



New Mexico's 2025 Statewide Early Childhood Needs Assessment



NEW MEXICO

Early Childhood
Education & Care Department

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Executive Summary

New Mexico is a national leader in early childhood education and care. In 2020, it became the fourth state to consolidate all early childhood programs and services under a single cabinet-level agency—the Early Childhood Education and Care Department (ECECD).ⁱ Over the past five years, ECECD has implemented a policy and practice framework tailored to its community needs and designed to ensure all children can access high-quality early learning opportunities.ⁱⁱ

ECECD has achieved an array of core policy milestones in New Mexico, including several that are the first of their kind in the nation (◆):

- ◆ New Mexico is the first state to offer **universal child care** with no copays or fees for families starting in November 2025.ⁱⁱⁱ This comes after increasing income eligibility twice to become one of the highest in the nation and covering most children since fiscal year 2023.^{iv v}
- ◆ New Mexico is the first state to create an Office of the Assistant Secretary for Native American Early Education and Care to elevate **government-to-government early childhood collaborations** with Nations, Pueblos, and Tribes.
- ◆ New Mexico is the first state to establish an **Early Childhood Tribal Advisory Coalition**, which is inclusive of all the Nations, Pueblos, and Tribes of New Mexico.
- ◆ New Mexico established **sustainable funding** through a portion of the state’s Land Grant Permanent Fund (LGPF) and the creation of the Early Childhood Trust Fund (ECTF).^{vi vii}
- ◆ New Mexico conducted cost studies and developed cost-estimation models for the early childhood system resulting, in particular, in the implementation of a tiered true-cost-of-care model that **sets child care subsidy reimbursement based on the costs of providing care**, helping to stabilize and grow the child care system.^{viii ix}



- ECECD **centers family engagement and leadership** within its strategic plans, by funding the New Mexico Family Leadership Council to empower families to advocate for policies and programs.^x
- New Mexico's **Family Infant Toddler (FIT) program was rated among the best in the nation** in identifying babies from birth to 12 months old by the federal Office of Special Education Programs.^{xi}
- ECECD implemented several policies to **improve compensation and career pathways for early childhood education and care workers**, including wage supplements, pay parity for New Mexico PreK (NM PreK) educators and infant/toddler teachers, scholarships to obtain early childhood education credentials and degrees, and incentives for providers to offer higher wages.^{xii xiii xiv xv}
- ECECD implements a **"mixed-delivery" system**, collaborating across state and local agencies and with a combination of public, private, nonprofit, and faith-based organizations to maximize service coordination and access.^{xvi xvii}
- New Mexico Grown is a state-funded local food procurement initiative for public entities running eligible nutrition programs that serve early child care education sites and other programs under the Child and Adult Care Food Program (CACFP) and Summer Food Service Program (SFSP) in the state.^{xviii} Grantees may spend funds on **locally grown, raised, or harvested foods from approved New Mexico farmers, ranchers, or food hubs**.

The impacts of these policies are mounting:

- Prioritizing government-to-government collaborations resulted in **18 intergovernmental agreements (IGAs)** to fund early childhood education and care facilities and programming under the direction of the Nations, Pueblos, and Tribes of New Mexico.^{xix xx}
- Child care subsidies and support for child care businesses and employees supported a **42% growth in child care assistance enrollment** between 2020 and 2024 for children aged 0–5.^{xxi}
- New funding enabled a historic increase in funded NM PreK slots, including increases in underserved rural communities.^{xxii} The 18 IGAs with Nations, Pueblos, and Tribes include nine NM PreK partnerships.^{xxiii} **Early PreK enrollment increased 260% since 2019**, including a one-year 86% increase after the first LGPF allocation was distributed.^{xxiv}
- Between fiscal years 2020 and 2024, state **funding for home visiting increased by almost 50%**.^{xxv}
- ECECD's FIT program **consistently serves children under age three through early intervention at more than double the national median**.^{xxvi}
- **Average monthly CACFP meal recipients increased by 24% between the 2021 and 2024 fiscal years** and summer meal sites by 21%.^{xxvii xxviii}
- Wages for child care workers increased more than **four times the national average** between 2019 and 2024.^{xxix} New Mexico's child care workforce grew by 64% while the national workforce declined.

In 2019, New Mexico's Preschool Development Grant Birth through Five (PDG B-5) early childhood needs assessment framed community assets and challenges in four focus areas: Access, Workforce, Funding, and Governance. ECECD's strategic plans have built directly upon those assets and were designed to address the challenges communities face.^{xxx} ECECD has since expanded one dimension, adding Awareness to Access, added another—Family and Community Engagement—as a fifth critical component of strong early childhood education and care systems.

This community assessment tells the story of New Mexico's bold early childhood policy innovations over the past five years. It documents the extent to which ECECD's policies and initiatives address the needs its stakeholders identified in 2019, presents evidence of their emerging impacts, and summarizes family, provider, and local coalition experiences and perceptions across the five critical components. It highlights stories about individual programs and presents regional and county-level findings to understand how different regions may be experiencing changes.

The bottom line:

New Mexico's policy and programmatic efforts have had immediate and growing positive impacts throughout the five critical components. As the state addresses longstanding and significant barriers to child well-being, ECECD's vision that "all New Mexico families and young children are thriving" is steadily coming into focus.^{xxxi xxxii}

Further efforts are warranted, nonetheless. Continued and additional investments are needed to meet needs, fill gaps, and leverage opportunities for improvement:

Access and Awareness

- Expand the supply of early care and education, especially for infants and toddlers, including services within home visiting programs.
- Further increase access, especially in underserved areas.
- Increase outreach to raise awareness of available services.

Workforce

- Increase the supply of qualified staff, including specialists.
- Improve wages and benefits to increase staff satisfaction and attract and retain personnel.
- Reduce barriers to professional development.

Family and Community Engagement

- Increase and diversify strategies to raise awareness of programs and services.
- Create more regular and consistent opportunities for families to provide input, offer feedback, and participate in program planning.
- Ensure engagement is effective for all families.

Governance

- Address systemic barriers that hinder effective collaboration among providers.
- Support meaningful and sustained government-to-government collaborations.
- Streamline processes and bolster administrative capacity to improve efficiency.

Funding

- Extend providers' access to capital to expand capacity.
- Increase provider capacity to integrate and coordinate multiple funding streams.
- Invest the funding that is necessary to expand access to high-quality programs and services for families, prenatal to age five.





New Mexico's recent early childhood education and care policies set national examples



New Mexico's recent early childhood education and care policies set national examples

In 2019, New Mexico established the Early Childhood Education and Care Department (ECECD) as a cabinet-level agency after nearly two decades of political and community advocacy.^{xxxiii xxxiv} ECECD was launched in 2020 to bring together programs that were previously dispersed across multiple agencies, enhance system coordination, and build a more integrated early childhood system. Since its launch, the state has made unprecedented investments in its future through policies that help fund and deliver high-quality early education services for children and families.

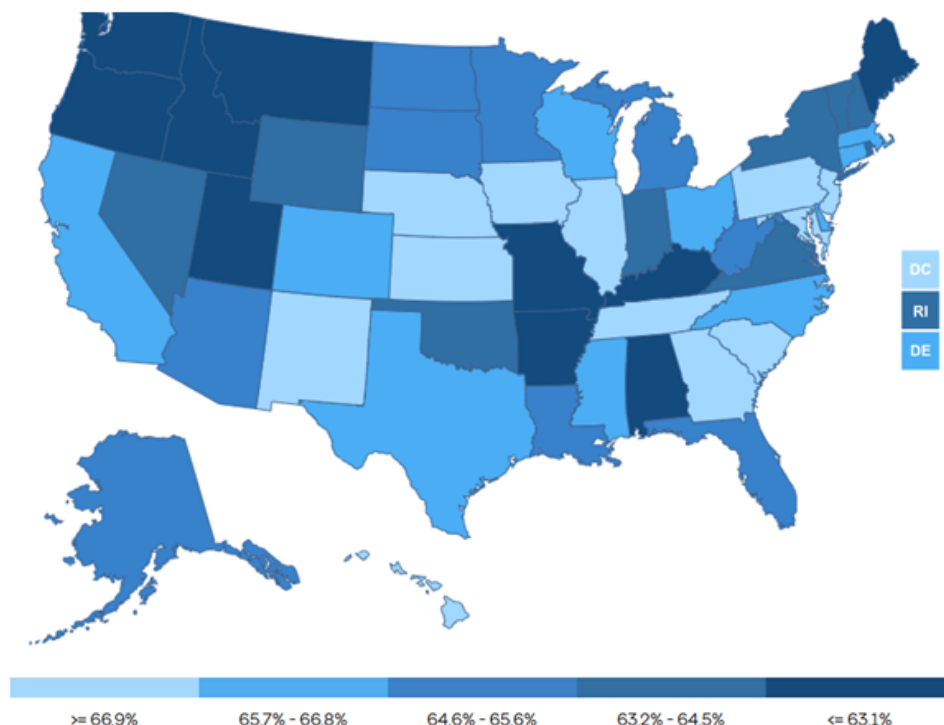
In many ways, the state leads the nation in creating effective early childhood systems through groundbreaking policies, meaningful government-to-government partnerships, the Early Childhood Tribal Advisory Coalition, and Tribal representation on other committees and coalitions, all in service of ECECD's mission, to “optimize the health, development, education, and well-being of babies, toddlers, and preschoolers through a family-driven...community-based system of high-quality prenatal and early childhood programs and services”, and New Mexico's vision that “each and every New Mexico child, prenatal to age 5, and their families will have...access to quality early learning opportunities to support

their development, health, and wellbeing, ensuring they are ready to succeed in kindergarten and beyond.”^{xxxv xxxvi} ECECD actively works in service of its mission across a mix of urban, rural, and frontier areas within New Mexico's vast territory, honoring the rich tapestry of backgrounds the state's people represent. The state's unique geography, deep history, and socioeconomic landscape offer a bedrock for building strong communities and families. As evidence, a useful metric is the percentage of flourishing children, a United Health Foundation metric, defined as the percentage of children ages six months to five years who show affection, resilience, interest and curiosity in learning, as well as smile and laugh a lot; and children ages six to 17 who show self-regulation, interest and curiosity in learning, as well as work to finish tasks.^{xxxvii} New Mexico ranked sixth in the nation in 2022–2023 for its percentage of flourishing children ages 17 and under (67.8%, Figure 1). It ranked 19th for



children six months to five years old, according to the same source, with 81% of flourishing young children.

Figure 1: The percentage of flourishing children in New Mexico is among the highest in the nation.



Note: The metric is a two-year estimate.

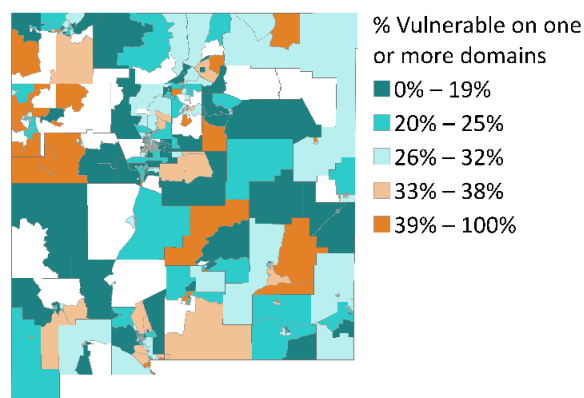
Source: America's Health Rankings. United Health Foundation. (n.d.). *Flourishing – Children in New Mexico*. https://www.americashealthrankings.org/explore/measures/flourish_0to17_overall/NM

At the same time, there are opportunities to help children get their best start in life. During the 2023-24 school year, teachers used the Early Development Instrument (EDI) to create community snapshots of kindergarteners' well-being across five domains:^{xxxviii}

- 1) Physical health and well-being
- 2) Social competence
- 3) Emotional maturity
- 4) Language and cognitive skills
- 5) Communication skills and general knowledge.

Many communities have a sizable portion of kindergarteners who are developmentally vulnerable in at least one domain, scoring at or below the 10th percentile among all children screened nationally (Figure 2).

Figure 2. Significant percentages of children are developmentally vulnerable in one or more domains.



Source: The Center for Healthier Children, Families & Communities. (2024). *State of New Mexico EDI. 2023-24 EDI data & use in the community*.

<https://storymaps.arcgis.com/stories/7d14c0cb47d545c0a1fc5993e5ed2add>

New Mexico’s varied geographic, demographic, and socioeconomic environments require flexible, multifaceted approaches to deliver high-quality early childhood education and supports. In 2019, the Preschool Development Grant Birth through Five (PDG B-5) needs assessment, funded by a grant from the U.S. Department of Health and Human Services, summarized the state’s key strengths and areas for growth.^{xxxix} ECECD used the needs assessment to identify five critical components—defined below—to create strategic plans and build a framework for holistic policymaking that responds to community needs.^{xl}

Critical components of a thriving early childhood education ecosystem

In 2019, the PDG B-5 early childhood needs assessment framed community assets and challenges in four focus areas: Access, Workforce, Funding, and Governance. ECECD’s strategic plans have built directly upon those assets and were designed to address the challenges communities face.^{xli} ECECD has since expanded one dimension, adding Awareness to Access, added another—Family and Community Engagement—as a fifth critical component of strong early childhood education and care systems.

The five critical components are Access and Awareness, Workforce, Family and Community Engagement, Governance, and Funding:



Access and Awareness

All families with young children have awareness of and access to quality early childhood services statewide



Workforce

Higher education and professional development advance a well-compensated and credentialed workforce



Family and Community Engagement

Family leadership and voice in decision-making and program design



Governance

Collaborative statewide, local, and regional structures are the cornerstone of system improvements



Funding

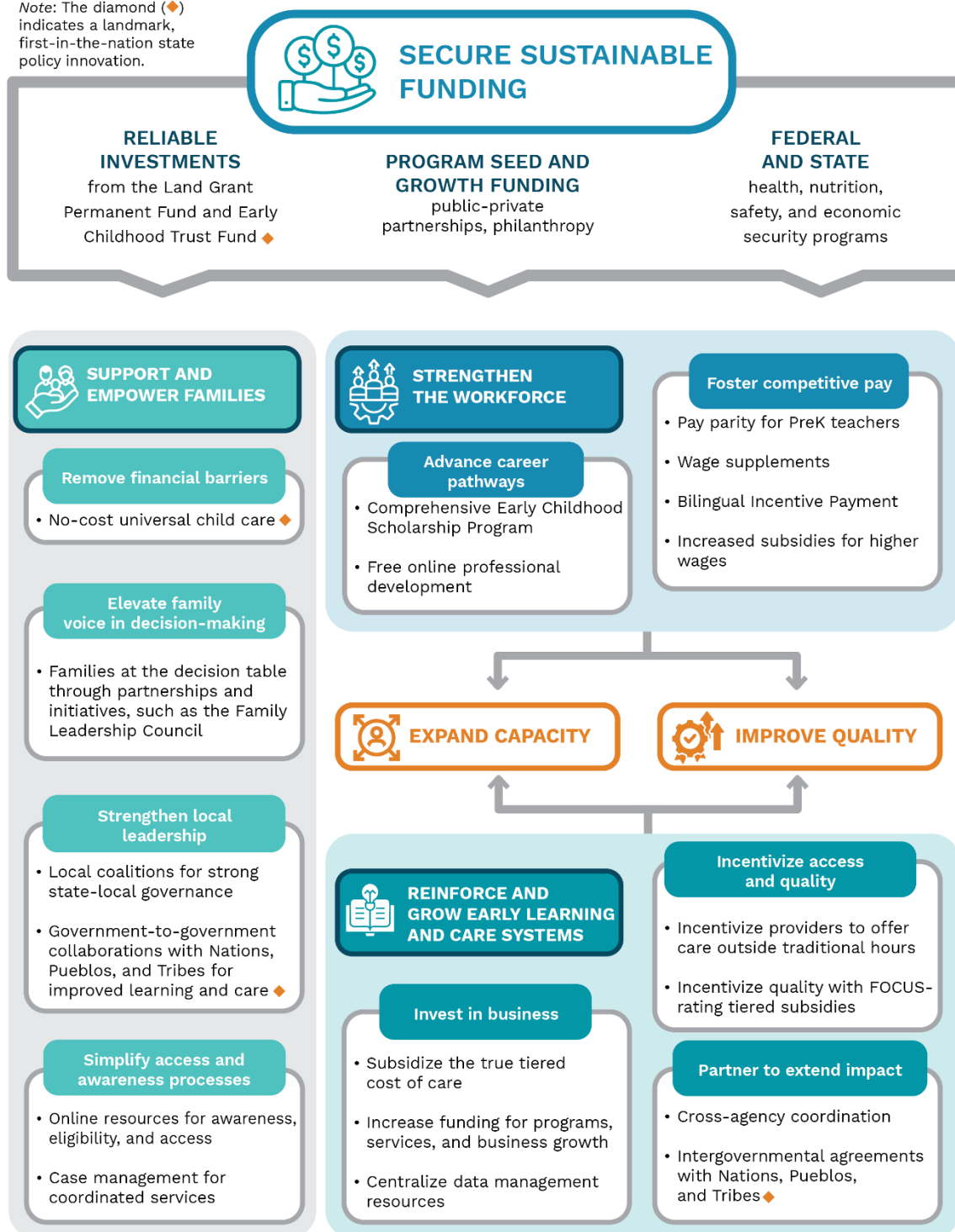
Existing and potential sources and levels to ensure quality services and building and maintaining a qualified workforce

Since its inception, ECECD has designed and implemented a policy framework to solidify New Mexico’s early childhood education ecosystem across the critical components.

Through statewide collaboration with cross-sector partners, including, Nations, Pueblos, and Tribes, New Mexico has implemented policies and practices across the critical component areas, many of them the first of their kind in the nation. New Mexico has secured sustainable funding, reinforced and grew early learning and care systems, strengthened the workforce, supported families, and, ultimately, increased access to high-quality early childhood education programs and care (Figure 3).

Figure 3. New Mexico implemented strategic approaches to increase access to high-quality early childhood education and care.

Note: The diamond (◆) indicates a landmark, first-in-the-nation state policy innovation.



Source: Authors' design based on document review (see Appendix C).

Documenting New Mexico’s approaches to reinforcing its early childhood education and care systems and their emerging impacts

This report tells the story of the bold policies and initiatives New Mexico implemented and how they directly respond to community needs identified in 2019. It provides evidence of how ECECD’s policies and initiatives are enhancing the state’s early childhood education and care landscape. It also highlights needs, gaps, and opportunities for improvement. Findings are grounded in policy and document analysis, and infused with community voices, including early childhood education and care providers, families, and members of local early childhood system building coalitions (Appendix C). The report includes profiles that explore initiatives, impacts, and community voices within ECECD’s programs (Box 1, Appendix A) and by region and county (Appendix D).

Box 1. Key ECECD Programs

Child Care Assistance (ages 0–12): As of November 2025, all New Mexico parents and caregivers who are working or in school are eligible for subsidies to cover the cost of child care without copays, regardless of income. Subsidy rates are based on modeling of the cost of care with additional subsidies for providers with higher quality ratings, extended operating hours, and/or higher employee wages.

Early PreK and New Mexico PreK (NM PreK, ages 3–4): During the school year, NM PreK delivers early education for children ages three (Early PreK) and four (NM PreK) in school- and community-based settings.^{xliii}

Early Head Start and Head Start (Prenatal–age 4): Early Head Start and Head Start offer low-income and high need families and children up to the age of five education, family engagement, health and mental health, as well as nutrition services and supports.^{xliiii} Early Head Start and Head Start are federally and locally funded. ECECD houses the New Mexico Head Start State Collaboration Office (HSSCO), which is part of a national system funded by the federal Office of Head Start.

Home Visiting (Prenatal–age 5): Home visitors provide expert support for families in their homes and in community and center-based settings, in-person or by telehealth sessions.^{xliiv} This includes information on check-up milestone dates, screenings, referrals, parenting advice, and help understanding and accessing local programs and services.

Family Infant Toddler (FIT) / Early Intervention (EI) (ages 0–2): FIT provides EI services to children who have or are at risk of experiencing developmental delays or disabilities.^{xliv} EI services are customized to a child’s needs, aligned with an Individualized Family Service Plan (IFSP), and offered at no cost to families regardless of income.

Families FIRST (Prenatal–age 2): Families FIRST supports Medicaid-eligible families during pregnancy, infancy, and throughout the first three years of life.^{xlvi} Nurses provide tailored guidance and service coordination to connect families with beneficial programs and supports.

Family Nutrition Bureau programs (ages 1–18): ECECD administers two programs funded by the U.S. Department of Agriculture—the Child and Adult Care Food Program (CACFP) and the Summer Food Service Program for Children (SFSP). CACFP serves breakfast, lunch, dinner, and snacks in participating

child care centers, schools, and adult care facilities at no cost to families. SFSP provides free meals through eligible sponsoring organizations to children in low-income areas in the summer months when most schools are closed. New Mexico Grown is a state-funded local food procurement initiative for public entities running eligible nutrition programs that serve early child care education sites and other programs under CACFP and SFSP.^{xlvii} Grantees may spend funds on locally grown, raised, or harvested foods from approved New Mexico farmers, ranchers, or food hubs.

Notably, this report does not tell the story of government-to-government program support as it is the focus of a separate report that is in progress at the time of the writing of this community assessment.^{xlviii} Under the umbrella of the government-to-government program are the duties of the Assistant Secretary for Native American Early Education and Care, annual reports on State-Tribal Collaboration and Services to Native Americans, guidance on universal child care for Nations, Pueblos, and Tribes, intergovernmental agreements (IGAs), and collaboration with the Early Childhood Tribal Advisory Coalition.

Key needs and gaps identified in the community assessment

The community assessment identified needs and opportunities for improvement across the five critical components. Major opportunities to meet needs and fill gaps include:

Access and Awareness

- Expand the supply of early care and education, especially for infants and toddlers, including services within home visiting programs.
- Further increase access, especially in underserved areas.
- Increase outreach to raise awareness of available services.

Workforce

- Increase the supply of qualified staff, including specialists.
- Improve wages and benefits to increase staff satisfaction and attract and retain personnel.
- Reduce barriers to professional development.

Family and Community Engagement

- Increase and diversify strategies to raise awareness of programs and services.
- Create more regular and consistent opportunities for families to provide input, offer feedback, and participate in program planning.
- Ensure engagement is effective for all families.

Governance

- Address systemic barriers that hinder effective collaboration among providers.
- Support meaningful and sustained government-to-government collaborations.
- Streamline processes and bolster administrative capacity to improve efficiency.

Funding

- Extend providers' access to capital to expand capacity.
- Increase provider capacity to integrate and coordinate multiple funding streams.
- Invest the funding that is necessary to expand access to high-quality programs and services for families, prenatal to age five.



Access and Awareness





Critical Component 1:

Access and Awareness

In 2019, community stakeholders called for all families from all communities and all backgrounds to have access to high-quality early childhood learning opportunities.^{xlix} ECECD has made great strides in this direction: New Mexico's bold policies offer **universal no-cost child care subsidy eligibility and no-cost home visiting to all new parents, enable thousands more children to attend preschool, expand program eligibility** criteria for child care assistance and early intervention, extend **geographic reach**, and **invest in expanding Tribal early learning** facilities and programs.^{i li lii liii liv lv} This section of the community assessment tells the story of the actions ECECD took to increase access to and awareness of early learning and care opportunities. It describes the emerging impacts of these efforts, summarizes the perceptions of families, providers, and local coalitions regarding access to programs and services, and highlights needs, gaps, and areas for improvement.

Community-informed initiatives to help children thrive



ECECD aims to increase access to early childhood programs and services through a holistic policy approach. State policies recognize that access requires both expanding service capacity and supporting families in choosing and obtaining early education programs. Policies to boost access begin with securing and leveraging sustainable funding to expand early learning and care systems, grow the workforce, and support families.

ECECD's policies and initiatives respond to community needs.

In 2019, community stakeholders identified many areas where the state could support increased access to early childhood education and care programs.^{lvii} ECECD implemented policies and initiatives to address those needs (Appendix B), including:

- **Supporting families.** ECECD provides resources directly to families to help them access services they need. Resources include information with awareness campaigns that present information in creative, family-friendly ways. Service coordination links families to services within ECECD and across New Mexico agencies.^{lviii} New Mexico also supports families indirectly, through payments to providers, as the *first state in the nation to fully cover the cost of child care for all children, regardless of family income.*
- **Investing in early learning and care providers.** ECECD allocated increased state and federal funding to expand capacity and enrollment across programs. They implemented policies and initiatives to sustain early childhood education and care programs, including *reimbursing providers at the true cost of care* rather than its market value, offering low-interest loans to finance capital projects, and centralizing data management and administrative resources to decrease the time and cost needed for recordkeeping and reporting. They also incentivized child care providers to increase access and quality by offering higher subsidies for providers who extend their hours and/or pay higher entry-level wages.
- **Partnering to extend impact.** ECECD prioritizes *government-to-government collaborations* with Nations, Pueblos, and Tribes to improve early childhood education and care infrastructure, programs, and services within Tribal lands. The department also established *local early childhood system building coalitions to empower families* and to identify and advocate for addressing local needs.

ECECD created and launched several awareness campaigns to build knowledge and offer services.

Recognizing that program awareness is crucial for program access, ECECD developed new strategies to reach families and providers. These include:

- **Moments Together** is an ECECD awareness campaign that curates family-focused, research-based information and resources for families and providers.^{lix} It provides parents with child development tips via the website and Bright by Text, which sends age-specific text messages in English or Spanish.^{lx} The website includes tips, games, activities, evidence-based content, local resources and events, and tutorial videos in English, Spanish, Vietnamese, and Diné to support families through program application processes. Moments Together also provides resources for early childhood professionals and providers, including a resource library and community toolkit.^{lxi lxi}



- The **Early Show with Alax** and **Ask Alax** are recorded shows that ECECD produces and publishes for families to stream online.^{lxiii} They feature Alax, ECECD’s “intergalactic ambassador of care,” a character who interviews New Mexico parents and experts or responds to questions from New Mexico families. The shows provide information on ECECD programs to support families, along with advice on child development.
- **Am I Eligible?** offers families a platform to apply for several early childhood programs, including child care assistance, Families FIRST, and NM PreK.^{lxiv} Creating an account also allows families to start a home visiting referral.
- **Child Care Finder** helps families find nearby child care options, including Head Start and NM PreK programs.^{lxv} Results are filterable by age range, availability, program offerings, quality ratings, and more.
- **Professional development** on the child care assistance program prepares career consultants who work in Workforce Connection Centers statewide to support job seekers who may need child care to work outside the home.^{lxvi}
- **Social media** presence on multiple platforms distributes announcements and information.

In addition to awareness campaigns, families can get information and support and resources through the NewMexicoKids Resource and Referral, and the ECECD website and newsletters. Additional outreach to families experiencing homelessness is provided through partnerships with other state agencies, community-based organizations, homeless service providers, and McKinney-Vento liaisons.^{lxvii} Finally, ECECD consistently hosts community and family events online and in-person, which are announced on its website and in newsletters.

Emerging impacts

ECECD’s work to improve access to and awareness about programs and services has generated promising changes. Nowhere is this more evident than in the increasing numbers of children and families who are served across ECECD programs, particularly in child care and NM PreK.

Child care subsidy use for children aged 0–5 increased by 42% following policies that expanded family access.

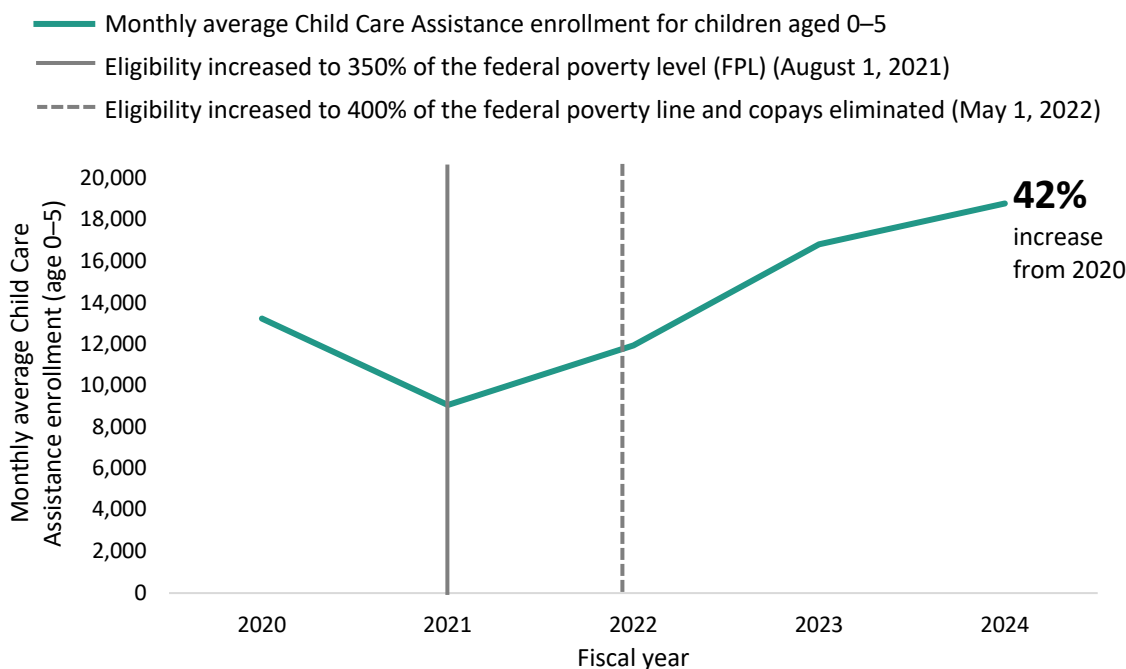
“The child care subsidy program is incredibly helpful for working families. My friends and family in other states cannot believe it is free.”
— Mother

Families increasingly report using child care services and receiving child care assistance.^{lxxviii} Between 2022 and 2024, ECECD’s Family Engagement and Satisfaction surveys showed a 14% increase in child care subsidy use and a 21% increase in the use of child care services.^{lxxix lxx} Program awareness has increased and survey respondents also increasingly report that signing up for child care was easy.^{lxxi}



New Mexico’s investments, have made up for the child care capacity lost during the pandemic.^{lxxii} Enrollment has picked up as well (Figure 4). Between 2020 and 2024, the time window that includes increases in income eligibility limits to 350% in 2021 and 400% in 2022, the state saw a 42% increase in the number of children aged 0–5 receiving child care assistance.

Figure 4. The number of children aged 0–5 receiving child care assistance increased significantly.



Note: May 1, 2022 eligibility increased to 400% of the FPL; copayments waived^{lxxiii}

Sources: ECECD. (2024). 2024 annual report. <https://www.nmececd.org/wp-content/uploads/2025/08/2024-Annual-Rpt- ECECD-Comms PROOF Updated.pdf>; August 1, 2021, eligibility increased from 200% to 350% of FPL.^{lxxiv}

“When all of my children’s needs are met, then mine will be too. I would like to have a larger daycare with teachers and be able to serve the whole community.”
— Provider

Additionally, the number of families with children ages 0–5 receiving child care assistance grew overall between fiscal years 2021 and 2024 across all income levels (Table 1). The number of families with the lowest household incomes (0% to 50% of the FPL) receiving child care assistance rose by 65% during that period. After eligibility limits increased, families with higher incomes began receiving assistance in 2022. Initially, these families accounted for 17% of all families with children ages 0–5 receiving child care assistance. By fiscal year 2024, they represented nearly a third of all families with children ages 0–5 receiving such assistance.

Table 1. The number of families with children ages 0–5 receiving child care assistance increased across all income levels between fiscal years 2021 and 2024.

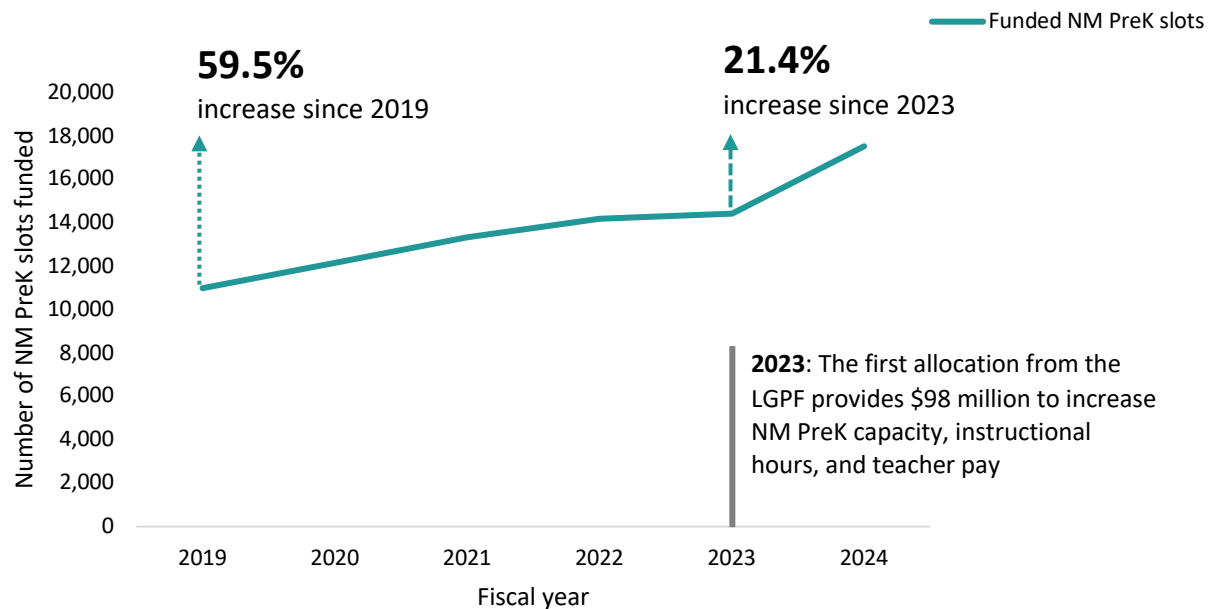
Percent of FPL	Fiscal year 2021	Fiscal year 2022	Fiscal year 2023	Fiscal year 2024
0-50%	1,027	1,576	2,622	1,695
50.01-100%	1,968	2,420	3,400	2,607
100.01-150%	2,337	2,829	4,093	3,245
150.01 - 200%	1,321	1,679	2,762	2,394
200.01-250%	334	827	1,848	1,638
250.01-300%		412	1,247	1,272
300.01 - 350%		268	942	966
350.01-400%		159	764	717
400.01-425%		18	76	150
Percentage of families with incomes above 200%	0%	17%	27%	32%

Sources: ECECD Annual Outcomes Reports from fiscal years 2021, 2022, 2023, and 2024.^{lxxv lxxvi lxxvii lxxviii}

Expanded funding led to a leap in Early PreK enrollment.

In the 2024 fiscal year, a historic expansion of state NM PreK funding resulted in a one-year enrollment increase of over 3,200 children, as intended.^{lxxix lxxx} With access to funding from the Land Grant Permanent Fund (LGPF), ECECD allocated funding for 3,000 additional children to attend NM PreK throughout the state. In fact, the number of available state-funded NM PreK slots increased by 3,090 between the 2023 and 2024 fiscal years—a 21.4% increase that is unprecedented in recent years (Figure 5).

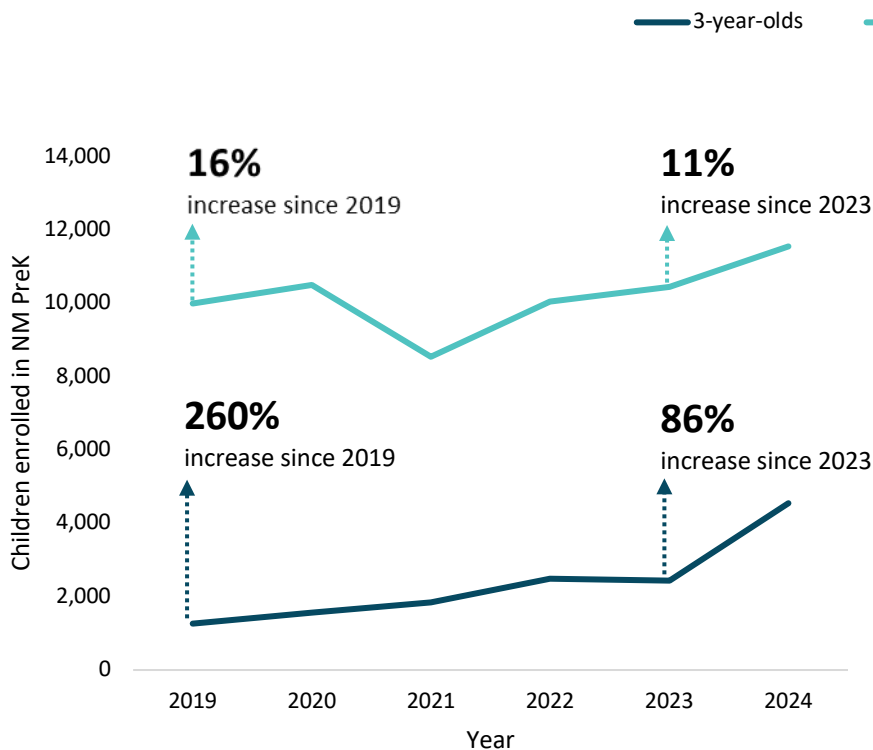
Figure 5. The first allocation of LGPF dollars added 3,000 state-funded NM PreK slots in fiscal year 2024.



Sources: ECECD 2021 Annual Outcomes Report; ECECD 2024 Annual Outcomes Report.

Families benefited from newly available funded NM PreK slots. Between the 2023 and 2024 fiscal years, there was an 86% increase in the number of three-year-olds enrolled in Early PreK and an 11% increase in the number of four-year-olds enrolled in NM PreK (Figure 6).^{lxxxix} Since 2019, Early PreK (three-year-old) enrollment has increased by 260% and NM PreK (four-year-old) enrollment has increased by 16%.^{lxxxix}

Figure 6. New Mexico three- and four-year-old NM PreK enrollment increased from 2019 to 2024.



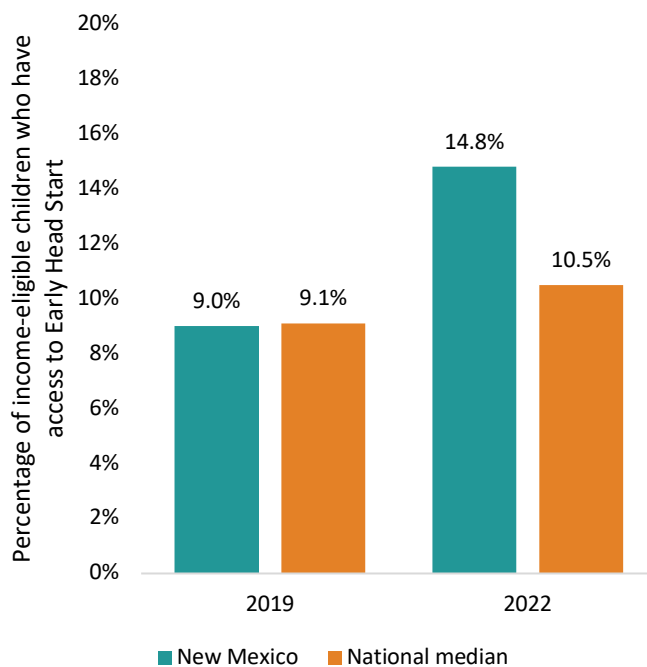
Source: National Institute for Early Education Research (2024). *Preconfigured NIEER data sets*.

<https://nieer.org/data-explorer>

Early Head Start access increase places New Mexico above the national median.

The share of eligible children accessing Early Head Start increased by nearly six percentage points between 2019 and 2022, placing New Mexico well above the national median. In 2022, an estimated 14.8% of income-eligible children in New Mexico had access to Early Head Start—4.3 percentage points above the national median of 10.5% (Figure 7).^{lxxxiii} New Mexico increased this share by 5.8 percentage points from 2019, when the percentage of eligible children accessing Early Head Start was nine percent, just below the national median of 9.1%.

Figure 7. The percentage of income-eligible children with access to Early Head Start increased by nearly six percentage points between 2019 and 2022, placing New Mexico well above the national median.



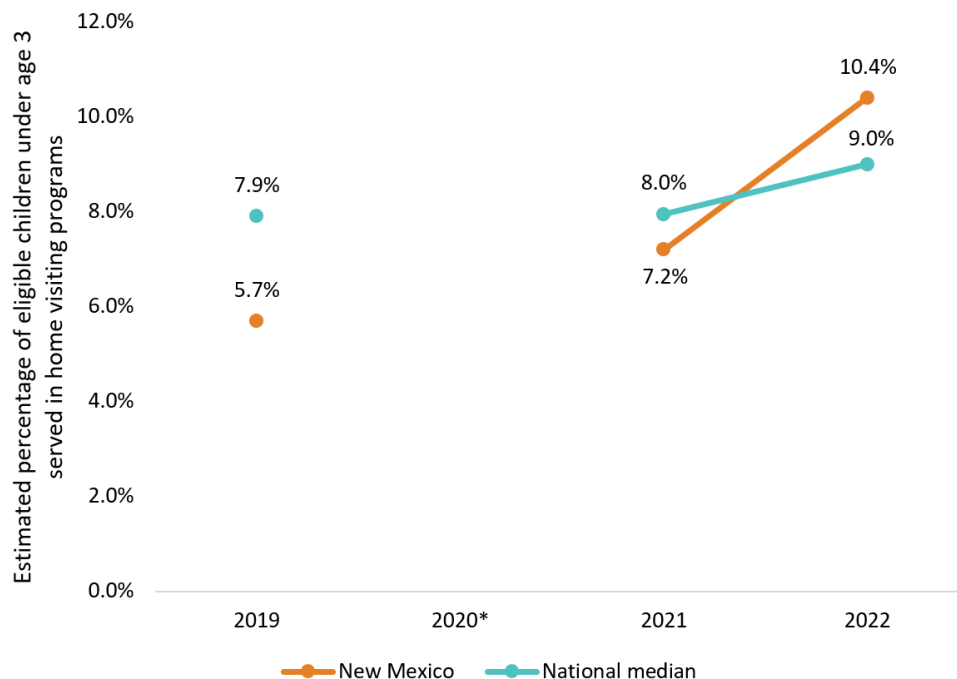
Sources: Prenatal-to-3 Policy Impact Center, 2022 and 2024.^{lxxxiv}

New Mexico made progress toward fully meeting home visiting needs.

Between 2019 and 2022, New Mexico's home visiting programs increased the percentage of served families with children under age three and incomes less than 150% of the FPL from 5.7% to 10.4%—an 82% increase (Figure 8).^{lxxxv lxxxvi} Over the same time, the national median increased by 14%, from 7.9% to nine percent.

The home visiting program is also meeting a higher share of the estimated need compared to 2019. Over half (52%) of need from first births was met in 2023, up from 46% in 2019.^{lxxxvii lxxxviii} Forty percent of the estimated need for Medicaid-paid births was met in 2023, compared to 32% in 2019.^{lxxxix xc}

Figure 8. The percentage of families with children under age three and incomes less than 150% of the FPL receiving home visiting services increased by 82% between 2019 and 2022.



* Data from 2020 were not reported.

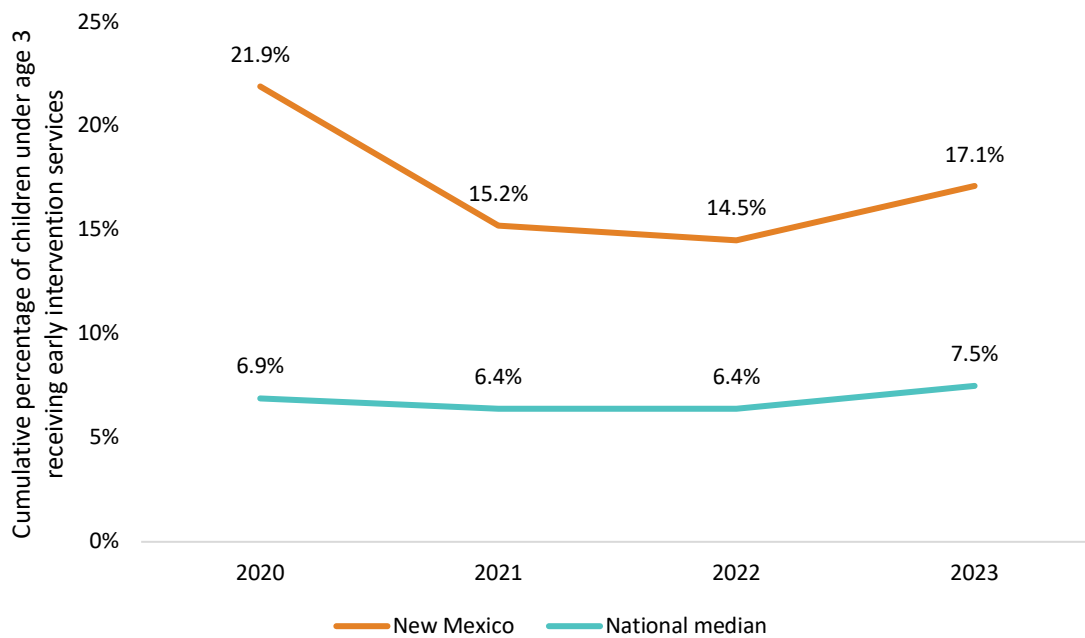
Note: The estimated percentage of eligible children served is calculated as the percentage of children under three served by home visiting programs among all children under three in families with incomes below 150% of the FPL. Sources: Prenatal-to-3 Policy Impact Center, 2021, 2023, and 2024.

The commitment to early childhood care and education of New Mexico’s Children’s Cabinet, which studies and advises on programs for children, includes \$5.2 million to assist 2,000 families with more home visitors, with Medicaid-reimbursable models, and higher provider rates.^{xcv} In this context, New Mexico became one of three states to have implemented continuous Medicaid coverage for children in October 2024.^{xciii xciv} Children who are determined to be eligible before age six remain eligible until their sixth birthday.

New Mexico is a national leader in EI access.

New Mexico consistently serves the highest or second-highest percentage of children under age three receiving EI services.^{xcv} In 2023, 17.1% of children under age three received EI services, more than twice the national median (Figure 9). New Mexico’s levels of poverty and rurality and differential access to health services suggest that many infants legitimately qualify for services. The federal Office of Special Education ranked New Mexico’s FIT program first in the nation in 2023 for the percentage of babies identified for and receiving EI services between birth and 12 months old.^{xcvi} High participation in EI services indicates that children are being reached through robust screening practices, accessible services, and a strong statewide focus on identifying developmental needs early. Early recognition of developmental delays supports healthier development and strengthens children’s long-term learning outcomes.

Figure 9. The percentage of New Mexico children under age three receiving EI services is consistently more than double the national median.



Sources: Prenatal-to-3 Policy Impact Center, 2021; 2022; 2023; 2024.^{xcvii xcviii xcix c}

ECECD's outreach campaigns improve family engagement and knowledge about available programs and services.

Most respondents to ECECD's 2024 Family Engagement and Satisfaction survey had heard of the agency's programs and knew basic information about their services.^{ci} Three in four respondents learned about early childhood programs and services from people they trust, including their friends and family members, child care organization staff, or health care providers.^{cii} Few reported hearing about programs from traditional media (e.g., radio, television), and about 6–7% found out about programs from social media or an internet search. On average across programs, 80% of respondents reported they had at least some awareness of the program. Additionally, ECECD's awareness campaigns have gained a following. For example, the Early Show with Alax has over 32,000 subscribers across three social media platforms.

However, improvements in awareness vary across programs and demographic groups. Respondents were more familiar with programs that are accessible to all children, like NM PreK, and those that have existed for many years, like Women, Infants, and Children (WIC), than programs with limited eligibility, such as Families FIRST and FIT program services.^{ciii} Respondents who identified as Native American or Hispanic less often reported they were aware of child care assistance, Families FIRST, FIT, and preschool special education programs compared to respondents who identified as another race. Respondents who reported they lived in a rural area more frequently indicated they had at least some awareness of the Families FIRST, FIT, home visiting, and preschool special education programs than respondents from mixed rural and urban, small metro, and metropolitan areas.^{civ} There were no notable differences in awareness across household income groups, but awareness consistently improved with education level for all programs except WIC.^{cv}

Some barriers to program access persist.

The most commonly cited access barrier among respondents to ECECD's 2024 Family Engagement and Satisfaction survey was not being aware of the service (23%).^{cvi} Respondents also cited cost as a barrier to access, often for child care (23%), child care assistance (18%), preschool (16%), and FIT program services (12%). For some respondents, the timing of program offerings made access challenging, including special education (18%), preschool (16%), and child care (15%). Families also specified that availability outside of traditional work hours is limited.^{cvi} ^{cvi} They would like more flexible options for parents who work different schedules, after-school care, and additional holiday and summer break programs:

"Times are limited for my schedule and do not work with me and my family as a single parent." – 2024 ECECD Family Engagement and Satisfaction survey respondent ^{cix}

"We chose a program that felt good to our son, but the hours it's open are limited, plus it's closed for all public school breaks and holidays." – 2024 ECECD Family Engagement and Satisfaction survey respondent ^{cx}

For about one in five respondents, the complexity of signing up was a barrier to accessing special education services (18%) and food support programs (20%). Wait times also hindered access for some respondents seeking child care (17%), preschool (16%), special education (18%), and food support (15%) for their children.

Voices from the community

Families and providers shared perspectives on access to and awareness of early childhood programs and services in focus groups and surveys. Families expressed gratitude for child care assistance and ensuring program access, for their children's resulting development and learning gains, and for the providers, the care they provide, and the relationships they have built. Providers largely reported having the information and resources they need to serve children and families, including children with developmental delays or disabilities, families with teen or young parents, and grandparents and kin raising young children.

Child care assistance plays a critical role in families' ability to work and go to school while their children learn and grow.

"I love receiving help for child care. I wouldn't be able to work without it. I've been promoted three times in three years, and I couldn't have done it without ECECD...Thank you all. This child care help has changed my life. And I can't thank you enough."

— Mother



Families credited child care assistance for key opportunities. It allows them to go to or return to school "to build a better life for (their) child" or pursue their "dream career." They can work full-time or not work two jobs, "contribute to (the) household income," meet the "basic needs for (the) family," and "provide for (their) child." One mother thanked "these programs (for helping her) get a good job and be able to pay for (her) own house," and another, "thanks to the fact that child care is free, (has) been able to quit (her) job and study to become a preschool teacher."

"The ability to put my child in daycare without it being a financial burden is such a relief and such a gift. She's getting amazing care, I love my job, and I have enough income to make ends meet and then some. If I had to pay for daycare, there would be absolutely nothing left at the end of the month, and we'd be cutting lots of corners to make ends meet."

— Mother

Families were grateful for the adults who care for their children.

Families described staff as "attentive," "caring," "educated," "friendly," "great," "helpful," "kind," "loving," "positive," "sweet," and "welcoming." A mother described her child's teachers as "a great asset to (her) child's education and growth" and another said that her daughter's daycare staff "care so much about

her and the other children there, they provide a wonderful and loving environment.” Staff answer questions, address concerns, and effectively prepare children for future schooling.

“(My child’s) teachers are immensely patient, compassionate, and understanding, and I couldn’t be more pleased with their care and devotion to the next generation...In the little time we’ve been a part of the school, we have seen the strong sense of community and the dedication to ensure our children are safe while having the time of their life.”

— Mother

Early childhood education and care programs yield visible, foundational outcomes for children.

“I just want to thank you for all the support you offer all families to contribute to the growth and development of our children in a timely and effective manner.”

— Foster parent

Families reported that their children were “thriving” and described their children’s growth in their child care programs in multiple areas:

- **Speech, language, and social development gains.** Children’s speech and vocabulary improve, enhancing their learning. They also open up more in their program and at home and make friends. “The Head Start program has helped my kids with their vocabulary, which has improved so much, as well as their social skills and interaction with other kids,” described a mother. Young mothers added: “My son goes to Early Head Start and I think he’s developed very well socially since starting it, and not only that, he’s learning more than ever, and “My daughter had delayed speech, but after speech therapy, she is opening up more. She will go out of her way to start a conversation and loves making new friends now. The program has helped both my kids become more sociable.”
- **Learning.** Families were impressed with the quality of the education that their children are receiving and by how much their children are learning, including “recognizing numbers and letters before kindergarten,” “developing a love for books through story time programs,” and getting “a structure to prepare (them) for regular school.”

- **Love of school.** Children tell families how much they enjoy their programs and love their teachers. As examples, “My daughter...comes home and tells me how awesome her day was and how she loves her teacher,” “My son is thriving at his preschool program and is excited to go to school every day. He comes home with something new he has learned,” and “I loved that every time I picked up my daughter, she was always happy and smiling. She never got sad or mad when I would tell her she was going to [Program Name] today!”

“My son’s daycare is amazing! He is an infant and in an infant room but has the opportunity to play outdoors, go to the park, share meals with all ages of children in the center. He is not confined to one room with only the infants; he has many opportunities to explore and learn with varying ages.”
— Mother



Understandably, families need to trust that their children are cared for and safe while they learn. A father described: “The teachers/child care providers at my child’s daycare center are all amazing human beings. We’ve never had a second where we’ve not had peace of mind with him being there. They support his growth and development exceptionally and there hasn’t been a day where he is not excited to ‘go to school.’” A mother added: “My daughter is in a PreK program, and she has been learning so much!...It offers peace of mind knowing that she is in a safe and loving environment while her father and I are at work.” Another mother underlined the role of “the representatives at ECECD ... giving me peace of mind knowing that our child is in a safe space of our choosing, where he can learn and grow.”

Waitlists remain an issue for many families and providers.

Coalition members, providers, and family members who responded to surveys reported that children do not have immediate access to the programs upon applying for enrollment. Half of respondents to the coalition survey identified waitlists as a significant issue (50 percent), with 70 percent indicating that waitlists have not changed in the past three years or have been worsening. Correspondingly, 72 percent of coalition survey respondents reported that enrollment vacancies were a minor or non-issue.

Among providers who responded to the survey, 53 percent reported their organization had a waitlist of any type, including a general waitlist or a waitlist for a specific age group. The most common reasons providers cited for waitlists were classroom space constraints (40 percent) and ratio or licensing requirements (30 percent). Additionally, 17 percent of providers reported staffing shortages as a contributing factor to waitlists. Only five percent of respondents indicated there was a waitlist because they preferred to keep the program small.

Some focus group participants mentioned long waitlists; others said that they are rare. Waitlists were reported in center- and home-based child care, Head Start, and health care, including mental health services. Home visiting providers reported a variety of waitlist lengths—from none in some areas of the state to several years in other areas. “Families are still excited to get off the list,” one provider explained, “but sometimes families forget they are on the waitlist for the services.” Those that do not have waitlists are in areas with many providers and rely on the “Am I Eligible?” site for referrals, or they can hire when they need to fill vacancies.

Waitlists can be related to programs growing in terms of who they serve. One home visiting focus group participant reported that “there is no waitlist for the nurse/family partnership yet. Originally, this was limited because of very narrow enrollment standards, but this is gone now. Now, we can enroll a wider population...There’s no income restriction and the pre-natal-to-five window means we can pull from a larger pool.” However, another has “always had a waitlist throughout the history of our program. We are growing slowly, we have six home visitors now, but our waitlist is continuing to get longer...It has something to do with the change in our model, of who we provide services to,” and for yet another, a small home visiting agency in Northern New Mexico, “we have 32 families on our waitlist. Partly this is due to staff turnover and partly due to growth in the program. Originally, we were a first-born model, we worked with first-time parents. Now, we have expanded to all families within the county of children under kindergarten age.”

Other barriers to program access persist.

In addition to waitlists, focus group participants identified affordability and complex application processes as major barriers to access. They noted that applications need to be quicker, more streamlined, and more flexible in their requirements.



“In terms of applications for services online, it’s difficult to access the applications...We need more information and a simpler process to access and navigate the applications. Families often get confused when they access the applications, and sometimes they end up caring for their child at home because accessing services is difficult.”

– Parent of a child with a disability

“Sometimes, the child care assistance contracts can take up to two months...There are a lot of resources and programs that are great, but the system in general is difficult to navigate and families become frustrated and stop trying to access services.”

– Family focus group participant

Focus group participants also identified gaps in services, particularly for teens, young parents, grandparents and kin raising young children, and children with developmental delays and disabilities especially outside of metro areas.

“There is more availability of services within metro areas: Las Cruces, Albuquerque, Santa Fe. Not in rural communities. I include Gallup and Farmington in rural even though they are bigger towns. They don’t have services as they would find in Albuquerque. They often have to travel, especially for grandparents, if they are relearning a lot of parenting skills; some recognize they have to be different than when they were parents. Support is usually in bigger, more populated areas.”

– Provider

Lack of awareness is also a challenge. This includes families not knowing that services are available and where to find information easily, not understanding the value of early childhood programs, or not trusting that there are enough qualified staff who can meet a range of needs and keep children safe.

“I know that we have...the ECECD website. It is kind of hard to navigate...I don’t even think to even look at that to be honest...It’s who you know and how that program has treated their families...Unless you have somebody else who can help you navigate the ECECD website, finding the child care program and getting you to understand the star system or the curriculum or things like that.”

– Family focus group participant



“We need a paradigm shift. We need a huge educational and advertisement program to help people understand what early childhood is and its benefits. We need a commitment from the state and local governments to push this type of programming.”

– Provider

Still, providers are striving to address that challenge.

Providers feel confident they can raise families’ awareness of early childhood programs and services.

When asked about the barriers families face in accessing services, 68% of providers indicated families’ lack of awareness. Yet almost all providers (91%) felt confident in explaining how families can access programs like child care subsidies or parenting help. Some are confident doing so themselves; others have reliable colleagues, and one relies on the website where “there is already a lot of information...for families and providers.” In addition, nearly all providers (97%) agreed or strongly agreed that they feel confident in helping families build knowledge to support their child’s development.

“I think families are getting the information needed through ECECD caseworkers, who are very knowledgeable in their field of work and answer any questions families may have.”

— Licensed family home provider

Some families mentioned that their program communicates with them and provides information and resources frequently, “without being asked,” said one mother. Some also reported positive experiences with ECECD staff. “The representatives at ECECD have always been very kind, understanding, and make me feel confident that they have my family’s best interests at the forefront of their work,” said a mother. A father added: “The staff at ECECD NM were so great and answered so many of our questions. They were articulate and were a huge help in getting my boys started. My older boy (3 years old) is singing songs and counting. Early education has been a blessing for our family.”

Still, families identified needs and opportunities for improving access and awareness:

- **Find a better balance** between comprehensive content and ease of navigation on the ECECD website, which is appreciated as a centralized source of information.
- **Leverage contexts in which families participate regularly** to spread information and offer services – churches, community organizations, grocery stores, healthcare providers, laundromats, local libraries, public parks, schools, and Special Supplemental Nutrition Program for WIC offices, for example.
- **Ensure “resources (are) shared in clear, simple language, and in multiple languages** for families who [do not] speak English as their first language,” suggests a mother, as well as “more interpreters and translated materials,” adds a father.
- **Increase the availability of extended operating hours, online check-in, and workshop opportunities.**
- **Offer transportation support**, whether it be offering more free or low-cost transportation options, vouchers, or mobile units.

While many families wish for an easier, faster application process, as well as improved, more responsive, and friendlier customer service, there are many positive experiences with timelines that can take two weeks or less, an easy and low-stress application process “as long as you have everything they need,” and “very helpful” staff who respond quickly and thoroughly to calls and emails.

Sixty-one percent of applicants never had to wait to receive services.

In some cases, demand for services exceeds available capacity. According to family survey respondents who applied for programs or child care, 39% were not able to get in right away. Of those who did not gain immediate access, only 23% reported waiting to receive services within the past 12 months. Several focus group participants noted that waitlists seem common when it comes to services for children with developmental delays and disabilities. Focus group participants also reported that waitlists for child care programs were common for children under the age of one. As one child care center provider reported:

“In Albuquerque, sometimes families have waitlists for babies under eight or 12 months; there are not spots because of the small workforce. Also, it’s all about ratios; there are not enough spots because there’s not enough space, we don’t have a lot of teachers. It’s a specialty because not many people teach at that level, and they don’t get paid as much as if they’re going to teach in PreK in school.”

The issue can be compounded by geographic isolation. The concentration of various kinds of providers – center-, home-, or school-based for example – differs across the state, with higher prevalence in the Northwest and Metro regions and the Las Cruces area.^{cxii} A provider noted that home- and center-based child care options “are far and few between in areas outside of metro, especially rural. Infant and toddler care has a high waitlist; there aren’t a lot of teachers.” A parent reported that when her child left early intervention, they needed an evaluation to diagnose autism. The availability of these types of services is not always sufficient, due to the distance to evaluation sites and the time between evaluations. In her case, they had to go to Las Cruces, 30 minutes away from her house, and evaluators only come every six months.

Providers are typically staffed to provide quality services for children with developmental delays and disabilities.

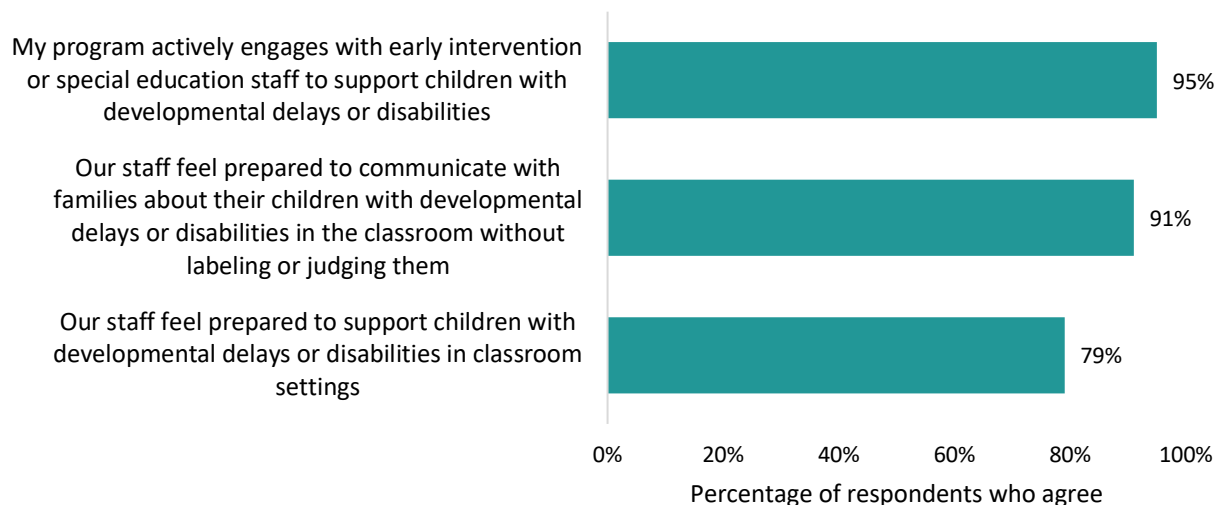
“We work diligently to build trusting relationships with our families and partner with them on their journey. Our role includes observing and assessing children, documenting and meeting with parents to share our observations, strengths, and concerns, providing resources, listening, and encouraging families, referring children for screenings and evaluations, and creating welcoming opportunities for therapists to be in our classrooms to support children for success.”

— Faith-based licensed child care center provider

Serving children with developmental delays or disabilities has been a longstanding top priority for New Mexico and one in which the state has been making progress for many years.^{cxiii} Survey responses supported this finding. Among coalitions, all respondents agreed that services are available for children with developmental delays or disabilities. About four in five providers (77%) said that their program was currently serving children with developmental delays or disabilities. Among them, nearly all reported their programs actively engage with EI or special education staff to support these children (Figure 10).

Most also reported that their staff members feel prepared to communicate with families about their children with developmental delays or disabilities without labeling or judging them. Focus group participants also expressed the “need to learn how to communicate with families on a simpler level...For families, clinical terms and jargon are confusing. Families need support with interpreting IEPs [Individualized Education Programs] and other documents.”

Figure 10. Most providers report that their staff are prepared to support children with developmental delays or disabilities.



Note: The sample is limited to respondents who indicated their program currently serves children with developmental delays or disabilities; 666 responded to the questions about staff preparedness for supporting children with developmental delays or disabilities and communicating with their families, and 663 responded to the question about engaging with EI or special education staff.

Source: Provider survey.

Families underscored opportunities for improvement when serving children with developmental delays and disabilities. This included making sure that children are placed in a classroom that is age and developmentally appropriate, that needs are identified, and that IEPs are followed. They also mentioned hiring more staff, especially more specialists.

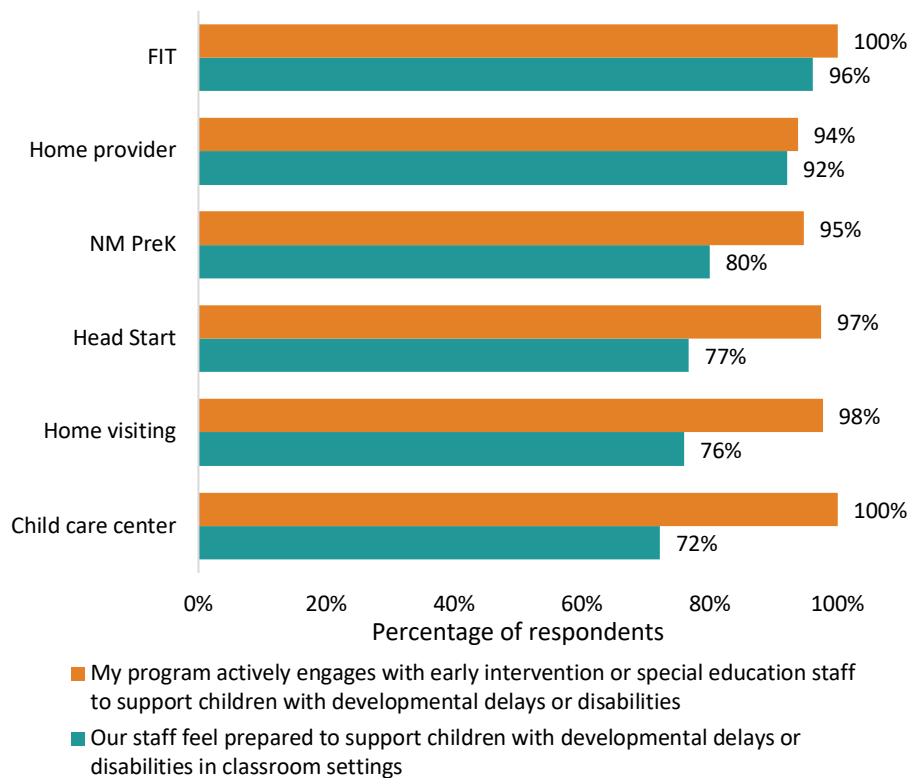
“Being able to have access to a school like this has been a game changer for my autistic preschooler. These teachers are incredible and make my son feel so loved and capable. Without ECECD, he would be stuck in the same school he was at last year without nearly the same level of care and where he struggled significantly.”

— Mother

Staff preparedness for supporting children with developmental delays or disabilities varied by program.

Nearly all FIT and home providers agreed their staff felt prepared to support children with developmental delays or disabilities (Figure 11). Between 70% and 80% of providers working in other settings reported that their staff felt prepared to support children with developmental delays or disabilities. Despite variation across programs in staff preparedness, almost all respondents reported actively engaging with EI or special education professionals to support children with special needs.

Figure 11. Nearly all providers actively engage with EI or special education staff to support children with developmental delays or disabilities, and most feel their staff are prepared to support these children.



N = 592

Source: Provider survey.

“We have a solid history of seeking out and participating in professional development and training to strengthen our skills with respect to serving children with developmental delays, disabilities, and challenging behavior in the classroom. None of our educators are special [education] certified. We rely on the relationships we have built in the community (outside agencies that provide therapy services) to bring services into our classrooms and the homes of the children we serve.”
— Faith-based, licensed child care center provider



Among families with children who have special needs, 77% reported that their child’s current care or education program fully addressed their needs.

About 20% of family members who responded to the survey reported they have a child with a developmental delay or disability. Among them, 91% agreed that staff in their child’s program know how to support children with different learning or developmental needs. In addition, 77% reported that there were no areas in which their child’s needs were not fully addressed in their current care or education program.

Nearly all providers feel confident helping teens and young parents, as well as grandparents and kin.

In New Mexico, more than one in 10 children are partly raised by their grandparents, and about one in 30 are raised entirely by them.^{cxiii} Following national trends, both numbers have gradually increased over the past few decades. In comparison, only six percent of parents in New Mexico are between the ages of 18 and 24.^{cxiv} Families with teen or young parents and families in which grandparents serve as the primary caregivers are more likely to identify as Hispanic or Native American, be unemployed or out of the labor force, and have lower incomes than other families.^{cxv} Compared to other primary caregivers, grandparents who raise grandchildren more often live in rural areas and seek information in different places.^{cxvi} Different preferences for information sources, combined with demographic, geographic, and economic differences, mean that multiple forms of outreach can reach more people.

Almost all providers felt confident in supporting teen and young parents (94%) and grandparents and kin (93%) to find the services they need. This varied little by program; 90% to 100% of respondents from every program felt confident supporting caregivers from both groups. The few who did not feel confident commented that tailored services for these groups were scarce in their region or that they were unsure of what services were available. One remarked, “Service availability is thin for teen/young parents—especially in rural counties and for children under age three—leading to referrals outside the county (e.g., to Albuquerque).” Multiple providers also noted that a lack of legal guardianship prevents grandparents from accessing child care assistance and that guardianship and adoption processes are

slow and complex. Kinship guardians and older caregivers expressed a desire for additional support navigating the system and parenting.

To help ensure information reaches these communities, ECECD hired two new communication specialists.^{cxvii} The agency also collaborates with schools, home visiting programs, and healthcare providers to share information through trusted community members and through multiple methods and venues.^{cxviii}

Many more families and children are benefiting from early childhood programs and services today

ECECD's programs serve an increasing number of children and families each year. The state implemented policies that help children and families learn about and access programs and services. They expanded their geographical reach and increased funding to create space for more children and families to participate. They also expanded eligibility requirements for child care to allow more children and families to qualify. Local early childhood system building coalitions, service coordination, and direct outreach through programs like Moments Together and the Early Show with Alax support awareness of and access to ECECD's programs through personalized engagement.

Yet, more families can benefit from expanded availability of care and services. Key areas of remaining need include:

- **Expand the supply of early care and education, especially for infants and toddlers, including services within home visiting programs.**
 - There is a statewide shortfall of 15,742 child care spots for children aged 0–5, including 12,398 for children aged 0–24 months.^{cxix} Estimates show that home visiting programs can meet, at most, about half of the need, depending on the target population.^{cxx}
- **Further increase access, especially in underserved areas.**
 - Address the unique challenges of delivering services in family homes, such as travel burdens, scheduling constraints, and unpredictable environments.
 - Increase the number of providers and facilities in underserved areas, provide technical assistance to help programs grow and expand access, and help providers access funding to expand or renovate facilities.
 - The high costs of labor and facility renovation and shortages of qualified staff restrict capacity and prevent willing providers from expanding their businesses, meeting child-staff ratio requirements, paying additional staff, upgrading facilities, obtaining licensure, or improving quality ratings.^{cxxi}
 - Extend program hours to better meet family needs, offer transportation supports to reduce barriers to participation, and develop resources tailored to rural and remote communities.

- Inconvenient locations or hours limit access to services. Families in rural areas report traveling long distances for services, and many families rely on friends, family members, and neighbors for care because it is not available when they need it.^{cxxii}
- **Increase outreach to raise awareness of available services.**
 - Inadequate program awareness is a barrier to access. Program awareness varies across programs and demographic groups.^{cxxiii} For example, awareness of programs accessible to all children, like NM PreK, and older programs, like WIC, is higher than for other programs. As another example, awareness of some programs is lower among Native American or Hispanic families than it is among other families.

ECECD has implemented policies to ameliorate these barriers. There are early signs of their impact, including demonstrable increases in program capacity and enrollment. As access and awareness improve, there are opportunities to continue expanding access and awareness through policies and initiatives across the early childhood ecosystem to support its workforce and providers. This can help accommodate the growing number of children and families benefiting from their services.



Workforce





Critical Component 2: Workforce

Quality, universal, accessible, and affordable early learning and care for all children relies on a strong workforce to deliver it.^{cxxiv} As ECECD implemented policies designed to improve compensation, working conditions, and career pathways over the past five years, New Mexico's early childhood education workforce has grown stronger. This section of the community assessment documents the policies and initiatives that ECECD implemented, their impacts, and stakeholders' perceptions about working in the early childhood field in New Mexico.

Community-informed initiatives to help children thrive

The state's strategic plans show continued momentum for building a strong workforce that can deliver universal, affordable, and high-quality early care and education. Key initiatives include increasing compensation, improving professional development, and fostering career pathways.

ECECD implemented policies to increase compensation.

*"I'm so grateful New Mexico is providing higher pay to recognize the fantastic work of the amazing child care providers in the state."
— Father*

The 2019 PDG B–5 needs assessment and the 2024 ECECD Professional Development Landscape Analysis Report highlighted increasing compensation for early education and care professionals as an urgent priority for New Mexico. ECECD responded with an action plan, which it has implemented to improve compensation and support the workforce.^{cxxv} Key initiatives include:

- **Wage increases:** In fiscal year 2023, ECECD's Competitive Pay for Professionals grant provided a three-dollar-per-hour wage increase to over 7,000 child care workers.^{cxxvi} The grant was federally funded through Coronavirus relief funds and supported temporary wage increases.^{cxxvii}
- **Wage supplements:** The Wage Supplement Program boosts pay for early childhood professionals earning less than \$16 per hour and working in eligible programs.^{cxxviii} Supplement amounts are based on education level and increase as professionals advance their education. In fiscal year 2024, 166 child care professionals received wage supplements that raised their hourly wages to \$18.
- **Pay parity for NM PreK and Head Start educators:** Pay parity policies bring compensation for NM PreK and Head Start teachers in line with public school employees. Launched in 2021, ECECD's pay parity program targeted raising wages for NM PreK educators to be commensurate with those of public school employees.^{cxxix} Payment structures are aligned with the New Mexico Public Education Department's (PED's) salary scales, which consider education and years of experience. A lead teacher who meets the minimum qualification of a bachelor's degree in early childhood education must be paid at least \$50,000 per year as of 2024.^{cxxx} Pay parity was extended to infant and toddler educators in Summer 2024.^{cxxxi}

- **FIT reimbursement rate increases:** FIT program reimbursement rates increased by 51% since the program moved under ECECD in July 2020.^{cxxxii} ECECD used a 2017 rate study and a 2023 cost study to determine the cost of providing FIT services, including interventionist wages and transportation. Using these data, ECECD has increased reimbursement rates four times since 2022.^{cxxxiii}
- **Rate increases for child care providers:** As part of updated regulations, ECECD increased rates to help ensure that providers can reach and sustain quality care and learning environments and pay staff competitive wages.^{cxxxiv} Updated reimbursement rates vary from a low of five to 15% of the applicable full-time/part-time rate, depending on the type and capacity of facility and the age of the child for non-traditional hours of care all the way to 100% of full-time rate for full-time care.

ECECD incentivizes and supports career advancement through early childhood education and care career pathways.

The 2019 PDG B–5 needs assessment emphasized the need for better-aligned professional development and support for gaining credentials and career advancement. ECECD introduced a complementary set of policies and programs to support early childhood professionals in learning, growing, and advancing in their careers. Key initiatives include:

- **The Comprehensive Early Childhood Scholarship program.**^{cxxxv cxxxvi} The scholarship fully covers tuition, fees, textbooks, and PRAXIS qualifying exams for students working 20 hours per week or participating in an approved internship in an early childhood education program. In fiscal year 2024, 2,772 child care professionals received scholarships, including 1,362 Head Start educators.^{cxxxvii}
- **Bilingual incentive payment.**^{cxxxviii} The W.K. Kellogg Foundation awarded ECECD one million dollars over five years (2021–2026) to provide at least fifty \$1,500 stipends to bilingual and Indigenous students pursuing a higher degree in early childhood education.^{cxxxix} In fiscal year 2024, 123 child care providers received the bilingual incentive payment.^{cxl}



- **Free online professional development courses.** A core component of professional development resources is the online platform Quorum, which ECECD offers educators free of charge. Professionals are taking advantage of this resource. As an example, over half of Head Start teachers and educational assistants (1,145 of 2,081) completed a total of 4,737 online courses in Quorum during the 2024 fiscal year.^{cxli}
- **Apprenticeship programs.** As of July 1, 2023, there were 2,487 registered apprentices in multiple occupations, representing a 79% increase from the previous year. Part of that increase is due to a new early childhood educator apprenticeship at a community college.^{cxlii}
- **Early childhood mentor network.**^{cxliii} Early Childhood Networks are collaborative groups of early childhood professionals. The mentor network provides educators with access to professional development, learning experiences, guidance, and job opportunities after graduation. Mentors also receive professional development, learning opportunities, and stipends.
- **Developing Futures.** ECECD launched Developing Futures in 2022 to increase the visibility and value of early childhood careers. ECECD hosts online resources to support potential educators entering the field and career pathways for existing educators.^{cxliv} The site includes links to job postings, information about professional supports from ECECD, such as scholarships and wage supplements, and profiles of current New Mexico early childhood educators that describe their trajectory and includes testimonials.

The state's solid, cohesive professional development system includes competency-based learning, career pathways, a collaboration with higher education institutions to ensure alignment, wage supports, mentoring, retention incentives, and tiered quality rating and improvement system (TQRIS) coaches. The competency-based professional development framework is structured around seven critical components: Professionalism; Child Growth, Development, and Learning; Developmentally Appropriate Content; Family and Community Collaboration; Health, Safety, and Nutrition; Assessment of Children and Evaluation of Programs; and Learning Environments and Curriculum Planning.^{cxlv}

Most early childhood education and care roles in New Mexico require a credential and a minimum number of hours of professional development annually.^{cxlvi} However, ensuring that all early childhood educators receive professional development can be challenging in practice. Employers need to have surplus staff to keep their facilities open when families need them before they can send some staff to off-site learning opportunities. Some providers do not employ enough staff to cover for educators receiving professional development during work hours.^{cxlvii} Among respondents to a survey for ECECD's Professional Development Landscape Report, providers frequently indicated that lack of time due to work schedules and class availability was a barrier to pursuing a certificate, credential, or degree. Respondents also often agreed that being able to attend courses during business hours and being paid for those hours would encourage them to pursue a credential. Providers also noted that courses being available online may alleviate barriers to pursuing a credential. Providing staff with access and opportunities to pursue professional development and credentials requires thoughtful planning and coordination to ensure coverage to maintain provider operations.

Favorable working conditions support retention.

In addition to compensation, working conditions are critical for retention. Based on stakeholder input, prior reports have identified supportive work environments, loan forgiveness, and ongoing opportunities for learning and advancement as factors that could increase retention.^{cxlviii} Beyond its compensation initiatives, New Mexico has implemented multiple strategies to improve retention (and recruitment), such as a career pathway and career lattice initiatives, professional development, mentorship, scholarships, and tuition support and stipends for students.^{cxlix cl cli clii cliii cliv} In 2023, ECECD launched an Infant Early Childhood Mental Health Consultation (i.e., the Social Emotional and Early Development [SEED] program) to improve caregivers' ability to foster children's social emotional development.^{clv} Services are free for early childhood education providers, children, and their families in Bernalillo, Cibola, Doña Ana, and Lea, Rio Arriba, Sandoval, and Santa Fe counties.^{clvi}

Tiered Quality Rating and Improvement Systems support positive working conditions.

The state's TQRIS, FOCUS reveals variation in working conditions across child care settings.^{clvii} FOCUS evaluates practices used to support children, developmental screenings, implementation of the New Mexico Early Learning Guidelines, teacher-child ratios, professional development, family engagement strategies, and continuous quality improvement. It equips providers with standards and supports. FOCUS also offers families information about the quality of the child care options for consideration. Ratings range from one to five stars, with levels 4 and 5 considered high quality.

ECECD collaborates with providers to monitor their implementation of the core practices and provides coaching to help providers improve their ratings. FOCUS is meant to support providers and participation is voluntary. In 2022, four Early Head Start and Head Start directors reported in a survey that their program participated in FOCUS and they had positive experiences with it, citing access to resources, coaching, support, and FOCUS staff visits.^{clviii} ECECD has sustained positive perceptions of FOCUS support among participants. In a 2024 survey, 70% of child care providers who participate in FOCUS thought working with a FOCUS Consultant on a consistent basis improves quality.^{clix}

Enticing prospective educators to the profession and recruiting qualified educators for jobs remain ongoing priorities.

In 2019, community stakeholders raised the concern that recruiting qualified early childhood education and care professionals can be challenging.^{clx} Low salaries and below-market reimbursement rates can affect both retention and recruitment.^{clxi} Several of ECECD's initiatives for addressing retention challenges, such as wage increases and career advancement supports, also seek to improve recruitment into the field. Additional strategies include a statewide public awareness and workforce recruitment campaign embedded within Developing Futures.^{clxii} It highlights early childhood education career paths by sharing real-life stories through a widespread advertising campaign, including a website, social media, billboards, television commercials, and online ads.^{clxiii}

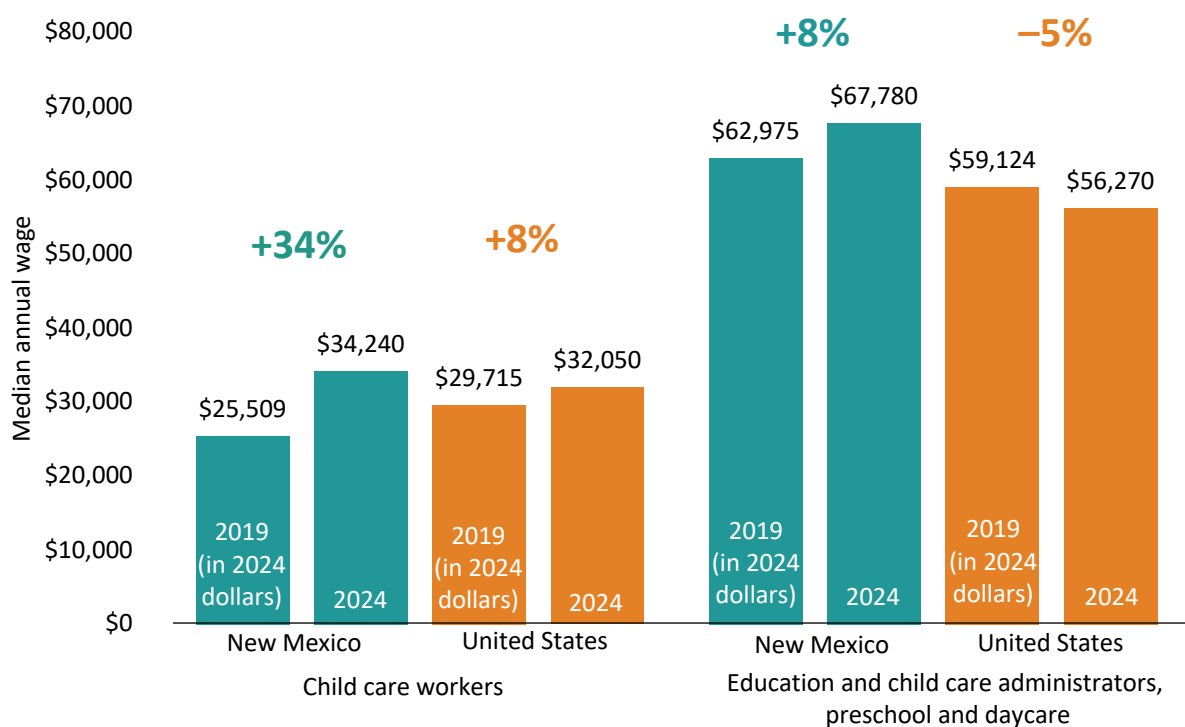
Emerging impacts

ECECD's responses to community needs identified in 2019 and its strategic efforts to support the workforce align with growing wages, employment, degree attainment, and pay satisfaction. Early evidence suggests that interventions to increase wages are having their intended effect.

