

20 Annual 24 Report

Fiscal Year 2024

July 1, 2023 - June 30, 2024



NEW MEXICO

Early Childhood

Education & Care Department

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MICHELLE LUJAN GRISHAM
GOVERNOR

HOWIE MORALES
LIEUTENANT GOVERNOR



ELIZABETH GROGINSKY
CABINET SECRETARY

ARIANA QUINONES-MIRANDA
DEPUTY CABINET SECRETARY

JOANNIE SUINA
ASSISTANT SECRETARY
for Native American
Early Education and Care

Dear Governor Michelle Lujan Grisham and Members of the New Mexico State Legislature,

Five years ago, we set out together to build something bold and lasting: a comprehensive, high-quality and equitable early childhood system that serves all New Mexico families from the very start. That shared vision, paired with historic levels of investment and bipartisan collaboration, is now delivering measurable impact across the state. Today, thanks to your leadership, New Mexico is not only making good on its promise to children and families—we are setting the national standard.

Fiscal Year 2024 (FY24) marked significant growth for the Early Childhood Education and Care Department (ECECD). ECECD increased income eligibility for child care assistance to 400 percent of the federal poverty level and continued to waive copayments—ensuring access to affordable care most New Mexico families. This was coupled with a child care rate increase that included a \$15/hour minimum base wage for early educators statewide—an essential step to strengthen and stabilize the workforce that makes all early learning possible.

ECECD saw transformational progress in New Mexico PreK (NM PreK). The \$98 million investment from the Land Grant Permanent Fund fueled the largest expansion in the program's history—adding more than 3,000 new slots, extending hours of instruction, and growing access for 3- and 4-year-olds in community, school, and Tribal settings across the state. These fiscal commitments, paired with raising the minimum annual distribution from the Early Childhood Trust Fund to \$250 million, supported advancements across our full continuum of prenatal-to-age-5 services.

Together, these achievements place New Mexico firmly on the path to universal access for early education and care. Since the department's founding, the State has made gains in improving program quality, expanding and enhancing the early childhood workforce and growing capacity to meet the demand for services that New Mexico families want and need.

That progress is real, it is measurable, and it is being felt by New Mexico families. But we cannot stop here. To fully realize the vision we share—a future where every child is supported from the start—we must stay the course. Sustained funding, family-centered programs, data-driven policymaking, and deep collaboration will be the keys to ensuring that all children enter kindergarten ready to succeed in school and life.

Thank you for your unwavering leadership, partnership, and belief in what's possible. Together, we are building a system that is advancing positive outcomes for families and young children and will continue to do so for generations to come.

With gratitude,

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

Elizabeth Groginsky
Cabinet Secretary, Early Childhood Education and Care Department

Executive Summary

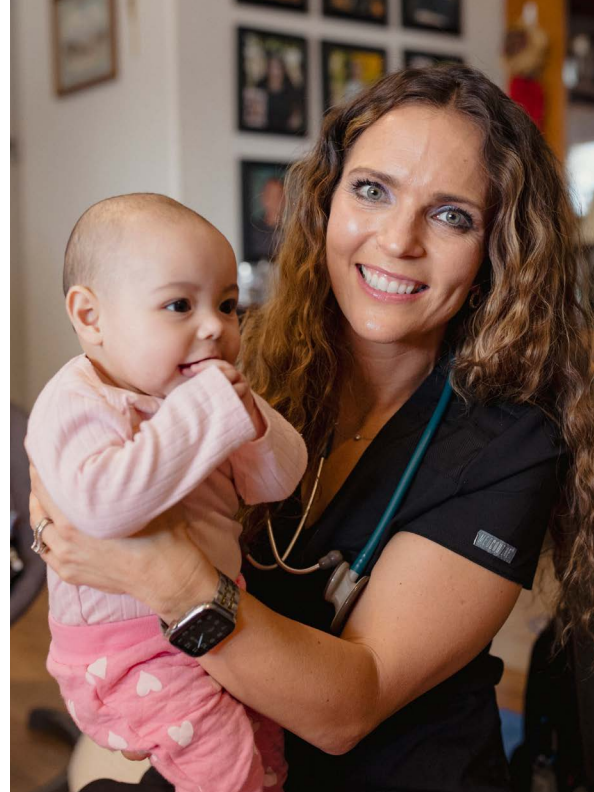
2024 marked a transformational chapter in New Mexico’s early childhood journey—one defined by smart investments, strategic expansion, new partnerships, and meaningful and measurable outcomes. With the support of the Legislature, ECECD continued to build a world-class prenatal-to-age 5 system for New Mexico families, while strengthening the workforce and delivering long-term returns for the state.

One of the most significant milestones of FY24 was the expansion of NM PreK. Thanks to increased funding and targeted program development, more 3- and 4-year-olds gained access to early learning experiences that prepare them for success in school and beyond. ECECD added capacity across school-based, community-based, and Tribal settings. These expansions were not just about quantity—they reflected a deliberate focus on quality, inclusivity, and improved school readiness.

ECECD also made major strides in reinforcing the backbone of a strong early childhood system: its workforce. In 2024, the department raised wages for early educators, invested in professional development, and expanded pathways for career advancement. These initiatives are improving retention, elevating quality, and helping to professionalize a workforce that is vital to both economic growth and child development. These efforts recognize what families and research have long affirmed—that diverse, well credentialed and compensated educators are essential to young children’s learning and growth.

This Annual Outcomes Report fulfills the department’s statutory reporting obligations as required in four pieces of legislation: the Early Childhood Education and Care Department Act, Pre-Kindergarten Act, Home Visiting Accountability Act, and Early Childhood Care Accountability Act.

This report provides a comprehensive look at ECECD’s progress across its full continuum of prenatal-to- age-5



Key Highlights

In FY24, New Mexico maintained the most expansive child care assistance program in the country, with income eligibility remaining at 400 percent of the Federal Poverty Level (FPL).

New Mexico PreK reached a record high in FY24 with 17,530 funded slots — a 21 percent increase from the previous year.

services—including PreK, child care, home visiting, early intervention, and nutrition, as well as a look at the department’s work over the past year to expand access, improve quality, support the workforce, and ensure that programs are aligned with the needs of children and families. As New Mexico shifts from pandemic-era stabilization to long-term, sustainable system building, ECECD continues to lead with vision, purpose, and partnership—laying the foundation for a stronger, healthier future for every child in the state.

To ground this system-building work in data and accountability, ECECD launched a statewide implementation of the Early Development Instrument (EDI) in partnership with the Public Education Department (PED) and UCLA’s Center for Healthier Children, Families, and Communities. Completed by public school teachers for 98 percent of kindergarten students, the EDI offers a robust, localized snapshot of children’s school readiness across five developmental domains. It also establishes a baseline from which ECECD and local leaders can understand the impact of early childhood investments over time. This marks a bold move—New Mexico is the first to use the EDI on a statewide level. This serves as a critical tool for measuring the effectiveness of the early childhood system and will allow the state to target resources where they are needed most.

Early Development Instrument

The EDI is a questionnaire completed by kindergarten teachers for each child in their class that captures a snapshot of the statewide kindergarten population’s development, health, and school readiness. It describes children’s well-being in five areas of development known to predict later success in school and in life:

- Physical Health and Well-Being;
- Social Competence;
- Emotional Maturity;
- Language and Cognitive Skills; and
- Communication Skills and General Knowledge.

The State of New Mexico implemented the EDI in Spring 2024 to assess the wellbeing of our youngest school-age learners and inform relevant policy and practice. EDI data is reported at a population level—for a census tract, neighborhood, city, etc.—and is never reported on individual children.

EDI results reflect how well the service system has supported young children and their families. EDI results are reported as the percentage of children who are developmentally “vulnerable,” “at-risk,” and “on track” in each of five domains. Children who score at or below the 10th percentile of the national EDI population are considered developmentally vulnerable (red). Children who score above the 10th percentile but at or below the 25th percentile are considered at-risk for becoming vulnerable (purple), and those who score above the 25th percentile in each area are considered on track (orange).

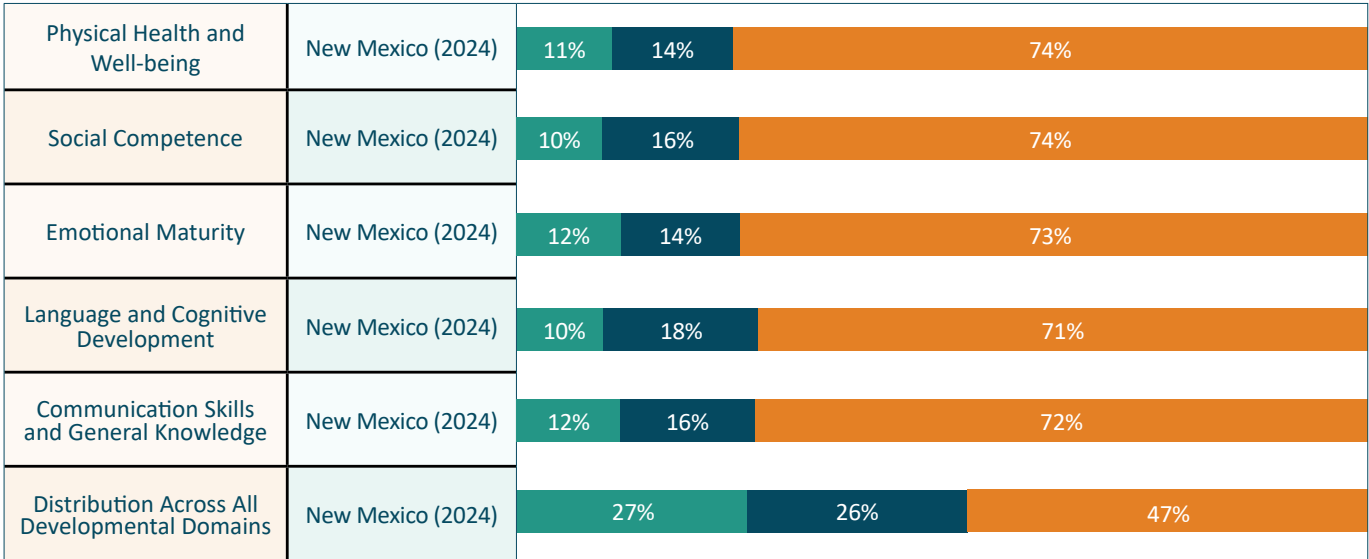
In New Mexico, EDI data was collected for 18,974 children in FY24. The FY24 data shows that the majority of children are on track across individual developmental domains, with further to go across all domains.

Executive Summary Chart 1. 2023-2024 EDI Collection in the State of New Mexico

School Information	2024
Participating school districts/charters	116
Participating school	441
Classrooms collecting EDI information	1,380
Community Information	
Children	18,974
Children who are English Language Learners (ELL)	18%
Children who have and Individualized Education Program (IEP) for children with disabilities	18%
Race/Ethnicity	
African-American, Black	2%
Asian, Native Hawaiian or other Pacific Islander	1%
American Indian/Alaska Native	9%
Hispanic, Latino/a	53%
White	19%
Other	16%

This data will be mapped by census tract to support community leaders in assessing school readiness, strengthening early childhood programs, and better coordinating services that support children’s development during their early years at the local level. With support from ECECD and UCLA, local early childhood systems-building coalitions—collaboratives made up of local leaders, parents, and service providers who know their communities the best—have been trained to use EDI data to understand challenges and make data-informed decisions about early childhood systems in their communities. This process is collaborative and ongoing, creating opportunities for local coalitions to gather to learn together, collaborate and share reflections and insights on what’s working in their communities.

Executive Summary Chart 2. Early Development Instrument Schedule for Readiness of Kindergarten Students 24-25



■ Vulnerable ■ At Risk ■ On Track

Table 1 below provides an overview of the number and type of early childhood programs funded by the department and the number of children served in FY24.

The following sections provides an overview of key accomplishments and outcomes across ECECD’s core programs and initiatives in FY24. Additional detail, including data on program reach by county and type, is included in the Appendix B.

Executive Summary Table 1. Number and Type of Early Childhood Programs Administered by the Department, FY23-24 Data

Early Care, Education, and Nutrition Division		
Program	Number of Providers	Number of Children Served
Child Care	1,018 licensed homes and centers 893 registered homes	28,348 (monthly average)
NM PreK	256 school-based sites 307 community-based sites	17,530
Family Nutrition	41 SFSP sponsors 486 SFSP meal sites 2,135 CACFP providers	28,164 CACFP meal recipients (monthly average)

Family Support and Early Intervention Division		
Program	Number of Providers	Number of Children Served
Home Visiting	34	7,764
Family Infant Toddler	35	15,730

Head Start Collaboration Office		
Program	Number of Recipients	Number of Children Funded to Serve
Early Head Start	16	1,618
Tribal Early Head Start	5	200
Head Start	13	3,274
Tribal Head Start	15	1,083





Early Care, Education, and Nutrition Division

The Early Care, Education, and Nutrition Division (ECEN) plays a critical role in advancing ECECD's vision of creating a universal, family-centered early childhood system. It emphasizes equitable access, quality improvement, and the integration of care, education, and nutrition to ensure that all New Mexico children have the opportunity to thrive.

ECEN had a very successful FY24. Child care continued expanded eligibility up to 400% of federal poverty level (FPL) and the waiver of copayments making child care free for most New Mexicans.

ECECD's collaboration and partnership with the New Mexico Regulation and Licensing Department and State Fire Marshal Office led to an amendment to NMAC 14.7.2. 2021 New Mexico Commercial Building Code and 14.7.3 2021 New Mexico Residential Building Code. The adopted rule prohibits the requirement of the automatic sprinkler system in homes seeking licensure from ECECD for twelve or fewer children, an overly burdensome requirement that had been enforced inconsistently throughout the state and negatively impacted the supply of child care in New Mexico's rural areas, indigenous communities, and in child care deserts.

New Mexico PreK (NM PreK) experienced its largest expansion in history, with \$98 million added from the Land Grant Permanent Fund. This funding resulted in a 21 percent growth, adding 3,090 new NM PreK slots, increasing the rate

5% ^

Child care Capacity

Collectively, child care providers had the capacity to serve 66,854 children if operating at their maximum licensure limits, representing a 5 percent increase from FY23.

