

New Mexico Early Childhood Education and Care Department

Annual Outcomes Report
for Fiscal Year 2022
July 1, 2021 - June 30, 2022



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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Education & Care Department

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MICHELLE LUJAN GRISHAM
GOVERNOR

HOWIE MORALES
LIEUTENANT GOVERNOR



ELIZABETH GROGINSKY
CABINET SECRETARY

COTILLION SNEDDY
ASSISTANT SECRETARY for Native
American Early Education and Care

Dear Governor Michelle Lujan Grisham and New Mexico State Legislators,

Fiscal Year 2022 (FY22) was an exceptional and extraordinary year for early childhood care and education in New Mexico. The Early Childhood Education and Care Department (ECECD) delivered significant benefits to New Mexico children and their families through a historic expansion of child care assistance and infrastructure, while expanding families' access to other early childhood programs and significantly strengthening the PreK workforce.

In just a few months, New Mexico established near universal free child care – something that no other state has done - by doubling income eligibility for child care assistance and eliminating parent copayments. This action by ECECD has been life changing for many New Mexico families. We hear stories from parents who were struggling to afford the costs of child care who now have achieved a level of financial stability that they never thought possible. Removing the financial stresses of child care opens so many possibilities for families, whether it's job stability, starting a new career, or going back to school to learn new skills. This transformational expansion also provides more high-quality early learning experiences for thousands of children.

In FY22, the Department also made the single largest investment in child care infrastructure in New Mexico state history, distributing nearly \$160 million in federal relief funds to more than 1,000 child care programs across the state. These funds supported increased compensation and benefits for staff, improved facilities and learning environments, and stabilized the industry. Additionally, ECECD established a \$10 million child care supply building grant program to create more than 1,000 new child care slots.

ECECD also improved early childhood educators' compensation through the PreK Pay Parity program, continued increasing access to evidence-based home visiting, enhanced early intervention services, expanded New Mexico PreK, funded 15 local early childhood coalitions to improve coordination of programs and services, and served nearly 400,000 nutritious meals through the Child and Adult Care Food Program.

The realization of Governor Lujan Grisham's bold vision for early care and education has established our state as a national leader in early childhood. Much work remains to be done and more progress is needed, but the Department leaves FY22 with a strong foundation upon which to build. We are grateful to you for your continued leadership and investments in improving the lives of young children and their families throughout New Mexico.

Sincerely,

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

Elizabeth Groginsky, ECECD Cabinet Secretary

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Executive Summary

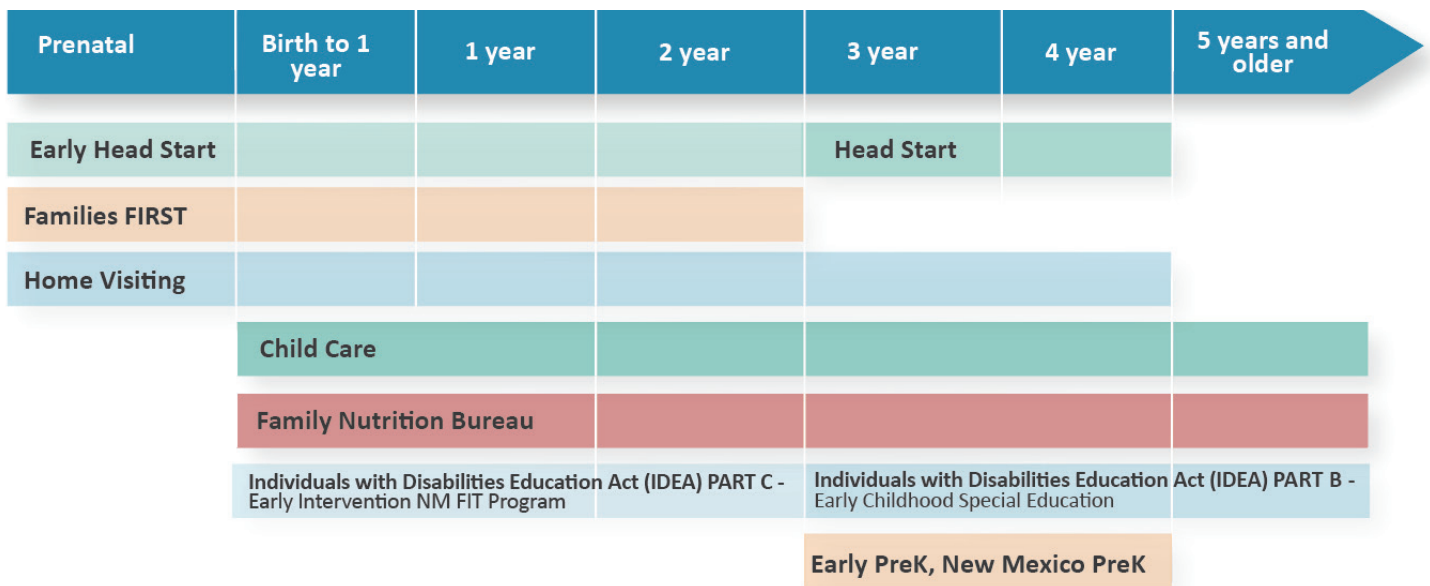
Fiscal Year 2022 (FY22) was a historic and consequential year for early education and care in New Mexico. The Early Childhood Education and Care Department (ECECD) made significant investments in the future of our families and young children and the state set the standard for innovation and bold action in early education and care nationwide.

This Annual Outcomes report, as mandated by state law, captures the progress that ECECD made in building the state’s early childhood system in FY22. ECECD administers, monitors, and supports a statewide continuum of programs from prenatal-to-age-five. ECECD also administers the child care and family nutrition programs that serve older children. The continuum of programs includes: **Child Care Services; New Mexico PreK and Early PreK; Family Nutrition; Home Visiting; Family Infant Toddler (FIT); Families FIRST; and the Head Start State Collaboration Office.** ECECD is also responsible for providing the professional development and technical assistance needed to ensure quality services.

Over the last year, child care assistance enrollment has begun to expand beyond enrollment levels not seen since FY2010. FY22 marked a historic expansion of the state’s child care assistance program, which doubled income eligibility from 200 percent Federal Poverty Level (FPL) – approximately \$54,000 a year for a family of four – to 400 percent FPL (approximately \$111,000 a year for a family of four). Simultaneously, ECECD waived parent copayments, making child care free for most New Mexico families. Alongside increasing enrollment, licensed child care capacity has increased by 3,338 in FY22. ECECD also supplied more than 40,000 COVID tests to 104 child care centers to support families and keep children in care. In FY22, ECECD conducted quarterly focus groups with parents who participate in the child care assistance program and **parents reported a deep appreciation for the financial assistance and for the care their children are receiving.**

3,338
*licensed child
care capacity
in FY22*

New Mexico’s Early Childhood Continuum



In FY22, thousands of children and families benefited from early childhood services:

- **8,795** children funded to receive Head Start and Early Head Start
- **3,987** families contacted by Families FIRST nurses
- **6,747** children served by home visiting
- **18,423** children, on average, received a monthly child care subsidy
- **31,663** children and adults, on average, received meals in care each month
- **13,827** children served by the Family Infant Toddler Program (FIT)
- **14,183** 3- and 4-year-olds funded to receive NM PreK and Early PreK



New Mexico PreK continued its expansion over the last year, growing to a new high of 14,183 funded slots. This continues the growth trend that has seen total funded slots nearly double since the 2018 school year. Due to this growth, the National Institute for Early Education Research (NIEER) ranks New Mexico among the top states in PreK access for 4-year-olds and 3-year-olds. To further prepare children for the transition to kindergarten, supplemental funding was provided for continued learning through Summer JumpStart for 1,928 rising kindergarteners.

In New Mexico PreK, 67 percent of 4-year-olds met or exceeded an “Accomplished for 4s” standard in mathematics and 66.4 percent of 4-year-olds met or exceeded an “Accomplished for 4s” standard in literacy.

Concurrently, 82 percent of PreK 3-year-olds met or exceeded an “Accomplished for 3s” standard in mathematics, while 69.9 percent of PreK 3s met or exceeded an “Accomplished for 3s” standard in literacy. As the state expands access to PreK, ECECD is focused on measuring and improving quality through authentic and intentional family engagement, the use of research-based curricula, access to high-quality professional development, consultation; and practice-based coaching.

In FY22, ECECD provided nutritious meals to the children through the Child and Adult Care Food Program (CACFP) which increased the number of centers receiving reimbursement by 122 for a total of 752 centers. The At-Risk Program that provides dinner to the youth in New Mexico after school and during the holiday breaks when schools are closed saw an increase of seven approved sponsors for a total of 29 sponsors that provided meals at 229 sites statewide.

FY22 was a year of expansion and opportunity for the state’s home visiting system, which doubled the number of counties served by Medicaid-funded home visiting programs from four to nine and expanded evidence-based home visiting services to an additional 390 families. Families enrolled in home visiting received a total of 73,127 direct services from their home visitors, nearly a 12 percent increase in direct services from the previous year, with 60 percent of families demonstrating new parental competencies in teaching skills that are predictive of better cognitive and social development in young children.

The Family Infant Toddler (FIT) program conducted a cost study to inform future rates for providers and the program completed a Native American Needs Assessment for Early Intervention Services. ECECD’s FIT program continues to rank third in the nation for identifying children who could benefit from early intervention services, and families report extremely high satisfaction with their FIT services. According to the FY22 Annual FIT Family Survey, nearly 100 percent of families say that FIT services helped them know their rights, helped their family effectively communicate their children’s needs, and helped their family help their children develop and learn.

The Families FIRST Program expanded its nursing staff to support its goal of growing services and enrolling more families and children statewide, particularly in the rural Southeast, Southwest, and Northwest regions. Families FIRST nurses build strong linkages with the Department’s early childhood programs and are instrumental in making appropriate referrals to support families’ immediate needs and facilitate connections to other state and community resources.

ECECD also took steps in FY22 to advance a diverse, well-compensated and credentialed workforce, including providing recruitment and retention bonuses, building a higher base wage into child care reimbursement rates, and developing a public education campaign to build awareness about early childhood career paths, change public perceptions about the value of early childhood professionals, and recruit new talent into the profession.

100%

of families say that FIT services helped their children develop and learn in FY22

60%

of home visiting families demonstrated new parental competencies in FY22



Finally, ECECD spent much of FY22 actively investing in projects to improve its data infrastructure, integration, and analytical capabilities. Understanding the impact of early childhood programs and services on children's school readiness is essential. The Department will continue to strengthen data linkages and integration between early childhood, education, and health systems to effectively measure and report on the number and percent of children that are kindergarten ready and the immunization rates of children receiving early childhood services as is required by statute. While reporting this data for some programs is limited, this Annual Outcomes report does include data on immunizations for Home Visiting and Families FIRST and kindergarten readiness data for NM PreK.

In FY22, the Department was constrained in its ability to report all the required early childhood workforce data as there is no centralized data system that captures, tracks, and analyzes wage, credential, and retention data for all early childhood staff. To address this challenge, the Department took steps in FY22 to build the New Mexico Professional Development Information System (PDIS). This system will collect demographic, wage, and credential data and connect early childhood professionals to important educational and financial resources.

We have significant work ahead, but ECECD has made noticeable progress in FY22 towards a more comprehensive, equitable, and aligned early childhood system that realizes the collective vision of Governor Michelle Lujan Grisham and the New Mexico Legislature. This year we see those investments bearing fruit and foundations for long term growth securely laid.



Introduction

In 2019, Governor Michelle Lujan Grisham and the New Mexico Legislature created the New Mexico Early Childhood Education and Care Department (ECECD), effective July 1, 2020. New Mexico lawmakers have long supported the building of strong prenatal-to-age-five programs to improve the long-term educational, health, and developmental outcomes for the state's children. In that context, ECECD aims to create an early childhood system in New Mexico that is more cohesive, equitable, and effective. See Attachment A for ECECD Organizational Chart.

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 is comprised of four divisions:

- **Early Care, Education, and Nutrition**, which is responsible for child care regulation and licensing, child care assistance, community-based and school-based New Mexico PreK, and family nutrition programs such as the Summer Food Program and the Child and Adult Care Food Program
- **Family Support and Early Intervention**, which is responsible for overseeing Home Visiting, Family Infant Toddler program, and Families FIRST
- **Policy, Research, and Quality Initiatives**, which manages early childhood data for the state, policy development, the Head Start State Collaboration Office, quality initiatives, and early childhood workforce development
- **Administrative Services**, which provides budget and finance support for the agency, audits and accounting, background checks for early childhood professionals, and internal human resource management.

This report provides a cohesive source for data on all programs administered by ECECD. Specifically, the report fulfills the requirements of the Early Childhood Education and Care Department Act, which set the requirement that ECECD “shall develop and submit to the legislature and the governor an annual report on outcomes for children and families receiving services through early childhood programs...” (NMSA 1978, Section 9-29-11(B)). Additionally, this report is responsive to the statutory data reporting requirements for PreK (NMSA 1978, Section 32A-23-4(B)(1-2), Home Visiting (NMSA 1978, Section 32A-23B-3(H)(2)), and Child Care Services (NMSA 1978, Section 32A-23C-4(B)). Those requirements are listed in the relevant report sections that follow.



Annual Outcomes Reporting Requirements

The Early Childhood Education and Care Department Act specifies reporting of the following data; however, not all programs administered by ECECD are required to collect all the data points. See below for a chart that indicates which data requirements are met by each program:

Chart 1. Annual Outcomes Reporting Requirements

Data Reporting Requirements	Programs Reporting	Data Constraints in Reporting
1) Number and type of early childhood programs funded by the department	All	N/A
2) Income levels of families served through those programs	Child Care and Home Visiting	ECECD does not have the statutory authority to collect family income for the Family Infant Toddler or NM PreK programs.
3) Reasons stated by families for applying for participation in those programs	Child Care and Family Infant Toddler (FIT)	Family reasons for participation are not collected for PreK, Families FIRST, or Home Visiting.
4) Number of children served through those programs, including by county and the monthly average	All	N/A
5) Evidence of improved school readiness, child development, and literacy among children served	NM PreK	Children enrolled in FOCUS 3-5 Star child care programs are assessed regularly, but the data is maintained and monitored at the program site level.
6) Number of kindergarten-age children served through those programs who enter kindergarten ready to learn	Not Available	The data linkages through the Early Childhood Integrated System (ECIDS) are limited at this time and the data are not available.
7) Number and percentage of children served through those programs who receive regular immunizations	Home Visiting and Families First	Children enrolled in NM PreK and Child Care are required to be up to date on their immunizations but the data is maintained and monitored at the program level and is not centralized.
8) Evidence that children served through those programs are served meals regularly	Child Care and NM PreK	This reporting requirement is not applicable to Home Visiting, Families FIRST, or Family Infant Toddler.
9) Retention rates, wages, and certification and education levels of those programs' staff members	PreK, Child Care, And Family Infant Toddler (FIT)	Staff retention data are not available for any program. Wage data is available for school-based PreK teachers, Family Infant Toddler staff, and a subset of child care staff. Credential data is available for NM PreK, home visitors, a subset of child care staff, and FIT staff.
10) Evidence that families of children served through programs are engaged in the programs	All	Family engagement is a requirement of FOCUS 3-5 Star child care programs and NM PreK (90 hours annually). This data is maintained and monitored at the program level and is not collected centrally. FIT conducts an annual survey of families and family engagement in home visiting is measured by active participation in home visiting services.

Data Constraints

ECECD welcomes the legislature’s scrutiny with respect to outcomes accountability. The Department’s data systems cannot yet connect children’s child care assistance data with measures of learning and development from other public systems. For FY23, ECECD is prioritizing data connections through the Early Childhood Integrated Data System (ECIDS), which provides integrated, cross-program data that inform decisions about early childhood policies, services, and education.

For FY22, ECECD can report on 9 of the 10 data requirements of the Early Childhood Care Accountability Act (see page 6 for listing of requirements). For items 7, 11, and 12, which deal with school readiness, developmental screenings, and referral to services, the Department does not yet have the data infrastructure needed to meet these reporting requirements.

Data on student retention in grades K-3 after participation in NM PreK and data on students entering kindergarten developmentally prepared, needing special services, and those proficient in reading and mathematics cannot be reported at present, as required by the PreKindergarten Act (see page 16 for listing of requirements). However, through ECECD’s partnership in the NM RISE longitudinal data system project, ECECD seeks to create a unique identifier that can follow a child from prenatal through K-12 and beyond.

For FY22, ECECD can report on 11 of the 13 data requirements for the Home Visiting Accountability Act (see page 29 for listing of requirements). The data not available are the percentage of children enrolled in high-quality licensed child care and kindergarten readiness.

Early Childhood Education and Care Department Programs

Table 1. Number and Type of Early Childhood Programs Funded by the Department

Programs	Number of Providers	Number of Children
Early Care, Education, and Nutrition Division		
Child Care	936 licensed homes and centers 1,429 registered home	18,423 (monthly average)
PreK	247 school-based sites 215 community-based sites	14,183
Family Nutrition	25 Summer Food sponsors 2,235 CACFP providers 358 summer meal sites	31,663 CACFP meal recipients (monthly average)
Family Support and Early Intervention Division		
Home Visiting	33	6,766
Family Infant Toddler	34	13,827
Families FIRST	17 ECECD nurses	3,987
Head Start State Collaboration Office		
Early Head Start	14 grantees 7 Tribal grantees	2,362
Head Start	13 grantees 17 Tribal grantees 1 Migrant/Seasonal grantee	6,433

Table 2: Number of Children Served by County

County	Child Care Assistance	Family Infant Toddler	Families FIRST	Home Visiting	PreK	Head Start
Bernalillo	7,272	3,475	623	940	4,040	1,203
Catron	0	12	2	0	20	0
Chaves	839	583	180	233	584	256
Cibola	178	124	19	113	95	472
Colfax	32	85	0	48	20	70
Curry	554	597	506	266	366	166
De Baca	2	6	6	3	15	17
Doña Ana	3,938	3,201	1021	1,455	2,369	1,056
Eddy	269	321	160	50	332	403
Grant	98	263	40	166	311	148
Guadalupe	7	27	2	47	28	49
Harding	0	3	0	1	22	0
Hidalgo	15	62	6	79	40	48
Lea	711	486	224	428	318	312
Lincoln	80	106	54	95	132	159
Los Alamos	20	115	0	115	155	0
Luna	167	250	81	453	307	181
McKinley	83	249	54	387	374	655
Mora	13	22	0	11	30	45
Otero	427	419	270	65	409	253
Quay	30	78	26	91	30	85
Rio Arriba	118	244	1	120	233	419
Roosevelt	146	179	201	127	138	93
San Juan	1067	616	170	219	1,029	503
San Miguel	377	118	0	85	96	176
Sandoval	710	648	63	55	777	702
Santa Fe	374	756	7	454	743	464
Sierra	57	89	18	168	104	25
Socorro	35	100	32	128	71	184
Taos	119	154	2	166	196	214
Torrance	76	46	30	0	100	164
Union	0	29	3	16	36	0
Valencia	609	338	186	176	663	273
Unassigned		26		6		
TOTAL	18,423	13,827	3,987	6,766	14,183	8,795

Early Care, Education, and Nutrition Division

Child Care Services

Child care in New Mexico is subject to the state Early Childhood Care Accountability Act, (NMSA 1978, Section 32A-23C-4(B)) that was enacted in 2018. The Act codifies ECECD's role in setting child care rules and quality standards, especially for young children in licensed care who have not yet entered kindergarten. The law requires ECECD to report on a set of specified data points which are listed below.