Median wages for New Mexico child care workers rose at over four times the national rate between 2019 and 2024.

According to the U.S. Bureau of Labor Statistics, in 2019, New Mexico child care workers earned wages that were nearly \$4,000 less than the national average after adjusting for inflation.^{clxiv} By 2024, median annual wages for child care workers were over \$2,000 *above* the national average. While national wages increased by eight percent, wages in New Mexico increased by 34%. Wages for education and child care administrators (preschool and daycare) also outpaced national wage growth (Figure 12). Median wages for both occupations are higher in New Mexico than the national average even though the living wage in New Mexico is below the national median.^{clxv clxvi}

Figure 12. Adjusting for inflation, growth in the median wages of child care workers in New Mexico between 2019 and 2024 was more than four times the national average.



Note: Results exclude self-employed individuals. Family and home-based child care settings are likely underrepresented.

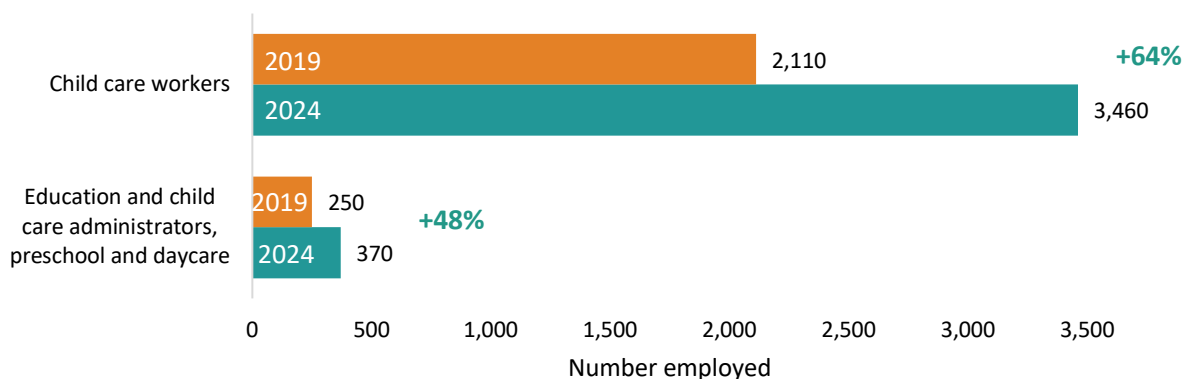
Source: U.S. Bureau of Labor Statistics, Occupational Employment and Wage Statistics Tables (May 2019 and May 2024),^{clxvii} inflation calculator.^{clxviii}

New Mexico's early childhood education workforce is growing.

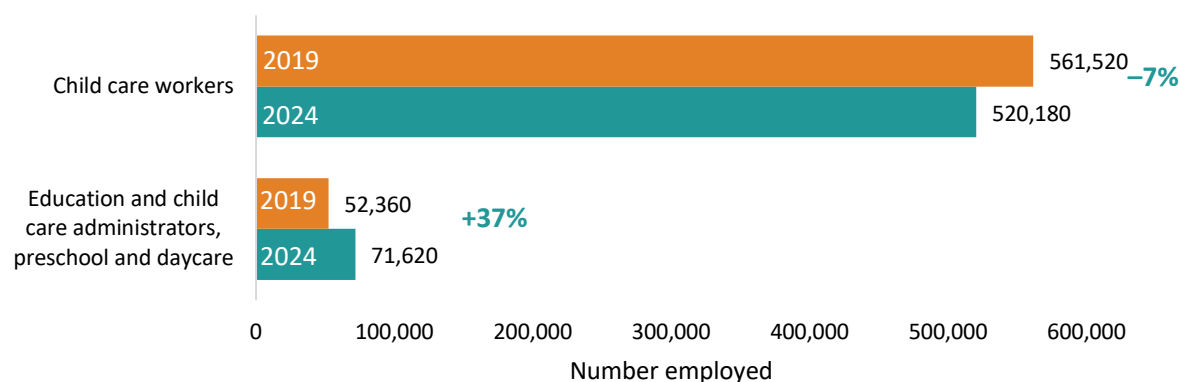
Between 2019 and 2024, the number of individuals employed as child care workers in New Mexico increased by 64% (Figure 13).^{clxix} In contrast, national employment for child care workers decreased by seven percent. New Mexico grew its education administrator (preschool and daycare) workforce by 48%, outpacing the 37% national gain. These numbers are likely underestimated. The U.S. Bureau of Labor Statistics does not include self-employed individuals, and many child care workers and administrators, especially in family- and home-based settings, are self-employed. A summary of microdata from the American Community Survey estimated the actual number of New Mexico's early childhood educators to be 8,600 in 2022.^{clxx clxxi} Nationally, the estimate was 1,776,300.

Figure 13. New Mexico's child care worker workforce grew by 64% between 2019 and 2024. In contrast, the national child care workforce decreased by seven percent.

New Mexico



United States



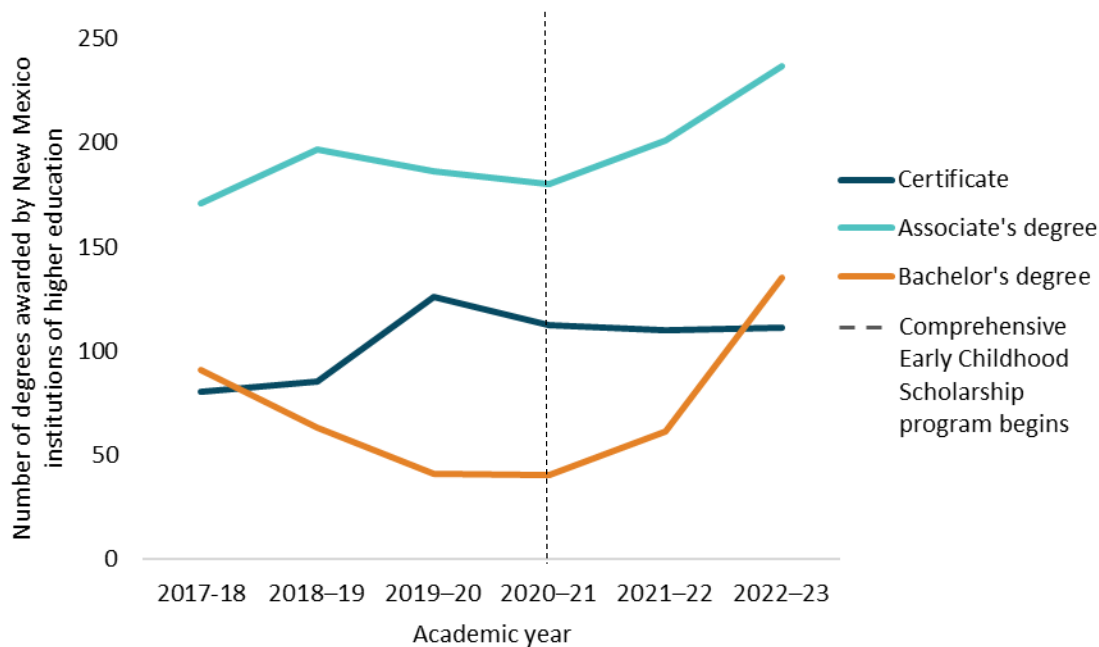
Note: Results exclude self-employed individuals. Family and home-based child care settings are likely underrepresented.

Source: U.S. Bureau of Labor Statistics, Occupational Employment and Wage Statistics Tables (May 2019 and May 2024).^{clxxii}

New Mexico institutions of higher education are granting increasing numbers of degrees in early childhood education.

Emerging trends show that New Mexico's early childhood education and care professionals are gaining skills and earning postsecondary degrees (Figure 14). As mentioned above, many professionals are using ECECD's online professional development courses and participating in the Comprehensive Early Childhood Scholarship Program. The numbers of early childhood education associate's and bachelor's degrees awarded by New Mexico institutions of higher education (IHEs) have increased since the Comprehensive Early Childhood Scholarship Program started in 2021.

Figure 14. More early childhood education program degrees are awarded in New Mexico IHEs.



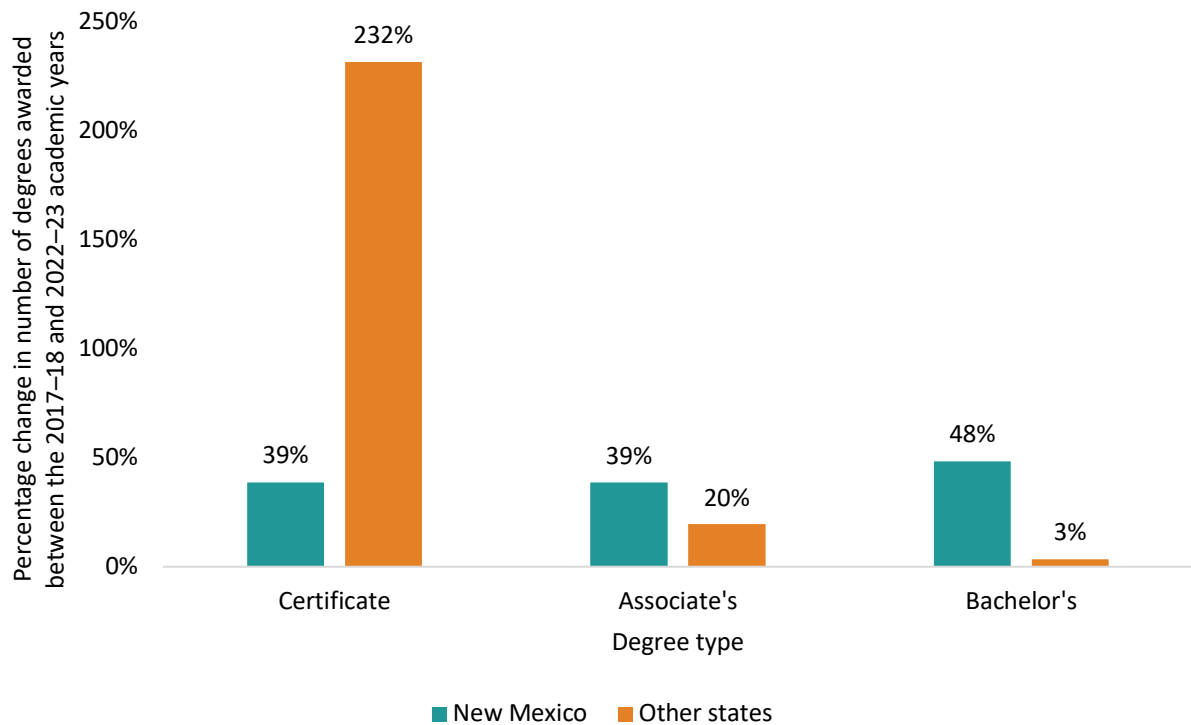
Note: Early childhood education degrees include Early Childhood Program Administration, Education/Teaching of Individuals in Early Childhood Special Education Programs, Kindergarten/Preschool Education and Teaching, Early Childhood Education and Teaching, and Early Childhood and Family Studies. The sample includes all New Mexico IHEs that reported data to the U.S. Department of Education between 2017–18 and 2022–23. Certificates include programs between 12 weeks and two years.

Source: National Center for Education Statistics, Integrated Postsecondary Education Data System, 2018–2023 Completions Surveys.^{clxxiii}

Growth in early childhood education associate's and bachelor's degrees awarded by New Mexico IHEs outpaced growth among other U.S. IHEs.

Between the 2017–18 and 2022–23 academic years, there was a 39% increase in the number of early childhood certificates of any program length (from 80 to 111) and associate’s degrees (from 171 to 237) awarded among New Mexico IHEs (Figure 15). Over the same period, New Mexico IHEs marked a 48% increase in early childhood education bachelor’s degrees awarded (from 91 to 135). In comparison, U.S. IHEs outside New Mexico saw a 232% increase in the number of early childhood education certificates granted. On the other hand, New Mexico’s growth in associate’s degrees awarded was nearly double the increase in other U.S. IHEs. Likewise, its growth in bachelor’s degree awards was 16 times higher than other U.S. IHEs (48% vs. 3%, respectively).

Figure 15. There was an increase in early childhood education degrees awarded in New Mexico IHEs compared to IHEs in other states, especially bachelor’s degrees.



Note: Early childhood education degrees include Early Childhood Program Administration, Education/Teaching of Individuals in Early Childhood Special Education Programs, Kindergarten/Preschool Education and Teaching, Early Childhood Education and Teaching, and Early Childhood and Family Studies. The sample includes all IHEs that reported data to the U.S. Department of Education in 2017–18 and 2022–23.

Source: National Center for Education Statistics, Integrated Postsecondary Education Data System, 2018 and 2023 Completions Surveys.^{clxxiv}

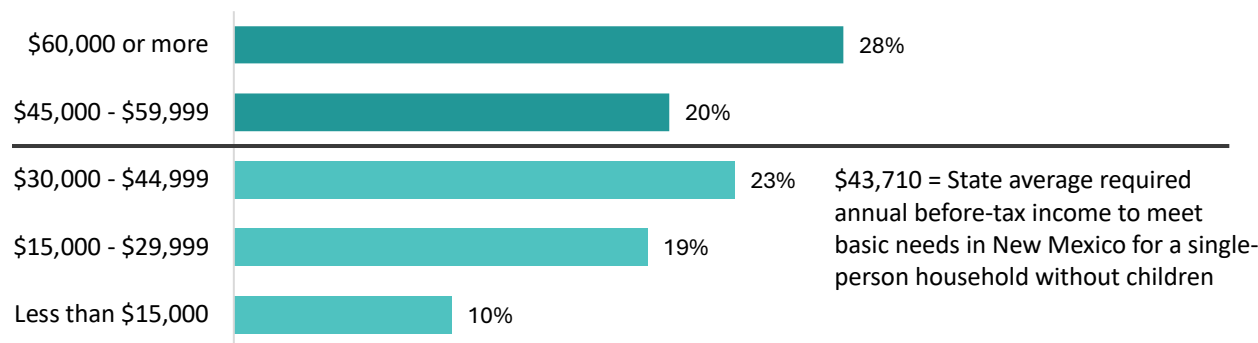
Voices from the community

Wage and postsecondary education data are beginning to show the benefits of ECECD’s support for the early childhood education and care workforce. In addition to wage and education data, providers reported their perceptions about wages, benefits, professional development, and career advancement. In surveys and focus groups, providers strongly emphasized the importance of positive working conditions and compensation in recruiting and retaining early childhood education professionals. Focus group participants expressed appreciation for higher pay and a living wage, including wage supplements, and support with career advancement through scholarships and professional development.

About half of respondents reported their annual wages were \$45,000 or more.

In 2024, the median household income in New Mexico was \$64,140.^{clxxv} Among providers who responded to the survey, 28% reported earning at least \$60,000 annually (Figure 16). Approximately half (48%) earned \$45,000 or more. This is slightly above the minimum required pre-tax income needed to meet basic needs in New Mexico for a single-person household without children.^{clxxvi}

Figure 16. Almost half of respondents to the provider survey earned at least \$45,000 per year.



N = 716

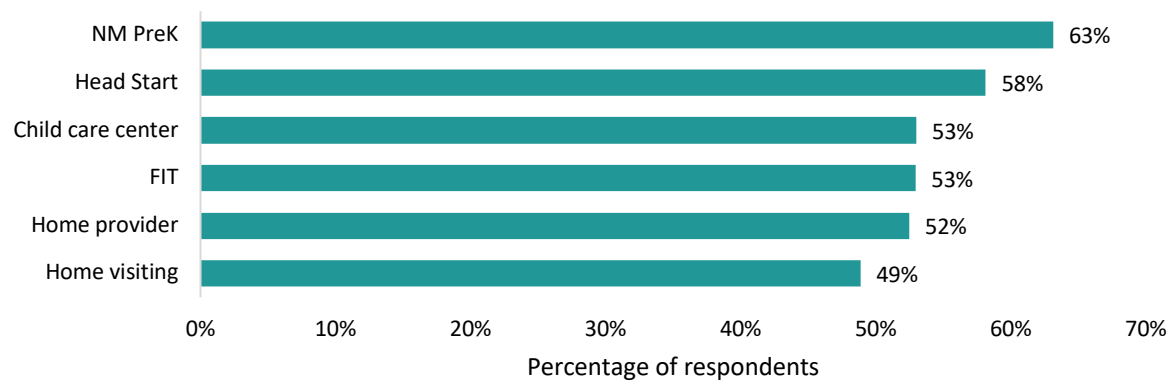
Note: The sample excludes 83 respondents who selected “prefer not to answer.”

Sources: Provider survey and Glasmeier, 2025.^{clxxvii}

Three in five early childhood educators are satisfied with their current level of compensation.

Overall, 57% of provider survey respondents agreed they were satisfied with their current pay (Figure 17). This varied by program, with individuals in NM PreK programs having the highest rates of satisfaction with their salaries (63%). Individuals who reported working for a home visiting program had the lowest levels of satisfaction with their salary (49%). In contrast, the 2019 PDG B–5 community assessment found that 28% of surveyed providers were satisfied with their salary.^{clxxviii}

Figure 17. Over half of respondents reported they are satisfied with their current salary.

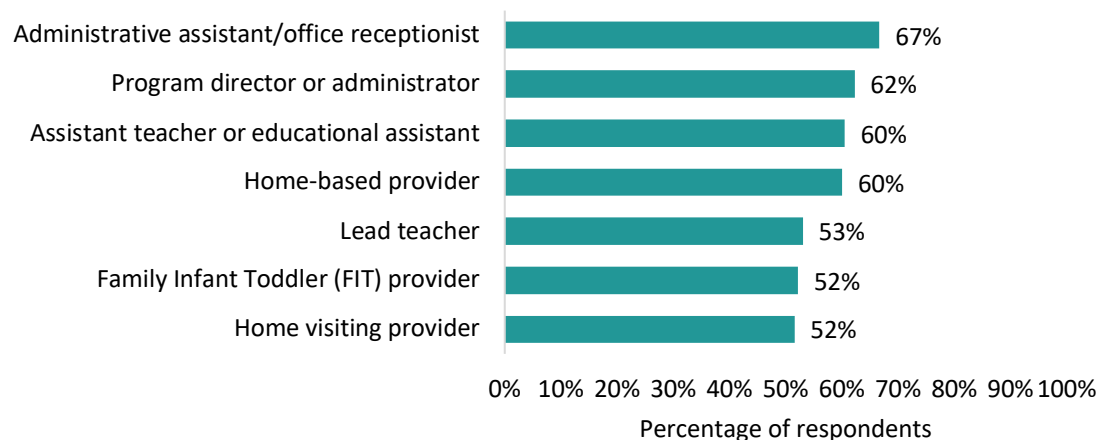


Note: The sample includes 701 respondents total and those who reported working in NM PreK (282), child care (134), home provider (103), home visiting (88), Head Start (43), and FIT (51). Results for programs with fewer than 50 respondents are not shown.

Source: Provider survey.

Across all roles, at least half of providers reported being satisfied with their wages (Figure 18). Administrative assistants and office receptionists had the highest levels of satisfaction with their wages (67%). The lowest levels of satisfaction were among FIT providers, home visitors, and lead teachers. Just over half were satisfied with their wages. Respondents to the 2019 PDG B–5 community assessment reported substantially lower levels of satisfaction with their wages: 18% of home visitors, 26% of home-based providers, 24% of teaching assistants, 26% of teachers, and 37% of managers and directors.^{clxxix}

Figure 18. Half or more of providers reported they were satisfied with their wages across roles.



N = 63 administrative assistants/office receptionists, 81 assistant teachers or educational assistants, 46 FIT providers, 64 home visiting providers, 70 home-based providers, 132 lead teachers, and 204 program directors or administrators

Source: Provider survey.

Providers expected higher pay to reduce turnover, improve quality, and offer continuity of services for children and families.

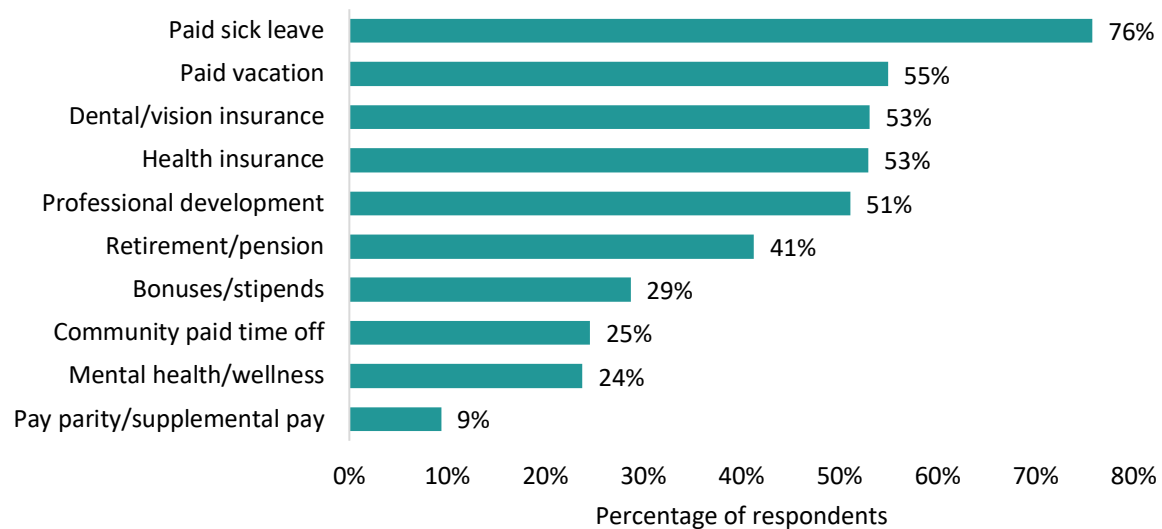
Focus group participants expressed appreciation for higher pay and a living wage, including wage supplements. A coalition representative mentioned “shared services models that reduce overhead and allow for better pay” and two highlighted “technical assistance for small providers on budgeting for staff compensation” as local strategies that have been implemented successfully to improve wages. Coalitions and providers reported they are trying to find ways to ensure wages keep up with inflation. A provider explained that the system could benefit from a mechanism to adjust rates during times of high inflation to help retain quality educators: “There is nothing built in to fund processes to control for inflation. Years go by without increases in rates, and provider rates don’t keep up with inflation. Advocacy processes to get rate increases also take significant time, and so rate increases that eventually come are not sufficient to pay adequate wages. Even wages for staff with advanced qualifications are frequently outpaced by inflation, and therefore staff leave for positions in the public school system or in other fields to make more money.”

Over two thirds of providers reported that the benefits they received from their employer met their needs.

Benefits are an important component of compensation “because,” as a provider recalled, “it is a job with a lot of responsibility—children and families who fully need our respect, help, responsibility, and loyalty. We must be 100% to meet our goals with the children.” Providers want to offer their staff benefits, as another provider stated, “if my business grows, I would like to offer benefits to my employees and provide a reasonable pay.”

Over two-thirds of respondents (69%) agreed that their benefits meet their needs. The most common benefit provided by their employers was paid sick leave (76% of respondents) (Figure 19). About half of respondents reported they received paid vacation, dental/vision insurance, health insurance, and professional development from their employers. Lower percentages reported receiving retirement or pension benefits (41%) and other benefits.

Figure 19. The most common benefit provided by their employers was paid sick leave.



N = 652 provider survey respondents
Source: Provider survey.

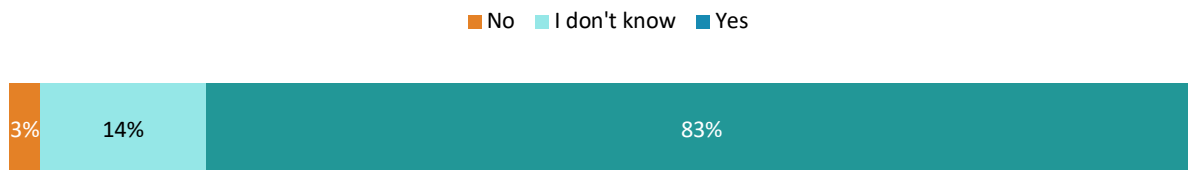
Provider focus group participants described the relationships between compensation, benefits, recruitment, and retention. They underscored the need for higher pay to promote retention in the field, as well as encourage early childhood candidates to complete their studies. One participant noted that “Benefits are a definite concern for many staff/contractors in the field. I have medically fragile children-family coverage, and that ultimately was a deciding factor in where I worked.” Another focus group participant described the relationship between compensation, benefits, and retention. This organization has a living wage in place for all staff and wages go up from there. Benefits include paid time off, additional time off (e.g., spring break, holiday time), and a paid sabbatical. There is dedicated time to discuss how and why they do the work that they do. This organization has not had to hire new staff for five years and the average staff member has been with them for 12 years.

Focus group participants also advocated that debt relief, mental health resources, mentoring, paid planning time, paid time off, and retirement are important benefits for early childhood educators and that there is room for improvement. “It would be interesting to see the shift in productivity if providers/staff received [Paid Time Off],” one participant commented.

Most providers reported they plan to stay in the early childhood education field for at least the next three years.

Over 80% of provider survey respondents said they planned to remain working in the early childhood education field for at least the next three years (Figure 20). Only three percent were certain they intended to leave the field within three years. In addition, 71% of providers reported that there is usually low or no turnover in their organization.

Figure 20. Four in five provider survey respondents planned to stay in the early childhood education field for the next three years.



N = 798 provider survey respondents
Source: Provider survey.

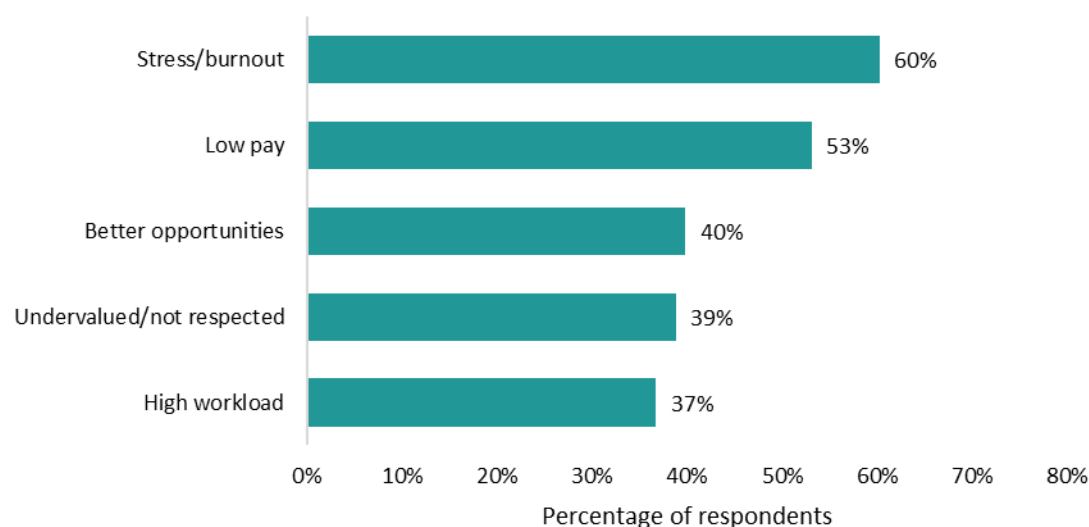
Some survey respondents explained why they thought their organization had low or no turnover. Among them, a third commented that there was a positive climate. They felt valued and respected, they enjoyed strong, stable leadership, and they experienced good teamwork and trust. Being valued is important: “We would all like an appreciation day! Just one day at least,” a faith-based, registered home-based child care provider shared. Others credited rural and close-knit communities for their low turnover rates. They noted deep local ties or that their organization was the only local option for early childhood care. Yet others credit small program size in terms of children or staff, sufficient staffing, reasonable or flexible hours, clear roles and responsibilities, and staff dedication to the children, their job, and the community. Professional development is another important factor that helps ensure staff are well-prepared for the field.

Focus group participants also emphasized the benefits of work-life balance for employee retention. “I have learned that it does not serve to have caseloads maxed out,” one said, “When we can protect our staff’s wellbeing, we are able to keep staff. This means we need to serve fewer families, but it’s not worth it to max people out.” Another agreed, adding, “We will have a waitlist before overwhelming the staff. We also have staff who have stayed with us 10+ years.” Treating staff like professionals, expressing appreciation for their knowledge and expertise, and fostering teamwork all contribute to creating positive work environments and increasing retention, according to focus group participants.

Stress, burnout, and low pay are key reasons for leaving the profession, highlighting the need for better support and pay to retain educators.

Early childhood educators leave the profession in search of work-life balance, according to several survey respondents who indicated they intended to leave (Figure 21). This intersects with low pay, feeling undervalued for their work, and the availability of better opportunities elsewhere as reasons contributing to early educators leaving the field.

Figure 21. Top five reasons providers cited for leaving the early childhood education profession



N = 98 program provider survey respondents.

Source: Provider survey.

Some respondents explained why they planned to leave the profession. Several cited administrative duties or heavy, after-hours workloads without compensation as deterrents from the profession. “I ultimately left because I was working 10 plus hours a day with no break,” one survey respondent said. Another explained, “This job is very demanding of non-work hours...We work a lot of overtime without getting overtime.” A third added, “I feel that there should be some way to reduce that amount of paperwork required for the program and cut out any work that is redundant. I feel that each year, more and more mandatory programs and paperwork is added.” Focus group participants echoed concerns about paperwork and frequent, sometimes poorly communicated requirements added to their workload.

Focus group participants also identified unreasonably high caseloads as a contributor to burnout. They discussed the difficulties of caring for increasing numbers of children with complex needs and challenging behaviors that require one-on-one support without the staff and time to provide it. They also recognized that their centers need to maintain group sizes and ratios, regardless of staff absences, and without budgets to overstaff as a mitigation strategy. “We are extremely overwhelmed constantly,” one exclaimed. “We have so many children, not enough staff. We’re not allowed to have waiting lists, so we keep taking more children, and we get burned out,” another commented.

Low pay is a significant contributor to turnover, according to coalition survey respondents, provider survey respondents, and focus group participants. “They leave for jobs in child care, schools, and hospitals, which can pay more,” one provider described. Focus group participants also discussed how pay also drives some early childhood educators to pick up second jobs, which further contributes to burnout.

Home visitor and FIT provider focus group participants described how the burdens of travel, inconvenient or inflexible scheduling, and sometimes unsafe environments can push people out of the profession. A participant explained:

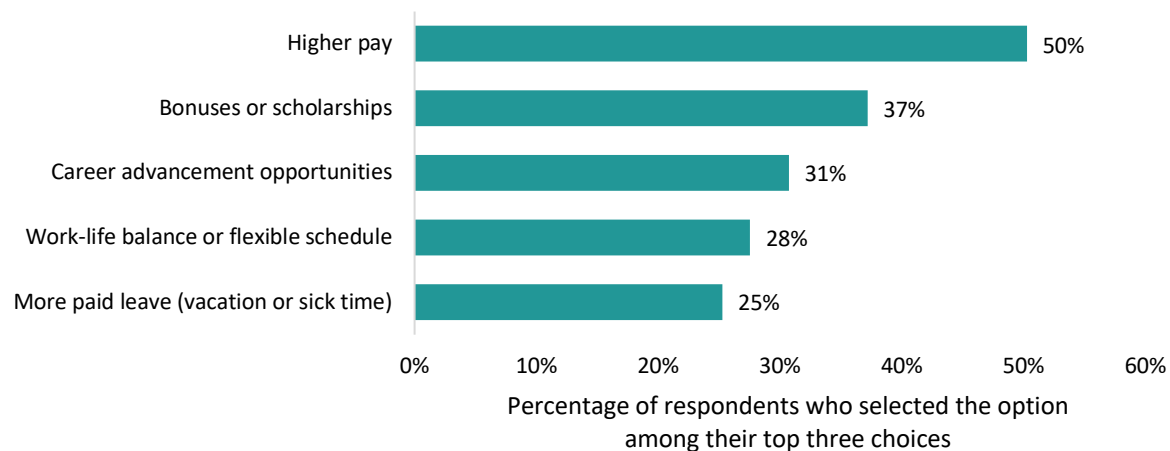
“They’re going into an uncontrollable environment, there are dogs, roosters, people you don’t expect to be there, so it’s hard to compete with the school system. They have summers off, a safe, secure, controlled environment. Our teams have to find a clean place to use the restroom throughout the day.”

Participants also raised the concern that higher education programs lack preservice programs for early interventionists. This results in a heavy amount of on-the-job professional development and limited organizational staff to support new employees on the road. “The extent of the [professional development] lift combined with trying to do the job at the same time definitely has an impact on agencies’ ability to retain those staff,” one provider clarified.

ECECD’s policies and initiatives on compensation and career pathways align with what providers say will support their long-term retention in early education.

When asked what would make them more likely to stay in the job long-term, half of providers who responded to the survey selected higher pay among their top three choices (Figure 22). In fact, within every program, respondents most often selected higher pay as the factor that would retain them longer in the field. Several respondents also indicated that support for career advancement through scholarships or other opportunities would be helpful. About a quarter of respondents also selected factors to mitigate stress and burnout, such as more work-life balance or flexible schedules (28%) or more paid leave (25%).

Figure 22. Higher pay, more support and opportunities to grow their careers, and better work-life balance could increase the likelihood of long-term retention.



N = 788

Source: Provider survey.

Some providers highlighted that ECECD’s benefits support their retention. For example, nine percent reported receiving pay parity or supplemental pay as one of the benefits they received. One provider at a community-based NM PreK and faith-based licensed child care center shared the key role that state benefits play in her decision to stay in the field. “You did not ask about what ECECD does to support teachers. I would have liked to give my feedback on this and express my support in the hopes that ECECD continues to work hard to provide helpful programs for teachers such as the scholarship program, pay parity, etc. If it were not for these programs, I would likely move out of the state to continue my career in early childhood education.”

Focus group participants expressed appreciation for compensation increases, wage supplements, and incentives. However, they were concerned that incremental improvements could put some educators at risk of losing federal benefits or facing unexpected tax consequences. They worried that there are few available resources to compensate for these losses. “The wage supplement is really helpful until educators lose federal benefits or don’t have adequate tax consultation,” one explained.

Participants discussed similar pros and cons to getting associate’s and bachelor’s degrees. Higher credentials may yield pay raises, but those raises may not make up for losing government assistance eligibility. They also commented on the advantages and drawbacks of leaving early childhood education for the K–12 school system: the pay can be higher in early childhood, but it often comes without benefits. Ultimately, as one higher education faculty participant noted, “We need a source of available evidence on compensation and its impacts on the workforce.”

There are opportunities to improve the way compensation systems handle education, experience, and inflation.

A quarter of survey respondents who were unsatisfied with their pay expressed concerns that their pay does not reflect their qualifications and experience, including special skills like bilingualism. “I have a master’s degree and over 20 years in the field and feel I should be making more,” one commented. Some recognized that budgets do not have sufficient funding to pay competitive wages. Others commented that their peers working in K–12 schools made higher wages for similar work.

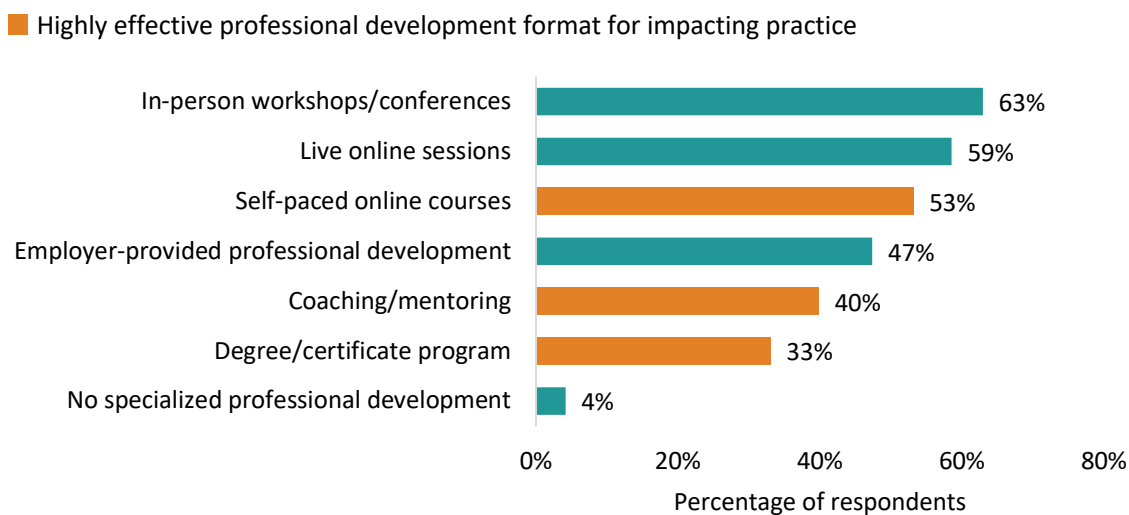
Survey respondents and focus group participants acknowledged the need for a mechanism that ensures funding is available for inflation indexing. A provider advocated for potential solutions:

“I would highly recommend a [cost of living adjustment] and/or inflation rate built into the ECECD budget every year to increase providers' rates. This helps us pay a competitive wage, pay benefits, and keep up with the overall rate of inflation in the nation. It also helps us hire more staff as caseloads continue to rise, as children in the community are being born with more complicated developmental issues. Prior to this being in the budget, a wage scale [would] help out professionally degreed staff compete in pay with other licensed professionals that are not in the early childhood field.”

Many providers reported they were enrolled in a degree program or receiving mentoring and coaching.

Almost all providers (96%) reported accessing specialized professional development within the past 12 months and 97% said that the professional development they received improved their practice. Effective professional development incorporates active learning, offers feedback and reflection, provides coaching and expert support, and occurs over an extended period.^{clxxx} Many respondents reported receiving professional development with these characteristics. Over half took an online course, a third of respondents were enrolled in a degree or certificate program, and 40% received coaching or mentoring (Figure 23).

Figure 23. Many respondents reported receiving professional development formats that research defines as effective for improving practices.



N = 796

Sources: Provider survey; Darling-Hammond et al., 2017.^{clxxxix}

Focus group participants expressed gratitude for ECECD's sponsorships of early childhood conferences: "We crave in-person professional development. We had a team-building training that was...very impactful. The in-person opportunity allowed us to meet other programs easily," one added. A veteran licensed child care center lead teacher recalls: "As a young teacher, I loved attending the [other state's early childhood conference]. The opportunity to attend a variety of workshops throughout the weekend, browse vendors' booths, and network with other teachers was motivating and inspiring. I would love to see this offered in Albuquerque." Others liked the online courses that ECECD provides through Quorum. A licensed family home provider states in the survey that "Everything is well with...the teachings that they offer in Quorum."

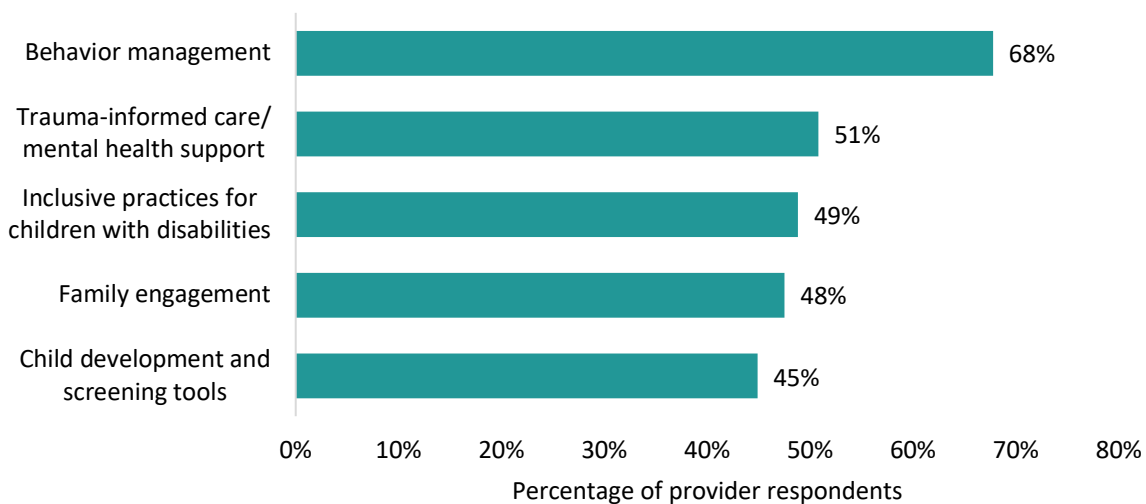
"In my opinion, it is very important and essential to continuously prepare ourselves. Science and education are always advancing, and it is a good option for us as educators to be well-prepared. In the end, the goal is to improve education in New Mexico."

— Provider

Many providers want to improve their behavior management skills.

When asked about which topics they would like to receive more professional development, over two-thirds of provider survey respondents selected behavior management (Figure 24). This has been an important topic for early childhood professionals for many years.^{clxxxii} Other topics among the five that respondents most often selected included trauma-informed care or mental health support, inclusive practices for children with disabilities, family engagement, as well as child development and screening tools.

Figure 24. Providers most often selected behavior management as a focus area for professional development.



N = 760

Source: Provider survey.

Additionally, focus group and survey participants described several strategies to fill gaps in and improve professional development:

- **Streamline and deduplicate content across offerings.** A provider gave an example of completing 18 hours of Quorum professional development *and* a three-credit college course with overlapping content.
- **Expand the timing and geography of options, especially for rural educators.** Offer professional development opportunities that rural educators can travel to and at times of the day when providers are available.
- **Offer opportunities to obtain credit for prior learning.** Connect professional development and competencies that can lead to credit for prior learning and help professionals advance toward a college degree.
- **Provide opportunities for in-person and on-the-job coaching.** Job-embedded professional development can help educators apply evidence-based practices to real-world situations.

- **Provide funding for professional development.** Providers struggle to maintain workloads and attend to professional learning needs. For example, most do not have staff to cover for educators receiving professional development and some lose revenue when educators or interventionists are not working with families.
- **Offer language instruction programs.** Bilingual programs, immersion programs, and curricula for language instruction would be beneficial.
- **Expand beyond mainstream offerings.** Higher education programs often lack options for specialized areas of expertise, particularly in early intervention.

Partnerships support professional development and career pathways.

New Mexico's early childhood education community is resourceful in finding professional development opportunities. IHEs have been valuable collaborators. Focus group participants shared how one IHE is gathering community resources to support certifications like the Red Cross. A provider described working with a local community college to create specialized professional development. Another shared that a regional IHE responds to tribal community requests to present on degree programs and topics like lesson planning and observations. A third said that a state university offers online modules in early childhood through the Institute for Professional Development and presents at state-focused conferences. Higher education faculty reported encouraging students to engage in professional development, and that many attend national and regional conferences and professional development related to Early Head Start and Head Start.

Local coalitions help providers access information about professional development opportunities.

Nearly all coalitions (82%) reported that they supported access to and awareness of specialized professional development for early childhood professionals. Among coalitions that did so, nearly all (93%) communicated about professional development opportunities. Most (79%) coordinated through existing networks or with other coalitions to disseminate information. Other methods included:

- Offering professional development in multiple languages (64%);
- Partnering with local colleges or professional development providers (57%);
- Making child care available during professional development sessions (57%);
- Providing stipends or compensation for attending professional development (57%); and
- Offering virtual or on-demand professional development options (43%).

Evidence suggests ECECD's policies and initiatives are helping boost wages and support career advancement

ECECD responded to the community's key areas of concern for the state's early childhood education and care workforce through policies and initiatives implemented between 2020 and 2025. Early evidence suggests that wages, employment, and degree attainment have increased since policies were introduced.^{clxxxiii}

^{clxxxiv} Providers report notably higher levels of satisfaction with their pay compared to the 2019 PDG B–5 community assessment's findings and over 80% of providers reported they intend to stay in the field for at least the next three years. Nearly all providers are working to improve their practice through formal professional development, and many receive it in formats that are effective for improving practices. Taking online courses,

pursuing postsecondary education, and receiving mentoring and coaching suggest many professionals are working to advance their careers in ways ECECD supports or incentivizes, such as free online courses, coaching, mentoring, and scholarships.^{clxxxv clxxxvi}

Nevertheless, community stakeholders identified initiatives to further meet the ongoing need for a thriving, fully staffed early childhood workforce:

- **Increase the supply of qualified staff, including specialists.** More efforts to recruit and retain qualified staff are warranted to meet demand. Working conditions, stress, burnout, low pay, and high workloads are key factors to address to decrease turnover in the profession. Adequate staffing is a key lever for improving program access. Home visitors, as well as center- and home-based child care providers, cited staff shortages as the reason their programs had waitlists.
- **Improve wages and benefits to increase staff satisfaction and attract and retain personnel.** Although wages have increased, some providers feel their pay does not reflect their qualifications, skills, or experience. Early interventionists, home visitors, and lead teachers reported the lowest levels of pay satisfaction. There is concern that pay is not keeping up with inflation, and that incremental wage increases can result in a loss of eligibility for federal benefits. About half of providers reported that their employer does not offer health, dental, or vision insurance, retirement benefits, or paid time off. Providers also described difficulty using paid leave because there is insufficient staffing to cover their absence.

- **Reduce barriers to professional development.** Providers appreciate the opportunities available to them and identified many additional useful topics, including addressing individual learning needs, trauma-informed practices, and leadership. However, they encounter obstacles to participation owing to lack of awareness, limited time, scheduling conflicts, and inadequate staffing coverage during sessions. Rural providers encounter further hindrances in accessing in-person training opportunities. There is a need for better collaboration among professional development providers to reduce content redundancies.

ECECD and its partners have taken actions to address obstacles in recruitment, retention, compensation, benefits, and professional development throughout early childhood systems and programs. Remaining challenges present opportunities for continuing workforce supports and policy innovation.



Family and Community Engagement





Critical Component 3:

Family and Community Engagement

New Mexico voters overwhelmingly passed a constitutional amendment in 2022 to dedicate sustained funding to early childhood services.^{clxxxvii} This provides not only funding but a strong policy foundation for expanding family access and engagement.^{clxxxviii} It is one of the state's many assets for developing strong family and provider partnerships. By elevating family voices to the decision table, setting standards for family engagement, and regularly listening to family input to guide initiatives, ECECD and providers are well-poised to address family engagement barriers. This is the focus of this section.

Community-informed initiatives to help children thrive

ECECD elevates family voices to the decision table. From the start, ECECD committed to recognizing all families in New Mexico as key decision-makers in their children's early learning and care programs and services.^{clxxxix} The agency values family partnership in determining and guiding its programs and strategic initiatives. ECECD's family engagement approaches intentionally engage families from different backgrounds and areas of the state. Key initiatives include:

- **Family Leadership Council (FLC).** Together with the Pritzker Children's Initiative, ECECD funded the New Mexico FLC in 2021 to support parents and caregivers of young children in becoming leaders and advocates within the prenatal-to-three system.^{cxc}
- **Local family leadership councils.** ECECD supports local early childhood system building coalitions in building family leadership councils and creating mechanisms for families to contribute to shaping the local early childhood ecosystem.^{cxc}
- **Collaboration with family advocacy groups.** ECECD has engaged family advocacy groups to gather input from families representing different backgrounds and regions of the state.^{cxcii} These include Education for Parents of Indigenous Children with Special Needs (EPICS), Parents Reaching Out, and Navajo Family Voices.
- **Regional family leadership summit.**^{cxciii} There were five regional events in Fall 2024 and Spring of 2025 to encourage family leadership and gather perspectives from New Mexico families. This was followed by a statewide family summit in the Fall of 2025.

Additionally, ECECD conducts an annual family engagement and satisfaction survey.^{cxciv cxcv cxcvi} ECECD leverages annual family engagement and satisfaction surveys, stakeholder focus groups, and tribal consultations to learn about family and community needs and gather input to guide program design and improvements.

ECECD organizes, promotes, and requires family engagement within programs.

New Mexico sets standards for family engagement among programs. For example, the state mandates at least 90 hours of family engagement annually for state-funded NM PreK, including home visits and family-teacher conferences to build collaboration and set goals with families.^{cxcvii} Activities must include practices that engage families in their child's learning, taking into account the family's background and language. Additionally, many Head Start directors report offering services in multiple languages to increase family participation.^{cxcviii} Family engagement is at the center of the home visiting quality conceptual framework.^{cxcix}

The FIT program implements a structured process for family and parent engagement. The Interagency Coordinating Council (ICC) engages families through parent panels and a Quality Committee, which is tasked with ensuring the quality of FIT services.^{cc} They use family feedback to shape program improvements. Parents are prepared to engage in decision-making through ICC orientations, parent panels, and the Parent Leadership Academy, which train them to navigate state systems and advocate for children with developmental delays and disabilities. The FIT program uses the Family-Guided Routines-Based Intervention to help parents and caregivers support their young children's development during daily routines. FIT also contracts with community organizations to help families navigate special education systems.

Emerging impacts

Family leadership plays a crucial role in defining ECECD's strategic plans, designing policies, and implementing initiatives. Family input is evident in New Mexico's bold policies, including universal no-cost child care and early childhood career pathway supports, for which families have advocated.^{cci} Local coalitions have demonstrated family leadership capacity building through several accomplishments:^{ccii}

- Trained families to become leaders and advocates for early learning policies and initiatives;
- Increased community support, participation, and interest in legislative advocacy among parents;
- Established Family Dialogue Circles as a way to infuse family voice in strategic planning; and
- Leveraged family advisors to develop and implement their missions, including cross-sector collaboration and assessing community needs.

The true impacts of ECECD's family engagement efforts arise from the voices of families and the providers who serve them. Survey and focus group participants provided insights into how family engagement is implemented and its effectiveness, such as:

- Proactive, two-way communication that keeps families informed.
- Family learning activities that give concrete strategies families can practice at home.
- Warm, respectful staff relationships that treat families as partners.
- Programs that act as connectors to developmental supports.
- Families who describe stronger child engagement and growth tied to consistent communication and home practice.

Voices from the community

Providers and families understand the value and benefits of family engagement. They recognize that no two families are alike and have identified promising strategies for building relationships and involving families in decisions about their children's programs and services. Many emphasized the importance of connecting with families, engaging in meaningful dialogue, and creating welcoming environments.

Coalitions and providers identified effective practices for understanding family needs.

To engage families, coalitions most frequently rely on home visits or relationship-building activities (86%) as well as family support groups or parent cafes (71%). Other methods include community advisory councils and regular family events (e.g., literacy nights) (57%). Focus group participants recommended ways to gather information about family needs. One said that the November 2025 ECECD family summit was “a very good practice to give and receive information. [ECECD] should also give links to families, so they can distribute them in their own communities when they leave.” They also characterized consultants from a university early childhood center as valuable in coaching educators and programs to improve family and community collaboration.

“[Name] Preschool’s staff [issues] a monthly newsletter that provides reminders of dates of family engagement days and themes. Families are also given suggestions to prepare their children for the themes of the month which include colors, numbers, letters. Teachers also include rhyming words and poems to practice with their children.”

— School-based preschool provider

Providers also shared strategies they use to understand family needs. For example, one provider offering family- and routine-based services involves parents in setting outcomes and goals. They then support parents in developing advocacy skills they can use in the future. Another provider organizes a “family circle,” a model similar to a parent-teacher association, where volunteer families help shape classroom activities.

“Families are welcomed as partners, not just clients. [The program] often invites parents into classrooms, planning meetings, and family events so they feel part of the learning community. Policies and daily routines are explained clearly, and staff make sure families know they are always welcome to observe or participate. Families of children with disabilities are invited to collaborate on individualized plans with staff and outside specialists. Celebrations, curriculum themes, and classroom books reflect the diverse cultures, languages, and family structures in the community.”

— Child care center focus group participant

Providers engage families by communicating in their preferred language.

Meaningful family engagement begins with clear communication. However, providers and families sometimes have different levels of comfort with reading, writing, listening to, and speaking English. This can include families who speak a different language at home or families with visual, hearing, or other

impairments that affect their ability to engage effectively. In focus groups, several providers highlighted language as key to successful family engagement. For example, they offer services in the family's primary language; provide interpretation services, including sign language; and hire multilingual staff. Surveys suggest that families wish for staff who speak different languages, so children who do not speak the predominant language at a center are well served and families can communicate effectively. Some families also value the added benefit of their children learning new languages. As one mother describes, "My daughter's preschool is pretty wonderful. The teachers are great with the children, and they even have my toddler speaking Spanish. I couldn't be happier." A young mother adds, "My positive experience is seeing my son progress so well in school and learning new things and sign language."

Providers respect families' backgrounds and values in communication, decision-making, and services to support engagement.

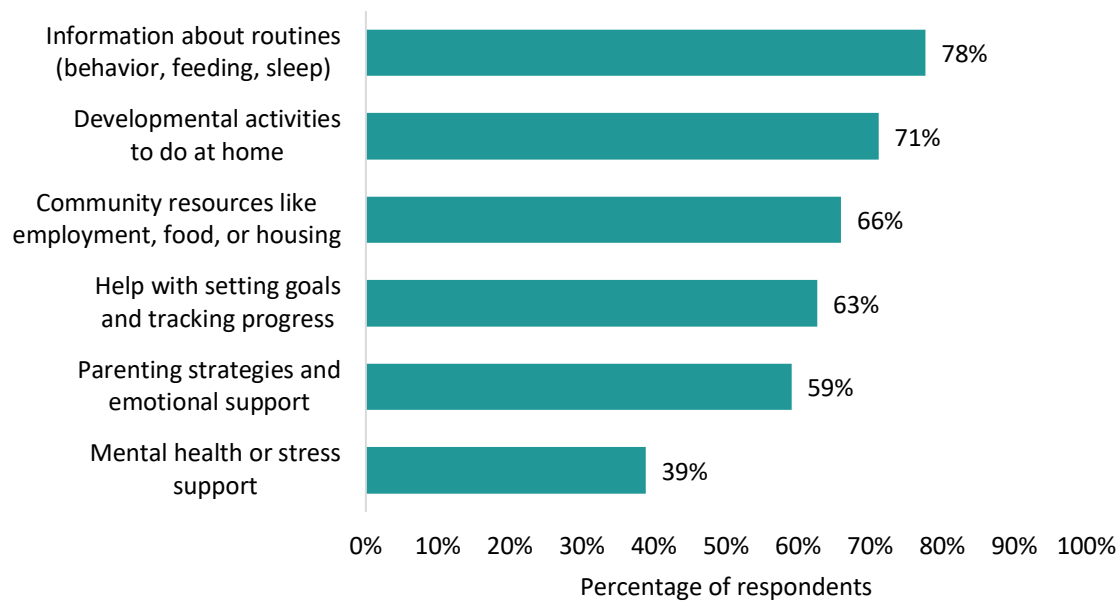
In focus groups, a few providers shared that being responsive to families' varied backgrounds, experiences, and perspectives led to stronger engagement. One provider offers professional development to help staff understand the values and traditions of the families they serve. This enables them to relate information to families clearly and respectfully. Another provider uses gender-neutral language to ensure all caregivers, including fathers, feel welcome. Focus group participants also said that connecting families with staff with similar backgrounds helps support engagement. One child care provider described their multi-pronged approach: "Representation in the environment: books, posters, music, and toys reflect different (backgrounds) and family structures. Classroom materials...respect families' home languages. Celebrating traditions: activities include holidays and...events from multiple backgrounds; teachers invite parents to share stories, foods, or traditions from their heritage."

Every family has its own routines grounded in individual and community values, and these are important influences on early child development.^{cciii} Multiple providers learn the routines of each family they serve, allowing them to customize care and services. "We are not developing our own official routines to take into the home," one clarified, "We observe and interview and build relationships with families, so services are provided the way that a family can best support their child in their home, and we are very fortunate visitors to be able to be invited in families' homes; they are very scared." A FIT provider explained: "Children [receiving EI] have complex needs and delays. Each family is different in their routines. We need to figure out how to help them in that way, individualized. It makes it hard for staff. We must be creative, know child development and developmental delays, to find things that fit for that family, their child, their activities. There are no packages that can be given to families."

Providers are confident helping families build knowledge and skills to support their child's development and often offer guidance on daily routines and developmental activities to do at home.

Nearly all providers (97%) feel confident helping families support their child's development. Providers offer a variety of supports to families. Providers frequently offer information or support on routines, such as behavior, feeding, and sleep (78%), and on developmental activities families can do at home (71%) (Figure 25). Fewer providers offered education on mental health and stress. These results were consistent across programs. However, over 90% of home visitors reported providing education and support for every topic listed.

Figure 25. Providers typically offer families education and supports on daily routines and developmental activities to do at home.



N = 752

Source: Provider survey.

Over half of families find activities to do at home with their child and support handling behavior most helpful.

Families found different services most helpful for supporting their child's learning and development, highlighting the value of individualized services. Two-thirds (67%) of families reported that programs and tools that support home activities are most helpful for their child's learning and development. Families especially value hands-on caregiver-child workshops that can improve their relationship with their child and offer learning strategies. Behavior support was one of the most helpful services for 55% of families. Families also appreciate how the support they receive from providers builds their confidence. Many providers prioritize the services families cite as most beneficial.

Providers use strategies to expand family engagement and involvement in decision-making.

Several families want more consistent involvement in program design and collaboration with staff. A mother stresses “the importance of creating more spaces for parents and educators to share their voices and ideas together. Sometimes, the best insights come directly from those daily experiences, and having regular opportunities for feedback can make programs even stronger.” Another adds: “Building a sense of community not only supports families emotionally, but also encourages them to share resources, ideas, and encouragement, which can have a lasting positive impact on both children and adults.”

Provider focus group participants expressed that there are gaps in reaching a wide range of families. They described strategies for improving family engagement in decision-making to help fill those gaps:

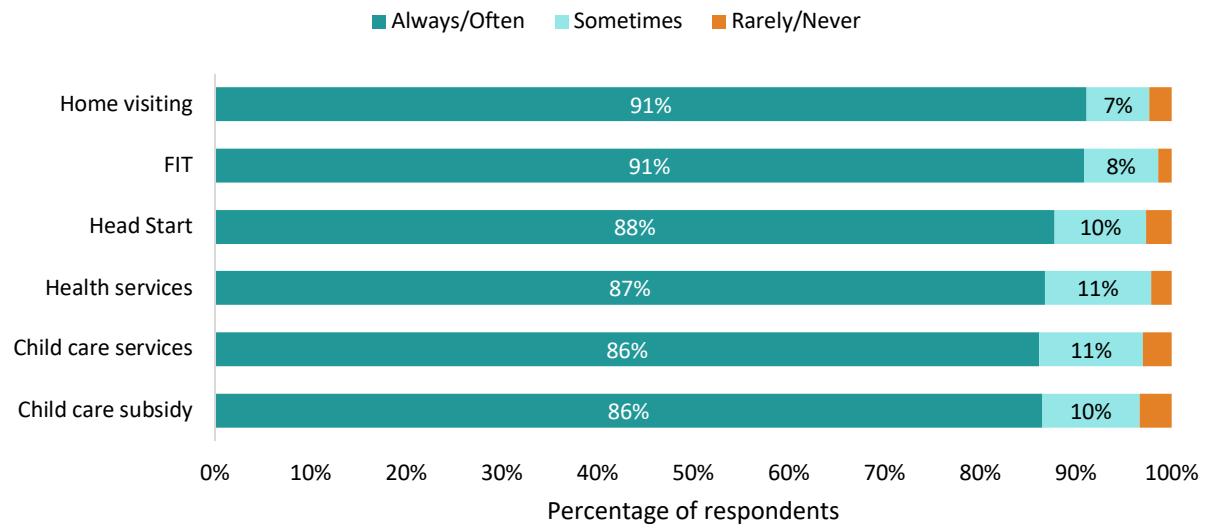
- **Reflect on which families could be better included in current engagement efforts.** Ensure outreach to families in need, including those in areas with lower overall needs.
- **Offer more in-person opportunities to provide feedback outside of child care centers.** Connect with families at other venues, such as fairs and community spaces, to encourage honest feedback.
- **Offer opportunities to provide input in multiple languages.** Help families feel heard and understood.
- **Involve families more often in decision-making around relevant content.** Providers cited healthy meals and nutrition as examples.
- **Use a survey to gather ideas.** One provider uses a family survey, while another is considering family surveys that ask about involvement and input in planning and decisions.
- **Develop resources for rural families.** Offer virtual programs and services, such as telehealth, for families in rural remote areas.

“We work diligently to build trusting relationships with our families and partner with them on their journey. Our role includes observing and assessing children, documenting and meeting with parents to share our observations, strengths, and concerns, providing resources, listening, and encouraging families, referring children for screenings and evaluations, and creating welcoming opportunities for therapists to be in our classrooms to support children for success.”
— Faith-based licensed child care center provider

Providers’ approaches to engaging families result in families feeling heard and respected.

Across programs, more than 85% of families reported that staff members in their child’s program always or often listen to them, explain things clearly, and respect their opinions (Figure 26). The home visiting and FIT programs have the highest shares of families reporting that staff always or often listen to them, explain things clearly, and respect their opinions. Few families reported challenges with staff being hard to reach, overwhelmed, uninformed, or uncaring.

Figure 26. Nearly all families report that staff members in their child’s program always or often listen to them, explain things clearly, and respect their opinions.



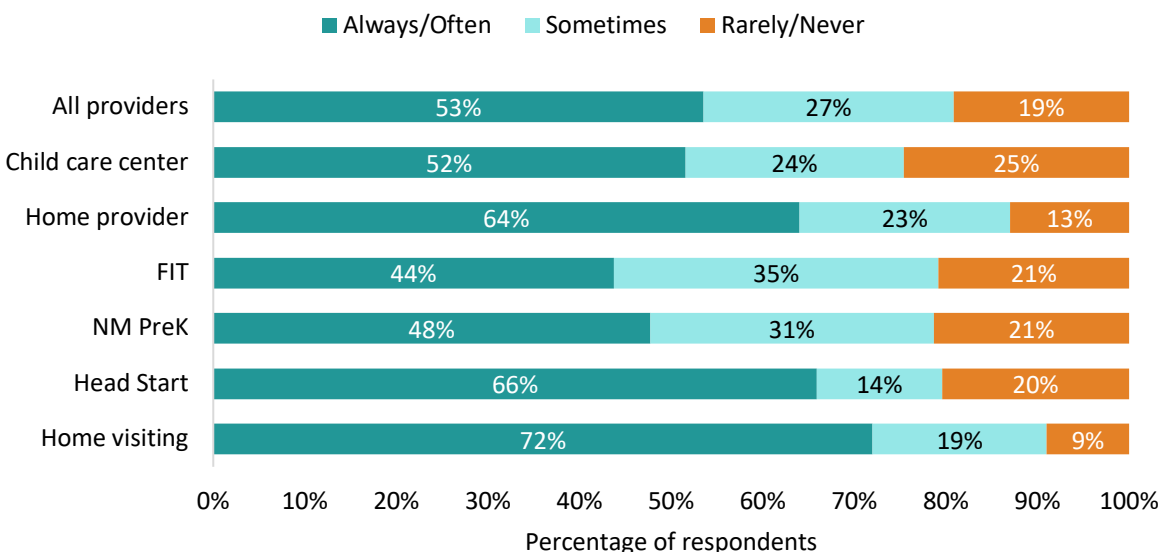
N = Home visiting (214), FIT (142), Head Start (188), Health services (324), Child care services (463), Child care subsidy (355)

Source: Family survey.

Most providers use state tools to support families.

Over half of providers (53%) always or often use state tools, such as activity guides, ECECD tip sheets, or text messages to support families (Figure 27). When they share state tools, providers most often present them in person during visits (76%) and/or through printed handouts and activity sheets (68%). Some providers use texts or apps when they use state tools with families (63%). Fewer share tools via email (38%) or social media (19%).

Figure 27. Many providers report frequently using state-developed tools to support families.



N = 744

Note: Numbers may not sum to 100% due to rounding.

Source: Provider survey.

Providers noted that services that build families' knowledge and skills can promote engagement.

Focus group participants discussed several ways to engage parents in learning opportunities. They identified some strategies that helped fill gaps in this area:

- **Use statewide tools and resources.** These include ECECD's Early Show with Alax and Moments Together, which offer parenting education, caregiving tips, and information on programs.
- **Support family members to earn a credential.** Head Start programs use Quorum for the Child Development Associate (CDA) credential for their family volunteers. This creates a pathway for parents who want to enter the field and boost the quality of their care.
- **Offer parenting classes.** These can include required classes for families that the Children, Youth, and Families Department (CYFD) refers to programs.
- **Provide free family trainings.** Some providers leverage programs offered through state colleges and universities, while others offer their own programs at schools and community events.
- **Add local lending libraries around the state.** A provider reported that there have been "988 visitors [to local lending libraries] within this year; numbers have been steadily increasing, including in more outlying regions."

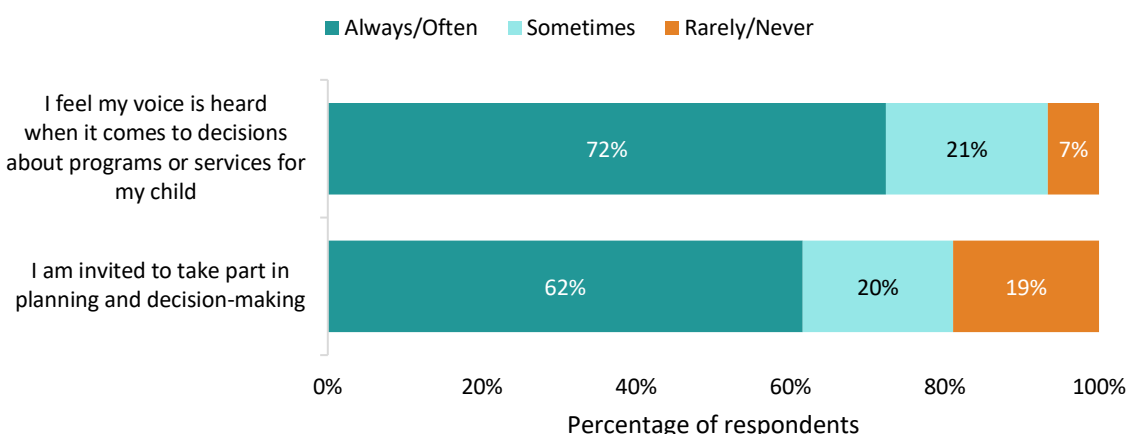
Focus group participants added strategies, such as finding knowledgeable, effective presenters who can communicate at a level families understand and offering content in multiple languages.

Most families feel their voice is heard when it comes to decisions about programs and services for their child.

When asked if they felt involved in decision-making at their child's programs, 87% of families agreed. About three-quarters of respondents said that they always or often felt their voice was heard in

decisions about their child's programs (Figure 28). Nearly all families (93%) felt their voice was at least sometimes heard when decisions were made. In addition, four in five families report they are at least sometimes invited to participate in planning or decision-making for their child's programs, with 62% reporting they are often or always invited to participate.

Figure 28. Most respondents are invited to take part and feel their voice is heard in planning and decision-making for their child's programs.



N = 872

Note: Numbers may not sum to 100% due to rounding.

Source: Family survey.

ECECD's commitment to family engagement is echoed among providers and felt among families

ECECD and New Mexico providers elevate family voices to the decision table and center family engagement as a core value. Providers report using strategies they believe are effective for engaging families. In turn, families feel respected among staff and that their voices are heard when programs make decisions about their child's services. Families had positive perceptions of the care and services they received from providers across all programs.

Areas of focus to further address gaps in outreach and opportunities for family voice include the following:

- **Increase and diversify strategies to raise awareness of programs and services.** This can include better identifying families with insufficient awareness by, for example, connecting with them and making information available in locations they access as part of their everyday life, such as grocery stores and doctors' offices, and offering information in multiple languages.

- **Create more regular and consistent opportunities for families to provide input, offer feedback, and participate in program planning.** While many families report feeling heard and involved in decision-making, there are still calls for more regular opportunities to provide feedback and participate in program planning, and some providers concur. Some families feel that their insights are not always solicited or acted upon, and this varies by geographic region, urbanicity, and background characteristics.
- **Ensure engagement is effective for all families.**
 - Providers noted that outreach is not effective with all families. Families and providers indicated the need for accommodations and strategies to ensure the engagement of families with special needs, limited literacy skills, and different languages, values and backgrounds. It would also be important to meet the specific needs of fathers, grandparents, and kin raising young children.
 - Providers and families ask for more resources tailored for rural families and in-person opportunities and virtual programs in remote areas.

The barriers to engagement that community stakeholders identified indicate the importance of ECECD's initiatives and commitment to family and community engagement. Continued support for family and community leadership and advocacy groups, alongside guidance and resources for local coalitions and providers, offers promising pathways for growth.



Governance





Critical Component 4:

Governance

A strong and healthy start requires attention to all aspects of a child’s development in their first years. It comprises all aspects of their individual well-being and development, including health, learning, safety, and nutrition. It also encompasses the well-being of their family and community, including economic resources and opportunities, connectedness, and support systems. To optimize children’s outcomes in their first years, ECECD builds strong partnerships across agencies, organizations, providers, communities, and Tribal governments. This section details ECECD’s collaborative governance approach that helps to support all aspects of children’s well-being during their first years. It illustrates examples of the impacts that partnerships and coalitions have achieved, highlighting how local coalition members and providers perceive partnerships, collaboration, and the coordination of services.

Community-informed initiatives to help children thrive

The 2019 PDG B–5 needs assessment found that New Mexico early childhood education and care stakeholders valued collaborative leadership, local determination, continuous feedback and process improvement, clear communication, coordination across programs, and stronger family leadership.^{cciv} ECECD responded by developing a strategic plan guided by principles of shared leadership and collaborative administration for an aligned, efficient, and responsive early childhood education and care system.^{ccv} Core features of ECECD’s governance structures include mixed-delivery services, government-to-government collaborations, local early childhood system building coalitions, and advisory bodies.

As the first state to dedicate an appointed role to government-to-government relations, New Mexico uniquely prioritizes early childhood partnerships with Nations, Pueblos, and Tribes.

State policies demonstrate that supporting meaningful government-to-government collaborations is a core ECECD priority. With the 2019 New Mexico Early Childhood Education and Care Act’s appointment of an Assistant Secretary for Native American Early Childhood Education and Care, ECECD became the first state agency in the nation to have a role dedicated to government-to-government relations for early childhood services.^{ccvi} The Assistant Secretary ensures ECECD engages in meaningful, sustained collaboration with Tribal governments, upholding the State-Tribal Collaboration Act.^{ccvii} In addition to facilitating government-to-government relations, the Assistant Secretary strives to advance positive outcomes for Native children, families, and communities.

Additionally, the 2023 Early Childhood Department Tribal Agreements Act mandated that ECECD “enter into IGAs with Indian Nations, Tribes, Pueblos, or Tribal organizations to plan, conduct, administer, and reimburse early childhood education and care programs.”^{ccviii} To that end, ECECD’s Tribal Investment Strategy established 18 IGAs to support early childhood infrastructure projects and services in Tribal communities.^{ccix ccx}

ECECD established the New Mexico Early Childhood Tribal Advisory Coalition in 2022, comprising representatives from the Nations, Pueblos, and Tribes. The coalition’s goals are to bolster early childhood education and care, collaboratively develop tools, models, and best practices, build capacity, and

maintain communication channels.^{ccxi} Additionally, communication and collaboration policies define how ECECD works with Tribal governments, including roles for Tribal liaisons within the agency.^{ccxii} The Assistant Secretary hosts Tribal Monthly Communication Calls to share information and encourage dialogue with Tribal participants and conducts Tribal Education Director Calls each month for in-depth conversation.

Shared leadership and mixed-delivery services foster coordinated, holistic services for children and families.

ECECD values shared leadership and administration through a mixed-delivery service model. Aligning the early childhood ecosystem by encouraging collaboration and coordination across state agencies is one of ECECD's strategic priorities.^{ccxiii} ECECD was launched in 2020 to fulfill the intent of the 2019 New Mexico Early Childhood Education and Care Act, which aimed to streamline and unify programs and services for young children that had previously been housed across multiple agencies. Other agencies continue to administer programs that support whole families and children of all ages, such as WIC and Maternal and Child Health Services. To provide comprehensive services that meet the needs of all families and children, ECECD governs a mixed-delivery system that encompasses early care, EI, education, family resources, health, nutrition, and workforce supports.

State agency partnerships coordinate mixed-delivery services to improve child and family well-being.

In line with its goal to align the early childhood ecosystem through cross-sector collaboration, ECECD partners with other state agencies, including but not limited to CYFD, the Department of Health (DOH), Health Care Authority (HCA), PED, the Higher Education Department (HED), and the Department of Workforce Solutions, on a range of initiatives. These include the development of the statewide longitudinal data system, the collection of health and education data, early care-to-school transitions, disease prevention, immunization implementation, nutrition, wellness, supports for children with developmental delays and disabilities, and assistance for children and families impacted by homelessness and emergencies.^{ccxiv ccxv ccxvi}

As part of its collaborative work, ECECD serves as a key partner in the Children's Cabinet. Since 2022, the Children's Cabinet has convened 18 state agencies led by the Office of the Governor.^{ccxvii ccxviii} Members of the Children's Cabinet cooperatively manage resources for children and families across state government. By sharing data, coordinating interdisciplinary projects, and investing in support, the Children's Cabinet intends to reduce Adverse Childhood Experiences (ACEs) while improving the safety, health, and well-being of all New Mexico children. In 2024, ECECD transitioned to becoming the lead agency for the interagency collaborative. ECECD advisory bodies bring expert insights and multiple stakeholder perspectives to policy development and implementation.

Advisory bodies convene regularly to guide ECECD's policies, initiatives, and programs. In 2022, ECECD established the Early Childhood Education and Care Advisory Council and four subcommittees to promote community voice and coherence within the system: Data, Infrastructure, and Analysis; Early Childhood Professionals; Program Quality and Accountability; and Public-Private Partnerships. Another two advisory bodies outside of the Advisory Council support ECECD program administration. The FIT ICC advises and assists ECECD in supporting infants and toddlers with developmental delays or disabilities, as well as their families.^{ccxix ccxx} The FLC helps families and caregivers build leadership skills and advocate effectively in the early childhood education system.^{ccxxi} Finally, task forces conduct the groundwork to develop policies and initiatives, including gathering data and other supporting evidence.^{ccxxii ccxxiii} They

provide recommendations to the Advisory Council and its subcommittees as policies are developed and implemented.

Local early childhood system building coalitions improve state and local collaboration and communication.

Local early childhood system building coalitions help implement an aligned, coordinated, and effective early childhood education system. In fiscal year 2022, ECECD began funding local coalitions to strengthen local governance systems and cofacilitate cohesive early childhood systems that respond to family and community needs. As of October 2025, ECECD funds 18 early childhood coalitions across 14 counties to coordinate early childhood needs and support broad access to high-quality prenatal-to-five programs and services.^{ccxxiv} The coalitions support families, communities, and providers with primary responsibilities that include:

- Identifying community needs and advocating for early childhood services and resources in their region;
- Attending public local and county government meetings to understand issues that may impact early childhood services and resources and advocate for families;
- Raising awareness of early childhood resources and services;
- Promoting access to early childhood services and resources through increasing referrals to programs, developing and coordinating programs, supporting potential child care providers to start a business, and other strategies, and;
- Building local family leadership councils to empower families to advocate for early childhood policies and programs.

Coalition coordinators receive support, professional development, and technical assistance from the University of New Mexico Family Development Program in partnership with ECECD.

Collaborative and transparent strategic planning, reporting, and monitoring demonstrate accountability to New Mexico stakeholders.

A strategic planning and needs assessment process defines and guides ECECD's priority initiatives. The 2019 PDG B–5 community assessment informed the development of ECECD's first strategic plan.^{ccxxv} It was designed in collaboration with the Governor's Office, CYFD, PED, and DOH. A separate assessment represented Tribal perspectives in the early learning strategic planning process, which informed ECECD's early government-to-government efforts.^{ccxxvi} ECECD's current strategic plan presents the goals, objectives, and concrete activities for establishing an early childhood system that meets the comprehensive needs of children, families, and communities.^{ccxxvii} ECECD administers annual family surveys to gauge program and service access, awareness, use, and satisfaction; gain insight into program and service; and inform planning and accountability.^{ccxxviii ccxxix ccxxx}

In addition to statewide needs assessments and strategic plans, each ECECD-funded local early childhood system building coalition conducted a needs assessment in 2022. The needs assessments identified early childhood needs in each community, informed strategic planning, and helped set local and statewide priorities. There are also program-focused needs assessments. For example, the New Mexico Head Start State Collaboration Office (HSSCO) conducts needs assessments for Early Head Start and Head Start to evaluate, document, and address opportunities to improve coordination, collaboration, and alignment of services, curricula, and assessments across the state.^{ccxxxi} The home visiting and Maternal and Child

Health programs also completed needs assessments in recent years to identify gaps, inform planning, and enhance service coordination.^{ccxxxii ccxxxiii}

ECECD's reporting practices value communication, transparency, and accountability.

ECECD monitors its services, collects and analyzes data, and sets goals as part of mandated reporting and its commitments to stakeholder communication and transparency. The agency publishes annual outcomes reports to meet statutory reporting obligations, document progress on services and the workforce, and continuously update planning.^{ccxxxiv ccxxxv} ECECD hosts an interactive public data dashboard to communicate trends in its child care, NM PreK, home visiting, and FIT program outcomes while providing more current information between annual reports.

Research reports, needs assessments, strategic plans, newsletters, and other communications are available publicly on ECECD's website. Making data and research publicly available holds the agency accountable to stakeholders, demonstrates progress towards goals, highlights assets, and helps identify areas for improvement through collective input and shared responsibility.

ECECD certifies quality and safety through child care licensing, monitoring, evaluation, and quality ratings.

Monitoring the health and safety of child care settings is a crucial part of ECECD's oversight of child care services.^{ccxxxvi} A Regulatory Oversight Unit licenses child care centers and homes, conducts annual inspections, and investigates complaints regarding these facilities.^{ccxxxvii} There are mandatory caregiver notifications, and the findings of the investigations are made public. ECECD helps providers comply with state standards and requirements through professional development, consultation, and support.^{ccxxxviii} As described in the workforce development section, FOCUS TQRIS evaluation and monitoring occur through a collaboration between providers and ECECD, which provides guidance and assistance to improve ratings.^{ccxxxix} In addition to the oversight of child care facilities, ECECD monitors FIT providers for compliance with the requirements of the Individuals with Disabilities Education Act (IDEA) Part C (which focuses on infants and toddlers with developmental delays and disabilities).^{ccxl} ECECD monitors state-funded home visiting programs to ensure compliance with program standards, fidelity to each program's national evidence-based model, and adherence to contract requirements.^{ccxli} The agency provides technical assistance for compliance and quality purposes.

Emerging impacts

ECECD's collaborative approach to governance has contributed to shared achievements. The initiatives that ECECD and its partners have implemented contribute to child and family health, well-being, and education. This is critically important work aimed at improving conditions for children in New Mexico to thrive.^{ccxlii} Recent policy achievements include the following:

- In fiscal year 2024, ECECD entered into 18 IGAs to fund early childhood infrastructure and other investments prioritized by Nations, Pueblos, and Tribes.^{ccxlili ccxliv} These IGAs directly impacted about 125 children and their families. In addition, ECECD secured funding for nine capital infrastructure projects for early childhood facility improvements and renovations.^{ccxlv}

- The CYFD, DOH, and the New Mexico Corrections Department (NMCD) coordinated efforts to reduce child maltreatment through parent education, referrals to services, and providing funding to ensure families can access prevention services before coming into contact with the child welfare system.^{ccxlvii}
- ECECD supports Safe Sleep, an interagency collaborative led by DOH to improve infant sleep education and awareness.^{ccxlviii} Residents can request a free Pack 'n Play and access resources to promote safe sleep and protect infant well-being.

ECECD's collaborative governance approach supports its ability to provide holistic supports for families and children through a mixed-delivery model. It helps reinforce the early childhood education and care ecosystem throughout the state through local coalitions, government-to-government relationship building, and the involvement of community stakeholders and subject matter experts in policy development and implementation. Importantly, it serves as an example for coalitions and providers throughout the state, who provided their perspectives about collaboration and coordination in surveys and focus groups.

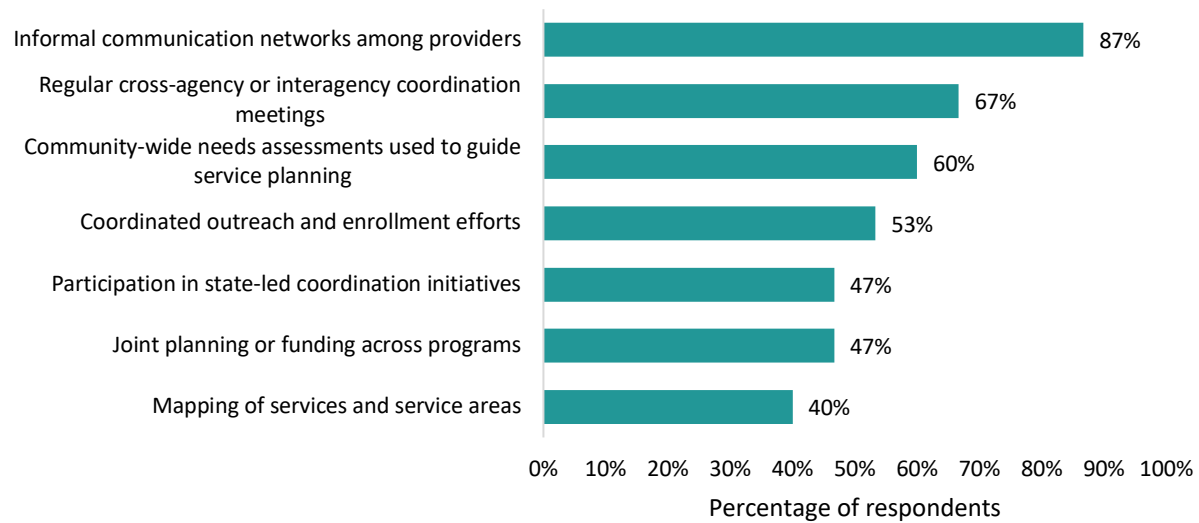
Voices from the community

Local coalitions and program providers help implement ECECD's mixed-delivery system. Their efforts to form partnerships and collaborative relationships with other organizations support a connected, responsive, and aligned early childhood support ecosystem.^{ccxlviii} In focus groups and surveys, coalitions and providers offered their perspectives about partnerships, collaboration, and service coordination.