21% ^

Increase in NM PreK Slots

NM PreK experienced its largest expansion in history with \$98 million added from the Land Grant Permanent Fund, resulting in a 21 percent growth that added 3,090 new slots

47%

5-STAR FOCUS Centers

Percent of the state's licensed child care capacity was in 5-STAR FOCUS centers and homes in FY24, a 3 percent increase from FY23, meaning nearly half of all licensed child care slots in New Mexico were at the highest level of quality.

per slot, and extending instructional hours from 1,080 to 1,380 to support full-day, full-year services. NM PreK grew its partnership with Head Start programs by offering a funding opportunity to support quality and extend Head Start instructional hours through a dual or blended enrollment option, and collaboration was strengthened with our tribal partners with the addition of three new tribal partners.

As New Mexico continues to move toward universal access, increased child care capacity continues to be a need, specifically for infants and toddlers, children with disabilities, and extended day and non-traditional hours options.

Child Care Accountability Act Reporting Requirements

- | | |
|---|--|
| <ol style="list-style-type: none">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 | <ol style="list-style-type: none">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; and12. 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. |
|---|--|

The Child Care Services Bureau (CCSB) ensures equal access to high-quality, healthy, safe, and supportive child care environments. Through the Child Care Assistance Program, working families receive access to quality care for children aged six weeks to 12 years. Families qualify if their income is at or below 400% of the federal poverty level (FPL) upon entry and remain eligible for a 12-month period if their income stays at or below 425% FPL. As of May 1, 2022, copayments are waived for all eligible families.

Child Care Licensing

Child care in New Mexico is provided to families through child care centers and home-based care providers. The Regulatory Oversight Unit monitors the health, safety, and quality of licensed child care centers, licensed homes, and registered homes. It licenses child care centers and homes, conducts two onsite inspections annually and investigates complaints. Registered homes are inspected once a year and subject to complaint investigations. Providers offer child care for children aged 6 weeks to 12 years. ECECD supports providers with training, consultation, and other resources to help them meet state standards and requirements.

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. The state offers three types of child care licenses: family homes and family group homes (for home-based providers, depending on the number of children served) and child care centers.

In FY24, New Mexico licensed 1,018 child care providers, a 4 percent increase (35 providers) compared to the 983 providers licensed in FY23. Of the 1,018 licensed providers, 76 percent (769) were child care centers, 14 percent (142) were licensed group homes, and 11 percent (107) were licensed family homes. Collectively, these providers had the capacity to serve 66,854 children if operating at their maximum licensure limits. The overall capacity increased by 5 percent (3,206) from FY23, including an 8 percent (850) increase in capacity for children under age 2.

ECEN Table 4. Types of Child Care Setting in New Mexico

Type of Child Care Setting	Description
Licensed Child Care Centers	Licensed non-residential child care, FOCUS-rated, and eligible for child care and food assistance.
Licensed Family Homes	Care in private homes for up to six children (or up to four children under age 2) . Licensed by ECECD, FOCUS-rated, and eligible for child care and food assistance.
Licensed Family Group Homes	Care in private homes for seven to 12 children . Licensed by ECECD, FOCUS-rated, and eligible for child care and food assistance.
Registered Homes	Care in private homes for up to four children . Registered with ECECD, requires annual training and CPR/first aid. Eligible for child care and food assistance, but not FOCUS-rated.

ECEN Table 5. Number and Capacity of Licensed Child Care Providers, FY24

Type of Care	Count	Percentage	Type of Care	Capacity Age 3-12	Capacity Age Under 2	Total Capacity
Child Care Centers	769	76%	Child Care Centers	52,773	11,192	64,568
Licensed Group Centers	142	14%	Licensed Group Centers	1,685	562	1,687
Licensed Group Homes	107	11%	Licensed Group Homes	598	248	599
Total	1,018	100%				

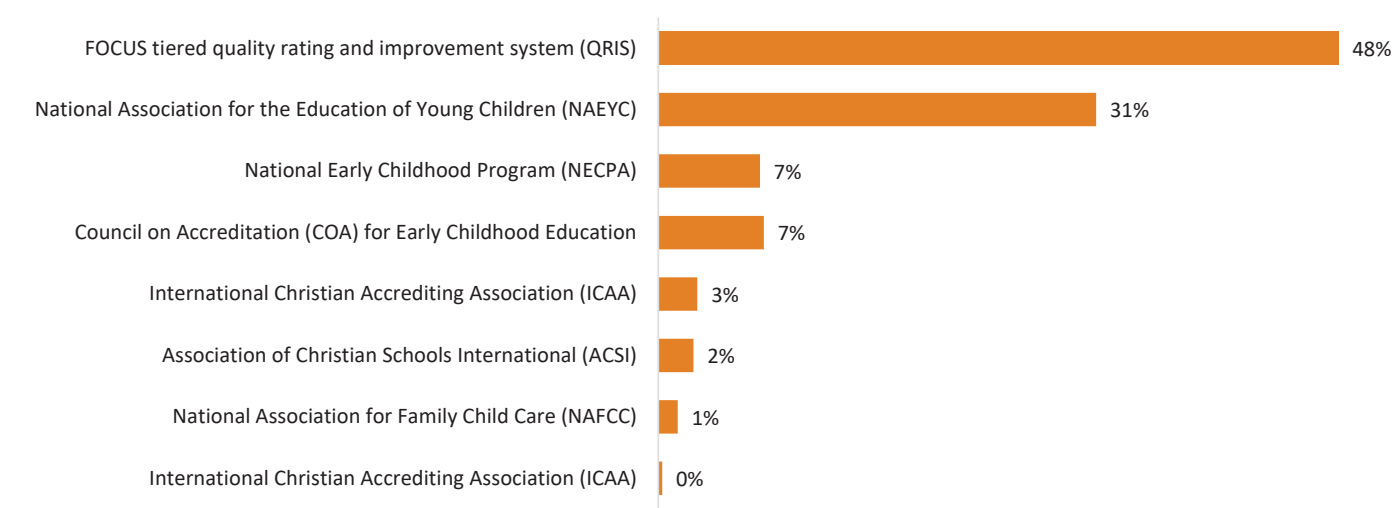
Note: Capacity by age group does not sum to total capacity due to how capacity is regulated.

Quality of Licensed Child Care Programs

The FOCUS tiered quality rating and improvement system (TQRIS) 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 two to five stars, each associated with a progressively more robust set of quality standards.

The requirements of FOCUS include maintaining specific teacher to child ratios, engagement in continuous quality improvement, an annual self-assessment of practices related to family engagement and support of all children, developmental screenings of children, ongoing professional development, and use of the New Mexico Early Learning Guidelines. Rating criteria 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 a 5-Star rating under FOCUS if they are accredited by a national entity that has been approved by ECECD. Chart 1 shows the distribution of accreditation by New Mexico child care providers as of June 2024, including the 48 percent of providers who have obtained their 5-Star rating through New Mexico’s FOCUS pathway.

ECEN Chart 1. Distribution of Pathways to 5-STAR FOCUS Designation, June 2024



When program are 4-, and 5-Star rated, they receive higher rates of reimbursement through child care assistance (i.e., tiered reimbursement). 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 6 shows the distribution of providers at the close of FY24 in June 2024, by type, quality rating, and capacity. Forty-seven percent of the state's licensed child care capacity was in 5-STAR FOCUS centers and homes in FY24 (a three percent increase from FY23), 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 high quality rating has increased year-to-year since the implementation of FOCUS. In FY24, the largest area of quality growth was from three to four stars, demonstrating a continuing shift towards higher quality in licensed settings.

ECEN Table 6. Number and Capacity of Licensed Providers by Type and Quality Level, June 2024

Child Care Centers

Quality Level	Number of Providers	Capacity Over Age 2	Capacity Under Age 2	Total Capacity
1 Star	13	717	149	858
2 Star	210	13,084	1,424	14,903
2+ Star	85	5,222	761	5,973
3 Star	90	5,938	1,587	7,553
4 Star	51	3,280	802	4,082
5 Star	320	24,472	6,469	31,199
Total	769	52,773	11,192	64,568

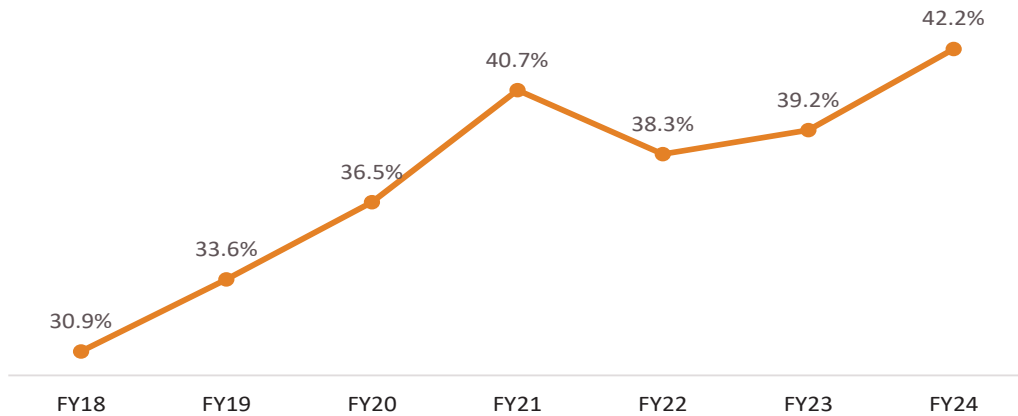
Licensed Group Home

Quality Level	Number of Providers	Capacity Over Age 2	Capacity Under Age 2	Total Capacity
1 Star	2	24	8	24
2 Star	57	680	224	682
2+ Star	27	310	108	310
3 Star	8	96	32	96
4 Star	11	132	42	132
5 Star	37	443	148	443
Total	142	1,685	462	1,687

Licensed Family Home

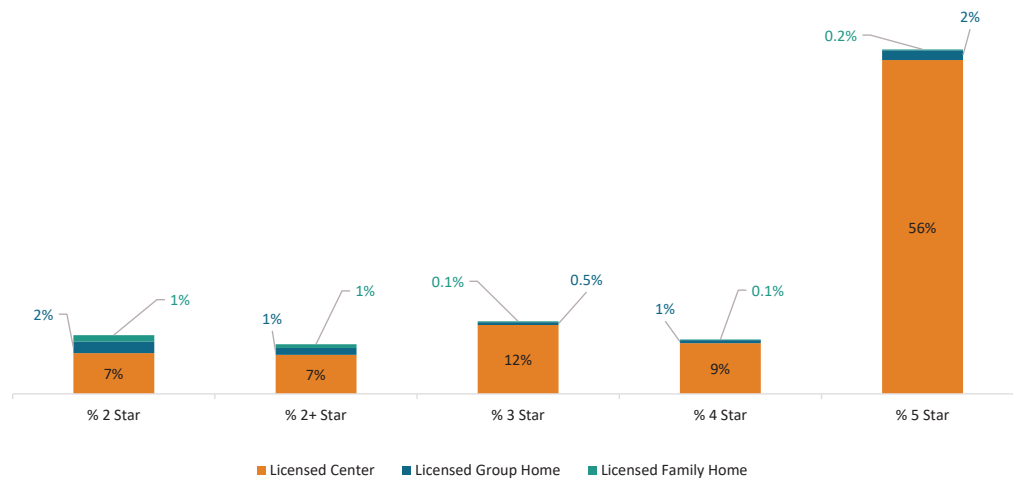
Quality Level	Number of Providers	Capacity Over Age 2	Capacity Under Age 2	Total Capacity
1 Star	-	-	-	-
2 Star	67	376	151	377
2+ Star	25	139	56	139
3 Star	4	20	11	20
4 Star	4	23	12	23
5 Star	7	40	18	40
Total	102	598	248	599

ECEN Chart 2. Percentage of Licensed Providers with a 3-, 4- or 5-STAR rating, FY18 to FY24

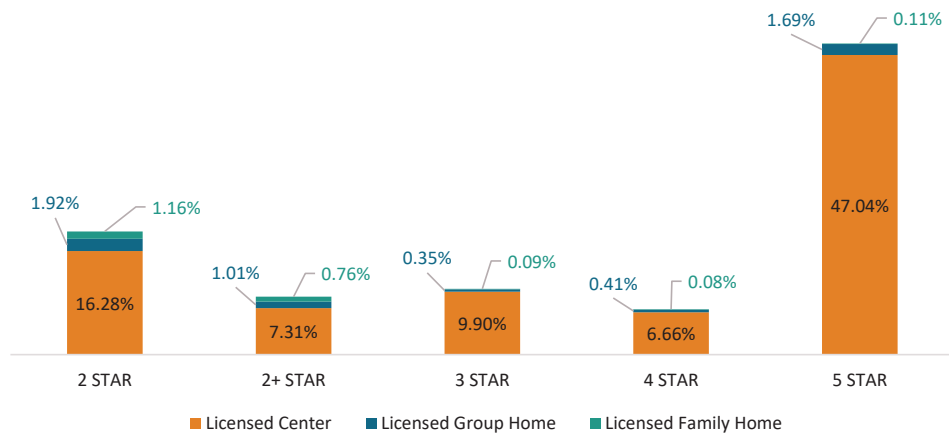


Charts 3 and 4 show where children who received child care assistance were cared for in FY24. Chart 3 shows the care type and quality level of providers who care for children from birth to five years, and Chart 4 shows the same indicators for school-age children, aged six and older. In both age groups, a plurality of children receiving subsidies were cared for in the highest rated 5-STAR FOCUS child care settings. In June 2024, 509 young children and 502 older children used their child care subsidy for registered home care.