Child Care Accountability Act Reporting Requirements

1. the number of substantiated incidents and substantiated complaints received for each licensed early childhood care program rating level;
2. the income levels of eligible families statewide receiving early childhood care assistance;
3. the stated reasons that eligible families have applied for early childhood care assistance;
4. the percentage of children receiving early childhood care assistance by quality level and provider type;
5. the average annual enrollment in early childhood care assistance;
6. the percentage of children participating in early childhood care assistance who have one or more substantiated child abuse cases while participating in early childhood care assistance;
7. by rating level, any evidence of an increase in school readiness, child development and literacy among children receiving early childhood care assistance;
8. the number and type of licensed early childhood care programs statewide;
9. the capacity in licensed early childhood care programs by rating level;
10. the number of children enrolled in licensed early childhood care programs who participate in the child and adult care food program;
11. the percentage of children enrolled in licensed early childhood care programs receiving health and developmental screenings or assessments in accordance with Department rules; and
12. the percentage of children enrolled in licensed early childhood care programs who have received health or developmental screenings or assessments as Department rules require who are referred to services.



Child Care Licensing

Child care in New Mexico is provided to families through child care centers and home-based care providers. ECECD regulates licensed and registered programs, which operate as private businesses or non-profit organizations, and supports providers with training, consultation, and other resources to help them meet state standards and requirements. ECECD partners with and invests in the child care sector in a variety of ways, with its largest investments coming through the child care assistance program.

Types and Capacity of Child Care Providers

Child care in New Mexico is diverse, ranging from providers who care for their own children or grandchildren in their homes to larger child care centers serving multiple classrooms and age groups. New Mexico has three types of child care licenses (see Table 3). Home-based providers can be licensed as family homes or family group homes, depending on the number of children they serve.

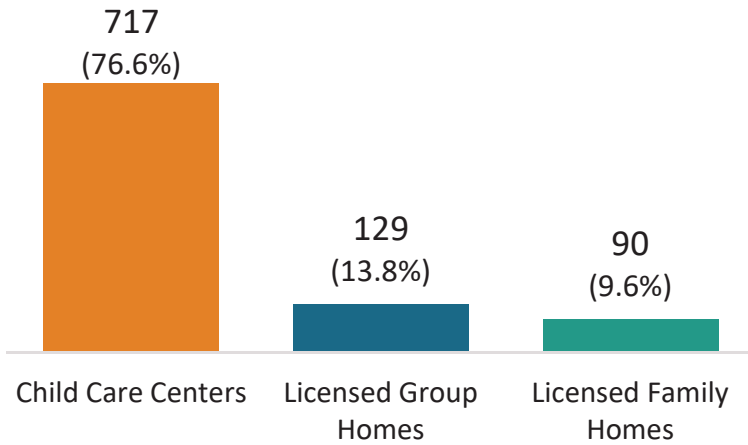
Table 3. Types of Child Care Settings in New Mexico

Type of Child Care Setting	Description
Licensed Child Care Centers	Child care is provided in a non-residential setting . Licensed by ECECD and included in the FOCUS quality rating and improvement system. Eligible for child care and food assistance.
Licensed Family Homes	Child care is provided in private homes for up to six children or up to four children under age 2 . Licensed by ECECD and included in the FOCUS quality rating and improvement system. Eligible for child care and food assistance.
Licensed Family Group Homes	Child care is provided in private homes for seven to 12 children . Licensed by ECECD and included in the FOCUS quality rating and improvement system. Eligible for child care and food assistance.
Registered Homes	Child care is provided for up to four children in private homes. Must register with ECECD, and may receive child care assistance funds and federal food assistance. Must attend six annual hours of training, as well as first aid and CPR certification. Do not participate in the FOCUS quality rating and improvement system.

New Mexico licensed 936 child care providers in FY22. This is an increase of 68 providers (7.8 percent) over the 868 providers who were licensed in FY21. Of the 936 licensed providers about three-quarters (717) were child care centers, 13.8 percent (129) were licensed group homes, and 9.6 percent (90) were licensed family homes (see Chart 2). These licensed providers had a combined capacity to serve 60,173 children if they operated at their legal maximums for licensure. Most licensed capacity (more than 96 percent) is in child care centers.

7.8%
Increase in New Mexico licensed child care providers in FY22

Chart 2. Number and Capacity of Licensed Child Care Providers, FY22



Type of Care	Capacity Under 2	Capacity Over 2	Total Capacity
Child Care Centers	10,147	47,908	58,151
Licensed Group Homes	513	1,512	1,512
Licensed Family Homes	186	507	510

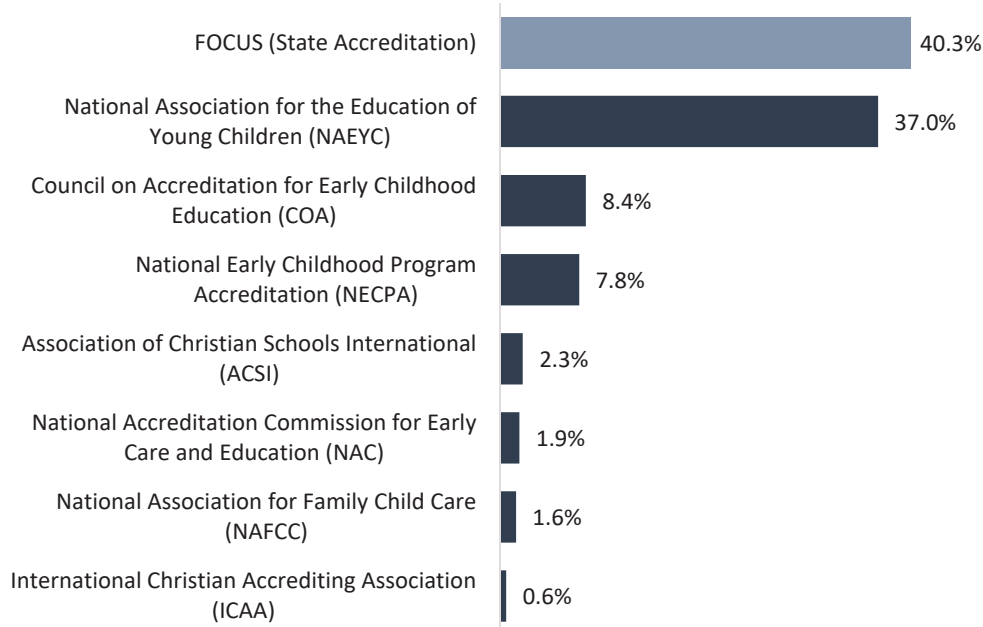
Note: Capacity by age group does not sum to total capacity due to how capacity is regulated.

Quality of Licensed Child Care Programs

The FOCUS quality rating and improvement system (QRIS) is New Mexico’s framework for defining and incentivizing high-quality child care that supports children’s development and readiness for school. FOCUS includes a tiered system of ratings, ranging from one to five stars, each associated with a progressively more robust set of quality practices.

The requirements of FOCUS include staff education and training, structural components such as class size and staff ratios, and substantive requirements such as frameworks for planning activities that support developmentally appropriate learning. The state developed FOCUS based on research-based criteria, and the program mirrors successful elements of New Mexico’s PreK program. Child care providers work with ECECD through a voluntary process of continuous improvement and verification to earn higher ratings within FOCUS. Providers can also receive 5-STAR status under FOCUS if they are accredited by a national entity that has been approved by ECECD. Chart 3 shows the distribution of accreditation by New Mexico child care providers as of June 2022, including the 40.3 percent of providers who have obtained their 5-STAR status through New Mexico’s FOCUS pathway.

Chart 3. Distribution of Pathways to 5-STAR FOCUS Designation, June 2022

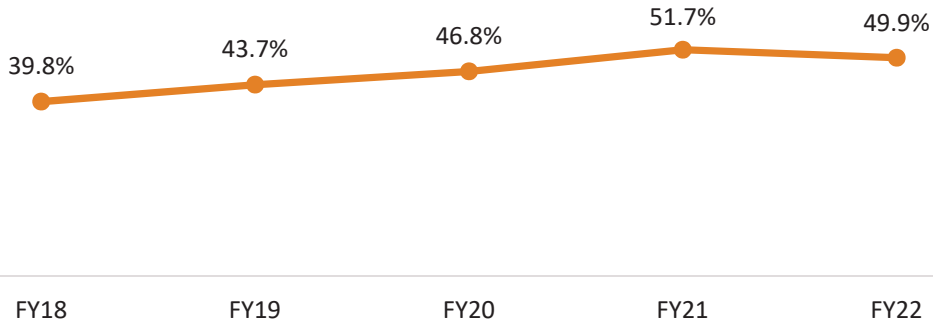


Three-, four-, and five-STAR ratings entitle programs to increasingly higher rates of reimbursement through child care assistance. In July 2021, New Mexico became the first state to base its child care assistance rates on a cost estimation model, a step that helps ensure rates reflect the true cost of quality care, rather than the price families are able to pay. Table 4 shows the distribution of providers at the close of FY22 in June 2022, by type, quality rating, and capacity. Forty-four percent of the state’s licensed child care capacity was located in 5-STAR FOCUS centers and homes in FY22, meaning nearly half of all licensed child care slots in New Mexico were at the highest level of quality. The percentage of providers with a higher quality rating has steadily increased since the implementation of FOCUS (see Chart 4), though the percentage decreased slightly in FY22. This decrease is linked to the growth of the licensed provider pool. Although the number of providers at nearly every STAR level increased in FY22, it increased most markedly in the 2-STAR and 2+ STAR categories, where new programs must begin when they first open.

Table 4. Number and Capacity of Licensed Providers by Type and Quality Level, June 2022

Quality Level	Number of Providers	Capacity Under 2	Capacity Over 2	Total Capacity
Child Care Centers				
1 STAR	9	149	585	734
2 STAR	224	1,639	13,363	15,066
2+ STAR	73	866	4,601	5,480
3 STAR	99	1,613	6,115	7,717
4 STAR	36	585	2,361	2,949
5 STAR	276	5,295	20,883	26,205
TOTAL	717	10,147	47,908	58,151
Licensed Group Homes				
1 STAR	3	12	36	36
2 STAR	65	257	755	755
2+ STAR	15	60	175	175
3 STAR	6	24	72	72
4 STAR	10	40	118	118
5 STAR	30	120	356	356
TOTAL	129	513	1,512	1,512
Licensed Family Homes				
1 STAR	1	2	6	6
2 STAR	60	124	344	344
2+ STAR	19	40	99	99
3 STAR	4	6	23	23
4 STAR	4	10	24	24
5 STAR	2	4	11	11
TOTAL	90	186	507	507

Chart 4. Percentage of Licensed Providers with a 3-, 4- or 5-STAR rating, FY18 to FY22



Charts 5 and 6 show where children who received child care assistance were cared for in FY22. Chart 5 shows the care type and quality level of providers who care for children from birth to five years, and Chart 6 shows the same indicators for school-age children, aged six and older. In both age groups, a plurality of children receiving subsidies were cared for in the highest rated 5-STAR FOCUS child care settings. Although Charts 5 and 6 show only children served in licensed settings, families can also use their child care assistance benefits with a registered home provider. In June 2022, 444 young children and 564 older children used their child care subsidy for registered home care.

Chart 5. Children Birth to Age 5 Receiving Child Care Assistance by Quality Level and Care Type, June 2022

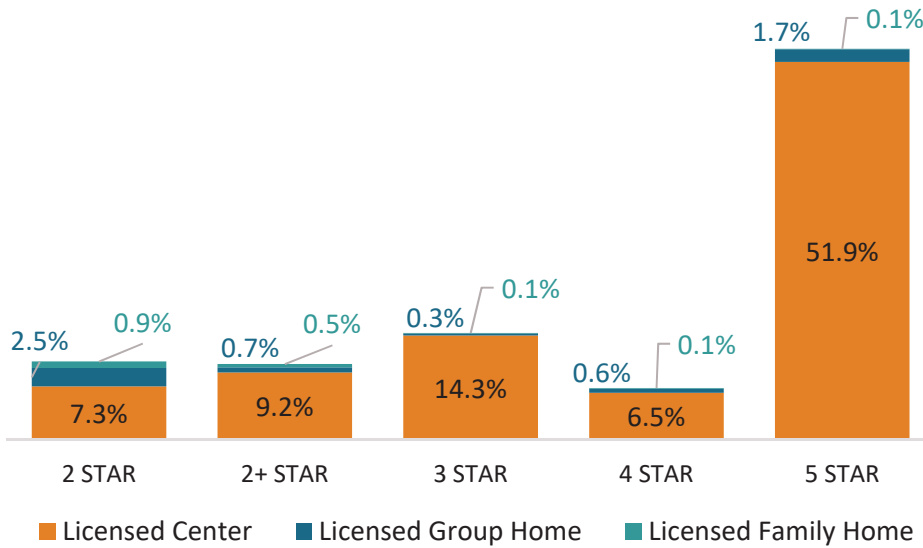
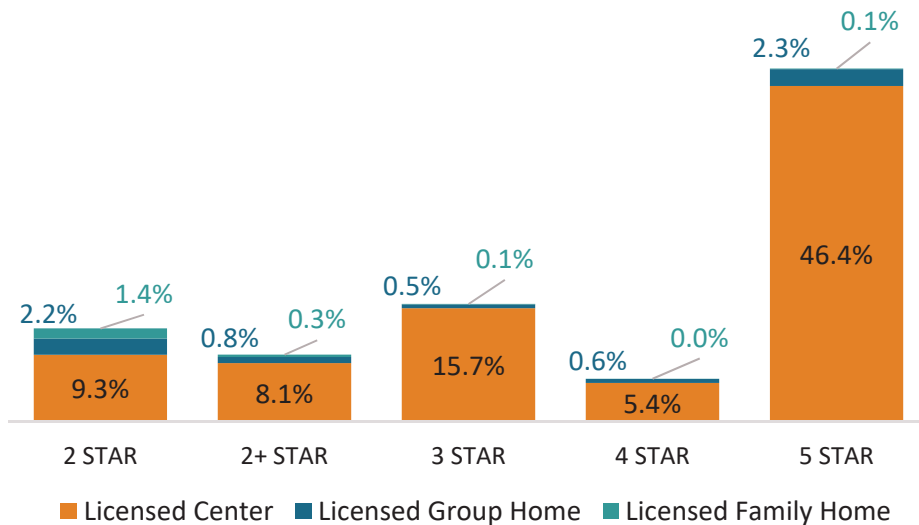


Chart 6. Children Age 6 and Older Receiving Child Care Assistance by Quality Level and Care Type, June 2022



Monitoring the Health and Safety of Child Care Settings

Health and safety are key components of quality child care. Children learn best when they are healthy and safe and quality care settings can help meet those needs. ECECD conducts one annual and one unannounced inspection to ensure the safety of child care facilities and investigates complaints and incidents in child care settings. ECECD requires child care providers to notify parents or guardians in writing of any incident, including notifiable illnesses that have threatened the health or safety of children in their care. COVID-19 is a newly reportable illness as of 2020, and ECECD records each confirmed case of COVID-19 and close contact exposure to a confirmed case of COVID-19 at a child care setting as a validated incident. For this reason, the number of validated incidents nearly tripled from FY20 to FY21, and remained at a similarly high level in FY22. Chart 7 shows the distribution of validated incidents, which occur on a much larger scale than complaints or substantiated incidents. Chart 8 shows the distribution of other reportable events during FY22, by their status.

Key Terms

Incident: Anything self-reported to ECECD by the provider

Complaint: Anything reported to ECECD by the constituents (e.g., parents, community/neighbors, other agencies/professionals, etc.)

Substantiated: Provider found to be in violation of a regulation

Validated: Incident occurred, but no violation of a regulation

Chart 7. Total Validated Incidents by STAR Level, FY22

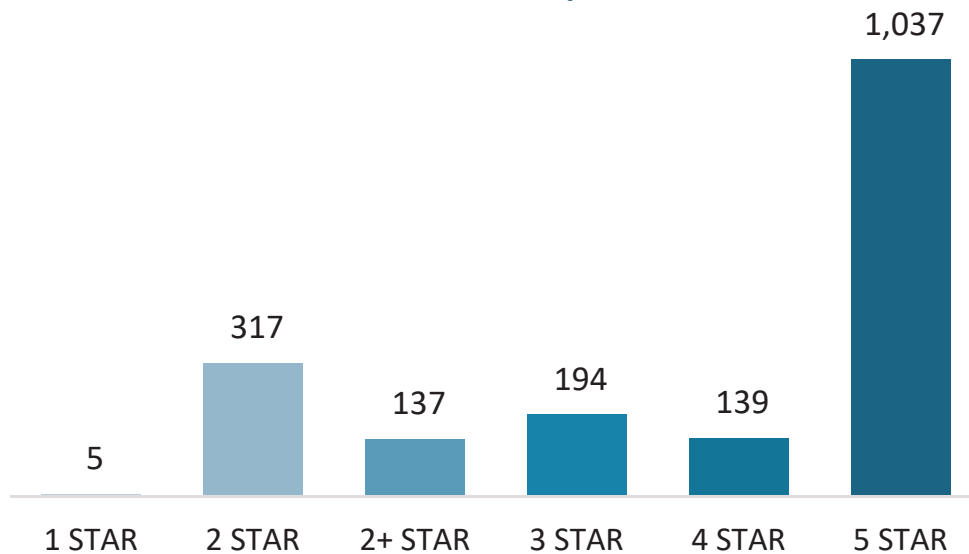
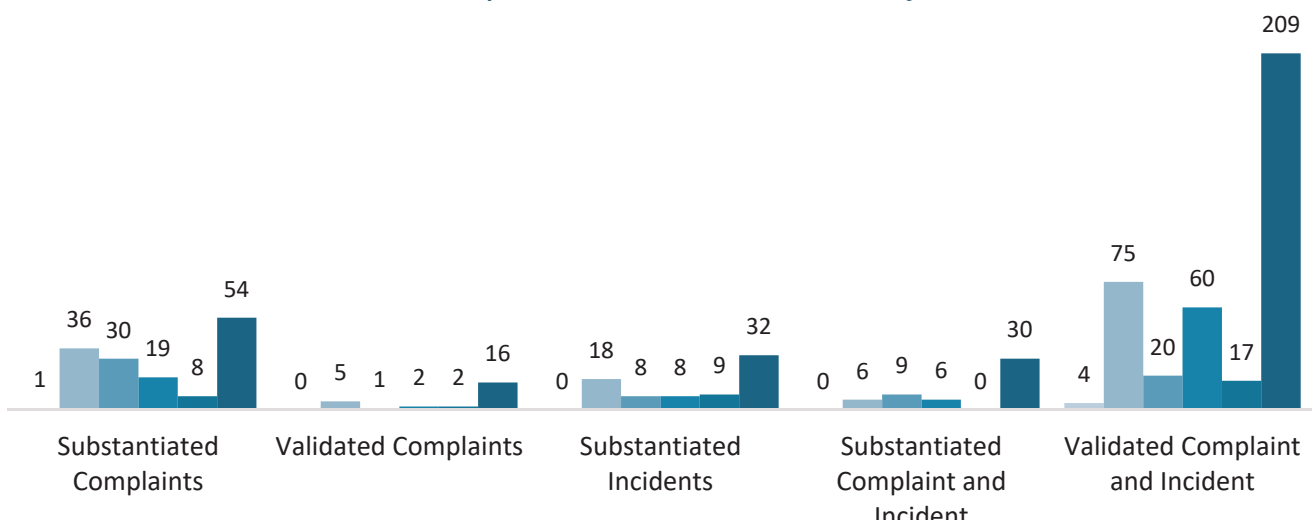


Chart 8. Total Complaints and Substantiated Incidents by STAR Level, FY22



In FY22, an estimated 45,081 children enrolled in licensed early childhood care programs were served by CACFP.