Local coalitions support service delivery coordination.

Most local early childhood system building coalitions (81%) reported working closely with local early childhood programs that are not coalition members, including child care centers, Head Start, home visiting, NM PreK, and health services. They employ a variety of strategies to help ensure coordination in service delivery among providers (Figure 29). The most common approach they use is informal communication networks among providers. Coalitions reported they could perform more coordination with additional staff (71%) and/or funding (64%).

Figure 29. Local coalitions use several strategies to help ensure coordination in service delivery.



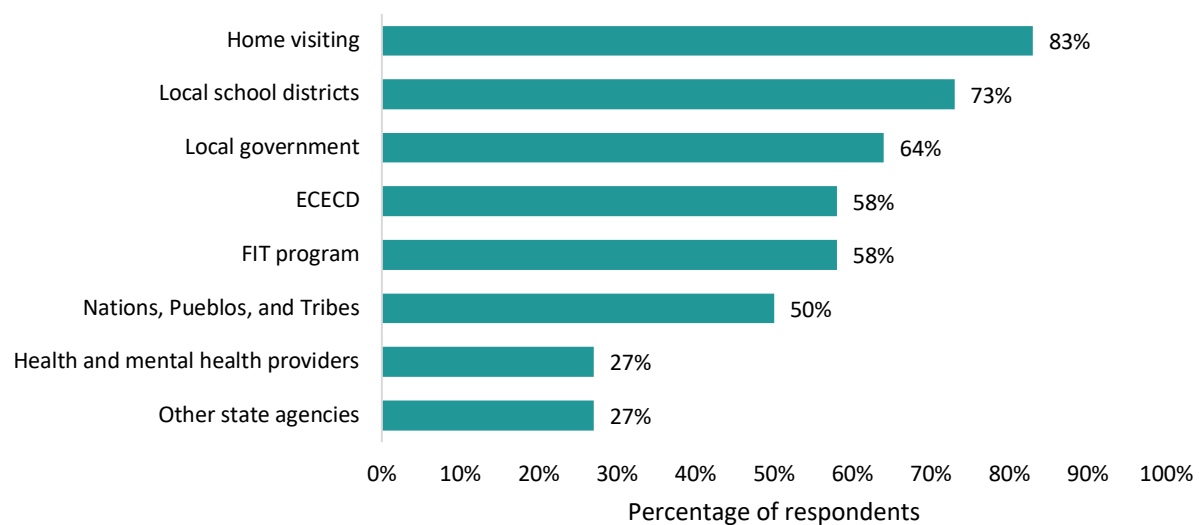
N = 15

Source: Coalitions survey.

Local coalitions help programs collaborate with state and/or local organizations.

Most coalitions (86%) reported they help early childhood programs in their area coordinate with state and/or local organizations, such as health clinics, local government, or schools (Figure 30). Additionally, most coalitions reported they support programs to coordinate with home visiting (83%) and local school districts (73%). Support for collaboration with health and mental health providers and other state agencies was less common (27% of coalitions).

Figure 30. Local coalitions often help early childhood programs coordinate with home visiting, local school districts, and local government agencies.

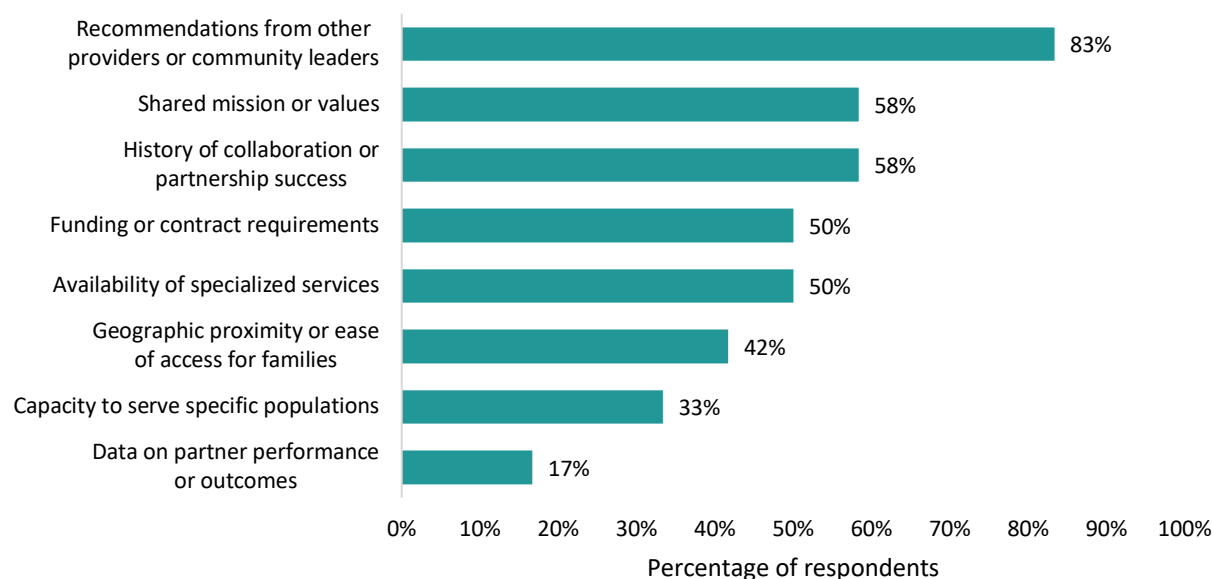


N = 12

Source: Coalitions survey.

To select specific partners and providers to serve children and families, many rely on recommendations from other providers or community leaders (Figure 31). When asked what helps their coalition build strong relationships with local or state partners, 75% responded that having joint events or initiatives fosters relationship-building. Having shared goals or priorities was an important factor for developing relationships with partners for 67% of coalitions.

Figure 31. Coalitions often rely on recommendations from providers or community leaders when selecting specific state and local partners to serve children and families.



N = 12

Source: Coalitions survey.

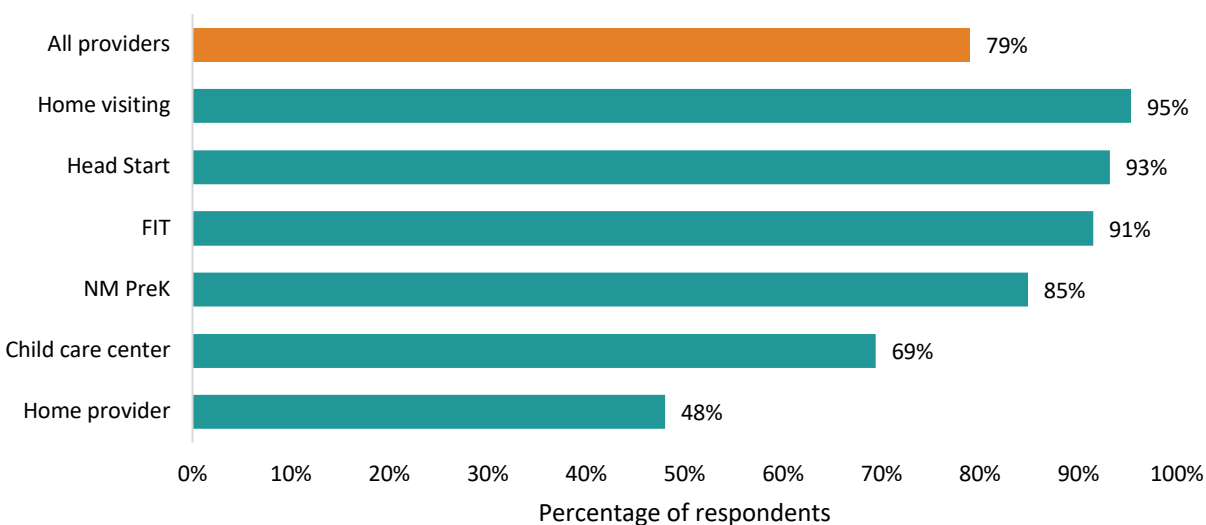
Most coalitions collaborate with other agencies and providers to meet family needs.

Surveyed coalitions most frequently reported coordinating with ECECD, FIT, physical and mental health providers, and Nations, Pueblos, and Tribes. Coalitions have multiple examples of how collaboration supports children and families, including cooperation across organizations (e.g., coalitions, healthcare providers, neighboring counties, schools), information-sharing with families through events, materials, and trainings, capacity-building for providers (e.g., helping new providers open, offering professional development workshops), and linking health, early education, and social resources. A resource that connects families with medical and support services, according to a local coalition member, “was invited to present to [a daycare center’s] staff about area resources for families with young children. Staff left [with a] better understanding [of] how to direct families looking for resources and were given materials to share.”

Providers from many programs report working with other early childhood services.

Overall, 79% of providers report that their program works with other early childhood services to meet children's and families' needs. Over 90% of home visitors, Head Start professionals, and FIT providers reported that they work with other early childhood services to meet children's and families' needs (Figure 32). On the other hand, less than half of home providers (48%) reported collaborating with other service providers to meet children's and families' needs.

Figure 32. Providers in several programs reported their program works with other early childhood services to meet children's and families' needs.



N = 782

Source: Provider survey.

When asked what challenges they faced in collaborating with other providers, survey respondents most often cited limited time to connect, not being included in cross-agency collaborations, and a lack of information about other services (Figure 33).

Figure 33. Barriers program providers identified to coordination with other providers



N = 98

Source: Provider survey.

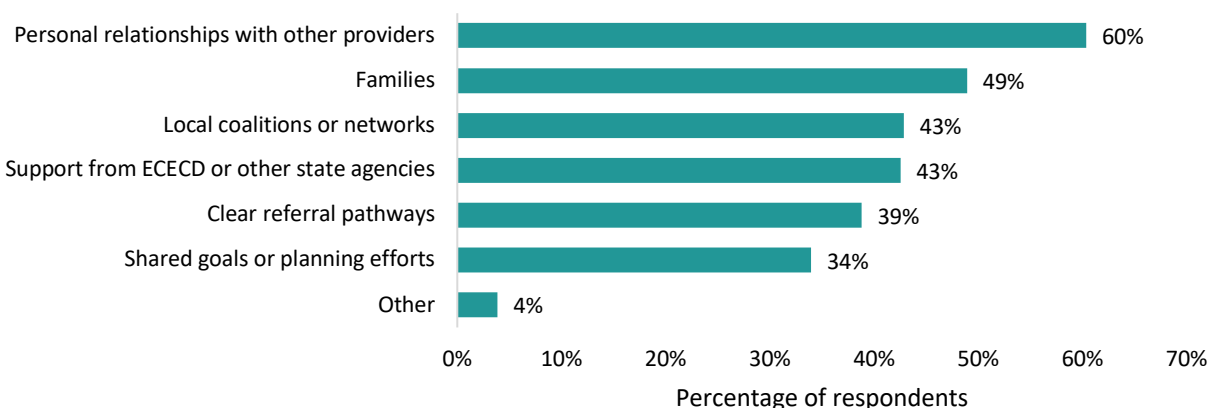
Surveyed families identified needs, gaps, and opportunities for growth in the system and offered suggestions to improve coordination:

- Strengthen partnerships between child care and healthcare providers to improve service awareness, access, and delivery of health and nutrition services in child care centers.
- Foster collaboration between the early childhood and child welfare systems to prevent child abuse and neglect and reduce involvement with the child welfare system.
- Partner with local employers to create more on-site child care options.
- Provide additional support during transitions across programs, especially the transition into K-12.

Personal relationships help foster coordination across early childhood services.

Some respondents shared factors that support coordination with other early childhood services (Figure 34). Sixty percent indicated that having personal relationships with other providers was helpful. In addition, 43% of respondents identified direct support from ECECD or other state agencies as a factor that supported their ability to coordinate services across programs. Some focus group participants thought that ECECD could play a facilitator role in encouraging cross-program collaboration. Coalition representatives suggested that the state could help by facilitating regional support and collaboration to encourage stakeholders to focus on the needs of a larger community, “and not on their own system boundaries.”

Figure 34. Personal relationships are a key factor in supporting cross-service coordination.



N = 595

Source: Provider survey.

Effective collaborative leadership brings successful policies to fruition

ECECD's mixed-delivery, collaborative governance model invites stakeholders, experts, and multidisciplinary perspectives to the decision table. The New Mexico Early Childhood Tribal Advisory Coalition strives to ensure regular and knowledgeable communication, engagement, and collaboration between ECECD and all 23 Nations, Pueblos, and Tribes in the state. ECECD engages in government-to-government consultation with the Nations, Pueblos, and Tribes in an effort to ensure that early childhood policies respect tribal sovereignty and reflect the needs and priorities of Indigenous communities. These consultation processes deepen coordination across jurisdictions and help shape programs and services that are tailored and locally responsive.

The model has forged partnerships to co-design and co-implement policies and initiatives grounded in community need. Evidence of the model's effectiveness can be found throughout the policies ECECD has implemented in the past five years to support families, invest in the workforce, and build early childhood systems. Families and communities are at the center of the agency's approach to governance, making their engagement both imperative and impactful.

Opportunities to fill gaps in governance across the state's early childhood ecosystem remain, especially at the regional and local levels:

- **Address systemic barriers that hinder effective collaboration among providers.**
 - Providers noted key barriers to effective collaboration, including the lack of a formal coordination system, programs operating on different schedules, insufficient time and staffing to connect, and limited awareness of or inclusion in collaborations. Some providers expressed a desire for state support for collaboration.

- **Support meaningful and sustained government-to-government collaborations.**
 - ECECD has integrated Native American early education and care into the core of its strategic plan, formalized educational partnerships with Nations, Pueblos, and Tribes through IGAs, appointed the Assistant Secretary for Native American Early Education and Care, and established regular communication and engagement through the Early Childhood Tribal Advisory Coalition. The work is in progress. Maintaining and bolstering the momentum for addressing the ongoing early childhood priorities of Nations, Pueblos, and Tribes would benefit from systematic learning from early investments and collaborative efforts.
 - As reported in the survey, local early childhood system building coalitions' coordination with Nations, Pueblos, and Tribes, health and mental health providers, and state agencies can be strengthened.
- **Streamline processes and bolster administrative capacity to improve efficiency.**
 - Reduce and simplify paperwork.
 - Offer technical assistance on coordination, integrating and aligning multiple funding streams, and leadership development.
 - Champion and build capacity for effective data use, so local leaders can utilize provider performance on key outcomes or map service areas to better support families and providers.

ECECD has laid the groundwork to establish effective government-to-government collaborations and empower local leaders to support families and providers. Continued commitment to implementing and learning from these efforts will help the state to improve shared leadership and realize the benefits of a high-quality, connected early childhood ecosystem for children, families, and providers.



Funding





Critical Component 5: Funding

New Mexico's early childhood funding policy reforms are key to building an accessible, affordable, and sustainable early childhood education and care system for all families. Broad support from the public and the state government secured a sustainable funding source through the LGPF in 2022. Ongoing strategic funding models including cost studies and the development of cost-estimation models for the early childhood system, investments, and partnerships continue to enhance early childhood opportunities for New Mexicans.^{cclxix ccl}

Community-informed initiatives to help children thrive

In 2019, New Mexico's early childhood stakeholders advocated for increased and coordinated funding as key to improving early learning and care quality and access.^{ccli} Seven themes emerged from community conversations, all of which ECECD has implemented to create a more dependable early childhood funding structure:

1. Understand the true cost of providing care to set reimbursement and subsidy rates	<input checked="" type="checkbox"/>	ECECD conducted costs of care studies for the early childhood system and increased and paid reimbursement rates for child care and the FIT program accordingly ^{cclii ccliii ccliv}
2. Maximize use of federal funding by supporting children with different funding streams	<input checked="" type="checkbox"/>	ECECD implemented a mixed-delivery system that coordinates federal, state, and other funding across programs to deliver needed supports to children ^{cclv}
3. Stabilize funding and streamline access	<input checked="" type="checkbox"/>	ECECD secured two new long-term, reliable, and significant state funds for early childhood programs and services ^{cclvi cclvii}
4. Combine funding streams	<input checked="" type="checkbox"/>	ECECD combines federal, state, philanthropic, and other funding to maximize supports in multiple programs ^{cclviii}
5. Provide flexible resources to support local coordination and collaboration throughout the system	<input checked="" type="checkbox"/>	ECECD funded 15 local early childhood system building coalitions through a \$4 million grant made possible by federal relief funds and expanded to 18 coalitions with PDG B-5 fund and Early Childhood Trust Fund (ECTF) ^{cclix cclx}
6. Offer funding to improve capital assets	<input checked="" type="checkbox"/>	ECECD developed public-private partnerships to provide low-interest loans and grants for capital projects and successfully advocated for funding nine capital projects on tribal lands ^{cclxi cclxii}
7. Source and coordinate funding to address systemic issues	<input checked="" type="checkbox"/>	ECECD used federal COVID-19 relief funds to pilot a wage supplement program, and state funds to provide professional development, universal no-cost child care , and other initiatives ^{cclxiii}

New Mexico provides models for sustainable early childhood education and child care funding for the nation. The state secured long-term sustainable funding for programs and services. Its approach uses dedicated and combined funding to secure resources that sustain core programs while allowing for advancement that enhances quality and access.

Dedicated and reliable revenue streams provide sustainable, recurring support for early childhood.

New Mexico established two new major early childhood education funding sources:

- **The ECTF** was established in 2020 to provide a dedicated revenue stream for early childhood system investments. Senate Bill 3, which created the fund, passed in the state Senate with a unanimous bipartisan vote of 40–0.^{cclxiv} It received an initial general fund appropriation of \$320 million, which is sustained by the surplus of oil and gas revenues. It began distributing support to early childhood programs in fiscal year 2022.^{cclxv} By the end of fiscal year 2024, ECTF balance reached \$9.6 billion, including a transfer of \$1.8 billion during the 2024 fiscal year.^{cclxvi}
- **The LGPF** offers sustainable, long-term, and constitutionally guaranteed early childhood education and care funding. In 2021, a joint resolution authorized the use of a portion of the fund to support early childhood education and care expansion statewide.^{cclxvii} In 2022, 70% of New Mexico voters passed a ballot measure that amended the state constitution to allow 1.25% of the fund to be drawn annually, of which 60% goes toward funding early childhood programs and services. As a federally established source, the U.S. Congress approved New Mexico to allocate its LGPF monies to early childhood education in fiscal year 2023.^{cclxviii}

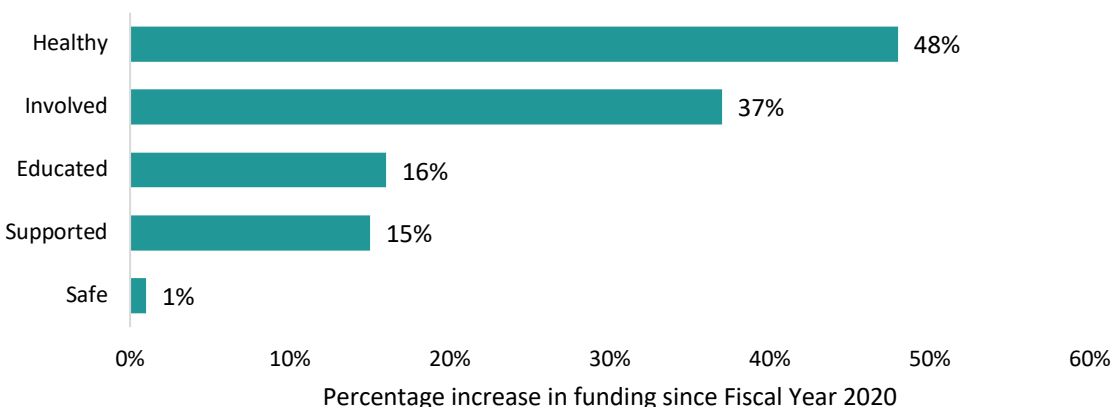
New Mexico combines funding to maximize impact.

The need to braid funding for leverage and efficiency, including coordinating separate streams such as state funding, philanthropic funding, private pay, fees, and other community support, was a theme of the 2019 community assessment.^{cclxix} Ultimately, combined funding sources benefit families. Multiple examples illustrate how the system leverages combined funding:

- It is used to serve at-risk families and families over 85% of the State Medium Income.^{cclxx}
- It contributes to waiving child care copayments for families.^{cclxxi}
- FIT has benefited from Part C, Medicaid, ECECD Medicaid Match Fund, and General Fund monies.^{cclxxii}
- Home visiting receives funding from state general funds and federal funds.^{cclxxiii}
- WIC is funded through state funds, the federal WIC-Farmers' Market Nutrition Program, and the federal Senior Farmers' Market Nutrition Program.^{cclxxiv}

Funds are used strategically to support child care, governance, and quality improvements. For example, the PDG B–5 grant supports ECECD’s Council, subcommittees, and the FOCUS TQRIS. Mixed-delivery services combine funding from multiple agencies to support children and families.^{cclxxxv} For instance, Children’s Cabinet agencies have made investments to support children in being educated, healthy, safe, supported, and involved. Spending dedicated to the healthy and involved outcomes has notably increased between fiscal year 2020 and fiscal year 2024 (Figure 35).^{cclxxxvi}

Figure 35. State agency investments in children’s well-being notably increased since fiscal year 2020.



Note: Values are adjusted for inflation to 2024 dollars.

Definitions: **Healthy**: Physical fitness and mental health; **Involved**: Valued contributions to – and active participation in – communities; **Educated**: Preparedness for and success in school; **Supported**: Successful transition to purposeful adulthood and employment; **Safe**: Family and community safety and support.

Source: Children’s Cabinet Report (2025).^{cclxxxvii}

Federal funding streams play a central role supporting New Mexico’s early childhood and related family programs.

New Mexico leverages federal funding streams, including the Child Care and Development Block Grant, Early Head Start and Head Start, Medicaid, PDGs, Temporary Assistance for Needy Families (TANF), and U.S. Department of Agriculture nutrition programs, such as CACFP and WIC.^{cclxxxviii cclxxxix cclxxx cclxxxi cclxxxii cclxxxiii} Additionally, 15 local early childhood system building coalitions were funded through a four million dollar Local Early Childhood Systems Building Grant, made possible by federal relief dollars.^{cclxxxv cclxxxvi} A mix of federal and ECTF monies supports the current 18 coalitions.

Public-private partnerships and coalitions help expand supply and system capacity.

ECECD develops public-private partnerships to extend funding for key initiatives. There are several examples, among them:

- A public-private partnership with the New Mexico Finance Authority provides low-interest loans for child care provider expansion to address supply shortages.^{cclxxxvii}
- Three local organizations, focused on child and family services, helping entrepreneurs, and supporting mission-driven-organizations respectively, have partnered with ECECD to form the Capacity Resources for Enhancing Care, Excellence, and Resilience program, which provided grants to child care businesses.^{cclxxxviii}

- A national nonprofit that funds systematic approaches to support underserved families, the Pritzker Children’s Initiative, collaborates with ECECD to support the FLC.^{ccxxxix}

Building the infrastructure needed to expand child care capacity and improve quality ratings requires significant investments.

Most child care providers would like to serve more children and improve their quality ratings, which can support universal access to no-cost child care.^{ccxc} To do so, providers typically need to make substantial investments in facility upgrades, including adding overall square footage, adding bathrooms, and meeting zoning and fire code requirements.^{ccxc} They also need to maintain certain staffing ratios and entry level wages to attain the highest quality ratings.^{ccxcii} Often, providers cannot afford to make these investments, even with the existing support from state workforce and capital investment programs.^{ccxciii} Providers note that meeting the more stringent requirements for infant and toddler care is particularly challenging, especially for small businesses.^{ccxciv} The state removed a barrier for families seeking child care by covering its costs. Addressing cost barriers for providers to start, maintain, and expand their businesses can address other access barriers, including proximity, availability, and quality.^{ccxcv ccxcvi}

Emerging impacts

“I cannot overstate how happy I am to hear about the universal child care coming to NM! I just don’t qualify for the assistance program, and it hurts, financially. I have over drafted multiple times and cannot wait to get into this program. It will be a huge game changer. My child will be able to go from part-time to full-time at her early childhood school!”
— Mother

New Mexico uses various funding strategies to drive real impact. The state’s methods of funding early childhood education and care support access, stability, and growth. Key funding strategies achieved the following outcomes:

- **Launched universal child care at no cost to families.**^{ccxcvii} Access to quality early learning and care options increased with the removal of income eligibility limits for child care subsidies, increasing funding to make NM PreK available for more children, and allocating more funding to other programs and services.
- **Increased subsidy and reimbursement rates for child care and FIT providers based on a model of the true cost of care.**^{ccxcviii} ECECD commissioned studies to gather data on cost inputs to set subsidies that cover the cost of care and services. This helps providers maintain their businesses, invest in quality and growth, and offer higher wages.
- **Drove improvements in quality and access.**^{ccxcix} ECECD raises subsidies for providers that pay higher entry-level wages, have higher FOCUS ratings, and keep their doors open longer (i.e., in the early mornings, evenings, and/or on weekends).^{ccc} Higher subsidies recognize the work that providers do to deliver quality and flexibility for families, while advancing ECECD’s goals to improve educator compensation and expand access to early learning and care options for families.
- **Helped grow the workforce through incentives and career supports.**^{ccci} Early childhood educators are using scholarships, online professional development, and incentives to promote bilingualism to enhance their skills and progress through careers in early childhood education.

Wage supplements and pay parity increase compensation for early educators, addressing a key factor in staff retention.

- **Enhanced government-to-government relationships** through **IGAs** with Nations, Pueblos, and Tribes and increased access to quality programs and services statewide. These 18 IGAs made investments totaling nearly \$1.9 million in early childhood in Tribal communities.^{cccii cciii}

Sound investments in New Mexico's future

ECECD's approach to securing core state funding to sustain increases in capacity and quality while combining it with federal, private, and philanthropic funds helps families and children receive the support they need to thrive. Meanwhile, ECECD's funding allocations help stabilize the early childhood education and care ecosystem: They support business growth and original solution pilots, and strengthen the workforce through improved compensation, career pathways, and professional development. As ECECD embarks on a transformative effort to expand early childhood education and care programs throughout the state, its stable and combined funding approach will support strategic investments in the well-being of New Mexico's children, families, and workforce.

Although the state secured significant new funding sources for early childhood in recent years, opportunities remain to fill gaps around funding to enable early childhood programs and systems to meet growing needs:

- **Extend providers' access to capital to expand capacity.** Accommodating increased demand for child care requires addressing financial barriers to facility upgrades, hiring and competitively compensating staff, and meeting regulatory requirements. These barriers are especially acute for small businesses and those serving infants and toddlers.
- **Increase provider capacity to integrate and coordinate multiple funding streams.** Boosting providers' administrative capacity to access resources from various sources and use them efficiently would be helpful. In addition, providers reported struggling to manage complicated paperwork and timelines when soliciting and integrating funding from multiple sources, such as grants, loans, and subsidies.
- **Invest the funding that is necessary to expand access to high-quality programs and services for families, prenatal to age five.** Sustained and broadened funding is a must for reaching outcomes and addressing children, family, community, workforce, and facility needs.

These challenges highlight opportunities for bold, creative initiatives. By investing in infrastructure and the workforce, building local capacity, maximizing existing funding sources, and expanding partnerships, New Mexico can help equip early childhood programs to fully meet the needs of children, families, providers, and communities.

A comprehensive community assessment is an essential component of ECECD's approach to ensure that its work is grounded in the true needs and priorities of New Mexicans. This assessment drew on, updated, and synthesized a wide variety of information sources, including over 80 existing reports, local, state, and national recent and present data, and insights from families and providers from across the state through surveys and focus groups. This assessment offers a detailed and distinctive picture of New Mexico's early childhood ecosystem. It surfaces successes, identifies needs, gaps, and opportunities for improvement, and highlights considerations from the field. ECECD and New Mexico can leverage this resource in a coherent and collaborative manner to continue to build on and advance the critical efforts to ensure that all New Mexico families and young children are thriving.



Endnotes

Hyperlinks were verified as of December 31, 2025. URLs are subject to change over time.

Executive Summary

- ⁱ ECECD Leadership Team, personal communication, November 16, 2025.
- ⁱⁱ https://www.nmececd.org/wp-content/uploads/2020/08/NMECDP_NeedsAssessment_2020.07.20.pdf
- ⁱⁱⁱ <https://www.nmececd.org/universal/>
- ^{iv} <https://www.nmececd.org/wp-content/uploads/2021/07/N.M.-dramatically-expands-Child-Care-Assistance.pdf>
- ^v <https://www.nmececd.org/2023/05/08/ececd-announces-proposed-changes-that-will-improve-access-to-high-quality-child-care-for-most-new-mexico-families/>
- ^{vi} <https://www.nmececd.org/wp-content/uploads/2024/11/NM-Assets-Gaps-Analysis.pdf>
- ^{vii} <https://www.nmlegis.gov/Legislation/Legislation?chamber=H&legType=B&legNo=83&year=20>; the report uses this terminology to refer to the Early Childhood Education and Care Fund, which is the Fund’s statutory name.
- ^{viii} https://www.nmececd.org/wp-content/uploads/2025/01/NMCEMReport2024_Design.pdf
- ^{ix} https://www.nmececd.org/wp-content/uploads/2021/08/P5FS_NMReport_v.3d_forWeb.pdf
- ^x <https://growingupnm.org/what-we-do/community-engagement/new-mexico-family-leadership-council/>
- ^{xi} <https://www.nmececd.org/2023/04/10/ececd-announces-that-fit-program-now-ranked-first-in-the-nation-new-rates-for-early-intervention-providers/>
- ^{xii} <https://eecd scholarship.org/wage-supplement/>
- ^{xiii} <https://eecd scholarship.org/wage-parity-information/>
- ^{xiv} <https://eecd scholarship.org/scholarship-information/>
- ^{xv} https://www.nmececd.org/wp-content/uploads/2023/09/ECECD-Cost-Model-Reimbursement-Rate-Flyer-in-English-and-Spanish_-Sept-2023.pdf
- ^{xvi} <https://www.ececonsortium.org/wp-content/uploads/2021/07/ECEC-Solutions-Paper-Mixed-Delivery.pdf>
- ^{xvii} https://www.nmececd.org/wp-content/uploads/2024/10/ECECD_-Brochure_NMPreK_-English-and-Spanish_Oct-2024.pdf
- ^{xviii} <https://www.nmececd.org/new-mexico-grown/>
- ^{xix} ECECD Leadership Team, personal communication, December 30, 2025.
- ^{xx} https://www.nmececd.org/wp-content/uploads/2025/08/ECECD-STCA-2025-Booklet-Layout_Online.pdf
- ^{xxi} https://www.nmececd.org/wp-content/uploads/2025/08/2024-Annual-Rpt-_ECECD-Comms_PROOF_Updated.pdf
- ^{xxii} <https://www.governor.state.nm.us/2023/07/19/gov-lujan-grisham-announces-historic-expansion-of-prek-programs-in-new-mexico-funding-includes-more-than-550-new-prek-slots-for-tribes-nations-and-pueblos/>
- ^{xxiii} <https://www.nmlegis.gov/handouts/ALFC%20120825%20Item%209%20Early%20Childhood%20Care%20Department.pdf>
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- ^{xxv} https://www.nmececd.org/wp-content/uploads/2025/08/2024-Annual-Rpt-_ECECD-Comms_PROOF_Updated.pdf
- ^{xxvi} <https://pn3policy.org/pn-3-state-policy-roadmap-2024/nm/>
- ^{xxvii} https://www.nmececd.org/wp-content/uploads/2022/02/2021-ECECD-Annual-Outcomes-Report_FINAL_021622.pdf
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- ^{xxix} <https://www.bls.gov/oes/tables.htm>

xxx https://www.nmececd.org/wp-content/uploads/2021/01/2021-2024_NMEarlyChildhood_StrategicPlan.pdf
xxxi <https://www.aecf.org/interactive/databook?l=35>
xxxi <https://www.nmececd.org/about-ececd/>

New Mexico's Recent Early Childhood Education and Care Policies Set National Examples

xxxiii <https://www.governor.state.nm.us/2019/03/14/gov-lujan-grisham-signs-senate-bill-22-establishing-early-childhood-education-and-care-department/>
xxxiv <https://pn3policy.org/wp-content/uploads/2025/03/NM-case-study-horz-FINAL.pdf>
xxxv <https://www.nmececd.org/about-ececd/>
xxxvi https://www.nmececd.org/wp-content/uploads/2021/01/2021-2024_NMEarlyChildhood_StrategicPlan.pdf
xxxvii https://www.americashealthrankings.org/explore/measures/flourish_0to17_overall/NM
xxxviii <https://storymaps.arcgis.com/stories/7d14c0cb47d545c0a1fc5993e5ed2add>
xxxix https://www.nmececd.org/wp-content/uploads/2020/08/NMECDP_NeedsAssessment_2020.07.20.pdf
xl https://www.nmececd.org/wp-content/uploads/2025/09/ECECD-Strategic-Plan-FY-22-27_AUGUST-_15_2025.pdf
xli https://www.nmececd.org/wp-content/uploads/2021/01/2021-2024_NMEarlyChildhood_StrategicPlan.pdf
xlii <https://www.nmececd.org/prek/>
xliii <https://www.nmececd.org/wp-content/uploads/2022/10/2022-HSNA-Final-Report.pdf>
xliv <https://www.nmececd.org/homevisiting/>
xlv <https://www.nmececd.org/family-infant-toddler-fit-program/>
xlv <https://www.nmececd.org/familiesfirst/>
xlvii <https://www.nmececd.org/new-mexico-grown/>
xlviii <https://www.nmececd.org/government-to-government/>

Critical Component 1: Access and Awareness

xliv https://www.nmececd.org/wp-content/uploads/2020/08/NMECDP_NeedsAssessment_2020.07.20.pdf
l <https://www.nmececd.org/universal/>
li <https://www.nmececd.org/2025/07/08/universal-light-touch-home-visiting-program-transitions-to-ececd/>
lii <https://www.governor.state.nm.us/2023/07/27/new-mexico-executes-historic-expansion-of-new-mexico-pre-k-partnership-with-tribes-pueblos-and-nations/>
liii <https://www.nmececd.org/prek/>
liv https://www.nmececd.org/wp-content/uploads/2023/08/ECECD-Annual-Outcomes-Final-Report_Aug2023_ECECDComms.pdf
lv https://www.nmececd.org/wp-content/uploads/2021/07/HBD-Accomplishments_REV3.pdf
lvi https://www.nmececd.org/wp-content/uploads/2023/09/STCA-2023_FINAL.pdf
lvii https://www.nmececd.org/wp-content/uploads/2020/08/NMECDP_NeedsAssessment_2020.07.20.pdf
lviii <https://www.nmececd.org/familiesfirst/>
lix <https://momentsnm.org/>
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lxi <https://momentsnm.org/child-care-providers/>
lxii <https://momentsnm.org/community-toolkit/>
lxiii <https://askalax.org/>
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cclix <https://www.nmececd.org/local-early-childhood-system-building-coalitions/>

cclx ECECD Leadership Team, personal communication, November 16, 2025.

cclxi <https://www.crecernm.org/>

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cclxvi https://assets.nationbuilder.com/nmoga/pages/2283/attachments/original/1745341868/NMOGA_TRI_Study_-_FINAL.pdf?1745341868

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cclxxiv <https://www.nmwic.org/about-wic/annual-reports/> (NM WIC 2024 Annual Report)

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cclxxxviii <https://www.crecernm.org/>

cclxxxix <https://growingupnm.org/what-we-do/community-engagement/new-mexico-family-leadership-council/>

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ccxcvii <https://www.nmececd.org/universal/>

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ccc https://www.nmececd.org/wp-content/uploads/2023/09/ECECD-Cost-Model-Reimbursement-Rate-Flyer-in-English-and-Spanish_-_Sept-2023.pdf

ccci https://www.nmececd.org/wp-content/uploads/2022/01/ECECD_Pathways_January-2022_Final.pdf

cccii [https://www.nmlegis.gov/handouts/IAC%20081425%20Item%201%20State&Tribal%20Collaboration%20Sample%20Report%20\(ECECD\).pdf](https://www.nmlegis.gov/handouts/IAC%20081425%20Item%201%20State&Tribal%20Collaboration%20Sample%20Report%20(ECECD).pdf)

ccciii ECECD Leadership Team, personal communication, December 30, 2025.

Appendix A:

Program Profiles

Appendix A.

Program Profiles

Early Childhood Education and Care Department's (ECECD's) programs each have a story to tell on growing access and awareness, strengthening the workforce, and funding initiatives over the past five years. The profiles in this section highlight key findings for ECECD programs, specifically child care, Early PreK and New Mexico PreK (NM PreK), Early Head Start and Head Start, home visiting, and the Family Infant Toddler (FIT) program. Findings covered in detail in the main body of the report are not repeated.

Child Care

In 2020, New Mexico's upper limit of eligibility for child care assistance was 200% of the Federal Poverty Level (FPL), which was the 18th highest in the country at that time.ⁱ Every year since then, ECECD has successfully advocated for changes that make child care more affordable for families while increasing the value of subsidies to reflect the true cost of care.

"Child care is essential to family stability, workforce participation, and New Mexico's future prosperity"

— Governor Michelle Lujan Grishamⁱⁱ

New Mexico is the first state to guarantee universal child care at no cost to families.

As of November 1, 2025, all New Mexico children will become eligible for fully subsidized child care without copays, regardless of income.ⁱⁱⁱ The average benefit of over \$12,000 per year, per child, removes affordability barriers for families at all income levels.^{iv} This accomplishment builds on years of growing awareness, groundwork, and bold policy actions to improve access to affordable child care, hitting key milestones in 2021 and 2022:^v

- **2021:** Expanded eligibility for households with incomes at or below 350% of the FPL.
- **2022:** Expanded eligibility and waived all copays for households with incomes at or below 400% of the FPL.^{vi vii viii} As the highest upper-income eligibility limit in the country, it covered virtually all children (annual household income limits were \$111,000 for a family of four that year).^{ix x}

Before waiving copays, in 2021, New Mexico families of three up to the 150th percentile were responsible for paying the difference between the reimbursement rate and the provider rate, up to 6.7% of their income.^{xi} This was above the national median of six percent.

Making child care more affordable for families by waiving copays also benefited providers. It relieved them of the time and effort it took to collect copays from families.^{xii} One provider interviewed in 2023 expressed their enthusiasm for the policy:^{xiii} "I love it. My goodness. The amount of time that you normally spent collecting copays. Not having that burden 'cause, again, being in an educational setting, we want to be about the education, the child."

In 2024, New Mexico was one of only five states to have implemented all key policy levers for child care subsidies.^{xiv} One lever is setting the income eligibility limit at or above 85% of the state median income. A second is limiting copays to seven percent of family income or less for all families. A third lever is setting reimbursement rates one of two ways. One is to set them at or above the 75th percentile of a market rate survey; another to set them based on a cost estimation model.^{xv} Since 2022, New Mexico has ranked first or second in the nation on all three measures.^{xvi xvii xviii}

New Mexico is a national leader in using cost of care and quality to inform subsidy policy.

New Mexico is one of the few states that subsidize the tiered true cost of child care. Achieving universal child care access relies on a strong network of providers and a healthy workforce. ECECD has made several investments to help child care businesses thrive, including syncing subsidies with the actual costs of providing care.

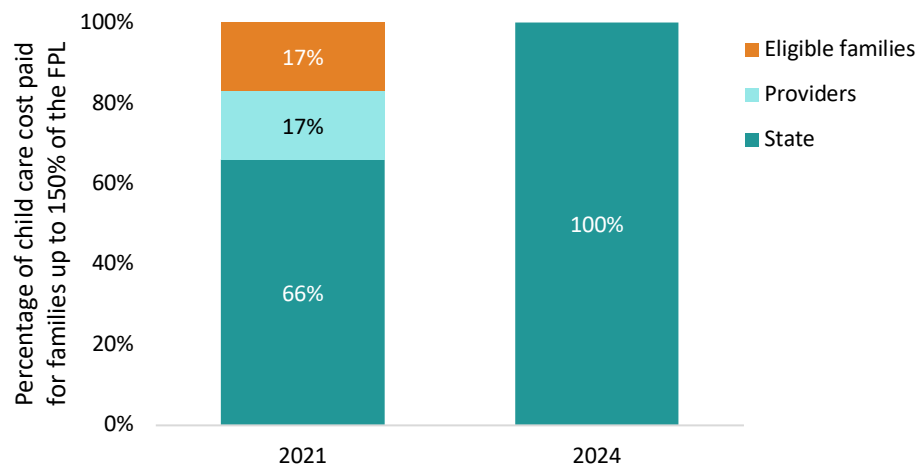
“The ECECD was my saving grace. My family absolutely could never have afforded the \$1,600 monthly bill for my one child and another \$320 for before and after care for my school-aged son. This program was a light in the darkness to be able to not go financially underwater for something out of my control. I’m incredibly grateful for this program.”

— Mother

Subsidizing the true cost of child care rather than its market value is important for improving child care access. Subsidies that cover actual costs can help child care businesses remain financially stable, thereby maintaining or improving access to child care. New Mexico uses the actual cost of care and quality to inform subsidies.^{xix} Child care reimbursement rates are based on cost modeling. ECECD conducts thorough cost studies to assess the costs of various material variables and program characteristics, including program type, size, quality level, the wide range of child populations served, geographic location, and the hours during which care is provided. The data are integrated into a cost-estimation tool, enabling ECECD to understand the cost of services for different age groups of children, across various provider types, and at varying levels of quality.

New Mexico became one of the first states to implement a cost of care approach to subsidizing child care.^{xx} A study ECECD commissioned to estimate the cost of quality child care in the state provided evidence to inform subsidy rates in way that made a clear difference.^{xxi} In 2021, when the state used a market rate calculation to determine subsidy amounts, the state paid 66% of the total cost of child care (Figure A1).^{xxii} The remainder was split evenly across providers and families. By 2024, the state paid 100% of the total cost of child care. New Mexico was the only state to provide fully subsidized child care without copays and one of only five that subsidized the full cost of child care for families (the study compared states based on a family of three at 150% of the FPL).^{xxiii}

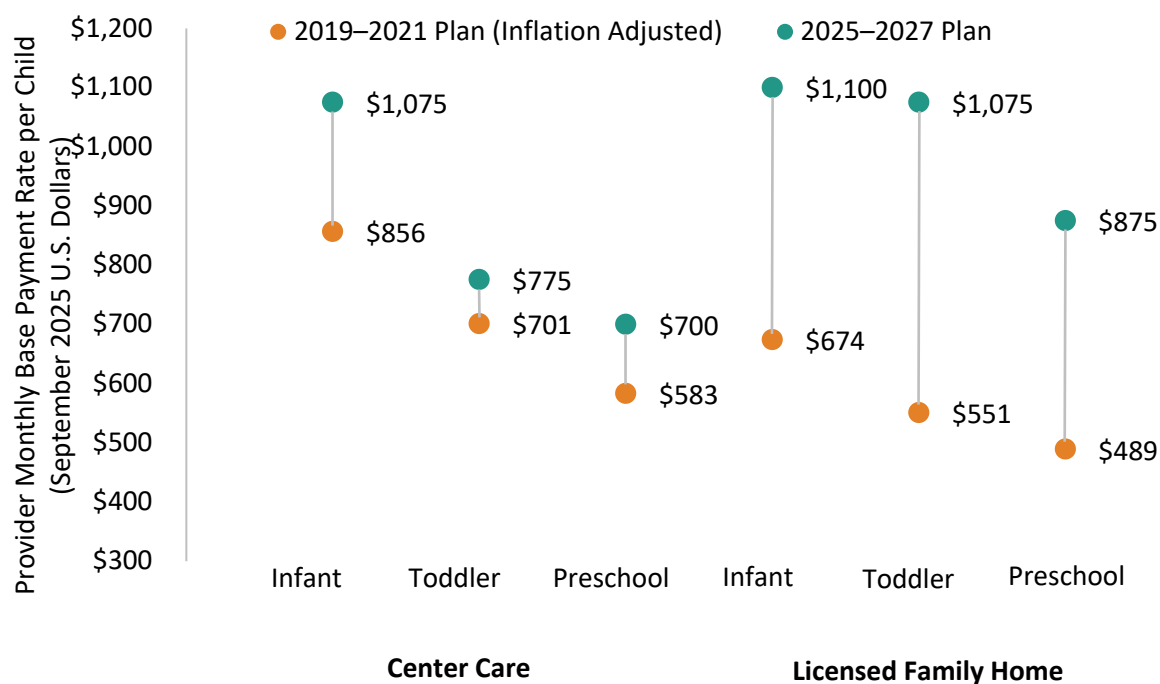
Figure A1. After implementing a cost of quality care cost estimation model for setting subsidy rates, there is no gap between market rates and actual costs for providers and families to fill.



Source: Prenatal-to-3 Policy Impact Center, 2021;^{xxiv} 2024.^{xxv}

The 2025–2027 Child Care and Development Fund (CCDF) plan applies the cost of care methodology to set base provider payment rates.^{xxvi} Inflation-adjusted monthly base payment rates have increased since the 2019–2021 CCDF plan, especially for family care providers (Figure A2).

Figure A2. Inflation-adjusted changes in provider monthly base payment rates for the most populous area in the state between the 2019–2021 and 2025–2027 CCDF plans.



Note: 2019–2021 rates are inflation-adjusted from September 2021 to August 2025 U.S. dollars using the U.S. Bureau of Labor Statistics Consumer Price Index Inflation Calculator.^{xxxvii}

Sources: CCDF Plans for New Mexico Federal Fiscal Years 2019–2021 and 2025–2027.^{xxxviii xxxix}

Incentives and supports help child care businesses.

ECECD incentivizes quality.

ECECD incentivizes providers to improve access and quality.^{xxx} There are three ways to increase one's number of stars on the state's tiered quality rating and improvement system (TQRIS), FOCUS:

- Improving quality (for ratings of 2+, 3, 4, and 5 stars).^{xxxi}
- Offering care outside traditional hours (5–15% higher subsidy rates).^{xxxii}
- Offering higher wages (\$18–\$21 entry level hourly wages) and remaining open 10 hours a day, five days a week.^{xxxiii}

Many providers meet one or more of these criteria; only 22% of center care providers and seven percent of family care providers receive the base payment rate.^{xxxiv} A 2023 survey of child care providers found that New Mexico's child care expansion policies helped them invest in growing their capacity and improving the quality of care.^{xxxv} Examples included facility improvements, increasing educator wages, hiring additional educators, increasing the number of children in care, and improving quality ratings.

ECECD offers low-interest financing to start or expand child care businesses.

New Mexico established the Child Care Facility Revolving Loan Fund in 2003 under the Child Care Facility Loan Act. In 2023, the state added working capital as a use of the fund.^{xxxvi} Child care providers can borrow between \$100,000 and \$2.5 million at two percent fixed interest rates. They can use the loans for capital projects and operating capital.

ECECD policies support workforce retention.

Some of ECECD's policies address critical needs identified in the 2019 Preschool Development Grant Birth through Five (PDG B-5) needs assessment for developing and retaining the child care workforce. In fiscal year 2024, 166 child care professionals received wage supplements to bring their hourly wages up to \$18.^{xxxvii} The same year, 123 child care providers received the \$1,500 incentive for being bilingual. ECECD is also supporting thousands of child care professionals in obtaining higher education credentials in early childhood education. In fiscal year 2024, 2,772 child care professionals received scholarships.

A 2023 survey of child care providers found that 85% considered state support for increasing staff wages to be essential for the success of their business.^{xxxviii} Likewise, 80% thought that state support for staff professional development was important. In interviews, providers commented that they used increased state subsidies to help sustain the three-dollar wage increases that Coronavirus relief funds temporarily supported. This was important for retaining educators, they said, though not all of them were able to fully cover the increased wages.^{xxxix}

ECECD is centralizing data and administrative resources.

Child care providers are required to collect and submit data as part of state and federal requirements and to demonstrate their eligibility for quality ratings on FOCUS. Data collection and reporting are nontrivial costs for providers who must pay for recordkeeping infrastructure and allocate time for administrative tasks. ECECD is working to centralize data collection and reporting, relieving providers of the responsibility for creating or purchasing their own solutions, reducing time spent on administrative tasks, and offering useful insights for program management and delivery. For example, the Enterprise Provider Information and Constituent Services child care provider dashboard supports providers of licensed and registered programs to manage administrative tasks, such as accepting child care contracts, viewing payments and remittances, managing employee records, viewing child care certifications, and accessing useful information and resources.^{xl}

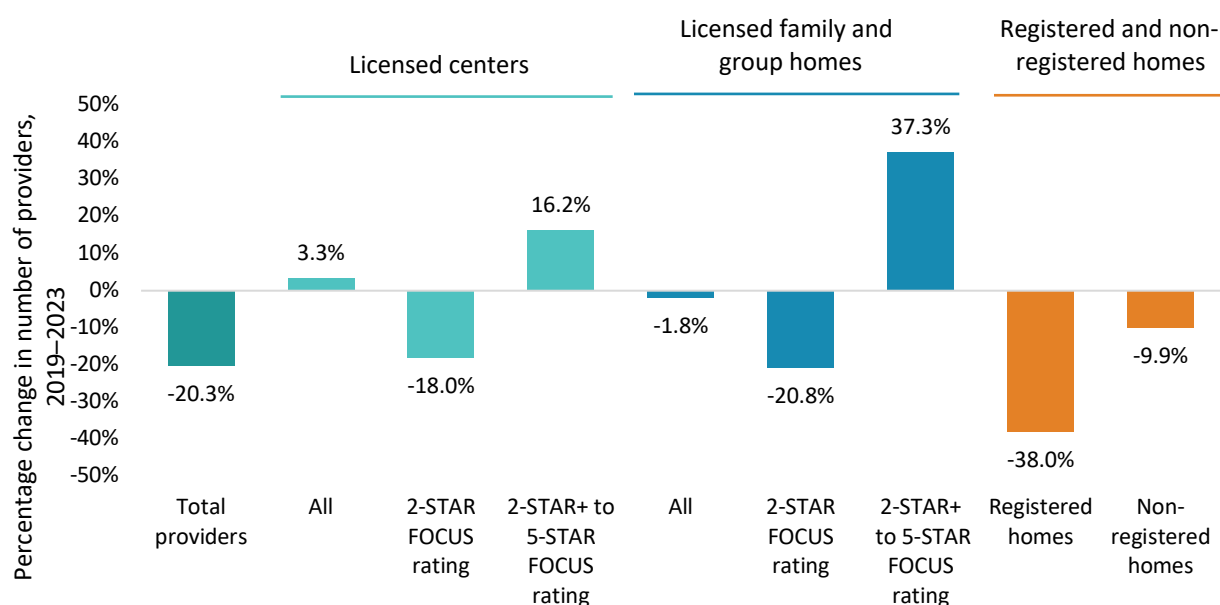
ECECD's policies helped expand access to high-quality child care.

Most respondents to the 2019 PDG B-5 needs assessment family survey (78%) believed that lack of access to child care, NM PreK, and other early childhood programs was a problem for parents and their children in New Mexico.^{xli} ECECD's Family Engagement and Satisfaction surveys also highlight that having child care is a major determining factor for whether or not an adult in the family was able to work outside the home for three in four families.^{xlii} The state's recent policies have begun to address those concerns, as monthly enrollment in child care assistance among children aged 0–5 increased by over 100% since 2021.^{xliii} The number of licensed child care slots has increased between 2023 and 2024, from 63,648 to 66,854.^{xliv xlv}

Notably, licensed child care options *with higher quality* are increasing in number and capacity. Increased eligibility for child care subsidies and raises in subsidy amounts may have contributed to changes in the types of child care available to families. A recent study noted that child care subsidy vouchers are not useful to families where providers do not accept subsidies as a form of payment.^{xlvi}

The study is less recent and found that there was a three percent decline in child care slots statewide and a 20.3% decline in the total number of active providers between 2019 and 2023.^{xlvii} However, it is an opportunity to showcase that, at the same time, the number of licensed centers increased by 3.3% while the number of license-exempt registered home providers decreased by 38% (Figure A3).^{xlviii} The decline in the number of home-based providers, particularly those that were license-exempt registered home providers, contributed to the overall decrease in the number of active providers in those years. Registered home providers are not eligible to receive subsidy payments.

Figure A3. Child care options with higher FOCUS ratings increased in number while non-licensed homes, which are ineligible for child care subsidies, decreased between 2019 and 2023.

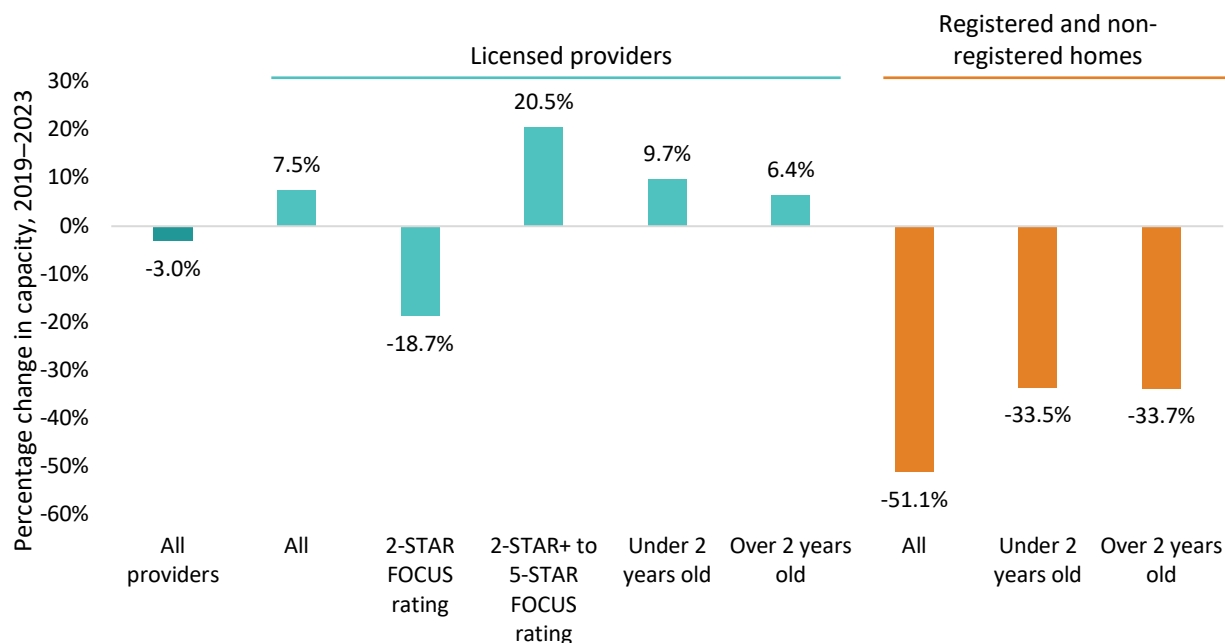


Note: Non-registered homes represent Child and Adult Care Food Program (CACFP) providers only.

Source: Breidenbach et al., 2025.^{xlix}

Capacity, measured as the number of children who could be served if providers were fully staffed, changed similarly across providers between 2019 and 2023. It notably increased among licensed providers with at least a 2-STAR+ FOCUS rating and decreased by almost as much among licensed providers with a 2-STAR FOCUS rating (Figure A4).ⁱ At the same time, capacity among registered and non-registered homes, which cannot accept subsidies, declined by more than 50% overall.ⁱⁱ

Figure A4. Capacity increased among licensed providers overall between 2019 and 2023, driven by an increase in the capacity of providers with higher FOCUS ratings.



Source: Breidenbach et al., 2025.^{lii}

Providers with quality ratings below three stars were more likely to report they had no plans to expand than providers with higher quality ratings, according to a 2025 survey.^{liii} The study suggests that providers with lower ratings may be more resource-limited and unable to invest in expanding their capacity, or they may not be able to expand capacity and improve quality simultaneously.^{liv} Providers from licensed family child care homes were also less likely to consider expanding than those in licensed centers.

On balance, much of the state had either a surplus of child care spots or a shortfall of less than 300 spots.^{lv} Importantly, the Early Childhood Trust Fund (ECTF) helped the state quickly recover child care spots lost during the COVID-19 pandemic and continue expanding access.^{lvi} In fact, total child care spots increased 6.6% between 2019 and 2024—from 58,863 to 62,737 spots.^{lvii} At the same time, demand for child care decreased by 8.5%.^{lviii} Specifically, the number of children under age 6 with all available parents in the workforce decreased from 89,021 in 2019 to 81,484 in 2024.^{lix}

Challenges remain, especially for infant and toddler care. The supply of child care for children under age two increased by 6.5 percent between 2021 and 2025, but it still falls short by over 12,000 spots.^{lx} The lack of qualified staff contributes to the shortage.^{lxi} Providers must either increase their staff or care for fewer children to maintain the lower child-to-staff ratios required for children under age two. This is a critical barrier for home-based providers, which typically operate with fewer staff and have a greater risk of falling out of compliance with licensing ratios when a staff member leaves.^{lxii} Providers are also required to provide more square footage per child under age two than for older children.^{lxiii} The physical limitations and expansion costs of facilities prevent providers from increasing care options for this age group.^{lxiv}

Nevertheless, there are opportunities for the state to collaborate with providers to expand child care. A recent study found that 85% of providers want to serve more children. This bodes well for ECECD as it prepares to meet increased demand for child care after expanding eligibility to all children regardless of family income.^{lxv} ECECD estimates that 55 new licensed centers, 120 new licensed homes, and 1,000 new registered homes will be required to meet demand.^{lxvi} Evidence suggests that providers need support and adaptable solutions to meet staffing and facilities requirements and accommodate more children, especially those under age two.^{lxvii}

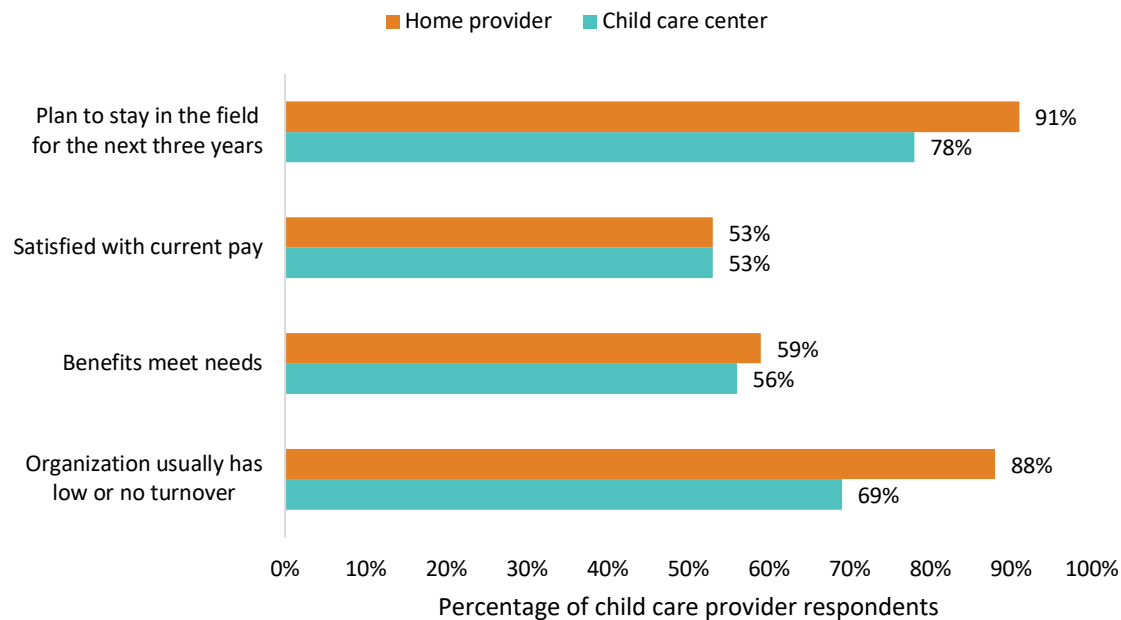
Voices from the community

“When all of my children’s needs are met, then mine will be too. I would like to have a larger daycare with teachers and be able to serve the whole community.”
—Provider

Common themes

- **Over half of child care providers were satisfied with their pay and benefits.** Shares of respondents who reported satisfaction with their pay and benefits were similar across child care settings. Slightly over half were satisfied with their pay and 56% to 59% reported their benefits met their needs. In focus groups, one licensed child care center provider shared their appreciation for ECECD’s efforts to increase wages, saying, “The pay parity for infant and toddler teachers is wonderful.” A faith-based licensed child care center provider commented on their paid holiday leave policy, “We pay for all holidays and breaks that the school takes during the school year.”
- **Nearly all home-based providers intended to stay in the early childhood education and care field for at least the next three years.** Home-based child care providers had the highest percentage of respondents report they plan to stay in the field for the next three years (91%, Figure A5). This group also has the highest percentage of respondents reporting that their organization usually has low or no turnover among all programs.

Figure A5. Child care provider respondents' perspectives about retention in the field, satisfaction with pay and benefits, and organizational turnover.



N: Home provider: 104 (plan to stay), 103 (pay satisfaction), 101 (benefits), 101 (turnover); Child care center: 134 (plan to stay), 134 (pay satisfaction), 133 (benefits), 140 (turnover)

Source: Provider survey.

- Strategies in the field contribute to educator retention.** One licensed family home provider said in a focus group that, “We try to maintain a respectful and harmonious work environment.” A licensed child care center provider gave several examples, including some ECECD initiatives: “The infant toddler pay parity has motivated staff to get their education and stay in the field. The [Social and Emotional Early Development] program has helped staff manage work stress and supported staff development. The director/coordinator is working hard to increase the quality of the program. We serve great families that value the teachers and show their appreciation.”

Considerations

- Support registered home providers through the licensure process** to maintain and expand child care options. Local early childhood system building coalitions are working in their communities to identify and meet child care needs. One coalition has been focusing on expanding capacity by supporting providers and families to open new home-based programs. They found that licensing can be challenging. One describes, “We refer families to commercial learning spaces, but families want care at home. The coalition has supported four women in the community to obtain home registration to meet the care needs of four children. But when they want to move to a licensed home, the septic costs are very high and prevent them from continuing.”

- **Address the root causes of waitlists.** Some coalitions and providers have noticed there are waitlists in center- and home-based child care. Focus group participants reported that waitlists were common for children under the age of one. As one child care center provider reports, “In Albuquerque, sometimes families have waitlists for babies under eight or 12 months; there are [no] spots because of the small workforce. Also, it’s all about ratios; there are not enough spots because there’s not enough space; we don’t have a lot of teachers. It’s a specialty because not many people teach at that level, and they don’t get paid as much as if they’re going to teach in PreK in school.” The issue can be compounded by geographic isolation. Another provider explained, “Child care programs in the home or centers, they are few and far between in areas outside of metro, especially rural. Infant and toddler care has a high waitlist; there’s not a lot of teachers.”
- **Promote physical expansion.** A licensed family home provider suggests “providing grants for structural modifications or program expansion.” A community-based NM PreK provider adds, “One of the biggest barriers is the cost of building or renovating space for [child care for birth-through-three] programs. I wonder if there would be a way to offer an incentive to local businesses or companies to encourage them to sponsor the building or renovation of new child care programs.”
- **Implement strategies to mitigate the impact of inflation.** As an example, during a focus group discussion, a faith-based registered home-based child care administrator called for more direct support, suggesting that, “due to inflation on food and household items, that are required [and] excessively overpriced, we should be tax exempt and/or get a voucher at least for that.” As a licensed family home provider described, dealing with rising costs is a balancing act for the benefit of the community: “We still cannot find a medium between paying our business expenses and our personal [expenses]. If we got higher paying rates for the work that we put in with families in our community, I know we could give them so much more in return!”

Early PreK and NM PreK Profile

In 2022, 70% of New Mexico voters approved a constitutional amendment to allocate 1.25% of Land Grant Permanent Fund (LGPF) monies to early childhood education.^{lxxviii} Since the federal government created the LGPF, U.S. Congressional approval was needed to distribute the funds.^{lxxix} Approval was granted as part of the 2023 Omnibus federal spending bill. The first allocation of LGPF funds was distributed in the 2023 fiscal year to:^{lxx lxxi}

“We have been incredibly impressed by our experience at our NM PreK program!”

— Mother

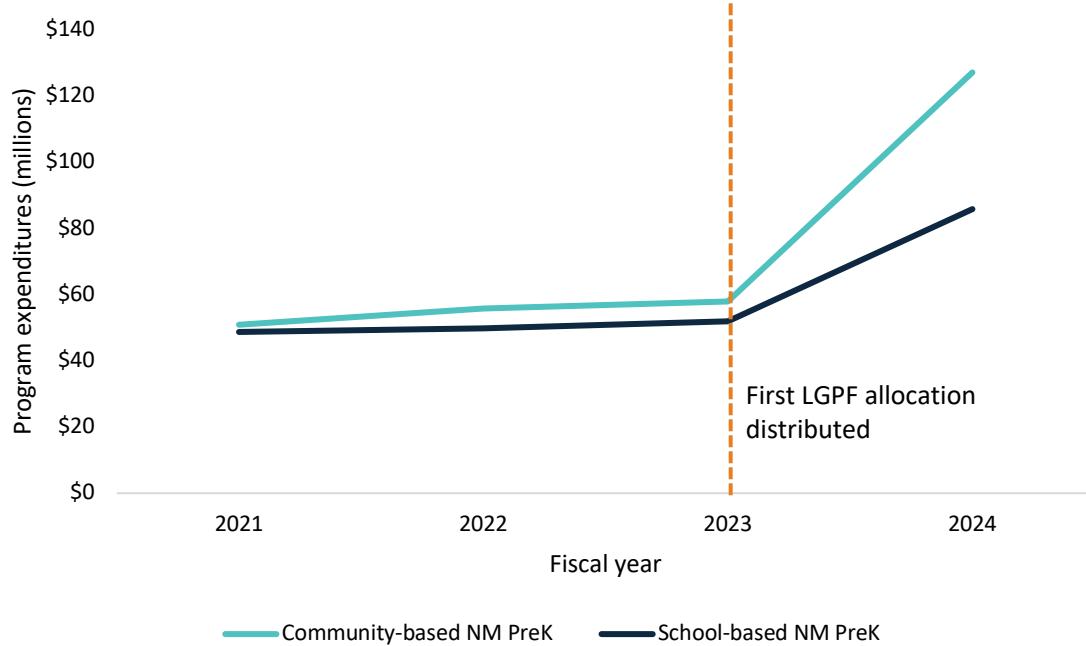
- Make 3,000 additional Early PreK and NM PreK slots available for children;
- Increase the annual hours for a school-day slot from 900 to 1,080;^{lxxii}
- Add a new extended plus program that provides year-round NM PreK;^{lxxiii} and
- Increase salaries for lead and assistant teachers.^{lxxiv}

The expansion of Early PreK and NM PreK programs was designed to increase the number of children served by 3,000.^{lxxv} It made NM PreK slots available for children in some underserved rural areas of the state. For example, it increased NM PreK access by 67% for four-year-olds living in the Hobbs school district within the mostly rural Lea County.

New Mexico was fifth in the nation in state preschool funding in 2024.^{lxxvi}

The LGPF added \$98 million to the 2024 fiscal year for NM PreK funding.^{lxxvii} Increased funding for Early PreK and NM PreK programs added capacity to serve thousands more children and expand hours and days of service. Between fiscal years 2019 and 2024, state funding for NM PreK increased by 251%. In 2024, NM PreK experienced its largest expansion in history, a 21% growth.^{lxxviii} NM PreK funding supported almost 18,000 children in fiscal year 2024, with total funding exceeding \$220 million.^{lxxix} ECECD invested the additional funds in community- and school-based NM PreK programs statewide (Figure A6). Expenditures increased by 119% for community-based NM PreK providers and 66% for school-based NM PreK providers.^{lxxx}

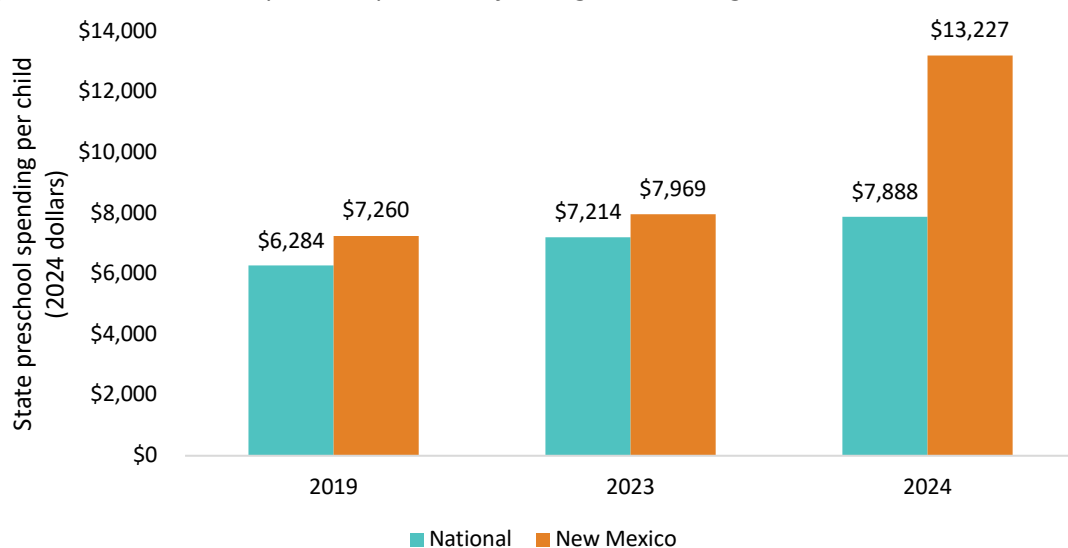
Figure A6. Funding for community- and school-based NM PreK rose sharply after the first LGPF allocation in the 2023 fiscal year.



Source: Children’s Cabinet New Mexico | Healthy Initiatives for Kids.^{lxxxix}

New Mexico’s PreK funding policies helped establish its position among national leaders in preschool funding. It ranked fifth in the nation for state preschool spending in 2024, behind Washington DC, Oregon, New Jersey, and California.^{lxxxii lxxxiii} Per-child funding also increased by 67%, from \$7,969 to \$13,227 between 2023 and 2024.^{lxxxiv} New Mexico’s per-child preschool funding was 68% higher than the national average in 2024 (Figure A7).^{lxxxv}

Figure A7. New Mexico’s per-child preschool funding was 68% higher than the national average in 2024.



Source: National Institute for Early Education Research (NIEER). (2024). *Preconfigured NIEER data sets*. https://nieer.org/sites/default/files/2025-04/state_preschool_spending_2024.xlsx

Early PreK and NM PreK enrollment spiked in 2024 with expanded funding.

Families took advantage of newly available funded NM PreK slots.^{lxxxvi} Between the 2023 and 2024 fiscal years, there was an 86% increase in the number of three-year-olds enrolled in Early PreK and an 11% increase in the number of four-year-olds enrolled in NM PreK. Overall, since 2019, Early PreK enrollment has increased by 260% and NM PreK enrollment has increased by 16%.

NM PreK consistently receives high-quality ratings.

The NM PreK program meets nine of 10 NIEER quality standards benchmarks.^{lxxxvii} These include class size, staff-to-child ratio, screening and referrals, comprehensive early learning standards, curriculum supports, and other criteria. The state does not meet the benchmark for teacher degrees, which is a bachelor's degree. In New Mexico, bachelor's degrees are required for public NM PreK providers while nonpublic NM PreK providers can meet the requirement if they are working towards a bachelor's degree.

Pay parity increased compensation for NM PreK educators.

ECECD has established policies directed at improving compensation for New Mexico's PreK educators, with pay parity as a core policy. Pay parity policies bring compensation for NM PreK teachers in line with public school employees. Launched in 2021, ECECD's pay parity program was meant to raise wages for NM PreK educators to the level of public school employees.^{lxxxviii} Payment structures are aligned with the New Mexico Public Education Department's salary scales, which consider education and years of experience. A lead teacher who meets the minimum qualification of a bachelor's degree in early childhood education must be paid at least \$50,000 per year as of 2024.^{lxxxix} Pay parity was extended to infant and toddler educators in summer 2024.^{xc} Pay parity policy and supports for career advancement for NM PreK professionals also apply to Early Head Start and Head Start educators and directors, including Tribal Head Start educators.^{xcj}

In a context of high standards and support for career advancement, many school-based NM PreK lead teachers have advanced degrees.

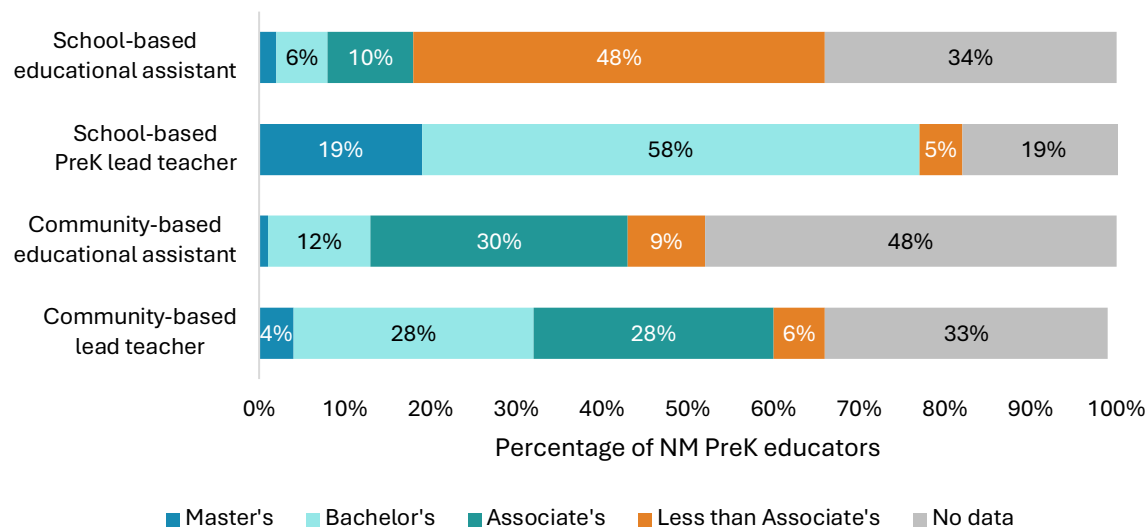
ECECD sets high standards for NM PreK educators and helps them meet qualifications to advance their careers.

Another core ECECD policy for New Mexico's PreK educators focuses on professional advancement through continuing education supports, such as scholarships for obtaining postsecondary degrees. The state requires NM PreK classrooms to have a lead teacher with a bachelor's degree in early childhood education or one who is working towards that requirement by taking six credits during two semesters.^{xcii} Educational assistants must have an associate's degree in early childhood education or be actively working towards that degree. In addition, ECECD requires all NM PreK classroom staff to complete 24 clock hours of continued professional learning each year.^{xciii} The state recommends role-based topics and trainings and provides over 200 hours of online courses at no cost to educators.^{xciv}

Over three-quarters of school-based NM PreK lead teachers have bachelor's or master's degrees.

In 2024, many early childhood educators met or exceeded the required credentials for their positions (Figure A8). Others were still working toward them. Those who have less than an associate's degree reported having a Child Development Associate (CDA) credential, a high school diploma, a General Educational Development (GED), or the 45-hour entry-level course required for licensed child care providers as their highest credential.^{xv}

Figure A8. The majority of school-based NM PreK lead teachers held bachelor's or master's degrees.



Note: Numbers may not sum to 100% due to rounding.

Source: ECECD 2024 Annual Outcomes Report.^{xvii}

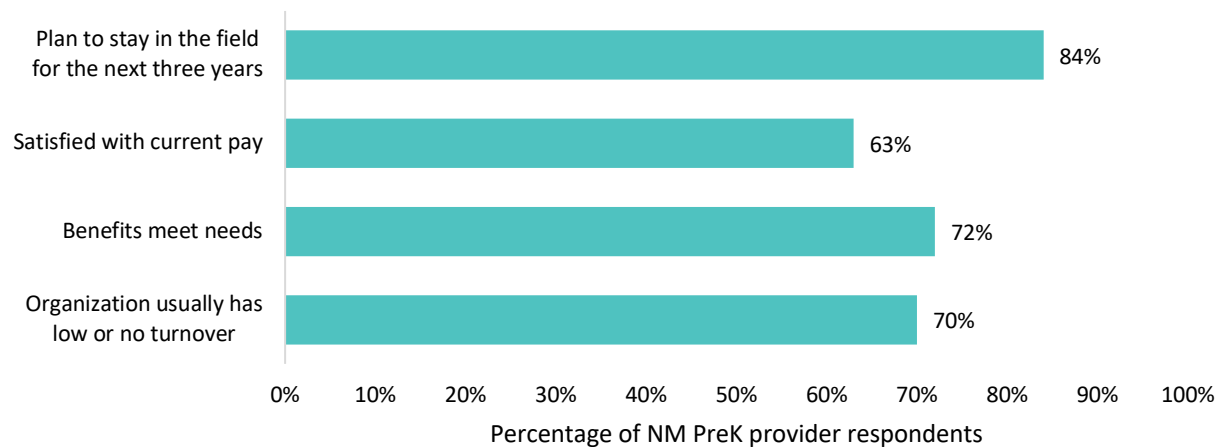
The percentage of educators meeting degree qualifications is likely underestimated since data for some educators were not reported. Education levels are unknown for about a third of school-based educational assistants and community-based lead teachers. They are unknown for half of community-based educational assistants.

Voices from the community

Common themes

- **Sixty-three percent of Early PreK and NM PreK professionals were satisfied with their wages** (Figure A9). This was higher than in any other program.
- **Providers recognized the contributions ECECD's pay parity policy made** to improving their wages in focus groups and survey comments. A community-based NM PreK provider praised the state for improving pay parity with the public schools.

Figure A9. Early PreK and NM PreK provider respondents' perspectives about retention in the field, satisfaction with pay and benefits, and organizational turnover.



N: Plan to stay = 288, pay satisfaction = 282, benefits = 285, turnover = 307

Source: Provider survey.

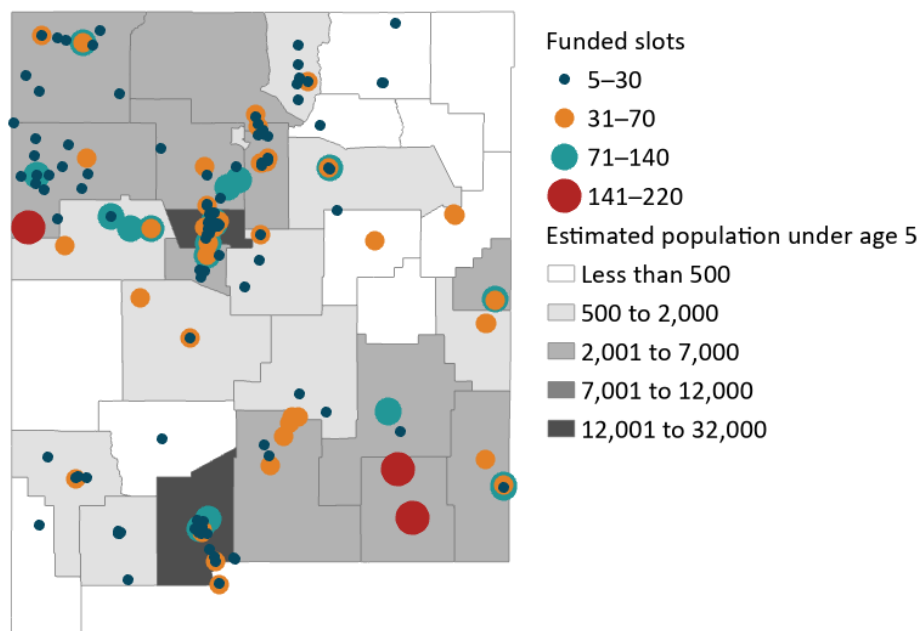
- Competitive pay and positive working conditions are important for retaining staff.** “Our owner offers benefits and pays the staff very well and treats everyone as family,” one community-based NM PreK provider mentioned. A school-based preschool provider added, “We try to provide teachers with a good salary and a good work environment where they feel supported and heard. We try to provide as much support as possible so they can do their work in the best way.” Other factors include a rigorous hiring process and a strong mission. A community-based NM PreK provider explained, “We have, in some way, a somewhat extensive hiring process, which helps us first get to know the person through a two-week evaluation period to assess whether their performance will be adequate. We take hiring processes seriously.” Another community-based NM PreK provider commented that having a “clear purpose and mission” was important because “people believe in the program’s goals and feel their work or participation matters.”

Early Head Start and Head Start

“Head Start was amazing for all three of my kids. Would like to put my fourth in.”
— Mother

New Mexico hosted 32 Early Head Start and Head Start grantees, including 15 managed by Nations, Pueblos, and Tribes, as of September 25, 2025.^{xcvii xcviii} In total, over 6,800 Early Head Start, Head Start, Tribal Early Head Start, and Tribal Head Start spots were funded for children to receive services across 165 locations (Figure A10).^{xcix}

Figure A10. Funded Early Head Start and Head Start slots by service location



Note: Closed sites are not included.

Sources: U.S. Census Bureau American Community Survey 2023 (population estimates); U.S. Department of Health & Human Services, 2025.^c

Head Start funding has remained stable.

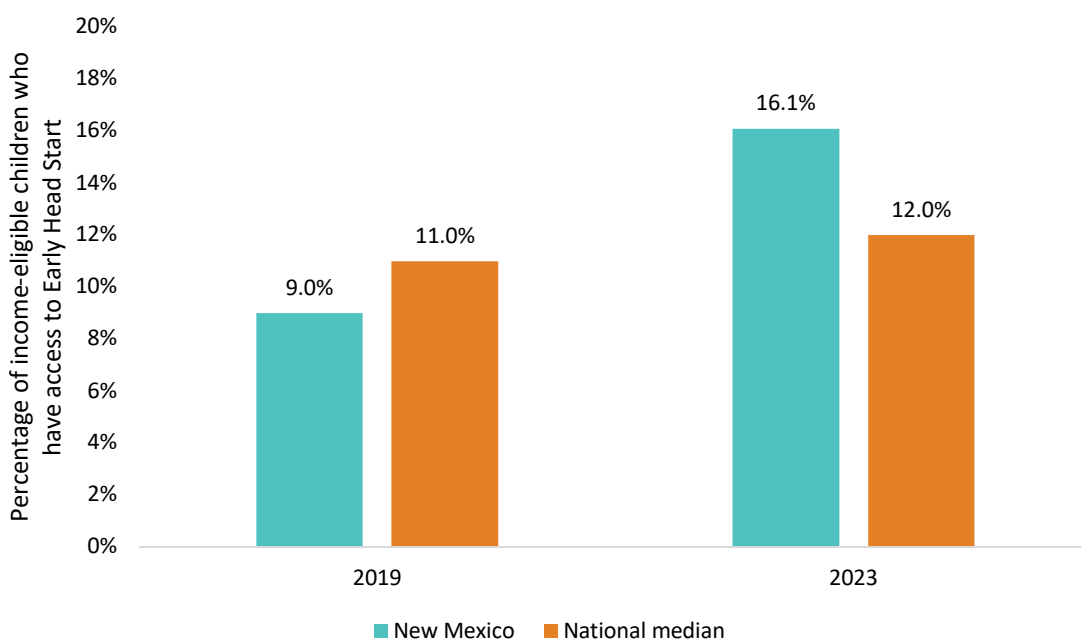
Head Start funding is delivered directly to grantees from the federal Office of Head Start within the U.S. Department of Health and Human Services.^{ci} Funding has remained relatively stable since 2021. Adjusted for inflation, funding has ranged between about \$109 million to \$116 million per year (notably, funding for Navajo Nation Head Start sites, which span multiple states, is not included in these state totals).^{cii ciii civ}

cv cvi

The share of eligible children accessing Early Head Start increased by nearly seven percentage points between 2019 and 2023, placing New Mexico well above the national median.

