



NEW MEXICO
Early Childhood
Education & Care Department

ANNUAL OUTCOMES REPORT

2025

Fiscal Year 2025 • July 1, 2024 - June 30, 2025

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

New Mexico continues to lead the nation by turning vision into action, building one of the strongest early childhood systems in the country through sustained, bipartisan investments and a shared commitment to families. Fiscal Year 2025 (FY25) marked a defining moment in that work as the Early Childhood Education and Care Department (ECECD) focused on preparing New Mexico for the launch of Universal Child Care, making our state the first in the nation to take this historic step.

FY25 was a year of deliberate, systems-level preparation. ECECD strengthened the foundation necessary to support universal access by expanding capacity, stabilizing the workforce, and reinforcing quality and accountability across programs. A cornerstone of this preparation was investing in the early childhood workforce.

In FY25, ECECD led the development of a unified wage scale and career lattice, creating a clear, aligned framework for compensation and advancement for professionals across the prenatal-to-age-five continuum of services. The department expanded direct supports alongside this framework, awarding thousands of scholarships, wage supplements, and pay parity incentives to early childhood professionals. These investments recognized the essential role educators and providers play and helped stabilize a workforce critical to the success of Universal Child Care.

Beyond workforce development, ECECD continued to grow access and quality across programs. Licensed child care capacity increased statewide, including targeted growth for infants and toddlers. New Mexico PreK expanded further, building on its nationally recognized quality and reach. Nutrition, home visiting, early intervention, and family support programs scaled alongside child care growth, ensuring families experience a coordinated system rather than disconnected services.

Together, this multifaceted approach positioned New Mexico to launch Universal Child Care from a position of strength, with workforce, infrastructure, and funding aligned to support families from day one. FY25 was a year of strategic readiness—building not just capacity, but the integrated system and sustainable supports required for a program of this scale to succeed.

This progress is the direct result of your leadership and continued investment in young children and families. The FY25 Annual Outcomes Report reflects what is possible when a state commits to long-term solutions and demonstrates accountability through meaningful results. While more work lies ahead, New Mexico has shown that a universal, family-centered early childhood system is achievable and essential to helping families and communities thrive.

We look forward to continued partnership as this transformative work evolves. Thank you for your leadership and belief in what our state can accomplish together.

With gratitude,

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

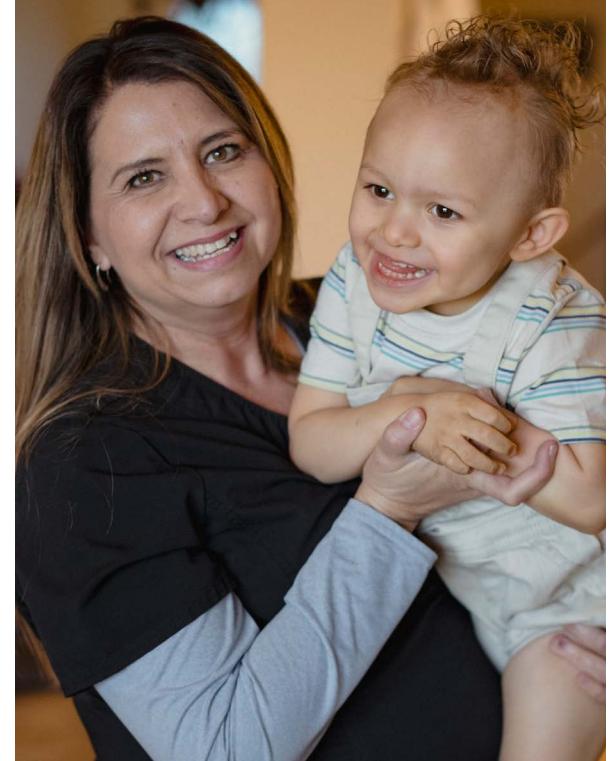
Elizabeth Groginsky
Cabinet Secretary
Early Childhood Education and Care Department

Introduction

Fiscal year 2025 (FY25) was a testament to the growing maturity of the Early Childhood Education and Care Department (ECECD) and the early childhood system in New Mexico. Since ECECD's inception in 2020, New Mexico has led the nation in building a comprehensive, universal, and accessible prenatal to age five early childhood system. Other states look to New Mexico as an example of how to dream big and execute for young children and families. Over the last fiscal year, from July 1, 2024 to June 30, 2025, New Mexico laid the groundwork for an extraordinary step forward in FY26, when it would become the first state in the nation to offer universal child care.

The FY 2025 Annual Outcomes Report shares the story of the last complete fiscal year and shows the department's commitment to transform New Mexico's future in action. Strategic investment from the legislature over the past few years has allowed New Mexico to continuously scale prenatal and early childhood programs to reach every eligible New Mexico family who wants them, and in the last fiscal year, ECECD sustained the growth that has been its hallmark.

ECECD is proud to present this report in fulfillment of the department's statutory reporting obligations as required in four pieces of legislation: the Early Childhood Education and Care Department Act, Early Childhood Care Accountability Act, Pre-Kindergarten Act, and Home Visiting Accountability Act. The report will begin with an update on the progress of major supports for the early childhood workforce, including the development of a unified wage scale and career lattice. Then, it will provide an overview of key accomplishments and outcomes across ECECD's core programs and initiatives, beginning with the major programs in the Early Care, Education and Nutrition Division: child care licensing, child care assistance, food and nutrition programs, and New Mexico PreK. The report will then provide updates for programs in the Family Support and Early Intervention Division, including Home Visiting, Family Infant Toddler (FIT), and Families FIRST, before closing with a brief update on the Head Start Collaboration Office.



Key Highlights

In FY25, ECECD's commitment to excellence continues to lead the nation and paved the way in becoming first state to offer universal child care in FY26.

New Mexico PreK grantees were funded a total of 18,376 funded slots in FY25 — a 4.83 percent increase from the previous year.

Other states look to New Mexico as an example of how to dream big and execute for young children and families.



Support for Professionals in the Early Childhood System

Unified Wage Scale and Career Lattice

A New Mexico where all families and young children are thriving is only possible through the efforts of dedicated professionals across the entire early childhood system. When it created the Early Childhood Education and Care Department, the New Mexico legislature required ECECD to convene an advisory council and develop a workforce development plan that includes a career ladder, wage structure and professional development plan that applies to the full continuum of programs within ECECD, as well as other items deemed appropriate by the Secretary (§9-29-11 NMSA 1978)—emphasizing the importance of a thoughtful and unified approach to compensation, advancement, and professional development.

4,567
Scholarships Awarded

In FY25, ECECD awarded 4,567 scholarships to early childhood professionals offering support to afford the expense of taking coursework that leads to credentials and degrees

To this end, in FY25 ECECD led the development of a unified wage scale and career lattice for all early childhood professionals. With technical support from the National Early Care and Education Workforce Center and Prenatal to Five Fiscal Strategies and deep engagement from cross-sector New Mexico stakeholders, this process resulted in the development of an aligned wage scale and career lattice framework intended to reward the experiences, competencies, and education of the current early childhood workforce and incentivize increased qualifications across all sectors of the workforce, including educators and administrators in licensed child care and Early Head Start, NM PreK and Head Start; Family Infant Toddler (FIT); and home visiting.

Work on the wage scale and career lattice began in July 2024 in an approach that emphasized the importance of multi-sector and multi-partner engagement, engagement of educators in systems change,

and data-driven decision-making. The project assembled a task force composed of 24 members representing advocacy, child care, family child care, FIT and early intervention, Head Start, higher education, home visiting, NM PreK, and workforce support partners. The task force convened in December 2024 and met biweekly throughout the year to inform the design of the framework and make recommendations for implementation, with facilitation by the National Early Care and Education Workforce Center.

The draft of the wage scale and career lattice was completed at the end of the fiscal year and provides a unified framework with roles, responsibilities, shared competencies, qualifications, and minimum salary levels for professionals working across the early childhood field. In FY26, ECECD has brought the proposed framework to the statewide Early Childhood Education and Care Advisory Council for consideration and endorsement and will seek funding for implementation in the 2026 legislative session.

Scholarship and Wage Support Programs

In addition to the development of the wage scale and career lattice in FY25, ECECD has for years implemented and administered multiple wage support and scholarship programs for professionals in the early childhood field, including the Comprehensive Early Childhood Scholarship Program, the Bilingual Incentive Payment program, and the Wage Supplement Program. These programs are open to employees working in licensed child care, Tribal child care, NM PreK programs, Head Start and Tribal Head Start, home visiting programs, and Family Infant Toddler programs. ECECD also supports pay parity programs that offer targeted support to different areas of the early childhood workforce.

The Comprehensive Early Childhood Scholarship Program offers support for early childhood professionals to afford the expense of taking coursework that leads to credentials and degrees. This program complements other scholarship programs such as the Lottery and Opportunity Scholarships by funding educators who may not meet the requirements of those programs (for example, those unable to take six credit hours per semester, those pursuing advanced degrees, or those who already have degrees unrelated to early childhood). ECECD scholarship funds can also enhance other scholarships by covering expenses such as books and fees that may not be covered by a single scholarship alone. In FY25, ECECD awarded 4,567 scholarships to these professionals. Another program, the Bilingual Incentive Program, offers a one-time payment of \$1,500 to certified bilingual and multilingual professionals who are working at least 20 hours per week with children from birth to five. In FY25, this program awarded 108 Bilingual Incentive Payments. The Wage Supplement Program provides education-based supplemental wages to early childhood professionals who earn less than \$18 an hour and work a minimum of 20 hours a week in early childhood. In FY25, ECECD awarded 338 wage supplements.

ECECD also funds pay parity programs that offer targeted support to different areas of the early childhood workforce.

In FY25

ECECD Awarded:

- 4,567 scholarships to early childhood professionals
- 108 one-time \$1,500 payments to bilingual early childhood professionals
- 228 wage supplements to professionals earning less than \$18 per hour
- 197 Infant and Toddler Pay Parity awards
- 179 PreK Pay Parity awards (see page 23)
- 72 Head Start Pay Parity awards (see page 50)

These initiatives, including the PreK Parity and Head Start Parity programs, are discussed in their relevant sections in this report. Together, these programs are an essential part of ECECD's strategy to support the recruitment, retention, and compensation of early childhood professionals overall.

New in FY25: Infant and Toddler Pay Parity

In FY25, ECECD launched a new pay parity program for educators working in licensed child care settings and caring for infants and toddlers. Funded with legislative allocations through the Government Results and Opportunity (GRO) Fund, the Infant and Toddler Educator Pay Parity program brings pay for infant and toddler educators into alignment with similarly credentialed public school teachers. Caring for infants and toddlers is intensive work that is in high demand in New Mexico, and this program helps to appropriately compensate, incentivize, and retain the professionals doing this work. The New Mexico legislature allocated \$5 million per year for three years to implement this pay parity program. ECECD developed this program in partnership with the Early Childhood Education and Care Advisory Council, which provided thoughtful feedback into what the parity program should look like and how the program should value the experience, education, and additional credentials of this sector of the early childhood workforce.

To qualify, educators must work in a licensed child care program with children ages zero, one, or two years old and serve at least one child through the Child Care Assistance program. The first applications for this program successfully launched in August 2024, with payments to educators beginning in September. In FY25, ECECD awarded parity supports to 197 infant and toddler educators.







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 oversees the Child Care Services Bureau, which manages child care licensing and the Child Care Assistance program; the Family Nutrition Bureau, which oversees the Summer Food Service Program for Children and the Child and Adult Care Food Program; and New Mexico PreK.

Early Childhood Care Accountability Act (NMSA 1978 32A-23C-4) Reporting Requirements:

- The number of substantiated incidents and substantiated complaints received for each licensed early childhood care program rating level;
- The income levels of eligible families statewide receiving early childhood care assistance;
- The stated reasons that eligible families have applied for early childhood care assistance;
- The percentage of children receiving early childhood care assistance by quality level and provider type;
- The average annual enrollment in early childhood care assistance;
- 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;

3.2% ▲

Child care Capacity

Collectively, child care providers had the capacity to serve 69,019 children if operating at their maximum licensure limits, representing a 3.2 percent increase from FY24.

4.8% ▲

Increase in NM PreK Slots Awarded

FY25 includes 9,909 openings in PreK, 5,932 openings in Early PreK, and 5,932 openings in Mixed Age PreK programs.

54.63%

5-STAR FOCUS Centers

In FY25, just over half (54.63%) of providers attained their 5-star rating through FOCUS. The remaining 45.37% of 5-star providers held one of seven approved national accreditation statuses.

- By rating level, any evidence of an increase in school readiness, child development and literacy among children receiving early childhood care assistance;
- The number and type of licensed early childhood care programs statewide;
- The capacity in licensed early childhood care programs by rating level;
- The number of children enrolled in licensed early childhood care programs who participate in the child and adult care food program;
- The percentage of children enrolled in licensed early childhood care programs receiving health and developmental screenings or assessments in accordance with Department rules; and
- 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.

Child Care Services

The Child Care Services Bureau (CCSB) ensures access to high-quality, healthy, safe, and supportive child care environments. CCSB oversees the licensing and monitoring of child care facilities and the Child Care Assistance program. Per the Early Childhood Care Accountability Act (NMSA 1978 32A-23C-4), ECECD is required to report on a series of outcomes and data points related to licensed child care and the operation of the Child Care Assistance program. The following section addresses these reporting requirements.

Licensed Child Care Overview

Licensed child care providers offer care for children aged six weeks to 12 years old. Child care settings range from providers who care for a few children in their own homes to large child care centers serving multiple classrooms and age groups. There are three types of licensed providers: licensed child care centers, and licensed family homes or family group homes, depending on the number of children cared for in the licensed home. Providers caring for fewer than four children in their own home may also register with the department as a registered home. In alignment with the requirements of the Early Childhood Care Accountability Act, this report will focus on FY25 trends for licensed child care only, excluding those registered homes. Table 1 provides a description of each type of child care setting and how they vary in the number of children they may serve and their participation in other ECECD programs.

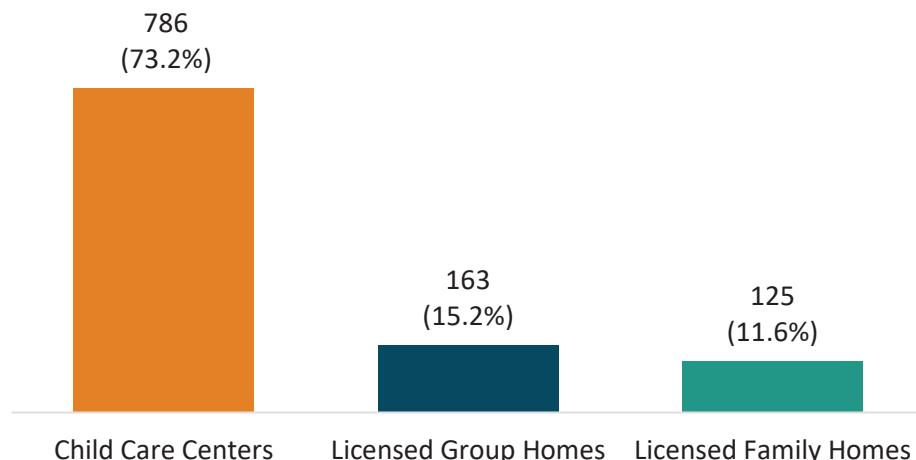
Table 1. Types of Child Care Settings in New Mexico

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 two . Licensed by ECECD, FOCUS-rated, and eligible to participate in 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 to participate in 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.

Licensed Child Care Capacity

In total, there were 1,074 licensed child care providers in New Mexico in FY25. Most of these providers were licensed centers, which comprised 73.2% of the total provider landscape. Licensed group homes and family homes made up the remaining quarter of the provider landscape, at 15.2% (163) and 11.6% (125) respectively. This represents a general increase across all licensed provider types in comparison to FY24: the total number of licensed providers in the state increased by 6% over FY24.

Figure 1. Number of Licensed Child Care Providers, FY25



“Total licensed capacity” represents the total number of children that child care providers could serve if operating at their maximum licensure limits. In FY25, New Mexico had the capacity to serve 69,019 total children across all age groups and provider types. Broken out by provider type, licensed centers had the capacity to serve 66,404 total children, licensed group homes 1,912 total children, and licensed family homes 703 total children. This represents a total increase of 2,165 slots over the previous fiscal year.

ECECD also breaks out licensed capacity by the age group of the children served, allowing analysis of capacity for children under and over two years old. This is especially useful to see yearly trends in capacity for infants and toddlers: a supply and demand study contracted by ECECD in the last fiscal year reports a statewide shortfall in available care for infants and toddlers in New Mexico.¹ This age group requires more intensive and expensive caregiving than older children, which puts it in shorter supply and higher demand for families looking for high-quality, affordable care for very young children. ECECD is working to expand infant and toddler capacity to meet this demand. In FY25, New Mexico providers had licensed capacity to serve 12,219 children under two years old and 57,626 children over two years old across all provider types. This grew the available licensed capacity for the under two population by 2%, or 217 slots, over FY24.

Table 2 describes the total licensed capacity available in FY25 by provider type and age group. Please note that capacity by age group does not sum to total capacity for home-based providers because of how capacity is regulated.

Table 2: Capacity of Licensed Child Care Providers

Type of Care	FY25 Capacity Under 2	FY25 Capacity Over 2	FY25 Total Capacity
Child Care Centers	11,281	55,123	66,404
Licensed Group Homes	634	1,912	1,912
Licensed Family Homes	304	703	703

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. Providers at a 2-star FOCUS designation are considered at basic licensure, and programs who achieve higher star ratings receive higher reimbursement rates for the care they provide through the Child Care Assistance program. In July 2021, New Mexico became the first state to base its child care assistance reimbursement 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.

