresented in overall UPK enrollment. In contrast, LCO focus group participants reported that families with lower incomes seem to be at a disadvantage when applying to UPK. Some state and regional leader interview participants also noted that these families tend to enroll their children closer to the start of the school year, which is consistent with the timing of the Non-IEP Direct Enrollment pathway.

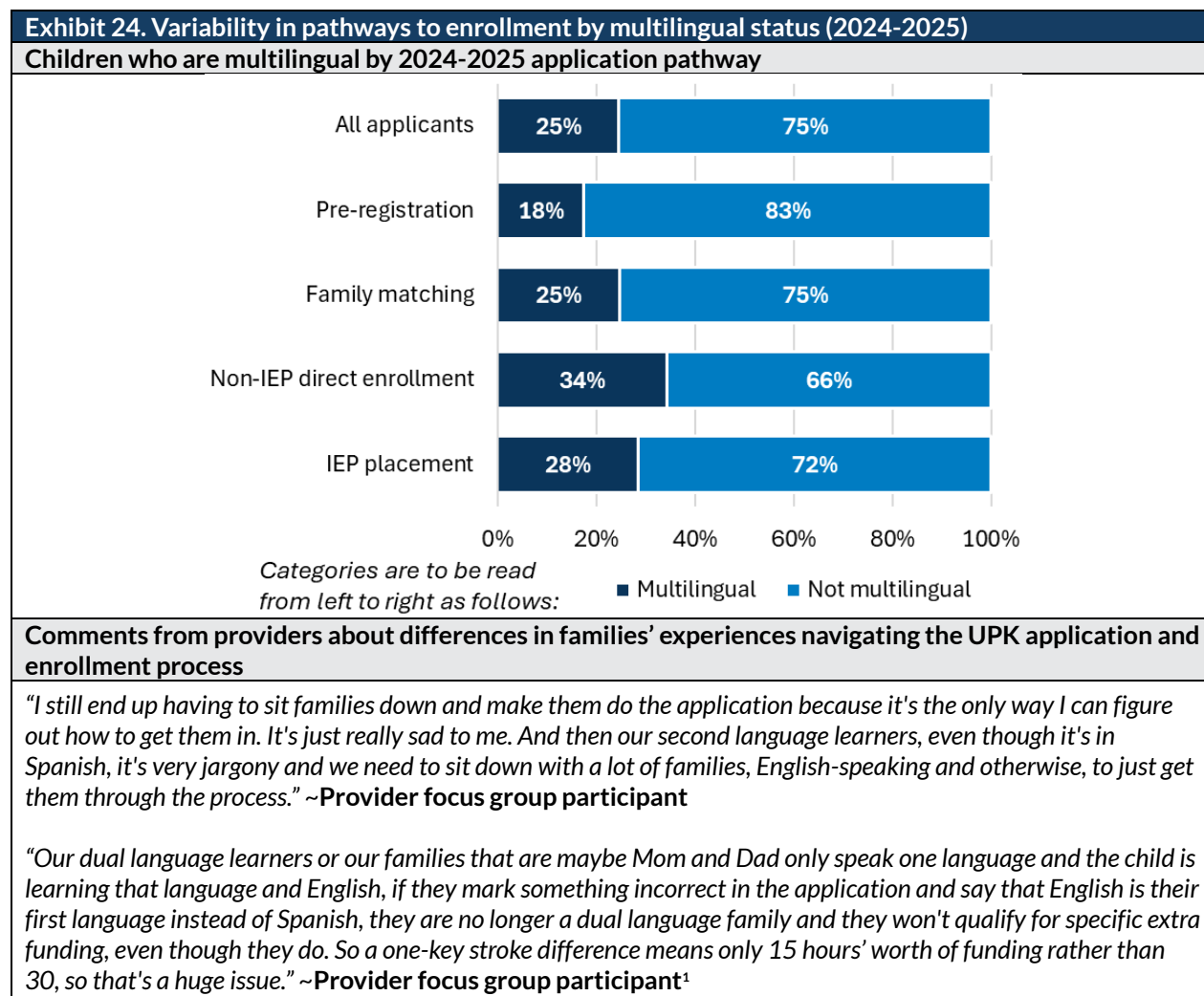


Data source: Colorado Universal Preschool Process Evaluation; Colorado Universal Preschool Program 2024-2025 child application and child enrollment status data (through January 2025); provider focus groups; Spring 2025.

Note: n = 46,026.

¹School districts and Head Start programs engage in family income verification procedures; CDEC does not require providers to verify family income for UPK.

Fewer multilingual-learner children used the Pre-Registration pathway to apply for UPK, and more often applied via the Non-IEP Direct Enrollment pathway. As shown in Exhibit 24, only 18 percent of children using Pre-Registration were multilingual, whereas over one-third (34%) who used Non-IEP Direct Enrollment were multilingual, with those who applied via Family Matching in between (25%). Like their comments that families' use of different UPK application pathways may vary by family income and resources, some state and regional leaders and LCOs suggested that families of multilingual learners may experience application process barriers. As with children from families with lower incomes, some state and regional leader interview participants observed that families of multilingual learners also seemed to more often enroll at the start of the school year.



Data source: Colorado Universal Preschool Process Evaluation; Colorado Universal Preschool Program 2024-2025 child application and child enrollment status data (through January 2025); provider focus groups; Spring 2025.

Note: n = 46,026.

¹In the 2024-2025 application (see Appendix C), the question in BridgeCare about multilingualism was: "Is your child multi-lingual, meaning your child is currently learning a second language while continuing to develop English proficiency?" The response choices were: "Yes, my child is multi-lingual, learning a second language and developing English proficiency" or "No, my child is only developing English proficiency."

More information is needed to understand if UPK's separate IEP Placement pathway directing children with IEPs to school district providers creates inequities for providers, children, and families. Providers, LCOs, and some state and regional leaders raised numerous concerns about UPK's separate IEP Placement pathway for children with IEPs. Some provider focus group participants and state and regional leader interview participants suggested that restricting UPK services for children with IEPs to school district providers may interfere with families experiencing true preschool choice and/or limitations to receiving IEP services for their child. Specifically, they suggested that when parents of a child with an IEP do not or cannot enroll their child with a district provider, or may have another provider they prefer who cannot provide IEP services, they are in effect foregoing IEP services for their child or choosing to pay out of pocket for these services which could be covered by the school district. They speculated that this decision may influence the type of experience the child has when receiving IEP services or participating in the early learning setting. They also thought that such situations could create financial or other burdens for families in their efforts to ensure their child receives IEP services. In addition, some non-district providers who participated in focus groups felt frustrated that UPK rules prevent them from serving children with IEPs, even when they have the resources and relationships to do so. These possible scenarios have the potential to affect children from all income groups, as extant application data showed that children with IEPs were equally represented across the income bands, with roughly one-third in each category (Appendix B, Table 99).

The number of children who were unhoused or in foster care was quite low, and so it was harder to observe patterns for those factors.

Variability in UPK access by other child and family characteristics

In terms of race and ethnicity, more White children applied for UPK via the Pre-Registration pathway, whereas children from Hispanic and Black families more often used the Non-IEP Direct Enrollment pathway. Nearly two-thirds of pre-registered children were White (61%), nearly one-quarter were Hispanic (22%), 3 percent were Black, 4 percent were Asian, and 10 percent were more than one race. In contrast, under one-third of children using Non-IEP Direct Enrollment were White (30%), nearly half were Hispanic (48%), 9 percent were Black, 3 percent were Asian, and 9 percent were more than one race (Exhibit 25; Appendix B, Table 99).

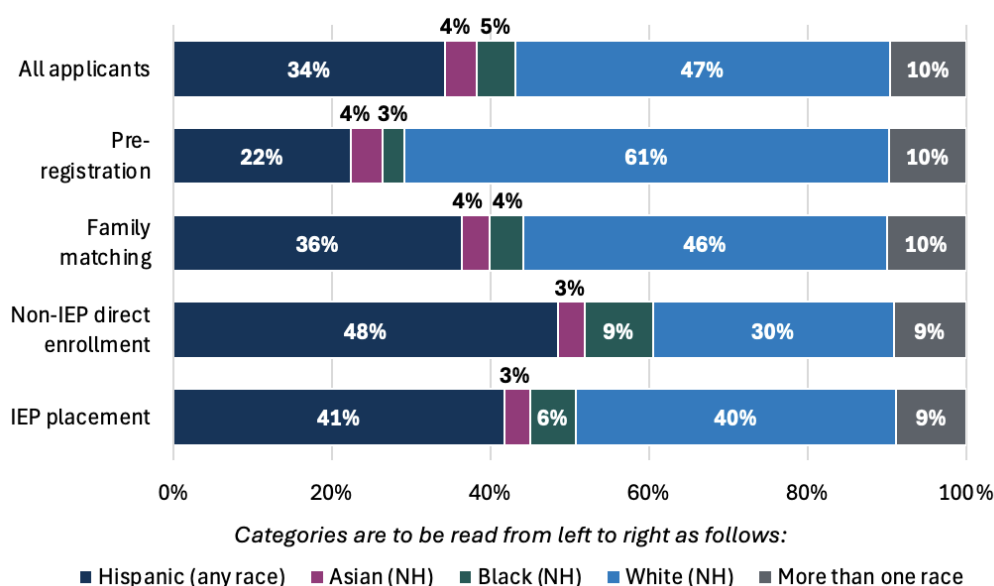
"If parents can't get their children to the school district for those IEP services, they pretty much have to forego them or private pay for them."
~Provider focus group participant

"I heard [from] a couple family child care providers here who work with little kids with disabilities and they were just not happy that UPK [is] not allowing us to have any 3-year-olds, even though we could help with their needs. It should be the parent's decision." ~Provider focus group participant

"But [the application process is] still confusing. I mean, especially with young children, they may not even know what an IEP is. They ask, 'Is your child on an IEP?' They should use more common language if you're new to special education. You're just getting blasted by all this information. You're just learning your child has a disability. You're completely overwhelmed and have to jump through all these hoops on top of it. They say you can direct enroll them, but like half my SpEd kids show up. Half of them don't." ~Provider focus group participant¹

¹In the 2024-2025 application (see Appendix C), the question in BridgeCare about IEP status was: "Does the child listed above have an active Individualized Education Program (IEP)? Children with an IEP receive preschool in alignment with their IEP." The response choices were: "Yes, this child has an active Individualized Education Program" or "No, this child does not have an active Individualized Education Program."

Exhibit 25. Children’s race-ethnicity by application pathway



Source: Colorado Universal Preschool Process Evaluation; Colorado Universal Preschool Program 2024-2025 child application and child enrollment status data (through January 2025).

Note: n = 45,902. NH = Non-Hispanic. Because these are point-in-time data, and data files are overwritten as new selections are made, this exhibit presents the last known pathway and status for children as of the date the data were pulled (through January 2025). Under one percent of children were in the following racial-ethnic subgroups and are not shown in the figure above: Non-Hispanic American Indian or Alaska Native, Non-Hispanic Middle Eastern or North African, Non-Hispanic Native Hawaiian or Other Pacific Islander (see Appendix B, Table 99 for numbers and percentages for all racial-ethnic subgroups).

Adjustments to improve and reduce variability in UPK access

Even with recent adjustments to the UPK qualifying factors, concerns remain about how much certain populations can participate in UPK. While it will be important to confirm with analyses of CDEC extant data, some state and regional leader interview participants noted that less than half of families who qualify for supplemental hours access full-day programs. As described by some participants, for the 2024-2025 school year, CDEC adjusted the low-income and poverty definitions that were used for the qualifying factor related to income; this decision was reportedly made based on internal data suggesting that White children living in rural communities as well as Black children were underrepresented among those who should have qualified for supplemental hours. Some provider focus group participants felt that, in general, UPK’s qualifying factors are too limited, especially compared to those used by CPP, and suggested re-examining and broadening them.

In addition, LCO focus group participants suggested that families who have limited provider options in their areas also seem to be at a disadvantage.

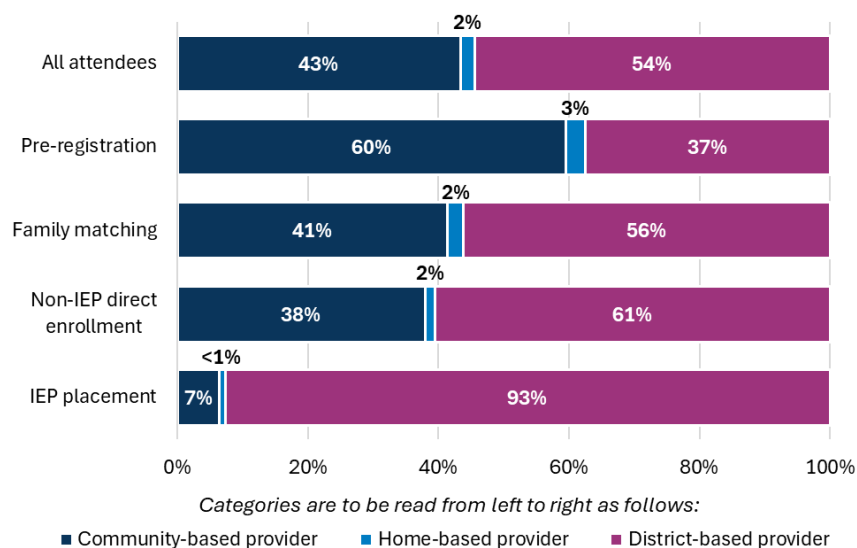
Finally, some state and regional leader interview participants noted that preschool access for 3-year-olds needs to improve, and suggested that this limited progress is due in part to conflicting [information in statute](#) (Section 26.5-4-204: eligibility of 3-year-olds to receive preschool services; Section 26.5-4-208[5]: allowable uses of all UPK dollars; and Section 26.5-4-208[3][a]: numbers of enrolled eligible children). For eligible 3-year-olds without an IEP, state law guarantees a continuation of Colorado’s prior funding commitment (the cap for which is defined in statute), and funds must be distributed by CDEC to only those school districts and charter schools that enroll and serve eligible 3-year-olds in UPK.

Variability in the types of providers UPK children attended

Variation among children who followed different application pathways

The majority of children who applied to UPK via Family Matching and via Non-IEP Direct Enrollment attended district-based providers, whereas the majority of children applying via Pre-Registration attended community-based providers. Across all UPK attendees, just over half (54%) attended district-based providers, under half (43%) attended community-based providers, and 2 percent attended home-based providers (Appendix B, Table 102). As shown in Exhibit 26, this breakdown was mirrored by children who went through the Family Matching pathway (Appendix B, Table 103). However, compared to all UPK children, children who applied via Non-IEP Direct Enrollment more often attended district-based providers (61%) and less often attended community-based providers (38%), whereas children using Pre-Registration more often attended community-based providers (59%) and less often attended district-based providers (37%). As designed, over 90 percent of children with IEPs, who used the separate IEP Placement pathway, enrolled in district-based providers (Appendix B, Table 103).¹⁴

Exhibit 26. Type of provider where children attended, by application pathway



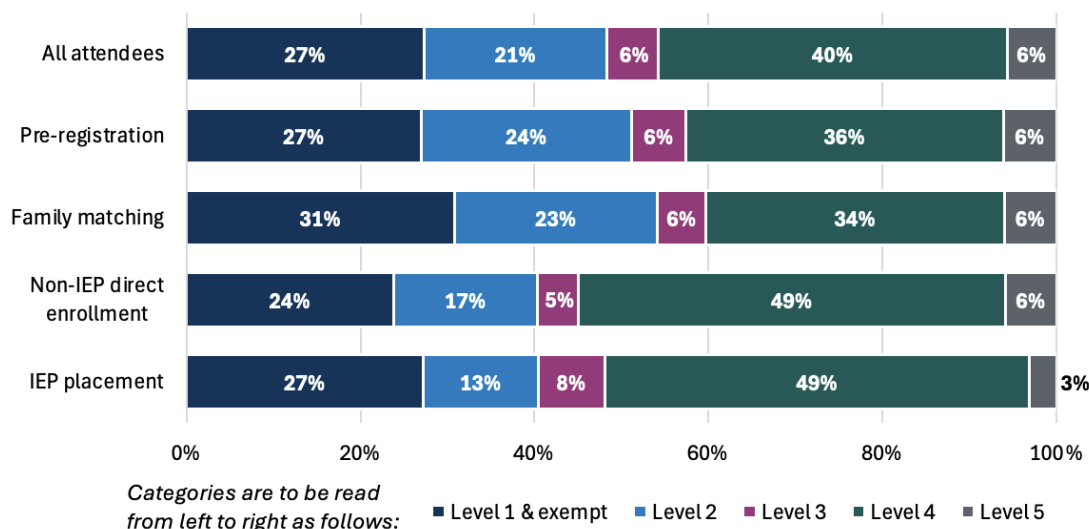
Source: Colorado Universal Preschool Process Evaluation; Colorado Universal Preschool Program 2024-2025 child payment data, child application, and enrollment status data (through January 2025); UPK provider list.

Note: $n = 42,486$. Because these are point-in-time data, and data files are overwritten as new selections are made, this exhibit presents the last known pathway and status for children as of the date the data were pulled (through January 2025). This exhibit presents information about where these children were enrolled and received services as of January 2025. This is not necessarily the same as what they listed as their first preference.

Families applying to UPK via the Pre-Registration pathway do not appear to heavily prioritize their provider selection based on Colorado Shine quality ratings. Across all UPK attendees, just under half (46%) attended providers with Level 4 or Level 5 ratings in Colorado Shines, and just over half (54%) attended Level 1, 2, or 3 providers. As shown in Exhibit 27, compared to this breakdown, the percentage of children attending Level 4 or 5 providers was slightly lower among children who applied via the Pre-Registration pathway (42%) and children who went through the Family Matching pathway (40%); the percentage was higher among children who used the Non-IEP Direct Enrollment pathway (55%) (Appendix B, Table 103).

¹⁴ Because district providers are the only UPK providers who can serve children with IEPs, we would expect this number to be 100 percent. Potential reasons for the percentage being slightly lower may be: changes during the verification process, changes in IEP status over time, or minor data discrepancies, among others.

Exhibit 27. Provider Colorado Shines level where children attended, by application pathway



Source: Colorado Universal Preschool Process Evaluation; Colorado Universal Preschool Program 2024-2025 child payment data, child application, and enrollment status data (through January 2025); CDEC licensing data.

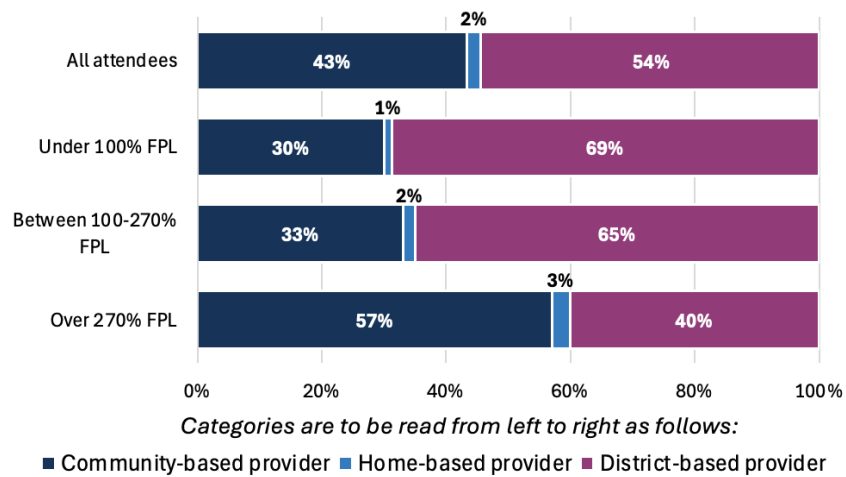
Note: *n* = 42,486. Because these are point-in-time data, and data files are overwritten as new selections are made, this exhibit presents the last known pathway and status for children as of the date the data were pulled (through January 2025). This exhibit presents information about where these children were enrolled and received services as of January 2025. This is not necessarily the same as what they listed as their first preference.

The proportion of children who were attending providers eligible to serve CCCAP children was fairly similar across application pathway subgroups (52-60%) (Appendix B, Table 103).

Variation among children with different qualifying factors

Approximately two-thirds of children from homes with lower incomes attended district-based providers, whereas only 40 percent of children from homes with higher incomes did so. As shown in Exhibit 28, children from homes with incomes below the FPL and with incomes between 100-270 percent of the FPL more often attended district providers (69% and 65%, respectively) when compared to the percentage of UPK children overall attending district providers (54%). In contrast, children from homes with incomes above 270 percent of the FPL more often attended community-based providers (57%) compared to the percentage of UPK children overall attending community-based providers (43%) (Appendix B, Tables 102 and 104).

Exhibit 28. Type of provider where children attended, by income band

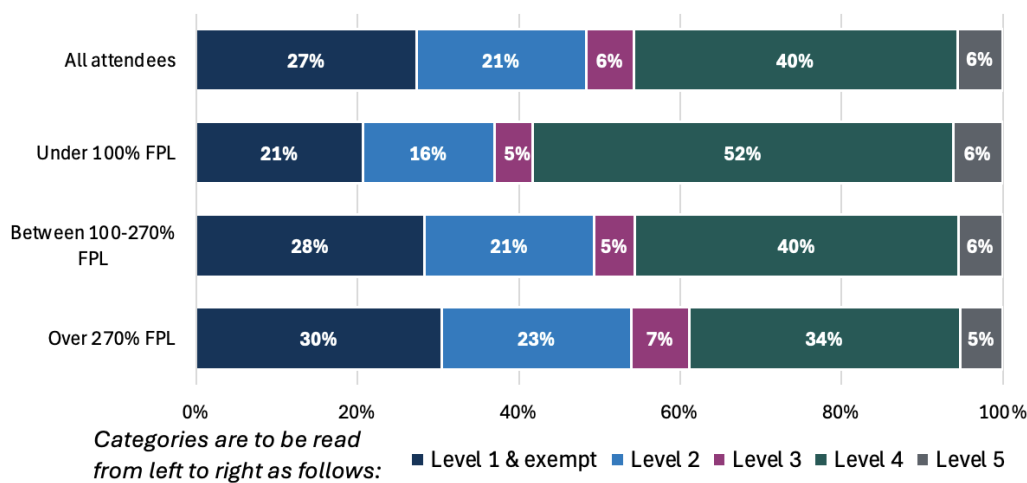


Source: Colorado Universal Preschool Process Evaluation; Colorado Universal Preschool Program 2024-2025 child payment data, child application, and enrollment status data (through January 2025); UPK provider list.

Note: n = 42,644. This exhibit presents information about where these children were enrolled and received services as of January 2025. This is not necessarily the same as what they listed as their first preference.

Nearly 60 percent of children from homes with incomes below the FPL attended Colorado Shines Level 4 or 5 providers, compared to 40 percent of children from homes with higher incomes. As noted above, just under half (46%) of all UPK children attended Level 4 or 5 providers. As shown in Exhibit 29, this percentage was the same for children from homes with incomes 100-270 percent of the FPL. However, compared to this overall percentage, the percentage of children attending Level 4 or 5 providers was higher among children from homes with incomes below the FPL (58%) and lower among children from homes with incomes above 270 percent of the FPL (39%) (Appendix B, Table 104). This finding in part may be due to the fact that children from homes with lower incomes attended district providers at higher rates, and district providers automatically receive a minimum rating of Level 4 in Colorado Shines.