In 2023, it was estimated that 16.1% of income-eligible children in New Mexico have access to Early Head Start—4.1 percentage points above the national median of 12% (Figure A11).^{cvii} In 2019, the percentage of eligible children accessing Early Head Start was only nine percent, *below* the national median of 11%.^{cviii}

Figure A11. The percentage of income-eligible children with access to Early Head Start increased by nearly seven percentage points between 2019 and 2023, placing New Mexico well above the national median.



Note: Authors'-calculated national medians based on data from all 50 states and Washington, D.C.

Sources: Prenatal-to-3 Policy Impact Center, 2021 and 2025.^{cix cx}

Over half of Early Head Start and Head Start professionals used ECECD's online professional development courses and/or scholarship program in fiscal year 2024.

ECECD reported that 2,081 teaching professionals staffed Early Head Start and Head Start classrooms in the 2024 fiscal year. Over 1,000 teachers and teaching assistants took advantage of professional learning supports that year. Specifically, by the end of that fiscal year, 1,145 Head Start teachers and educational assistants completed a total of 4,737 courses through the Quorum online professional development platform, which ECECD offers to educators free of charge. Additionally, many Early Head Start and Head Start educators accessed the Comprehensive Early Childhood Scholarship Program. They received 1,362 scholarships in the same year.^{cxii}

Scholarships could help many Early Head Start and Head Start educators advance in their careers. In the 2024 fiscal year, 39% of Head Start teachers held a bachelor's degree or higher, 43% held an associate's degree, and nine percent held a CDA credential. Among Early Head Start teachers, 14% held a bachelor's degree, 25% held an associate's degree, 46% had a CDA, and 15% reported no qualifications.^{cxii}

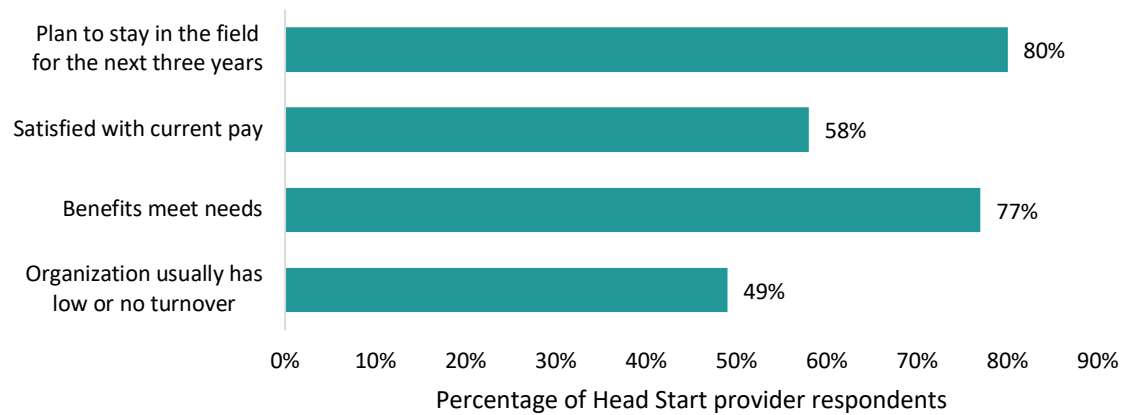
Voices from the community

Common themes

Most Early Head Start and Head Start educators (80%) planned to stay in the field for at least the next three years (Figure A12). Additionally:

- About half of providers said that their organization usually has low or no turnover.
- Satisfaction with pay and benefits was more common among respondents who reported only working in Head Start than those working in both NM PreK and Head Start settings.

Figure A12. Head Start provider respondents' perspectives about retention in the field, satisfaction with pay and benefits, and organizational turnover.



N: Plan to stay = 44, pay satisfaction = 43, benefits = 43, turnover = 43

Source: Provider survey.

Home Visiting Profile

“Home visiting has changed my life. I feel confident that my child isn’t missing any milestones. My home visitor and I have a great relationship. She supports me in every phase my child is going through, gives me information and resources needed to help me overcome anything my kid throws my way!”

— Family member

Comprehensive analyses of research studies show that evidence-based home visiting programs produce the most consistent improvements in parenting behaviors.^{cxiii} Many New Mexico families need this support. According to the 2023 National Survey of Children’s Health, only 44% of New Mexico children under age six were sung to or told stories to every day—the fourth-lowest percentage in the nation.^{cxiv} Only 38 percent of children under age six were read to by a parent or family member every day.^{cxv} Parents in New Mexico report struggling with health and the demands of parenting more often than parents in most other states. Among parents with children under age six, New Mexico has the fifth-highest percentage of one or both parents reporting they are not in excellent or very good physical and mental health (47%).^{cxvi} Similarly, just over half of parents (51%) report they are coping very well with the day-to-day demands of raising children—the fifth-lowest share in the nation.^{cxvii} Home visiting programs are designed to offer support and connect families with resources that improve these outcomes.

Home visiting funding has grown steadily.

In 2019, 77% of PDG B–5 needs assessment family survey respondents supported legislation to increase funding for home visiting programs, so all parents of babies and toddlers who want home visiting services can access them.^{cxviii} In 2020, the state launched the Early Childhood Home Visiting Medicaid Expansion Workgroup to build on the success of a pilot program to grow home visiting Medicaid-funded programs in the state.^{cxix}

Between fiscal years 2020 and 2024, state funding for home visiting increased from \$22.8 million in fiscal year 2020 to \$33.9 million in fiscal year 2024.^{cxx} This includes three million from the ECTF. Adjusted for inflation, this was a 21% increase in home visiting funding between 2020 and 2024. Over the prior five fiscal years—from 2016 to 2020—funding had increased by 38% after adjusting for inflation.^{cxxi cxxii}

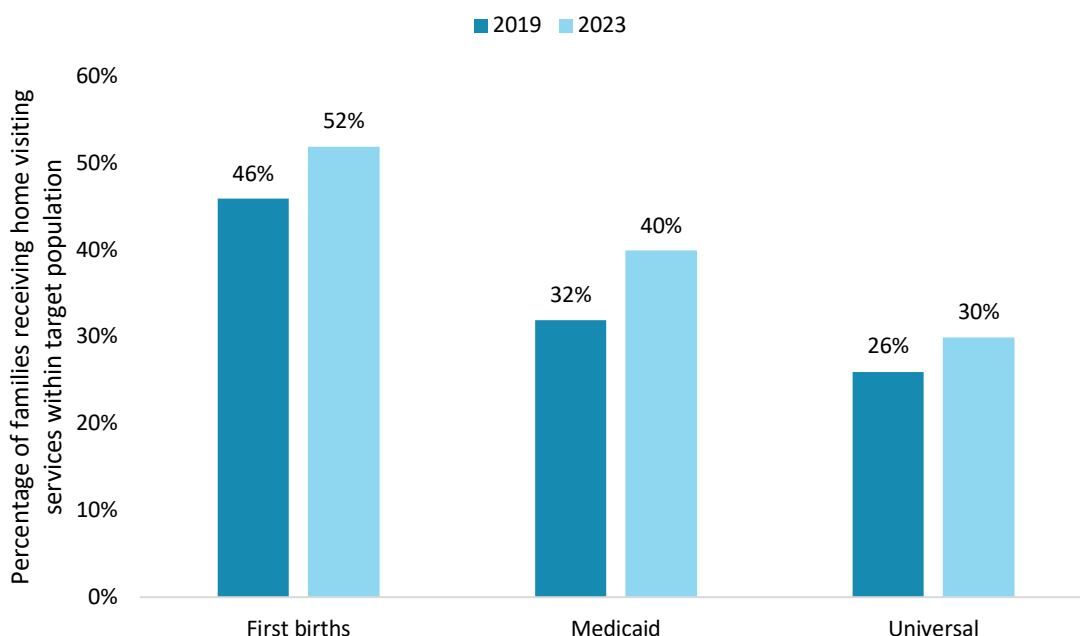
Home visiting is financed cooperatively with federal funds through Medicaid, Maternal and Infant Early Childhood Home Visiting funds, and through state funds.

The home visiting program increased the number of families served by 7.6% between the 2023 and 2024 fiscal years.

Home visiting programs served over 7,000 children in 31 of 33 counties during each of the 2023 and 2024 fiscal years.^{cxxiii cxxiv} During the 2024 fiscal year, families received over 84,057 home visiting services, a seven percent increase from the previous year. Forty percent of families were new to the program. Home visiting programs had the capacity to meet larger shares of the estimated need in 2023 compared to 2019 (Figure A13).^{cxxv cxxvi}

Still, estimates show that home visiting programs can meet, at most, about half of the need, depending on the target population. For example, one such population is 80 percent of first births, 60 percent of prior year first births, and 30 percent of first births from two years prior. In 2023, program capacity met about half of that need. When considering an alternative method of estimating need—the “universal” target population of 80 percent of all births and 40 percent of prior year births—the home visiting capacity met only 30 percent of the estimated need.

Figure A13. The New Mexico home visiting program increased capacity to serve families across target populations, including families with first births, Medicaid-eligible births, and universally.

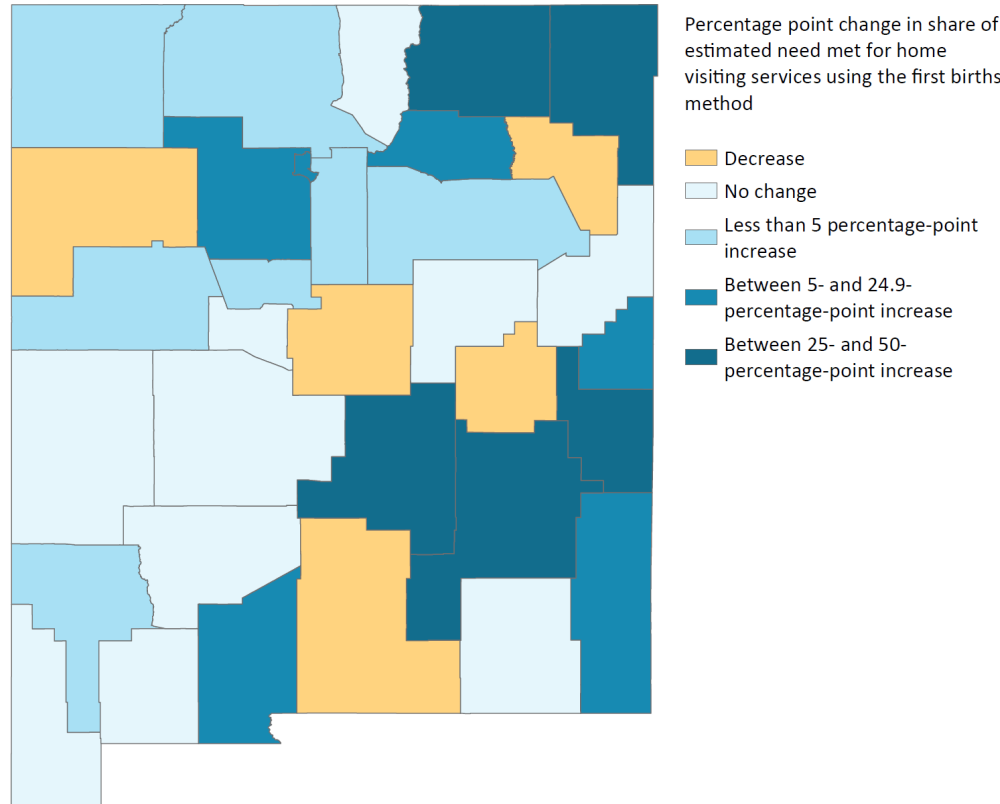


Notes: Estimated need is calculated using three methods: (1) First births: 80% of annual average first births for first year clients, 60% of average annual first births for second year clients, and 30% of average annual first births for third year clients. (2) Medicaid: 100% of Medicaid paid births + 50% of prior year Medicaid births. (3) Universal: 80% of annual live births and 40% of prior year births. The authors calculated statewide percentages of families receiving services as the sum of children currently served across counties divided by the sum of total annual need across counties for each estimation method. The chart includes home visiting services from home visiting, Early Head Start, F.A.C.E., Tribal home visiting, and Tribal Early Head Start.

Sources: University of New Mexico, 2025a;^{cxvii} 2025b.^{cxviii}

Many counties across the state saw increases in the share of the estimated need that home visiting services could meet between 2019 and 2024 (Figure A14). Five counties saw at least a 25-percentage-point increase, according to the first births method of estimating need. However, 10 counties had no change in the amount of estimated need that programs could meet, and five counties saw declines in the percentage of estimated capacity to meet home visiting needs, according to the first-births estimation methodology.

Figure A14. Eighteen counties saw increases in the share of estimated need for home visiting met among families with first births between 2019 and 2024.



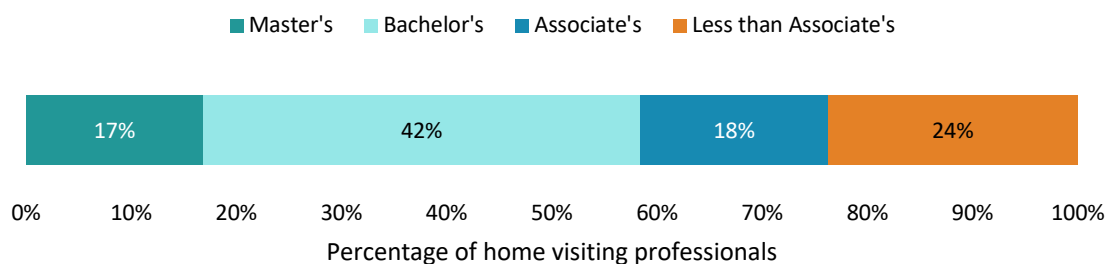
Note: Includes home visiting services from home visiting, Early Head Start, F.A.C.E., Tribal home visiting, and Tribal Early Head Start. Five counties experienced a decrease in the share of estimated need met, 10 had no change, and 18 saw an increase in the share of estimated need met among families with first births.

Sources: University of New Mexico, 2025a,^{cxxix} 2025b.^{cxxx}

Almost 60% of home visiting professionals have a bachelor's or master's degree.

In fiscal year 2024, 421 professionals worked in home visiting programs.^{cxxxi} They have a mix of education levels.^{cxxxii} Still, the majority (59%) have at least a bachelor's degree (Figure A15). Home visitors providing nursing or other specialized services are required to have a four-year degree. In addition, all programs must employ a licensed mental health professional with at least a master's degree.

Figure A15. Over half of home visitors possessed a bachelor's or higher degree in fiscal year 2024.



Note: Numbers may not sum to 100% due to rounding.

Source: ECECD Annual Outcomes Report Fiscal Year 2024.

Home visitors have access to resources for meeting professional development requirements.

Home visitors must participate in ongoing professional development to meet state standards.^{cxiii} They have access to professional learning through the Facilitated Attuned Interactions program, which they use to help families build social-emotional developmental skills.^{cxiv} The Home Visiting Conversations podcast series, offered in English and Spanish, also provides information from experts on topics in home visiting.^{cxv}

Voices from the community

Common themes

Home visitors feel prepared to provide services to children with special needs:

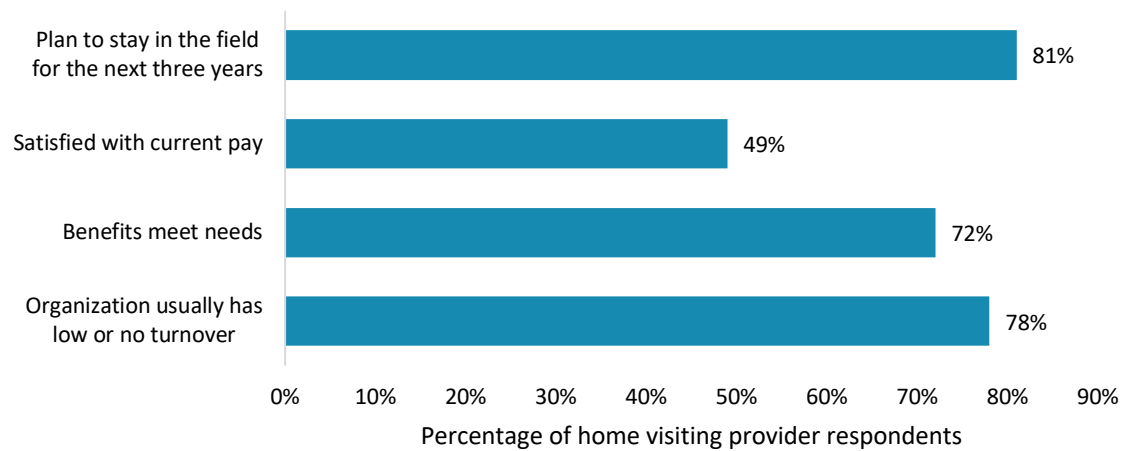
- Most home visitors who responded to the survey (80%) reported that they serve children with special needs.
- Nearly all (95%) indicated that they actively engage with EI or special education staff to support children with developmental delays or disabilities.
- Three quarters (76%) indicated that they felt prepared to support children with special needs.
- Almost all (92%) felt prepared to communicate with families about their children with developmental delays or disabilities without labeling or judging them.
- In focus groups, home visitors described their work with families who have children with special needs. One commented, “I do feel like we have knowledge to provide services to children with delays...we are capable of providing services to the mom and do activities with the child after getting to know what they like and what they dislike.” Another noted, “We listen to concerns regarding issues that might arise in the school setting and problem solve accordingly.”



Home visitors report that employee retention is high.

- Most home visitors (81%) plan to stay in the early childhood field for at least the next three years (Figure A16).
- A similar share (78%) reported that there is usually low or no turnover at their organization.
- Only half of home visitors (49%) are satisfied with their current pay, but 72% reported that the benefits they receive meet their needs.

Figure A16. Home visiting provider respondents' perspectives about retention in the field, satisfaction with pay and benefits, and organizational turnover.



N = Plan to stay = 89, pay satisfaction = 88, benefits = 89, turnover = 89

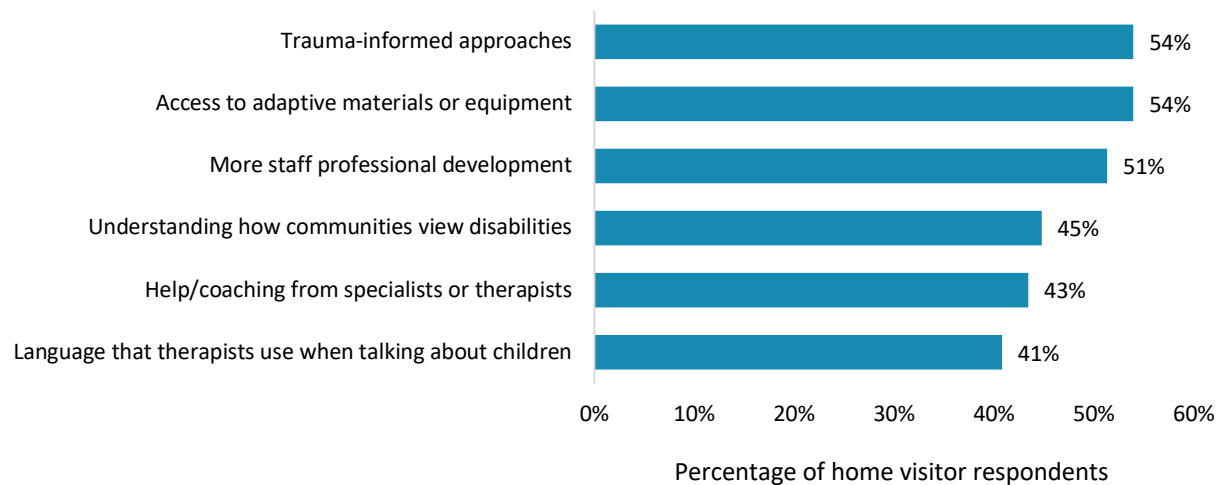
Source: Provider survey.

- When reflecting on employee retention during focus groups, home visiting providers identified factors that they believe contribute to high retention:
 - In addition to fair pay scales and benefits, one highlights that they “have a reputation in the state for offering a positive work environment. We hire qualified employees who are committed to the work we do and support them with professional development opportunities. Our agency provides motivational pay increases for higher education and experience.”
 - “We take care of each other while also allowing home visitors room and space for creativity and personal approaches to home visiting. There is a lot of trust and accountability and perhaps key is the flexibility and transparency.”

Considerations

- **Provide supports**, especially trauma-informed approaches, access to adaptive materials or equipment, and more staff professional development (Figure A17).

Figure A17. Home visitors identified several supports that could help them improve services for children with developmental delays or disabilities.



N = 76 home visitor respondents

Source: Provider survey.

- **Increase home visiting staff** to help meet demand for services (see the regional appendix [Appendix D] for specific counties with unmet demand). Home visitors are reaching increasing numbers of families, and there is room to grow. While most home visitors who responded to the provider survey indicated that their program did not have a waitlist (74%), some had reached their capacity. Among the quarter of respondents whose programs had waitlists, 70% said the reason for the waitlist was that there were not enough staff to meet needs.
- **Recognize and address the unique challenges of providing services in family homes**, such as travel demands, scheduling constraints, and environments that may not always be conducive to service delivery. As one focus group participant noted, home visitors often work in dynamic, unpredictable settings and must adapt to each family's environment, encountering a variety of situations from pets to unexpected visitors. Despite these challenges, providers remain committed to supporting families where they are, exercising the flexibility needed in settings that are less structured than schools, and demonstrating their dedication.

FIT Program Profile

“We...have our son in the FIT program for EI and have made so much progress with him and his development. As a first-time mom, I had no idea there were so many things that can affect an infant who is born and faces challenges.”
— Mother

New Mexico has had one of the strongest EI programs in the nation since 2020.^{cxixvi}

Broad eligibility requirements contribute to New Mexico’s national leadership in access to Early Intervention (EI) services. In 2023, 17.1% of children under age three received EI services.^{cxixvii} This was more than twice the national median. The state consistently serves the highest or second-highest percentage of children under age three receiving EI services among all states and Washington, DC.^{cxixviii}

Very low birthweight and being at-risk for delay or disability qualify children for services, contributing to broader access.

New Mexico is a national leader in policymaking to improve access to EI services.^{cxli} It is one of four states that have policies in place that:

- Admit very low birthweight as a diagnosable or at-risk qualification for EI services;
- Allow being at risk for delay as a qualifier for EI services; and
- Eliminate family fees for children receiving EI services.

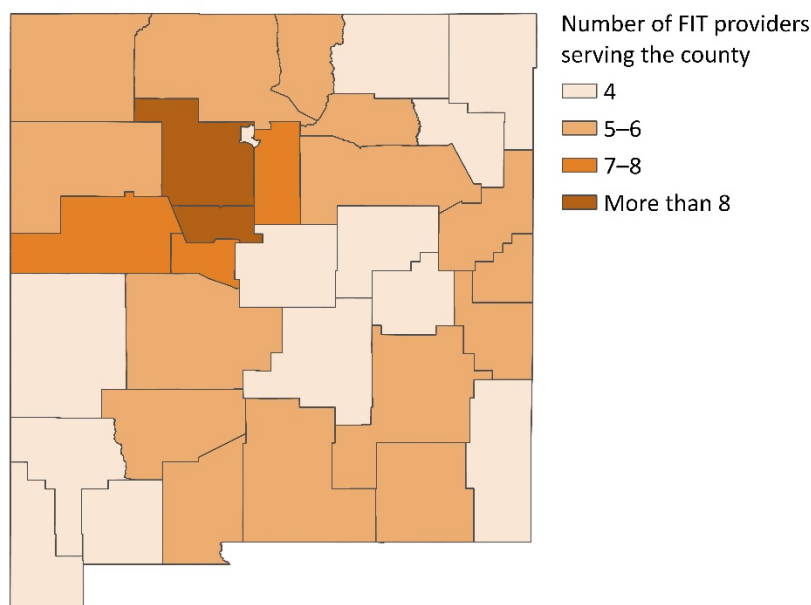
Moreover, the state defines very low birthweight as under 1,750 grams. Only New Hampshire had a higher limit (1,814.37 grams) in 2024.^{cxlii} Finally, New Mexico is one of only six states to report that they serve children who are at risk of delays or disabilities, even if they do not have an established delay or disability.^{cxliii}

“EI was the most important thing I’ve done with my child and family. I have a daughter who had to have lifesaving heart surgery at two months. Other than that, the most important impact on my family was to be able to understand my daughter and her needs and feel confident supporting her development, feeling celebrated. In the medical world, my daughter’s birth was not celebrated, but in the EI community, everybody was ecstatic and loving. It was very important to me. That’s why I’m an advocate for these services for families.”
— Mother

Four or more FIT providers serve every New Mexico county.

Thirty-five active providers deliver EI services throughout the state.^{cxliv} Each county is served by at least one local or regional provider and three statewide providers (Figure A18).

Figure A18. At least four FIT providers serve every county in New Mexico.



Source: ECECD, FIT Providers by County, August 28, 2025.^{cxlv}

ECECD uses braided funding to help increase access to high-quality EI services.

FIT receives federal funding from Individuals with Disabilities Education Act (IDEA) Part C and Medicaid, the ECECD Medicaid Match Fund, state general funds, and private health insurance from two health insurance companies.^{cxlvi} In the 2025 fiscal year, ECECD spent one-third of the total expended funds on direct services, with Medicaid picking up the remaining two-thirds.^{cxlvii}

ECECD policies strengthen providers.

ECECD adjusted compensation four times since 2022 based on a model of the true cost of providing EI services.

Since 2022, ECECD has secured four provider rate increases.^{cxlviii}

- In fiscal year 2022, the 2017 FIT Rate Study recommendation was fully implemented, representing a 10% rate increase.
- In fiscal year 2023, ECECD completed a FIT Cost Study to inform rate increases.
- In fiscal year 2024, based on that study, ECECD initiated FIT cost model development and increased rates by 15%.
- In fiscal year 2025, the FIT cost model was completed and used to increase rates by 10%.
- In fiscal year 2026, a seven percent rate increase reflected updates to the cost model, due to increases in compensation and other non-personnel items.

In total, FIT program reimbursement rates have increased by 51% since the program was transferred to ECECD in July 2020.^{cxlix}

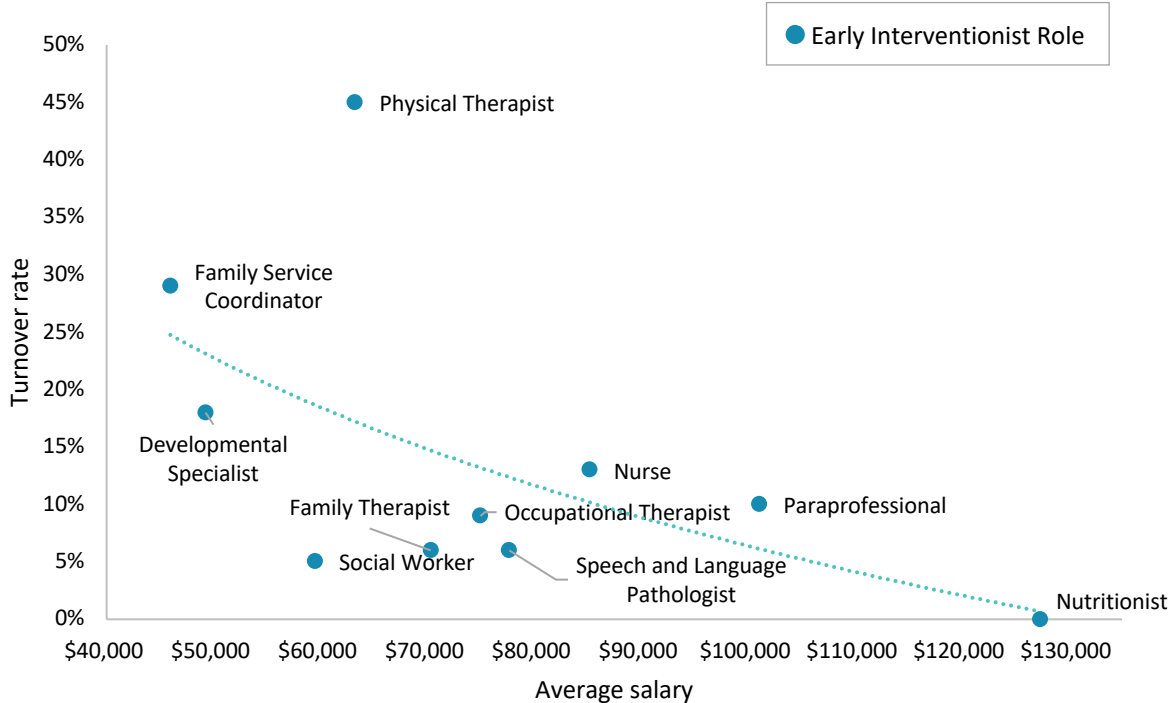
The FIT cost model considered the current multi-provider service delivery model, through which children and families see multiple specialists separately, as well as a primary service provider model.^{cl} In the latter, one lead provider is supported by a transdisciplinary team, typically using a coaching interaction style with families. Providers and the Interagency Coordinating Council (ICC) provided input into model development. The model allows for computing costs under various options including the delivery model, service frequency, personnel and non-personnel costs, and program components such as translations or travel.

FIT interventionists in professional roles that have higher average salaries often have lower turnover rates.

In fiscal year 2023, approximately 1,100 FIT professionals served New Mexico children and families.^{cli} This includes 365 developmental specialists, 239 speech-language pathologists, 148 occupational therapists, and 117 family service coordinators. FIT interventionist salaries vary by role, education, and experience. In fiscal year 2023, average salaries ranged from \$44,591 (for orientation and mobility therapists) to \$127,238 (for nutritionists).^{clii}

As average wages increase, turnover typically decreases too (Figure A19). There are some exceptions. Physical therapists have much higher turnover rates (45%) than professionals in other early interventionist roles. On the other hand, social workers have just a slightly lower average salary than physical therapists and a very low turnover rate (five percent).

Figure A19. FIT professionals in roles with higher average salaries tend to have lower turnover rates.



Note: The sample includes professional roles that employed at least 10 individuals.

Source: ECECD Fiscal Year 2023 Annual Outcomes Report.^{cliii}

The FIT Portal hosts professional development resources for early interventionists.

Early interventionists can find free online professional development resources and courses through the FIT Portal that ECECD hosts in partnership with the University of New Mexico Center for Development and Disability.^{cliv} The portal includes recorded webinars, informational resources, and links to online courses, among other materials.

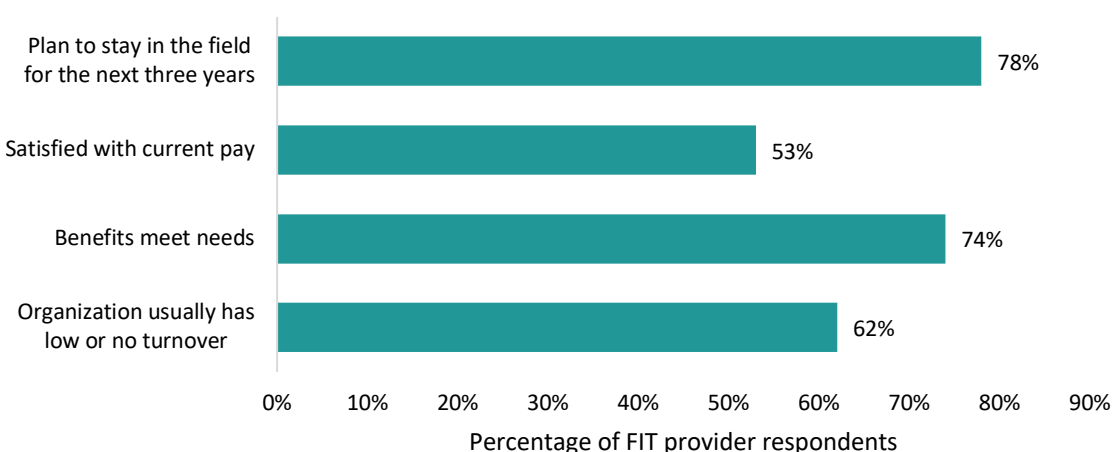
“We get lots of valuable training specific to our work and support from other staff members when we have questions or may need clarification on something.”
— FIT provider

Voices from the community

Common themes

- **Almost all providers across programs (94%) agreed that they actively engage with EI or special education staff.** This yields opportunities for providers and families to learn. “I have taken the time to refer out these services, so that parents and children can learn together,” described a home visitor, “if they do it together, the student and parents can grow, learn, and make progress. Then the parents can come share these tips with us, and we will incorporate them into our program.”
- **There is satisfaction with benefits and pay yielding a desire to stay in the profession.** About three quarters (74%) of FIT interventionists reported that their benefits met their needs and about half (53%) were satisfied with their current pay. Accordingly, over three-quarters (78%) of FIT interventionists reported they plan to stay in the early childhood field for at least the next three years (Figure A20).

Figure A20. FIT provider respondents’ perspectives about retention in the field, satisfaction with pay and benefits, and organizational turnover.



N: Plan to stay = 51, pay satisfaction = 51, benefits = 50, turnover = 53
Source: Provider survey.

Considerations

- **Offer preservice programs for early interventionists in higher education degree programs.** This may reduce the need for on-the-job professional development and free time that staff spend supporting new employees. “The extent of the [professional development] lift combined with trying to do the job at the same time definitely has an impact on agencies’ ability to retain those staff,” one provider clarified.
- **Broaden EI reach to children older than three.** One focus group participant felt that, “The cutoff age is very young for a lot of programs that work with these children.” “We have strong support from early intervention specialists that work with children under three; I would like to see those specialists continue to work in the program for the three- to five-year-olds,” confirmed a provider in the survey.

Key ECECD Actions to Address Community-Identified Needs

Appendix B.

Key ECECD Actions to Address Community-Identified Needs

The Early Childhood Education and Care Department (ECECD) responded to community-identified needs with multiple policies and initiatives. Key actions ECECD took are highlighted in Table B1.

Table B1. Key ECECD actions that responded to needs identified in the 2019 Preschool Development Grant Birth through Five (PDG B–5) needs assessment

Community-identified needs and priorities (2019)	Relevant ECECD initiatives (2020–2025)
Offer affordable child care, especially for infants and toddlers	<ul style="list-style-type: none"> ✓ Transition to universal, no-cost child care^{clv} ✓ Increase subsidies for providers serving infants and toddlers^{clvi clvii}
Increase capacity and incentives for quality throughout the child care system	<ul style="list-style-type: none"> ✓ Redesign the FOCUS tiered quality rating and improvement system (TQRIS) with community input^{clviii} ✓ Research the true cost of providing quality care and set subsidy rates accordingly^{clix} ✓ Incentivize quality care by increasing subsidy rates for higher-quality rated providers^{clx clxi clxii} ✓ Coach providers to improve quality ratings^{clxiii} ✓ Incentivize providers to offer care outside traditional business hours with additional subsidies^{clxiv clxv}
Expand home visiting and NM PreK services to serve more families	<ul style="list-style-type: none"> ✓ Secure long-term sustainable funding to enable over 3,000 children to attend state-funded New Mexico PreK (NM PreK) and increase the number of families receiving home visiting^{clxvi clxvii} ✓ Expand Medicaid eligibility for postpartum care from 60 days to one year^{clxviii} ✓ Increase funding for home visiting by braiding federal and state funding ✓ Offer universal no-cost home visiting^{clxix}
Improve service coordination	<ul style="list-style-type: none"> ✓ Consolidate administration of all early childhood programs and services under one agency, ECECD^{clxx} ✓ Increase the geographic area Families FIRST serves and the number of families enrolled in the program^{clxxi}
Improve physical infrastructure	<ul style="list-style-type: none"> ✓ Offer low-interest loans to finance capital projects for child care facilities^{clxxii} ✓ Centralize data management and administrative resources to decrease the costs and time providers need to invest in recordkeeping, documentation, and reporting^{clxxiii} ✓ Partner with Nations, Pueblos, and Tribes to fund renovations and expansions of Tribal early childhood education and care facilities^{clxxiv}
Increase access to care and programs for children with developmental delays or disabilities	<ul style="list-style-type: none"> ✓ Expand funding for the Family Infant Toddler (FIT) program to serve more children^{clxxv} ✓ Include at-risk for delay or disability as a qualifier for Early Intervention (EI) services^{clxxvi} ✓ Offer EI services at no cost to families^{clxxvii}

Community-identified needs and priorities (2019)	Relevant ECECD initiatives (2020–2025)
Increase awareness of available programs in a family-friendly, non-judgmental way	<ul style="list-style-type: none"> ✓ Create and produce the Early Show with Alax and Ask Alax^{clxxviii} ✓ Develop and implement the Moments Together awareness campaign^{clxxix} ✓ Provide online resources for families to determine eligibility and apply for services^{clxxx} ✓ Support Local Early Childhood System Building Coalitions to raise awareness of local programs and services^{clxxxi}
Help families and children meet nutritional needs	<ul style="list-style-type: none"> ✓ Increase the number of sites providing meals and the number of monthly meal recipients^{clxxxii} ✓ Provide funding for preschools to purchase food from local producers^{clxxxiii}

Sources: Documents listed in Appendix C.

Appendix C:

Community Assessment Evidence Sources and Analytic Approach

Appendix C.

Community Assessment Evidence Sources and Analytic Approach

Approach

This community assessment is grounded in documentary evidence that narrates the Early Childhood Education and Care Department' (ECECD's) plans, actions, and accomplishments, and publicly reported outcome data. New Mexico families, early childhood education workers, and regional coalitions contributed new insights for this report through surveys and focus groups. Data were systematically analyzed to derive this community assessment's findings.

Document review. A team of reviewers assessed over 80 unique reports and public records sources. These included reports recommended by New Mexico partners and additional items identified during the review to fill information gaps. All sources were tracked in a master log to avoid duplicates. The review process included five stages:

1. *Inclusion and screening.* Documents were screened to include New Mexico-relevant early childhood systems, policies, services, or broadly generalizable national evidence. Documents were prioritized according to recency, methodological clarity, and alignment to key indicators or thematic gaps.
2. *Data abstraction.* For each document, reviewers captured citations; publication and data years; geographic scope; audience; population focus; methods; indicators and thematic gaps; demographic dimensions (language/background); key findings; and recommendations.
3. *Coding.* The team applied deductive codes (key indicators plus thematic gaps) and inductive tags for emergent topics. Multiple codes per document were allowed with coding decisions and rationales logged.
4. *Synthesis and mapping.* The review team built an evidence matrix that cross-walked documents to key indicators and gaps, summarized patterns narratively and visually, noted similarities and differences across documents, and explained discrepancies based on methodology, time period, and geography.
5. *Quality assurance.* Three coders served as primary reviewers. Two reviewers and a third individual conducted spot checks. The team resolved discrepancies using a set of rules and version-controlled the codebook and matrix.

The team used verbatim document excerpts when illustrative and non-identifying. Otherwise, they are paraphrased with a citation.

Surveys. Three surveys were developed to enhance understanding of community perspectives across four critical components, with information gaps identified in the document review and prioritized in collaboration with ECECD. No gaps were prioritized in the Funding critical component because of an upcoming report focused on it. Surveys were designed for families, providers, and local early childhood coalitions. Family Leadership Council (FLC) members provided feedback. They were administered in

English and Spanish from July to September 2025. Fifty-dollar gift cards were raffled to promote higher response rates. Approximately 1,100 responses were received from families/caregivers caring for one or more children age five or below, and approximately 1,000 responses were received from providers. Additionally, 28 responses were received from five early childhood coalitions. All survey questions were voluntary, and respondents were able to complete as much or as little of the survey as they desired. Accordingly, the number of responses varies by question.

Statewide and regional survey analyses were conducted. Family survey respondents were asked to report their location by zip code. The zip code was mapped to the county using the U.S. Department of Housing and Urban Development and United States Postal Service zip code-county crosswalk files. Provider survey respondents were asked to indicate all counties in which they provided services. Counties were mapped to regions using the New Mexico Health Care Authority Health Regions.^{clxxxiv} Zip code is self-reported and 99% of respondents report a valid New Mexico zip code. Responses with invalid zip codes are excluded from regional analysis. Approximately 4.7% of providers indicated they served more than one region. Region-specific analyses exclude these respondents to avoid double counting.

Family survey respondents that provided a zip code are predominantly from the Metro region (39%), which encompasses Bernalillo, Sandoval, Tarrant, and Valencia Counties. Other respondents are from the Northeast (15%), Northwest (14%), Southeast (8%), and Southwest (24%) regions.

Open-ended survey responses were analyzed using identifying and labeling recurring ideas and grouping them into broader themes that included the relevant five critical components. A single response could receive multiple labels. Illustrative quotes were reproduced verbatim with minimal redaction if necessary to protect individuals' identities.

Focus groups. Focus groups were conducted to provide more detailed understanding of community perspectives. The focus group approach had four components:

- *Identification.* When identifying groups for participation, the team sought to a) reach participants who could best inform the questions, and b) include participants who would help capture a range of views (e.g., different roles, programs, geographic locations, experiences, and challenges) (Table C1). The groups included:
 - Families impacted by child welfare involvement
 - Families impacted by incarceration
 - Families impacted by substance use disorder
 - Families with children who are impacted by adverse childhood experiences
 - Fathers
 - Grandparents and kin raising young children
 - Teens and young parents
 - Unhoused families

To minimize the time and effort for participating in the focus group, the team leveraged existing organized groups and meetings to recruit participants and hold sessions. In addition, ECECD and other knowledgeable stakeholders helped identify and connect with existing groups and organized ad hoc groups when needed.

- *Develop protocols.* The team performed the following process to develop the focus group questions:

- Reviewed definitions of the five critical components: access and awareness, workforce, family and community engagement, governance, and funding.
 - Reviewed key ECECD documents to identify and confirm indicators for each critical component.
 - Coded ECECD-provided, team-identified, and stakeholder-suggested documents using critical components and key indicators.
 - Worked with ECECD to identify information gaps and develop prioritized questions to address them. Refined focus group questions using feedback from the FLC on the survey questions.
 - Selected focus group questions from the remaining list based on the audience and available time.
- *Facilitate focus group sessions.* All sessions were conducted virtually. Focus groups lasted 30–75 minutes, depending on whether they were existing or ad hoc groups, meeting length, and agenda time. Participants received a \$50 gift card in appreciation for their time.
 - *Analysis.* Four analysts shared facilitation and notetaking duties during focus groups, as well as translation duties for Spanish-speaking focus groups (one staff person is a native Spanish speaker and two are bilingual). The team followed a standard qualitative analysis approach for focus groups.^{.clxxxv clxxxvi}
 - Carefully documented and stored data in a clear, secure, and retrievable way. The team took detailed notes during each session. Where online meeting chats were available, the team added content from the chats into relevant sections of the meeting notes. When participants allowed the team to record sessions, the team checked their notes against the recording and transcript.
 - Team members read focus group notes multiple times and reflected on them to gain a deep understanding.
 - One team member who attended all sessions analyzed all the data so that inter-rater reliability checks were unnecessary.

The analysis followed the organization of focus group questions around the four critical components with prioritized gaps (access and awareness, workforce, family and community engagement, and governance). Given the small dataset, the analysis was conducted manually through hand-coding rather than using software. Minimal reorganization occurred to support a clear and coherent narrative flow. Illustrative quotations were selected from the notes. To preserve confidentiality, they are not attributed to individuals. The community assessment team validated strategies by discussing findings internally, triangulating them with report review and survey findings, and confirming understanding with ECECD.

Table C1. Focus group participants represented a range of perspectives and roles.

Group	Number of Participants	Key Represented Roles
Children’s Capacity Building Project	15	Advocacy Organizations Coalitions Direct Service Providers
Data, Infrastructure, and Analysis Subcommittee[^]	14	Higher Education Faculty/Staff Policy/Research Organizations
Early Childhood Professionals Subcommittee[^]	25	Center-Based Providers Home-Based Providers School Districts Support/Policy/Research Organizations
Family Infant Toddler (FIT)	65	Developmental Specialists Family Service Coordinators Program Managers/Directors Therapists/Clinicians Other Agencies/Providers
FLC	6	Parents/Family Representatives
Home Visiting	16	Directors/Program Managers
Interagency Coordinating Council (ICC)	48	Parents/Family Representatives Providers/Program Staff
New Mexico Early Childhood Higher Education Taskforce	20	Higher Education Faculty/Staff
Program Quality and Accountability Subcommittee[^]	41	Center-Based Providers Higher Education Faculty/Staff Home-Based Providers Home-Visiting Providers Other Providers Support/Policy/Research Organizations
Public-Private Partnerships[^]	14	Parents/Family Representatives Policy/Advocacy/Research Providers

[^] Denotes a subcommittee of the ECECD Advisory Council

Documents and Reports

The community assessment team collected evidence from over 80 documents and reports (Table C2).

Table C2. Reviewed reports and documents

<i>1. Needs Assessments and Community Reports</i>
1.1. Preschool Development Grant Birth through Five Needs Assessment
1.2. Early Childhood Comprehensive Systems Grant State Asset and Gap Analysis
1.3. Bernalillo County Home Visiting Workgroup Community Needs Assessment (2022)
1.4. Community Partnership for Children Community Needs Assessment (Grant, Luna, Hidalgo)
1.5. Proveedoras Unidas Community Needs Assessment
1.6. Rio Arriba County Early Childhood Collaborative Needs Assessment
1.7. McKinley County Early Childhood Coalition Community Needs Assessment (2022)
1.8. San Juan County Early Childhood Coalition Community Needs Assessment (2022)
1.9. Paso a Paso Network Early Childhood Community Needs Assessment (2022)
1.10. ECE Coalition of Doña Ana County Community Needs Assessment (2022)
1.11. La Vida Community Needs Assessment (PowerPoint)
1.12. Cuidando Los Niños Early Childhood Community Assessment (Bernalillo County) (2022)
1.13. The Coalition for Science Learning in Early Childhood (2022)
1.14. Nuestros Niños de Guadalupe Early Childhood Coalition Community Needs Assessment (2022)
1.15. San Miguel County Early Childhood Coalition Community Needs Assessment (2022)
1.16. Partners in Early Childhood Education Coalition Community Needs Assessment (2022)
1.17. Santa Fe Early Childhood Steering Committee Community Needs Assessment (2022)
1.18. Region 9 Head Start/Early Head Start Community Assessment (2025) Community Assessment 2025-2030
1.19. New Mexico Head Start State Collaboration Needs Assessment (2022)
<i>2. Health and Demographics</i>
2.1. Department of Health's Maternal and Child Health Needs Assessment 5-year Summary / Title V 2020
2.2. Department of Health's Maternal and Child Health Needs Assessment Update / Title V 2025
2.3. State Health Assessment
2.4. State Health Improvement Plan
2.5. Native American Budget and Policy Institute Data Book 2024 Volume 1 Issue 1: Native American Health Indicators and Vitality in New Mexico
2.6. Native American Budget and Policy Institute Data Book 2024 Volume 1 Issue 2: Native American Population Trends and Tribal Characteristics in New Mexico
2.7. New Mexico Health Care Authority Data Book
2.8. Early Development Instrument Snapshots
2.9. A Demographic Analysis of Young Parents (Ages 18–24) and their Families in New Mexico (2023)
2.10. New Mexico's Indicator Based Information System
<i>3. Program and Policy Reports</i>
3.1. Child Care and Development Fund Plan (2019-21)
3.2. Child Care and Development Fund Plan (2025-27)
3.3. Workforce Innovation and Opportunity Act
3.4. Special Supplemental Nutrition Program for Women, Infants, and Children Annual Report
3.5. Individuals with Disabilities Education Act Part B 2022
3.6. Individuals with Disabilities Education Act Part C 2022

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- 3.7. Native American Perspectives Regarding a Needs Assessment for the NM ECECD (2019)
 - 3.8. Youth Development Inc. (2023-24 Annual Report)
 - 3.9. Early Childhood Education and Care Department Annual Outcomes Report Fiscal Year 2023
 - 3.10. Fiscal Year 2026 Budget Request: Meeting the Moment, Building a Brighter Future for New Mexico (February 2025)
 - 3.11. Early Childhood Education and Care Department Professional Development Landscape Analysis Report (2024)
 - 3.12. New Mexico Pre-K Program Standards / New Mexico Pre-K Standards
 - 3.13. State Tribal Collaboration Act Annual Report (2023)
 - 3.14. State Tribal Collaboration Act Annual Report (2024)
 - 3.15. State Performance Plan / Annual Performance Report: Part C (Fiscal Year 2021)
 - 3.16. A Statewide Infant Early Childhood Mental Health Consultation Report and Three-Year Plan
 - 3.17. Understanding The Cost of Quality Child Care in New Mexico / Cost of Quality Child Care
 - 3.18. 2023 Family Engagement and Satisfaction Survey / 2023 Family Engagement Survey
 - 3.19. 2024 Family Engagement and Satisfaction Survey / 2024 Family Engagement Survey
 - 3.20. 2024 Annual Outcomes Report
 - 3.21. 2023 Annual Outcomes Report
 - 3.22. 2022 Annual Outcomes Report
 - 3.23. 2021 Annual Outcomes Report
 - 3.24. FOCUS Redesign Survey
 - 3.25. Preschool Development Grant Birth through Five Needs Assessments (multiple mentions grouped)
 - 3.26. Early Childhood Comprehensive Systems Grant State Asset and Gap Analysis (multiple mentions grouped)
 - 3.27. National Institute for Early Education Research State of Preschool 2025 Yearbook
 - 3.28. National Institute for Early Education Research State of Preschool 2024 Yearbook
 - 3.29. National Institute for Early Education Research State of Preschool 2023 Yearbook
 - 3.30. National Institute for Early Education Research State of Preschool 2022 Yearbook
 - 3.31. National Institute for Early Education Research State of Preschool 2021 Yearbook
 - 3.32. 2025 State-Tribal Collaboration Act Report
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4. Home Visiting and Workforce

- 4.1. Bernalillo County Home Visiting Workgroup Community Needs Assessment (2022)
 - 4.2. Children, Youth, and Families Department Home Visiting Program Standards
 - 4.3. Early Childhood Education and Care Department Home Visiting Program Standards
 - 4.4. Home Visiting Training Courses
 - 4.5. New Mexico Legislative Finance Committee 2023 Home Visiting Program Evaluation Report
 - 4.6. New Mexico Home Visiting Annual Outcomes Report Fiscal Year 2019
 - 4.7. New Mexico Family Infant Toddler Program – Family Handbook (2020)
 - 4.8. Early Childhood Education and Care Department Scholarship and Pay Incentive Programs
 - 4.9. Family Infant Toddler Program Part C of the Individuals with Disabilities Education Act State Systemic Improvement Plan (2022)
 - 4.10. Maternal, Infant, and Early Childhood Home Visiting Program Report
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5. Research on Child Care Subsidies and Family Perspectives

- 5.1. Why Don't Families Apply for Child Care Subsidies? Results from a Survey of Subsidy Users and Non-Users in New Mexico
 - 5.2. Family Perspectives on Child Care Subsidy Recertification in New Mexico: Barriers, Facilitators, and Implications for Family Stability
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- 5.3. Family Perspectives from Users and Non-users of Subsidized Child Care: Benefits and Barriers to Subsidy Participation
 - 5.4. Trends After Policy Change in New Mexico’s Child Care Assistance Program: An Analysis of Family Eligibility, Uptake, and Provider Supply (March 2025)
 - 5.5. Child Care Access, Needs, and Preferences of Diverse New Mexico Families in the Context of the COVID-19 Recovery (2020, 2021, and 2022)
 - 5.6. Subsidies Can Help Families Access Child Care, But Barriers Remain
 - 5.7. Summary of the Cradle to Career Policy Institute’s 2024 Publications
 - 5.8. Capturing Native American Views Toward the Business Plan for Early Childhood Development
 - 5.9. Progress for Families, but Obstacles Remain: Research Findings from New Mexico’s Efforts to Expand Child Care Access
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6. Other Surveys, Data, and Reports

- 6.1. Challenging Behavior and Disenrollment in Early Childhood Settings: A Survey of New Mexico’s Early Care and Education Providers
 - 6.2. Income of New Mexico’s Early Childhood Workforce and Economic Challenges They Are Facing During COVID-19
 - 6.3. The Coalition for Science Learning in Early Childhood (2022)
 - 6.4. Partners in Early Childhood Education Coalition Community Needs Assessment (2022)
 - 6.5. Early Childhood Education and Care Department Data Dashboard (2025)
 - 6.6. Head Start Federal Monitoring Review Reports (2025)
 - 6.7. Statewide Home Visiting Capacity 2023
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Acronyms

- Adverse Childhood Experiences (ACEs)
- American Community Survey (ACS)
- Child and Adult Care Food Program (CACFP)
- Child Care and Development Fund (CCDF)
- Child Development Associate (CDA)
- Children, Youth, and Families Department (CYFD)
- Department of Health (DOH)
- Early Childhood Education and Care Department (ECECD)
- Early Childhood Trust Fund (ECTF)
- Early Development Instrument (EDI)
- Early Intervention (EI)
- Education for Parents of Indigenous Children with Special Needs (EPICS)
- Family Infant Toddler (FIT)
- Family Leadership Council (FLC)
- Federal Poverty Level (FPL)
- Fiscal Year (FY)
- General Educational Development (GED)
- Head Start State Collaboration Office (HSSCO)
- Health Care Authority (HCA)
- Higher Education Department (HED)
- Individualized Education Program (IEP)
- Individualized Family Service Plan (IFSP)
- Individuals with Disabilities Education Act (IDEA)
- Institutions of Higher Education (IHE)
- Interagency Coordinating Council (ICC)
- Intergovernmental Agreement (IGA)
- Land Grant Permanent Fund (LGPF)
- Los Alamos National Laboratory (LANL)
- National Institute for Early Education Research (NIEER)
- New Mexico Corrections Department (NMCD)
- New Mexico Department of Health Indicator Based Information System (NM-IBIS)
- New Mexico PreK (NM PreK)
- Preschool Development Grant Birth through Five (PDG B-5)
- Public Education Department (PED)
- Social Emotional and Early Development (SEED)
- Summer Food Service Program for Children (SFSP)
- Temporary Assistance for Needy Families (TANF)
- Tiered Quality Rating and Improvement System (TQRIS)
- Women, Infants, and Children (WIC)

Survey Protocols

Families and Providers

English

Introduction Page

Thank you for taking this survey. The New Mexico Early Childhood Education and Care Department (ECECD) wants to learn from you about what is working well and what could be better in the early childhood system in New Mexico.

Completing the survey should take about 20 minutes if you answer all the questions. Taking the survey is your choice. Whether you take the survey or not will not affect you, your job, or your relationship with ECECD. You can skip any question you don't want to answer, and you can save your work and come back later to finish it. Please complete the survey by **5 p.m. Mountain Time on August 15, 2025.**

This survey is administered by Verite Educational Services (VES), a consulting group working on early childhood in New Mexico. You can choose to share your name and email to enter the raffle for a \$50 gift card. Only VES staff will see your answers. We will not share them or link them to your answers. We will summarize what everyone says in a report for ECECD leaders, and they may share it with the public later.

If you have any questions, please contact VES at support@veriteEDservices.com or 703-787-6700 ext. 802.

To move through the survey, use the **“Previous”** and **“Next”** buttons at the bottom of each page. Please **do not** use your browser's back or forward arrows.

To save and return later, click **“Save and Continue Later”** at the top of the page starting on the “General Questions” section.

If you agree to take the survey, click **“Next.”** If not, please close your browser.

1. Survey Selection

- Which survey would you like to take?
 - Family Survey (directs to Questions for Families)
 - Provider Survey (directs to Questions for Providers)

2. Questions for Families

1. General Questions

Families

- Are you raising one or more children age five or below?
 - Yes
 - No

- Only people who answer “Yes” will continue to the rest of the survey.
- Which of the following best describes your relationship to the child(ren) you are raising? (Select the one that best applies.)
 - Father
 - Foster parent
 - Grandparent
 - Mother
 - Other relative
 - Other (please specify): _____
- What is your age?
 - Under 20
 - 20-24
 - 25-34
 - 35-44
 - 45-54
 - 55-64
 - 65 or older

Location

- What is your zip code? (number box)

Participation

- Have you participated in any of these programs/services in the past 12 months? (Select all that apply.)
 - Child care assistance (for example, the subsidy program)
 - Child care services (for example, licensed child care centers, family child care homes, school-based PreK programs)
 - Family Infant Toddler (FIT) program (that is, early intervention services and support for children with developmental delays or disabilities and their families)
 - Head Start and Early Head Start (comprehensive early childhood education and family support programs for low-income families)
 - Health (for example, free or low-cost health checkups, vaccinations, clinics, lactation, doulas, nutrition assistance, meal assistance, Women, Infants, and Children [WIC] program)
 - Home visiting programs (for example, a service where professionals visit families at their homes to provide parenting support, child development guidance, and health screenings)
 - None of these

2. Access and Awareness

Quality of services for children with developmental delays or disabilities in early childhood education settings

- Are you currently raising a child with a developmental delay or disability who receives services in an early childhood education setting?
 - Yes
 - No
 - Only people who answer “Yes” will answer questions in this section.
- Have you noticed any areas where your child’s needs aren’t being fully addressed in their current care or education program? (Yes/No)
 - If “Yes”, please specify any areas where your child’s needs aren’t being fully addressed in their current care or education program. (text box)
- Staff in my child’s program know how to support children with different learning or developmental needs.
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
 - I don’t know
- If they selected “Disagree” or “Strongly disagree:” Please briefly explain why you responded “Disagree” or “Strongly disagree” to the previous question. (Text box)

Waitlists

- Have you ever been placed on a waitlist for an early childhood program or service (like child care, home visiting, or PreK)?
 - Yes, in the past year.
 - Yes, more than a year ago.
 - No, I got in right away.
 - I’ve never tried to enroll in a program.
- If they say “Yes, in the past year” or “Yes, more than a year ago,” ask this question for the program(s) they said they participate in at the beginning:
For what program(s) were you placed on a waitlist? (Select all that apply.)
 - Child care assistance (for example, the subsidy program)
 - Child care services (for example, licensed child care centers, family child care homes, school-based PreK programs)
 - Family Infant Toddler (FIT) program (that is, early intervention services and support for children with developmental delays or disabilities and their families)
 - Head Start and Early Head Start (comprehensive early childhood education and family support programs for low-income families)
 - Health (for example, free or low-cost health checkups, vaccinations, clinics, lactation, doulas, nutrition assistance, meal assistance, Women, Infants, and Children [WIC] program)
 - Home visiting programs (for example, a service where professionals visit families at their homes to provide parenting support, child development guidance, and health screenings)
- For each program they selected in the previous question:
 - How long did you have to wait to get into the program?
 - Less than one month
 - One to almost three months

- Three months to six months
- More than six months
- I am still on the waitlist
 - If they select “I am still on the waitlist:”
 - How long have you been on the waitlist?
 - Less than one month
 - One to almost three months
 - Three to almost six months
 - Six to 12 months
 - More than one year
 - I’m not sure

Choosing early childhood care

- Who regularly helps care for your child while you are at work or away from home? (Select all that apply.)
 - Community-based PreK (PreK program delivered through community-based organizations)
 - Faith-based child care
 - Friends or neighbors
 - Grandparent(s)
 - Licensed child care center (not home-based)
 - Licensed family home (licensed home-based child care)
 - Parent(s)
 - Registered home-based child care
 - Relatives other than parents and grandparents
 - School-based preschool
 - Other (please specify): _____
- For those who selected Parent(s), Grandparent(s), Relatives other than parents and grandparents, Friends or neighbors:
 - I rely on people like family members, friends, or neighbors
 - Always
 - Often
 - Sometimes
 - Rarely
 - Never
 - What are your main reasons for using care from people like family members, friends, or neighbors? (Select up to two.)
 - I don’t have access to other care options.
 - It costs less.
 - It fits my schedule better.
 - It reflects my background or language better.
 - The location is more convenient (for example, it is closer to my workplace).
 - They are easier to trust.
 - Other (please specify): _____

3. Provider Coordination

- How much do the providers that you use collaborate with each other to help families?
 - A lot
 - Somewhat
 - A little
 - Not at all
 - I don't know

4. Family and Community Engagement

How services meet the needs of families with different backgrounds

- Do you think families in your community can get the early childhood services they need, no matter their income, language, background, or where they live?
 - Yes, all or most families can get what they need.
 - Some families can get what they need, but not all.
 - No, there aren't enough services for families.
 - I'm not sure.
- The people, materials, and activities in my child's early childhood program reflect our family's background, language, traditions, and/or history.
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
- If they selected "Disagree" or "Strongly disagree:" Please briefly explain why you responded "Disagree" or "Strongly disagree" to the previous question. (Text box)
- If they responded "Disagree" or "Strongly disagree" to the previous question:
In what ways would you like to see your family's background or language better represented in early childhood programs? (Select all that apply.)
 - Books: Reading stories that show your family's background or traditions.
 - Food: Giving food that fits your family's diet or religion.
 - Language: Having teachers who speak more than one language.
 - Teachers: Hiring teachers from different backgrounds.
 - Toys and activities: Using toys, games, or lessons in class that show your family's background or traditions.
 - This doesn't apply to me.
 - Other: Tell us any other ways you'd like to see your family represented:

Educational programs and resources

- In what programs or workshops have you participated that help parents build skills (like early learning toolkits, family literacy events, or parenting classes)? (Text box)
- I know where to find parenting tools or resources (like tip sheets or videos) from the state or from my child's program.
 - Strongly agree

- Agree
 - Disagree
 - Strongly disagree
- If they selected “Disagree” or “Strongly disagree:” Please briefly explain why you responded “Disagree” or “Strongly disagree” to the previous question. (Text box)
- I would like to have more training/information about my child’s programs.
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
- If they selected “Disagree” or “Strongly disagree:” Please briefly explain why you responded “Disagree” or “Strongly disagree” to the previous question. (Text box)
- If they selected “Agree” or “Strongly agree:” What types of programs and tools would you find most helpful for supporting your child’s learning and development? (Select your top three responses.)
 - Activities to do at home with my child
 - Coaching
 - Easy-to-use online tools or videos
 - Help understanding child development
 - Help with behavior
 - Help with better sleep habits
 - Help with routines
 - Parenting classes
 - Self-care
 - Other (please specify): _____

Family and community engagement

- For each program they said at the beginning that they participate in:
Staff in my child’s program listen to me, explain things clearly, and respect my opinions.
 - Always
 - Often
 - Sometimes
 - Rarely
 - Never
- If they selected “Rarely” or “Never:” Please briefly explain why you responded “Rarely” or “Never” to the previous question. (Text box)
- I think the people in my child’s program(s) who make decisions about my child’s care and education represent families with my background.
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
- If they selected “Disagree” or “Strongly disagree:” Please briefly explain why you responded “Disagree” or “Strongly disagree” to the previous question. (Text box)

- I've been invited to take part in planning or decision-making activities (like meetings, parent committees, or surveys) for my child's program(s).
 - Always
 - Often
 - Sometimes
 - Rarely
 - Never
- I feel involved in decision-making at the program(s) my child participates in.
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
- If they selected "Disagree" or "Strongly disagree:" Please briefly explain why you responded "Disagree" or "Strongly disagree" to the previous question. (Text box)
- Do you feel that your voice is heard when it comes to decisions about programs or services for your child?
 - Always
 - Often
 - Sometimes
 - Rarely
 - Never

Additional feedback

- Do you have any additional input that could help improve early childhood services or make them easier for families to access? (Text box)
- Is there something we did not ask? (Text box)

3. Questions for Providers

1. General Questions

Providers

- Which age groups of children do you primarily serve? (Select all that apply.)
 - Prenatal/pregnant women
 - Infant: 0 - 23 months
 - Toddler: 24 - 35 months
 - Preschool: Three- to five-year-olds
 - School age: Six-year-olds and older
- Which kinds of caregivers do you support through your program? (Select all that apply.)
 - Foster caregivers
 - Grandparents/kin raising young children
 - Multigenerational households
 - Single-parent households
 - Teen and young parents (under 24)

- Two-parent households
 - Other (please specify): _____
- Which of the following types of programs do you work in? (Select all that apply.)
 - Community-based PreK (PreK program delivered through community-based organizations)
 - Faith-based child care
 - Family Infant Toddler (FIT) program (that is, early intervention services and support for children with developmental delays or disabilities and their families)
 - Head Start and Early Head Start (comprehensive early childhood education and family support programs for low-income families)
 - Health (for example, free or low-cost health checkups, vaccinations, clinics, lactation, doulas, nutrition assistance, meal assistance, Women, Infants, and Children [WIC] program)
 - Home visiting programs (for example, a service where professionals visit families at their homes to provide parenting support, child development guidance, and health screenings)
 - Licensed child care center (not home-based)
 - Licensed family home (licensed home-based child care)
 - Registered home-based child care
 - School-based preschool
 - Other (please specify): _____
- What best describes your current role? (Select one.)
 - Administrative assistant/office receptionist
 - Assistant teacher or educational assistant
 - Family Infant Toddler (FIT) provider
 - Health care provider or mental health specialist
 - Home-based provider
 - Home visiting provider
 - Lead teacher
 - Program director or administrator
 - Support or family engagement staff
 - Other (please specify): _____

Location

- Which counties do you currently provide services in? (Drop down, multiple options)

2. Access and Awareness

Teens and young parents and/or grandparents/kin raising young children

- If they said they serve teen and young parents:
I feel confident helping teen and young parents find the services they need.
 - Strongly agree
 - Agree
 - Disagree

- Strongly disagree
- If they selected “Disagree” or “Strongly disagree:” Please briefly explain why you responded “Disagree” or “Strongly disagree” to the previous question. (Text box)
- If they said they serve grandparents/kin raising young children:
I feel confident helping grandparents/kin raising young children find the services they need.
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
- If they selected “Disagree” or “Strongly disagree:” Please briefly explain why you responded “Disagree” or “Strongly disagree” to the previous question. (Text box)

Quality of services for children with developmental delays or disabilities in early childhood education settings

- My program currently serves children with developmental delays or disabilities.
 - Yes
 - No
 - Not yet
 - I don't know
 - Only people who answer “Yes” will answer questions in this section.
- Our staff feel prepared to support children with developmental delays or disabilities in classroom settings.
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
- If they selected “Disagree” or “Strongly disagree:” Please briefly explain why you responded “Disagree” or “Strongly disagree” to the previous question. (Text box)
- Our staff feel prepared to communicate with families about their children with developmental delays or disabilities in the classroom without labeling or judging them.
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
- If they selected “Disagree” or “Strongly disagree:” Please briefly explain why you responded “Disagree” or “Strongly disagree” to the previous question. (Text box)
- My program actively engages with early intervention or special education staff (like specialists or therapists) to support children with developmental delays or disabilities.
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
- If they selected “Disagree” or “Strongly disagree:” Please briefly explain why you responded “Disagree” or “Strongly disagree” to the previous question. (Text box)

- What kinds of support would help you better serve children with developmental delays or disabilities? (Select all that apply.)
 - Access to adaptive materials or equipment
 - Communicating with families about their children in the classroom without labeling or judging them
 - Help/coaching from specialists or therapists
 - Language that therapists use when talking about children
 - More planning time
 - More staff professional development
 - Trauma-informed approaches
 - Understanding how communities view disabilities
 - I feel well-supported already
 - Other (please specify): _____

Waitlists and vacancies

- Does your program currently have a waitlist for enrollment? (Select one.)
 - Yes, we have a general waitlist.
 - Yes, we have a waitlist for a specific age group only.
 - Yes, we have a general waitlist and a waitlist for a specific age group.
 - No, we do not have a waitlist.
- If they say “Yes, we have a waitlist for a specific age group only.” or “Yes, we have a general waitlist and a waitlist for a specific age group.”:

For what specific age group(s) do you have a waitlist? (Select all that apply.)

 - Prenatal/pregnant women
 - Infant: 0 - 23 months
 - Toddler: 24 - 35 months
 - Preschool: Three- to five-year-olds
 - School age: Six-year-olds and older
- If they say “Yes, we have a general waitlist.” or “Yes, we have a waitlist for a specific age group only.” or “Yes, we have a general waitlist and a waitlist for a specific age group.”:

On average, how long do families wait for a spot in your program?

 - Less than one month
 - One to three months
 - More than three months to six months
 - More than six months
 - I’m not sure
- If they say “Yes, we have a general waitlist.” or “Yes, we have a waitlist for a specific age group only.” or “Yes, we have a general waitlist and a waitlist for a specific age group.”:

What is the main reason families are waitlisted? (Select one.)

 - Not enough classroom space
 - Not enough staff
 - Preference for keeping the program small
 - Ratio/licensing requirement
 - Other (please specify): _____
- Does your program currently have staff vacancies?

- Yes, we have open positions we are trying to fill.
 - No, our team is fully staffed.
- Does your program usually have high or low turnover?
 - We usually have low or no turnover.
 - We usually have high turnover.
- If they said “We usually have low or no turnover:” Why does your program usually have low or no turnover?
- If they said “We usually have high turnover:” Why does your program usually have high turnover?

Informing families

- I share information with families about services and events offered in our community.
 - Always
 - Often
 - Sometimes
 - Rarely
 - Never
- If they selected “Always”, “Often”, “Sometimes” or “Rarely” to the prior question: How do you usually share information with families? (Select all that apply.)
 - By email
 - By text or app
 - In person during visits
 - Printed handouts or activity sheets
 - Social media
 - Other (please specify): _____
- I feel confident explaining how families can access programs like child care subsidies or parenting help.
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
- If they selected “Disagree” or “Strongly disagree:” Please briefly explain why you responded “Disagree” or “Strongly disagree” to the previous question. (Text box)
- In my experience, families face barriers to accessing support services (like child care assistance, early intervention, home visiting) because of: (Select all that apply.)
 - Complicated application processes
 - Lack of transportation
 - Language barriers
 - Limited spots in programs
 - Not knowing what services are available
 - Services that don’t meet the family’s needs
 - Other (please specify): _____

3. Workforce

Professional development

- In the past 12 months, how have you accessed specialized professional development for your work? (Select all that apply.)
 - Enrolling in a degree or certificate program
 - In-person workshops or conferences
 - Live online sessions (for example, Zoom, Teams)
 - On-the-job coaching or mentoring
 - Professional development provided by my employer
 - Self-paced online courses or webinars (for example, Quorum)
 - I have not accessed any specialized professional development
- Overall, the professional development I received helped me improve my work with children and families.
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
- If they selected “Disagree” or “Strongly disagree:” Please briefly explain why you responded “Disagree” or “Strongly disagree” to the previous question. (Text box)
- I would like more professional development opportunities in the following areas: (Select all that apply).
 - Behavior management and positive discipline techniques
 - Child development and developmental screening tools
 - Dual language learner strategies
 - Family engagement and community partnership building
 - Inclusive practices for children with developmental delays or disabilities
 - Leadership and career advancement in early childhood education
 - Licensing, credentialing, and pathways to higher education
 - Local practices (for example, child rearing practices)
 - Technology integration in early childhood settings
 - Trauma-informed care and mental health support
 - Other (please specify): _____

How would you like to receive this professional development? (Select all that apply.)

- In-person
- Live online
- Self-paced online

Retaining staff

- I plan to stay in the early childhood field for the next three years.
 - Yes
 - No
 - I don't know

- If they said “No” or “I don't know” on “I plan to stay in the early childhood field for the next three years”:
What are your main reasons for thinking about leaving the early childhood field? (Select up to three.)
 - Better opportunities in another field
 - I feel undervalued or not respected
 - I want to go back to school
 - Lack of benefits (for example, health insurance, paid leave)
 - Limited career growth or professional development opportunities
 - Low pay
 - Not enough support from leadership
 - Stress or burnout
 - Workload is too high
 - Other (please specify): _____
- What would make you more likely to stay in this job long-term? (Select up to three.)
 - Bonuses or scholarships
 - Career advancement opportunities
 - Child care assistance
 - Health insurance
 - Higher pay
 - Job location
 - Job stability
 - Mental health or wellness support
 - More paid leave (vacation or sick time)
 - More planning or break time
 - Professional development
 - Relationships with children and families
 - Retirement savings or pension
 - Sense of accomplishment and meaning
 - Smaller group sizes or more support staff
 - Supportive leadership or work environment
 - Work-life balance or flexible schedule
 - I already plan to stay longer than three years
 - Other (please specify): _____

Compensation

- What is your current yearly salary (before taxes)? (Select one.)
 - Less than \$15,000
 - \$15,000–\$29,999
 - \$30,000–\$44,999
 - \$45,000–\$59,999
 - \$60,000 or more
 - Prefer not to answer
- I am satisfied with my current pay.
 - Strongly agree

- Agree
 - Disagree
 - Strongly disagree
- If they selected “Disagree” or “Strongly disagree:” Please briefly explain why you responded “Disagree” or “Strongly disagree” to the previous question. (Text box)
- What benefits do you currently receive through your job? (Select all that apply.)
 - Bonuses or stipends from my employer
 - Dental or vision insurance
 - Health insurance
 - Mental health or wellness support
 - Paid sick leave
 - Paid time off to engage in community activities, events, and other responsibilities
 - Paid vacation
 - Pay parity or supplemental pay from the state
 - Professional development
 - Retirement or pension plan
 - None
 - Not sure
 - Other (please specify): _____
- My benefits meet my needs.
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
- If they selected “Disagree” or “Strongly disagree:” Please briefly explain why you responded “Disagree” or “Strongly disagree” to the previous question. (Text box)

4. Provider Coordination

- My program works with other early childhood services (for example, child care, early intervention, Head Start, health services, home visiting, PreK) to meet families’ needs.
 - Yes
 - No
 - I don’t know
- We participate in meetings or partnerships with other early childhood providers and/or coalitions.
 - Always
 - Often
 - Sometimes
 - Rarely
 - Never
- If they said “Yes” to “My program works with other early childhood services (for example, child care, early intervention, Head Start, health services, home visiting, PreK) to meet families’ needs:”

What helps your program coordinate with other early childhood services? (Select all that apply.)

 - Clear referral pathways

- Families
 - Local coalitions or networks
 - Personal relationships with other providers
 - Shared goals or planning efforts
 - Support from ECECD or other state agencies
 - Other (please specify): _____
- If they said “No” to “My program works with other early childhood services (for example, child care, early intervention, Head Start, health services, home visiting, PreK) to meet families’ needs:”
What makes it difficult to coordinate with other programs? (Select all that apply.)
 - Challenging or competitive relationships with other providers
 - Lack of a coordination system
 - Lack of information about other services
 - Lack of other providers in my community to coordinate with
 - Limited staffing
 - Limited time
 - Programs have different schedules or rules
 - We are currently not included in cross-agency collaborations
 - Other (please specify): _____

5. Educational Programs and Resources for Families

- I feel confident helping families build knowledge and skills to support their child’s development.
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
- If they selected “Disagree” or “Strongly disagree:” Please briefly explain why you responded “Disagree” or “Strongly disagree” to the previous question. (Text box)
- What kinds of education or support do you offer families? (Select all that apply.)
 - Connection to community resources (like employment, food, or housing)
 - Developmental activities to do at home
 - Help with setting goals and tracking progress
 - Information about routines (behavior, feeding, sleep)
 - Mental health or stress support
 - Parenting strategies and emotional support
 - Other (please specify): _____
- I use statewide tools or resources (such as activity guides, ECECD tip sheets, or text messages) to support families.
 - Always
 - Often
 - Sometimes
 - Rarely
 - Never
- If they selected “Always”, “Often”, “Sometimes” or “Rarely” to the prior question:
How do you usually share tools or resources with families? (Select all that apply.)

- o By email
- o By text or app
- o In person during visits
- o Printed handouts or activity sheets
- o Social media
- o Other (please specify): _____

Additional feedback

- As a provider, do you have any additional thoughts, suggestions, or insights that could help improve early childhood services or make them more accessible for families? (Text box)
- Is there something we did not ask? (Text box)

Raffle

Thank you for taking the time to complete this survey. Your perspectives are invaluable for improving child care in New Mexico. If you would like to be entered into the raffle for a \$50 gift card in appreciation of your time, please enter your full name and email address below.

- Full Name (Text Box)
- Email (Text Box)

Spanish

Introducción

Encuesta para Familias y Proveedores de Nuevo México

Gracias por completar esta encuesta. El Departamento de Educación y Cuidado de la Primera Infancia de Nuevo México (NM ECECD, por sus siglas en inglés) quiere saber de usted qué aspectos del sistema de la primera infancia en Nuevo México están funcionando bien y cuáles necesitan mejoras.

Completar la encuesta tomará aproximadamente 20 minutos. Participar en la encuesta es su decisión. El hecho de completarla o no, no lo afectará a usted, su trabajo, ni su relación con el ECECD. Puede omitir cualquier pregunta que no desee responder y puede guardar su progreso para continuar más tarde. Por favor, complete la encuesta antes de las **5 p.m., hora de la montaña, del 15 de agosto de 2025.**

Esta encuesta es administrada por Verite Educational Services (VES), un grupo de consultoría que trabaja en temas de la primera infancia en Nuevo México. Usted puede optar por compartir su nombre y correo electrónico para participar en el sorteo de una tarjeta de regalo de \$50. Solo el personal de VES tendrá acceso a sus respuestas. No las compartiremos ni las vincularemos con su identidad. Todo lo que diga la comunidad será resumido en un informe que será entregado a los líderes del ECECD, y es posible que ellos lo compartan con el público más adelante.

Si usted tiene alguna pregunta por favor contáctenos al correo electrónico Support@veriteEDservices.com o al teléfono 703-787-6700 ext. 805.

Para avanzar en la encuesta, utilice los botones “Anterior” y “Siguiente” que se encuentran en la parte inferior de cada página.

Por favor, **no use** las flechas para retroceder o avanzar de su navegador.

Para guardar y continuar más tarde, haga clic en “**Guardar y continuar después**” en la parte superior derecha de la página (a partir de la sección “Preguntas generales”).

Si está de acuerdo en completar la encuesta, haga clic en “**Siguiente**”. Si no, por favor cierre el navegador.

1. Selección de la encuesta

- ¿Qué encuesta le gustaría responder?
 - o Encuesta para familias
 - o Encuesta para proveedores

2. Preguntas para familias

a. Preguntas generales

Familias

- ¿Está criando a uno o más niños de cinco años o menos?
 - o Sí
 - o No
 - Solo las personas que respondan “Sí” continuarán con el resto de la encuesta.
- ¿Cuál de las siguientes opciones describe mejor su relación con el(los) niño(s) que está criando? (Seleccione la opción que mejor le describa.)
 - o Abuela(o)
 - o Madre
 - o Madre/padre sustitutos
 - o Otro pariente
 - o Padre
 - o Otro (especifique): _____
- ¿Cuál es su edad?
 - o Menos de 20 años
 - o 20 a 24 años
 - o 25 a 34 años
 - o 35 a 44 años
 - o 45 a 54 años
 - o 55 a 64 años
 - o 65 años más

Ubicación

- ¿Cuál es su código postal? (cuadro de texto)

Participación

- ¿Ha participado en alguno de estos programas o servicios en los últimos 12 meses? (Seleccione todas las opciones que correspondan.)
 - Asistencia para el cuidado infantil (por ejemplo, el programa de subsidios)
 - Head Start y Early Head Start (programas integrales de educación en la primera infancia y apoyo familiar para familias de bajos ingresos)
 - Programas de visitas domiciliarias (por ejemplo, un servicio en el cual profesionales visitan a las familias en sus casas para brindar apoyo para la crianza, orientación sobre el desarrollo infantil y exámenes de salud)
 - Programa Familiar para Bebés y Niños Pequeños [FIT, por sus siglas en inglés] (es decir, servicios de intervención temprana y apoyo para niños con retrasos en el desarrollo o discapacidades y sus familias)
 - Salud (por ejemplo, chequeos médicos gratuitos o de bajo costo, vacunas, clínicas, lactancia, doulas, asistencia nutricional, asistencia alimentaria, programa para Mujeres, Infantes y Niños [WIC, por sus siglas en inglés])
 - Servicios de cuidado infantil (por ejemplo, centros de cuidado infantil con licencia, hogares de cuidado infantil familiar, programas prekínder en escuelas)

b. Acceso y concientización

Calidad de los servicios para niños con retrasos en el desarrollo o discapacidades en entornos de educación en la primera infancia

- ¿Está actualmente criando a un niño con un retraso en el desarrollo o discapacidad que recibe servicios en un entorno de educación en la primera infancia?
 - Sí
 - No
 - Solo las personas que respondan “Sí” contestarán las preguntas de esta sección.
- ¿Ha notado áreas en las que las necesidades de su hijo(a) no están siendo plenamente atendidas en su programa actual de cuidado o educación? (Sí/No)
 - Si respondió “Sí”, por favor especifique las áreas en las que las necesidades de su hijo(a) no están siendo plenamente atendidas en su programa actual de cuidado o educación. (cuadro de texto)
- El personal del programa de mi hijo(a) sabe cómo apoyar a niños con diferentes necesidades de aprendizaje o desarrollo.
 - Totalmente de acuerdo
 - De acuerdo
 - En desacuerdo
 - Totalmente en desacuerdo
 - No lo sé
- Si responde “En desacuerdo” o “Totalmente en desacuerdo”: Por favor explique por qué respondió “En desacuerdo” o “Totalmente en desacuerdo” a la pregunta anterior. (cuadro de texto)

Listas de espera

- ¿Alguna vez ha estado en una lista de espera para un programa o servicio de la primera infancia (como cuidado infantil, prekínder o visitas domiciliarias)?
 - Sí, en el último año.
 - Sí, hace más de un año.
 - No, me aceptaron de inmediato.
 - Nunca he intentado inscribirme en un programa.
- Si responde “Sí, en el último año” o “Sí, hace más de un año”, hacer esta pregunta para el(los) programa(s) que la persona indicó al principio:
¿Para cuál(es) programa(s) estuvo en una lista de espera? (Seleccione todas las opciones que correspondan.)
 - Asistencia para el cuidado infantil (por ejemplo, el programa de subsidios)
 - Head Start y Early Head Start (programas integrales de educación en la primera infancia y apoyo familiar para familias de bajos ingresos)
 - Programas de visitas domiciliarias (por ejemplo, un servicio en el cual profesionales visitan a las familias en sus casas para brindar apoyo para la crianza, orientación sobre el desarrollo infantil y exámenes de salud)
 - Programa Familiar para Bebés y Niños Pequeños [FIT, por sus siglas en inglés] (es decir, servicios de intervención temprana y apoyo para niños con retrasos en el desarrollo o discapacidades y sus familias)
 - Salud (por ejemplo, chequeos médicos gratuitos o de bajo costo, vacunas, clínicas, lactancia, doulas, asistencia nutricional, asistencia alimentaria, programa para Mujeres, Infantes y Niños [WIC, por sus siglas en inglés])
 - Servicios de cuidado infantil (por ejemplo, centros de cuidado infantil con licencia, hogares de cuidado infantil familiar, programas prekínder en escuelas)
- Para cada programa que se seleccionó en la pregunta anterior:
 - ¿Cuánto tiempo tuvo que esperar para ingresar al programa?
 - Menos de un mes
 - De uno a casi tres meses
 - De tres a seis meses
 - Más de seis meses
 - Todavía estoy en la lista de espera
 - Si selecciona “Todavía estoy en la lista de espera”:
¿Cuánto tiempo ha estado en la lista de espera?
 - Menos de un mes
 - De uno a casi tres meses
 - De tres a casi seis meses
 - De seis a 12 meses
 - Más de un año
 - No estoy seguro(a)

Elección del cuidado en la primera infancia

- ¿Quién cuida regularmente a su hijo(a) mientras usted trabaja o está fuera de casa? (Seleccione todas las opciones que correspondan.)
 - Abuelo(s)

- o Amigos o vecinos
- o Centro de cuidado infantil con licencia (no en un hogar)
- o Cuidado infantil de orientación religiosa
- o Hogar de cuidado infantil registrado.
- o Hogar familiar con licencia (hogar de cuidado infantil con licencia)
- o Madre(s)/padre(s)
- o Parientes distintos de los padres y abuelos
- o Preescolar en la escuela
- o Prekínder basado en la comunidad (Programa de prekínder ofrecido a través de organizaciones comunitarias)
- o Otro (especifique): _____
- Para quienes seleccionaron madre(s)/padre(s), abuelo(s), otros familiares, amigos o vecinos:
 - o Yo dependo de personas como familiares, amigos o vecinos
 - Siempre
 - Frecuentemente
 - A veces
 - Rara vez
 - Nunca
 - o ¿Cuáles son sus principales razones para usar personas como familiares, amigos o vecinos para el cuidado de su hijo(a)? (Seleccione hasta dos opciones.)
 - Cuesta menos.
 - Es más fácil confiar en ellos.
 - La ubicación es más conveniente (por ejemplo, está más cerca de mi trabajo).
 - No tengo acceso a otras opciones de cuidado.
 - Reflejan mejor mis antecedentes o idioma.
 - Se ajusta mejor a mi horario.
 - Otro (especifique): _____

c. Coordinación entre proveedores

- ¿Qué tanto colaboran entre sí los proveedores que usted utiliza para ayudar a las familias?
 - o Bastante
 - o Algo
 - o Un poco
 - o Nada
 - o No lo sé

d. Participación familiar y comunitaria

Cómo los servicios satisfacen las necesidades de familias con diferentes antecedentes

- ¿Cree que las familias en su comunidad pueden acceder a los servicios de primera infancia que necesitan, sin importar su ingreso, idioma, antecedentes o lugar de residencia?
 - o Sí, todas o la mayoría de las familias pueden acceder a lo que necesitan.
 - o Algunas familias pueden acceder a lo que necesitan, pero no todas.
 - o No, no hay suficientes servicios para las familias.
 - o No estoy seguro(a).