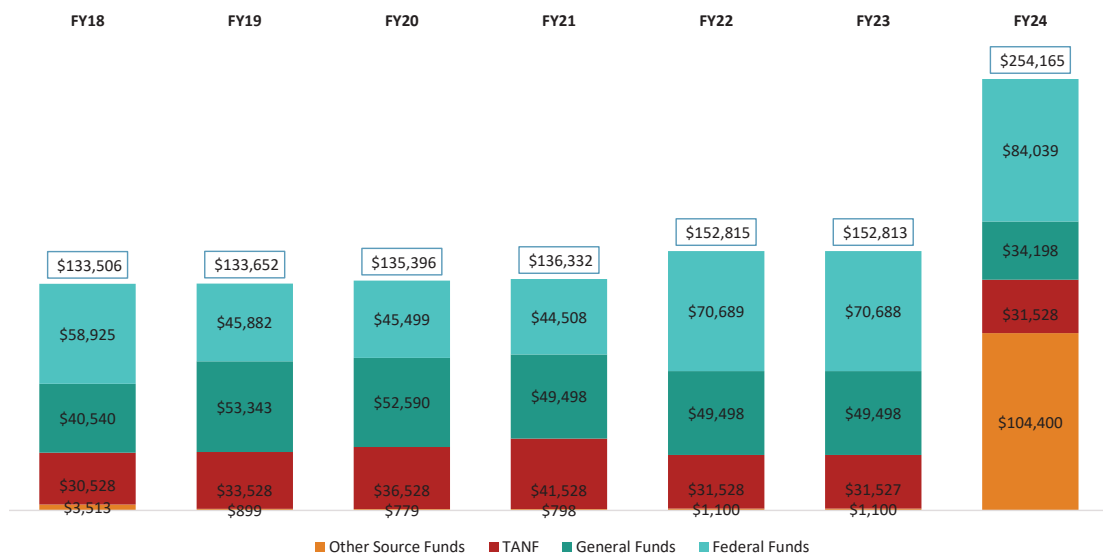
ECEN Chart 3. Children Birth to Age 5 Receiving Child Care Assistance by Quality Level and Care Type, June 2024



ECEN Chart 4. Children Age 6 and Older Receiving Child Care Assistance by Quality Level and Care Type, June 2024



ECEN Chart 5. Child Care Funding by Source, Excluding COVID-19 Relief Funds, FY18-FY24



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 a minimum of two unannounced inspections annually to ensure the safety of licensed child care facilities and a minimum of one visit per year for registered child care homes. ECECD also investigates complaints and incidents in child care settings and 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. Results of these visits and investigations are available to families and the public within the [New Mexico Child Care Finder website](#).

Monitoring the Health and Safety of Child Care Settings

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ECEN Table 7. Total Licensed Child Care Provider Complaints and Substantiated Incidents by STAR Level, FY24

Quality/ Star Level	Substantiated Complaints	Validated Complaints	Substantiated Incidents	Substantiated Complaint and Incident	Validated Complaint and Incident
1 Star	0	0	0	1	0
2 Star	17	1	20	12	2
2+ Star	30	4	19	16	3
3 Star	26	5	22	14	6
4 Star	14	0	20	1	1
5 Star	60	14	91	38	15
Total	147	24	172	72	27

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

Child Health and Development

ECECD supports children's health 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. ECECD requires developmental screenings and follow-up for children in programs with a 3-STAR rating or higher. This means that over half (52 percent) of licensed providers in New Mexico are required to provide developmental screenings. These higher-rated providers account for 65 percent of the state's licensed child care capacity and over three-quarters (80 percent) of children enrolled in child care assistance, aged birth to 5 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

Child care programs at a 3-STAR rating and above 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.

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. In New Mexico in FY24, less than two percent (1.25 percent) of young children receiving child care assistance were involved in a substantiated investigation by Child Protective Services (CPS). Specifically, 437 children ages birth to five who receive assistance (12.46 per thousand) had a CPS substantiation in FY23. This is similar to, but slightly lower than, the overall rate of child victimization in the New Mexico population, which is about 16.56 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 scholarships, wage supplements, and pay parity.

The Department provides ongoing wage supplements to early childhood educators based on their level of education to support a base wage of \$18 per hour as well as a one-time payment of \$1,500 to caregivers who are certified as bilingual educators. In FY24 ECECD awarded 166 wage supplements to child care professionals and 123 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 2,772 scholarships to child care professionals in FY24.

Families and Children Receiving Child Care Assistance

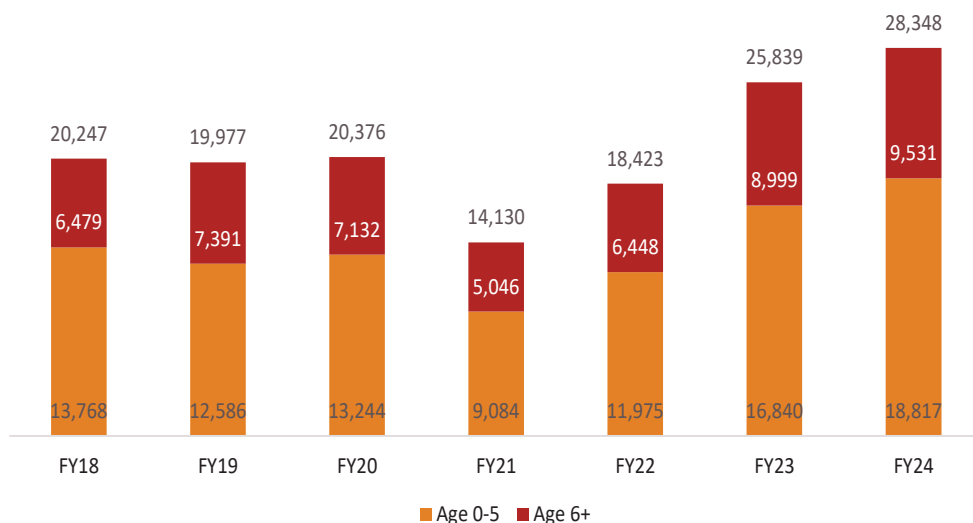
Child care assistance provides subsidies to families to help them afford child care. Qualifying families can use their subsidy in a child care setting of their choosing to receive free or discounted services, depending on their income and household size. Typically, the program is funded largely as a 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 FY22, ECECD expanded income eligibility for child care assistance to 400 percent federal poverty level (\$124,800/year for a family of four in 2024) and waived all family copays, making child care free

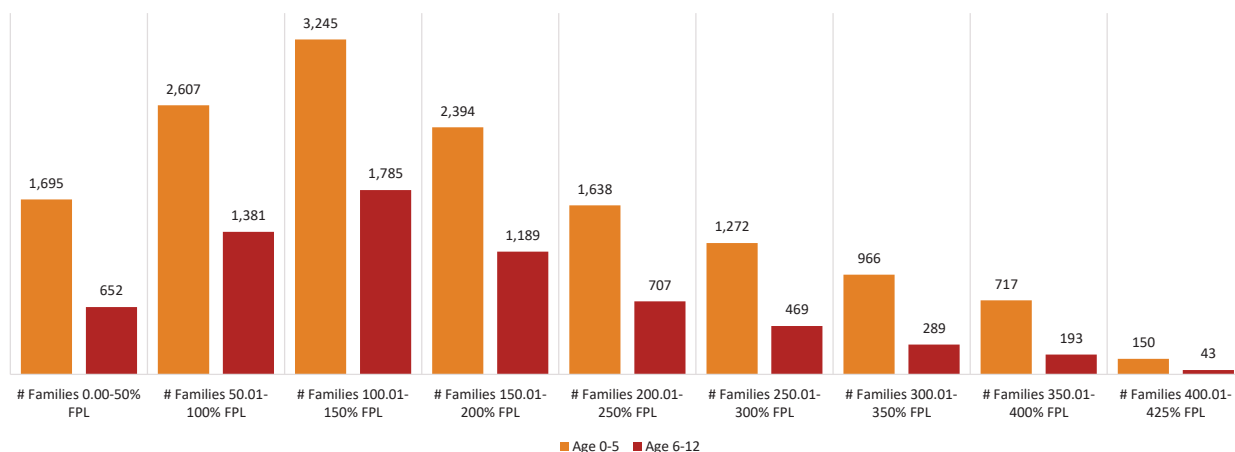
for New Mexico families. This expansion was largely funded by federal COVID-19 relief dollars, much of which expired in early FY24. In FY24, ECECD announced it would continue expanded child care assistance eligibility and waived family copays using funding from the Early Childhood Trust Fund.

Chart 6 shows the average monthly number of children served by child care assistance for FY18 to FY24, by age group. In FY24, an average of 28,348 children per month were enrolled in child care – a 10 percent increase over FY23, with the majority of children served (66 percent) ages six weeks to five. In June 2024, at the close of the fiscal year, slightly more than half of families receiving assistance (53 percent) earned incomes below 150 percent of FPL (\$46,800 for a family of four).

ECEN Chart 6. Annual Child Care Assistance Enrollment, FY18-FY24

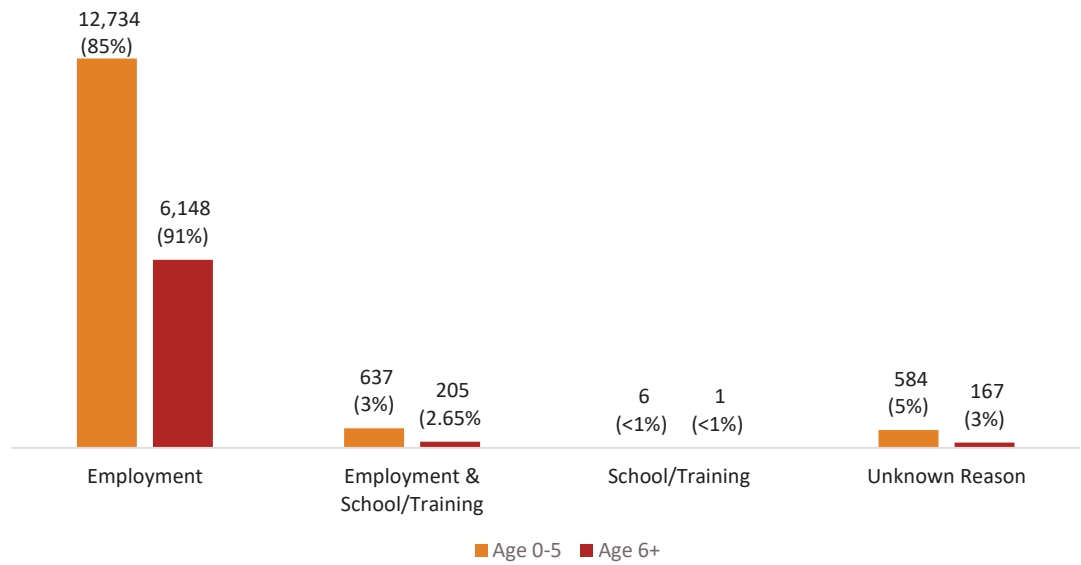


ECEN Chart 7. Number of Families Receiving Child Care Assistance, by Income and Child Age Group, June 2024



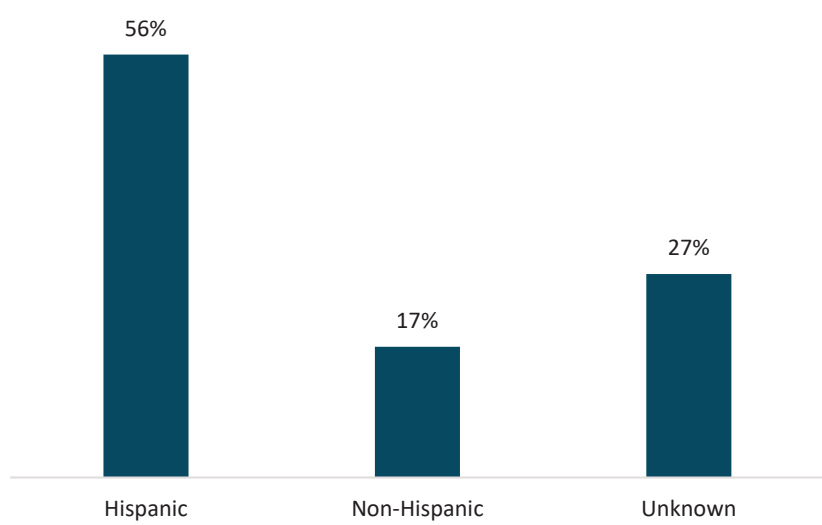
Although a majority of families use their child care assistance to support employment, families can qualify for assistance through other activities as well. Chart 8 shows that in June 2024, 86 percent of families with children birth to age five and 91 percent of families with school-aged children used 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.

ECEN Chart 8. Families’ Reasons for Needing Child Care Assistance, June 2024

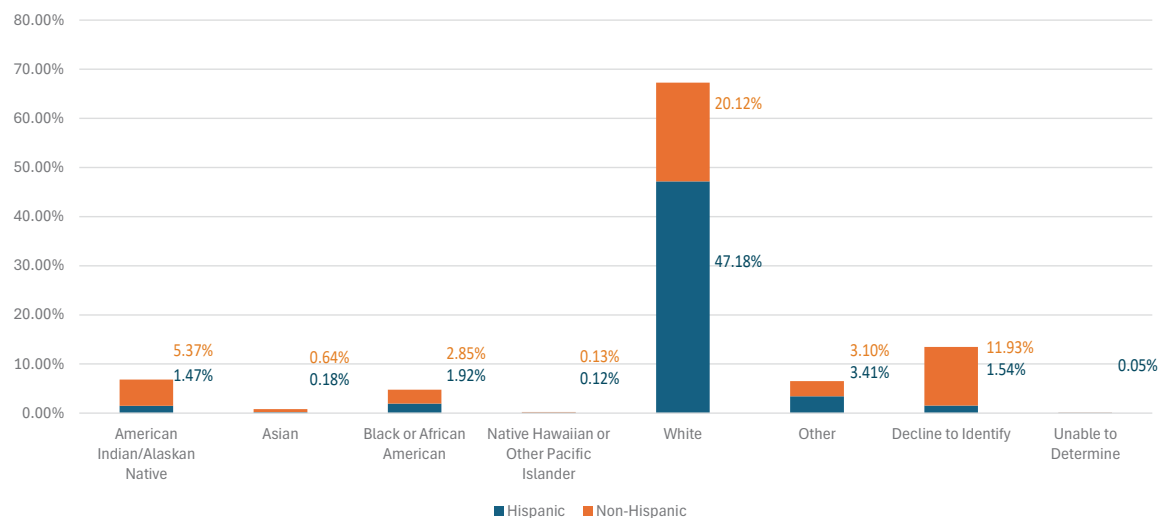


Children served by child care assistance in New Mexico reflect the diversity of the state’s communities. As of June 2024, 56 percent of children served by assistance were Hispanic (see Chart 9). Additional details about the racial and ethnic composition of children served are provided in Chart 10. It is important to note that these data likely undercount the representation of Native American children in child care, as many are served through Tribal Child Care and Development Fund (CCDF) programs. Tribal CCDF funds are allocated directly to Tribal nations to provide child care subsidies and are not included in this report.

