



New Mexico Early Childhood Education and Care Department Annual Outcomes Report

Fiscal Year 2021

July 1, 2020 - June 30, 2021



NEW MEXICO

Early Childhood
Education & Care Department

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Prepared by

the Cradle to Career Policy Institute at the University of New Mexico



CRADLE TO CAREER
POLICY INSTITUTE

for

the New Mexico Early Childhood Education and Care Department



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Letter from the Secretary



The New Mexico Early Childhood Education and Care Department (ECECD) is pleased to present its inaugural Annual Outcomes Report documenting the first full fiscal year since the Department launched in July 2020. As we looked at the current early childhood landscape in New Mexico, we envisioned how our new Department could best serve New Mexico families and improve outcomes for our youngest residents. To that end, we established five strategic priorities to guide our efforts:

- grow investments
- advance a diverse, well-compensated and credentialed early childhood workforce
- increase access and quality
- achieve equity
- enhance authentic collaboration

These strategic priorities were informed by the voices of hundreds of New Mexicans that understood firsthand the enormous challenges facing early childhood programs and services in our state. New Mexico, like most states, has perennially under resourced its prenatal to age five (PN-5) programs and services, falling short of meeting the great need throughout our state. Families struggle to access and afford child care – especially for infants and toddlers – and many areas of the state are child care deserts where few options are available. The early childhood workforce, although vital to the future of our children and the health of our economy, remains among the lowest paid professionals in our society. Recruiting and retaining talented educators, home visitors, early interventionists, and nurses into the profession continues to be a struggle, and workforce shortages further limit communities' access to quality programs and services.

Forging a new department and building a world class PN-5 system would have been challenge enough, but in March 2020, before ECECD even officially launched, the advent of the global COVID-19 pandemic meant our new agency was born into a once-in-a-century public health crisis. Although universally disruptive and devastating, the pandemic hit the early childhood sector especially hard. Safeguarding the health and safety of children and early childhood care workers required implementation of emergency health and safety regulations for nearly every facet of early care and education. As enrollment significantly declined and costs skyrocketed, child care providers, already operating on razor thin margins, feared that the pandemic would force them to close their doors forever.

Although our state's leaders could never have predicted the pandemic, the creation of the Early

Childhood and Care Department put our state in a far better position to respond to the crisis. As one unified agency, our response was better aligned and coordinated, allowing ECECD to meet the moment with swift and decisive action. Together, we averted collapse of the child care industry and ensured that families continued to receive vital services through the darkest days of the pandemic.

In our first year, we never lost sight of our strategic priorities and our long-term goals. We nearly doubled PreK enrollment, expanded our home visiting services, increased rates for our Family Infant Toddler program providers – a program that ranks 3rd in the nation at finding children in need of early intervention services. We conducted a cutting-edge cost estimation study to better align child care subsidy payments with the true cost of care, and conducted the single largest expansion of child care assistance in New Mexico history, making child care more affordable for the majority of New Mexican families. We invested heavily in the early childhood workforce, doubling enrollment in our early childhood scholarship program, tripling enrollment in our wage supplement program, and providing thousands of hours of online continuing education at no cost to providers. We also deepened our connections with families and communities through our award-winning Moments Together public education campaign and began ongoing consultations with New Mexico's 23 Native Pueblos, Tribes, and Nations.

Our first year was extraordinary, both in the challenges we faced and the progress we made. Although we made many important strides this year, we understand that the gaps are still many, and the need remains great. As we continue forward in our mission to optimize the health, development, education, and well-being of babies, toddlers, and preschoolers, we remain focused on improving outcomes and creating a system in which all New Mexican families and young children will thrive. Thank you for your continued support as we continue this journey in partnership together.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elizabeth Groginsky'.

Secretary Elizabeth Groginsky

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Background

New Mexico has a long-standing commitment to early childhood development, education, and care, particularly through services such as child care, early intervention, home visiting, and PreK. Until recently, however, early childhood programs and services lived within multiple state agencies, creating alignment and coordination challenges. For decades, early childhood advocates and legislators pressed for the creation of a cabinet-level agency to administer early childhood programs and services. In March 2019, Governor Michelle Lujan Grisham signed the New Mexico Early Childhood Education and Care Act which created the Early Childhood Education and Care Department (ECECD), see NMSA 1978, § 9-29-1, et seq. (2019). The creation of ECECD brought together the early childhood programs and services that previously resided within other agencies of government, creating the country's fourth cabinet-level early childhood agency. The agency's mandate is clear: build a more cohesive, equitable, and effective prenatal to five early childhood system in New Mexico.

Vision: All New Mexico families and young children are thriving

Mission: Optimize the health, development, education, and well-being of babies, toddlers, and preschoolers through a family-driven, equitable, community-based system of high-quality prenatal and early childhood programs and services

ECECD administers and provides oversight for a continuum of prenatal to age five programs that were formerly administered by the Children, Youth, and Families Department, the Department of Health, and the Public Education Department, including home visiting, Families FIRST; Family Infant Toddler (FIT); New Mexico PreK and Early PreK; and the Head Start State Collaboration Office. ECECD administers child care assistance and regulatory services and family nutrition programs, which serve older children. ECECD also provides professional development and technical assistance to all these programs to improve practice quality and, most importantly, childhood and family outcomes.

This report fulfills the statutory mandate that ECECD submit to the Legislature and the Governor an annual report on outcomes for children and families receiving services through the state's early childhood programs. See NMSA 1978, § 9-29-11(B) (2019). This report addresses most of the following Annual Report requirements:

1. the number and type of early childhood programs funded by the Department;
2. the income levels of families served through those programs;
3. the reasons stated by families for applying for participation in those programs;
4. the number of children served through those programs, including by county and the monthly average;

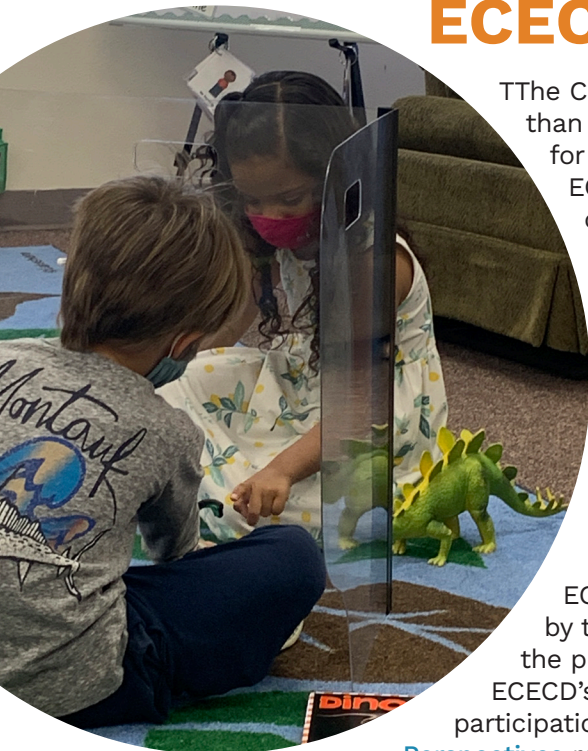


1. evidence of improved school readiness, child development, and literacy among children served through those programs;
2. the number of kindergarten-age children served through those programs who enter kindergarten ready to learn;
3. the number and percentage of children served through those programs who receive regular immunizations;
4. evidence that children served through those programs are served meals regularly;
5. retention rates, wages, and certification and education levels of those programs' staff members; and
6. evidence that families of children served through those programs are engaged in the programs.

The ECECD Annual Outcomes Report introduces each early childhood program and documents service to children and families in FY21, including achieved outcomes. The work reported here reflects the dedication of thousands of early childhood professionals statewide and the families they serve. ECECD is grateful for the expertise early childhood provider agencies and their staff bring to their work to care for and educate our youngest New Mexicans and their families.



ECECD Responds to the Pandemic



The COVID-19 pandemic and its widespread impacts have made it more clear than ever before that early childhood services are an essential pillar of support for New Mexico's economy and families. From its first day on July 1, 2020, ECECD learned to adapt rapidly to a constantly evolving environmental context to build and maintain the range of services upon which New Mexico's families and communities rely. ECECD provided flexibility and funding where needed to keep service provision safe and reliable. ECECD instituted daily calls with the Secretary and the early childhood community to ensure the community had up-to-the-minute health and safety guidance and to collaboratively address newly identified problems with ECECD's community stakeholders. ECECD collaborated with the Pueblos, Tribes, and Nations to deliver supplies such as diapers, food, and baby formula to make sure the infant population in these communities continued to have vital resources throughout the ensuing closure of tribal lands.

ECECD's ability to respond rapidly was grounded in the extensive work done by the New Mexico early childhood sector. In the lead up to ECECD's launch, the provider community, families, and individual staff took time to inform the ECECD's direction and priorities. ECECD engaged intensive community stakeholder participation in a state [Birth-Five Needs Assessment](#), a related [Native American Perspectives](#) report, and the [New Mexico Early Childhood Strategic Plan 2021-2024](#). As a result, ECECD opened its doors equipped with knowledge of the needs of families with young children and priorities of communities across New Mexico. When those needs reached a crisis state during the pandemic, ECECD was prepared to provide response and relief in ways that centered and advanced its five overarching strategic priorities: (1) grow investments; (2) advance a diverse, well-compensated and credentialed workforce; (3) increase quality and access; (4) achieve equity; and (5) enhance authentic collaboration.

As a result of ECECD's swift and decisive actions, most child care providers in New Mexico were able to keep their doors open through the pandemic, and essential workers were able to access child care and continue serving their communities. Home visitors and Families FIRST nurses connected with families throughout the public health emergency by utilizing telehealth services and helped families access the extra supports they needed during this period of isolation and stress. Food sponsors delivered meals directly to families and community partners, ensuring that children and families did not go hungry. FIT professionals continued to evaluate children with developmental needs and provided a mix of telehealth and in-person services throughout the pandemic. PreK programs in public schools and community-based settings educated children through in-person, hybrid, and remote models, supporting their education during their most formative developmental years.



ECECD FY21 Accomplishments

ECECD's first year achievements are numerous and apparent in each program area, illustrating the resiliency and perseverance of the Department, providers, families, and the early childhood workforce. The accomplishments of ECECD are organized in the five overarching strategic priorities, highlighting the department's action-oriented commitment to values, priorities, and outcomes.

Priority 1: Grow Investments

- The Legislature approved placing on the November 2022 ballot the decision to use a portion of the Land Grant Permanent Fund for investments in early childhood education.
- In July 2021, ECECD received its first \$20 million distribution from the Early Childhood Trust Fund, which was enacted in the 2020 legislative session.
- ECECD secured and distributed federal relief resources through subsidies and grants to early childhood providers.
- ECECD secured a five year \$1.28M federal Early Childhood Comprehensive Systems grant to improve the connections between health care providers and early childhood providers to improve outcomes for children starting prenatally.
- ECECD was awarded a W.K. Kellogg Foundation grant to expand the bilingual credentialed early childhood workforce.
- ECECD was awarded a three year \$1M grant from the New Venture Fund to improve Early Childhood Governance and Financing.

Priority 2: Advance a Diverse, Well-Compensated, and Credentialed Workforce

- Established a PreK Pay Parity program to better align community PreK teacher salaries with public school PreK teachers, increasing qualifying teachers' annual income between \$10,000 and \$20,000.
- Doubled enrollment in ECECD's higher education scholarship program, which offers free tuition to early childhood professionals seeking certifications and advanced degrees in early childhood education.
- Tripled enrollment in ECECD's education-based wage supplement program for teachers making less than \$16 per hour, which ensures that educators can earn family-supporting wages.
- Offered a one-time \$1,500 bonus to early childhood educators who are certified bilingual.
- Expanded participation in Quorum, an online professional learning platform that provides free-of-charge access to high-quality, English and Spanish bilingual professional development training to early childhood professionals.

Priority 3: Increase Quality and Access

- Expanded Child Care Assistance income eligibility from 200 percent of Federal Poverty Level to 350 percent, using funds from the American Rescue Plan.
- Launched Elevate NM Child Care, a partnership with Wonderschool to offer child care providers an online platform of business management supports.
- Instituted telehealth services for Home Visiting and FIT.
- Increased FIT provider rates.
- Provided a six- to eight-week summer JumpStart program to help students most at risk to regain learning time missed due to the pandemic. JumpStart allows children more time to build school readiness skills and receive needed social-emotional support.

Priority 4: Achieve Equity

- Developed and implemented the country's first state use of a cost estimation model to set child care subsidy payment rates, which now reflect the true costs of providing high quality child care and support a higher base wage for child care workers.
- Created an Indigenous/bilingual cohort of early childhood professionals to earn an early childhood degree.
- Founded the ECECD Equity Core Guiding team.
- Invested in a Tribal Waterford Upstart program to bring learning to the home, providing a computer, internet access, and a license to use the program, for families with preschool aged children.

Priority 5: Enhance Authentic Collaboration

- Convened a 41-member Advisory Council representing New Mexico's geographic, cultural, and linguistic diversity, that released a report with key recommendations for the Department.
- Partnered with sovereign Pueblo nations on facility assessments, to help address identified gaps in access to early childhood learning environments.
- Conducted bi-weekly statewide early childhood community calls to solicit feedback, disseminate information, and share resources.
- Engaged nearly 900 stakeholders from around the state in feedback on the state's Child Care Development Fund proposal.
- Expanded the state's Moments Together bilingual public education campaign to equip New Mexico's family to support their child's early development, with partners MediaDesk, UNM Family Development Program, United Way of Central New Mexico, and New Mexico PBS.
- Participated in the Special Education Transformation Task Force; the ECECD Secretary and Assistant Secretary co-chaired the Transition Subcommittee which outlined goals and recommendations for the full Task Force to consider.



ECECD Leadership and Organizational Structure

In January 2020, the New Mexico State Legislature confirmed Elizabeth Groginsky as the first Secretary for the new Department.

Senate Bill 22, the enabling act that established ECECD, mandated the appointment of the nation's first ever Assistant Secretary for Native American Early Childhood Education and Care. Jovanna Archuleta of the Pueblo of Nambé accepted the Governor's appointment to this role in February 2020.

The Assistant Secretary for Native American Early Childhood Education works to build strong partnerships with New Mexico's 23 sovereign nations to expand access to early childhood services for Native families. ECECD supports early childhood programming grounded in Native languages and cultures. Assistant Secretary Archuleta leads the Department's work to strengthen government-to-government relationships on indigenous early childhood issues. Assistant Secretary Archuleta has established a strong working partnership with the Indian Education Advisory Council and holds bi-weekly calls with Tribal education leaders to ensure regular, bi-directional communication between ECECD and Tribal entities. ECECD has further strengthened its commitment to State-Tribal partnerships by establishing Tribal Liaisons within each of the programs it administers.