FOCUS requirements 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 mirror 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.

Table 3 on page 11 describes the capacity of providers at the close of FY25 by setting type, quality level, and capacity by age group. This gives an indication of how child care capacity is distributed across providers at different levels of quality.

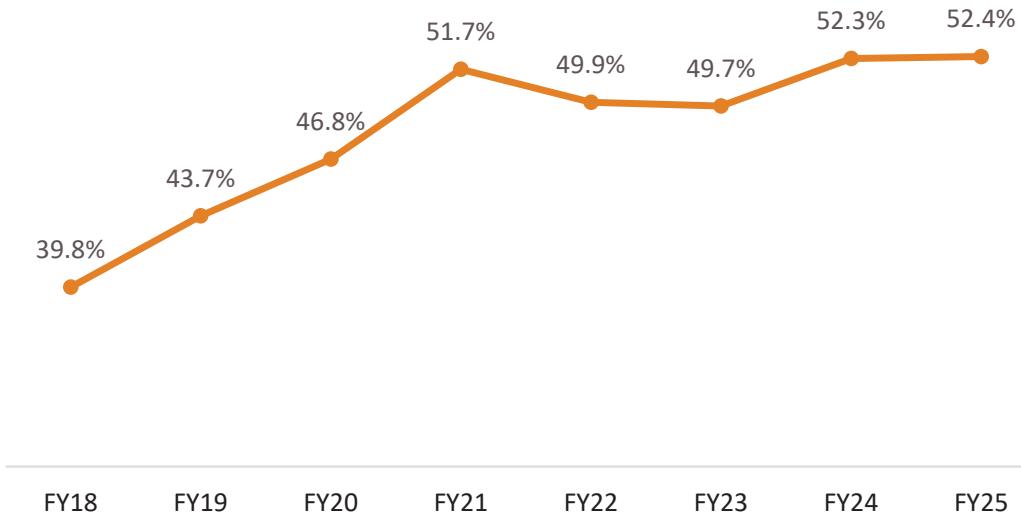


Table 3: Capacity of Licensed Providers by Type and Quality Level, FY25

Quality Level	Number of Providers	Capacity Over 2	Capacity Under 2	Total Capacity
Child Care Centers				
1 STAR	14	758	78	836
2 STAR	208	14,277	1,211	15,488
2+ STAR	82	5,154	942	6,096
3 STAR	77	5,120	1,275	6,395
4 STAR	52	3,528	726	4,254
5 STAR	353	26,286	7,049	33,335
Total	786	55,123	11,281	66,404
Licensed Group Home				
1 STAR	1	12	4	12
2 STAR	67	786	256	786
2+ STAR	33	377	128	377
3 STAR	9	103	36	103
4 STAR	8	94	32	94
5 STAR	45	540	178	540
Total	163	1,912	634	1,912
Licensed Family Home				
1 STAR	-	-	-	-
2 STAR	71	400	168	400
2+ STAR	35	195	80	195
3 STAR	4	20	8	20
4 STAR	3	18	10	18
5 STAR	12	70	38	70
Total	125	703	304	703

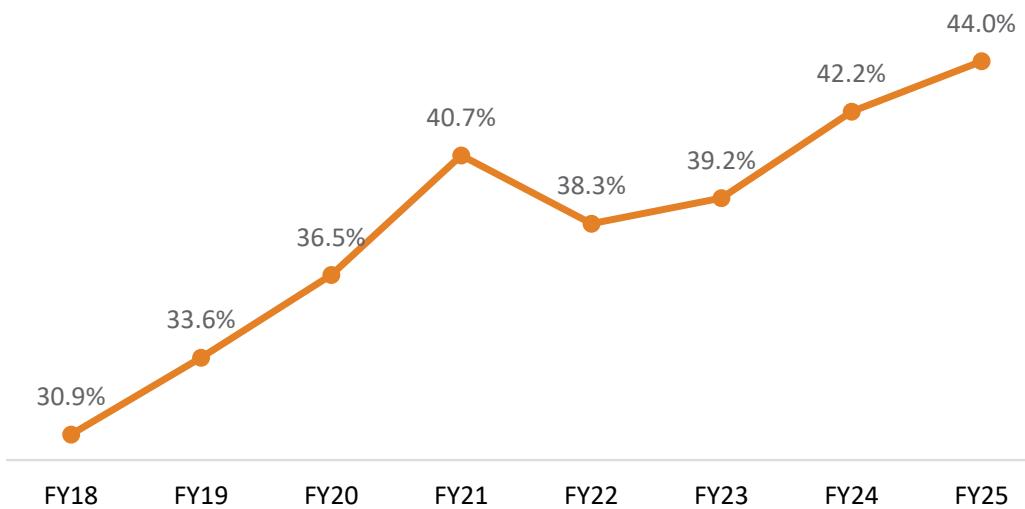
ECECD has been supporting and incentivizing providers to move into the FOCUS system at higher levels of quality. Providers who meet at least a 3-star rating in FOCUS have achieved a level of quality beyond basic licensure. As shown in Figure 2, between FY24 and FY25 the percentage of providers who have attained at least a 3-star rating in the FOCUS system held steady, at just over 52% of licensed providers.

Figure 2: Percentage of Licensed Providers with a 3-, 4-, or 5-Star Rating, FY18-FY25



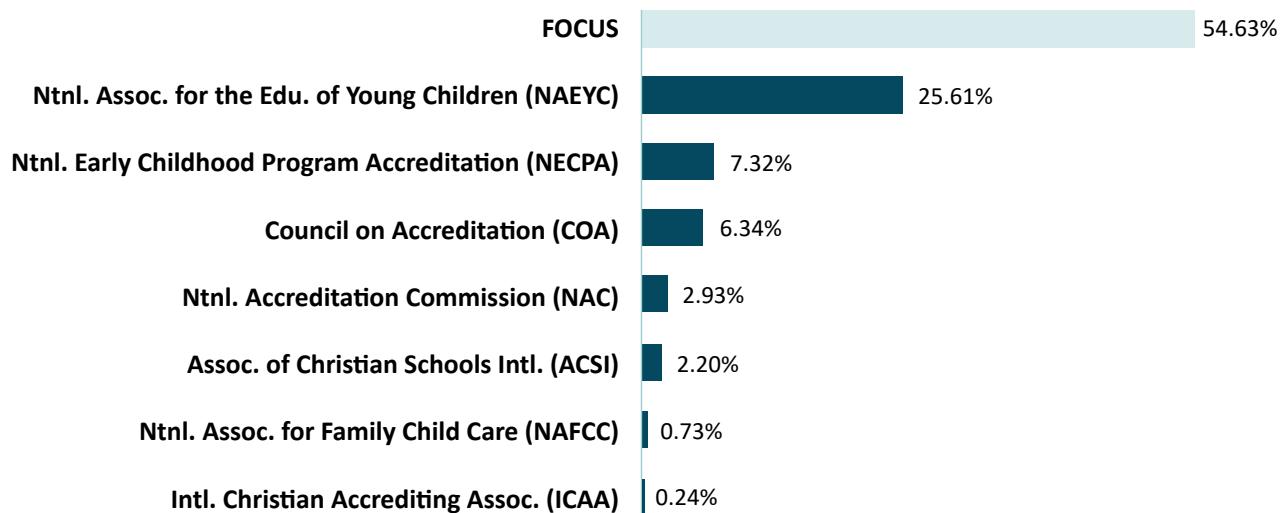
Disaggregating providers who have attained at least a 4- or 5-star rating shows the slice of providers who have attained particularly high levels of quality. The percentage of these providers has steadily increased over time, surpassing pre-pandemic levels in FY24 and continuing an upward trend in FY25, as shown in figure 3.

Figure 3: Percentage of Licensed Providers with a 4- or 5-Star Rating, FY18-FY25



ECECD supports different pathways for programs to achieve 5-star status: providers may receive a 5-Star rating through FOCUS or if they are accredited by a national entity that has been approved by ECECD. Figure 4 shows the different pathways and distribution by which providers achieve a 5-star FOCUS rating. In FY25, just over half (54.63%) of providers attained their 5-star rating through FOCUS. The remaining 45.37% of 5-star providers held one of seven approved national accreditation statuses.

Figure 4: Distribution of Pathways to 5-Star FOCUS Designation, FY25



KEY OUTCOMES

Child Health and Development

The Early Childhood Care Accountability Act requires the department to report on the percentage of children enrolled in licensed programs who received health and developmental screenings or assessments. 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.

More than half of all licensed providers, or 52.4% in FY25, are 3-star rated or higher and therefore required to provide developmental screenings. These higher-rated providers serve 65% of the state's total licensed child care capacity, or 44,829 children. Additionally, 82% of children aged birth to five enrolled in child care assistance are served in a program with a rating of 3 stars 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. 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.²

Family Engagement

The Early Childhood Education and Care Department Act requires the department to report evidence of family engagement in its programs. The department also ensures high-quality family engagement in child care services through the FOCUS system. Child care programs at a 3-star rating and above are required to actively engage families through different strategies, including 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.

Health and Safety

Health and safety are key components of quality child care. 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.

The Early Childhood Care Accountability Act requires the department to report the number of substantiated incidents and complaints received in licensed child care programs by quality level. ECECD defines “incident” as anything self-reported to ECECD by the provider and “complaint” as anything reported to ECECD by constituents, such as parents, community members, or other agencies. “Complaint and incident” means that the item was reported by both the provider and constituent. “Validated” means that an incident occurred, but there was no violation of a regulation, and “substantiated” is used when a provider is found to be in violation of a regulation.

Table 4 describes the total number of substantiated complaints and substantiated incidents identified in licensed child care programs by quality level. In total, ECECD identified 136 substantiated complaints and 130 substantiated incidents in FY25.

Table 4: Total Complaints and Substantiated Incidents by Quality Level, FY25

Quality/ Star Level	Substantiated Complaints	Validated Complaints	Substantiated Incidents	Substantiated Complaint and Incident	Validated Complaint and Incident	Key Terms
1 STAR	0	0	0	0	0	<ul style="list-style-type: none">• Incident: Anything self-reported to ECECD by the provider
2 STAR	20	0	15	3	0	<ul style="list-style-type: none">• Complaint: Anything reported to ECECD by the constituents (e.g., parents, community/neighbors, other agencies/professionals, etc.)
2+ STAR	20	4	20	2	0	<ul style="list-style-type: none">• Complaint and Incident: Anything that was both self-reported to ECECD by the provider and reported to ECECD by the constituents
3 STAR	21	6	18	4	1	<ul style="list-style-type: none">• Substantiated: Provider found to be in violation of a regulation
4 STAR	8	2	8	3	1	<ul style="list-style-type: none">• Validated: Incident occurred, but no violation of a regulation
5 STAR	67	13	69	17	8	
Total	136	25	130	29	10	

Child Care Assistance

Overview

The Child Care Assistance program helps income-eligible families pay for child care costs. Any parent or legal guardian in New Mexico who is working, going to school, actively looking for a job, or participating in a job training program who needs help with child care expenses may apply for assistance. In FY25, New Mexico continued to maintain the most expansive income eligibility for child care assistance in the nation. Families in FY25 qualified for care if their incomes were at or below 400% of the federal poverty line (FPL) upon application, or \$124,800 per year for a family of four in 2024. While not covered in this FY25 outcomes report, the department in November 2025 removed the income eligibility limit altogether, making New Mexico the first state in the nation to offer universal Child Care Assistance eligibility to its families. Outcomes from that historic change are being reported separately and will be reflected in next year's Annual Outcomes Report. ECECD has waived copayments for all families since May 1, 2022—ensuring care is free for all eligible families.

34% ▲

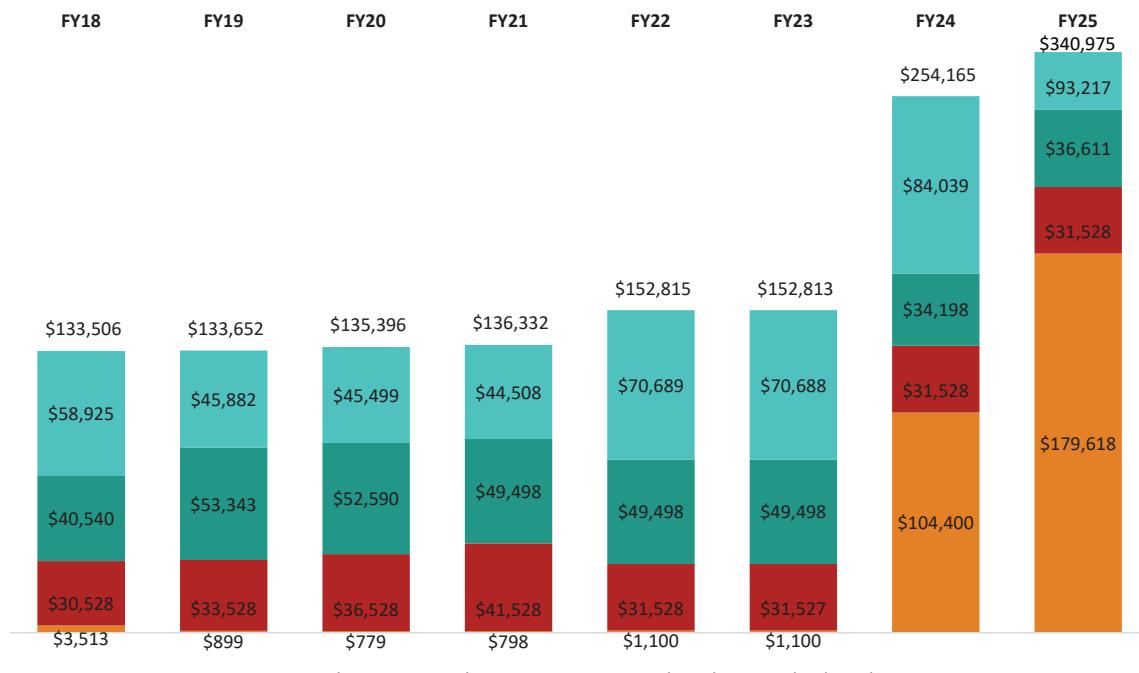
Budget Increase

In FY25, the total budget for the Child Care Assistance program was increased to \$340,975.00.

The Child Care Assistance program is funded in part through the federal Child Care and Development Fund (CCDF) block grant, with New Mexico providing required matching funds to draw down federal funds. Although federal law sets broad parameters for child care assistance programs, states have considerable discretion in how they administer the program. New Mexico uses a combination of federal funds and state funds, in particular the Early Childhood Trust Fund, to operate the Child Care Assistance program.

The total budget for the Child Care Assistance program in FY25 was \$340,975,000. The chart in figure 5 shows the distribution of child care funding by source since 2018. This demonstrates how the dominant funding source has shifted as the program has expanded.

Figure 5: Child Care Funding by Source, Excluding COVID-19 Relief Funds, FY18-FY25*



* in thousands of dollars

■ Other Source Funds ■ TANF ■ General Funds ■ Federal Funds

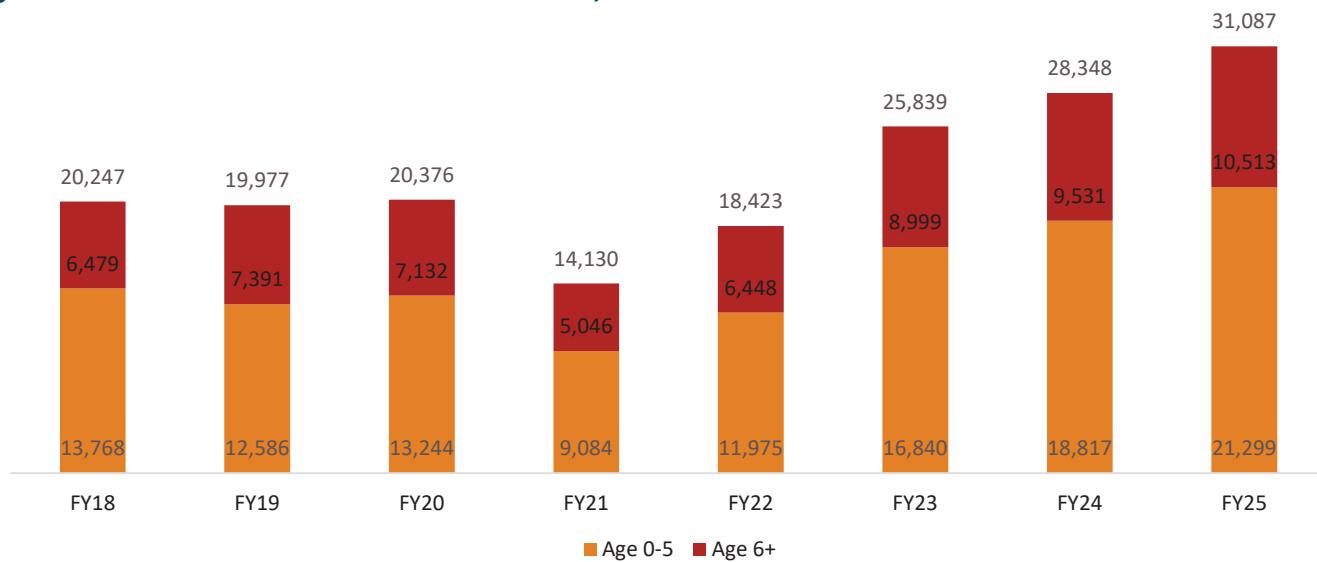
Children Served

The Early Childhood Care Accountability Act requires annual reporting on the operation of the Child Care Assistance program, including information on enrollment, income levels of families receiving assistance, families' reasons for needing assistance, demographic information, and children receiving Child Care Assistance by quality level and care type.