- Las personas, materiales y actividades en el programa de primera infancia de mi hijo(a) reflejan nuestros antecedentes familiares, idioma, tradiciones y/o historia.
 - Totalmente de acuerdo
 - De acuerdo
 - En desacuerdo
 - Totalmente en desacuerdo
- Si responde “En desacuerdo” o “Totalmente en desacuerdo”: Por favor explique por qué respondió “En desacuerdo” o “Totalmente en desacuerdo” a la pregunta anterior. (cuadro de texto)
- Si responde “En desacuerdo” o “Totalmente en desacuerdo” a la pregunta anterior: ¿De qué maneras le gustaría que se representara mejor sus antecedentes familiares o el idioma de su familia en los programas de primera infancia? (Seleccione todas las opciones que correspondan.)
 - Comida: Ofrecer alimentos que se ajusten a la dieta o religión de su familia.
 - Idioma: Tener maestros que hablen más de un idioma.
 - Juguetes y actividades: Uso de juguetes, juegos o lecciones en clase que reflejen los antecedentes o tradiciones de su familia.
 - Libros: Historias que muestren los antecedentes o tradiciones de su familia.
 - Maestros: Contratar maestros de diversos antecedentes.
 - Otro: Cuéntenos de qué otra forma le gustaría que se representara a su familia: _____
 - Esto no aplica a mí.

Programas y recursos educativos

- ¿En qué programas o talleres ha participado usted que ayuden a padres a desarrollar sus habilidades (como clases de crianza, eventos de alfabetismo familiar o herramientas de aprendizaje temprano o)? (Cuadro de texto)
- Yo sé dónde encontrar herramientas o recursos de crianza (como hojas informativas videos) del estado de Nuevo México o del programa en el que participa mi hijo(a).
 - Totalmente de acuerdo
 - De acuerdo
 - En desacuerdo
 - Totalmente en desacuerdo
- Si responde “En desacuerdo” o “Totalmente en desacuerdo”: Por favor explique por qué respondió “En desacuerdo” o “Totalmente en desacuerdo” a la pregunta anterior. (cuadro de texto)
- Me gustaría recibir más educación o información acerca del programa(s) en el(los) que participa mi hijo(a).
 - Totalmente de acuerdo
 - De acuerdo
 - En desacuerdo
 - Totalmente en desacuerdo
- Si responde “En desacuerdo” o “Totalmente en desacuerdo”: Por favor explique por qué respondió “En desacuerdo” o “Totalmente en desacuerdo” a la pregunta anterior. (cuadro de texto)

- Si responde “Totalmente de acuerdo” o “De acuerdo”: ¿Qué tipo de programas y recursos le serían más útiles para apoyar el aprendizaje y desarrollo de su hijo(a)? (Seleccione las tres opciones más importantes.)
 - Actividades para hacer en casa con mi hijo(a)
 - Autocuidado
 - Ayuda con el comportamiento
 - Ayuda con las rutinas
 - Ayuda para entender el desarrollo infantil
 - Ayuda para mejorar los hábitos de sueño
 - Clases para padres
 - Herramientas o videos en línea fáciles de usar
 - Mentoría o acompañamiento (Coaching)
 - Otro (especifique): _____

Participación familiar y comunitaria

- Para cada programa en el que se indicó que participa:
El personal del programa de mi hijo(a) me escucha, me explica las cosas con claridad y respeta mis opiniones.
 - Siempre
 - Frecuentemente
 - A veces
 - Rara vez
 - Nunca
- Si responde “Rara vez” o “Nunca”: Por favor explique por qué respondió “Rara vez” o “Nunca” a la pregunta anterior. (cuadro de texto)
- Yo creo que las personas en el(los) programa(s) de mi hijo(a) que toman decisiones sobre su cuidado y educación representan a familias con mis mismos antecedentes.
 - Totalmente de acuerdo
 - De acuerdo
 - En desacuerdo
 - Totalmente en desacuerdo
- Si responde “En desacuerdo” o “Totalmente en desacuerdo”: Por favor explique por qué respondió “En desacuerdo” o “Totalmente en desacuerdo” a la pregunta anterior. (cuadro de texto)
- Me han invitado a participar en actividades de planificación o toma de decisiones (como comités de padres, encuestas o reuniones) para el(los) programa(s) de mi hijo(a).
 - Siempre
 - Frecuentemente
 - A veces
 - Rara vez
 - Nunca
- Me siento involucrado(a) en la toma de decisiones en el(los) programa(s) en los que participa mi hijo(a).
 - Totalmente de acuerdo
 - De acuerdo

- o En desacuerdo
 - o Totalmente en desacuerdo
- Si responde “En desacuerdo” o “Totalmente en desacuerdo”: Por favor explique por qué respondió “En desacuerdo” o “Totalmente en desacuerdo” a la pregunta anterior. (cuadro de texto)
- ¿Siente que su voz es escuchada cuando se toman decisiones sobre programas o servicios para su hijo(a)?
 - o Siempre
 - o Frecuentemente
 - o A veces
 - o Rara vez
 - o Nunca

Comentarios adicionales

- ¿Tiene algún comentario adicional que pueda ayudar a mejorar los servicios de la primera infancia o facilitar el acceso para las familias? (Cuadro de texto)
- ¿Hay algo que no preguntamos y quiera añadir? (Cuadro de texto)

3. Preguntas para los proveedores

a. Preguntas generales

Proveedores

- ¿A qué grupos de edad de niños atiende principalmente? (Seleccione todas las opciones que correspondan.)
 - o Prenatal/mujeres embarazadas
 - o Bebé: 0 - 23 meses
 - o Niño pequeño: 24 - 35 meses
 - o Preescolar: De tres a cinco años
 - o Edad escolar: De seis años en adelante
- ¿A qué tipos de cuidadores apoya a través de su programa? (Seleccione todas las opciones que correspondan.)
 - o Abuelos u otros familiares que crían a los niños
 - o Cuidadores de crianza (foster caregivers)
 - o Hogares con ambos padres
 - o Hogares con un solo padre/madre
 - o Hogares multigeneracionales
 - o Padres/madres de familia adolescentes o jóvenes (menores de 24 años)
 - o Otro (por favor especifique): _____
- ¿En qué tipos de programas trabaja? (Seleccione todas las opciones que correspondan.)
 - o Centro de cuidado infantil con licencia (no en un hogar)
 - o Cuidado infantil de orientación religiosa
 - o Head Start y Early Head Start (programas integrales de educación en la primera infancia y apoyo familiar para familias de bajos ingresos)

- Hogar de cuidado infantil registrado
- Hogar familiar con licencia (hogar de cuidado infantil con licencia)
- Preescolar en la escuela
- Prekínder basado en la comunidad (Programa de prekínder ofrecido a través de organizaciones comunitarias)
- Programas de visitas domiciliarias (por ejemplo, apoyo para la crianza, orientación sobre el desarrollo infantil y exámenes de salud)
- Programa Familiar para Bebés y Niños Pequeños [FIT, por sus siglas en inglés] (es decir, servicios de intervención temprana y apoyo para niños con retrasos en el desarrollo o discapacidades y sus familias)
- Salud (por ejemplo, chequeos médicos gratuitos o de bajo costo, vacunas, clínicas, lactancia, doulas, asistencia nutricional, asistencia alimentaria, programa para Mujeres, Infantes y Niños [WIC, por sus siglas en inglés])
- Otro (especifique): _____
- ¿Cuál título describe mejor su función actual? (Seleccione una opción.)
 - Asistente administrativo / recepcionista
 - Asistente de maestra o asistente educativo
 - Director(a) o administrador(a) del programa
 - Maestra principal
 - Personal de apoyo o de participación familiar
 - Proveedor(a) de servicios de salud o especialista en salud mental
 - Proveedor(a) de visitas domiciliarias
 - Proveedor(a) del programa Familiar para Bebés y Niños Pequeños (FIT, por sus siglas en inglés)
 - Proveedor(a) en el hogar
 - Otro (por favor especifique): _____

Ubicación

- ¿En qué condados ofrece actualmente servicios? (Desplegable, múltiples opciones)

b. Acceso y concientización

Padres/madres de familia adolescentes y jóvenes, y abuelos u otros familiares que crían a los niños

- Si indicó que usted trabaja con padres de familia adolescentes y jóvenes:
Siento que puedo ayudar a padres/madres adolescentes y jóvenes a encontrar los servicios que necesitan.
 - Totalmente de acuerdo
 - De acuerdo
 - En desacuerdo
 - Totalmente en desacuerdo
- Si responde “En desacuerdo” o “Totalmente en desacuerdo”: Por favor explique por qué respondió “En desacuerdo” o “Totalmente en desacuerdo” a la pregunta anterior. (cuadro de texto)
- Si indicó que trabaja con abuelos u otros familiares que crían a los niños:

Siento que puedo ayudar a abuelos u otros familiares que crían a los niños a encontrar los servicios que necesitan.

- Totalmente de acuerdo
 - De acuerdo
 - En desacuerdo
 - Totalmente en desacuerdo
- Si responde “En desacuerdo” o “Totalmente en desacuerdo”: Por favor explique por qué respondió “En desacuerdo” o “Totalmente en desacuerdo” a la pregunta anterior. (cuadro de texto)

Calidad de los servicios para niños con retrasos en el desarrollo o discapacidades en entornos de educación en la primera infancia

- Mi programa actualmente atiende a niños con retrasos en el desarrollo o discapacidades.
 - Sí
 - No
 - Aún no
 - No lo sé
 - Solo las personas que respondan “Sí” responderán a las siguientes preguntas.
- Nuestro personal se siente preparado para apoyar a niños con retrasos en el desarrollo o discapacidades en el aula.
 - Totalmente de acuerdo
 - De acuerdo
 - En desacuerdo
 - Totalmente en desacuerdo
- Si responde “En desacuerdo” o “Totalmente en desacuerdo”: Por favor explique por qué respondió “En desacuerdo” o “Totalmente en desacuerdo” a la pregunta anterior. (cuadro de texto)
- Nuestro personal se siente preparado para comunicarse con las familias sobre sus hijos con retrasos en el desarrollo o discapacidades en el aula, sin ponerles etiquetas ni juzgarlos.
 - Totalmente de acuerdo
 - De acuerdo
 - En desacuerdo
 - Totalmente en desacuerdo
- Si responde “En desacuerdo” o “Totalmente en desacuerdo”: Por favor explique por qué respondió “En desacuerdo” o “Totalmente en desacuerdo” a la pregunta anterior. (cuadro de texto)
- Mi programa colabora activamente con personal de intervención temprana o de educación especial (como especialistas o terapeutas) para apoyar a niños con retrasos en el desarrollo o discapacidades.
 - Totalmente de acuerdo
 - De acuerdo
 - En desacuerdo
 - Totalmente en desacuerdo
- Si responde “En desacuerdo” o “Totalmente en desacuerdo”: Por favor explique por qué respondió “En desacuerdo” o “Totalmente en desacuerdo” a la pregunta anterior. (cuadro de texto)

- ¿Qué tipo de apoyo le ayudaría a brindar un mejor servicio a niños con retrasos en el desarrollo o discapacidades? (Seleccione todas las opciones que correspondan.)
 - Acceso a materiales o equipos adaptativos
 - Apoyo y mentoría de especialistas o terapeutas
 - Comunicación con las familias sobre sus hijos con retrasos en el desarrollo o discapacidades en el aula, sin ponerles etiquetas ni juzgarlos
 - Enfoques informados sobre el trauma
 - Entender cómo las comunidades perciben las discapacidades
 - Lenguaje que usan los terapeutas al hablar sobre los niños
 - Más capacitación para el personal
 - Más tiempo de planificación
 - Yo me siento bien respaldado(a)
 - Otro (por favor especifique): _____

Listas de espera y vacantes

- ¿Su programa tiene actualmente una lista de espera para inscripciones?
 - Sí, tenemos una lista de espera general.
 - Sí, tenemos una lista de espera solamente para un grupo de edad específico.
 - Sí, tenemos una lista de espera general y también para un grupo de edad específico.
 - No, no tenemos lista de espera.
- Si responde “Sí, tenemos una lista de espera para un grupo de edad específico” o “Sí, tenemos una lista de espera general y también para un grupo de edad específico”: ¿Para qué grupo(s) de edad tiene lista de espera? (Seleccione todas las opciones que correspondan.)
 - Prenatal/mujeres embarazadas
 - Bebé: 0 - 23 meses
 - Niño pequeño: 24 - 35 meses
 - Preescolar: De tres a cinco años
 - Edad escolar: De seis años en adelante
- Si responde “Sí, tenemos una lista de espera general” o “Sí, tenemos una lista de espera solamente para un grupo de edad específico” o “Sí, tenemos una lista de espera general y también para un grupo de edad específico”: En promedio, ¿cuánto tiempo tienen que esperar las familias por un espacio en su programa?
 - Menos de un mes
 - De uno a tres meses
 - Más de tres meses y menos de seis meses
 - Más de seis meses
 - No estoy seguro(a)
- Si responde “Sí, tenemos una lista de espera general” o “Sí, tenemos una lista de espera solamente para un grupo de edad específico” o “Sí, tenemos una lista de espera general y también para un grupo de edad específico”: ¿Cuál es la razón principal por la que las familias están en lista de espera? (Seleccione una.)
 - No hay suficiente espacio en el aula
 - No hay suficiente personal
 - Preferencia por mantener el programa pequeño
 - Requisitos de proporción/licencia

- Otro (por favor especifique): _____
- ¿Su programa tiene vacantes de personal actualmente?
 - Sí, tenemos puestos abiertos que estamos tratando de llenar.
 - No, nuestro equipo está completamente contratado.
- ¿Su programa suele tener alta o baja rotación de personal?
 - Usualmente tenemos poca o ninguna rotación.
 - Usualmente tenemos alta rotación.
- Si responde “Usualmente tenemos poca o ninguna rotación:” ¿Por qué su programa tiene poca o ninguna rotación? (cuadro de texto)
- Si responde “Usualmente tenemos alta rotación:” ¿Por qué su programa tiene alta rotación? (cuadro de texto)

Información para las familias

- Yo comparto información con las familias sobre los servicios disponibles en nuestra comunidad.
 - Siempre
 - Frecuentemente
 - A veces
 - Rara vez
 - Nunca
- Si responde “Siempre”, “Frecuentemente”, “A veces” o “Rara vez” a la pregunta anterior: ¿Como comparte usted la información con las familias? (Seleccione todas las opciones que correspondan.)
 - En persona durante las visitas
 - Folletos impresos u hojas de actividades
 - Por correo electrónico
 - Por mensaje de texto o una aplicación
 - Redes sociales
 - Usualmente no comparto herramientas o recursos
 - Otro (especifique): _____
- Siento que puedo explicar cómo las familias pueden acceder a programas como subsidios para el cuidado infantil o apoyo para la crianza.
 - Totalmente de acuerdo
 - De acuerdo
 - En desacuerdo
 - Totalmente en desacuerdo
- Si responde “En desacuerdo” o “Totalmente en desacuerdo”: Por favor explique por qué respondió “En desacuerdo” o “Totalmente en desacuerdo” a la pregunta anterior. (cuadro de texto)
- Según mi experiencia, las familias enfrentan obstáculos para acceder a servicios de apoyo (como asistencia para el cuidado infantil, intervención temprana, visitas domiciliarias) debido a: (Seleccione todas las opciones que correspondan.)
 - Barreras del idioma
 - Cupos limitados en los programas
 - Falta de transporte
 - No saben qué servicios están disponibles

- o Procesos de solicitud complicados
- o Servicios que no satisfacen las necesidades de la familia
- o Otro (por favor especifique): _____

c. Fuerza laboral

Capacitación

- En los últimos 12 meses, ¿cómo ha accedido a capacitación especializada para su trabajo? (Seleccione todas las opciones que correspondan.)
 - o Acompañamiento o mentoría (coaching) en el trabajo
 - o Capacitación proporcionada por mi empleador
 - o Cursos seminarios web en línea a su propio ritmo (por ejemplo, Quorum)
 - o Inscripción en un programa de grado o certificación
 - o Sesiones en línea en vivo (por ejemplo, Teams, Zoom)
 - o Talleres o conferencias presenciales
 - o No he accedido a ninguna capacitación especializada
- En general, la(s) capacitación(es) que recibí me ayudaron a mejorar mi trabajo con niños y familias.
 - o Totalmente de acuerdo
 - o De acuerdo
 - o En desacuerdo
 - o Totalmente en desacuerdo
- Si responde “En desacuerdo” o “Totalmente en desacuerdo”: Por favor explique por qué respondió “En desacuerdo” o “Totalmente en desacuerdo” a la pregunta anterior. (cuadro de texto)
- Me gustaría recibir más oportunidades de capacitación en las siguientes áreas: (Seleccione todas las opciones que correspondan.)
 - o Desarrollo infantil y herramientas de evaluación del desarrollo
 - o Estrategias para aprendices de dos idiomas
 - o Integración de tecnología en entornos de educación en la primera infancia
 - o Liderazgo y avance profesional en educación en la primera infancia
 - o Manejo de conducta y técnicas de disciplina positiva
 - o Participación familiar y creación de alianzas comunitarias
 - o Prácticas inclusivas para niños con retrasos en el desarrollo o discapacidades
 - o Prácticas locales (por ejemplo, prácticas de crianza de los niños)
 - o Prácticas orientadas al trauma y apoyo en salud mental
 - o Requisitos de licencia, credenciales y acceso a educación superior
 - o Otra (especifique): _____
- Para las oportunidades de capacitación seleccionadas:
¿Cómo le gustaría recibir esta capacitación? (Seleccione todas las opciones que correspondan.)
 - o Presencialmente
 - o En línea en vivo
 - o En línea a su propio ritmo

Retención de personal

- Yo planeo continuar en el campo de la educación en la primera infancia durante los próximos tres años.
 - Sí
 - No
 - No lo sé
- Si respondió “No” o “No lo sé” a la pregunta anterior:
¿Cuáles son sus principales razones para pensar en dejar el campo de la educación en la primera infancia? (Seleccione hasta tres opciones.)
 - Bajo salario
 - Carga laboral demasiado alta
 - Estrés o agotamiento
 - Falta de apoyo por parte del equipo directivo
 - Falta de beneficios (por ejemplo, permisos remunerados, seguro médico)
 - Mejores oportunidades en otro campo
 - Me siento subestimado(a) o no respetado(a)
 - Oportunidades limitadas de crecimiento profesional o capacitación
 - Quiero retomar mis estudios
 - Otro (especifique): _____
- ¿Qué lo motivaría a permanecer en este empleo a largo plazo? (Seleccione hasta tres opciones.)
 - Ahorro para el retiro o pensión
 - Apoyo en salud mental o al bienestar
 - Asistencia para el cuidado infantil
 - Aumento salarial
 - Bonificaciones o becas
 - Capacitación
 - Estabilidad laboral
 - Equilibrio entre trabajo y vida personal u horario flexible
 - Grupos más pequeños o más personal de apoyo
 - Liderazgo o entorno de trabajo de apoyo
 - Más permisos remunerados (por enfermedad o vacaciones)
 - Más tiempo para planificar o tomar descansos
 - Oportunidades de avance profesional
 - Relaciones con niños y familias
 - Seguro médico
 - Sentido de realización profesional y propósito
 - Ubicación del trabajo
 - Yo planeo permanecer más de tres años
 - Otro (especifique): _____

Compensación

- ¿Cuál es su salario anual actual (antes de impuestos)? (Seleccione una opción.)
 - Menos de \$15,000
 - \$15,000–\$29,999

- \$30,000–\$44,999
 - \$45,000–\$59,999
 - \$60,000 o más
 - Prefiero no responder
- Estoy satisfecho(a) con mi salario actual.
 - Totalmente de acuerdo
 - De acuerdo
 - En desacuerdo
 - Totalmente en desacuerdo
- Si responde “En desacuerdo” o “Totalmente en desacuerdo”: Por favor explique por qué respondió “En desacuerdo” o “Totalmente en desacuerdo” a la pregunta anterior. (cuadro de texto)
- ¿Qué beneficios recibe actualmente a través de su trabajo? (Seleccione todas las opciones que correspondan.)
 - Apoyo en salud mental o al bienestar
 - Apoyo para desarrollo profesional o capacitación
 - Bonos o subsidios de mi empleador
 - Pago equitativo o pago suplementario del estado
 - Permisos por enfermedad remunerados
 - Plan de retiro o pensión
 - Seguro dental o de visión
 - Seguro médico
 - Tiempo libre remunerado para participar en actividades comunitarias, eventos y otras responsabilidades
 - Vacaciones remuneradas
 - Ninguno
 - No estoy seguro(a)
 - Otro (especifique): _____
- Mis beneficios satisfacen mis necesidades.
 - Totalmente de acuerdo
 - De acuerdo
 - En desacuerdo
 - Totalmente en desacuerdo
- Si responde “En desacuerdo” o “Totalmente en desacuerdo”: Por favor explique por qué respondió “En desacuerdo” o “Totalmente en desacuerdo” a la pregunta anterior. (cuadro de texto)

d. Coordinación entre proveedores

- Mi programa colabora con otros servicios de educación en la primera infancia (por ejemplo, cuidado infantil, Head Start, intervención temprana, programas prekínder, servicios de salud, visitas domiciliarias) para atender las necesidades de las familias.
 - Sí
 - No
 - No lo sé

- Participamos en reuniones o asociaciones con otros proveedores de educación en la primera infancia y/o coaliciones.
 - Siempre
 - Frecuentemente
 - A veces
 - Rara vez
 - Nunca
- Si respondió “Sí” a “Mi programa colabora con otros servicios de educación en la primera infancia (por ejemplo, cuidado infantil, Head Start, intervención temprana, servicios de salud, visitas domiciliarias) para atender las necesidades de las familias”:
¿Qué ayuda a su programa a coordinar con otros servicios de educación en la primera infancia? (Seleccione todas las opciones que correspondan.)
 - Apoyo del ECECD u otras agencias estatales
 - Coaliciones o redes locales
 - Familias
 - Metas compartidas o esfuerzos conjuntos de planificación
 - Relaciones personales con otros proveedores
 - Canales claros de remisión a otro proveedor
 - Otro (especifique): _____
- Si respondió “No” a “Mi programa colabora con otros servicios de educación en la primera infancia (por ejemplo, cuidado infantil, Head Start, intervención temprana, servicios de salud, visitas domiciliarias) para atender las necesidades de las familias”
¿Qué dificulta la coordinación con otros programas? (Seleccione todas las opciones que correspondan.)
 - Actualmente no participamos en colaboraciones interinstitucionales
 - Ausencia de otros proveedores en mi comunidad con quienes coordinar
 - Diferencias de horarios o reglas entre programas
 - Falta de información sobre otros servicios
 - Falta de un sistema de coordinación
 - Personal limitado
 - Relaciones complicadas o competitivas con otros proveedores
 - Tiempo limitado
 - Otro (especifique): _____

e. Programas educativos y recursos para Familias

- Siento que puedo ayudar a las familias a desarrollar conocimientos y habilidades para apoyar el desarrollo de sus hijos(as).
 - Totalmente de acuerdo
 - De acuerdo
 - En desacuerdo
 - Totalmente en desacuerdo
- Si responde “En desacuerdo” o “Totalmente en desacuerdo”: Por favor explique por qué respondió “En desacuerdo” o “Totalmente en desacuerdo” a la pregunta anterior. (cuadro de texto)

- ¿Qué tipo de educación o apoyo ofrece a las familias? (Seleccione todas las opciones que correspondan.)
 - Actividades para apoyar el desarrollo infantil en casa
 - Apoyo a la salud mental o manejo del estrés
 - Apoyo para establecer metas y dar seguimiento al progreso
 - Conexión con recursos comunitarios (como alimentación, empleo o vivienda)
 - Estrategias de crianza y apoyo emocional
 - Información sobre rutinas (alimentación, conducta, sueño)
 - Otro (especifique): _____
- Yo utilizo herramientas o recursos estatales (como hojas informativas del ECECD, guías de actividades o mensajes de texto) para apoyar a las familias.
 - Siempre
 - Frecuentemente
 - A veces
 - Rara vez
 - Nunca
- Si selecciona “Siempre”, “Frecuentemente”, “A veces” o “Rara vez” a la pregunta anterior: ¿Cómo suele compartir herramientas o recursos con las familias? (Seleccione todas las opciones que correspondan.)
 - En persona durante las visitas
 - Folletos impresos u hojas de actividades
 - Por correo electrónico
 - Por mensaje de texto o una aplicación
 - Redes sociales
 - Otro (especifique): _____

Comentarios adicionales

- Como proveedor(a), ¿tiene algún comentario, sugerencia o idea adicional que pueda ayudar a mejorar los servicios de educación en la primera infancia o hacerlos más accesibles para las familias? (Cuadro de texto)
- ¿Hay algo que no preguntamos y quiera añadir? (Cuadro de texto)

Rifa

“Gracias por completar esta encuesta. Su opinión es muy valiosa para mejorar el cuidado de la primera infancia de Nuevo México. Como muestra de nuestro aprecio, si usted quiere participar en la rifa de una tarjeta de regalo por un valor de \$50, por favor comparta su nombre completo y su correo electrónico.”

- Nombre completo (Cuadro de texto)
- Correo electrónico (Cuadro de texto)

Coalitions

English

Introduction Page

Thank you for taking this survey. The New Mexico Early Childhood Education and Care Department (ECECD) wants to learn from you about what is working well and what could be better in the early childhood system in New Mexico.

Completing the survey should take about 25 minutes if you answer all the questions. Taking the survey is your choice. Whether you take the survey or not will not affect you, your job, or your relationship with ECECD. You can skip any question you don't want to answer, and you can save your work and come back later to finish it. Please complete the survey by **5 p.m. Mountain Time on August 15, 2025.**

This survey is administered by [Verite Educational Services](#) (VES), a consulting group working on early childhood in New Mexico. You can choose to share your name and email to enter the raffle for a \$50 gift card. Only VES staff will see your answers. We will not share them or link them to your answers. We will summarize what everyone says in a report for ECECD leaders, and they may share it with the public later.

If you have any questions, please contact VES at support@veriteEDservices.com or 703-787-6700 ext. 802.

To move through the survey, use the **“Previous”** and **“Next”** buttons at the bottom of each page. Please **do not** use your browser's back or forward arrows.

To save and return later, click **“Save and Continue Later”** at the top of the page starting on the “General Questions” section.

If you agree to take the survey, click **“Next.”** If not, please close your browser.

a. General Questions

- What coalition are you in? (Select one [dropdown])
 - 100% Otero
 - Bernalillo County Home Visiting Work Group Coalition
 - Coalition for Science Learning in Early Childhood
 - Community Partnership for Children
 - Doña Ana County Early Childhood Education Coalition
 - Early Childhood Coalition Cuidando Los Niños
 - Los Alamos Early Childhood Collaboration
 - McKinley County Early Childhood Coalition
 - Partners in Early Childhood Education (PIECE) Coalition
 - Paso a Paso Network
 - PB&J Family Services
 - Proveedoras Unidas de Southern NM
 - Rio Arriba County Early Childhood Collaborative

- San Juan County Early Childhood Coalition
- San Miguel Early Childhood Coalition
- Santa Fe Early Childhood Steering Committee
- Valencia County Early Childhood Community Partnership
- Wings For Life (WFL)/Roswell Early Childhood Coalition
- Other (please specify): _____
- As far as you know, which of the following types of programs are available in the area your coalition serves? (Select all that apply.)
 - Community-based PreK (that is, PreK program delivered through community-based organizations)
 - Faith-based child care
 - Family Infant Toddler (FIT) program (that is, early intervention services and support for children with developmental delays or disabilities and their families)
 - Head Start and Early Head Start (that is, comprehensive early childhood education and family support programs for low-income families)
 - Health (for example, free or low-cost health checkups, vaccinations, clinics, lactation, doulas, nutrition assistance, meal assistance, Women, Infants, and Children [WIC] program)
 - Home visiting programs (for example, a service where professionals visit families at their homes to provide child development guidance, health screenings, and parenting support)
 - Licensed child care center (not home-based)
 - Licensed family home (licensed home-based child care)
 - Registered home-based child care
 - School-based preschool
 - Other (please specify): _____

b. Access and awareness

Teens and young parents

- Are you aware of services for teen and young parents in the area your coalition serves? (Yes/No)
- If Yes:
 - Which services specific to teen and young parents are available in the area your coalition serves? (Select all that apply.)
 - Adolescent mental health services
 - High school or General Educational Development (GED) programs with child care
 - Life skills and financial literacy classes for young parents
 - Parenting education designed for youth (e.g., school-based parenting programs)
 - Peer mentoring
 - Teen/young parent support groups
 - Transition-to-adulthood services (for example, housing, job training)
 - Wraparound case management for young families
 - Youth-specific home visiting models (for example, Nurse-Family Partnership)
 - Other (please specify): _____
 - What have you found to be the most effective ways for coalitions to identify and reach teen and young parents? (Select up to three.)

- Collaborate with WIC or Medicaid offices
- Connect through Supplemental Nutrition Assistance Program (SNAP) / Temporary Assistance for Needy Families (TANF) offices or case managers
- Distribute flyers at public transportation hubs
- Host programs at flexible times (evenings/weekends)
- Offer events or information sessions at community centers or teen-friendly spaces
- Partner with high schools or alternative education programs
- Promote through child care providers that serve young parents
- Provide outreach through pediatricians and other clinics
- Share information through youth-serving organizations (for example, youth shelters)
- Use peer ambassadors or teen parent mentors
- Use social media platforms popular with teens and young adults
- Other (please specify): _____
- How could your coalition help improve service reach or relevance for teen and young parents? (Text box.)

Grandparents/kin raising young children

- Are you aware of services for grandparents/kin raising young children in the area your coalition serves? (Yes/No)
- If Yes:
 - Which of these additional services specific to grandparents/kin raising young children are available in the area your coalition serves? (Select all that apply.)
 - Advocacy support for navigating child welfare and benefits systems
 - Caregiver training for older adults
 - Grandparent caregiver support groups
 - Guardianship legal assistance
 - Kinship navigator programs
 - Respite care for kinship caregivers
 - Senior service integration (for example, aging and disability resource centers)
 - Other (please specify): _____
 - What have you found to be the most effective ways for coalitions to identify and reach grandparents/kin raising young children? (Select up to three.)
 - Advertise in local newspapers or radio stations
 - Collaborate with family court, guardianship, or legal aid offices
 - Connect through kinship navigator programs
 - Distribute flyers at libraries or food pantries
 - Host events at community centers or family resource centers
 - Partner with senior centers or aging and disability resource centers
 - Share information through Social Security or public benefits offices
 - Share resources through health clinics or pharmacies
 - Use word-of-mouth and caregiver support groups
 - Work with churches or faith-based organizations
 - Other (please specify): _____

- How could your coalition help improve service reach or relevance for grandparents/kin raising young children? (Text box.)

Quality of services for children with developmental delays or disabilities in early childhood education settings

- Early childhood services are available to children with developmental delays or disabilities in the area our coalition serves.
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
- If they selected Disagree or Strongly disagree: Please briefly explain why you responded Disagree or Strongly disagree to the previous question. (Text box.)
- If applicable, can you give an example of how your coalition partners with early intervention or special education providers? (Text box.)

Waitlists

- As far as you know, which of the following types of programs are experiencing waitlists? (Select all that apply.) (Programming note: Only include programs selected in the question: As far as you know, which of the following types of programs are available in the area your coalition serves?)
 - Community-based PreK (that is, PreK program delivered through community-based organizations)
 - Faith-based child care
 - Family Infant Toddler (FIT) program (that is, early intervention services and support for children with developmental delays or disabilities and their families)
 - Head Start and Early Head Start (that is, comprehensive early childhood education and family support programs for low-income families)
 - Health (for example, free or low-cost health checkups, vaccinations, clinics, lactation, doulas, nutrition assistance, meal assistance, Women, Infants, and Children [WIC] program)
 - Home visiting programs (for example, a service where professionals visit families at their homes to provide child development guidance, health screenings, and parenting support)
 - Licensed child care center (not home-based)
 - Licensed family home (licensed home-based child care)
 - Registered home-based child care
 - School-based preschool
- How much of an issue are waitlists in those programs in general?
 - Waitlists are a significant issue
 - Waitlists are a minor issue
 - Waitlists are not an issue
- How have waitlists changed in the area your coalition serves over the past few years?
 - Waitlists have been improving
 - Waitlists have stayed the same
 - Waitlists have been getting worse

- What is your coalition doing and/or planning to do to help early childhood providers in your area address waitlists? (Text box.)

Enrollment vacancies

- As far as you know, which of the following types of programs are experiencing enrollment vacancies? By enrollment vacancies, we mean that there are slots available and no children are filling them. (Select all that apply.) (Programming note: Only include programs selected in the question: As far as you know, which of the following types of programs are available in the area your coalition serves?)
 - Community-based PreK (that is, PreK program delivered through community-based organizations)
 - Faith-based child care
 - Family Infant Toddler (FIT) program (that is, early intervention services and support for children with developmental delays or disabilities and their families)
 - Head Start and Early Head Start (that is, comprehensive early childhood education and family support programs for low-income families)
 - Health (for example, free or low-cost health checkups, vaccinations, clinics, lactation, doulas, nutrition assistance, meal assistance, Women, Infants, and Children [WIC] program)
 - Home visiting programs (for example, a service where professionals visit families at their homes to provide child development guidance, health screenings, and parenting support)
 - Licensed child care center (not home-based)
 - Licensed family home (licensed home-based child care)
 - Registered home-based child care
 - School-based preschool
- How much of an issue are enrollment vacancies in those programs in general?
 - Enrollment vacancies are a significant issue
 - Enrollment vacancies are a minor issue
 - Enrollment vacancies are not an issue
- How have enrollment vacancies changed in the area your coalition serves over the past few years?
 - Enrollment vacancies have been improving
 - Enrollment vacancies have stayed the same
 - Enrollment vacancies have been getting worse
- What is your coalition doing and/or planning to do to help early childhood providers in your area address enrollment vacancies? (Text box.)

Choosing care

- In the area your coalition serves, do some families choose informal care (for example, having a family member, friend, or neighbor care for their child) over formal care (for example, a child care center, a family child care home, or a school-based PreK program)?
 - Yes
 - No
 - I don't know

- If Yes: In the area your coalition serves, why do some families choose informal care over formal care? (Select all that apply.)
 - Families don't have access to other care options.
 - Informal care providers are easier to trust.
 - It costs less.
 - It fits their schedule better.
 - It reflects their background or language better.
 - The location is more convenient (for example, it is closer to their workplace).
 - Other (please specify): _____

Informing families

- Does your coalition support early childhood providers in helping families learn about available services?
 - Yes
 - No
 - I don't know
- If Yes: How does your coalition support early childhood providers in helping families learn about available services? (Select all that apply.)
 - We connect providers with trusted community organizations
 - We help coordinate messaging across providers
 - We host or co-host events for families to learn about services
 - We maintain a resource list, guide, or community directory
 - We offer translation or language access support
 - We provide funding or stipends for outreach activities
 - We provide outreach materials that providers can share with families
 - We support social media or communication campaigns
 - Other (please specify): _____

c. Workforce

Professional development

- Does your coalition support access to and awareness of specialized professional development?
 - Yes
 - No
 - I don't know
- If Yes: How does your coalition support access to and awareness of specialized professional development? (Select all that apply.)
 - Communicate about professional development opportunities
 - Coordinate through existing networks or with other coalitions
 - Maintain a centralized calendar or directory of professional development offerings
 - Offer professional development in multiple languages
 - Offer virtual or on-demand professional development options
 - Partner with local colleges or professional development providers
 - Provide child care during professional development sessions

- Provide stipends or compensation for attending professional development
- Other (please specify): _____

Retaining staff

- If retaining staff is an issue in the area your coalition serves, please describe why early childhood educators leave the field. (Select all that apply.)
 - Better opportunities in another field
 - Desire to go back to school
 - Feeling undervalued or not respected
 - Lack of benefits (for example, health insurance, paid leave)
 - Limited career growth or training opportunities
 - Low pay
 - Not enough support from leadership
 - Stress or burnout
 - Workload is too high
 - Other (please specify): _____
- Has your coalition tried retention strategies?
 - Yes, and some or all have been successful
 - Yes, and none have been successful so far
 - No
 - I don't know
- If "Yes, and some or all have been successful:" What retention strategies has your coalition used and/or advocated for most successfully? (Select up to three.)
 - Bonuses or scholarships
 - Career advancement opportunities
 - Child care assistance
 - Health insurance
 - Higher pay
 - Mental health or wellness support
 - More paid leave (vacation or sick time)
 - More planning or break time
 - Professional development
 - Retirement savings or pension
 - Smaller group sizes or more support staff
 - Supportive leadership or work environment
 - Work-life balance or flexible schedule
 - Other (please specify): _____
- How could coalitions and state efforts better align to improve retention? (Text box.)

Compensation

- Have local strategies been implemented successfully to improve compensation or benefits of early childhood providers?
 - Yes
 - No

- I don't know
- If Yes: What local strategies have been implemented successfully to improve wages or benefits of early childhood providers? (Select all that apply.)
 - Bonuses tied to retention or performance
 - Employer-sponsored benefits (for example, health insurance, retirement plans)
 - Shared services models that reduce overhead and allow for better pay
 - Technical assistance for small providers on budgeting for staff pay
 - Other (please specify): _____

d. Coordination

Provider coordination

- Our coalition works closely with local early childhood programs that are not coalition members (for example, child care, Head Start, health services, home visiting, PreK).
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
- If they selected Disagree or Strongly disagree: Please briefly explain why you responded Disagree or Strongly disagree to the previous question. (Text box.)
- If they selected Agree or Strongly agree: Please provide an example of a time when your coalition worked closely with a local early childhood program that was not a coalition member and how it benefited children and families. (Text box.)
- What strategies has your coalition used to help ensure coordination in service delivery? (Select all that apply.)
 - Community-wide needs assessments used to guide service planning
 - Coordinated outreach and enrollment efforts
 - Informal communication networks among providers
 - Joint planning or funding across programs
 - Mapping of services and service areas
 - Participation in state-led coordination initiatives
 - Regular cross-agency or interagency coordination meetings
 - Other (please specify): _____
- What challenges have made it difficult to coordinate services in the area your coalition serves? (Select all that apply.)
 - Insufficient funding for collaboration
 - Lack of clarity about roles across programs
 - Limited staff capacity
 - No shared referral or data system
 - Programs function separately, with minimal or no collaboration
 - Other (please specify): _____

Early childhood program collaboration with local organizations or the state level

- Our coalition helps early childhood programs in our area work together with state and/or local organizations (like health clinics, libraries, or schools).
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
- If they selected Disagree or Strongly disagree: Please briefly explain why you responded Disagree or Strongly disagree to the previous question. (Text box.)
- If they selected Agree or Strongly agree: What are the most important reasons your coalition selects specific state and local partners to help serve children and families? (Select up to three.)
 - Availability of specialized services (for example, early intervention, mental health)
 - Capacity to serve specific populations (for example, dual language learners, infants)
 - Data on partner performance or outcomes
 - Funding or contract requirements
 - Geographic proximity or ease of access for families
 - History of collaboration or partnership success
 - Recommendations from other providers or community leaders
 - Shared mission or values
 - Other (please specify): _____
- If they selected Agree or Strongly agree: What helps your coalition build strong relationships with local or state partners? (Select all that apply.)
 - Clear roles and responsibilities
 - Funding that supports collaboration
 - Joint events or initiatives
 - Long-term partnerships
 - Regular communication
 - Shared goals or priorities
 - Other (please specify): _____
- If they selected Agree or Strongly agree: How often does your coalition coordinate with the following groups? (For programming purposes: If feasible, especially on a phone screen, they will select one per row in a grid with a frequency Likert scale; otherwise, it will have to be a question per response option, with a “not applicable” option).
 - ECECD
 - Family Infant Toddler (FIT) program
 - Health and mental health providers
 - Home visiting
 - Local government
 - Local school districts
 - Other state agencies
 - Tribes, Nations, and Pueblos
- What major barriers does your coalition face when trying to build or maintain relationships with local or state organizations outside the coalition? (Select up to three.)
 - Differences in approach to serving young children and families
 - Differences in goals or priorities

- Geographic distance or transportation challenges
- Lack of time or capacity to engage
- Language differences
- Limited opportunities to connect or collaborate
- Unclear communication channels
- Unfamiliarity with available organizations or services
- Other (please specify): _____

e. Family and Community Engagement

Family and Community Engagement and Involvement in Decision-making

- Our coalition includes family or community representatives in planning, decision-making, implementation, or leadership roles.
 - Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
- If they selected Disagree or Strongly disagree: Please briefly explain why you responded Disagree or Strongly disagree to the previous question. (Text box.)
- What family engagement strategies are commonly used by early childhood programs in your area? (Select all that apply.)
 - Community advisory councils or leadership opportunities
 - Family support groups or parent cafes
 - Home visits or relationship-building activities
 - Newsletters, texts, or apps for updates
 - Parent-teacher conferences or check-ins
 - Regular family events (e.g., literacy nights)
 - Other (please specify): _____
- What are the biggest challenges to involving families and communities in early childhood program planning? (Select all that apply.)
 - Lack of time or availability
 - Language or communication barriers
 - Not knowing how to get involved
 - Programs do not regularly seek input
 - Other (please specify): _____
- How does your coalition measure the success of family and community engagement efforts in your area? (Select all that apply.)
 - Attendance rates at events, meetings, or workshops
 - Increased referrals or word-of-mouth recruitment by families
 - Number of families taking on formal roles (for example, advisory council, planning committees)
 - Survey results showing increased satisfaction or sense of belonging
 - Other (please specify): _____

Educational programs and resources for families

- What types of family education or support do programs offer in the area your coalition serves, if any? (Select all that apply.)
 - Help with housing, food, or transportation
 - Home visiting
 - Mental health or stress support
 - Parent leadership or advocacy training
 - Parent-child activities or playgroups
 - Parenting workshops or classes
 - Other (please specify): _____
- What barriers make it harder for families to participate in education or support services in the area your coalition serves? (Select all that apply.)
 - Lack of child care during events
 - Language differences
 - Limited trust or comfort with programs
 - Not knowing what's available
 - Transportation
 - Work or school schedules
 - Other (please specify): _____

Additional feedback

- Do you have any additional thoughts, suggestions, or insights that could help improve early childhood services or make them more accessible for families? (Text box.)
- Is there something we did not ask? (Text box.)

Spanish

Página de Introducción

Gracias por responder esta encuesta. El Departamento de Educación y Cuidado de la Primera Infancia (ECECD) de Nuevo México quiere aprender de usted sobre que está funcionando bien y que podría mejorar en el sistema de primera infancia en Nuevo México.

Completar la encuesta debería tomar unos 25 minutos si responde todas las preguntas. Responder la encuesta es su decisión. Responder o no a la encuesta no le afectará a usted, a su trabajo o a su relación con el ECECD. Puede saltar cualquier pregunta que no quiera responder, y puede guardar su trabajo y regresar más tarde para terminarlo. Complete la encuesta antes de las **5:00 PM Hora Estándar de la Montaña del 15 de agosto de 2025**.

Esta encuesta es administrada por [Verite Educational Services](#) (VES), un grupo consultor trabajando en la primera infancia en Nuevo México. Puede elegir compartir su nombre y correo electrónico para participar en el sorteo de una tarjeta de regalo de \$50. Solo el personal de VES verá sus respuestas. No las compartiremos ni las vincularemos a sus respuestas. Resumiremos lo que todos dicen en un informe para los líderes del ECECD, quienes podrían compartirlo con el público más tarde.

Si tiene alguna pregunta, comuníquese con VES a support@veriteEDservices.com o al 703-787-6700 ext. 802.

Para desplazarse por la encuesta, use los botones **“Anterior”** y **“Siguiente”** en la parte inferior de cada página. **No** utilice las flechas hacia atrás o hacia adelante de su navegador.

Para guardar y regresar más tarde, haga clic en **“Guardar y Continuar Más Tarde”** en la parte superior de la página comenzando en la sección de “Preguntas Generales”.

Si acepta realizar la encuesta, haga clic en **“Siguiente”**. De lo contrario, cierre su navegador.

a. Preguntas Generales

- ¿En qué coalición se encuentra? (Seleccione una [desplegable])
 - 100% Otero
 - Coalición del Grupo de Trabajo de Visitas Domésticas del Condado de Bernalillo
 - Coalición para el Aprendizaje de las Ciencias en la Primera Infancia
 - Community Partnership for Children
 - Coalición de Educación en la Primera Infancia del Condado de Doña Ana
 - Coalición de la Primera Infancia Cuidando Los Niños
 - Colaboración en la Primera Infancia de Los Álamos
 - McKinley County Early Childhood Coalition
 - Coalición de Asociados en Educación en la Primera Infancia (PIECE, por su nombre en inglés)
 - Paso a Paso Network
 - Servicios Familiares PB & J
 - Proveedoras Unidas del Sur de Nuevo México
 - Colaboración en la Primera Infancia del Condado de Rio Arriba
 - Coalición de la Primera Infancia del Condado de San Juan
 - Coalición de la Primera Infancia de San Miguel
 - Santa Fe Early Childhood Steering Committee
 - Asociación Comunitaria para la Primera Infancia del Condado de Valencia
 - Wings For Life (WFL, por su nombre en inglés)/Coalición para la Primera Infancia de Roswell
 - Otra (especifique): _____
- Según su conocimiento, ¿cuáles de los siguientes tipos de programas están disponibles en el área donde presta servicios su coalición? (Seleccione todos los que aplican)
 - Centro de cuidado infantil con licencia (no basado en el hogar)
 - Cuidado infantil basado en la fe
 - Cuidado infantil registrado en el hogar
 - Escuela preescolar
 - Head Start y Early Head Start (es decir, programas integrales de educación en la primera infancia y apoyo familiar para familias de bajos ingresos)
 - Hogar familiar con licencia (cuidado infantil con licencia en el hogar)
 - PreK comunitario (es decir, programa PreK entregado a través de organizaciones comunitarias)

- Programa Familiar para Bebés y Niños Pequeños [FIT, por sus siglas en inglés] (es decir, servicios de intervención temprana y apoyo a niños con retrasos en el desarrollo o discapacidades y sus familias)
- Programas de visita al hogar (por ejemplo, un servicio donde los profesionales visitan a las familias en sus hogares para suministrar orientación sobre el desarrollo infantil, análisis de salud y apoyo a los padres)
- Salud (por ejemplo, chequeos de salud gratuitos o de bajo costo, vacunas, clínicas, lactancia, doulas, asistencia nutricional, asistencia alimentaria, programa Mujeres, Lactantes y Niños [WIC, por su nombre en inglés])
- Otra (especifique): _____

b. Acceso y concientización

Padres adolescentes y jóvenes

- ¿Conoce los servicios para padres adolescentes y jóvenes en el área donde su coalición brinda servicios? (Si/No)
- En caso afirmativo:
 - ¿Cuáles servicios específicos para padres adolescentes y jóvenes están disponibles en el área donde su coalición brinda servicios? (Seleccione todos los que aplican)
 - Clases de habilidades para la vida y educación financiera para padres jóvenes
 - Educación para padres diseñada para jóvenes (por ejemplo, programas de crianza ofrecidos en la escuela)
 - Gestión integral de casos para familias jóvenes
 - Grupos de apoyo para padres adolescentes/jóvenes
 - Mentoría entre pares
 - Modelos de visita al hogar específicos para jóvenes (por ejemplo, Asociación Enfermería-Familia)
 - Programas de Preparatoria o de Desarrollo Educativo General (GED, por su nombre en inglés) con cuidado infantil
 - Servicios de salud mental para adolescentes
 - Servicios de transición a la edad adulta (por ejemplo, vivienda, capacitación laboral)
 - Otra (especifique): _____
 - ¿Cuáles han sido las maneras más efectivas que ha encontrado para que las coaliciones identifiquen y contacten a padres adolescentes y jóvenes? (Seleccione hasta tres).
 - Asociarse con escuelas secundarias o programas de educación alternativa
 - Colaborar con las oficinas de WIC o Medicaid
 - Compartir información a través de organizaciones brindando servicios a los jóvenes (por ejemplo, refugios juveniles)
 - Conectarse a través de las oficinas o administradores de casos del Programa de Asistencia Nutricional Suplementaria (SNAP, por su nombre en inglés)/Ayuda Temporal para Familias Necesitadas (TANF, por su nombre en inglés)
 - Distribuir volantes en centros de transporte público
 - Hacer difusión a través de pediatras y otras clínicas
 - Ofrecer eventos o sesiones informativas en centros comunitarios o espacios para adolescentes

- Organizar programas en horarios flexibles (noches/fines de semana)
- Promoverse a través de proveedores de cuidado infantil brindando servicios a padres jóvenes
- Utilizar embajadores de pares o mentores de padres adolescentes
- Utilizar plataformas de redes sociales populares entre adolescentes y adultos jóvenes
- Otra (especifique): _____
- ¿Cómo podría su coalición ayudar a mejorar el alcance o relevancia del servicio para padres adolescentes y jóvenes? (Cuadro de texto).

Abuelos/familiares criando niños jóvenes

- ¿Conoce los servicios para abuelos/familiares criando niños jóvenes en el área donde su coalición brinda servicios? (Si/No)
- En caso afirmativo:
 - ¿Cuáles de estos servicios adicionales específicos para abuelos/familiares criando niños pequeños están disponibles en el área donde su coalición brinda servicios? (Seleccione todos los que aplican)
 - Apoyo de defensoría para navegar los sistemas de beneficios y bienestar infantil
 - Asistencia jurídica para la tutela
 - Atención de relevo para cuidadores familiares
 - Capacitación de cuidadores para adultos mayores
 - Grupos de apoyo a cuidadores de abuelos
 - Integración de servicios para personas mayores (por ejemplo, centros de recursos sobre envejecimiento y discapacidades)
 - Programas de navegadores de parentesco
 - Otra (especifique): _____
 - ¿Cuáles han sido las maneras más efectivas que ha encontrado para que las coaliciones identifiquen y contacten a abuelos/familiares criando niños pequeños? (Seleccione hasta tres).
 - Asociarse con centros para personas mayores o centros de recursos sobre envejecimiento y discapacidades
 - Colaborar con el tribunal de familia, oficinas de tutela o de asistencia jurídica
 - Compartir información a través del Seguro Social u oficinas de beneficios públicos
 - Compartir recursos a través de clínicas de salud o farmacias
 - Conectarse a través de programas de navegador para cuidadores familiares
 - Distribuir volantes en bibliotecas o despensas de comida
 - Hacer publicidad en periódicos o emisoras de radio locales
 - Organizar eventos en centros comunitarios o centros de recursos familiares
 - Trabajar con iglesias u organizaciones religiosas
 - Utilizar la difusión boca a boca y grupos de apoyo para cuidadores
 - Otra (especifique): _____
 - ¿Cómo podría su coalición ayudar a mejorar el alcance o relevancia del servicio para los abuelos/familiares criando niños pequeños? (Cuadro de texto).

Calidad de los servicios para niños con atrasos del desarrollo o discapacidades en entornos de educación en la primera infancia

- Los servicios para la primera infancia están disponibles para niños con atrasos en el desarrollo o discapacidades en el área donde nuestra coalición brinda servicios.
 - Muy de acuerdo
 - De acuerdo
 - En desacuerdo
 - Muy en desacuerdo
- Si seleccionaron En desacuerdo o Muy en desacuerdo: Explique brevemente por qué respondió En desacuerdo o Muy en desacuerdo a la pregunta anterior. (Cuadro de texto).
- Si aplica, ¿puede dar un ejemplo de cómo su coalición se asocia con proveedores de intervención temprana o educación especial? (Cuadro de texto).

Listas de espera

- Según su conocimiento, ¿cuál de los siguientes tipos de programas tienen listas de espera? (Seleccione todas las que aplican) (Nota de programación: Solo incluir los programas seleccionados en la pregunta: Según su conocimiento, ¿cuál de los siguientes tipos de programas está disponible en la zona donde su coalición brinda servicios?)
 - PreK comunitario (es decir, programa PreK entregado a través de organizaciones comunitarias)
 - Cuidado infantil basado en la fe
 - Programa Familiar para Bebés y Niños Pequeños [FIT, por sus siglas en inglés] (es decir, servicios de intervención temprana y apoyo a niños con retrasos en el desarrollo o discapacidades y sus familias)
 - Head Start y Early Head Start (es decir, programas integrales de educación en la primera infancia y apoyo familiar para familias de bajos ingresos)
 - Salud (por ejemplo, chequeos de salud gratuitos o de bajo costo, vacunas, clínicas, lactancia, doulas, asistencia nutricional, asistencia alimentaria, programa Mujeres, Lactantes y Niños [WIC, por su nombre en inglés])
 - Programas de visita al hogar (por ejemplo, un servicio donde los profesionales visitan a las familias en sus hogares para suministrar orientación sobre el desarrollo infantil, análisis de salud y apoyo a los padres)
 - Centro de cuidado infantil con licencia (no basado en el hogar)
 - Hogar familiar con licencia (cuidado infantil con licencia en el hogar)
 - Cuidado infantil registrado en el hogar
 - Escuela preescolar
- ¿Qué tan problemáticas son las listas de espera en esos programas en general?
 - Las listas de espera son un problema significativo
 - Las listas de espera son un problema menor
 - Las listas de espera no son un problema
- ¿Cómo han cambiado las listas de espera en la zona donde su coalición brinda servicios en los últimos años?
 - Las listas de espera han mejorado
 - Las listas de espera han permanecido igual
 - Las listas de espera han empeorado

- ¿Qué está haciendo y/o planea hacer su coalición para ayudar a los proveedores de primera infancia en su zona a abordar las listas de espera? (Cuadro de texto).

Vacantes de inscripción

- Según su conocimiento, ¿cuáles de los siguientes tipos de programas tienen vacantes de inscripción? Por vacantes de inscripción nos referimos a que hay cupos disponibles y que no están siendo ocupados por ningún niño. (Seleccione todas las que aplican) (Nota de programación: Solo incluir los programas seleccionados en la pregunta: Según su conocimiento, ¿cuál de los siguientes tipos de programas está disponible en la zona donde su coalición brinda servicios?)
 - PreK comunitario (es decir, programa PreK entregado a través de organizaciones comunitarias)
 - Cuidado infantil basado en la fe
 - Programa Familiar para Bebés y Niños Pequeños [FIT, por sus siglas en inglés] (es decir, servicios de intervención temprana y apoyo a niños con retrasos en el desarrollo o discapacidades y sus familias)
 - Head Start y Early Head Start (es decir, programas integrales de educación en la primera infancia y apoyo familiar para familias de bajos ingresos)
 - Salud (por ejemplo, chequeos de salud gratuitos o de bajo costo, vacunas, clínicas, lactancia, doulas, asistencia nutricional, asistencia alimentaria, programa Mujeres, Lactantes y Niños [WIC, por su nombre en inglés])
 - Programas de visita al hogar (por ejemplo, un servicio donde los profesionales visitan a las familias en sus hogares para suministrar orientación sobre el desarrollo infantil, análisis de salud y apoyo a los padres)
 - Centro de cuidado infantil con licencia (no basado en el hogar)
 - Hogar familiar con licencia (cuidado infantil con licencia en el hogar)
 - Cuidado infantil registrado en el hogar
 - Escuela preescolar
- ¿Qué tan problemáticos son las vacantes de inscripción en esos programas en general?
 - Las vacantes de inscripción son un problema significativo
 - Las vacantes de inscripción son un problema menor
 - Las vacantes de inscripción no son un problema
- ¿Cómo han cambiado las vacantes de inscripción en la zona donde su coalición brinda servicios en los últimos años?
 - Las vacantes de inscripción han mejorado
 - Las vacantes de inscripción se han mantenido igual
 - Las vacantes de matrícula han empeorado
- ¿Qué está haciendo y/o planea hacer su coalición para ayudar a los proveedores de primera infancia en su zona a abordar las vacantes de inscripción? (Cuadro de texto).

Elección de cuidados

- En el área donde su coalición brinda servicios, ¿algunas familias eligen cuidado informal (por ejemplo, tener un familiar, amigo o vecino cuidando a su hijo) en lugar del cuidado formal (por ejemplo, un centro de cuidado infantil, un hogar de cuidado infantil familiar o un programa de PreK escolar)?

- o Sí
- o No
- o No sé
- En caso afirmativo: En el área donde su coalición brinda servicios, ¿por qué algunas familias eligen cuidado informal en lugar del cuidado formal? (Seleccione todos los que aplican)
 - o Cuesta menos.
 - o Es más fácil confiar en proveedores de cuidado informal.
 - o La ubicación es más conveniente (por ejemplo, está más cerca de su lugar de trabajo).
 - o Las familias no tienen acceso a otras opciones de cuidado.
 - o Refleja mejor su procedencia o lenguaje.
 - o Se ajusta mejor a su horario.
 - o Otra (especifique): _____

Informar a las familias

- ¿Su coalición apoya a los proveedores de la primera infancia a ayudar a las familias a informarse sobre los servicios disponibles?
 - o Sí
 - o No
 - o No sé
- En caso afirmativo: ¿Cómo apoya su coalición a los proveedores de la primera infancia a ayudar a las familias a informarse sobre los servicios disponibles? (Seleccione todos los que aplican)
 - o Apoyamos campañas de comunicación o en redes sociales
 - o Ayudamos a coordinar mensajes entre proveedores
 - o Conectamos proveedores con organizaciones comunitarias de confianza
 - o Mantenemos una lista, guía o directorio comunitario de recursos
 - o Ofrecemos traducción o apoyo para acceso lingüístico
 - o Organizamos o co-organizamos eventos para que las familias se informen sobre los servicios
 - o Proporcionamos materiales de divulgación que los proveedores pueden compartir con las familias
 - o Suministramos fondos o estipendios para actividades de divulgación
 - o Otra (especifique): _____

c. Fuerza laboral

Capacitación

- ¿Apoya su coalición el acceso a y la concienciación sobre el desarrollo profesional especializado?
 - o Sí
 - o No
 - o No sé
- En caso afirmativo: ¿Cómo apoya su coalición el acceso a y la concienciación sobre el desarrollo profesional especializado? (Seleccione todos los que aplican)
 - o Asociarse con universidades locales o proveedores de desarrollo profesional
 - o Comunicar sobre las oportunidades de desarrollo profesional

- o Coordinar a través de las redes existentes o con otras coaliciones
- o Mantener un calendario o directorio centralizado de ofertas de desarrollo profesional
- o Ofrecer desarrollo profesional en varios idiomas
- o Ofrecer opciones de desarrollo profesional virtual o bajo demanda
- o Suministrar cuidado infantil durante sesiones de desarrollo profesional
- o Suministrar estipendios o compensación por asistir al desarrollo profesional
- o Otra (especifique): _____

Mantener al personal

- Si retener al personal es un problema en la zona donde su coalición brinda servicios, describa por qué los educadores de la primera infancia dejan el campo. (Seleccione todos los que aplican)
 - o Carga de trabajo demasiado alta
 - o Deseo de volver a la escuela
 - o Estrés o agotamiento
 - o Falta de prestaciones (por ejemplo, seguro de salud, licencia remunerada)
 - o Mejores oportunidades en otro campo
 - o No hay suficiente apoyo del liderazgo
 - o Oportunidades limitadas de crecimiento profesional o capacitación
 - o Salarios bajos
 - o Sentirse infravalorado o no respetado
 - o Otra (especifique): _____
- ¿Su coalición ha intentado estrategias de retención?
 - o Sí, y algunas o todas han sido exitosas
 - o Sí, y ninguna ha sido exitosa hasta ahora
 - o No
 - o No sé
- Si contestó “Sí, y algunas o todas han sido exitosas”: ¿Cuáles estrategias de retención su coalición ha utilizado y/o defendido con más éxito? (Seleccione hasta tres)
 - o Ahorro para la jubilación o pensión
 - o Apoyo a la salud mental o al bienestar
 - o Ayuda para el cuidado infantil
 - o Bonos o becas
 - o Conciliación de la vida laboral y personal u horario flexible
 - o Desarrollo profesional
 - o Liderazgo ambiente laboral que brinde apoyo
 - o Más licencias remuneradas (vacaciones o licencia por enfermedad)
 - o Más planificación o tiempo de descanso
 - o Oportunidades de promoción profesional
 - o Salarios más altos
 - o Seguro de salud
 - o Tamaños de grupos más pequeños o más personal de apoyo
 - o Otra (especifique): _____
- ¿Cómo podrían las coaliciones y los esfuerzos estatales alinearse mejor para mejorar la retención? (Cuadro de texto).

Remuneración

- ¿Se han implementado exitosamente estrategias locales para mejorar la remuneración o beneficios de los proveedores de la primera infancia?
 - Sí
 - No
 - No sé
- En caso afirmativo: ¿Cuáles estrategias locales se han implementado exitosamente para mejorar los salarios o beneficios de los proveedores de la primera infancia? (Seleccione todos los que aplican)
 - Asistencia técnica a pequeños proveedores sobre presupuestos para remuneración del personal
 - Beneficios patrocinados por el empleador (por ejemplo, seguro de salud, planes de jubilación)
 - Bonos vinculados a la retención o rendimiento
 - Modelos de servicios compartidos que reducen los gastos generales y permiten una mejor remuneración
 - Otra (especifique): _____

d. Coordinación

Coordinación de proveedores

- Nuestra coalición trabaja en estrecha colaboración con programas locales para la primera infancia que no son miembros de la coalición (por ejemplo, cuidado infantil, Head Start, PreK, servicios de salud, visita domiciliaria).
 - Muy de acuerdo
 - De acuerdo
 - En desacuerdo
 - Muy en desacuerdo
- Si seleccionaron En desacuerdo o Muy en desacuerdo: Explique brevemente por qué respondió En desacuerdo o Muy en desacuerdo a la pregunta anterior. (Cuadro de texto).
- Si seleccionaron De acuerdo o Muy de acuerdo: Proporcione un ejemplo de una ocasión cuando su coalición trabajó en estrecha colaboración con un programa local de primera infancia que no era miembro de la coalición y cómo benefició a los niños y las familias. (Cuadro de texto).
- ¿Cuáles estrategias ha utilizado su coalición para ayudar a garantizar la coordinación en la prestación de servicios? (Seleccione todos los que aplican)
 - Esfuerzos coordinados de divulgación e inscripción
 - Evaluaciones de necesidades a nivel comunitario utilizadas para orientar la planificación de servicios
 - Mapeo de servicios y zonas de servicio
 - Participación en iniciativas de coordinación dirigidas por el estado
 - Planificación conjunta o financiación entre programas
 - Redes informales de comunicación entre proveedores
 - Reuniones regulares de coordinación interinstitucional o entre agencias
 - Otra (especifique): _____

- ¿Qué desafíos han dificultado coordinar servicios en la zona donde su coalición brinda servicios? (Seleccione todos los que aplican)
 - Ausencia de referencias compartidas o sistema de datos
 - Capacidad limitada de personal
 - Falta de claridad sobre las funciones entre programas
 - Financiación insuficiente para la colaboración
 - Los programas funcionan por separado, con colaboración mínima o nula
 - Otra (especifique): _____

Colaboración del programa para la primera infancia con organizaciones locales o a nivel estatal

- Nuestra coalición ayuda a programas de la primera infancia en nuestra zona a trabajar junto con organizaciones estatales y/o locales (como bibliotecas, clínicas de salud o escuelas).
 - Muy de acuerdo
 - De acuerdo
 - En desacuerdo
 - Muy en desacuerdo
- Si seleccionaron En desacuerdo o Muy en desacuerdo: Explique brevemente por qué respondió En desacuerdo o Muy en desacuerdo a la pregunta anterior. (Cuadro de texto).
- Si seleccionaron De acuerdo o Muy de acuerdo: ¿Cuáles son las razones más importantes por las que su coalición selecciona socios estatales y locales específicos para ayudar a brindar servicios a niños y familias? (Seleccione hasta tres).
 - Capacidad de brindar servicios a poblaciones específicas (por ejemplo, estudiantes de dos idiomas, lactantes)
 - Cercanía geográfica o facilidad de acceso para las familias
 - Datos sobre el desempeño o los resultados de los socios
 - Disponibilidad de servicios especializados (por ejemplo, intervención temprana, salud mental)
 - Historial de colaboraciones o asociaciones exitosas
 - Misión o valores compartidos
 - Recomendaciones de otros proveedores o líderes comunitarios
 - Requisitos de financiación o de contrato
 - Otra (especifique): _____
- Si seleccionaron De acuerdo o Muy de acuerdo: ¿Qué ayuda a su coalición a construir relaciones sólidas con socios locales o estatales? (Seleccione todos los que aplican)
 - Asociaciones a largo plazo
 - Comunicación regular
 - Eventos o iniciativas conjuntas
 - Financiación que apoya la colaboración
 - Funciones y responsabilidades claras
 - Objetivos o prioridades compartidas
 - Otra (especifique): _____
- Si seleccionaron De acuerdo o Muy de acuerdo: ¿Con cuanta frecuencia su coalición coordina con los siguientes grupos? (Para fines de programación: Si es posible, especialmente en la pantalla de un teléfono, seleccionarán uno por fila en una grilla con una escala Likert de

frecuencia; de lo contrario, tendrá que ser una pregunta por opción de respuesta, con una opción de “no aplica”).

- Distritos escolares locales
 - ECECD
 - Gobiernos locales
 - Otras agencias estatales
 - Programa Familiar para Bebés y Niños Pequeños [FIT, por sus siglas en inglés]
 - Proveedores de salud y salud mental
 - Tribus, naciones y pueblos
 - Visitas al hogar
- ¿Cuáles son las principales barreras que enfrenta su coalición cuando intenta construir o mantener relaciones con organizaciones locales o estatales fuera de la coalición? (Seleccione hasta tres).
 - Canales de comunicación poco claros
 - Desafíos por distancia geográfica o transporte
 - Desconocimiento de las organizaciones o servicios disponibles
 - Diferencias en los enfoques para brindar servicios a niños pequeños y familias
 - Diferencias en objetivos o prioridades
 - Diferencias lingüísticas
 - Falta de tiempo o capacidad para participar
 - Oportunidades limitadas de conectar o colaborar
 - Otra (especifique): _____

e. Participación familiar y comunitaria

Compromiso y participación de las familias y la comunidad en la toma de decisiones

- Nuestra coalición incluye representantes de las familias o la comunidad en funciones de planificación, toma de decisiones, implementación o liderazgo.
 - Muy de acuerdo
 - De acuerdo
 - En desacuerdo
 - Muy en desacuerdo
- Si seleccionaron En desacuerdo o Muy en desacuerdo: Explique brevemente por qué respondió En desacuerdo o Muy en desacuerdo a la pregunta anterior. (Cuadro de texto).
- ¿Cuáles estrategias de participación familiar utilizan comúnmente los programas de la primera infancia en su zona? (Seleccione todos los que aplican)
 - Boletines, textos o aplicaciones para actualizaciones
 - Conferencias o encuentros de seguimiento entre padres y maestros
 - Consejos consultivos comunitarios u oportunidades de liderazgo
 - Eventos familiares regulares (por ejemplo, noches de alfabetización)
 - Grupos de apoyo familiar o cafés para padres
 - Visitas al hogar o actividades para establecer relaciones
 - Otra (especifique): _____
- ¿Cuáles son los mayores desafíos para involucrar a las familias y las comunidades en la planificación de programas para la primera infancia? (Seleccione todos los que aplican)

- o Barreras lingüísticas o de comunicación
- o Falta de tiempo o disponibilidad
- o Los programas no solicitan opiniones regularmente
- o No saber cómo involucrarse
- o Otra (especifique): _____
- ¿Cómo mide su coalición el éxito de los esfuerzos de compromiso familiar y comunitario en su área? (Seleccione todos los que aplican)
 - o Aumento de referencias o reclutamiento por difusión boca en boca por las familias
 - o Número de familias asumiendo funciones oficiales (por ejemplo, consejos consultivos, comités de planificación)
 - o Resultados de encuestas mostrando una mayor satisfacción o sentido de pertenencia
 - o Tasas de asistencia a eventos, reuniones o talleres
 - o Otra (especifique): _____

Programas y recursos educativos para las familias

- ¿Qué tipo de educación o apoyo familiar ofrecen los programas en la zona donde su coalición brinda servicios, si ofrecen alguno? (Seleccione todos los que aplican)
 - o Actividades o grupos de juego para padres e hijos
 - o Apoyo a la salud mental o al estrés
 - o Ayuda con la vivienda, comida o transporte
 - o Capacitación en liderazgo o defensa de los padres
 - o Talleres o clases para padres
 - o Visitas al hogar
 - o Otra (especifique): _____
- ¿Cuáles barreras hacen que sea más difícil para las familias participar en servicios de educación o de apoyo en la zona donde su coalición brinda servicios? (Seleccione todos los que aplican)
 - o Confianza o comodidad limitada con los programas
 - o Diferencias lingüísticas
 - o Falta de cuidado infantil durante eventos
 - o Horarios de trabajo o escolares
 - o No saber qué hay disponible
 - o Transporte
 - o Otra (especifique): _____

Comentarios adicionales

- ¿Tiene algún pensamiento, sugerencia u opinión adicional que pueda ayudar a mejorar los servicios de la primera infancia o a hacerlos más accesibles a las familias? (Cuadro de texto).
- ¿Hay algo que no hayamos preguntado? (Cuadro de texto).

Rifa

“Gracias por completar esta encuesta. Su opinión es muy valiosa para mejorar el cuidado de la primera infancia de Nuevo México. Como muestra de nuestro aprecio, si usted quiere participar en la rifa de una tarjeta de regalo por un valor de \$50, por favor comparta su nombre completo y su correo electrónico.”

- Nombre completo (Cuadro de texto)
- Correo electrónico (Cuadro de texto)

Focus Group Question Bank

1. Questions for Families

a. Access and Awareness

Availability and use of support services for teen and young parents and grandparents/kin raising young children

- What kinds of help or services do you/teen and young parents or grandparents/kin raising a grandchild use?
- What do you think of the help and services that you receive?
- Are there services that you would like to have, but they are not available in your community?

Quality of services for children with developmental delays or disabilities in early childhood education settings

- For children with developmental delays or disabilities, what qualities are important in an early childhood program?
- How happy are you with your child's program or programs?
- What would make it better?

Waitlists

- Have you been in situations where there was no room for your child in a program or you had to wait a long time? Please tell me about that.

Unmet needs, barriers, and other reasons for not choosing formal care

- Some of you/families use child care centers and family child care homes, or have your child or children in school-based PreK programs. Some of you/families ask a grandparent/kin, a friend, or a neighbor to take care of your child/their children. Why is that?

Service awareness from provider, family, and community perspectives (for example, subsidy program)

- If a family in your community needs help with child care or early childhood services, where do they go?
- Who helps you/families find information about child care and other early childhood services that are available to you?
- Is it difficult for you/families to find information on child care, early childhood services, and supports that are available to you? If so, why? What would help?

b. Provider Coordination

- Have you ever worked with more than one program at the same time (for example, a child in a child care center who also receives early intervention or home visiting services)? I would like to know how it went. For example, did the programs talk to each other? Did you have to share the same information or do the same paperwork more than once? Can you tell me about a situation like that you have been in and how it went?

c. Family and Community Engagement

How services meet the needs of families with different backgrounds

- How well do you think families from different backgrounds get what they need from early childhood programs?

Early childhood program collaboration with local organizations or the state level

- Please tell me about a situation when your child's early learning program connected you to other services or programs (for example, food pantry, health clinic, housing support).
- Does your child's early learning program work with local partners (like a library or non-profit group) to have events or activities? Please tell me about that.
- How can your child's early learning program better connect you to programs, activities, and tools in your community?

Educational programs and resources

- There are programs and tools (for example, [Development Wheels](#), [Early Show](#), [Moments Together](#), online parent portal, parent guides) to help you learn more about parenting or supporting your child's development. Have you used them? Why? Why not?
- Please describe a program or tool that you have used. For example, programs like activities to do at home with a child, coaching, easy-to-use online tools or videos, help understanding child development, help with behavior, help with better sleep habits, help with routines, parenting classes, and self-care.

Family and community engagement and involvement in program planning and decision-making

- As a family or community member, how do you want to be involved in planning or giving input to early childhood programs?
- Does that kind of involvement happen a lot in your community? Please tell me about a situation where you helped with planning and giving input.
- How can families and community members be more involved at the program level?

2. Questions for Providers

a. Access and Awareness

Teens and young parents

- Please describe the kinds of help and services you offer teen and young parents.
- What services do teen and young parents use a lot and what do they not use much?
- What do you hear from teen and young parents about your services?
- How could programs for teens and young parents improve?

Grandparents/kin raising young children

- Please describe the kinds of help and services you offer grandparents/kin raising young children.
- What services do grandparents/kin raising young children use a lot and what do they not use much?
- What do you hear from grandparents/kin raising young children about your services?
- How could programs for grandparents/kin raising young children improve?

Quality of services for children with developmental delays or disabilities in early childhood education settings

- Thinking about programs for children with developmental delays or disabilities, what needs to get better?

Waitlists

- Sometimes, you have to tell your families that you do not have a spot for your child due to staffing constraints. Have you experienced this? Can you tell me more about this.
- What have you tried to do about waitlists?
- What would help you expand the number of children you can serve?

Choosing early childhood care

- There are probably families in your communities who ask a grandparent, a friend, or a neighbor to take care of their child(ren) instead of using child care centers and family child care homes, or school-based PreK programs. Why do you think that is?
- How do you find out about children's/families' needs?
- Do you know people in your community who hesitate to go to child care centers, family child care homes, or school-based PreK programs? Why is that?

Informing families

- How much do you know about early childhood services for families outside of your program?
- How do you learn about other early childhood services available in your community?
- How do you give families in your program information on early childhood services outside your program?
- How could you better help families find information on early childhood services?

b. Workforce

Professional development

- What specialized professional development can you or your staff get?
- What professional development would you like to get that you have not found?
- How often do you or your staff participate in professional development?
- What have you or your staff liked most about professional development?
- What would make it easier to get professional development?
- What would make professional development better?

Retaining staff

- Why do early childhood staff leave their jobs in your community?
- Have you found ways to keep staff? Please tell me about what you did and how well it worked.

Compensation

- What do you think about pay and benefits in your program?
- What are your ideas for making pay and benefits better?

c. Provider Coordination

- Please tell me about how you collaborate with other early childhood programs (for example, child care, early intervention, Head Start, health services, home visiting, PreK) in your community to support children and families?
- What can we do to help early childhood programs work together better? By we, we mean for example ECECD, providers, or schools.

d. Coordination between providers, local organizations, and the state level

- Do you work with state and local partners? How do you choose your partners?
- When you have worked with state and local organizations (for example, clinics, ECECD, family support agencies, libraries), have you been able to better help children and families? How?
- When you work with other organizations, what is the role of families and community members? For example, do they participate? Do they plan with you?
- What makes it difficult to work with local or state organizations?

e. Family and Community Engagement

- Please describe how you involve families and community members.
- How does your program ensure that family and community input truly informs decisions?
- How could you do this better?
- How do you help families from different backgrounds?
- This is a series of questions about family education and capacity-building initiatives:
 - Please describe educational programs or tools for families that you offer.
 - How much do families use these programs and tools?
 - What have you heard from families about them?
 - Have you seen any changes in families after using these programs or tools?
 - How could these programs or tools be better and easier to use?

Endnotes

Hyperlinks were verified as of December 31, 2025. URLs are subject to change over time.

Appendix A

- ⁱ <https://pn3policy.org/pn-3-state-policy-roadmap-2021/nm/child-care-subsidies/>
- ⁱⁱ <https://www.governor.state.nm.us/2025/09/08/new-mexico-is-first-state-in-nation-to-offer-universal-child-care/>
- ⁱⁱⁱ <https://www.nmececd.org/universal/>
- ^{iv} https://www.nmececd.org/wp-content/uploads/2025/09/UCC-Fact-Sheet_Legislators_ENG_SPAN.pdf
- ^v https://www.nmececd.org/wp-content/uploads/2025/08/2024-Annual-Rpt-_ECECD-Comms_PROOF_Updated.pdf
- ^{vi} https://www.nmececd.org/wp-content/uploads/2025/08/2024-Annual-Rpt-_ECECD-Comms_PROOF_Updated.pdf
- ^{vii} https://www.nmececd.org/wp-content/uploads/2022/05/ECECD_ChildCareProgram__Copayment_EngSpan_May2022.pdf
- ^{viii} <https://www.newmexicokids.org/notice-of-emergency-amendment-for-8-15-2-nmac-2/>
- ^{ix} <https://pn3policy.org/pn-3-state-policy-roadmap-2024/us/child-care-subsidies/>
- ^x <https://momentsnm.org/2021/05/13/free-child-care-in-new-mexico-yes-and-this-is-how-it-works/>
- ^{xi} <https://pn3policy.org/pn-3-state-policy-roadmap-2021/nm/child-care-subsidies/>
- ^{xii} https://ccpi.unm.edu/sites/default/files/publications/JEC%20Brief_2025.pdf
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- ^{xx} https://pn3policy.org/wp-content/uploads/2023/09/PN3PIC_TransformingChildCare-ACaseStudyofNewMexico.pdf
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- ^{xxiv} <https://pn3policy.org/pn-3-state-policy-roadmap-2021/nm/child-care-subsidies/>
- ^{xxv} <https://pn3policy.org/pn-3-state-policy-roadmap-2025/us/child-care-subsidies/>
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Appendix D:

Regional Findings

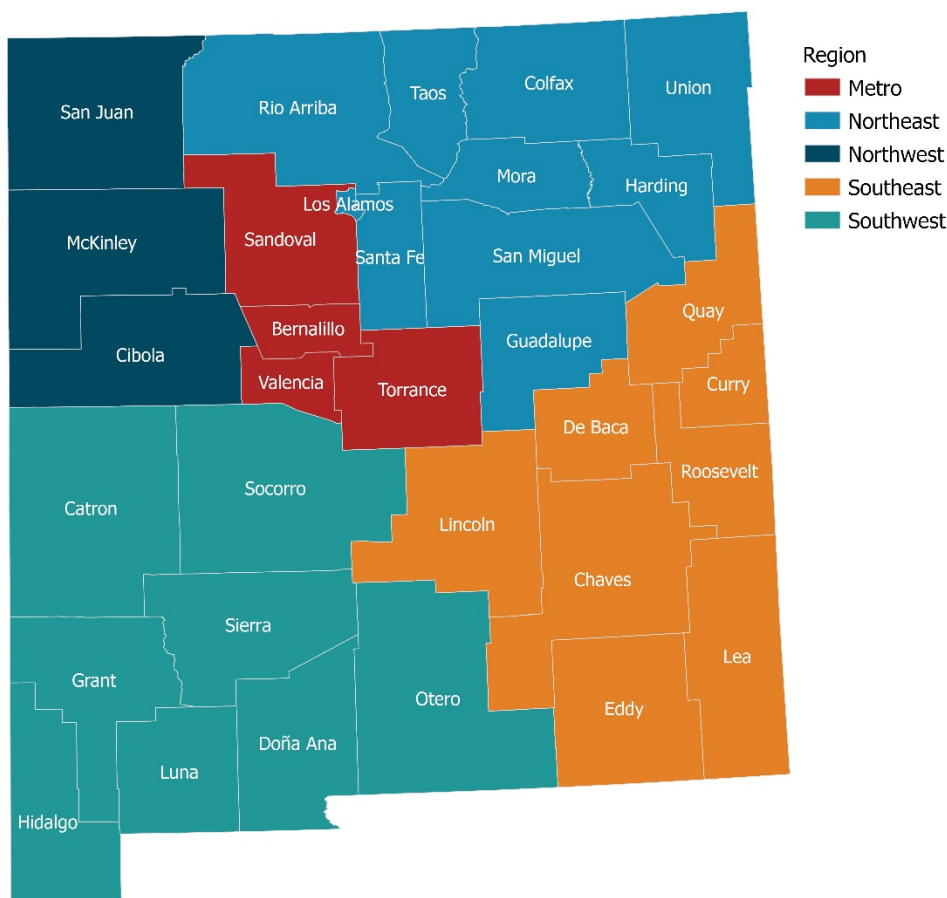
Appendix D.