Exhibit 29. Provider Colorado Shines level where children attended, by income band



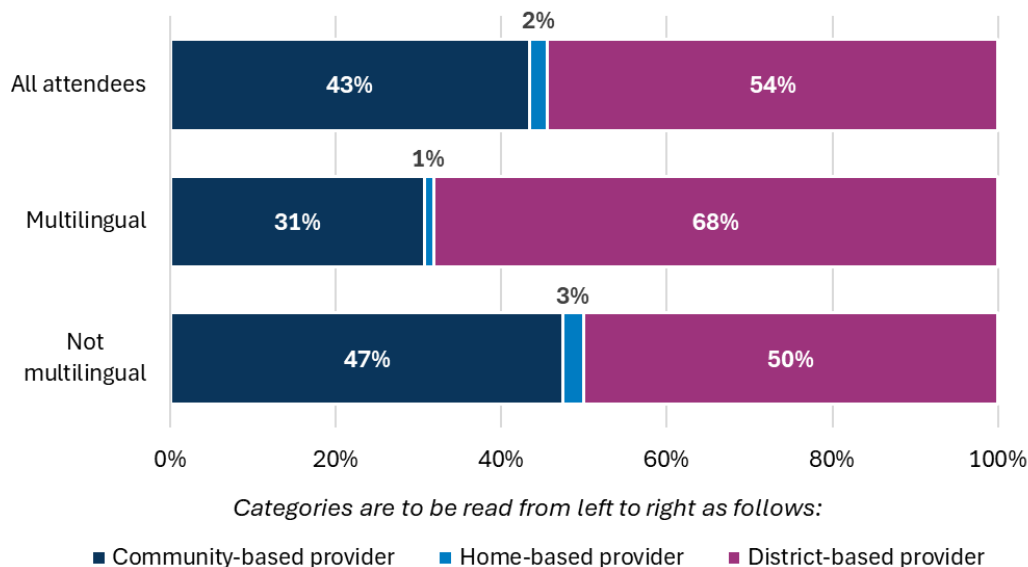
Source: Colorado Universal Preschool Process Evaluation; Colorado Universal Preschool Program 2024-2025 child payment data, child application, and enrollment status data (through January 2025); CDEC licensing data.

Note: n = 42,652. This exhibit presents information about where these children were enrolled and received services as of January 2025. This is not necessarily the same as what they listed as their first preference.

The proportion of children attending providers eligible to serve CCCAP children was roughly similar across income subgroups. Just over half (53-54%) of the providers attended by children from homes with lower incomes were eligible to serve children receiving CCCAP, compared to approximately 60 percent of providers attended by children from homes with higher incomes (Appendix B, Table 104).

Two-thirds of multilingual children attended district-based providers, and over half attended Colorado Shines Level 4 or 5 providers. As shown in Exhibit 30, multilingual children attended district-based providers at higher rates (68%) and community-based providers at lower rates (31%) compared to UPK children overall, where 54 percent attended district-based providers, 43 percent attended community-based providers, and 2 percent attended home-based providers. Characteristics of providers attended by children who were not multilingual more closely resembled the characteristics of providers attended by UPK children overall, with a slightly lower rate in district-based providers (50%) and higher rate in community-based providers (47%). In addition, as shown in Exhibit 31, the percentage of multilingual children attending providers with Colorado Shines ratings of Level 4 or 5 (56%) was slightly higher than that of UPK children overall (46%), and the percentage of children who were not multilingual (43%) was roughly similar to that of UPK children overall (Appendix B, Table 105).

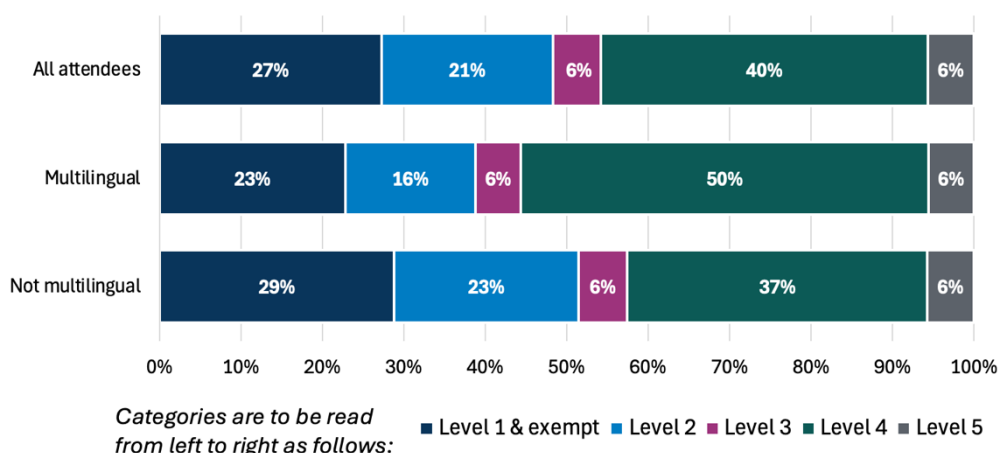
Exhibit 30. Type of provider where children attended, by multilingual status



Source: Colorado Universal Preschool Process Evaluation; Colorado Universal Preschool Program 2024-2025 child payment data, child application, and enrollment status data (through January 2025); UPK provider list.

Note: n = 42,735. This exhibit presents information about where these children were enrolled and received services as of January 2025. This is not necessarily the same as what they listed as their first preference.

Exhibit 31. Provider Colorado Shines level where children attended, by multilingual status



Source: Colorado Universal Preschool Process Evaluation; Colorado Universal Preschool Program 2024-2025 child payment data, child application, and enrollment status data (through January 2025); CDEC licensing data.

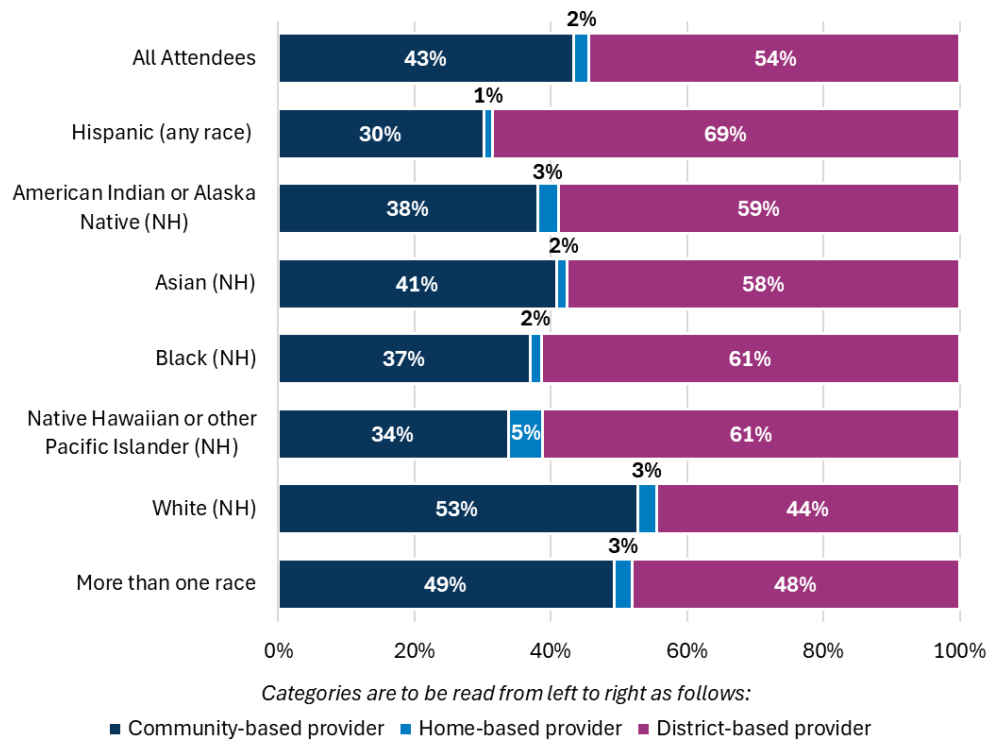
Note: n = 42,743. This exhibit presents information about where these children were enrolled and received services as of January 2025. This is not necessarily the same as what they listed as their first preference.

Approximately two-thirds of children who were unhoused or in foster care attended district-based providers, and approximately 60 percent attended Colorado Shines Level 4 or 5 providers. Children who were unhoused (67%) or in foster care (68%) attended district-based providers at higher rates and community-based providers at lower rates (approximately 30%), compared to the percentages of all UPK children attending district-based (54%), community-based (43%), and home-based providers (2%). In addition, relative to children who were unhoused (61%) or in foster care (60%) attending Colorado Shines Level 4 or 5 was slightly higher than the percentage of UPK children overall enrolled with these providers (46%). Characteristics of providers attended by children who were not unhoused and not in foster care resembled the characteristics of providers attended by UPK children overall (Appendix B, Tables 106-107).

Variation among children by racial-ethnic background

Approximately two-thirds of Hispanic children and Black children attended district-based providers, compared to under half of White children. As shown in Exhibit 32, Hispanic children and Black children attended district-based providers at higher rates (69% and 61%, respectively) and community-based providers at lower rates (30% and 37%, respectively) compared to the percentages of all UPK children attending district-based (54%), community-based (43%), and home-based providers (2%). The breakdowns by provider type for American Indian or Alaska Native children and Native Hawaiian or Other Pacific Islander children followed a similar pattern. In contrast, White children and multiracial children attended community-based providers at higher rates (53% and 49%, respectively) and district-based providers at lower rates (44% and 48% respectively). Asian children’s enrollment fell between these, with 58 percent attending district providers and 41 percent attending community-based providers (Appendix B, Table 108).

Exhibit 32. Type of provider where children attended, by race-ethnicity

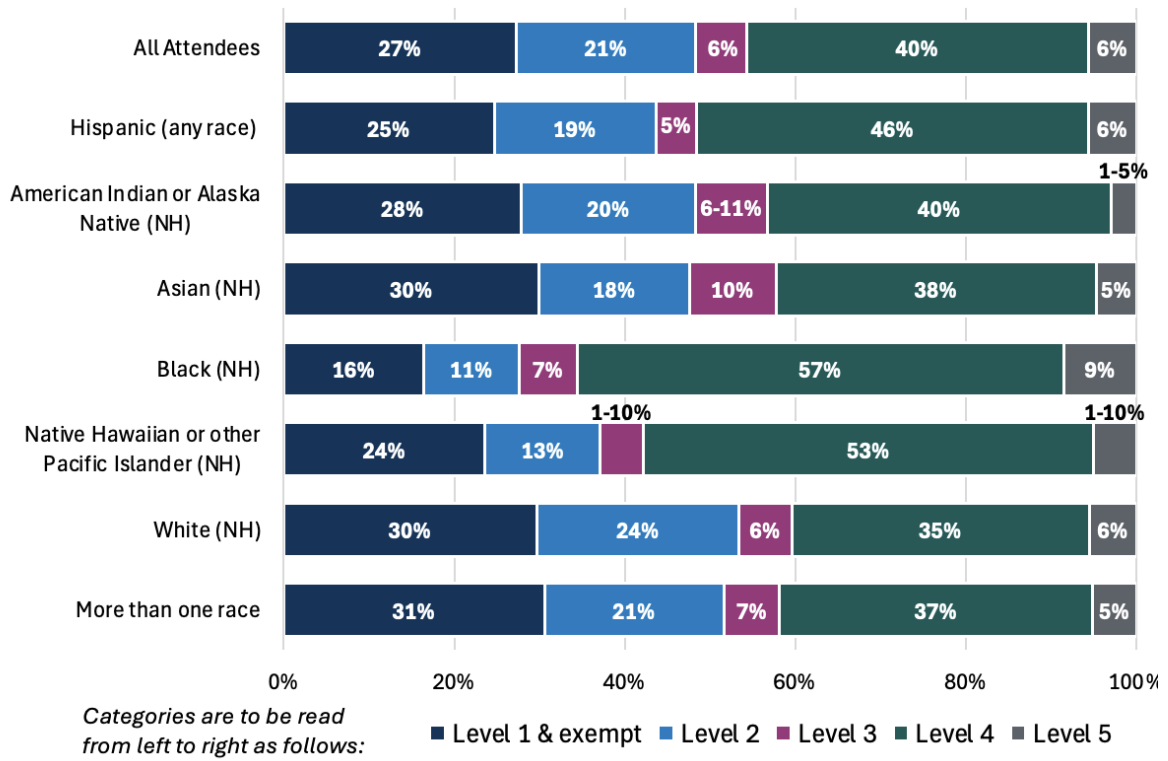


Source: Colorado Universal Preschool Process Evaluation; Colorado Universal Preschool Program 2024-2025 child payment data, child application, and enrollment status data (through January 2025); UPK provider list.

Note: n = 42,403. NH = Non-Hispanic. This exhibit presents information about where these children were enrolled and received services as of January 2025. This is not necessarily the same as what they listed as their first preference.

In addition, two-thirds of Black children, over half of Hispanic children, and about 40 percent of White children attended Level 4 or 5 providers. As shown in Exhibit 33, the percentage of Black children (66%), Hispanic children (52%), and Native Hawaiian or Other Pacific Islander children (54-63%) attending Level 4 or 5 providers was slightly higher than the percentage of all UPK children attending Level 4 or 5 providers (46%). The percentage of White children (41%), multiracial children (42%), Asian children (43%), and of American Indian or Alaska Native children (41-45%) attending Level 4 or 5 providers was slightly lower (Appendix B, Table 108).

Exhibit 33. Provider Colorado Shines level where children attended, by race-ethnicity



Source: Colorado Universal Preschool Process Evaluation; Colorado Universal Preschool Program 2024-2025 child payment data, child application, and enrollment status data (through January 2025); CDEC licensing data.

Note: n = 42,403. NH = Non-Hispanic. This exhibit presents information about where these children were enrolled and received services as of January 2025. This is not necessarily the same as what they listed as their first preference.

Summary and Discussion of Early Findings

In 2022, the state of Colorado established the Colorado Department of Early Childhood (CDEC) and the Colorado Universal Preschool Program (UPK), following the passage of a statewide nicotine tax with Proposition EE and Colorado House Bill 22-1295. In February 2025, CDEC contracted Child Trends to conduct a process evaluation of UPK to understand the intended and actual implementation of UPK to date from multiple perspectives. Over a three-year period, the process evaluation seeks to 1) document UPK's implementation across the foundation, launch, and initial participation phases of the program, and 2) produce actionable findings to inform UPK's ongoing implementation, scale-up, and sustainability.

This report presents early findings about UPK's foundation, launch, and initial participation leading up to and through its first two years of implementation (2023-2024, 2024-2025 school years). This report uses extant CDEC child application and enrollment data (2024-2025 school year), and new data collected by Child Trends (April – May 2025). Data include surveys from state and regional leaders, representatives from local coordinating organizations (LCOs), and providers; state and regional leaders also participated in interviews and LCOs and providers also participated in focus groups. We also used other available documentation and reporting about UPK launch and operations. Other data, such as families' direct perspectives, will be included in future evaluation years.

In the next section, we summarize early findings about the structures and processes that characterize UPK's program implementation (UPK foundation and launch) as well as the program's reach (UPK participation). We consider these "early findings" with the understanding that UPK is in the initial stage of implementation, which is iterative in nature, particularly concerning core implementation components (i.e., implementation teams, infrastructure development, and data systems and feedback loops). We also view the findings from the perspective of valuing all children and families being able to access to the ECE programs they want and need.

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.** UPK has had limited time in the installation stage of implementation to build the necessary infrastructure for UPK including defining implementation teams and filling staff roles, setting up robust and useful data systems, defining UPK's core features, establishing an implementation plan with a data-based continuous improvement approach, and instituting operational procedures. UPK entered the initial implementation stage upon launching the application and enrollment for provider and child participants for the 2023-2024 school year. The establishment and launch of UPK—within the context of limited time, on a timeline concurrent with the creation of CDEC, and with lingering effects of the COVID-19 pandemic—is a major success. Not surprisingly, the limited time to thoroughly establish UPK's vision and operational structures and procedures resulted in UPK's leadership engaging in a high degree of iteration and program changes. Moreover, key aspects of UPK are still in development such as the UPK quality standards, ECE workforce supports, programming for families, and a plan for measuring child outcomes. **Because UPK implementation is still working toward stabilization, and some aspects of the program model are yet to be implemented, UPK's implementation progress at this time is best characterized by still being in the initial implementation stage.**

- 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.** UPK’s rule-making processes rest with the CDEC executive director as the rule promulgator, rather than a decision making state board. Rule-making is informed by the Rules Advisory Committee (RAC), which can propose rules and changes to UPK and is intended to serve as the voice for multiple stakeholder groups, in addition to input from the ECLC, LCOs, and providers. Further, the CDEC executive director and UPK leadership team work in collaboration with the Governor’s Office to make programmatic decisions about UPK. Colorado early childhood leaders, LCO representatives, and providers from different settings wished for more opportunities to share input with CDEC about UPK implementation, especially before changes are made, and indicated their hopes for more collaborative decision making in the future. Feedback from key stakeholders and LCOs also suggests the need for ongoing trust-building to demonstrate that CDEC will act on the input that stakeholders do share, and that CDEC will engage a broad range of perspectives. **Addressing stakeholder concerns about how much CDEC truly values their input, perspectives, and experiences in UPK decision making will require identifying engagement opportunities for both the rule-making process and making programmatic decisions. There may be opportunities to address these concerns as UPK continues to build out a dedicated UPK implementation team that meaningfully includes stakeholders.**

- 3. UPK was established in statute as a dedicated funding stream. The first three years of implementation have helped to establish the foundation of the UPK program. Yet, to evolve into a fully functioning program and not solely a funding stream, several core components will need to evolve in future years as implementation capacity increases.** While CDEC, like other Colorado state agencies, has established wildly important goals (WIGs) and lead measures related to UPK, these do not serve the same function as a formal strategic plan or a detailed implementation plan. Aside from features of UPK that are specified in statute, there does not seem to be an implementation plan describing the key aspects of UPK’s program operations that make it unique from other ECE programming. The resulting benchmarks from carrying out UPK program operations—including goals for scaling up and sustaining the program—are also not described. Currently, it appears that UPK’s goals, including ideas about program scale-up and sustainability, are grounded in improving access to public preschool services by increasing the number of providers, slots, and children served as well as identifying other funding sources to support current and expanded enrollment and hours covered for families. Aspects of UPK that are not yet fully developed will be important to include in the implementation plan, scale-up, and sustainability goals. For example, given that UPK only meets two of the 10 quality benchmarks in the latest [NIEER State of Preschool Yearbook](#), CDEC as well as stakeholders recognize that UPK needs to prioritize work program quality; various efforts related to quality, such as building out UPK quality standards, are currently underway.¹⁵ Further, UPK administrative data capacity has not yet been developed enough to guide a data-driven continuous improvement plan. The need for increased data-informed decision making and data capacity is evidenced in reports of challenges with UPK-centric data systems such as the BridgeCare platform which houses UPK application, matching, and enrollment data as well as the MetrixIQ platform that houses UPK payment data. There are also challenges accessing other data systems such as those managed by the Colorado Department of Education. While there are aspirations for data and data system enhancement such as ECIDS and other improvements that will support data-driven decision making, these efforts are still in the early stages of development. Finally, while CDEC reports using some data to inform UPK efforts, stakeholders wished for more transparency in CDEC’s data sharing and reporting efforts, such as numbers of providers and families participating in UPK and breakdowns by provider type, geography, and child and family characteristics. Future efforts to

¹⁵ A separate team from Child Trends is supporting this work.

develop a formal strategic plan and a detailed, data-driven implementation plan—in addition to increased capacity to make data-informed decisions—will be critical for supporting UPK’s efforts to systemically make data-based iterations that will help the program achieve stabilization.

- 4. LCOs are positioned to be a critical and valued element of UPK’s infrastructure; however, clarifying LCOs’ role and increasing LCOs’ resources may be necessary to fully support providers and families.** As a demonstration of Colorado’s value of local control, LCOs are intended to be an important element of UPK’s infrastructure, using their knowledge and relationships to support providers and families in their communities around UPK. LCOs want UPK to be successful, and expressed a desire to play a key role in that success given the contributions they can offer. However, more clarity about the LCOs’ specific responsibilities may be needed, in addition to clear and consistent channels of communications with CDEC. Providers’ views of LCOs are largely favorable, though more resources may be needed to enable LCOs to fully support providers and families to participate in UPK. **Thus, continued efforts are needed to align the vision of LCOs’ role within UPK’s infrastructure, clarify their role, and ensure they have the resources needed to fully maximize LCOs’ contributions.**
- 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. However, greater understanding of impacts of the UPK’s funding structure, reimbursement rate, and payment process may be needed to avoid creating financial burdens for providers and families.** UPK offers up to 15 hours of “universal” child care coverage with a UPK provider for children in their year before kindergarten, who are typically four years old. The 15 hours of coverage increased from 10 hours approved by Colorado voters via Proposition EE. UPK also includes a “targeted” approach to offer up to 30 hours of coverage for children who meet designated qualifying factors (i.e., low family income plus being multilingual, having an IEP for disability services, or being unhoused or in foster care) pending available funding. There are aspirations for UPK funds to be stacked, braided, or blended with other ECE funding sources such as CCCAP dollars, Head Start, and other local funding streams, with providers having success with stacking UPK funds and CCCAP so far. Infrastructure enhancements are needed support providers to stack, braid, and blend funds in addition to identifying resources to increase providers’ capacity to leverage and manage multiple funding sources. More information about how much the UPK reimbursement rate covers the true costs providers incur, including variations due to geographic location or populations served, is also needed to avoid the financial burden of uncovered costs being passed down to families who pay the tuition difference or being absorbed by providers. It will also be important to understand other aspects of UPK’s funding and payment structure that could create financial burdens for providers, such as UPK’s switch to an arrears (i.e., after services are delivered), rather than an advanced, payment model. **While UPK’s funding structure and aspirations for leveraging funding sources aim to increase public preschool access, additional iterations to the reimbursement rate and payment structure may be necessary to avoid potential financial burdens for providers and families that could undermine UPK participation.**

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.** Newly developed mechanisms and procedures, such as the UPK Provider Handbook and CDEC memo series, are critical to the successful operation of UPK at the state and provider levels.

Stakeholders expressed the desire for CDEC to engage in more interactive (vs. top-down) and in-person methods when communicating with LCOs, providers across setting types, and families. Remedying significant challenges with communication quality, accuracy, and efficacy is critical for reducing future confusion and restoring confidence in the information CDEC provides about UPK. Stakeholders identified several communication improvement areas such as completeness, clarity, length, timing, and transparency. Such improvements could minimize the need for CDEC to backtrack communications, reduce barriers for LCOs' and providers' work, and ease time and other administrative burdens for providers. While political support and the championing of UPK have been greatly appreciated by stakeholders, they also cautioned that some messaging misrepresents UPK to families. For example, families appear to interpret messages that UPK is "free preschool," to mean all families will get free, full-time preschool. Stakeholders also expressed concerns that claims about UPK provider quality may be at odds with the program not having yet implemented quality standards. **In addition to CDEC's continued progress in creating and using various mechanisms to communicate about UPK, improving upon unresolved communication challenges is a critical priority 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.** Beginning in Year 2, UPK has four application pathways: Pre-Registration (for continuity of care), Family Matching (ranking list of local providers), Non-IEP Direct Enrollment (after Family Matching), and IEP Placement. Anticipating and addressing aspects of the process that are confusing or burdensome to providers and families may require technology-free or technology assistive strategies. For example, BridgeCare alerts may be insufficient to prompt some families to complete the next step in the process. Restricted data views in BridgeCare (e.g., that hide personally identifiable information) also may limit how LCOs and providers can support providers and families, respectively. Alternatives to the online application, or resources for LCOs and providers to give in-person guidance to families, may be needed to reduce challenges. Such alternatives could help families better understand qualifications for supplemental hours, BridgeCare questions about qualifying factors, and that families may have to pay for provider costs that are not covered by UPK. **Addressing information and technology gaps that create confusing or burdensome experiences in the UPK application, matching, and enrollment process may enhance families' willingness to apply for and eventually enroll in UPK programs.**
- 3. The value of UPK's Family Matching pathway, and whether it reduces barriers and promotes 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. Families are perceived as appreciating how Family Matching has removed some access barriers such as identifying potential providers, submitting applications to multiple providers, getting on provider waitlists, and paying application and waitlist fees. Removal of these barriers could promote equitable access to preschool services. However, these impressions have not been directly examined among families after they enroll, or considered with application and enrollment data across all UPK participants. **It is 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. Specifying the distinctive features of implementation at the learning setting level will be important for defining UPK as a distinct preschool program.