Department leadership is also supported by a Deputy Cabinet Secretary, Chief General Counsel, Director of Administrative Services, and a Director of Policy, Research, and Quality Initiatives. In FY21, ECECD created a critical new position, Chief Health Officer in the Office of the Secretary. This position is currently held by Dr. Janis Gonzales, a pediatrician and public health physician. She is leading a stronger alignment and integration of maternal and child health into early childhood programming and serving as health and safety consultant to early childhood professionals across the state.

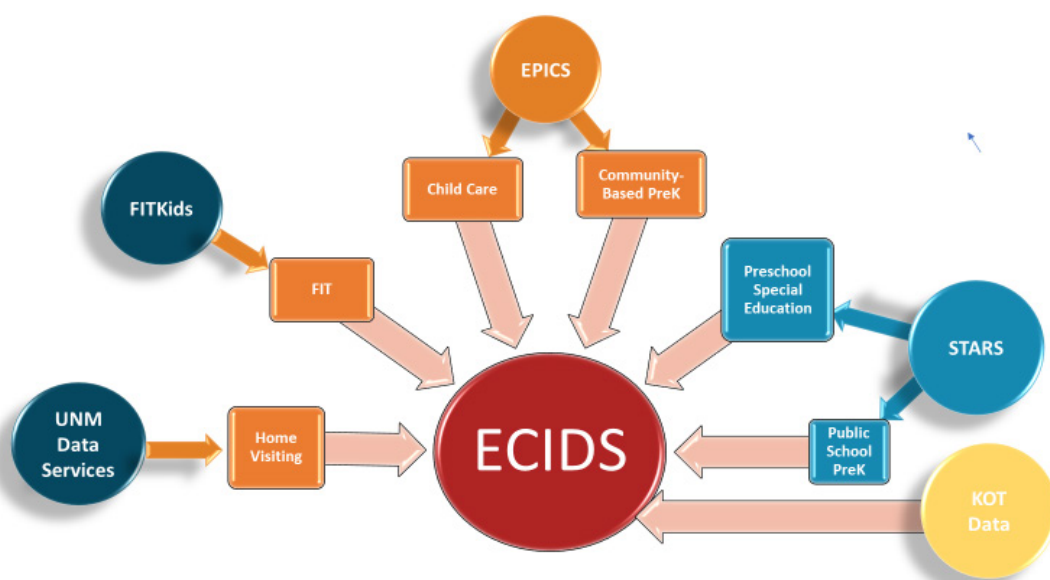
Programmatic divisions within the Department include the Early Care, Education and Nutrition Division, which includes Child Care Services, Family Nutrition, and NM PreK and the Family Support and Early Intervention Division, which oversees the Families FIRST, FIT, and home visiting programs. This report highlights these programs and those of HSSCO. See Appendix 1 for the ECECD Organizational Chart.



The Early Childhood Integrated Data System (ECIDS)

In the first few months of Governor Michelle Lujan Grisham's administration, the ACF awarded the state a Preschool Development Grant Birth – 5 (PDG B-5). This grant funded the completion of the Early Childhood Integrated Data Systems (ECIDS), a cross-agency data warehouse that expands and aligns data systems so they can inform early childhood policy, decision making and support a workforce development plan.

The image below depicts how the ECIDS warehouse receives data from four major systems and six program areas. ECIDS provides an opportunity for ECECD and PED to work together to integrate specific early childhood data into one system. The collaboration gained momentum under PDG B-5 and, at the end of the grant period, New Mexico had an unduplicated count of children across the early childhood care and education system and a set of dashboards that can answer questions about school readiness outcomes for children that engage in publicly funded early childhood programs and services.



Kindergarten Readiness is measured by the PED Kindergarten Observation Tool (KOT) administered during the first two months of a child's kindergarten year. The children who score to the right of the red line on Figure 1 are considered kindergarten ready. STARS and KOT information are extracted on an annual basis from PED databases for integration into the ECIDS database. According to the National Institute of Early Education Research (NIEER), many states chose to waive their school readiness assessments during the pandemic. Of the other states that did conduct school readiness assessments, several experienced declines in Kindergarten readiness.

FIGURE 1: KINDERGARTEN READINESS AS DEFINED BY THE KINDERGARTEN OBSERVATION TOOL (KOT)

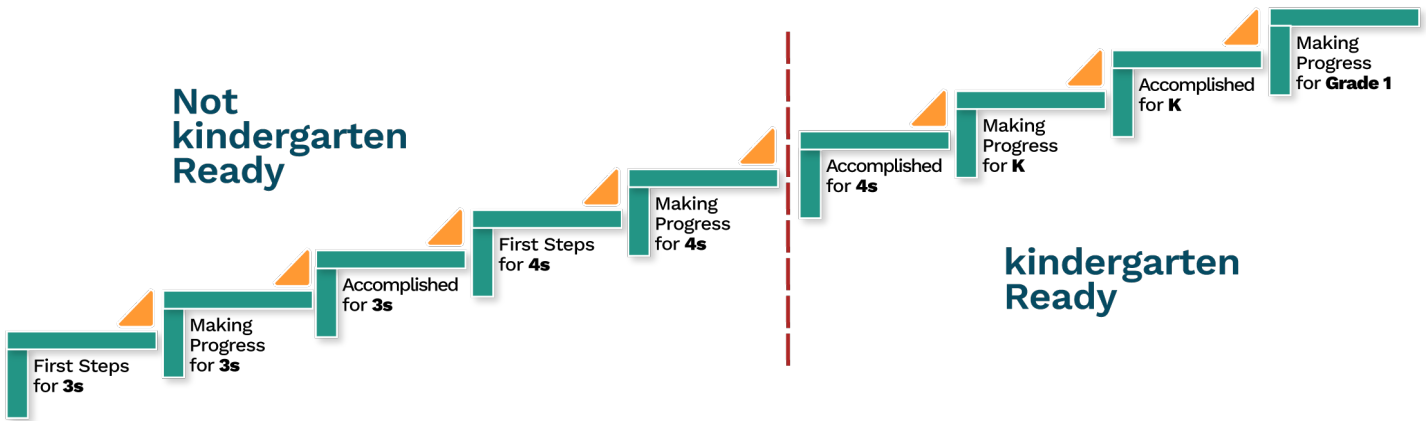
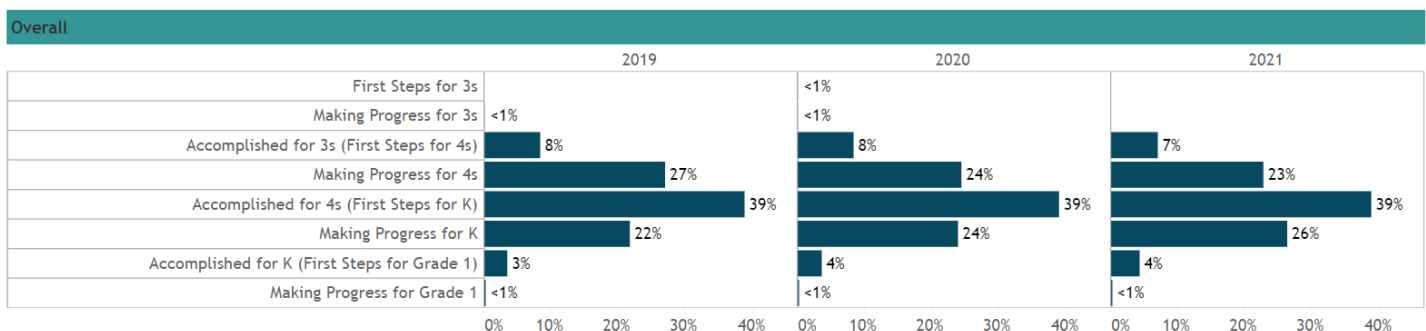


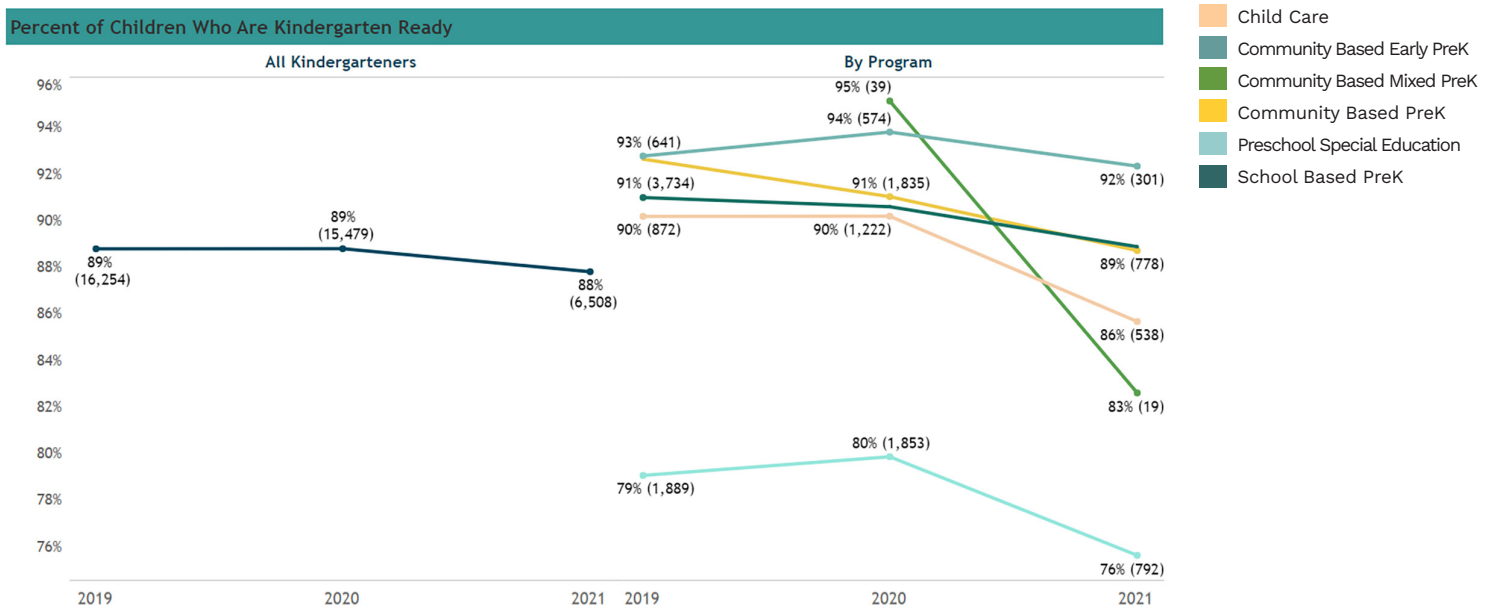
FIGURE 2: OVERALL READINESS RATINGS ACROSS ALL PROGRAMS



ECIDS utilizes a number of filters that assist with sorting of the data. This includes demographic filters: county, primary language, ethnicity, and race. The readiness domains are literacy, mathematics, approaches to learning, physical development, health, and well-being, scientific conceptual understanding, and self, family, and community. ECIDS data warehouse has four fiscal years of integrated data, currently, and therefore trends and longitudinal tracking is possible. Further, having school-based and community-based data integration has allowed ECECD to generate the graphs below which show individual program findings on the right and an aggregate on the left. Below, data is shared on readiness based on all the KOT domains across child care and PreK.

The physical health and wellbeing domain focuses on two specific components: 1) the child uses gross motor control independently, including balance, spatial awareness, and stability; and 2) the child independently uses fine motor skills. In this category, there was an overall decline in improvement in readiness this is likely reflective of the public health emergency and resulting attendance.

FIGURE 3: PHYSICAL HEALTH AND WELLBEING, STATEWIDE

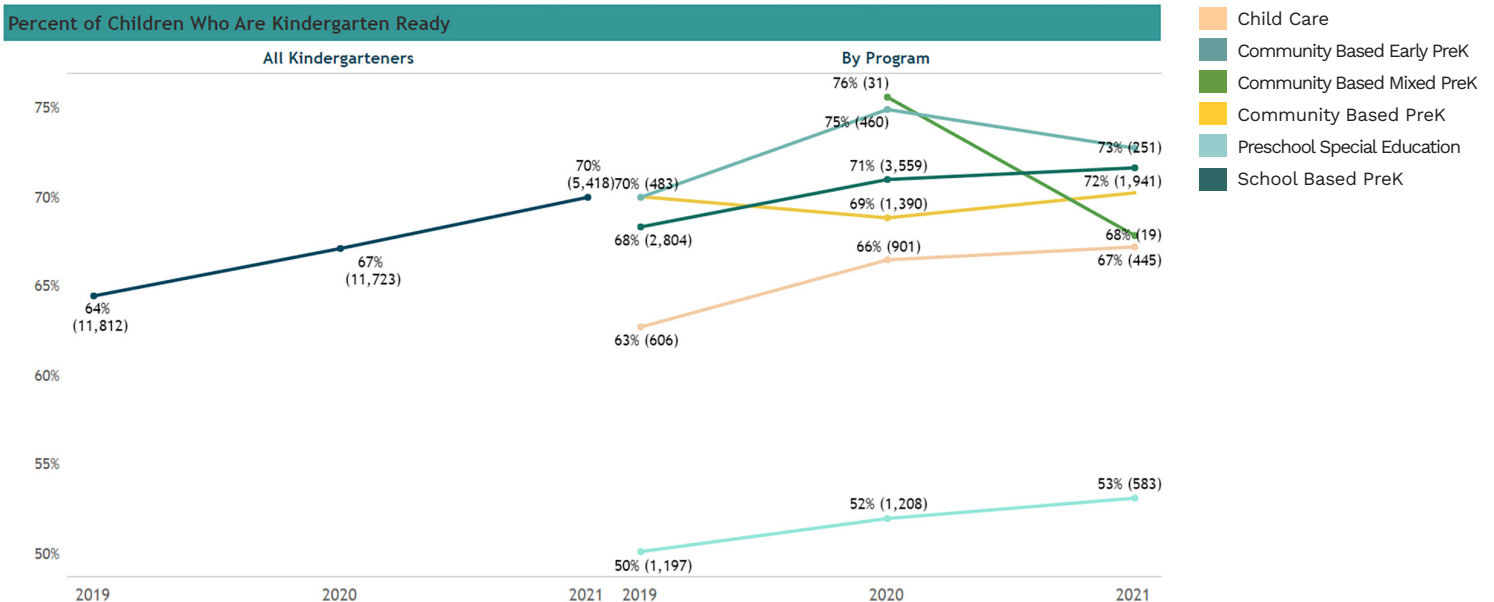


The literacy domain assesses four categories:

1) the child demonstrates understanding and function of both receptive and expressive vocabulary; 2) the child communicates experiences, ideas, and feelings through speaking or American Sign Language; 3) the child engages in activities that promote the acquisition of foundational reading skills; and 4) the child engages in activities that promote the acquisition of emergent writing skills.

In this domain children demonstrated an overall improvement in readiness by 6 percent statewide. Child care services saw a 5 percent increase in literacy readiness. School based PreK showed a 4 percent increase in literacy readiness. Community based Pre K had an increase in literacy readiness between FY20 and FY21 by 3 percent.