Average Monthly Child Care Assistance Enrollment

Figure 6 describes the annual average of monthly enrollment in the Child Care Assistance program since FY18. In FY25, total average monthly enrollment in child care assistance reached 31,087 children. Of these, 21,299, or 69%, were children under the age of five. Average annual monthly enrollment has increased as the program has expanded. Compared to FY24, average annual enrollment increased in FY25 by 9.66%, or 2,739 children.

Figure 6: Annual Child Care Assistance Enrollment, FY18-FY25*

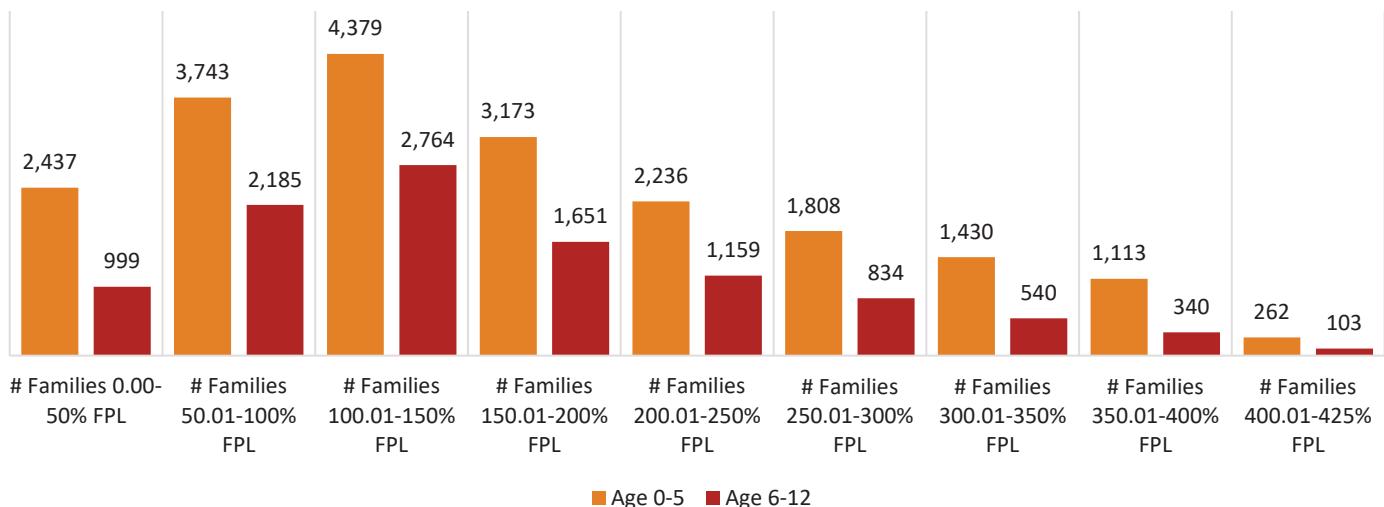


* annual average monthly enrollment

Families Receiving Child Care Assistance by Income

During the 2025 fiscal year, families qualified for assistance if their income was at or below 400% FPL at application and remained eligible up to 425% FPL, allowing a cushion for families to phase out of the program as their income changes. Just over half of families served in the program, or 53%, had incomes at or below 150% of the federal poverty line, or \$46,800 per year for a family of four. This is consistent with findings reported in the FY24 annual outcomes report, which also reported 53% of families enrolled were at or below 150% FPL. Figure 7 on page 17 shows the distribution of family incomes receiving Child Care Assistance in June 2025.

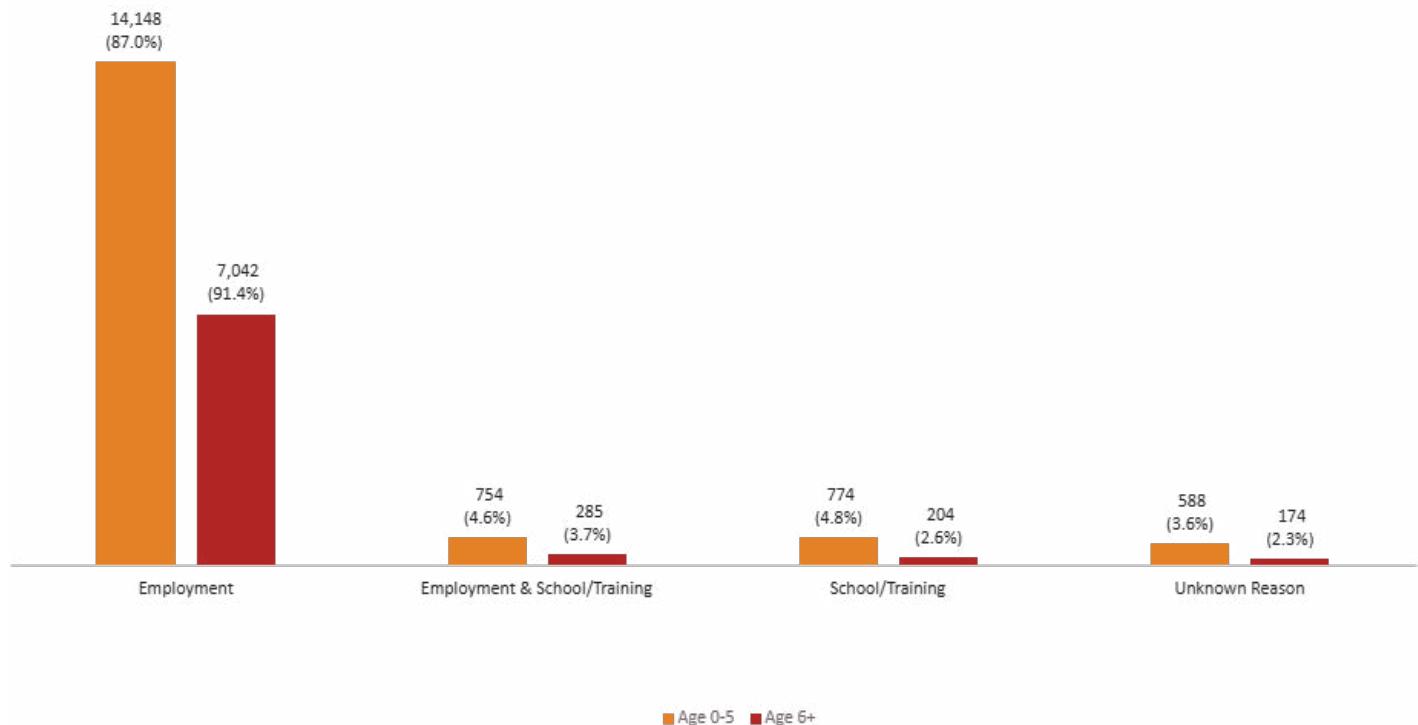
Figure 7: Number of Families Receiving Child Care Assistance, by Income and Child Age Group, June 2025



Families' Reasons for Needing Child Care Assistance

Families must be engaged in a qualifying activity in order to receive Child Care Assistance, such as working, school or job training, or job search. This chart describes the distribution of reasons families used Child Care Assistance in June 2025. In keeping with previous years, the vast majority of families reported seeking Child Care Assistance for employment.

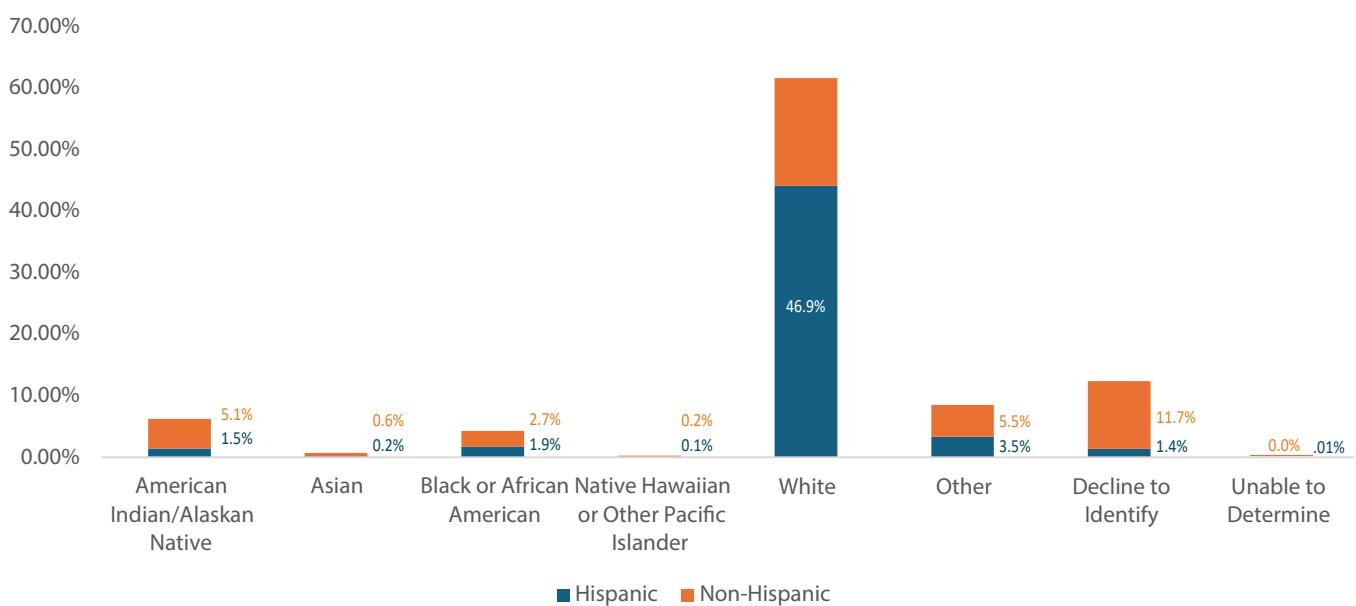
Figure 8: Families' Reasons for Needing Child Care Assistance, June 2025



Children Receiving Child Care Assistance, by Race and Hispanic Ethnicity

Figure 9 describes the racial and ethnic composition of children served by the Child Care Assistance program. Each racial category is further broken out by whether a child identified as Hispanic. In FY25, 56% of children served identified as Hispanic across all racial categories. It is important to note that the demographic data described in Figure 9 likely undercounts the representation of Native American children receiving child care assistance, 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.

Figure 9: Children Receiving Child Care Assistance by Race and Hispanic Ethnicity, June 2025



Children Receiving Child Care Assistance by Quality Level and Care Type

The Early Childhood Care Accountability Act also requires ECECD to report the percentage of children who received Child Care Assistance by provider type and quality level. This gives a sense of where children who received Child Care Assistance were cared for in FY25.

Providers are reimbursed for caring for children enrolled in Child Care Assistance, and receive higher reimbursement rates depending on their level of quality and the ages of the children served. Higher reimbursement rates incentivize providers to pursue high levels of quality and to enroll children receiving subsidized care. In FY25, 59% of children under age five who received Child Care Assistance were cared for in a 5-star licensed child care center. Similarly, older children were mostly served in five-star licensed centers, although a higher percentage were served in 2-star licensed centers than younger children. Figures 10 and 11 on page 19 show where children receiving Child Care Assistance in each age group received licensed care in June 2025. In addition to those served in licensed settings, 3.2% of children enrolled in Child Care Assistance were served in registered homes.

Figure 10: Children Birth to Age 5 Receiving Child Care Assistance by Quality Level and Provider Type, June 2025

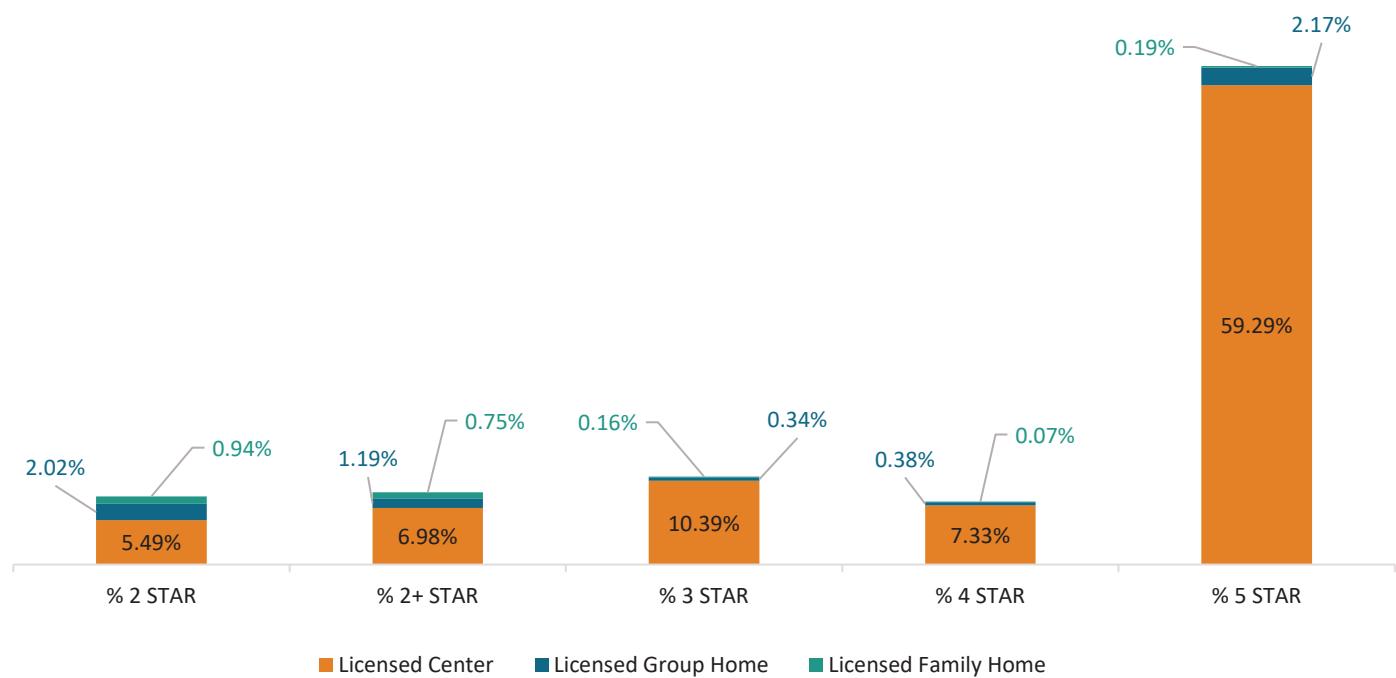
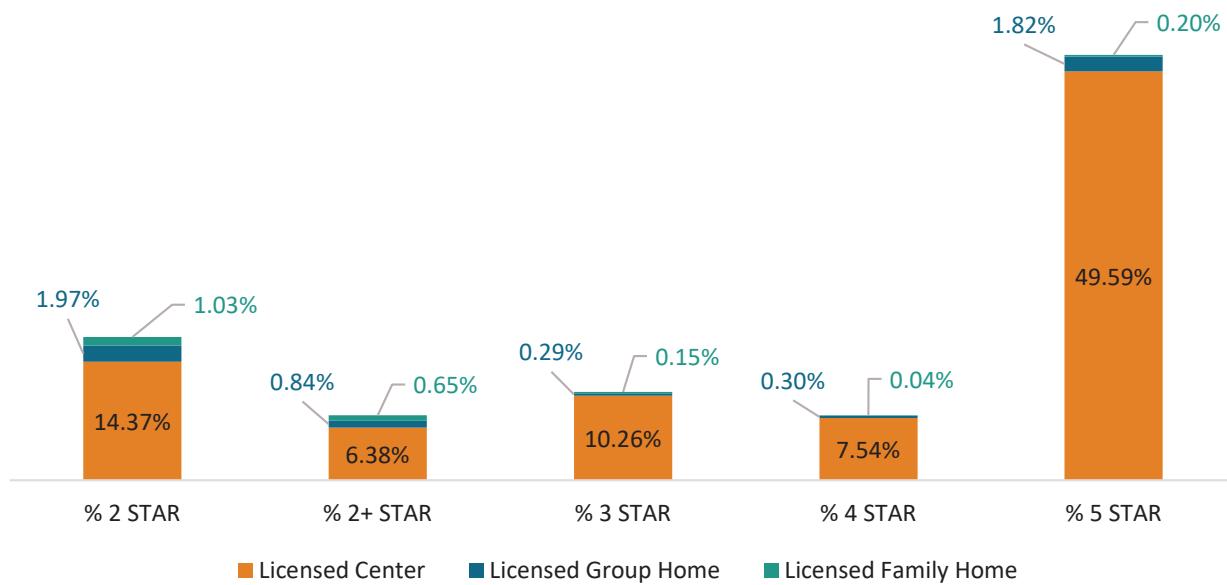


Figure 11: Children Age 6 and Older Receiving Child Care Assistance by Quality Level and Provider Type, June 2025



KEY OUTCOMES

Child Abuse and Neglect

A high-quality child care industry also supports children's safety at home, and 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. The Early Childhood Care Accountability Act requires the department to report the percentage of children who have one or more substantiated child abuse cases while participating in Child Care Assistance. In New Mexico in FY25, 1.18% of young children receiving Child Care Assistance were involved in a substantiated investigation by Child Protective Services.