There is wide variation in UPK providers' days and hours of operation. Providers' staffing decisions for UPK classrooms largely rely on existing versus new staff, and providers often integrate UPK and non-UPK children in the same classrooms. Most UPK providers use whole-child curricula with fewer using domain-specific curricula, developmental screening and formative assessment practices, observations of instructional quality, and family engagement practices. Many but not all providers offer disability services, allied health, and mental health consultation and services. A subset of providers offers either formal or informal instruction in languages other than English. **Refining what distinguishes UPK at an operational level from other preschool programs, while maintaining variety and flexibility within learning settings, will promote family choice and help families make informed decisions about their options. It will be important to balance valuing varied and flexible UPK learning settings with UPK's vision and goals for its quality standards, including offering providers supports and resources to achieve alignment with 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.** A higher proportion of community-based providers participate in UPK, with home-based providers being the least likely to participate. Lower participation among home-based providers mirrors trends seen [in other states offering public preschool](#). Participation in UPK is also high among providers with higher levels of quality based on a rating of 4 or 5 in Colorado Shines and among providers eligible to serve children receiving CCCAP. Further, in contrast to non-UPK providers, most UPK providers are eligible to serve children receiving CCCAP. **While the enrollment, retention, and range of providers in UPK is a major success, engaging more home-based providers and understanding their reasons for not participating in UPK may help promote alignment with UPK's vision of offering 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 and non-UPK providers, respectively. Addressing providers' questions and concerns will be important for increasing provider enrollment in UPK.** Funding concerns motivate many providers to sign up for UPK, with providers using UPK funds to help them to stay in business, to offer programming for specific age groups of children, and to provide specific services to meet individual children's needs (e.g., children with IEPs). UPK providers also sign up to offer their program's services to expand family choice in their community, especially if UPK helps families obtain child care at a lower cost. Both UPK and non-UPK providers were frustrated by CDEC providing insufficient information to help them make informed decisions about signing up for UPK, such as the lack of information about requirements and payments in the UPK Provider Agreement. Many providers felt they signed up for UPK to ensure they get needed funds despite having insufficient information. Many non-UPK providers had concerns about autonomy over their program as well as wanting to wait until UPK stabilized. **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, though collecting direct feedback from families about their needs**

and preferences will be essential to inform program improvements. Families were perceived as motivated to sign up for UPK to save money on child care costs. Families who did not sign up for UPK were perceived as potentially being happy with their current provider who is not a UPK provider. Alternatively, the hours and schedules of the UPK providers available to them may not meet their needs. Other reasons may influence why families do not sign up for UPK. **Feedback on why families do and do not apply for UPK is needed from families themselves, and should be considered in relation to provider availability and alignment with families' 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 [in 2023](#) to 3rd [in 2024](#) the United States based on the NIEER State of Preschool Yearbook. While 30 percent of Colorado's home-based providers signed up with UPK, only two percent of UPK children enrolled with home-based providers; the remainder enrolled with school-based (just over half) and community-based (just under half) providers. This is contrary to some perceptions that UPK children are over-enrolled in school-based programs. In addition, about half of UPK and non-UPK providers alike experienced enrollment increases or decreases since signing up, with some providers from all settings describing negative impacts on their enrollment. **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 affect 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. Knowing if UPK's application pathways inadvertently lead to inequitable access to high-quality settings aligned with families' preferences will be critical to determining if major changes to UPK are warranted.** A higher percentage of 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; they more often attended school-based providers and high-quality providers (i.e., with Level 4 or 5 Colorado Shines ratings). 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 used the Pre-Registration pathway more often; they more often attended community- or home-based providers and providers with lower quality ratings. Although children with more qualifying factors apply for UPK later in the process, high-quality UPK slots still appear available to them. Yet, this may reflect in part how quality ratings are assigned to school-based providers. **Determining how well UPK creates equitable public preschool access will require understanding the nuances underlying how specific pathways intersect with family and provider characteristics as well as family preferences.**
- 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 solely authorizing school districts to serve children with disabilities is consistent with public school-based providers being required by the federal Individuals with Disabilities Education Act (IDEA) law to provide disability services to students who qualify for IEP services; private providers are not held to this mandate. Yet, for families who do not enroll in a school district program, this policy may limit their experience of true choice. In such situations, families may forego their child's school-based IEP services or choose to pay out of pocket for them. **It will be important to examine whether children with IEPs interested in UPK experience barriers receiving IEP services in preschool settings that align with families' preferences, particularly if private providers have the capacity to offer disability services that comply with IDEA.**

Study Limitations

There are several key limitations to the data collected and analyzed in this report, including those related to the perspectives represented in the report and potential for generalizability, as well as limitations related to data availability, reporting, and making inferences. As this is the first report over the course of the UPK process evaluation, some of these limitations will be addressed in future evaluation years.

Perspectives represented and generalizability

While data collected from state and regional leaders, LCOs, and providers included their impressions of families' experiences, a significant limitation of this report is that it does not yet include families' perspectives. Future evaluation years will involve collecting data directly from families. Other groups' perspectives not represented in this report include the ECE workforce, such as classroom-level staff. In addition, as noted above, analyses of UPK attendees focus on 4-year-olds and do not describe participation among 3-year-olds.

In addition, data from providers and LCOs may not represent the perspectives and experiences of the full population of providers and LCOs, or those of providers and LCOs with specific characteristics. Although we met our sample size goals for our provider and LCO surveys, we experienced overall low response rates for our provider survey (19% overall) and school-based providers were underrepresented relative to the population of UPK providers. Specifically, we initially invited 500 providers (aiming for a 50-60% response rate) but had to invite approximately 1,500 more providers to reach the target sample size of 300 providers. Thus, the overall response rate to the provider survey (i.e., the number of providers who completed the survey divided by the total number of providers who were invited to complete the survey) was substantially lower than ideal.

While provider and LCO focus group data offer elaborations on experiences that cannot be effectively captured through survey-based data collection or extant data, the sample sizes were small and are not intended to represent providers and LCOs overall. Although different provider types were represented in the provider focus groups, most of the participants were UPK providers, meaning that the perspectives of non-UPK providers were significantly underrepresented. Further, we strategically recruited state and regional leaders to participate in interviews and surveys, and did not intend for the information they provided to be generalized to other ECE leaders in Colorado. Thus, it is possible that state and regional leaders' perspectives represented in the report differ from other ECE leaders in Colorado who may have different views about and experiences with UPK.

For all survey, focus group, and interview data, the information given is from providers, LCOs, and state and regional leaders willing to participate in data collection. Individuals who were unwilling or unable to participate may have different characteristics, perspectives, or experiences from those who did participate. Further, timeline and other resource restrictions prevented us from administering surveys and conducting focus groups in languages other than English, which may have been a participation barrier for some providers. In addition, CDEC policy prohibited us from using gift cards as participation incentives; thus, it is possible that the incentive we offered for provider survey and focus group participation (i.e., books and art supplies) was not attractive enough for potential participants.

Finally, the restricted window for collecting and analyzing information for this report may have affected our ability to engage in additional efforts to recruit a diversity of perspectives. Future evaluation activities will aim to seek the perspectives and experiences of those who may be underrepresented in this report.

For the reasons above, this report cannot speak to the direct experiences of families, and the data from providers and LCOs may not be generalizable to the full population of providers and LCOs in Colorado.

Data availability, reporting, and inferences

There are some limitations about the analyses that we could conduct and the conclusions that we could draw from the extant application and enrollment data.

First, available extant data from CDEC are generated at a specific point in time, from a particular date, as historical data are routinely overwritten. As a result, analyses for this report can only examine children's last known application and enrollment status as of the date the data were pulled. This means that the data do not reflect any initial applying and enrollment data that were replaced if families updated their selections later. For example, if a family initially applied for UPK via the Pre-Registration pathway with a known provider but then later updated their provider selections and went through the Family Matching pathway, the family's initial selections when they entered information during Pre-Registration are not available in the dataset. Further, the data do not indicate if there were changes from previous entries. Thus, the data examined for this report do not provide information about the earlier steps in the families' application and enrollment process. Consequently, the findings in this report present a somewhat incomplete picture of families' application pathways to enrollment. Future evaluation activities may involve exploring with CDEC the possibility of accessing historical data, should those exist.

Second, extant enrollment data from CDEC define UPK attendees as children who "ever attended" a specific UPK program, which is operationalized as that UPK provider having received any payment for that child's attendance. However, this definition does not capture nuances that would help to fully understand variations in child UPK enrollment and attendance such as whether the child remained enrolled with the same provider, if the child moved from one UPK provider to another, or if the child moved from a UPK provider to a non-UPK provider.

Third, the analyses in this report have not examined associations between families' provider preferences and their match results. We plan to examine this in future years of the evaluation to better understand families' preferences and access to the types of providers they would like their child to attend, in addition to the provider characteristics we have examined to date.

Finally, due to stipulations in the evaluation contract, there are limitations on reporting information about subgroups with small sample sizes (i.e., less than 10) to prevent possible deductive disclosure that may identify individuals. Thus, the reporting on specific subgroups is slightly imprecise, and may limit the interpretation of data for certain subgroups.

Considerations

We offer high-priority considerations for CDEC and the UPK leadership team as they continue efforts to iterate UPK as it has been implemented to date, and integrate aspects that have not yet been fully developed or implemented.

- 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—having formal strategic and implementation plans that include a data-driven CQI process will advance CDEC’s intentions for UPK. The strategic plan should clearly state the principles and values that guide the UPK program as it progresses through the stages of implementation, and inform priorities for defining implementation outputs and determining the anticipated outcomes. In addition to the implementation plan ideally aligning with the existing UPK theory of change, it would be important to include the key aspects noted in Exhibit 34. Ongoing work to develop UPK quality standards will also be important for helping to 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.** Overcoming the many communication challenges related to UPK should be a major priority for CDEC. In addition to ensuring stable staffing of communications roles, having an organized and coordinated UPK communications plan is essential for all aspects of UPK implementation. This UPK communications plan should be aligned with UPK’s strategic vision, theory of change, and implementation plan. The plan also should outline how CDEC will effectively coordinate with other state offices such as the Governor’s Office, the RAC, the ECLC, and CDE on internal as well as any public-facing communications. In addition, the plan should outline the specific communication mechanisms UPK uses, their purpose, who is accountable for their development and maintenance as well as dissemination, and the communication schedule. To be responsive to UPK stakeholders’ wish for clearer, efficient, timely, and transparent communications, it is essential that CDEC directly engage with stakeholders to

Exhibit 34. Aspects to include in a UPK implementation plan

The following aspects would be important to include in a formal plan to guide UPK’s implementation and program improvements.

- **Assumptions** underlying the rationale for implementing UPK
- **Designated individuals or groups** involved in carrying out UPK implementation at the state, regional/community, and provider level including a dedicated implementation team that meaningfully involves a range of stakeholders who participate in or are affected by UPK implementation
- **Specific activities or aspects that define UPK as a program and distinguish it from other ECE programs** such as its funding structure, operational activities, and supports for effective implementation
- **Implementation benchmarks or outputs that result from carrying out the specific activities**, typically focused on program reach and evidence that the program is being implemented as intended (e.g., amount and quality of services offered and received)
- **Measurable short-, intermediate-, and long-term outcomes** for children, families, providers, and other targets as relevant
- Intentional inclusion and integration of a **data-driven CQI process** that is connected to other elements of the plan
- **Anticipated overall impact** of UPK

learn about the communication mechanisms, timing of communication, and how to best tailor communications for specific groups that is effective, meets their specific needs, and addresses documented communications challenges. Further, members of target audiences should strategically vet communications to avoid the need for later backtracking and to ensure that communications about UPK—especially to families—are accurate and not misleading. Leveraging knowledge of successful communications practices within the Colorado ECE landscape, such as how LCOs communicate with providers and families or how other ECE programs manage communications, may be helpful to CDEC.

3. Increase efforts to meaningfully welcome and build trusted partnerships with stakeholders by seeking their input, demonstrating the value of 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. In addition, there are several existing entities connected to CDEC, and external to CDEC, that CDEC could better leverage to form partnerships that meaningfully and genuinely elevate stakeholder voice. For example, the CDEC Family Voice Council might include a UPK-focused subgroup. Further, given LCOs’ critical role in UPK’s infrastructure, regular meetings between CDEC and LCOs may be needed to strengthen those relationships and more fully maximize LCOs’ value in UPK implementation. Across these efforts, CDEC should identify groups and individuals who represent the range of Colorado’s early childhood landscape in terms of provider type, geography, income, race and ethnicity, multilingual status, and disability status. Finally, and in connection with the UPK communication plan, CDEC should transparently convey to stakeholders the opportunities for engaging with CDEC about UPK, and how stakeholder input is incorporated into program decisions in ways that feel judicious and inclusive of a range of perspectives and experiences. Efforts to meaningfully increase stakeholder engagement should include, but not be limited to, representation on a UPK implementation team.

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 various information gaps in understanding specific aspects of what UPK “is” and navigating steps in the application, matching, and enrollment process in BridgeCare. Information gaps may be due to a lack of existing information about UPK for families, the information being unclear or inaccessible to families, or a lack of in-person supports to complete the process. While filled with critical information, CDEC would benefit from re-examining the Universal Preschool Family Information page on the UPK website from a family-centered lens to improve families’ experience accessing and understanding information about UPK. Further, while the 60-page UPK Family Handbook is somewhat friendlier to families, it may not be realistic to expect families to fully digest this information, especially on a mobile device. Strategies that could be helpful include: reducing the amount of text; presenting friendly, easily digestible text for families; having more visuals to accompany or replace text; improving the viewing experience on mobile devices; and ensuring the “translate this website” feature for families who speak languages other than English is functioning. More multimedia approaches in different languages, such as family-friendly short videos and infographics, may be especially needed for aspects of UPK where families are highly likely to be confused (e.g., qualifying factors, accepting matches). CDEC may wish to adapt visuals from the UPK Family Handbook that could help reduce information gaps and assist CDEC to identify places to streamline and potentially reduce the steps in the application and enrollment process. Applying a family-centered lens to the questions asked in and families’ experiences using the BridgeCare platform will also be beneficial. Overall, addressing information gaps and streamlining the application and enrollment process should involve the input of LCOs, providers, and families to ensure that improvements that address their needs, including from the perspective of LCOs and providers who may directly assist families as well as families who complete the process on their own.

- 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 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 eventually enroll with a UPK provider. For example, it will be helpful to learn why families who choose to apply for UPK via the Non-IEP Direct Enrollment pathway do not use the Family Matching pathway. Perhaps they are unaware of the application deadline, which may suggest new communication strategies are needed, or because the timing of the match window is too early and families do not yet know their preferred care arrangements, which could warrant reconsidering the timing of the application deadline for the matching pathway. CDEC should consider looking into how other states and districts with public preschool programs have handled these issues. Interestingly, families who apply for UPK via the Pre-Registration pathway tend to enroll in programs that have lower Colorado Shines quality ratings. Including provider quality information in BridgeCare may shed light on the factors, beyond location and safety ratings, that may influence families’ provider preferences and selections. In addition, CDEC might consider collecting information from families about the application, matching, and enrollment process after the enrollment process is completed, and ideally again after their child has begun attending the program, to understand if available provider choices were aligned with families’ needs. Relatedly, it will be helpful to understand the perspectives of families who qualify for supplemental hours but do not accept them, families whose child care needs are not fully covered by UPK, and families who decide not to enroll with a UPK provider—with attention to application pathways and family demographics. For families of children with IEPs, it will be helpful to understand if school-based providers meet families’ needs and ensure their child has access to disability services. Efforts to understand the experiences of families of children with IEPs should also include learning about their interest in community-based and home-based providers, along with if they are declining UPK funds rather than enrolling in school-based programs and any related implications for their child receiving disability services.

Conclusions

This report presented the first early findings from Child Trends’ multi-year process evaluation of the Colorado Universal Preschool Program (UPK). The overall goal of the first year of the evaluation was to gather information about UPK through its second year of implementation, using extant data from CDEC and reports from state and regional leaders, representatives from LCOs, and providers. Priorities for the second and third years of the evaluation will build on this and future reports, as well as ensuring that the perspectives and experiences of families are included.

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Endnotes

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Appendix A. Methodology and Data

Data sources

For this first report, Child Trends used extant data, survey data, and interview and focus group data. Due to timeline and resources constraints, Child Trends collected data from April – May 2025 (SYF25), and original data collection was limited to state and regional leaders, LCO representatives, and providers.

Extant data

During SFY25 (Evaluation Year 1), Child Trends used data dictionaries provided by CDEC and a data inventory developed by the Colorado Lab Evaluation and Action Lab (Colorado Lab) to conduct an initial review of potential extant data sources on providers, the early care and education workforce, and families. Based on information available in various extant data sources, alignment with the evaluation questions, and priorities as identified by CDEC and Colorado Lab, Child Trends obtained access to several key data sources with information about:

- **UPK and non-UPK providers (UPK and non-UPK):** UPK provider lists, publicly available CDEC licensing data
- **UPK children:** UPK Year 2 (i.e., 2024-2025) child application data, child enrollment status data, and payment data (through January 2025)

Exhibit A1 summarizes the information in each of the extant data sources analyzed in SFY25.

Exhibit A1. Descriptions of extant data sources

Extant data source	Description
Extant data sources on providers	
UPK provider lists	License number and key characteristics (e.g., location, setting type) of UPK providers.
Colorado licensing file	License number and key characteristics (e.g., location, setting type, quality rating, CCCAP authorization) of all Colorado licensed providers.
Extant data sources on children and families	
Child application data	Child ID, child demographics, qualifying factors, and application information (date, status) for children/families who submitted a UPK application.
Child enrollment status data	Child ID, child demographics, qualifying factors, enrollment status (accepted, offered, enrolled, placed), provider license number, program type, preference number for the provider. Used to understand families' and providers' navigation of matching and selection process.
Child payment data	Child ID, child demographics, qualifying factors, provider license number where child received UPK services, payment information, award type, hours enrolled. Used to identify when and where children received UPK services and for how many hours, based on qualifying factors.

Survey data

During SFY25 (Year 1), Child Trends administered web-based surveys in English with providers, LCOs, and state and regional leaders. The surveys included primary items, with a series of sub-items for questions that used a Likert-scale response format. The surveys also included a smaller number of multiple choice items (with response choices of “select all that apply” or “select only one”), rank-choice items, and brief open-ended text items.

Exhibit A2 summarizes the content of the surveys across respondent groups.

Exhibit A2. Content of provider, LCO, and state and regional leader surveys

Survey topics	Provider Survey ^a	LCO Survey ^b	State and Regional Leader Survey ^c
Program/LCO characteristics	X	X	
Program structure & operations	X		
LCO infrastructure		X	
Program staffing	X		
Early childhood practices and services	X ^d		
Family and community engagement	X ^d		
Reasons for participating or not - participating in UPK	X		
Overall successes and challenges	X		
UPK application, matching, and enrollment	X ^d	X	X
UPK communication & resources	X ^d	X	X
Continuous improvement efforts			X
Background and experience	X	X	X

^a The survey for UPK providers included 98 primary items, whereas the survey for non-UPK providers included 46 primary items. Non-UPK providers only answered questions noted with ^d.

^b The LCO survey included 52 primary items.

^c The state and regional leader survey included 23 primary items.

Provider survey

Using licensing files and contact information provided by CDEC, Child Trends identified the population of eligible providers (i.e., licensed home-based providers; community- and school-based providers licensed to serve 3- and/or 4-year-olds). Child Trends then stratified this group by provider type (i.e., community-based, home-based, and school-based programs), assigned a random number to each provider, and used the random number to select a total of 500 providers to invite to complete the survey. Providers who completed the survey were eligible to receive children’s books and/or art supplies (valued at \$30).

Child Trends sent email invitations to an initial random set of 500 providers on May 1, 2025; the survey was open through the first week of June. Given low response rates, Child Trends randomly selected additional providers and sent them invitations to complete the survey on May 8, 2025 and May 27, 2025. In addition to sending an initial email invitation, Child Trends sent several email reminders via REDCap, asked Early Milestones Colorado to share a short blurb about the survey via their networks, and conducted targeted phone outreach to home-based and school-based providers, given lower response rates among these groups compared to community-based providers. Additionally, we conducted phone outreach to providers who had started but had not completed the survey to encourage completion. Colorado Lab also shared a short blurb about the survey with a contact at the Colorado Association of School Executives (CASE) to encourage

participation among school-based providers. Timeline and resource limitations prevented us from engaging in more intensive phone-based follow-up and support efforts to increase participation.

A total of 1,997 providers were invited, and 376 providers participated (i.e., confirmed their program information at the start of the survey and responded to question[s] in the first substantive section of the survey on basic structure and operations), for an overall response rate of 19 percent. Over half of survey respondents (57%) were community-based providers, one-third (32%) were home-based providers, and 11 percent were school-based providers. Relative to population of all Colorado licensed providers and those invited to complete the survey, the survey sample includes an overrepresentation of community-based providers (57% in the sample vs. 41% among those invited to complete the survey) and underrepresentation of school-based providers (11% in the sample vs. 19% among those invited to complete the survey; Appendix B, Table 1).

For the purposes of the survey, providers were asked to report on a single site. However, the 376 providers who participated in the survey reported that they oversaw a total of 531 programs, with the following breakdown: 24 percent of programs overseen by home-based providers, 48 percent of programs overseen by community-based providers, 27 percent of programs overseen by district providers.

LCO survey

In collaboration with CDEC, Child Trends identified and sent email invitations to one representative from each of the 32 LCOs who was best suited to respond to the survey, given their focus. Child Trends followed up with email reminders and coordinated with CDEC to share information about the evaluation and the survey with LCOs. A total of 24 LCOs participated in the survey. Again, timeline and resource limitations prevented us from engaging in more intensive follow-up efforts to increase participation.

State & regional leader survey

Using a list of state and regional leaders provided by Colorado Lab, we invited 21 individuals via email to complete the survey, a subset of which had already been invited to complete an interview (see below). To encourage completion, we used a combination of both reminder emails via REDCap and personal reminder emails from the evaluation project director. A total of 13 state and regional leaders participated in the survey.

Interview and focus group data

During SFY25 (Evaluation Year 1), Child Trends conducted ten 90-minute virtual interviews with state and regional leaders in Colorado, which included those who are and are not current state employees. Child Trends also conducted four 90-minute virtual focus groups with representatives from LCOs and providers. All focus groups were conducted in English. Project resources did not allow for conducting a larger number of interviews or focus groups.

Exhibit A3 summarizes the participant types and the content addressed in their interviews or focus group sessions. The subsequent sections elaborate on the recruitment and participation of state and regional leaders, providers, and LCOs in these data collection activities.

Exhibit A3. Interview and focus group participants and content covered

Participants	Governance & infrastructure	Funding	Communication	Application, matching, enrollment*	UPK progress, successes, challenges
State/regional leader interviews (n=10, including 3 with 2 individuals) ^a	X	X	X	X	X
LCO focus group (n=1 group of 7 LCOs, with 10 individual participants) ^b	X		X	X	X
Provider focus groups (n=3 groups, with 13 total individual participants) ^c		X	X	X	X

*This section asked about provider enrollment and contracting as well as family application, matching, and enrollment.

^a The state and regional leader interview protocol included 23 core items.

^b The LCO focus group protocol included 25 core items.

^c The provider focus group protocol included 20 core items.

State and regional leaders

With the support of Colorado Lab, we identified 12 individuals to participate in the state and regional leader interviews, with two of the interviews intended to be conducted with a pair of individuals. We contacted individuals via email to invite them to participate in a 90-minute virtual interview to be held between May 5, 2025, and May 16, 2025. We successfully met our target of conducting 10 interviews, which were led by the evaluation project director and were done with 13 individuals (with three interviews conducted with pairs of individuals), taking place between May 6, 2025, and May 29, 2025. Interview content spanned the topics of UPK governance and infrastructure; funding; communication; application, matching, and enrollment; and UPK progress, successes, and challenges. However, the level of detail covered for a given topic in each interview varied by participant.

Providers

We used three strategies to recruit providers for the focus groups: 1) asking those invited to complete the provider survey to express interest in a focus group, 2) requesting provider nominations from the LCOs we invited to the LCO focus groups, and 3) directly recruiting providers from our master list of providers. The most successful strategies were the provider survey and direct recruitment. Based on providers' responses concerning their availability for potential focus group dates (which included day, evening, and weekend options), we identified three dates with the strongest interest among the providers. Providers who participated in focus groups were eligible to receive children's books and/or art supplies (valued at \$50).

