

# **Findings from the New Mexico Early Childhood Education and Care Department's 2025 Family Engagement and Satisfaction Survey**

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**Developed in partnership with the New Mexico Early Childhood Education and Care Department (ECECD) and MediaDesk, who led the design, communications, and statewide outreach for the survey.**

# Table of Contents

3	<b>Executive Summary</b>	49	— Family Support and Early Intervention Services
3	— Highlights	58	<b>Net Promoter Scores</b>
6	— About the 2025 Family Engagement and Satisfaction Survey	60	<b>Respondent Needs</b>
6	— Understanding Programs and Service Areas	60	— Trends in Basic Needs Insecurity, 2022–2025
8	— Who Participated	62	— Analysis of Additional Needs for Early Childhood Services
9	<b>Key Findings</b>	64	<b>Language and Disability</b>
11	<b>Spotlights</b>	64	— Language and Communication Accessibility
11	— Reliable Care, Brighter Futures: Child Care Services	67	— Disability Prevalence
13	— Improving School Readiness: New Mexico PreK	71	<b>Appendices</b>
15	— Strong Starts, Bright Futures: Family Infant Toddler (FIT) Program	71	— Appendix 1. Methodology
17	— From the Very First Days: Home Visiting	75	— Appendix 2. Demographics of survey respondents
19	<b>Knowledge of Early Childhood Programs</b>	82	— Appendix 3. Additional Program and Service Summaries
19	— Program Familiarity	86	— Appendix 4. Supplemental Charts and Tables
20	— Program Awareness	117	— Appendix 5. Qualitative Impact Data for Key ECECD Programs
22	— Program Awareness by Race and Ethnicity	128	— Appendix 6. Program Usage by Demographic Groups in Survey Sample
24	— Program Awareness by Location Type	133	— Appendix 7. List of Figures
27	— Program Awareness by Income	136	— Appendix 8. List of Tables
29	— Educational Attainment and Program Awareness	138	— Appendix 9. Glossary of Terms
31	— Sources of Knowledge about Programs	141	— Appendix 10. Survey Instrument
33	<b>Family Well-Being and the Impact of Program Participation</b>		
34	— Impact on Family Well-Being		
35	— Value of Programs		
37	— Improvements Identified		
39	— Reasons for No Access to Programs and Services		
42	— Family Experience by Service Area		
42	— Child Care Services		
45	— Preschool Services		

# Executive Summary

The Early Childhood Education and Care Department (ECECD) conducts an annual New Mexico Family Engagement and Satisfaction Survey to measure parents' and caregivers' awareness of early childhood programs, satisfaction with these services, and their experiences related to basic needs such as food, housing, and health care. The survey was first administered in 2022. This report presents findings from the fourth administration of the survey, conducted in March and April of 2025, with trends reported across all four years.

In 2025, 3,449 high-quality responses to the survey were collected—an increase from 3,202 in 2024 and comparable to 3,551 in 2023. High-quality responses are those that were rigorously screened and verified to ensure participants were parents or caregivers of children aged birth to five living in New Mexico. All counties and tribal communities in New Mexico were represented. The 2025 results demonstrate high levels of program awareness, strong positive impacts on family well-being, and sustained satisfaction with early childhood programs and services.

ECECD's mission—to ensure every child in New Mexico has access to quality early learning and family support through a family-driven, equitable, community-based system—is reflected in measurable progress across four key indicators from 2022 to 2025. Families increasingly know about available programs and services, experience meaningful improvements in their well-being as a result of participation, express satisfaction with how services are delivered, and report that programs are meeting their needs. These interconnected gains demonstrate that New Mexico's early childhood system is becoming more accessible, more impactful, more family-friendly, and more capable of delivering the support families need to thrive.

## Highlights

### Families Know About Programs: Awareness and Familiarity Continue to Grow

Families' knowledge of early childhood programs has strengthened substantially from 2022-2025, with both awareness and familiarity increasing across New Mexico. Overall, 80% of families now report at least basic awareness of early childhood programs, while average familiarity scores—measuring how deeply families understand what programs offer—rose from 2.72 in 2022 to 3.03 in 2025 (on a 5-point scale).

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***“Living in a rural area, I felt really isolated as a parent. Having a home visitor come to us made it easier to access resources, and now I feel more connected to my community.”***

**—Parent response to question on the impact of Home Visiting on their family**

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Progress on families awareness of programs has been particularly strong for key programs administered by ECECD:

- Family Infant Toddler (FIT) Program: Awareness rose 18-points (48% in 2022 to 66% in 2025)—the largest gain of any program
- Home Visiting: Awareness grew 17-points over this period (from 58% to 75%)
- New Mexico PreK: Awareness increased 15-points (from 72% to 87%)

The three least familiar programs in 2022—Families FIRST, FIT, and Special Education services—showed sustained and significant gains in familiarity, indicating that targeted communication efforts are helping families better understand specialized services. This dual progress—more families knowing about programs and families knowing more about what programs offer—demonstrates that ECECD's community outreach through trusted messengers is successfully building the foundation families need to access services and make informed decisions about supporting their children's development

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***“Without having the [Families FIRST program] and getting the resources we needed to start the Early Child Development [this] could have resulted in very big delay in my grandson's speaking. It has done so much that I thought was Far Out Of Reach and here we are 2 years later and he is doing amazing”***

**—Grandparent raising a grandchild**

”



## Programs Make a Difference: Family Well-Being Impact Reaches Historic Highs

**Families overwhelmingly report that early childhood programs improve their well-being, with impact reaching historic highs.** When asked directly whether programs increased their family's well-being, 89% of families across all programs in 2025 said yes—up from 83% in 2022. This measure captures whether families experience tangible, positive changes in their lives as a result of participation—not just satisfaction with service delivery, but actual impact on family functioning, stability, and quality of life.

Key program areas administered by ECECD show particularly strong and sustained growth in reported impact from participating in programs or services:

- Child care services, NM PreK, FIT, and Home Visiting combined: Average positive impact on family well-being rose from 84% in 2022 to 91% in 2025—a 7-point improvement reflecting both expanding access and quality enhancements
- New Mexico PreK: 92% reported increased well-being in 2025, up from 88% in 2023
- Child Care Assistance program: 91% of families using this program reported increased well-being in 2025 compared to 84% in 2022.

At least 84% of families using any program reported that participation increased their family's well-being, and ten programs now achieve impact rates of 88% or higher. These consistently high levels hold across racial and ethnic groups, income levels, and geographic areas. Nearly 9 in 10 families report that early childhood services are making their lives meaningfully better. Through open-ended questions families share many positive impacts that participating in early childhood programs and services generate including enabling parents to work, reducing stress, supporting child development, and strengthening family stability.

## Services Work Better: Family Satisfaction with Program Quality Increases Steadily

Family satisfaction with early childhood services—measured by whether families feel programs need improvements—has increased steadily, with growing numbers of families saying services work well as they are. The percentage of families reporting “no improvements necessary” rose across nearly all programs from 2023 to 2025, indicating that operational aspects like ease of enrollment, communication, timing, and service delivery are becoming more family-friendly.



*“The teachers shared tips with me during family engagement events, like how to read to my child in a way that boosts her learning. I feel more confident as a parent”*

—Parent sharing how NM PreK impacted their family



Satisfaction improvements are evident across core areas administered by ECECD:

- Child care services: Families reporting no improvements needed rose from 32% in 2023 to 47% in 2025—a 15-point gain
- Child Care Assistance program: Rose from 37% in 2023 to 52% in 2025
- Family support and early intervention services: Increased from 42% in 2023 to 50% in 2025
- Preschool services: Grew from 34% in 2023 to 42% in 2025

This measure differs from impact on well-being: satisfaction reflects families' experience with how services are delivered (ease of sign-up, convenient times, respectful staff, clear communication), while well-being impact measures whether programs make a meaningful difference in families' lives (enabling employment, improving child development, reducing stress, connecting to resources). Both are improving—families increasingly find services easy to use AND experience real benefits from participation. Together, these trends show that ECECD is building a system that is both operationally responsive and genuinely transformative for families.

## Families' Needs Are Being Met: Service Gaps Continue to Close

Unmet needs have dropped dramatically across all early childhood services, with families increasingly able to access the support they need when they need it. Between 2022 and 2025, families reporting unmet needs declined across every service area measured, demonstrating that ECECD's efforts to expand access and coordinate services are reaching families effectively. These reductions are particularly striking among key programs and services administered by ECECD:

- Child care services: Unmet needs fell from 32% to 12%, a 20-point improvement

- Child Care Assistance Program: Unmet needs dropped from 38% to 17%, a 21-point improvement
- Preschool services: Unmet needs decreased from 22% to 12%, a 10-point improvement
- Family support and early intervention services: Unmet needs fell from 20% to 12%, an 8-point improvement

Among families currently using services, roughly 9 in 10 report that participating in programs and services increases their families well-being, up from approximately 8 in 10 just three years ago. Taken together, these shifts represent meaningful progress in building a responsive, family-centered system where services align with what families actually need, especially in high-demand areas like child care and preschool.

## Conclusion

These improvements reflect the Department's success in communicating program information, its focus on continuous quality improvement and professional development, and growing community trust and engagement with early childhood services.

The high level of awareness is evidence that ECECD's communication efforts related to sharing program information and promoting the importance of early childhood education and care are effective. The rise in positive impact of programs on families' well-being, and satisfaction of families signifies that the Department's focus on continuous quality improvement, technical assistance, and professional development is creating positive experiences and garnering the community's trust and approval.



# About the 2025 Family Engagement and Satisfaction Survey

*The Family Engagement and Satisfaction Survey helps ECECD listen to families, learn from their experiences, and strengthen New Mexico's early childhood system.*

The purpose of the Family Engagement and Satisfaction Survey is for ECECD to learn directly from New Mexican parents and caregivers of children from birth to age five. The survey measures families' awareness, access, and satisfaction with early childhood programs and services, as well as their experiences related to basic needs such as food, housing, and health care.

The survey provides valuable insight into how programs are working for families across New Mexico—what programs and services families are aware of, what families find most helpful, where access can be improved, and how early childhood education and care services can best support child development and family well-being. It also highlights areas of success, showing where families report strong satisfaction and positive impacts on their lives.

Survey findings inform ECECD's continuous improvement efforts, guiding decisions about outreach, equity, and investment in early childhood programs. The survey structure remains consistent from year to year to track progress, while new questions are added to reflect evolving needs and programmatic changes.

This report focuses on key early childhood programs and service areas administered by ECECD, including child care services, New Mexico PreK (NM PreK), Home Visiting, and the Family Infant Toddler (FIT) program. Together, these programs reach families experiencing the different stages of early childhood—supporting children's learning, health, and development while aiming to strengthen family well-being. ECECD's leadership in these areas reflects the Department's direct responsibility for program design, funding, coordination, and quality improvement across New Mexico's prenatal-to-five system.

As readers move through this report, survey data should be understood as both quantitative evidence and qualitative insight—a reflection of families' real experiences with the early childhood system. This approach ensures that every data point represents a voice, every chart a lived story, and every finding an opportunity for shared growth.

## Understanding Programs and Service Areas

The Family Engagement and Satisfaction Survey asks about both specific early childhood programs (such as NM PreK, Home Visiting, and FIT) and broader service areas (like child care services, preschool services, and family support and early intervention services). This approach helps ECECD understand how families experience a range of early childhood supports available across New Mexico. Questions about specific programs capture families' awareness of, access to, and satisfaction with services they recognize by name, while questions about service areas reflect how families use or perceive related supports that may be offered under different names and providers in their communities.

### Early childhood programs and service areas measured through this survey

#### PROGRAMS

**Child Care Assistance program (CCA):** A program that helps income-eligible families pay for child care while parents work, attend school, or look for employment. The program supports access to licensed and registered child care providers and aims to make quality care affordable for all New Mexico families.

**Early Head Start:** A federally funded program serving pregnant women, infants, and toddlers up to age three. Early Head Start promotes healthy prenatal outcomes, early learning, and family well-being through home- and center-based services that include developmental screenings, health and nutrition supports, and parent education.

**Families FIRST:** A case management program whose care coordinators are registered nurses that serves Medicaid-eligible pregnant women and families with children aged 0–3. Families FIRST supports healthy pregnancies, early developmental screening, and connects families with services such as Home Visiting and FIT.

**Family Infant Toddler (FIT) program:** New Mexico's early intervention system (Part C) for children from birth to age three who have, or are at risk for, developmental delays

or disabilities. FIT services help families support their child's growth through individualized, family-centered plans that emphasize collaboration between families and professionals.

**Head Start:** A federally funded comprehensive preschool program for children ages 3–5 and their families. Head Start promotes early learning, and family well-being through home- and center-based services that include developmental screenings, health and nutrition supports, and parent education.

**Home Visiting:** A program for families with young children, prenatal to age five. Home visitors provide individualized guidance on parenting, child development, health, and safety while connecting families to community resources.

**New Mexico PreK (NM PreK):** A voluntary preschool program for three- and four-year-old children designed to increase school readiness funded by the State of New Mexico through ECECD. NM PreK is offered in community-based, Tribal, and public-school settings and focuses on early literacy, math, social–emotional development, and family engagement.

**Special Education services:** A system that provides early intervention and educational services for children ages 3–5 with identified disabilities or developmental delays, under the Individuals with Disabilities Education Act (IDEA) Part B. These services support inclusion, individualized learning, and readiness for kindergarten.

**Tribal Head Start:** A federally funded comprehensive preschool program designed and operated by New Mexico's Tribes, Pueblos, and Nations in collaboration with ECECD and the Office of Head Start to provide culturally and linguistically responsive early learning, health, and family support services for Native children and families.

**Women, Infants, and Children (WIC):** The Special Supplemental Nutrition Program for Women, Infants, and Children provides nutritious foods, breastfeeding support, and nutrition education for income-eligible pregnant, postpartum, and breastfeeding women, infants, and children under age five. WIC promotes healthy development and strengthens family health and nutrition.

## SERVICE AREAS

**Child care services:** Child care is a foundational part of New Mexico's early childhood system, providing safe, nurturing, and high-quality environments where children can learn and grow while families work, attend school,

or pursue training. This service area includes all licensed and registered home- and center-based care options for children from 6 weeks to 13 years old in New Mexico.

**Family Support and Early Intervention Services:** Family support and early intervention services work together to strengthen family well-being, support early development, and connect families with health, education, and community resources. This service includes the Home Visiting, FIT, Early Head Start, and Families FIRST programs.

**Preschool services:** Preschool offers early learning experiences for children ages 3–5 that support school readiness and whole-child development. The preschool service area includes the NM PreK, Head Start, Tribal PreK programs, as well as community-based programs.

**Food support services:** Food support services ensure that New Mexico's young children and families have access to healthy, nourishing meals year-round. This service area includes the Child and Adult Care Food Program (CACFP), the Summer Food Service Program (SFSP), the Supplemental Nutrition Assistance Program (SNAP), and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) programs.

## UNDERSTANDING SURVEY QUESTIONS AND DATA PRESENTATION

In this survey, different respondent populations were directed to different sections of the survey based on their program usage or needs for early childhood programs or service. This means that the survey sample size (the *n* values), is different for different survey sections:

- **Awareness questions** were asked of all respondents
- **Program value and satisfaction questions** were asked only of respondents who reported using specific programs or services
- **Barrier and unmet needs questions** were asked only of respondents who reported needing services but being unable to access them
- **Basic needs insecurity questions** were asked of all respondents

Within this report, sample sizes (*n* values) are provided for different respondent groups to make clear which population answered each question. When comparing data across sections, readers should note these different populations and what each represents. In the analysis of data, some subgroups of the survey sample, such as those who live in rural counties, is much smaller than other groups, such as those that live in metro counties. These



sample sizes are also reported in the report, and should be taken into account when interpreting the data.

## Who participated

In 2025, 3,449 parents and caregivers of children from birth to age five shared their experiences with early childhood programs and services in New Mexico. This reflects a continued high level of participation—an increase from 3,202 responses in 2024 and comparable to 3,551 responses in 2023, more than double the 1,549 responses collected in 2022. Each response was carefully screened to confirm that participants were New Mexico parents or caregivers of young children, ensuring the results accurately reflect the voices of families ECECD serves.

The survey is designed to represent families and communities across the state, and in 2025—as in previous years—every county and tribal community in New Mexico was represented. The results provide a clear and inclusive view of how families experience and benefit from key early childhood programs and services administered by ECECD.

The 2025 survey sample reflects the diversity of New Mexico's families: 43% identified as Hispanic, 47% as White, and 9% as Native American, with smaller shares identifying as Black, Asian, or other racial and ethnic groups. Nearly 15% of families reported a disability affecting themselves or a household member. Respondents live in all parts of the state—49% in metropolitan areas, 18% in small metro areas, 24% in mixed urban and rural communities, and 8% in rural areas. Families in the survey sample also represent a broad range of income levels, with 39% reported earning under \$50,000, 42% between \$50,000 and \$99,999, and 20% over \$100,000.

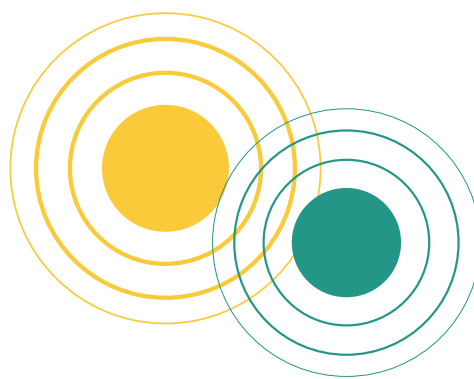
Overall, the 2025 sample aligns closely with the state's population in terms of educational attainment, income, race and ethnicity, and geography, though some small variations remain. For example, Bernalillo County continues to be slightly overrepresented (38% of respondents versus 34% of the population), while Doña Ana and San Juan counties are slightly underrepresented. Hispanic, Latino, or Spanish respondents (43%) are modestly below their statewide proportion (48%), while Native American families (9%) closely reflect the state's 10% estimate. Black (9%) and Asian (3%) respondents are somewhat overrepresented, strengthening the diversity of voices represented.

Together, these responses provide a robust and representative picture of family experience across New Mexico's early childhood system—offering valuable

insight into how participation in programs and services supports family well-being and children's growth. For a detailed account of how representative the survey sample is compared to the population of New Mexico, see Appendix 2.

## Survey Language and Accessibility

The survey was administered primarily in English and Spanish, with the main outreach happening through social media and community organizations with translation capacity. This methodology has significant implications for data interpretation. The survey likely underrepresents families whose primary language is not English or Spanish. Additionally, because respondents from dominant cultural groups (English-speaking White respondents comprise 47% of the survey sample) are substantially represented while families from non-dominant linguistic communities are underrepresented in the sample itself, survey findings should be understood as reflecting the experiences of the respondent population rather than fully representing New Mexico's complete linguistic and cultural diversity. This is particularly important when interpreting findings related to language access and communication barriers—which may be lower in these results than in the actual population due to sampling effects.





# New Mexico Early Childhood Education and Care Department's 2025 Family Engagement and Satisfaction Survey



## Insights from the 2025 Early Childhood Education and Care Department Family Engagement and Satisfaction Survey

Each spring, the New Mexico Early Childhood Education and Care Department (ECECD), in partnership with Project ECHO, listens to families across the state to understand how early childhood programs are working for them. In 2025, more than 3,400 parents and caregivers, representing every county and tribal community, shared their experiences with early learning and family support programs. Families described their awareness of available services, access to and use of programs, and how participation impacts their family well-being, as well as where unmet needs remain. These insights guide ECECD's work to ensure that every New Mexico child from birth to age five can grow, learn, and thrive.

## Key Findings

### Awareness and knowledge of early childhood programs among parents and caregivers:

- Program awareness rose significantly from 71% in 2022 to 83% in 2023 and has remained high, at around 80%, in both 2024 and 2025, indicating the consistent success of public awareness efforts.
- Program familiarity scores continue to increase year over year, indicating steady growth in the amount of knowledge families have about early childhood programs and services.
- Rural respondents reported the highest overall program awareness in 2025, at 84%, maintaining this lead consistently for three years. This suggests strong outreach in rural communities.
- Strong awareness growth for the three key programs administered by ECECD:
  - NM PreK: Increased from 72% to 87% in awareness between 2022 and 2025 (15-point gain)
  - FIT Program: Achieved the largest gain over this period from 48% to 66% (18-point increase).
  - Home Visiting: Demonstrated expanding recognition of its value with 75% awareness in 2025 (7-point increase)
- Basic awareness of Home Visiting and Head Start is relatively even across all racial and ethnic groups, within a 5-point range, suggesting that these programs have a broad and equitable reach.
- The consistent trend of lower awareness among Native American and Hispanic respondents for several programs highlights the need for culturally responsive, targeted communication strategies, particularly for specialized services such as FIT and Special Education.
- Metro areas exhibit the widest awareness gap across programs—35 points between WIC (94%) and FIT (59%)—indicating inconsistent program visibility and potential information silos.



- The average gap in awareness of early childhood programs between education levels narrowed from 8.4% in 2024 to 5.8% in 2025, reflecting progress toward more equitable program awareness across educational backgrounds.
- The majority of families learn about early childhood programs and services from trusted messengers, including family and friends, child care organizations, health care professionals, and schools.