New Mexico PreK

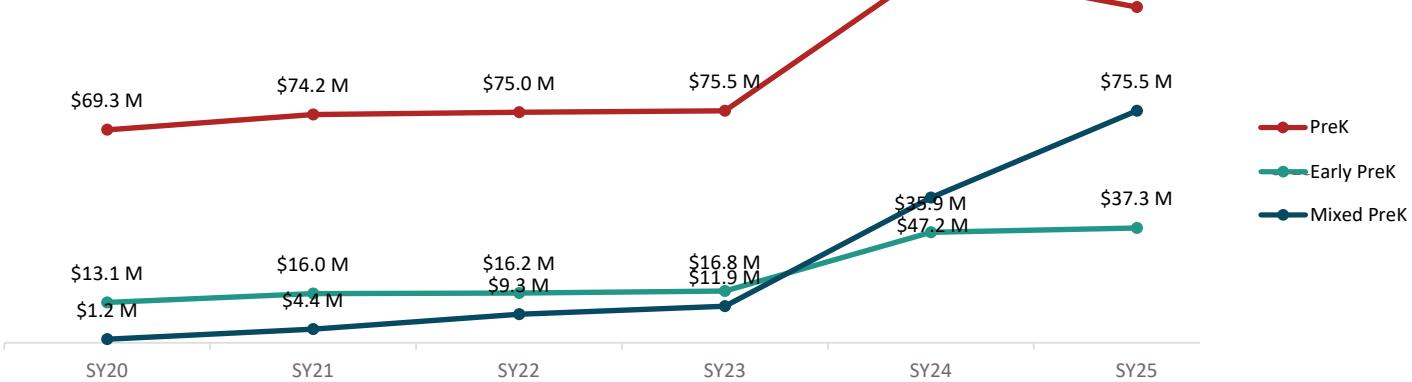
Overview

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. In 2025, the New Mexico Legislative Finance Committee reaffirmed these strong impacts in their 2025 progress report on prekindergarten quality and educational outcomes—emphasizing that students who enrolled in NM PreK had better reading assessment scores, especially among low-income students.³

NM PreK programs are offered during the school year and are free of charge to participating families. All three- and four-year-old children are eligible, regardless of family income. 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. Community-based programs include licensed child care centers and homes and Head Start programs, and school-based programs are operated by public schools.

Since its inception, the legislature has increased investments in NM PreK that have allowed it to expand the programs it offers. Today, New Mexico offers Early PreK for three-year-olds, PreK for four-year-olds, and Mixed Age PreK for three- and four-year-olds. Figure 12 illustrates the growth of these investments since the 2020 school year across each program type. In SY25, NM PreK was funded at \$109.2 million, Early PreK was funded at \$37.3 million, and Mixed PreK was funded at \$75.5 million.

Figure 12: NM PreK Funding, SY20-SY25



ECECD is required to report annually on the NM PreK program under the PreKindergarten Act (§32A-23-4 NMSA 1978), including information on the percentage of program participants who enter kindergarten developmentally prepared for it and proficient in reading and mathematics. In addition, this section of this report provides information on workforce, nutrition, and family engagement in the NM PreK program as required by the Early Childhood Education and Care Act.

PreKindergarten Act Reporting Requirements:

Percentage of program participants who enter kindergarten:

- developmentally prepared for it;
- needing special services; and
- proficient in reading and mathematics;

Percentage of program participants who are retained in kindergarten or first, second, or third grade.

NM PreK Program and 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 ten research-based preschool benchmarks related to quality, as determined by the National Institute of Early Education Research.⁴

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 use 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. NM PreK educators are supported in delivering this standard of excellence through aligned professional development requirements and practice-based coaching supports in both public school and community settings.

Nutrition and Family Engagement in NM PreK

The Early Childhood Education and Care Act also requires the department to provide information on nutrition and family engagement in the NM PreK program. 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.

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.

NM PreK Educators

New Mexico PreK Program Standards include educator degree requirements for lead teachers and educational assistants. Lead teachers are required to have a bachelor's degree in early childhood education, and those who meet the degree requirement must be paid a minimum of \$50,000 annually. If a teacher does not yet meet the degree requirement, they must be progressing toward meeting this requirement by taking six credits during two semesters. ECECD also administers waivers to PreK educators

not yet meeting the requirements for educational enrollment or attainment; in FY25, the department issued 99 waivers in the fall semester (61 school-based and 38 community-based) and 164 waivers in the spring semester (111 school-based and 53 community-based).

The following charts describe the highest degree attainment of lead teachers in NM PreK in school-based and community-based settings. In school-based settings, 60.6% of lead teachers have a bachelor's degree, compared to 29.6% of lead teachers in community-based settings. Enhanced validation processes are being implemented in FY26 to reduce missing data on teacher credentials and ensure more complete data reporting for the current fiscal year.

Figure 13: Lead Teacher Highest Degree Earned, School-Based NM PreK, FY25

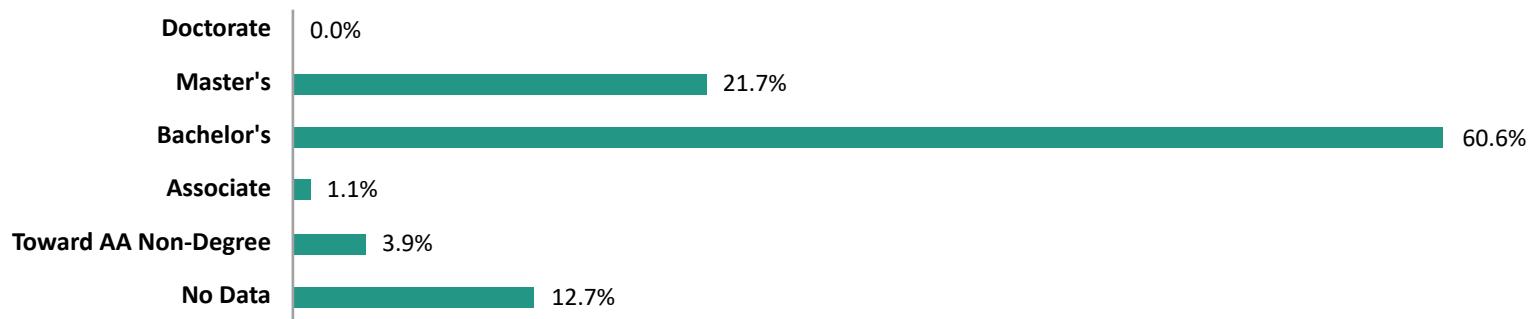
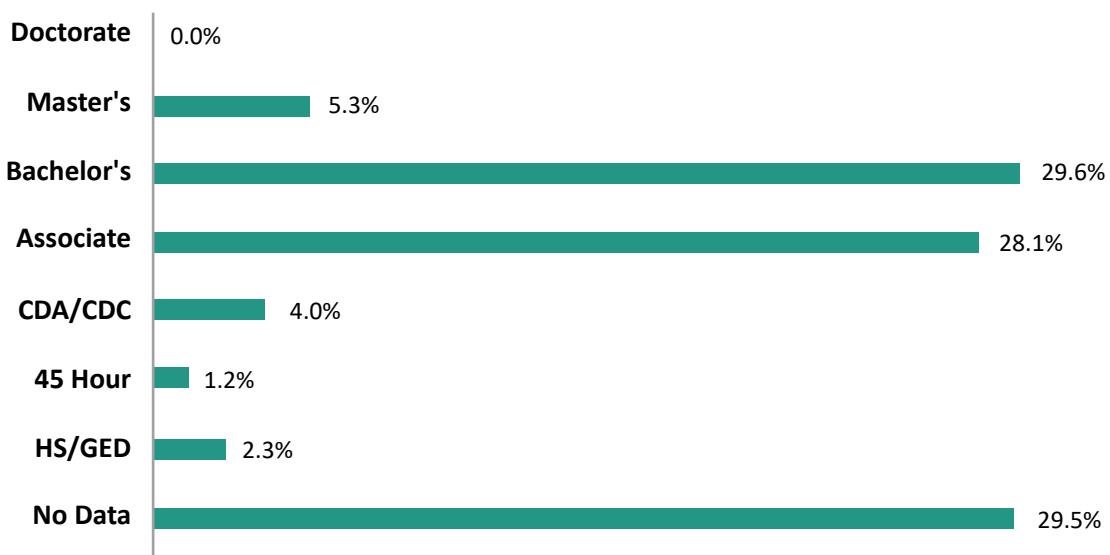
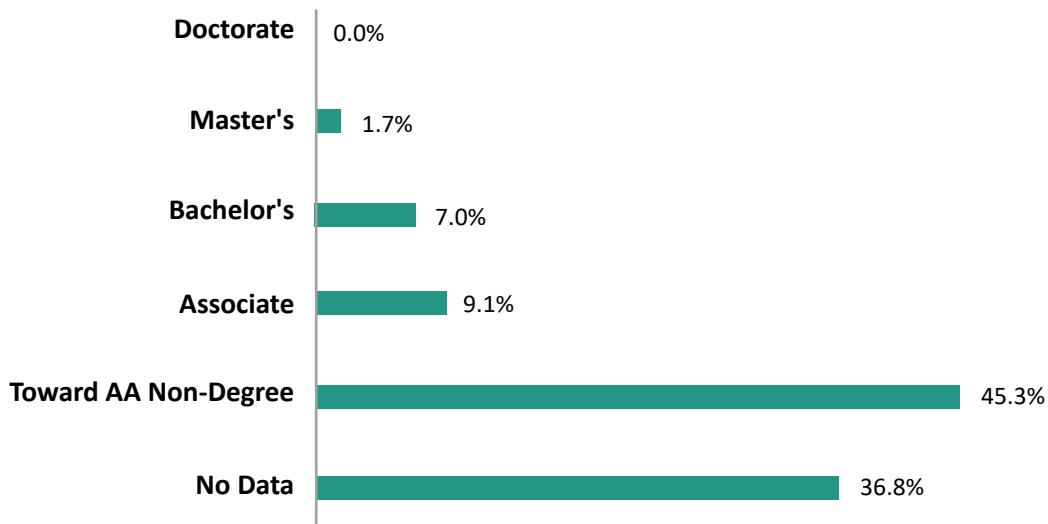


Figure 14: Lead Teacher Highest Degree Earned, Community-Based NM PreK, FY25



Each NM PreK classroom is required to have an educational assistant with an associate degree in early childhood education or one who is actively working toward this degree. In FY25, 9.11% of educational assistants in school-based NM PreK had obtained an associate degree, with 45.35% making progress toward the degree. In community-based NM PreK programs, 35.2% had obtained an associate degree. The two charts in Figures 15 and 16 on page 23 describe the highest degree obtained by education assistants in school- and community-based NM PreK programs.

Figure 15: Education Assistant Highest Degree Earned, School-Based NM PreK, FY25



NM PreK Parity Program

Educators working in community-based NM PreK classrooms may also apply to receive increased compensation through the NM PreK Parity Program. This program is designed to compensate community-based PreK teachers at levels comparable with those working in public school settings. Lead teachers, assistant teachers, and administrators in community-based NM PreK programs may qualify for this pay parity program, with an additional stipend available for applicants who have an extra credential in special education or infant mental health. In FY25, the PreK Parity program funded 179 educators.

NM PreK Funded Openings

ECECD funds NM PreK through a competitive grant process. Programs apply for NM PreK grants, and applications are scored and awarded based on specific criteria. ECECD offers a unified application process for both school-based and community-based providers, applying a community-level formula to calculate need for services.

Table 5 on page 24 shows the number of grantees who were awarded PreK Grants by program setting. In FY25, ECECD funded 255 school-based and 330 community-based sites, for a total of 585 NM PreK grantees. These grantees were funded for a total of 18,376 NM PreK slots during the fiscal year, with 8,558 total slots awarded to school-based sites, and 9,818 awarded to community-based sites. Additionally, ECECD awarded PreK funds to Head Start and Tribal Head Start grantees that blend these funding streams to provide early care and education to 3- and 4-year-olds in their communities.

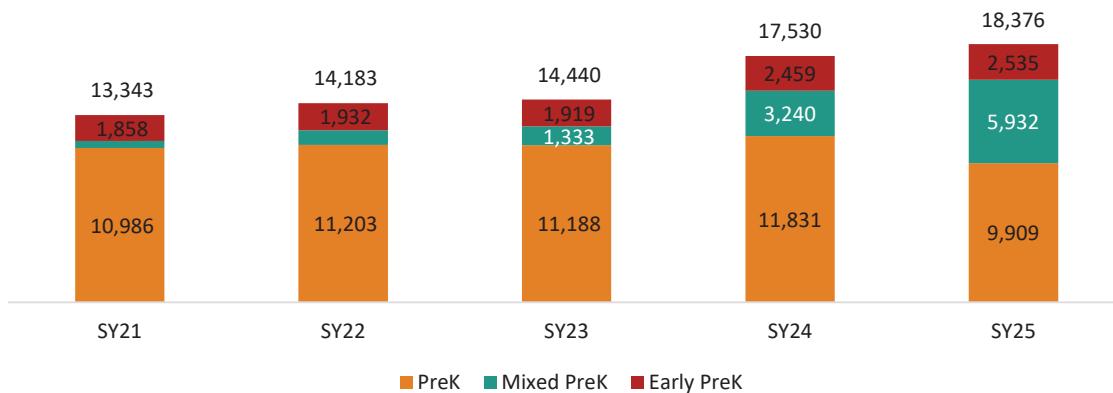
A complete report of funded NM PreK, Early PreK, and Mixed Age PreK funded slots by county for fiscal year 2025 can be found in Appendix B.

Table 5: School and Community-Based NM PreK Grantees and Awarded Slots, FY25

Program	Number of Providers	Number of Slots Awarded
NM PreK		
School Based Sites	255	8,558
Community Based Sites	330	9,001
Head Start Sites	6	404
Tribal Sites	6	413
Total NM PreK	585	18,376

Figure 17 shows change in the number of awarded NM PreK slots over the last five years by program type. In total, ECECD awarded 4.8% more slots in FY25 over FY24. The total number of awarded NM PreK slots in FY25 includes 9,909 openings in PreK, 5,932 openings in Early PreK, and 5,932 openings in Mixed Age PreK programs.

Figure 17: NM PreK Funded Openings Five Year Trend, FY21-SY25



KEY OUTCOMES

The PreKindergarten Act requires ECECD to provide reporting on NM PreK participants who enter kindergarten developmentally prepared for it and proficient in reading and mathematics. NM PreK uses a variety of assessments to monitor child development and school readiness, including the New Mexico Preschool Observational Assessment and Early Childhood Observation Tool (ECOT). The department also assesses the quality of interactions between educators and children—a key predictor of children’s learning—using the Classroom Assessment Scoring System (CLASS). In addition, in FY25 ECECD launched a pilot program to measure and improve executive function skills in prekindergarten classrooms, with full implementation planned in FY26.

Early Childhood Observation Tool (ECOT)

ECECD measures student progress in NM PreK and Early PreK through the New Mexico Preschool Observational Assessment and the Early Childhood Observation Tool (ECOT). These tools measure kindergarten readiness scores with a rubric that supports understanding of where students begin the

school year in key learning domains, guides teachers in targeting instruction to a child's learning level, and measures 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 strategic planning.

Figures 18 and 19 show the percentage of NM PreK and Early PreK Students who scored "accomplished" for their age group across multiple learning domains though the New Mexico Preschool Observational Assessment and Early Childhood Observation Tool. The small number of children who attended a Mixed Age PreK program are included with their age peers. Scores are shown for the end of school-year 2025 (SY25).

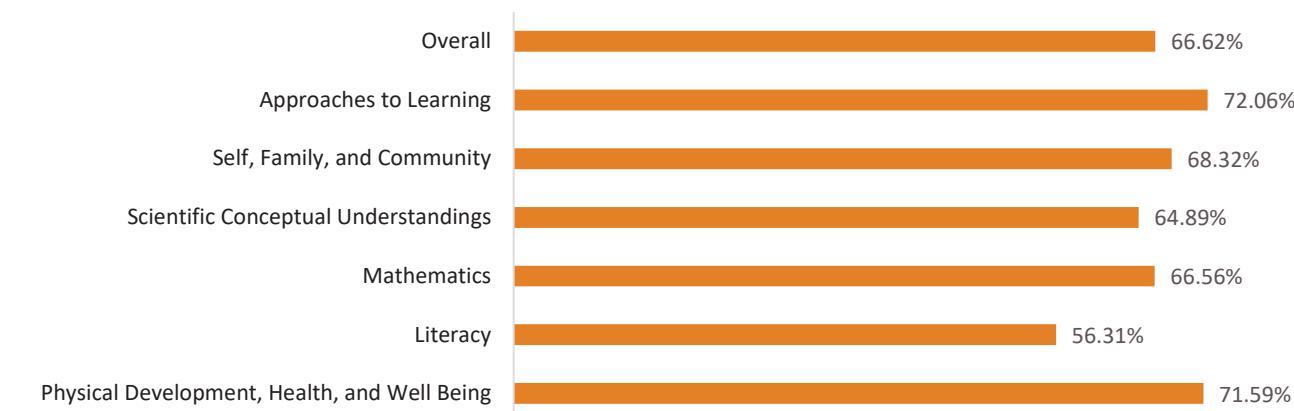
In FY25, 60% of NM PreK four-year-old students met the end of the year overall benchmark of "Accomplished for 4s/First Step for K" or higher. A total of 58.6% reached the "accomplished" benchmark for mathematics, and 53.1% for literacy.

Figure 18: All NM PreK (4-year-old) Students Scoring "Accomplished for 4s/First Steps for K or Higher," End of SY25



Among three-year-old students, 66.6% met the overall benchmark of "Accomplished for 3s/First Steps for 4s" or higher in SY25. Further, 66.6% and 56.3% of three-year-old PreK students met the benchmark for mathematics and literacy, respectively.