We contacted 28 providers via email to invite them to participate in a 90-minute virtual focus group to be held between May 12, 2025, and May 23, 2025. We successfully met our target of conducting three focus groups with providers, which were led by the evaluation project director and were done with 13 individuals (groups ranged from four to five individuals), taking place between May 17, 2025, and May 29, 2025. The participants represented 11 different Colorado counties and included four Metro-area providers and nine non-Metro-area providers. A range of provider types were represented, including community-based providers (non-profit, for-profit, and faith-based), home-based providers, and school district-based providers, and almost all were current UPK providers. Across the sample, there was more than one participant representing each provider type, with one exception. Focus groups were not segregated by

provider type due to provider availability and timeline constraints. Most participants indicated that they were directors and oversaw one site (vs. multiple sites). Participants oversaw programs that varied in size; the median number of preschool children these participants served was 40.5 (range 4-300), and the median number of UPK seats they had designated at the start of the school year was 21 (range 2-225). On average, participants had nearly 25 years of experience in the field of early learning (range 4-40 years). They represented a range of education levels, from completing some college coursework to holding a graduate degree, with most holding a graduate degree. The vast majority of participants were White and spoke English as their primary language.

All participants were engaged in the focus group sessions. Focus group content spanned the topics of funding; communication; application, matching, and enrollment; and UPK progress, successes, and challenges. However, the level of detail covered for a given topic varied by focus group.

LCOs

Based on recommendations from EMC and from LCO representatives indicating their interest via the LCO survey, we identified representatives from nine LCOs spanning a range of geographic areas across the state whom we invited to participate in the LCO focus group. We contacted the LCO representatives via email to invite them to participate in a 90-minute virtual focus group, which was successfully held on May 21, 2025. The session was led by the evaluation project director and was done with 10 individuals representing seven LCOs across Metro- and non-Metro areas. Participants oversaw catchment areas that varied in size; the average number of providers in participants' catchment areas was 234 (SD = 185), and the average number of UPK providers in their catchment areas was 134 (SD = 104). On average, participants had nearly 20 years of experience in the field of early learning (range 6-35 years). All participants held either a bachelor's degree or a graduate degree. Most participants were White, and all spoke English as their primary language at home, either alone or in combination with another primary language.

All participants were engaged in the focus group session. Focus group content spanned the topics of UPK governance and infrastructure; communication; application, matching, and enrollment; and UPK progress, successes, and challenges. However, the level of detail covered for a given topic varied.

Analysis strategies

Quantitative data

Extant data

Child Trends inspected, cleaned, and merged the UPK provider lists and CDEC licensing data to create a provider-level dataset and examine characteristics of UPK and non-UPK providers. In addition, Child Trends inspected, cleaned, and merged child application data, child enrollment status data, and payment data to create child-level datasets and examine characteristics of UPK applicants for the 2024-2025 school year and UPK attendees (through January 2025). Child Trends also merged these child-level data with provider characteristics to examine characteristics of providers that UPK children were attending.

Child Trends used descriptive analyses (means, frequencies, cross-tabulations) for the full sample, as well as for key subgroups. For the UPK application analyses, Child Trends conducted subgroup analyses by application pathway. For the UPK attendee analyses, Child Trends conducted subgroup analyses by type of provider where children were enrolled, by qualifying factors (e.g., income at or below 100 percent of the federal poverty line or 100-270 percent of the federal poverty line, multilingual status), and by race/ethnicity.

Survey data

Once all of the surveys closed, Child Trends processed and cleaned survey responses. This included checking the data for duplicates, outliers, out-of-range responses, skewed distributions, and missingness patterns, as well as recoding variables as needed.

After cleaning, Child Trends conducted descriptive analyses (means, frequencies, cross-tabulations) to examine survey responses across the full sample. For the provider survey data, Child Trends also conducted subgroup analyses to examine frequencies of responses by provider type (complying with cell suppression requirements).

Interview and focus group data

Following each interview and focus group session, we saved the recordings and transcripts on Child Trends' secure server. We created detailed notes for each session. No concerns about participant engagement or data quality emerged from the interview and focus group sessions. For the interviews, the facilitator also created a shorter two-page summary for each set of interview notes, which was securely shared with the interviewee, who was then given the option to correct any content errors in the summary of notes; four interviewees reviewed their summary notes.

We developed three coding schemes for each session type: state and regional leader interview, provider focus group, and LCO focus group. Two team members participated in using the coding schemes to code the notes from the interviews and focus groups: the evaluation project director who facilitated the sessions and a research analyst who was not involved in facilitating the sessions. Using Dedoose software, they first independently coded the notes from each session and then met to come to consensus on the final codes for each session. The evaluation project director identified themes from the coded data for each relevant evaluation question, drawing from data across state and regional leaders, providers, and LCOs as appropriate. The research analyst then performed a quality check on the themes identified.

Data triangulation

We used two strategies to triangulate data from different data sources. First, within a given data source type (e.g., across provider, LCO, and state and regional surveys; across provider and LCO focus groups and state and regional leader interviews), we identified areas of consensus and difference of opinion among the participant groups. Second, consistent with our mixed methods approach, we compared results from the quantitative data (i.e., surveys, extant data) with results from the qualitative data (i.e., focus group and interview data) to determine take-aways that account for information across all available data sources. We present some of these take-aways in visual joint displays to efficiently show quantitative findings paired with either supporting or divergent elaborations or illustrations from the qualitative data.

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Table 1. Characteristics of providers who responded to the survey

	Invited to survey		Survey sample	
	n = 1997		n = 376	
	n	% of group	n	% of group
Provider type **				
Community-based	839	41%	216	57%
Home-based	774	39%	119	32%
School-based	384	19%	41	11%
UPK participation				
Current UPK provider	1254	63%	264	70%
Non-UPK provider	743	37%	112	30%
LCO				
Adams County Early Childhood Connections	166	8%	24	6%
Arapahoe County Early Childhood Council	226	11%	41	11%
Bright Futures	34	2%	1-9 *	0.3 - 2%
Broomfield Early Childhood Council	26	1%	1-9 *	0.3 - 2%
Chaffee County Early Childhood Council	1-9 *	< 1%	1-9 *	0.3 - 2%
Cheyenne, Kiowa & Lincoln Counties Early Childhood Council	1-9 *	< 1%	0	0%
Children First Department of Pueblo Community College/Pueblo Early Childhood Council	90	5%	13	3%
Connections4Kids	1-9 *	< 1%	1-9 *	0.3 - 2%
Custer County Kids Council	1-9 *	< 1%	1-9 *	0.3 - 2%
Denver Preschool Program	183	9%	37	10%
Douglas County Early Childhood Council	126	6%	18	5%
Eagle River Valley Local Coordinating Organization	18	1%	1-9 *	0.3 - 2%
Early Childhood Council for Yuma, Washington and Kit Carson	15	1%	1-9 *	0.3 - 2%
Early Childhood Council of Boulder County	112	6%	22	6%
Early Childhood Council of Larimer County	130	7%	22	6%
Early Childhood Council of Logan, Phillips, and Sedgwick	19	1%	1-9 *	0.3 - 2%
Early Childhood Council of the San Luis Valley	18	1%	1-9 *	0.3 - 2%

	Invited to survey		Survey sample	
	n = 1997		n = 376	
	n	% of group	n	% of group
LCO				
Early Childhood Options & Summit County Government	15	1%	1-9 *	0.3 - 2%
Early Learning Ventures	17	1%	1-9 *	0.3 - 2%
ECC of La Plata County	31	2%	11	3%
ECHO & Family Center Early Childhood Council	12	1%	1-9 *	0.3 - 2%
Elbert County Early Childhood Council	1-9 *	< 1%	1-9 *	0.3 - 2%
First Impressions of Routt County	1-9 *	< 1%	1-9 *	0.3 - 2%
Grand Beginnings	1-9 *	< 1%	1-9 *	0.3 - 2%
Gunnison-Hinsdale Early Childhood Council	1-9 *	< 1%	1-9 *	0.3 - 2%
Huerfano-Las Animas Counties Early Childhood Council	1-9 *	< 1%	0	0%
Joint Initiatives for Youth and Families	238	12%	34	9%
Mesa County Partnership for Children and Families & Mesa County Department of Human Services	61	3%	14	4%
Rocky Mountain ECC & Mountain Valley Development Services	46	2%	11	3%
Teller Park Early Childhood Council	1-9 *	< 1%	1-9 *	0.3 - 2%
Triad Bright Futures	212	11%	41	11%
United Way of Weld County	136	7%	27	7%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: The survey sample includes providers who confirmed their program information at the start of the survey and responded to question(s) in the first substantive section of the survey (on basic structure and operations).

* As required by CDEC per our contract, cells where the number of individuals is greater than 0 and less than 10 have been suppressed.

** For the purposes of the survey, providers were asked to report on a single site. However, the 376 providers who participated in the survey reported that they oversaw a total of 531 programs, with the following breakdown: 24% of programs overseen by home-based providers, 48% of programs overseen by community-based providers, 27% of programs overseen by district providers.

Table 2. Additional characteristics of providers who responded to the survey

	n	%
Role **		
Director over multiple sites	23	7%
Director at a single site	181	58%
Assistant director	1-9 *	0.3 - 3%
Owner	71	23%
Principal	10	3%
Curriculum/education coordinator	24	8%
Business manager	17	5%
Family child care provider/owner	83	27%
Other	18	6%
Total n	312	
Level of education		
High school diploma or GED	17	5%
Some college	72	23%
Associate degree (AA, AS)	49	16%
Bachelor's degree or equivalent (BA, BS)	80	25%
Some graduate school or some professional school, but no degree	14	4%
Graduate degree (MA, M.Ed., Ph.D., Ed.D.)	71	23%
Other	12	4%
Total n	315	
Age group		
25-34	23	7%
35-44	85	27%
45-54	114	37%
55+	88	28%
Total n	310	
Race/ethnicity **		
American Indian or Alaska Native	1-9 *	0.3 - 3%
Asian	13	4%
Black or African American	19	6%
Hispanic, Latino, or other Spanish origin	32	10%
Native Hawaiian or other Pacific Islander	1-9 *	0.3 - 3%
North African or Middle Eastern	1-9 *	0.3 - 3%
White	241	78%
Other	1-9 *	0.3 - 3%
Total n	310	
Primary language(s) **		
English	303	97%
Spanish	16	5%
Arabic	1-9 *	0.3 - 3%
Other	1-9 *	0.3 - 3%
Total n	313	

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: * As required by CDEC per our contract, cells where the number of individuals is greater than 0 and less than 10 have been suppressed. ** The variables "role," "race-ethnicity," and "primary language" were not mutually exclusive. Participants could select all that apply, so percentages do not add up to 100%.

Table 3. UPK providers' reports of top successes, challenges, and efforts to change

	Success		Challenge		Working to change or improve	
	n	%	n	%	n	%
Meeting or exceeding UPK provider requirements	55	25%	17	8%	29	13%
Family application process	51	23%	43	19%	18	8%
Family enrollment process	46	21%	57	26%	41	19%
Engaging families enrolled in UPK	42	19%	1-9 *	0.5-4%	20	9%
Instruction and classroom practice	35	16%	1-9 *	0.5-4%	26	12%
Improving indoor or outdoor facilities	33	15%	15	7%	37	17%
Retaining staff	17	8%	19	9%	18	8%
Managing program budget and funds	18	8%	52	24%	32	14%
Program operations	11	5%	16	7%	11	5%
Recruiting and hiring new staff	1-9 *	0.5-4%	26	12%	19	9%
Other	1-9 *	0.5-4%	20	9%	1-9 *	0.5-4%
None	36	16%	48	22%	58	26%
Total n	222		221		221	

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: Providers were asked to select up to two successes, two challenges, and two areas they were working to change. Percentages do not sum to 100%.

Table 4. UPK providers' reports of top successes, challenges, and efforts to change, by provider type

	Success			Challenge			Working to change or improve		
	Home-based	Community-based	School-based	Home-based	Community-based	School-based	Home-based	Community-based	School-based
Meeting or exceeding UPK provider requirements	19%	25%	32%	*	9%	*	*	16%	*
Family application process	21%	26%	*	20%	14%	38%	*	*	*
Family enrollment process	*	24%	*	26%	19%	51%	22%	17%	*
Engaging families enrolled in UPK	*	23%	*	*	*	*	*	12%	*
Instruction and classroom practice	*	14%	*	*	*	0%	*	13%	*
Improving indoor or outdoor facilities	31%	11%	*	*	10%	0%	*	19%	*
Retaining staff	*	11%	0%	*	11%	*	*	11%	*
Managing program budget and funds	*	8%	*	20%	24%	27%	20%	12%	*
Program operations	*	*	*	*	*	*	*	*	0%
Recruiting and hiring new staff	*	*	0%	*	15%	*	*	11%	*
Other	0%	*	*	*	11%	*	*	*	*
None	23%	14%	*	26%	23%	*	27%	23%	35%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: Home-based *ns* = 50-52, community-based *ns* = 133-134, and school-based *n* = 37. Percentages reflect the percentage of that provider type who selected that area (for example, the percentage of home-based UPK providers who selected "meeting or exceeding UPK provider requirements" as a success out of the total number of home-

Table 5. UPK providers' perceptions of supports that would help with those changes

	Total	Yes, would help	
	n	n	%
Additional funding	191	113	59%
Guidance documents/written resources	191	60	31%
Training	191	56	29%
Coaching or consultation	191	52	27%
Partnerships with other organizations/agencies	191	38	20%
Additional support from CDEC	191	36	19%
Additional support from my LCO	191	29	15%
Other	191	24	13%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Table 6. UPK providers' reports of aspects of program that increased, decreased, or did not change

	Total	Increased		Decreased		Did not change	
	n	n	%	n	%	n	%
The number of children enrolled in my program	222	54	24%	57	26%	111	50%
The number of multilingual learner children enrolled in my program	201	47-55 *	23-27%	1-9 *	0.5-4%	145	72%
The number of children with IEPs or IFSPs enrolled in my program	174	41	24%	11	6%	122	70%
The number of highly qualified staff teaching children in my program **	206	24	12%	14	7%	168	82%
My program's hours of operation	213	21-29 *	10-14%	1-9 *	0.5-4%	183	86%
My program's financial stability	212	45	21%	53	25%	114	54%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: ** FCC providers were not asked this question. * As required by CDEC per our contract, cells where the number of individuals is greater than 0 and less than 10 have been suppressed. Other cells have also been suppressed so that the n cannot be calculated via subtraction in a given row.

Table 7. UPK providers' reports of aspects of program that got easier, got harder, or did not change

	Total	Got easier		Got harder		Did not change	
	n	n	%	n	%	n	%
Recruiting new families	220	45	20%	54	25%	121	55%
Recruiting and retaining highly qualified staff **	197	22	11%	41	21%	134	68%
Managing my program's budget	214	44	21%	73	34%	97	45%
Managing other aspects of my program's operations	217	19	9%	70	32%	128	59%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: ** FCC providers were not asked this question.

Table 8. Non-UPK providers' reports of aspects of program that increased, decreased, or did not change

	Total	Increased		Decreased		Did not change	
	n	n	%	n	%	n	%
The number of children enrolled in my program	102	22	22%	28	27%	52	51%
The number of multilingual learner children enrolled in my program	78	1-9 *	1-12%	1-9 *	1-12%	64	82%
The number of children with IEPs or IFSPs enrolled in my program	69	1-9 *	1-13%	1-9 *	1-13%	60	87%
The number of highly qualified staff teaching children in my program **	70	1-9 *	1-13%	7-15 *	10-21%	54	77%
My program's hours of operation	92	1-9 *	1-10%	1-9 *	1-10%	82	89%
My program's financial stability	97	1-9 *	1-9%	22-30 *	23-31%	66	68%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: ** FCC providers were not asked this question. * As required by CDEC per our contract, cells where the number of individuals is greater than 0 and less than 10 have been suppressed. Other cells have also been suppressed so that the n cannot be calculated via subtraction in a given row.

Table 9. Non-UPK providers' reports of aspects of program that got easier, got harder, or did not change

	Total	Got easier		Got harder		Did not change	
	n	n	%	n	%	n	%
Recruiting new families	96	1-9 *	1-9%	33-41 *	34-43%	54	56%
Recruiting and retaining highly qualified staff **	65	1-9 *	2-14%	16-24 *	25-37%	40	62%
Managing my program's budget	91	1-9 *	1-10%	27-35 *	30-38%	55	60%
Managing other aspects of my program's operations	90	1-9 *	1-10%	18-26 *	20-29%	63	70%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: ** FCC providers were not asked this question. * As required by CDEC per our contract, cells where the number of individuals is greater than 0 and less than 10 have been suppressed. Other cells have also been suppressed so that the n cannot be calculated via subtraction in a given row.

Table 10. UPK provider classroom vacancies

	Total	Yes	
	n	n	%
Do you have preschool classrooms that are currently closed due to difficulty finding teachers to hire?	183	12	7%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: Not asked of FCC providers.

Table 11. UPK provider classroom vacancies, by program type

	Yes	
	Community-based	School-based
Do you have preschool classrooms that are currently closed due to difficulty finding teachers to hire?	8%	3-24%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: Community-based $n = 143$, and school-based $n = 38$. Not asked of FCC providers. Consistent with suppression rules in our contract, in some cases we report ranges rather than exact percentages to prevent possible identification of participants in analyses with small sample sizes (i.e., $n < 10$).

Table 12. State and regional leader perspectives on decision-making and continuous improvement

	Agreement
There is a process in place for how decisions are made about UPK's vision, goals, and major activities.	Roughly even numbers disagreed and agreed
The system for making decisions about UPK's vision, goals, and major activities is effective.	Over half disagreed

Source: Colorado Universal Preschool Process Evaluation; State and Regional Leader Survey; Spring 2025

Note: $n_s = 8-11$.

Table 13. LCO perceptions of UPK infrastructure

	Agreement
Staff at this LCO have the budget resources they need to carry out their work related to UPK.	Over half disagreed
Staff at this LCO have the support they need from CDEC (e.g., access to CDEC staff, guidance documents) to carry out their work related to UPK.	Roughly even numbers disagreed and agreed
Staff at this LCO are satisfied with the contracting process with CDEC.	Roughly even numbers disagreed and agreed
Staff at this LCO have the training or other resources they need to carry out their work related to UPK.	Over half agreed
Staff at this LCO have the skills they need to carry out their work related to UPK.	Over half agreed
Staff at this LCO have the time they need to carry out their work related to UPK.	Over half agreed
Staff at this LCO understand their responsibilities for supporting providers and families.	Over half agreed
Staff at this LCO are effective at supporting providers around UPK.	Over half agreed
Staff at this LCO are effective at supporting families around UPK.	Over half agreed
Staff at this LCO are effective at supporting providers and families around UPK from a variety of settings and backgrounds.	Over half agreed

Source: Colorado Universal Preschool Process Evaluation; LCO Survey; Spring 2025

Note: *ns* = 23-24.

Table 14. UPK providers with children attending for more hours than funded by UPK

	Total	Yes	
	n	n	%
At least one child attends for more hours than funded by UPK	237	187	79%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Table 15. UPK providers with children attending for more hours than funded by UPK, by provider type

	Home-based	Community-based	School-based
At least one child attends for more hours than funded by UPK	67%	86%	70%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: Home-based *n* = 54, community-based *n* = 146, and school-based *n* = 37.

Table 16. Funding sources used to pay for children's services at UPK providers

	Total	Funding source used	
	n	n	%
Colorado Child Care Assistance Program (CCCAP)	244	148	61%
Exceptional Children's Educational Act (ECEA)	244	1-9 *	0.4-4%
Individuals with Disabilities Act (IDEA) Part B Funding	244	16	7%
School Financing funding	244	10	4%
Head Start	244	12	5%
Summit Pre-K Program	244	1-9 *	0.4-4%
Denver Preschool Program	244	27	11%
Other public funding source (e.g., mill levy, local tax)	244	14	6%
None, other than family tuition	244	71	29%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: * As required by CDEC per our contract, cells where the number of individuals is greater than 0 and less than 10 have been suppressed.

Table 17. Funding sources used to pay for children's services at UPK providers, by provider type

	Home-based	Community-based	School-based
Colorado Child Care Assistance Program (CCCAP)	48%	68%	50%
Exceptional Children's Educational Act (ECEA)	0%	1-6%	3-25%
Individuals with Disabilities Act (IDEA) Part B Funding	0%	1-6%	39%
School Financing funding	0%	1-6%	3-25%
Head Start	2-16%	1-6%	3-25%
Summit Pre-K Program	2-16%	1-6%	3-25%
Denver Preschool Program	2-16%	15%	3-25%
Other public funding source (e.g., mill levy, local tax)	0%	7%	3-25%
None, other than family tuition	50%	23%	3-25%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: Home-based n = 58, community-based n = 150, and school-based n = 36. Consistent with suppression rules in our contract, in some cases we report ranges rather than exact percentages to prevent possible identification of participants in analyses with small sample sizes (i.e., n < 10).

Table 18. UPK providers' overall experiences with UPK processes

	Total	Strongly disagree		Disagree		Agree		Strongly agree	
	n	n	%	n	%	n	%	n	%
UPK payments did cover the cost of services children received.	203	27	13%	48	24%	86	42%	42	21%
I receive UPK payments in a timely manner.	206	1-9 *	0.5-4%	19-27 *	9-13%	106	51%	72	35%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: * As required by CDEC per our contract, cells where the number of individuals is greater than 0 and less than 10 have been suppressed. Other cells have also been suppressed so that the n cannot be calculated via subtraction in a given row.

Table 19. UPK providers' overall experiences with UPK processes, by provider type

	Home-based		Community-based		School-based	
	Disagree	Agree	Disagree	Agree	Disagree	Agree
UPK payments did cover the cost of services children received.	23%	77%	36%	64%	59%	41%
I receive UPK payments in a timely manner.	2-18%	82-98%	11%	89%	3-27%	73-97%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: Home-based ns = 43-52, community-based ns = 124-131, and school-based ns = 32-35. Consistent with suppression rules in our contract, in some cases we report ranges rather than exact percentages to prevent possible identification of participants in analyses with small sample sizes (i.e., n < 10). "Disagree" represents the percentage of that provider type who selected "disagree" or "strongly disagree," and "agree" represents the percentage of that provider type who selected "agree" or "strongly agree."

Table 20. UPK providers' ease or challenge with payments

	Total	Very challenging		Somewhat challenging		Somewhat easy		Very easy	
	n	n	%	n	%	n	%	n	%
Maintaining up-to-date enrollment in the UPK Provider Portal (BridgeCare) for accurate payment	206	1-9 *	0.5-4%	41-49 *	20-24%	85	41%	71	34%
Receiving monthly payments	211	1-9 *	0.5-4%	24-32 *	11-15%	71	34%	107	51%
Reviewing monthly payment reports	210	11	5%	34	16%	78	37%	87	41%
Tracking and reporting on UPK expenses	204	26	13%	72	35%	61	30%	45	22%
Resolving any issues related to payments (e.g., missing or inaccurate payments)	165	27	16%	37	22%	57	35%	44	27%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: * As required by CDEC per our contract, cells where the number of individuals is greater than 0 and less than 10 have been suppressed. Other cells have also been suppressed so that the n cannot be calculated via subtraction in a given row.

Table 21. UPK providers' ease or challenge with payments, by provider type

	Home-based		Community-based		School-based	
	Challenging	Easy	Challenging	Easy	Challenging	Easy
Maintaining up-to-date enrollment in the UPK Provider Portal (BridgeCare) for accurate payment	2-20%	80-98%	23%	77%	44%	56%
Receiving monthly payments	2-19%	81-98%	12%	88%	39%	61%
Reviewing monthly payment reports	2-20%	80-98%	19%	81%	33%	67%
Tracking and reporting on UPK expenses	47%	53%	45%	55%	62%	38%
Resolving any issues related to payments (e.g., missing or inaccurate payments)	3-31%	69-97%	36%	64%	62%	38%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: Home-based *ns* = 24-51, community-based *ns* = 88-135, and school-based *ns* = 21-36. Consistent with suppression rules in our contract, in some cases we report ranges rather than exact percentages to prevent possible identification of participants in analyses with small sample sizes (i.e., *n*<10). "Challenging" represents the percentage of that provider type who selected "somewhat challenging" or "very challenging," and "easy" represents the percentage of that provider type who selected "somewhat easy" or "very easy."