Nutrition

In New Mexico, child care providers play a key role in ensuring children have access to nutritious meals and snacks. Licensed and registered providers can receive reimbursement through the federal Child and Adult Care Food Program (CACFP) for the cost of serving food that meets nutritional requirements. The CACFP is especially vital in New Mexico, where about one in five children experience food insecurity (Feeding America, 2020). In FY22, an estimated 45,081 children enrolled in licensed early childhood care programs were served by CACFP.

Child Health and Development

ECECD supports children's learning and development through FOCUS, which requires programs at higher levels of quality to support age-appropriate learning for children while in care and to support screenings and referrals for their health and development. ECECD requires developmental screenings and follow-up for children in programs with a 3-STAR rating or higher. This means that nearly half (49.9 percent) of licensed providers in New Mexico are required to provide developmental screenings. These higher-rated providers account for 62.3 percent of the state's licensed child care capacity and more than three-quarters (77.4 percent) of children enrolled in child care assistance are served in a program with a rating of 3-STAR or higher. With parental consent, these programs use information from screenings and assessments to provide appropriate referrals while supporting the full participation of each child and family. In addition to developmental screenings, FOCUS programs with a 3-STAR rating or higher are required to ensure that pediatric well-child checks are up to date. Those with a 4-STAR rating or higher are required to ensure that children are current with dental screenings. Some early evidence suggests that New Mexico children enrolled in child care assistance are more likely to receive their well-child check-ups and dental care than children enrolled in Medicaid who do not receive assistance (New Mexico Legislative Finance Committee, 2019).

Engaged Families

Programs at higher quality levels 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. Programs provide evidence of their engagement activities and family participation levels when their STAR level is verified and monitored by ECECD, and when they are visited by contracted FOCUS consultants who support providers in understanding and complying with quality criteria.

In New Mexico in FY22, less than two percent of young children receiving child care assistance were involved in a substantiated investigation by Child Protective Services (CPS).

Child Abuse and Neglect

A high-quality child care industry also supports children's safety in home environments. Research has shown links between child care access and lower rates of child abuse and maltreatment in communities. The U.S. Centers for Disease Control and Prevention reports that child care access is associated with decreased maternal depression and parental stress, which are both risk factors for abuse and neglect (Fortson et al., 2016). In New Mexico in FY22, less than two percent of young children receiving child care assistance were involved in a substantiated investigation by Child Protective Services (CPS). Specifically, 187 children ages birth to five who receive assistance (11.1 per thousand) had a CPS substantiation in FY22. This is similar to, but slightly lower than, the overall rate of child victimization in the New Mexico population, which is about 14.9 children per thousand (U.S. Department of Health and Human Services, 2022).

Child Care Professionals

High-quality early childhood education is only possible through the efforts of dedicated professionals. Like many other industries, child care faces a workforce shortage. ECECD has established a number of initiatives to support recruitment and retention of caregivers, including most recently an initiative funded by the American Rescue Act to support \$3 per hour wage increases. Applications for the Competitive Pay for Professionals (CPP) initiative opened Nov. 1, 2022 and 3,788 professionals are now supported through the program. Child care providers who apply for CPP funding

must provide information about their employees' wages and qualifications, which, for the first time, allows the state to collect systematic data on the child care workforce. These data sets demonstrate diverse credentials and educational attainment among child care professionals; however, the CPP portal includes data only on the providers who have chosen to participate, and may differ from the rest of the sector.

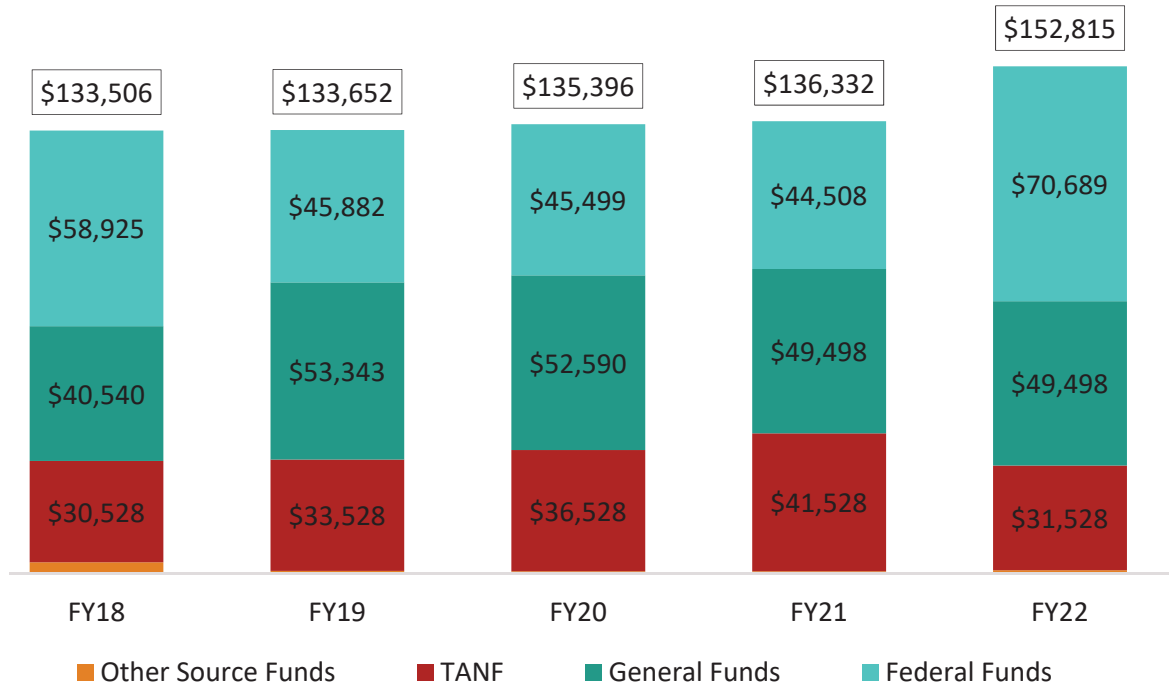
The Department also provides ongoing wage supplements to early childhood educators based on their level of education, and one-time payments of \$1,500 to caregivers who are certified as bilingual educators. In FY22, ECECD awarded 160 wage supplements to child care professionals, in addition to 129 bilingual incentive payments across the early childhood system. These supplements are part of ECECD's strategy to increase compensation for child care professionals, whose pay has not historically matched the importance of their work. ECECD also provides scholarships to support early childhood educators to earn new credentials and build new skills in child development and care. The Department awarded scholarships to 372 child care professionals for the fall 2021 semester, 387 for spring 2022, and 274 for the 2022 summer term.

Table 5. Credentials and Wages of Child Care Professionals Supported by CPP Funding

Education	Teacher	Average Hourly Wage	Teaching Assistant	Average Hourly Wage	Director	Average Hourly Wage	Substitute and Floater	Average Hourly Wage	Credential Grand Totals
High School/GED Graduate	712	\$13.66	565	\$13.09	18	\$17.52	278	\$12.86	1,573
45 Hour Certificate	557	\$14.44	274	\$13.87	34	\$28.92	100	\$14.26	965
Child Development Associate (CDA)	78	\$15.54	11	\$14.80	29	\$23.75	2	\$14.18	120
Child Development Certificate (CDC)	232	\$16.27	49	\$14.67	79	\$19.76	23	\$14.71	383
Associate's Degree in Early Childhood	137	\$17.13	28	\$15.23	42	\$25.87	7	\$13.78	214
Associate's Degree in Unrelated Field	63	\$15.75	33	\$14.28	20	\$21.37	22	\$14.21	138
Bachelor's Degree in Early Childhood	71	\$18.61	12	\$15.13	15	\$24.05	4	\$15.00	102
Bachelor's Degree in Unrelated Field	82	\$17.75	36	\$14.76	50	\$23.87	25	\$14.95	193
Master's Degree in Early Childhood	14	\$19.08	3	\$14.70	22	\$29.15	1	\$17.00	40
Master's Degree in Unrelated Field	26	\$20.66	8	\$14.82	20	\$31.64	6	\$15.40	60
TOTAL	1,972		1,019		329		468		3,788

Note: This table only includes professionals who are participating in the Competitive Pay for Professionals grant program.

Chart 9. Child Care Funding by Source, Excluding COVID-19 Relief Funds, FY18-FY22



To complement the New Mexico Opportunity Scholarship, which was created in early 2022 to provide tuition-free higher education for most New Mexico residents, ECECD in FY22 opened applications for the Early Childhood Educator Student Success Grant. These grants were awarded to institutions of higher education, which administer stipends to students in early childhood programs that they can use to cover non-tuition expenses such as rent, gas, food, and other needs.

Child Care Assistance

Child care assistance provides subsidies to families to help them afford child care. Qualifying families can use their subsidy in a child care setting of their choosing to receive free or discounted services, depending on their income and household size. Typically, the program is funded largely as a federal block grant through the Child Care and Development Fund (CCDF), with New Mexico providing required matching funds to draw down federal funds. Although federal law sets the broad parameters for child care assistance, states have considerable discretion in how they administer the program. In addition to state and federal Child Care and Development Block Grant funding, New Mexico funded child care assistance in FY22 with \$21.2 million in federal COVID-19 relief dollars. See Chart 9 for overall funding trends over time. The chart shows recurring funding sources and excludes COVID-19 relief funds.

Families and Children Receiving Child Care Assistance

In FY22, an average of 18,423 children per month were enrolled in child care assistance. Of these, about 15 percent were infants, 13 percent were toddlers, 36 percent were preschoolers and 35 percent were school-aged. Overall program enrollment rebounded significantly in FY22, after dropping to historic lows in FY21. Chart 10 shows the average monthly number of children served by assistance for FY18 to FY22, by age group.

18,423
children per month enrolled in child care assistance in FY22

In June 2022, at the close of the fiscal year, more than half of families receiving assistance (69 percent) earned incomes below 150 percent of FPL (\$41,625 for a family of four). See Chart 11 for the complete income distribution.

Although a majority of families use their child care assistance to support employment, families can qualify for assistance through other activities as well. Chart 12 shows that in June 2022, 85 percent of families with children birth to age five and 90 percent of families with school-aged children used assistance to pay for care while they worked. Smaller percentages of families relied on care so they could attend school or job training, or for a combination of schooling and employment.

The children served by child care assistance in New Mexico reflect the diversity of the state's communities. Across racial groups, 59 percent of children served by assistance in June of 2022 were Hispanic (see Chart 13). In national comparison data, the percentage of children receiving assistance who are Hispanic is consistently higher in New Mexico than any other state (U.S. Department of Health and Human Services, 2022). More details about the racial and ethnic composition of children served by assistance are shown in Chart 14. These data almost certainly undercount the representation of Native American children, many of whom are served through Tribal CCDF. Tribal CCDF funds flow directly to Tribal nations to provide child care subsidies, and those funds are not reflected in this report.

Chart 10. Annual Child Care Assistance Enrollment, FY18-FY22

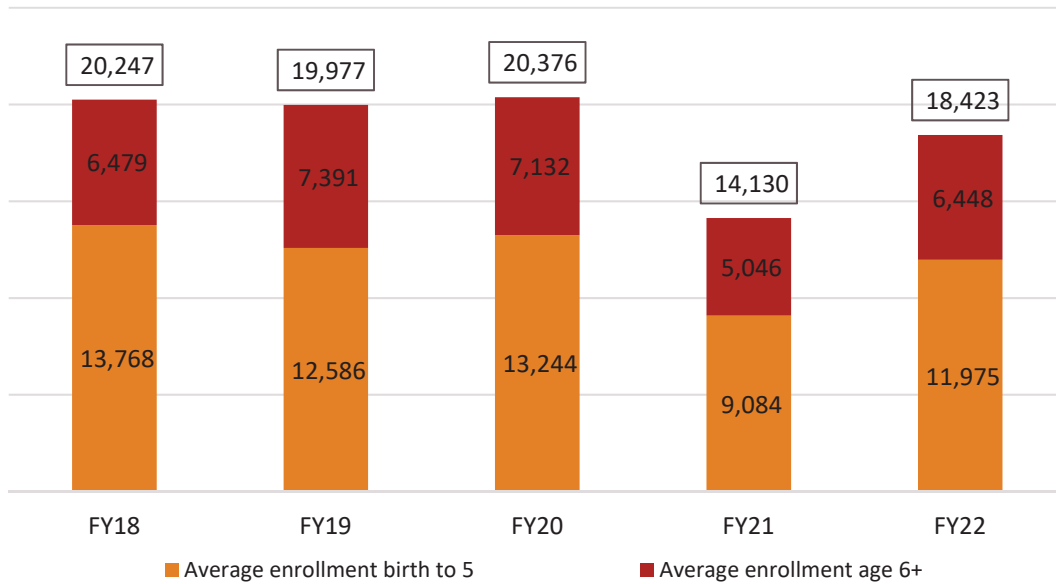


Chart 11. Number of Families Receiving Child Care Assistance, by Income and Child Age Group, June 2022