### **Barriers to program access and unmet needs of parents and caregivers:**

- In 2025, 27% of families reported that child care services were too expensive, a slight increase from 23% in 2024, but still below the peak of 28% in 2023.
- The complexity of signing up for services, although improving, remains the most commonly cited barrier to access across all programs and service areas.
- From 2022 to 2025, challenges finding reliable child care remained high and mostly unchanged. In 2025, about one in four families said they often struggled to find or keep child care, and two out of three said they sometimes faced those challenges—similar to last year.
- In 2025, 62% of families said they sometimes worried about having enough food, while 16% said this was a regular problem for their household. Both numbers improved from 2024.
- In 2025 56% of families said they sometimes had trouble getting health care or keeping health insurance, and 17% said they regularly faced these difficulties, the same as in 2024.
- In 2025 about half of families (48%) said they sometimes had trouble paying for or keeping housing, while 14% said this was a frequent problem—both slightly better than in 2024.

### **Impact of program use on well-being and satisfaction of parents and caregivers:**

- Among respondents who used a program or service in 2025, 89% reported an increase in family well-being from using the program, averaged across all programs
- Four key early childhood programs and service areas administered by ECECD—child care services, NM PreK, FIT, and Home Visiting—have consistently demonstrated an annual increase in their average reported positive impact on family well-being, rising from 84% in 2022 to 91% in 2025.
- Families are increasingly satisfied with all services. In most programs, about half of the families report no necessary improvements, a consistent positive trend from 2023 to 2025.
- Overall satisfaction with preschool programs increases with each additional block of learning time: half-day, full-day, and full-day plus. Families are most eager to recommend preschool programs when wrap-around hours are available.

### **Disability:**

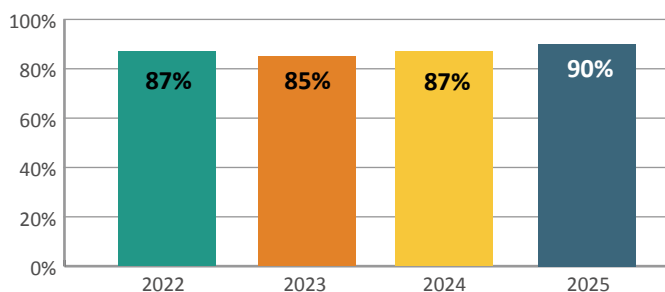
- Among survey respondents, 15% reported that they or a family member experienced some form of disability.
- The most prevalent disability reported among children is autism, with 48% of children with disabilities identified as having autism in 2025.

# Reliable Care, Brighter Futures

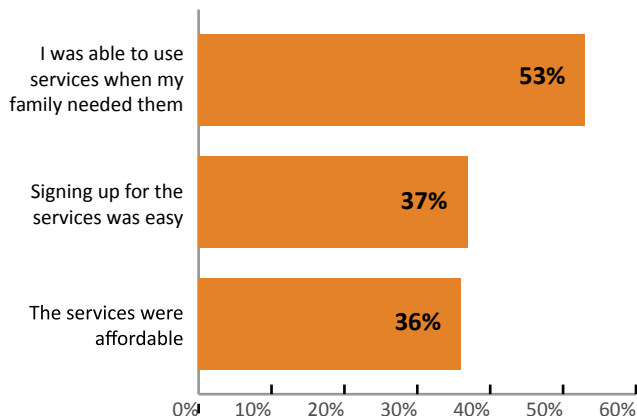
## The Impact of Child Care Services in New Mexico

Child care services, supported and overseen by the Early Childhood Education and Care Department (ECECD), play a foundational role in the well-being and economic stability of New Mexico's families. With access to flexible, affordable, and inclusive child care, parents and caregivers are empowered to pursue employment, education, and family goals while knowing their children are safe, engaged, and learning. ECECD regulates the child care sector in New Mexico to ensure safe environments, supports providers to improve and sustain the quality of their care, and administers the Child Care Assistance programs which subsidizes care for qualifying families.

**Figure 1. Families using child care reporting improved well-being**



**Figure 2. Three most valuable things to families about child care**



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*Having a safe place to leave my children while I am at work has helped our family tremendously. I would not be able to work if this was not available.*

—2025 Family Engagement and Satisfaction Survey Respondent

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## Insights from the 2025 Early Childhood Education and Care Department Family Engagement and Satisfaction Survey

Every spring, the New Mexico Early Childhood Education and Care Department, in partnership with Project ECHO, asks more than 3,200 parents and caregivers—representative of every county and tribal community—how early-childhood programs shape their lives. In 2025 we collected more than 950 responses from parents and caregivers in NM on the impact of child care on their families. (Only some of these families used the Child Care Assistance Program.)

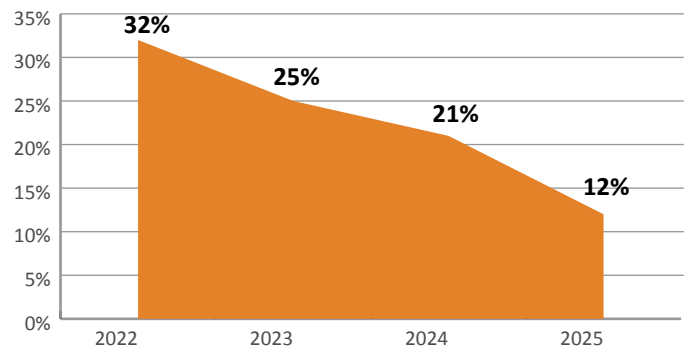


**47% of families reported no improvements were necessary to child care services**

## Family Well-Being and Stability

90% of families using child care services in 2025 reported a positive impact on their family's well-being—up 3 points from 2022. Access to child care not only supports children's development, but also enables caregivers to work, study, and contribute to their communities. Encouragingly, 47% of respondents said no improvements were necessary—a 15-point increase from 2024, reflecting growing satisfaction. While overall satisfaction with child care services remains high, families identified cost (17%), complex enrollment processes (14%), and long wait times (10%) as key areas for improvement. Families indicating they have additional needs that are not being met by child care services they use have decreased significantly from 32% in 2022 to only 12% in 2025. Among those unable to access services, the main barriers were high costs (27%), lack of awareness (25%), and long wait times (19%).

**Figure 3. Do you and your family have additional needs that aren't being met by the child care services you use?**



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*The services were easy to obtain even as a grandparent.*

—2025 Family Engagement and Satisfaction Survey Respondent

*The center was inclusive and welcoming to children of all backgrounds and abilities.*

—2025 Family Engagement and Satisfaction Survey Respondent

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*Found this amazing program that combines homework help with outdoor activities. My boys get their schoolwork done AND burn off energy before I pick them up - total game-changer for our evenings!*

—2025 Family Engagement and Satisfaction Survey Respondent

*I'm a single parent was able to go work to provide for my child.*

—2025 Family Engagement and Satisfaction Survey Respondent

*The peace of mind and ease of my child being picked up from school and being at the same location as her younger sister makes working full-time easier.*

—2025 Family Engagement and Satisfaction Survey Respondent

”

## ECECD's Role: Supporting Accessible High Quality Child Care

The ECECD Child Care Services Bureau supports families and child care providers statewide through:

- The Child Care Assistance Program, subsidizing child care for families earning up to 400% federal poverty level (FPL), with planned expansion in November 2025 to subsidize care for families at all income levels.
- Comprehensive background checks, ensuring safe environments
- Inclusion support for children with special needs
- Parental involvement initiatives, emphasizing collaboration and communication between caregivers and families

# Improving School Readiness

The Impact of New Mexico PreK in 2025



New Mexico PreK (NM PreK) is transforming lives by providing free, high-quality early childhood education that prepares 3- and 4-year-olds for kindergarten and beyond. Delivered through a mixed-delivery model—including public, charter, Head Start, Tribal, and community-based providers—NM PreK gives families flexibility, inclusivity, and the support they need to thrive.

## Insights from the 2025 Early Childhood Education and Care Department Family Engagement and Satisfaction Survey

Every spring, the New Mexico Early Childhood Education and Care Department, in partnership with Project ECHO, asks more than 3,200 parents and caregivers—representative of every county and tribal community—how early-childhood programs shape their lives. In 2025 we collected more than 950 responses from parents and caregivers in NM on the impact of the NM PreK programs on their families.

In 2025, 87% of respondents were aware of NM PreK, a 15-point increase since 2022, underscoring the program's expanding reach across the state.

## NM PreK improves family well-being

Among families using NM PreK in 2025, 92% reported a positive impact on their family's well-being, up 7 points from 2022. Families pointed to both the developmental growth of their children and increased financial stability as key benefits.



*We would not have been able to afford PreK for both our children without help from New Mexico PreK. We also benefit from the home visitor program and improved as parents.*

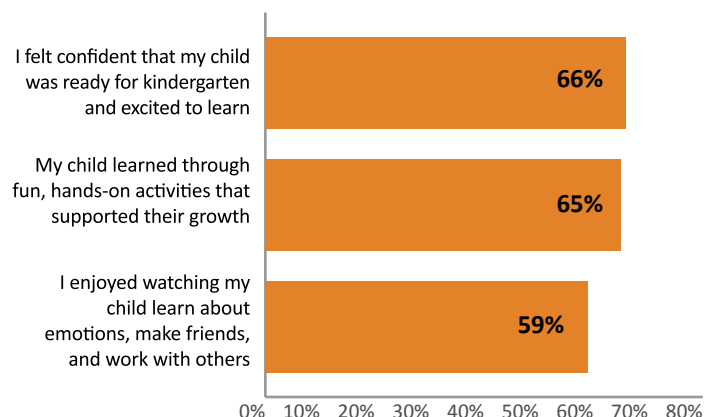
—2025 Family Engagement and Satisfaction Survey Respondent

*It allows my child to have a head start at a better education than I did.*

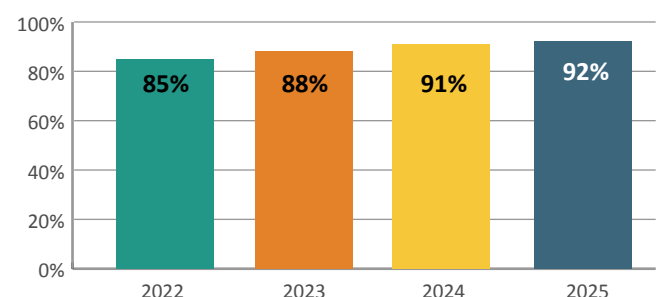
—2025 Family Engagement and Satisfaction Survey Respondent



**Figure 4. The most valuable things to families about NM PreK**



**Figure 5. Families using NM PreK reporting improved well-being**



*With my child in New Mexico PreK, I was able to take on a full-time job because the program's hours gave me the child care I needed. It's been a game-changer for our family's finances*

—2025 Family Engagement and Satisfaction Survey Respondent



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*The teachers identified my child's speech delay and connected us to free therapy services.*

—2025 Family Engagement and Satisfaction Survey Respondent

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**Full-day is now the norm.** More than half of NM PreK children (56%) attend full-day classes, while 14% use full-day plus options. Only 30% remain in half-day schedules, indicating an apparent demand for longer learning days that align with traditional work patterns.

**Longer days drive higher satisfaction.** The overall satisfaction with NM PreK increases with each additional block of learning time: half-day, full-day, and full-day plus. Families are most eager to recommend NM PreK when wrap-around hours are available.

## Addressing Barriers and Improving Access

While 42% of families reported that no improvements to preschool services (including NM PreK) were needed, others pointed to key areas for growth, including long wait times (15%), a complex sign-up process (15%), and transportation challenges (12%). Among those who were unable to access a preschool program, the most common barriers were a lack of awareness about available services (22%), followed by enrollment complexity (19%), and concerns about cost (19%).

“

*It's been a huge financial relief for our family. As a working parent, finding affordable, high-quality early education was a challenge. New Mexico PreK being free has taken a lot of stress off my shoulders.*

—2025 Family Engagement and Satisfaction Survey Respondent

*The teachers shared tips with me during family engagement events, like how to read to my child in a way that boosts her learning. I feel more confident as a parent.*

—2025 Family Engagement and Satisfaction Survey Respondent

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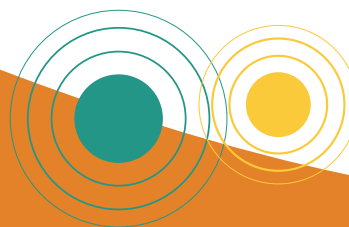
*My son has high-functioning autism and has struggled to find his place among his peers and socialize/work with others. PreK has absolutely changed his social and educational trajectory, he has progressed exponentially and there is no doubt it is because of the services we have been provided with PreK.*

—2025 Family Engagement and Satisfaction Survey Respondent

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## ECECD's role: Building New Mexico's Future Through NM PreK

The Early Childhood Education and Care Department (ECECD) is deeply committed to ensuring that all New Mexico children have access to high-quality early learning through New Mexico PreK. ECECD supports NM PreK by funding a mixed-delivery system that includes public schools, charter schools, Head Start, Tribal programs, and community-based providers, giving families the flexibility to choose the setting that best meets their needs. The department invests in teacher pay parity, professional development, and curriculum quality, while promoting inclusive classrooms that reflect New Mexico's diverse cultures and languages. Through ongoing outreach, program improvement, and equity-focused policies, ECECD continues to strengthen NM PreK as a cornerstone of early childhood education across the state.



## Laying the Foundation for Kindergarten and Beyond

NM PreK provides families with peace of mind, knowing their children are learning in safe, nurturing environments, and enables caregivers to work, pursue education, or support their families with greater stability. Families consistently report feeling more confident as parents are more prepared for the transition to kindergarten, making NM PreK a vital resource for both children's growth and family well-being.

# Strong Starts, Bright Futures

## The Impact of the Family Infant Toddler (FIT) Program in New Mexico



The Family Infant Toddler (FIT) Program is New Mexico's statewide early intervention system, providing no-cost support and services to families of children from birth to age three who are experiencing or at risk for developmental delays or disabilities. FIT provides evaluations, therapies (such as speech, occupational, and physical therapy), and transition planning—delivered in natural environments like the home or child care setting. Services are always free, regardless of income or citizenship status. Through contracts with more than 30 local providers, FIT served more than 14,000 children in 2025 and continues to be ranked among the top early intervention programs in the country.

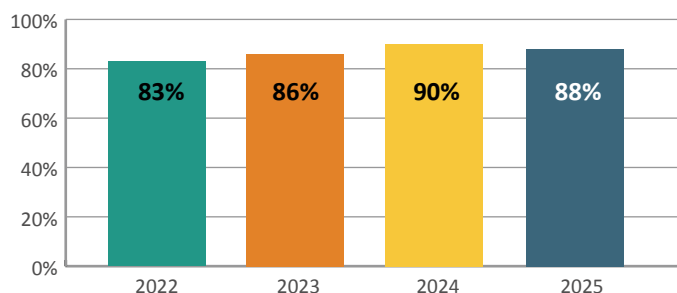
### Insights from the 2025 Early Childhood Education and Care Department Family Engagement and Satisfaction Survey

Every spring, the New Mexico Early Childhood Education and Care Department, in partnership with Project ECHO, asks more than 3,200 parents and caregivers—representative of every county and tribal community—how early-childhood programs shape their lives. In 2025 we collected 491 responses from parents and caregivers in NM on the impact of FIT on their families.

### Family-Centered, Strength-Based Care

Grounded in the principles of family-centered, strength-based care, FIT empowers caregivers to support their children's development during the most critical early years.

**Figure 6. Families using FIT Program reporting improved well-being**



“

*The strategies they taught us for sensory processing issues have made everyday activities like bathing and dressing so much easier.*

—2025 Family Engagement and Satisfaction Survey Respondent

*FIT provided us with information on local child care options when we needed to return to work. They helped us evaluate different centers based on their quality, safety, and educational programs, ensuring our child would be in good hands.*

—2025 Family Engagement and Satisfaction Survey Respondent

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*Our son is diagnosed with Down syndrome. The FIT program provided him the support he needed with his various development delays. Having therapists attend his day care made such a difference on the support and techniques that were used by his teachers to ensure he was continuing to advance. We were so grateful for the support.*

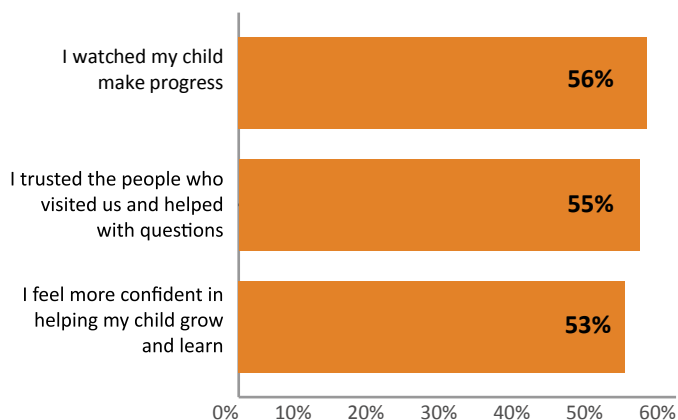
—2025 Family Engagement and Satisfaction Survey Respondent

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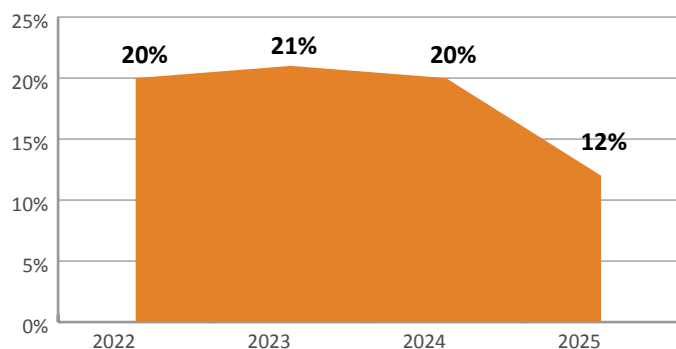
### Families See Growth and Support

Families across New Mexico value the FIT program for the personalized, compassionate, and effective support it provides during a critical window of child development. Families consistently highlight how FIT helps them better understand and support their children, particularly when developmental delays or disabilities are present. For many, FIT has made a lasting impact, not just through therapy services, but through empowering parents with strategies they can use in daily life.

**Figure 7. The three most valuable things to families about FIT**



**Figure 8. Does your family have needs that aren't being met by the family support and early intervention services you use?**



## Addressing Barriers and Improving Access

Half of families using FIT and similar services reported no need for improvement, indicating strong overall satisfaction with the services. The number of families using early intervention services who indicated that the services were not meeting their needs decreased from 20% in 2022 to 12% in 2025. However, some challenges remain, with families citing that services take too much time (15%), sign-up is too complex (13%), and wait times are too long (13%). Among those unable to access services, the most common barriers were a lack of awareness (30%), complex enrollment processes (23%), and long wait times (19%), highlighting the need for continued outreach and streamlined access.

*We learned how to set realistic goals for our child and celebrate the milestones achieved.*

—2025 Family Engagement and Satisfaction Survey Respondent

**88% of families using FIT reported a positive impact on their well-being in 2025, a 5-point increase from 2022.**

## ECECD's Commitment to Early Intervention

ECECD ensures that FIT services are delivered with respect, cultural responsiveness, and accessibility at their core. Services are rooted in strong family-professional partnerships and delivered in the child's everyday environment, empowering caregivers as the most important people in a child's life. As part of New Mexico's larger early childhood ecosystem, FIT works in coordination with other early intervention and family support programs like Home Visiting and Families FIRST to promote whole-family well-being.



*The FIT program helped provide a speech therapist who came to our home. The therapist works with our child and us during everyday activities, like mealtime or playtime, to encourage language development.*

—2025 Family Engagement and Satisfaction Survey Respondent

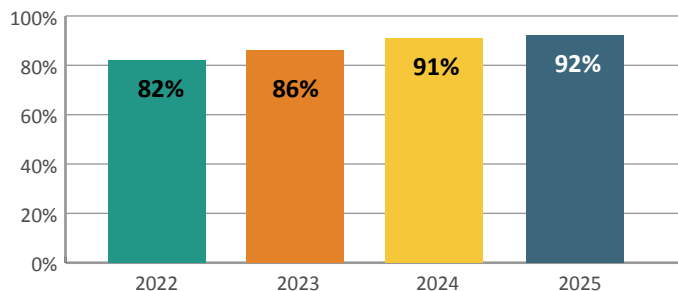
# From the Very First Days

## The Impact of Home Visiting in New Mexico



New Mexico's Home Visiting gives personalized, culturally responsive, and relationship-based support to expectant parents and families with children from birth to kindergarten entry. Home visiting professionals work with families in their homes—or virtually—to answer questions, support child development, and connect families to vital community resources. Whether guiding families through breastfeeding, helping build healthy sleep routines, or supporting mental health and safety, home visiting is centered around building strong, resilient families from the start. Services are free, voluntary, and available across all 33 counties, ensuring families receive consistent and compassionate support no matter where they live.