Table 22. State and regional leader perspectives on using data and stakeholder input to guide decision-making

	Agreement
There is a regular process for collecting information from LCOs to inform decisions about UPK.	Roughly even numbers disagreed and agreed
There is a regular process for collecting information from providers to inform decisions about UPK.	Roughly even numbers disagreed and agreed
There is a regular process for collecting information from families to inform decisions about UPK.	Roughly even numbers disagreed and agreed
There is a regular process for collecting information from the public to inform decisions about UPK.	Over half disagreed

Source: Colorado Universal Preschool Process Evaluation; State and Regional Leader Survey; Spring 2025

Note: ns = 6-10

Table 23. LCO perceptions of and satisfaction with communications from CDEC

	Agreement
I have opportunities to share feedback with CDEC about my experiences with and suggestions for UPK.	Over half agreed
CDEC acts on feedback I share about my experiences with and suggestions for UPK.	Over half disagreed

Source: Colorado Universal Preschool Process Evaluation; LCO Survey; Spring 2025

Note: ns = 18-22.

Table 24. UPK providers' experiences with communications about UPK

	Total	Disagree or strongly disagree		Agree		Strongly agree	
	n	n	%	n	%	n	%
I have opportunities to share feedback with CDEC and/or my LCO about my experiences with and suggestions for UPK.	210	34	16%	156	74%	20	10%
CDEC and/or my LCO act on feedback I share about my experiences with and suggestions for UPK.	208	55	26%	129	62%	24	12%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Table 25. UPK providers' experiences with communications about UPK, by provider type

	Home-based		Community-based		School-based	
	Disagree	Agree	Disagree	Agree	Disagree	Agree
	%	%	%	%	%	%
I have opportunities to share feedback with CDEC and/or my LCO about my experiences with and suggestions for UPK.	24%	76%	14%	86%	3-26%	74-97%
CDEC and/or my LCO act on feedback I share about my experiences with and suggestions for UPK.	26%	74%	23%	77%	38%	62%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: Home-based *ns* = 48-50, community-based *ns* = 124-129, and school-based *ns* = 33-34. Consistent with suppression rules in our contract, in some cases we report ranges rather than exact percentages to prevent possible identification of participants in analyses with small sample sizes (i.e., *n*<10). "Disagree" represents the percentage of that provider type who selected "disagree" or "strongly disagree," and "agree" represents the percentage of that provider type who selected "agree" or "strongly agree."

Table 26. State and regional leader perspectives on decision-making and continuous improvement

	Agreement
There is a process for identifying areas that need to be tracked for continuous improvement.	Over half disagreed
There are specific staff or staff roles responsible for UPK's continuous improvement efforts.	Over half disagreed
There are sufficient resources dedicated to UPK engaging in continuous improvement efforts.	Over half disagreed

Source: Colorado Universal Preschool Process Evaluation; State and Regional Leader Survey; Spring 2025
Note: *ns* = 8-11.

Table 27. State and regional leader perspectives on using data and stakeholder input to guide decision-making

	Agreement
Data are used for the purpose of UPK's continuous improvement efforts.	Over half disagreed

Source: Colorado Universal Preschool Process Evaluation; State and Regional Leader Survey; Spring 2025
Note: *ns* = 6-10.

Table 28. UPK providers' use of UPK resources and systems

	Total	Used resources	
	n	n	%
CDEC's newsletters and email communications	214	199	93%
CDEC's social media channels (e.g., Twitter/X, Facebook, LinkedIn, Instagram)	211	118	56%
The CDEC memo series	211	146	69%
CDEC office hours	214	157	73%
The CDEC Universal Preschool website	214	191	89%
The Universal Preschool Contact Center/HelpDesk	214	166	78%
The UPK Family Portal/Application (BridgeCare)	213	186	87%
The UPK Provider Portal (BridgeCare)	214	202	94%
MetrixIQ (the UPK payment vendor)	213	200	94%
CDEC information session/webinar	213	148	69%
CDEC staff (e.g., licensing specialist, quality assurance specialist, etc.)	213	184	86%
LCO emails or newsletters	215	193	90%
LCO information session/webinar	215	169	79%
LCO staff	214	191	89%
UPK Provider Handbook	214	202	94%
UPK Family Handbook	212	179	84%
Colorado Shines resources	214	189	88%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Table 29. UPK providers' perceptions of helpfulness of UPK resources and systems

	Total	Not at all or slightly helpful		Somewhat helpful		Extremely helpful	
	n	n	%	n	%	n	%
CDEC's newsletters and email communications	199	42	21%	98	49%	59	30%
CDEC's social media channels (e.g., Twitter/X, Facebook, LinkedIn, Instagram)	118	51	43%	50	42%	17	14%
The CDEC memo series	146	44	30%	71	49%	31	21%
CDEC office hours	157	37	24%	76	48%	44	28%
The CDEC Universal Preschool website	191	39	20%	103	54%	49	26%
The Universal Preschool Contact Center/HelpDesk	166	38	23%	77	46%	51	31%
The UPK Family Portal/Application (BridgeCare)	186	39	21%	101	54%	46	25%
The UPK Provider Portal (BridgeCare)	202	41	20%	103	51%	58	29%
MetrixIQ (the UPK payment vendor)	200	42	21%	82	41%	76	38%
CDEC information session/webinar	148	30	20%	84	57%	34	23%
CDEC staff (e.g., licensing specialist, quality assurance specialist, etc.)	184	36	20%	93	51%	55	30%
LCO emails or newsletters	193	24	12%	80	41%	89	46%
LCO information session/webinar	169	22	13%	78	46%	69	41%
LCO staff	191	19	10%	54	28%	118	62%
UPK Provider Handbook	202	33	16%	102	50%	67	33%
UPK Family Handbook	179	32	18%	92	51%	55	31%
Colorado Shines resources	189	44	23%	90	48%	55	29%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Table 30. LCO perceptions of effectiveness of specific tools or resources

	Agreement
The LCO Resource Site (Google Site) is effective in helping LCOs obtain resources specific to their needs.	Over half agreed
The UPK Family Portal/Application (BridgeCare) is effective in sharing information and helping families track their UPK application, matching, and enrollment status.	Roughly even numbers disagreed and agreed
The UPK Provider Portal (BridgeCare) is effective in sharing critical updates to UPK providers and helping them track applications, matching, and enrollment status for families who are matched to their program.	Roughly even numbers disagreed and agreed
The Raising Colorado Kids website is effective in helping families access information about UPK.	Over half did not know
MetrixIQ (the UPK payment provider) is effective in sharing critical payment information with providers.	Over half agreed
The UPK Provider Handbook is effective in sharing information about UPK.	Over half agreed
The UPK Family Handbook is effective in sharing information with families about UPK.	Over half agreed

Source: Colorado Universal Preschool Process Evaluation; LCO Survey; Spring 2025

Note: ns = 11-22.

Table 31. LCO perceptions of overall communication about UPK

	Agreement
CDEC has a process in place for communicating with LCOs, providers, families, and the public about UPK.	Over half agreed
CDEC's newsletters and email communications are effective in distributing information and cross-promoting opportunities to target audiences.	Over half agreed
CDEC's social media channels (e.g., Twitter/X, Facebook, LinkedIn, Instagram) are effective in sharing general updates, successes, and promotions related to UPK.	Roughly even numbers disagreed and agreed
The CDEC memo series is effective in sharing information about CDEC policies and expectations.	Over half agreed
CDEC office hours are effective in supporting providers.	Over half agreed
The CDEC Universal Preschool website is effective in sharing general information about UPK.	Over half agreed
The Universal Preschool Contact Center/Help Desk is effective in providing LCOs, providers, and/or families multilingual, multichannel support for FAQs, technical issues, and program-related inquiries.	Roughly even numbers disagreed and agreed

Source: Colorado Universal Preschool Process Evaluation; LCO Survey; Spring 2025

Note: ns = 12-23.

Table 32. State and regional leader perceptions of overall communication about UPK

	Agreement
CDEC has a process in place for communicating with Local Coordinating Organizations (LCOs), providers, families, and the public about UPK.	Over half agreed
CDEC's newsletters and email communications are effective in distributing information and cross-promoting opportunities to target audiences.	Over half disagreed
CDEC's social media channels (e.g., Twitter/X, Facebook, LinkedIn, Instagram) are effective in sharing general updates, successes, and promotions related to UPK.	Over half agreed
The CDEC memo series is effective in sharing information about CDEC policies and expectations.	Over half agreed
The CDEC Universal Preschool website is effective in sharing general information about UPK.	Over half agreed

Source: Colorado Universal Preschool Process Evaluation; State and Regional Leader Survey; Spring 2025

Note: ns = 9-13.

Table 33. State and regional leader perceptions of effectiveness of specific tools or resources

	Agreement
The UPK Family Portal/Application (BridgeCare) is effective in sharing information and helping families track their UPK application, matching, and enrollment process.	Roughly even numbers disagreed and agreed
The Raising Colorado Kids website is effective in helping families access information about UPK.	Over half agreed

Source: Colorado Universal Preschool Process Evaluation; State and Regional Leader Survey; Spring 2025

Note: *ns* = 5-11.

Table 34. LCO report of use and effectiveness of LCO communication strategies with providers

	Total	Used strategy		How effective
	n	n	%	
Emails	22	22	100%	Over half said effective
Phone calls	22	21	95%	Over half said effective
Text messages	22	13	59%	Over half said effective
Apps	19	0	0%	N/a
Information session/webinar	21	19	90%	Over half said effective
Office hours	21	16	76%	Over half said effective
One-on-one meetings	22	22	100%	Over half said effective
Social media	21	15	71%	Roughly even numbers said effective and not very effective
Flyers/posters	21	17	81%	Roughly even numbers said effective and not very effective
Marketing materials from CDEC (e.g., flyers, social media graphics)	21	15	71%	Roughly even numbers said effective and not very effective
Asking other organizations to share information with families	21	19	90%	Over half said effective

Source: Colorado Universal Preschool Process Evaluation; LCO Survey; Spring 2025

Note: *ns* = 19-22. Between 1 and 9 respondents indicated they used physical mail or another strategy not listed here. For this item, "not very effective" represents the number reporting "not at all" or "slightly effective," and "effective" represents the number reporting "somewhat effective" or "extremely effective."

Table 35. LCO report of use and effectiveness of LCO communication strategies with families

	Total	Used strategy		How effective
	n	n	%	
Emails	22	22	100%	Over half said effective
Phone calls	22	22	100%	Over half said effective
Text messages	22	14	64%	Over half said effective
Apps	19	1-9*	*	Roughly even numbers said effective and not very effective
Information session/webinar	21	1-9*	*	Roughly even numbers said effective and not very effective
Office hours	20	1-9*	*	Over half said not very effective
Physical mail	20	1-9*	*	Roughly even numbers said effective and not very effective
One-on-one meetings	20	16	80%	Over half said effective
Social media	22	19	86%	Over half said effective
Flyers/posters	22	18	82%	Over half said effective
Marketing materials from CDEC (e.g., flyers, social media graphics)	21	17	81%	Over half said effective
Asking other organizations to share information with families	21	19	90%	Over half said effective

Source: Colorado Universal Preschool Process Evaluation; LCO Survey; Spring 2025

Note: ns = 19-22. * As required by CDEC per our contract, cells where the number of individuals is greater than 0 and less than 10 have been suppressed.

Table 36. UPK providers' use of family engagement/communication methods

	Total	Used	
	n	n	%
Email	227	216	95%
Phone calls	227	205	90%
Text messages	229	175	76%
Apps such as Brightwheel, ReadyRosie, ClassDojo	222	145	65%
Open houses/information sessions	220	170	77%
Social media	220	157	71%
Marketing materials from CDEC (e.g., flyers, social media graphics)	218	149	68%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Table 37. UPK providers' report of efficacy of family engagement/communication methods

	Total	Not at all or slightly effective		Somewhat effective		Very effective	
	n	n	%	n	%	n	%
Email	216	24	11%	62	29%	130	60%
Phone calls	205	20	10%	34	17%	151	74%
Text messages	175	11	6%	35	20%	129	74%
Apps such as Brightwheel, ReadyRosie, ClassDojo	145	14	10%	30	21%	101	70%
Open houses/information sessions	170	36	21%	61	36%	73	43%
Social media	157	48	31%	66	42%	43	27%
Marketing materials from CDEC (e.g., flyers, social media graphics)	187	61	33%	57	30%	69	37%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: For this table, "not at all effective" and "slightly effective" were combined, given that the cell size for "not at all effective" was between 1 and 9 for over half the items, and, as required by CDEC per our contract, cells where the number of individuals is greater than 0 and less than 10 must be suppressed.

Table 38. UPK providers' report of frequency of information from CDEC and LCOs

	Total	Never or a few times per year		About once a month		2-3 times per month		About once a week		2 or more times per week	
	n	n	%	n	%	n	%	n	%	n	%
CDEC	213	25	12%	68	32%	71	33%	35	16%	14	7%
Your LCO	214	37	17%	54	25%	64	30%	43	20%	16	7%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Table 39. LCO report of frequency of LCO communication with providers in past year

	Most common frequencies
UPK provider expectations and requirements	Almost half said 2-3 times per month
The process for becoming a UPK provider	Almost half said a few times a year
The UPK family application and matching process	About half said 2-3 times per month
The UPK provider enrollment and matching process	Almost half said 2-3 times per month
The UPK family enrollment process	Over half said 2-3 times per month OR 2 or more times per week
UPK payments	Over half said about once a month OR 2-3 times per month
General family recruitment	Varied roughly evenly among a few times a year, about once a month, 2-3 times per month, and 2 or more times per week
General provider recruitment	Over half said a few times a year OR about once a month

Source: Colorado Universal Preschool Process Evaluation; LCO Survey; Spring 2025

Note: ns = 21-22.

Table 40. UPK providers' report of most common months for communicating with families about applying or enrolling in their UPK program

	Applying/Registering		Enrolling	
	n	%	n	%
January	145	65%	131	59%
February	152	68%	144	65%
March	159	71%	155	70%
April	146	65%	150	67%
May	134	60%	134	60%
June	106	47%	115	52%
July	99	44%	112	50%
August	113	50%	120	54%
September	98	44%	100	45%
October	82	37%	81	36%
November	94	42%	88	39%
December	111	50%	102	46%
Total n	224		223	

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Table 41. LCO report of timing and frequency of communication with families

	Peak months when families ask for information	Frequency of communication during peak months
General UPK information	May - Jun, Oct - Dec	Over half said 2 or more times per week
Finding a UPK provider	Apr, Aug	Over half said 2 or more times per week
Family qualifying factors	Jan, Aug	Over half said 2 or more times per week
The UPK family application and matching process	Jan - Apr	Over half said 2 or more times per week
The UPK family enrollment process	Jan - Apr, Aug - Sep	Over half said 2 or more times per week

Source: Colorado Universal Preschool Process Evaluation; LCO Survey; Spring 2025

Note: ns = 21-22.

Table 42. UPK providers' experiences with communications about UPK

	Total	Disagree or strongly disagree		Agree		Strongly agree	
	n	n	%	n	%	n	%
Information about UPK is easy for me to find.	212	46	22%	147	69%	19	9%
Information about UPK is clear and easy for me to understand.	210	72	34%	124	59%	14	7%
Information about UPK is available in my preferred language.	209	13	6%	133	64%	63	30%
Information about UPK is relevant to me and/or my program.	211	17	8%	161	76%	33	16%
Information about UPK covers everything I need to know about being a UPK provider.	212	58	27%	137	65%	17	8%
Information about UPK is provided in a variety of formats.	210	31	15%	159	76%	20	10%
The amount of communication I receive about UPK is just right (i.e., not too much, not too little).	211	48	23%	150	71%	13	6%
I can find answers to my questions on the CDEC website, UPK Provider Portal, or in other resources (e.g., UPK provider handbook).	211	54	26%	140	66%	17	8%
I know who to contact when I have questions about UPK.	213	30	14%	139	65%	44	21%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Table 43. UPK providers' experiences with communications about UPK from LCOs

	Total	Disagree or strongly disagree		Agree		Strongly agree	
	n	n	%	n	%	n	%
I trust the accuracy of the information I receive from my LCO about UPK.	211	15	7%	143	68%	53	25%
I am satisfied with the communication I receive from my LCO about UPK.	212	23	11%	127	60%	62	29%
When I ask LCO staff questions about these processes, they give me answers or solutions.	209	22	11%	123	59%	64	31%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Table 44. UPK providers' experiences with communications about UPK from CDEC

	Total	Disagree or strongly disagree		Agree		Strongly agree	
	n	n	%	n	%	n	%
I trust the accuracy of the information I receive from CDEC about UPK.	213	28	13%	154	72%	31	15%
I am satisfied with the communication I receive from CDEC about UPK.	212	46	22%	146	69%	20	9%
When I ask CDEC questions about these processes, they give me answers or solutions.	206	47	23%	137	67%	22	11%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Table 45. UPK providers' experiences with communications about UPK, by provider type

	Home-based		Community-based		School-based	
	Disagree	Agree	Disagree	Agree	Disagree	Agree
Information about UPK is easy for me to find.	26%	74%	18%	82%	29%	71%
Information about UPK is clear and easy for me to understand.	24%	76%	34%	66%	50%	50%
Information about UPK is available in my preferred language.	2-19%	81-98%	1-7%	93-99%	3-26%	74-97%
Information about UPK is relevant to me and/or my program.	2-18%	82-98%	1-7%	93-99%	3-26%	74-97%
Information about UPK covers everything I need to know about being a UPK provider.	26%	74%	26%	74%	35%	65%
Information about UPK is provided in a variety of formats.	2-18%	82-98%	15%	85%	3-27%	73-97%
The amount of communication I receive about UPK is just right (i.e., not too much, not too little).	22%	78%	19%	81%	38%	62%
I can find answers to my questions on the CDEC website, UPK Provider Portal, or in other resources (e.g., UPK provider handbook).	26%	74%	23%	77%	33%	67%
I know who to contact when I have questions about UPK.	2-18%	82-98%	11%	89%	3-26%	74-97%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: Home-based *ns* = 48-50, community-based *ns* = 124-129, and school-based *ns* = 33-34. Consistent with suppression rules in our contract, in some cases we report ranges rather than exact percentages to prevent possible identification of participants in analyses with small sample sizes (i.e., *n* < 10). "Disagree" represents the percentage of that provider type who selected "disagree" or "strongly disagree," and "agree" represents the percentage of that provider type who selected "agree" or "strongly agree."

Table 46. UPK providers' experiences with communications about UPK from LCOs, by provider type

	Home-based		Community-based		School-based	
	Disagree	Agree	Disagree	Agree	Disagree	Agree
I trust the accuracy of the information I receive from my LCO about UPK.	2-18%	82-98%	1-7%	93-99%	3-26%	74-97%
I am satisfied with the communication I receive from my LCO about UPK.	2-18%	82-98%	1-7%	93-99%	3-27%	73-97%
When I ask LCO staff questions about these processes, they give me answers or solutions.	2-18%	82-98%	9%	91%	3-27%	73-97%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: Home-based *n* = 51, community-based *n*s = 125-128, and school-based *n*s = 33-34. Consistent with suppression rules in our contract, in some cases we report ranges rather than exact percentages to prevent possible identification of participants in analyses with small sample sizes (i.e., *n*<10). "Disagree" represents the percentage of that provider type who selected "disagree" or "strongly disagree," and "agree" represents the percentage of that provider type who selected "agree" or "strongly agree."

Table 47. UPK providers' experiences with communications about UPK from CDEC, by provider type

	Home-based		Community-based		School-based	
	Disagree	Agree	Disagree	Agree	Disagree	Agree
I trust the accuracy of the information I receive from CDEC about UPK.	2-18%	82-98%	9%	91%	29%	71%
I am satisfied with the communication I receive from CDEC about UPK.	2-18%	82-98%	20%	80%	35%	65%
When I ask CDEC questions about these processes, they give me answers or solutions.	2-18%	82-98%	21%	79%	39%	61%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: Home-based *n*s = 49-51, community-based *n*s = 124-128, and school-based *n*s = 33-34. Consistent with suppression rules in our contract, in some cases we report ranges rather than exact percentages to prevent possible identification of participants in analyses with small sample sizes (i.e., *n*<10). "Disagree" represents the percentage of that provider type who selected "disagree" or "strongly disagree," and "agree" represents the percentage of that provider type who selected "agree" or "strongly agree."

Table 48. LCO perceptions of and satisfaction with communications from CDEC

	Agreement
Information from CDEC about UPK is easy for me to find.	Over half agreed
Information from CDEC about UPK is clear and easy for me to understand.	Over half agreed
Information from CDEC about UPK is available in my preferred language.	Over half agreed
Information from CDEC about UPK is relevant to me and/or the providers and families in my area.	Over half agreed
Information from CDEC about UPK covers everything I need to know about supporting providers and families.	Over half disagreed
Information about UPK is provided in a variety of formats.	Over half agreed
The amount of communication I receive from CDEC is just right (i.e., not too much, not too little).	Over half disagreed
I trust the accuracy of the information I receive from CDEC about UPK.	Over half disagreed
I am satisfied with the communication I receive from CDEC about UPK.	Over half disagreed
I have the technology resources I need (e.g., computer, internet access) to support providers and families through UPK processes.	Over half agreed
Information about UPK is accessible to all LCO staff, even those who may not have a high level of technological skills.	Over half agreed
I can find answers to my questions on the CDEC website or in other resources (e.g., UPK LCO resource site).	Over half disagreed
I know who to contact when I have questions about UPK.	Over half agreed
When I ask CDEC questions about these processes, they give me answers or solutions.	Over half disagreed

Source: Colorado Universal Preschool Process Evaluation; LCO Survey; Spring 2025

Note: *ns* = 18-22.

Table 49. UPK providers' perceptions of families' experiences with communications about UPK

	Total	Disagree or strongly disagree		Agree		Strongly agree		Don't know	
	n	n	%	n	%	n	%	n	%
Information about UPK is easy for families to find.	203	53	26%	101	50%	27	13%	22	11%
Information about UPK is clear and easy for families to understand.	206	72	35%	84	41%	25	12%	25	12%
Information about UPK is available in families' preferred language(s).	205	13	6%	109	53%	42	20%	41	20%
Information about UPK is relevant for families' care preferences.	203	30	15%	115	57%	30	15%	28	14%
Information from CDEC covers everything families need to know about participating in UPK.	205	51	25%	96	47%	32	16%	26	13%
Families understand the process for applying to programs with UPK seats.	206	77	37%	88	43%	24	12%	17	8%
The process for applying to programs with UPK seats is easy for families.	205	59	29%	100	49%	27	13%	19	9%
Families understand the process for enrolling in programs with UPK seats.	203	72	35%	91	45%	23	11%	17	8%
The process for enrolling in programs with UPK seats is easy for families.	205	70	34%	92	45%	24	12%	19	9%
Families know who to contact with questions about UPK.	205	75	37%	83	40%	23	11%	24	12%
Families have the technology resources they need (e.g., computer, internet access) to access information about UPK.	205	41	20%	110	54%	31	15%	23	11%
Information about UPK is accessible to all families, even those who may not have a high level of technological skills.	201	47	23%	99	49%	21	10%	34	17%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Table 50. UPK providers' perceptions of families' experiences with communications about UPK, by provider type

	Home-based		Community-based		School-based	
	Disagree	Agree	Disagree	Agree	Disagree	Agree
Information about UPK is easy for families to find.	2-21%	79-98%	29%	71%	44%	56%
Information about UPK is clear and easy for families to understand.	26%	74%	42%	58%	52%	48%
Information about UPK is available in families' preferred language(s).	2-21%	79-98%	1-9%	91-99%	5-41%	59-95%
Information about UPK is relevant for families' care preferences.	2-21%	79-98%	17%	83%	4-35%	65-96%
Information from CDEC covers everything families need to know about participating in UPK.	24%	76%	27%	73%	43%	57%
Families understand the process for applying to programs with UPK seats.	2-20%	80-98%	41%	59%	69-97%	3-31%
The process for applying to programs with UPK seats is easy for families.	2-21%	79-98%	31%	69%	55%	45%
Families understand the process for enrolling in programs with UPK seats.	2-21%	79-98%	39%	61%	63%	37%
The process for enrolling in programs with UPK seats is easy for families.	2-21%	79-98%	37%	63%	62%	38%
Families know who to contact with questions about UPK.	33%	68%	42%	58%	52%	48%
Families have the technology resources they need (e.g., computer, internet access) to access information about UPK.	2-22%	78-98%	21%	79%	40%	60%
Information about UPK is accessible to all families, even those who may not have a high level of technological skills.	3-24%	76-97%	28%	72%	37%	63%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: Home-based *ns* = 37-46, community-based *ns* = 103-115, and school-based *ns* = 22-30. Consistent with suppression rules in our contract, in some cases we report ranges rather than exact percentages to prevent possible identification of participants in analyses with small sample sizes (i.e., *n*<10). "Disagree" represents the percentage of that provider type who selected "disagree" or "strongly disagree," and "agree" represents the percentage of that provider type who selected "agree" or "strongly agree."