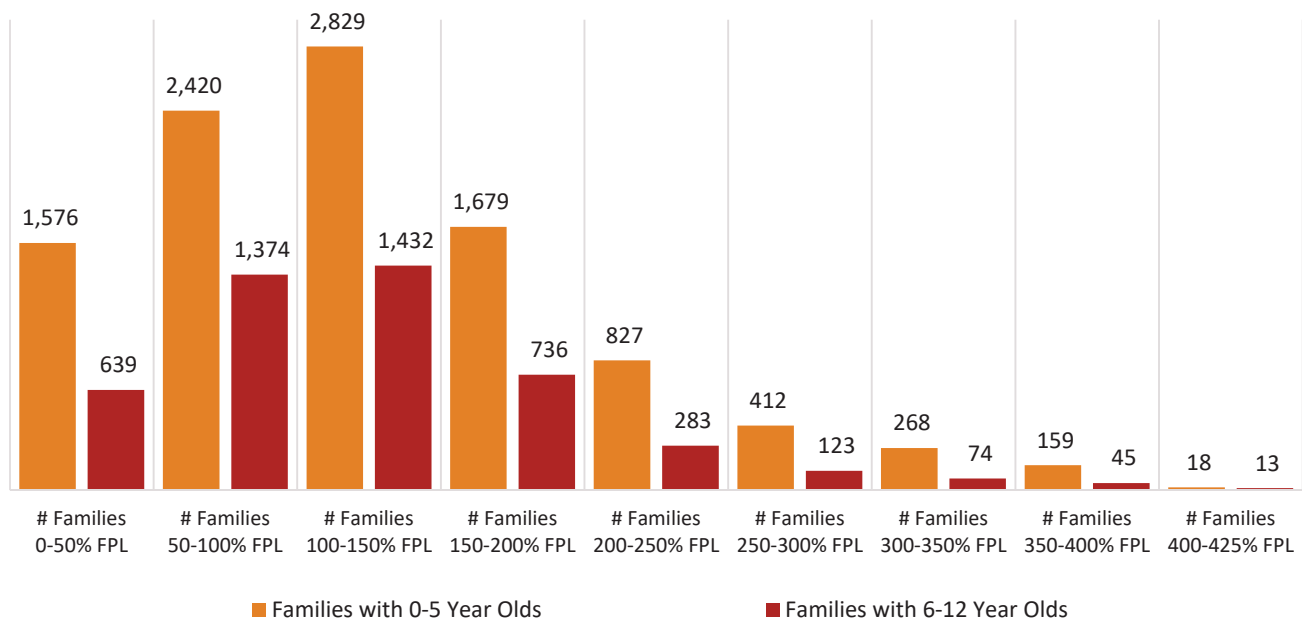


Chart 12. Families' Reasons for Needing Child Care Assistance, June 2022

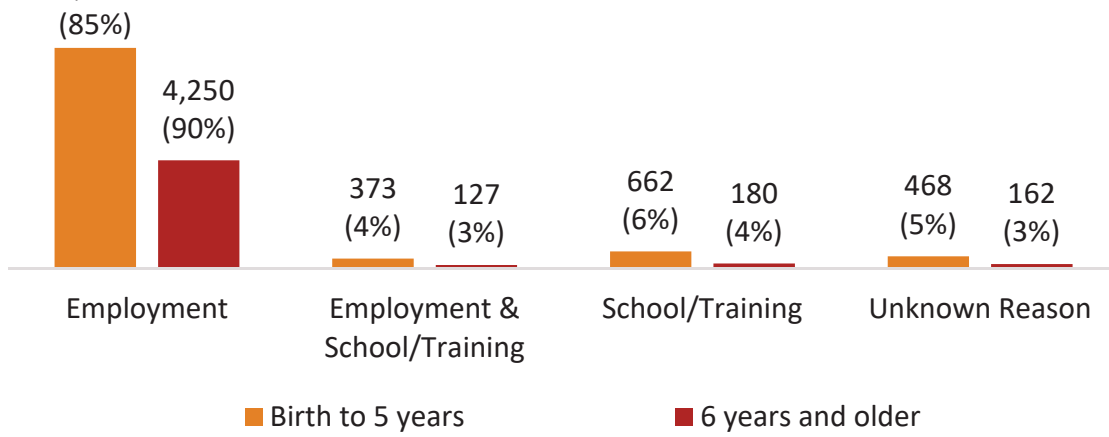


Chart 13. Children Receiving Child Care Assistance, by Hispanic Ethnicity, FY22

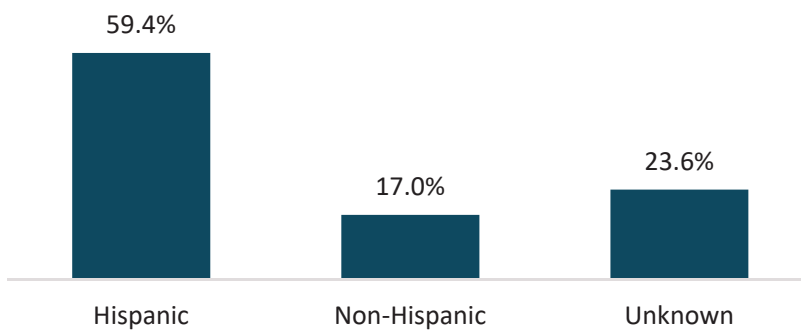
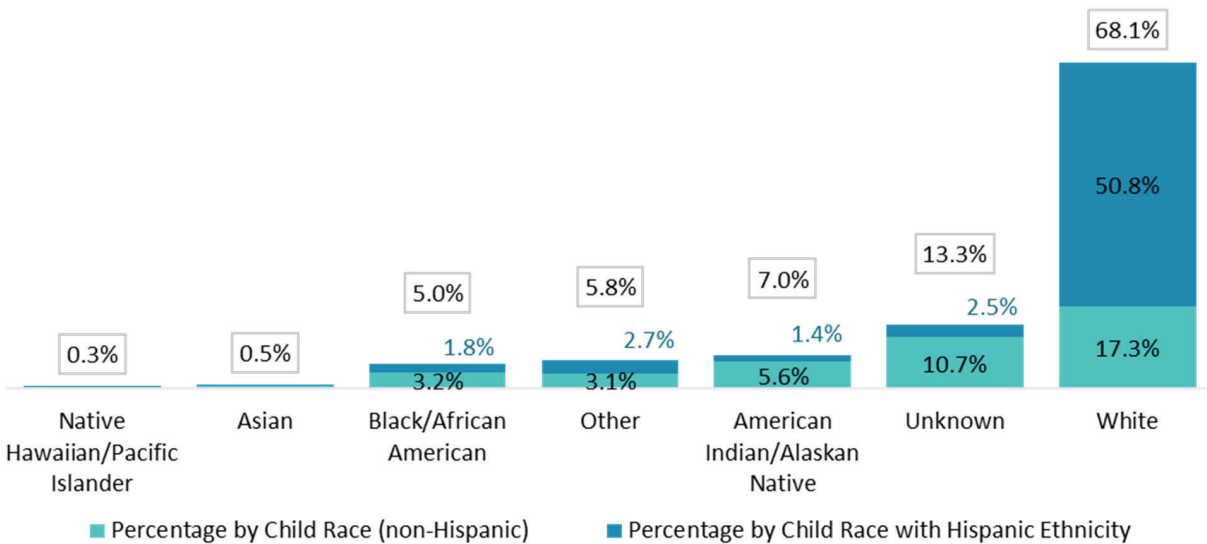


Chart 14. Children Receiving Child Care Assistance by Race and Hispanic Ethnicity, FY22



New Mexico PreK

New Mexico PreK (NM PreK) is a voluntary program that provides state funding for three and four-year-old children to attend a high-quality early childhood education program before starting kindergarten. Decades of research, nationwide and in New Mexico, have found that access to quality PreK services helps children enter kindergarten with the core academic and social-emotional skills they need to thrive (Phillips et al., 2017; New Mexico Legislative Finance Committee, 2020). These impacts are especially pronounced for low-income children and dual language learners.

PreK programs are offered during the school year and are always free of charge to participating families. Established by the PreKindergarten Act of 2005, NM PreK offers services through a mix of community-based and school-based programs, funded and monitored by ECECD.

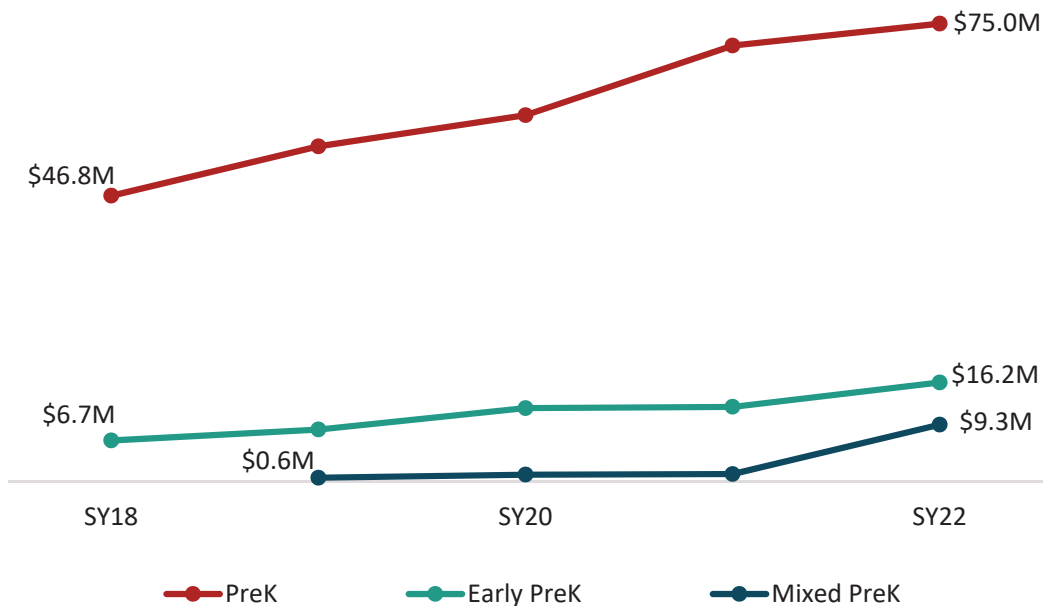
ECECD reports annually on the NM PreK program, according to the state PreKindergarten Act [NMSA 1978, Section 32A-23-4(B)]. The law requires ECECD to report on a set of specified data points which are listed in the accompanying box below.

NM PreK Funding

The state has provided PreK to four-year-old children for more than 15 years. 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 and in 2018 they began funding Mixed Age PreK, which allows both three- and four-year-olds to be taught together in smaller programs. The state has steadily increased funding for extended day school-based programs.

Chart 15: NM PreK Funding, SY18-22



PreKindergarten Act Reporting Requirements

The percentage of program participants who:

1. Enter kindergarten
 - (a) developmentally prepared for it;
 - (b) needing special services; and
 - (c) proficient in reading and mathematics;
2. Are retained in kindergarten or first, second, or third grade.

By the Numbers

FY22 Funding: \$100.5 million

Funded Enrollment:

- **11,203 NM PreK students (4-year-olds)**
- **1,932 Early PreK students (3-year-olds)**
- **1,048 Mixed Age PreK students**

Funding for the state's PreK programs reached \$100,517,155 in SY22, with \$49,306,500 budgeted for school-based PreK and \$51,210,655 budgeted for NM PreK, Early PreK, and Mixed Age PreK. Funding is awarded through a competitive grant process, with priority given to programs in communities with public elementary schools designated as Title 1.

According to the National Institute for Early Education Research (NIEER), New Mexico ranks 10th in the nation for its per-child PreK funding, as well as 13th in the nation for four-year-old PreK access, and 11th in the nation for three-year-old access (Friedman-Krauss et al., 2021).

New Mexico PreK Providers

The state funds PreK through a competitive grant process, with priority given to programs in communities with public elementary schools designated as Title 1. ECECD offers a unified application process for both public school and community-based providers, applying a community-level formula to calculate appropriate saturation of services. Extended-day community-based PreK programs often offer child care that “wraps around” the PreK day to meet the needs of working families. Families that are eligible to receive child care assistance can use this program to support this care. PreK programs in public schools can extend the day using operational dollars or Title 1 funds.

In SY22, PreK was provided by teaching professionals in 81 school districts and 215 community-based sites.

Lead Teachers

New Mexico requires bachelor's degrees and teaching 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 404 lead teachers in SY22. All lead teachers in public school PreK settings hold at least a bachelor's degree, with 27 percent holding a master's degree (see Chart 16). The average annual salary reported by lead PreK public school teachers is \$48,869.

Community-based NM PreK programs employed 501 lead teachers. Data on educational attainment were reported on roughly 70 percent (see Chart 17). Of those teachers with data reported, 32.7 percent hold a bachelor's degree or higher. Another 31.3 percent hold an associate degree and 15 percent hold an early childhood certification (Child Development Associate credential or Child Development Certificate).

Educational Assistants

In SY22, there were 388 licensed educational assistants in school-based NM PreK classrooms. Ten percent held bachelor's degrees and 11 percent held associate degrees. Nearly 80 percent do not hold a degree (see Chart 18). The average salary reported by school-based PreK educational assistants is \$19,267.

A total of 386 assistant teachers were employed in community-based PreK. Data on educational attainment were reported for slightly more than half (see Chart 19). Of those reporting, nearly 30 percent had an associate degree. Another 9.3 percent held a bachelor's degree and nearly 14 percent had not earned a degree, while 19 percent hold an early childhood certification (Child Development Associate credential or Child Development Certificate).

Summer JumpStart

During FY22, NM PreK was able to support additional PreK services for kindergarten age-eligible children, through another year of Summer JumpStart awards. JumpStart provided children an additional 128 (full-day) or 64 (half-day) hours of summer PreK learning time in order to maintain and increase their kindergarten readiness. A total of \$2,634,000 in Jump Start funding provided openings for 1,928 children in full-day settings and 92 children in half-day settings.



Children Served

ECECD allocated funding in FY22 to support the enrollment of 11,203 four-year-old children, 1,932 three-year-old children, and 1,048 children in mixed-age programs, with a total of 14,183 funded openings (see Chart 20 and Table 6). Actual enrollment in programs was 12,861, with a total of 6,566 four-year-old children enrolled in NM PreK in public school settings, and 3,096 in community-based NM PreK programs. Early PreK had an actual attendance of 1,877 and 1,142 attended a Mixed Age PreK program. While NM PreK is not specifically designed as a program for children living in poverty, it primarily serves New Mexico's lower-income population. In public school settings, 79% of students (5,189) of children in PreK qualified for the free or reduced lunch program.

Chart 16. Lead Teacher Highest Degree Earned: School-Based NM PreK

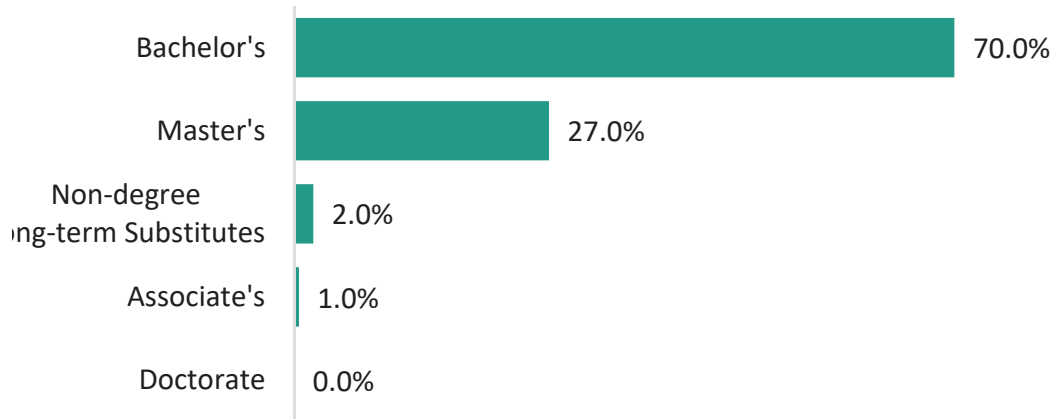


Chart 17. Lead Teacher Highest Degree Earned: Community-Based NM PreK

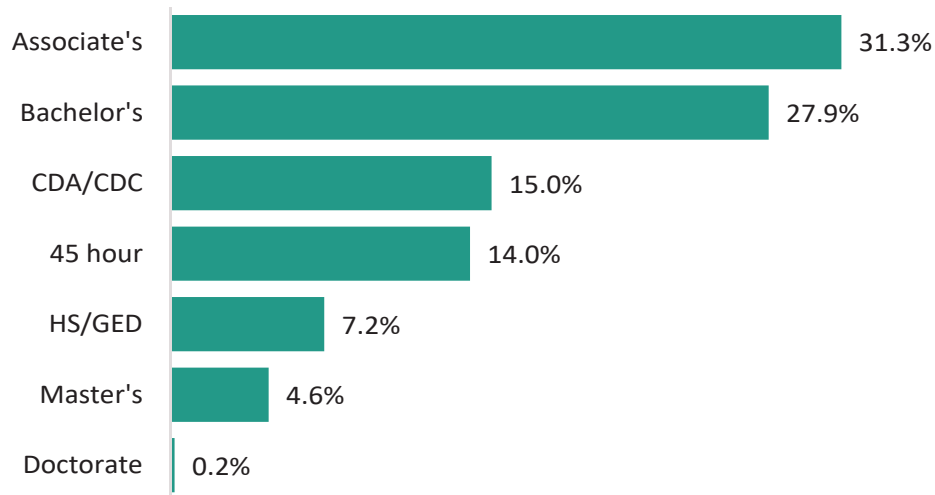


Chart 18. Education Assistant Highest Degree Earned: School-Based NM PreK

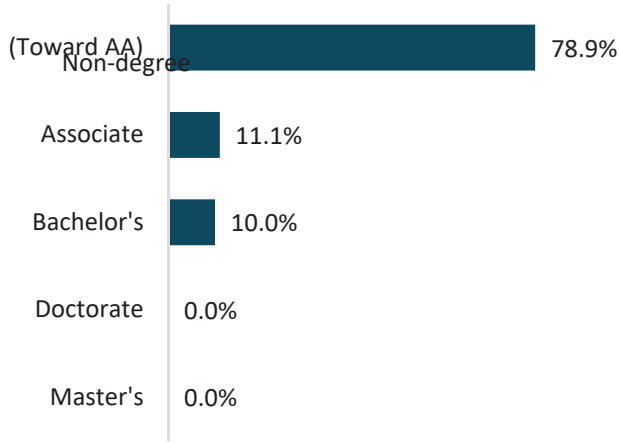
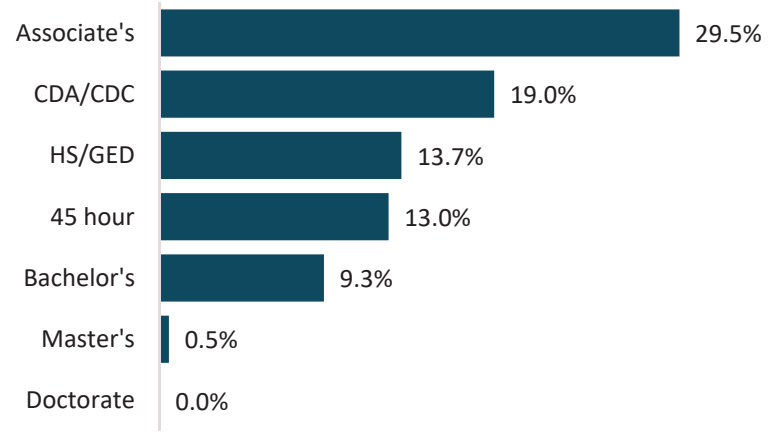


Chart 19. Education Assistant Highest Degree Earned: Community-Based NM PreK



All PreK programs are required to include children with delays and disabilities, striving for a ratio of one child who receives special education services to three children who are typically developing. In SY22, 1,187 children who qualified for special education services were included in PreK classrooms. This included 14 four-year-olds and 14 three-year-olds in community-based settings, and 1,159 in public school NM PreK classrooms. This placement ensures that all children have access to the general education curriculum in compliance with federal and state law.

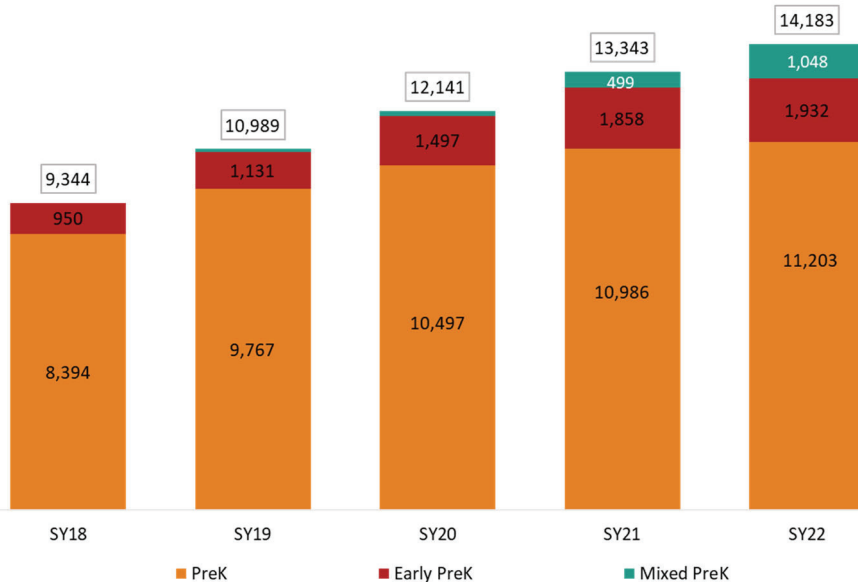
PreK Quality Standards

National research shows that positive outcomes for children in PreK depend on states establishing and maintaining high standards for quality (Phillips et al., 2017; Hustedt et al., 2020). NM PreK standards are high quality, meeting nine of 10 research-based preschool benchmarks related to quality, as determined by the National Institute of Early Education Research (Friedman-Krauss, 2021).

All programs providing NM PreK and Early PreK participate in FOCUS, New Mexico's quality rating and improvement system. FOCUS includes criteria that define, measure, rate, and communicate the quality requirements of a participating program. The New Mexico PreK Program Standards were updated in 2022 to complete full alignment with FOCUS criteria for school- and community-based programs, ensuring that New Mexico has one standard of excellence for all PreK programs. PreK teaching professionals are supported in delivering this standard of excellence as well, through aligned professional development requirements and practice-based coaching supports in both public school and community settings.

Studies conducted by the New Mexico Legislative Finance Committee (LFC; 2020) show that NM PreK has positive impacts on student achievement, which persist through their high school graduation. In July 2020 the LFC released a study demonstrating that children who participated in PreK were better prepared for kindergarten in all measured domains of readiness. The LFC noted that the findings were even more significant for low-income children.