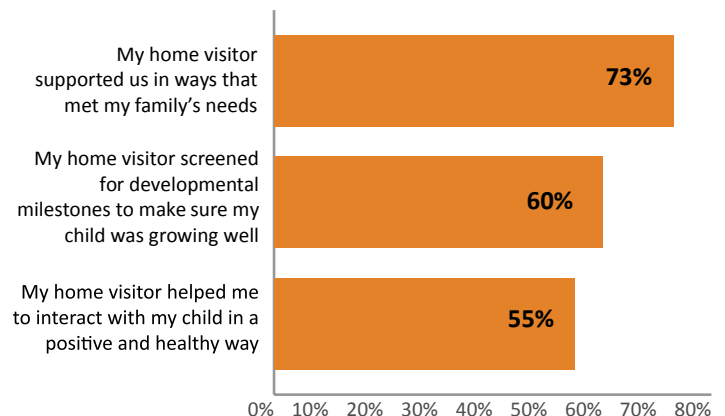
**Figure 9. Families using Home Visiting reporting improved well-being**



## Insights from the 2025 Early Childhood Education and Care Department Family Engagement and Satisfaction Survey

Every spring, the New Mexico Early Childhood Education and Care Department, in partnership with Project ECHO, asks more than 3,200 parents and caregivers—representative of every county and tribal community—how early-childhood programs shape their lives. In 2025 we collected more than 620 responses from parents and caregivers in NM on the impact of Home Visiting on their families.

**Figure 10. The three most valuable things to families about Home Visiting:**



## Why Home Visiting Matters to Families

Families describe Home Visiting as transformative, improving not only their confidence as caregivers but also their access to life-saving information and support. Among families using home visiting services in 2025, 92% reported a positive impact on family well-being—a 10-point increase from 2022.

Families find Home Visiting services most valuable for the personalized support they receive, with 73% saying their home visitor met their family's specific needs. Many families also appreciated help tracking their child's development (60%) and learning how to engage with their child in positive, healthy ways (55%).

*The visits gave me the chance to ask questions and get advice tailored to our family's needs. For example, when my youngest was having trouble with sleep patterns, the home visitor helped me create a more consistent routine, and it worked wonders. It also gave me a space to talk about the challenges I was facing as a mom with three kids. The support made me feel less overwhelmed and more equipped to handle day-to-day parenting. It's been such a positive influence on our family's well-being.*

—2025 Family Engagement and Satisfaction Survey Respondent



**50% of families say that no improvements are necessary for Home Visiting services**

*My home visitor likely saved my life by encouraging me to go to the ER after I returned home from giving birth. I ended up having a blood clot and fluid around my lungs caused by IV fluids/post op complications. I would have delayed seeking treatment if not for her concern and encouragement. I credit her completely.*

—2025 Family Engagement and Satisfaction Survey Respondent

## ECECD's Commitment to Home Visiting

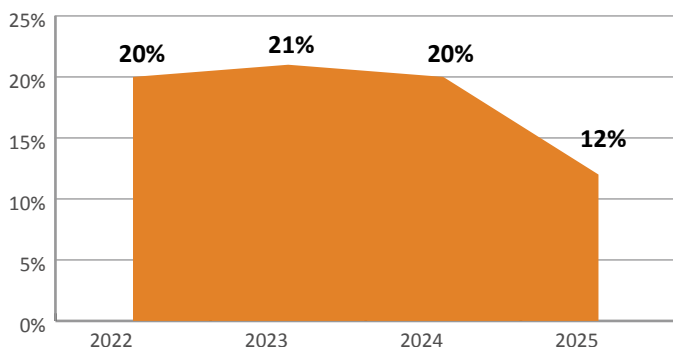
The Early Childhood Education and Care Department (ECECD) supports home visiting as a key strategy in New Mexico's vision to raise healthy, happy, and successful children. By funding programs across the state and ensuring services are linguistically and culturally responsive, ECECD is building a family-first system of care that meets each household where they are—and helps them grow from there.



## Addressing Barriers and Improving Access

While half of families reported no need for improvements to Home Visiting others pointed to ongoing challenges, including the time required to use services (15%), complex enrollment processes (13%), and long wait times (13%). Among families who were unable to access services, the most common barriers were lack of awareness (30%), difficulty signing up (23%), and extended wait times (19%), highlighting the need for continued outreach and streamlined access. In 2025, only 12% of families using services including Home Visiting, indicated they had additional needs that were not being met, down from 20% in 2022 and 21% in 2023. This steady decline suggests that services like Home Visiting are becoming more responsive and effective in addressing the holistic needs of families across New Mexico.

**Figure 11. Does your family have needs that aren't being met by the family support and early intervention services you use?**



*Everyone we ever worked with felt like family. It always just felt like family visiting and always ready to help if we should need it. It never felt forced and was always fun. It was bitter sweet graduating out of the program.*

—2025 Family Engagement and Satisfaction Survey Respondent

*Living in a rural area, I felt really isolated as a parent. Having a home visitor come to us made it easier to access resources, and now I feel more connected to my community.*

—2025 Family Engagement and Satisfaction Survey Respondent



# Knowledge of Early Childhood Programs

The first section of the survey aimed to assess respondents' knowledge of nine early childhood programs (bolded programs are administered by ECECD):

- **Child Care Assistance program**
- Early Head Start
- **Families FIRST program**
- **Family Infant Toddler (FIT) program**
- Head Start
- **Home Visiting**
- **New Mexico PreK (NM PreK)**
- Special Education services
- The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

For each of these programs, respondents were asked to rate their level of knowledge of each of these programs on a five-point scale. The response options were: 1. I have never heard of the program and know nothing about the services it provides; 2. (no description); 3. I have heard of the program and know basic information about the services it provides; 4. (no description); and 5. I am very familiar with the program and the services it provides.

Respondents could also indicate where they first learned about each program (for example, through family and friends, child care providers, health care professionals, or community organizations).

Using this question, the survey reveals two related but distinct dimensions of how much respondents know about early childhood programs: program familiarity and basic program awareness. Both indicators help ECECD understand how effectively program information reaches families and how deeply families know what each program offers.

## Program Familiarity

- Reflects the depth of families' knowledge about a program's purpose and services
- Rated on a five-point scale (1=never heard of, 5=very familiar)
- Reported as an average score (e.g., WIC=3.87; Families FIRST=2.5)

## Program Awareness

- Shows the breadth of recognition—how many families have at least heard of the program
- Includes anyone who rated a program 2 or higher on the same scale
- Reported as a percentage of respondents (e.g., WIC=93%; FIT=66%)

By measuring respondents' knowledge of early childhood programs in these two complementary ways both how much respondents know about programs (familiarity) and how many respondents know about programs (awareness) can be shown.

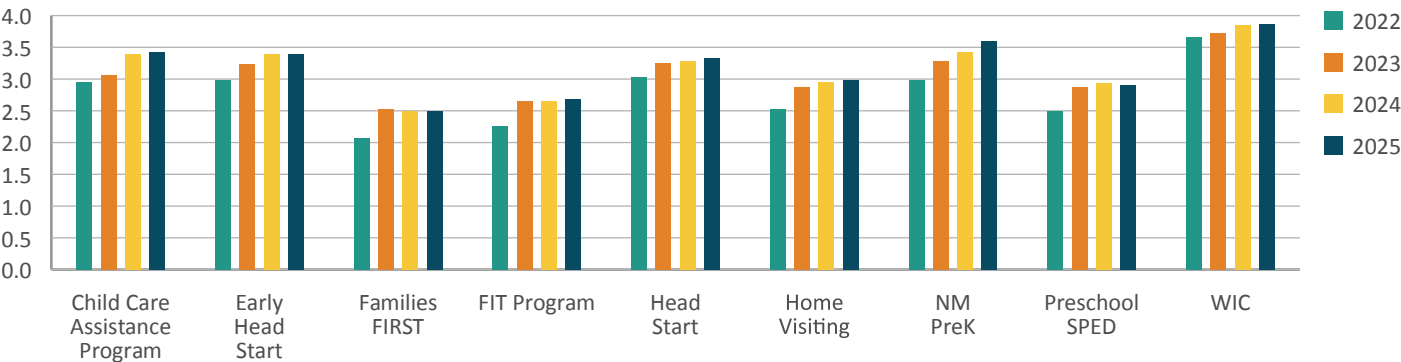
## Program Familiarity

The average familiarity ratings for the programs presented in the 2025 survey ranged from a high of 3.87 (out of five) for the WIC program to a low of 2.5 for the Families FIRST program. The average level of familiarity of respondents with these programs is 3, meaning they have heard of the program and know basic information about the services it provides. While there may be slight variations in the rate of increase from one year to the next, the overall trend

***“As a new parent, I had to figure out deadlines to enroll by myself. Resources were not readily provided and I had to seek out all of the information myself.”***

**—Parent on how accessible knowledge improves the experience of accessing early childhood services**

**Figure 12. Average familiarity scores for selected early childhood programs, 2022-2025 (n 2022= 1549, n 2023= 3495, n 2024= 3199, n 2025= 3449)**



indicates higher familiarity scores in more recent years. From 2022 to 2025, we observe an annual overall increase in familiarity across all programs, with the highest-scoring program (WIC) and the lowest-scoring program (Families FIRST) remaining the same in each year. Between 2022 and 2023, we see an average increase in familiarity across all programs of 0.28, with a 0.1 increase between 2023 and 2024, followed by a slight decrease to almost flat at a 0.03 increase between 2024 and 2025. The three least familiar programs —Families FIRST, FIT, and Special Education services —show sustained and significant gains in familiarity between 2022 and 2025.

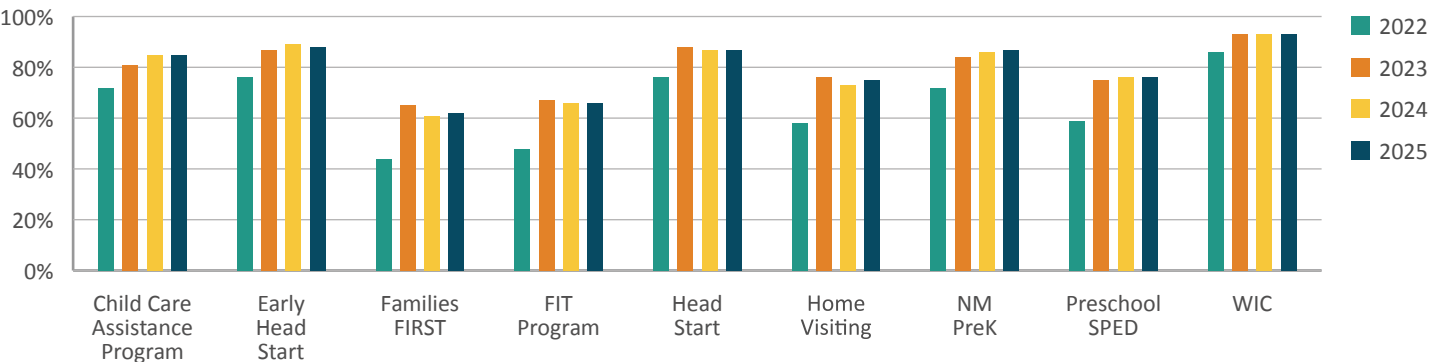
**The three least familiar programs, Families FIRST, FIT, and Special Education services, show sustained and significant gains in familiarity between 2022 and 2025**

**Program familiarity scores continue increasing year-over-year**

**Program Awareness**

Levels of awareness between programs closely resembled the results of the average familiarity scores. For example, the WIC program was the most widely recognized among the respondents, with 93% indicating awareness of it, and serves as a benchmark for the most well-known program in this area. As a federally sponsored program that has been running for 50 years, the WIC program demonstrates how high levels of awareness can persist over time for programs. In comparison, only around two out of every

**Figure 13. Percentage of respondents who have basic awareness of selected early childhood programs 2022-2025 (n 2022= 1549, n 2023= 3495, n 2024= 3199, n 2025= 3449)**



## Ongoing high levels of program awareness at 80%

three respondents reported awareness of FIT. Awareness of most programs grew early on but has since leveled off, showing little change between 2023 and 2025. In contrast, families' familiarity (deeper knowledge of programs) has continued to increase steadily.

From 2022 to 2023, we observed a significant increase in program awareness, rising from an average of 71% in 2022 to a high of 83% in 2023, across all programs. In 2024 and 2025, most of this gain is sustained, with an average of 80% of respondents across all programs reporting at least basic awareness of the programs. During this period, ECECD continued its investment in community outreach through Moments Together, Developing Futures, and the Early Show with Alax public awareness campaigns amongst other efforts. Over these four years, the relative order

### Strong awareness growth for selected programs:

- **NM PreK:** Increased from 72% to 87% in awareness between 2022 and 2025 (15-point gain).
- **FIT program:** Achieved the greatest gain over this period (18-point increase)
- **Home Visiting:** Rose by 17 points, demonstrating expanding recognition of its value, with 75% awareness in 2025.

*“Families FIRST connected us with a range of services that we didn’t know were available to us.”*

—Parent sharing how one program raised their awareness of other programs

of programs ranked by level of awareness has remained largely unchanged. We observed no significant increases in awareness of programs from 2023 to 2025, and a slight decline in awareness of Home Visiting and Families FIRST in 2024, which was partially reversed in 2025. The flattening of this trend should not be overly concerning, as overall rates of basic awareness of early childhood programs are high, with only one in five people (20%) indicating a lack of basic awareness of the programs. The strong ongoing level of awareness of the programs will naturally limit the possibility of large increases in awareness.

We see a difference in awareness trends among key early childhood programs administered by ECECD. The basic awareness of NM PreK, was 72% in 2022, increasing by 15 points to 87% in 2025. The greatest gains in basic awareness over the past four years were made by FIT, which increased 18 points between 2022 and 2025. Home Visiting increased 17 points over this period.

**The leveling off of overall program awareness between 2023 and 2025 suggests that current outreach efforts have reached saturation. This presents an opportunity to refresh communication strategies to reach new parents and caregivers.**

In 2025, the awareness gap between the most and least familiar early childhood programs has stabilized after major progress in earlier years. From 2022 to 2025, the difference between the highest awareness program (WIC) and the lowest (Families FIRST) narrowed substantially—from 38 points in 2022 to 28 points by 2023—and has since held steady through 2025 at 27 points, reflecting lasting gains in public awareness of programs.

The pattern of awareness observed between the programs with the most and least basic awareness can be explained by the differing service mandates of the programs. Amongst the five most familiar programs, Head Start, Early Head Start, and NM PreK are preschool programs available throughout New Mexico, although access to Head Start and Early Head Start are both

income-limited. The WIC program is income-limited but supported by a large national promotional effort and has been nationally implemented for the past 50 years. The Child Care Assistance program subsidizes the cost of child care for New Mexican families at or below 400% of the federal poverty level, subject to specific requirements. As a program that has recently expanded, it has garnered considerable publicity.

In contrast, the two least familiar programs tend to have more limited-service mandates, which may explain the broad differences in awareness for these programs. FIT supports children from birth to age three who have, or are at risk for, developmental delays through early intervention services. Families FIRST serves Medicaid-eligible pregnant women and children from birth to age three, providing perinatal case management and family support.

**Program Awareness by Race and Ethnicity**

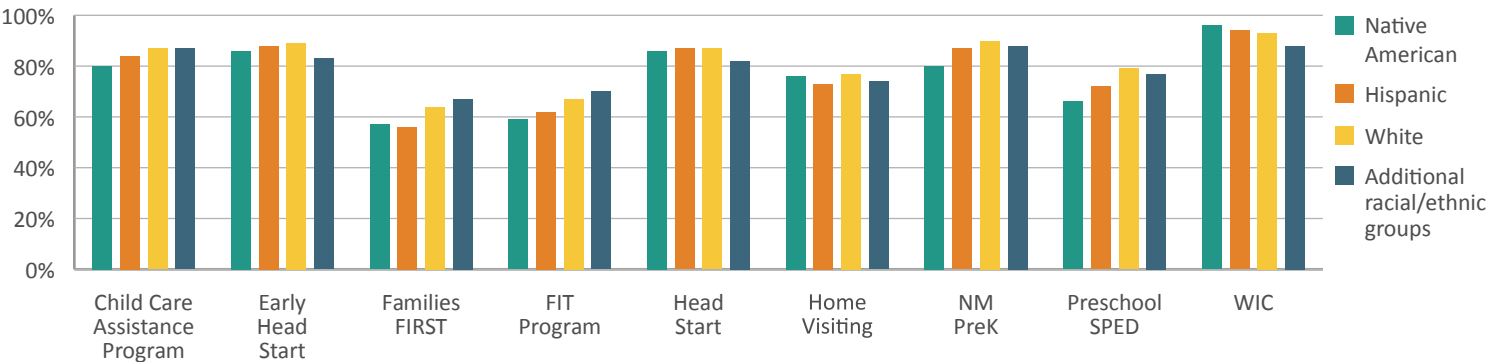
There is relatively consistent awareness across all reported racial/ethnic groups of Home Visiting and Head Start (within a 5-point range), and consistency across a slightly wide range (6-8 points) for the Early Head Start, Child Care Assistance and WIC. Of the remaining programs, White respondents were more likely to have awareness of these programs, particularly the Families FIRST, FIT, and Special Education services. Hispanic and Native American respondents reported significantly less familiarity with the FIT, Families FIRST, and Special Education services than White respondents. There has been a notable reduction over time in racial and ethnic disparities in awareness of NM PreK and Child Care Assistance, but it remains significant. With 32% of Native Americans in New Mexico living in poverty, a rate substantially higher than any Black, Asian, and additional racial/ethnic groups, it is concerning that only 48% of Native American respondents

**Raising awareness of FIT and Special Education services among Native American and Hispanic respondents to support the usage of these services by those who are eligible is an opportunity.**

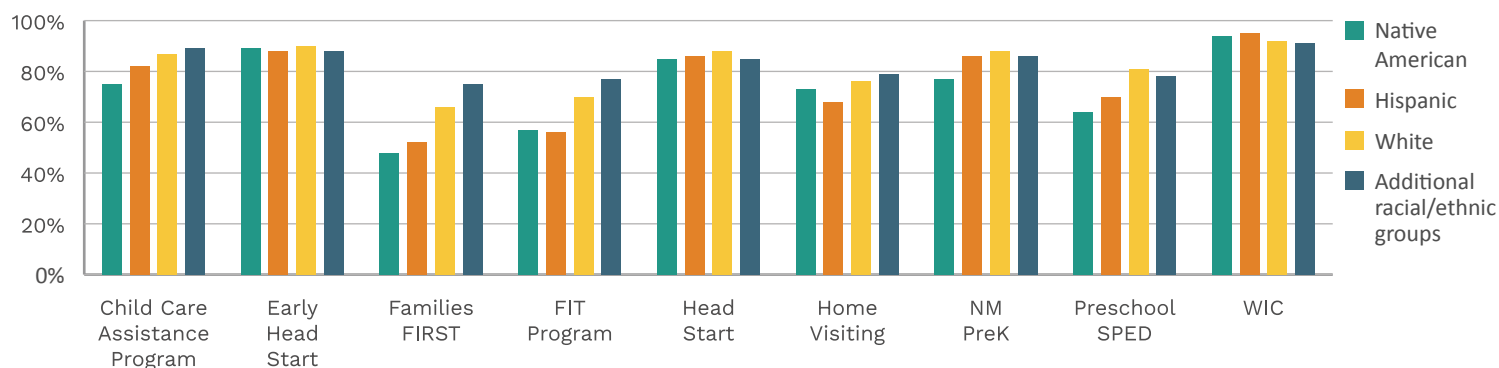
**Basic awareness of Home Visiting and Head Start is relatively even across all racial and ethnic groups suggesting that these programs have a broad and equitable reach.**

indicate basic awareness of the means-tested Families FIRST program, the lowest rate for any program or group, and only 75% are aware of the Child Care Assistance Program, another crucial support.