Table 51. LCO report of languages spoken among LCOs, providers, and families

	# LCOs where language spoken by providers and families	# LCOs that communicate with providers and families in language
English	22	22
Spanish	19	17
Arabic	1-9*	0
Chinese (e.g., Mandarin or Cantonese)	1-9*	1-9*
German	1-9*	1-9*
Vietnamese	1-9*	0
French	1-9*	1-9*
Russian	1-9*	0
Korean	1-9*	1-9*
Afro-Asiatic	1-9*	1-9*
Other	1-9*	0

Source: Colorado Universal Preschool Process Evaluation; LCO Survey; Spring 2025

Note: ns = 22-24. * As required by CDEC per our contract, cells where the number of individuals is greater than 0 and less than 10 have been suppressed.

Table 52. UPK providers' ease or challenge with provider enrollment and family application and enrollment

	Total	Very challenging		Somewhat challenging		Somewhat easy		Very easy	
	n	n	%	n	%	n	%	n	%
Provider enrollment									
Meeting the UPK provider expectations and requirements	220	1-9 *	0.5-4%	56-64 *	25-29%	85	39%	70	32%
Completing the process to become a UPK provider	219	1-9 *	0.5-4%	36-44 *	16-20%	92	42%	82	37%
Using the UPK Provider Portal (BridgeCare)	218	16	7%	51	23%	90	41%	61	28%
Staffing UPK classrooms with qualified teachers	187	15	8%	35	19%	69	37%	68	36%
Family application, matching, and enrollment									
Recruiting families to my UPK program	214	29	14%	69	32%	58	27%	58	27%
The UPK family application and matching process	220	27	12%	72	33%	78	35%	43	20%
The pre-registration process for families who were continuing care	212	18	8%	49	23%	79	37%	66	31%
Enrolling families who went through the UPK matching process	206	12	6%	52	25%	86	42%	56	27%
Enrolling families after the UPK matching deadline	189	15	8%	53	28%	74	39%	47	25%
Declining matches with a family for approved reasons	146	10	7%	34	23%	51	35%	51	35%
Using the UPK Provider Portal (BridgeCare) to track and manage the enrollment status of families who match with my UPK program	212	13	6%	52	25%	87	41%	60	28%
Managing a waitlist	133	10	8%	36	27%	48	36%	39	29%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: * As required by CDEC per our contract, cells where the number of individuals is greater than 0 and less than 10 have been suppressed. Other cells have also been suppressed so that the n cannot be calculated via subtraction in a given row.

Table 53. State and regional leaders' perceptions of providers' experiences becoming a UPK provider

	Agreement
Providers understand the process for becoming a UPK provider.	Over half agreed
Providers know who to contact for support in applying to become a UPK provider.	Over half agreed
The process of becoming a UPK provider is easy and feasible to complete.	Over half agreed
The process of becoming a UPK provider considers the unique needs of specific providers (e.g., delivery setting, region and urbanicity/rurality, multilingual communities, literacy levels, technology literacy and resources, population served, or demographic or contextual factors).	Over half agreed
Providers are generally satisfied with the process to become a UPK provider.	Over half agreed

Source: Colorado Universal Preschool Process Evaluation; State and Regional Leader Survey; Spring 2025

Note: ns = 6-7.

Table 54. LCO perceptions of providers' experiences becoming a UPK provider

	Agreement
Providers understand the process for becoming a UPK provider.	Roughly even numbers disagreed and agreed
Providers know who to contact for support in applying to become a UPK provider.	Over half agreed
The process of becoming a UPK provider is easy and feasible to complete.	Roughly even numbers disagreed and agreed
The process of becoming a UPK provider considers the unique needs of specific providers (e.g., delivery setting, region and urbanicity/rurality, multilingual communities, literacy levels, technology literacy and resources, population served, or demographic or contextual factors).	Over half disagreed
Providers are generally satisfied with the process to become a UPK provider.	Over half agreed

Source: Colorado Universal Preschool Process Evaluation; LCO Survey; Spring 2025

Note: ns = 21-24.

Table 55. UPK providers' ease or challenge with provider enrollment and family application and enrollment, by provider type

	Home-based		Community-based		School-based	
	Challenging	Easy	Challenging	Easy	Challenging	Easy
	%	%	%	%	%	%
Provider enrollment						
Meeting the UPK provider expectations and requirements	37%	63%	29%	71%	3-25%	75-97%
Completing the process to become a UPK provider	29%	71%	18%	82%	3-26%	74-97%
Using the UPK Provider Portal (BridgeCare)	33%	67%	25%	75%	47%	53%
Staffing UPK classrooms with qualified teachers	3-30%	70-97%	27%	73%	3-27%	73-97%
Family application, matching, and enrollment						
Recruiting families to my UPK program	55%	45%	42%	58%	49%	51%
The UPK family application and matching process	30%	70%	43%	57%	75-97%	3-25%
The pre-registration process for families who were continuing care	23%	77%	28%	72%	59%	41%
Enrolling families who went through the UPK matching process	25%	75%	29%	71%	44%	56%
Enrolling families after the UPK matching deadline	3-26%	74-97%	36%	64%	46%	54%
Declining matches with a family for approved reasons	4-38%	63-96%	30%	70%	42%	58%
Using the UPK Provider Portal (BridgeCare) to track and manage the enrollment status of families who match with my UPK program	27%	73%	26%	74%	53%	47%
Managing a waitlist	4-38%	63-96%	32%	68%	57-95%	5-43%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: Home-based *ns* = 24-51, community-based *ns* = 88-135, and school-based *ns* = 21-36. Consistent with suppression rules in our contract, in some cases we report ranges rather than exact percentages to prevent possible identification of participants in analyses with small sample sizes (i.e., *n* < 10). "Challenging" represents the percentage of that provider type who selected "somewhat challenging" or "very challenging," and "easy" represents the percentage of that provider type who selected "somewhat easy" or "very easy."

Table 56. State and regional leaders' perceptions of families' overall experiences

	Agreement
Families are generally satisfied with the UPK application process.	Over half agreed
Families are generally satisfied with the UPK matching process.	Roughly even numbers disagreed and agreed
Families are generally satisfied with the process of enrolling with a provider once they are matched through UPK.	Over half agreed
The UPK application, matching, and enrollment process is easy and feasible for families to complete.	Over half agreed
The UPK application, matching, and enrollment process accounts for the unique needs of individual families (e.g., delivery setting, region and urbanicity/rurality, multilingual communities, children with developmental disabilities, literacy levels, technology literacy and resources, or demographic or contextual factors).	Over half disagreed
These processes are too confusing for families.	Over half agreed
These processes are too burdensome for families.	Roughly even numbers disagreed and agreed
These processes are too time-consuming for families.	Over half disagreed

Source: Colorado Universal Preschool Process Evaluation; State and Regional Leader Survey; Spring 2025

Note: ns = 6-11.

Table 57. LCO perceptions of families' overall experiences

	Agreement
Families are generally satisfied with the UPK application process.	Over half agreed
Families are generally satisfied with the UPK matching process.	Over half agreed
Families are generally satisfied with the process of enrolling with a provider once they are matched through UPK.	Over half agreed
The UPK application, matching, and enrollment process is easy and feasible for families to complete.	Over half disagreed
The UPK application, matching, and enrollment process accounts for the unique needs of individual families (e.g., delivery setting, region and urbanicity/rurality, multilingual communities, children with developmental disabilities, literacy levels, technology literacy and resources, or demographic or contextual factors).	Over half disagreed
These processes are too confusing for families.	Over half agreed
These processes are too burdensome for families.	Over half disagreed
These processes are too time-consuming for families.	Over half disagreed

Source: Colorado Universal Preschool Process Evaluation; LCO Survey; Spring 2025

Note: ns = 19-23.

Table 58. State and regional leaders' perceptions of providers' overall experiences

	Agreement
Providers are generally satisfied with the process for families to apply to a UPK program.	Roughly even numbers disagreed and agreed
Providers are generally satisfied with the UPK matching process.	Over half disagreed
Providers are generally satisfied with the process of enrolling families post-UPK match.	Roughly even numbers disagreed and agreed
These processes are too confusing for providers.	Over half agreed
These processes are too burdensome for providers.	Roughly even numbers disagreed and agreed
These processes are too time-consuming for providers.	Over half agreed

Source: Colorado Universal Preschool Process Evaluation; State and Regional Leader Survey; Spring 2025

Note: *ns* = 7-10.

Table 59. LCO perceptions of providers' overall experiences

	Agreement
Providers are generally satisfied with the process for families to apply to a UPK program.	Over half agreed
Providers are generally satisfied with the UPK matching process.	Over half disagreed
Providers are generally satisfied with the process of enrolling families post-UPK match.	Over half agreed
These processes are too confusing for providers.	Over half agreed
These processes are too burdensome for providers.	Roughly even numbers disagreed and agreed
These processes are too time-consuming for providers.	Roughly even numbers disagreed and agreed

Source: Colorado Universal Preschool Process Evaluation; LCO Survey; Spring 2025

Note: *ns* = 22-24.

Table 60. UPK providers' overall experiences with UPK processes

	Total	Strongly disagree		Disagree		Agree		Strongly agree	
	n	n	%	n	%	n	%	n	%
I have the technology resources needed to complete these processes (e.g., computer, internet access).	218	1-9 *	0.5-4%	1-9 *	0.5-4%	90	41%	121	56%
I have the technology skills needed to complete these processes.	216	1-9 *	0.5-4%	1-9 *	0.5-4%	94	44%	106	49%
Overall, UPK processes (e.g., UPK provider enrollment, family application and enrollment, payments) are too confusing.	212	18	8%	81	38%	76	36%	37	17%
Overall, UPK processes (e.g., UPK provider enrollment, family application and enrollment, payments) are too burdensome.	209	17	8%	95	45%	62	30%	35	17%
I have the support staff I need to complete these processes.	204	1-9 *	0.5-4%	23-31 *	11-15%	102	50%	70	34%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: * As required by CDEC per our contract, cells where the number of individuals is greater than 0 and less than 10 have been suppressed. Other cells have also been suppressed so that the n cannot be calculated via subtraction in a given row.

Table 61. UPK providers' overall experiences with UPK processes, by provider type

	Home-based		Community-based		School-based	
	Disagree	Agree	Disagree	Agree	Disagree	Agree
I have the technology resources needed to complete these processes (e.g., computer, internet access).	2-17%	83-98%	1-7%	93-99%	0%	100%
I have the technology skills needed to complete these processes.	22%	78%	1-7%	93-99%	0%	100%
Overall, UPK processes (e.g., UPK provider enrollment, family application and enrollment, payments) are too confusing.	62%	38%	47%	53%	3-26%	74-97%
Overall, UPK processes (e.g., UPK provider enrollment, family application and enrollment, payments) are too burdensome.	67%	33%	52%	48%	38%	62%
I have the support staff I need to complete these processes.	2-21%	79-98%	14%	86%	3-26%	74-97%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: Home-based *ns* = 43-52, community-based *ns* = 124-131, and school-based *ns* = 32-35. Consistent with suppression rules in our contract, in some cases we report ranges rather than exact percentages to prevent possible identification of participants in analyses with small sample sizes (i.e., *n*<10). "Disagree" represents the percentage of that provider type who selected "disagree" or "strongly disagree," and "agree" represents the percentage of that provider type who selected "agree" or "strongly agree."

Table 62. State and regional leaders' perceptions of providers' experiences with the UPK family application, matching, and enrollment process

	Agreement
Providers understand the process for families to apply for UPK.	Over half agreed
Providers understand the process of matching families to UPK providers.	Roughly even numbers disagreed and agreed
Providers understand the next steps for enrollment for families who match into their program.	Over half agreed
Providers understand the pre-application process for families who are continuing care for a child currently enrolled, with siblings currently enrolled, or with a family member currently employed at my UPK program.	Over half agreed
Providers understand the process for enrolling families after the UPK matching deadline.	Over half agreed
Providers understand how to decline matches with a family for approved reasons.	Over half agreed
Using the UPK Provider Portal (BridgeCare) is easy and feasible for providers to track and manage the enrollment status of families who match with their program.	Roughly even numbers disagreed and agreed
Providers have the technology resources needed to complete these processes (e.g., computer, internet access).	Roughly even numbers disagreed and agreed
Information about UPK is accessible to all providers, even those who may not have a high level of technological skills.	Over half disagreed

Source: Colorado Universal Preschool Process Evaluation; State and Regional Leader Survey; Spring 2025

Note: ns = 6-8.

Table 63. LCO perceptions of providers' experiences with the UPK family application, matching, and enrollment process

	Agreement
Providers understand the process for families to apply for UPK.	Over half agreed
Providers understand the process of matching families to UPK providers.	Over half agreed
Providers understand the next steps for enrollment for families who match into their program.	Over half agreed
Providers understand the pre-application process for families who are continuing care for a child currently enrolled, with siblings currently enrolled, or with a family member currently employed at their UPK program.	Over half agreed
Providers understand the process for enrolling families after the UPK matching deadline.	Over half agreed
Providers understand how to decline matches with a family for approved reasons.	Over half agreed
Using the UPK Provider Portal (BridgeCare) is easy and feasible for providers to track and manage the enrollment status of families who match with their program.	Roughly even numbers disagreed and agreed
Providers have the technology resources needed to complete these processes (e.g., computer, internet access).	Over half agreed
Information about UPK is accessible to all providers, even those who may not have a high level of technological skills.	Over half agreed

Source: Colorado Universal Preschool Process Evaluation; LCO Survey; Spring 2025

Note: ns = 22-24.

Table 64. State and regional leaders' perceptions of families' experiences with the UPK family application, matching, and enrollment process

	Agreement
Families understand the application process for UPK.	Roughly even numbers disagreed and agreed
Families understand eligibility criteria for supplemental UPK hours.	Over half disagreed
Families understand the process of matching to UPK providers.	Roughly even numbers disagreed and agreed
Families understand the next steps for enrollment after receiving their program matches.	Roughly even numbers disagreed and agreed
Families understand the pre-application process to continue care for a child currently enrolled, with siblings currently enrolled, or with a family member currently employed at a UPK program.	Roughly even numbers disagreed and agreed
Families understand the process for enrolling after the UPK matching deadline.	Over half disagreed
Families know who to contact for support to apply for UPK.	Roughly even numbers disagreed and agreed
Families know who to contact for support to enroll in UPK.	Roughly even numbers disagreed and agreed
Families have the technology resources needed to complete these processes (e.g., computer, internet access).	Over half agreed
Information about UPK is accessible to all families, even those who may not have a high level of technological skills.	Over half disagreed

Source: Colorado Universal Preschool Process Evaluation; State and Regional Leader Survey; Spring 2025

Note: *ns* = 6-9.

Table 65. LCO perceptions of families’ experiences with the UPK family application, matching, and enrollment process

	Agreement
Families understand the application process for UPK.	Over half agreed
Families understand eligibility criteria for supplemental UPK hours.	Over half disagreed
Families understand the process of matching to UPK providers.	Over half disagreed
Families understand the next steps for enrollment after receiving their program matches.	Over half disagreed
Families understand the pre-application process to continue care for a child currently enrolled, with siblings currently enrolled, or with a family member currently employed at a UPK program.	Over half agreed
Families understand the process for enrolling after the UPK matching deadline.	Over half disagreed
Families know who to contact for support to apply for UPK.	Over half agreed
Families know who to contact for support to enroll for UPK.	Over half agreed
Families have the technology resources needed to complete these processes (e.g., computer, internet access).	Over half agreed
Information about UPK is accessible to all families, even those who may not have a high level of technological skills.	Roughly even numbers disagreed and agreed

Source: Colorado Universal Preschool Process Evaluation; LCO Survey; Spring 2025

Note: ns = 6-9.

Table 66. UPK provider report of UPK attendance days and times

	Total	Yes*		No	
	n	n	%	n	%
Are there specific days and times that all children enrolled in UPK attend?	247	140	57%	107	43%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: * "Yes" responses include a small number of providers (between 1 and 9) who indicated this was true for some but not all classrooms. Note that this was not an option for FCC providers.

Table 67. UPK provider report of UPK programming days and times

	Total	Yes*		No	
	n	n	%	n	%
Do you reserve specific days of the week and/or times of the day for UPK programming?	250	76	30%	174	70%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: * "Yes" responses include a small number of providers (between 1 and 9) who indicated this was true some of the time.

Table 68. UPK providers' assignment of UPK and non-UPK children to classrooms

	n	%
There is a mix of UPK children and non-UPK children in all classrooms.	106	56%
There is a mix of UPK children and non-UPK children in some but not all classrooms.	53	28%
UPK children and non-UPK children are enrolled in different classrooms.	13	7%
Other	18	9%
Total n	190	

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: Not asked of FCC providers.

Table 69. UPK providers' use of different practices with UPK and non-UPK children

	Total	Yes		No	
	n	n	%	n	%
Use different curricula, assessments, or other practices with UPK classrooms/children compared to non-UPK classrooms/children of the same age	234	16	7%	218	93%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Table 70. UPK providers' assignment of teachers to UPK classrooms

	n	%
Assigned existing staff to classrooms with at least one child in UPK	113	63%
Used a combination of existing staff and new staff to teach in classrooms with at least one child in UPK	66	37%
Total n	179	

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: Not asked of FCC providers. A small number of providers (between 1 and 9), not shown in the table, indicated they hired new staff to teach in classrooms with at least one child in UPK (without also assigning existing staff).

Table 71. UPK providers' report of professional development for teachers

	Total	Yes for lead teachers		Yes for lead and assistant teachers		No	
	n	n	%	n	%	n	%
Paid time off to participate in college courses or training	184	16	9%	63	34%	105	57%
Paid planning time during teachers' normal workdays dedicated to creating lesson plans, developing activities, and goal setting	186	73	39%	100	54%	13	7%
Time with mentors, coaches, or consultants who visit and work with staff in their classrooms	185	43	23%	116	63%	26	14%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: Not asked of FCC providers.

Table 72. UPK providers' use of different practices for UPK and non-UPK teachers

	Total	Yes	
	n	n	%
Do you use different staffing practices, professional development, or other supports with teachers working with UPK children and teachers who do not work with UPK children?	184	20	11%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: Not asked of FCC providers.

Table 73. UPK provider report of UPK attendance days and times, by provider type

	Yes*		
	Home-based	Community-based	School-based
Are there specific days and times that all children enrolled in UPK attend?	61%	52%	69%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: Home-based $n = 57$, community-based $n = 151$, and school-based $n = 36$.

* "Yes" responses include a small number of providers (between 1 and 9) who indicated this was true for some but not all classrooms. Note that this was not an option for FCC providers.

Table 74. UPK provider report of UPK programming days and times, by provider type

	Yes*		
	Home-based	Community-based	School-based
Do you reserve specific days of the week and/or times of the day for UPK programming?	47%	26%	3-24%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: Home-based $n = 58$, community-based $n = 154$, and school-based $n = 38$. Consistent with suppression rules in our contract, in some cases we report ranges rather than exact percentages to prevent possible identification of participants in analyses with small sample sizes (i.e., $n < 10$).

* "Yes" responses include a small number of providers (between 1 and 9) who indicated this was true some of the time.

Table 75. UPK providers' assignment of UPK and non-UPK children to classrooms, by provider type

	Community-based	School-based
There is a mix of UPK children and non-UPK children in all classrooms.	54%	65%
There is a mix of UPK children and non-UPK children in some but not all classrooms.	32%	3-24%
UPK children and non-UPK children are enrolled in different classrooms.	8%	3-24%
Other	7%	3-24%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: Community-based $n = 151$, and school-based $n = 37$. Not asked of FCC providers. Consistent with suppression rules in our contract, in some cases we report ranges rather than exact percentages to prevent possible identification of participants in analyses with small sample sizes (i.e., $n < 10$).

Table 76. UPK providers' assignment of teachers to UPK classrooms, by provider type

	Community-based	School-based
Assigned existing staff to classrooms with at least one child in UPK	64%	60%
Used a combination of existing staff and new staff to teach in classrooms with at least one child in UPK	36%	40%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: Community-based $n = 144$, and school-based $n = 35$. Not asked of FCC providers. A small number of providers (between 1 and 9), not shown in the table, indicated they hired new staff to teach in classrooms with at least one child in UPK (without also assigning existing staff).

Table 77. UPK providers' report of professional development for teachers, by provider type

	Yes for lead and/or assistant teachers	
	Community-based	School-based
Paid time off to participate in college courses or training	48%	3-24%
Paid planning time during teachers' normal workdays dedicated to creating lesson plans, developing activities, and goal setting	93%	76-97%
Time with mentors, coaches, or consultants who visit and work with staff in their classrooms	83%	100%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: Community-based $ns = 145-146$, and school-based $ns = 37-38$. Not asked of FCC providers. Consistent with suppression rules in our contract, in some cases we report ranges rather than exact percentages to prevent possible identification of participants in analyses with small sample sizes (i.e., $n < 10$).

Table 78. UPK providers' use of different practices for UPK and non-UPK teachers, by provider type

	Yes	
	Community-based	School-based
Do you use different staffing practices, professional development, or other supports with teachers working with UPK children and teachers who do not work with UPK children?	13%	3-24%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: Community-based $n = 145$, and school-based $n = 38$. Not asked of FCC providers. Consistent with suppression rules in our contract, in some cases we report ranges rather than exact percentages to prevent possible identification of participants in analyses with small sample sizes (i.e., $n < 10$).

Table 79. UPK providers' use of whole child curricula

	Total	Use curricula	
	n	n	%
Creative Curriculum	230	75	33%
Experience Curriculum (formerly Mother Goose)	230	12	5%
High Scope	230	11	5%
Proprietary curriculum developed for our corporation	230	18	8%
Educators plan materials and activities according to themes, children's interests, and/or the educators' choice, but they do not use a formal curriculum	230	76	33%
Teachers do not yet use a specific process for planning for different domains of children's learning.	230	1-9*	<1-4%
Other	230	71	31%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: Providers could select all that apply, so percentages do not add to 100%. Between 1 and 9 providers reported using the following curricula: Big Day for Pre-K, Connect4Learning, Core Knowledge, Frog Street Pre-K, Funshine Express, Opening the World of Learning, Pre-K for ME, Tools of the Mind.

* As required by CDEC per our contract, cells where the number of individuals is greater than 0 and less than 10 have been suppressed.

Table 80. UPK providers' use of domain-specific curricula

	Total	Use a domain-specific curriculum		Use a whole child curriculum that includes that domain		Do not use a domain-specific curriculum or whole child curriculum targeting that domain	
	n	n	%	n	%	n	%
SEL curriculum	235	78	33%	81	34%	76	32%
Language and literacy curriculum	233	53	23%	90	39%	90	39%
Math curriculum	234	34	15%	92	39%	108	46%
Science curriculum	233	21	9%	92	39%	120	52%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Table 81. UPK providers' use of developmental screeners

	Total	Use screener	
	n	n	%
Ages and Stages Questionnaire, 3rd edition (ASQ-3)	229	108	47%
Ages and Stages Questionnaire - Social Emotional, second edition (ASQ-SE2)	229	69	30%
Devereux Early Childhood Assessment (DECA) Preschool Program, 2nd Edition	229	18	8%
Early Screening Inventory (ESI)	229	11	5%
Brigance Early Childhood	229	1-9 *	0.4 - 4%
Other	229	35	15%
None of the above	229	78	34%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: Providers could select all that apply, so percentages do not add to 100%.

* As required by CDEC per our contract, cells where the number of individuals is greater than 0 and less than 10 have been suppressed.

Table 82. UPK providers' use of formative assessments

	Total	Use assessment	
	n	n	%
Teaching Strategies Gold	225	96	43%
Work Sampling System	225	23	10%
Early Learning Inventory	225	12	5%
Desired Results Developmental Profile (DRDP)	225	0	0%
Other	225	34	15%
None of the above	225	69	31%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: Providers could select all that apply, so percentages do not add to 100%.