Regional Findings

Children experience varied geographic, demographic, and socioeconomic environments in New Mexico. This calls for flexible and multifaceted approaches to deliver high-quality early childhood education and care. Each of the state's 33 counties has unique characteristics, backgrounds, histories, strengths, and opportunities. Communities across the state are helping children get their best start, so they can thrive throughout childhood and grow into the state's next generation of healthy, productive adults.

This appendix presents findings within five regions, as designated by the New Mexico Department of Health (DOH) (Figure D1).ⁱ After highlighting how regions compare across the state, a region-by-region profile presents key findings, including provider and family perspectives about access, workforce, family engagement, and governance. Then, a profile is presented for each county within the region, including demographic characteristics, program trends, and, where available, key findings from community assessments and other relevant reports.

Figure D1. Five regions defined by the New Mexico DOH



Source: New Mexico Department of Health.ⁱⁱ

Regional comparisons across New Mexico

The early childhood education and care landscape varies across New Mexico. Key findings on regional variation in demographics, access to early childhood education and care programs, the early childhood workforce, family engagement, and governance are highlighted below.

Demographics

The Metro region is the most populous and has, on average, the highest county-level median wages (Tables D1 and D9). It has the lowest average county-level poverty rates for all residents and for children under age five. In contrast, the Northwest region is the least populous and has the highest average county-level poverty rates among all residents and among children under age five.

Table D1. Regional demographic characteristics in 2023

Region	Counties	Population	Population Under 6	County average of % Population in Poverty in the past 12 months	County average of % Population Below 5 in Poverty in the past 12 months
Metro	4	918,567	56,213	16%	25%
Northeast	10	301,944	14,802	17%	27%
Northwest	3	219,409	15,664	29%	46%
Southeast	8	296,071	24,484	20%	34%
Southwest	8	378,777	26,336	23%	34%

Source: U.S. Census Bureau, 2023 American Community Survey (ACS) 5-year estimates.

The Metro region had the highest number of births, but the Southeast region had the least decline in births between 2017 and 2023 (Table D2). In contrast, the Northwest region had the lowest number of births in 2023 and the largest decline between 2017 and 2023. The percentage of babies born with low birth weight declined between 2017 and 2023 in three regions (Northeast, Southeast, and Southwest) but increased in the Northwest and Metro regions. Teen birth rates decreased in all regions between 2017 and 2023—ranging from a 29 percent decline in the Southeast to a 42 percent decline in the Southwest. First-trimester prenatal care was received in less than 70 percent of live births across regions, ranging from 51% in the Northwest and Southeast regions to 69 percent in the Metro region. First-trimester prenatal care increased slightly between 2017 and 2023 in the Northeast and Metro regions. At the same time, it notably decreased for the Northwest and Southeast regions.

Table D2. Regional birth statistics in 2023 compared to 2017

Region	Total births (Percent change from 2017)	Percentage of babies with low birth weight (Percent change from 2017)	Teen birth rate per 1,000 girls age 15–19 (Percent change from 2017)	Percentage of live births with prenatal care in the first trimester (Percent change from 2017)
Metro	8,414 (–14%)	10.4% (12%)	12.0 (–39%)	69% (4%)
Northeast	2,315 (–11%)	11.4% (–10%)	15.5 (–30%)	64% (2%)
Northwest	1,932 (–28%)	9.2% (6%)	19.2 (–37%)	51% (–19%)
Southeast	3,828 (–5%)	8.2% (–7%)	29.8 (–29%)	51% (–18%)

Region	Total births (Percent change from 2017)	Percentage of babies with low birth weight (Percent change from 2017)	Teen birth rate per 1,000 girls age 15–19 (Percent change from 2017)	Percentage of live births with prenatal care in the first trimester (Percent change from 2017)
Southwest	4,154 (–10%)	8.8% (–2%)	20.3 (–42%)	58% (–4%)

Source: New Mexico Department of Health Indicator Based Information System (NM-IBIS) from 2023 and 2017.ⁱⁱⁱ

Access

Access to programs and services. Respondents to the family survey from the Northwest and Southeast regions were more likely to report they had immediate access to the programs and services they applied for compared to respondents from other regions (Table D3). Only two in five respondents from the Northeast region said that they did not have to wait to access programs or services. Respondents in the Southeast and Southwest regions more often indicated that most or all families in their community can access the programs and services they need (45 and 49 percent, respectively). In comparison, only 30 percent of respondents from the Northeast region believed most or all families could access programs and services for their children.

Table D3. Access to programs and services, by region

Region	Immediately accessed programs or services	Indicated that most or all families in their community can access the programs and services they need
Metro	62%	38%
Northeast	40%	30%
Northwest	71%	37%
Southeast	72%	45%
Southwest	61%	49%

N = 865 (immediately accessed programs); 881 (families in the community can access programs)

Source: Family survey.

Access to child care. Child care capacity and subsidy use increased across all regions between July 2023 and July 2025 (Table D4). Child care capacity increased by the largest margins in the Metro and Northeast regions, while subsidy use increased the most in the Metro and Southeast regions. The number of child care providers notably increased in the Metro and Southeast regions but declined in the Southwest and Northwest regions. Increases in child care options in the Northwest, Northeast, and Southwest regions can be important since families in these regions more often rely on informal and parental care, according to family survey respondents. Informal child care options include care from grandparents, friends, neighbors, and other relatives.

Table D4. Regional child care providers, capacity, and subsidy use in July 2025 compared to July 2023

Region	Child care providers (Percent change from July 2023)	Child care capacity (Percent change from July 2023)	Children receiving subsidies (Percent change from July 2023)
Metro	618 (14%)	39,620 (16%)	15,775 (19%)
Northeast	157 (4%)	5,645 (9%)	1,877 (13%)

Region	Child care providers (Percent change from July 2023)	Child care capacity (Percent change from July 2023)	Children receiving subsidies (Percent change from July 2023)
Northwest	81 (-8%)	4,266 (3%)	2,158 (10%)
Southeast	179 (9%)	10,208 (7%)	4,512 (18%)
Southwest	495 (-5%)	13,429 (7%)	7,489 (12%)

Note: Subsidy data for five counties in the public data dashboard are suppressed and are not included in regional totals.

Source: Early Childhood Education and Care Department (ECECD) data dashboard (September 2025).^{iv}

Access to New Mexico PreK (NM PreK). With one exception, there were increases in the number of NM PreK providers and funded NM PreK slots within each region between fiscal years (FYs) 2023 and 2025, especially in the Northwest region (Table D5). The one exception was the Southeast region, which lost 13 providers, but was still able to serve an additional 318 children.

Table D5. Regional NM PreK providers and funded slots in FY 2025 compared to FY 2023

Region	NM PreK providers (Percent change from FY 2023)	Funded NM PreK slots (Percent change from FY 2023)
Metro	245 (21%)	7,704 (34%)
Northeast	85 (16%)	2,061 (32%)
Northwest	78 (81%)	2,150 (43%)
Southeast	54 (-19%)	2,244 (17%)
Southwest	123 (3%)	4,217 (14%)

Source: ECECD data dashboard (December 2025).^v

Access to Early Intervention (EI services). The average number of active Family Infant Toddler (FIT) program providers among counties within each region ranged from eight to 14 in July 2025 (Table D6). The Northeast region gained a provider. Three regions lost one or two FIT program providers compared to the prior year (Metro, Northwest, and Southeast regions). There was no change in the Southwest region. Nevertheless, the number of children served increased very slightly in four of the regions and by 14% in Southwest.

Table D6. Regional FIT providers and children receiving services in July 2025 compared to July 2023

Region	Number of active providers (Percent change from July 2023–July 2025)	Number of children receiving services (Percent change from July 2023–July 2025)
Metro	14 (-7%)	2,526 (4%)
Northeast	9 (13%)	647 (3%)
Northwest	9 (-18%)	661 (3%)

Region	Number of active providers (Percent change from July 2023–July 2025)	Number of children receiving services (Percent change from July 2023–July 2025)
Southeast	8 (-11%)	1,468 (2%)
Southwest	12 (0%)	2825 (14%)
No region assigned	0 (0%)	229 (1%)

Source: ECECD data dashboard (December 2025).^{vi}

Access to home visiting and Head Start programs. Throughout the four quarters of 2025, the maximum utilization of funded home visiting slots ranged between 64 percent and 104 percent across regions (Table D7). The Southeast region had substantially higher utilization rates compared to other regions. Funded Head Start slots ranged between 1,000 and 1,900 across regions, distributed among Early Head Start, Head Start, Tribal Early Head Start, and Tribal Head Start programs. The Northeast region had the fewest funded slots while the Metro region had the most.

Table D7. Regional utilization of funded home visiting slots and funded Head Start slots in 2025

Region	Average maximum quarterly funded home visiting slot utilization among counties in the region	Funded Head Start slots
Metro	79%	1,857
Northeast	76%	1,009
Northwest	68%	1,144
Southeast	104%	1,422
Southwest	64%	1,444

Sources: ECECD data dashboard (September 2025), Office of Head Start, Department of Health and Human Services (2025).^{vii}

Workforce

Staff turnover and retention. Providers have similar perceptions about turnover rates in their workplaces across regions, with 69 to 76 percent of respondents indicating they usually have low or no turnover (Table D8). Respondents in the Northwest and Northeast regions more often reported having no or low turnover than respondents in other regions. Respondents more often indicated they intended to stay in the early childhood field in the Southwest region than in other regions. In the Southeast region, respondents had the lowest levels of intentions to stay in the field.

Table D8. Provider perceptions of turnover and retention, by region

Region	Workplace usually has low or no turnover	Plan to stay in the early childhood field for at least the next three years
Metro	69%	84%
Northeast	76%	80%
Northwest	73%	83%
Southeast	70%	73%
Southwest	70%	88%

N = 773 (turnover); 751 (stay in field)

Source: Provider survey.

Annual wages and wage satisfaction. Respondents from the Northeast and Southeast regions more often reported they made at least \$45,000 per year than those in other regions (Table D9). Additionally, respondents from the Northwest and Southeast regions most often reported they were satisfied with their salaries. Wage satisfaction is related to regional median wages. On average, median wages in Northwest and Southwest counties are lower than in other regions. Approximately half of respondents in the Northwest region reported earning wages similar to or higher than the average median wages in Northwest counties, and 72 percent are satisfied with their wages. In comparison, about a quarter of respondents in the Metro region and less than a fifth in the Southwest region report they make similar or higher wages than the average median wage across counties within the region. Respondents in these regions have the lowest levels of satisfaction with their wages.

Table D9. Regional average county-level median incomes, self-reported annual provider wages, and provider satisfaction with their wages

Region	Average median household income among counties in the region	Percent who earn at least \$45,000 per year	Percent who earn at least \$60,000 per year	Percent satisfied with their wages
Metro	\$ 63,788	45%	26%	54%
Northeast	\$ 60,767	61%	34%	60%
Northwest	\$ 49,760	48%	32%	72%
Southeast	\$ 55,654	59%	44%	67%
Southwest	\$ 46,641	39%	18%	50%

N = 678 (annual wages), 746 (satisfaction)

Sources: U.S. Census Bureau, 2023 ACS 5-year estimates, provider survey.

Professional development. Effective professional development includes active learning, coaching, and occurs for a sustained duration.^{viii} Examples include taking courses and receiving coaching or mentorship. Respondents from the Southwest region most often reported being enrolled in a degree or certificate program, compared to respondents in the other regions (Table D10). The share of respondents who reported receiving coaching or mentoring ranged from 36 to 41 percent across regions. Sixty-two percent of respondents from the Northwest region reported they took a self-paced online course—15 percentage points higher than the share of respondents from the Northeast region who did so.

Table D10. Percentage of providers reporting they received professional development from coaching or mentoring, degree or certificate programs, or self-paced online courses in the past year

Region	Coaching or mentoring	Degree or certificate program	Self-paced online courses
Metro	41%	33%	53%
Northeast	36%	34%	47%
Northwest	41%	35%	62%
Southeast	36%	23%	55%
Southwest	41%	40%	55%

N = 749

Source: Provider survey.

Family engagement

Engaging families in decision-making. Across regions, families are often involved in decision-making activities about the programs and services their child receives (Table D11). They less frequently report their voices feel heard when decisions are made. Respondents in the Northeast region were least likely to report they felt consistently heard in the decision-making process among all regions.

Table D11. Percentage of respondents who indicated they always or often feel heard or invited to participate in decisions regarding their child

Region	Feel their voice is always or often heard in decisions about programs or services for their child	Involved in decision-making activities regarding the programs and services their child receives
Metro	73%	85%
Northeast	63%	86%
Northwest	73%	88%
Southeast	79%	94%
Southwest	73%	86%

N = 864

Source: Family survey.

These findings summarize variation in regional assets and opportunities for reinforcing early childhood programs and services. The remainder of this appendix presents a brief profile of each region, including a summary of demographic and programmatic data for each county.

Governance

Local early childhood system building coalitions. Every region has at least two local early childhood system building coalitions (Table D12). The four-county Metro region includes five local early childhood system building coalitions, four of which are in Bernalillo County. The Northeast region's 10 counties include five coalitions, each located in separate counties on the western half of the region. Four coalitions serve the Southwest's eight counties, two of which are in its most populous county, Doña Ana. Two of the Northwest's three counties have a coalition, and two counties among the Southeast's eight counties have a coalition. New Mexico's rural areas have fewer children, but they are also typically far from the nearest ECECD-funded coalition. For example, New Mexico's largely rural eastern border counties do not have an ECECD-funded coalitions, although Lea County has a coalition.^{ix}

Table D12. Number of ECECD-funded local early childhood system building coalitions by region

Region	Number of local early childhood system building coalitions
Metro	5
Northeast	5
Northwest	2
Southeast	2
Southwest	4
State total	18

Source: ECECD (2025).^x

Northwest Region

The Northwest region includes three counties. A significant portion of its 15,556 square miles is comprised of tribal land belonging to the Navajo Nation and the Pueblo of Zuni.^{xi xii}

Two salient findings from provider and family surveys are presented next, followed by individual county profiles.

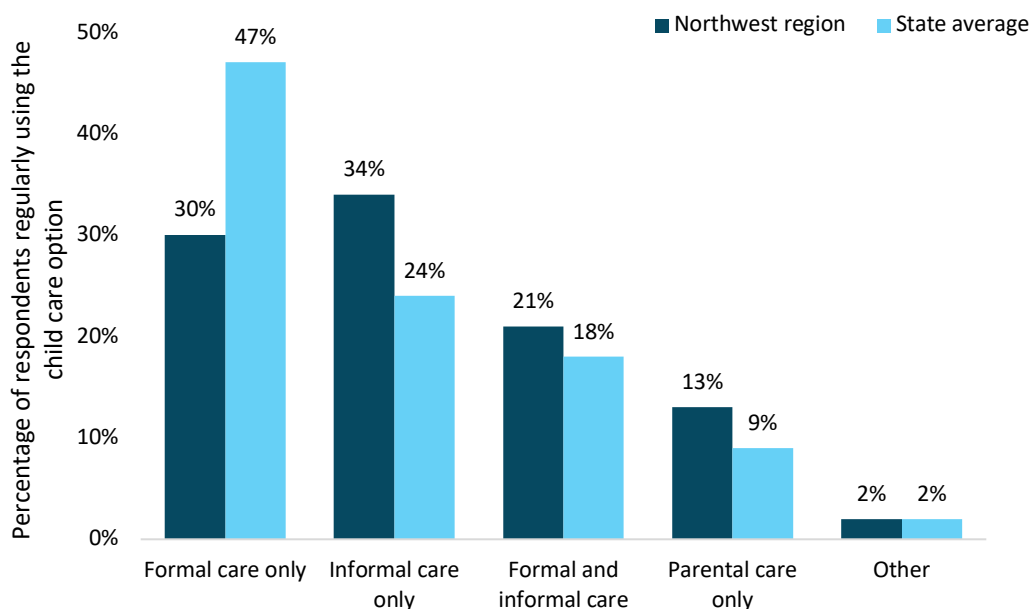


Stakeholder Insights

Families in the Northwest region tend to rely on informal child care options more often than families in other regions.

Families in the Northwest region were less likely than those elsewhere in the state to report regularly using formal child care settings only (Figure D2). Formal care settings include community-based NM PreK programs, faith-based child care, licensed child care centers, licensed family homes, registered home-based child care, and school-based preschools. Correspondingly, families were more likely to report using informal care options. These include friends, grandparents, neighbors, and relatives other than parents and grandparents. Families were also slightly more likely than their peers in other regions to rely on a combination of formal and informal care and to have parents be the sole regular care providers.

Figure D2. Northwest region families use formal child care options less often than other families do.



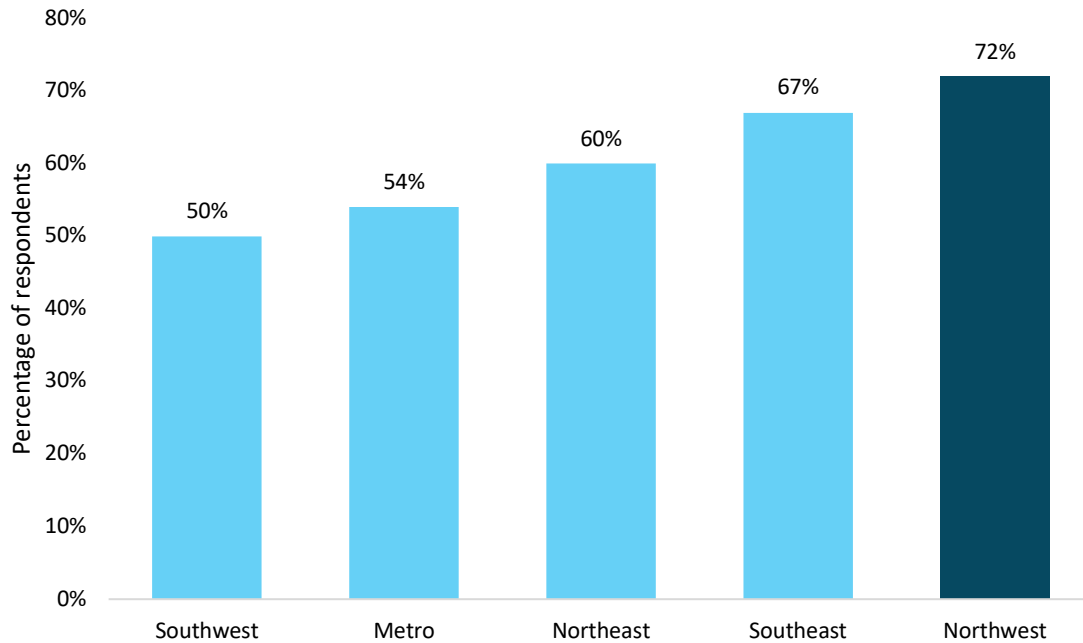
N = 996

Source: Family survey.

Almost three-quarters of Northwest region providers are satisfied with their wages.

In the Northwest region, providers reported the highest satisfaction with their wages: three-quarters of survey respondents indicated they were satisfied (Figure D3). This rate is much higher than that of providers in the Southwest and Metro regions, which include New Mexico's largest cities, Albuquerque and Las Cruces.

Figure D3. Providers in the Northwest region more often reported that they are satisfied with their wages than providers working in other regions did.





N = 746

Source: Provider survey.

Cibola County

Cibola County, the smallest in the Northwest region by size (4,547 square miles) and population, is home to the Acoma Pueblo, Laguna Pueblo, Navajo Nation, and the Pueblo of Zuni. Median household income increased in Cibola County by 43%, according to 2017 and 2023 ACS 5-year estimates (Figure D4). The population is stable. A greater share of young children experienced poverty in 2023 compared to the 2017 ACS estimate. However, overall poverty rates have declined slightly. The percentage of babies with low birth weight has also fallen.

Figure D4. Cibola County demographic profile

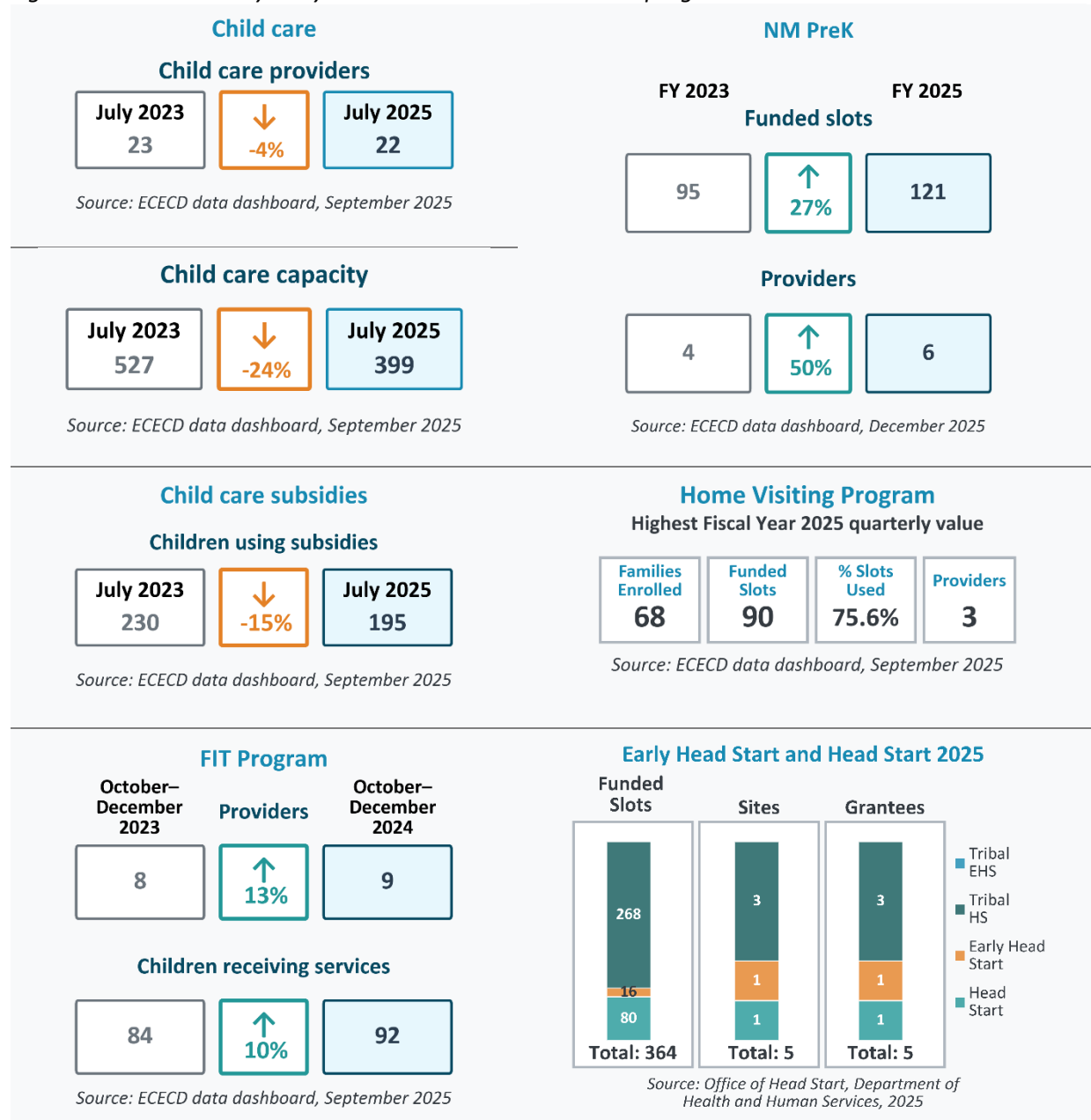
	Total population	27,059 No change
	Total population under 3	934 ↘ -16.1%
	Total population under 6	1,844 ↘ -18.3%
	Total births	265 ↘ -15.3%
	Percentage of babies with low birth weight	8.3% ↘ -23.9%
	Teen birth rate per 1,000 girls 15–19 years old	28.1 ↘ -16.6%
	Median household income	\$51,765 ↗ +43.4%
	% Population in Poverty in the past 12 months	27.6% ↘ -3.2%
	% Population below 5 in poverty in the past 12 months	51.7% ↗ +33.2%
	% Population 5 years and over that speaks a language other than English	35.0% ↘ -17.1%

Sources: U.S. Census Bureau, 2023 American Community Survey (ACS) 5-year estimates and 2023 data from the New Mexico Department of Health Indicator Based Information System (NM-IBIS). Comparison data are 2017 ACS 5-year estimates and 2017 NM-IBIS data.

Program highlights

Child care capacity decreased by 24% between July 2023 and July 2025 (Figure D5). Still, over the same time, there was a 27% increase in funded NM PreK slots, helped by the addition of two NM PreK providers (a 50% increase). Cibola County also gained a FIT provider and was serving eight more children in the last three months of 2024 compared to the final three months of 2023.






Figure D5. Cibola County early childhood education and care program trends



McKinley County

McKinley County spans 5,463 square miles and is composed of a majority of tribal lands, including the Navajo Nation and the Pueblo of Zuni. Approximately three-quarters of the population identifies as Native American.^{xiii} There is a declining trend in birth rates, including teen birth rates, and in the populations of young children (Figure D6). The median household income rose by 47% between 2017 and 2023 according to ACS 5-year estimates.

Figure D6. McKinley County demographic profile

	Total population	71,172 ↘ -2.3%
	Total population under 3	1,819 ↘ -48.9%
	Total population under 6	5,441 ↘ -22.5%
	Total births	683 ↘ -23.6%
	Percentage of babies with low birth weight	9.7% ↗ +3.2%
	Teen birth rate per 1,000 girls 15–19 years old	19.1 ↘ -28.5%
	Median household income	\$44,496 ↗ +46.7%
	% Population in Poverty in the past 12 months	35.7% ↘ -4.8%
	% Population below 5 in poverty in the past 12 months	49.3% ↗ +9.6%
	% Population 5 years and over that speaks a language other than English	50.8% ↘ -5.9%

Sources: U.S. Census Bureau, 2023 American Community Survey (ACS) 5-year estimates and 2023 data from the New Mexico Department of Health Indicator Based Information System (NM-IBIS). Comparison data are 2017 ACS 5-year estimates and 2017 NM-IBIS data.

Community highlights

The McKinley County Early Childhood Coalition conducted a community needs assessment in 2022.^{xiv xv} Participants highlight that early learning helps children build resilience, develop a strong sense of self, learn to overcome challenges, and thrive. They identified after-school care, tutoring programs, and support for food, clothing, shelter, mental health, and substance abuse as critical resources. If given the chance, they would design satellite child development programs in communities, expand access to technology, and invest in health facilities and recreational centers. Finally, they noted that effective family outreach strategies included community radio, the newspaper, and social media.

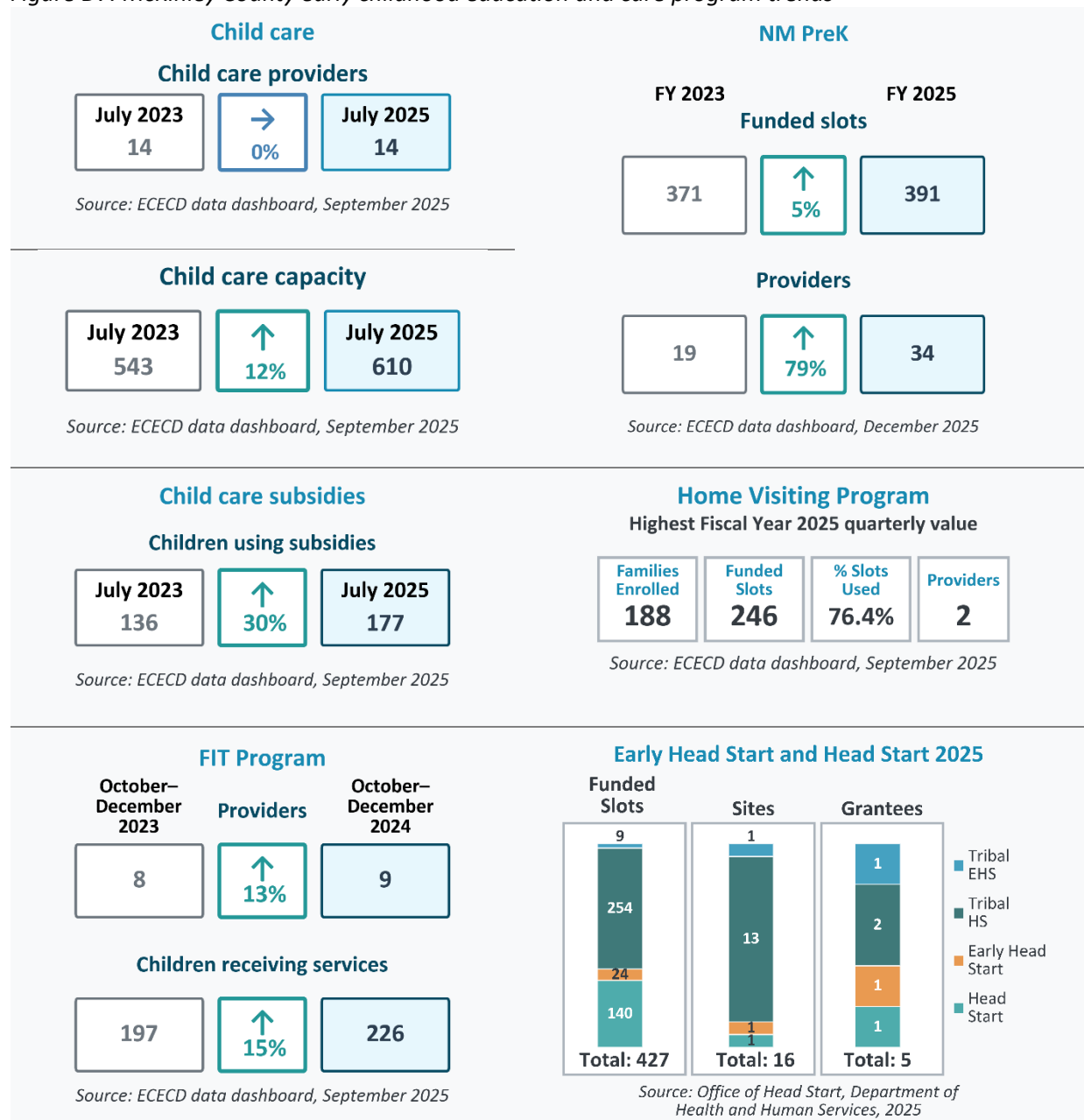
“We envision healthy children and families by strengthening quality early childhood partnerships and family voice.”

— McKinley County community member (Community Needs Assessment, 2022)

Program highlights

McKinley County families have growing numbers of options for child care and EI services. Between July 2023 and July 2025, there was a 30% increase in the number of children aged 0–5 who used the child care subsidy (Figure D7). There was also a 79% increase in the number of NM PreK providers serving the county. The county gained a FIT provider and saw a 15% increase in the number of children receiving EI services between the final three months of 2023 and the last three months of 2024.

Figure D7. McKinley County early childhood education and care program trends



San Juan County

In the Northwest corner of New Mexico, San Juan County spans 5,546 square miles, 63% of which are tribal lands, including the Navajo Nation.^{xvi} The total population has declined in recent years, by about six percent between 2017 and 2023 according to ACS 5-year estimates (Figure D8). Like neighboring McKinley County, birth rates, including teen birth rates, and the population of children under age six have decreased. At the same time, the need for prenatal-to-five services has grown progressively: the percentage of babies born with low birth weight increased by 17% and the share of children under age five experiencing poverty increased by 28%. Median household income has increased by about seven percent.

Figure D8. San Juan County demographic profile

	Total population	121,178 ↘ -5.5%
	Total population under 3	3,993 ↘ -32.2%
	Total population under 6	8,379 ↘ -24.5%
	Total births	984 ↘ -33.4%
	Percentage of babies with low birth weight	9.1% ↗ +16.7%
	Teen birth rate per 1,000 girls 15–19 years old	17.5 ↘ -45.8%
	Median household income	\$53,020 ↗ +6.7%
	% Population in Poverty in the past 12 months	23.2% ↗ +11.5%
	% Population below 5 in poverty in the past 12 months	35.6% ↗ +27.6%
	% Population 5 years and over that speaks a language other than English	30.3% ↘ -4.1%

Sources: U.S. Census Bureau, 2023 American Community Survey (ACS) 5-year estimates and 2023 data from the New Mexico Department of Health Indicator Based Information System (NM-IBIS). Comparison data are 2017 ACS 5-year estimates and 2017 NM-IBIS data.

Community highlights

In 2022, the San Juan County Early Childhood Coalition conducted a community needs assessment.^{xvii xviii} There was a higher percentage of grandparents raising grandchildren in San Juan County than in the state overall (18% vs. 11%). Families identified characteristics of an ideal community, including:

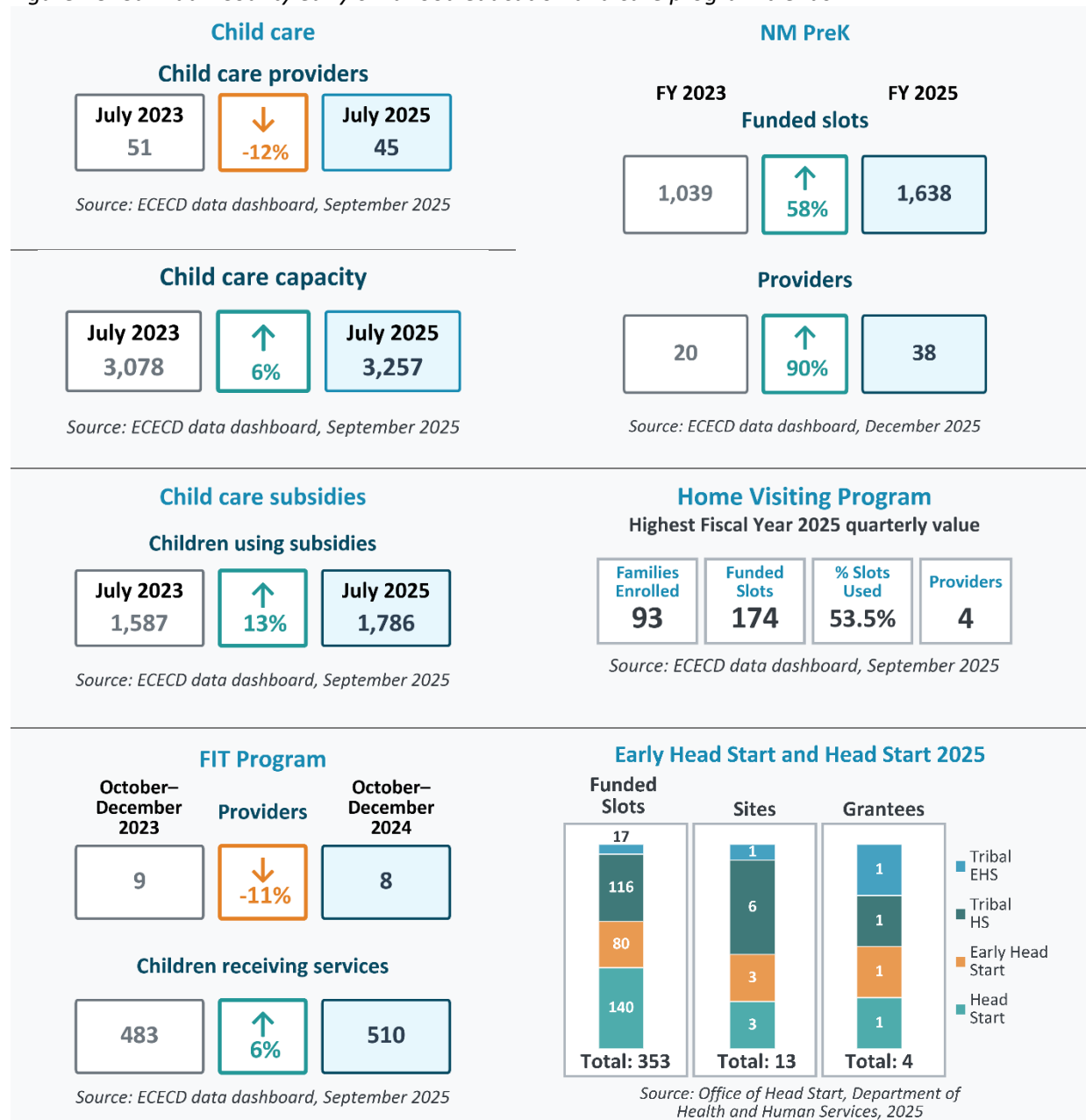
- Acceptance, celebration of differences, peace, and respect.
- Affordable housing.
- Locally available health care specialists and clinics.
- Safe outdoor spaces to play.
- Self-sufficient food production and access.
- Transportation options to access services from remote areas.
- Twenty-four-hour access to non-judgmental child care options.

Families also hoped that children could learn to appreciate different perspectives, cultivate compassion for others, develop a healthy mind and body, and understand their origins. They wanted children to build life skills and acquire the experiences and knowledge needed to pursue employment and higher education.

Program highlights

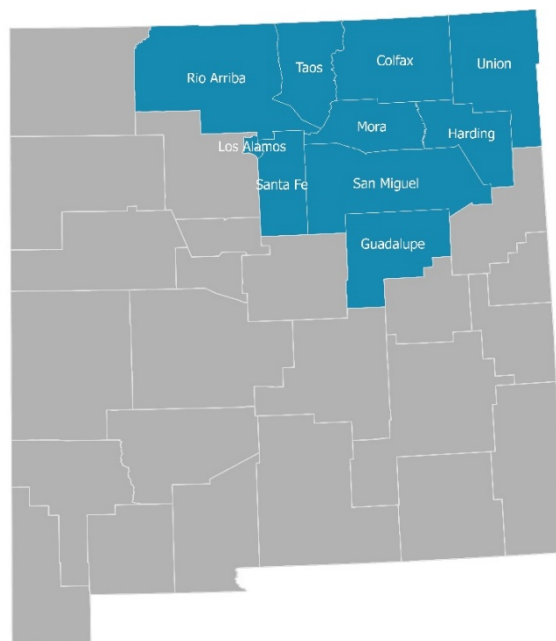
With ECECD's successful advocacy for accessing the Land Grant Permanent Fund for early childhood education and care, San Juan County experienced a 90% increase in NM PreK providers and a 58% increase in funded NM PreK slots between FYs 2023 and 2025 (Figure D9). In the 2022 community assessment, families voiced a desire for more home-based child care providers and EI services. The number of child care providers has gone down since then, but capacity is higher, and more children are receiving EI services.

Figure D9. San Juan County early childhood education and care program trends



Northeast Region

Ten counties comprise the Northeast region. Nine Pueblos are located within their 29,530 square miles: Cochiti, Nambé, Ohkay Owingeh, Picuris, Pojoaque, San Ildefonso, Santa Clara, Taos, and Tesuque Pueblos, in addition to the Navajo and Jicarilla Apache Nations. While much of the region is rural, metropolitan areas include Santa Fe and Taos. Notable findings from provider and family surveys are presented below, followed by a profile for each of the Northeast region's counties.

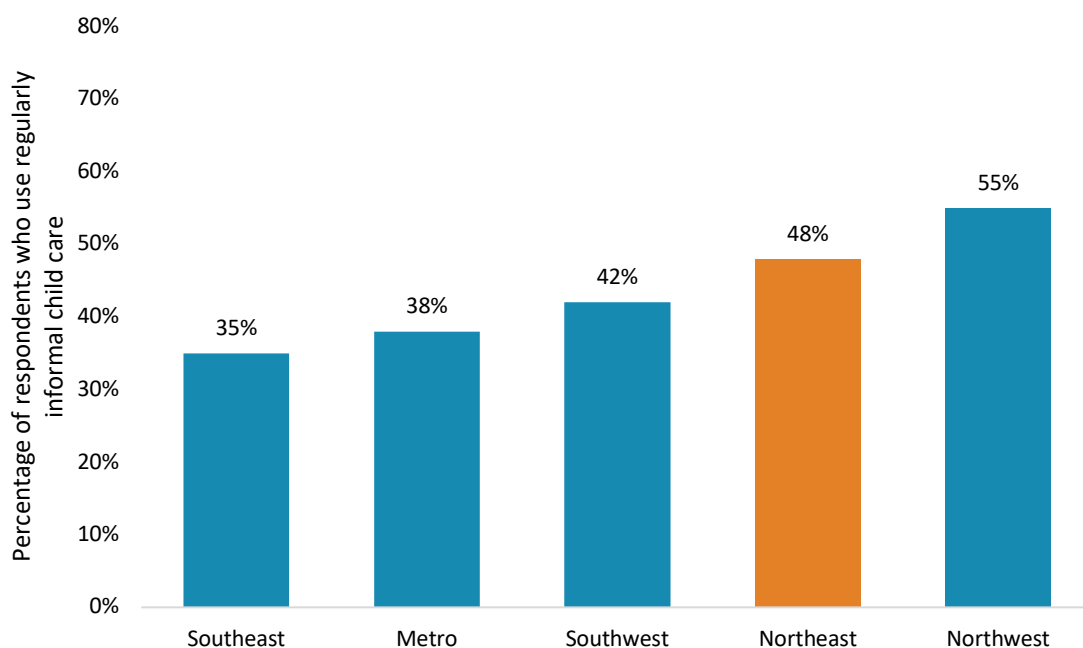


Stakeholder Insights

Northeast region families are more likely to report that they always or often rely on family members, friends, or neighbors to care for their children.

About half of families in the Northeast (48%) reported that they regularly use informal child care. This is second only to the Northwest region, where 55% of families reported using this type of care (Figure D10).

Figure D10. Families in the Northeast and Northwest most often report regularly using informal child care.

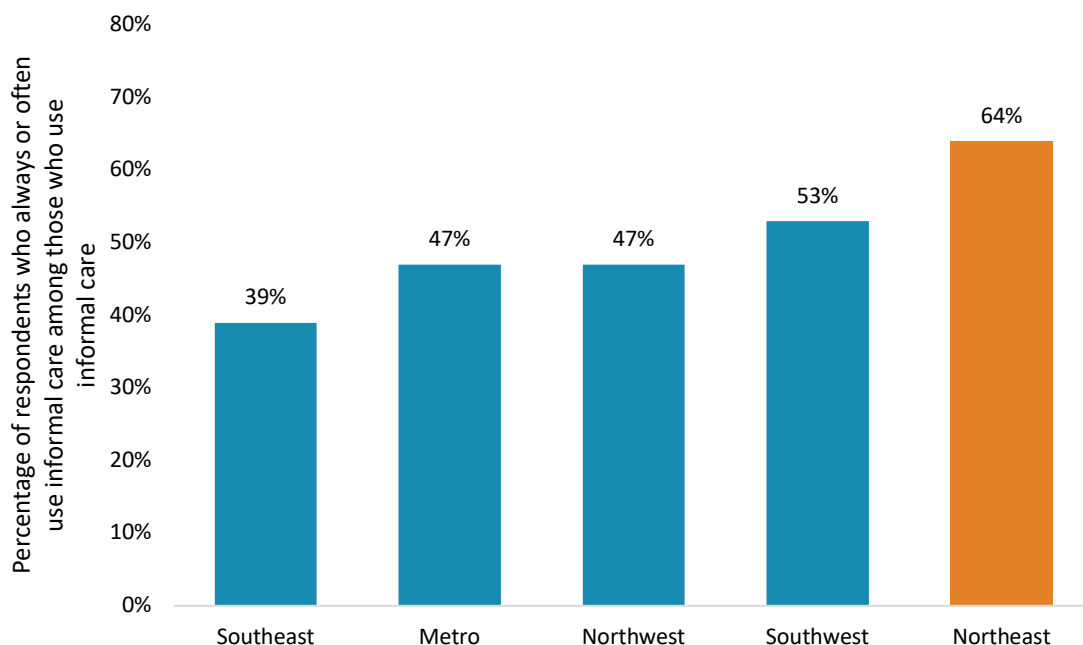


N = 996

Source: Family survey.

However, among family respondents who reported using informal child care, those from the Northeast were more likely to report they “always” or “often” use informal child care compared to families who use informal care in other regions (Figure D11).

Figure D11. Families in the Northeast region were most likely to report that they always or often rely on family members, friends, or neighbors to care for their children.

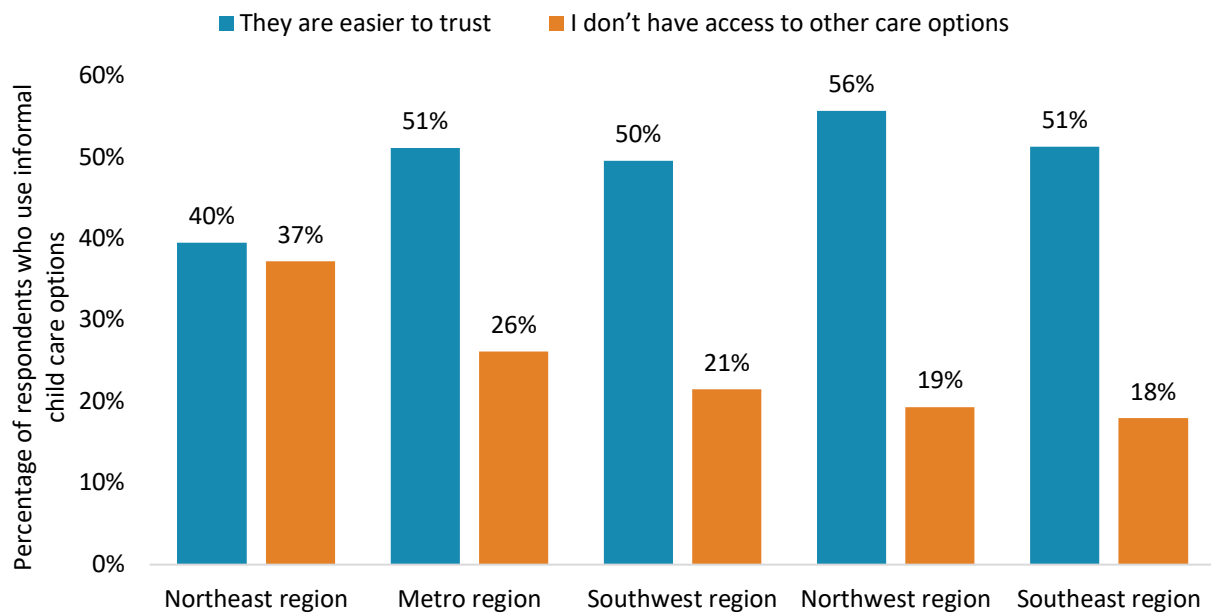


N = 518

Source: Family survey.

Many respondents pointed to “trust” as a primary reason for choosing care from family, friends, or neighbors (Figure D12). However, families in the Northeast were less likely than families elsewhere to cite trust as one of their top two reasons for selecting informal child care. Limited access to alternative care options was more commonly among the top two reasons for these families compared to those in other regions across the state.

Figure D12. Among respondents from Northeast counties, compared to other regions, trust in formal child care options is less frequently a reason for choosing informal child care while access to other options is a more frequent reason.



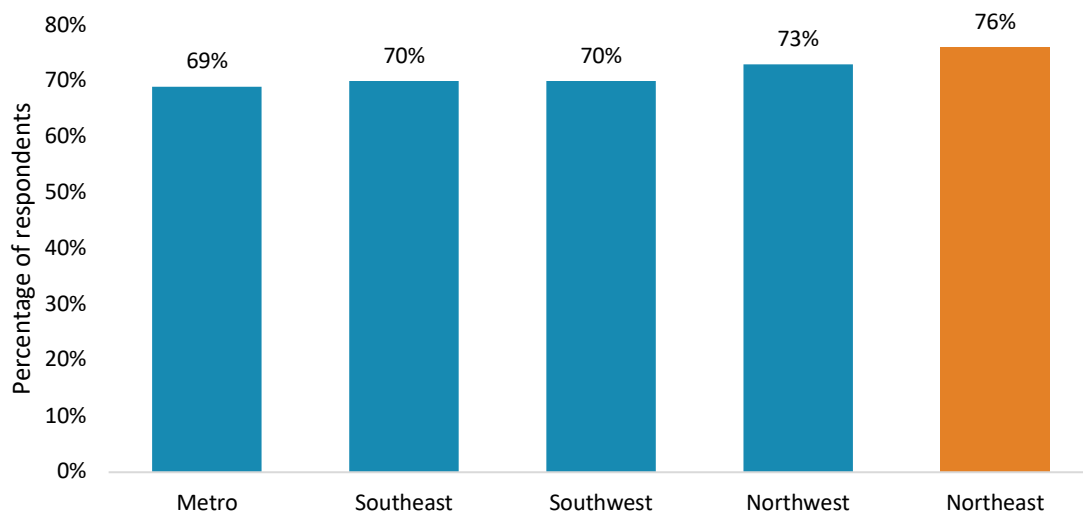
N = 510

Source: Family survey.

Staff retention is high.

The percentage of respondents reporting that they usually have low or no turnover ranges from 69% to 76% across regions in the state (Figure D13). Providers in the Northeast region had the highest share of respondents reporting low or no turnover at their workplace.

Figure D13. Three in four providers reported that they usually have low or no turnover at their workplace.






N = 773

Source: Provider survey.

Colfax County

Along the Colorado border, Colfax County is home to just over 12,000 residents within its 3,765 square miles (Figure D14). As in much of the state, median household incomes have increased while birth rates and the population of young children have declined between the 2017 and 2023 ACS 5-year estimates. In Colfax County, poverty rates also decreased among both the general population and young children.

Figure D14. Colfax County demographic profile

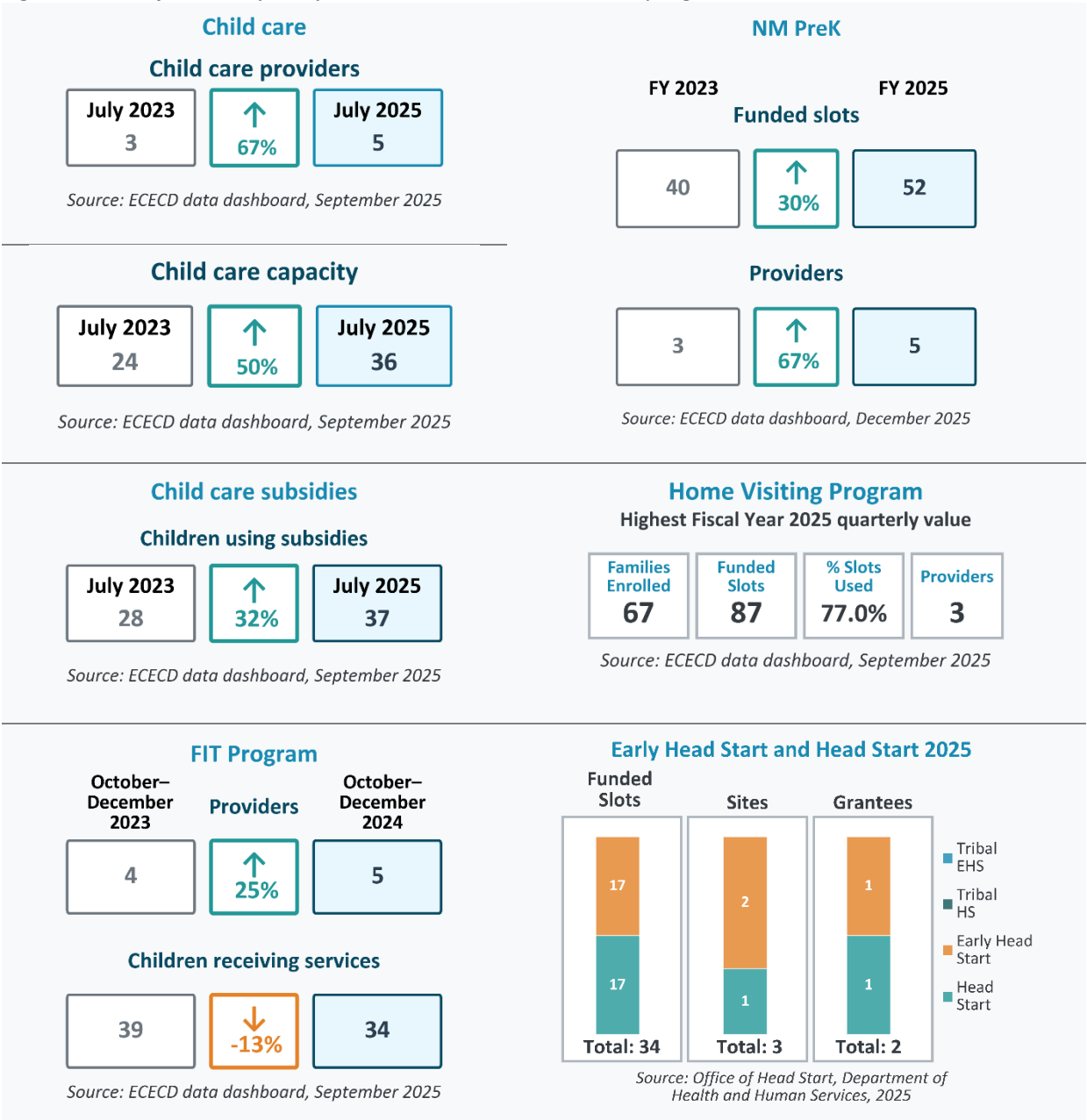
	Total population	12,336 ↘ -1.5%
	Total population under 3	169 ↘ -46.7%
	Total population under 6	631 ↘ -8.9%
	Total births	85 ↘ -24.8%
	Percentage of babies with low birth weight	17.6% ↗ +23.9%
	Teen birth rate per 1,000 girls 15–19 years old	16.3 ↘ -55.8%
	Median household income	\$52,690 ↗ +59.5%
	% Population in Poverty in the past 12 months	17.0% ↘ -27.7%
	% Population below 5 in poverty in the past 12 months	35.7% ↘ -29.3%
	% Population 5 years and over that speaks a language other than English	17.9% ↘ -20.1%

Sources: U.S. Census Bureau, 2023 American Community Survey (ACS) 5-year estimates and 2023 data from the New Mexico Department of Health Indicator Based Information System (NM-IBIS). Comparison data are 2017 ACS 5-year estimates and 2017 NM-IBIS data.

Program highlights

In recent years, many of Colfax County’s early childhood care and learning programs have gained providers and increased their capacity to serve more children (Figure D15). The county gained two child care providers, one FIT provider, and two NM PreK providers. The number of children using child care subsidies and the number of funded NM PreK slots have also increased by about 30% in recent years.











Figure D15. Colfax County early childhood education and care program trends



Guadalupe County

About 4,400 people reside in rural Guadalupe County's 3,029 square miles. The percentage of the population experiencing poverty within the past 12 months has increased by 77% between 2017 and 2023. However, the median household income increased by 54% over the same period (Figure D16).

Figure D16. Guadalupe County demographic profile

	Total population	4,379 ↘ -1.1%
	Total population under 3	93 ↘ -29.5%
	Total population under 6	259 ↘ -16.7%
	Total births	42 ↗ +5.0%
	Percentage of babies with low birth weight	Data not available
	Teen birth rate per 1,000 girls 15–19 years old	56.0 No baseline data
	Median household income	\$40,149 ↗ +54.1%
	% Population in Poverty in the past 12 months	23.0% ↗ +76.9%
	% Population below 5 in poverty in the past 12 months	41.2% ↘ -2.6%
	% Population 5 years and over that speaks a language other than English	48.7% ↘ -9.3%

Sources: U.S. Census Bureau, 2023 American Community Survey (ACS) 5-year estimates and 2023 data from the New Mexico Department of Health Indicator Based Information System (NM-IBIS). Comparison data are 2017 ACS 5-year estimates and 2017 NM-IBIS data.

Community highlights

Nuestros Niños de Guadalupe Early Childhood Coalition conducted a community assessment in 2022.^{xix} Community members elevated the importance of access to resources, including child care, early learning, and mental health services. Improving family communication was also a priority.

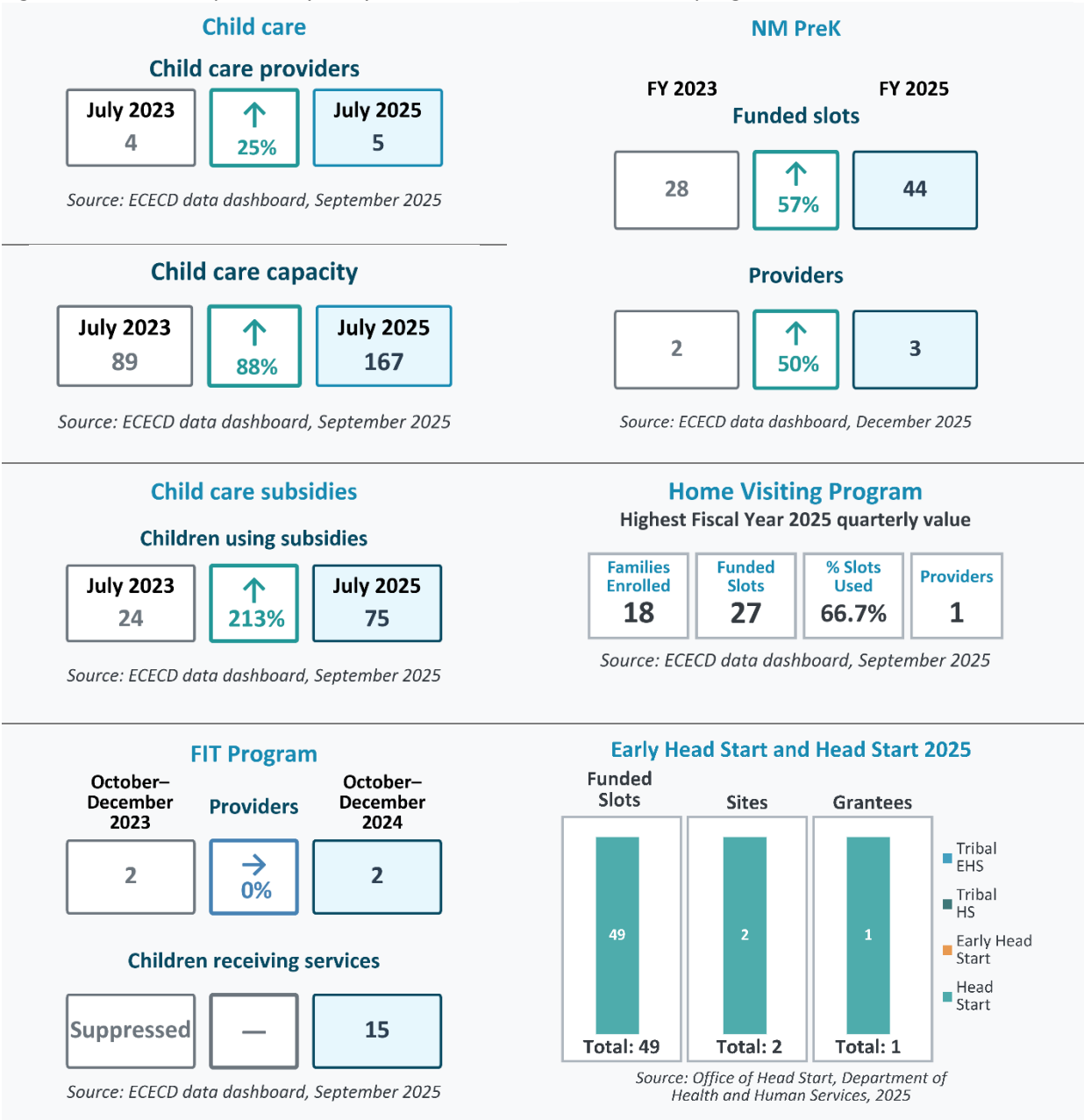
“We need a better way to communicate with families and support one another. A place where we can get help if needed or find resources to help families without feeling embarrassed.”

— Guadalupe County community member (Community Needs Assessment, 2022)

Program highlights

Between July 2023 and July 2025, the number of children using child care subsidies tripled (Figure D17). Child care capacity also increased by 88% over the same time. Meanwhile, the county added a NM PreK provider and the number of funded NM PreK slots increased by over 50%. The number of FIT program providers remained constant











Figure D17. Guadalupe County early childhood education and care program trends



Harding County

Harding County is sparsely populated, with approximately four residents for every 10 square miles (in comparison, there are about 5,800 people for every 10 square miles in Bernalillo County). The 2023 5-year ACS estimates that there are only 24 children under six years of age (Figure D18). Nevertheless, Harding County added 202 residents between 2017 and 2023—a 37% increase in population.

Figure D18. Harding County demographic profile

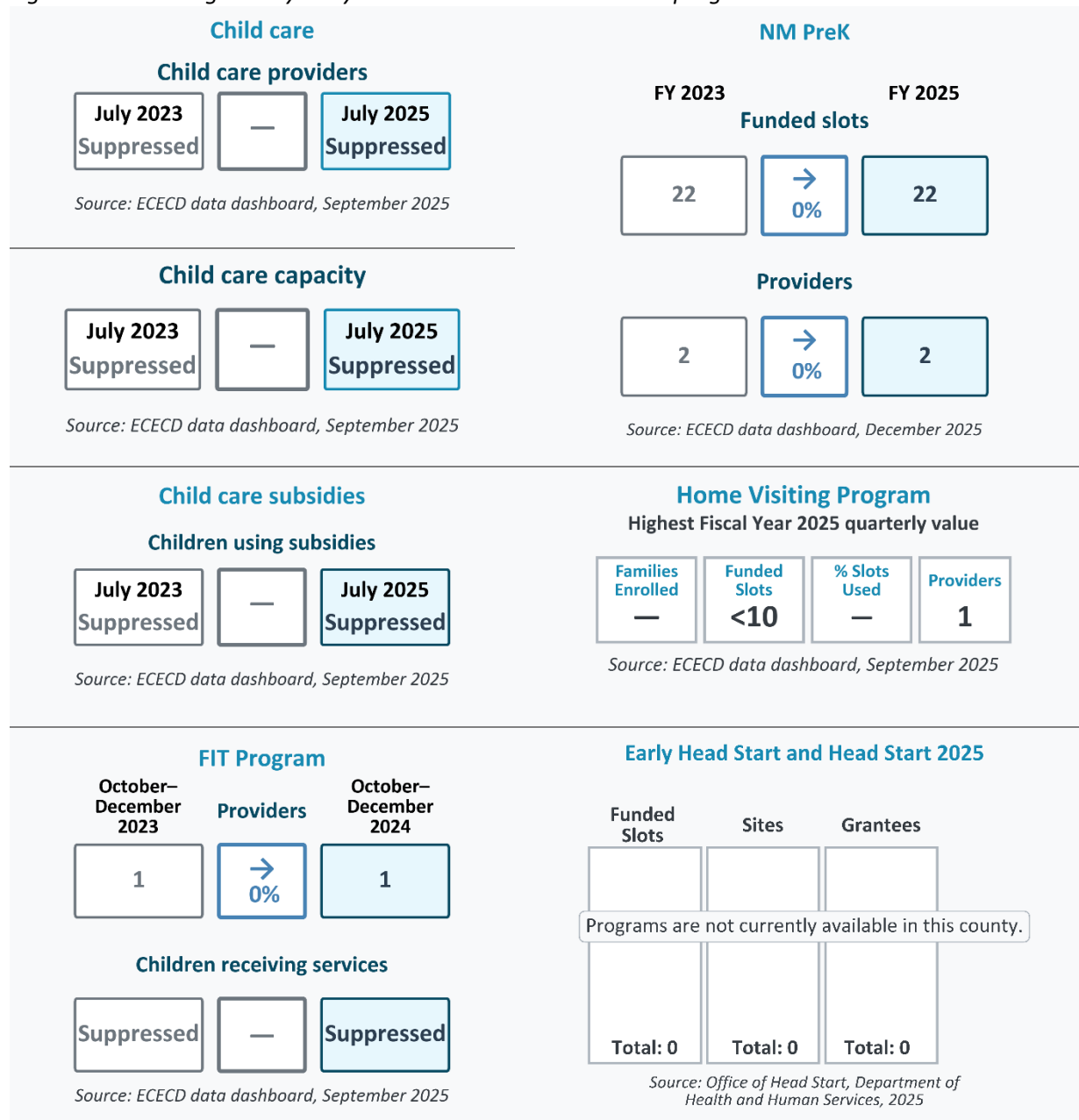
	Total population	748 ↗ +37.0%
	Total population under 3	11 ↗ +37.5%
	Total population under 6	24 ↘ -29.4%
	Total births	Data not available
	Percentage of babies with low birth weight	0.0% No change
	Teen birth rate per 1,000 girls 15–19 years old	0.0 No change
	Median household income	\$41,250 ↗ +17.5%
	% Population in Poverty in the past 12 months	18.7% ↘ -5.6%
	% Population below 5 in poverty in the past 12 months	30.0% ↗ +261.4%
	% Population 5 years and over that speaks a language other than English	22.1% ↘ -29.6%

Sources: U.S. Census Bureau, 2023 American Community Survey (ACS) 5-year estimates and 2023 data from the New Mexico Department of Health Indicator Based Information System (NM-IBIS). Comparison data are 2017 ACS 5-year estimates and 2017 NM-IBIS data.

Program highlights

The number of FIT and NM PreK providers, and funded NM PreK slots have remained constant in Harding County in recent years (Figure D19). Data about child care and home visiting are limited due to the small number of children under six years of age in the county.










Figure D19. Harding County early childhood education and care program trends



Los Alamos County

New Mexico's smallest county, with 109 square miles, has the state's highest median income among all counties according to 2023 ACS 5-year estimates. It is home to the Los Alamos National Laboratory (LANL), a U.S. Department of Energy research and development laboratory, and one of the country's most advanced scientific institutions.^{xx} It is also one of New Mexico's largest employers.^{xxi} The county's population experienced a 7.4% increase between the 2017 and 2023 ACS 5-year estimates (Figure D20).

Figure D20. Los Alamos County demographic profile

	Total population	19,374 ↗ +7.4%
	Total population under 3	502 ↗ +1.2%
	Total population under 6	1,043 ↘ -8.7%
	Total births	179 ↗ +6.5%
	Percentage of babies with low birth weight	6.1% ↘ -51.2%
	Teen birth rate per 1,000 girls 15–19 years old	Data not available
	Median household income	\$143,188 ↗ +29.9%
	% Population in Poverty in the past 12 months	2.9% ↘ -43.1%
	% Population below 5 in poverty in the past 12 months	10.5% ↗ +36.4%
	% Population 5 years and over that speaks a language other than English	16.6% ↗ +5.7%

Sources: U.S. Census Bureau, 2023 American Community Survey (ACS) 5-year estimates and 2023 data from the New Mexico Department of Health Indicator Based Information System (NM-IBIS). Comparison data are 2017 ACS 5-year estimates and 2017 NM-IBIS data.

Community highlights

Los Alamos County is home to the Los Alamos Early Childhood Collaboration.^{xxii} Before forming a local early childhood system building coalition in partnership with ECECD in 2024, cross-sector collective efforts improved access to early childhood programs and services in Los Alamos County. In 2023, the coalition supported the organization that operates LANL in forming a public-private partnership to increase child care capacity.^{xxiii} ^{xxiv} A two-million-dollar investment supported the construction of a new child care facility nearby. LANL has also invested \$25,000 to establish a two-year certificate program in early childhood education.^{xxv}

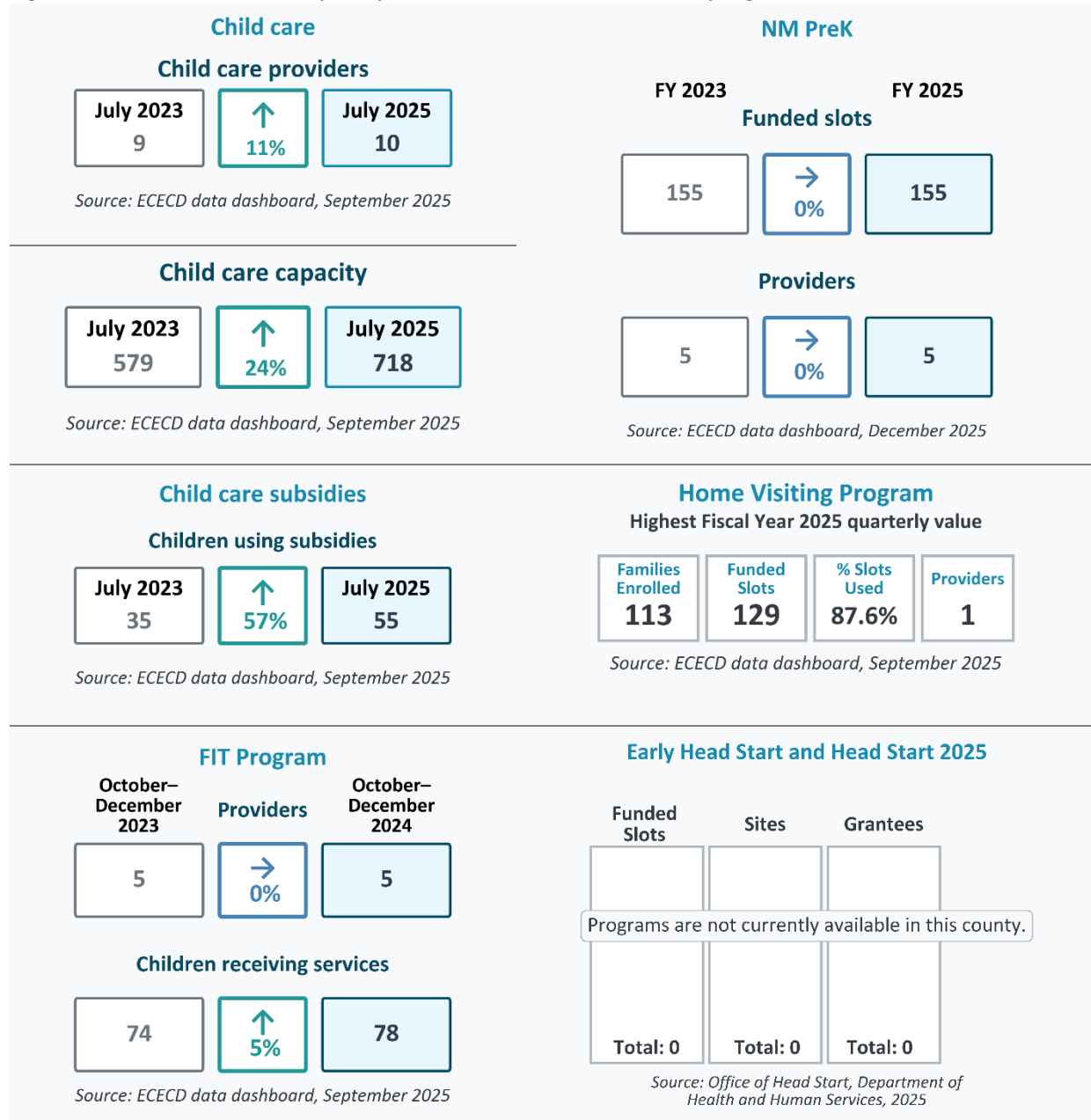
“Expanding child care is essential to the national security mission of the Laboratory. Dependable child care means that more caregivers might be able to pursue jobs at the lab and that employees will be able to come to work more confident that their kids are safe and happy.”

— Craig Leasure, Vice President for National Laboratories at the University of California (Santa Fe New Mexican, 2023)^{xxvi}

Program highlights

Child care capacity increased by 24% between July 2023 and July 2025 (Figure D21). This is sufficient to support about 70% of children under age six in the county according to 2023 ACS 5-year estimates (Figure D20 above). Use of child care subsidies also increased by 57%.











Figure D21. Los Alamos County early childhood education and care program trends



Mora County

Mora County's total population declined by nine percent between 2017 and 2023 ACS 5-year estimates. The population of children under age six decreased by 55%, although the population of residents under age three increased by 33%. Mora County's median household incomes increased by 88% between the 2017 and 2023 ACS 5-year estimates (Figure D22). Likewise, poverty rates declined, particularly among children under five years of age, for whom poverty rates decreased by over 40%.

Figure D22. Mora County demographic profile

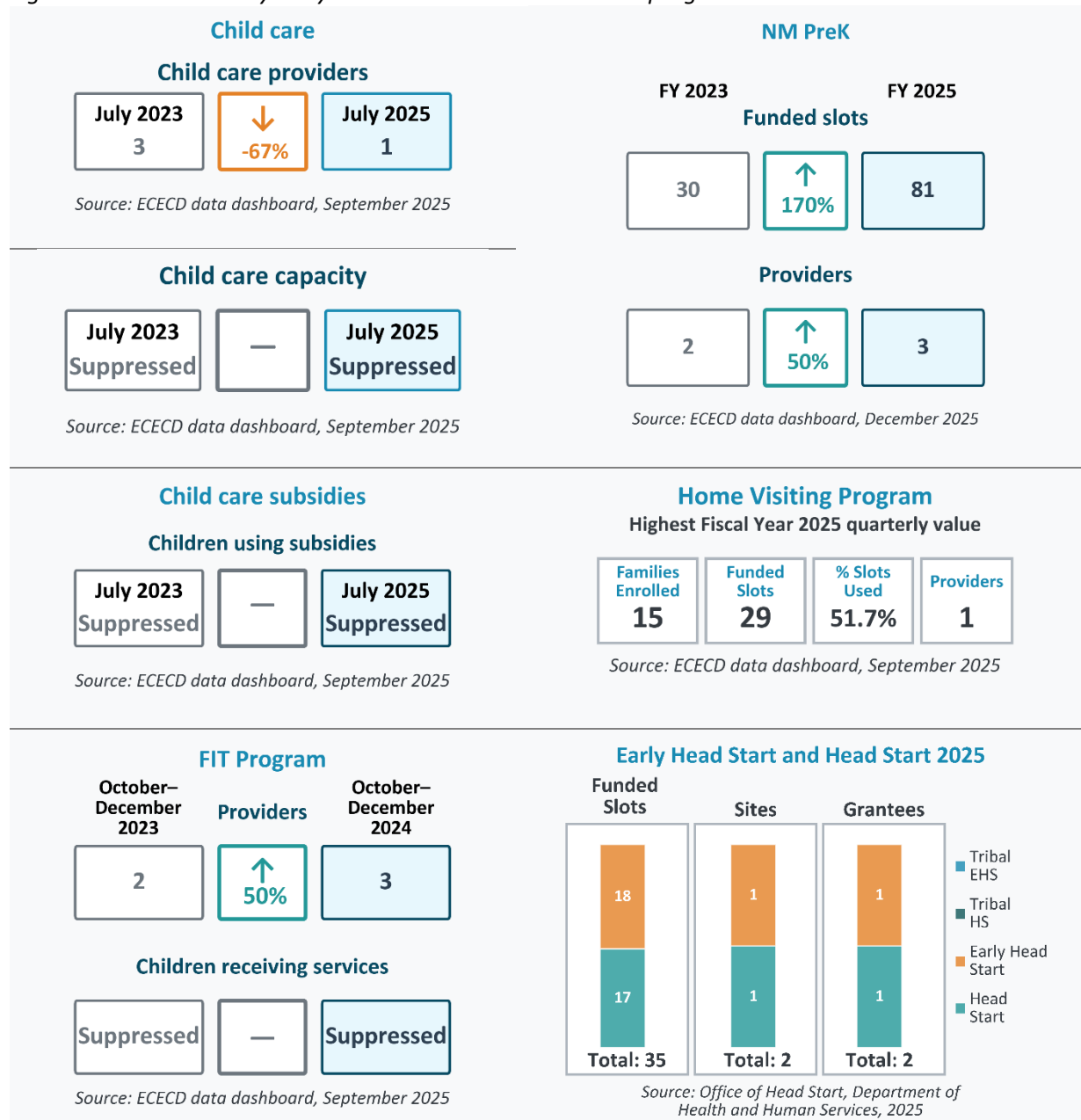
	Total population	4,176 ↘ -9.3%
	Total population under 3	69 ↗ +32.7%
	Total population under 6	113 ↘ -54.8%
	Total births	32 ↘ -3.0%
	Percentage of babies with low birth weight	Data not available
	Teen birth rate per 1,000 girls 15–19 years old	Data not available
	Median household income	\$50,178 ↗ +88.3%
	% Population in Poverty in the past 12 months	18.8% ↘ -7.4%
	% Population below 5 in poverty in the past 12 months	21.1% ↘ -41.4%
	% Population 5 years and over that speaks a language other than English	45.1% ↘ -35.3%

Sources: U.S. Census Bureau, 2023 American Community Survey (ACS) 5-year estimates and 2023 data from the New Mexico Department of Health Indicator Based Information System (NM-IBIS). Comparison data are 2017 ACS 5-year estimates and 2017 NM-IBIS data.

Program highlights

The number of child care providers declined between July 2023 and July 2025 (Figure D23). On the other hand, Mora County gained one FIT provider and one NM PreK provider. The number of funded NM PreK and Head Start slots suggests that the county has the capacity to serve most or all of its three- and four-year-olds, according to the U.S. Census population estimates.











Figure D23. Mora County early childhood education and care program trends



Rio Arriba County

Rio Arriba is home to about 40,000 residents, with tribal lands belonging to the Navajo and Jicarilla Apache Nations, Ohkay Owingeh Pueblo, and Santa Clara Pueblo within its 5,895 square miles (Figure D24).

Figure D24. Rio Arriba County demographic profile

	Total population	40,165 ↗ +1.8%
	Total population under 3	1,319 ↘ -17.4%
	Total population under 6	2,414 ↘ -25.4%
	Total births	408 ↘ -8.5%
	Percentage of babies with low birth weight	14.5% ↘ -7.6%
	Teen birth rate per 1,000 girls 15–19 years old	23.6 ↘ -22.6%
	Median household income	\$53,901 ↗ +61.3%
	% Population in Poverty in the past 12 months	20.1% ↘ -23.9%
	% Population below 5 in poverty in the past 12 months	30.1% ↘ -7.7%
	% Population 5 years and over that speaks a language other than English	53.8% ↘ -12.1%

Sources: U.S. Census Bureau, 2023 American Community Survey (ACS) 5-year estimates and 2023 data from the New Mexico Department of Health Indicator Based Information System (NM-IBIS). Comparison data are 2017 ACS 5-year estimates and 2017 NM-IBIS data.

Community highlights

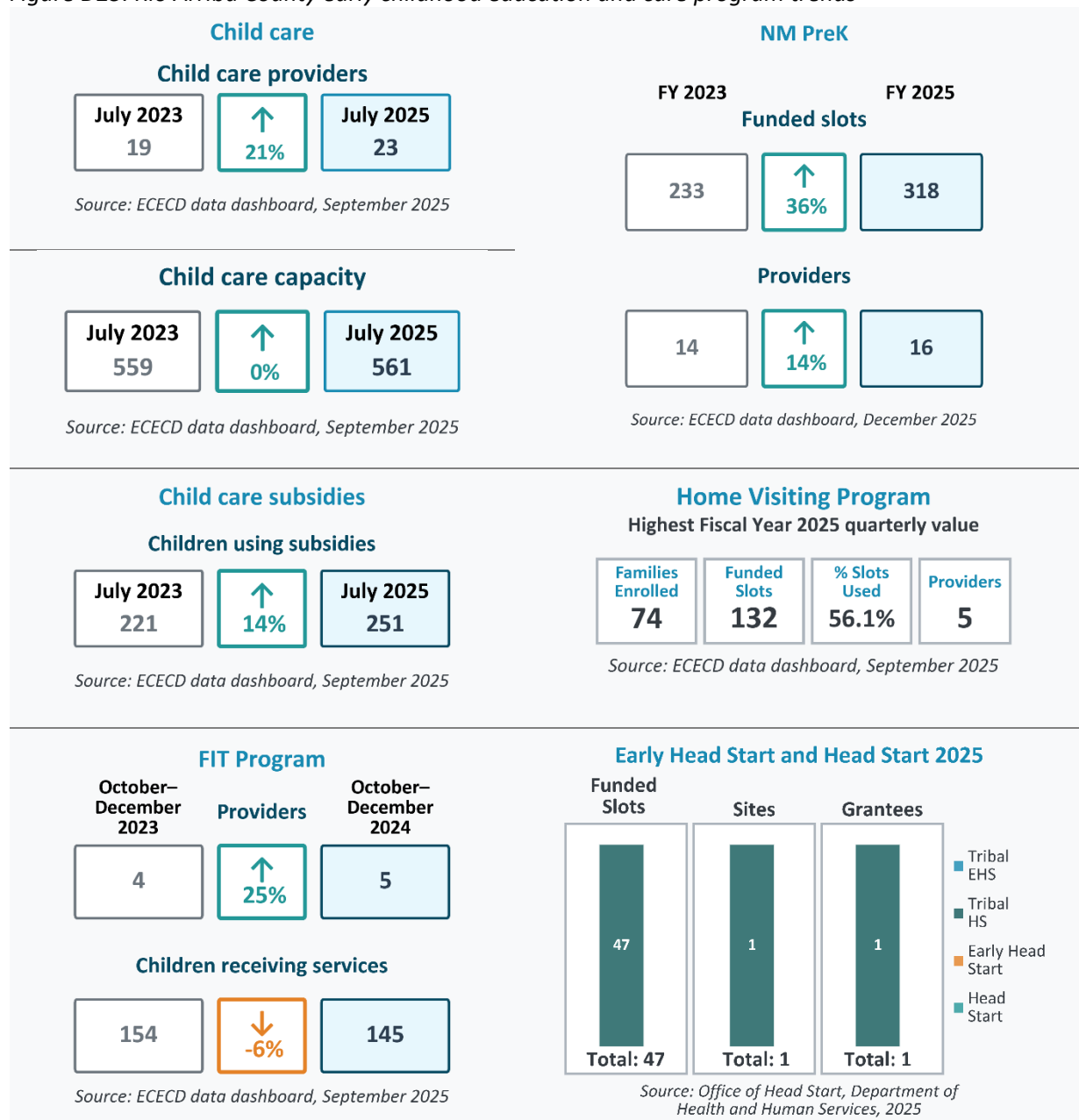
Rio Arriba County is home to the Rio Arriba County Early Childhood Collaborative. The Collaborative conducted a needs assessment in 2022 to identify community successes and challenges and define what makes for a thriving child and community. Community members shared a vision where children are happy, healthy, loved, feel valued, and have “access to enriching activities and enough early childhood services for all” (p.3). Scarcity of services, especially health services, was on the community members’ minds. They valued the early education and care services in their communities and hoped all children could have access to programs.

“We have great teachers. We have beautiful, passionate people and rural resilience!”
 — Rio Arriba County community member (Community Needs Assessment, 2022)

Program highlights

Early learning and care opportunities are increasing in Rio Arriba County. Between July 2023 and July 2025, the county gained four child care providers, and the use of child care subsidies by children aged 0-5 increased by 14% (Figure D25). An additional FIT provider served the county at the end of 2024, compared to the same time period the prior year. There were two more NM PreK providers in FY 2025 than there were in FY 2023 and funded NM PreK slots increased by 36%.