Chart 20: NM PreK Funded Openings (5-year trend)



PreK Student Outcomes

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

The progress of students in NM PreK and Early PreK is measured by the New Mexico Preschool Observational Assessment and the Early Childhood Observation Tool (ECOT). These tools measure kindergarten readiness scores with a rubric that extends from birth to the middle of first grade, allowing teachers to understand where students begin the school year in key learning domains. Rubric scores guide teachers in targeting

instruction to a child’s learning level, and measure year-end achievement. Rubric measurement begins at birth to eight-month-old developmental levels, allowing teachers to accurately assess the progress of preschool children with delays and disabilities. The measurement continues to mid-first grade levels, allowing for assessment of children performing above age and grade levels. The state collects scores through an online platform so student growth reports are immediately available to educators and are aggregated to student, classroom, school, and district levels to drive curriculum planning.

The data below show overall progress across multiple learning domains for SY22 NM PreK and Early PreK students (see Charts 21 and 22). The small number of children who attended a Mixed Age PreK program are included with their age peers.

A total of 72.6 percent of NM PreK students met the end of the year overall benchmark of “Accomplished for 4s/First Step for K” or higher. A total of 67 percent reached the “Accomplished for 4s” benchmark for mathematics, and 66.4 percent for literacy.

Student Health and Developmental Outcomes

PreK programs are required to ensure all children in PreK receive well-child, developmental, health, vision, hearing, and dental screenings to help identify those in need of special education services or other supports. They also verify that each child’s immunization status is current.

Nutrition

Each PreK program provides meals for children during their PreK day that meet federal nutritional requirements for children aged three to four. These programs participate in either the USDA School Lunch Program or the Child and Adult Care Food Program.

Engaged Families

PreK program standards guide providers in offering family-centered practices that drive family engagement in all aspects of a child’s learning and development. Practices must be culturally and linguistically responsive, and communications must be accessible to multilingual families. ECECD requires programs to provide at least 90 hours of parent engagement each school year, through activities such as family home visits, family/teacher conferences, and family literacy nights.

Chart 21. All NM PreK (4-year-old) Students Scoring “Accomplished for 4s/First Steps for K or Higher,” End of SY22

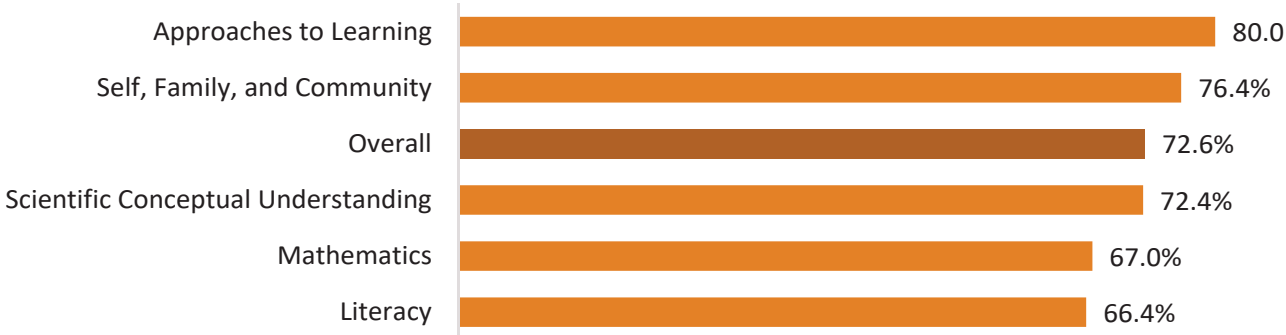


Chart 22. All NM PreK (3-year-old) Students Scoring “Accomplished for 3s/First Steps for 4s or Higher,” End of SY22

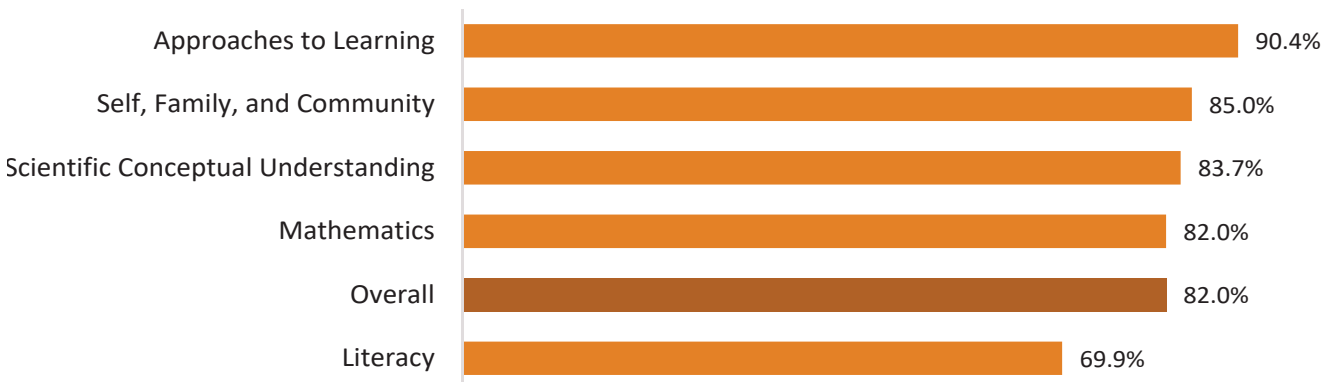


Table 6: NM PreK, Early PreK, and Mixed Age PreK Funded Slots by County, SY22

County	Community Based			School Based	TOTAL
	Early PreK	Mixed PreK	NM PreK	NM PreK	
Bernalillo	580	346	1,563	1,551	4,040
Catron				20	20
Chaves	40	44	50	450	584
Cibola		10		85	95
Colfax				20	20
Curry	29	6	34	297	366
De Baca				15	15
Doña Ana	578	190	839	762	2369
Eddy		32		300	332
Grant	77	32	60	142	311
Guadalupe				28	28
Harding				22	22
Hidalgo				40	40
Lea	32		40	246	318
Lincoln			40	92	132
Los Alamos				155	155
Luna	47		55	205	307
McKinley	32		59	283	374
Mora				30	30
Otero	44	12	222	131	409
Quay				30	30
Rio Arriba	45		91	97	233
Roosevelt				138	138
San Juan	78	82	216	653	1,029
San Miguel		16		80	96
Sandoval	64	31	100	582	777
Santa Fe	81	122	72	468	743
Sierra	16	16	20	52	104
Socorro			18	53	71
Taos	38		49	109	196
Torrance			20	80	100
Union				36	36
Valencia	151	109	146	257	663
Total	1,932	1,048	3,694	7,509	14,183

Family Nutrition Services Bureau

Overview

The Family Nutrition Bureau administers two federal programs focused on ensuring children have access to nutritious meals and snacks. The Child and Adult Care Food Program (CACFP) supports meals and snacks served as part of other early childhood programs, such as in PreK, Head Start, and child care. The Summer Food Service Program for Children (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.

Summer Food Service Program for Children (SFSP)

Eligibility is set at the community level for each site and the determination is based on either U.S. Census data or on the percentage of children in the local school who qualify for free or reduced-price lunch. An area qualifies if at least 50 percent of local school children receive free or reduced-price school meals. However, the USDA waived geographic requirements for SFSP sites through September 2022.

Cumulatively in FY22, 1,388,827 total meals were served through the program. Children are not required to register or otherwise provide paperwork to receive their meals, therefore the summer food program counts the number of meals served, but not the unique number of children served.

Child and Adult Care Food Program (CACFP)

CACFP is focused on ensuring children have access to nutritious meals and snacks, and is provided across care settings including child care centers and homes, Head Start, PreK, emergency housing shelters, after-school programs, and adult daycare settings. Statewide in FY22, an average of 31,663 participants per month were fed meals reimbursed by CACFP. Of those, about 26,182 per month were in center-based facilities, and about 5,481 per month were in home-based child care.



The Keep Kids Fed Act of 2022

The Keep Kids Fed Act, passed by the U.S. Congress in June 2022, codified and extended several supports and flexibilities that were implemented in response to COVID-19. The Act increased CACFP reimbursement rates by 10 cents per meal, and extended flexibilities in how and when children are served meals.

By the Numbers

31,663 CACFP meal recipients per month, on average

1,388,827 meals served through Summer Food Service Program for Children (SFSP)

Table 7: Average Monthly Number of People Served CACFP Meals in Centers, by County and Type of Setting, FY22

County	Provider Settings						
	Adult Care	At-Risk (school-aged)	Before/After School	Child Care	Emergency Housing	Head Start	PreK
Bernalillo		2,185	217	5,466	11	434	727
Chaves		112	4	459		95	77
Cibola		10		76		127	
Colfax						51	
Curry		20	89	339		59	39
De Baca						1	
Dona Ana		1,668	69	2,279	23	134	553
Eddy		66		112		165	2
Grant		120		61	5	57	31
Guadalupe						15	
Hidalgo				9		20	
Lea		73		251		148	41
Lincoln		29				31	
Luna		219		65		73	36
McKinley		536	4	40	16	233	32
Mora	4					26	
Otero		1,839	55	406		84	56
Quay						50	
Rio Arriba		347		33		138	49
Roosevelt	4			134		25	
San Juan	13	445	25	790	7	181	97
San Miguel				112			
Sandoval		294		582	4	194	7
Santa Fe		922		188	5	238	117
Sierra						10	
Socorro						25	
Taos		11		30		73	29
Torrance				32		43	23
Valencia	3	63	34	419		102	88
Grand Total	25	8,850	496	11,884	70	2,853	2,004

Family Support and Early Intervention Division

Home Visiting

Home visiting has been one of New Mexico’s leading research-based strategies for improving the well-being of the state’s youngest children for more than a decade. The New Mexico Home Visiting System is designed to support important long-term goals for the state’s children and families, namely that babies are born healthy; children are nurtured by their parents and caregivers; children are physically and mentally healthy; children are ready for school; children and families are safe; and families are connected to community supports.

New Mexico’s Home Visiting System funds local organizations that use standards-based practices and evidence-based home visiting models to support families in laying the foundation for their children’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 families to set goals for the future, as well as to support positive behavioral health. Home visitors work with families to screen for risks and connect caregivers to services and resources in their community that support positive paths forward.

Home visiting in New Mexico offers a broad spectrum of program options so expectant parents and families with young children can receive support tailored to their needs and goals. ECECD began coordinating these state-administered home visiting services in July 2020. ECECD program staff coordinate key training supports, ensure that services meet state standards, and provide contractual and financial oversight.

The Home Visiting Accountability Act (NMSA 1978, Section 32A-23B-3), enacted in 2013, requires reporting on the specific data elements listed in the accompanying box to the left.

Additionally, this report section fulfills the required home visiting reporting requirements according to NMSA 1978, Section 9-29-11(B), which specifies annual reporting on all programs overseen by ECECD. Those required elements and ECECD’s plans to address any data limitations are acknowledged in the executive summary and program background sections.

FY22 Funding

New Mexico has significantly increased state funding for home visiting annually (see Chart 23). To further expand the system, ECECD has also received federal grants through the Health Resources and Services Administration (HRSA) as part of the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program. In FY22, cumulative funding across state and federal streams was \$28.9M, and in FY23 funding was increased to \$30.39M, which includes \$10M from the state’s Early Childhood Trust Fund.

Direct services were provided in FY22 through contracts with agencies that are reimbursed on a differentiated scale. In FY22, programs funded through state general funds were contracted at a base rate of \$4,500 per family opening fiscal year. Programs funded through the state’s award from the MIECHV program (including American Rescue Plan funds) were contracted rate of \$6,000 per family opening. Programs able to apply to receive an additional \$500 per documented special circumstance costs, such serve rural families.

By the Numbers

FY22 Funding: \$28,886,402

General: \$15,372,078

Transfers: \$8,000,000

Federal: \$5,514,324

Chart 23. Home Visiting Funding, FY18-22

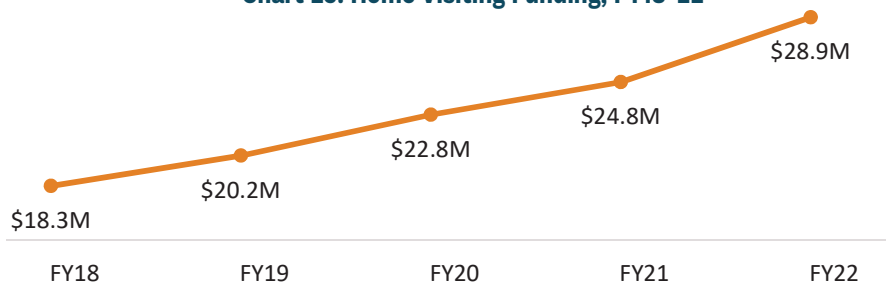
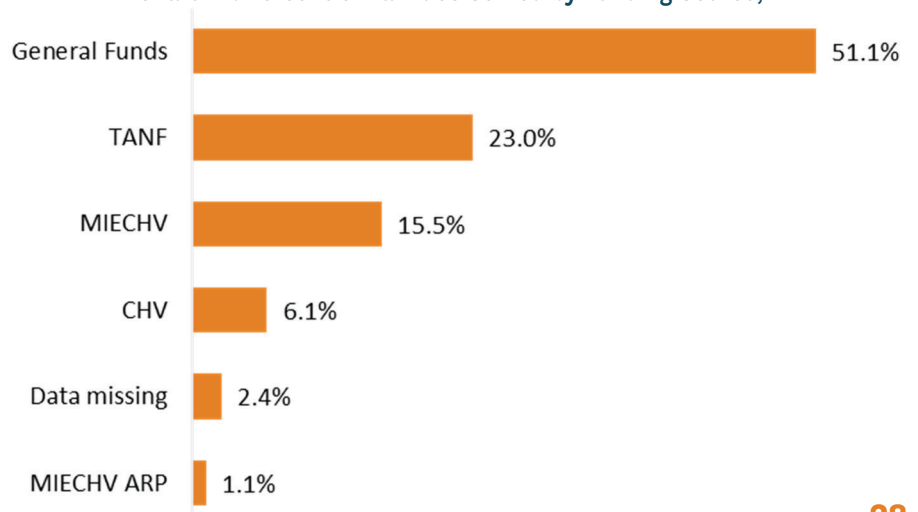


Chart 24. Percent of Families Served by Funding Source, FY22



Home Visiting Reporting Requirements

- (a) the cost per eligible family served;
- (b) the number of eligible families served;
- (c) demographic data on eligible families served;
- (d) the duration of participation by eligible families in the program;
- (e) the number and type of programs that the Department has funded;
- (f) any increases in school readiness, child development and literacy;
- (g) decreases in child maltreatment or child abuse;
- (h) any reductions in risky parental behavior;
- (i) the percentage of children receiving regular well-child exams, as recommended by the American Academy of Pediatrics;
- (j) the percentage of infants on schedule to be fully immunized by age two;
- (k) the number of children who received an Ages and Stages Questionnaire and what percent scored age appropriately in all developmental domains;
- (l) the number of children identified with potential developmental delay and, of those, how many began services within two months of the screening; and
- (m) the percentage of children receiving home visiting services who are enrolled in high-quality licensed child care programs.

and early childhood mental health principles and practices, and strong relationship-building skills. In FY22, educational credentials were reported for 90 percent of a total home visiting staff workforce of 437. Of these, 75.7 percent had an associate's degree or higher, and 61.8 percent had a bachelor's degree or higher. Higher degrees are required for home visitors providing specialized services, and all programs must have access to a master's-level, licensed mental health professional for consultation.

ECECD has focused on accelerated professional development of the home visiting workforce, offering scholarships and extensive, free online course offerings through its Quorum training platform to home visitors pursuing field-specific credentialing and degrees. ECECD's state-funded scholarship program helps home visitors and other early childhood professionals afford coursework leading to credentials and degrees. ECECD awarded 31 of these scholarships to home visitors in Fall 2021, 28 in Spring 2022, and 10 in Summer 2022.

Home visitors also receive regular, ongoing professional development in New Mexico Home Visiting Standards and best program practices. They are offered training in evidence-based methods of strengthening the provider-parent relationship, through the Facilitated Attuned Interactions (FAN) program.

In FY22, these ECECD-funded programs supported 5,070 year-round family openings, which served 6,363 families and 6,766 children. Almost 75 percent of families received services paid for with state general fund or TANF dollars. Another 17 percent of families received services through federal MIECHV funding, and 6 percent through federal Centennial Home Visiting (CHV) Medicaid reimbursement.

Home Visiting Program Models

New Mexico supports a variety of home visiting models and curricula to ensure programs can meet the diverse needs of families and local communities. The models support complementary eligibility criteria to maximize the reach of home visiting and the number of families who can participate. While some models like Nurse-Family Partnership have restrictive eligibility criteria, others have broader criteria and programs serving the same communities can refer to one another, ensuring home visiting remains universally available to families in need.

Two of these models—Nurse-Family Partnership and Parents as Teachers—are federally designated as evidence-based models. Models granted this designation are eligible for additional federal funding streams and can be reimbursed by Medicaid. The state also supports First Born, a New Mexico homegrown model actively pursuing evidence-based status, having demonstrated improved child outcomes in a randomized control trial. Other programs have adopted the widely used Partners for a Healthy Baby or Nurturing Baby curricula, which follow New Mexico's research-based Home Visiting Program Standards.

State-administered funding supported 33 programs to offer 5,070 annual family openings statewide in FY22. Appendix B details funded openings by county for each program.

Home Visiting Professionals

Home visiting programs are staffed with a combination of degreed and non-degreed professionals who have knowledge of early childhood development, child health

61.85%

*of home visiting staff
have a bachelor's
degree or higher*

Home Visiting Program Models

First Born	prenatal-age 5	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
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
Parents as Teachers	prenatal-age 5	for all pregnant women or primary caregivers and children, using evidence-based model
Partners for A Healthy Baby/ Nurturing Parenting	prenatal-age 3	for all pregnant women or primary caregivers and children, following research-based curriculum

Children and Families Served

Participating Families

In FY22, a total of 6,766 children in 6,363 families received New Mexico home visiting services. Of these families, 2,587 (41 percent) enrolled prenatally and 1,508 (24 percent) enrolled as first-time parents seeking support and guidance. The majority (73.2 percent) of clients were caregivers of a single child. One in four (n=1,577) were connected to home visiting programs through a medical provider, an increase from one in five last year. Others were referred through family, friends, and community partners such as schools, social service providers, and child protective services.

Family Demographics

The demographics of families served closely match the racial and ethnic makeup of New Mexico's child population. Of clients who reported race and ethnicity data, 61 percent were Hispanic, 16.5 percent were non-Hispanic white, 9.2 percent were Native American, 2.4 percent were African American, 2.4 percent were mixed race, and 2 percent were Asian. Home visitors served families speaking 30 home languages, with 18.3 percent speaking Spanish, 1 percent Indigenous languages, and 2.5 percent other languages.