ECEN Chart 9. Children Receiving Child Care Assistance, by Hispanic Ethnicity, FY24



ECEN Chart 10. Children Receiving Child Care Assistance, by Race and Hispanic Ethnicity, FY24



Family Nutrition Bureau

7% ^

Meals fed reimbursed by CACFP

In FY24, an average of 52,224 participants per month were fed meals reimbursed by CACFP - a 7 percent increase over FY23.

In New Mexico, child care providers play a key role in ensuring children have access to nutritious meals and snacks. The Federally funded 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. Cumulatively in FY24, 713,083 total meals and snacks were served through the program.

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. Licensed and registered providers can receive reimbursement through 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, 2022). Statewide in FY24, an average of 52,224 participants per month were fed meals reimbursed by CACFP – a 7 percent increase over FY23. Of those, about 47,389 per month were in center-based facilities, and about 4,835 per month were in home-based child care.

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. These impacts are especially pronounced for low-income children and dual language learners.

PreK programs are offered during the school year and are 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.

New Mexico PreK Funding

The state has provided PreK to four-year-old children for more than 18 years. Services began as half-day programs, with extended day programs offered beginning in the 2014- 2015 school year and extended plus day programs offered beginning in the 2023-2024 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 programs and further increased access with the new extended plus option. Funding for the state's PreK programs reached \$220,533,600.00 in FY24.

PreKindergarten Act Reporting Requirements

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 below:

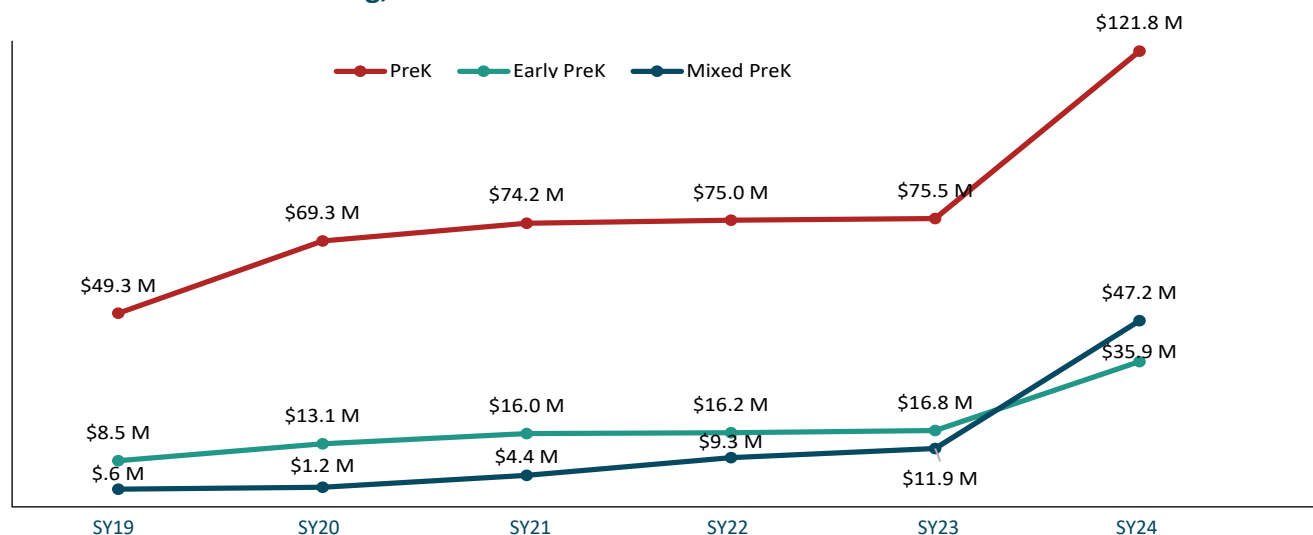
1. Enter kindergarten

- (a) developmentally prepared for it;
- (b) needing special services; and
- (c) proficient in reading and mathematics;

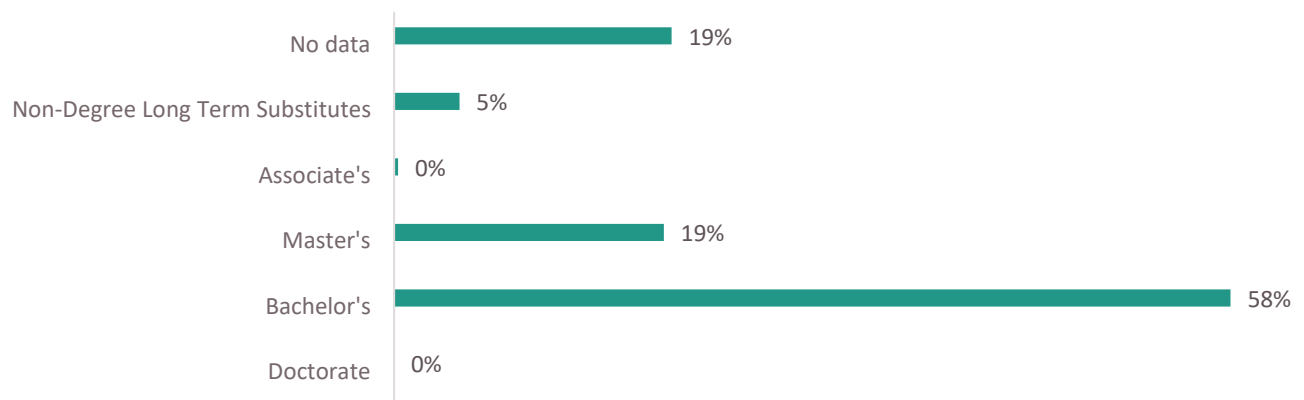
2. Are retained in kindergarten or first, second, or third grade.

Also required in the article, is annual reporting on the early pre-kindergarten and pre-kindergarten programs and coordination with federal Head Start agencies to avoid duplication of effort and to maximize the use of available resources. As such, this report includes sections to report on New Mexico PreK funding, providers, workforce, quality standards, and the Head Start State Collaboration Office.

ECEN Chart 11. NM PreK Funding, SY19-24



ECEN Chart 14. Lead Teacher Highest Degree Earned: School-Based NM PreK



New Mexico PreK Providers

ECECD funds NM PreK through a competitive grant process. Grants are scored based on specific criteria and in FY24 priority was given to programs in communities who were not reaching 75 percent of 4-year olds or 25 percent of 3-year olds. 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.

Lead Teachers

New Mexico requires bachelor’s degrees in early childhood education for lead teachers. If a teacher is not yet meeting this requirement, they must be progressing towards meeting this requirement by taking six credits during two semesters. Lead teachers who meet the degree requirement must be paid a minimum of \$50,000.

School-based PreK programs employed 460 lead teachers in SY24. Seventy-six percent of lead teachers in public school PreK settings hold at least a bachelor’s degree or higher (see Chart 14). Community-based NM PreK programs employed 599 lead teachers. Data on educational attainment were reported on roughly 70 percent. Of those teachers with data reported, 31.69 percent hold a bachelor’s degree or higher. Another 27.8 percent hold an associate degree and 3.17 percent hold an Child Development Associate credential or Child Development Certificate.

Educational Assistants

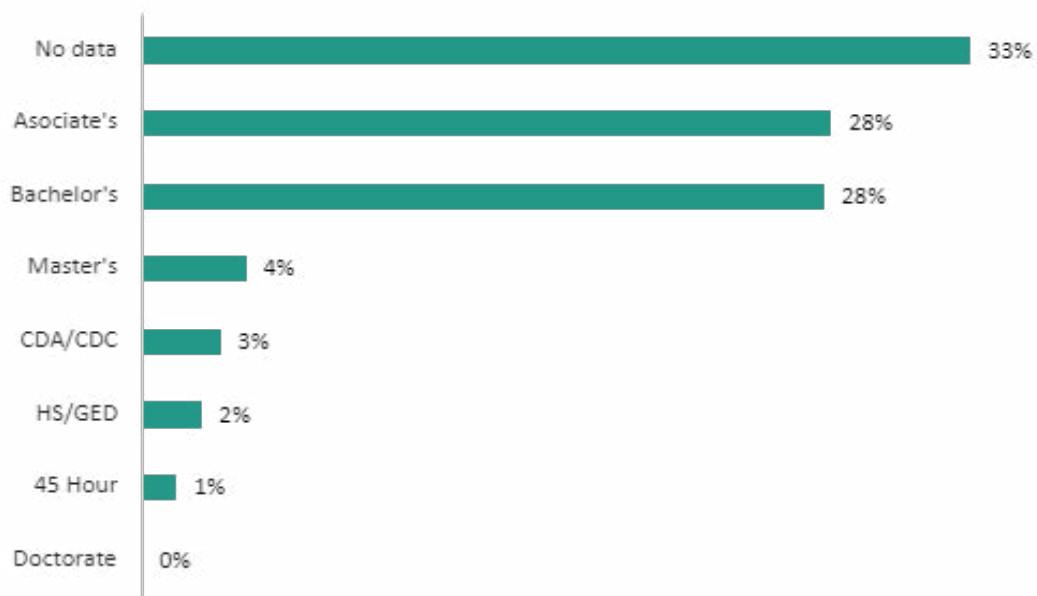
Each NM PreK classroom is required to have an educational assistant with an associate’s degree in early childhood education or one who is actively working toward this degree. In SY24, 460 licensed educational assistants were employed in school-based NM PreK classrooms. Among them, 12 percent held bachelor’s degrees, and 30 percent held associate degrees. In community-based NM PreK programs, 599 assistant teachers were employed. Data on educational attainment were available for slightly more than half. Of those reporting, 10 percent had an associate degree, 6 percent held a bachelor’s degree, 14 percent had not earned a degree, and 3 percent held an early childhood certification, such as a Child Development Associate (CDA) credential or a Child Development Certificate. The average salary reported by school-based PreK educational assistants was \$22,099.

PreK Quality Standards

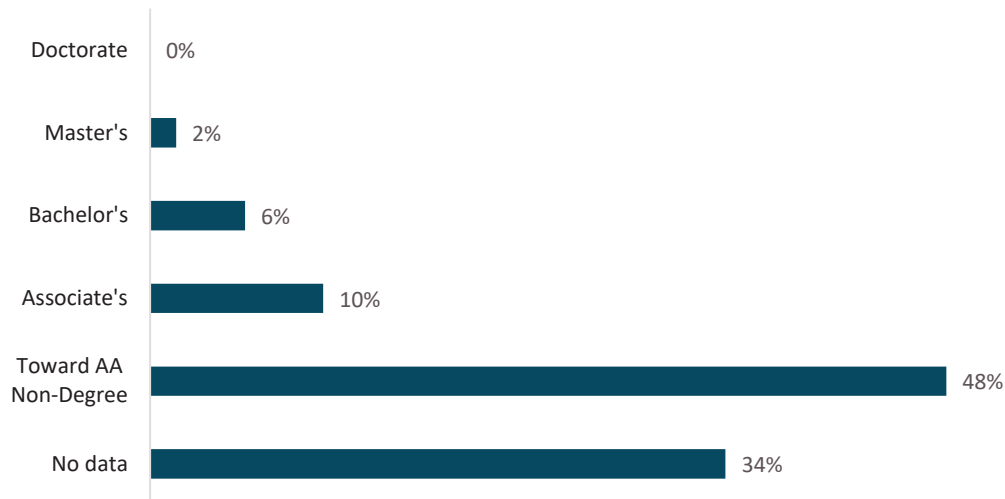
National research shows that positive outcomes for children in PreK depend on states establishing and maintaining high standards for quality. NM PreK standards are high quality, meeting nine of 10 research-based preschool benchmarks related to quality, as determined by the National Institute of Early Education Research.

The New Mexico PreK Program Standards articulate what programs must do as part of NM PreK, including educator degree requirements, minimum number of instructional hours, and requirements for utilization of a research-based curriculum. These standards are the same regardless of PreK setting (i.e., community- or school based), ensuring that New Mexico has one standard of excellence for all PreK programs. PreK educators 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.