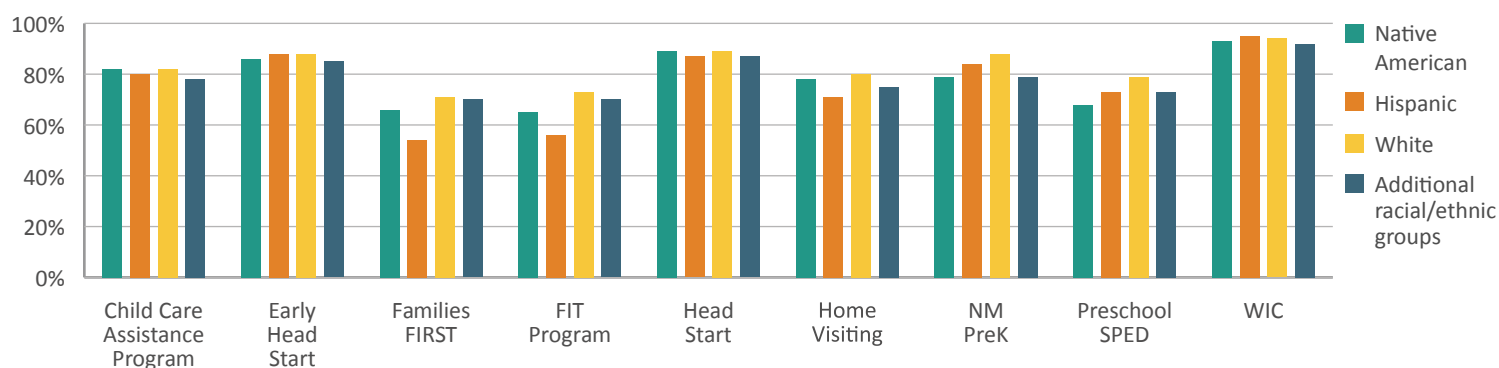
**Figure 14. Percentage of respondents who indicated at least some awareness of programs by race/ethnicity, 2025 (n= 3449)**



**Figure 15. Percentage of respondents who indicated at least some awareness of programs by race/ethnicity, 2024 (n= 3199)<sup>1</sup>**



**Figure 16. Percentage of respondents who indicated at least some awareness of programs by race/ethnicity, 2023 (n= 2495)**



The greatest differences in program awareness by race and ethnicity appear across four programs: FIT, NM PreK, Families FIRST, and Special Education services. Awareness of FIT ranges from 59% among Native American respondents to 70% among Black, Asian, and other racial or ethnic groups, with White respondents close behind at 67%. NM PreK continues to demonstrate strong overall awareness at 86%, though a 10-point gap remains between Native American respondents (80%) and White respondents (90%). The widest gap in 2025 is observed in Special Education services, where awareness varies by 13 points—from 66% among Native American respondents, compared with 72% among Hispanic and 79% among White respondents—a pattern consistent with 2024. Awareness of Families FIRST increased among Native American respondents from 48% in 2024 to 57% in 2025, slightly surpassing the 56% reported by Hispanic respondents but remaining below the 66% reported by White respondents. Although awareness of Families FIRST has fluctuated over time, peaking at 66% in 2023, the 2025

results reflect renewed growth. Overall, while awareness of early childhood programs remains high statewide, these findings point to continuing racial and ethnic disparities, highlighting the importance of culturally and linguistically responsive outreach that ensures all families have equitable access to information about available programs and services.

“

***“I don’t know about many of these services and what they help with. More information could be provided at a doctor’s office.”***

**—Parent on awareness of early childhood services**

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1. The ‘Hispanic’ category includes all respondents identifying as Hispanic/Latino.



## Program Awareness by Location Type

To understand the impact of location type on awareness levels, respondents were categorized into four groups based on county classification: metropolitan (urban), small metropolitan, mixed rural and urban, and rural, using the New Mexico Department of Health's classification system. Metropolitan counties include Bernalillo, Sandoval, Torrance, and Valencia. The small metro counties comprise Doña Ana, San Juan, and Santa Fe. The mixed urban/rural counties include Cibola, Chaves, Curry, Eddy, Grant, Lea, Los Alamos, Luna, McKinley, Otero, Rio Arriba, Roosevelt, San Miguel, and Taos. The rural counties are Catron, Colfax, De Baca, Guadalupe, Harding, Hidalgo, Lincoln, Mora, Quay, Sierra, Socorro, and Union.<sup>2</sup>

There are interesting interactions in New Mexico between the location of respondents in the state and their race and ethnicity.

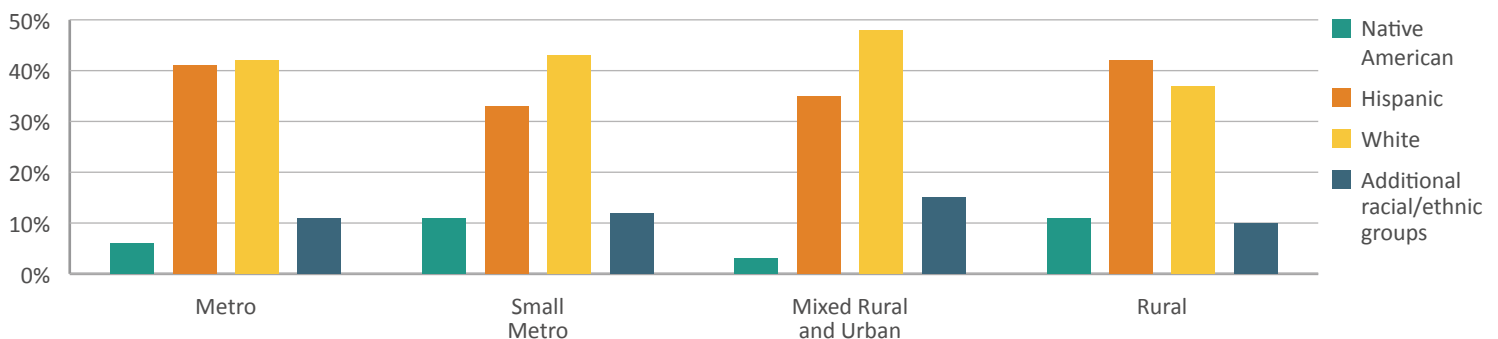
Overall, there is a relatively comparable representation of respondents by race and ethnicity across location types and the overall sample. However, we do see some variation. Proportionally, White respondents were most prevalent in mixed rural and urban areas (48%), aligned with the response distribution in metro and small metro areas, but notably lower in rural areas (37%). Hispanic respondents had slightly lower representation than the overall sample in mixed rural and urban (35%) and small metro areas (33%), but were aligned elsewhere. Native American respondents comprised 11% of the sample in both small metro and rural areas, which was slightly above the overall representation. However, they were significantly underrepresented elsewhere, with only 6% in metro areas and 3% in mixed rural and urban settings.

**Rural areas have the highest overall average awareness of all programs at 84%**

**The geographic distribution of racial and ethnic groups (e.g., Native Americans more concentrated in rural/small metro areas, underrepresented in metro areas) should inform tailored outreach strategies that are both place—and population—sensitive.**

Respondents from Black, Asian, and additional racial/ethnic groups were overrepresented in mixed rural and urban areas at 15%, but were relatively aligned with the overall sample in other areas. These distributions should be taken into account when interpreting the following results.

**Figure 17. Location of respondents by race/ethnicity, 2025 (n= 3449)**



2. Between 2022 and 2023, changes were made to the methodology for analyzing the geographical location of respondents to gain deeper insights from the data. In 2022, respondents were compared based on their urban or rural classification. Urban respondents were defined as those living in the Albuquerque, Las Cruces, Santa Fe, or Farmington metropolitan areas, while all other respondents were considered rural. In 2023, a more granular methodology was implemented based on the New Mexico Department of Health's four category approach using county level classification, which continues into 2025.

**“I just have a lot of to-dos right now and was interested in these programs but wasn’t sure where to go beyond getting my child care assistance approved”**

—Parent on knowing how to access early childhood services

**Significant gaps in program awareness persist for Native American and Hispanic families, particularly for programs serving infants and toddlers. Only 59% of Native American respondents are aware of the FIT Program compared to 70% among other groups, and just 48% of Native American families know about Families FIRST—the lowest awareness rate for any program or group—limiting equitable access to essential services.**

at 78%. In contrast, metro counties display the highest variation in awareness, with a 41-point difference between WIC at 94% and Families FIRST at 53%. Generally, variation in awareness across location types continues to exceed that observed across racial or ethnic groups.

FIT and Families FIRST exhibit the highest variation by location, with each program showing a 25-point awareness gap between rural respondents (84% and 78%, respectively) and metro respondents (59% and 53%, respectively). This high variation is primarily driven by a decrease in reported awareness of these programs among metro respondents from 2024 to 2025. Conversely, NM PreK and Child Care Assistance demonstrate minimal location-based variation, at just two percentage points. Between 2023 and 2025, we observe a pattern of higher variation in awareness among location types for the least known programs—FIT and Families First—than for the better-known programs.

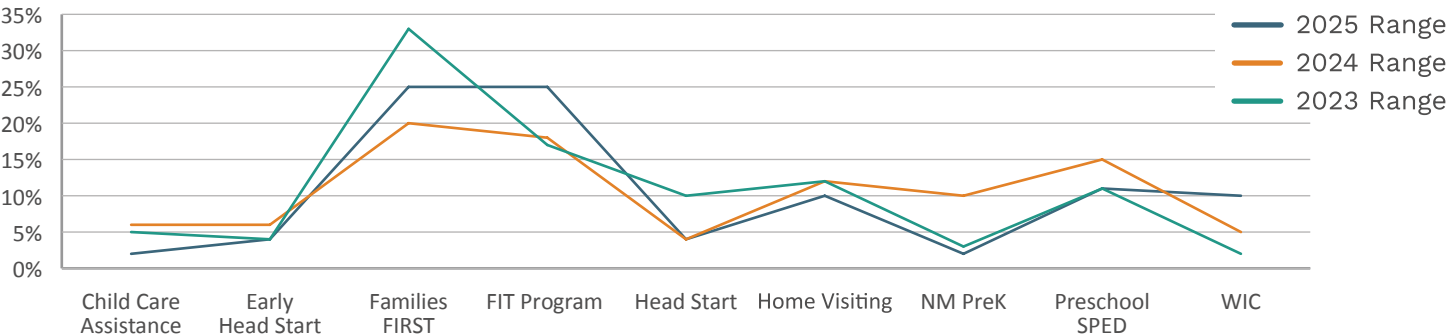
Specific program awareness trends highlight several shifts from previous years. For the WIC program, respondents in metro areas (94%) and small metro areas (95%) continue to report higher awareness compared to rural respondents (85%), indicating an increasing disparity from prior years.

**“Special needs services are extremely limited in Valencia County. Services such as OT, SLP, and ABA are nearly impossible to access due to long wait times and traveling to Albuquerque is not realistic with a special needs toddler.”**

—Parent responding to question on unmet early childhood needs

In 2025, we observe continued evolution in the patterns of program awareness by location type, building upon trends identified in 2023 and 2024. Consistent with previous years, rural respondents maintain the highest average awareness across programs at 84%, compared to 82% for small metro and mixed rural-urban areas, and 77% for metro respondents. Rural counties in 2025 exhibit the lowest variation in awareness across programs, with only a 9-point range between NM PreK at 87% and Families FIRST

**Figure 18. Difference between the highest and lowest levels of awareness of programs by location type of respondents by year 2023-2025 (n 2023= 3495, n 2024= 3199, n 2025= 3449)**



The FIT program maintains a high level of awareness among rural respondents (84%). Small metro respondents show a significant improvement in awareness, rising from 62% in 2024 to 70% in 2025 and remaining at 70% in 2025.

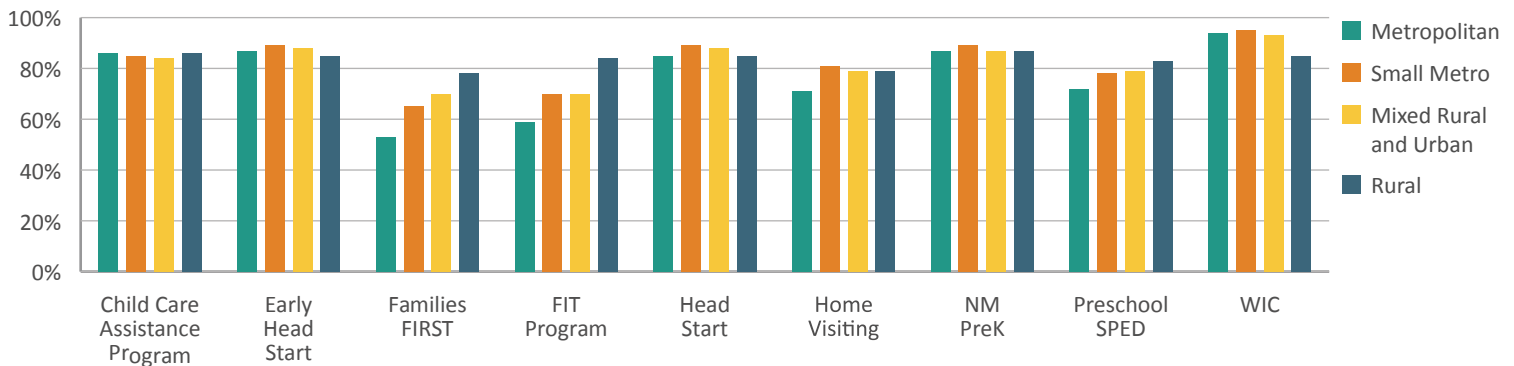
Families FIRST awareness improved markedly in small metro areas, from 57% in 2024 to 65% in 2025; however, metropolitan awareness declined slightly to 53%, underscoring persistent disparities compared to rural respondents. The Home Visiting program has shown notable awareness growth, particularly in small metro areas, increasing from 71% in 2024 to 81% in 2025, surpassing both rural and mixed areas (79%).

Awareness of Head Start and Early Head Start has become relatively uniform across locations in 2025, with small metro respondents reporting the highest awareness (89%) for both programs, slightly ahead of rural and metropolitan respondents. Special Education services awareness also increased significantly in small metro areas, reaching 78%, and narrowed the disparity with rural areas (83%). Child Care Assistance and NM PreK programs remain consistently high and relatively equitable across all location types.

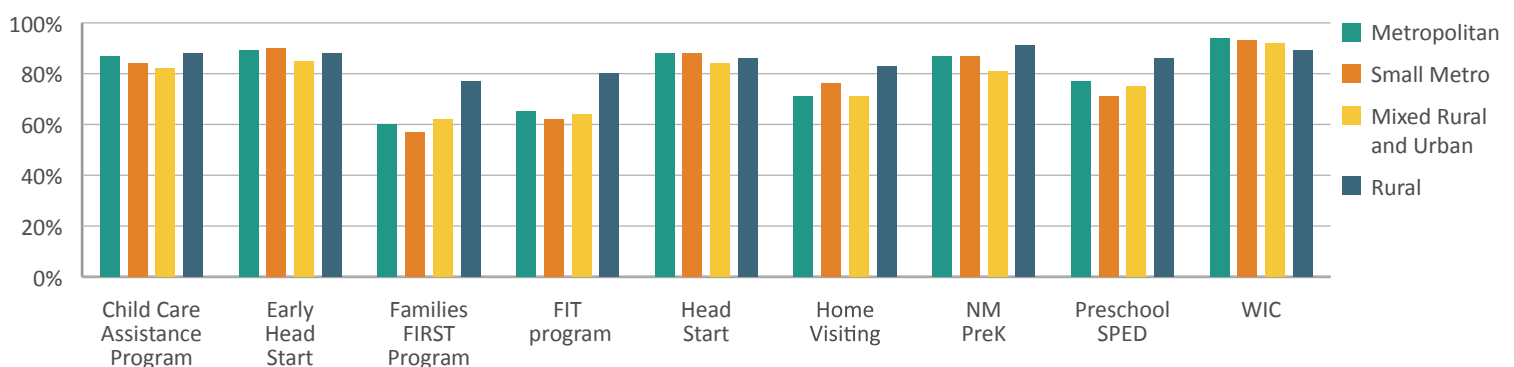
**Metro areas exhibit the widest awareness gap across programs—35 points between WIC (94%) and Families FIRST (53%)—indicating inconsistent program visibility and potential information silos.**

**Geographic differences in awareness of Head Start significantly reduced in 2024 and retained these improvements in 2025**

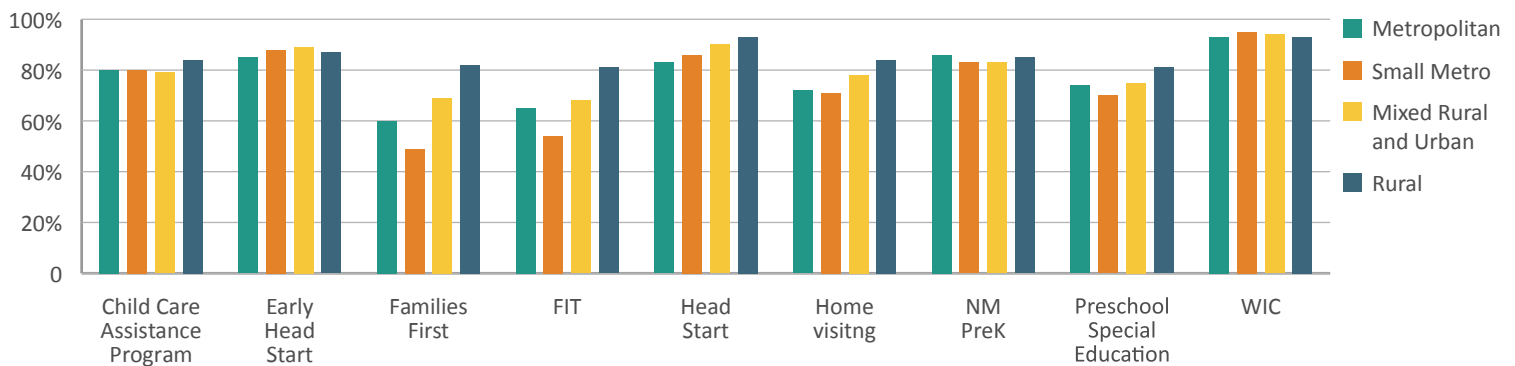
**Figure 19. Percentage of respondents who indicated at least some awareness of programs by geography, 2025 (n= 3449)**



**Figure 20. Percentage of respondents who indicated at least some awareness of programs by geography, 2024 (n= 3201)**



**Figure 21. Percentage of respondents who indicated at least some awareness of programs by geography, 2023 (n= 3495)**



Overall, the 2025 data underscore steady progress toward increased and more equitable awareness across location types, driven by significant gains in small metro areas. However, significant gaps remain, particularly in metropolitan awareness of programs like Families FIRST and FIT.

### Program Awareness by Income

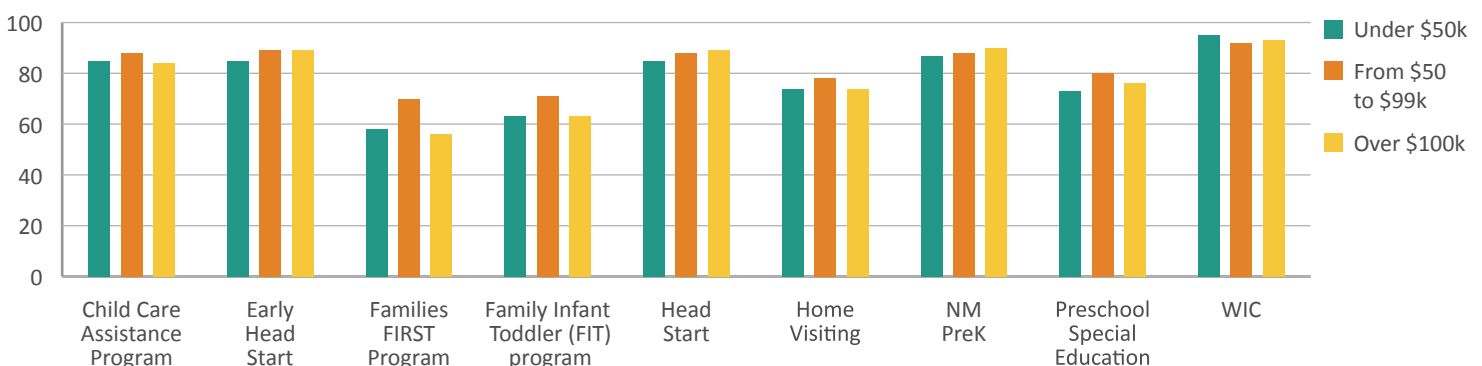
Respondents' household income levels were categorized into three groups: under \$50,000, \$50,000 to \$99,999, and \$100,000 and over. From 2022 to 2025, we observe a consistent pattern where respondents in the middle-income group (\$50,000 to \$99,999) generally report the highest level of awareness across programs, averaging 83% in 2025, compared to 78% for the under \$50,000 group and 79% for the over \$100,000 group.