Figure 19: All NM PreK (3-year-old) Students Scoring "Accomplished for 3s/First Steps for 4s or Higher," End of SY25



Classroom Assessment Scoring System (CLASS)

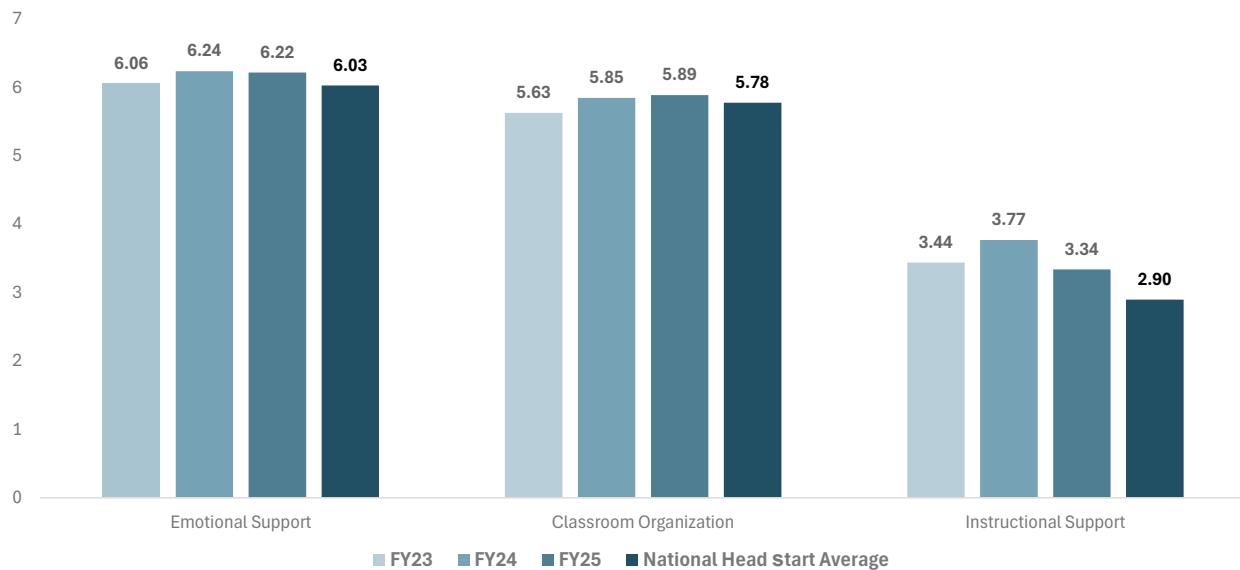
The Classroom Assessment Scoring System (CLASS) is an observation tool that assesses the quality of teacher-child interactions in early childhood classrooms. Quality interactions between children and their teachers are one of the most critical elements of a high-quality early childhood program and a strong predictor of children's academic, social, and emotional outcomes.⁵ ECECD has been requiring CLASS assessments in all NM PreK classrooms at least once a year since the 2022-2023 school year.

CLASS scores represent the quality of the daily interactions that shape a child's development, and range from one to seven across three domains: emotional support, classroom organization, and instructional support. Higher scores in each domain are linked to more positive outcomes for children, including stronger social-emotional development, fewer behavioral problems, better attention, persistence, learning behaviors, and gains in vocabulary, reasoning, and academic achievement. In practice, a classroom with high scores across all domains will feel warm, safe and nurturing, with strong routines and rich engagement in deeper thinking and language. Importantly, CLASS scores can also be used to monitor, improve, and compare quality across NM PreK programs. Federal Head Start programs are also required to use CLASS in their program assessments, providing a national benchmark for comparison.

NM PreK CLASS scores are broken out by program setting to identify differences in community and school-based programs. In FY25, school-based programs scored 6.22 in emotional support, 5.89 in classroom organization, and 3.34 in instructional support, whereas community-based programs scored 6.15 in emotional support, 5.62 in classroom organization, and 2.87 in instructional support. This means that NM PreK classrooms are consistently in the high-quality ranges for emotional support and classroom organization, with opportunity to grow in instructional support. With the exception of instructional support scores in community-based programs, each of NM PreK's overall CLASS domain scores exceeded the Head Start national average, which were 5.9 in emotional support, 5.6 in classroom organization, and 2.9 in instructional support.

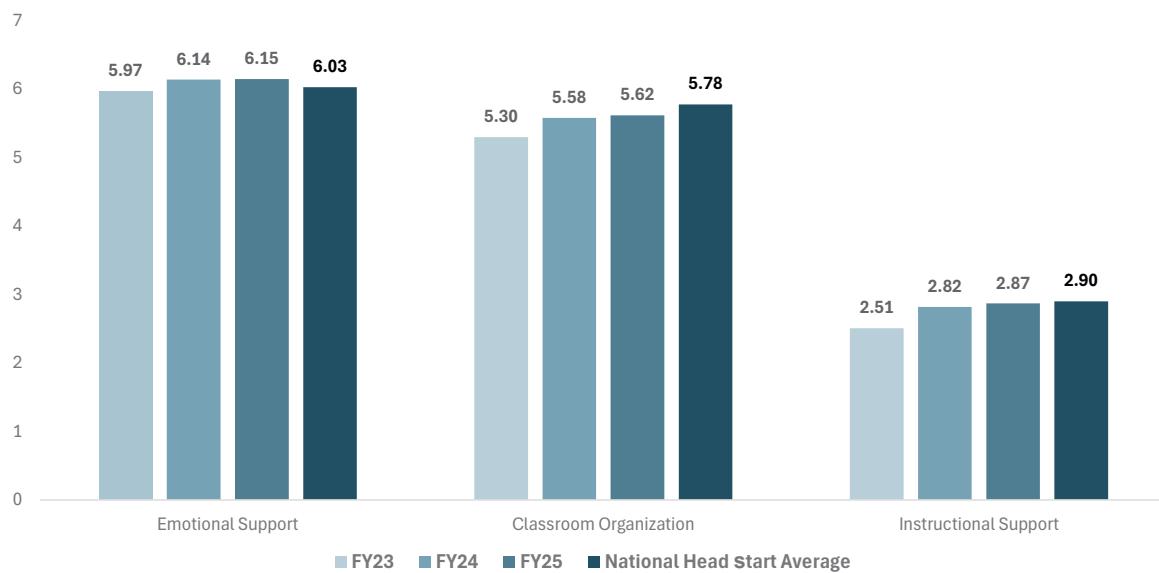
Compared to previous fiscal years, community-based NM PreK programs have demonstrated modest improvement in their overall CLASS scores in each domain, though they still lag behind scores in school-based programs. School-based programs have shown more inconsistency over the three years of data collection, especially in scores in the instructional support domain, which fell from 3.77 to 3.34 between FY24 and FY25. Figures 20 and 21 on page 27 describe the change in overall CLASS program averages for school and community-based programs over the last three fiscal years.

Figure 20: CLASS Overall Program Averages, School-Based NM PreK, FY25



CLASS- Overall Program Averages						
	FY21	FY22	FY23	FY24	FY25	National Head Start Average
Emotional Support	N/A	N/A	6.06	6.24	6.22	6.03
Classroom Organization	N/A	N/A	5.63	5.85	5.89	5.78
Instructional Support	N/A	N/A	3.44	3.77	3.34	2.90

Figure 21: CLASS Overall Program Averages, Community-Based NM PreK, FY25



CLASS- Overall Program Averages						
	FY21	FY22	FY23	FY24	FY25	National Head Start Average
Emotional Support	N/A	N/A	5.97	6.14	6.15	6.03
Classroom Organization	N/A	N/A	5.30	5.58	5.62	5.78
Instructional Support	N/A	N/A	2.51	2.82	2.87	2.90

NM PreK Executive Function Pilot Program

In FY25, ECECD began piloting the NM PreK Executive Function Program, an initiative to measure and improve children's executive function abilities. Strong executive functioning helps children coordinate attention, memory, and behavior: essential skills for academic and social-emotional development. The Minnesota Executive Function Scale is a high-quality measure that is often used in scientific research, and which measures executive function by having children play a five-minute game.⁶ Assessment through this tool aims to help prekindergarten teachers identify opportunities to help children improve their foundational executive function skills—thereby improving classroom behavior and social-emotional development, boosting academic readiness and success, fostering independence and self-motivation, and promoting long-term well-being and lifelong learning.

ECECD piloted the NM PreK Executive Function Program in the spring of 2025, with full implementation planned in FY26. The pilot assessment was administered in 50 NM PreK classrooms, with 617 children across 19 programs during March and April 2025. During the pilot period, NM PreK administrators and educators also received professional development training in executive function and strategies to support developing these skills in their classrooms. Full implementation of the Executive Function Program in NM PreK will be underway in FY26, with initial training for educators conducted in August and October 2025, a first assessment in September and October, and a second assessment planned for April 2026.

Food and Nutrition Bureau

Overview

In New Mexico, child care providers play a key role in ensuring children have access to nutritious meals and snacks. ECECD's Food and Nutrition Bureau administers two federal programs focused on ensuring children have access to nutritious food: the Child and Adult Care Food Program (CACFP) and the Summer Food Service Program for Children (SFSP). CACFP supports meals and snacks served as part of other early childhood programs, such as in PreK, Head Start, and child care. SFSP provides meals during the summer months and at 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

The Summer Food Service Program for Children (SFSP) ensures meals are available for children during the summer and other times school meals are unavailable. Eligibility for SFSP is set at the community level for each site, based on U.S. Census data or the percentage of children in the local school who qualify for free or reduced-price lunch. An area qualifies for SFSP if at least 50 percent of local school children receive free or reduced-price school meals.

This federally funded program operates according to the federal fiscal year, from October 1 to September 30, and generally uses this timeframe for reporting. Because the state fiscal year crosses multiple federal fiscal years, reporting by state fiscal year can result in unclear reporting on the program's operation. During the 2025 federal fiscal year, the SFSP program had an average daily attendance of 37,987 children served. Meals were served by a total of 34 sponsors across 338 meal sites. Adjusting to the state fiscal year (parts of two different summer sessions), reporting shows 37 total sponsors, 373 meal sites, and 35,903 average daily children served.

Child and Adult Care Food Program

The Child and Adult Care Food Program (CACFP) aims to ensure that children have access to nutritious meals and snacks and is provided across a variety of care settings, including child care centers and homes, Head Start, NM PreK, emergency housing shelters, after-school programs, and adult daycare settings. Through CACFP, licensed and registered child care providers are reimbursed for serving meals that meet established federal nutrition standards. The program plays a critical role in New Mexico, where Feeding America estimates that 23.3%⁷ of children experience food insecurity.

In FY25, the Child and Adult Care Food Program (CACFP) provided critical nutrition support across New Mexico through both facility and home-based providers. The program partnered with 194 facility sponsors, who collectively oversaw 853 facilities, including 379 child care centers. In addition, six home sponsors supported 1,304 child care homes, extending the program's reach.

On average, CACFP served meals daily to 34,832 participants through facility providers and 4,543 participants through home providers, for a combined daily average of 39,375 children and adults served across all program types. Facility providers alone delivered an average of 729,531 meals per month in child care settings, ensuring consistent access to healthy meals for young children statewide. A detailed breakdown of the average monthly meals served by county and service type for FY25 is provided in Appendix B.





Family Support and Early Intervention Division

The Family Support and Early Intervention (FSEI) Division 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. FSEI oversees the Home Visiting, Family Infant Toddler (FIT), and Families FIRST programs.

Home Visiting Overview

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

FY25

Key Highlights

In FY25, 7,280 families were served, an increase of 381 families from FY24.

54%

Key Highlights

54% of participating families had already been participating in home visiting for more than one year. Almost 30% of families had already been participating for more than 24 months

Home Visiting Reporting Requirements

a) 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.

Home visiting is funded through a combination of state funds and federal grants. Major federal funding includes the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program through the Health Resources and Services Administration (HRSA). New Mexico has also made increasing state appropriations for home visiting over time: in FY25, total funding for home visiting rose to \$37.1 million.

Figure 22: Home Visiting Funding, FY18-FY25

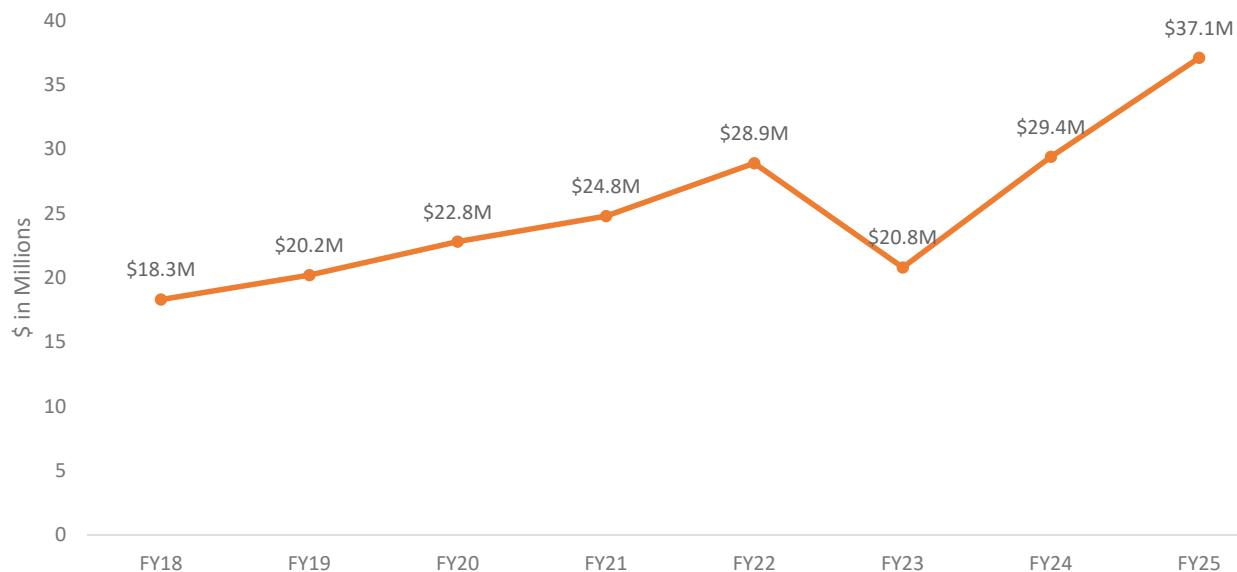
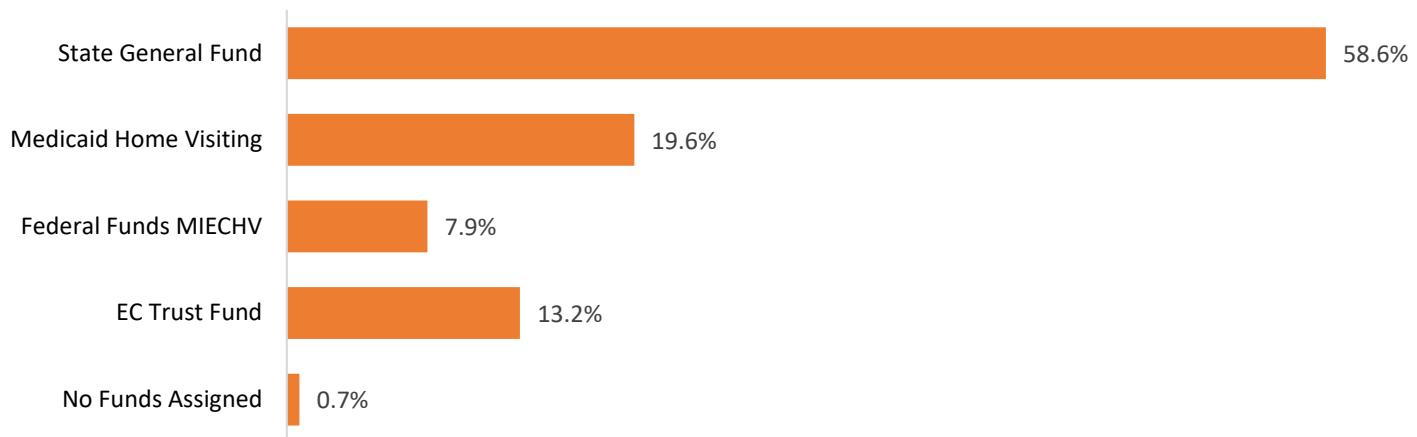


Figure 23 shows the distribution of families served by funding source in the last fiscal year. The majority of families in FY25 were served through state general funds.

Figure 23: Percent of Families Served by Funding Source, FY25



New Mexico supports a variety of evidence-based home visiting models and one promising practice model to ensure programs can meet the diverse needs of families and local communities. The models support complementary eligibility criteria to maximize the reach of home visiting and the number of families who participate: some models, like Nurse-Family Partnership, have restrictive eligibility criteria while other models have broader criteria, and programs serving the same communities can refer families to one another. This ensures home visiting remains universally available to all families.

In FY25, ECECD supported seven home visiting program models: Healthy Families America; Parents as Teachers; Nurse-Family Partnership; Child First; Safe Care Augmented First Born and More; and Family Connects. All these models except First Born and More are federally designated as evidence-based models, meaning they are eligible for additional federal funding streams and can be reimbursed by Medicaid. First Born and More is a New Mexico homegrown model that is actively pursuing evidence-based status, which ECECD supports as a promising practice. This year, state-administered funding supported 37 home visiting provider agencies across 33 counties. This represents 5,985 statewide openings in annual funded capacity in FY25.