FIGURE 4: LITERACY, STATEWIDE

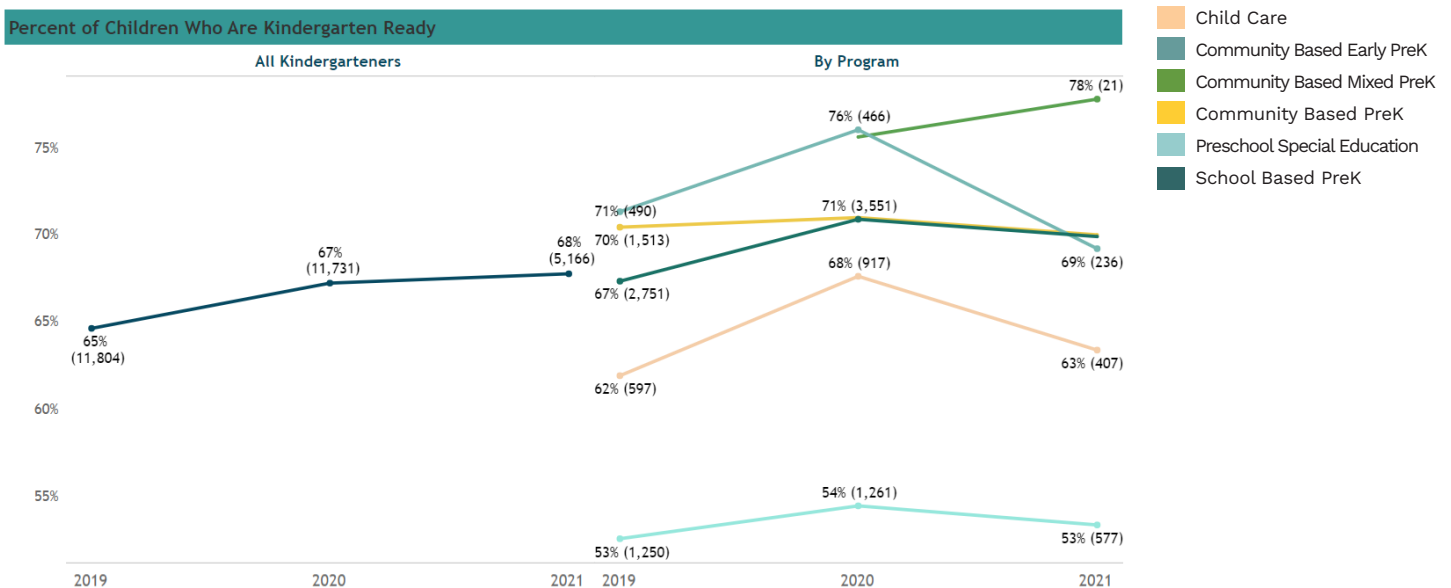


The mathematics domain has four categories that determine the readiness profile:

1) the child understands that numbers, ways of representing numbers, and relationships between quantities and numerals; 2) the child demonstrates understanding of geometrical and spatial concepts; 3) the child demonstrates an understanding of nonstandard units to measure and make comparisons; 4) the child demonstrates the ability to investigate, organize, and create representations.

In this domain overall children in New Mexico show an increase in readiness in mathematics by 3 percent.

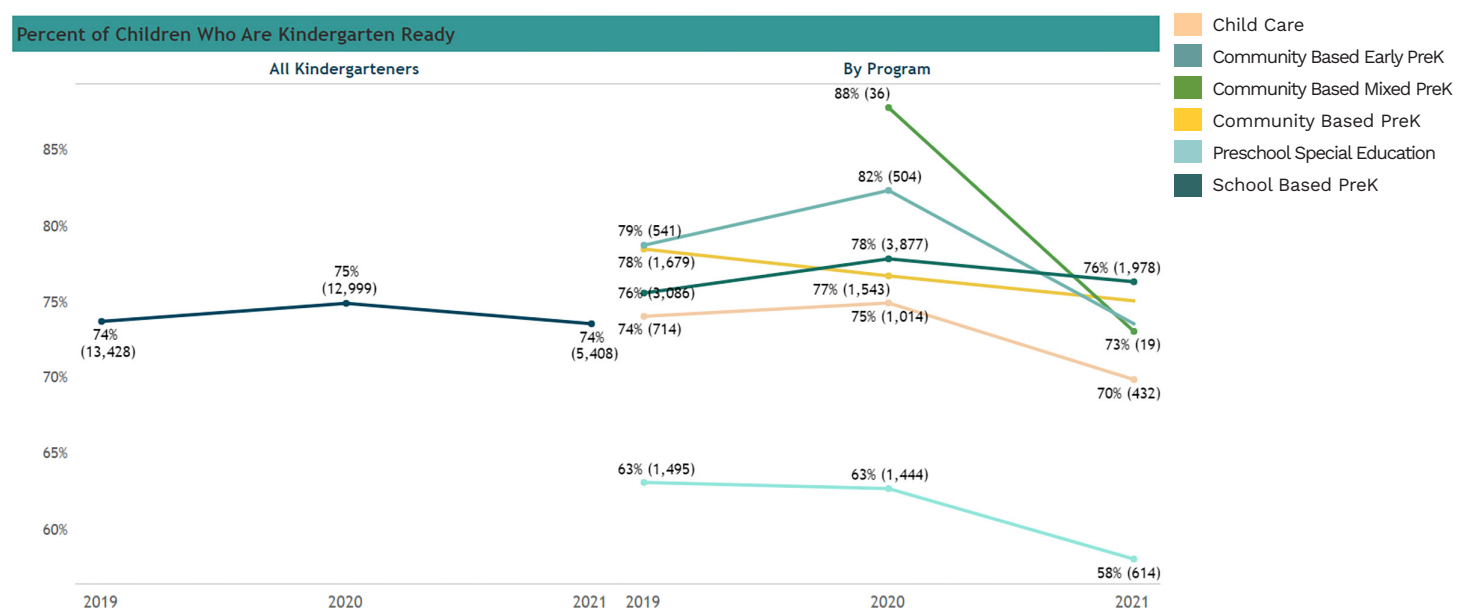
FIGURE 5: MATHEMATICS READINESS, STATEWIDE



The scientific conceptual understanding component of the KOT includes two categories 1) the child uses the scientific method to investigate the physical and natural worlds and to hypothesize and make predictions; and 2) the child acquires scientific knowledge related to earth science.

Readiness remained flat over the last three fiscal years. Declines in programmatic scores are likely due to changes in hands-on educational opportunities. Significant changes in learning environments occurred as a result of the pandemic.

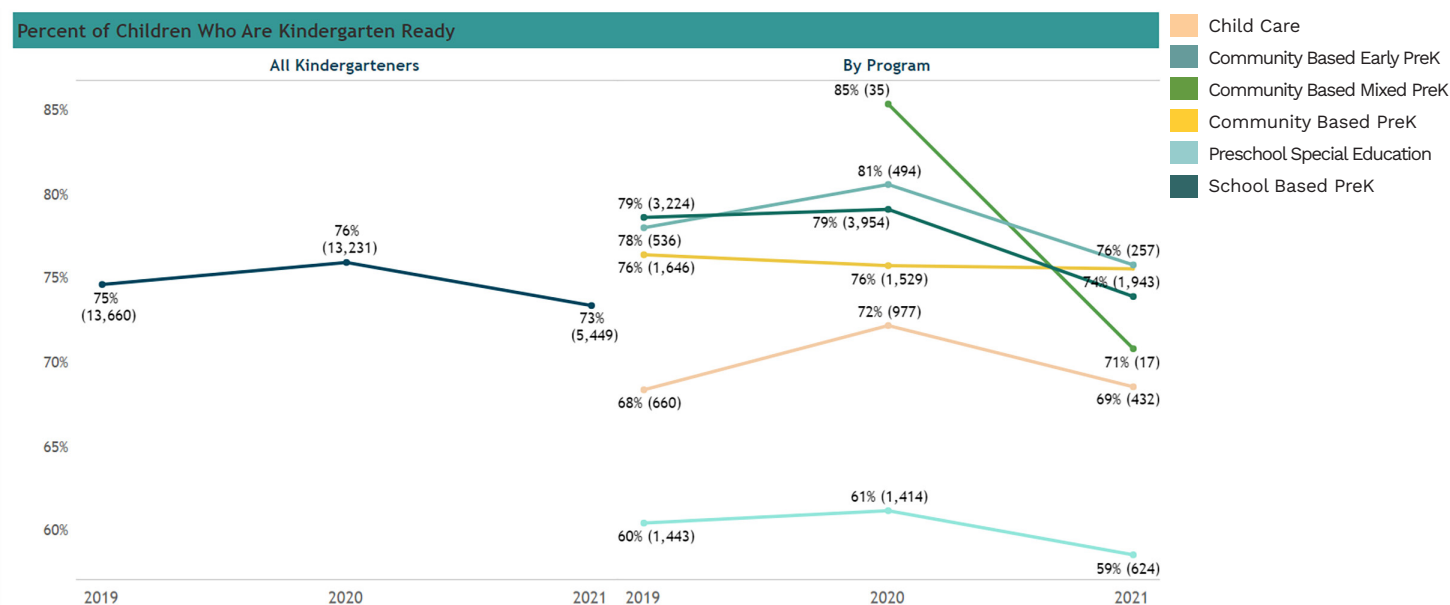
FIGURE 6: SCIENTIFIC CONCEPTUAL UNDERSTANDING



The self, family, and community domain assesses behavior and relationships and has four categories for assessment: 1) The child demonstrates self-control; 2) the child demonstrates personal responsibility; 3) The child works cooperatively with other children and adults; and 4) The child develops relationships of mutual trust and respect with others.

The greatest improvement in readiness for this domain was with PreK Special Education with a 6 percent improvement over three fiscal years. Statewide, children demonstrated a decrease in readiness in this domain. Like other domains it is likely due to the decreased socialization opportunities in schools, the increased familial stress, and reduced opportunities for cooperation because of the pandemic. It is of note that the only program area demonstrating slight improvement was community based PreK.

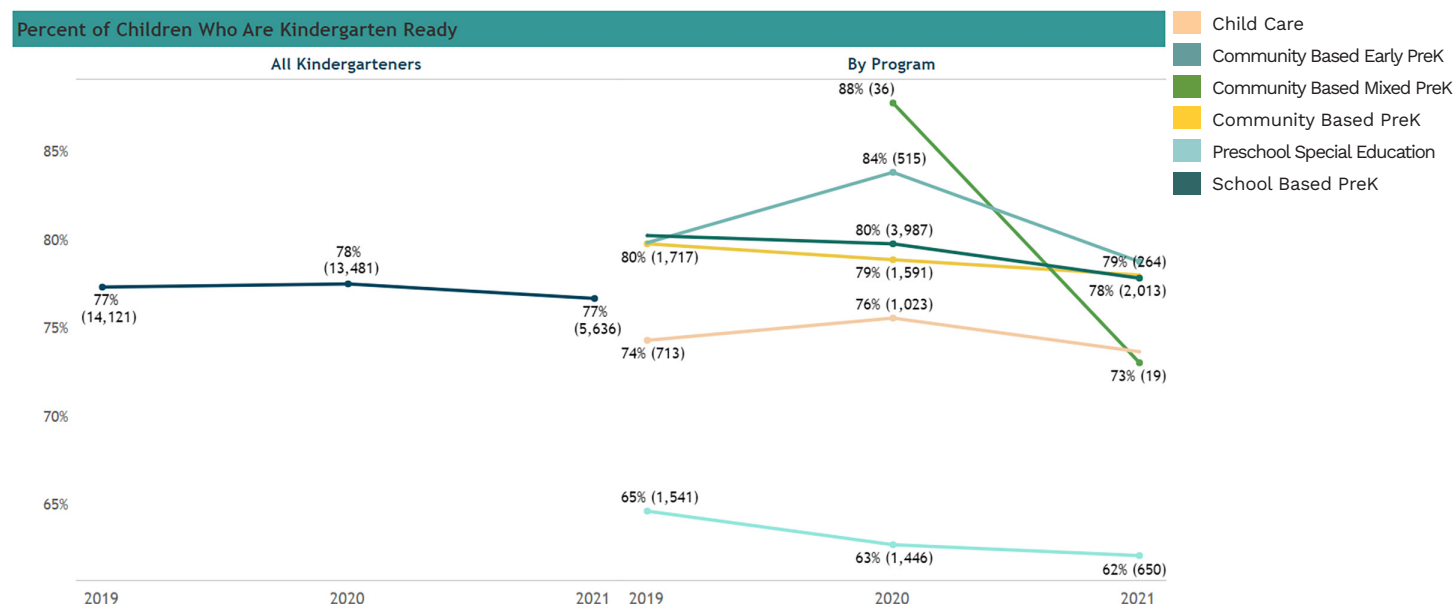
FIGURE 7: SELF, FAMILY, AND COMMUNITY, STATEWIDE



The Approaches to Learning domain assesses three categories: 1) the child takes initiative; 2) the child exhibits imagination and creativity; and 3) the child displays persistence and pursues challenges.

There was no increase in overall statewide readiness in the approaches to learning domain.

FIGURE 8: APPROACHES TO LEARNING



Early Childhood Program Profiles, FY21

Child Care Services

OVERVIEW

ECECD is the state's lead agency for the Child hood Care and Development Block Grant (CCDBG) that is administered by the U.S. Department of Health and Human Services. The CCDBG provide statutory and regulatory requirements and funding to ensure equal access to child care services.

By the Numbers

FY21 Funding: \$158,000,000

9,386 Children Served Monthly with Child Care Assistance

2,111 Licensed or Registered Providers

The child care sector provides regular supervision and care for children, enabling the adults in their families to work or attend school. Care is provided through centers and homes and ECECD oversees the licensing and compliance processes that aim to confirm care is healthy and safe for all children. In New Mexico, licensed child care providers can participate in a quality rating and improvement system called FOCUS that requires compliance with more rigorous quality standards at higher rating levels. ECECD also administers the child care assistance program. This is a federal program that reduces the financial burden of care for low-income families.

CHILDREN AND FAMILIES SERVED

Children are eligible to receive child care assistance from six weeks of age until they turn 13. Care for older children can be used for before and after school care, and for summer care. In FY21, the number of children served in the child care assistance dropped dramatically from FY20 which was directly related to COVID-19, particularly the health and safety concerns of staff and families. In FY21 child care assistance served an average of 9,386 total children per month. The average distribution of these children by county is presented in Table 1.