The median age of primary caregivers was 30.4. Teens represented 6.1 percent of mothers enrolled, with a total of 369 teen parents served. A total of 83 percent of all primary caregivers had less than a bachelor's degree.

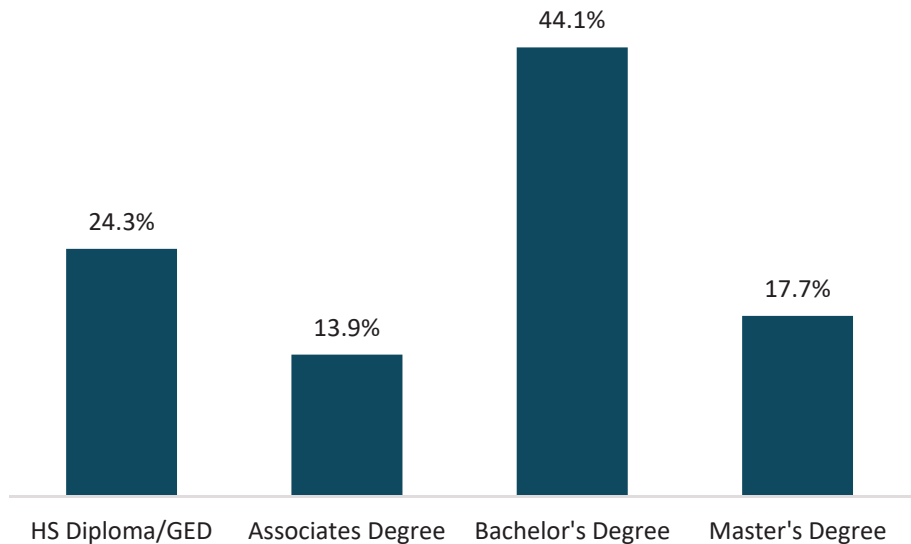
While home visiting programs are not required to collect data on family incomes, more than 65 percent of families voluntarily reported this information. More than half (52 percent) of families receiving home visiting in FY22 had annual incomes below \$40,000, and more than one third (34 percent) had incomes below \$20,000.

Slightly more than one fifth of clients served in the fiscal year were prenatal mothers. Roughly one fifth of clients were children between the ages of birth to one year, one fifth between ages one and two, one fifth between ages two and three, and 12 percent between ages three to five.

Family Engagement

Historically, family engagement patterns have remained relatively stable from year to year. In FY22, 48 percent of families served (3,058) were

Chart 25. Home Visitor Credentials



new to home visiting, with 52 percent continuing from the prior year. Of families who were discharged during the fiscal year, about 10 percent had completed their program.

Overall, nearly half of the families served during the fiscal year (48.9 percent) have participated in home visiting for more than one year, with those participating for at least two years up from 27 percent last year to 30.5 percent this year. The average total length of enrollment across families served during FY22 was 16.3 months (with a median service length of 10.3 months).

Families received a total of 73,127 direct services from their home visitors this fiscal year, nearly a 12 percent increase in direct services from last year. On average, families received 11.5 direct services this year, with nearly 20.7 percent of families receiving 20 or more direct service contacts. Over their total enrollment period, however, families enrolled this fiscal year had received an average of 28 cumulative direct services to date. Most families received both in-person and virtual service visits during this fiscal year, with 42 percent of visits on average delivered in-person and 58 percent on average delivered virtually.

This year again, nearly 60 percent of families demonstrated new parental competencies in teaching skills that are predictive of better cognitive and social development.

Screening for potential risk of developmental delay remained high (90.7 percent), as did rates of referral to and engagement with early intervention services (93 percent). A similarly high rate of 87.6 percent of eligible children were also screened with the ASQ-SE, which indicates potential risk of social-emotional delay.

Several measures related to efforts to reduce child maltreatment and injury also showed positive results. A new high of 71.4 percent of mothers using illegal substances quit before giving birth. Home visitors screened 80.4 percent of eligible caregivers for risk of intimate partner violence, with a new high rate of referral to support services (91.7 percent) for those at-risk. In addition, the percentage of at-risk clients with a safety plan in place climbed to 78.7 percent. Finally, rates of families with a substantiated abuse or neglect with six months of home visiting services remained below one percent, at 0.87 percent.

Detail on these and other key measures of the effectiveness of New Mexico's home visiting system follows.

Healthy Births

FY22 data show the impact of home visitors' work with families to improve prenatal and birth outcomes for both babies and mothers. Home visitors bring a wealth of research-supported strategies to families to promote optimal health during pregnancy and after a baby's birth, including the use of prenatal care, discontinuation of substance use during pregnancy, initiation of breastfeeding, on-schedule childhood immunizations, and preventing and treating maternal depression. Home visitors make appropriate referrals to supportive services when further need or risk in these areas is identified.

Table 8. Funding and Children Served, FY18-22

Fiscal Year	Children Served	Funding (State and Federal)
FY18	4,613	\$18.7M
FY19	5,227	\$20.2M
FY20	5,799	\$22.8M
FY21	6,456	\$24.8M
FY22	6,766	\$28.9M

Chart 26. Clients by Race/Ethnicity

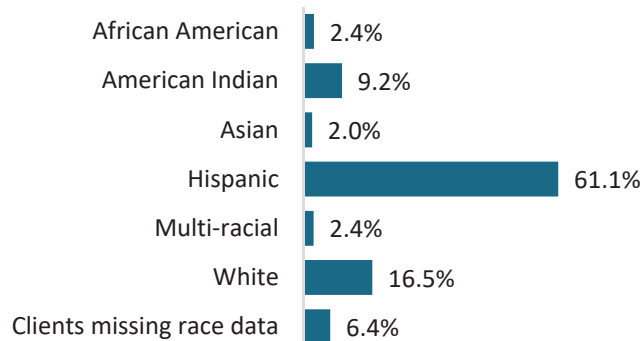


Chart 27. Caregivers by Age

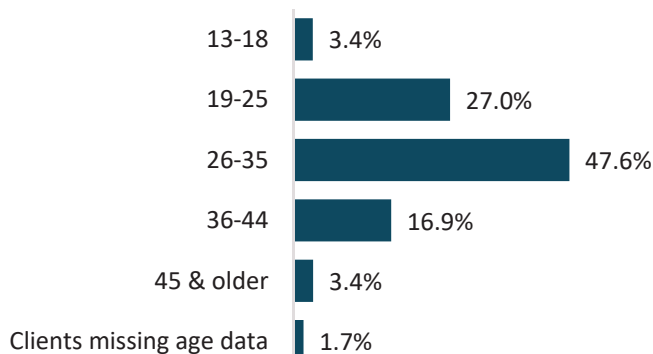
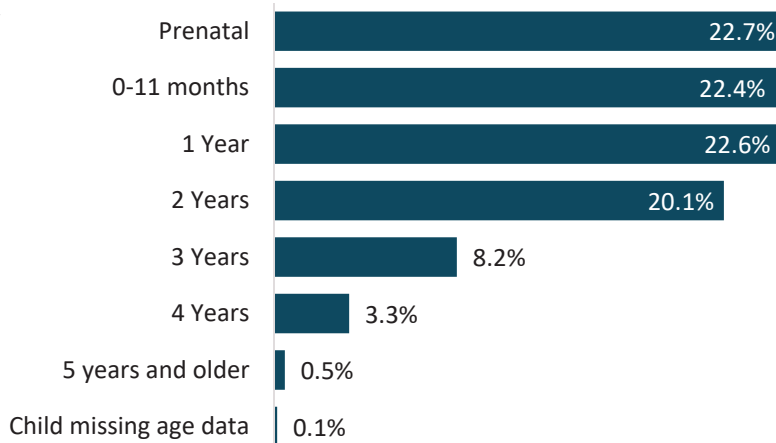


Chart 28. Age of Children Served



Prenatal Care

Mothers in home visiting consistently access prenatal care more often and earlier than pregnant women statewide. All 753 prenataally enrolled mothers with a birth in FY22 had data on the use of prenatal care. Approximately 92.3 percent (695) reported receiving prenatal care. Of those who received prenatal care, 97.1 percent (675) reported receiving it before the third trimester of pregnancy. This compares to 96.5 percent of pregnant people statewide accessing prenatal care and 88.3 percent statewide receiving it before the third trimester (New Mexico Department of Health, Birth Data, 2018–20).

Care in the first trimester of pregnancy was accessed by 91.1 percent (633) of prenataally enrolled mothers with a birth this year. This exceeds the statewide rate of 74.8 percent of pregnant people reporting first-trimester prenatal care (New Mexico Department of Health, 2022).

Of all mothers who enrolled prenataally and gave birth in FY22, 7.4 percent (56) reported illegal substance use while pregnant; data were unavailable or considered “not applicable” for roughly 10.5 percent (79), as data is self-reported. Of those using substances, 71.4 percent (40) discontinued use by the end of pregnancy (up from last year’s 61.5 percent), with 53.6 percent (30) discontinuing use by the end of the first trimester.

Postpartum Care

Nearly 22.9 percent of clients (1,455) had a birth this fiscal year. Of these, 62.7 percent (913) reported accessing a postpartum check-up after birth.

Postpartum Depression

Rates of screening for postpartum depression continued to decline. FY22 saw 84.6 percent of eligible mothers screened using the Edinburgh Postnatal Depression Scale, down from 88.6 percent in FY21 and 95 percent in FY20. Referrals and family engagement in behavioral health services, however, increased. Of the 22.1 percent (430) of mothers identified as having symptoms of postpartum depression (“at-risk”), 97.9 percent (421) were referred for services where available. These referrals resulted in a 49.6 percent rate of engagement in supports (matching last year’s rate and up from 39 percent in FY20).

Breastfeeding

Of the 924 children born this year to mothers enrolled prenataally, all had data on breastfeeding initiation. Caregivers initiated breastfeeding with 80.3 percent (742) of babies born, an important protective factor for infant health. This exceeds last year’s rate of 78 percent but is a lower rate than the pre-pandemic statewide rate of 89.2 percent (New Mexico Department of Health, PRAMS 2017-19), likely reflecting parental uncertainty about COVID-19 transmission via breastfeeding as well as disruptions to in-person breastfeeding supports (Brown and Shenker, 2021).

Of the children born this year whose mothers reported initiation, 72.2 percent (536) were still being breastfed at six months (down from 82.5 percent last year).

Immunizations

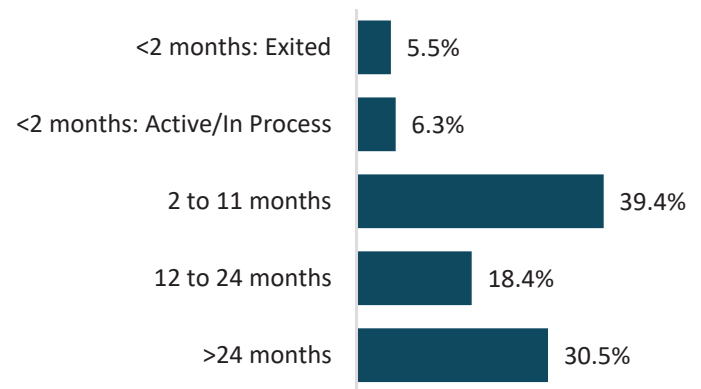
Data on child receipt of recommended immunizations are by parent report, with data missing for almost 15 percent (995) of families with children served in FY22. Of the 5,725 children with data, 94.1 percent report that their children are up to date with recommended immunizations—an increase from 92.1 percent FY21. (Note: data are reported for the immunization status of all children in home visiting, per the enabling act that established ECECD, rather than only for infants and toddlers as required by the Home Visiting Accountability Act.)

To improve and promote positive health outcomes and the accuracy of data reported, ECECD is working with the New Mexico Department of Health to provide home visitors access to the statewide immunization database. Home visitors can also show parents how to access their own child’s immunization records in the statewide immunization information system (NMSIIS) by going to vaxviewnm.org.

52%

of families receiving home visiting in FY22 had annual incomes below \$40,000 and more than one third (34%) had incomes below \$20,000.

Chart 29. Length of Enrollment for Participating Families, FY22



94.1%

of parents with data on their children’s immunization reported their children immunized on schedule.

Parenting Practices

Home visitors work with caregivers to increase the strength of their nurturing interactions with babies and young children, with increasing numbers of parents demonstrating improvement each year in measures of teaching, encouraging, responding to and showing affection for their children.

New Mexico home visitors use validated observational tools to develop parental capacity and measure increases in nurturing behavior with children. Most programs use the Parent Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO), designed for home visitors to evaluate healthy parenting practices and relationships (Roggman et al., 2013a, 2013b). Based on the results, home visitors help families implement specific strategies to foster daily nurturing parenting behaviors that are known to support children's early development. One state-supported home visiting program model, Nurse-Family Partnership, uses an alternative observational tool, called the Dyadic Assessment of Naturalistic Caregiver-Child Experiences (DANCE). In total, 3,151 families were screened this fiscal year with one of these observational tools.

Initial observations of parenting behavior using the PICCOLO can be completed once children are at least four months old. Then, after six months of parenting curriculum and activities have been delivered, follow-up screenings are given. These follow-up screenings measure the development of new strengths in parenting behaviors over time. In FY22, parents of 2,526 children had completed both an initial and a follow-up screening.

Observational screens are scored in "low," "medium," or "high" categories, with scores in the "low" range signaling areas of opportunity for growth in healthy parenting practices. The four research-based domains of parenting behavior are: teaching, affection, encouragement, and responsiveness. Through home visitor direct work with parents on these supportive parenting practices, 1,666 parents showed growth in at least one domain:

- **1,506** children (59.6 percent) experienced parental improvement in teaching. This is the domain where parents typically score lowest at first, so there is the most room for improvement.
- **1,156** children (45.8 percent) experienced parental improvement in encouragement.
- **785** children (31.1 percent) experienced parental improvement in responsiveness.
- **577** (22.8 percent) experienced parental improvement in affection.

All results are similar to last fiscal year, with the highest rate of improvement, year over year, in the teaching domain. In addition, 116 children served through the Nurse-Family Partnership model received two or more screens using the DANCE observational tool. A total of 75 percent (87) showed increased scores assessing the quality of parent-child interactions from their initial to most recent screen.

Child Physical and Mental Health

Early childhood cognitive and physical development is influenced by a host of individual, family, and systemic factors. Home visitors discuss a wide range of these development-related issues with caregivers, such as nutrition, the importance of well-child visits, monitoring for developmental milestones, and social-emotional development. They teach parents new strategies to monitor their child's growth, and home visitors are prepared to discuss feeding and developmental or behavioral concerns. When concerns regarding the child's growth, development, or health are noted, home visitors will make referrals to appropriate providers. FY22 data documents the connection of children in home visiting to these key supports for healthy, on-track development.

Well-Child Visits

Home visiting programs work with families to understand the importance of regular and preventive well-child health visits for infants and young children. Home visitors work with families to report on the percentage of young children in home visiting who are up to date on the well-child visit schedule, as recommended by the American Academy of Pediatrics (see https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf). Well-child health screenings allow pediatricians and other health professionals not only to ensure that a child's health and development are on track, but also to help fill in gaps in a family's support system (Polacheck and Gears, 2020).

In FY22, 76.3 percent of children served were reported by their parents as being up to date on recommended well-child visits, an increase from 75.2 percent last year and 67.6 percent in FY20.

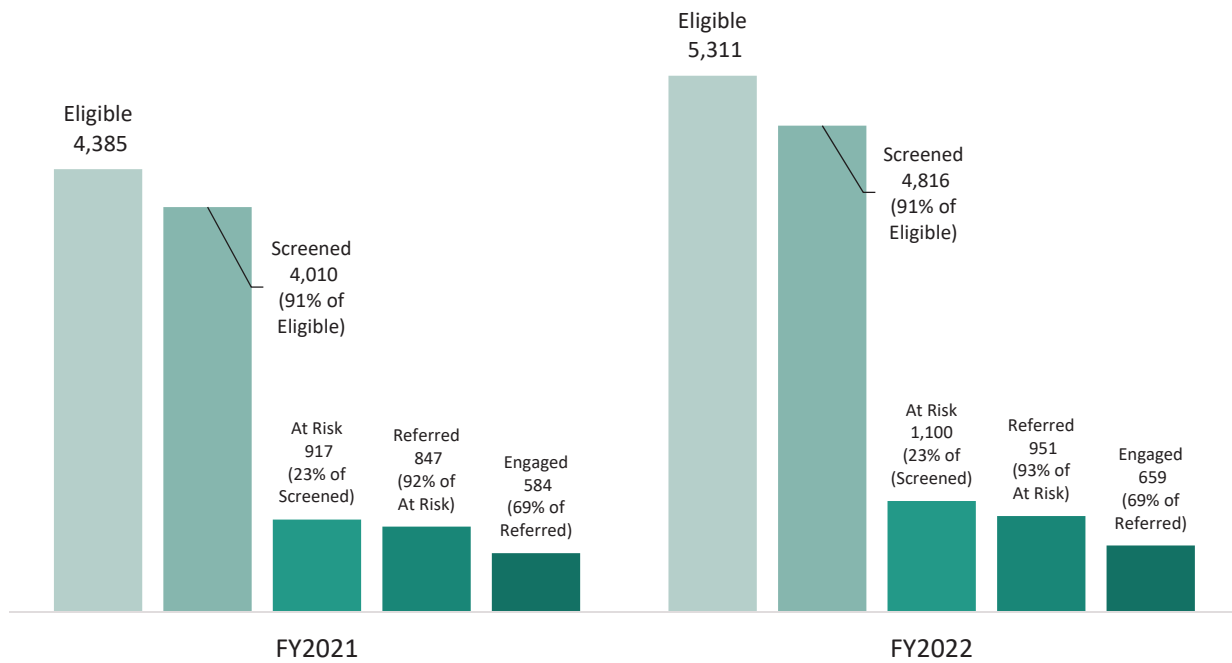
Children Screened Using the Ages and Stages Questionnaire

Home visitors use the Ages and Stages Questionnaire, Third Edition (ASQ-3), to track and monitor development milestones and social-emotional development. The American Academy of Pediatrics recommends all children receive developmental screenings at nine months, 18 months, and 30 months of age to ensure the early detection of developmental concerns. Timely screening ensures that children identified with possible delays are referred in a timely

71.4%

of mothers reporting illegal substance use discontinued use by end of pregnancy.

Chart 30. Children Screened for Potential Delay in Development (ASQ-3) and Connected to Early Intervention Services



manner to professional early intervention services (Guevara et al. 2012) that can help improve the outcomes of a delay or disability.