Figure D25. Rio Arriba County early childhood education and care program trends



San Miguel County

As in most of New Mexico, San Miguel’s median household incomes have substantially risen (63%) while its population has declined, especially among its youngest residents (Figure D26). Poverty also substantially decreased, with a 57% decline in the percentage of children under age five experiencing poverty in 2023 compared to 2017.

Figure D26. San Miguel County demographic profile

	Total population	27,036 ↘ -4.1%
	Total population under 3	542 ↘ -43.5%
	Total population under 6	1,381 ↘ -15.3%
	Total births	198 ↘ -23.6%
	Percentage of babies with low birth weight	9.1% ↘ -2.2%
	Teen birth rate per 1,000 girls 15–19 years old	20.7 ↘ -28.1%
	Median household income	\$47,400 ↗ +62.5%
	% Population in Poverty in the past 12 months	22.0% ↘ -28.8%
	% Population below 5 in poverty in the past 12 months	25.6% ↘ -57.4%
	% Population 5 years and over that speaks a language other than English	48.0% ↘ -16.4%

Sources: U.S. Census Bureau, 2023 American Community Survey (ACS) 5-year estimates and 2023 data from the New Mexico Department of Health Indicator Based Information System (NM-IBIS). Comparison data are 2017 ACS 5-year estimates and 2017 NM-IBIS data.

Community highlights

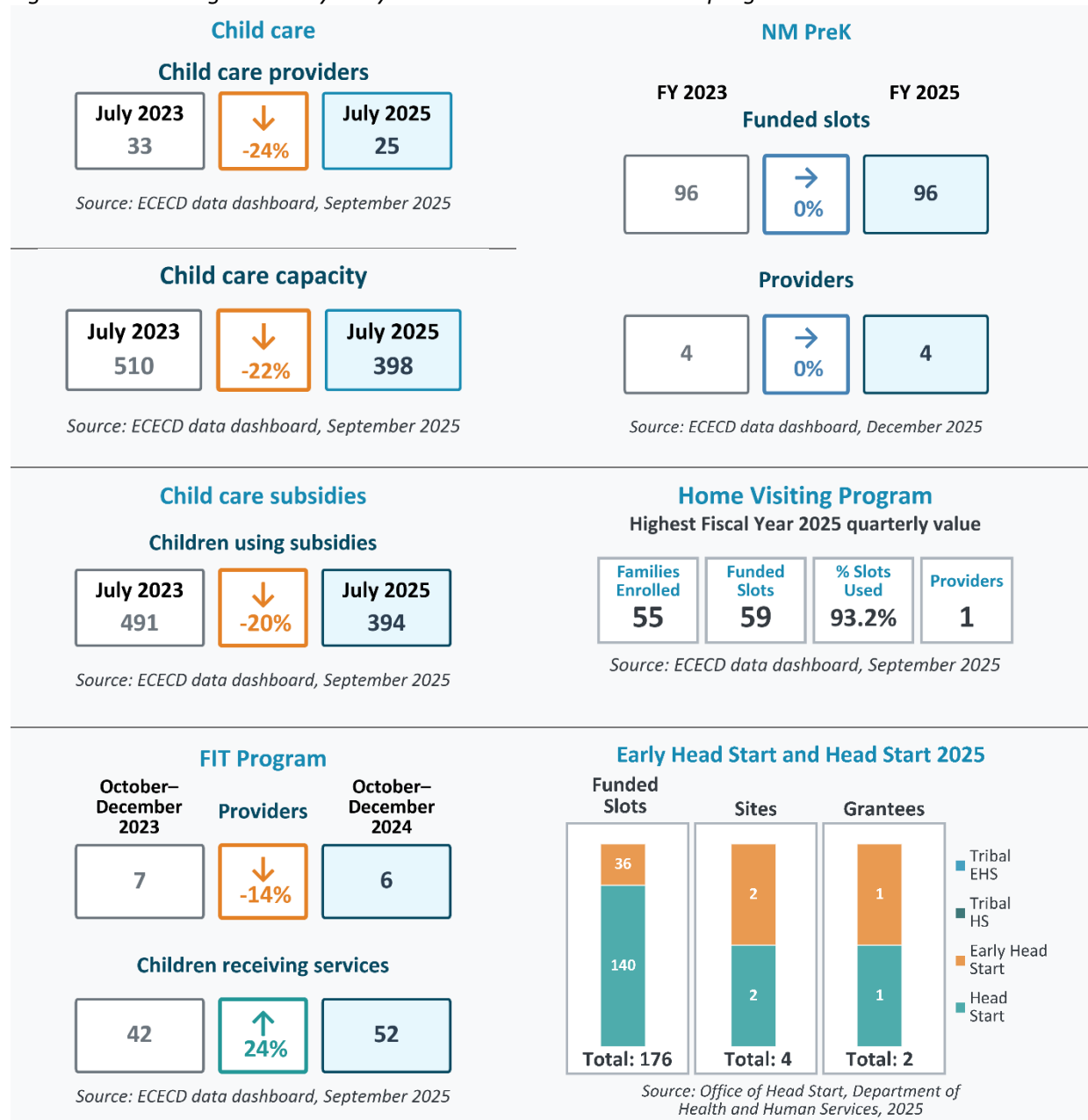
The San Miguel Early Childhood Coalition advocates for and supports access to early childhood education and care in the county. A 2022 needs assessment collected data to guide community actions to support access to care and services. Families valued the state’s policy to waive copays for child care, saying it “helped families who could not afford child care otherwise” (p.13). Still, the community noted that grandparents play a critical role in supporting young children and their families. Some are primary guardians, while others provide after-school care, evening and night care, transportation, and collection of food distributions when working parents are unavailable.

Families and early childhood education professionals identified services that would be most beneficial to expand. These include prenatal services. They noted that only half of mothers received prenatal care during the first trimester in 2020. Improved public transportation for accessing services, along with transportation between daycare and after-hours care for working parents, would enable more children to access services. Overall, families would like access to more activities, resources, and support for their young children.

Program highlights

The county lost eight child care providers between July 2023 and July 2025, coinciding with a 22% decline in child care capacity and a 20% decline in the number of children using child care subsidies (Figure D27). Still, FIT providers increased the number of children receiving services by 24%. The county's NM PreK supply remained stable.









Figure D27. San Miguel County early childhood education and care program trends



Santa Fe County

Across 1,910 square miles, Santa Fe County has a combination of rural communities, small villages, and larger municipalities. It is home to seven Pueblos: the Cochiti, Nambe, Pojoaque, San Ildefonso, Santa Clara, Santo Domingo, and Tesuque Pueblos. Births and the number of young children have both decreased between the 2017 and 2023 ACS 5-year estimates. Nevertheless, Santa Fe County is growing. Its population increased by 5.2% over the same time (Figure D28).

Figure D28. Santa Fe County demographic profile

	Total population	155,175 ⬆️ +5.2%
	Total population under 3	3,094 ⬇️ -20.6%
	Total population under 6	7,213 ⬇️ -12.4%
	Total births	1,082 ⬇️ -11.5%
	Percentage of babies with low birth weight	10.8% ⬇️ -16.9%
	Teen birth rate per 1,000 girls 15–19 years old	10.9 ⬇️ -39.1%
	Median household income	\$74,689 ⬆️ +28.9%
	% Population in Poverty in the past 12 months	12.5% ⬇️ -13.2%
	% Population below 5 in poverty in the past 12 months	23.5% ⬇️ -13.0%
	% Population 5 years and over that speaks a language other than English	30.4% ⬇️ -11.1%

Sources: U.S. Census Bureau, 2023 American Community Survey (ACS) 5-year estimates and 2023 data from the New Mexico Department of Health Indicator Based Information System (NM-IBIS). Comparison data are 2017 ACS 5-year estimates and 2017 NM-IBIS data.

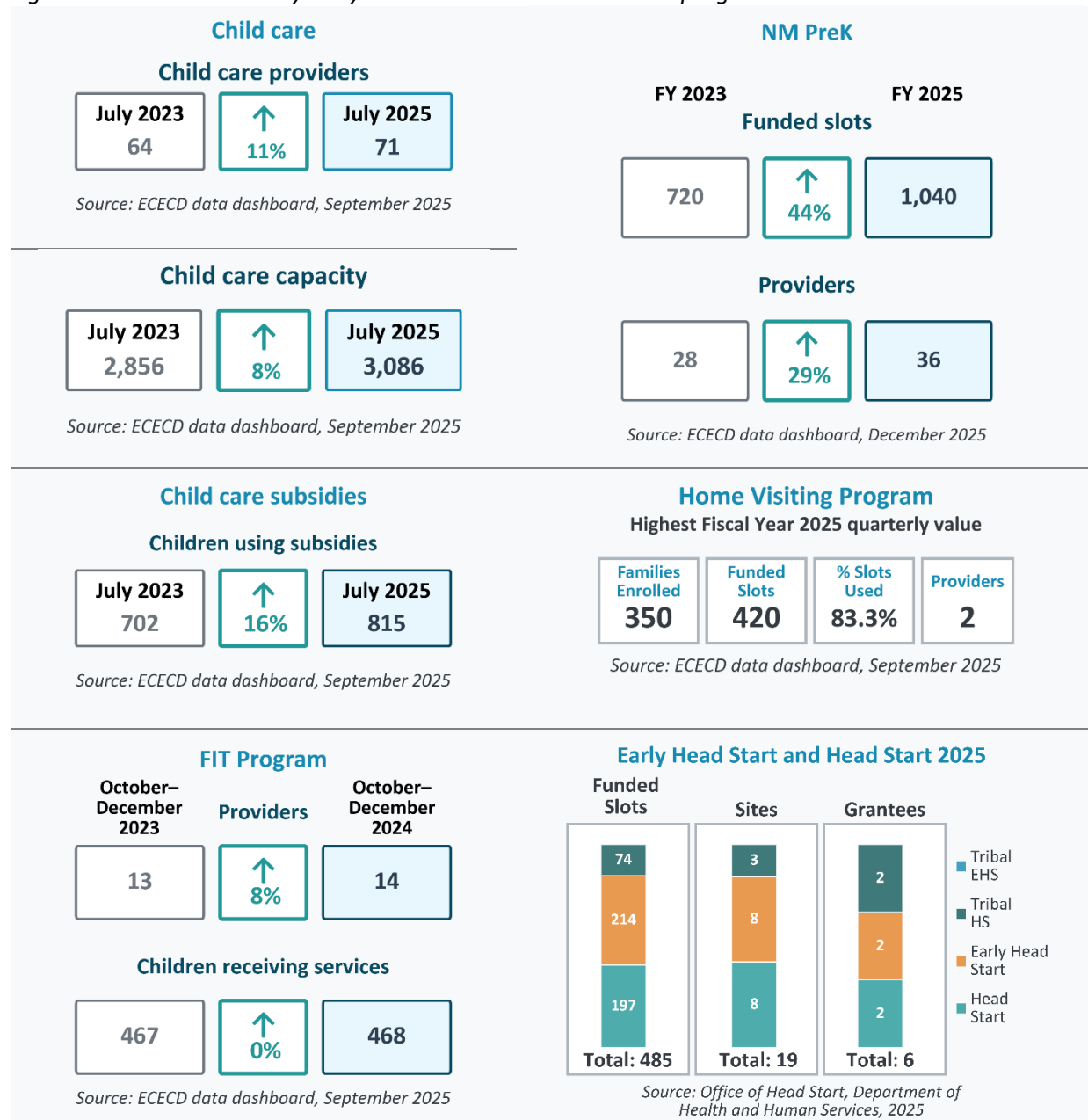
Community highlights

Santa Fe County hosts the Santa Fe Early Childhood Steering Committee, a local early childhood system building coalition. In 2022, the coalition conducted a needs assessment, identifying community assets and priorities. Respondents identified high quality prenatal and postpartum care as a community asset. On the other hand, child care affordability and stability of care were key concerns. Improving access to quality care was a priority. Families also desired additional services, such as speech or physical therapy, to be included in child care as well as providers with a credential in early childhood.

Program highlights

Santa Fe County's early childhood education and care options have expanded in recent years. The county gained seven child care providers, eight NM PreK providers, and one FIT provider since 2023 (Figure D29). Child care subsidy use also increased by 16% between July 2023 and July 2025 and funded NM PreK slots by 44% between those two years.











Figure D29. Santa Fe County early childhood education and care program trends



Taos County

Taos County, home to the Picuris and Taos Pueblos, has experienced economic growth in recent years. The median household income increased by two-thirds between 2017 and 2023 based on ACS 5-year estimates, and the percentage of residents experiencing poverty decreased by a third (Figure D30). Poverty among the county's young children also decreased by nine percent. Meanwhile, although births and the number of young children have decreased substantially, Taos County's population grew by five percent.

Figure D30. Taos County demographic profile

	Total population	34,516 ⬆️ +5.2%
	Total population under 3	266 ⬇️ -74.5%
	Total population under 6	1,326 ⬇️ -24.7%
	Total births	248 ⬇️ -15.6%
	Percentage of babies with low birth weight	13.7% ⬆️ +15.1%
	Teen birth rate per 1,000 girls 15–19 years old	19.0 ⬇️ -41.4%
	Median household income	\$58,908 ⬆️ +66.8%
	% Population in Poverty in the past 12 months	14.4% ⬇️ -32.4%
	% Population below 5 in poverty in the past 12 months	19.6% ⬇️ -8.8%
	% Population 5 years and over that speaks a language other than English	33.9% ⬇️ -28.0%

Sources: U.S. Census Bureau, 2023 American Community Survey (ACS) 5-year estimates and 2023 data from the New Mexico Department of Health Indicator Based Information System (NM-IBIS). Comparison data are 2017 ACS 5-year estimates and 2017 NM-IBIS data.

Community highlights

Paso a Paso Network, Taos County's local early childhood system building coalition, conducted a community needs assessment in 2022.^{xxvii xxviii} Participating family and community members described tight-knit and supportive communities as an asset. They wished for more services for families and children. Top priorities included improving affordability and increasing access to consistent child care options, especially in the evenings and for infants and toddlers. Visions for their community featured access to free, high-quality child care, behavioral health supports, local specialized health care professionals, and fun after-school care.

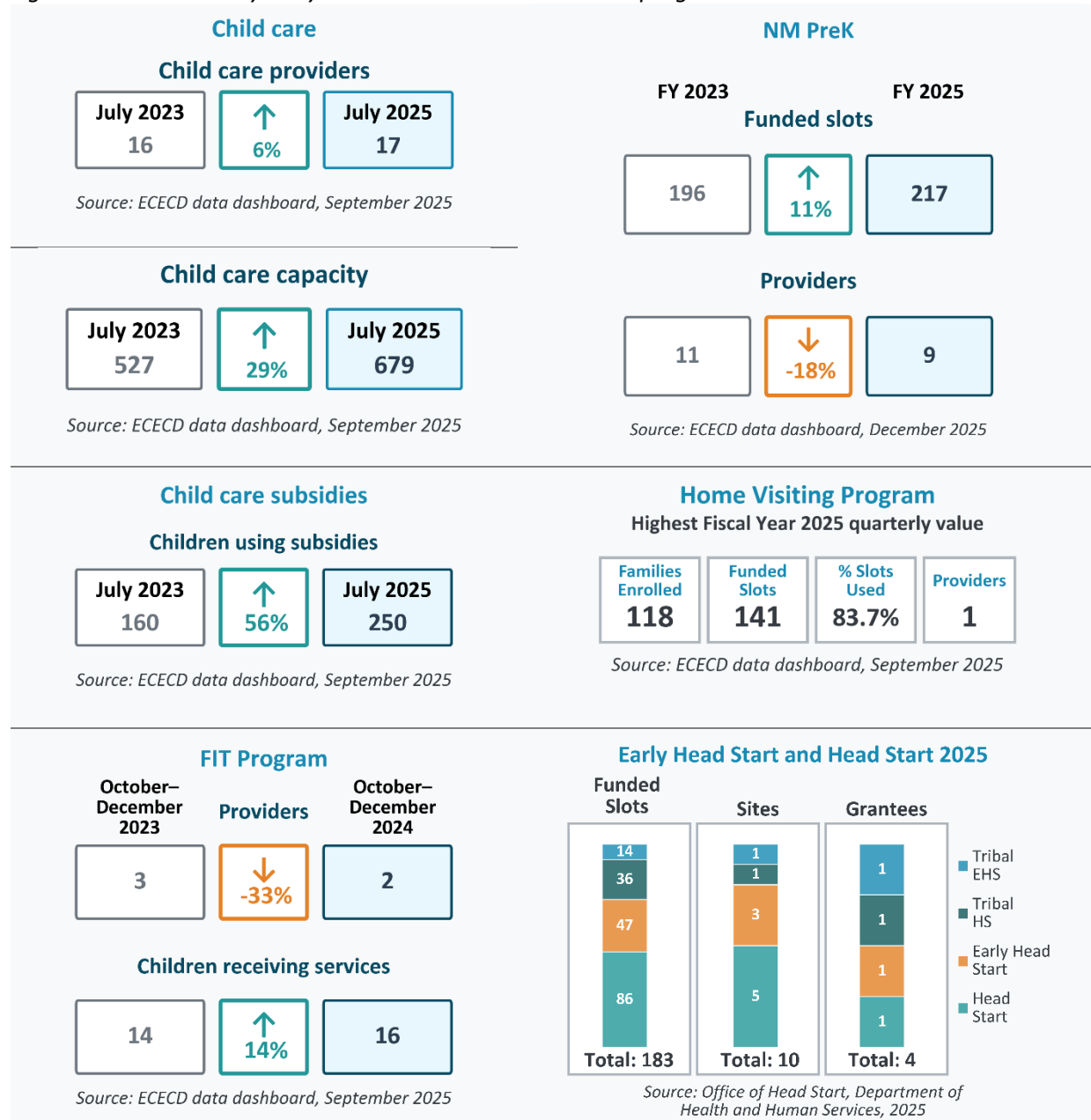
"If we are able to adjust our mindset to a 'strengths-based' perspective where every family receives parenting support...on the continuum of prenatal care, pediatric care, preschool, elementary school, etc..., families will have 100% access to services in our community."

— Taos County community member (Community Needs Assessment, 2022)

Program highlights

Access to early childhood education and care options has grown over the past few years. Taos County saw a 56% increase in the number of children aged 0-5 using subsidies between July 2023 and July 2025 (Figure D31). There were also increases in the number of child care providers, child care capacity, funded NM PreK slots (in spite of losing two providers), and the number of children receiving EI services.











Figure D31. Taos County early childhood education and care program trends



Union County

Union County is one of four in the state with increasing births and a growing population of young children. Meanwhile, poverty among young children is declining. The percentage of children under age five experiencing poverty in 2023 was eight percent lower than it was in 2017 (Figure D32).

Figure D32. Union County demographic profile

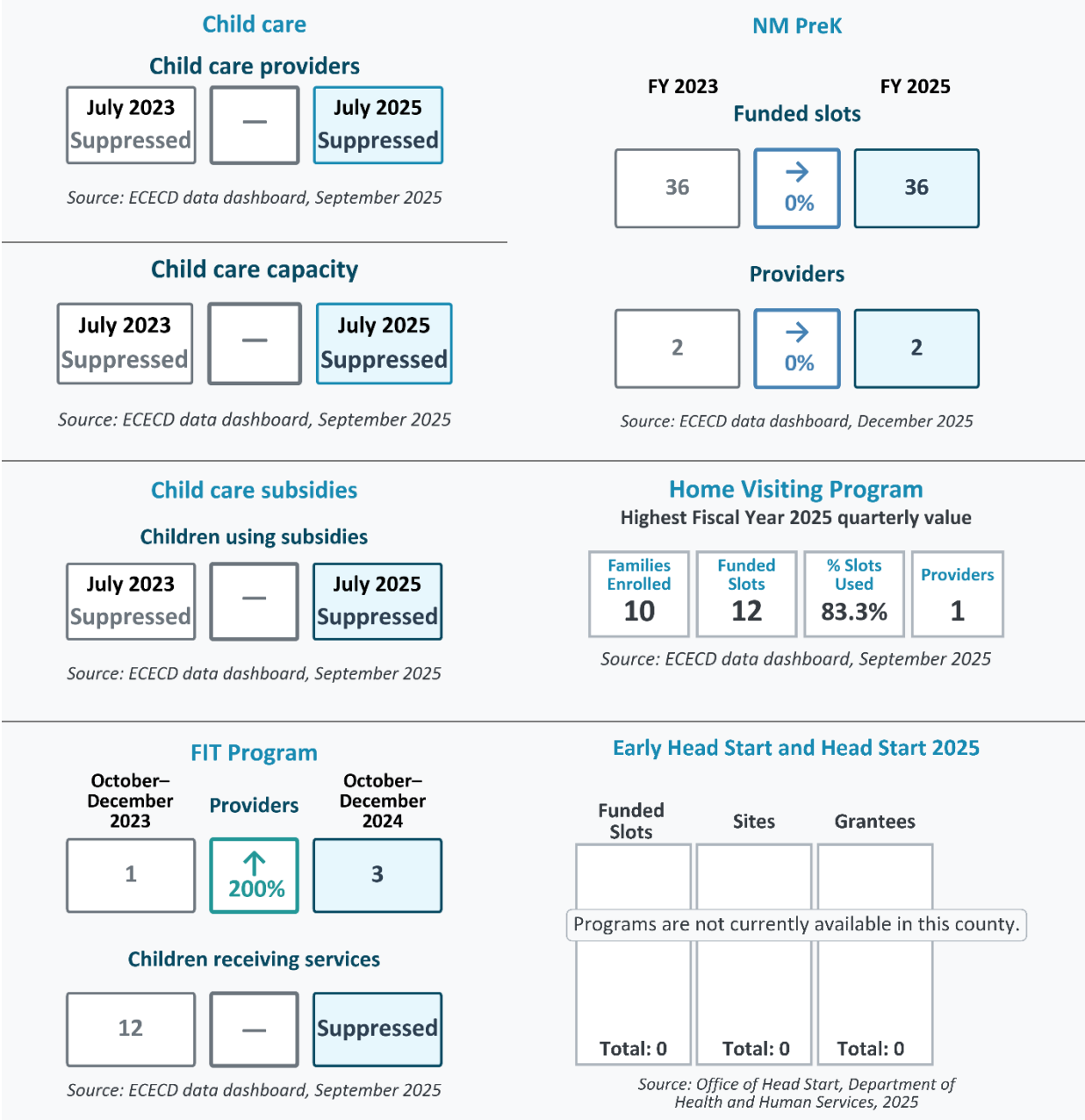
	Total population	4,039 ↘ -4.2%
	Total population under 3	169 ↗ +5.0%
	Total population under 6	398 ↗ +22.8%
	Total births	40 ↗ +2.6%
	Percentage of babies with low birth weight	10.0% No baseline data
	Teen birth rate per 1,000 girls 15–19 years old	36.3 No baseline data
	Median household income	\$45,319 ↗ +18.5%
	% Population in Poverty in the past 12 months	19.5% ↗ +37.3%
	% Population below 5 in poverty in the past 12 months	30.0% ↘ -8.3%
	% Population 5 years and over that speaks a language other than English	20.9% ↘ -15.0%

Sources: U.S. Census Bureau, 2023 American Community Survey (ACS) 5-year estimates and 2023 data from the New Mexico Department of Health Indicator Based Information System (NM-IBIS). Comparison data are 2017 ACS 5-year estimates and 2017 NM-IBIS data.

Program highlights

Union County gained two FIT providers between 2023 and 2024 (Figure D33). There were too few child care providers and children using child care subsidies to report, but NM PreK providers and funded slots held steady between 2023 and 2024.

Figure D33. Union County early childhood education and care program trends



Southeast Region

The Southeast region comprises eight counties, covering a total area of 28,562 square miles. Family surveys uncovered some of the region's unique assets, which are highlighted below. Then, a profile is presented for each county in the region.

Stakeholder Insights

Southeastern families are less likely to experience waitlists than families in three other regions are.

Families in the Southeast (and Northwest) regions were more likely to report immediate access to services and programs for their children compared to families in other parts of the state (Figure D34).

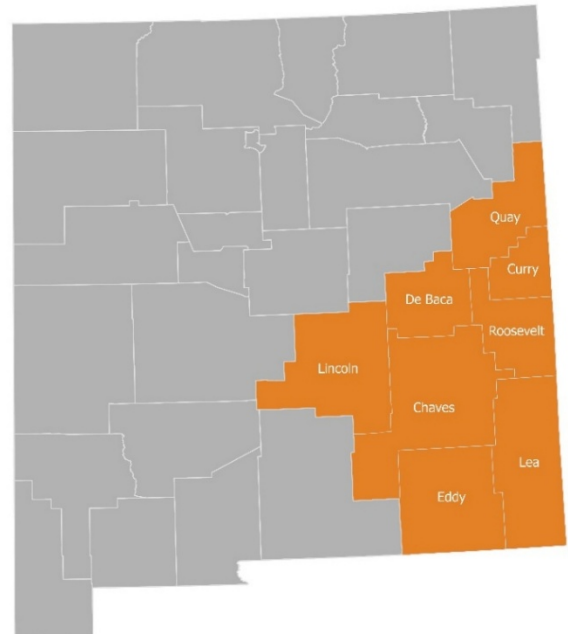
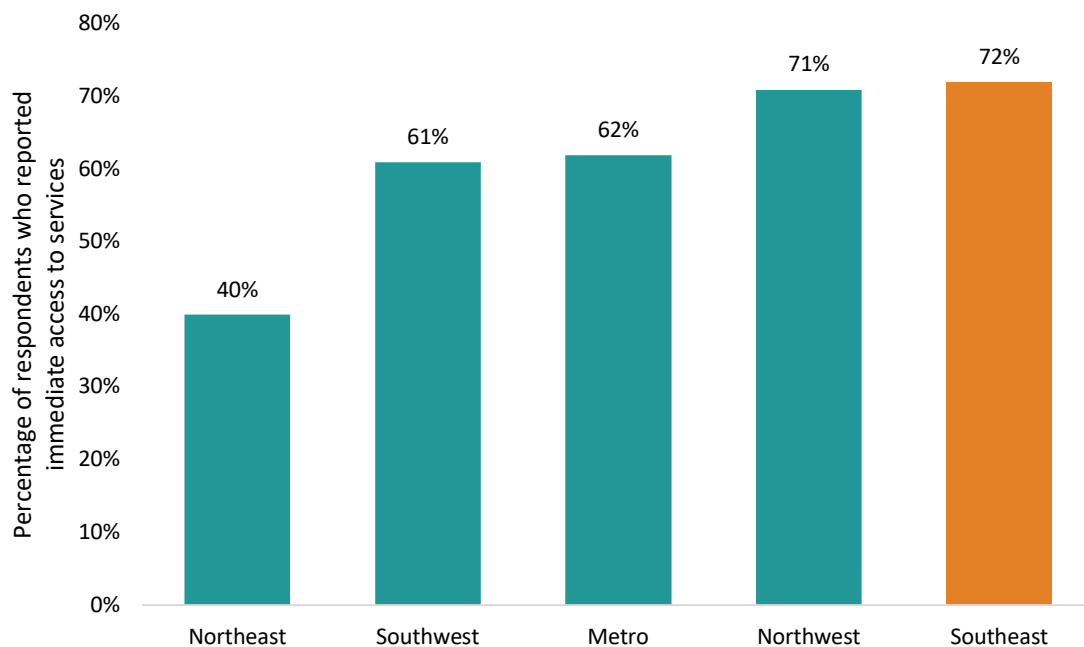


Figure D34. Families in the Southeast, as in the Northwest, were most likely to report that their children received immediate access to the services they applied for.

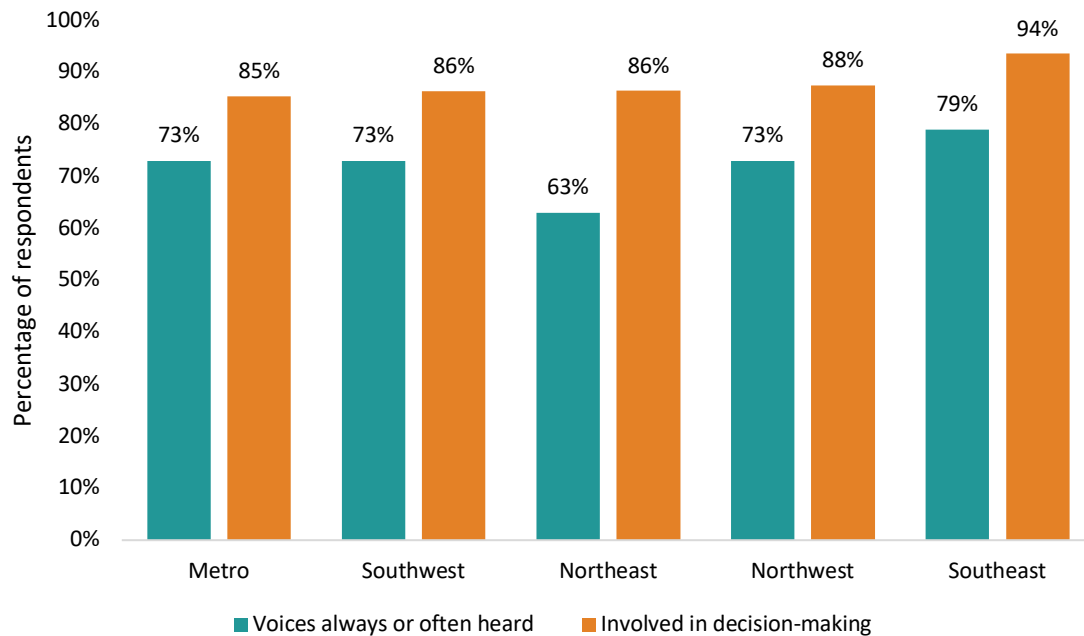


N = 865 respondents who applied for a program or service
Source: Family survey.

Southeastern families feel more engaged in decision-making than those in other regions.

Among all regions, families in the Southeast most frequently reported that they feel their voices are always or often heard in decisions about programs or services for their child (Figure D35). Additionally, they most often reported being involved in decision-making activities regarding the programs and services their child receives.

Figure D35. The Southeast region had the highest share of families reporting that their voices were often or always heard in decisions about their child's programs or services.



N = 864



Source: Family survey.

Chaves County

One of New Mexico's largest counties geographically, Chaves is the region's second-most-populous county in the region (after Lea County). As in much of the state, the numbers of births and of young children living in the county have decreased. Socioeconomic health indicators have improved in recent years. The percentage of babies with low birth weight declined alongside the teen birth rate, according to 2017 and 2023 ACS 5-year estimates (Figure D36). Median household incomes rose over the same period.

Chaves County hosts the Wings for L.I.F.E. local early childhood system building coalition.^{xxix} The coalition provides parenting classes and partners with the Roswell Independent School District for coordinated services. They also support families impacted by the justice system.

Figure D36. Chaves County demographic profile

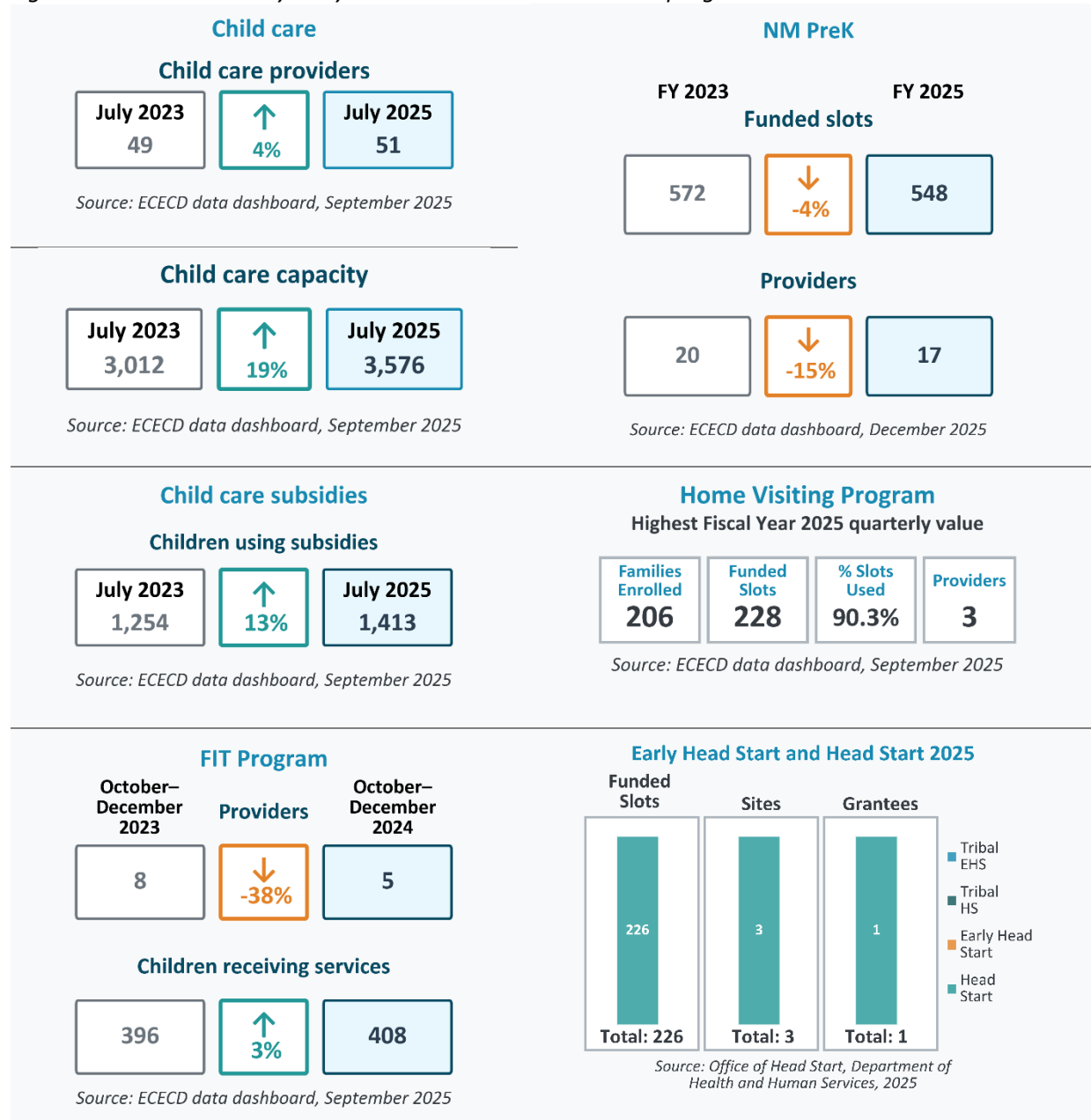
	Total population	64,446 ↘ -1.5%
	Total population under 3	2,346 ↘ -13.4%
	Total population under 6	4,970 ↘ -12.6%
	Total births	702 ↘ -18.4%
	Percentage of babies with low birth weight	8.0% ↘ -11.1%
	Teen birth rate per 1,000 girls 15–19 years old	23.5 ↘ -44.0%
	Median household income	\$52,029 ↗ +23.4%
	% Population in Poverty in the past 12 months	22.3% ↗ +5.2%
	% Population below 5 in poverty in the past 12 months	38.4% ↗ +0.8%
	% Population 5 years and over that speaks a language other than English	33.6% ↘ -6.9%

Sources: U.S. Census Bureau, 2023 American Community Survey (ACS) 5-year estimates and 2023 data from the New Mexico Department of Health Indicator Based Information System (NM-IBIS). Comparison data are 2017 ACS 5-year estimates and 2017 NM-IBIS data.

Program highlights

Chaves County's access to child care has increased. The county gained child care providers and capacity while the number of children aged 0-5 using child care subsidies increased by 13% between July 2023 and July 2025 (Figure D37). The county lost three NM PreK providers between FYs 2023 and 2025, but funded slots decreased by a lower percentage.











Figure D37. Chaves County early childhood education and care program trends



Curry County

Curry County's population and socioeconomic trends align with those in many other New Mexico counties. As median household incomes have risen, poverty rates have declined, especially among children under age five (Figure D38). While the total number of births has declined, Curry County has the state's highest birth rate per 100 residents (1.6), 60% above the state average (1.0).

Figure D38. Curry County demographic profile

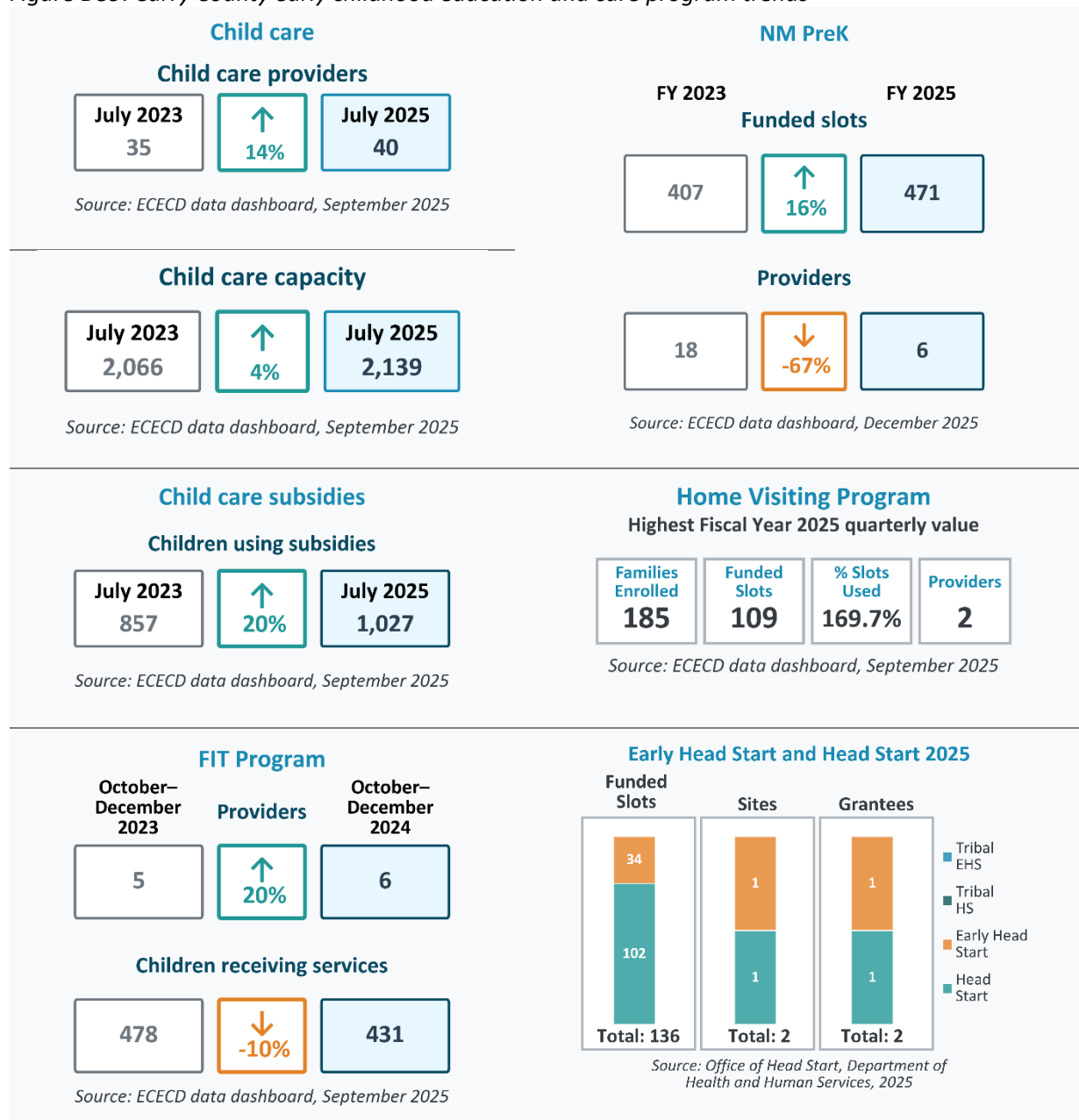
	Total population	47,932 ↘ -4.7%
	Total population under 3	2,379 ↘ -7.0%
	Total population under 6	4,557 ↘ -10.4%
	Total births	765 ↘ -6.6%
	Percentage of babies with low birth weight	8.6% ↗ +36.5%
	Teen birth rate per 1,000 girls 15–19 years old	39.9 ↘ -26.8%
	Median household income	\$56,259 ↗ +34.1%
	% Population in Poverty in the past 12 months	20.9% ↘ -7.1%
	% Population below 5 in poverty in the past 12 months	30.5% ↘ -27.0%
	% Population 5 years and over that speaks a language other than English	26.4% ↘ -4.7%

Sources: U.S. Census Bureau, 2023 American Community Survey (ACS) 5-year estimates and 2023 data from the New Mexico Department of Health Indicator Based Information System (NM-IBIS). Comparison data are 2017 ACS 5-year estimates and 2017 NM-IBIS data.

Program highlights

Access to early childhood care and learning options in Curry County has increased in recent years. The county gained five child care providers, slightly increasing child care capacity between July 2023 and July 2025 (Figure D39). An additional increase included the number of children aged 0-5 using child care subsidies, by 20%, between July 2023 and July 2025. NM PreK added over 60 funded slots in spite of a sharp drop in providers.











Figure D39. Curry County early childhood education and care program trends



De Baca County

De Baca County is mainly rural, with fewer than 1,600 residents.^{xxx} However, the number of young children living in the county has increased substantially in recent years. This includes a more than 360% increase in the number of children under age three living in the county between 2017 and 2023 based on ACS 5-year estimates (Figure D40). Median household incomes were the fourth lowest amongst all counties in the state in 2023, but fewer than five percent of children under age five experienced poverty that year, the second-lowest rate in the state.

Figure D40. De Baca County demographic profile

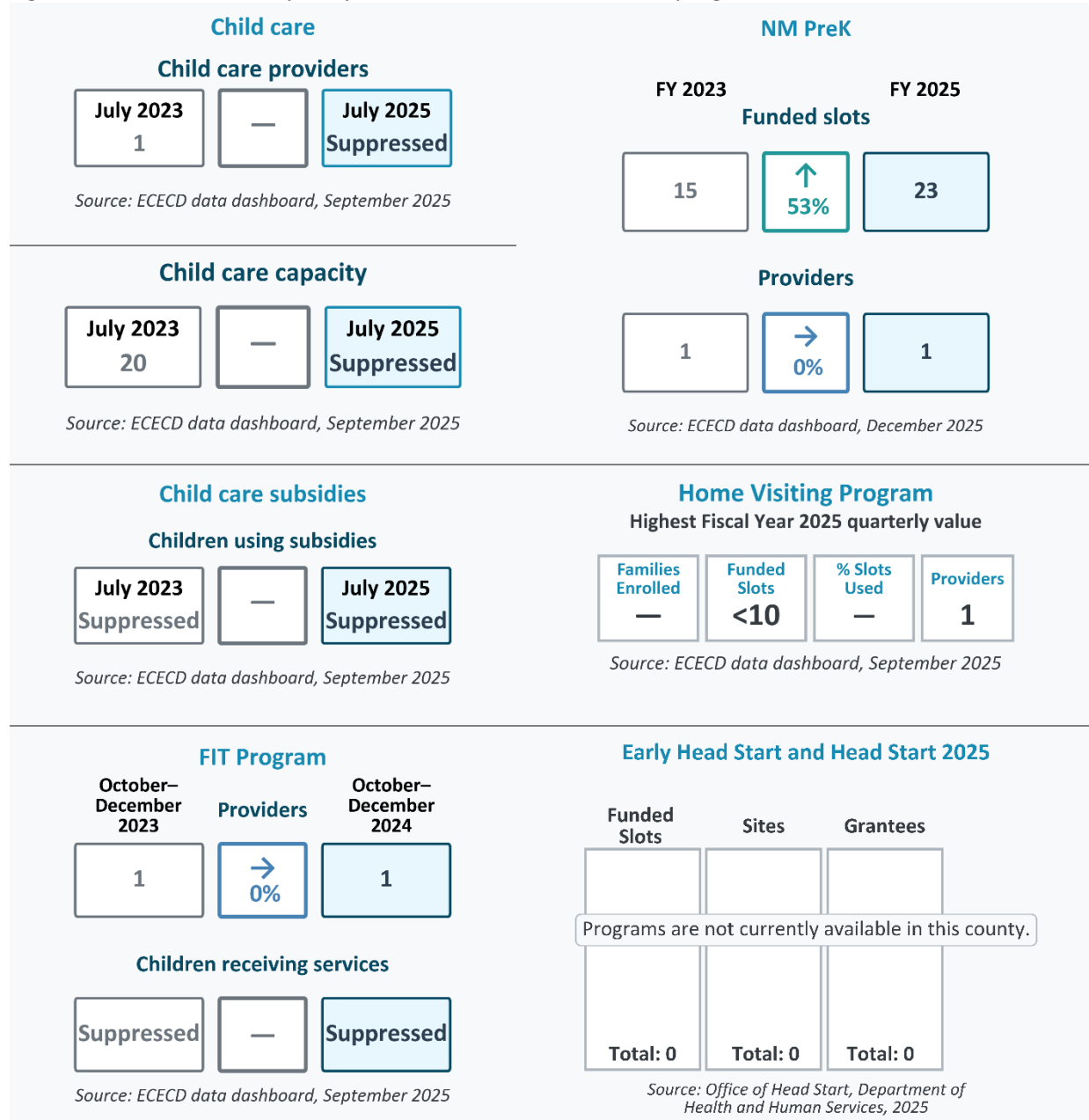
	Total population	1,580 ↘ -21.6%
	Total population under 3	154 ↗ +366.7%
	Total population under 6	162 ↗ +86.2%
	Total births	10 ↘ -23.1%
	Percentage of babies with low birth weight	Data not available
	Teen birth rate per 1,000 girls 15–19 years old	0.0 No baseline data
	Median household income	\$40,804 ↗ +29.8%
	% Population in Poverty in the past 12 months	20.6% ↘ -9.3%
	% Population below 5 in poverty in the past 12 months	4.9% No baseline data
	% Population 5 years and over that speaks a language other than English	37.0% ↗ +37.0%

Sources: U.S. Census Bureau, 2023 American Community Survey (ACS) 5-year estimates and 2023 data from the New Mexico Department of Health Indicator Based Information System (NM-IBIS). Comparison data are 2017 ACS 5-year estimates and 2017 NM-IBIS data.

Program highlights

As a county with a small population of young children, several early childhood learning and care metrics are not publicly reported (Figure D41). Still, there is one NM PreK provider with 23 state-funded slots available to children, as well as a FIT provider.











Figure D41. De Baca County early childhood education and care program trends



Eddy County

Eddy County is growing and its socioeconomic indicators are improving. The total population grew by more than seven percent between 2017 and 2023, according to ACS 5-year estimates. This includes a 13% gain in total population under age three (Figure D42). Meanwhile, median household incomes grew by 31%. The percentage of babies with low birth weight decreased by a third. Poverty rates are also declining. This is especially true among children under the age of five, with a 53% decline between 2017 and 2023 in the percentage of them experiencing poverty within the past 12 months.

Figure D42. Eddy County demographic profile

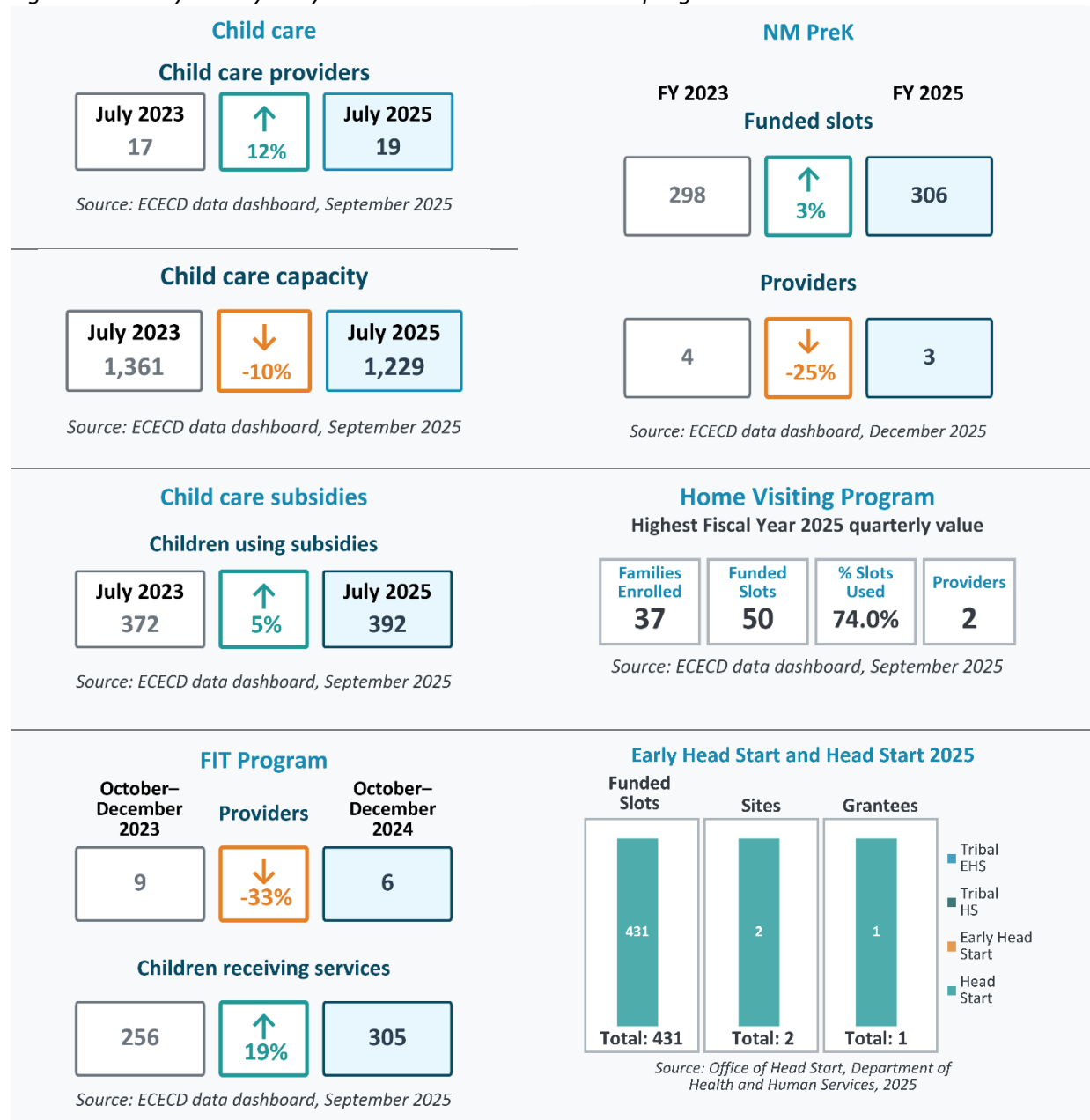
	Total population	61,114 ↗ +7.6%
	Total population under 3	3,168 ↗ +13.2%
	Total population under 6	5,063 ↗ +4.3%
	Total births	823 ↗ +2.9%
	Percentage of babies with low birth weight	6.6% ↘ -33.3%
	Teen birth rate per 1,000 girls 15–19 years old	36.3 ↘ -2.4%
	Median household income	\$79,605 ↗ +31.1%
	% Population in Poverty in the past 12 months	12.4% ↘ -15.1%
	% Population below 5 in poverty in the past 12 months	12.3% ↘ -53.4%
	% Population 5 years and over that speaks a language other than English	25.6% ↗ +10.8%

Sources: U.S. Census Bureau, 2023 American Community Survey (ACS) 5-year estimates and 2023 data from the New Mexico Department of Health Indicator Based Information System (NM-IBIS). Comparison data are 2017 ACS 5-year estimates and 2017 NM-IBIS data.

Program highlights

Between July 2023 and July 2025, Eddy County added two child care providers (Figure D43). Child care capacity decreased nonetheless, but the percentage of children using subsidies increased. Although the county lost three FIT providers between 2023 and 2024, the number of children receiving EI services increased by 19%. Finally, the number of NM PreK slots increased slightly.







Figure D43. Eddy County early childhood education and care program trends



Lea County

Like several other Southeast New Mexico counties, Lea County is growing. Already the region's largest county, with over 73,000 residents, it saw a five percent increase in total population between the 2017 and 2023 ACS 5-year estimates (Figure D44). This includes a six percent increase in total births—the third-largest gain in the state. Many socioeconomic indicators are also improving. For instance, the median household income increased by 16% while the percentage of children under age five experiencing poverty decreased by 11% between 2017 and 2023.

Figure D44. Lea County demographic profile

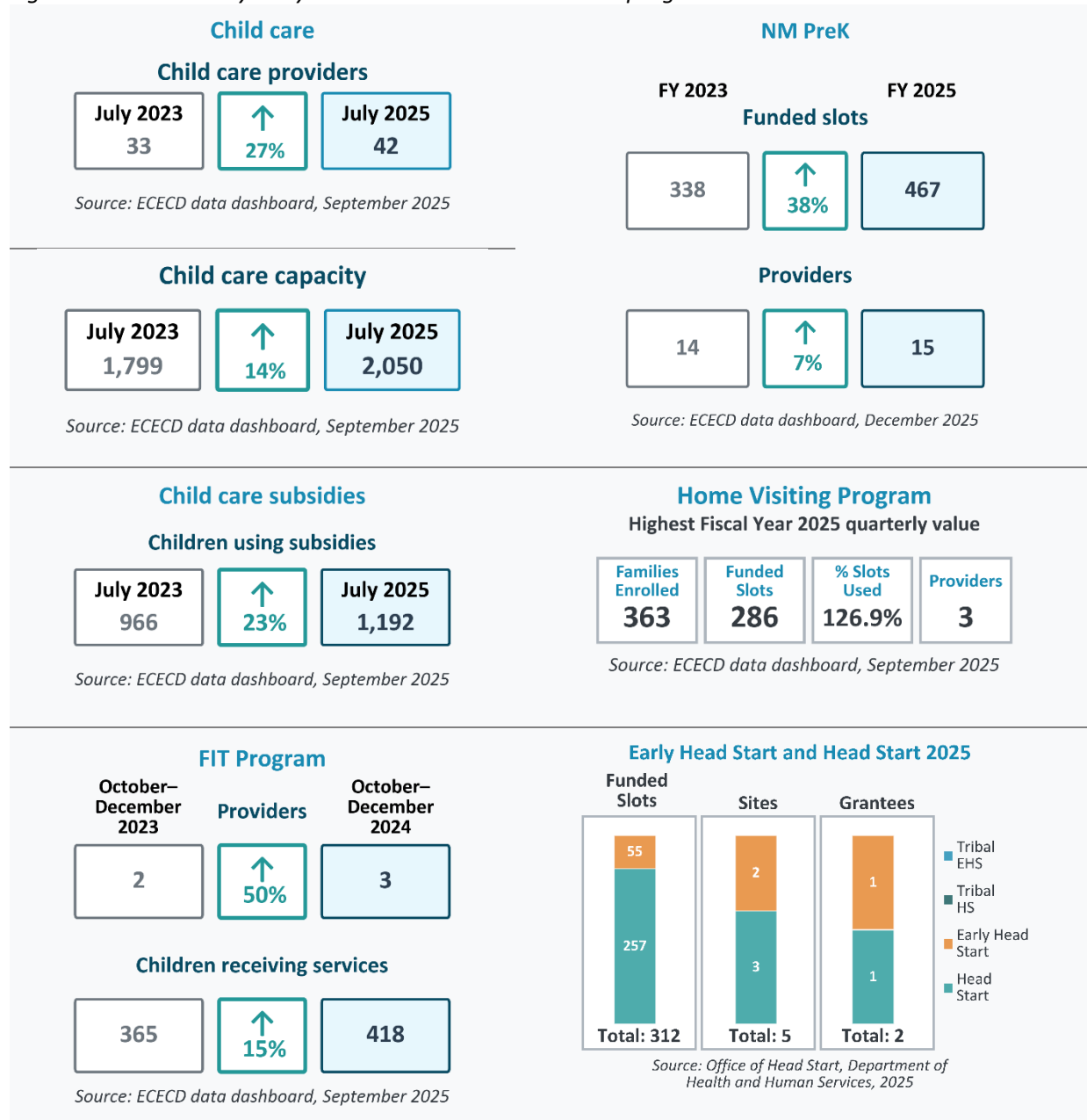
	Total population	73,154 ↗ +5.2%
	Total population under 3	3,515 ↗ +4.5%
	Total population under 6	6,969 ↗ +3.3%
	Total births	1,084 ↗ +6.1%
	Percentage of babies with low birth weight	8.2% ↘ -14.6%
	Teen birth rate per 1,000 girls 15–19 years old	30.0 ↘ -33.9%
	Median household income	\$68,750 ↗ +16.0%
	% Population in Poverty in the past 12 months	18.7% ↗ +16.1%
	% Population below 5 in poverty in the past 12 months	21.7% ↘ -11.1%
	% Population 5 years and over that speaks a language other than English	43.9% ↗ +10.0%

Sources: U.S. Census Bureau, 2023 American Community Survey (ACS) 5-year estimates and 2023 data from the New Mexico Department of Health Indicator Based Information System (NM-IBIS). Comparison data are 2017 ACS 5-year estimates and 2017 NM-IBIS data.

Program highlights

Access to child care and early learning options is expanding in Lea County. The county gained nine child care providers, increased its child care capacity by 14%, and saw a 23% increase in the number of children aged 0-5 using child care subsidies between July 2023 and July 2025 (Figure D45). The number of NM PreK funded slots also increased, by 38% between FYs 2023 and 2025. Finally, the FIT program gained a provider, and 15% more children were receiving services in 2024 compared to 2023.











Figure D45. Lea County early childhood education and care program trends



Lincoln County

Overall, Lincoln County, home to the Mescalero Apache Nation, is growing. The total number of residents, including those under the ages of six and three, slightly increased between the 2017 and 2023 ACS 5-year estimates (Figure D46). Meanwhile, the percentage of babies with low birth weight decreased by 14% and teen birth rates fell by 35%. Childhood poverty is a concern. Between 2017 and 2023, the percentage of children under age five experiencing poverty within the past 12 months increased by over 500%—the largest rise in the state—resulting in a poverty rate of 58% in 2023. Still, the median household income increased by 23%.

Figure D46. Lincoln County demographic profile

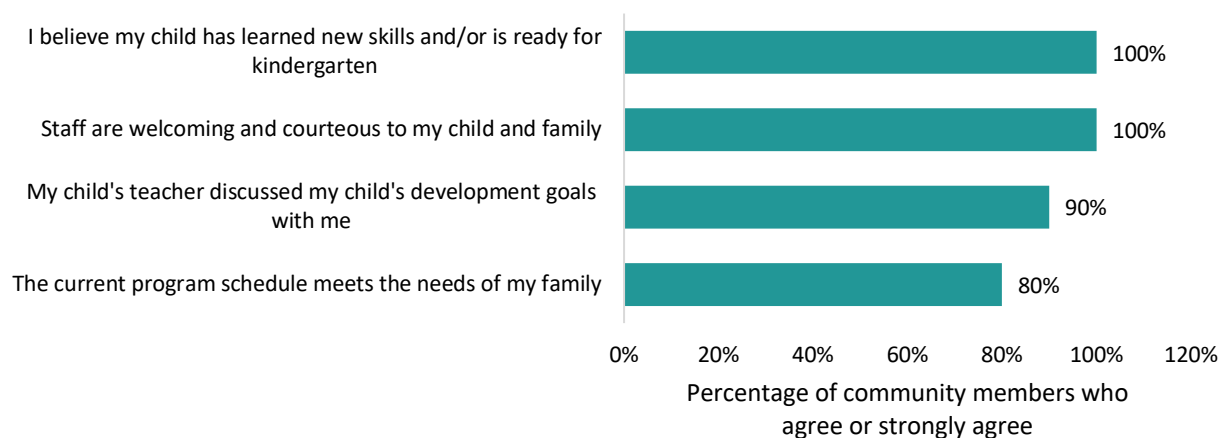
	Total population	20,227 ↗ +3.7%
	Total population under 3	588 ↗ +3.7%
	Total population under 6	1,015 ↗ +2.7%
	Total births	138 ↘ -19.8%
	Percentage of babies with low birth weight	8.0% ↘ -14.0%
	Teen birth rate per 1,000 girls 15–19 years old	16.4 ↘ -34.9%
	Median household income	\$51,643 ↗ +22.5%
	% Population in Poverty in the past 12 months	16.0% ↗ +3.9%
	% Population below 5 in poverty in the past 12 months	58.4% ↗ +556.2%
	% Population 5 years and over that speaks a language other than English	21.0% ↘ -5.4%

Sources: U.S. Census Bureau, 2023 American Community Survey (ACS) 5-year estimates and 2023 data from the New Mexico Department of Health Indicator Based Information System (NM-IBIS). Comparison data are 2017 ACS 5-year estimates and 2017 NM-IBIS data.

Community highlights

Lincoln County is home to the Partners in Early Childhood Education Coalition and the Region 9 Early Head Start/Head Start Program.^{xxxii} The latter conducted a community assessment in 2025.^{xxxiii} Survey respondents overwhelmingly agreed that their children are learning new skills and are prepared for kindergarten, and that staff are courteous and welcoming. Ninety percent of families reported on one of the surveys that their child's teacher included them in their child's development and set goals with them to help their child succeed in school (Figure D47). Half of the families surveyed reported having difficulty finding child care, citing affordability, availability, lack of vacancies, and hours of operation as the primary reasons. Families hoped for additional after-school care and the completion of a new facility.

Figure D47. Surveyed Region 9 Early Head Start/Head Start family members noted positive learning and engagement outcomes.



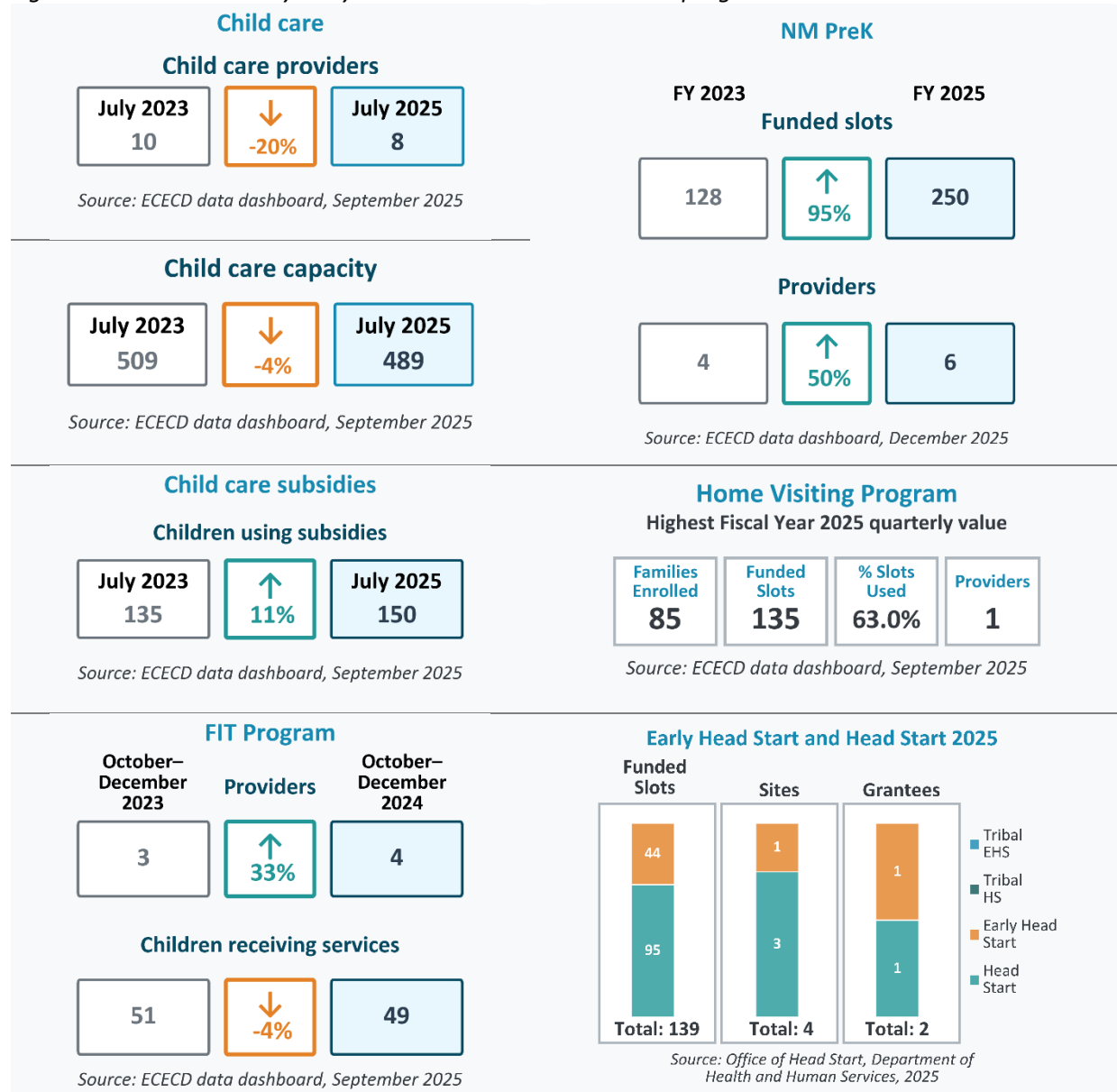
Source: Region 9 Early Head Start/Head Start Community Needs Assessment (2025).^{xxxiii}

"I really appreciate all the programs that are offered and how much my child enjoys going to school."
— Region 9 Head Start family member (Community Needs Assessment, 2025)^{xxxiv}

Program highlights

The number of child care providers decreased slightly in recent years (Figure D48). Nevertheless, the number of children using child care subsidies increased by 11%. The county gained two NM PreK providers and almost doubled funded slots. Additionally, between the end of the 2023 and 2024 calendar years, the county added a FIT provider.











Figure D48. Lincoln County early childhood education and care program trends



Quay County

Quay County's total population was stable between the 2017 and 2023 ACS 5-year estimates, with a two percent increase (Figure D49). However, total births and the population of the county's youngest residents have declined. This includes a nearly 60% decline in the total population under age three and a 48% decline in the total population under age six. The percentage of babies with low birth weight increased by over 300% over the same time. According to 2023 5-year estimates, one in five babies was born with low birth weight. The percentage of residents experiencing poverty increased by 18% overall and among children under age five between 2017 and 2023. Still, median household income increased by 64%.

Figure D49. Quay County demographic profile

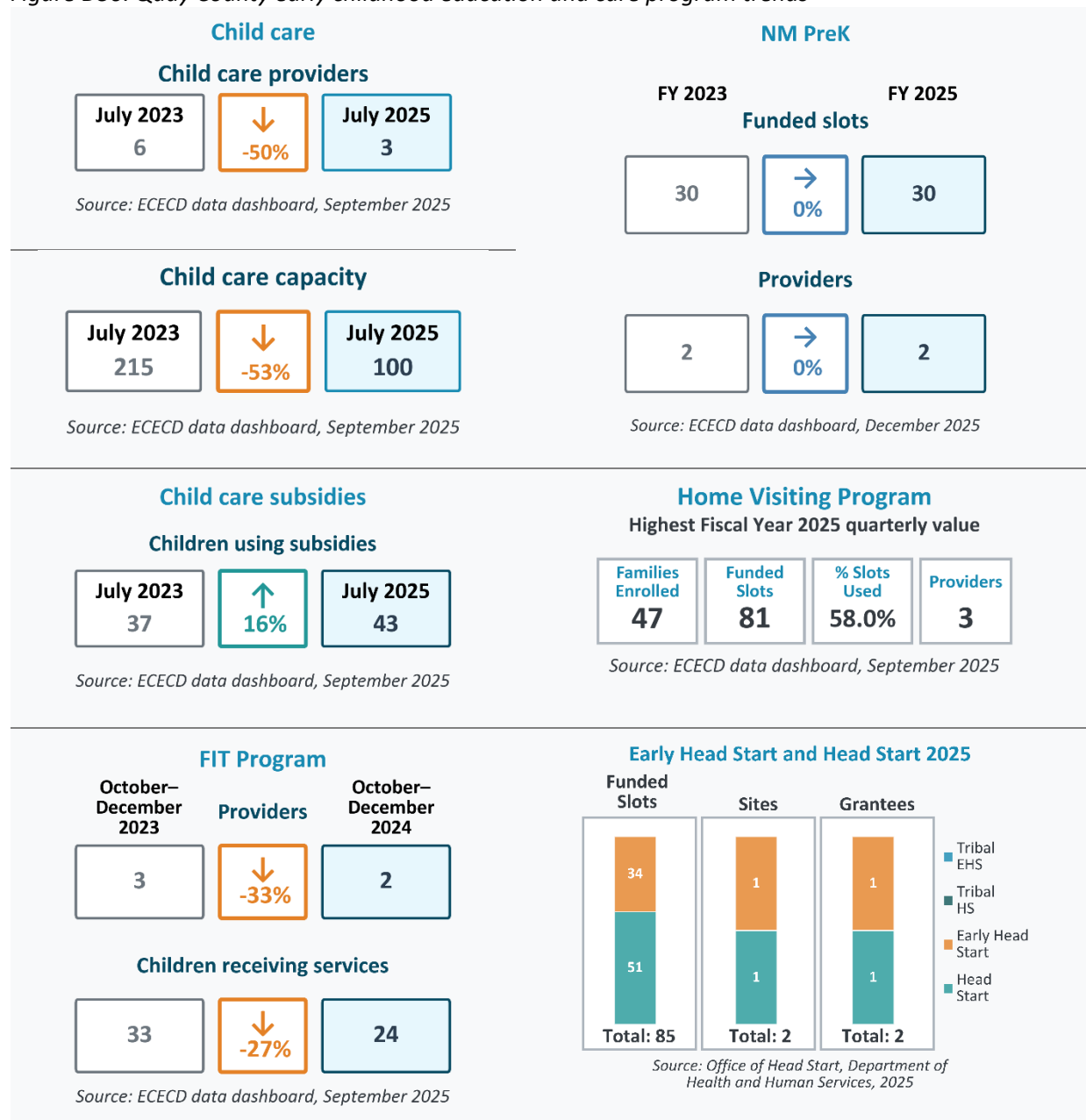
	Total population	8,616 ↗ +2.0%
	Total population under 3	150 ↘ -57.9%
	Total population under 6	328 ↘ -47.9%
	Total births	76 ↘ -12.6%
	Percentage of babies with low birth weight	19.7% ↗ +328.3%
	Teen birth rate per 1,000 girls 15–19 years old	23.8 ↘ -42.8%
	Median household income	\$43,698 ↗ +63.9%
	% Population in Poverty in the past 12 months	25.4% ↗ +17.6%
	% Population below 5 in poverty in the past 12 months	49.4% ↗ +18.2%
	% Population 5 years and over that speaks a language other than English	20.3% ↘ -3.8%

Sources: U.S. Census Bureau, 2023 American Community Survey (ACS) 5-year estimates and 2023 data from the New Mexico Department of Health Indicator Based Information System (NM-IBIS). Comparison data are 2017 ACS 5-year estimates and 2017 NM-IBIS data.

Program highlights

Quay County saw a decrease in the number of child care and FIT providers in recent years (Figure D50). Likewise, child care capacity and the number of children receiving EI services have decreased. On the other hand, the number of children aged 0-5 using child care subsidies increased. The number of NM PreK providers and the total number of funded slots available for children remained constant between FYs 2023 and 2025.











Figure D50. Quay County early childhood education and care program trends



Roosevelt County

Roosevelt County's socioeconomic indicators have improved in recent years. The median household income increased by 46% between the 2017 and 2023 ACS 5-year estimates (Figure D51). There was a 22% increase in the share of children under age five experiencing poverty, but the percentage of the total population in poverty decreased by 22%. The percentage of babies with low birth weight declined by 20% and teen birth rates decreased by 28%.

Figure D51. Roosevelt County demographic profile

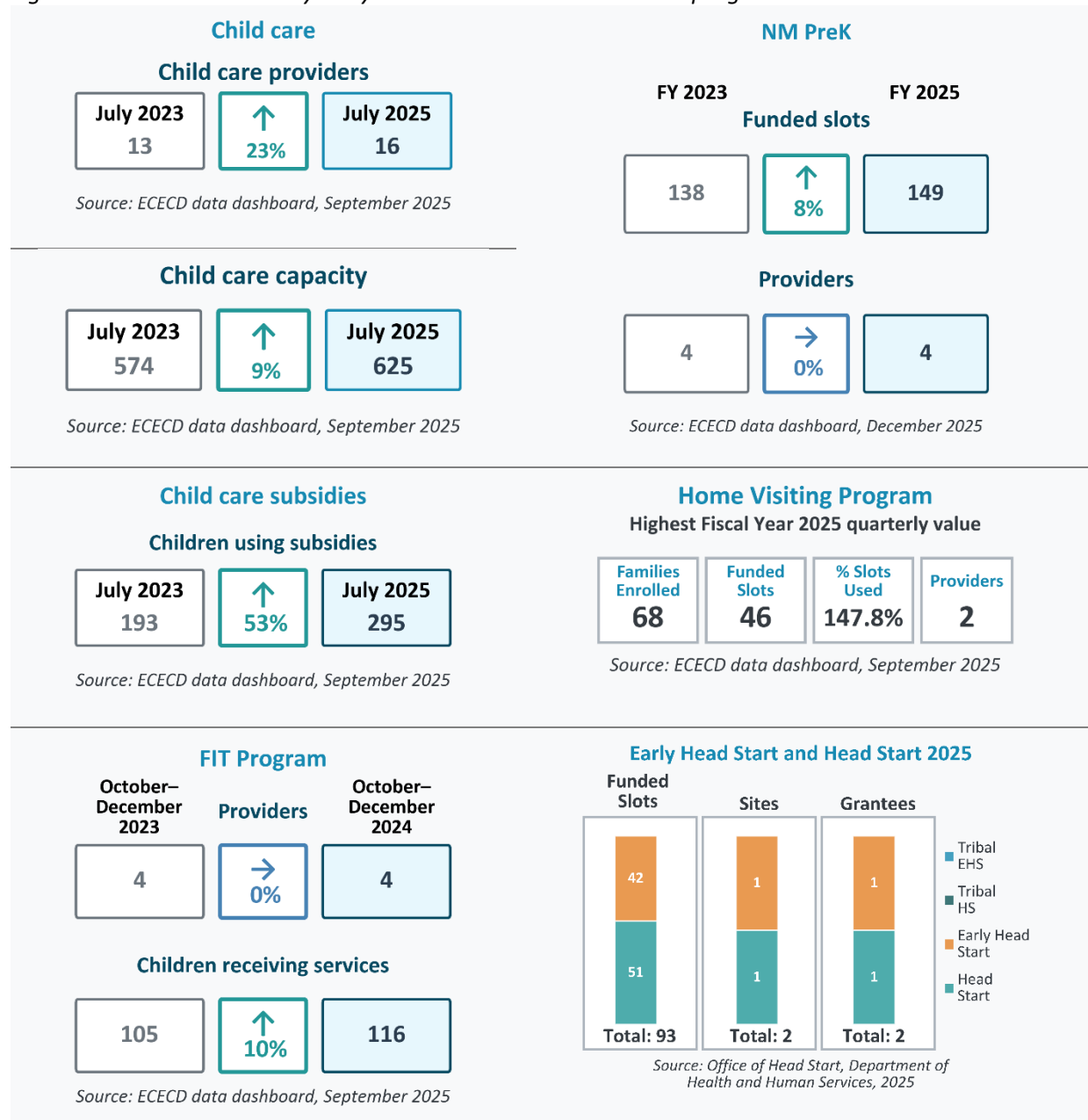
	Total population	19,002 ↘ -1.6%
	Total population under 3	753 ↘ -13.8%
	Total population under 6	1,420 ↘ -20.5%
	Total births	230 ↘ -3.8%
	Percentage of babies with low birth weight	8.7% ↘ -20.2%
	Teen birth rate per 1,000 girls 15–19 years old	22.2 ↘ -28.2%
	Median household income	\$52,445 ↗ +46.0%
	% Population in Poverty in the past 12 months	21.6% ↘ -21.5%
	% Population below 5 in poverty in the past 12 months	58.2% ↗ +22.3%
	% Population 5 years and over that speaks a language other than English	22.2% ↘ -25.0%

Sources: U.S. Census Bureau, 2023 American Community Survey (ACS) 5-year estimates and 2023 data from the New Mexico Department of Health Indicator Based Information System (NM-IBIS). Comparison data are 2017 ACS 5-year estimates and 2017 NM-IBIS data.

Program highlights

Access to child care options in Roosevelt County is increasing. The county gained three child care providers, increased capacity by nine percent, and saw a 53% increase in the number of children using child care subsidies between July 2023 and July 2025 (Figure D52). Additionally, more children were receiving EI services at the end of 2024 compared to the previous year.

Figure D52. Roosevelt County early childhood education and care program trends



Southwest Region

The Southwest region comprises eight counties, spanning 38,660 square miles. Geographically, it is the largest region in the state. Family and provider surveys revealed some of the region's unique advantages, which are discussed below. Next, highlights for each of the region's counties are presented.

Stakeholder Insights

The share of families who reported being able to get the early childhood services they need regardless of their circumstances is highest in the Southwest region.

Families in the Southwest region were most likely to report that most or all families in their community can get the early childhood services they need, no matter their income, language, background, or where they live, compared to families elsewhere in the state (Figure D53).

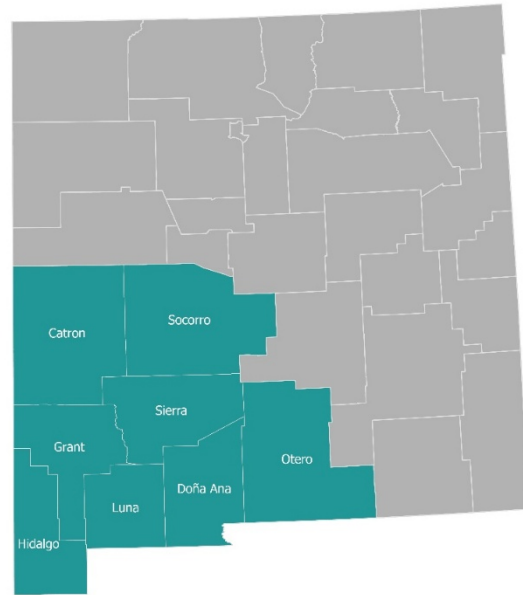
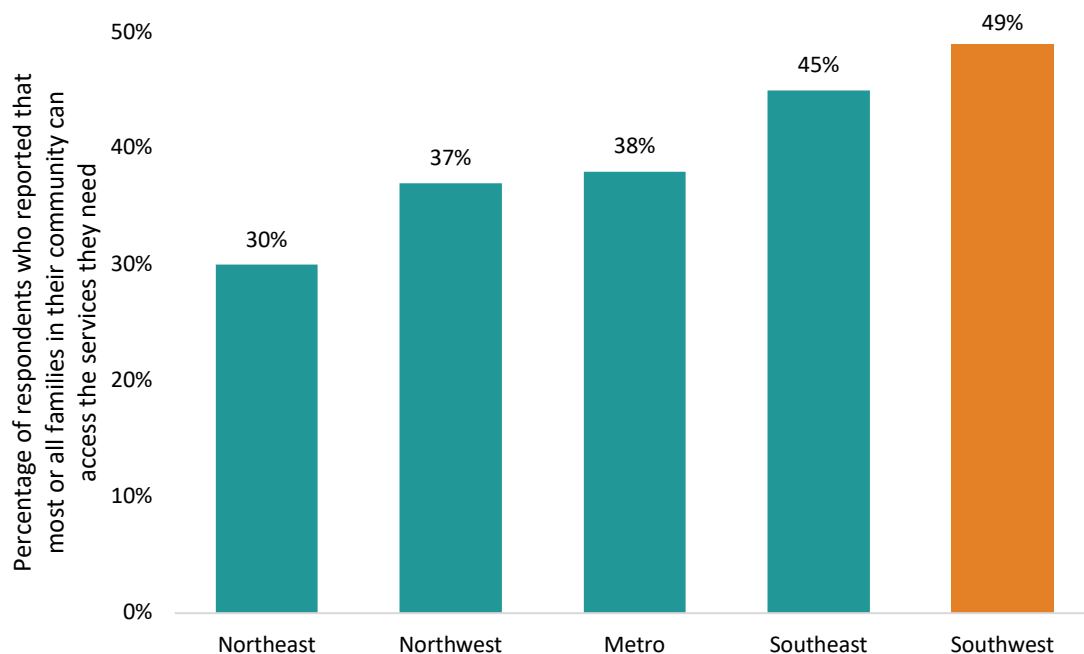


Figure D53. The percentage of families responding that most or all families in their community can access the services they need ranged from 30% to 49% across regions, with Southwest being the highest.



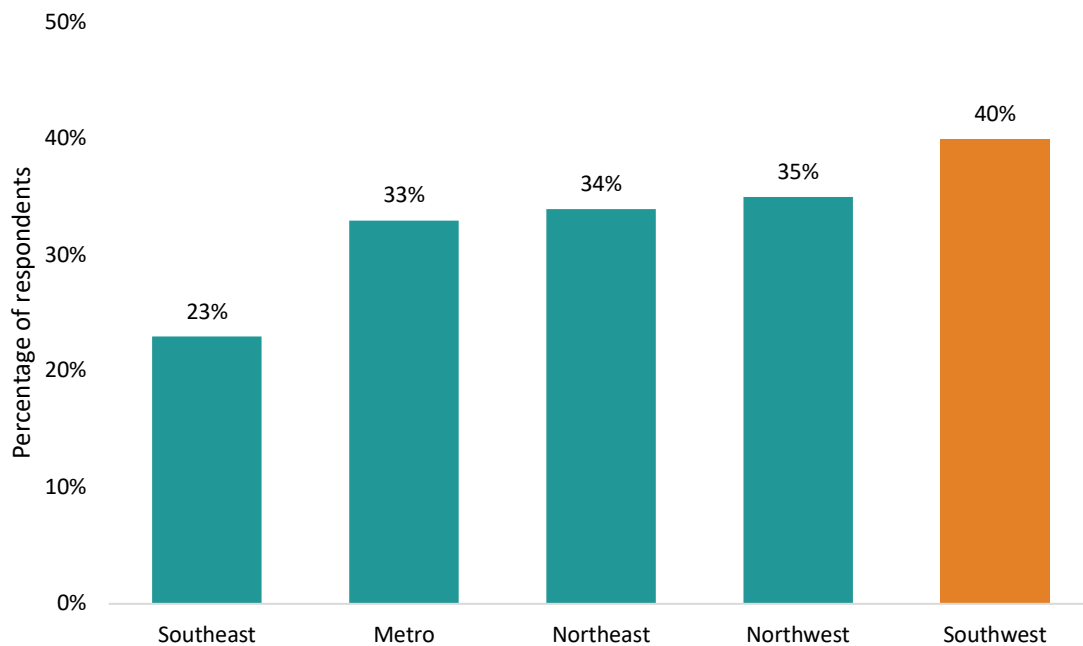
N = 881

Source: Family survey.

Southwest providers enroll in degree or certificate programs and indicate that they intend to stay in the profession at higher rates than in other regions.