In 2025, this middle-income group continues to demonstrate notably higher awareness in several key areas, especially among the ECECD administered programs—Home Visiting (78%), NM PreK (88%), and FIT (71%). FIT exhibits significant variation, with the middle-income group's awareness (71%) notably higher than that of the lower- and higher-income groups (both at 63%),

**Basic program awareness disparity across income levels has reduced, with two-thirds of programs achieving awareness levels within a 5-point range across all income groups in 2025.**

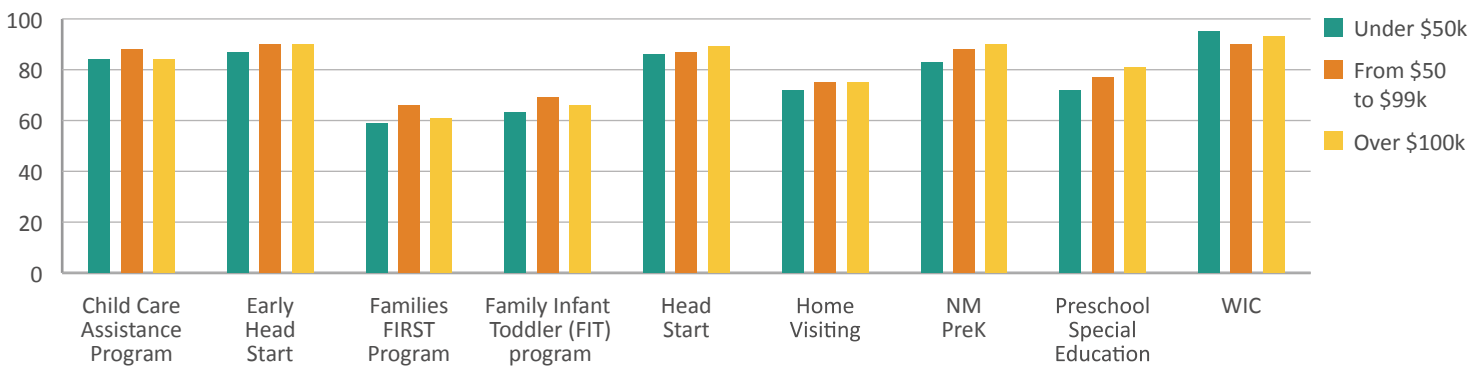
**The middle-income group (\$50,000–\$99,999) consistently reports the highest program awareness (83% in 2025), particularly for Home Visiting (78%), NM PreK (88%), and FIT (71%). This suggests that current outreach strategies are particularly effective for this group.**

**Figure 22. Percentage of respondents who indicated at least some awareness of programs by household income, 2025 (n= 3449)**

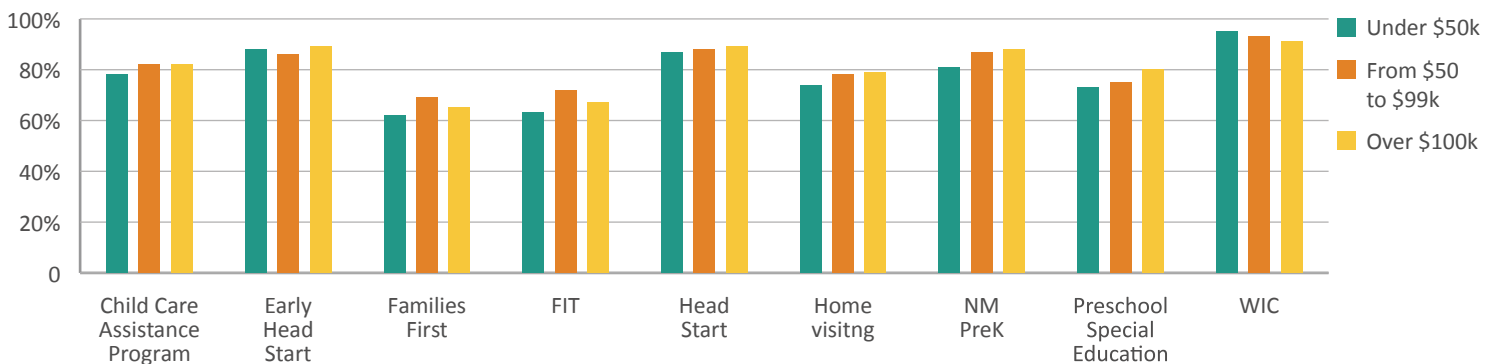




**Figure 23. Percentage of respondents who indicated at least some awareness of programs by household income, 2024 (n= 3201)**



**Figure 24. Percentage of respondents who indicated at least some awareness of programs by household income, 2023 (n= 3495)**



indicating an opportunity to increase awareness among these two income groups. Families FIRST reveals a similar awareness gap, with middle-income respondents at 70%, significantly higher than those in the under-\$50k (58%) and over-\$100k (56%) categories, highlighting another clear area for targeted outreach despite the fact that Families FIRST only serves Medicaid-eligible families.

NM PreK maintains strong and relatively even awareness across income groups (87% to 90%), suggesting successful, broad-based visibility. Child Care Assistance also exhibits stable awareness levels, with slight variation, highlighting its robust presence across income categories. The WIC program continues to demonstrate particularly high awareness among the lowest-income group (95%), reflecting its effectiveness in reaching its primary audience. Head Start and Head Start and Early Head Start programs show relatively balanced awareness across income groups, with slightly higher awareness among middle- and upper-income groups, despite these programs providing income-limited services focused on lower-income families.

Overall the data indicates opportunities for targeted interventions, particularly to enhance awareness among lower- and higher-income families about FIT, and among

lower-income families who are more likely to meet the acceptance criteria for Families FIRST, specifically those who are Medicaid eligible. Meanwhile, NM PreK and the Child Care Assistance program represent positive examples of equitable awareness distribution across income brackets. To view the percentage of respondents who indicated at least some awareness of programs related to poverty levels in 2024, see Appendix 4.

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**One single mother reflected: “Head Start was a blessing for my family. As a single mom working long hours, I found it difficult finding affordable child care for my twins. When they got into Head Start, it changed everything...they had a safe place to learn, play, and grow while I worked to provide for the family...By the time they started kindergarten, they were ready, and I felt more stable.” Another parent noted: “New Mexico PreK allowed me to maintain a stable employment while ensuring my children had access to quality preschool.”**

”

## Educational Attainment and Program Awareness

Respondents were asked to indicate the highest level of education they had completed from seven categories: less than high school, high school diploma or GED, some college with no degree, associate degree, bachelor's degree, master's degree, or doctoral/professional degree. Among the 3,449 respondents in 2025, 3% reported less than high school education, 14% high school completion, 10% some college with no degree, 15% an associate degree, 30% a bachelor's degree, 13% a master's degree, and 4% a doctoral or professional degree.

For the ease of analysis, these seven categories were combined into three broader education groups:

- Foundational education: Respondents with no high school degree, a high school diploma or GED, or some college but no degree (27% of respondents).
- Undergraduate education: Respondents with an associate or bachelor's degree (45% of respondents).
- Advanced education: Respondents with a master's, doctoral, or professional degree (17% of respondents).

This grouping aligns with the approach used in previous survey years and allows for clear, year-over-year comparisons of program awareness and engagement by educational attainment.<sup>3</sup>

Basic program awareness continues to vary by educational attainment in 2025, maintaining patterns observed in previous years. Respondents in the foundational education group consistently report lower awareness across most programs compared to those with higher educational attainment. The largest differences in 2025 are observed for FIT and Home Visiting, highlighting opportunities for more tailored outreach.

For FIT, awareness ranges from 62% among respondents with foundational education to 71% among those with undergraduate education, while respondents with advanced education report similar awareness to those with foundational education (62%). Home Visiting shows a similar pattern, with 72% awareness among respondents with foundational education, compared to 78% among those with undergraduate education and 76% among those with advanced education.

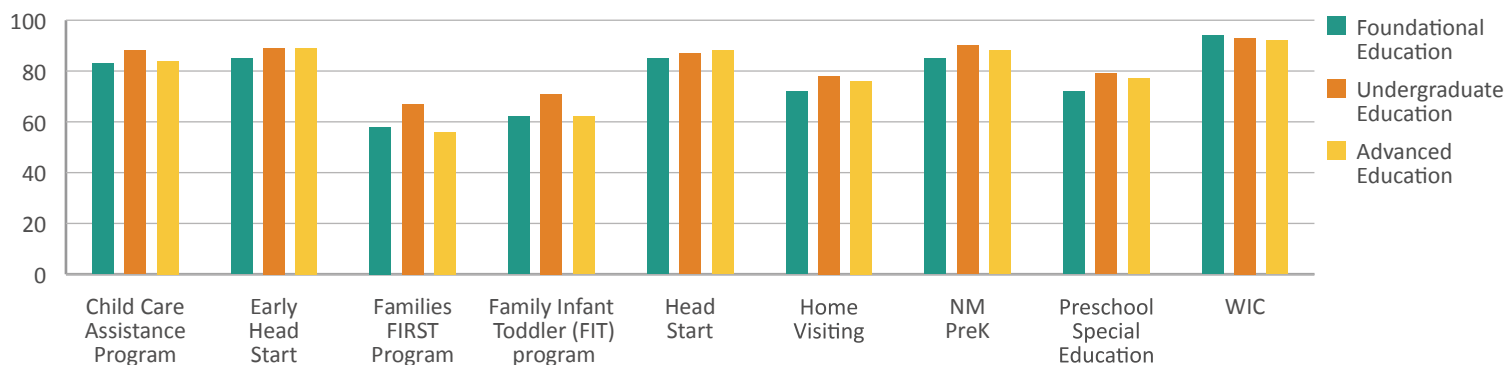
**Parents and caregivers with both foundational and advanced educational attainment report lower awareness of the FIT and Families FIRST programs than others, highlighting an opportunity to tailor outreach strategies that connect more effectively with these groups.**

**The gap in awareness of early childhood programs across educational attainment levels narrowed from 8 points in 2024 to 6 points in 2025, showing continued progress toward more equitable program awareness among parents and caregivers with different education backgrounds.**

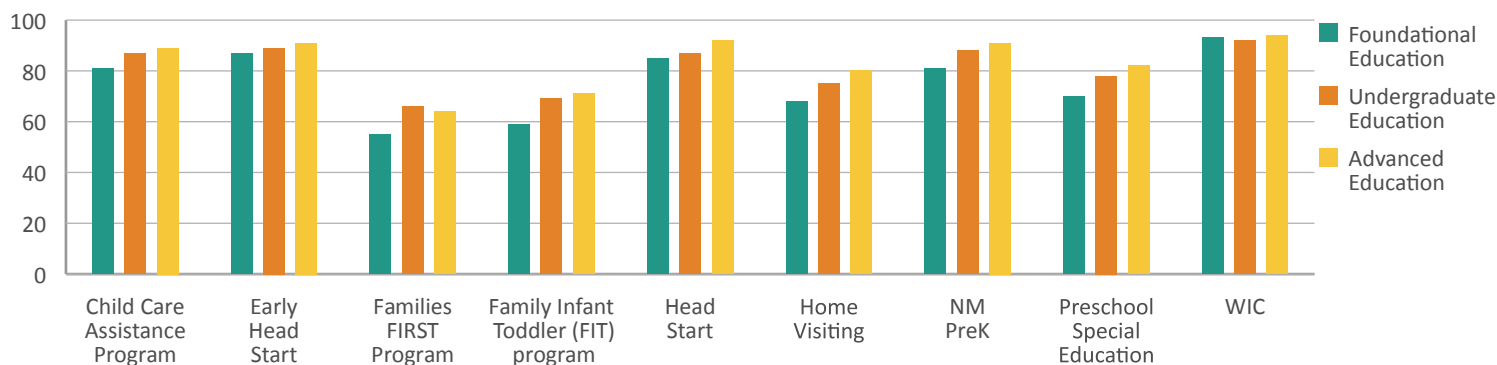
By contrast, Child Care Assistance and NM PreK demonstrate strong and relatively even awareness across educational attainment groups. Awareness of Child Care Assistance ranges from 83% among respondents with foundational education to 88% among those with undergraduate education, while NM PreK awareness remains high across groups—85% among respondents with foundational education, 90% among those with undergraduate education, and 88% among those with advanced education.

3. In the 2024 Family Engagement and Satisfaction Survey Report, these same three educational attainment groupings were used but labeled as "High School," "Undergraduate," and "Graduate." In the 2025 report, the terms have been updated to "Foundational," "Undergraduate," and "Advanced" education to provide clearer, more inclusive descriptions of respondents' educational experiences. This is a change in terminology only; the underlying data and group structure remain consistent with the 2024 analysis.

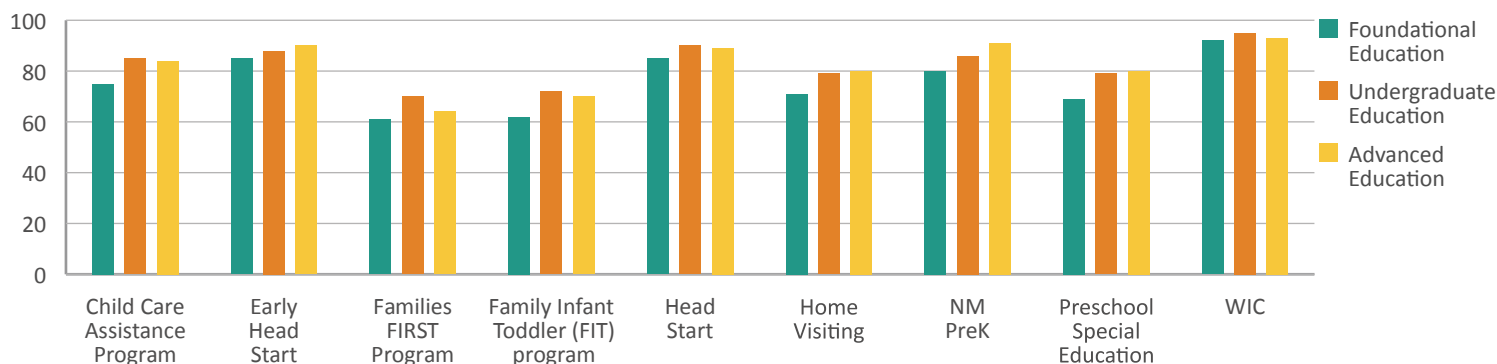
**Figure 25. Percentage of respondents who indicated at least some awareness of programs by educational attainment, 2025 (n= 3449)**



**Figure 26. Percentage of respondents who indicated at least some awareness of programs by educational attainment, 2024 (n= 3201)**



**Figure 27. Percentage of respondents who indicated at least some awareness of programs by educational attainment, 2023 (n= 3495)**



Awareness of Families FIRST varies more widely, with 67% among respondents with undergraduate education, compared to 58% among those with foundational education and 56% among those with advanced education. These differences suggest that outreach efforts could be strengthened to engage both families with lower educational attainment and those with advanced degrees, who may have less direct interaction with early childhood service systems.

Overall, the average awareness gap across educational attainment groups narrowed from 8 points in 2024 to 6 points in 2025, showing continued progress toward more equitable access to program information. While respondents with foundational education continue to benefit from targeted outreach—particularly for FIT, Home Visiting, and Families FIRST —educational attainment remains a modest predictor of overall program awareness.

**Parent and caregiver awareness of NM PreK remains strong and consistent across educational attainment levels, ranging from 85% among those with foundational education to 90% among those with undergraduate education—demonstrating broad recognition of the program among New Mexico families.**

## Sources of Knowledge about Programs

Sources of knowledge about early childhood programs have shown consistent patterns across survey years. Friends or family members remain the most commonly reported source across all years, cited by 17% of respondents in 2025. Child care organizations follow closely at 14%, reflecting their central role in supporting families of young children. Health care providers consistently emerge as important information sources, cited by 10% of respondents in 2024 and 2025.

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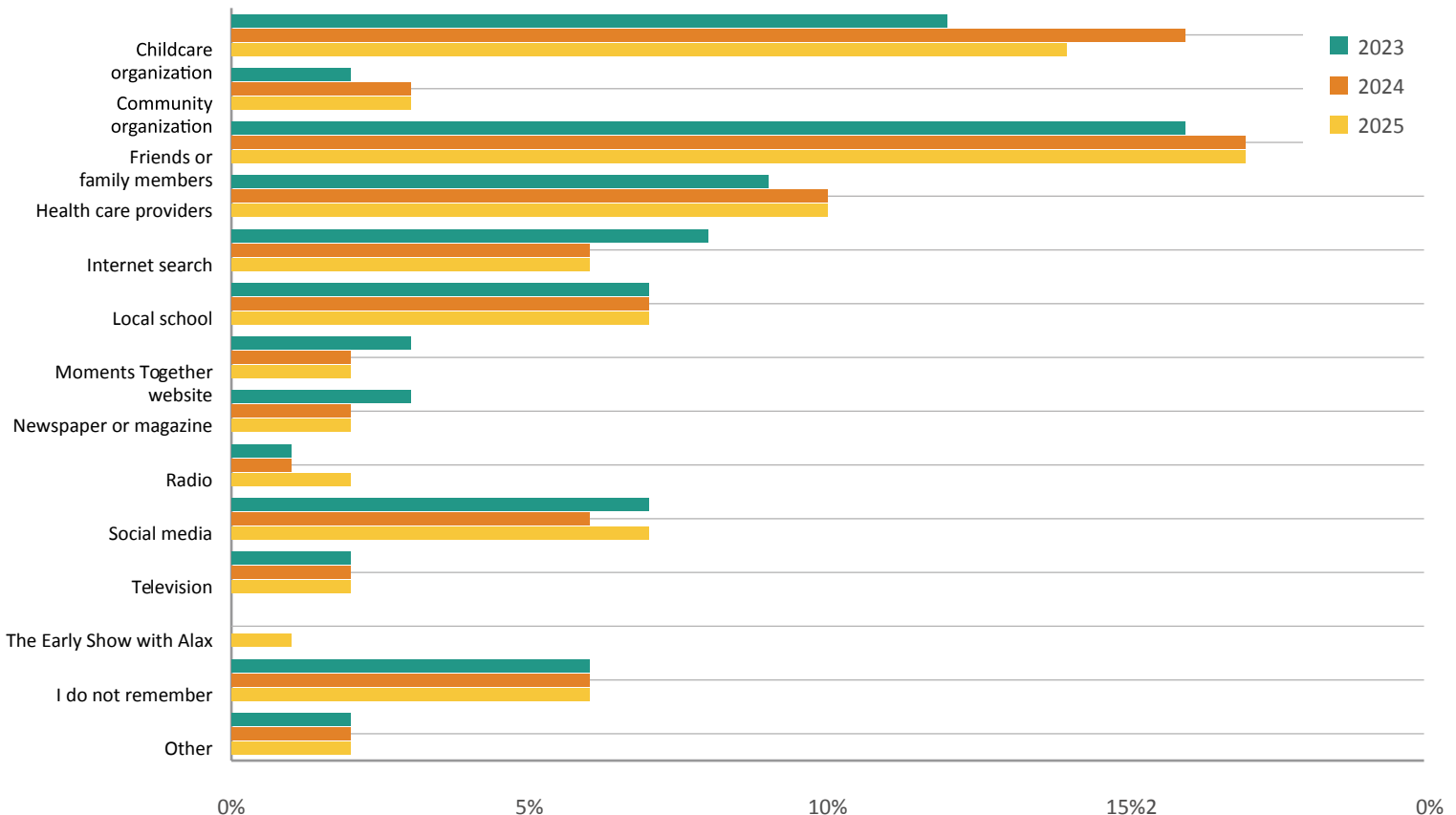
*Parents' value information shared by trusted messengers “MECA has been great! I love that they go visit my child at daycare, providing him with needed 1 on 1 time.”*

*“When people came around I could share my difficulties and feel more relieved having them around”*

**—Parent on the importance of friends and family in navigating early childhood parenting**

”

**Figure 28. Source of knowledge about programs (all programs combined), 2023 -2025 (n 2023= 3495, n 2024= 3201, n 2025= 3495)**





**Almost half of survey respondents learn about early childhood programs and services from trusted messengers, including family and friends, child care organizations, health care professionals, and schools.**

Traditional advertising methods, such as radio, television, newspapers, and magazines, continue to be minimally effective, with each medium cited by only 2% of respondents in 2025, a trend consistent with earlier years. The Moments Together website also maintains a low citation rate at 2%, consistent with previous declines in traditional advertising investment. Internet searches and social media sources have stabilized at 6% and 7%, respectively, indicating a modest but consistent level of utilization. Trusted messengers—including family, child care organizations, local schools, and health care providers—remain the most influential sources of information. This highlights the continued importance of leveraging trusted community resources to effectively improve program awareness.

It is worth noting that the Early Show with Alax was not included in the list of outreach efforts asked about in the survey until 2025. The show was launched after the survey was designed and was not represented in the initial survey design, and was the lowest cited source of knowledge about programs in 2025. This may be partially explained by the focus of the Early Show with Alax on educational rather than programmatic outreach goals.



# Family Well-Being and the Impact of Program Participation

Respondents were asked to share their experiences using early childhood programs and the impact these programs have had on their family's well-being. They reflected on the aspects of programs they found most valuable, areas for improvement, and reasons they may have been unable to access specific services.

More than 2,800 respondents to the survey provided feedback on the impact of early childhood programs and services they used. Respondents reported on twelve programs: Child Care Assistance (n=1,314), New Mexico PreK (NM PreK; n=1,406), Home Visiting (n=629), Family Infant Toddler (FIT) program (n=491), Families FIRST (n=331), Head Start (n=805), Early Head Start (n=686), Tribal Head Start (n=167), Special Education services (n=660), Women, Infants and Children (WIC) program (n=1,185), and the Summer Food Service Program (n=999). At the same time, respondents shared experiences within broader service areas, including preschool services (n=2,185), family support and early intervention services (n=1,526), child care services (n=2,113), and food and nutrition services (n=1,864). Together, these responses provide a comprehensive view of how families experience ECECD's key early childhood programs and services—and how participation supports their overall well-being.

Among the 3,449 respondents, reported participation was highest for Preschool programs (63%) and child care services (61%), followed by food support services (54%) and family support and early intervention services (44%). Lower proportions of respondents reported using the Child Care Assistance program (38%) and Special Education services (19%).

While the Family Engagement and Satisfaction Survey provides meaningful insight into how families engage with early childhood services, these findings reflect participation among survey respondents, not statewide utilization levels. The Department maintains administrative data that more accurately capture overall program reach. The results presented here are intended to contextualize awareness and satisfaction findings by showing which programs families in the sample report using most often.

## **PRESCHOOL ATTENDANCE PATTERNS: HALF-DAY, FULL-DAY, AND FULL-DAY PLUS**

In 2025, we began collecting data on the types of preschool services being used by respondents to the survey. For those who indicated using preschool services, we asked if their



child(ren) attended a half-day, full-day, or full-day plus PreK program. A half-day program is defined as one lasting for 3-4 hours per day. A full-day program is defined as one lasting for 6.5-7 hours per day. A full-day plus program is defined as one lasting for 6.5-8 hours per day.