In FY25, programs funded through state general funds were funded at a per-child rate, which was calculated based on cost modeling for their specific home visiting model. Programs funded through the MIECHV program were contracted at a rate of \$6,000 per family. Programs were able to receive a supplemental payment for individuals billed to Medicaid.

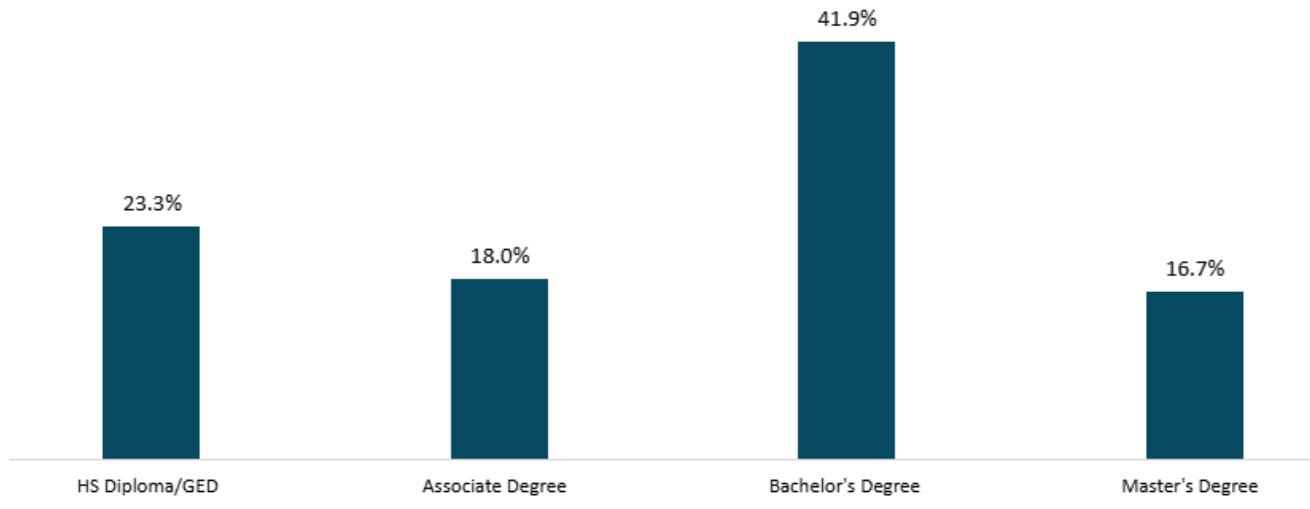
Home Visiting Professionals

Home visiting programs are staffed with a combination of degreed and non-degreed professionals who have strong relationship-building skills and knowledge of early childhood development, child health, and early childhood mental health principles.

In FY25, 59% of home visitors held at least a bachelor's degree, and 78% held at least an associate degree. 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. Figure 24 shows the distribution of credentials across 377 home visiting professionals this fiscal year.

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.

Figure 24: Home Visitor Credentials, FY25



Children and Families Served

Participating Families

In FY25, ECECD served 7,280 families with home visiting. Table 6 shows that the number of families served has trended upward with the amount of program funding since FY19. In FY25, a total of 8,764 children in 7,280 families received New Mexico home visiting services. .

Table 6: Families Served by Funding Amount, FY19-FY25

Fiscal Year	Families served	Funding (State and Federal)
FY19	4,613	\$18.7M
FY20	5,227	\$20.2M
FY21	6,456	\$24.8M
FY22	6,766	\$28.9M
FY23	6,598	\$20.8M
FY24	6,899	\$29.4M
FY25	7,280	\$37.1M

Family Demographics

The demographics of families served in FY25 continue to align with the racial and ethnic makeup of New Mexico's population. Figures 25 and 26 on page 34 display the racial and ethnic distribution of the 8,464 children enrolled in home visiting in FY25. Similarly to other programs reporting demographic data in FY25, more than half of children served were Hispanic.

Figure 25: Home Visiting Enrolled Children by Race, FY25

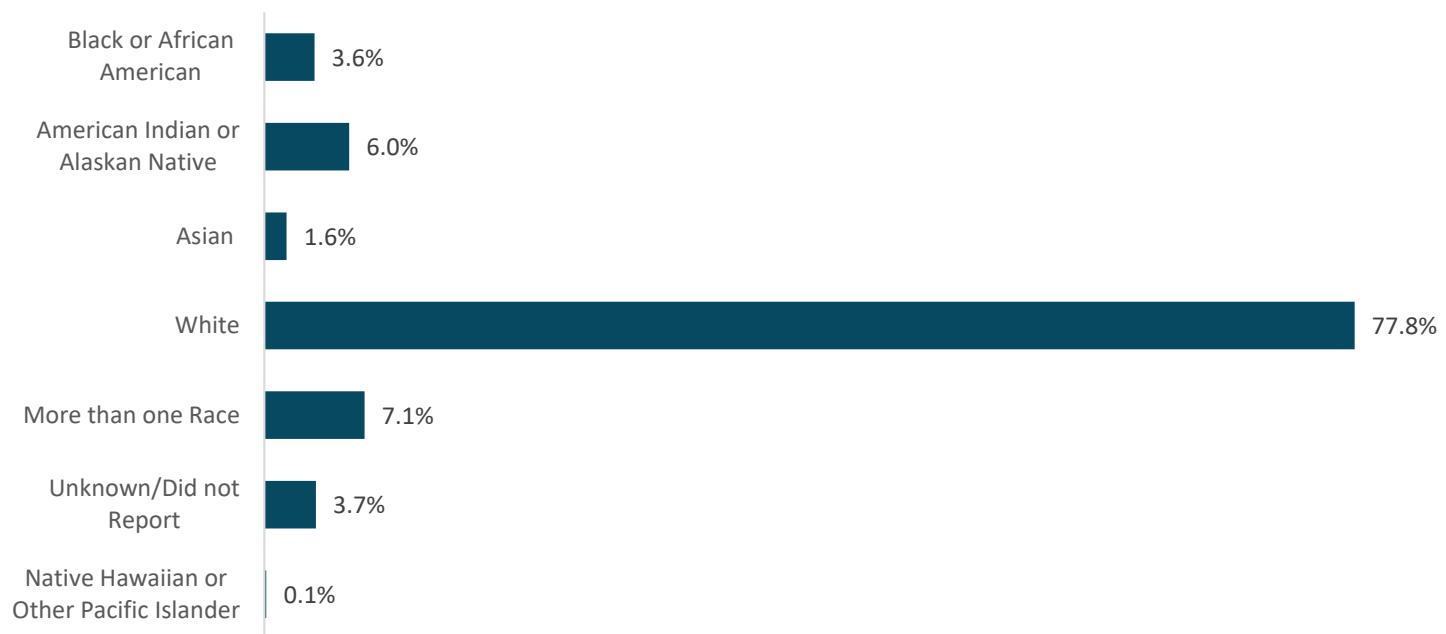
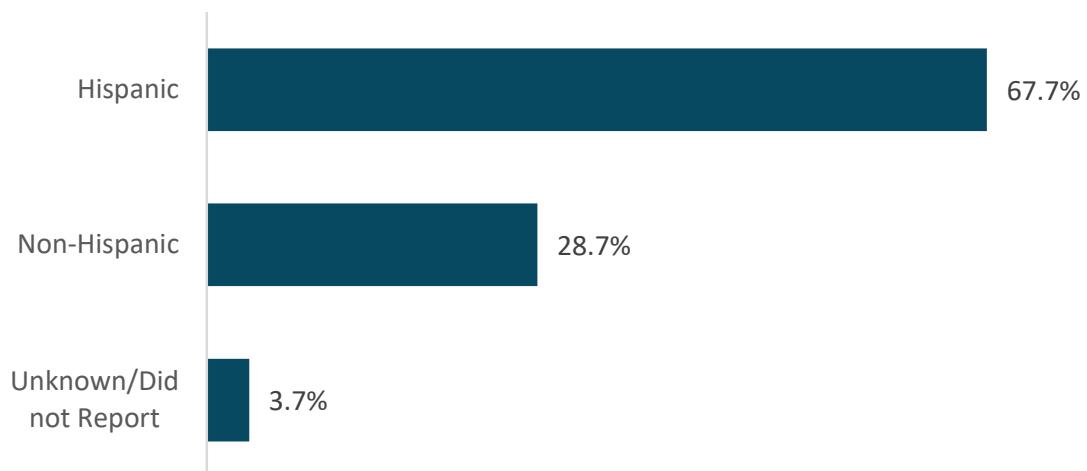
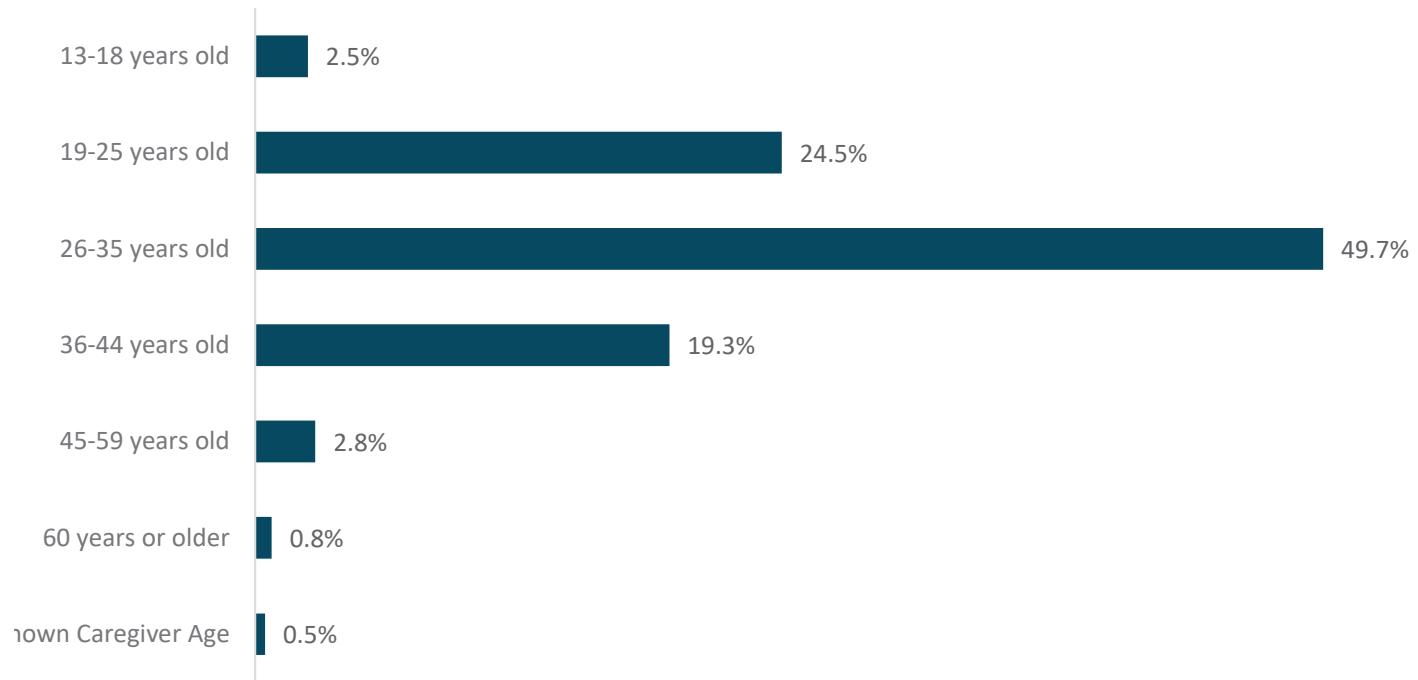


Figure 26: Home Visiting Enrolled Children by Ethnicity, FY25



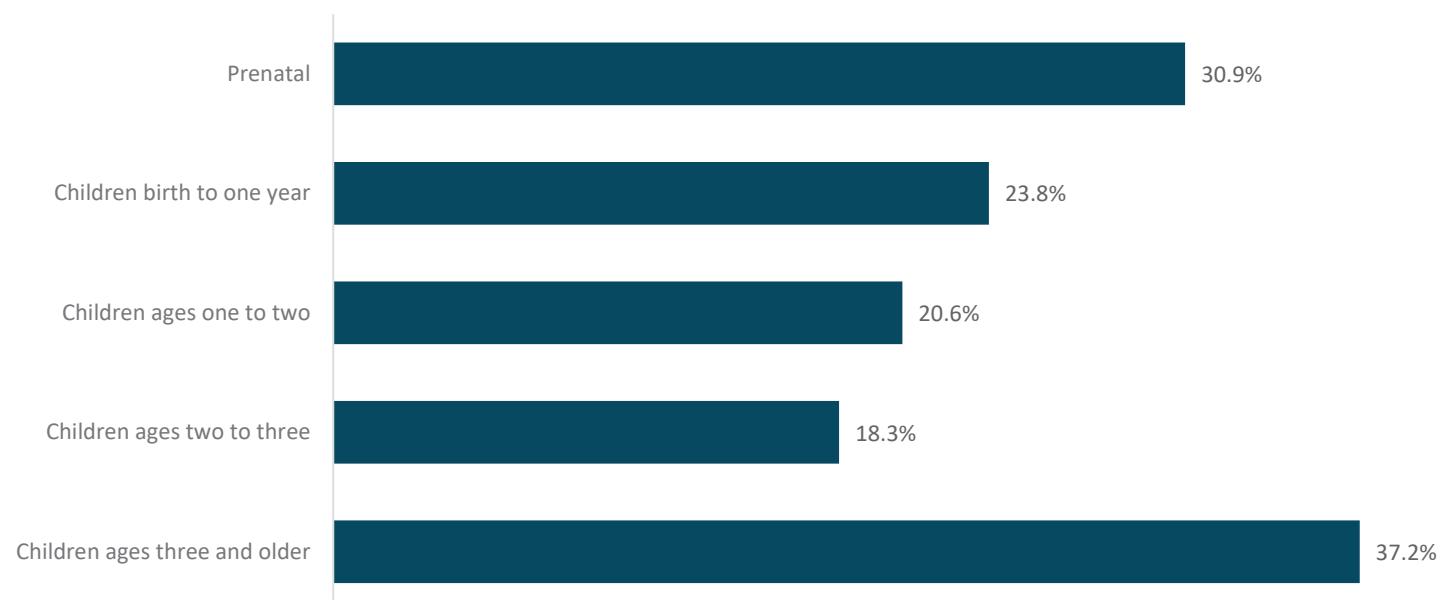
ECECD also collects some demographic information on caregivers. Nearly half of caregivers who participated in home visiting in FY25 were between the ages of 26-35. Young caregivers under the age of 18 represented a very small percentage of participants, at less than 3 percent.

Figure 27: Home Visiting Percent of Caregivers by Age, FY25



Home visiting is available to parents who begin services when their child is five years old or younger. During FY25, 31% of families enrolled during the prenatal period. Figure 28 shows the distribution of the ages of children served.

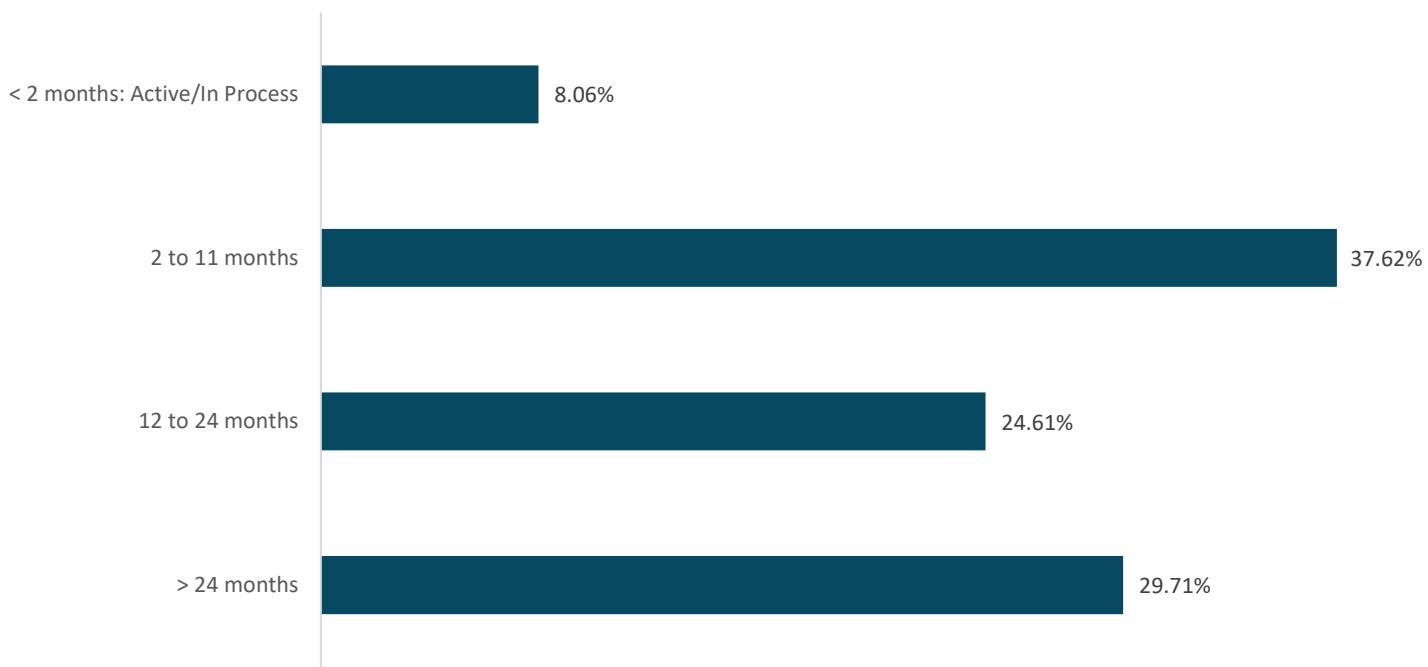
Figure 28: Home Visiting Age of Children Served, FY25



Length of Enrollment for Families

The Home Visiting Accountability Act requires reporting on the duration of participation by eligible families in the program. Figure 29 shows the length of enrollment for participating families in FY25, from less than two months to more than 24 months. More than half (54%) of families served during FY25 had been participating in home visiting for more than one year. This includes families who left the program in FY25, as well as those who were still enrolled at the close of the fiscal year. Almost 30% of families served in FY25 had been participating in home visiting for more than 24 months. Among families who left home visiting in FY25, the most common reasons for leaving were that they had completed the program (23.1% of those discharged), did not engage in services (22.8%), or moved out of the area (14.2%).