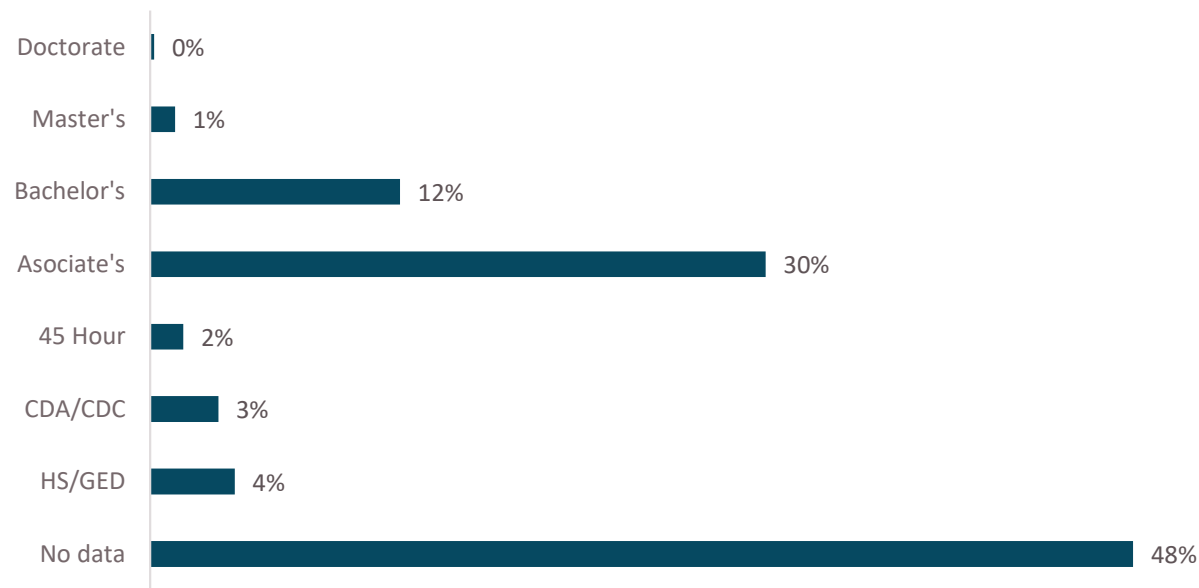
ECEN Chart 15. Lead Teacher Highest Degree Earned: Community-Based NM PreK



ECEN Chart 16. Education Assistant Highest Degree Earned: School-Based NM PreK



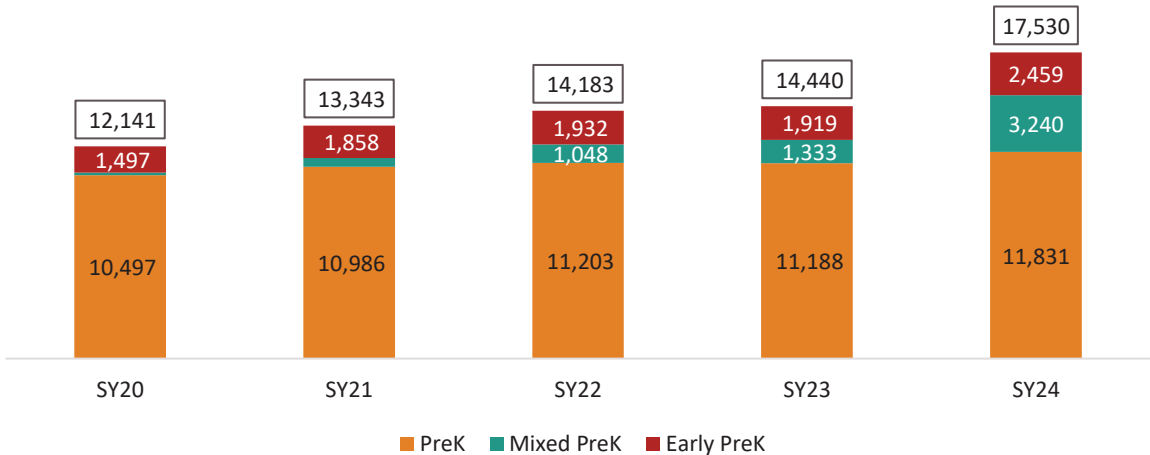
ECEN Chart 17. Education Assistant Highest Degree Earned: Community-Based NM PreK



Children Served

ECECD allocated funding in FY24 to support the enrollment of 11,831 four-year-old children, 2,459 three-year-old children, and 3,240 children in mixed-age programs, with a total of 17,530 funded openings (see Chart 20 and Table 6). A total of 7,624 NM PreK 4Y slots were funded in school-based settings, and 3,199 NM PreK 4Y slots in community-based NM PreK settings. Early PreK was funded for 256 3Y slots in school-based settings and 2,187 3Y slots in community-based settings. 239 Mixed Age slots were funded in school based settings and 4,025 Mixed Age slots were funding in community-based settings.

ECEN Chart 18. NM PreK Funded Openings (5-year trend)



ECEN Table 8. School and Community Based Tribal Head Start

Program	Number of Providers	Number of Slots Awarded
NM PreK		
School Based Sites	256	8,119
Community Based Sites	307	9,411
	Total NM PreK	17,530
Early Head Start		
Grantees	16	1,618
Tribal Grantees	5	200
Head Start		
Grantees	13	3,274
Tribal Grantees	15	1,083

PreK Student Outcomes

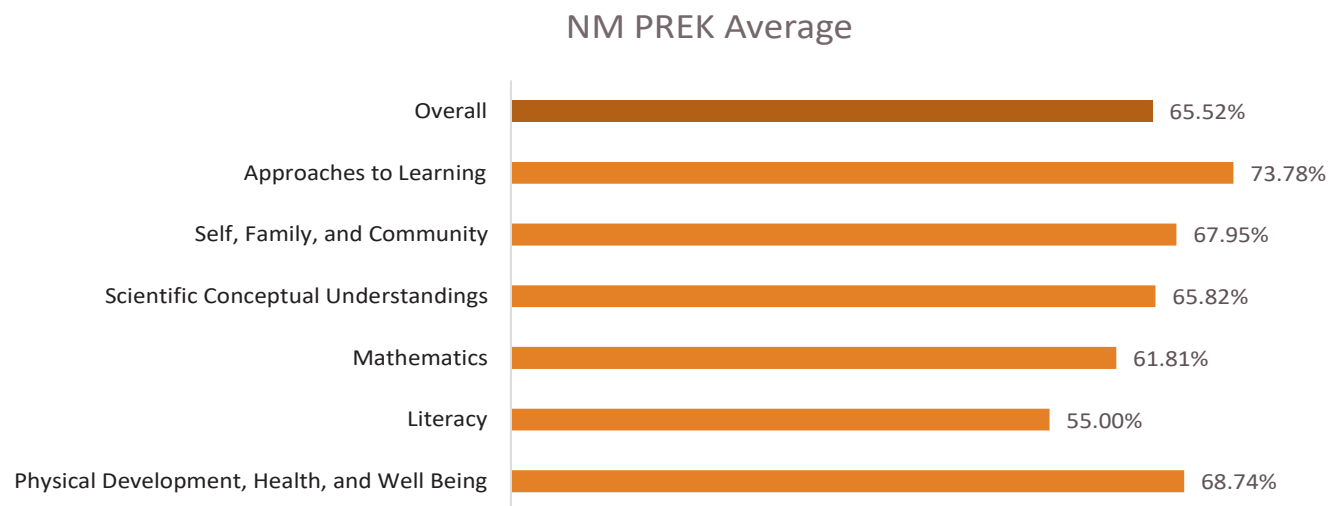
NM PreK focuses on school readiness through requiring a research-based curricula and the use of the Early Childhood Observation Tool, noted below, requiring LETRS-EC training for lead teachers and supporting teachers through practice-based coaching. Programs must address all areas of the New Mexico Early Learning Standards: 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.

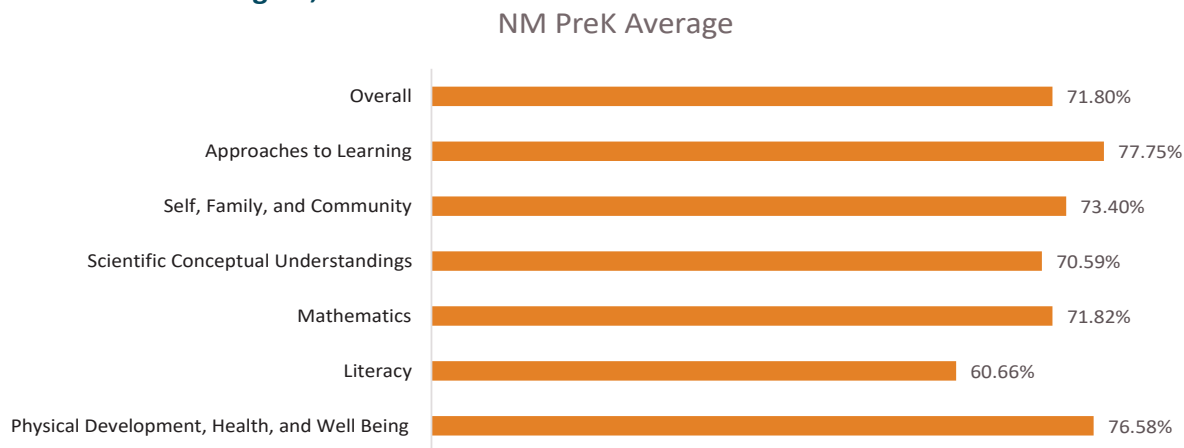
Rubric scores guide teachers in targeting instruction to a child’s learning level and measure year-end achievement. Rubric measurement begins at birth to eight-month-old developmental levels, allowing teachers to accurately assess the progress of preschool children with delays and disabilities. The measurement 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 in the charts below shows overall progress across multiple learning domains for SY24 NM PreK and Early PreK students. The small number of children who attended a Mixed Age PreK program are included with their age peers. A total of 65.52 percent of NM PreK 4-year-old students met the end of the year overall benchmark of “Accomplished for 4s/First Step for K” or higher. A total of 61.81 percent reached the “Accomplished for 4s” benchmark for mathematics, and 55 percent for literacy.

ECEN Chart 19. All NM PreK (4-year-old) Students Scoring “Accomplished for 4s/First Steps for K or Higher,” End of SY24



ECEN Chart 20. All NM PreK (3-year-old) Students Scoring “Accomplished for 3s/First Steps for 4s or Higher,” End of SY24



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

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. Practices must be culturally and linguistically responsive, and communications must be accessible to multilingual 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.

ECEN Table 9. Evidence of Improved School Readiness, Child Development, and Literacy

	FY24
Percent of children enrolled for at least six months in the state-funded New Mexico prekindergarten program who score at first step for Kindergarten or higher on the fall observation kindergarten observation tool.	49%

The Department aims to increase the number of children in the New Mexico PreK Program who demonstrate school readiness, as measured by IStation. PED retired the Kindergarten Observation Tool (KOT) in FY24 and adopted IStation for grades K-12. KOT was previously aligned with the Early Childhood Observational Tool (ECOT) and Early Childhood Outcomes (ECO).

IStation uses a three-tier system nationally, but New Mexico converts this to a five-level system. Students achieving level three and above are considered on track to proficiency. New Mexico PreK students who score at or above the 41st percentile on IStation math and reading assessments are considered proficient in math and reading upon kindergarten entry.

Data from school-based and community-based New Mexico PreK participants from 2022-2023 were compared to the 2023 Fall Beginning of Year (BOY) IStation assessment for incoming kindergarteners. The PED PreK participants were matched to PED IStation data using unique child IDs, while community-based participants were matched using portions of the child’s first name, last name, and DOB, due to the lack of unique IDs for these participants.



Family Support and Early Intervention Division

The Family Support and Early Intervention Division within the New Mexico Early Childhood Education and Care Department (ECECD) focuses on providing resources, services, and interventions to support the well-being, development, and stability of young children and their families. This division plays a critical role in ensuring families have access to the tools and assistance they need to nurture their children's development and address any challenges early.

Home Visiting

Home Visiting supports families and children prenatal to age 5, the vital years for a young child's development. Home visiting is a program available to every parent and child in New Mexico. In this program, a home visitor provides supports to parents on all things from medical check-up dates, screenings, referrals, parenting advice and guidance with community services. A home visitor supports, listens and serves as a trusted partner to boost a parent's confidence and build caregiving skills.

Local providers use evidence-based home visiting models and standards-based practices 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 to support positive behavioral health, and screen for risks, and connect families to resources in their community.

FY24

Key Highlights

40 percent of families served (2,602) were new to home visiting.

99.5%

Key Highlights

99.5 percent of families say FIT services have helped the family help their children develop and learn.

Home Visiting Reporting Requirements

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

- (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.

New Mexico has significantly increased annual state funding for home visiting. ECECD also receives federal grants through the Health Resources and Services Administration (HRSA) as part of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. In FY23, cumulative funding across state and federal streams was \$29.1M, and in FY24 funding was increased to \$33.9M, which includes \$3M from the state's Early Childhood Trust Fund.

FSEI Chart 1. Home Visiting Funding, FY18-FY24



FSEI Chart 2. Percent of Families Served by Funding Source, FY24



In FY24, programs funded through state general funds were contracted at a base rate of \$4,500 per family per fiscal year. In FY24, ECECD-funded 5,399 year-round family slots, which served 6,914 families and 7,775 children. Programs funded through the MIECHV program were contracted at a rate of \$6,000 per family. Programs were able to apply to receive an additional \$500 per family for documented special circumstance costs, such as travel to serve rural families.

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 (see FSEI Table 1). The models support complementary eligibility criteria to maximize the reach of home visiting and the number of families who 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 all families.

FSEI Table 1. Home Visiting Program Models

Home Visiting Model	Evidence Based	Promising Practice	Research-Based
Healthy Families of America	X		
Parents as Teachers	X		
Nurse Family Partnerships	X		
Child First	X		
First Born and More		X	
Partners for a Healthy Baby			X
Nurturing Parenting			X

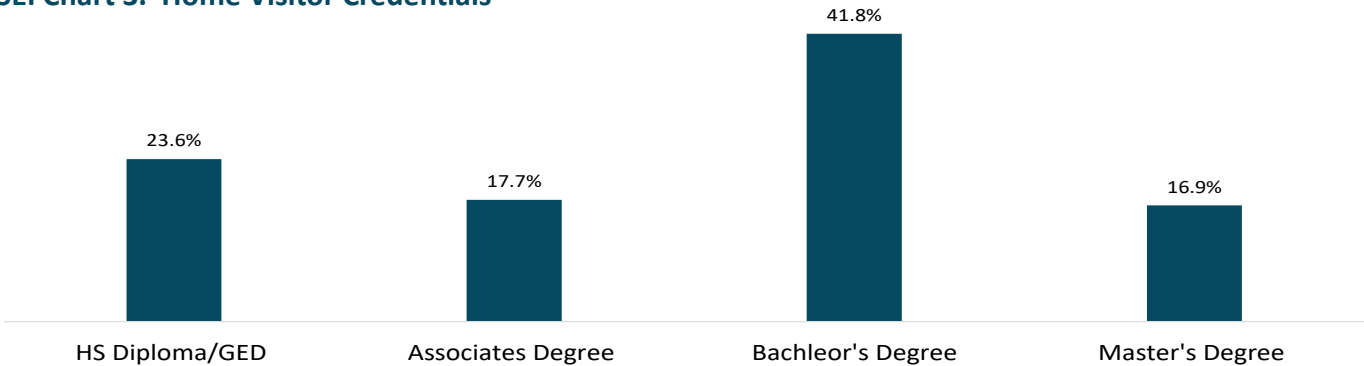
Three of these models—Nurse-Family Partnership, Parents as Teachers, and Healthy Families America —are federally designated as evidence-based models. Models granted this designation are eligible for additional federal funding streams and can be reimbursed by Medicaid. The state also supports First Born and More, 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 evidence-based Home Visiting Program Standards. State-administered funding supported 34 home visiting provider agencies within 32 counties to offer 5,399 annual family openings statewide for FY24.