For a family to receive child care assistance, all adults in the household must be engaged in a qualifying activity, typically work, school, or job training. In FY21, ECECD promulgated regulations that added job search and graduate school to the list of qualifying activities. The vast majority (more than 87 percent) use their assistance to support employment (see Figure 1). Families must also meet income requirements, which in FY21 required that families earn no more than 200 percent of the Federal Poverty Level (FPL), or about \$43,440 for a family of three. Once enrolled, families could remain

TABLE 1. AVERAGE NUMBER OF CHILDREN SERVED BY MONTH FOR FY21, BY COUNTY

County	Children served	County	Children served
Bernalillo	3,502	Mora	9
Chaves	458	Otero	295
Cibola	81	Quay	12
Colfax	22	Rio Arriba	79
Curry	318	Roosevelt	76
De Baca	3	San Juan	547
Doña Ana	1,781	San Miguel	200
Eddy	123	Sandoval	438
Grant	61	Santa Fe	245
Guadalupe	2	Sierra	28
Hidalgo	13	Socorro	23
Lea	426	Taos	72
Lincoln	49	Torrance	32
Los Alamos	9	Union	2
Luna	95	Valencia	324
McKinley	47	Unknown	14
Total Children Served		9,386	

eligible up to 250 percent of FPL, allowing families to keep their benefits after a modest increase in income. For FY22, income eligibility has been significantly expanded up to 350 percent of FPL, with continuing eligibility up to 400 percent of FPL. In June 2021, at the close of the fiscal year, more than half of families receiving assistance had incomes between 50 and 150 percent of FPL (between about \$10,860 and \$32,580 for a family of three). Smaller numbers of families had incomes outside that range (see Figure 2).

FIGURE 1. FAMILY REASON FOR CHILD CARE ASSISTANCE, MONTHLY AVERAGE FOR FY21

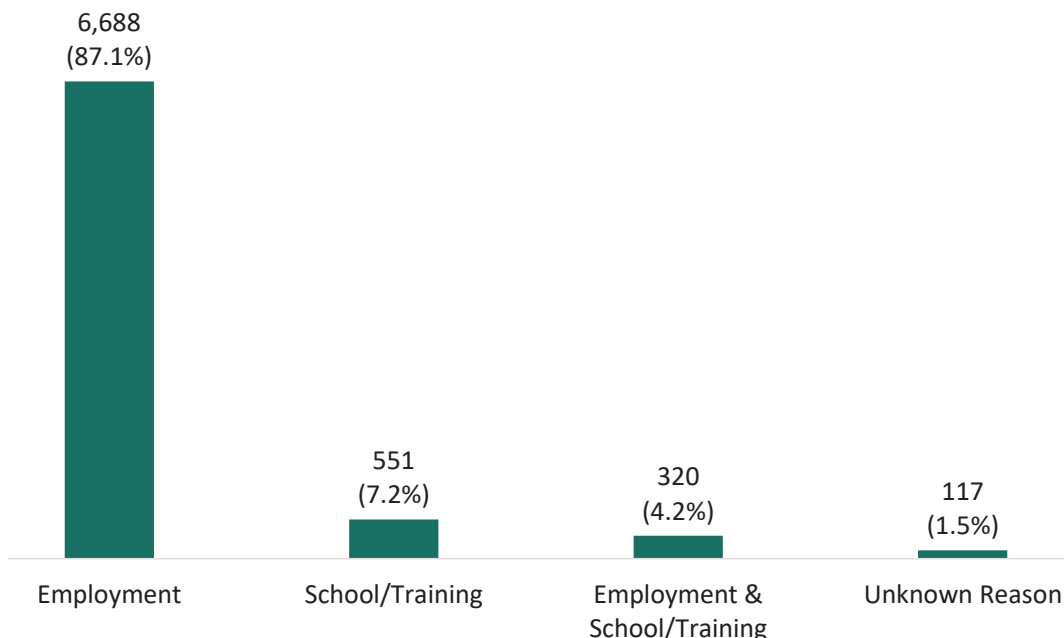
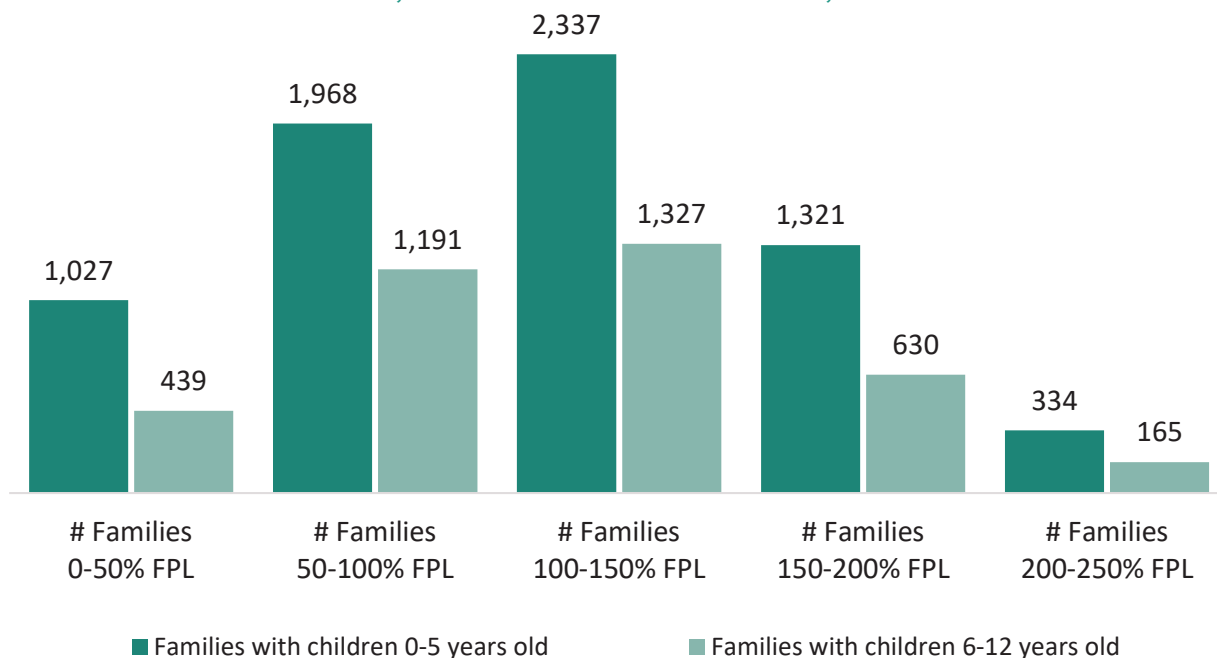


FIGURE 2. NUMBER OF FAMILIES RECEIVING CHILD CARE ASSISTANCE, BY INCOME AND CHILD AGE GROUP, JUNE 2021



The child care sector also supports families who pay privately for care and they benefit from the existence of a stable, well-regulated child care sector in New Mexico. Programs at higher quality levels are required to have smaller group sizes and lower teacher to child ratios. Additionally, they are required to actively engage families through strategies that include encouraging family members to share cultural heritage, stories, and language in daily classroom activities. Other requirements at the highest quality levels include parent participation in program self-assessments for quality improvement and establishing program policies and philosophies that promote family engagement at all levels of the program, including engagement aimed at fathers

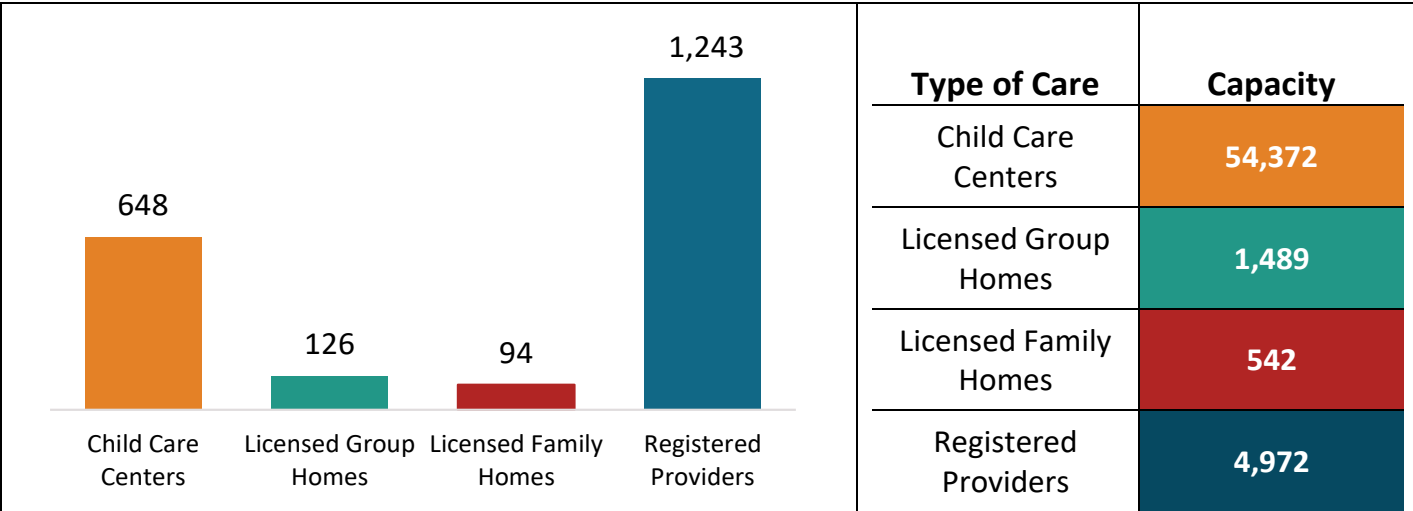
CHILD CARE PROVIDERS

New Mexico’s child care provider landscape is diverse and includes a mix of care provided in child care centers and homes. Child care centers can operate as for-profit businesses or as non-profits, and are sometimes located within churches or universities. Home-based child care types include:

- Licensed group homes, which can provide care for up to 12 children;
- Licensed family homes, which can provide care for up to six children; and
- Registered homes, which can provide care for up to four children.

Registered homes must meet basic health and safety requirements and are eligible to receive state supports through child care assistance and the Child and Adult Care Food Program (CACFP) (see page 21). Licensed homes meet a stricter set of quality standards and are eligible to participate in the FOCUS quality rating and improvement system. The distribution of programs by type and capacity is shown in Figure 3.

FIGURE 3. NUMBER AND CAPACITY OF CHILD CARE PROVIDERS, BY TYPE, JUNE 2021



These programs include three state-licensed programs in Jemez Pueblo and the Navajo Nation. There are 35 other child care programs available in Tribal communities that are authorized by their Tribal governments rather than ECECD. Tribal governments also administer child care assistance to Native families through the Tribal Child Care and Development Fund (Tribal CCDF). ECECD leaders meet regularly with Tribal CCDF representatives to ensure active collaboration that supports access to quality child care for families. ECECD has provided technical consultation with the Pueblo of San Felipe, the Pueblo of Zia, and Kewa (Santo Domingo) Pueblo regarding licensing and registration standards, health and safety monitoring, and facility review.

New Mexico lacks clear data detailing the credentials, demographics, compensation, and turnover of the child care workforce. However, survey data offers some insight into these points. According to a survey conducted in fall of 2020 by the University of New Mexico Center for Social Policy, 38 percent of the early childhood workforce earns less than \$30,000 per year. This includes 15 percent who earn less than \$15,000 annually. The same survey also found the early childhood workforce has been under significant economic stress during the public health emergency. Forty-four percent of respondents stated they had used up all or most of their savings, and 24 percent reported borrowing money from friends and family. Although retention data are not regularly collected,

one 2015 survey of New Mexico providers estimated annual workforce turnover at about 28 percent. This figure is in line with national turnover estimates for the early childhood sector. ECECD has developed a Request for Proposals (RFP) for release in January 2022. This RFP will solicit a vendor to build a professional development information system (PDIS). The PDIS system will allow individual professionals to house and track their training, education, certifications, updates related to employment. The PDIS will also allow ECECD to gain a better understanding of the workforce, the career lattice, and trainings.

All educators working in licensed child care settings are required to complete a 45-hour course that introduces them to core competencies. Providers participating in FOCUS have access to personalized coaching through consultants, who bring expertise on developmentally appropriate practices, as well as FOCUS criteria and assessment requirements. In addition to these services, in FY21 ECECD used federal funds to provide statewide access to Quorum eLearning. Quorum provides free, 24/7 access to over 180 hours of high-quality professional development with 125 hours of content available in Spanish. There are 4,556 child care staff members enrolled in Quorum, identified as child care center, family child care, and group child care. There are 716 members reporting as primarily Spanish speaking. Since September 2020, 9,468 courses have been completed for a total of 34,508 hours of training.

KEY OUTCOMES

Child care providers often see children every day, are well-positioned to screen for developmental delays and disabilities, and to refer families to services that support their child's health and well-being.

- Programs with FOCUS (quality) ratings of 3 STAR or higher are required to ensure pediatric well-child checks are up-to-date and to provide developmental screenings and follow-up. Those with a 4-STAR rating or higher are also required to ensure children are current with dental screenings.
- Well-child checks, in addition to supporting overall child health, help ensure childhood immunizations are up to date.
- ECECD is entering into data sharing agreements with multiple state departments, which will provide access to additional data in FY22.

Reliable child outcomes data related to child care is not currently available for the child care system. However, research suggests that if any school readiness or developmental outcomes are to be achieved, children must have consistent access to care.

- The 2014 CCDF reauthorization requires states to authorize a family's child care assistance eligibility on a 12-month basis to support extended continuity. Research and ongoing measurement may help assess whether 12-month recertification has the desired impacts on care continuity and what barriers to continuity may have been introduced by the public health emergency.
- All regulated child care providers in New Mexico are eligible to participate in the federal CACFP. This program, described in more detail on page 21, reimburses providers for nutritious meals and snacks served to children in care settings.
- In FY21, child care centers were reimbursed for 8,325,736 meals and snacks, in addition to 4,557,076 meals and snacks reimbursed in child care homes. In total, about 12.9 million meals and snacks were reimbursed across New Mexico child care settings in FY21.

NM PreK and Early PreK

OVERVIEW

New Mexico's PreK program ("NM PreK") aims to ensure that every child in New Mexico has the opportunity to attend a high-quality early childhood education program before starting kindergarten. Created by the PreKindergarten Act of 2005, NM PreK offers services through a mix of community-based and school-based programs. Services began as half-day programs, with extended day programs offered beginning in the 2014-2015 school year. In 2015, legislators funded Early PreK services to three-year-old children in community-based settings, as well as mixed age PreK. The state has steadily increased funding for extended day school-based programs.

On July 1, 2020, administration of NM PreK was transferred to the Early Childhood Education and Care Department (ECECD). ECECD now funds and monitors PreK as a single program, provided through public schools and community-based organizations. Total funding for the state's PreK programs reached nearly \$100 million in FY21, with enrollment funded for a total of 10,986 four-year-old children, 1,858 three-year-old children, and nearly 500 children in mixed-age programs.

The transition of PreK programs to ECECD administration coincided with the onset of the COVID-19 pandemic. In March 2020, New Mexico schools were closed by executive order for the remainder of the school year. School based PreK programs closed in-person learning, and programs in community-based settings offered a range of in-person, remote, and hybrid learning to address family and community needs. ECECD and the PED supported NM PreK teachers in rapidly adapting educational programs and family engagement to virtual platforms.