Figure 29: Length of Enrollment for Participating Families, FY25



KEY OUTCOMES

Home visiting is intended to improve family and child outcomes statewide. The following sections outline key outcomes by areas required as part of the Home Visiting Accountability Act or that are regularly tracked by ECECD, including information on healthy births, parental nurturing, child physical and mental health, school readiness, safety of families and children, and connections to community supports for children and families who participate in home visiting.

Healthy Births

Since nearly one third of participating families enroll in home visiting prenatally, the program has an important role in supporting healthy births. Table 7 shows key home visiting outcomes relevant to healthy births, including prenatal care, breastfeeding, postpartum depression screening, and immunization schedules. In FY25, nearly all (90%) of participating pregnant parents received prenatal care, and 82% received care during the critical first trimester. In addition, 82% of pregnant participants initiated breastfeeding, and home visitors screened 91% of participants for postpartum depression and referred 95% of parents at risk to depression supports.

Data on child receipt of recommended immunizations are by parent report. Of participating families with data, 96% report that their children are up to date with recommended immunizations. These data are reported specifically for children under age two, as required by the Home Visiting Accountability Act.

Table 7: Home Visiting Key Outcomes - Healthy Births

Healthy Births	
Received Prenatal Care	90.1 percent
Received First Trimester Prenatal Care	81.8 percent
Initiated Breastfeeding	82.3 percent
Screened for Postpartum Depression	91.1 percent
Referred to Depression Supports	94.9 percent of those at risk
Engaged with Depression Supports	51.4 percent of those referred
Infants on Schedule for Full Immunization by Age 2	95.5 percent

Parental Nurturing

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 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.⁸ Based on these results, home visitors help families implement specific strategies to foster daily nurturing parenting behaviors that are known to support children’s early development. Nurse-Family Partnership and Child First use an alternative observational tool, called the Dyadic Assessment of Naturalistic Caregiver-Child Experiences (DANCE).

Initial observations of parenting behavior using the PICCOLO can be completed once children are at least four months old. Follow-up screenings are given after six months of parenting curriculum and activities. These follow-up screenings measure the development of new strengths in parenting behaviors over time. 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 in the PICOLLO tool include teaching, affection, encouragement, and responsiveness. In FY25, 3,928 parent or caregivers improved parenting skills in at least one domain as measured by the PICCOLO tool. Further, 82% and 85% of parents or caregivers improved their practices to teach children and encourage children, respectively.

Table 8: Home Visiting Key Outcomes - Parental Nurturing

Parental Nurturing	Families Served
Improved Parenting Skills	3,928 parents (in at least one domain as measured by the PICCOLO tool)
Improved Practices to Teach Children	82.4 percent
Improved Practices to Encourage Children	85.0 percent

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. Home visitors teach parents new strategies to monitor their child's growth and 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.

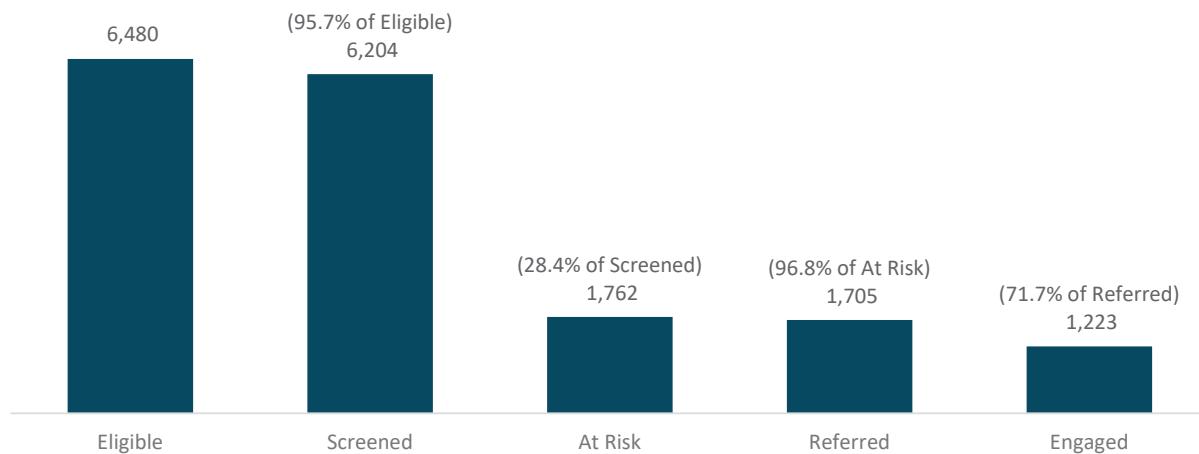
This section provides information on children in the home visiting program who were screened for healthy development through the Ages and Stages Questionnaire and subsequently referred to early intervention services, and on children who were up to date on well-child checks.

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 generally use the Ages and Stages Questionnaire, Third Edition (ASQ-3), to track and monitor developmental progress. 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.⁹ Children who were receiving early intervention services before starting home visiting do not receive the screening.

In FY25, 96%, or 6,204 of 6,480 eligible children were screened for healthy development through the ASQ-3. Roughly 28% of those screened, or 1,762 children, were identified as at risk of a potential developmental delay. Of children identified as "at risk," 96% were then referred to early intervention services, and 72% of those referred engaged with these services, as shown in Figure 30.

Figure 30: Children Screened for Potential Delay in Development (ASQ-3) and Connected to Early Intervention Services, FY25



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.¹⁰ In FY25, 85% 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.

The following summarizes metrics for child physical and mental health as discussed in this section.

Table 9: Home Visiting Key Outcomes - Child Physical and Mental Health

Child Physical and Mental Health	
Screened for Healthy Development	95.7 percent (as measured by the ASQ-3 tool)
Referred for Early Intervention Supports	96.5 percent of those at potential risk of delay
Engaged with Early Intervention Supports	69.6 percent of those referred
Up-to-Date Well-Child Checks	84.9 percent of parents reporting

School Readiness

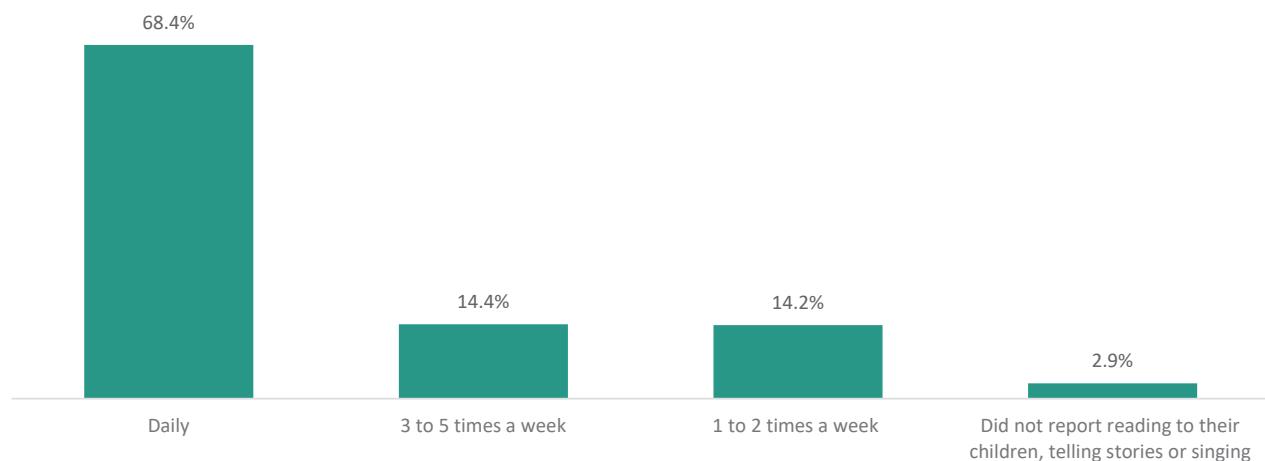
The Home Visiting Accountability Act requires reporting of evidence of any increases in school readiness, child development, and literacy. In FY26, ECECD will be able to link participation in home visiting with future outcomes using its Early Childhood Integration Data System (ECIDS). For this FY25 report, this requirement is fulfilled through reporting on parental behavior that is supportive of language and early literacy and on social-emotional developmental screening results.

School readiness is determined by a child's prereading, math, and language skills at school entry, as well as the child's social-emotional development.¹¹ Research has shown that social-emotional skills are even

more important to school success than being able to read upon entering kindergarten.¹² 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.¹³ 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.

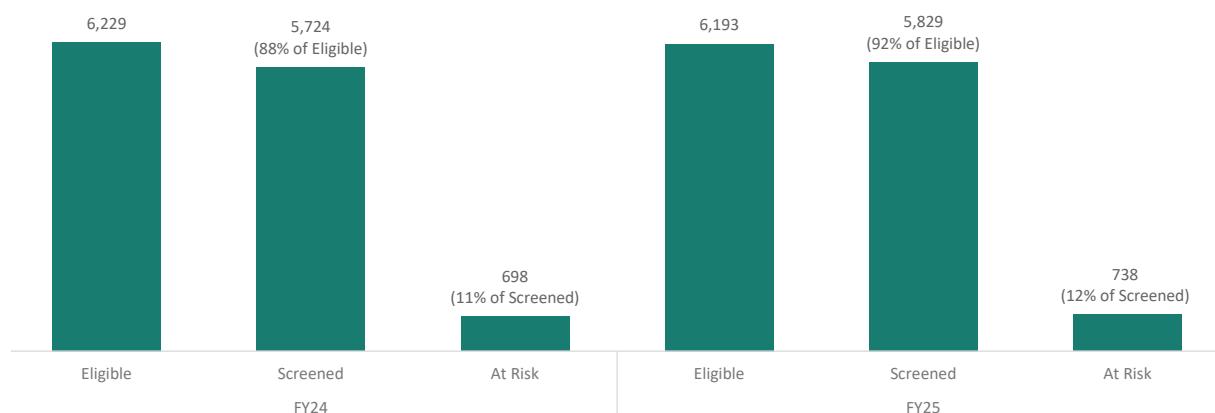
Home visiting programs promote the development of language and early literacy activities in the home. Home visitors work with families to understand the importance of early literacy practices and track the number of days in which a caregiver reads, tells stories, or sings to an infant or child in a typical week. As described in the chart below, in FY25 97% of families reported reading, singing, or telling stories to their child at least once a week, with 68% doing so every day. These adult behaviors support early literacy regardless of the skill level of the adult or the language used.¹⁴

Figure 31: Percentage of Families Reading, Singing, or Telling Stories, FY25



In addition, home visitors use the Ages and Stages Questionnaire—Social Emotional (ASQ:SE-2), which is a separate screener used for early detection of social-emotional challenges. In FY25, 94% of eligible children were screened using the ASQ:SE-2. Of those children, 12% were identified as having a potential social-emotional issue. Figure 32 compares screening rates for FY24 and FY25—compared to FY24, the number of children screened through the ASQ:SE-2 increased by 1.8%.

Figure 32: FY24 and FY25 Children Screened for Risk of Social-Emotional Delay (ASQ-SE)



The following summarizes the school readiness outcome information that is summarized in this section:

Table 10: Home Visiting Key Outcomes - School Readiness

School Readiness	
Screened for Social-Emotional Development	94.1 percent (as measured by the ASQ:SE tool)
Any Weekly Reading, Singing or Storytelling	97.1 percent
Daily Reading, Singing or Storytelling	68.4 percent

School Readiness

Home visiting can prevent child abuse and neglect through changes to caregivers' behaviors. Families participating in home visiting are screened for intimate partner violence (IPV), and those who are identified as at risk are referred to IPV supports. In FY25, 89% of eligible families were screened for IPV. Of those families receiving home visiting services for at least six months in FY25, 0.71% of families had one or more protective service substantiated abuse or neglect referrals during their participation period. The following table summarizes key reporting for child and family safety in home visiting.

Table 11: Home Visiting Key Outcomes - Safety of Families and Children

Safety of Families and Children	
Screened for Intimate Partner Violence (IPV)	88.5 percent
Identified at risk for IPV	8 percent of those screened
Referred for IPV Supports	91.7 percent of those identified
Engaged with IPV Supports	34.5 percent of those referred
Family Safety Plan in Place	92.4 percent of those at risk
Substantiated Child Maltreatment or Abuse	0.71 percent of families in home visiting

Connections to Community Supports

Finally, ECECD tracks and reports the percentage of families who were referred to community supports. Timely and effective referrals are a key function of home visiting. In FY25, 93.6% of participants were referred to a total of 60,892 family support services during their time in home visiting. Of referrals made to families in FY25, 8 percent were to behavioral health services, 9 percent were for basic needs, 9 percent were to family and social support services, and 9 percent were to early intervention (FIT) services. Nutrition supports such as Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP) accounted for 5 percent of referrals. Of the 7,276 families served in FY25, 2,915 (40%) were referred to child care or early education services, making up nearly 5% of the total referrals.

Table 12: Home Visiting Key Outcomes - Connections to Community Supports

Connections to Community Supports	
Referred to Supports	93.6 percent

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. New Mexico is a national leader in identifying children and providing them access to services, and in 2024, 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. A by-county report of FIT Providers in New Mexico and the counties they serve can be found in Appendix B.

FIT emphasizes strengthening the capacity of families to meet their children's health and developmental needs. Services are provided at no cost to families for children from birth to age three. Typically, services are 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. This means that all families with qualifying children are entitled to receive services.

In FY25, FIT had an operating budget of \$86.3 million. Figure 33 shows trends in FIT funding since the 2018 fiscal year. The program is funded by a mix of state general funds, federal grants, and Medicaid dollars. Table 13 shows each supporting funding source for the FIT program, and the amount that supported direct services or program infrastructure and workforce.

Figure 33: FIT Funding Trend, FY18-FY25

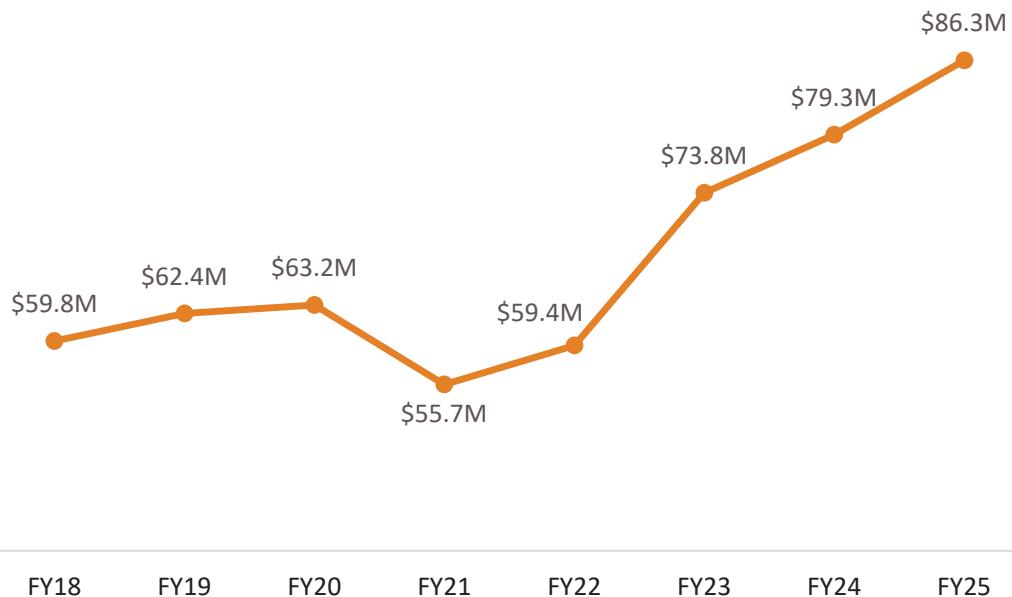


Table 13: FIT Funding by Source, FY25

Funding Source (FIT)	Supporting Direct Services	Supporting Program Infrastructure and Workforce
State General Funds	\$18,144,590.71	\$1,036,291.63
Federal Funds	\$0	\$3,085,000.00
Medicaid	\$50,846,952.82	\$0
ECECD Medicaid Match	\$10,901,600.00	\$0
Early Childhood Trust Fund	\$1,030,424.25	\$236,800.00
Private Insurance Reimbursement	\$1,070,044.78	\$20,000.00
Totals	\$81,993,612.56	\$4,378,091.63
Grand Total		\$86,374,704.19

FIT Professionals

The Early Childhood Education and Care Act requires the department to provide information on program staff members. Table 14 provides an overview of professional roles within the FIT system and the distribution of individuals. Please note that some professionals may serve as developmental specialists in addition to another role. These persons are also counted in the total number of developmental specialists.

