



Provider Guide: How to Complete the Program Set Up Form

In this guide, we outline the Program Set up Form in the Portal. The actions for a Provider are listed below and linked to the pages with in this guide:

1. [Understand the information needed to complete the form](#)
2. [Complete the provider kindergarten eligibility date and program overview questions](#)
3. [Add programs to each provider location, including language of instruction, number of non-IEP seats, and number of IEP seats](#)
4. [Indicate the Authorized Signer for the location we will set up](#)
5. [Understand the next steps after submitting the form](#)
6. [Thank you for completing this form](#)

As we walk through the form, we will be creating the 5 programs Below:

Program Duration	Program Language	# of Non-IEP Seats	# of IEP Seats	Total Seats
Full-Time 30-40 Hours per week	English	30	10	40
Full-Time 30-40 Hours per week	Spanish	18	2	20
Half-Day AM: 15 Hours per week	Other Native Language	18	2	20
Half-Day AM: 15 Hours per week	Dual Language	18	2	20
Other: 18 Hours per week	English	14	6	20

1. Understand the information needed to complete the form

On the first screen, we see the below information indicating what we need to complete this form; Please see below.

Welcome to the Colorado Universal Preschool Provider Program Set Up Form!

Thank you for engaging with Colorado Universal Preschool. To set up your location, provider information, and programming, follow the below steps:

1. Preparing Your Information for the Program Set Up

- Know your location's kindergarten eligibility date.
- Know the school district in which this location resides. [Click here](#) to identify the school district.
- Know the program(s) this location offers. Please refer to the Provider Handbook for program & seat definitions.
- Know the number of seats available in each program.
- Know your Authorized Representative's name, email and phone number. This may be a CFO, Superintendent, business official or other leader who is authorized to sign the Provider Agreement on behalf of the individual licensed provider. *(If you are part of a group of licensed providers operating under a larger entity, (i.e. school district, corporation) you should provide the contact information for the entity's Authorized Representative.)*

2. Complete Your Program Set Up Form(s)

Once you have gathered the information above, click Next to complete the Program Set Up Form for each location expected to participate in the Colorado Universal Preschool Program. **You will repeat steps 1 and 2 for each location participating in the program.**

Please be advised: By submitting this form, you are agreeing to participate in Colorado Universal Preschool. Upon completing this form, the Colorado Department of Early Childhood (CDEC) will send a Provider Agreement to the Authorized Representative for signature and CDEC will finalize your Agreement as Colorado Universal Preschool Provider.

Back

Next

2. Complete the provider kindergarten eligibility date and program overview questions

The following screen asks us to verify the provider Kindergarten Eligibility date. On this screen, we can select an eligibility date of 10/1, or an eligibility date of the District where this facility is located. This helps the system understand the age eligibility dates.

Verify Your Provider Kindergarten Eligibility Date *

There are a variety of kindergarten eligibility dates for children enrolling in preschool in Colorado. Please validate this location's kindergarten eligibility date below.

Select this box if you utilize the state default date of 10/1.

Select this box if you use the eligibility date of the district in which your facility is located.

Clear response

Back

Next

Next, we can indicate the school district where this facility is located through the drop down menu.

School District *

Please validate the school district of this location. [Click here for a list of school districts and the counties they serve.](#)

Cripple Creek-Victor RE-1 - 3010 - CRIPPLE CREEK

Back

Next

After indicating the school district where the facility is located, please select all of the program overview requirements that apply to this location.

Program Overview *

To help us better understand your program and how to match children to your program, please select all of the requirements that apply to this location.

- I am a faith-based provider and may require families to be a part of my congregation
- I am a co-op and may require family participation as part of my programming
- I am an immersive or dual language provider, and children may need to be screened to participate in my program
- I am a school district or charter school provider and may require families to live in my school district or charter school boundary
- I am a Local Education Agency (LEA) or contracted partner that serves students with Individualized Education Programs (IEP) and may require specific ratios and placements
- I am a Head Start grantee, and families may need to meet additional factors to enroll
- I am a provider who grants preference to an eligible child who is residing in foster/ kinship care
- None of these requirements apply to my program

Back

Next

3. Add programs to each provider location, including language of instruction, number of non-IEP seats, and number of IEP seats

At this point in the Program Set Up Form, we can add our programs. In our example table at the beginning of this guide, we will add programs for three different program duration types:

- Full-Time 30-40 Hours per week
- Half-Day AM: 15 Hours per week
- Other: 18 Hours per week

Based on the programs we support with this location, we will add the below program durations:

Program Duration *

Please tell us more about the programs you offer. Select all of the program durations you plan to offer – in the following pages, we will ask additional questions about each program.