By the Numbers

FY21 Funding: \$100,000,000

Enrollment funded for:

- **10,986 NM PreK students (4-year-olds)**
- **1,858 Early PreK students (3-year-olds)**
- **499 Mixed Age PreK students**

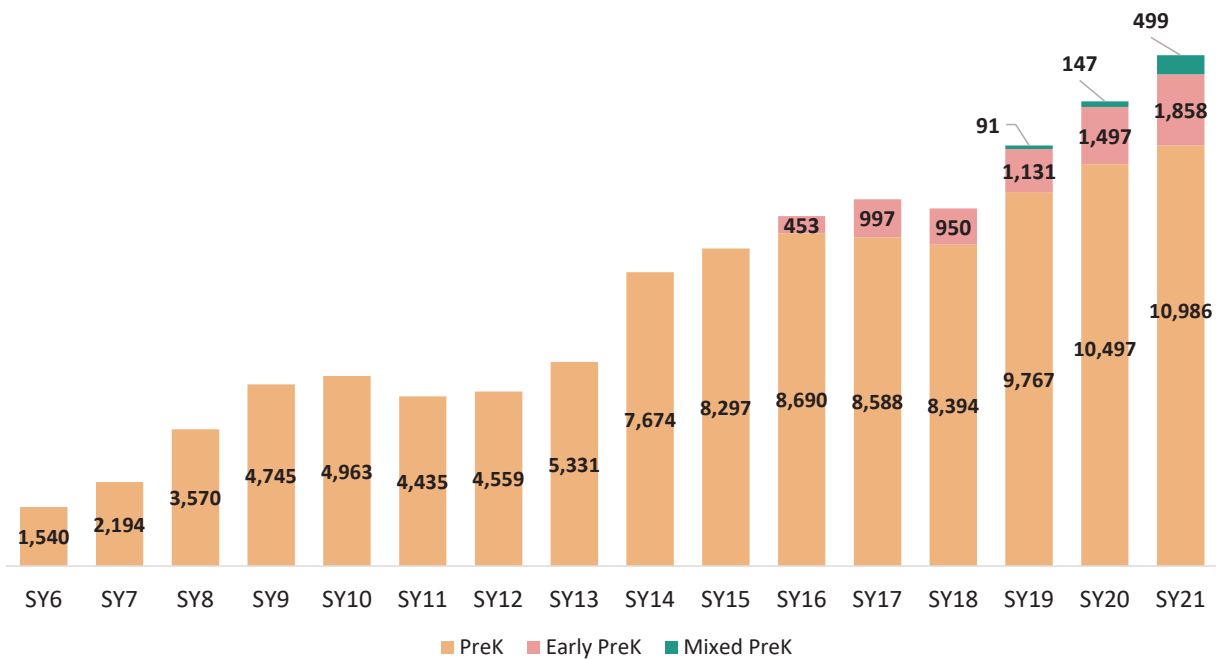
Offered by:

- **74 public school districts and 7 state charter schools**
- **127 community-based settings**

CHILDREN AND FAMILIES SERVED

NM PreK was created to provide voluntary, high-quality programs that support developmentally appropriate activities for three- and four-year-old children. PreK programs are offered during the school year and are always free of charge to participating families. Since its creation in 2005, NM PreK has focused on expanding services and prioritizing enrollment of children who would otherwise not have access to early childhood programs. ECECD's efforts are now focused on expanding access to extended day programming for more four-year old children and increasing access for three-year old children.

FIGURE 1: NUMBER OF CHILDREN FUNDED TO ATTEND NM PREK, SY06-SY21



Though funding was authorized for nearly 13,000 children to attend PreK in FY21 (see Figure 1), enrollments were at lower levels due to the pandemic. In NM PreK, for instance, 5,455 four-year-old children enrolled out of a total 7,247 funded to attend PreK in public schools, and 2,827 enrolled of 3,739 children funded to attend community-based programs. New Mexico has maintained PreK funding levels, however, to ensure services remained available with rebounding enrollment.

While NM PreK is not specifically designed as a program for children in poverty, it primarily serves New Mexico's low-income population. Two-thirds of enrolled children at each program site must live in the attendance zone of a Title I elementary school that serves a high concentration of low-income students. These criteria are broadly inclusive, as the vast majority of New Mexico's public schools receive Title I funding, and PreK eligibility is not determined by individual family income. In public school settings, 69.9 percent (3,809) of children in PreK qualify for the free or reduced-price lunch program. A total of 1,062 students received special education services in PreK classrooms.

Nearly 66 percent of four-year-old children served in PreK public school settings were Hispanic, 19.6 percent were white, 9.6 percent were American Indian, 1.6 percent were African American, and 1.3 percent were Asian. In PreK community-based settings, 46 percent of students were Hispanic, nearly 38 percent were white, 8.2 percent were American Indian, 4.4 percent were African American, and 1.8 percent were Asian.

In Early PreK classrooms, 48.3 percent of children were Hispanic, 34.6 percent were white, 5.6 percent were Native American, 5.6 percent were Black, and 1.9 percent were Asian.

NM PREK PROVIDERS

NM PreK funding is awarded through a competitive grant process, with priority given to programs in communities with public elementary schools designated as Title I.

In School Year 2020-21 (SY21), PreK for three- and four-year-old children was offered through 74 of 89 school districts, seven state charter schools and 127 community-based settings. The state funded a total of 10,986 NM PreK seats for four-year-olds, with 7,247 in public school settings and 3,739 in community-based programs. Early PreK was funded for 1,858 children in community-based settings, as well as 499 mixed age program slots. Table 1 shows funded PreK seats by county.

NM PreK programs are taught by professionals in both public school and community-based settings. New Mexico requires bachelor's degrees and teacher licenses in early childhood for lead teachers in public schools. In community settings, lead teachers are required to hold a high school diploma and show annual progress towards a bachelor's degree. Lead teachers are assisted in classrooms by educational assistants, who are not required to hold degrees.

School-based PreK programs employed a total of 397 lead teachers in SY21. All lead teachers in public school PreK settings hold at least a bachelor's degree, with nearly 32 percent holding a master's or doctoral degree (see Figure 2).

In addition, 93.9 percent of NM PreK teachers in public school settings have early childhood licenses. This is an increase from 32.4 percent in 2005. Thirty-four lead teachers hold bilingual endorsements, and 79 have TESOL (Teaching English as a Second Language) endorsements. Fifty percent of lead teachers are white, forty-three percent are Hispanic and five percent are Native American. The public school PreK lead teacher average annual salary is \$51,013.

Community-based NM PreK, Early PreK, and Mixed Age PreK programs employ a combined total of 460 lead teachers (see Figure 3). Of those teachers, 42 percent hold a bachelor's degree (35 percent hold bachelor's in early childhood education). Four percent hold a master's degree. Another 40 percent hold an Associate degree (33 percent hold Associate's degrees in early childhood education). In addition, 27 lead teachers hold an early childhood teaching license. Data on community-based PreK educator race and ethnicity is not available at this time.

Of note for the school based PreK, 57 percent are Hispanic and eight percent are Native American. The average salary of a school-based PreK educational assistant is \$20,150.

FIGURE 2: EARLY PREK RACE AND ETHNICITY

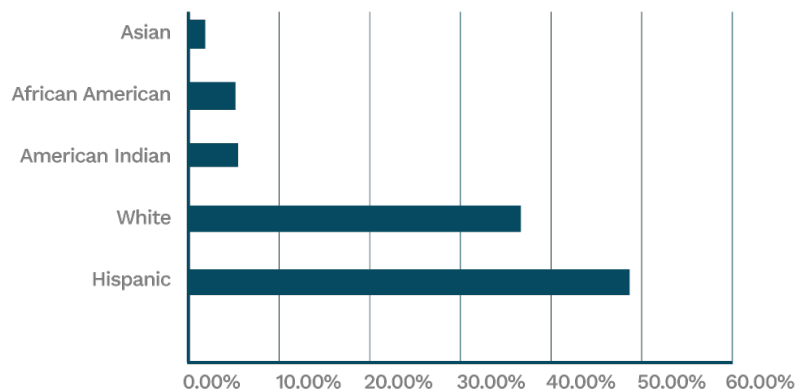
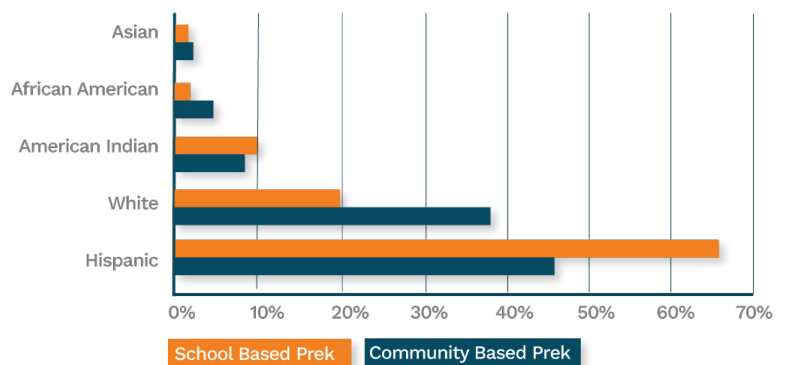


FIGURE 3: PREK RACE AND ETHNICITY



ECECD offered multiple supports to advance the professionalization of the PreK teaching workforce, including:

- State-funded scholarships to help early childhood professionals afford coursework leading to advanced credentials and degrees. Awards include one year of funding for tuition, fees, and textbooks and can be renewed annually. In FY21, these scholarships were awarded to PreK educators across 44 school districts and in 32 of New Mexico's 33 counties. Scholarships were used at 20 different institutions of higher education across the state.
- Education-based wage supplements to qualified early childhood educators, including those working in community-based NM PreK or Early PreK settings. In FY21, wage supplements were awarded to 28 PreK educators in the period of July to December 2020, and to 40 educators in the period from January to June 2021.
- High-quality teaching practices are supported by an extensive state-funded system of early childhood training, consultation, and coaching supports.

- o The UNM Early Childhood Services Center (UNM ECSC) provides resources and consultants who work throughout the state with educators in community-based PreK settings to design rich learning environments, support social-emotional learning, and model effective teaching strategies. In FY21, UNM ECSC offered 90 different training courses as virtual Zoom or self-paced online trainings. NM PreK staff across the state completed a total of 10,867 trainings, with 3,626 individual participants from 199 programs.

- o The Central Region Educational Cooperative #5 (CREC 5) provides a practice-based coaching (PBC) model of ongoing professional development to PreK professionals in public school settings. Early Childhood Instructional Coaches support teacher goal setting, practice, observation, and reflection. In FY21, school based PreK professionals were offered 141 trainings, with 2,990 total participants trained on early literacy, intentional teaching strategies, and other core topics. Forty coaches worked with PreK educators to complete 6,902 PBC cycles, focused on mastery of 7,723 total teaching practices.

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- The Central Region Educational Cooperative #5 (CREC 5) provides a practice-based coaching (PBC) model of ongoing professional development to PreK professionals in

TABLE 1: NM PREK, EARLY PREK, AND MIXED PREK FUNDED CAPACITY, BY COUNTY

County	Community Based			School Based	TOTAL
	Early PreK	Mixed PreK	NM PreK	NM PreK	
Bernalillo	447	162	1,516	1,406	3,531
Catron				20	20
Chaves	40	12	50	450	552
Cibola		10		85	95
Colfax				20	20
Curry	29		34	317	380
De Baca				15	15
Doña Ana	554	158	849	745	2,306
Eddy	32			300	332
Grant	64	32	60	142	298
Guadalupe				28	28
Harding				12	12
Hidalgo				40	40
Lea	32		40	246	318
Lincoln			52	60	112
Los Alamos				80	80
Luna	47		55	205	307
McKinley	32		59	283	374
Mora				30	30
Otero	44		232	131	407
Quay				45	45
Rio Arriba	45		91	97	233
Roosevelt				138	138
San Juan	78		196	653	927
San Miguel		16		80	96
Sandoval	48		105	582	735
Santa Fe	80	48	110	450	688
Sierra	32	16	20	52	120
Socorro	16		18	53	87
Taos	38		49	109	196
Torrance	32		20	80	132
Union			183	36	219
Valencia	168	45		257	470
Total	1,858	499	3,739	7,247	13,343

public school settings. Early Childhood Instructional Coaches support teacher goal setting, practice, observation, and reflection. In FY21, school based PreK professionals were offered 141 trainings, with 2,990 total participants trained on early literacy, intentional teaching strategies, and other core topics. Forty coaches worked with PreK educators to complete 6,902 PBC cycles, focused on mastery of 7,723 total teaching practices.

KEY OUTCOMES

NM PreK focuses on school readiness through the use of linguistically and culturally sustaining curriculum. Teachers plan activities based on what children need to learn across all the domains of development: literacy; mathematics; scientific conceptual understanding; awareness of self, family, and community; and approaches to learning.

NM PreK program standards meet nine of ten of the National Institute of Early Education Research (NIEER) benchmarks for preschool quality, one of only seven states to meet nine of ten benchmarks. Studies conducted by the New Mexico Legislative Finance Committee (LFC) show that NM PreK has positive impacts on student achievement, which persist through their high school graduation. These outcomes depend on states setting and maintaining high standards for quality.