Table 83. UPK providers' use of children's data

	Total	Never/Rarely		Sometimes		Regularly		Often	
	n	n	%	n	%	n	%	n	%
Review individual children's data with teaching staff to make decisions together about changing curriculum or classroom practices *	235	23	10%	51	22%	131	56%	30	13%
Tell teaching staff what changes to make in curriculum or classroom practices based on individual children's data **	180	26	14%	69	38%	66	37%	19	11%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: * The following wording was used for FCC providers: "Review individual children's data to make decisions about changing curriculum or instructional practices."

** FCC providers were not asked this question.

Table 84. UPK providers' use of observations

	Total	Use observation	
	n	n	%
Any observation	232	138	59%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Table 85. UPK providers' use of specific observations

	Total	Use specific observation	
	n	n	%
Environment Rating Scales (ERS)	128	82	64%
Classroom Assessment Scoring System (CLASS)	128	56	44%
Teaching Pyramid Observation Tool (TPOT)	128	20	16%
Other	128	35	27%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: This question was asked of those who said they use an observation in the prior question. Providers could select all that apply, so percentages do not add to 100%. Between 1 and 9 providers reported using the following observations: Early Language and Literacy Classroom Observation (ELLCO), Emotion Teaching Rating Scale (EMOTERS), Classroom Observation of Early Mathematics-Environment and Teaching (COEMET). None reported use of the Assessing Classroom Sociocultural Equity Scale (ACSES). The "Other" row represents those that indicated they used an observation other than the ones listed in the table and note.

Table 86. UPK providers' use of whole child curricula, by provider type

	Home-based	Community-based	School-based
Creative Curriculum	2-17%	32%	59%
Experience Curriculum (formerly Mother Goose)	2-17%	1-6%	0%
High Scope	2-17%	1-6%	3-24%
Proprietary curriculum developed for our corporation	2-17%	12%	0%
Educators plan materials and activities according to themes, children's interests, and/or the educators' choice, but they do not use a formal curriculum	26%	37%	30%
Other	22%	32%	38%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: Home-based $n = 54$, community-based $n = 139$, and school-based $n = 37$. Between 1 and 9 providers reported using the following curricula: Big Day for Pre-K, Connect4Learning, Core Knowledge, Frog Street Pre-K, Funshine Express, Opening the World of Learning, Pre-K for ME, Tools of the Mind. In addition, between 1 and 9 providers reported that teachers did not yet use a specific process for planning for different domains of children's learning. Consistent with suppression rules in our contract, in some cases we report ranges rather than exact percentages to prevent possible identification of participants in analyses with small sample sizes (i.e., $n < 10$).

Table 87. UPK providers' use of domain-specific curricula, by provider type

	Use a domain-specific curriculum		
	Home-based	Community-based	School-based
SEL curriculum	2-16%	33%	63%
Language and literacy curriculum	2-16%	21%	42%
Math curriculum	2-16%	12%	29%
Science curriculum	2-16%	9%	3-24%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: Home-based $ns = 54-56$, community-based $n = 141$, and school-based $ns = 37-38$. Consistent with suppression rules in our contract, in some cases we report ranges rather than exact percentages to prevent possible identification of participants in analyses with small sample sizes (i.e., $n < 10$).

Table 88. UPK providers' use of developmental screeners, by provider type

	Use screener		
	Home-based	Community-based	School-based
Ages and Stages Questionnaire, 3rd edition (ASQ-3)	31%	47%	73%
Ages and Stages Questionnaire - Social Emotional, second edition (ASQ-SE2)	2-16%	31%	49%
Early Screening Inventory (ESI)	2-16%	1-7%	3-24%
Brigance Early Childhood	0%	1-7%	3-24%
Devereux Early Childhood Assessment (DECA) Preschool Program, 2nd Edition	2-16%	8%	3-24%
Other	2-16%	18%	3-24%
None of the above	56%	31%	3-24%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: Home-based $n = 55$, community-based $n = 137$, and school-based $n = 37$. Consistent with suppression rules in our contract, in some cases we report ranges rather than exact percentages to prevent possible identification of participants in analyses with small sample sizes (i.e., $n < 10$).

Table 89. UPK providers' use of formative assessments, by provider type

	Use assessment		
	Home-based	Community-based	School-based
Work Sampling System	2-17%	9%	3-24%
Teaching Strategies Gold	2-17%	37%	76-97%
Desired Results Developmental Profile (DRDP)	0%	0%	0%
Early Learning Inventory	2-17%	1-7%	0%
Other	2-17%	19%	3-24%
None of the above	51%	31%	0%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: Home-based $n = 53$, community-based $n = 134$, and school-based $n = 38$. Consistent with suppression rules in our contract, in some cases we report ranges rather than exact percentages to prevent possible identification of participants in analyses with small sample sizes (i.e., $n < 10$).

Table 90. UPK providers' use of observations, by provider type

	Use observation		
	Home-based	Community-based	School-based
Any observation	39%	60%	76-97%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: Home-based $n = 56$, community-based $n = 139$, and school-based $n = 37$. Consistent with suppression rules in our contract, in some cases we report ranges rather than exact percentages to prevent possible identification of participants in analyses with small sample sizes (i.e., $n < 10$).

Table 91. Services offered by UPK providers and non-UPK providers

	UPK providers			Non-UPK providers		
	Total	Offer service		Total	Offer service	
	n	n	%	n	n	%
Early childhood mental health consultation	233	126	54%	105	27	26%
Mental health referrals for children and families	233	124	53%	105	25	24%
Health screenings for children (e.g., medical, dental, vision, hearing, or speech)	233	122	52%	105	24	23%
Services for children with developmental delays (e.g., speech therapy, occupational therapy, physical therapy, or special education)	233	120	52%	105	22	21%
Multilingual support services (e.g., translation or interpretation for families speaking languages other than English)	233	75	32%	105	15	14%
Other	233	20	9%	105	1-9*	1-9%
None of the above	233	31	13%	105	43	41%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: This question asked providers whether they offered the service directly or through a partner organization. Providers could select all that apply, so percentages do not add to 100%.

Table 92. UPK provider report of instructional languages used in UPK

	Total	Language instruction	
	n	n	%
English (only): English language instruction	235	198	84%
Native Spanish (only): Spanish language instruction	235	10	4%
Dual language: Instruction in English and another language	235	42	18%
Other native language (only): Instruction in a language other than English or Spanish	235	1-9 *	0.4 - 4%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: Providers could select all that apply, so percentages do not add to 100%.

* As required by CDEC per our contract, cells where the number of individuals is greater than 0 and less than 10 have been suppressed.

Table 93. UPK provider report of languages spoken with UPK children

	Total	Languages spoken	
	n	n	%
English	235	234	100%
Spanish	235	91	39%
Arabic	235	10	4%
Other	235	12	5%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: Between 1 and 9 providers reported using the following languages: Chinese (e.g., Mandarin or Cantonese), German, Vietnamese, French, Russian, and Korean. Providers could select all that apply, so percentages do not add to 100%.

Table 94. UPK providers' perceptions of program staff's family engagement practices

	Total	Disagree or strongly disagree	Agree	Strongly agree
	n	%	%	%
Staff communicate with families in their home language through the use of interpreters or other language resources.	161	9%	37%	55%
Staff seek input from families on their priorities, interests, home routines, and cultural and social practices.	225	0.4-4%	37-41%	57-61%
Staff engage families around goals which inform the preschool provider's interactions and instruction with children, including multilingual learners.	217	0.5-4%	41-45%	53-57%
Staff engage families and community partners in decision-making regarding preschool operations.	215	16%	49%	35%
Staff involve families in the transition of their children between classrooms.	196	0.5-5%	36-40%	58-62%
Staff engage families in the transition of their children into kindergarten.	220	0.5-4%	33-36%	62-65%
Staff show a commitment to high quality interactions between the program and families, as well as program and staff interactions.	225	0.4-4%	22-26%	72-75%
Staff use a variety of strategies to communicate with families and community partners (e.g., newsletters, web pages, family conferences, orientation and other public events, individual conversations).	220	0.5-4%	26-30%	67-70%
Staff have professional relationships with agencies and organizations that enhance the program's capacity to meet the needs and interests of children and families.	221	7%	40%	53%
Program staff ensure that all families, regardless of family structure; socioeconomic, racial, religious and cultural backgrounds; gender; sexual orientation; abilities; or preferred language are included in all aspects of the program, including volunteer opportunities.	223	0.4-4%	26-30%	67-70%
Staff ensure that program information and outreach materials are linguistically and culturally appropriate and inclusive.	221	0.4-4%	43-47%	51-54%
Staff regularly have opportunities to develop skills and knowledge to work effectively with diverse families.	221	7%	49%	44%
The program seeks to reflect the community and families it serves.	227	0.4-4%	32-36%	62-66%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: For this table, percentages are provided (not numbers) and "disagree" and "strongly disagree" were combined, given that the cell sizes for these categories was between 1 and 9 for most items. Consistent with suppression rules in our contract, in some cases we report ranges rather than exact percentages to prevent possible identification of participants in analyses with small sample sizes (i.e., $n < 10$).

Table 95. UPK providers' reasons for participating

	Total	Not a factor in my decision		Minor factor in my decision		Major factor in my decision	
	n	n	%	n	%	n	%
UPK is aligned with my program's mission/vision.	228	45	20%	81	36%	102	45%
The families I serve wanted their children to participate in UPK.	228	25	11%	42	18%	161	71%
I was worried that enrollment would decrease if I did not become a UPK provider.	229	60	26%	48	21%	121	53%
I wanted to access additional state funding for my program.	227	35	15%	41	18%	151	67%
I wanted to access non-financial resources (e.g., training, curriculum support) for my program.	226	71	31%	85	38%	70	31%
I thought becoming a UPK provider would help my program's financial stability.	229	51	22%	54	24%	124	54%
I thought it would enhance my program's reputation.	226	56	25%	59	26%	111	49%
I thought it would help attract more families to my program.	228	41	18%	55	24%	132	58%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Table 96. Non-UPK providers' reasons for not participating

	Total	Not a factor in my decision		Minor factor in my decision		Major factor in my decision	
	n	n	%	n	%	n	%
UPK is not aligned with my program's mission/vision.	102	38	37%	21	21%	43	42%
The families I serve do not want their children to participate in UPK.	100	72	72%	17	17%	11	11%
I have sufficient enrollment without participating in UPK.	101	36	36%	26	26%	39	39%
I do not want or need additional state funding for my program.	102	57	56%	28	27%	17	17%
UPK reimbursement rates are not enough/are insufficient for covering costs.	102	45	44%	23	23%	34	33%
I have concerns about UPK paperwork or administrative hassles.	102	22	22%	27	26%	53	52%
I have concerns about the reliability or timeliness of UPK payments.	100	32	32%	24	24%	44	44%
UPK regulations are too rigid/inflexible.	102	27	26%	32	31%	43	42%
I do not meet the UPK provider requirements.	102	80	78%	13-21 *	13-21%	1-9 *	1-9%
I do not want my program to lose its independence.	101	16	16%	24	24%	61	60%
I want to select families for enrollment in my program myself.	103	20	19%	21	20%	62	60%
I do not want a curriculum or quality standards imposed on my program.	101	32	32%	20	20%	49	49%
I am waiting for UPK to work out its bumps before I participate.	102	38	37%	32	31%	32	31%

Source: Colorado Universal Preschool Process Evaluation; Provider Survey; Spring 2025

Note: * As required by CDEC per our contract, cells where the number of individuals is greater than 0 and less than 10 have been suppressed. Other cells have also been suppressed so that the n cannot be calculated via subtraction in a given row.

Table 97. Providers' participation in UPK by year

	UPK providers n = 3,485	
	n	%
UPK participation		
Never participated	1,212	35%
Year 1 only	99	3%
Year 2 only	265	8%
Years 1 & 2	1,909	55%

Source: Colorado Department of Early Childhood licensing data (March 2025) and UPK Provider Lists (Years 1 and 2); Child Trends, Colorado Universal Preschool Program Process Evaluation, 2024-2025.

Note: This table is limited to 3,485 providers community-based and school-based licensed to serve 3- and/or 4-year-olds as well as home-based providers, operating as of March 2025.

Table 98. Characteristics of providers, by current UPK participation

	UPK providers n = 2,174		Non-UPK providers n = 1,311		All eligible providers n = 3,485	
	n	%	n	%	n	%
Provider type						
Community-based	1,024	47%	366	28%	1,390	40%
Home-based	411	19%	945	72%	1,356	39%
District-based	739	34%	0	0%	739	21%
Provider quality level						
Level 1 & not rated/exempt +	607	28%	853	65%	1,460	42%
Level 2	564	26%	322	25%	886	25%
Level 3	137	6%	24	2%	161	5%
Level 4	736	34%	101	8%	837	24%
Level 5	130	6%	11	1%	141	4%
CCCAP participation						
Not authorized	813	37%	853	65%	1,666	48%
Authorized	1,361	63%	458	35%	1,819	52%

Source: Colorado Department of Early Childhood licensing data (March 2025) and UPK Provider Lists (Years 1 and 2); Child Trends, Colorado Universal Preschool Program Process Evaluation, 2024-2025.

Note: This table is limited to 3,485 providers community-based and school-based licensed to serve 3- and/or 4-year-olds as well as home-based providers, operating as of March 2025.

+ For the purposes of this table, a small number of providers (between 1 and 9) that were not rated/CCCAP-qualified exempt are grouped with the 1-star programs; they cannot be shown separately due to suppression requirements. Their inclusion does not change the percentages above.

Table 99. Characteristics of UPK applicants by application/enrollment pathway

	Pre-registered n = 17,230 37%		Application & matching n = 12,938 28%		Direct enrolled n = 10,086 22%		IEP n = 5,772 13%		All applicants n = 46,026	
Age as of 8/1/2024 (n = 46,026)										
3 years old	2,476	14%	2,059	16%	1,704	17%	935	16%	7,174	16%
4 years old	14,674	85%	10,763	83%	8,315	82%	4,738	82%	38,490	84%
5 years old *	80	<1%	116	1%	67	1%	99	2%	362	1%
Income band (n = 45,595)										
Under 100% FPL	2,101	12%	3,080	24%	4,689	47%	1,808	32%	11,678	26%
Between 100-270% FPL	3,848	23%	4,441	35%	3,184	32%	2,068	36%	13,541	30%
Over 270% FPL	11,156	65%	5,277	41%	2,126	21%	1,817	32%	20,376	45%
Multilingual (n = 45,935)										
Multilingual	3,013	18%	3,198	25%	3,446	34%	1,643	28%	11,300	25%
Not multilingual	14,205	83%	9,711	75%	6,595	66%	4,124	72%	34,635	75%
Unhoused (n = 46,026)										
Unhoused	47	<1%	108	1%	183	2%	51	1%	389	1%
Not unhoused	17,183	100%	12,830	99%	9,903	98%	5,721	99%	45,637	99%
In foster care (n = 45,935)										
In foster care	140	<1%	197	2%	293	3%	168	3%	798	2%
Not in foster care	17,078	99%	12,711	98%	9,751	97%	5,597	97%	45,137	98%

	Pre-registered		Application & matching		Direct enrolled		IEP		All applicants	
Race-ethnicity ** (n = 45,902)										
Hispanic (any race)	3,837	22%	4,653	36%	4,808	48%	2,376	41%	15,674	34%
Non-Hispanic American Indian or Alaska Native	44	<1%	53	<1%	67	1%	40	1%	204	<1%
Non-Hispanic Asian	674	4%	454	4%	337	3%	188	3%	1,653	4%
Non-Hispanic Black	479	3%	548	4%	855	9%	328	6%	2,210	5%
Non-Hispanic Native Hawaiian or Other Pacific Islander	17	<1%	30	<1%	43	<1%	19	<1%	109	<1%
Non-Hispanic White	10,482	61%	5,872	46%	3,012	30%	2,304	40%	21,670	47%
More than one race	1,679	10%	1,288	10%	911	9%	504	9%	4,382	10%

Source: Colorado Universal Preschool Program 2024-2025 child application and child enrollment status data; Child Trends, Colorado Universal Preschool Program Process Evaluation, 2024-2025.

Notes: Percentages represent column percentages (e.g., number of pre-registered applicants who were 4 years old divided by the number of all pre-registered applicants, or 14,674 / 17,230 = 85%). FPL = Federal Poverty Level. We identified "Pre-Registered" children as those who indicated a known provider on their application (i.e., child was currently enrolled with a provider, sibling was currently enrolled with a provider, or family member was an employee at a given provider) and whose application submission date was before 4pm MT on 3/28/2024 (the pre-registration deadline). An additional ~10,000 children indicated a known provider but had an application submission date after 4pm MT on 3/28/2024 and so are included in other groups. We identified "Application and Matching" children as those who did not pre-register and whose application submission date was before 4pm MT on 7/5/2024 (the application deadline). "Direct Enrolled" children are those whose application submission date was after 4pm MT on 7/5/2024, and "IEP" children are those flagged as having an IEP (regardless of application submission date). Also note that it is theoretically possible for children to pre-register with a known provider, then update their selections and go through the application and matching process, and then update their selections and go through direct enrollment. Because these are point-in-time data, and data files are overwritten as new selections are made, this table presents the last known pathway and status for children as of the date the data were pulled (through January 2025).

* For the age variable, a small number of children (between 1 and 9) were 6 years old. They are combined with the 5 year olds in this table in order to comply with suppression requirements.

** For the race-ethnicity variable, a small number of children (between 1 and 9) identified as Middle Eastern or North African. They are not shown in the table above in order to comply with suppression requirements.

Table 100. UPK applicants' application/enrollment pathways by LCO

	Percentage of all UPK applicants	Percentage of applicants by LCO								
		Pre-registered		Application & matching		Direct enrolled		IEP		All applicants
		n	%	n	%	n	%	n	%	n
Adams County Early Childhood Connections	11%	1,563	31%	1,538	30%	1,269	25%	693	14%	5,063
Arapahoe County Early Childhood Council	13%	1,948	34%	1,548	27%	1,456	26%	724	13%	5,676
Bright Futures	1%	334	52%	128	20%	102	16%	83	13%	647
Broomfield Early Childhood Council	1%	282	52%	127	23%	74	14%	64	12%	547
Chaffee County Early Childhood Council	<1%	77	51%	41	27%	24	16%	10	7%	152
Cheyenne, Kiowa & Lincoln Counties Early Childhood Council	<1%	1-9 *	*	30	34-38% **	30	34-38% **	19	22-24% **	80-88 **
Children First Department of Pueblo Community College/Pueblo Early Childhood Council	3%	373	25%	615	40%	354	23%	179	12%	1,521
Connections4Kids	<1%	31	20%	63	41%	26	17%	33	22%	153
Custer County Kids Council	<1%	10	27-77% **	1-9 *	*	1-9 *	*	1-9 *	*	13-37 **
Denver Preschool Program	12%	1,523	29%	1,015	19%	2,139	41%	565	11%	5,242
Douglas County Early Childhood Council	8%	2,033	59%	721	21%	309	9%	367	11%	3,430
Eagle River Valley Local Coordinating Organization	1%	213	56%	82	22%	28	7%	55	15%	378
Early Childhood Council for Yuma, Washington and Kit Carson	1%	79	34%	73	32%	31	13%	48	21%	231
Early Childhood Council of Boulder County	5%	1,113	53%	474	22%	240	11%	291	14%	2,118
Early Childhood Council of Larimer County	5%	1,070	46%	697	30%	340	15%	219	9%	2,326
Early Childhood Council of Logan, Phillips, and Sedgwick	1%	55	22%	98	40%	29	12%	63	26%	245
Early Childhood Council of the San Luis Valley	1%	71	24%	100	34%	72	25%	49	17%	292
Early Childhood Options & Summit County Government	<1%	105	56%	32	17%	29	16%	20	11%	186

	Percentage of all UPK applicants	Percentage of applicants by LCO								
		Pre-registered		Application & matching		Direct enrolled		IEP		All applicants
		n	%	n	%	n	%	n	%	n
Early Learning Ventures	1%	124	32%	113	29%	56	14%	97	25%	390
ECC of La Plata County	1%	212	32%	200	31%	136	21%	105	16%	653
ECHO & Family Center Early Childhood Council	1%	75	31%	59	25%	56	23%	49	21%	239
Elbert County Early Childhood Council	<1%	119	53%	57	25%	29	13%	21	9%	226
First Impressions of Routt County	<1%	98	54%	49	27%	18	10%	18	10%	183
Grand Beginnings	<1%	52	47%	30	27%	16	14%	13	12%	111
Gunnison-Hinsdale Early Childhood Council	<1%	77	61-69% **	32	25-29% **	1-9 *	*	1-9 *	*	111-127 **
Huerfano-Las Animas Counties Early Childhood Council	<1%	21	22%	25	27%	30	32%	18	19%	94
Joint Initiatives for Youth and Families	12%	1,694	30%	1,972	35%	1,183	21%	745	13%	5,594
Mesa County Partnership for Children and Families & Mesa County Department of Human Services	3%	353	31%	356	31%	236	21%	202	18%	1,147
Rocky Mountain ECC & Mountain Valley Development Services	2%	310	42%	210	28%	155	21%	70	9%	745
Teller Park Early Childhood Council	<1%	53	26%	65	32%	61	30%	24	12%	203
Triad Bright Futures	9%	1,978	49%	996	25%	623	15%	438	11%	4,035
United Way of Weld County	7%	1,066	32%	1,191	36%	727	22%	369	11%	3,353

Source: Colorado Universal Preschool Program 2024-2025 child application and child enrollment status data; Child Trends, Colorado Universal Preschool Program Process Evaluation, 2024-2025.

Notes: Percentages beneath "Percentage of Applicants by LCO" represent row percentages (e.g., number of Adams County Early Childhood Connections applicants who pre-registered divided by total number of number of Adams County Early Childhood Connections applicants, or 1,563 / 5,063 = 31%). Total n with valid LCO = 45,384-45,432 (range provided instead of exact n so that suppressed cells cannot be calculated).

* As required by CDEC per our contract, cells where the number of individuals is greater than 0 and less than 10 have been suppressed.

** In some cases, ranges are provided instead of an exact percentage and number so that the suppressed cells (between 1 and 9) cannot be calculated.

Table 101. Characteristics of UPK applicants and enrollees who attended UPK through January 2025

Overall number of unique children	All applicants		All attendees *	
	46,026		42,743	
	n	%	n	%
Application pathway (last known*)				
Pre-registered	17,230	37%	16,831	40%
Application & matching	12,938	28%	11,775	28%
Direct enrolled	10,086	22%	8,659	20%
IEP	5,772	13%	5,221	12%
Income band				
Under 100% FPL	11,678	26%	10,514	25%
Between 100-270% FPL	13,541	30%	12,569	29%
Over 270% FPL	20,376	45%	19,569	46%
Language				
Multilingual	11,300	25%	10,372	24%
Not multilingual	34,635	75%	32,371	76%
Unhoused				
Unhoused	389	1%	313	1%
Not unhoused	45,637	99%	42,430	99%
In foster care				
In foster care	798	2%	671	2%
Not in foster care	45,137	98%	42,072	98%
Race-ethnicity **				
Hispanic (any race)	15,674	34%	14,129	33%
Non-Hispanic American Indian or Alaska Native	204	<1%	186	<1%
Non-Hispanic Asian	1,653	4%	1,525	4%
Non-Hispanic Black	2,210	5%	1,978	5%
Non-Hispanic Native Hawaiian or Other Pacific Islander	109	<1%	89	<1%
Non-Hispanic White	21,670	47%	20,452	48%
More than one race	4,382	10%	4,044	10%
Number of hours awarded				
10 hours	--	--	9,547	22%
15 hours	--	--	23,920	56%
30 hours	--	--	9,275	22%

Source: Colorado Universal Preschool Program 2024-2025 child application, child enrollment status, and child payment data; Child Trends, Colorado Universal Preschool Program Process Evaluation, 2024-2025.

Note: This table describes 4-year-old UPK attendees through January 2025. The Colorado Universal Preschool Program payment data does not include payment data for 3-year-old UPK attendees except for those with IEPs, as CDEC only pays directly for those with IEPs. Because of this data limitation, the table excludes 3-year-olds. A small number of children (between 1 and 9) were Middle Eastern or North African; they are not shown in the table above to comply with suppression requirements.

* For the purposes of this table, "attendee" is defined as a child for whom at least one UPK payment was made for the 2024-2025 school year through January 2025. These children enrolled with a provider and received UPK services.