Responses indicate that most families participate in full-day preschool programs, with a growing share utilizing full-day-plus schedules. These findings align with family feedback emphasizing the importance of flexible, accessible early learning options that support working parents and caregivers.

Most families now choose a full-day PreK schedule, affirming the Department's commitment to flexible, family-centered options that support children's learning and caregivers' work schedules. In the 2025 survey:

- Full-day classes (6.5–7 hours per day) served 55% of children of respondents to the survey. Participation was consistent across programs—52% of Head Start children, 56% of NM PreK children, and 58% of Tribal Head Start children were enrolled full time.
- Half-day classes (3–4 hours per day) remained an essential choice for many families, enrolling 32% of children overall. Head Start had the highest half-day share (37%), followed by NM PreK (30%) and Tribal Head Start (30%).
- Full-day plus options (6.5–8 hours per day with extended wrap-around) accounted for 13% of enrollments, offering expanded support for working parents and caregivers. Uptake was similar across programs (11–14%).

Altogether, two-thirds of children (68%) now benefit from full-day or full-day plus schedules, demonstrating steady progress toward equitable, high-quality learning time statewide. NM PreK remains the largest contributor to overall enrollment (60%), with Head Start and Tribal Head Start continuing to provide vital culturally responsive options for families.



**Among families who use NM PreK, 32% used a half-day PreK program, 55% used a full-day PreK program, and 13% used a full-day plus PreK program.**

## Impact on Family Well-Being

Supporting family well-being is at the heart of ECECD's mission. When families feel stable, connected, and supported, children are better able to grow, learn, and thrive. To understand how programs and services make a difference in families' lives, the Family Engagement and Satisfaction Survey asked parents and caregivers:

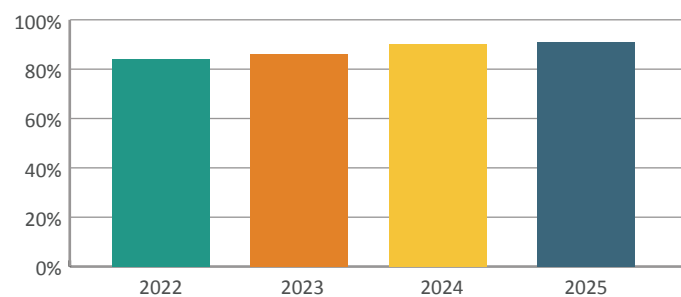
*"How have the [program or service] your family has used impacted your family's well-being?"*

Respondents selected one of five options: significantly increased, increased, no impact, decreased, or significantly decreased family well-being. To indicate positive impact, responses that a program increased or significantly increased a family's well-being were combined. This is reported as the program's positive impact. Families rated the impact of 12 early childhood programs and service areas offered or supported by ECECD, including child care services, the Child Care Assistance program, New Mexico PreK (NM PreK), Home Visiting, the Family Infant Toddler (FIT) program, Families FIRST, Early Head Start, Head Start, Tribal Head Start, Special Education, the Women, Infants and Children (WIC) Program, and the Summer Food Service Program. This measure helps ECECD track how participation in early childhood programs supports families over time

In 2025, families continued to report very strong positive impacts from New Mexico's early childhood programs and services. Across twelve programs, seven saw slight increases in positive ratings compared to 2024, one remained steady, and only two declined by one percentage point.

Amongst key early childhood programs and service areas administered by ECECD—child care services, NM PreK, FIT,

**Figure 29. Increase in family well-being from participating in ECECD administered key program and service areas (child care services, NM PreK, FIT, and Home Visiting), 2022-2025<sup>4</sup>**



4. Percentages represent the share of respondents who reported that a program or service increased or significantly increased their family's well-being. The average across ECECD's key programs reflects all families who used at least one of these programs and reported a positive impact.

Findings from ECECD's 2025 Family Engagement and Satisfaction Survey

and Home Visiting—the average percentage of respondents reporting a positive impact on family well-being as a result of participating in these programs and services rose steadily each year, from 84% in 2022 to 91% in 2025. This trend reflects both ongoing quality improvements and increasing family satisfaction with foundational early childhood services across the state.

NM PreK showed steady growth in reported positive impact on family well-being, reaching 92% in 2025, up from 91% in 2024 and 88% in 2023. FIT experienced a slight decline from its peak of 90% in 2024 to 88% in 2025, although it remained above its 2022–2023 levels, indicating sustained strong impact on family well-being despite a minor dip. Home Visiting increased in 2025 to 92%, up from 91% in 2024 and continuing its upward trajectory since 2022.

Among other notable changes, family well-being from participating in the Summer Food Service program rose from 84% to 89%, and for Child Care Assistance increased two points to 91%. Tribal Head Start, however, dropped back to 84% in 2025 after a high of 90% in 2024, returning to its 2023 level.

**Across all programs and services, at least 84% of respondents who used a program reported it increased their family's well-being, a one percentage point improvement over 2024. Ten programs now report satisfaction rates of 88% or higher. These high satisfaction levels are consistent across racial and ethnic, income, and geographic subgroups where sufficient data were available. In short, families who accessed services overwhelmingly experienced positive impacts, with the core early childhood programs leading the way in delivering benefits for family well-being**

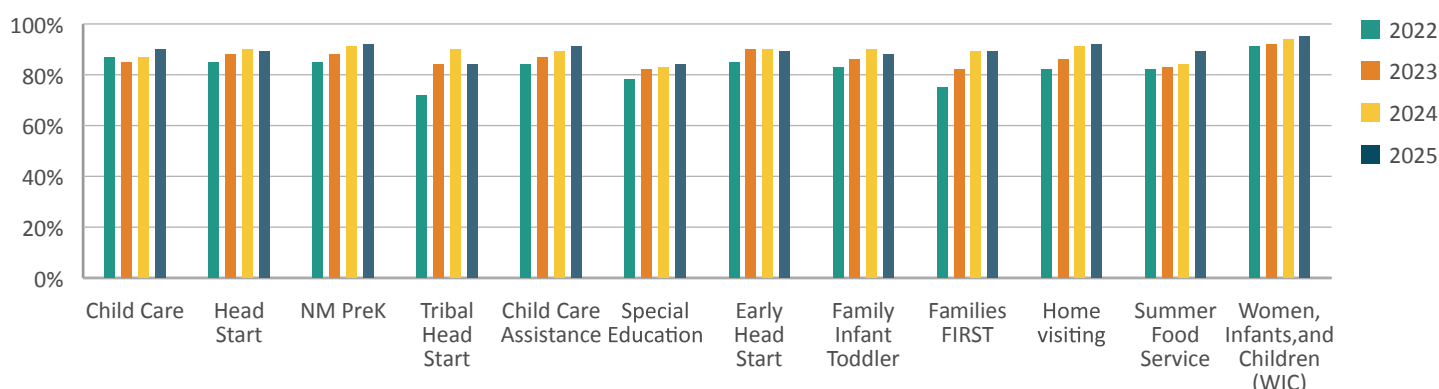
**89% of respondents who used a program or service reported an increase in family well-being from using the program, averaged across all programs.**

*"Early Head Start has been a lifeline for our family, providing my niece with the early childhood education and care she needs to thrive. The home visits and parent-child activities have helped me build a stronger bond with my niece and learn how to support her unique needs."*

**—Caregiver sharing how program participation impacted family well-being**



**Figure 30. Percentage of respondents reporting positive impacts on family well-being due to participation in a program or service, 2022 - 2025**



**Among ECECD's key programs and service areas—child care services, NM PreK, Family Infant Toddler (FIT), and Home Visiting —average reported positive impact on family well-being has steadily increased each year, from 84% in 2022 to 91% in 2025.**

## Value of Programs

To understand how early childhood programs and services make a difference in families' lives, the survey asked parents and caregivers to describe what was most valuable about the programs they used. For each program or service area that families reported using, the survey asked:

"What was most valuable to your family about the [program/service] you used?"

Families could select one or more options from a list and provide written comments if desired. For each program or service area used, respondents selected what was most valuable to them from a list of outcomes.

Before 2025, respondents could choose from a set of common options reflecting access features of programs including: not feeling judged for using services; being able to use services when needed; ease of sign-up, transportation, and scheduling; affordability; cultural and linguistic responsiveness; before- and after-school care options; and clear communication of information.

In 2025, program-specific options were introduced for key early childhood programs—the Family Infant Toddler (FIT) program, Home Visiting, preschool services and its

constituent programs, and Families FIRST—that measured program outcomes. These will be introduced in following sections on those programs and service areas. The remaining programs and service areas, child care services, the Child Care Assistance program, Special Education services, and food support services, continued to use the pre-2025 options, focusing on access features of programs, with an open-ended response to capture additional feedback.

The lists of response options offered combine two kinds of value: program outcomes—such as children's learning, school readiness, or caregiver confidence—and access features that make participation possible, such as ease of sign-up, affordability, cultural and linguistic responsiveness, or transportation. Together, these responses show that families value both the benefits programs bring and the conditions that support equitable access. An open-ended follow-up question invited families to share additional reflections in their own words. These comments offer rich, personal insight into how New Mexico's early childhood programs strengthen families—highlighting the relationships, cultural relevance, and everyday supports that matter most to them.

## Valued Access Features of Early Childhood Programs and Services

In 2025, respondents continued to rate the access features of early childhood programs very highly. Among programs that used the original question set—child care services, Child Care Assistance, Early Head Start, food support services, and Special Education services—the pattern of responses has remained remarkably consistent from 2023 to 2025. Across all three years, families identified being able to use services when they needed them as the most valuable access feature of these programs and services. Other frequently selected features included ease of signing up, not feeling judged for seeking support, affordability, and convenient timing. In 2025, families again emphasized timely access to services (49%–62%) and ease of sign-up (33%–40%) as especially important.



Affordability remained a key factor, particularly for child care services (36%) and the Child Care Assistance program (41%), presumably reflecting the significant impact of child care subsidies in helping families access and sustain child care services.

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***“Knowing the cost would be covered and going to work worry free helped me focus on my work... available emotionally to my children, and able to further my education.”***

**—Caregiver responding to question on the value of the Child Care Assistance program**

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**For the programs families reported using, the three access features most often identified as valuable about these programs were ease of sign-up, not feeling judged, and affordability.**

Responses were analyzed across subgroups, but no significant differences were found among racial/ethnic, household income, and geographic subgroups. Open-ended findings from participants who shared additional valuable aspects about the programs can be found in Appendix 4.

## Valued Outcomes for Selected Programs and Service Areas

For all preschool services (NM PreK, Head Start, and Tribal Head Start), families most consistently value preschool programs for outcomes connected to preparing children for school and supporting their growth in engaging ways. The top-rated aspects across all three programs were kindergarten readiness and enthusiasm for learning (average 59%), learning through fun, hands-on activities (average 59%), and the importance of watching their children develop socially and emotionally (54%). NM PreK programs had the highest percentage of respondents indicating these aspects as most valuable, including feeling confident about kindergarten readiness (66%), enjoying children learning through fun, hands-on activities (65%), and observing children’s social and emotional growth (59%).

Home Visiting respondents highly valued personalized family support (73%), developmental milestone screening (60%), and guidance on positive interactions (55%). Respondents enrolled in FIT particularly appreciated seeing their child’s progress (56%), trust in service providers (55%), and increased confidence in helping their child grow and learn (53%). For Families FIRST, the most valued outcome from participating in the program were comprehensive health check-ups (50%), developmental milestone screenings (51%), and health education (45%). A detailed table ranking each aspect for every program or service is available in Appendix 3.

## Parent and Caregiver Reflections on the Impact of Selected Programs

In 2025, we added open-ended questions about the impact of selected programs on families, allowing parents and caregivers to share their reflections. Each response set with the number of those respondents who answered these questions (the “n”) is summarized below; full details of the qualitative analysis of these data, along with representative quotes, can be found in Appendix 5.

### NM PreK (n = 1001)

Nearly half of all comments (45%) highlight stronger early literacy and numeracy skills and enthusiastic learning, while one-third (33%) cite marked improvements in social and emotional development. Parents appreciate low- or no-cost access to family resources (17%) that enable them to work or study (6%). A grandparent wrote, *“When my grandson gets out of school, he is proud of his schoolwork and shows it off ... He gets so excited!”* Another caregiver wrote, *“The teachers shared tips with me ... I feel more confident as a parent.”*

### Head Start (n = 234)

Families overwhelmingly point to Head Start as a springboard for kindergarten success (50% of responses) and social-emotional growth (51%). Caregivers also value the wrap-around supports that ease daily life and reduce financial strain (29%). As one parent shared, *“It helped my child get school-ready ... she was able to get a head start with recognition of how to spell her name and spell it.”*

Another noted the social gains: *“Head Start helped my child develop social skills and confidence, making the transition to kindergarten much smoother.”*

#### **Tribal Head Start (n = 100)**

Comments focus first on culturally rooted child development (62%), with many families celebrating a curriculum that *“helped my child develop a strong sense of identity and pride in our heritage.”* More than half (55%) describe renewed connections to Tribal language and traditions, and one-third (31%) praise early learning gains that ease kindergarten entry. One uncle summed it up: *“Tribal Head Start has been a vital part of our family’s journey, helping my niece connect with our Native American heritage and culture.”*

#### **Early Head Start (n = 468)**

Parents report evident progress in early learning (52%) and steady support for health, nutrition, and socio-emotional development (20%). Nearly half (48%) describe trusted home visiting teams that reduce stress and open doors to services. A mother wrote, *“The program’s resources ... have given me the tools to better support my child’s development at home.”* Another family emphasized school readiness: *“My boys were ready for kindergarten ... Very proud that I was able to take advantage of the Head Start services.”*

#### **Family Infant Toddler (FIT) program (n = 323)**

Most respondents (62%) highlight targeted therapies that accelerate speech, motor, and social skills, while one-third (33%) emphasize the value of a knowledgeable coordinator who connects them to specialists. One parent recalled, *“Over the course of one year her speech exploded ... we’re still grateful for the free assistance.”* Another said, *“The evaluator identified areas where [my child] needed support and connected us with local resources ... empowered us to advocate for [my child’s] needs.”*

#### **Home Visiting (n = 397)**

More than half of respondents (57%) praise one-to-one coaching that makes them *“feel more confident and prepared as parents,”* while one-quarter (26 %) value links to books, laptops, and community programs. A similar share (27%) cite milestone screenings that catch delays early. One parent recalled, *“Our Home Visitor became like part of the family ... She helped connect us with affordable car seats, educational activities, and more.”* Another noted, *“[provider] has been amazing ... the development screenings help me assess how my child is doing.”*

#### **Families FIRST Program (n = 193)**

Over half of respondents (54%) credit Families FIRST with providing personalized guidance that boosts their parenting confidence and connects them to critical resources; 28% describe receiving health support ranging from nutrition to postpartum care. One parent shared, *“Families FIRST has been a huge support for my family, helping me navigate prenatal care and ensuring my child gets the medical and developmental care they need. Their guidance has made everything from doctor visits to parenting resources so much easier and less overwhelming.”* A caregiver explained, *“It has greatly helped our family learn ways to help our baby and toddler sleep and eat safely.”*

## **Improvements Identified**

Respondents were asked to identify the areas that most needed improvement among the programs and services they used. The same core 10 answer options were used in all years of the survey, with an additional question in 2024 focused on the accessibility of program communications, which was maintained in 2025.<sup>5</sup> The frequency of responses for each option and set of programs and services is provided in Appendix 4.

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5. For all programs and service areas and programs, respondents who indicated that they had used a program/service area were asked: “What could have been improved about the [program/service area] services you used? Choose all that apply.” Respondents selected areas for improvement from this standardized list of access features. The response options were consistent across all service areas and focused on structural and operational characteristics that impact experiences of accessing services:

- I felt judged for using these services
- I had to wait too long to use services my family needed
- I had trouble getting transportation to use the services
- It takes too much time to use the services in my area
- Signing up for the services was too complex or time consuming
- The services were expensive
- The services were not responsive to my family’s language or culture
- The services were offered at inconvenient times
- No improvements are necessary
- The information about this program was communicated in a way I could not easily understand
- Other (with space for open-ended response)

The percentage of respondents selecting each response option reflects the proportion of families who used a program or service area selecting a specific response as an area where their experience with that program or service could have been improved. For all programs/service areas the “no improvements are necessary” option was offered to identify those respondents who did not experience negative structural and operational characteristics that impacted their experience of accessing services.

Across all years, the most common response remained “no improvements necessary,” reflecting overall satisfaction among program users. This percentage increased steadily across programs, from 32–42% in 2023, to 37–49% in 2024, and reached as high as 57% for food support and 52% for Child Care Assistance in 2025.

The most frequently cited area for improving access across all programs and services used by respondents in each year continued to be the complexity of signing up for services. Although this issue persisted, rates remained stable or slightly increased in 2025 compared to 2024. Having to wait too long to use the services needed and taking too much time to use the services are the other top concerns reported about programs and services used in 2025. This is a change from 2024, when the expense of services was one of the top three areas for improvement.

Communication clarity as an area for improvement increased from 5% to 10%, though this is likely to reflect a shift in how the question was asked rather than a change in sentiment. To enhance clarity in the 2025 survey, the question was reworded. Instead of asking if respondents could “fully access information,” it now asks if they can “easily understand information,” which has amplified both positive and negative trends on this question, indicating that the question is more straightforward in this new form.

**Families are increasingly satisfied across all services. In most programs, nearly half or more now say “no improvements necessary,” with increases every year from 2023 to 2025.**

**Sign-up complexity, though improving, continues to be the most commonly cited barrier across all programs. Continued simplification of enrollment could drive even higher satisfaction.**

**Judgment and stigma are consistently among the least-cited concerns. In all programs, fewer than 7% of families reported feeling judged by 2025.**

*“They make it very difficult for self-employed people to prove their income and need for child care. Jumping through so many hoops and coming back with a denial because the proof was not what they require. Very frustrating and discouraging...Shouldn’t be this hard to qualify when I am in need of help.”*

—Caregiver unable to access the Child Care Assistance program

Several themes emerge from this analysis. First, families are increasingly satisfied with services overall, and this trend holds across nearly all program areas. Second, complexity in the sign-up process remains the most consistently reported area for improvement, even as rates have declined over time. Simplifying and streamlining enrollment procedures continues to offer an opportunity for further progress. Third, judgment and stigma are consistently low across programs and have declined even further since 2023. Finally, logistical barriers—such as transportation and inconvenient timing—remain lower-level concerns, but they did see slight increases in some areas in 2025, and should be closely monitored.

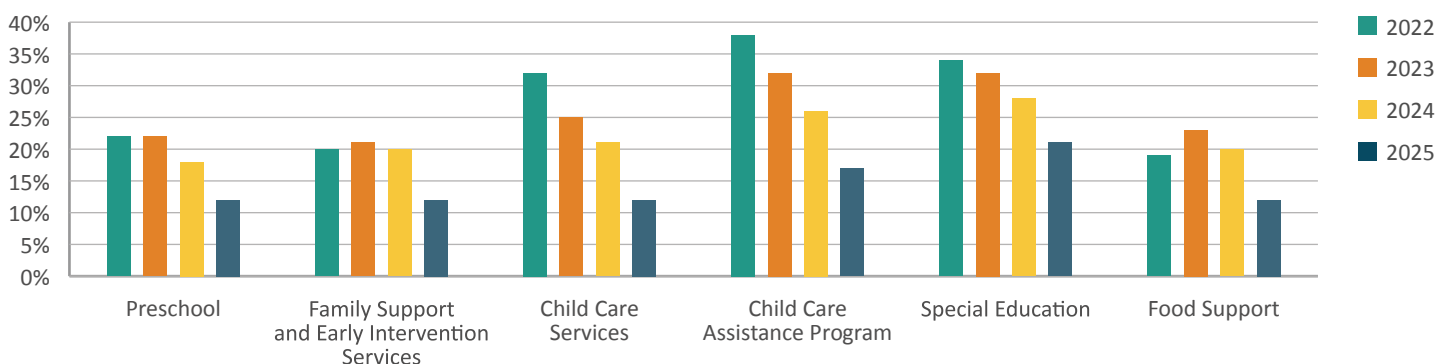
In conclusion, these three years of data reflect a strong trajectory of improvement in family experiences with early childhood and family support services. ECECD’s core priorities—child care, preschool, and family support and early intervention—have all shown measurable progress in reducing barriers and increasing satisfaction.

## Parents and Caregivers' Reports of Needs Not Met by Current Services Used

In 2025, fewer respondents reported having unmet needs across all early childhood services, showing meaningful progress in meeting family needs. The most significant improvements were observed in child care services and Child Care Assistance, where unmet needs decreased from 32% to 12% and from 38% to 17%, respectively, between 2022 and 2025. Similar declines were reported for preschool services (from 22% to 12%), family support and early intervention services (from 20% to 12%), food support services (from 19% to 12%), and special education services (from 34% to 21%). These steady improvements suggest that recent efforts to expand access, streamline enrollment, and coordinate services across the state are having a positive impact. Families are more consistently able to access the help they need, when they need it—especially in areas like child care and preschool, where demand has historically outpaced supply. This progress reflects the Department's commitment to equity, responsiveness, and family partnership.