FIGURE 4: LEAD TEACHER HIGHEST DEGREE EARNED: SCHOOL-BASED NM PREK

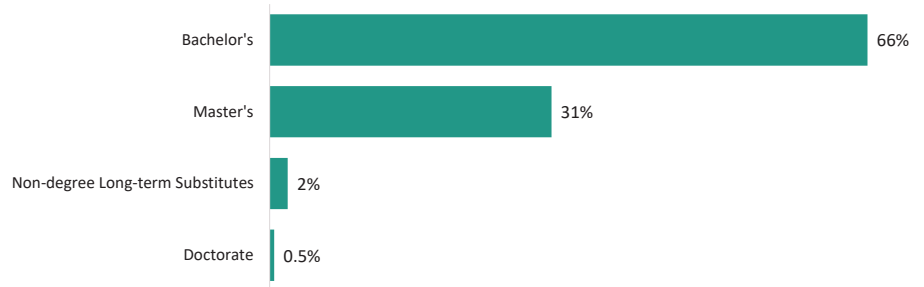


FIGURE 5: LEAD TEACHER HIGHEST DEGREE EARNED: COMMUNITY-BASED NM PREK

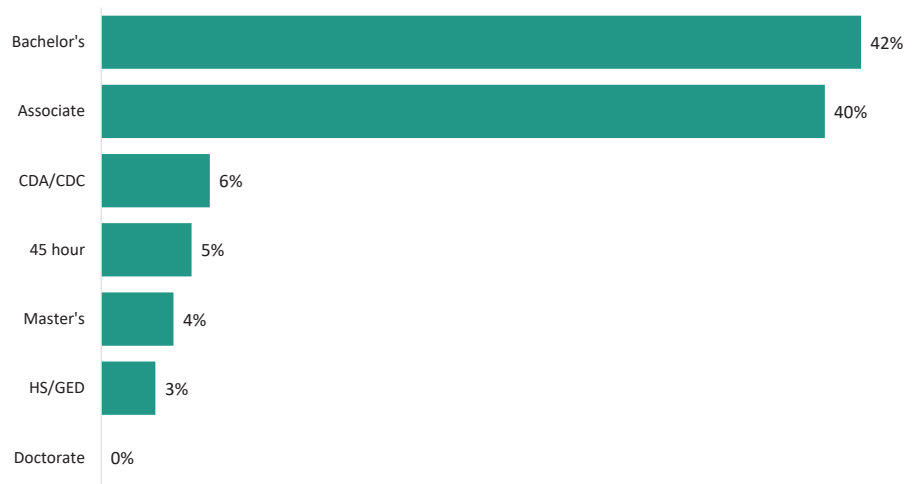
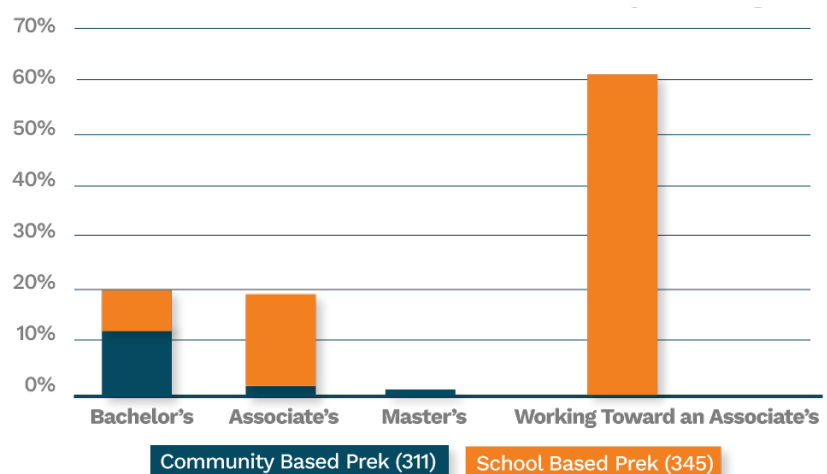


FIGURE 6: EDUCATIONAL ASSISTANTS BY DEGREE



In July 2020 the LFC released a report that demonstrated children who participated in PreK were better prepared for kindergarten as evidenced by higher findings in all KOT domains. The LFC noted that the domain findings were even more significant for low-income children.

The progress of students in NM PreK and Early PreK is measured by the New Mexico Preschool Observational Assessment. The data below show overall progress across multiple learning domains for SY21 NM PreK and Early PreK students (see Table 2 and Table 3). The small number of children who attended a Mixed Age PreK program (n=499) are included with their age peers. The data includes progress scores for 1,062 children in public school classrooms who received special education services in accordance with their Individual Education Plan (IEP).

Due to programs serving children in remote and hybrid learning modes for most of the year, the Preschool Observation Assessment scores are lower than in previous school years. A total of 94.1 percent of four-year-olds completing the NM PreK program in school-based settings demonstrated overall measurable improvement across learning domains. In community-based settings, this percentage was similar, at 93.4 percent. A total of 73.8 percent of NM PreK students in school-based settings met the end of the year overall benchmark of “Accomplished for 4s/First Step for K” or higher. In community-based settings, this percentage was 55 percent. All children made significant progress in the NM PreK setting, however, and children with IEPs who attended NM PreK began to close the achievement gap.

In addition, all children in PreK receive developmental, health, vision, and dental screenings to help identify those children in need of special education services or other supports.

TABLE 2: ALL NM PREK (4-YEAR-OLD) STUDENTS SHOWING MEASURABLE IMPROVEMENT, END OF SY21

STUDENT GROWTH		
% All NM PreK (4-year-old) Students Showing Measurable Improvement, End of SY21		
Domain	School-Based NM PreK	Community-Based NM PreK
Overall	94.1%	93.4%
Literacy	95.0%	85.7%
Mathematics	94.8%	90.4%

TABLE 3: ALL NM PREK (4-YEAR-OLD) STUDENTS SCORING “ACCOMPLISHED FOR FOURS/FIRST STEPS FOR K OR HIGHER”, END OF SY21

STUDENT GROWTH		
% All NM PreK (4-year-old) Students Scoring “Accomplished for Fours/First Steps for K or Higher”, End of SY21		
Domain	School-Based NM PreK	Community-Based NM PreK
Overall	73.8%	55.0%
Literacy	68.3%	44.2%
Mathematics	68.7%	53.9%
Scientific Conceptual Understanding	76.7%	62.8%
Self, Family, and Community	78.9%	64.5%
Approaches to Learning	82.2%	74.5%

Family Nutrition Bureau

OVERVIEW

ECECD is the state lead agency for the CACFP and Summer Food Service Program (SFSP) administered through the U.S. Department of Agriculture. The CACFP program is focused on ensuring children have access to nutritious meals and snacks. CACFP supports meals and snacks served as part of other early childhood programs, such as PreK, Head Start, and child care settings. The SFSP provides meals during the summer months and other times when school meals are not available, through a variety of community partners including summer school sites, nonprofits, and local governments.

In addition to coordinating and running these programs, the Family Nutrition Bureau provides training and technical assistance to the local sponsors who offer the programs.

These programs are funded federally through a system of reimbursement for each meal or snack served. Both CACFP and SFSP are designed to provide nutritious meals and snacks to children who are primarily from lower income families and to children who live in communities with more difficult economic conditions.

By the Numbers

22,661 CACFP meal recipients per month

10,066,622 meals served year-round through Summer Food Service Program for Children (SFSP)

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

ECECD is the state’s lead agency for the Child and Adult Care Food Program (CACFP) and the Summer Food Service Program (SFSP) administered through the U.S. Department of Agriculture. The CACFP program is focused on ensuring children have access to nutritious meals and snacks. CACFP supports meals and snacks served as part of other early childhood programs, such as PreK, Head Start, and child care settings. The SFSP provides meals during the summer months and other times when school meals are not available, through a variety of community partners including summer school sites, nonprofits, and local governments.

Early childhood education providers can be reimbursed through CACFP for meals and snacks served to all children, regardless of family income. Children’s family income does determine the level of meal reimbursement, with lower income children (below 135 percent of FPL) reimbursed at the highest rate. Those with family incomes over 185 percent of FPL are reimbursed at the lowest rate. CACFP is provided across care settings, which include child care centers and homes, Head Start, PreK, emergency housing shelters, after-school programs, and adult daycare settings. Table 1 shows the distribution of providers by type who served CACFP-reimbursed meals in FY21. Table 2 shows the monthly average number of children served in center facilities in FY21, by county and care setting.



TABLE 1: CACFP PROVIDERS BY TYPE OF SETTING, APRIL 2021

Provider Setting	Count
Home Providers	1,378
Child Care Centers	276
At Risk (low-income school-aged children)	145
Head Start	108
PreK	91
Before/After School	15
Emergency Housing	9
Adult Care	2

Note: Some providers appear multiple times in the data if they provide different types of services.



TABLE 2: FY21 AVERAGE MONTHLY NUMBER OF PARTICIPANTS SERVED CACFP MEALS IN CENTERS, BY COUNTY AND TYPE OF SETTING

County	Provider Settings						
	Adult Care	At Risk	Before/After School	Child Care	Emergency Housing	Head Start	Pre-K
Bernalillo	0	955	75	4285	22	226	424
Chaves	0	16	32	422	0	0	33
Cibola	0	0	0	51	6	137	0
Colfax	0	0	0	0	0	45	0
Curry	0	20	78	297	0	71	36
De Baca	0	0	0	0	0	5	0
Doña Ana	0	424	73	1737	14	35	350
Eddy	0	0	0	111	0	0	0
Grant	0	10	0	77	2	42	8
Guadalupe	0	0	0	0	0	16	0
Hidalgo	0	0	0	10	0	14	0
Lea	0	48	0	186	0	74	27
Lincoln	0	15	0	0	0	21	0
Luna	0	0	0	52	0	48	30
McKinley	0	1790	4	35	13	117	16
Mora	1	0	0	0	0	26	0
Otero	0	61	45	434	0	67	15
Quay	0	0	0	0	0	66	0
Rio Arriba	0	42	0	44	0	95	30
Roosevelt	5	0	0	120	0	38	0
San Juan	4	81	16	659	8	79	31
San Miguel	0	0	0	109	0	0	0
Sandoval	0	250	0	457	3	43	8
Santa Fe	0	150	0	163	11	133	66
Sierra	0	1	0	6	0	5	0
Socorro	0	0	0	5	0	22	0
Taos	0	0	8	30	1	36	22
Torrance	0	0	0	31	0	30	8
Valencia	0	0	23	339	0	48	48
Grand Total	10	3864	355	9660	80	1538	1153

Table 3 is specific to home-based child care providers, who are reimbursed using slightly different criteria. These providers receive higher reimbursements if they are located in a low-income area or are low-income themselves, regardless of the actual incomes of the families they serve. This table shows meals served by income tier and by how providers qualify (either by being located in a low-income area or having low incomes themselves). Tier 2 reimbursement rates are considerably lower and are provided to home-based providers who don't meet either of the Tier 1 criteria.

TABLE 3: FY21 AVERAGE MONTHLY NUMBER OF CHILDREN SERVED CACFP MEALS IN HOME-BASED SETTINGS, BY COUNTY AND ELIGIBILITY CRITERIA (TIERS)

	Tier 1 Area School	Tier 1 Provider Income	Tier 2
Bernalillo	1,109	90	3
Chaves	119	0	0
Cibola	152	5	0
Colfax	29	0	0
Curry	150	0	2
Doña Ana	2,314	21	0
Eddy	85	0	0
Grant	78	0	0
Guadalupe	11	0	0
Hidalgo	9	0	0
Lea	39	0	0
Lincoln	7	0	0
Los Alamos	0	0	0
Luna	171	0	0
McKinley	413	7	0
Mora	41	0	0
Otero	144	7	1
Quay	18	0	0
Rio Arriba	60	0	0
Roosevelt	50	0	0
San Juan	92	0	0
San Miguel	152	0	0
Sandoval	305	18	0
Santa Fe	38	4	0
Sierra	22	6	0
Socorro	86	0	0
Taos	21	0	0
Torrance	24	0	0
Union	8	0	0
Valencia	90	5	0
Grand Total	5,836	161	5

ECECD's Family Nutrition Bureau has partnerships with 20 Tribal governments to provide CACFP meals through qualifying organizations such as Head Start, child care centers, and after school programs. A total of 75 Tribal sites offered CACFP meals, including 47 Navajo Nation Head Start sites and Head Start and child care sites on the Jicarilla Apache Nation, the Mescalero Apache Nation, and 19 Pueblo Nations.

SUMMER FOOD SERVICE PROGRAM FOR CHILDREN (SFSP)

The vast majority of summer food sites are designated as "open," meaning that all children (ages 1 to 18) are eligible to receive the food served at the site, with no income or prior registration required. Eligibility is set at the community level for the site. This means that established foodservice sites must be in low-income areas. This determination can be based on either U.S. Census data or on the percentage of children in the local school who qualify for free or reduced-price lunches. An area qualifies if at least 50 percent of local school children receive free or reduced-price school meals.

Ordinarily SFSP is a summer program that operates May to August. However, during the pandemic, ECECD operated on a USDA waiver to provide SFSP meals year-round and utilized increased federal funding to support this expansion. ECECD also deployed a new program delivery model of "meals to you" in which shelf stable pre-packaged food items



TABLE 4: SUMMER FOOD PROGRAM SERVICES, BY COUNTY, JUNE 2021

County	# of Sponsors	# of Meal Sites	Total Meals Served
Bernalillo	5	123	217,089
Chaves	2	2	1,070
Cibola	1	1	6,686
Curry	2	27	122,412
Doña Ana	3	81	141,945
Eddy	1	1	2768
Guadalupe	1	4	8,430
Lea	3	17	66,611
Lincoln	1	1	625
Los Alamos	1	2	20,639
McKinley	5	48	159,640
Rio Arriba	1	12	44,447
Roosevelt	1	10	34,496
San Juan	4	29	91,394
San Miguel	1	8	12,752
Sandoval	3	3	10,622
Santa Fe	4	6	23,371
Socorro	1	1	2,067
Taos	1	6	10,436
Torrance	2	10	14,325
Valencia	2	9	30,533
Statewide June:	45	401	1,022,358

NOTE: Catron, Colfax, De Baca, Grant, Harding, Hidalgo, Luna, Mora, Otero, Quay, Sierra, and Union had no Summer Food Sponsors Operating in June 2021. This does not necessarily indicate unmet need for summer meals.

were made available to certain sponsors—primarily in tribal communities..

Table 4 shows data on summer food service by county in June 2021, at the close of the fiscal year. Because children are not required to register or otherwise provide paperwork to receive their meals, the summer food program can quantify the number of meals served, but not the unique number of children served.

The Family Nutrition Bureau also partners with 14 Tribal governments or schools serving Tribal communities that sponsor SFSP. During the extended closure of Tribal communities during the pandemic, SFSP provided daily meals through a tailored Meals to You program that distributed meals through Pueblo and Chapter Houses. A total of 222,620 shelf-stable meals were provided throughout the 14 participating tribes. Tribes include:

- Beclabito Chapter
- Cochiti Pueblo
- Jemez Pueblo
- Jicarilla Apache Nation
- Nambe Pueblo
- Picuris Pueblo
- Pueblo of Pojoaque
- Pueblo of Tesuque
- San Juan Chapter
- Santa Ana Pueblo
- Santa Clara Pueblo
- Santo Domingo Pueblo
- Tohaali Community School
- Zia Pueblo

Home Visiting

OVERVIEW

Home visiting is one of New Mexico's primary strategies for improving the well-being of babies and toddlers. Based on research that shows how crucial supportive relationships are for the development of our youngest children, ECECD funds local home visiting organizations that support families in laying the foundation for their child's well-being and success. Home visitors encourage prenatal care and healthy pregnancy practices to promote a healthy birth; teach positive parenting skills such as reading, playing, and praising good behaviors; and provide information on topics such as breastfeeding, safe sleep, preventing child injuries, and developing early language and learning at home. Home visitors work with caregivers to set goals for the future, as well as screen for risks, and connecting families to services and resources in their community that support positive paths forward.

In FY21, the ECECD Home Visiting system received total funding in the amount of \$24,819,804. Of this, \$14,655,600 was from the state general fund, and \$10,164,204 was from federal and Temporary Assistance for Needy Families (TANF) funds. Funding supported 4,242 year-round family openings. New Mexico began billing Medicaid for qualified home visiting services last fiscal year, with 135 families served in FY21 by its Centennial Home Visiting pilot program. The Centers for Medicare and Medicaid Services approved New Mexico's request to expand Centennial Home Visiting statewide, with anticipated service to 850 families in FY22.