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, and early childhood mental health principles and practices, and strong relationship-building skills. In FY24, educational credentials were reported for 92 percent of a total home visiting staff workforce of 421. Of these, 76 percent had an associate’s degree or higher, and 59 percent had a bachelor’s degree or higher. Higher degrees are required for home visitors providing specialized services (such as nurses), and all programs must have access to a master’s-level, licensed mental health professional for consultation.

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.

FSEI Chart 3. Home Visitor Credentials



Children and Families Served

Participating Families

In FY24, a total of 7,775 children in 6,914 families received New Mexico home visiting services. Of these families, 2,632 (40 percent) enrolled prenatally and 1,590 (24 percent) enrolled as first-time parents seeking support and guidance. The majority (73 percent) of clients were caregivers of a single child.

One in four (1,788) families were connected to home visiting programs through a medical provider. Others were referred through family, friends, and community partners such as schools, social service providers, and child protective services.

FSEI Table 2. Children Served by Funding Amount, FY18-FY24

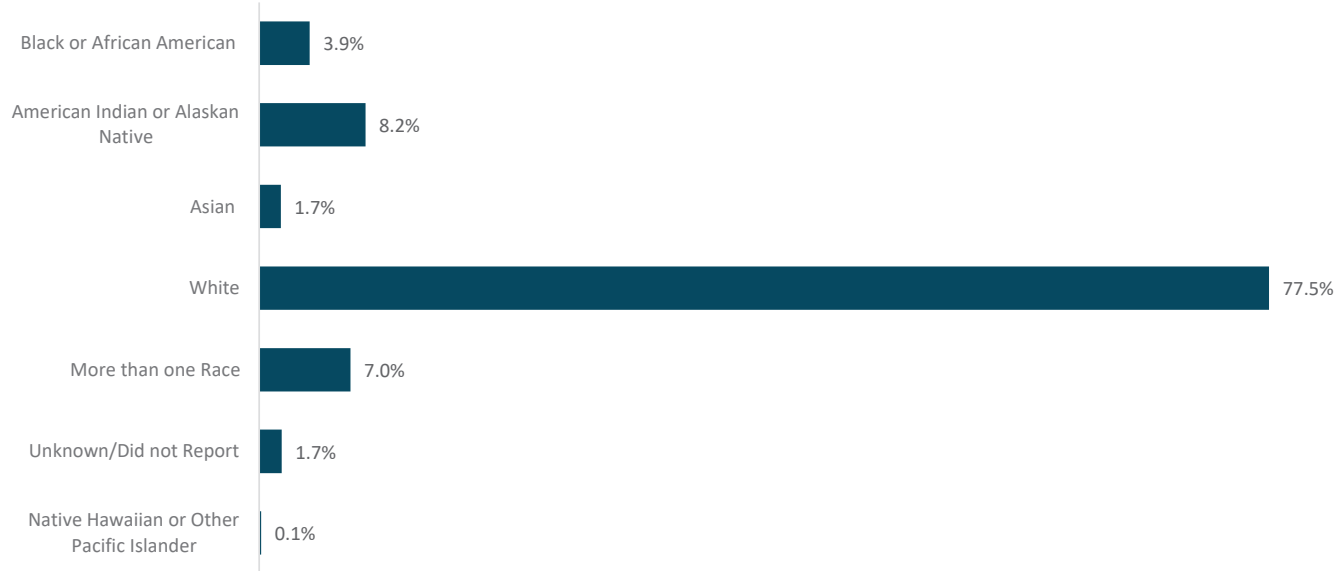
Fiscal Year	Families Served	Funding (State and Federal)
FY19	4,613	\$20.2 Million
FY20	5,227	\$22.8 Million
FY21	6,456	\$24.8 Million
FY22	6,766	\$25.9 Million
FY23	6,598	\$29.2 Million
FY24	6,899	\$33.9 Million

Family Demographics

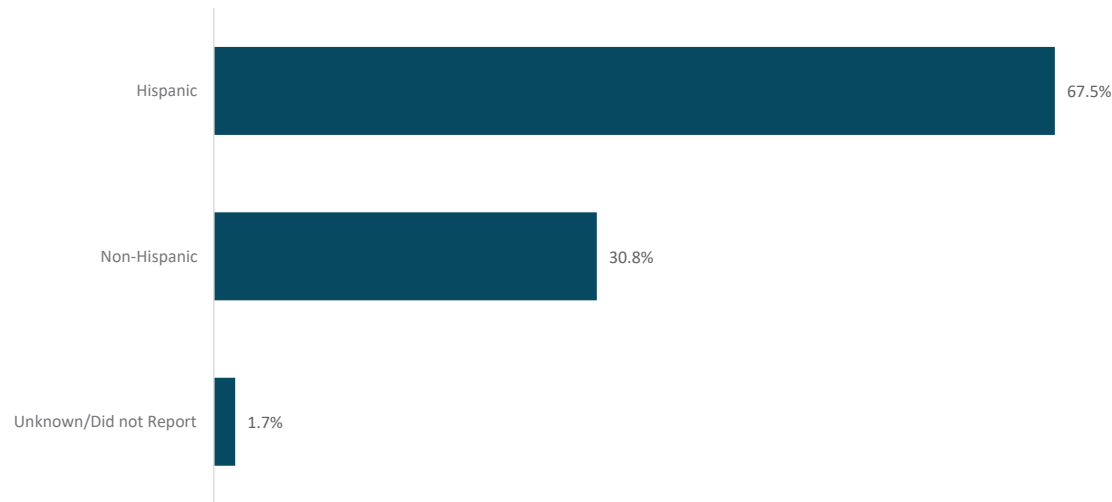
Family demographics in New Mexico’s home visiting program remain relatively unchanged year-over-year. The demographics of families served in FY24 continue to closely match the racial and ethnic makeup of New Mexico’s population. As shown in FSEI Charts 4 and 5, of families who reported race and ethnicity data for their children, 68 percent were Hispanic, 9 percent were non-Hispanic white, 8 percent were Native American, 4 percent were African American, 7 percent were two or more races, and 2 percent were Asian.

Home visitors served families speaking multiple home languages, with 71 percent speaking English, 23 percent speaking Spanish, 0.1 percent Indigenous languages, and 3 percent other languages.

FSEI Chart 4. Enrolled Children by Race



FSEI Chart 5. Enrolled Children by Ethnicity

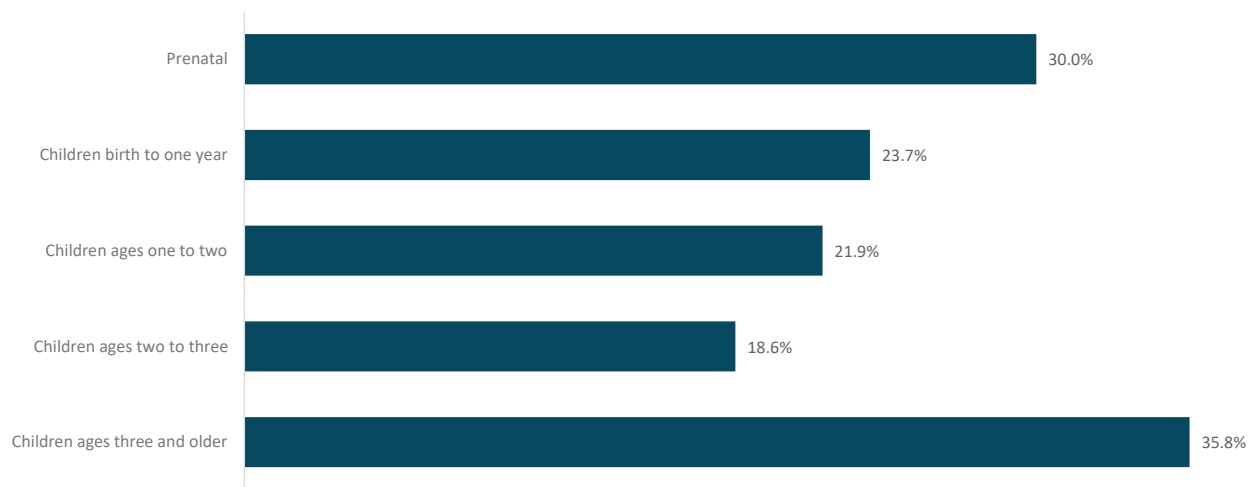


Nearly half of caregivers participating in home visiting are between the ages of 26-35. Caregivers under the age of 18 represented less than 3 percent participants. FSEI Chart 6 shows the full breakdown of ages for enrolled caregivers engaged in home visiting.

Home visiting is available to parents who begin services when their child is five years old or younger. During FY24, as shown in FSEI Chart 6, roughly one fourth of families’ home visiting services were focused on supporting their children between the ages of birth to 1 year (24 percent), 21 percent between ages 1 and 2, 19 percent between the ages of 2 and 3 (18 percent), and nearly 36 percent between ages 3 to 6¹. At the end of FY24, there were less than 1 percent of participants who were currently pregnant, but 30 percent of all families, who enrolled in this fiscal year, enrolled during the prenatal period. 40.7 percent of families in FY24, who enrolled in any fiscal year, enrolled during the prenatal period.

While home visiting programs are not required to collect data on family incomes, more than 73 percent of families voluntarily reported this information. 73 percent (3,464) of families receiving home visiting in FY24 had annual incomes below \$40,000, and close to half of families (45 percent) had incomes below \$20,000. This data is important for ECECD to track, as reaching low-income families is a goal of home visiting.

FSEI Chart 6. Age of Children Served



¹ Though home visiting programs are intended for children up to age 5, there may be some families whose children were 5 or younger at enrollment but are now 6 years old (for example, Parents as Teachers allows families to be enrolled with children until they are 6 years old).

Length of Enrollment for Families

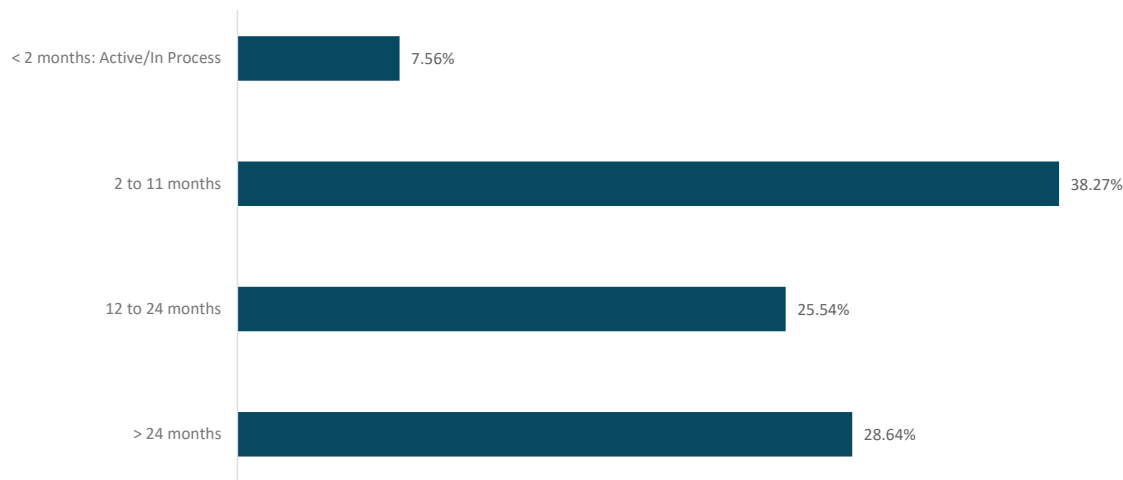
Families across home visiting models participate in the program for a range of reasons and durations. In FY24, 40 percent of families served (2,602) were new to home visiting, with 60 percent continuing from the prior year.

Over half of the families served during the fiscal year (50 percent) have participated in home visiting for more than one year. Nearly one third of families (29 percent) have been engaged in home visiting services for more than two years, a 3 percent increase from FY23. Families who exit the program before one year of participation typically leave because of they are mainly focused on their newborn, can be overwhelmed, or do not have time to dedicate to the services. While some do get what they feel they needed during this time, there are families who become unreachable by the provider. This data suggests that some families

might be interested in participating in home visiting for short-term parenting support or other more short-term goals, as well as that the system could do more to support families who are highly mobile. This data will continue to inform ECECD’s work to build a home visiting system statewide.

Families received a total of 84,057 direct services from their home visitors this fiscal year, a 7 percent increase in direct services from last year. On average, families received 18.6 direct services this year, with nearly 20 percent of families receiving 20 or more direct contacts and enrolled between 1-2 years in home visiting. Most families received both in-person and virtual service visits during this fiscal year, with 66 percent of visits on average delivered in-person and 34 percent delivered virtually.

FSEI Chart 7. Length of Enrollment for Participating Families, FY24



Home Visiting Outcomes

The home visiting program is designed to improve family and child outcomes statewide. The outcomes for New Mexico’s program, outlined in FSEI Table 3, demonstrate that home visiting programs improve health, development, and parenting skills. The sections below outline outcomes by areas required as part of the Home Visiting Accountability Act or that are regularly tracked by the Department.