**Unmet needs have declined sharply across all service areas from 2022 - 2025: falling from 32% to 12% for child care services, from 38% to 17% for the Child Care Assistance program, from 34% to 21% for special education services, from 22% to 12% for preschool services, and from 20% to 12% for family support and early intervention services.**

**Figure 31. Respondents indicating they have additional needs that aren't being met by the early childhood services currently used, 2022-2025**



## Reasons for No Access to Programs and Services

In this section we discuss the unmet early childhood needs that were reported by families in 2025, while noting that the overall group that reported unmet needs is smaller than in previous years. The percentages reported in this section are of the subset of respondents who indicated experiencing unmet needs in a given area. These findings represent the experiences of families who indicated that they had unmet service needs across child care services, preschool services, family support and early intervention services, food support services, special education services, and Child Care Assistance.



Across all service areas, unmet needs were reported by a meaningful portion of respondents. Among the 3,449 survey respondents, 16% reported unmet needs in child care services, 15% in preschool services, 12% in food support services, 11% in family support and early intervention services, 8% in special education services, and 18% reported needing additional financial support for child care connected to the section on Child Care Assistance. These unmet needs reflect two distinct situations: families currently using services but needing additional support, and families not currently accessing any services in that area. For example, in child care services, 9% of respondents were currently using services and needed additional access, while 7% were not currently accessing services at all.<sup>6</sup>

To identify the barriers that families experienced in getting their needs met, respondents who reported needing a particular program or service but being unable to access it were asked:

“What has prevented you from accessing all the [services/programs] your family needs?”<sup>7</sup> Respondents could select from a comprehensive list of barriers that reflect access features—the structural and operational characteristics that enable or prevent participation—or identify other barriers not listed. From 2023 to 2025, consistent themes have emerged about which access features affect families’ ability to participate in New Mexico’s early childhood services.

A foundational access feature is families’ knowledge of available services. On average across all areas, 25% of families in 2025 reported that they were not aware of services like these existing in their location, making it the most frequently cited barrier to access services for unmet needs in all service areas. Family support and early intervention services showed the highest rate at 30%, followed by Child Care Assistance at 27%, child care services at 25%, and special education services at 25%. preschool services (22%) and food support services (21%) had lower rates. Notably, awareness barriers increased for family support and early intervention services, rising from 24% in 2024 to 30% in 2025, and for special education services, rising from 21% in 2024 to 25% in 2025.

Ease of enrollment is a critical access feature that directly determines whether families can complete the steps needed to use services. The complexity and time requirements of signing up for services was the second most frequently mentioned barrier to access across all programs in 2025. Food support services had the highest rate at 25%, followed by Child Care Assistance and special education services at 24% each, and family support and early intervention services at 23%. Preschool services (19%) and child care services (17%) reported lower rates. While previous years saw improvement in this area, 2025 shows that the complexity of signing up for services remains a persistent obstacle across programs for those who have unmet needs in these areas.

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6. The analysis of barriers reflects responses from families reporting unmet needs by service area. For preschool services, 517 respondents indicated unmet needs (260 already receiving services, 257 not currently accessing any). For family support and early intervention services, 386 respondents reported unmet needs (182 currently receiving services, 204 not participating). For child care services (ages 6 weeks–5 years), 558 respondents indicated unmet needs (250 currently receiving services, 308 receiving none). For child care services for ages 6–13, 242 respondents reported unmet needs. Regarding financial support for child care, 638 respondents indicated they needed additional support to pay for child care services (227 already receiving Child Care Assistance, 411 not currently participating). For special education services, 272 respondents reported unmet needs (137 already receiving services, 135 receiving none). For food support services, 410 respondents indicated unmet needs (225 currently receiving services, 185 receiving none).

7. For all service areas and programs, respondents who indicated that they had unmet needs in that service area were asked: “What has prevented you from accessing all the [program/service area] services your family needs? Choose all that apply.” Respondents selected barriers from this standardized list of access features. The response options were consistent across all service areas and focused on structural and operational characteristics that prevent access to services:

- I am not aware of services like this in my area
- I do not have access to transportation needed to use the service
- I do not have time to use the services available in my area
- I do not think the service would improve my family’s well-being
- I would feel judged for using these services
- Signing up for the services is too complex or time consuming
- The services are not offered at a time my family can use them
- The services are not responsive to my family’s language or culture
- The services are too expensive
- Wait times to use the services are too long
- The information about this program was communicated in a way I could not easily understand
- Other (with space for open-ended response)

The percentage of respondents selecting each response option reflects the proportion of families who reported experiencing that particular barrier to accessing needed services.

Wait times as a barrier for those trying to access services to satisfy unmet needs continued to rise in 2025, reaching their highest reported rate across the three years for many areas. Family support and early intervention services, preschool services, and Child Care Assistance all reached 19%, up from 13%, 16%, and 14% respectively in 2024. special education services showed the most significant increase, rising to 21% from 18% in 2024. Food support services reached 18%, while child care services remained at 19%.

Cost remained one of the most significant barriers to fulfilling unmet needs in child care, in particular. In 2025, 27% of families reported that child care services were too expensive, an increase from 23% in 2024, but still below the peak of 28% in 2023. Preschool services (19%) also cited cost as a notable barrier. Although it is important to note that NM PreK and Head Start do not have tuition costs, unlike community-based preschool programs. This makes expense the single most cited access barrier for child care, reinforcing that affordability continues to be a core challenge despite policy efforts to reduce cost burdens.

Other barriers, while less frequently cited, still reflect notable challenges for specific populations. For example, transportation access was a concern for 16% of families needing preschool and family support and early intervention services, and 13% of those seeking child care. Although these figures are slightly lower than in 2023, they ticked up again in 2025 compared to 2024, highlighting the ongoing relevance of location and mobility in service access.

Concerns around being judged for using services and the cultural or linguistic responsiveness of services remained among the least frequently cited barriers across all years.

### Top three reasons for inability to access services for those with unmet needs in programs/services areas:

- Not aware of service in area
- Complex signup processes
- Wait times to use service too long



In 2025, only 10% of preschool families, 11% of child care families, and 14% of family support users reported feeling judged, with concerns about cultural or language inaccessibility reported by 6–12% across programs.

More details about the qualitative responses can be found in Appendix 4.

A smaller, though still significant group of families selected “other” as the reason they could not access services, and provided comments on the barriers to accessing services that they experienced. Across Child Care Assistance, food support services, and special education services, families pointed to rigid eligibility rules, limited capacity, and complex paperwork as the most significant roadblocks. For special education services, the chief obstacle was scarcity—58% of access comments (n=18) described waitlists and staffing shortages. Others cited schools that refused outside providers. In comparison, 42% (n=13) struggled to understand requirements or reach knowledgeable staff.

In the Child Care Assistance program, nearly two-fifths of parents (39%, n=37) were disqualified by income caps that they said do not take into account debt, student loans, or variable wages; another 13% (n=12) recounted lost paperwork, unreachable case-workers, and confusing rules, and 8% (n=8) found the program incompatible with self-employment or non-standard schedules. For food support services, 45% of respondents (n=41) indicated financial barriers to accessing adequate food

such as income limits, however this is not relevant to all programs in this service area as programs such as the ECECD administered Summer Food Service Program do not have income requirements. In comparison, 8% (n=7) reported that benefit levels or food choices failed to meet their dietary needs, and 7% (n=6) encountered application issues or missing documents. More details about the

## Experience by Service Area

### Child Care Services

Child care services in New Mexico demonstrated substantial gains in family satisfaction between 2023 and 2025, based on the actual experiences of families currently using these services. The survey asked: “What was most valuable to your family about the child care services you used?” Because this question refers specifically to services families have personally used, responses reflect attributes they experienced firsthand rather than hypothetical preferences.<sup>8</sup>

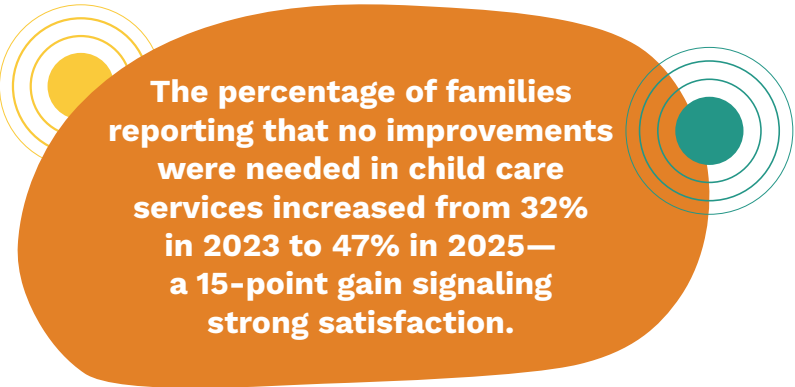
This section analyzes responses from 2,113 families out of 3,449 survey respondents who reported currently using child care services. These findings represent the experiences of families with access to services; separate data on barriers to access for the 558 families reporting unmet child care needs (250 already receiving some services, 308 receiving none) are presented elsewhere in this report.

The most striking finding is that 47% of respondents reported no improvements were necessary in 2025—a 15-point increase from 32% in 2023 and a 10-point jump from 2024—indicating genuine satisfaction with services as experienced.

Among families using child care services, three access features consistently emerged as most valuable—meaning

families actually experienced these as beneficial. In 2025, 53% of families reported that they were able to use services when their family needed them, 37% experienced ease in signing up for services, and 36% found the services affordable. Each of these reflects improvement in actual family experience since 2023: the proportion reporting ease of sign-up increased 11 points, and those experiencing affordability increased 10 points over the three-year period. These gains indicate that changes to enrollment processes and cost-support programs are delivering tangible benefits to families who participate.

Families using child care services increasingly reported experiencing respect and cultural responsiveness. Among those using services, only 4% reported that they felt judged for using services in 2025, down from 6% in 2023. Families also increasingly valued culturally and linguistically



**The percentage of families reporting that no improvements were needed in child care services increased from 32% in 2023 to 47% in 2025—a 15-point gain signaling strong satisfaction.**

responsive services, with 26% reporting that the services reflected their language or culture, up from 19% in 2023. The percentage of families saying that program information was communicated in a way they could easily understand reached 24% in 2025, aligning with ECECD’s increased focus on accessible communication.

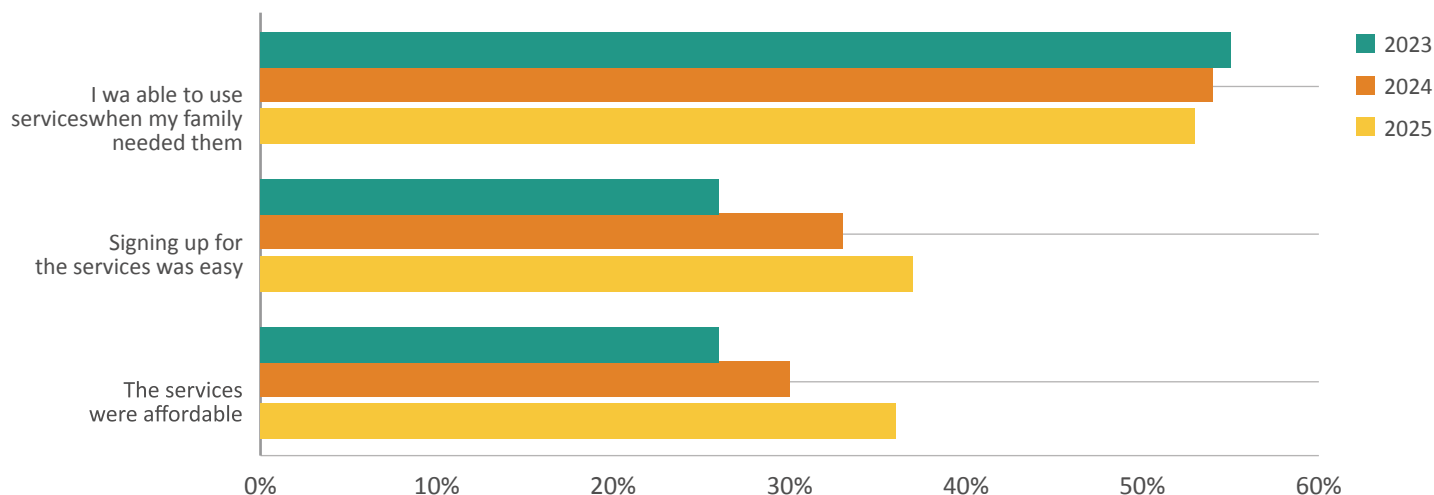
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8. For child care services, Special Education services, the Child Care Assistance program and food and nutrition services, families currently using services were asked: “What was most valuable to your family about the [service area] you used?” Respondents could select all that applied from a standardized list of access features. The response options were consistent across all service areas and focused on structural and operational characteristics that enable or prevent participation:

- I did not feel judged for using these services
- I was able to use services when my family needed them
- It does not take much time to use the services in my area
- It was easy to get transportation to use the services
- Signing up for the services was easy
- The services are responsive to my family’s language or culture
- The services were affordable
- The services were offered at convenient times
- The information about this program was communicated in a way I could easily understand
- The services did not help my family
- Other (with space for open-ended response)

Because the question specifically asked families to reflect on services they had personally used, their responses represent actual experiences and outcomes rather than hypothetical or theoretical preferences. The percentage of respondents selecting each response option reflects the proportion of families who reported experiencing that particular access feature as valuable in their use of services.

Figure 32. Child care services, the three most valuable aspects, 2023-2025 (n 2023= 2273, n 2024= 2320, n 2025= 2113)



A distinct subset of families—those who reported needing child care services but being unable to access them—identified different barriers. For these 558 respondents with unmet needs, cost remains the most significant obstacle. In 2025, 27% cited expensive services as a barrier to access, making it the highest-ranked challenge and remaining stable from 2023. This contrasts with the 36% of respondents currently using services who experienced affordability as valuable, indicating that while cost-reduction efforts have benefited some families, cost still prevents access for more than one-fourth of families with unmet needs.

Lack of awareness emerged as the second most frequently cited barrier at 25%, underscoring the continued importance of outreach and communication about

**Although 36% of families indicated that affordability was a valuable aspect of child care services, 27% of families in 2025 still cited cost as a barrier—making it the top access challenge**

**Families report experiencing greater cultural responsiveness and belonging in child care programs. The percentage of families using child care services who felt services reflected their language or culture increased from 19% in 2023 to 26% in 2025.**

**One in four families (25%) were not aware of available child care services in their area in 2025, highlighting the need for expanded outreach and communication or service availability.**

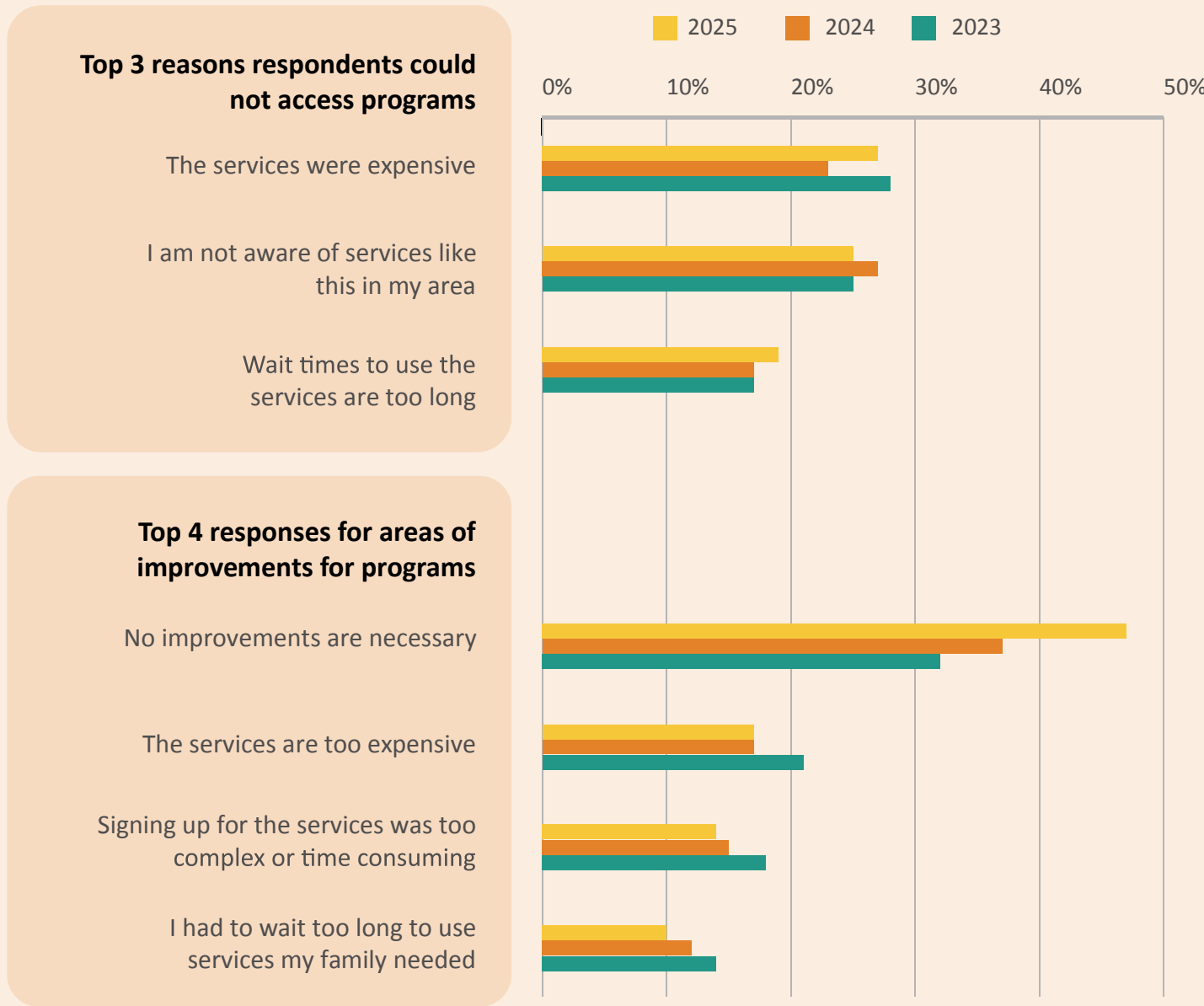


available services. Wait times (19%) and complexity of enrollment (17%) followed as secondary barriers. Transportation barriers showed modest improvement, with 13% of families with unmet needs citing access issues in 2025 compared to 14% in prior years.

When discussing what they valued most about child care services in open-ended responses, families who use child care services emphasized the positive impact child care has on family wellbeing, particularly in enabling caregivers

to work or attend school. Respondents noted program strengths, including high-quality care, supportive staff, and reliable meal provision. In terms of areas needing improvement, 32% (n=21) called for expanded access and reduced financial burden. A further 31% (n=20) of respondents pointed to the need for better staff training, increased support for children’s developmental needs, and improved communication. Barriers to access were most frequently tied to eligibility requirements and enrollment

**Figure 33. Child care services, areas of improvement, and reasons for lack of access 2023-2025 (No access: n 2023= 863, n 2024= 746, n 2025= 558; Improvements: n 2023= 2273, n 2024= 2320, n 2025= 2113)**



“

***“The staff at that time was great. The teacher enjoyed and were knowledgeable in Early Childhood Education. My child was given a safe environment and the teacher facilitated opportunities for growth and development.”***

**—Caregiver sharing their experience with child care services**

”

challenges (46%, n=27), followed by a lack of appropriate providers, especially for children with special needs (31%, n=18), and logistical issues such as long waitlists and limited availability (19%, n=11). More details about the qualitative responses can be found in Appendix 4.

In summary, the data show that child care services in New Mexico are becoming more affordable, accessible, and user-friendly over time. Families are increasingly satisfied with the ease of use, convenience, and cultural responsiveness of services, although cost, enrollment difficulties, and awareness of these services remain persistent challenges. Continued efforts to address these areas will further strengthen family engagement and equitable access.

## Preschool Services

Preschool services in New Mexico—including Head Start, New Mexico PreK (NM PreK), and Tribal Head Start programs—demonstrated strong family satisfaction in 2025, based on the actual experiences of families currently using these services. This section analyzes

responses from 2,185 out of 3,449 survey respondents who reported currently using preschool services. These findings represent the experiences of families with access to services; separate data on barriers to access for the 517 respondents reporting unmet preschool needs (260 already receiving some services, 257 receiving none) are presented at the end of this section.