Full-Time: 30-40 Hours per week ✕

Half-Day AM: 15 Hours per week ✕

Other: 18 Hours per week ✕

Back

Next

The resulting screens are based on these Program Duration Selections. First, indicate the Language(s) of instruction for the first program, “Full-Time: 30-40 Hours per week”. This example location offers two different language programs for the “Full-Time: 30-40 Hours per week” Program Duration. The screenshot below reflects these selections:

Please tell us more about the Full-Time: 30-40 Hours per week. *

What is the primary language of instruction for this program?

If you have multiple [Full-Time: 30-40 Hours per week] programs, please select all of the program languages you offer for the [Full-Time: 30-40 Hours per week] program(s).

English (Only)

Native Spanish (Only)

Other Native Language (Only)

Dual Language (English and Other Language)

Back

Next

Based on the combination of Program Durations and Language of Instruction, we will add the number of seats for each program. The “Full-Time: 30-40 Hours per week - English (Only)” program has 30 non-IEP seats, and 10 IEP seats.

Please tell us more about the Full-Time: 30-40 Hours per week - English (Only) program. *

How many seats are for children in the year before kindergarten (non-IEP)? *

30

If you are an LEA or work under an agreement with an LEA/AU, how many are IEP seats? *

10

Back

Next

The “Full-Time: 30-40 Hours per week - Native Spanish (Only)” program has 18 non-IEP seats, and 2 IEP seats.

Please tell us more about the Full-Time: 30-40 Hours per week - Native Spanish (Only) program. *

How many seats are for children in the year before kindergarten (non-IEP)? *

18

If you are an LEA or work under an agreement with an LEA/AU, how many are IEP seats? *

2

Back

Next

This completes the questions associated with “Full-Time: 30-40 Hours per week” programs. Next, we will move on to “Half-Day AM: 15 hours per week” program selection, starting with the Language of Instruction screen. This location offers two “Half-Day AM: 15 Hours per week” programs, one in “Other Native Language (Only)” instruction, and another for “Dual Language (English and Other Language)” Instruction. These selections are reflected in the screenshot below:

Please tell us more about the Half-Day AM: 15 Hours per week. *

What is the primary language of instruction for this program?

If you have multiple [Half-Day AM: 15 Hours per week] programs, please select all of the program languages you offer for the [Half-Day AM: 15 Hours per week] program(s).

English (Only)

Native Spanish (Only)

Other Native Language (Only)

Dual Language (English and Other Language)

Back

Next

Next, Based on the combination of Program Durations and Language of Instruction, we will add the number of seats for each program.

The “Half-Day AM: 15 hours per week - Other Native Language (Only)” program has 18 non-IEP seats, and 2 IEP seats.

Please tell us more about the Half-Day AM: 15 Hours per week - Other Native Language (Only) program. *

How many seats are for children in the year before kindergarten (non-IEP)? *

18

If you are an LEA or work under an agreement with an LEA/AU, how many are IEP seats? *

2

Back

Next

The “Half-Day AM: 15 hours per week - Dual Language (English and Other Language)” program has 18 non-IEP seats, and 2 IEP seats.

Please tell us more about the Half-Day AM: 15 Hours per week - Dual Language (English and Other Language) program. *

How many seats are for children in the year before kindergarten (non-IEP)? *

18

If you are an LEA or work under an agreement with an LEA/AU, how many are IEP seats? *

2

Back

Next

This completes the questions associated with “Half-Day AM: 15 Hours per week” programs. Next, we will move on to “Other: 18 Hours per week” program selections, starting with the Language of Instruction screen. This location offers only one language of instruction, English (Only). This selection is reflected in the screenshot below:

Please tell us more about the Other: 18 Hours per week. *

What is the primary language of instruction for this program?

If you have multiple [Other: 18 Hours per week] programs, please select all of the program languages you offer for the [Other: 18 Hours per week] program(s).

English (Only)

Native Spanish (Only)

Other Native Language (Only)

Dual Language (English and Other Language)

Back

Next

Based on the combination of Program Durations and Language of Instruction, we will add the number of seats for this program.

The “Other: 18 Hours per week - English (Only)” program has 13 non-IEP seats, and 6 IEP seats.