FSEI Table 3. Home Visiting Outcomes

Healthy Births	
Received Prenatal Care	92.7%
Received First Trimester Prenatal Care	82.8%
Initiated Breastfeeding	84.8%
Screened for Postpartum Depression	93.6%
Referred to Depression Supports	93.2% of those at-risk
Engaged with Depression Supports	49.9% of those referred
Infants on Schedule for Full Immunization by Age 2	95.7%

FSEI Table 3. Home Visiting Outcomes cont.

Parental Nurturing	
Improved Parenting Skills	80.4% of parents (in at least one domain as measured by the PICCOLO tool)
Improved Ability to Teach Children	84.4%
Improved Ability to Encourage Children	86.4%

Child Physical and Mental Health	
Screened for Healthy Development	94.1% (as measured by the ASQ-3 tool)
Referred for Early Intervention Supports	94.9% of those at potential risk of delay
Engaged with Early Intervention Supports	68.5% of those referred
Up-to-Date Well-Child Checks	85% of parents reporting

School Readiness	
Screened for Social-Emotional Development	91.9% (as measured by the ASQ_SE tool)
Any Weekly Reading, Singing, or Storytelling	97.2%
Daily Reading, Singing, or Storytelling	68.1%

Safety of Families and Children	
Screened for Intimate Partner Violence (IPV)	87.5%
Identified at risk for IPV	8% of those screened
Referred for IPV Supports	88% of those identified
Engaged with IPV Supports	34.4% of those referred
Family Safety Plan in Place	89.6% of those at risk
Substantiated Child Maltreatment or Abuse	1% of families in home

Connections to Community Supports	
Referred to Supports	94.1%

Healthy Births

Given that nearly one third of families enroll in home visiting prenatally, it is important that the program ensure participation supports healthy births – both for the health of parents and babies. As noted in FSEI Table 3, nearly all participating pregnant parents receive prenatal care, including during the critical first trimester. In addition, home visiting services can include lactation support and screen and refer for postpartum depression.

Impact on School Readiness

Child Development and Literacy

School readiness is determined by the child’s prereading, 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). 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 sets a strong social-emotional foundation for future success. Home visitors also provide appropriate referrals where additional professional support is indicated.

In FY24, ECECD cannot yet connect to home visiting impacts on child outcomes in the long-term. In FY26, ECECD will be able to further correlate participation in home visiting with future outcomes using its Early Childhood Integration Data System (ECIDS) and report more robustly on the outcomes. As of FY24, ECECD can report on the developmental screening results and parental behavior to support school readiness, which are addressed in subsequent sections of this report.

Early Language and Literacy

Home visiting programs promote the development of language and early literacy activities in the home. Home visitors work with families to understand the importance of early literacy practices and 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 97 percent of families served in FY24 shows that 97 percent read, sing, or tell stories to their child at least once a week, with 68 percent doing so daily. These adult behaviors support early literacy no matter what the skill level of the adult or language used².

Parental Behavior

Home visitors work with families and caregivers to accomplish many things, including helping parents understand developmental milestones, build confidence in and teach new parenting skills, improve nurturing interactions, answer questions, and connect families to services. These supports impact parental behaviors—from keeping children safer to creating long-term differences in a parent’s skills and habits. Home visiting outcomes show that the program’s positive impact on caregivers’ behaviors is significant, as outlined below.

²National Institutes of Health <https://pmc.ncbi.nlm.nih.gov/articles/PMC8077210/>.

Parenting Capacity

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. Of the state-supported home visiting program models, Nurse-Family Partnership and Child First use an alternative observational tool, called the Dyadic Assessment of Naturalistic Caregiver-Child Experiences (DANCE). In total, 4,426 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 FY24, parents of 3,503 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, 3,547 parents showed growth in at least one domain:

- 3,177 children (84 percent) experienced parental improvement in teaching. An emphasis and supports provided to home visitors helped to increase this percentage from FY23 where it stood at 81 percent.
- 3,278 children (86 percent) experienced parental improvement in encouragement.
- 3,240 children (85 percent) experienced parental improvement in responsiveness.
- 3,349 (88 percent) experienced parental improvement in affection.

A total of 79 percent of families engaged and received the PICCOLO or DANCE observation tool within the past twelve months.

Child Abuse and Neglect

In addition, home visiting can prevent child abuse and neglect through these changes to caregivers' behaviors. ECECD tracks data that examines the relationships between home visiting services and the prevention of maltreatment. Of those families receiving home visiting services for at least six months in FY24, 1 percent had one or more protective service substantiated abuse or neglect referrals during their participation period. This is substantially lower than the rate of referrals for other, comparable families.

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. FY24 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. 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 FY24, 85 percent of children served were reported by their parents as being up to date on recommended well-child visits per the American Academy of Pediatrics recommended schedule, an increase from 81 percent in FY23 and 76 percent in FY22.

Immunizations

Data on child receipt of recommended immunizations are by parent report, with data missing for 8 percent (593) of families with children served in FY24. Of the 7,075 children with data, 96 percent report that their children are up to date with recommended immunizations—an increase from 95 percent FY23. (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).

Children Screened Using the Ages and Stages Questionnaire

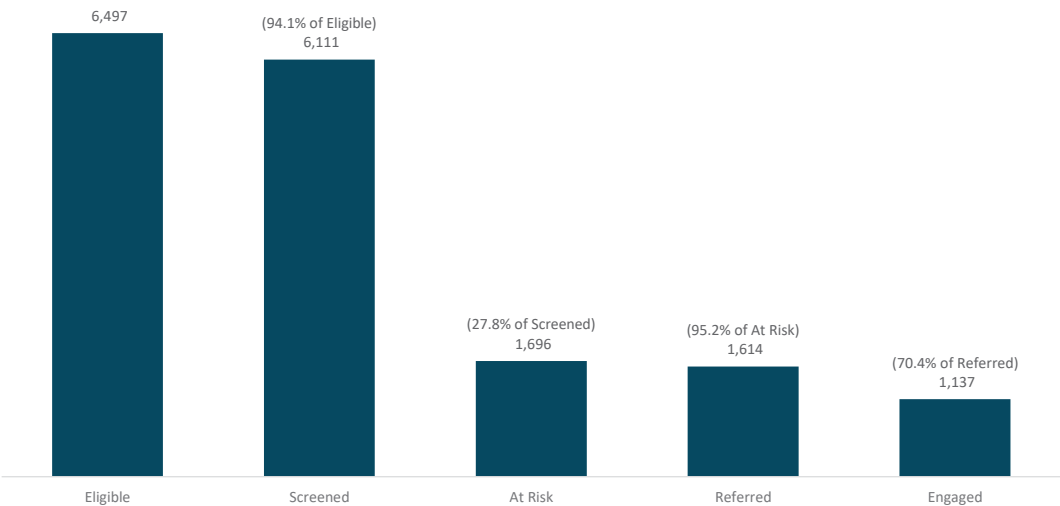
The American Academy of Pediatrics recommends all children receive developmental screenings at nine months, 18 months, and 30 months of age to ensure the early detection of developmental concerns. Home visitors use the Ages and Stages Questionnaire, Third Edition (ASQ-3), to track and monitor developmental progress. Home visitors also may use the ASQ-Social Emotional (ASQ:SE-2), which is a separate screener used for early detection of social-emotional challenges. Children are only screened if they are old enough (i.e., four months of age) and in home visiting long enough (i.e., five visits or more). Conducting ASQ-3 screening ensures that children identified with possible delays are referred in a timely manner to professional early intervention services that can help improve the outcomes of a delay or disability (Guevara et al. 2012). Children receiving early intervention services before initiation of home visiting do not receive the screening.

Home visitors screened 94 percent of eligible children (i.e., 6,111 children) at least once using the ASQ-3 screening in FY24 (see Chart 8), up from 91 percent (5,362 children) in FY23. Of children screened with the ASQ-3 in this program year, about 72 percent were within the typically developing range, slightly down from 75 percent in the previous year. Roughly 28 percent, or 591 children, were identified by the screener for potentially having a developmental delay. In addition, 88 percent of eligible children were screened using the ASQ:SE-2. Of those children, 11 percent were identified as having a potential social-emotional issue. Referral rates to early intervention for identified children are discussed in the following section.

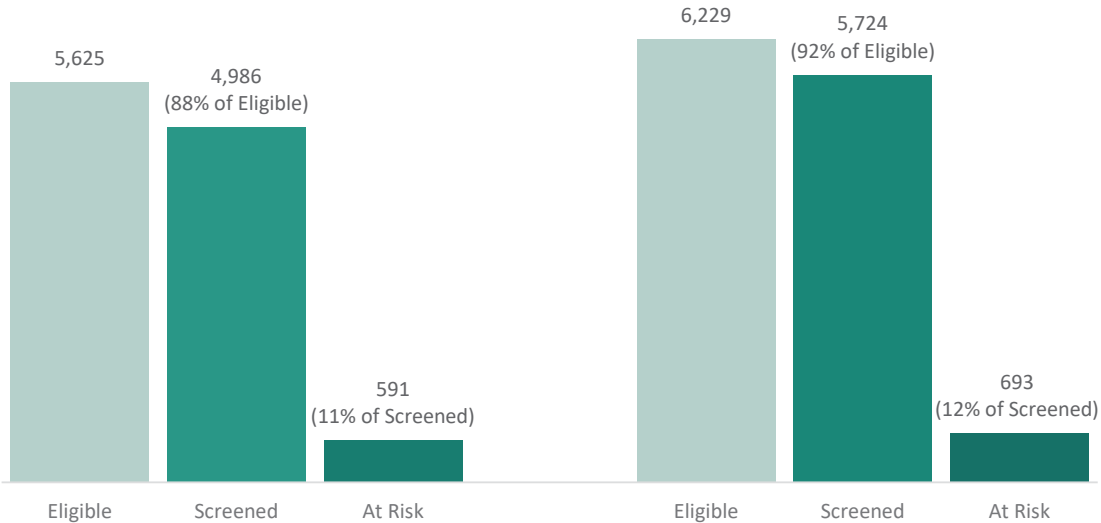
Referral to Early Intervention for Families in Home Visiting

Of the children born this year whose mothers reported initiation, 68 percent (857) were still being breastfed at six months (up from 66 percent last year).

FSEI Chart 8. Children Screened for Potential Delay in Development (ASQ-3) and connected to Early Intervention Services in FY24



FSEI Chart 9. FY2023 and FY2024 Children Screened for Risk and Social-Emotional Delay (ASQ-SE)



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 3. 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 FY24, FIT had an operating budget of over \$75 million, of which about \$30 million came from state general funds.

New Mexico is a national leader in identifying children and providing them access to services. In FY24, New Mexico's FIT program became the top state in the nation for identifying children from birth to 12 months who are at risk for or experiencing developmental delays.

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 FY24, 13 percent had private insurance, and 17 percent had no insurance. FIT served a total of 15,737 children, providing about 545,162 service hours.

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 4 shows the eligibility categories for children served in FY24.

FSEI Table 4. FIT Participants per Eligibility Category, FY24

Category	Children
At Risk Environmental	420
At Risk Medical/Biological	747
Developmental Delay	11,709
Established Condition	266
Multiple Categories with Developmental Delay	6,212
Multiple Categories without Developmental Delay	920

Tables 5 and 6 contain the demographics of the children served by FIT in FY24. The white racial category in Table 6 is not disaggregated by ethnicity and therefore includes children of white race and Hispanic ethnicity.

FSEI Table 5. Race of Children Served by FIT, FY24

Race	Number of Children
American Indian/Alaska Native	1,340
Asian	211
Black or African American	514
Native Hawaiian or Pacific Islander	21
White	12,517
Two or More Races	507
Unknown	620

FSEI Table 6. Ethnicity of Children Served by FIT, FY24

Ethnicity	Number
Hispanic	10,212
Non-Hispanic	4,898
Unknown	620

Championing 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 FY24, survey found:

- 97 percent of families say FIT services have helped them know their rights
- 99.5 percent of families say FIT services have helped the family effectively communicate their children’s needs
- 99.5 percent of families say FIT services have helped the family help their children develop and learn

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 FY24, 3,776 children exited the program and had data collected on their overall progress while enrolled. Of those, 3,529 had an identified developmental delay, disability, or an established condition. Another 247 were originally found eligible because of environmental or biological risk.

FSEI Table 7. FIT Outcomes for Children with Developmental Delays/Established Conditions who Exited FIT in FY24

Summary Statement	Social Emotional Skills	Acquiring and Using New Knowledge and Skills	Taking Appropriate Action to Meet Needs
Of those children who entered the program below age expectations in (outcome), the percent that substantially increased their rate of growth in (outcome) by the time they exited.	70.90%	73.10%	76%
Percent of children who were functioning within age expectations in (outcome) by the time they exited.	44.10%	46.90%	46%

FSEI Table 8. FIT Outcomes for Children At Risk (Only) of Developmental Delay Environmental/ Medical Biological) who Exited FIT in FY24

Summary Statement	Social Emotional Skills	Acquiring and Using New Knowledge and Skills	Taking Appropriate Action to Meet Needs
Of those children who entered the program below age expectations in (outcome), the percent that substantially increased their rate of growth in (outcome) by the time they exited.	73.70%	75.70%	82.20%
Percent of children who were functioning within age expectations in (outcome) by the time they exited.	73.70%	70.40%	72.50%

Families and Infants Receive Services and Training (Families FIRST) provides nursing case management and supports to pregnant women and children from birth to age three. The program is for families who qualify for Medicaid and helps connect families to resources and community services they need for a positive pregnancy and parenting outcomes. These resources include medical care, social and educational supports, and food and nutrition resources. The nurses also educate clients and their families on topics related to their pregnancy and postpartum experience as well as newborn and pediatric topics up to age three. The program services are delivered by nurses in clinical and home settings, as well as through telehealth.

The Families FIRST program is for pregnant women and their children up to age 3. 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 (\$64,550 annually for a family of three). Families can earn slightly more (up to 300 percent of the Federal Poverty Level) once children are born. Families FIRST supports women 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.

Families FIRST Nurses

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 medical secretaries. The administration support provided by the non-clinical team supports the daily operations of the program and outreach to families across the state.