Rates of home visitor-conducted screenings of children for potential developmental delays were comparable to last year’s, as were rates of children referred to and engaged in early intervention services. However, this year the number of children screened exceeded last year’s by 706, with a FY22 total of 4,816. This was of a total of 5,311 children old enough (four months of age) and in home visiting long enough (five visits) to receive the first ASQ-3 screen. Children receiving early intervention services before initiation of home visiting do not receive the screen.

Of these children, 90.7 percent (4,816) had received at least one ASQ-3 screen. Roughly 23 percent, or 1,100, were identified by the screen as having characteristics of a delay in development, and therefore in the category of “identified for referral (at-risk).”

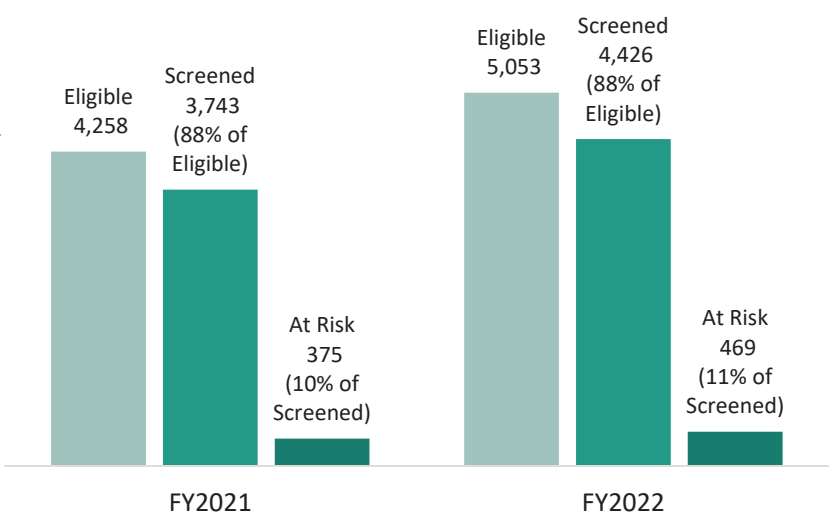
A total of 951, or 93.1 percent of children identified for referral through the ASQ-3, were referred to FIT early intervention services. This represents a sustained increase in referral rates to FIT, up from 92.4 percent last year and 84 percent in FY20. Of those referred, 69.3 percent (659) engaged in early intervention services—a higher rate than in past years (68.9 percent in FY21 and 57 percent in FY20) as well as a numerical increase from last year’s 584.

Home visitors communicate the results of the ASQ-3 to the child’s caregivers and suggest resources for follow-up or further assessment as needed. The overarching goal for ECECD is for programs to partner to support families who are receiving services from both home visiting and FIT early intervention services.

School Readiness

School readiness is determined by the child’s pre-reading, math, and language skills at school entry, as well as the child’s social-emotional development (Shonkoff and Phillips, 2000; High, 2008; Duncan et al., 2007). In fact, research has shown that social-emotional skills are even more important to school success than being able to read upon entering kindergarten (Boyd et al., 2005). Every time a parent or caregiver has a positive, engaging verbal interaction with a child—whether it is talking, singing, or reading—neural connections of all kinds are strengthened within the child’s rapidly growing brain (Fernald et al., 2013; Tamis-LeMonda et al., 2019). Home visitors screen for and build family capacity to support these social-emotional developmental skills, using two evidence-based models, Circle of Security and Facilitating Attuned Interactions (FAN), to build the secure parent-child attachment that

Chart 31. Children Screened for Risk of Social-Emotional Delay (ASQ-SE)



sets a strong social-emotional foundation for future success. Home visitors also provide appropriate referrals where additional professional support is indicated.

Social-Emotional Development

The ASQ-Social-Emotional questionnaire was administered to 4,426 (87.6 percent) of FY22's 5,053 eligible children since their enrollment in home visiting. Of these, 469 (10.6 percent) scored below cut-off. Scores on the ASQ-SE guide home visitors' work with families in preventive interactions designed to address children's social and emotional development difficulties. When scores indicate possible risk for delayed development, home visitors discuss early intervention with families and provide referrals to FIT early intervention services and mental health providers, as appropriate.



Early Language and Literacy

Programs also promote the development of language and early literacy activities in the home. Home visitors work with families to track the number of days in which a caregiver reads, tells stories, or sings to an infant or child in a typical week. Data reported by 86 percent of families served in FY22 shows that 96.2 percent read, sing, or tell stories to their child at least once a week, with 65.7 percent doing so daily—all increases over last year.

Family and Child Safety

Home visiting programs importantly provide resources and supports that aim to reduce child maltreatment and injury. Exposure to developmental trauma, such as domestic violence, abuse, or neglect, significantly impacts a young child's brain development, increasing the risk of poor performance in school and in relationships with others (Perry, 2008).



Home visitors help prevent child maltreatment by building caregiver understanding about child development and appropriate discipline (Howard and Brooks-Gunn, 2009). In addition, they use screening tools with caregivers to assess risk and support protective factors for child maltreatment, such as secure attachment, family stability, access to health care and social services, and social connectedness.

Where risk factors are present, home visitors use their knowledge of each family to establish intervention plans, including safety plans for families who may be at-risk for family violence. Home visitors also discuss unintentional injury issues (e.g., potential poisoning and water safety) and safe sleep practices. If home visitors identify safety concerns or suspect abuse or neglect, they must complete a report to Statewide Central Intake (Child Protective Services).

Intimate Partner Violence Prevention

Among FY22 active families, 5,116, or 80.4 percent of eligible families, were screened for potential risk of intimate partner violence using the Relationship Assessment Tool (RAT) or Hurt, Insult, Threaten or Scream (HITS) Tool for Intimate Partner Violence Screening.

When screened, 7.8 percent (399) scored as potentially at risk. Of those at risk, 91.7 percent (366) were referred to available behavioral health services. This represents an improving referral trend, from a low of 60 percent in FY19 to last year's 86.7 percent. The percentage of families who engaged in services as a result of the referral was 31.4 percent (115), slightly lower than last year's 37.2 percent.

Of the 399 families who scored as at-risk on an intimate partner violence screen, 78.7 percent (314) are recorded as having a safety plan in place. This is an increase from last year's 60.7 percent.

Injury Prevention

Home visitors' discussions with parents about safety in the home are important to the prevention of unintentional child injury. Recorded rates of discussion of home injury prevention were at 73.7 percent. This rate was at 66.5 percent in FY21, likely reflecting the difficulty home visitors experienced in finding ways to review safety with caregivers when they were unable to be physically present in the home environment during the public health emergency.

> 1%

of families enrolled in home visiting for upto 6 months or longer had abuse or neglect referrals.

79.4%

of parents report they always follow safe sleep practices when putting their infant to sleep.

Safe Sleep Practice

New this year are data that reflect family awareness and use of safe sleep practices that are known to reduce the risk of infant sleep-related death, including sudden infant death syndrome and accidental suffocation. Home visiting programs participate in a statewide Safe Sleep program led by ECECD and in collaboration with partners at UNM Early Childhood Services Center and the New Mexico Department of Health, which teaches parents about sleep risks and what actions they can take to protect their infants (see <https://safetosleep.nichd.nih.gov> for information from the National Institutes of Health). The New Mexico Home Visiting Safe Sleep Program provides safe sleep education and messaging to families, as well as Safe Sleep Baby Cradles and supporting materials.

Data on safe sleep practices were available for close to 86 percent of families with infants participating in home visiting during FY22. A total of 84.6 percent of families with a child 12 months or younger received safe sleep education – an increase from last year’s 59 percent. Home visitors completed 7,333 visits where sleep education was provided. Overall, 79.4 percent of families reported that they followed recommended safe sleep practices. This is up from 67.5 percent in FY21.

73.7%

of families with 5+ direct services discussed home safety and injury prevention with their home visitors.

Child Abuse Prevention

ECECD also tracks data that examine the relationships between home visiting services and the prevention of maltreatment. Of those families receiving home visiting services for at least six months in FY22, 0.87 percent had one or more protective service substantiated abuse or neglect referrals during their participation period. Though this is a slight increase from 0.67 percent last year, this continues a trend in reduced substantiated referrals after enrollment in home visiting, from an initial 1.94 percent in FY18.

Connection to Community Supports

Connecting families to social support services is part of the goal setting and planning process with each family, which is informed by screening tools and questionnaires to identify risks (Breidenbach et al., 2022). Appropriate referrals, and follow-ups on those referrals within a month, should occur regularly. Home visitors make referrals to various services and agencies, including primary care providers, behavioral health services, early intervention programs, intimate partner violence services, and child protective services.

Family Support Referrals

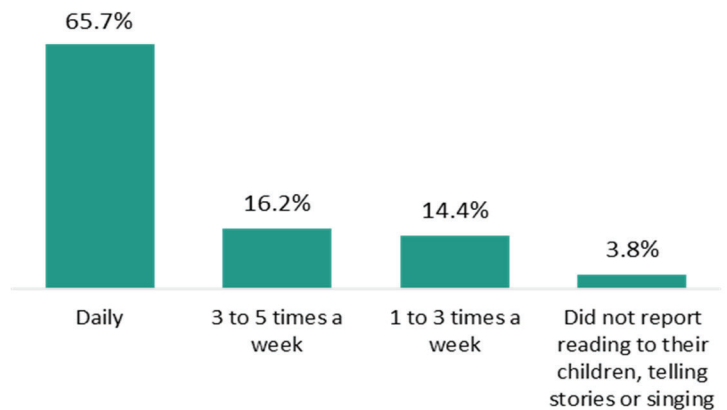
Nearly 86 percent of families enrolled this fiscal year have been referred to a total of 35,718 family support services during their time in home visiting, with 9,600 referrals initiated this year. Of referrals ever made to FY22 families, 11.1 percent were to behavioral health services, 9.5 percent were for basic needs, 8.6 percent were to family and social support services, and 8.6 percent were to early intervention (FIT) services. While home visitors do not provide meals to families, 6.7 percent were referred for nutrition supports such as WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) and SNAP (Supplemental Nutrition Assistance Program).

Data show that overall rates of home visitor referral to and family engagement in supportive services are at or near three-year highs. This reflects the focused efforts by ECECD’s Home Visiting support team, which includes the UNM Center for Development and Disability consultation team, the UNM Early Childhood Services Center Database Services team, and ECECD Home Visiting staff, to develop individualized quality improvement plans to support programs in their efforts to better connect families to key support services.

Referral to Child Care

The 6,363 families served this fiscal year have received a total of 1,011 referrals from their home visitors to child care centers since their initial enrollment in the program.

Chart 32. Percentage of Families Reading, Singing, or Telling



Home Visiting Outcomes for FY22

Healthy Births	
Received Prenatal Care	92.3 percent
Received First Trimester Prenatal Care	91.1 percent
Initiated Breastfeeding	80.3 percent
Screened for Perinatal Depression	84.6 percent
Referred to Depression Supports	97.9 percent of this at-risk those at-risk
Engaged with Depression Supports	49.6 percent of those referred
Up-to-Date Immunizations	94.1 percent
Parental Nurturing	
Improved Parenting Skills	1,666 parents (in at least one domain as measured by the PICCOLO tool)
Improved Ability to Teach Children	59.6 percent
Improved Ability to Encourage Children	45.8 percent
Child Physical and Mental Health	
Screened for Healthy Development	90.7 percent (as measured by the ASQ-3 tool)
Referred for Early Intervention Supports	93.1 percent of those at potential risk of delay
Engaged with Early Intervention Supports	69.3 percent of those referred
Up-to-Date Well-Child Checks	94.1 percent of parents reporting
School Readiness	
Screened for Social-Emotional Development	87.6 percent (as measured by the ASQ-SE tool)
Any Weekly Reading, Singing or Storytelling	96.2 percent
Daily Reading, Singing or Storytelling	65.7 percent
Safety of Families and Children	
Screened for Intimate Partner Violence	80.4 percent
Referred for Intimate Partner Violence Supports	91.7 percent of those identified as at-risk
Engaged with Intimate Partner Violence Supports	31.4 percent of those referred
Family Safety Plan in Place	78.7 percent of those identified as at-risk
Referral for Child Maltreatment or Abuse	Less than 1 percent (0.87) of families in home visiting for six months or more
Connections to Community Supports	
Risk Factors Identified through Screenings	1,870 children or their caregivers (29.4 percent of families) based on screening tools for child development, perinatal depression and intimate partner violence)
Referred to Supports	93.9 percent of those at-risk
Engaged with Supports	56.5 percent of those referred

Family Infant Toddler Program (FIT)

Overview

The Family Infant Toddler (FIT) Program provides early intervention services to children who have, or are at risk for, developmental delays or disabilities. Early intervention services include service coordination, developmental instruction, speech and language, physical, and occupational therapies, and family driven supports to maximize a child’s ability to fully participate in family and community life. FIT emphasizes strengthening the capacity of families to meet their children’s health and developmental needs. Services are provided at no cost to families for children from birth to age three. Services are typically provided on-site with the child and caregiver, either at their home or in their child care setting. FIT is an entitlement program administered under the Individuals with Disabilities Education Act (IDEA) Part C: Early Intervention Services for Infants and Toddlers. 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 dollars. For FY22, FIT had an operating budget of over \$63 million, of which about \$17.2 million came from state general funds. Chart 35 shows FIT funding over time combining state general funds, Medicaid funds, and state Medicaid matching funds.

By the Numbers

FY22 Funding: \$63,480,825

34 provider organizations

13,827 children served

455,838 service hours

FY22 FIT Funding by Source

General Fund: \$17,172,765

ECECD Medicaid Match Fund: \$5,552,550

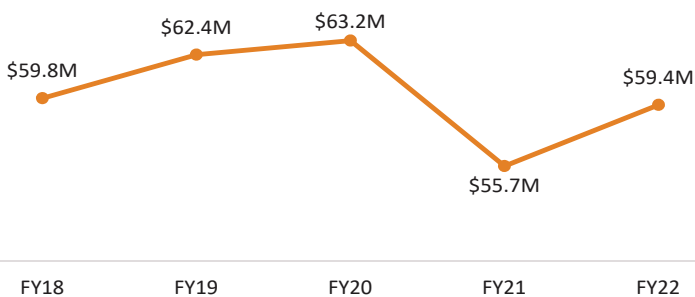
Medicaid: \$36,632,037

Federal Fund Part C IDEA: \$2,770,711

ARPA Part C Fund: \$1,346,761

Total: \$63,480,825

Chart 33. FIT Funding Trend, FY18 to FY22



Note: This chart includes only funds from the state general fund, Medicaid, and state Medicaid match. Federal Part C funds are not shown.

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 variety of skills and backgrounds, ranging from broad family support experience to specialized medical knowledge. Table 9, next page, shows the number of professionals by type who were employed by FIT programs in FY22.

On January 21, 2022, FIT released a study to understand the current wages of early intervention providers and the turnover climate among the eight early intervention disciplines. These disciplines are Family Service Coordination (FSC); Developmental Specialist (DS); Dual Role (FSC/DS); Physical Therapist (PT); Occupational Therapist (OT); Speech Language Pathologist (SLP); Social Worker (SW); and FIT Administrative Support. The program received responses from all 34 early intervention agencies with all questions answered by 30 of the 34 early intervention agencies. Data were requested for calendar year 2021. The highest turnover rate was in the Family Service Coordination (FSC) position, which provides the primary backbone support of the system along with comprehensive family supports. Table 10 shows the 2021 average high and low wages by discipline and annual turnover rates by discipline.

Table 9. FIT Professionals by Role, Statewide FY22

Role	Number
Audiologist	4
Family Therapist	19
Nurse	4
Nutritionist	7
Occupational Therapist	111
Other Professional	28
Paraprofessional	5
Physical Therapist	72
Social Worker	22
Speech and Language Pathologist	179
Family Service Coordinator	484
Developmental Specialist	454
Family Service Coordinator/Developmental Specialist	1,087

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 written consent of the parent and does not charge copays or deductibles. A New Mexico law passed in 2005 requires that all health insurance plans cover up to \$3,500 per year in FIT services. In FY22, 71 percent of families receiving FIT services had Medicaid, 13 percent had private insurance, and 16 percent had no insurance. FIT served a total of 13,827 children in FY22, providing about 455,838 service hours.

New Mexico is a national leader in providing early intervention services to young children, ranking third in the nation for identifying children who could benefit from services. Families with young children may qualify for early intervention services if evaluation by professionals finds 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 assessment of biological or environmental risk. This allows for early intervention when factors such as prenatal drug exposure, a history of abuse or neglect, caregiver use of drugs or alcohol, domestic violence, or depression or psychiatric disability in a caregiver are present. Table 11 shows the eligibility categories for total children served in FY22.

FIT is also working to align the health sector with early childhood needs by increasing awareness among pediatricians around the state to increase referrals to the program. Tables 12 and 13 contain the demographics of the children served by FIT in FY22. The white racial category in Table 12 is not disaggregated by ethnicity, and therefore includes children of white race and Hispanic ethnicity.

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 early intervention 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. In addition, FIT 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.

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 FY22, this survey found:

- **98 percent** of families say FIT services have helped them know their rights;
- **99 percent** of families say FIT services have helped the family effectively communicate their children's needs; and
- **99 percent** of families say FIT services have helped the family help their children develop and learn.

Table 10. FIT Professionals' Wage Ranges and Turnover Rates

Discipline	Low	High	Turnover Rate
Family Service Coordinator	\$34,647	\$42,111	42.9%
Occupational Therapist	\$69,688	\$82,925	25.3%
Developmental Specialist	\$34,023	\$48,023	25.2%
Social Worker	\$49,823	\$63,375	23.8%
Family Service Coordinator/Developmental Specialist	\$37,115	\$46,988	22.4%
Speech and Language Pathologist	\$70,286	\$85,411	19.5%
Physical Therapist	\$75,208	\$81,820	18.1%
Administrative Staff	\$36,810	\$53,235	15.8%

Chart 34. Children Served by FIT, FY18-FY22

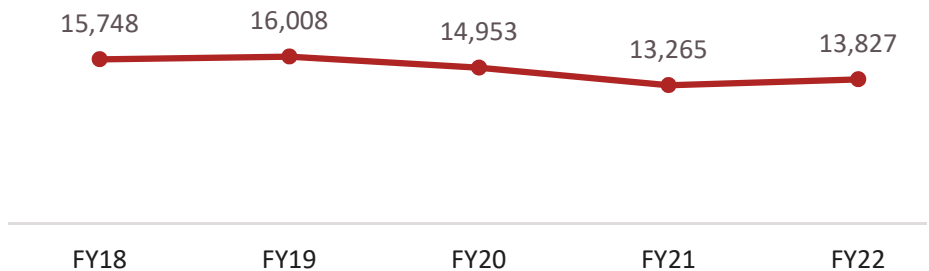


Table 11. Participants per Eligibility Category, FY22

Eligibility Category FY22	Number
At-risk Environmental	501
At-risk Medical/Biological	720
Developmental Delay	9,079
Established Condition	204
Multiple Categories with Developmental Delay	5,429
Multiple Categories without Developmental Delay	863

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 that they will need more intensive interventions later.