By the Numbers

FY21 Funding: \$24.8M

4,242 year-round openings

33 programs in 31 counties

6,456 children in 5,697 families served

CHILDREN AND FAMILIES SERVED

Participation in New Mexico home visiting is voluntary and free of charge to all expectant parents and families with children from birth to age 5. Services are offered through 33 programs around the state and through a variety of research-based models and curricula. While several models have age or income criteria for participation, most offer unrestricted enrollment. Programs serving the same communities can refer to one another, to make certain that home visiting remains universally available to families in need of supports regardless of income.

In FY21, a total of 6,456 children in 5,697 families received New Mexico home visiting services. Of these, more than 40 percent enrolled in home visiting services prenatally and another third enrolled as first-time parents seeking support and guidance. Roughly 70 percent of participating caregivers had not yet attained a bachelor's degree. Teens were 6.1 percent of all mothers enrolled, with a total of 336 teen parents served. Almost 70 percent of clients were Hispanic, 17 percent were white, 10.3 percent were Native American, 2.1 percent were African American, and 1.7 percent were Asian/Pacific Islander.



TABLE 1: FUNDED YEAR-ROUND FAMILY OPENINGS, BY COUNTY, FY21

County	Funded	County	Funded
Bernalillo	744	McKinley	323
Chaves	87	Mora	10
Cibola	66	Otero	160
Colfax	33	Quay	67
Curry	154	Rio Arriba	107
De Baca	8	Roosevelt	83
Doña Ana	676	San Juan	153
Eddy	55	San Miguel	46
Grant	134	Sandoval	37
Guadalupe	36	Santa Fe	226
Harding	4	Sierra	100
Hidalgo	50	Socorro	100
Lea	222	Taos	133
Lincoln	32	Union	2
Los Alamos	70	Valencia	124
Luna	200		
Total Families Funded		4,242	

One in five families were connected to home visiting programs through a medical provider, with others referred through family and friends and a wide variety of community partners including schools, social service providers, and child protective services. Programs are available to families in 31 of the state's 33 counties (see Table 1), and home visitors are equipped to provide a range of supports that are tailored to a family's particular needs and goals. All families receive basic prevention and promotion home visiting services, and families facing more complex needs such as homelessness or addiction receive additional targeted intervention supports.

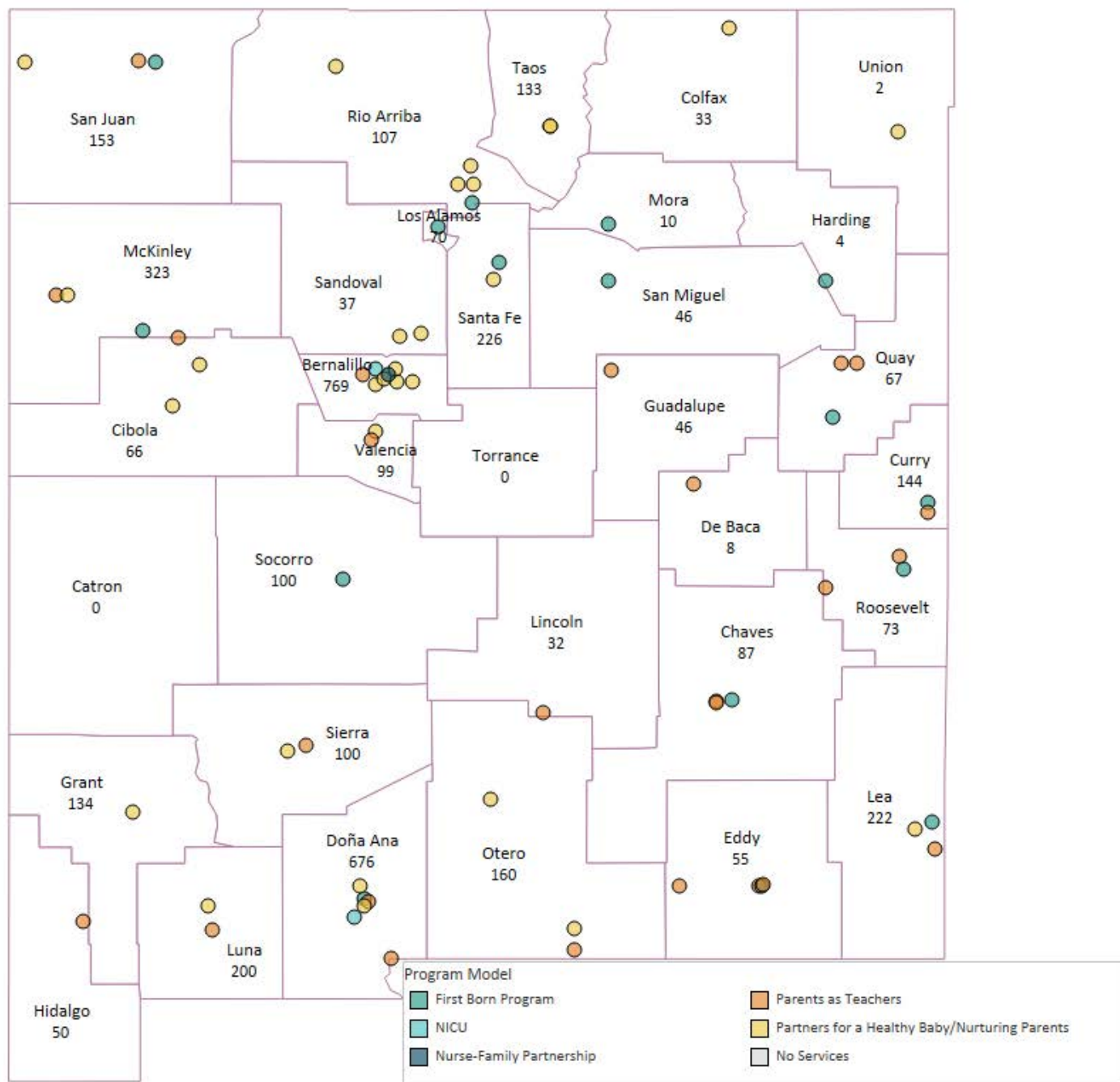
As home visiting programs pivoted to telehealth service delivery due to the COVID-19 pandemic, levels of family

engagement in FY21 stayed high. ECECD provided extensive support to programs in the shift to telehealth, including expert consultation sessions, virtual guidance meetings, written protocols and grants to support the cost of service delivery. More than half (55.6 percent) of the families served during FY21 participated in home visiting for more than a year. 27 percent of families served during FY21 participated in home visiting for at least two years. By the end of FY 21, families' average enrollment was 16.3 months.

HOME VISITING PROVIDERS

ECECD funded a total of 33 home visiting programs and served families and children in 31 of New Mexico's 33 counties (Figure 1).

FIGURE 1: HOME VISITING PROGRAM MODELS, FY21



These programs follow one of four approved program models:

Partners for A Healthy Baby / Nurturing Parenting	prenatal-age 3	for all pregnant women or primary caregivers and children, following research-based curriculum
Parents as Teachers	prenatal-age 5	for all pregnant women or primary caregivers and children, using evidence-based model
Nurse-Family Partnership	prenatal (prior to 28 weeks)-age 2	for first-time mothers enrolled prior to 28th week of pregnancy who meet income eligibility; evidence-based model is delivered by nurse home visitor
First Born	prenatal-age 3	for first-time pregnant women or families enrolled before child reaches 2 months of age; some programs provide “First Born and More” services to families who don't meet these eligibility criteria but would still benefit from services

New Mexican families are also served through programs funded privately, by Tribal entities, or by federal monies awarded directly to organizations. These programs served an estimated additional 3,000 families in FY21, and include programs serving families on the Navajo Nation, To'Hajiilee, Alamo Navajo Reservation, Pueblo of Acoma, Pueblo of Santa Clara, Pueblo of San Felipe, and Taos Pueblo. The ECECD Home Visiting program has partnered with the Taos Pueblo Tiwa Babies Home Visiting Program to support their efforts to join the Centennial Home Visiting program, allowing the Pueblo to submit claims for Medicaid covered services.

ECECD funded home visiting programs are staffed with a combination of degreed and non-degreed professionals who have knowledge of early childhood development, child health, and early childhood mental health principles and practices. In FY21, 333 professionals provided home visiting services to families. A total of 63 percent had a bachelor's degree or higher, and 36 staff members held Infant Mental Health endorsements.

KEY OUTCOMES

In 2013, New Mexico enacted the Home Visiting Accountability Act, which mandates annual reporting on the aggregate outcomes of home visiting participants in six goal areas (below). The full FY21 report is available on the ECECD website. Select key outcomes for FY21 participating families are reported below. The data reflects the outcomes of families who received services during the COVID-19 public health emergency when direct services were provided completely through socially-distanced telehealth modes. By following guidance for best telehealth practices, home visiting programs were able to continue delivery of structured family support services as planned, with outcomes demonstrating benefits to families that largely mirror those of prior years of services provided in the family home.

Healthy Births

- Received Prenatal Care • 98.6 percent
- Initiated Breastfeeding • 78 percent
- Screened for Perinatal Depression • 88.6 percent
- Referred to Depression Supports • 96 percent of those at risk

Parental Nurturing

- Improved Parenting Skills • 2,418 parents (as measured by the PICCOLO tool)
- Improved Ability to Teach Children • 60 percent

Child Physical and Mental Health

- Screened for Healthy Development • 91.4 percent (as measured by the ASQ-3 tool)
- Referred for Early Intervention Supports • 92.4 percent of those at potential risk of delay
- Up to Date on Immunizations • 92.1 percent (by parent report)

School Readiness

- Screened for Social-Emotional Development • 87.9 percent (as measured by the ASQ-SE tool)
- Weekly Reading, Singing, or Storytelling • 95.7 percent

Safety of Families and Children

- Screened for Intimate Partner Violence • 83.2 percent
- Referred for Intimate Partner Violence Supports • 86.7 percent of those identified as at risk
- Referral for Child Maltreatment or Abuse • Less than 1 percent (0.62) of families in home visiting for six months or more

Connections to Community Supports

- Referred to Supports • 92.1 percent of those at risk

Families FIRST

OVERVIEW

Families FIRST (Families and Infants Receive Services and Training) provides case management and supports to pregnant women and children from birth to age 3. The program is for women and children who qualify for Medicaid and helps connect these families to resources and community services they need for a positive pregnancy and parenting outcomes. The program is delivered by nurses in clinical settings, although phone visits have been used during the public health emergency. Families FIRST has existed for more than 20 years, and prior to ECECD's July 1, 2020 launch, housed in the New Mexico Department of Health. The program is revenue-based and billed through Medicaid.

By the Numbers

FY21 Funding: \$1,797,600

4,303 clients served

194 newborns delivered to enrolled mothers

FAMILIES SERVED

The Families FIRST program is for pregnant women and their children up to age three. To be eligible, families must either receive or be eligible for Medicaid, which for pregnant women means their income cannot exceed 250 percent of FPL (about \$54,900 annually for a family of three). Families can earn slightly more (up to 300 percent of the FPL) once the child is born. A large share of pregnant women in New Mexico qualifies for Medicaid. The Kaiser Family Foundation estimated that 71 percent of New Mexico births in 2018 were Medicaid-funded. As such, Families FIRST is well-positioned to support women in New Mexico in reaching positive birthing and parenting outcomes, ensuring families are connected to needed services, and helping prevent pre-term births and other adverse outcomes. If families are eligible for Medicaid but not enrolled, a Families FIRST nurse will help them with the enrollment process.

The Families FIRST staff proactively recruit families from the Medicaid list they receive from the New Mexico Human Services Department (HSD). Referrals can come from Managed Care Organizations (MCOs), community partners such as the State's public health offices and WIC clinics, and through informal word-of-mouth from former participants. Families FIRST staff contact referred families and invite them into the program. Relation-based referrals from a trusted source are most successful. During FY21, Families FIRST attempted to contact 4,303 families, resulting in 758 families enrolling in the program. This is in addition to the many families who were already enrolled in Families FIRST at the start of FY21. Year to date for FY22, Families FIRST staff have attempted to contact 2042 families, and enrolled 717 families. Table 1 shows the distribution of total Families FIRST clients in FY21, by county.



WHAT SERVICES DO FAMILIES RECEIVE?

Families who receive services through Families FIRST attend a series of clinic visits during their time with the program. Pregnant women attend three appointments (one in each trimester), as well as a postpartum visit. At a woman's first visit, the Families FIRST nurse conducts an in-depth assessment that includes her medical history, her economic status, social situation, support system, substance or drug use, and any behavioral health needs. This assessment helps the nurse identify and make appropriate referrals as well as provide appropriate education to meet the family's specific needs. At subsequent visits in the second and third trimesters, nurses follow up on referrals from earlier visits and provide education about emerging topics such as gestational diabetes or preparing for labor. At the postpartum visit, nurses reassess the family and provide services such as screenings for depression, and breastfeeding supports. The nurses also provide education on postpartum topics and promote birth control and connect women with these options.

After the postpartum visit, families transition into the pediatric portion of Families FIRST. Pediatric services consist of about 12 appointments that take place four times per year for the child's first three years of life. During these pediatric appointments, nurses conduct developmental screenings to identify children with developmental delays and disabilities and refer families as needed to the Family Infant Toddler program (see page 31). They also continue to connect families to any needed social and economic supports during this time. During FY21, 626 assessments were conducted, and 369 families completed the full program.

TABLE 1. FY21 CLIENTS SERVED BY FAMILIES FIRST, BY COUNTY

County	Client Count	County	Client Count
Bernalillo	910	Catron	4
Chaves	169	Cibola	37
Colfax	2	Curry	604
De Baca	8	Doña Ana	923
Eddy	131	Grant	48
Guadalupe	1	Hidalgo	9
Lea	254	Lincoln	19
Luna	118	McKinley	16
Otero	216	Quay	27
Rio Arriba	1	Roosevelt	209
San Juan	48	San Miguel	1
Sandoval	173	Santa Fe	14
Sierra	13	Socorro	35
Taos	2	Torrance	28
Union	1	Valencia	225
		Unknown	57
Total		4,303	

FAMILIES FIRST PROVIDERS

Program services are provided by a staff of care coordinators, all of whom are registered nurses. When all positions are filled, the program is staffed by 15 care coordinators and four regional coordinators. There is currently no regional coordinator for northeast New Mexico, and there are no services provided in that region. Unlike other ECECD programs that operate through contracts and agreements with community organizations and schools, Families FIRST is operated by a small team of state employees. In addition, to the care coordinator nurses, the team includes financial support staff and office clerks.

The 15 care coordinators in the program are all registered nurses and hold a mix of bachelor's degrees and two-year degrees. They earn hourly wages that range from \$33 to \$42 per hour. Regional care coordinators are also registered nurses, with hourly wages that range from \$41 to \$43 per hour. Wages for non-clinical staff range from \$12 to \$26 per hour.