The 15 care coordinators in the program are all registered nurses and hold a mix of master's, bachelor's, and two-year degrees and they earn hourly wages that range from \$35 to \$50 per hour. Regional Coordinators are registered nurse supervisors, with hourly wages that range from \$45 to \$55 per hour. Non-clinical administration staff pay rates range from \$17 to \$31 per hour.

In FY24, nurses continued to deliver care out of the clinic and into the field to provide more community based hands-on care to families in the program.

Families Served

In FY24, Families FIRST contacted 5,757 families who were potentially eligible and interested. This resulted in program enrollment of 1,285 clients this fiscal year, of whom 596 enrolled prenatally and 689 received pediatric services after birth. Tables 7 and 8 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.

FSEI Table 7. Race of Families FIRST Clients, FY24

Race	Number
American Indian or Alaskan Native	5.12%
Asian	0.63%
Black	2.00%
Native Hawaiian or US Territory Islander	0.31%
Other	3.14%
White	59.65%
Unknown	27.93%

FSEI Table 8. Ethnicity of Families FIRST Clients, FY24

Ethnicity	Number
Hispanic or Latino	18.6%
Non-Hispanic or Non-Latino	6.6%
Unknown	74.8%

Key Health and Development Outcomes

A total of 93 percent of Medicaid-eligible expecting mothers that were enrolled in Families FIRST and home visiting accessed prenatal care in their first trimester of pregnancy, an important support to ensure healthy birth outcomes. A total of 98 percent of Medicaid-eligible mothers who delivered while enrolled received a postpartum care visit with their health care provider. Families FIRST collects data on several outcomes related to these healthy births. Once children were born, the program supported their ongoing health and development in a variety of ways, including:

- Conducted 1,051 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 22 children identified as at risk of developmental delay or disability to early intervention services through the FIT Program. Being connected with FIT early in childhood can help children reach key developmental milestones that support school readiness.
- Ensured 98 percent of children were up to date on immunizations.
- Referred 56 clients to home visiting programs, which provide long term comprehensive family supports for positive parenting and child well-being.

- Connected families to needed services and supports 1,285 times to address identified needs of each family.
- Provided families with support 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).

FSEI Table 9. Healthy Births in Families FIRST

Metric	Percentage or Number
Delivered while enrolled	98%
ASQ Assessments	1,010
Referred to FIT	53
Children Up to Date on Immunizations	98%
Referred to Home Visiting	242
Connected Families to Services	1,144



Head Start Collaboration Office

1,362

*Scholarships awarded
to Head Start professionals*

Head Start and Early Head Start are key partners in the early childhood education and care system working to promote the development of infants, toddlers, and preschool age children in families that meet income eligibility requirements. These federal

to local funded programs make an impact on communities by providing supports for parents, both mothers and fathers, in their role as primary caregivers and teachers of their children. Programs assist families in meeting their own personal goals and achieving self-sufficiency across a wide variety of domains, such as housing stability, continued education, and financial security.

Head Start programs also mobilize the local community to provide the resources and environment necessary to ensure a comprehensive, integrated array of services and support for children and families.

Head Start has been providing services for 59 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 Collaboration Office (HSCO) and engagement with the New Mexico Head Start Association (NMHSA). The HSCO, through ECECD, assists in building early childhood systems and facilitates collaboration between state and local planning processes to better meet the needs of children in families with low income from birth to school entry. The HSCO Director role serves from within the ECECD Policy, Research, and Quality Initiatives division. The strategic plans and priorities of the Department align closely with the national HSCO priorities established by the office of Head Start. In FY24, the HSCO prioritized strengthening state collaboration among regional Head Start and Early Head Start programs, Tribal Head Start programs, and local early childhood coalitions. In May 2024, ECECD along with the NMHSA hosted a 2-day Summit bringing all Head Start Grant Recipients together for the first time. More than 100 leaders representing Head Start recipients from around the state joined ECECD leadership, and local early childhood system building coalition leaders

and Early Childhood Tribal Advisory Coalition leaders for two days of discussion and planning, sharing perspectives, exchanging ideas, and providing input that will shape the state’s prenatal-to-five early childhood system.

Head Start Professionals

Early Head Start and Head Start classrooms were staffed in FY24 with 2,081 teaching professionals. A total of 39 percent of Head Start teachers have a bachelor’s degree or higher, while 43 percent hold an associate degree, and 9 percent hold a Child Development Associate Credential (CDA). While 50 percent of teaching assistants reported no educational qualifications, 27 percent hold a CDA, 14 percent have an associate degree, and 7 percent have a bachelor’s degree or higher. Among the state’s Early Head Start teaching professionals, 14 percent have a bachelor’s degree or higher, 25 percent have an associate degree, and 46 percent have a CDA. Another 15 percent reported no qualifications.

Head Start participates in ECECD’s scholarship, wage supplement, and pay parity programs. The Department awarded 1,362 scholarships to Head Start professionals in FY24. ECECD awarded 142 wage supplements to Head Start and Early Head Start teachers. Additionally, 1,145 Head Start teachers and teaching assistants have active memberships on Quorum, an online training platform. In FY24, these educators completed 4,737 courses.

Funded Enrollment

In FY24, total funding for Head Start and Early Head Start in New Mexico was \$2,852,596.00. 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 1,759 Early Head Start and 3,925 Head Start slots, and 1,190 American Indian and Alaska Native Head Start Programs.

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Appendix A – ECECD’s Organizational Chart



Elizabeth Groginsky
Cabinet Secretary
Email: Elizabeth.Groginsky@eecd.nm.gov
Ph: 505-827-7684



Ariana Quinones-Miranda
Deputy Secretary
Email: ariana.quinones-miranda@eecd.nm.gov
Ph: 505-795-1786



Dr. Joannie Suina
Assistant Secretary for Native American Early Childhood
Email: joannie.suina@eecd.nm.gov
Ph: 505-660-7047



Michelle Tsosie
Deputy Assistant Secretary for Native American Early Childhood
Email: michelle.tsosie@eecd.nm.gov
Ph: 505-827-7684



Ali Hedrick
Family Support and Early Intervention Director
Email: ali.hedrick@eecd.nm.gov
Ph: 505-469-1742



Diana Sandoval-Tapia
Special Projects Coordinator
Email: diana.sandoval-tapia@eecd.nm.gov
Ph: 505-469-6912



Hailey Heinz
Policy, Research, and Quality Initiatives Division Director
Email: hailey.heinz@eecd.nm.gov
Ph: 505-....



Sandeep Patel
Chief Information Officer
Email: sandeep.patel@eecd.nm.gov
Ph: 505-660-8758



Sandy Trujillo-Medina
Early Care Education and Nutrition Division Director
Email: sandy.trujillomedina@eecd.nm.gov
Ph: 505-231-3219



Shelley Strong
General Counsel
Email: shelley.strong@eecd.nm.gov
Ph: 505-670-3779



Sonya Martinez
Communications Director
Email: sonya.martinez@eecd.nm.gov
Ph: 505-670-8338

Appendix B – Data by County

Table 1. Number of Children Served by County, FY24

County	Child Care Assistance	NM PreK	Home Visiting	Family Infant Toddler	Families FIRST
Bernalillo	11,668	4,932	1,083	3,879	880
Catron	0	20	0	8	5
Chaves	1,305	548	335	672	381
Cibola	217	95	141	134	41
Colfax	24	40	87	60	24
Curry	888	417	323	747	272
De Baca	0	23	5	6	4
Doña Ana	5,501	2,686	1,818	3,551	1,175
Eddy	363	298	50	470	200
Grant	186	321	177	308	131
Guadalupe	47	44	34	31	6
Harding	-	22	-	5	-
Hidalgo	11	35	78	59	27
Lea	994	467	480	616	375
Lincoln	136	278	178	93	95
Los Alamos	41	155	155	122	3
Luna	211	433	495	320	265
McKinley	145	681	313	394	83
Mora	5	81	16	20	9
Otero	727	406	74	380	272
Quay	37	30	82	53	24
Rio Arriba	230	294	118	256	82
Roosevelt	230	149	118	185	102
San Juan	1,573	1,370	153	831	186
San Miguel	463	96	91	85	65
Sandoval	1,204	1,037	83	731	125
Santa Fe	706	1,050	451	817	278
Sierra	76	104	266	111	50
Socorro	78	106	166	107	53
Taos	138	203	181	140	84
Torrance	112	265	3	56	39
Union	-	36	10	19	8
Valencia	1,029	808	199	464	273
Unassigned	-	-	-	-	140
Total	28,348	17,530	7,764	15,730	5,757

Appendix B – Data by County

Table 2. Average Monthly Number of People Served CACFP Meals, by County and Type of Setting, FY24

County	Provider Settings						
	Adult Care	At-Risk	Before/After School	Child Care	Emergency	Head Start	NM PreK
Bernalillo		3,144	304	6,682	6	451	1,202
Catron							
Chaves		189	1	575		110	72
Cibola		23		81		155	
Colfax						50	
Curry		118	109	456		77	56
De Baca							
Doña Ana		2,426	130	2,552	25	195	990
Eddy		106		177		191	9
Grant				90	4	69	47
Guadalupe			1	13		9	3
Harding							
Hidalgo				6		23	
Lea		673		309		161	58
Lincoln		40				71	
Los Alamos							
Luna		352	15	56		68	20
McKinley			8	73	19	274	37
Mora	6					30	
Otero		3,818	58	552		89	100
Quay						67	
Rio Arriba		454		42		96	89
Roosevelt	6			70		35	
San Juan	16	568	42	1,188	20	194	239
San Miguel		157		149			3
Sandoval		86		787	3	254	548
Santa Fe		175		171	11	239	172
Sierra						15	
Socorro		145		16		35	58
Taos		37		32		106	35
Torrance		20		51		48	35
Union							
Valencia	6	139	56	489		112	175
Total	34	9,526	420	7,935	82	2,773	2,746

Appendix B – Data by County

Table 3. NM PreK, Early PreK, and Mixed Age PreK Funded Slots by County, SY24

County	Community Based			School Based			Total
	Early PreK	Mixed PreK	NM PreK	Early PreK	Mixed PreK	NM PreK	
Bernalillo	815	965	1,601	-	-	1,551	4,932
Catron	-	-	-	-	8	12	20
Chaves	32	48	40	-	28	400	548
Cibola	-	10	-	-	-	85	95
Colfax	-	-	-	-	-	40	40
Curry	30	6	38	-	16	327	417
De Baca	-	-	-	8	-	15	23
Doña Ana	536	769	543	-	64	774	2,686
Eddy	-	48	-	-	-	250	298
Grant	69	50	60	-	-	142	321
Guadalupe	-	16	-	-	-	28	44
Harding	-	-	-	-	-	22	22
Hidalgo	-	-	-	-	-	35	35
Lea	64	6	72	-	-	325	467
Lincoln	-	92	20	64	10	92	278
Los Alamos	-	-	-	-	-	155	155
Luna	32	100	-	96	-	205	433
McKinley	32	326	40	-	-	283	681
Mora	-	-	-	-	51	30	81
Otero	76	104	95	-	-	131	406
Quay	-	-	-	-	-	30	30
Rio Arriba	45	61	91	-	-	97	294
Roosevelt	-	-	-	-	-	149	149
San Juan	100	515	110	-	-	645	1,370
San Miguel	-	16	-	-	-	80	96
Sandoval	56	209	120	48	16	588	1,037
Santa Fe	90	330	128	-	-	52	1,050
Sierra	16	16	20	-	-	52	104
Socorro	16	16	18	-	16	40	106
Taos	42	15	51	-	-	95	203
Torrance	-	80	20	40	30	95	265
Union	-	-	-	-	-	36	36
Valencia	136	227	132	-	-	313	808
Total	2,187	4,025	3,199	256	239	7,624	17,530

Appendix B – Data by County

Table 4. FIT Providers and Counties Served, FY24

FIT Provider Agency	Counties Served
Abrazos Family Support Services	Sandoval, Bernalillo
Alta Mira Specialized Family Services	Bernalillo
Amplified Therapy	Grant, Luna, San Juan, Hidalgo, Grant, Catron, Eddy, Lincoln
Aprendamos Intervention Team	Doña Ana, Sierra
Blue Star Therapy	Eddy
BMSI (Bilingual Multicultural Services, Inc.)	Bernalillo, Santa Fe, Sandoval
CARC, Inc.	Eddy
CDD- The Children’s Workshop	Colfax, San Miguel, Harding, Mora, Union
Elevate EI	Bernalillo, Socorro, Valencia
ENMRSH	Curry, DeBaca, Guadalupe, Otero, Roosevelt
Ensuenos y Los Angelitos	Taos
Growing In Beauty	McKinley, Cibola, Ramah Navajo Nation, San Juan
Inspirations Early Intervention	Bernalillo, Sandoval
La Vida Felicidad	Valencia, Cibola
Las Cumbres Community Services	Rio Arriba, Santa Fe, Los Alamos
MECA (MultiCultural Evaluation & Consultation Associates) Therapies	Dona Ana, Lea, Chavez, Curry, Roosevelt, Quay, Rio Arriba, Taos
Mescalero Apache EC Program (MAECP)	Otero
Native American Pueblo Parent Resources (NAPPR)	Bernalillo, Cibola, Sandoval, Socorro, Santa Fe, Valencia
New Vistas	Santa Fe, Mora, San Miguel
NM School for the Deaf(NMSD)	Statewide
NM School for the Blind and Visual Impairment (NMSBVI)	Statewide
PB&J Family Services, Inc.	Bernalillo, Sandoval
PMS- Roundtree Developmental Services	San Juan
Positive Outcomes (Alberta House)	Socorro
Presbyterian Ear Institute	Bernalillo
Ramah Navajo Head Start Pine Hill Early Intervention Program	Cibola
The Therapy Academy	McKinley, Cibola
Tobosa- Los Pasitos	Chavez
Tresco, Inc. / TOTS	Dona Ana, Sierra, Bernalillo
UNM CDD FOCUS Program	Bernalillo, Sandoval, Valencia
UNM Developmental Continuity Care Program	Bernalillo- State Wide
Zia Therapy Center	Otero

New Mexico Early Childhood Education and Care Department

Fiscal Year 2024

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