In FY22, 6,172 children exited the program and had data collected on their overall progress while enrolled. Of those, 4,588 had an identified developmental delay, disability, or an established condition. Another 1,584 were originally found eligible because of environmental or biological risk. Tables 14 and 15 summarize the percentages of these children who made different levels of progress across developmental domains.

Table 12. Race of Children Served by FIT, FY22

Race	Number
White	82.2%
American Indian or Alaska Native	7.7%
Black or African American	3.2%
Asian	1.3%
Native Hawaiian or Pacific Islander	0.2%
Unknown	5.5%

Table 13. Ethnicity of Children Served by FIT, FY22

Ethnicity	Number
Hispanic or Latino	66.6%
Non-Hispanic or Non-Latino	28.1%
Unknown	5.3%

Table 14. Outcomes for Children with Developmental Delays/Established Conditions who Exited FIT in FY22

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	73.6%	76.6%	77.0%
Percent of children who were functioning within age expectations in this outcome by the time they exited	44.9%	76.6%	45.6%

Table 15. Outcomes for Children At Risk of Developmental Delay (Environmental/Medical Biological) who Exited FIT in FY22

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.	77.8%	78.3%	79.5%
Percent of children who were functioning within age expectations in this outcome by the time they exited	70.5%	68.4%	69.2%

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 three. The program is for women and children who qualify for Medicaid and helps connect families to resources and community services they need for a positive pregnancy and parenting outcomes. The program is delivered by nurses in clinical and home settings, as well as through telehealth. Families FIRST has existed for more than 20 years and was previously housed in the Department of Health (DOH).

Funding Sources

FY22 Total Funding: \$2,893,567

General Fund: \$493,067

EC Trust: \$1,500,500

Other State Funds: \$900,000

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. Non-clinical staff pay rates range from \$12 to \$27 per hour.

In FY22, nurses have embarked on a new delivery of care model that takes their work out of the clinic and into the field to provide more hands-on care to families in the program, with the goal of improving outcomes even more. As of the end of 2022, Families FIRST is almost completely staffed across the state, enabling the delivery of services to all corners of New Mexico. The Department seeks to collect data on the retention of the Families FIRST Program providers and plans to implement improved tracking of this information in future.

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 does not exceed 250 percent of the Federal Poverty Level (\$57,575 annually for a family of three). Families can earn slightly more (up to 300 percent of the Federal Poverty Level) once children are born. More than half of births in New Mexico are covered by Medicaid, estimated at 54 percent by the Kaiser Family Foundation (KFF 2021, “New Mexico: Births Financed by Medicaid”). 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.

In FY22, Families FIRST contacted 3,987 families who were potentially eligible and interested. This resulted in program enrollment of 855 clients this fiscal year, of whom 457 enrolled prenatally and 398 received pediatric services after birth. These service numbers are down slightly from last year due to care coordinator retirement and turnover in Medicaid referral staff. Tables 16 and 17 show the demographics of Families FIRST clients. Note that the white racial category is not disaggregated by ethnicity, and includes both Hispanic white and non-Hispanic white clients.

FY22 By the Numbers

Total Funding: \$2,893,567

3,987 clients contacted

855 clients enrolled

223 newborns delivered to enrolled mothers

Families FIRST Nurses

Program services are provided by a staff of care coordinators, all of whom are registered nurses. At full staffing, the program is delivered by 15 care coordinators and four regional coordinators. 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 and they earn hourly wages that

12-Month Postpartum Eligibility

In March 2022, the Governor's office announced expansion of Medicaid coverage for postpartum care for new mothers by increasing coverage from 60 days to a full year. This expansion should reach an expected 17,000 New Mexicans and is an opportunity to reduce the state's high postpartum mortality rates and other preventable chronic illnesses associated with poverty in the year after giving birth.

Families FIRST Services

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 will reassess the family and provide services such as screenings for depression and breastfeeding supports. They also provide education on postpartum topics such as newborn care, safe sleep practices, and birth control 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 developmental delays and refer families as needed to the Family Infant Toddler (FIT) Program (see page 40). They also continue connecting families to any needed social and economic supports during this time.

Key Health and Development Outcomes

A total of 92.6 percent of Medicaid-eligible expecting mothers enrolled across Families FIRST and state-funded home visiting accessed prenatal care in their first trimester of pregnancy, an important support to ensure healthy birth outcomes. Families FIRST collects data on several outcomes related to these healthy births (see box below). Once children were born, the program supported their ongoing health and development in a variety of ways, including:

Births in FY22

In FY22, 223 newborns were delivered to mothers enrolled in the Families FIRST program. Of those newborns:

- 90% were born after 37 weeks
- 86% did not spend any time in the special care nursery
- 88% weighed more than 6 lbs. at birth
- 65% had no major complications
- 73% were breastfed
- 62% had a vaginal delivery
- Conducted 181 developmental screenings using the Ages and Stages Questionnaire (ASQ) to identify children with developmental delays and disabilities. These screenings usually start at four months of age.
- Referred 10 children identified as at risk of developmental delay or disability to early intervention services through the Family Infant Toddler (FIT) Program. Being connected with FIT early in childhood can help children reach key developmental milestones that support school readiness.
- Ensured 99 percent of children were up to date on immunizations.
- Referred 152 clients to home visiting programs, which provide longer-term comprehensive family supports for positive parenting and child well-being. Eighty-six of these referrals were to pregnant mothers and 66 were to families with infants.
- Provided families with supports around feeding and food insecurity. This included education and promotion around breastfeeding, as well as referrals to nutrition support programs such as Supplemental Assistance Program (SNAP) or Women, Infants and Children (WIC).

Table 16. Race of Families FIRST Clients, FY22

Race	Number
American Indian or Alaskan Native	2.7%
Asian	0.8%
Black	2.2%
Native Hawaiian or US Territory Islander	0.3%
Other	8.9%
White	82.4%
Unknown	2.7%

Table 17. Ethnicity of Families FIRST Clients, FY22

Ethnicity	Number
Hispanic or Latino	72.3%
Non-Hispanic or Non-Latino	22.7%
Unknown	5%

Head Start State Collaboration Office

Overview

Head Start and Early Head Start are key partners in the early childhood education system working to give every vulnerable preschool-age child in low-income families an opportunity to succeed in school and life ahead. These federal to local funded programs make an impact on communities by providing comprehensive educational, emotional, social, health, nutritional, family engagement, community, and psychological services that support thriving children and their families. Head Start has been providing services for 57 years in New Mexico, since the program's beginning in 1965, with Early Head Start services added in 1995. Both Tribal and Regional entities offer Head Start and Early Start programs in New Mexico.

ECECD maintains a strong partnership with Head Start programs through its Head Start State Collaboration Office (HSSCO) and engagement with the New Mexico Head Start Association. ECECD facilitates partnership between Head Start programs and the other services addressing the needs of low-income pregnant women, children, and families ensuring that efforts to meet local needs are coordinated and that limited resources are deployed efficiently in communities. Serving under the Assistant Secretary for Native American Early Childhood Education and Care, the Head Start State Collaboration Director prioritized strengthening state collaboration with Tribal Head Start programs. The HSSCO implemented quarterly meetings with Tribal and non-Tribal Head Start grantees to discuss needs and challenges and determine how HSSCO can provide support for collaborative solutions.

Head Start Professionals

Early Head Start and Head Start classrooms were staffed in FY22 with 2,240 teaching professionals. A total of 31.2 percent of Head Start teachers have a bachelor's degree or higher, while 48.2 percent hold an associate degree, and 5.4 percent hold a Child Development Associate Credential (CDA). Almost half of teaching assistants (47.7 percent) reported no educational qualifications, while 35.2 percent hold a CDA, 14.8 percent have an associate degree, and 1.9 percent have a bachelor's degree or higher. Among the state's Early Head Start teaching professionals, 14.1 percent have a bachelor's degree or higher, 27.5 percent have an associate degree, and 37.9 percent have a CDA. Another 19.2 percent reported no qualifications.

Head Start participates in ECECD's scholarship and wage supplement programs. The Department awarded 103 scholarships to Head Start professionals in Fall 2021, 112 scholarships in Spring 2022, and 81 scholarships in Summer 2022. ECECD awarded 50 wage supplements in FY22 to Head Start and Early Head Start teachers. Additionally, 824 Head Start teachers and teaching assistants are enrolled in Quorum online training and have completed 995 courses.

By the Numbers

FY22 Funding: \$100,305,006 (not including Navajo Nation)

Total Head Start Enrollment: 6,433

Total Early Head Start Enrollment: 2,362



Head Start State Collaboration Office Five-Year Priorities

The HSSCO will follow seven priorities into FY23:

- Partner with the Early Head Start-Child Care Partnership initiatives.
- Work with state efforts to collect data on early childhood programs and child outcomes.
- Support the expansion of and access to high-quality workforce and career development.
- Collaborate with State Quality Rating Improvement Systems.
- Work with state school systems ensuring continuity between Head Start and Kindergarten.
- Continue collaboration with Region VI, Region XI (American Indian/Alaska Native) and Region XII (Migrant/Seasonal) Collaboration Directors.
- Strengthen and continue collaboration with the New Mexico Head Start Association.

Funded Enrollment

In FY22, total funding for Head Start and Early Head Start in New Mexico was \$100,305,006. This total includes federal funding for both Regional and Tribal programs. Note that funding and enrollment totals do not include the Navajo Nation, whose service area crosses multiple states. This federal funding is awarded directly to grantees, with total funded enrollment of 2,362 Early Head Start and 6,433 Head Start slots (see Table 18).

In New Mexico in FY22, four child care providers partnered with two Early Head Start grantees as part of a federally funded Early Head Start-Child Care Partnership initiative. This partnership brings the developmental services and supports offered in Early Head Start settings into other child care settings. Table 19 shows the partnering grantees and child care providers and their funded enrollment in FY22.

In April 2022, the New Mexico HSSCO and ECECD programs collaborated with the Public Education Department's Education for Homeless Children and Youth and Special Education Division and the New Mexico Head Start Association to host the first prenatal to kindergarten transition summit. The summit focused on promoting and supporting children's school readiness through intentional collaboration and strong partnerships across the prenatal to five early childhood system and services. More than 300 providers gathered virtually to ensure that all New Mexico children have access to quality early childhood experiences that support their health, development, education, and overall wellbeing. Providers also partnered with the state's McKinney Vento Act coordinator to better identify and serve families in housing transition. The second annual transition summit is scheduled for 2023.

Table 18. Funded Enrollment for Head Start/Early Head Start, by Grantee Type, FY22

Grantee Type	Early Head Start	Head Start	Total
Tribal	334	1,790	2,124
Regional	2,028	4,544	6,572
Migrant Seasonal	0	99	99
Total	2,362	6,433	8,795

Table 19. Early Head Start-Child Care Partnership Program Funded Enrollment (as of April 2022), FY22

Early Head Start Grantee	Child Care Partner	Funded Enrollment
Youth Development Inc.	First Fruits Christian Academy	24
	St. Mark's in the Valley	56
La Clinica de Familia	New Mexico Children First	48
	Brilliant Bees Learning Center	24
	Total	152

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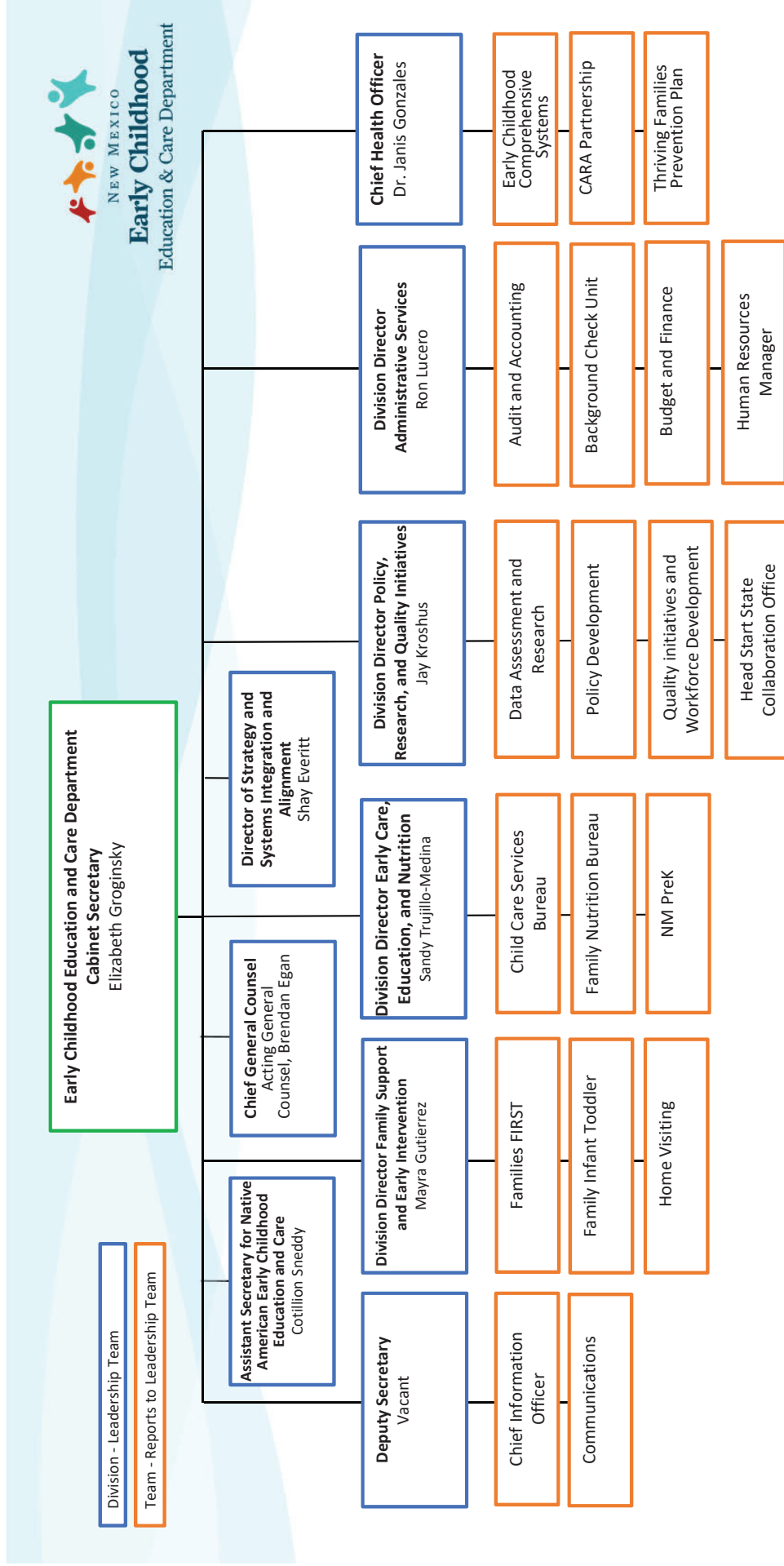
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Appendix A – ECECD’s Organizational Chart



Appendix B - Home Visiting Programs

	Total Families Funded	Counties Served
Partners for a Healthy Baby (PHB) and/or Nurturing Parenting (NP)		
Appletree	60	Sierra (60)
Avenues for Early Childhood Services	121	McKinley (121)
Ben Archer Health Center	375	Doña Ana (225), Luna (125), Otero (25)
Colfax County	50	Colfax (40), Union (10)
F.A.C.E.S. First LTD (**)	40	San Juan (40)
Gila Regional Hospital	134	Grant (134)
Guidance Center of Lea County	132	Lea (132)
La Vida Felicidad	69	Cibola (20), Valencia (49)
Las Cumbres Community Services	100	Rio Arriba (40), Santa Fe (60)
Peanut Butter & Jelly Family Services	90	Bernalillo (80), Sandoval (10)
Southwest Pueblo Consultants	89	Bernalillo (33), Cibola (16), Rio Arriba (18), Sandoval (22)
Taos Health Services - Holy Cross Hospital	140	Colfax (5), Rio Arriba (2), Taos (133)
University of New Mexico Hospital - Young Children's Health Center	70	Bernalillo (70)
Western Heights Learning Center	40	Bernalillo (40)
Youth Development Inc.	270	Bernalillo (180), Rio Arriba (45), Sandoval (25), Torrance (20)
Parents as Teachers (PAT)		
Community Action Agency of Southern New Mexico*	270	Doña Ana (250), Otero (20)
ENMRSH*‡	216	Curry (101), De Baca (1) Guadalupe (29), Quay (3), Roosevelt (82)
Gallup-McKinley County Schools*	120	McKinley (120)
Los Pasitos Early Intervention	25	Chaves (15), Eddy (3), Lea (3), Roosevelt (4)
Luna County*	175	Hidalgo (50), Luna (125)
Presbyterian Medical Services	235	Chaves (30), Cibola (30), Eddy (25), Lea (40), Quay (30), San Juan (80)
Region IX Educational Co-op	66	Lincoln (66)
Tresco, Inc.	260	Bernalillo (40), Dona Aña (150), Santa Fe (20), Sierra (50)
University of New Mexico - CDD HSC*‡	170	Bernalillo (120), Valencia (50)
Parents as Teachers (PAT)/First Born (FB)		
MECA	607	Chaves (130), Curry (104), Doña Ana (160), Lea (142), Quay (21), Roosevelt (50)
Parents as Teachers (PAT)/Partners for a Healthy Baby (PHB) and or Nurturing Parenting (NP)		
Aprendamos Early Intervention	170	Doña Ana (160), Otero (7), Sierra (3)
Southwest Pueblo Consultants	100	Bernalillo (75), Cibola (2), Rio Arriba (5), Sandoval (14), Taos (2), Valencia (2)
Nurse-Family Partnership (NFP)		
University of New Mexico - CDD HSC*‡	200	Bernalillo (200)
Neonatal Intensive Care Unit (NICU)		
Regents of the University of New Mexico CDD (NICU)	200	Bernalillo (200)
First Born (FB)		
First Born of Los Alamos	75	Los Alamos (75)
Growing Up New Mexico	180	Santa Fe (170), Rio Arriba (10)
Kiwanis – First Born of Northern NM	60	Harding (2), Mora (15), San Miguel (43)
Northwest New Mexico First Born Program	155	McKinley (60), San Juan (95)
Presbyterian Healthcare Services - Socorro General Hospital	95	Socorro (95)
TOTAL FAMILIES FUNDED	5,070	

*Indicates programs receiving MIECHV funding

‡ Indicates programs receiving Centennial funding

** Program closed FY22 Q2

**New Mexico Early Childhood
Education and Care Department**

**Annual Outcomes Report
for Fiscal Year 2022**

July 1, 2021 - June 30, 2022

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