Please tell us more about the Other: 18 Hours per week - English (Only) program. *

How many seats are for children in the year before kindergarten (non-IEP)? *	If you are an LEA or work under an agreement with an LEA/AU, how many are IEP seats? *
<input type="text" value="14"/>	<input type="text" value="6"/>
<input type="button" value="Back"/>	<input type="button" value="Next"/>

This completes the Program Set Up Form Program Details! There are a few more questions to complete this Program Set Up Form. The next question asks for the provider to attest to serve the total number of seats indicated in this form.

Provider Attestation *

Please review the following Provider Attestation in order to confirm your program entries and information provided in the Program Set Up Form.

By clicking the box below, I confirm that I can serve the number of seats indicated through this process.

I attest that this provider location is able to serve the total number of seats that has been indicated in this form. I understand that not all seats are guaranteed for universal preschool funding.

4. Indicate the Authorized Signer for the location we are setting up

After completing the Program Details, the system is asking the user to list the Authorized Representatives first and last name, email address, as well as phone number, and indicate if this licensed provider is a single location or part of a larger entity. This information helps the program team understand where to send the Provider Agreement, and if the Provider Agreement is used for one or multiple locations.

Provider Agreement Attestation

You are almost done! We are confirming the Authorized Representative contact details to send the Provider Agreement.

The Provider Agreement is required to be a Colorado Universal Preschool Provider and will only be sent to the Authorized Representative's email address. The Authorized Representative may be a CFO, Superintendent, business official or other leader authorized to sign the Provider Agreement. *(If you are part of a group of licensed providers operating under a larger entity, (i.e. school district, corporation) you should provide the contact information for the entity's Authorized Representative.)*

Reminders:

- The emailed Provider Agreement will be sent through DocuSign for all preschool locations for signature from the Authorized Representative. If you are part of an entity that has multiple locations, only one Provider Agreement will be sent to the Authorized Representative, and that will include all locations participating in the Colorado Universal Preschool Program. An attestation must be completed for each licensed provider location.
- The Provider Attestation for each location **MUST** be signed and submitted to be eligible for funding.

Authorized Representative's first and last name *

Winston

Authorized Representative's email address *

winston@state.co.us

Authorized Representative's phone number *

(555) 555-5555

Please indicate if you are a single location provider or a part of a larger entity (i.e. school district, corporation, etc.) *

I am a licensed provider with a single location. ▾

Back

Next

5. Understand the Next Steps after submitting the form

Before submission we list the below next steps and resources - the critical next step is for the LCO to review and **verify** the completed Program Set Up Form. The LCO **verification** will load completed Provider Program Set Up Forms to the Family Portal for as long as this Provider Program Set Up Form is live.

Next Steps

Thank you for completing the Provider Program Set Up Form and Provider Agreement Information! Your participation and the involvement of high-quality preschool providers like you will impact the lives of many Colorado children and families today and across our state for years to come.

Next Steps:

- Your [Local Coordinating Organization](#) will verify with each provider the Provider Program Set Up form prior to publishing.
- Once reviewed, the Authorized Representative can expect an email notification to sign the Provider Agreement through DocuSign. After the Provider Agreement is signed and submitted by the Authorized Representative, the Colorado Department of Early Childhood authority will sign the Provider Agreement. With both signatures, the Provider is approved to participate and enabled for payment.
- At any time, you can update your Provider Profile on the Program Portal. This is the best way to promote your unique program(s) to new families looking for preschool providers. Stand out by including high-quality photos, detailed descriptions of your programs, and specific contact information for families to come to you directly with questions.
- **Please Note: Changes made to your profile now will be immediately visible for families applying for 2023-24 programming. Make sure to explicitly note which changes will only be available for families starting in the 2024-25 school year.**

Resources:

- Visit the [Colorado Universal Preschool website](#) for more information and how to stay connected.
- Contact your Local Coordinating Organization if you have any questions. Please [click here](#) to find a list of the LCOs by region.

Back

Next

The final step is to click “Confirm and submit”, which completes this Provider Program Set Up Form.

You're all done!

Thank You for completing The Program Set Up Form. Your LCO will reach out to you soon to verify for accuracy.

Back

Confirm and submit

6. Thank you for completing this form!

As a reminder, the LCO will review and verify this form. If changes are needed to edit the form responses after submission, the LCO can review and edit the Provider Program Set Up Form. When the LCO edits and saves form responses, Providers can click the “Review” button (available after the form is submitted) to validate the changes are correct with new answers to questions.

For additional questions, please contact your LCO or attend Provider Office Hours held at the end of January.

Universal Preschool Provider 8

1719 E 19th Ave, Denver

[Edit profile](#)

Placed
0

Matched
0

Accepted
0

Enrolled
0



Completed: Start Program Set Up Form for 24/25

[Review](#)



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