KEY OUTCOMES

- Families FIRST collects data on several outcomes related to healthy births (see box). Once children are born, the program supports their ongoing health in a variety of ways, including:
- Conducting developmental screenings using the ASQ developmental screening tool to identify children with developmental delays and disabilities and refer them to the FIT program. Being connected with FIT services early in childhood can help children reach key developmental milestones that support school readiness.
- Supporting childhood immunization by checking in with families at each pediatric visit about their immunization status. Nurses also provide education and promotion of immunizations and assist families in scheduling appointments with their pediatricians or local public health offices.
- Providing families with supports around feeding and food security. This includes breastfeeding education and promotion and referrals to nutrition support programs such as the Supplemental Nutrition Assistance Program (SNAP) and Women, Infants and Children (WIC).

Births in FY21

In FY21, 194 newborns were delivered to mothers enrolled in the Families FIRST program. Of those newborns:

- 93% were born after 37 weeks
- 85% did not spend any time in the neonatal intensive care unit
- 91% did not spend more than 3 days in the hospital
- 90% weighed over 5.5 lbs. at birth
- 81% had no major complications
- 79% had a vaginal delivery
- 79% left the hospital breast and bottle feeding
- 45% left the hospital breast feeding only



Family Infant Toddler Program (FIT)

OVERVIEW

ECECD is the state's lead agency for the Individuals with Disabilities Education Act (IDEA), Part C, administered through the U.S. Department of Education. The FIT program is New Mexico's Part C program, providing therapeutic services to children who have, or are at risk for, developmental delays or disabilities. This includes such services as speech therapy, physical therapy, and supports to meet other early childhood developmental milestones. FIT emphasizes strengthening the capacity of families to meet their children's developmental needs. Services are provided at no cost to families for children from birth to age 3. Services are provided in a child's natural learning environment which includes the child's home, child care center, park, etc. During the COVID-19 public health emergency, services shifted to a telehealth model. All families with qualifying children are entitled to receive services. The program is funded by a mix of state general funds, federal grants, and Medicaid funding. For FY21, the FIT program's operating budget was approximately \$60.2 million, with approximately \$29.2 million from state general funds.

By the Numbers

FY21 Funding: \$60.2 million

34 provider organizations

13,261 children served

456,253 service hours

New Mexico is ranked third in the nation for identifying children who could benefit from early intervention, and its expansive efforts to reach families and children continued during the pandemic. As public health social distancing measures were put into place, FIT providers shifted to telehealth service delivery. In addition to direct service hours, FIT staff delivered hotspots and other equipment to families to ensure their ability to maintain services through telehealth modes. Community outreach to parents continued as well, with providers offering virtual Child Find events and distributing COVID-19 safety materials wherever possible. Once new families were identified, providers worked to stay in compliance with a federal requirement that families receive an Individualized Family Service Plan (ISP) within 45 days of initial referral.

CHILDREN SERVED

All families with qualifying children are entitled to receive FIT services free of charge, regardless of family income. The FIT Program bills Medicaid and private insurance with the agreement of the parent and does not charge copays or deductibles. A law passed in 2005 requires that all health insurance plans to cover up to \$3,500 per year in FIT services. FIT served a total of 13,261 children in FY21, providing about 456,253 service hours. Table 1 shows the distribution of these services by county.

Children may qualify for early intervention services if assessment by a professional determines the child has an established medical condition or a known developmental delay of at least 25 percent or is at risk for disability or delay due to biological, medical, or environmental conditions. New Mexico is one of several states that offers qualification through biological or environmental risk assessment. This allows for early intervention when factors such as prenatal drug exposure, a history of abuse or neglect, caregiver abuse of drugs or alcohol, domestic violence, or depression or psychiatric disability in a caregiver are present.

Empowering families is central to FIT's mission. FIT operates under a core belief that parents and caregivers are the most powerful agents of change in a young child's life. Therefore, FIT provides therapeutic services to children by building the capacity of the most important adults in the child's life, which allows intervention to happen during daily routines, instead of only a few times per month. FIT also contracts with key community organizations to help families navigate special education systems. These organizations (Parents Reaching Out and Education for Parents of Indian Children with Special Needs) specialize in empowering families who have children with special needs to act as a key advocate for their child throughout their child's education.

TABLE 1. FY21 TOTAL CHILDREN SERVED AND SERVICE HOURS, BY COUNTY

County	Children Served	Service Hours
Bernalillo	3,332	96,023
Catron	9	509
Chaves	570	22,667
Cibola	141	4,534
Colfax	117	3,687
Curry	614	24,494
De Baca	10	234
Doña Ana	2,982	115,118
Eddy	281	6,687
Grant	257	15,032
Guadalupe	27	693
Harding	2	40
Hidalgo	56	5,749
Lea	504	19,030
Lincoln	102	3,475
Los Alamos	99	2,459
Luna	244	19,436
McKinley	205	3,054
Mora	17	707
Otero	375	8,431
Quay	97	4,754
Rio Arriba	259	4,569
Roosevelt	192	6,738
San Juan	500	9,786
San Miguel	113	3,523
Sandoval	623	25,265
Santa Fe	782	26,147
Sierra	91	3,135
Socorro	116	4,198
Taos	122	3,417
Torrance	51	1,282
Union	25	983
Valencia	306	9,973
Other	40	425
Total	13,261	456,253

To measure family engagement and impressions of efficacy, FIT conducts an annual family survey that assesses whether and how participating families believe FIT services have helped them. For FY21, this survey found:

- 95.1 percent of families say FIT services have helped them know their rights;
- 98.9 percent of families say FIT services have helped the family effectively communicate their children’s needs; and,
- 99.7 percent of families say FIT services have helped the family help their children develop and learn.

FIT PROVIDERS

FIT services are provided by 34 community-based organizations throughout New Mexico, serving all counties and regions of the state. These organizations employ professionals with a range of skills and backgrounds, from broad family support experience to specialized medical knowledge. Table 2 shows the number of professionals by type who were employed by FIT programs as of December 2021.

In addition to the organizations who provide direct services to families, the FIT program is also administered by a staff of up to nine ECECD employees who provide coordination and support to service organizations. As of late 2021 the FIT state team had four of those positions filled. This is a 60 percent vacancy rate, indicating a need for resources and support to recruit and retain key staff.

Recruitment and retention remains an ongoing challenge throughout the FIT sector, as specialists often leave their jobs for higher pay in hospitals or school districts. To address this challenge, the Legislature has appropriated \$600,000 in new spending from the Early Childhood Education Trust Fund to support increased FIT service reimbursement rates. Continued investments in the program will be needed to fund competitive salaries, particularly as labor costs have increased nationwide. ECECD is currently using federal American Rescue Plan funds to support a cost study for FIT that may help the state better calibrate the true costs of providing high-quality early intervention services and maintaining a qualified workforce.

TABLE 2. FIT PROVIDERS BY JOB TITLE, STATEWIDE, JULY 2020 – JUNE 2021

Job Title	Count
Speech and Language Pathologist	232
Family Service Coordinator	187
Occupational Therapist	139
Developmental Specialist	465
Developmental Specialist/Family Service Coordinator	307
Physical Therapist	94
Social Worker	71
Family Therapist	27
Nutritionist	16
Nurse	11
Audiologist	5
Psychologist	3

KEY OUTCOMES

The FIT program tracks children’s developmental progress over time, using validated evaluation/assessment tools. The information gathered from these tools is used to measure children’s progress in three broad areas of development: establishing positive social relationships, acquiring and using new knowledge and skills, and taking appropriate actions to meet needs. Helping children progress toward on-time development supports their readiness for school and helps decrease the likelihood of their future need for more intensive interventions. In FY21, 3,115 children exited the program. The Department collected data on their overall progress while enrolled. Of those, 2,850 had an identified developmental delay or disability, as determined by a validated assessment tool. The other 265 were identified as at risk of developing a delay or disability on the basis of environmental or biological risk. Tables 3 and 4 summarize the percentages of children who made different levels of progress across developmental domains.

TABLE 3. OUTCOMES FOR CHILDREN WITH DEVELOPMENTAL DELAYS/ ESTABLISHED CONDITIONS WHO EXITED FIT IN FY21

Summary Statement	Social Emotional Skills	Acquiring and Using Knowledge and Skills	Taking Appropriate Actions to Meet Needs
Of those children who entered the program below age expectations for this outcome, the percent that substantially increased their rate of growth in this outcome by the time they exited	74.2%	77.2%	78.7%
Percent of children who were functioning within age expectations in this outcome by the time they exited	49.4%	51.1%	51.1%

TABLE 4. OUTCOMES FOR CHILDREN AT RISK OF DEVELOPMENTAL DELAY (ENVIRONMENTAL/MEDICAL BIOLOGICAL) WHO EXITED FIT IN FY21

Summary Statement	Social Emotional Skills	Acquiring and Using Knowledge and Skills	Taking Appropriate Actions to Meet Needs
Of those children who entered the program below age expectations for this outcome, the percent that substantially increased their rate of growth in this outcome by the time they exited.	77.9%	80.9%	84.2%
Percent of children who were functioning within age expectations in this outcome by the time they exited	66.8%	67.9%	67.9%



Head Start Collaboration Office

OVERVIEW

ECECD maintains a strong partnership with Regional, Tribal, and Migrant Head Start and Early Head Start programs through its Head Start State Collaboration Office (HSSCO). The role of HSSCO is to ensure that Head Start and Early Head Start is integrated into New Mexico's early childhood system. ECECD facilitates partnership between Head Start and Early Head Start grantees and other programs that address the needs of low-income pregnant women, children, and families to ensure that efforts to meet local needs are coordinated and that limited resources are efficiently deployed in communities.

Serving under the Assistant Secretary for Native American Early Childhood Education, the HSSCO coordinator has made it a priority to strengthen state collaboration with Tribal Head Start programs. The Office has implemented quarterly meetings with Tribal Head Start grantees and Regional Head Start grantees, to discuss needs and challenges, and to determine how the Office can provide support for collaborative solutions.

Early Head Start and Head Start are key partners in the early childhood system. These federal to local funded grantees in New Mexico make a positive impact on communities by providing comprehensive educational, emotional, social, health, nutritional, family engagement, community resources, and psychological services that support thriving children and their families.

In FY21, total federal funding for Head Start and Early Head Start in New Mexico was \$98,100,902. This includes both Regional and Tribal grantees. Note that these funding and enrollment totals do not include the Navajo Nation, which crosses multiple states. This federal funding was awarded directly to grantees, with total funded enrollment of 2,354 Early Head Start and 6,431 Head Start (see Tables 1 and 2).

**TABLE 1: FY21 FUNDED ENROLLMENT FOR HEAD START/EARLY HEAD START, BY TYPE
(AS OF NOVEMBER 2021)**

Program	Early Head Start	Head Start
Tribal	334	1,802
Regional	2,020	4,530
Migrant Seasonal	0	99
TOTAL	2,354	6,431

FAMILIES AND CHILDREN SERVED

Family eligibility for Head Start and Early Head Start is based on national poverty guidelines. In FY21, roughly 60 percent of children served in regional and Tribal Head Start were from families with incomes at or below the FPL. Another 20 percent in regional Head Start and 10 percent in Tribal Head Start are from families with incomes between 100 and 130 percent of FPL.

More than 60 percent of children in regional Early Head Start are from families at or below 100 percent of FPL, and another 14 percent between 100 and 130 percent FPL. In Tribal Early Head Start programs, 72 percent were at or below 100 percent FPL, and another four percent were between 100 and 130 percent FPL.

Further enrollment priority is given to families experiencing homelessness, children in foster or kinship care, and families receiving TANF (Temporary Assistance for Needy Families) or Supplemental Security Income (SSI). The programs also require at least 10 percent of those served to be children with special needs. Although the program was designed for low-income families, it also offers some opportunities for participation by families whose incomes are above FPL guidelines.

TABLE 2: FUNDED ENROLLMENT FOR HEAD START AND EARLY HEAD START, BY COUNTY (AS OF NOVEMBER 2021)

County	Numbers	County	Numbers
Bernalillo	1203	Mora	45
Chavez	256	Otero	253
Cibola	472	Quay	85
Colfax	70	Rio Arriba	419
Curry	166	Roosevelt	93
De Baca	17	San Juan	503
Dona Ana	1056	San Miguel	176
Eddy	403	Sandoval	714
Grant	134	Santa Fe	464
Guadalupe	49	Sierra	25
Lea	312	Socorro	184
Lincoln	159	Taos	214
Luna	181	Torrance	164
McKinley	655	Valencia	273

Engaging family members in ongoing program participation and family goal setting is a primary focus of Head Start programs. Positive family engagement supports a child's healthy development, school readiness, and well-being. Head Start involves parents in program governance through policy councils, engaging them in shared decision-making and planning. Other engagement activities this past year included family gatherings, home visits, parent-teacher conferences, parenting education workshops, and family goal setting meetings. Families were also supported by receiving referrals to a wide variety of resources and were encouraged to follow through with those referrals.

Families and Head Start staff came together for the Dec. 2020 New Mexico Head Start Association's Annual State Conference, "Head Start: The Shining Rainbow During the Storm." ECECD Cabinet Secretary Groginsky opened the session, highlighting the commitment of families and Head Start staff that has made Head Start such a critical component of the New Mexico early childhood educational system.

Conclusion

ECED has marked a first year of notable, if not incredible, achievements made possible by the strong support of Governor Michelle Lujan Grisham, the Children's Cabinet, and the members of the New Mexico Legislature. ECECD is riding this momentum into its second year with a clear plan rooted in our values, mission, and strategic priorities and informed by learning, data, and assessment of the care and education needs of families and children.

We are collaborating with state departments and Tribal governments across all programs, regions, and industry sectors. ECECD is actively strengthening our partnership with the Department of Health, Children Youth and Families Department, and Human Services Department to connect families early with evidence-based programs, and better track and analyze data on young children's overall well-being in the areas of immunizations and well child checks. We are also working to better integrate the health and early childhood communities, including among other initiatives, the introduction of a statewide Infant Early Childhood Mental Health Consultation program.

In addition to enhancing internal collaboration across state government, ECECD is creating a stronger connection between the state and local communities through our local early childhood system building grants that emphasize increased parent engagement and deeper collaboration between Head Start, school based PreK, and community based PreK to meet the needs of families. We are strengthening our ongoing consultation with sovereign Pueblos, Tribes, and Nations to ensure Native American children have access to culturally responsive programs and services that preserve and support their languages and traditions.

Through the lens of our strategic priorities, we continue to seek improvement and continuity for the state-level infrastructure that supports vital programs and services. This includes launching a Professional Development Information System (PDIS, to track and monitor gaps and progress in the development of the early childhood workforce and, further developing the state's wage career and compensation plan for early childhood professionals. Employing innovative, transparent methods, ECECD will continue to use the true costs of delivering quality programs and services to inform our policies, investments, and supports, and will scale services to ensure all families and young children have access to high quality early childhood programs and services.

Finally, ECECD remains committed to achieving equity by centering the people and communities most impacted by our systems and policies, especially the early childhood workforce, business owners who provide early childhood services, and the children and families who depend on our programs and services. ECECD is proud of the work accomplished in this first year, confident in our direction in FY22 and beyond, and excited to share our first Annual Outcomes Report.



Appendix 1 – ECECD Organizational Chart