Working towards a degree or certificate is one way that early childhood education professionals can advance their careers. It is also helpful for improving the quality of early learning and care that the state can deliver. The Southwest region has the highest percentage of providers reporting that they are enrolled in a degree or certificate program among all regions in the state (Figure D54).

Figure D54. Providers serving the Southwest region were most likely to report they were enrolled in a degree or certificate program.

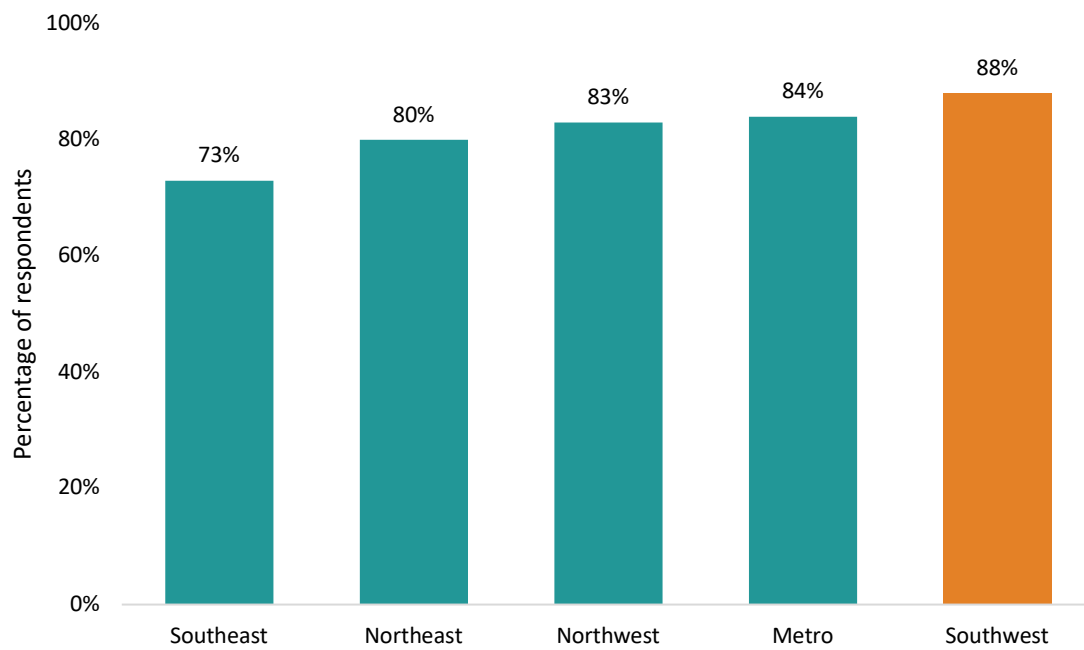


N = 749

Source: Provider survey.

Dedicating oneself to obtaining a postsecondary degree or certificate is a good indicator that an individual plans to continue working in the field. Indeed, providers in the Southwest were also most likely than others to report that they intended to remain in the early childhood education field for at least the next three years (Figure D55).

Figure D55. The Southwest region had the highest share of providers reporting that they intended to remain in the early childhood education field for at least the next three years.













N = 751

Source: Provider survey.

Catron County

Catron County is New Mexico's largest geographically, but one of its smallest by population. Home to the Acoma Pueblo and the Pueblo of Zuni, there are only five residents for every 10 square miles countywide, slightly more than in Harding County in the Northeast. Though the number of young children remains low (fewer than 60 under age six according to 2023 ACS 5-year estimates), total births have more than doubled between the 2017 and 2023 ACS 5-year estimates (Figure D56). In 2023, no children under age five were reported to have experienced poverty within the past 12 months.

Figure D56. Catron County demographic profile

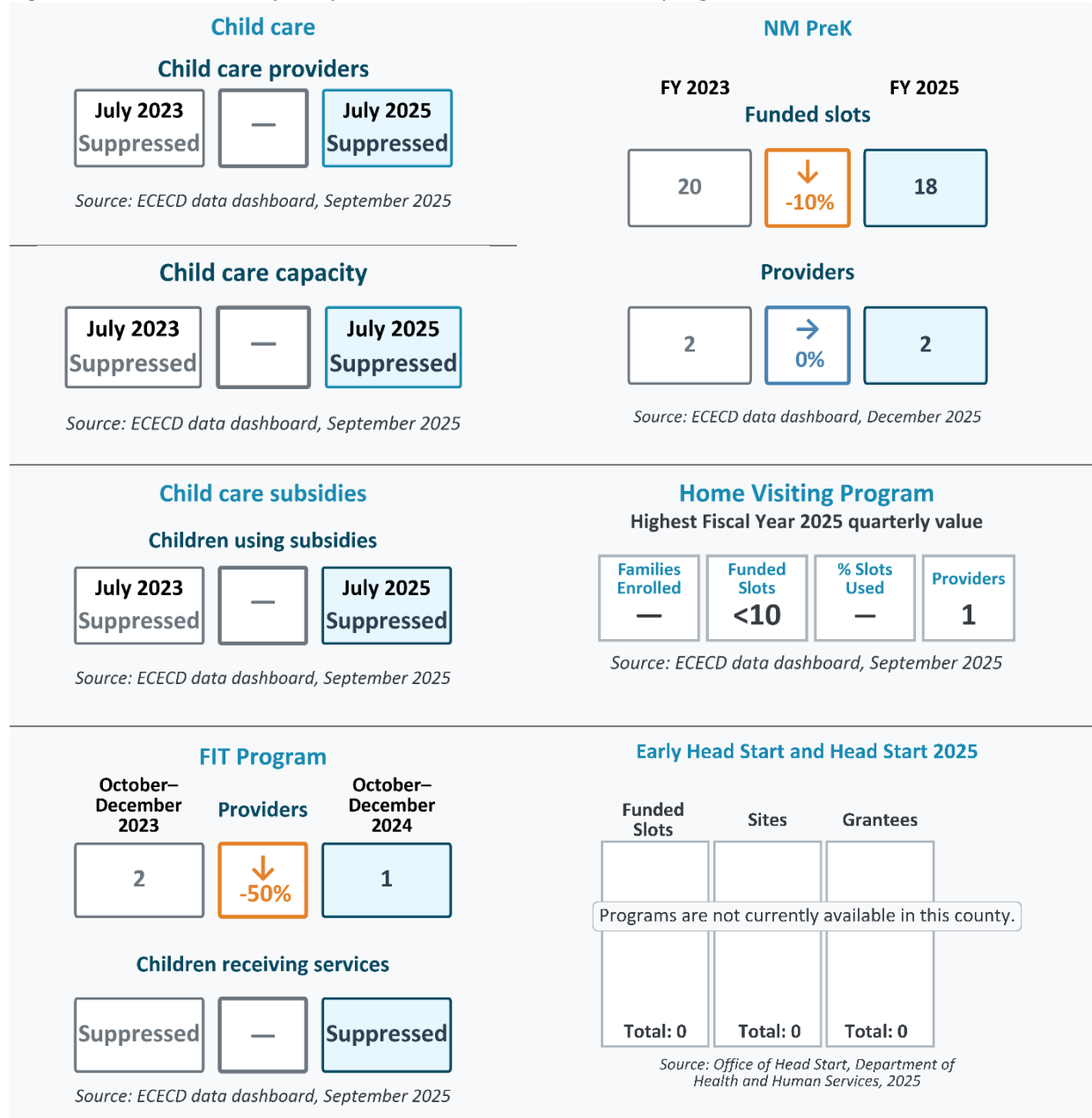
	Total population	3,685 ↗ +3.9%
	Total population under 3	6 ↘ -89.7%
	Total population under 6	53 ↘ -68.3%
	Total births	28 ↗ +115.4%
	Percentage of babies with low birth weight	Data not available
	Teen birth rate per 1,000 girls 15–19 years old	Data not available
	Median household income	\$46,439 ↗ +10.4%
	% Population in Poverty in the past 12 months	21.2% ↘ -1.4%
	% Population below 5 in poverty in the past 12 months	0.0% ↘ -100.0%
	% Population 5 years and over that speaks a language other than English	16.5% ↘ -24.7%

Sources: U.S. Census Bureau, 2023 American Community Survey (ACS) 5-year estimates and 2023 data from the New Mexico Department of Health Indicator Based Information System (NM-IBIS). Comparison data are 2017 ACS 5-year estimates and 2017 NM-IBIS data.

Program highlights

Program data are limited due to the small number of children under six years of age in the county. The number of FIT providers serving the county decreased between the end of 2023 and the end of 2024 (Figure D57). Funded NM PreK slots have also declined, although the number of providers is the same.











Figure D57. Catron County early childhood education and care program trends



Doña Ana County

As Southwest New Mexico's most populous county, over 220,000 people call Doña Ana County home (Figure D58). An estimated 15,000 children under the age of six live in the county. While the number of births and the population of young children have been decreasing, the total population increased by 3.7% between the 2017 and 2023 ACS 5-year estimates. As in other counties, median household incomes have increased. In addition, the percentage of people in the county experiencing poverty within the past 12 months decreased by 20% overall and by 21% among children under age five.

Figure D58. Doña Ana County demographic profile

	Total population	221,665 ⬆️ +3.7%
	Total population under 3	7,930 ⬇️ -3.2%
	Total population under 6	15,402 ⬇️ -13.1%
	Total births	2,472 ⬇️ -6.7%
	Percentage of babies with low birth weight	8.8% ⬆️ +1.1%
	Teen birth rate per 1,000 girls 15–19 years old	16.8 ⬇️ -43.1%
	Median household income	\$55,663 ⬆️ +42.3%
	% Population in Poverty in the past 12 months	22.2% ⬇️ -20.4%
	% Population below 5 in poverty in the past 12 months	34.0% ⬇️ -20.9%
	% Population 5 years and over that speaks a language other than English	45.6% ⬇️ -11.8%

Sources: U.S. Census Bureau, 2023 American Community Survey (ACS) 5-year estimates and 2023 data from the New Mexico Department of Health Indicator Based Information System (NM-IBIS). Comparison data are 2017 ACS 5-year estimates and 2017 NM-IBIS data.

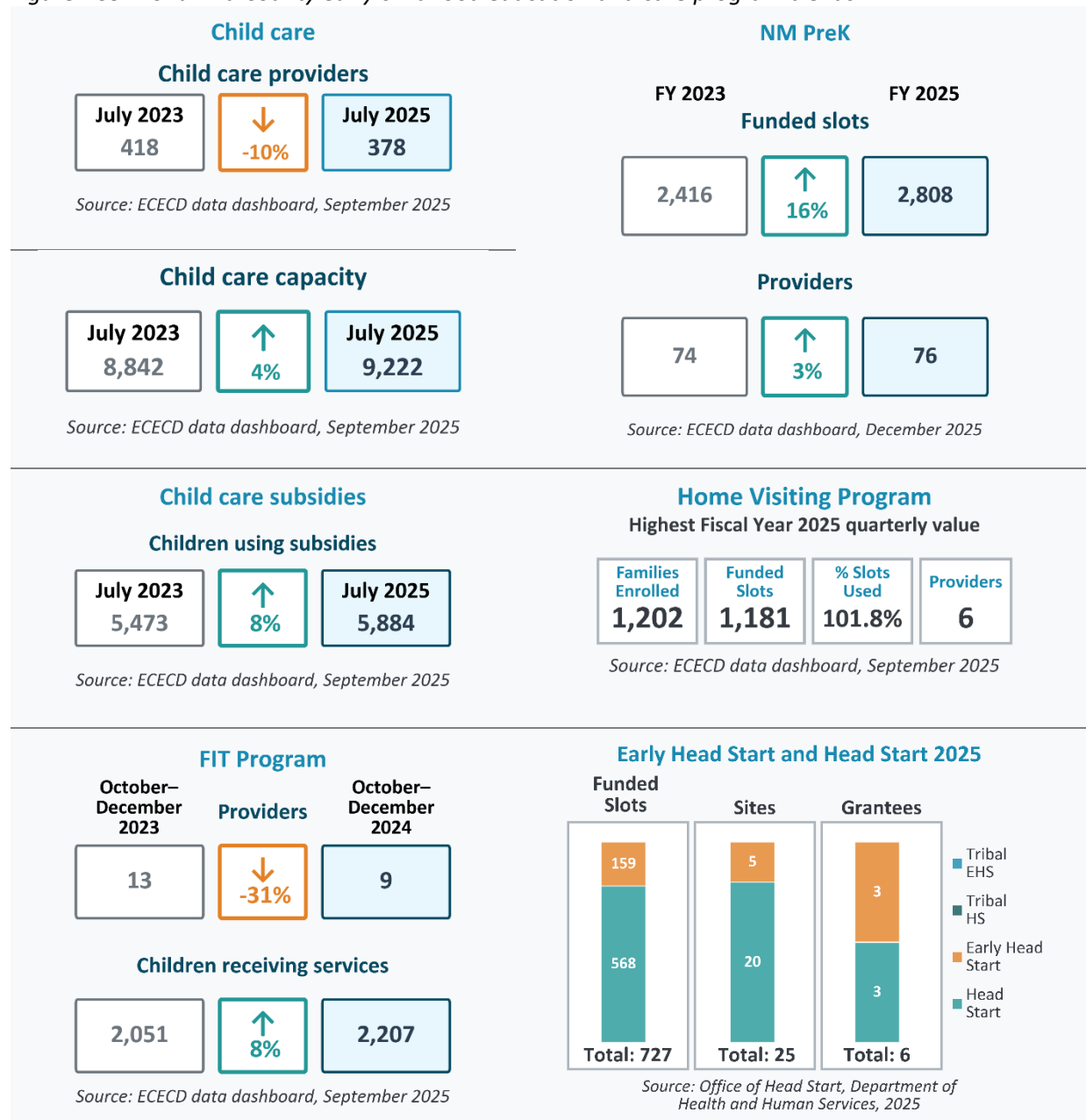
Community highlights

The county has two local early childhood system building coalitions: the Doña Ana County Early Childhood Coalition and Proveedoras Unidas de Southern New Mexico.^{xxxv} A 2022 community needs assessment gathered information to envision goals for early childhood education services and understand existing assets and challenges.^{xxxvi} The community assessment found that the county has child care capacity to serve 77% of the children under age five. They identified the importance of adding home visiting services, noting that only 27% of children who could potentially benefit from them received them in FY 2021.

Program highlights

Largely, child care and early learning options are improving for families in Doña Ana County. More children were using child care subsidies in July 2025 compared to July 2023 (Figure D59). Capacity for child care also increased, even though the number of child care providers declined by 10%. Similarly, the number of children receiving EI services increased by eight percent even though the number of providers decreased from 13 to nine. Meanwhile, two more NM PreK providers were available in FY 2025 than in FY 2023 raising the number of funded slots by 16%.




Figure D59. Doña Ana County early childhood education and care program trends



Grant County

Prenatal and early childhood services can play an important role in Grant County. The percentage of children under age five who experienced poverty increased by 56% between 2017 and 2023 and the percentage of babies with low birth weight increased by 38% (Figure D60). Nevertheless, median household incomes increased by 14%.

Figure D60. Grant County demographic profile

	Total population	27,856 ↓ -1.9%
	Total population under 3	796 ↓ -22.1%
	Total population under 6	1,525 ↓ -23.7%
	Total births	252 ↓ -14.9%
	Percentage of babies with low birth weight	13.1% ↑ +37.9%
	Teen birth rate per 1,000 girls 15–19 years old	22.5 ↓ -28.3%
	Median household income	\$45,921 ↑ +13.5%
	% Population in Poverty in the past 12 months	19.5% ↓ -11.4%
	% Population below 5 in poverty in the past 12 months	49.8% ↑ +55.6%
	% Population 5 years and over that speaks a language other than English	22.8% ↓ -24.5%

Sources: U.S. Census Bureau, 2023 American Community Survey (ACS) 5-year estimates and 2023 data from the New Mexico Department of Health Indicator Based Information System (NM-IBIS). Comparison data are 2017 ACS 5-year estimates and 2017 NM-IBIS data.

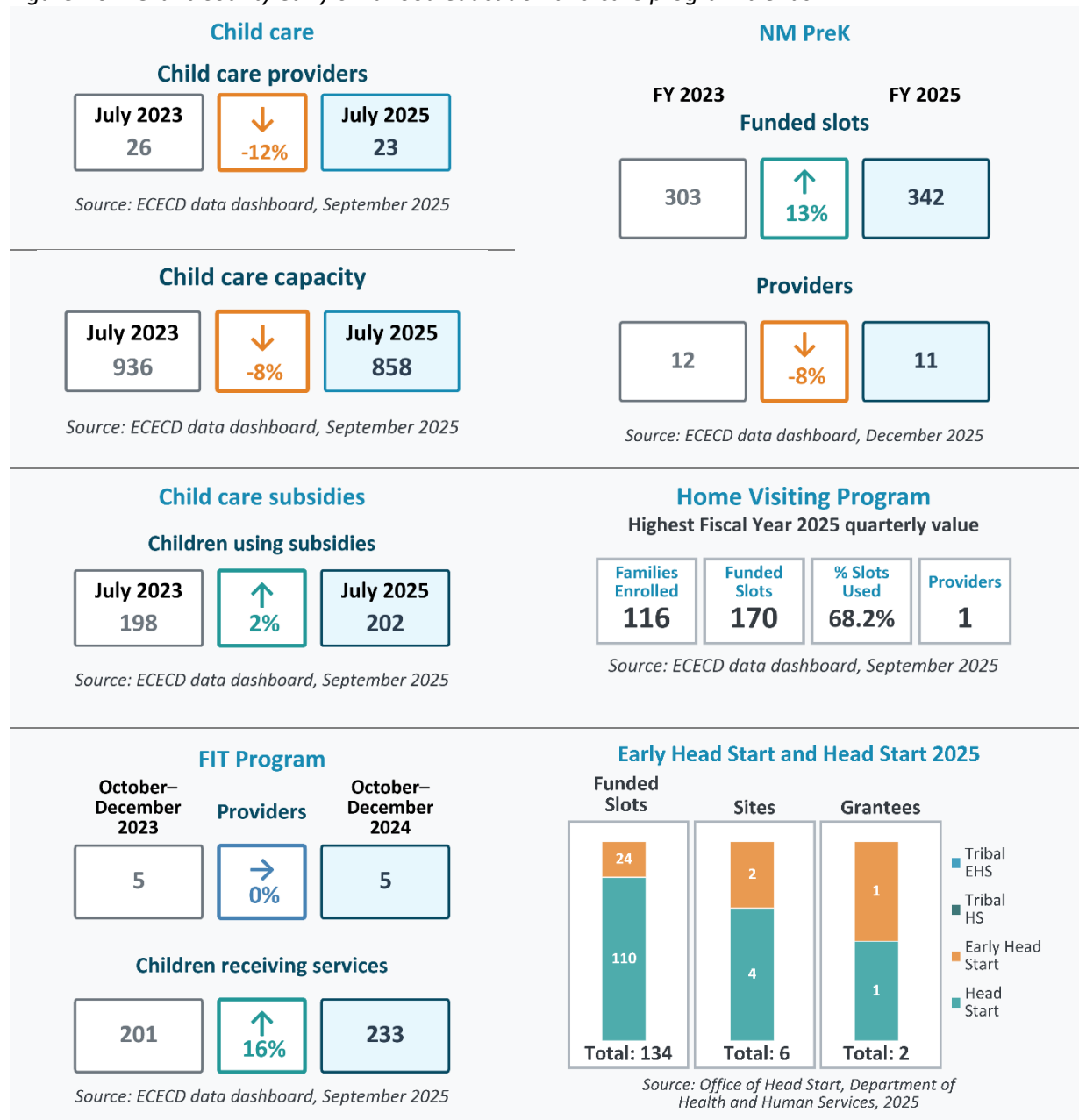
Community highlights

The Community Partnership for Children is Grant County's local early childhood system building coalition.^{xxxvii} It also serves Hidalgo and Luna counties. The goal of its 2022 community needs assessment was to identify early education and care priorities.^{xxxviii} Three top priorities emerged: access to affordable before- and after-school care and summer programs, access to home-based child care programs for infants and toddlers, and ongoing support and instructional assistance for early childhood education programs. In response, the coalition entered a partnership with community leaders to pilot an after-school program for children ages six to 12. The coalition supports home-based child care businesses with a simplified expansion process, business planning assistance, and funding. It also plans to continue partnerships that provide coaching, instructional support, and resources, especially for new home-based programs.

Program highlights

The number of child care providers and child care capacity decreased slightly in Grant County between July 2023 and July 2025, but the number of children aged 0-5 using child care subsidies was stable with a two percent increase (Figure D61). There was a 16% increase in the number of children receiving EI services at the end of 2024 compared to the previous year, even though the number of providers remained the same (five). Between FYs 2023 and 2025, the county lost one NM PreK provider, but the number of funded slots increased by 13%.











Figure D61. Grant County early childhood education and care program trends



Hidalgo County

Hidalgo County saw positive changes in socioeconomic indicators between the 2017 and 2023 ACS 5-year estimates (Figure D62). Median household incomes increased by 54%. At the same time, the percentage of people experiencing poverty decreased by 21% and the percentage of children under age five experiencing poverty decreased by 15%. There was also a 39% decrease in the percentage of babies with low birth weight. Overall, Hidalgo County's population is decreasing; however, there has been a 13% increase in the population under age three.

Figure D62. Hidalgo County demographic profile

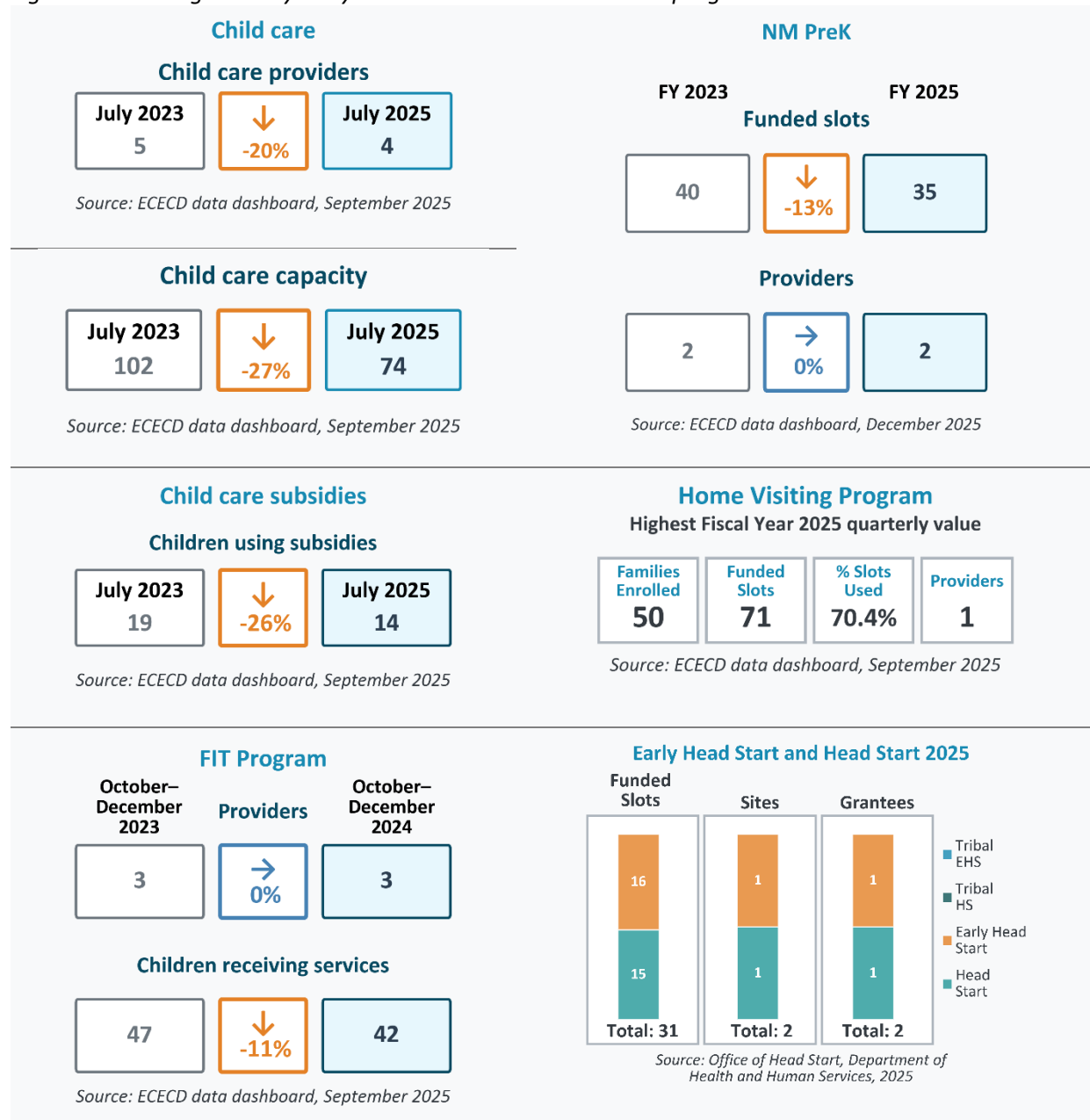
	Total population	4,097 ↘ -7.8%
	Total population under 3	161 ↗ +13.4%
	Total population under 6	285 ↘ -8.9%
	Total births	42 ↘ -6.7%
	Percentage of babies with low birth weight	9.5% ↘ -39.1%
	Teen birth rate per 1,000 girls 15–19 years old	Data not available
	Median household income	\$49,076 ↗ +54.2%
	% Population in Poverty in the past 12 months	20.5% ↘ -21.2%
	% Population below 5 in poverty in the past 12 months	33.9% ↘ -15.0%
	% Population 5 years and over that speaks a language other than English	34.4% ↘ -14.9%

Sources: U.S. Census Bureau, 2023 American Community Survey (ACS) 5-year estimates and 2023 data from the New Mexico Department of Health Indicator Based Information System (NM-IBIS). Comparison data are 2017 ACS 5-year estimates and 2017 NM-IBIS data.

Program highlights

Access to child care slightly decreased in Hidalgo County between 2023 and 2025. The county had one fewer child care provider and saw a 27% decline in child care capacity (Figure D63). There was a corresponding 26% decrease in the number of children aged 0-5 using child care subsidies. Meanwhile, the number of FIT program and NM PreK providers held constant.











Figure D63. Hidalgo County early childhood education and care program trends



Luna County

Luna County has the second-highest number of total births per population in the state (1.5 births per 100 residents). Total births increased by four percent between the 2017 and 2023 ACS 5-year estimates, and the total population of children under age three increased by nine percent (Figure D64). In the meantime, the percentage of babies with low birth weight decreased by 13%. Economic indicators also improved. The median household income increased by 37%. In addition, the percentage of people experiencing poverty decreased by 18% overall, and by 32% among children under the age of five.

Figure D64. Luna County demographic profile

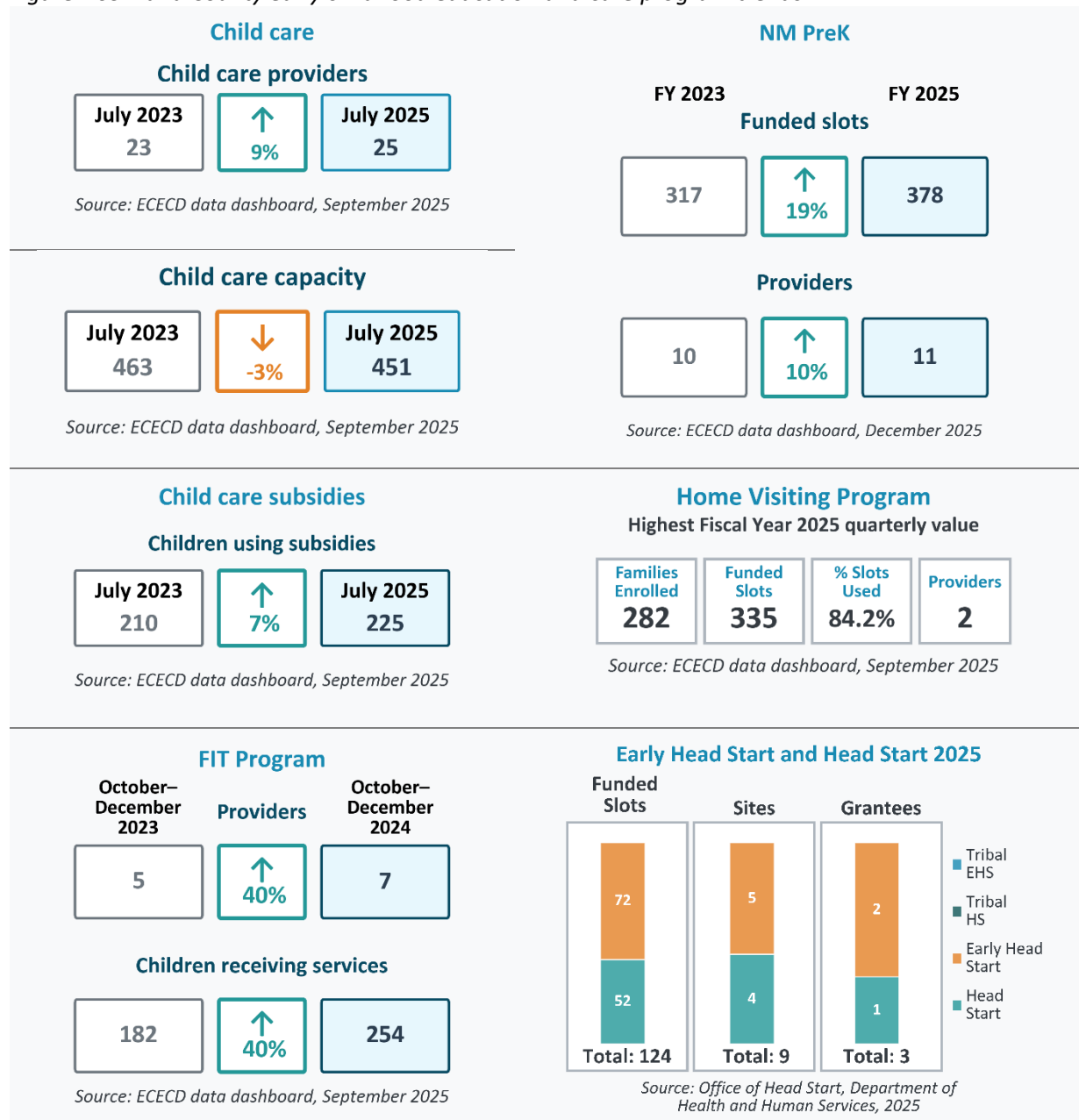
	Total population	25,420 ↗ +4.5%
	Total population under 3	1,090 ↗ +8.6%
	Total population under 6	2,162 ↘ -1.0%
	Total births	382 ↗ +4.4%
	Percentage of babies with low birth weight	7.6% ↘ -12.6%
	Teen birth rate per 1,000 girls 15–19 years old	50.9 ↘ -36.6%
	Median household income	\$37,917 ↗ +37.4%
	% Population in Poverty in the past 12 months	26.1% ↘ -17.9%
	% Population below 5 in poverty in the past 12 months	32.0% ↘ -31.5%
	% Population 5 years and over that speaks a language other than English	52.7% ↗ +2.5%

Sources: U.S. Census Bureau, 2023 American Community Survey (ACS) 5-year estimates and 2023 data from the New Mexico Department of Health Indicator Based Information System (NM-IBIS). Comparison data are 2017 ACS 5-year estimates and 2017 NM-IBIS data.

Program highlights

While Luna County added two child care providers between 2023 and 2025, child care capacity slightly declined (Figure D65). Nevertheless, the number of children aged 0-5 using child care subsidies increased. The county saw an increase in the number of FIT providers between the end of 2023 and the end of 2024, from five to seven. Correspondingly, there was a 40% increase in the number of children receiving EI services. There was one additional NM PreK provider in FY 2025 compared to FY 2023 and a 19% increase in funded slots.











Figure D65. Luna County early childhood education and care program trends



Otero County

Otero County is one of New Mexico’s largest geographically and encompasses tribal lands belonging to the Mescalero Apache Tribe. According to the 2017 and 2023 ACS 5-year estimates, while births and the population under six decreased, the total population grew by five percent (Figure D66). Socioeconomic indicators are moving in positive directions. Median household incomes rose by 21%. Further, the percentage of people living in poverty has declined, including a 15% drop among children under age five. The percentage of babies with low birth weight and the teen birth rate also declined.

Figure D66. Otero County demographic profile

	Total population	68,235 ⬆️ +4.8%
	Total population under 3	2,154 ⬇️ -21.2%
	Total population under 6	5,217 ⬇️ -6.2%
	Total births	752 ⬇️ -23.4%
	Percentage of babies with low birth weight	7.6% ⬇️ -9.5%
	Teen birth rate per 1,000 girls 15–19 years old	25.1 ⬇️ -43.0%
	Median household income	\$52,717 ⬆️ +21.1%
	% Population in Poverty in the past 12 months	20.0% ⬇️ -6.5%
	% Population below 5 in poverty in the past 12 months	24.8% ⬇️ -14.8%
	% Population 5 years and over that speaks a language other than English	24.9% ⬇️ -12.6%

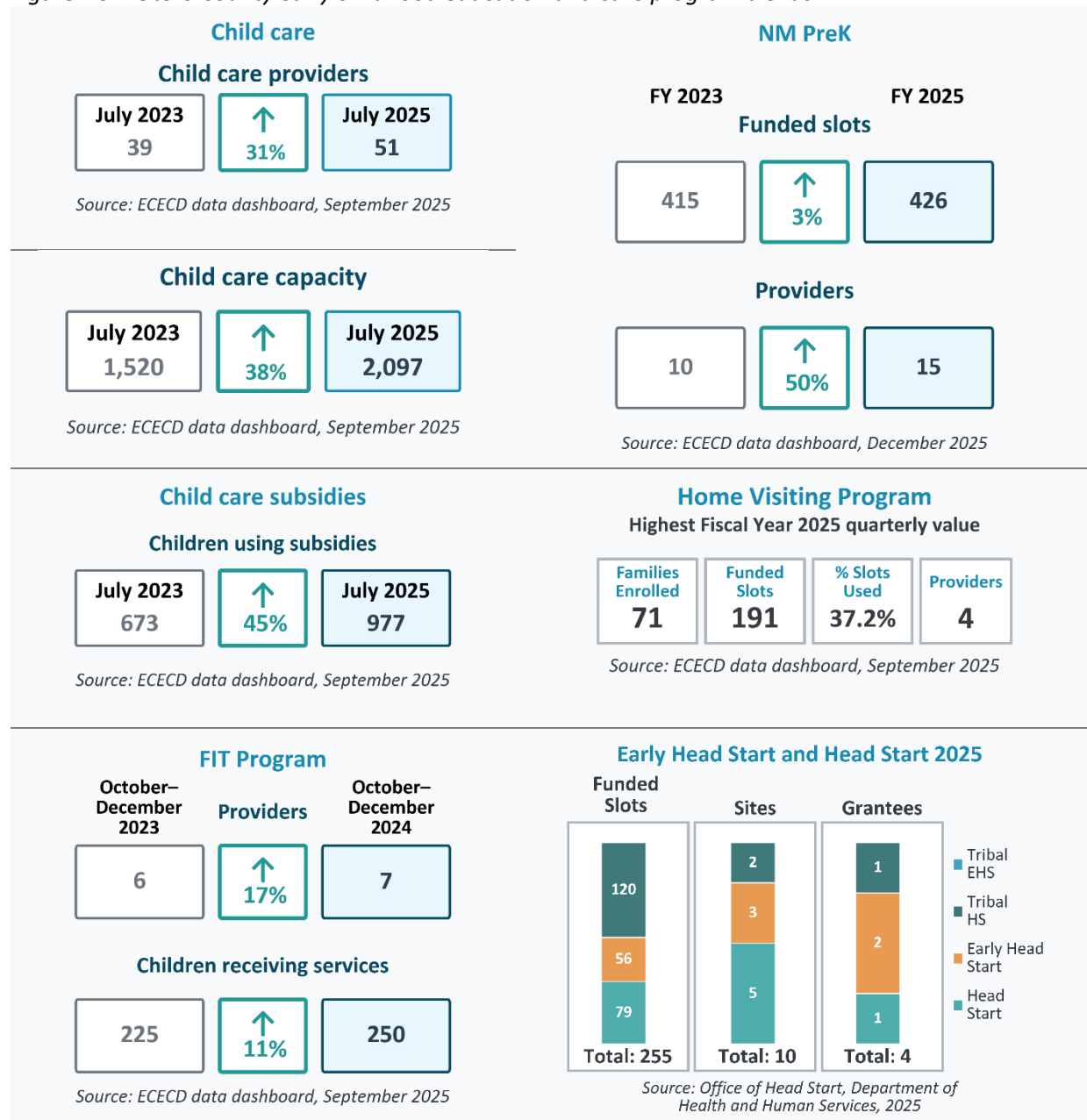
Sources: U.S. Census Bureau, 2023 American Community Survey (ACS) 5-year estimates and 2023 data from the New Mexico Department of Health Indicator Based Information System (NM-IBIS). Comparison data are 2017 ACS 5-year estimates and 2017 NM-IBIS data.

The county’s local early childhood system building coalition, 100% Otero, helps local families access to 10 basic services, including early childhood learning, parent supports, food, and housing.^{xxxix} The coalition identifies key barriers to children and families thriving. It promotes access to supports through three avenues: One Stop Service Hubs located across the county, online resources such as self-paced courses and a family services directory, and navigators to make connections with service providers.^{xl}

Program highlights

Access to child care and early learning opportunities is improving in Otero County. Between July 2023 and July 2025, there was a 31% increase in the number of child care providers, a 38% increase in child care capacity, and a 45% increase in the number of children aged 0-5 using child care subsidies (Figure D67). Additionally, the county added one FIT provider and increased the number of children receiving EI services by 11% between the end of 2023 and the end of 2024. Finally, the county added five NM PreK providers between FYs 2023 and 2025, and the number of state-funded NM PreK slots slightly increased.











Figure D67. Otero County early childhood education and care program trends



Sierra County

While births and the population of young children have declined in Sierra County between the 2017 and 2023 ACS 5-year estimates, the total population has increased very slightly (Figure D68). Nevertheless, early childhood care and learning opportunities are more important than ever. The percentage of people experiencing poverty increased by 18% overall, and by 21% among children under the age of five. Nevertheless, median household incomes increased by about 28% between the 2017 and 2023 ACS 5-year estimates.

Figure D68. Sierra County demographic profile

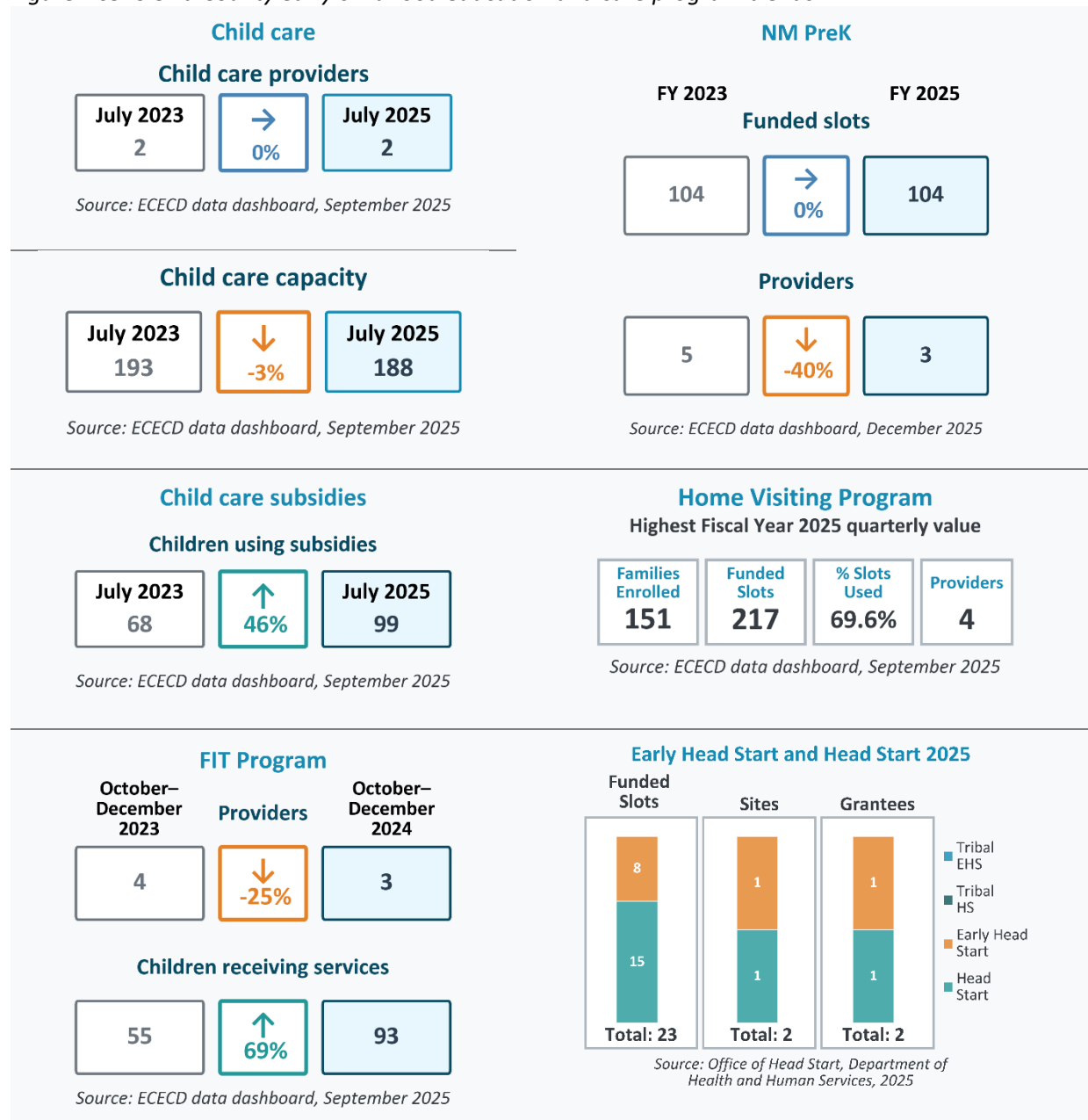
	Total population	11,511 ↗ +2.3%
	Total population under 3	216 ↘ -38.5%
	Total population under 6	523 ↘ -7.3%
	Total births	89 ↘ -7.3%
	Percentage of babies with low birth weight	6.7% ↘ -57.1%
	Teen birth rate per 1,000 girls 15–19 years old	23.3 ↘ -13.4%
	Median household income	\$37,840 ↗ +27.5%
	% Population in Poverty in the past 12 months	24.9% ↗ +17.5%
	% Population below 5 in poverty in the past 12 months	59.0% ↗ +21.4%
	% Population 5 years and over that speaks a language other than English	21.0% ↗ +1.4%

Sources: U.S. Census Bureau, 2023 American Community Survey (ACS) 5-year estimates and 2023 data from the New Mexico Department of Health Indicator Based Information System (NM-IBIS). Comparison data are 2017 ACS 5-year estimates and 2017 NM-IBIS data.

Program highlights

The supply of child care providers was stable between July 2023 and July 2025, with a five-slot decrease in capacity (Figure D69). The number of children aged 0-5 using subsidies increased by 46% over the same period. Similarly, there was a 69% increase in the number of children receiving EI services between the end of 2023 and the end of 2024, despite having one fewer provider serving the county. Finally, the county lost two NM PreK providers between FYs 2023 and 2025, with a consistent number of funded NM PreK spots available to children.

Figure D69. Sierra County early childhood education and care program trends



Socorro County

Socorro County, one of New Mexico's largest geographically, is home to Acaoma Pueblo and Navajo Nation lands. About seven percent of the county's people are children under age six, according to the 2023 ACS 5-year estimate (Figure D70). This represents a 33% increase from the 2017 ACS 5-year estimate, despite births and the population under the age of three declining during the same time period. The percentage of babies with low birth weight increased by 32%, highlighting the importance of prenatal and postpartum care. Some socioeconomic indicators show improvements. Median household incomes increased by 40%. The percentage of children under age five experiencing poverty decreased by 15%.

Figure D70. Socorro County demographic profile

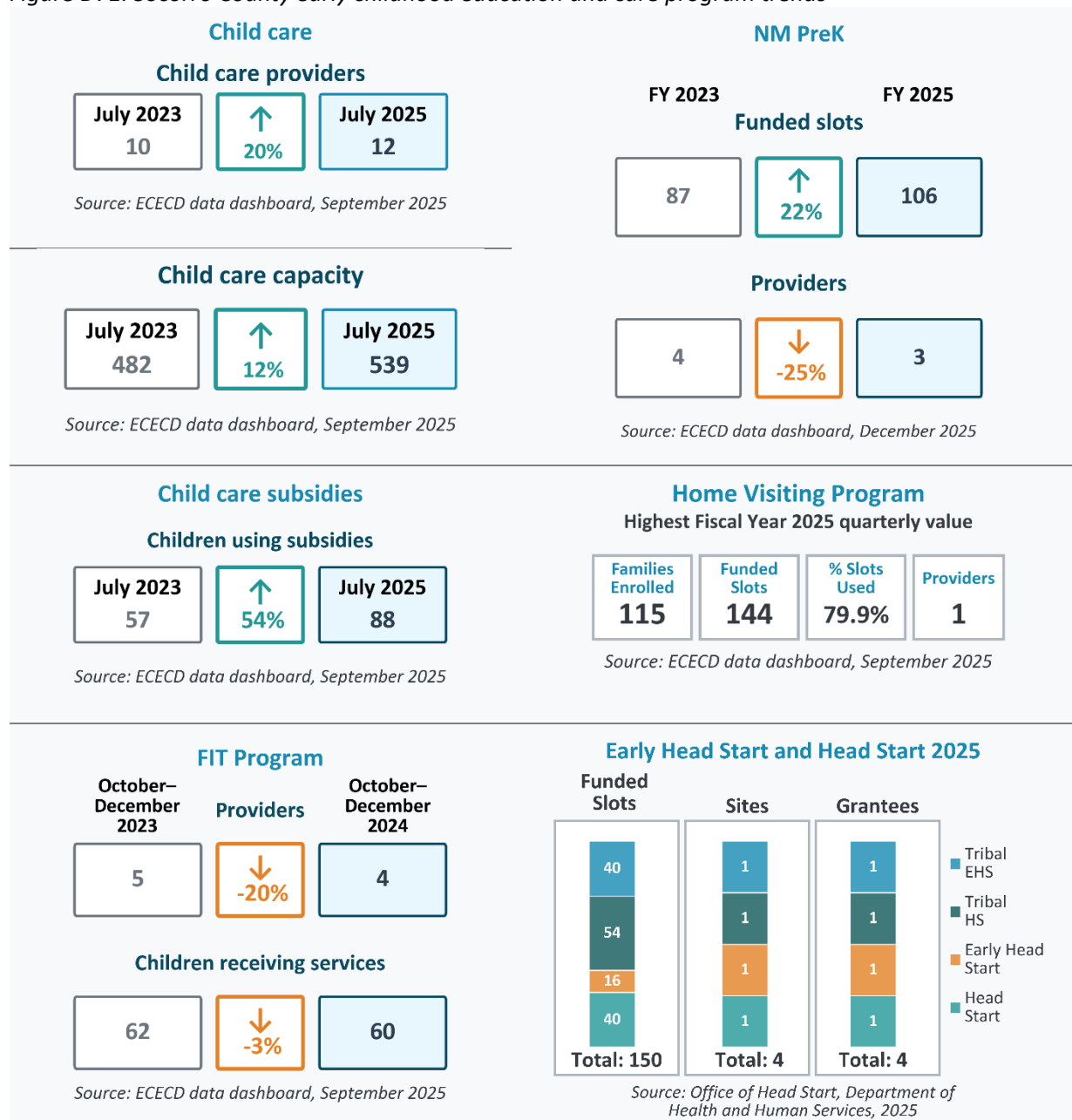
	Total population	16,308 ↘ -4.6%
	Total population under 3	247 ↘ -28.6%
	Total population under 6	1,169 ↗ +32.7%
	Total births	137 ↘ -24.7%
	Percentage of babies with low birth weight	13.1% ↗ +32.3%
	Teen birth rate per 1,000 girls 15–19 years old	10.1 ↘ -76.9%
	Median household income	\$47,556 ↗ +39.8%
	% Population in Poverty in the past 12 months	29.0% ↗ +9.0%
	% Population below 5 in poverty in the past 12 months	42.2% ↘ -15.3%
	% Population 5 years and over that speaks a language other than English	37.4% ↘ -3.9%

Sources: U.S. Census Bureau, 2023 American Community Survey (ACS) 5-year estimates and 2023 data from the New Mexico Department of Health Indicator Based Information System (NM-IBIS). Comparison data are 2017 ACS 5-year estimates and 2017 NM-IBIS data.

Program highlights

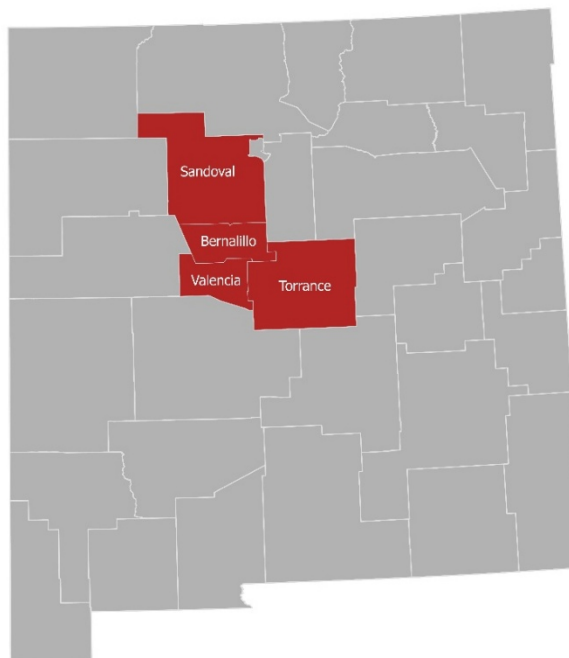
Socorro County added two child care providers and increased the number of children aged 0-5 using child care subsidies by 54% between July 2023 and July 2025 (Figure D71). The county lost one FIT provider, but the remaining providers served nearly the same number of children between the end of 2023 and the end of 2024. There was one fewer NM PreK provider in FY 2025 than in FY 2023, but funded slots grew by 22% during that time.

Figure D71. Socorro County early childhood education and care program trends



Metro Region

Four counties form the smallest region in the state (9,295 square miles), which is also its most populous. It is home to New Mexico's largest city, Albuquerque, and to tribal lands belonging to 13 Pueblos, Nations, and Tribes. These include Cochiti Pueblo, Jemez Pueblo, Laguna Pueblo, the Navajo Nation, the Pueblo of Isleta, San Felipe Pueblo, Sandia Pueblo, Santa Ana Pueblo, Santa Clara Pueblo, Santo Domingo (Kewa) Pueblo, Zia Pueblo, Jicarilla Apache Nation, and Navajo Nation. The Metro region stands out in some of the findings above, as urban areas bring unique sets of opportunities and challenges. For example, while staff turnover is high and satisfaction with wages low, the Metro region had the second-highest share of providers reporting that they intended to remain in the early



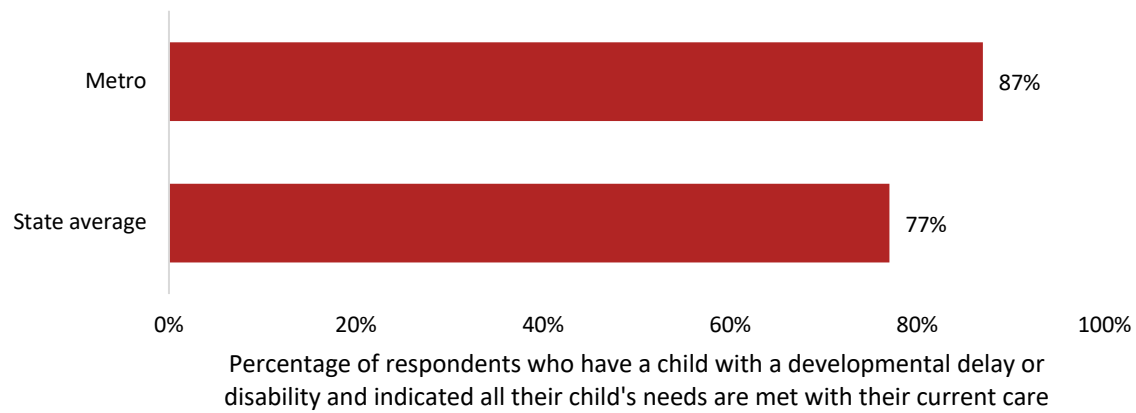
childhood education field for at least the next three years. Another of the region's assets, not previously mentioned, is described below before detailing profiles for each Metro region county.

Stakeholder Insights

The share of Metro region families reporting that their child with a developmental delay or disability had their needs fully met was higher than in the state overall.

Families in the Metro region with a child experiencing a developmental delay or disability were most likely to say that all their child's needs were fully met in their current care or education program (Figure D72). The percentage of these families reporting that all needs were addressed was 10 points above the state average.

Figure D72. Most families in the Metro region who have a child with a developmental delay or disability reported that all of their child's needs were met in their current education or care program.











Note: N = 206 respondents who have a child with a developmental delay or disability. Due to small sample sizes in some regions, the region is compared to the state average rather than the other regions individually.

Source: Family survey.

Bernalillo County

Bernalillo County is home to New Mexico’s largest city, Albuquerque, as well as tribal lands belonging to the Laguna Pueblo, the Navajo Nation, the Pueblo of Isleta, and Sandia Pueblo. The population under age six declined by 17% in Bernalillo County between the 2017 and 2023 ACS 5-year estimates, and the total population held steady (Figure D73). Meanwhile, births dropped by 16% and the percentage of babies with low birth weight increased by 14%, illustrating how essential prenatal and postpartum care are. Median household income increased by 32%, while the percentage of people experiencing poverty decreased by 12% overall, and by 18% among children under the age of five.

Figure D73. Bernalillo County demographic profile

	Total population	674,357 ↘ -0.1%
	Total population under 3	19,204 ↘ -20.5%
	Total population under 6	40,654 ↘ -16.6%
	Total births	6,155 ↘ -16.2%
	Percentage of babies with low birth weight	10.4% ↗ +14.3%
	Teen birth rate per 1,000 girls 15–19 years old	11.9 ↘ -41.4%
	Median household income	\$66,514 ↗ +32.0%
	% Population in Poverty in the past 12 months	15.8% ↘ -12.2%
	% Population below 5 in poverty in the past 12 months	23.8% ↘ -17.6%
	% Population 5 years and over that speaks a language other than English	26.6% ↘ -11.0%

Sources: U.S. Census Bureau, 2023 American Community Survey (ACS) 5-year estimates and 2023 data from the New Mexico Department of Health Indicator Based Information System (NM-IBIS). Comparison data are 2017 ACS 5-year estimates and 2017 NM-IBIS data.

Community highlights

Bernalillo County has four local early childhood system building coalitions: the Bernalillo County Home Visiting Work Group Coalition, the Coalition for Science Learning in Early Childhood, Voices for Early Childhood Coalition, and PB&J Family Services.^{xli xlii xliii xliiv} The Home Visiting Working Group Coalition conducted a community needs assessment in 2022.^{xlv} They identified widespread needs for improved access to health care, especially prenatal and infant care, and mental health support for children and caregivers. Families also need stable affordable housing, employment opportunities, and expanded access to home visiting services, as many eligible families are not currently reached. Other key needs include access to high-quality early learning, food security, transportation, and language assistance as well as improved safety.

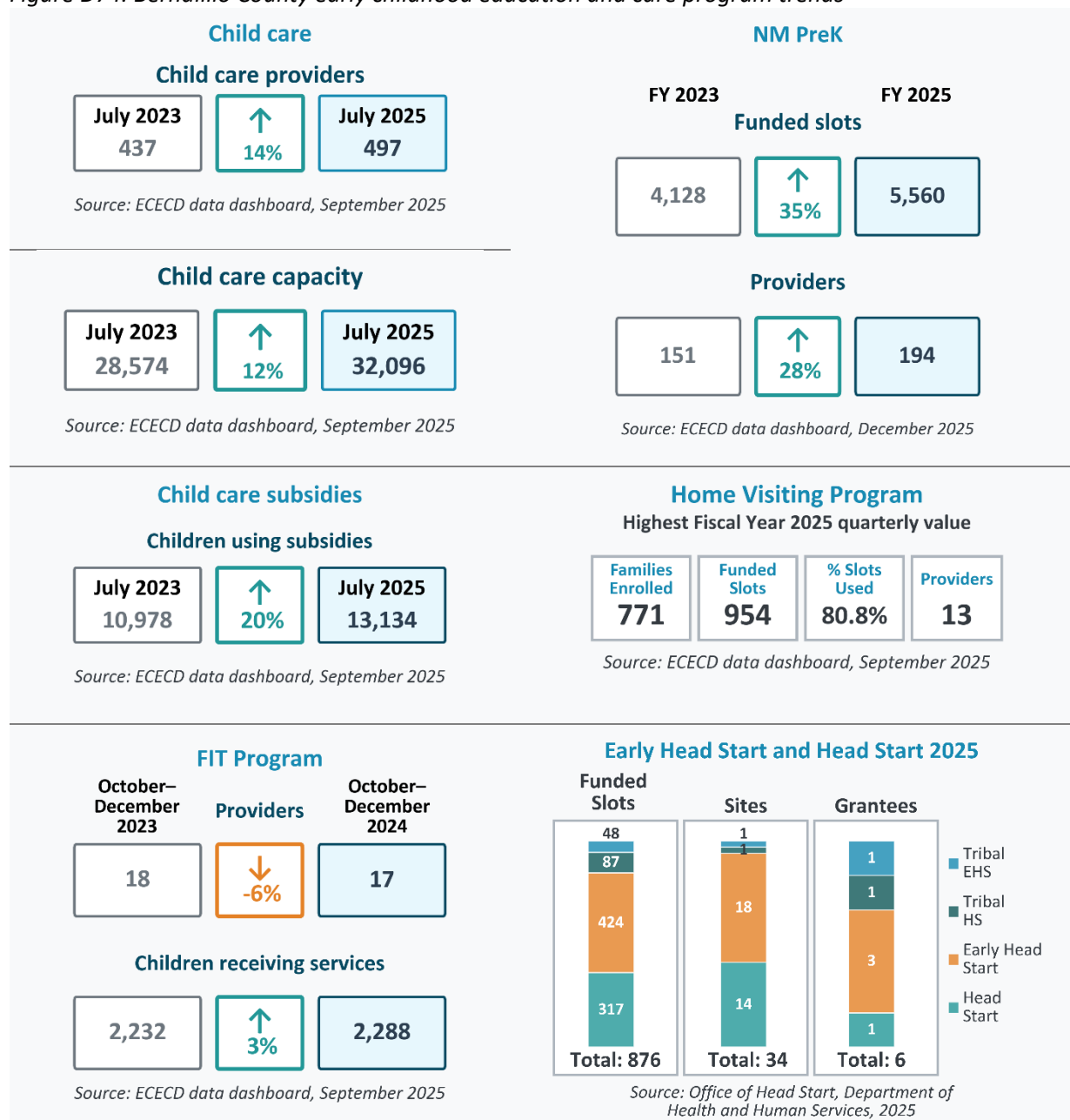
The Coalition for Science Learning in Early Childhood is based in Albuquerque and serves Bernalillo, Sandoval, and Valencia counties. In 2022, they conducted a community needs assessment that found that state support for child care affordability benefited families. Beyond affordability, safe environments that foster community building, accessibility, flexible schedules, and collaborative, rich, engaging child care, delivered by a supported workforce, are top considerations for caregivers when selecting child care.

In 2022, then Cuidando Los Niños (now the Voices for Early Childhood Coalition) conducted an early childhood community assessment that focused on unhoused families with young children.^{xlvi} They identified a community-wide need for emergency shelter housing options where young children feel safe, more affordable housing options, and support services for families after they find permanent housing. Other needed supports are access to high quality early learning programs, food, support for mental health and emotional well-being and transportation.

Program highlights

Access to child care and NM PreK options is improving in Bernalillo County. Between July 2023 and July 2025, the county gained 60 child care providers (a 14% increase) and child care capacity increased by 12% (Figure D74). Likewise, the number of children aged 0–5 using child care subsidies increased by 20%. There was a decline in FIT providers, but a slight increase in the number of children receiving EI services between the end of 2023 and the end of 2024. Over 40 NM PreK providers were added to the county between FYs 2023 and 2025. In addition, the total number of state-funded NM PreK slots increased by 35%.











Figure D74. Bernalillo County early childhood education and care program trends



Sandoval County

Sandoval County, home to nine Pueblos as well as Jicarilla Apache Nation and Navajo Nation lands, is New Mexico's second-fastest-growing county, with a nine percent increase in population between 2017 and 2023, according to ACS 5-year estimates (Figure D75). Matters are also improving across several socioeconomic indicators. The percentage of children under five years old experiencing poverty in 2023 was 50% lower than it was in 2017, and the median household income rose by 39%. At the same time, the percentage of babies born with low birth weight decreased by five percent and the teen birth rate fell by 48%.

Figure D75. Sandoval County demographic profile

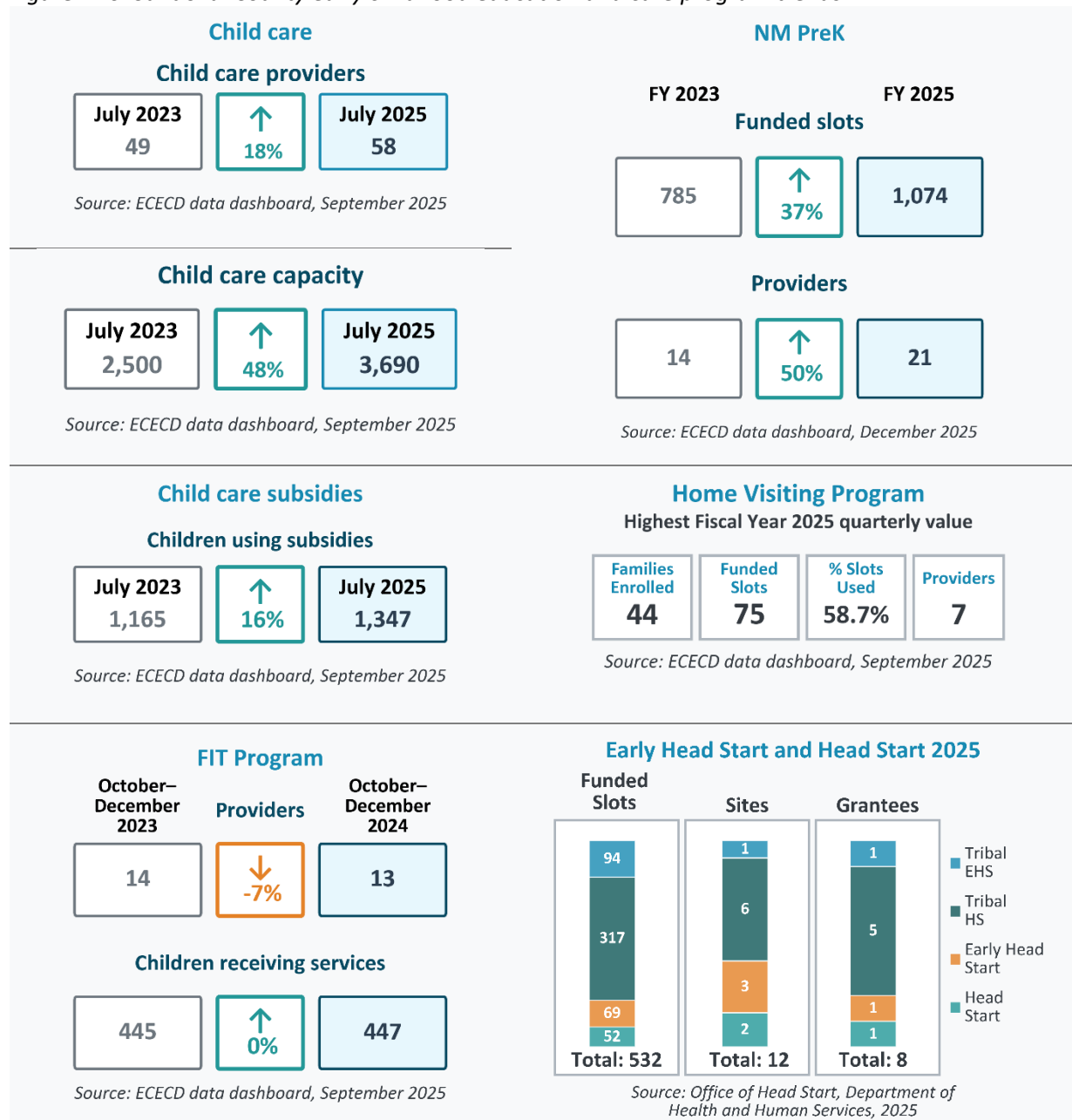
	Total population	151,538 ↗ +9.2%
	Total population under 3	4,373 ↘ -2.2%
	Total population under 6	9,116 ↘ -4.7%
	Total births	1,256 ↘ -11.0%
	Percentage of babies with low birth weight	9.8% ↘ -4.9%
	Teen birth rate per 1,000 girls 15–19 years old	8.0 ↘ -47.7%
	Median household income	\$84,053 ↗ +39.3%
	% Population in Poverty in the past 12 months	10.0% ↘ -32.0%
	% Population below 5 in poverty in the past 12 months	12.5% ↘ -50.0%
	% Population 5 years and over that speaks a language other than English	24.7% ↘ -10.8%

Sources: U.S. Census Bureau, 2023 American Community Survey (ACS) 5-year estimates and 2023 data from the New Mexico Department of Health Indicator Based Information System (NM-IBIS). Comparison data are 2017 ACS 5-year estimates and 2017 NM-IBIS data.

Program highlights

Access to child care and early learning opportunities has increased in recent years in Sandoval County. Between July 2023 and July 2025, the county added nine child care providers, increased its child care capacity by 48%, and saw a 16% increase in the number of children aged 0-5 using child care subsidies (Figure D76). While the county lost one FIT provider, the number of children receiving EI services held steady. The county also added seven NM PreK providers between FYs 2023 and 2025, increasing the total number of funded slots by 37%.











Figure D76. Sandoval County early childhood education and care program trends



Torrance County

Torrance County, the smallest county in the Metro region by population, includes Isleta Pueblo. The county had just over 15,000 residents as of the 2023 ACS 5-year estimate (Figure D77). The population of young children in the county and the number of births have decreased since 2017. The percentage of babies with low birth weight increased by 53%, supporting the need for access to prenatal and postpartum services. Median household income has increased by 30%. Additionally, the overall percentage of people experiencing poverty declined by 25%, and the percentage of children under age five experiencing poverty decreased by 15%.

Figure D77. Torrance County demographic profile

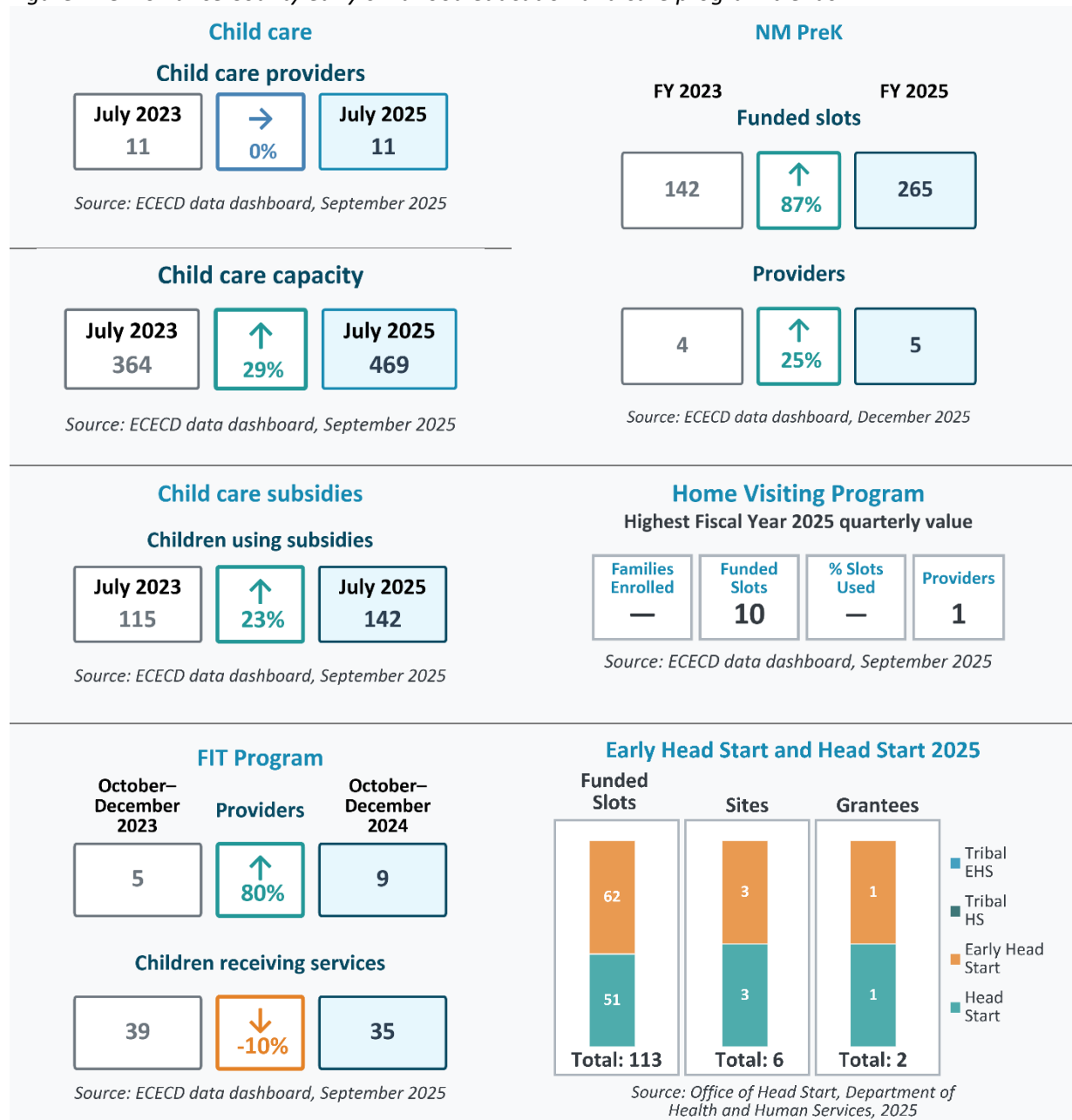
	Total population	15,290 ↘ -1.6%
	Total population under 3	288 ↘ -42.1%
	Total population under 6	886 ↘ -14.1%
	Total births	142 ↘ -6.0%
	Percentage of babies with low birth weight	16.2% ↗ +52.8%
	Teen birth rate per 1,000 girls 15–19 years old	19.3 ↗ +15.6%
	Median household income	\$46,250 ↗ +30.1%
	% Population in Poverty in the past 12 months	20.4% ↘ -24.7%
	% Population below 5 in poverty in the past 12 months	36.0% ↘ -15.3%
	% Population 5 years and over that speaks a language other than English	20.9% ↘ -10.7%

Sources: U.S. Census Bureau, 2023 American Community Survey (ACS) 5-year estimates and 2023 data from the New Mexico Department of Health Indicator Based Information System (NM-IBIS). Comparison data are 2017 ACS 5-year estimates and 2017 NM-IBIS data.

Program highlights

Even while the population of Torrance County's youngest residents has declined in recent years, access to child care and early learning opportunities has increased or remained constant (Figure D78). For instance, child care capacity increased by 29% between July 2023 and July 2025, and the number of children aged 0-5 using child care subsidies rose by 23%. The county gained one NM PreK provider and the number of funded slots grew by 87% between FYs 2023 and 2025. The county also gained four FIT providers (an increase of 80%) between the end of 2023 and the end of 2024.







Figure D78. Torrance County early childhood education and care program trends



Valencia County

Valencia County, home to the Laguna Pueblo and Pueblo of Isleta, is the only county in the Metro region in which the population of young children increased, and the total number of births did not decrease between the 2017 and 2023 ACS 5-year estimates (Figure D79). Median household income also increased by 34% over the same period. The percentage of people experiencing poverty declined by 16% for all individuals in the county, and by 22% among children under the age of five between 2017 and 2023.

Figure D79. Valencia County demographic profile

	Total population	77,382 ↗ +2.0%
	Total population under 3	2,437 ↗ +12.1%
	Total population under 6	5,557 ↗ +3.6%
	Total births	861 ↗ +0.2%
	Percentage of babies with low birth weight	10.5% ↗ +14.1%
	Teen birth rate per 1,000 girls 15–19 years old	19.5 ↘ -21.7%
	Median household income	\$58,333 ↗ +34.3%
	% Population in Poverty in the past 12 months	18.4% ↘ -16.4%
	% Population below 5 in poverty in the past 12 months	27.9% ↘ -21.8%
	% Population 5 years and over that speaks a language other than English	27.8% ↘ -15.5%

Sources: U.S. Census Bureau, 2023 American Community Survey (ACS) 5-year estimates and 2023 data from the New Mexico Department of Health Indicator Based Information System (NM-IBIS). Comparison data are 2017 ACS 5-year estimates and 2017 NM-IBIS data.

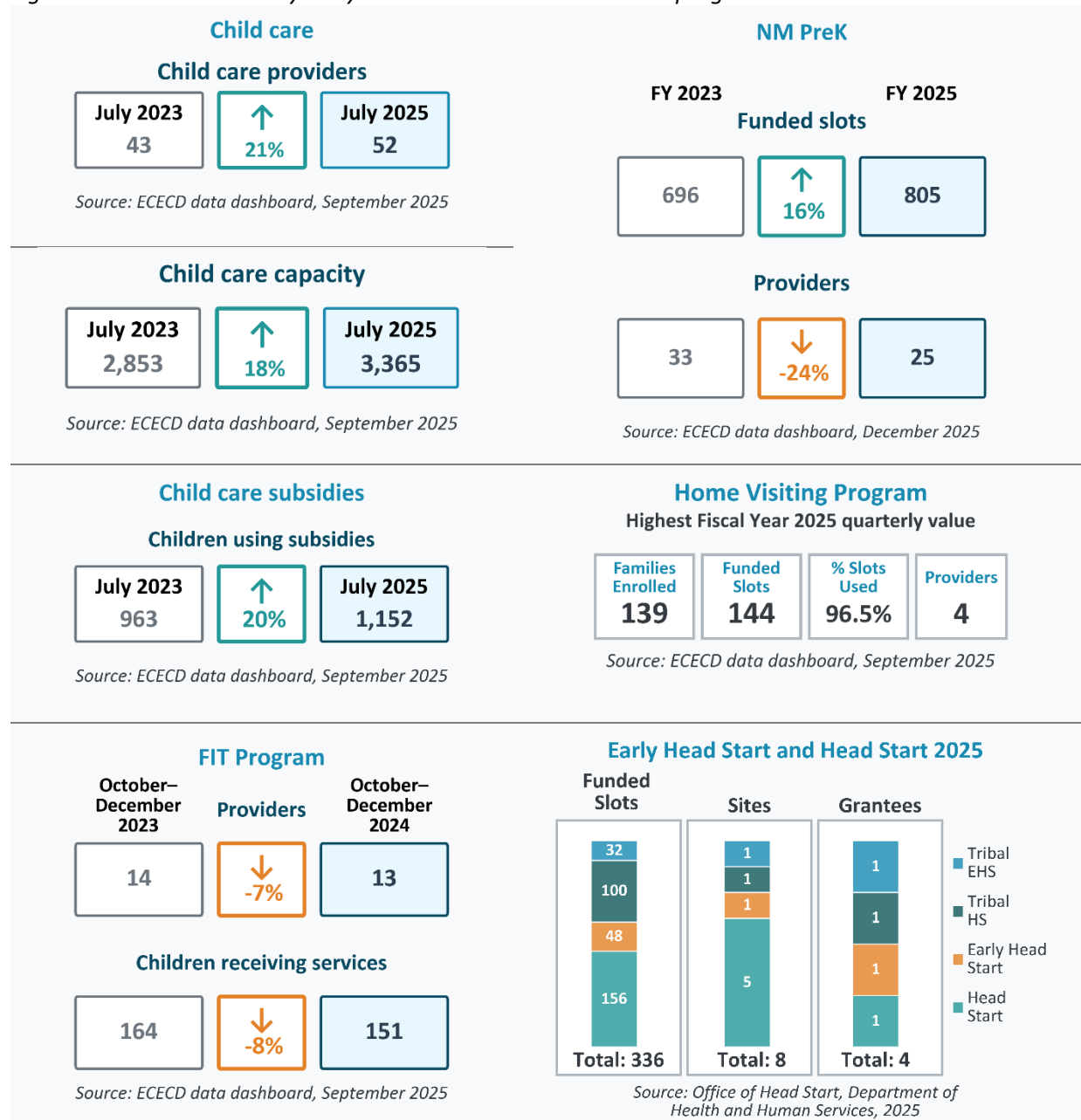
Community highlights

The Valencia County Early Childhood Community Partnership is the county's local early childhood system building coalition.^{xlvii} In 2022, it conducted a community needs assessment and determined that the most important services included child well-being and early needs identification, family and policymaker education, community programs, emergency response services, and safety in the community.

Program highlights

While Valencia County lost one FIT provider between 2023 and 2024, and eight NM PreK providers between FYs 2023 and 2025, nine new child care providers entered the county, increasing child care capacity by 18% between July 2023 and July 2025 (Figure D80). Additionally, the number of children aged 0-5 using child care subsidies rose by 20% over the same time and the county added over 100 funded NM PreK slots.

Figure D80. Valencia County early childhood education and care program trends



Endnotes

Hyperlinks were verified as of December 31, 2025. URLs are subject to change over time.

Appendix D

- ⁱ <https://ibis.doh.nm.gov/contentfile/docs/HealthRegions2012.pdf>
- ⁱⁱ <https://ibis.doh.nm.gov/contentfile/docs/HealthRegions2012.pdf>
- ⁱⁱⁱ <https://ibis.doh.nm.gov/Alert.html>
- ^{iv} <https://www.nmeccd.org/eccd-data-dashboard/>
- ^v <https://www.nmeccd.org/eccd-data-dashboard/>
- ^{vi} <https://www.nmeccd.org/eccd-data-dashboard/>
- ^{vii} <https://www.nmeccd.org/eccd-data-dashboard/>
- ^{viii} <https://files.eric.ed.gov/fulltext/ED606743.pdf>
- ^{ix} <https://www.facebook.com/p/Lea-County-Early-Childhood-Coalition-100064284805682/>
- ^x <https://www.nmeccd.org/local-early-childhood-system-building-coalitions/>
- ^{xi} <https://www.nmlegis.gov/Publications/handbook/counties.pdf> is the source for county and region square miles throughout.
- ^{xii} <https://nabpi.unm.edu/assets/documents/data-book/unm-nabpi-data-book2024-issue2-population.pdf>, <https://www.arcgis.com/home/webmap/viewer.html?webmap=a3d5de642cd44746b208be9835a4a5e6>, and https://en.wikipedia.org/wiki/List_of_Indian_reservations_in_New_Mexico are the sources for identifying Nations, Pueblos, and Tribes throughout unless otherwise specified.
- ^{xiii} <https://www.neilsberg.com/insights/lists/counties-in-new-mexico-by-native-american-population/>
- ^{xiv} <https://sites.google.com/view/mcecc/home>
- ^{xv} https://drive.google.com/file/d/1sWqxUS08kfnq3hB7GhsIld_I_81Rrpph/view?usp=drive_link
- ^{xvi} https://drive.google.com/file/d/1jrM0B6YqsUkEAhTQyzJHA5kEQNjVoR_t/view
- ^{xvii} <https://www.sjcecc.org/>
- ^{xviii} https://drive.google.com/file/d/1jrM0B6YqsUkEAhTQyzJHA5kEQNjVoR_t/view
- ^{xix} <https://sharenm.org/nuestros-ninos-de-guadalupe-early-childhood-coalition/nuestros-ninos-de-guadalupe-early-childhood-coalition>
- ^{xx} <https://www.lanl.gov/>
- ^{xxi} <https://www.lanl.gov/media/news/0130-economic-impact>
- ^{xxii} <https://www.nmeccd.org/local-early-childhood-system-building-coalitions/> is the source for ECECD-funded coalitions throughout.
- ^{xxiii} <https://www.nmeccd.org/2024/05/21/lanl-increases-child-care-capacity-for-los-alamos-community-through-public-private-partnership/>
- ^{xxiv} <https://www.nmvoices.org/archives/18001>
- ^{xxv} <https://enewmexican.pressreader.com/article/281505050559203>
- ^{xxvi} <https://enewmexican.pressreader.com/article/281505050559203>
- ^{xxvii} <https://www.pasotaos.org/>
- ^{xxviii} <https://static1.squarespace.com/static/5da60a66c7e7801dc6428468/t/63501de79ae11d77b179579f/1666194928472/Paso+a+Paso+Network+CNA-Sept22-FINAL.pdf>
- ^{xxix} <https://www.roswell-wingsforlife.org/>
- ^{xxx} <https://bber.unm.edu/blog/posts?post=how-rural-is-new-mexico->
- ^{xxxi} <https://www.facebook.com/people/PIECE-Coalition-of-Lincoln-County/61557543291921/>
- ^{xxxii} https://www.rec9nm.org/accnt_67464/site_67465/Documents/Community-Needs-Assessment.pdf
- ^{xxxiii} https://www.rec9nm.org/accnt_67464/site_67465/Documents/Community-Needs-Assessment.pdf

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- xxxiv https://www.rec9nm.org/accnt_67464/site_67465/Documents/Community-Needs-Assessment.pdf
- xxxv <https://www.successdac.org/ece/>
- xxxvi <https://www.successdac.org/wp-content/uploads/2022/11/ECEC-Needs-Assessment-Sept-2022.pdf>
- xxxvii <https://www.grantcountycpc.com/>
- xxxviii <https://api.realfile.rtsclients.com/PublicFiles/d4a60d4c4e7149c9830debd01dbe554/09f99c2f-030e-4b1a-a00f-8ca84ced7be0/CPC Needs Assessment.pdf>
- xxxix <https://www.100nm.org/otero/>
- xl <https://www.tenvitalservicesnm.org/otero-choose-service/>
- xli <https://bchomevisiting.com/>
- xlii <https://www.explora.us/cslec/>
- xliii <https://clnabq.org/mission-vision-history/>
- xliv <https://pbjfamilyservices.org/>
- xlvi <https://api.realfile.rtsclients.com/PublicFiles/d4a60d4c4e7149c9830debd01dbe554/a5daefe7-42b0-40e6-bb49-2f87372364e0/Community Needs Assessment Bernalillo County Home Visiting Work Group Coalition 9.30.2022.pdf>
- xlvi https://drive.google.com/file/d/1iuY_CD65zv7nCdCZYXSsyuEI9Iypog/view
- xlvi <https://fdp.unm.edu/coalition-spotlight/vceccp.html>



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