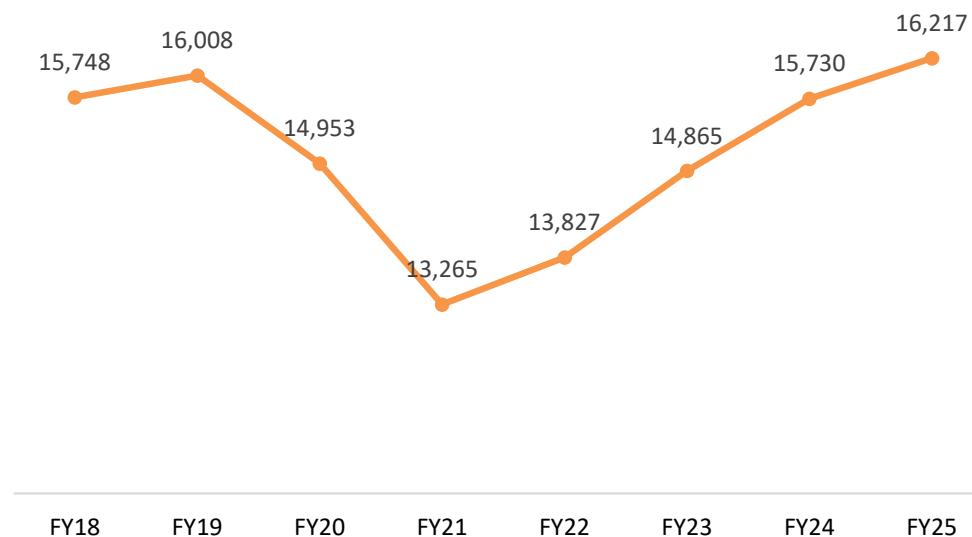
Table 14: FIT Professionals by Role, Statewide FY25

Role	Number of Individuals
Audiologist	4
Developmental Specialist	177
Family Service Coordinator	456
Family Therapist	18
Nurse	16
Nutritionist	16
Occupational Therapist	128
Orientation and Modality Therapist	1
Paraprofessional	19
Physical Therapist	63
Psychologist	1
Social Worker	58
Speech and Language Pathologist	196
Other Professional	51
Total	1,204

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. This year, FIT served a total of 16,217 children.

Figure 34: Children Served by FIT, FY18-FY25



Families with young children may qualify for early intervention services if an evaluation by professionals finds the child has an established medical condition, 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 for delay. 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 15 shows the eligibility categories for children served by FIT in FY25. Most participants (73%, or 9,528 children) were found eligible through a developmental delay.

Table 15: FIT Participants per Eligibility Category, FY25

Category	Children
At-Risk Environmental	332
At-Risk Medical/Biological	611
Developmental Delay	9,528
Established Condition	192
Multiple Categories with Developmental Delay	2,071
Multiple Categories without Developmental Delay	270

Note: This table does not reflect children who were served in FY25 but who had not yet received an eligibility category and Individual Family Service Plan as of the close of the fiscal year.

Tables 16 and 17 contain demographic information on the children served by FIT in FY25. The white racial category is not disaggregated by ethnicity and therefore includes children of white race and Hispanic ethnicity.

Table 16: Race of Children Served by FIT, FY25

Race	Number of Children
American Indian/Alaska Native	1,381
Asian	215
Black or African American	531
Native Hawaiian or Pacific Islander	31
White	12,825
Two or More Races	501
Unknown	733

Table 17: Ethnicity of Children Served by FIT, FY25

Ethnicity	Number
Hispanic	10,633
Non-Hispanic	4,851
Unknown	733

Family Engagement

The FIT program operates through a core belief that parents and caregivers are the most powerful agents of change in a young child's life. FIT programs therefore provide early intervention services to children by building the capacity of these adults, 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 key advocates for their children throughout their 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 FY25, this survey found that 97.9% of families said FIT services have helped them know their rights, 98.1% said that FIT services have helped them effectively communicate their children's needs, and 99.4% said FIT services have helped them help their children develop and learn.

Key Outcomes

The FIT program tracks children's developmental progress over time using validated evaluation and 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 on.

The following tables provide information on outcomes for children who exited the FIT program in 2025. Among children with a developmental delay or established condition, 45.3% were functioning within age expectations in social emotional skills, 49.1% in acquiring and using new knowledge and skills, and 47.1% in taking appropriate action to meet needs by the time they exited the FIT program. Among children in this group who entered the program below age expectations, at least 70% exited the program with a substantial increase in their rate of growth in each outcome.

Table 18: Outcomes for Children with Developmental Delays/Established Conditions Who Exited FIT in CY25*

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.	70.7%	74.8%	77.1%
Percent of children who were functioning within age expectations in (outcome) by the time they exited.	45.3%	49.1%	47.3%

*This is reported by calendar year, 12/1/2023 – 11/30/2024 in alignment with Office of Special Education reporting cycles.

Similarly, the table below shows outcomes for children at risk for developmental delays and their progress in developing social emotional skills, acquiring and using new knowledge and skills, and taking appropriate action to meet needs.

Table 19: Outcomes for Children at Risk (Only) of Developmental Delay (Environmental/Medical/Biological) who Exited FIT in CY25*

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.	75.1%	72.4%	78.2%
Percent of children who were functioning within age expectations in (outcome) by the time they exited.	72.2%	70.4%	69.7%

*This is reported by calendar year, 12/1/2023 – 11/30/2024 in alignment with Office of Special Education reporting cycles.

Overview

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 helps connect families to resources and community services needed 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.

To be eligible for Families FIRST, families must either receive or be eligible for Medicaid; for pregnant women, this means their income may not exceed 250 percent of the federal poverty level (\$66,625 annually for a family of three in 2025). 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 to prevent pre-term births and other adverse outcomes. If families are eligible for Medicaid but not enrolled, a Families FIRST nurse will help them with the enrollment process. In FY25, total funds available for the Families FIRST program totaled \$4,734,678.61.

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 non-clinical team supports the daily operations of the program and outreach to families across the state. In FY25, Families FIRST employed 23 total programmatic staff, including medical secretaries, medical billers, and 16 nurses.

The care coordinators in the program are all registered nurses and hold a mix of master's, bachelor's, and two-year degrees. Hourly wages for care coordinators 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.

Families Served

In FY25, Families FIRST contacted 7,182 potentially eligible families to provide information about the program. In total, ECECD enrolled 720 clients in the 2025 fiscal year.

Tables 20 and 21 on page 48 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.

Table 20: Race of Families FIRST Enrolled Clients, FY25

Race	Percentage
American Indian or Alaska Native	5.3%
Asian	0.8%
Black	3.3%
Declined	0.1%
Native Hawaiian or US Territory Islander	0.3%
Other	7.4%
Unknown	3.5%
White (Caucasian)	79.3%
Grand Total	100.0%

Table 21: Ethnicity of Families FIRST Enrolled Clients, FY25

Ethnicity	Percentage
Declined	0.1%
Hispanic or Latino	62.8%
Non-Hispanic or Non-Latino	23.8%
Unknown	12.2%
Unknown or Declined	1.1%
Grand Total	100.0%
Unknown	3.5%
White (Caucasian)	79.3%
Grand Total	100.0%

Key Outcomes

In FY25, 172 newborns were delivered to mothers enrolled in Families FIRST. Of these, 76% were born after 37 weeks, 59% spent no time at a special care nursery, 80% weighed more than six pounds at birth, and 59% were born with no major complications.

Families FIRST also provides support once children are born, including through developmental screenings and referral to FIT early intervention services and home visiting programs. In FY25, Families FIRST staff completed 645 Ages and Stages Questionnaire (ASQ) screenings, and 399 Ages and Stages Questionnaire – Social Emotional (ASQ-SE). The program also made 32 referrals to FIT early intervention services and 95 referrals to home visiting programs. In all, Families FIRST nurses made 2,662 referrals for families to needed services. The program also provided supportive information on feeding and food insecurity, including education and promotion around breastfeeding and referrals to nutrition support programs, such as the Supplemental Nutrition Assistance Program (SNAP) and Women, Infants and Children (WIC).



Head Start Collaboration Office

Head Start and Early Head Start are key partners in the statewide 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 impact communities by supporting parents in their roles as primary caregivers and teachers of their children. Programs assist families in meeting their 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 local communities 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 in New Mexico since the program's inception in 1965. Early Head Start services were added in 1995. Both Tribal and Regional entities offer Head Start and Early Start programs in New Mexico. Although Head Start and Early Head Start are federally funded and managed, ECECD maintains a strong partnership with Head Start programs through its Head Start Collaboration Office (HSCO) and close 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 incomes from birth to school entry. The director of the HSCO is situated in ECECD's Policy, Research, and Quality Initiatives division.

Families Served

In FY25, total funding for Head Start and Early Head Start in New Mexico was \$108,546,846, including 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 1,562 Early Head Start and 6,153 Head Start slots in FY25.

1,362

*Scholarships awarded
to Head Start professionals*

Head Start Professionals

ECECD funds a Head Start Pay Parity program to support enhanced compensation for early childhood educators in Head Start programs. To qualify for this program, educators must meet education and experience requirements and must work in a Head Start classroom as a lead teacher, assistant teacher, or full-time administrator with direct supervision and support of a Head Start program. Similar to other pay parity programs, this program aims to bring compensation for Head Start educators into alignment with compensation for similarly credential educators working in public school settings. In the 2025 fiscal year, 72 Head Start professionals received awards through this pay parity program.

Head Start professionals also participate in other scholarship and wage supplement programs offered by the state. In FY25, ECECD awarded scholarships to 446 Early Head Start, Head Start, and Tribal Head Start professionals through the Comprehensive Early Childhood Scholarship program, and awarded 61 wage supplements to Head Start teachers and assistants through the Wage Supplement program.



Appendix A – ECECD's Organizational Chart



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Appendix B – Data by County

Table B1. Number of Children Served by County—Major Programs

County	Child Care	NM PreK	Home Visiting	Family Infant Toddler	Families FIRST
Bernalillo	13,024	5,446	1,114	3,859	1,949
Catron	1	18	4	9	4
Chaves	1,415	548	370	653	318
Cibola	188	111	135	132	83
Colfax	33	52	91	56	29
Curry	971	471	337	692	195
De Baca	-	23	8	7	3
Doña Ana	5,898	2,652	2,148	3,799	917
Eddy	363	306	80	534	276
Grant	175	317	292	325	76
Guadalupe	71	44	35	24	16
Harding	-	22	0	4	15
Hidalgo	10	35	67	59	349
Lea	1,147	499	630	664	83
Lincoln	159	250	152	83	8
Los Alamos	45	155	199	122	154
Luna	230	378	449	370	208
McKinley	152	740	309	407	12
Mora	4	81	18	15	216
Otero	907	426	147	400	1,949
Out of State	3	-	-	-	13
Quay	56	108	75	45	26
Rio Arriba	223	302	118	275	130
Roosevelt	393	149	125	188	89
San Juan	1,631	1,256	171	844	430
San Miguel	455	96	91	89	90
Sandoval	1,252	1,028	67	747	383
Santa Fe	664	1,168	591	823	406
Sierra	90	104	296	148	58
Socorro	103	106	172	111	82
Taos	172	217	195	139	88
Torrance	119	427	5	63	61
Union	89	36	9	13	9
Valencia	1,045	805	214	490	348
Unassigned	-	-	54	28	58
Total	31,087	18,376	8,768	16,217	7,182

Table B2. Average Number of CACFP Meals Served by County and Type of Setting, FY25

County	Provider Settings						
	Adult Care	At-Risk	Before/After School	Child Care	Emergency	Head Start	NM PreK
Bernalillo	0	57,985	11,354	349,434	146	19,357	67,187
Catron	0	5	0	0	0	0	0
Chaves	0	1,106	0	23,994	0	2,277	3,170
Cibola	0	337	0	638	0	6,382	0
Colfax	0	0	0	0	0	940	0
Curry	0	80	3,981	21,726	0	3,550	1,733
De Baca	0	0	0	0	0	0	0
Doña Ana	0	30,145	3,564	120,276	636	8,244	50,838
Eddy	0	2,552	0	6,222	0	3,713	802
Grant	0	0	0	3,488	298	2,521	1,927
Guadalupe	0	0	103	518	0	284	0
Harding	0	0	0	0	0	0	0
Hidalgo	0	0	0	0	0	891	0
Lea	0	6,498	0	12,811	0	7,044	2,388
Lincoln	0	749	0	0	228	2,895	0
Los Alamos	0	0	0	0	0	0	0
Luna	0	1,835	379	2,497	0	2,650	1,697
McKinley	0	446	169	5,322	838	10,991	1,772
Mora	279	0	0	0	0	697	0
Otero	0	3,115	2,200	28,695	0	4,130	5,826
Quay	0	0	0	0	0	849	0
Rio Arriba	0	4,945	0	4,686	0	1,371	3,980
Roosevelt	168	0	0	2,223	0	2,333	0
San Juan	170	7,736	2,173	57,426	1,110	7,773	19,169
San Miguel	0	591	0	6,698	0	0	1,273
Sandoval	0	1,457	0	40,884	357	10,128	15,204
Santa Fe	0	4,437	0	7,464	309	12,194	7,988
Sierra	0	28	0	1,055	0	687	0
Socorro	0	874	0	712	0	1,470	1,637
Taos	0	0	0	1,504	0	4,179	987
Torrance	0	313	0	2,727	0	2,126	2,122
Union	0	0	0	0	0	0	0
Valencia	382	2,486	2,236	28,531	0	4,242	11,379
Total	999	127,720	26,159	729,531	3,922	123,198	201,079

Table B3. NM PreK, Early PreK, and Mixed Age PreK Funded Slots by County, FY25

County	Community Based			School Based			Total
	Early PreK	Mixed PreK	NM PreK	Early PreK	Mixed PreK	NM PreK	
Bernalillo	877	1,214	1,597	0	1,024	849	5,561
Catron	0	0	0	0	18	0	18
Chaves	16	64	40	0	28	400	548
Cibola	16	10	0	0	0	85	111
Colfax	0	0	0	0	32	20	52
Curry	30	20	38	0	16	367	471
De Baca	0	0	0	8	0	15	23
Doña Ana	545	868	444	0	64	774	2,695
Eddy	0	32	0	0	0	274	306
Grant	69	50	60	16	16	106	317
Guadalupe	0	16	0	0	0	28	44
Harding	0	0	0	0	0	22	22
Hidalgo	0	0	0	0	12	23	35
Lea	64	6	72	0	0	325	467
Lincoln	0	84	0	64	10	92	250
Los Alamos	0	0	0	0	0	155	155
Luna	0	77	0	96	0	205	378
McKinley	16	381	40	0	0	303	740
Mora	0	0	0	0	51	30	81
Otero	16	148	115	0	16	131	426
Quay	0	0	78	0	0	30	108
Rio Arriba	53	45	91	0	20	93	302
Roosevelt	0	0	0	0	0	149	149
San Juan	160	392	110	0	0	594	1,256
San Miguel	0	16	0	0	30	50	96
Sandoval	56	196	142	48	32	570	1,044
Santa Fe	124	382	148	32	0	502	1,188
Sierra	16	16	20	0	0	52	104
Socorro	16	16	18	0	16	40	106
Taos	40	30	36	0	47	64	217
Torrance	0	80	20	40	30	95	265
Union	0	0	0	0	0	36	36
Valencia	117	244	131	0	16	297	805
Total	2,231	4,387	3,200	304	1,478	6,776	18,376

Table B4. FIT Providers and Counties Served

Counties	FIT Provider Agencies
Bernalillo	Abrazos Family Services; Alta Mira Specialized Family Services; BMSI; NAPPR; Inspirations Early Intervention; PB&J Family Services; LifeROOTS; UNM CDD FOCUS
Catron	Amplified Therapy
Chaves	Tobosa's Los Pasitos Program; MECA
Cibola	La Vida Felicidad; NAPPR; Pine Hill; Growing in Beauty
Colfax	CDD Children's Workshop
Curry	ENMRSH; MECA
De Baca	ENMRSH
Dona Ana	Aprendamos Early Intervention Team; MECA; Tresco, Inc.
Eddy	Blue Star Therapy; CARC
Grant	Amplified Therapy
Guadalupe	ENMRSH
Harding	CDD Children's Workshop
Hidalgo	Amplified Therapy
Lea	MECA
Lincoln	Region 9 Education Cooperative
Los Alamos	Las Cumbres Community Services
Luna	Amplified Therapy
McKinley	Dungarvin; Growing in Beauty; The Therapy Academy
Mora	CDD Children's Workshop; New Vistas
Otero	Mescalero Apache Early Childhood Program; Zia Therapies
Quay	ENMRSH; MECA
Rio Arriba	Las Cumbres Community Services
Roosevelt	ENMRSH; MECA
San Juan	PMS Roundtree; Amplified Therapy; Growing in Beauty
San Miguel	CDD Children's Workshop; New Vistas
Sandoval	Abrazos Family Support Services; NAPPR; PB&J Family Services; BMSI; UNM CDD FOCUS; Growing in Beauty
Santa Fe	New Vistas; BMSI; Las Cumbres Community Services
Sierra	Tresco Inc.; Aprendamos Early Intervention Team
Socorro	Positive Outcomes; Elevate Early Intervention; NAPPR
Taos	Ensueños y Los Angelitos
Torrance	Alta Mira Specialized Family Services
Union	CDD Children's Workshop
Valencia	La Vida Felicidad; NAPPR; UNM CDD FOCUS Program; Elevate Early Intervention; BMSI

Notes

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