Table 102. Characteristics of providers where UPK children attended as of January 2025, overall

	All attendees	
Overall number of unique children	42,743	
	n	%
Provider type		
Community-based	18,545	43%
Home-based	934	2%
District-based	23,256	54%
Provider quality level		
Level 1	11,658	27%
Level 2	8,973	21%
Level 3	2,529	6%
Level 4	17,122	40%
Level 5	2,409	6%
Not rated/exempt	52	<1%
CCCAP participation		
Not authorized	18,428	43%
Authorized	24,315	57%

Source: Colorado Universal Preschool Program 2024-2025 child payment data, UPK provider list, and Colorado Department of Early Childhood monthly licensing data; Child Trends, Colorado Universal Preschool Program Process Evaluation, 2024-2025.

Table 103. Characteristics of providers where UPK children attended as of January 2025, by application pathway

	Pre-registered		Application & matching		Direct enrolled		IEP	
Overall number of unique children	16,831		11,775		8,659		5,221	
	n	%	n	%	n	%	n	%
Provider type								
Community-based	10,011-10,019 **	59-60%	4,875	41%	3,285	38%	336-344 **	6-7%
Home-based	505-513 **	3%	290	2%	130	2%	1-9 *	<1%
District-based	6,306	37%	6,606	56%	5,241	61%	4,876	93%
Provider quality level								
Level 1 & exempt +	4,535	27%	3,631	31%	2,062	24%	1,422	27%
Level 2	4,082	24%	2,747	23%	1,432	17%	688	13%
Level 3	1,051	6%	652	6%	407	5%	402	8%
Level 4	6,137	36%	4,045	34%	4,253	49%	2,547	49%
Level 5	1,026	6%	700	6%	505	6%	162	3%
CCCAP participation								
Not authorized	6,762	40%	5,112	43%	3,891	45%	2,514	48%
Authorized	10,069	60%	6,663	57%	4,768	55%	2,707	52%

Source: Colorado Universal Preschool Program 2024-2025 child payment data, child application, and enrollment status data, UPK provider list, and Colorado Department of Early Childhood monthly licensing data; Child Trends, Colorado Universal Preschool Program Process Evaluation, 2024-2025.

Notes: This table presents information about where these children were enrolled and received services as of January 2025. This is not necessarily the same as what they listed as their first preference.

* As required by CDEC per our contract, cells where the number of individuals is greater than 0 and less than 10 have been suppressed.

** In some cases, ranges are provided instead of an exact percentage and number so that the suppressed cells (between 1 and 9) cannot be calculated.

+ Given the small number of children in programs that were not rated/CCCAP-qualified exempt ($n = 52$), breakdowns by subgroup would require suppression of most cells. For the purposes of these tables, these cases have been combined with Level 1 programs. Including them does not meaningfully change the percentage of children in that category above.

Table 104. Characteristics of providers where UPK children attended as of January 2025, by income band

	Under 100% FPL		Between 100-270% FPL		Over 270% FPL	
Overall number of unique children	10,514		12,569		19,569	
	n	%	n	%	n	%
Provider type						
Community-based	3,163	30%	4,163	33%	11,150	57%
Home-based	120	1%	247	2%	566	3%
District-based	7,231	69%	8,159	65%	7,845	40%
Provider quality level						
Level 1 & exempt +	2,172	21%	3,553	28%	5,965	30%
Level 2	1,714	16%	2,650	21%	4,593	23%
Level 3	501	5%	630	5%	1,395	7%
Level 4	5,478	52%	5,042	40%	6,576	34%
Level 5	649	6%	694	6%	1,040	5%
CCCAP participation						
Not authorized	4,855	46%	5,862	47%	7,671	39%
Authorized	5,659	54%	6,707	53%	11,898	61%

Source: Colorado Universal Preschool Program 2024-2025 child payment data, UPK provider list, and Colorado Department of Early Childhood monthly licensing data; Child Trends, Colorado Universal Preschool Program Process Evaluation, 2024-2025.

+ Given the small number of children in programs that were not rated/CCCAP-qualified exempt (n = 52), breakdowns by subgroup would require suppression of most cells. For the purposes of these tables, these cases have been combined with Level 1 programs. Including them does not meaningfully change the percentage of children in that category above.

Table 105. Characteristics of providers where UPK children attended as of January 2025, by multilingual status

Overall number of unique children	Multilingual		Not multilingual	
	10,372		32,371	
	n	%	n	%
Provider type				
Community-based	3,181	31%	15,364	47%
Home-based	122	1%	812	3%
District-based	7,068	68%	16,188	50%
Provider quality level				
Level 1 & exempt +	2,370	23%	9,340	29%
Level 2	1,657	16%	7,316	23%
Level 3	578	6%	1,951	6%
Level 4	5,192	50%	11,930	37%
Level 5	575	6%	1,834	6%
CCCAP participation				
Not authorized	4,603	44%	13,825	43%
Authorized	5,769	56%	18,546	57%

Source: Colorado Universal Preschool Program 2024-2025 child payment data, UPK provider list, and Colorado Department of Early Childhood monthly licensing data; Child Trends, Colorado Universal Preschool Program Process Evaluation, 2024-2025.

+ Given the small number of children in programs that were not rated/CCCAP-qualified exempt (n = 52), breakdowns by subgroup would require suppression of most cells. For the purposes of these tables, these cases have been combined with Level 1 programs. Including them does not meaningfully change the percentage of children in that category above.

Table 106. Characteristics of providers where UPK children attended as of January 2025, by housing status

	Unhoused		Not unhoused	
Overall number of unique children	313		42,430	
	n	%	n	%
Provider type				
Community-based	95-103 **	30-33%	18,442-18,450 **	43%
Home-based	1-9 *	<1-3%	925-933	2%
District-based	209	67%	23,047	54%
Provider quality level				
Level 1 & exempt +	56	18%	11,654	27%
Level 2	48	15%	8,925	21%
Level 3	18	6%	2,511	6%
Level 4	168	54%	16,954	40%
Level 5	23	7%	2,386	6%
CCCAP participation				
Not authorized	120	38%	18,308	43%
Authorized	193	62%	24,122	57%

Source: Colorado Universal Preschool Program 2024-2025 child payment data, UPK provider list, and Colorado Department of Early Childhood monthly licensing data; Child Trends, Colorado Universal Preschool Program Process Evaluation, 2024-2025.

* As required by CDEC per our contract, cells where the number of individuals is greater than 0 and less than 10 have been suppressed.

** In some cases, ranges are provided instead of an exact percentage and number so that the suppressed cells (between 1 and 9) cannot be calculated.

+ Given the small number of children in programs that were not rated/CCCAP-qualified exempt (n = 52), breakdowns by subgroup would require suppression of most cells. For the purposes of these tables, these cases have been combined with Level 1 programs. Including them does not meaningfully change the percentage of children in that category above.

Table 107. Characteristics of providers where UPK children attended as of January 2025, by foster care status.

Overall number of unique children	In foster care		Not in foster care	
	671		42,072	
	n	%	n	%
Provider type				
Community-based	200	30%	18,345	44%
Home-based	12	2%	922	2%
District-based	459	68%	22,797	54%
Provider quality level				
Level 1 & exempt +	141	21%	11,569	27%
Level 2	106	16%	8,867	21%
Level 3	22	3%	2,507	6%
Level 4	363	54%	16,759	40%
Level 5	39	6%	2,370	6%
CCCAP participation				
Not authorized	258	38%	18,170	43%
Authorized	413	62%	23,902	57%

Source: Colorado Universal Preschool Program 2024-2025 child payment data, UPK provider list, and Colorado Department of Early Childhood monthly licensing data; Child Trends, Colorado Universal Preschool Program Process Evaluation, 2024-2025.

+ Given the small number of children in programs that were not rated/CCCAP-qualified exempt (n = 52), breakdowns by subgroup would require suppression of most cells. For the purposes of these tables, these cases have been combined with Level 1 programs. Including them does not meaningfully change the percentage of children in that category above.

Table 108. Characteristics of providers where UPK children attended as of January 2025, by race-ethnicity.

	Hispanic (any race)		Non-Hispanic American Indian or Alaska Native		Non-Hispanic Asian		Non- Hispanic Black		Non-Hispanic Native Hawaiian or Other Pacific Islander		Non-Hispanic White		More than one race	
Number of children	14,129		186		1,525		1,978		89		20,452		4,044	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Provider type														
Community-based	4,268	30%	71	38%	623	41%	731	37%	30	34%	10,773	53%	1,992	49%
Home-based	176	1%	1-9 *	1-5%	24	2%	33	2%	1-9 *	1-10%	584	3%	106	3%
District-based	9,683	69%	106-114 **	57-61%	878	58%	1,214	61%	50-58 **	56-65%	9,091	44%	1,944	48%
Provider quality level														
Level 1 & exempt +	3,487	25%	52	28%	456	30%	324	16%	21	24%	6,062	30%	1,236	31%
Level 2	2,676	19%	38	20%	270	18%	223	11%	12	13%	4,858	24%	853	21%
Level 3	677	5%	12-20 **	6-11%	154	10%	133	7%	1-9 *	1-10%	1,267	6%	263	7%
Level 4	6,496	46%	75	40%	573	38%	1,129	57%	47	53%	7,133	35%	1,485	37%
Level 5	793	6%	1-9 *	1-5%	72	5%	169	9%	1-9 *	1-10%	1,132	6%	207	5%
CCCAP participation														
Not authorized	6,890	49%	66	35%	616	40%	727	37%	50	56%	8,201	40%	1,704	42%
Authorized	7,239	51%	120	65%	909	60%	1,251	63%	39	44%	12,251	60%	2,340	58%

Source: Colorado Universal Preschool Program 2024-2025 child payment data, UPK provider list, and Colorado Department of Early Childhood monthly licensing data; Child Trends, Colorado Universal Preschool Program Process Evaluation, 2024-2025.

Notes: A small number of children (between 1 and 9) were Middle Eastern or North African; they are not shown in the table above to comply with suppression requirements.

* As required by CDEC per our contract, cells where the number of individuals is greater than 0 and less than 10 have been suppressed.

** In some cases, ranges are provided instead of an exact percentage and number so that the suppressed cells (between 1 and 9) cannot be calculated.

+ Given the small number of children in programs that were not rated/CCCAP-qualified exempt (n = 52), breakdowns by subgroup would require suppression of most cells. For the purposes of these tables, these cases have been combined with Level 1 programs. Including them does not meaningfully change the percentage of children in that category above.

Appendix C. 2024-2025 Colorado Universal Preschool Registration Form

The subsequent pages present a PDF version of the UPK application in BridgeCare that families completed for the 2024-2025 school year. There may be minor differences between the information in this appendix and the version in BridgeCare as of the date of this report (November 2025), given that certain application pathways are no longer open at this point in the application calendar. Further, there may be differences in the 2024-2025 application and the 2025-2026 application scheduled to open in December 2025.



COLORADO
Department of Early Childhood



2024-25 Colorado Universal Preschool Registration Form

*Indicates a required field

Home Address Information:

Find available preschool options near you! To be eligible, you must live in Colorado. Don't have a permanent residence? You can still register!

Address*: _____

City*: _____

State*: _____

Zip*: _____

I do not have a Colorado address because my family is experiencing homelessness or is a military family in the process of moving.

Tell us a little bit about the child or children you are applying for.

What is the child's legal name and date of birth? Qualifying children must be 4 years old on or before October 1, 2024 to enroll for the 2024-2025 School Year. Certain 3 year olds with qualifying factors are also eligible to enroll. [Click Here](#) to read more about qualifying factors.

First Name*: _____

Middle Name: _____

Last Name*: _____

Birth Month*: _____ Birth Day*: _____ Birth Year*: _____

Interested in more than 15 hours of free universal preschool funding? See if you qualify for more hours based on your household income.*

Based on the number of people and income in your home your child may qualify for additional free preschool hours per additional funding. Please note, this is pending provider program availability as well. A 'household' means everyone living in your home. For example, if you live with 2 adults and 1 child, enter '3'. If you live with 3 adults and 3 children, enter '6'. [Click here to learn more about funding eligibility based on income.](#)

Please select the number of household members.

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

Please specify your household income.*

Annual Household Income: \$ _____

Note: For those entering this form online, this will be used for optionality ranges as a % of FPL and the will select from multiple range income options.

Is the child listed above currently in the custody of a state supervised and county administered foster care home or in non-certified kinship care?*

Per available funding, some children might get additional free preschool hours based on qualifying factors like this. [For a full list and more information click here.](#)

- Yes, this child is in foster care or non-parental kinship
- No, this child is not in foster care or non-parental kinship

Does the child listed above have an active Individualized Education Program (IEP)? *

Children with an IEP receive preschool in alignment with their IEP. [For a full list of qualifying factors and more information click here.](#)

- Yes, this child has an active Individualized Education Program
 - No, this child does not have an active Individualized Education Program
-

Is your child multi-lingual, meaning your child is currently learning a second language while continuing to develop English proficiency?*

Per available funding, some children might get additional free preschool hours based on qualifying factors like this. [For a full list and more information click here.](#)

- Yes, my child is multi-lingual, learning a second language and developing English proficiency
 - No, my child is only developing English proficiency
-

Colorado Universal Preschool Program Eligibility

Families and children with certain qualifying factors may be able to access additional free hours to support preschool tuition. Connect with your local coordinating organization (LCO) to talk about your options. Find your LCO here: <https://cdec.colorado.gov/colorado-universal-preschool/find-my-lco>

How can we contact you?*

Please confirm your contact information so we can reach out if we have questions about your information.

Email*: _____

Phone*: _____ (_____) _____ - _____

What is your relationship to the child?*

- Mother
- Father
- Legal Custodian
- Other

Demographic Information*

Help improve the program by telling us more about you and your child. This information will only be used in general data analysis and will not impact your enrollment.

Please choose the gender that best describes your child.

- Male
- Female
- Non-binary
- Other
- I prefer not to answer

Demographic Information*

Please choose the ethnicity that best describes your child. This information helps us better understand who we're serving in the Colorado Universal Preschool program. It won't affect your application or matching process.

- Hispanic or Latino
- Not Hispanic or Latino
- I prefer not to Answer

Demographic Information*

Please choose the demographic(s) that best describes your child. This information helps us better understand who we're serving in the Colorado Universal Preschool program. It won't affect your application or matching process.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- I prefer not to answer

Search and browse participating providers.

Look through a list of participating preschools [here](#) for the ones that meet your needs. [Click here to learn how to pick and prioritize programs.](#)

Choose programs from up to 10 different providers and rank the providers from most preferred to least preferred.

1. Name of Provider: _____

Address of Provider: _____

2. Name of Provider: _____

Address of Provider: _____

3. Name of Provider: _____

Address of Provider: _____

4. Name of Provider: _____

Address of Provider: _____

5. Name of Provider: _____

Address of Provider: _____

6. Name of Provider: _____

Address of Provider: _____

7. Name of Provider: _____

Address of Provider: _____

8. Name of Provider: _____

Address of Provider: _____

9. Name of Provider: _____

Address of Provider: _____

10. Name of Provider: _____

Address of Provider: _____

As of February 28th, 2024, does this child currently attend any of the providers you selected?

If yes, please select the provider where your child is currently enrolled. If no, select "Not Applicable". The Colorado Universal Preschool Program aims to create continuity of care between providers and families.

Yes

Provider Name: _____

Not Applicable

As of February 28th, 2024, does this child currently have a sibling attending any of the providers you selected?

If yes, please select the provider where your child has a sibling enrolled. If no, select "Not Applicable". The Colorado Universal Preschool Program aims to create continuity of care between providers and families.

Yes

Provider Name: _____

Not Applicable

As of February 28th, 2024, does this child currently have a parent employed at any of the providers you selected?

If yes, please select the provider where your child has a sibling enrolled. If no, select "Not Applicable". The Colorado Universal Preschool Program aims to create continuity of care between providers and families.

Yes

Provider Name: _____

Not Applicable

Upload a document with your proof of income.

If you are applying for additional hours based on your income, please provide a proof of income document. This information will only be used for your application.

You can include a file in .jpeg, .png, or .pdf format, such as a pay stub, an unemployment letter from the state office, or welfare payments. If you are unable to find or upload a document at this time, you can still continue with your application, but it won't be processed until all necessary documents are added.

If you need help with this, please contact your local coordinating organization for assistance.

CONSENT FOR SHARING PERSONAL INFORMATION

Information related to your child’s enrollment through the Colorado Universal Preschool Program (“Colorado UPK”) may be protected by the Family Educational Rights and Privacy Act (FERPA) and the Individuals with Disabilities Education Act (IDEA). Several entities must use and exchange your child’s personal information to match, place, and/or enroll your child in Colorado UPK, to ensure the proper level of funding for your child, and to administer the program.

Your child’s personal information (“personal information”) includes: your child’s first and last name; date of birth; parent or guardian first and last name; parent or guardian email address; your family’s physical address and phone number; race, ethnicity, and gender data of your child, if provided; Colorado UPK student ID number; preferred preschool provider(s); information related to any qualifying factors you selected, including income, language status, size of household, homelessness, foster care status; and Individualized Education Program (IEP) status and location for serving your child, if any, identified by the IEP.

The information you provide is used to support Colorado UPK, including but not limited to, determining enrollment eligibility and supporting the matching, placement, and enrollment processes. The information you provide may also be de-identified (removing identifying information) and then used as part of research and analysis to evaluate how Colorado UPK can better meet the needs of Colorado children and families.

The following parties will access and share your child’s personal information for the limited purposes stated above: your preferred preschool provider(s), Local Coordinating Organizations (LCOs), Administrative Unit (AUs), the Colorado Department of Early Childhood, the Colorado Department of Education, state of Colorado staff and contractors that will directly support Colorado UPK and related business needs.

Your consent is voluntary and may be revoked at any time. If you have any questions about how CDEC uses your child’s personal information, please email us at our department help desk or give us a call at 303-866-5223. For more information about FERPA and IDEA, visit the U.S Department of Education’s [website](#).

The privacy of your personal information is very important to CDEC and it will follow all applicable privacy laws. By signing this form, you understand and agree to the submission of your registration information, and you understand and agree to the access and sharing of the personal information described above.

If you have any questions about how we use your data, please email us at [our department help desk](#) or give us a call at 303-866-5223.

Full Name: _____

Signature: _____

Date: _____

ADDITIONAL RESOURCES

ELIGIBILITY AND QUALIFYING FACTORS FOR ADDITIONAL HOURS

WHO IS ELIGIBLE FOR UNIVERSAL PRESCHOOL?

Children in Colorado can register for up to 15 hours per week of free, high-quality preschool in their year before kindergarten through Colorado's Universal Preschool Program, also known as Universal Pre-K (UPK).

- Families may qualify for more free hours based on a number of qualifying factors, per available funding.
- Depending on the provider, families have the option of paying for additional hours if desired.
- This school year, school districts will resume primary registration for 3-year-olds through their targeted 3-year-old program. If your child is more than one year away from being eligible for kindergarten, please reach out to your school district for potential preschool services.
- Special Education Administrative Units (AUs) and school districts will place preschool aged children eligible for special education according to their Individualized Education Program (IEP) throughout the school year.

WHO IS ELIGIBLE FOR ADDITIONAL HOURS?

Dependent upon available funding, additional hours may be available for children who are "low-income" (defined as household income at or below 270% of the federal poverty guidelines) and have a "qualifying factor" listed below.

These qualifying factors include:

- Child is identified as homeless and/or unhoused.
- Child is a multilingual, meaning a child who is learning two or more languages at the same time, or a child who is learning a second language while continuing to develop their first language.
- Child is eligible for special education with an Individualized Education Program (IEP).
- Child is "in poverty," defined as household income less than 100% of the federal poverty guidelines.
- Child is currently in the custody of a state supervised and county administered foster care home or in non-certified kinship care, meaning a child is being cared for by a relative or kin pursuant to [19-1-103\(102\)](#), C.R.S., who has a significant relationship with the child in circumstances when there is a safety concern by a county department of human or social services and where the relative or kin has not met the foster care certification requirements for a kinship foster care home or has chosen not to pursue that certification process.

WHO IS ELIGIBLE FOR ADDITIONAL HOURS? INCOME ELIGIBILITY

Dependent upon available funding, age eligible children may qualify for additional hours if they are low income and have at least one qualifying factor. Low income is defined as the annual household income at or below 270% federal poverty. The low income eligibility qualifications described below.

- Annual household income is defined as:
 - the total combined pre-tax income received by all members of a household within a 12 month period.
 - this includes pre-tax wages, salaries, self-employment earnings, Social Security benefits, pensions, retirement income welfare payments, and income from other sources.
- Household size is defined as:
 - the number of people who occupy a housing unit as their usual place of residence.
 - For example, if you are a household with 2 adults and 1 child, your household size is "3." If your household consists of 3 adults and 3 children, please enter "6".

INCOME ELIGIBILITY TABLE

- To be considered ‘low-income,’ a child’s parent or guardian’s gross monthly income must not exceed 270% of the Federal Poverty Guideline (FPG), based on household size as illustrated in the table below.
- To be considered ‘in poverty,’ a child’s parent or guardian’s gross monthly income must not exceed 100% of the Federal Poverty Guideline (FPG), based on the household size as illustrated in the table below.

FAMILY SIZE	100% FEDERAL POVERTY GUIDELINE (FPG) MONTHLY INCOME	270% FEDERAL POVERTY GUIDELINE (FPG) MONTHLY INCOME
1	\$1,215.00	\$3,280.50
2	\$1,643.33	\$4,437.00
3	\$2,071.67	\$5,593.50
4	\$2,500.00	\$6,750.00
5	\$2,928.33	\$7,906.50
6	\$3,356.67	\$9,063.00
7	\$3,785.00	\$10,219.50
8	\$4,213.33	\$11,376.00
EACH ADDITIONAL PERSON	\$428.33	\$1,156.60

Note: These are the 2023 FPG guidelines because of the timing of the federal and state rulemaking process. 2024 FPG numbers are not finalized until September. Therefore, CDEC rules will follow 2023 rules for the 2024-2025 School Year.

HOW TO SEARCH & SELECT PARTICIPATING PROVIDERS

Program Search: Families are able to “Search by Address” and “Search by Name” within the Universal Preschool Portal. When searching for programs, select the “Map View” button to see provider locations visually on a map. Not seeing results for providers, you may have selected? This may be due to the cut-off dates in your school district. Reach out to your LCO (bit.ly/FindMyLCO) for additional support.

Entering the Universal Preschool Portal through a program link: Some providers will send a “program link” for families to easily register with their program. When families enter the Universal Preschool Portal through a “program link”, the site will show that program as the pre-selected first choice. Families are encouraged to select additional programs.

Program Selections: Families should select between 5 and 10 programs. These can be from the same provider or across many providers. While 94% of applicants were matched to their first choice in the program’s first year, multiple provider selections increase the likelihood of a first round match.

Program Ranking: Families are asked to rank selected programs from 1st choice to 10th choice. Program rank is used in the matching rounds to maximize the number of 1st choice selections for families.

Continuity of Care & Pre Registration:: The Colorado Universal Preschool Program aims to create continuity of care between providers and families. When families register within the Pre-Registration process, they are asked to select where the child is currently enrolled, where the child has a sibling enrolled with a provider, or a provider where a child has a parent as an employee. Families will match with their top eligible choice. For additional information, please reach out to your [Local Coordinating Organization \(LCO\)](#).

Appendix D. Example Provider Profile in BridgeCare

The screenshot below provides a de-identified excerpt from a UPK provider's profile in BridgeCare.

Exhibit D1. De-identified excerpt of UPK provider profile in BridgeCare

How to enroll

1. Submit an inquiry form on our website

Submit and inquiry form on our website: [REDACTED]

Programs offered
2025-2026 Colorado
Universal Preschool

Extended Day: 41+ Hours per week (Dual Language - English and Other Language Only)
🕒 Ages: 4 years - 5 years 5 months

Financial programs

💰 Additional Financial Assistance
Colorado Child Care Assistance Program

Payment methods accepted

✔️ Cash ✔️ Check ✔️ American Express ✔️ Mastercard ✔️ Visa ✔️ Direct Deposit

Highlights

🌐 Language Immersion
Spanish

🗣️ Languages Spoken
English, English, Spanish

🍴 Meals
Breakfast, Morning Snack, Afternoon Snack

🚽 Toilet learning
Yes

🎮 Instructional Approach
Play-based

👶 Additional ages served
Infant, Toddler

👤 Specialized Support
Not available

Licensing & accreditations

License # [REDACTED]