The survey asked: “What was most valuable to your family about the child care services you used?” Because this question refers specifically to services families have personally used, responses reflect attributes they experienced firsthand rather than hypothetical preferences, as for child care services and other areas. In 2025, the survey introduced outcome-oriented response options for this question, to assess what families experienced as the most valuable outcomes from participating in preschool services.<sup>9</sup>

**Families consistently identified readiness for kindergarten, hands-on learning, and social development as the most valuable aspects of preschool, aligning with the learning goals of preschool.**

9. For all programs within the preschool services section, families currently using services were asked: “What was most valuable to your family about the [service area] you used?” Respondents could select all that applied from a list of program outcomes specific to preschool services:

I felt confident that my child was ready for kindergarten and excited to learn

My child learned through fun, hands-on activities that supported their growth

Through our PreK program I had access to screenings to catch any possible delays or disabilities early

I enjoyed watching my child learn about emotions, make friends, and work with others

I felt more confident in helping my child learn and grow

Our PreK program connected my family to local resources that met our needs

I know my child’s teachers were trained in early childhood education and are always learning more

I felt included when I saw our language and culture in the classroom

My child had access to healthy and nutritious meals

I was connected to resources to make sure my child got regular health check-ups, vision, dental and hearing screenings

The information about this program was communicated in a way I could easily understand

Other (with space for open-ended response)

Because the question specifically asked families to reflect on services they had personally used, their responses represent actual experiences and outcomes rather than hypothetical or theoretical preferences. The percentage of respondents selecting each response option reflects the proportion of families who reported experiencing that particular outcome as valuable to their family.

Respondents consistently identified learning outcomes and child development as the most valuable aspects of preschool services. Three outcomes emerged as most important, averaging across all three preschool program types:

- Kindergarten readiness and enthusiasm for learning (average 59%)
- Learning through fun, hands-on activities (average 59%)
- Watching children develop socially and emotionally, including making friends and learning to work with others (average 54%)

These outcomes reflect the intended purpose of preschool programming, suggesting that families perceive these services as effectively laying the foundation for both academic success and personal development. This aligns with broader research on the role of early childhood education in building both cognitive and emotional competencies.

Just under half of respondents (48%) felt more confident in helping their child learn and grow as a result of participating in preschool programs, while 38% valued knowing their child's teachers were well-trained in early childhood education. A third of respondents (30%) felt culturally included when they saw their language or

culture reflected in the classroom. These findings point to both the instructional quality of the programs and the importance of cultural responsiveness in promoting family engagement.

While still appreciated, health-related aspects were cited less frequently as among the most valuable outcomes experienced. Access to nutritious meals were selected by 39% of respondents, and access to early health and developmental screenings by 25% to 40%, depending on the specific question. This suggests that while health services are a core part of preschool programming, they may not be the most visible or central feature perceived as most valuable by families.

Only 25% of respondents said that one of the most valuable aspects of the program was that information about it was communicated in a way they could easily understand, which had the lowest average response across all questions. While this may reflect the lower visibility of administrative processes compared to classroom learning, it still highlights an opportunity for greater family-centered communication strategies.

While overall trends were similar, some notable variations emerged:

**NM PreK** consistently scored the highest or near-highest across most questions, with especially strong results in kindergarten readiness (66%) and hands-on learning (65%).

**Head Start** followed closely behind, with comparable strength in many areas.

**Tribal Head Start** showed somewhat lower ratings on average (38% across all questions), though it was strongest in cultural inclusion (34%) and access to healthy meals (41%).

These variations may reflect differences in program design, funding levels, or local implementation practices.

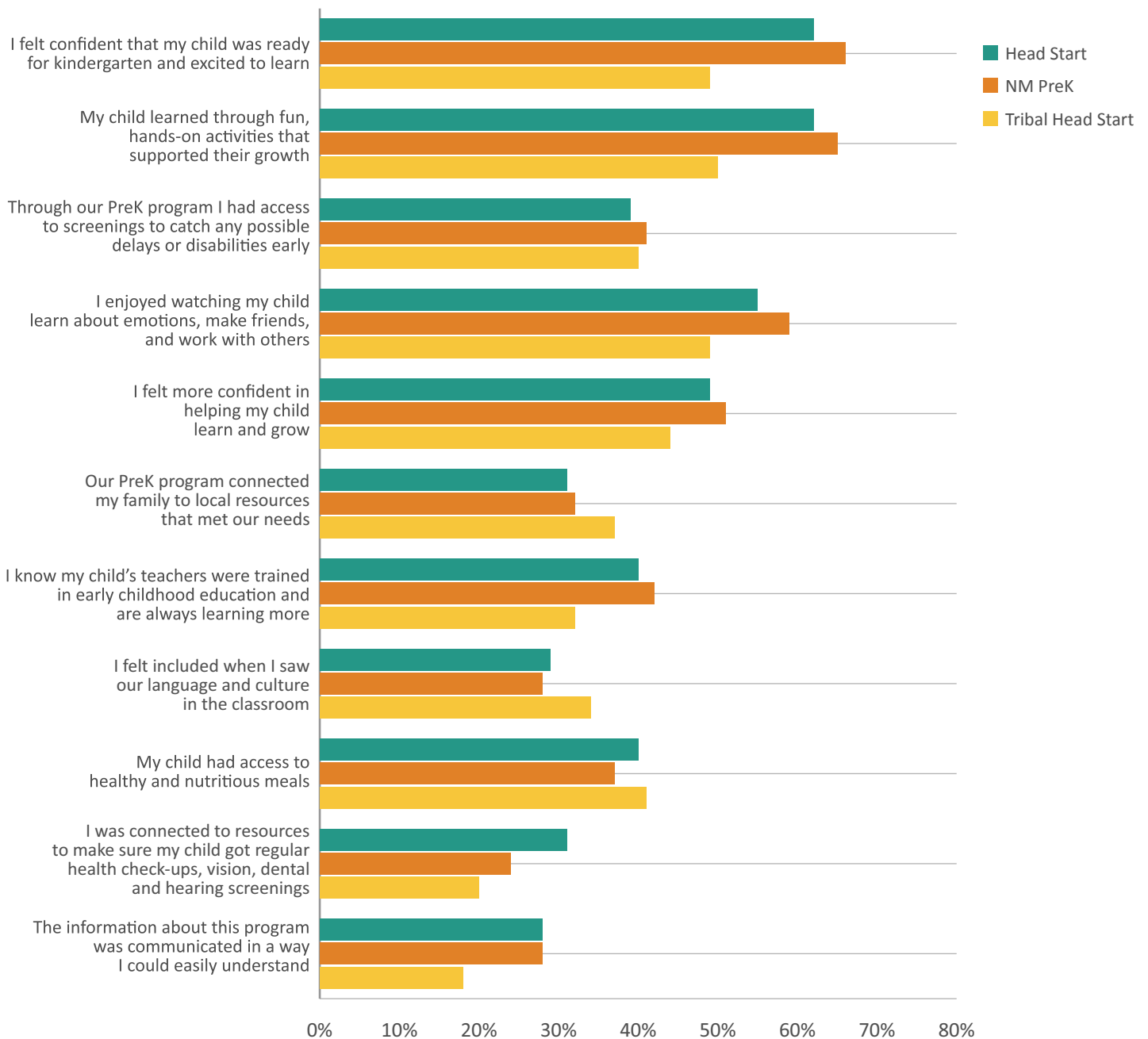
Satisfaction with preschool services increased significantly from 2023 to 2025. The proportion of respondents indicating that no improvements were necessary to preschool services increased 8 points, from 34% in 2023 to 42% in 2025, indicating a substantial rise in overall satisfaction among families using services.

A distinct subset of families—those who reported needing preschool services but being unable to access them—identified different barriers. For these 517 respondents with unmet needs, cost emerges as the most significant barrier, with 19% citing expensive services in 2025, the same level as in 2023. However, among families currently using preschool services, the perceived cost as an area for

**NM PreK consistently scored the highest or near-highest across the majority of the most valuable aspects of preschool services, with particularly strong results in kindergarten readiness (66%) and hands-on learning (65%).**

*“The teachers shared tips with me during family engagement events, like how to read to my child in a way that boosts her learning. I feel more confident as a parent”*

**Figure 34. Preschool – Most valuable aspects of preschool services, by program, 2025 (n Head Start 2025= 683 ,n NM PreK 2025= 1406, n Tribal Head Start 2025= 167)**



improvement declined significantly from 16% in 2023 to 10% in 2025, suggesting that cost-reduction efforts have benefited families with access while remaining a barrier for those unable to access services. Concerns about cost are likely to be for access to community-based preschool services, as there is no cost for participation in NM PreK, Head Start or Tribal Head Start programs. Wait times (19%) and lack of awareness (22%) are also frequently cited barriers for families with unmet needs. Concerns about complexity of enrollment as a barrier to access, while slightly up from 13% in 2024 to 15% in 2025, remains below 2023 levels (18%).

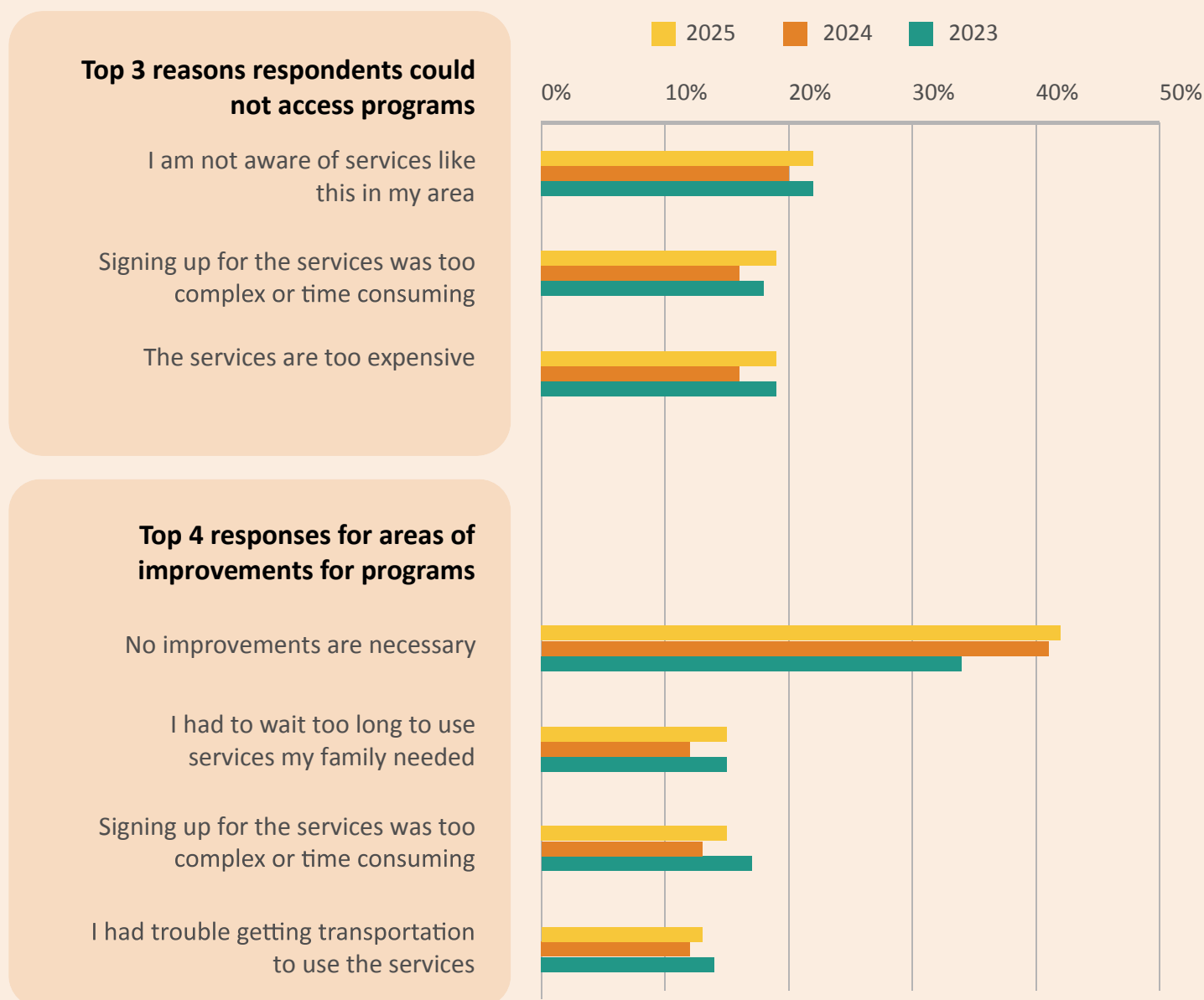
**“Parents expressed belief in the lasting impact of NM PreK. One reflected: *“I’m confident the knowledge my children gained through New Mexico PreK have a lasting impact future.”* Another stated: *“The New Mexico PreK program has been a game-changer for my family...It’s a testament to the power of high-quality early childhood education and its lasting impact on young children and their families.”*”**



**The complexity of signing up remains a barrier to participating in preschool services for nearly one in five respondents.**

In the responses to the open-ended questions on preschool services, 52% of comments on NM PreK (n=241) praised the gains in literacy, numeracy, and social confidence that facilitated the transition to kindergarten. Head Start families echoed these strengths, with 50% (n=234) highlighting strong learning foundations and 51% (n=239) noting social-emotional growth in safe, caring classrooms; 29% (n=135) additionally valued the wrap-around resources that reduced financial and

**Figure 35. Preschool, areas of improvement, and reasons for lack of access, 2024 and 2023 (No access: n 2023= 657, n 2024= 532, n 2025= 517; Improvements: n 2023= 2100, n 2024= 1984, n 2025= 2185)**



parenting stress, while 8% (n=35) appreciated reliable, affordable care that let parents work and 3% (n=16) pointed to long-term academic advantages. One-third of improvement suggestions (33%, n=35) cited staffing or quality gaps such as high turnover and limited trauma-informed practice; 18% (n=19) struggled with confusing enrollment and communication; and 15% each (n=16) pointed to curriculum or scheduling issues and to wait-lists, transportation, or geographic hurdles. Affordability worries surfaced for 7% (n=7) (again likely to be for community-based preschool services as NM PreK, Head Start, and Tribal Head Start preschool programs are free), while stringent eligibility rules were cited by (39%, n=19) of respondents from accessing services at all. Families hold high-quality preschool, especially NM PreK, in great esteem, but they call for a larger, better-supported

workforce, streamlined processes, and more availability so that every child can share in these benefits. More details about the qualitative responses can be found in Appendix 4.

## Family Support and Early Intervention Services

ECECD's family support and early intervention services—which include Early Head Start, the Family Infant Toddler (FIT) Program, the Families FIRST Program, and Home Visiting—demonstrated strong impact and high levels of family satisfaction in 2025. Beginning in 2025, the survey shifted from generic questions to tailored program-specific questions for each service, enabling families to respond to items directly relevant to their unique experiences and providing a richer, more specific understanding of how these programs support families.

This section analyzes responses from 1,526 out of 3,449 survey respondents who reported currently using family support and early intervention services. These findings represent the experiences of families with access to services across four constituent programs: FIT (n=491), Home Visiting (n=629), Families FIRST (n=331), and Early Head Start. Separate data on barriers to access for the 386 respondents reporting unmet family support and early intervention needs (182 already receiving some services, 204 not participating) are presented in the following section.

Respondents currently using family support and early intervention services were asked: "What was most valuable to your family about the [program] you used?" Because this question refers specifically to services families have personally used, responses reflect attributes they experienced firsthand. In 2025, tailored program-specific questions were developed for FIT, Home Visiting, and Families FIRST, allowing families to report on outcomes directly relevant to each program's approach. Respondents who indicated that they participated in Early Head Start selected from the generic set of access features introduced earlier. The percentages reported below represent the proportion of respondents who selected each outcome as one of the most valuable aspects they actually experienced as a result of participating in the program or service.

Respondents consistently reported that the most valuable aspects of these programs were responsive, relationship-based care and developmental support tailored to their family's needs. Home Visiting showed the highest levels of endorsement across all program areas: 73% of respondents reported that their home visitor supported them in ways that met their family's needs, and 60% reported that their



**Tribal Head Start parents described profound cultural impact. One respondent noted: *"The program's curriculum, which included traditional tribal teachings, helped my child develop a strong sense of identity and pride in our heritage, something I value deeply."* Another shared: *"Ever since joining Tribal Head Start, my child has become a little storyteller. They share legends and tales from our tribe, and it has sparked many meaningful conversations in our family. It's a great way to pass down our history."***



**Tribal Head Start scored highest of all preschool program types in the area of cultural inclusion, cited by one in three families (34%) as one of the most valuable aspects of the program.**

child was screened for developmental milestones. Those who participated in FIT most frequently cited “watching my child make progress” (56%) and trusting the people who supported their family (55%) as key benefits they experienced, highlighting the program’s strong impact on child development and caregiver confidence. For Families FIRST, half of respondents reported that nurses conducted comprehensive health and developmental screenings and helped them understand how to support their child’s development as valuable experiences from the program.

Across all three programs, respondents participating valued positive caregiver-child interactions, receiving information in a way they could easily understand, and feeling supported during critical moments such as postpartum recovery and early caregiving. These outcomes reflect the core mission of these services: to strengthen families’ capacity to support their children’s development while reducing parenting stress and social isolation.



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***“Our child’s speech delays improved dramatically thanks to the therapy services at the program. It eased our worries and gave him the tools to communicate better.”***

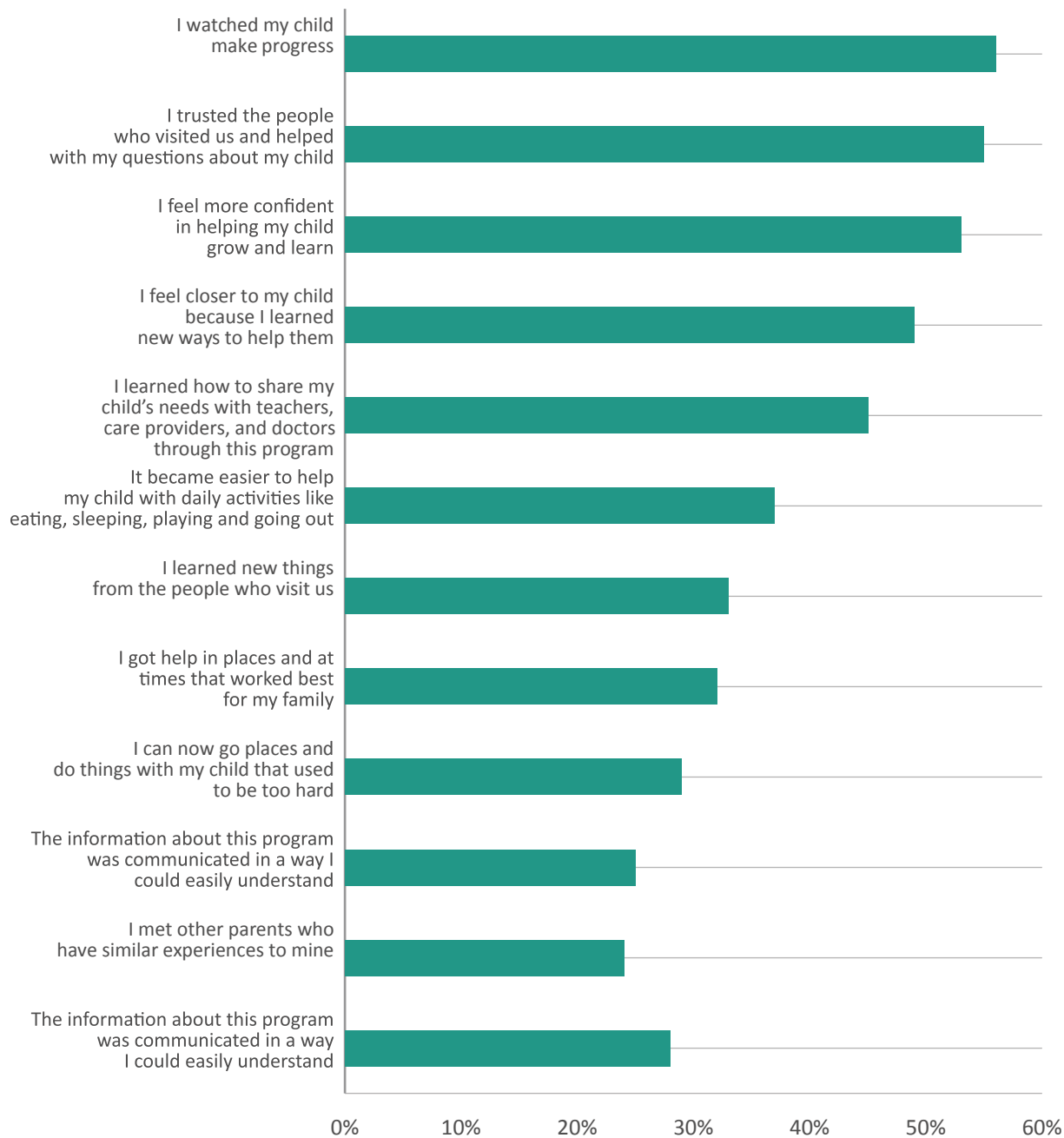
***“My child was provided with wonderful therapists to aid in his progress towards physical, occupational and speech therapies. It was extremely helpful having the therapists come into the home. Although my child still has milestones to meet, this program was able to help him get started and we absolutely noticed an increase in his quality of life, learning and well-being.”***

”

**In 2025, 56% of families in the Family Infant Toddler (FIT) Program said they valued watching their child make progress, and 55% valued that they trusted the people who supported them—highlighting that families value the program’s strong impact on child development and caregiver confidence.**

**In 2025, 73% of respondents using the Home Visiting program reported that responsive, individualized support from their home visitor—meeting their family’s unique needs—was the most valuable outcome they experienced.**

Figure 36. Most valuable aspects of the Family Infant Toddler (FIT) program 2025 (n= 491)<sup>10</sup>



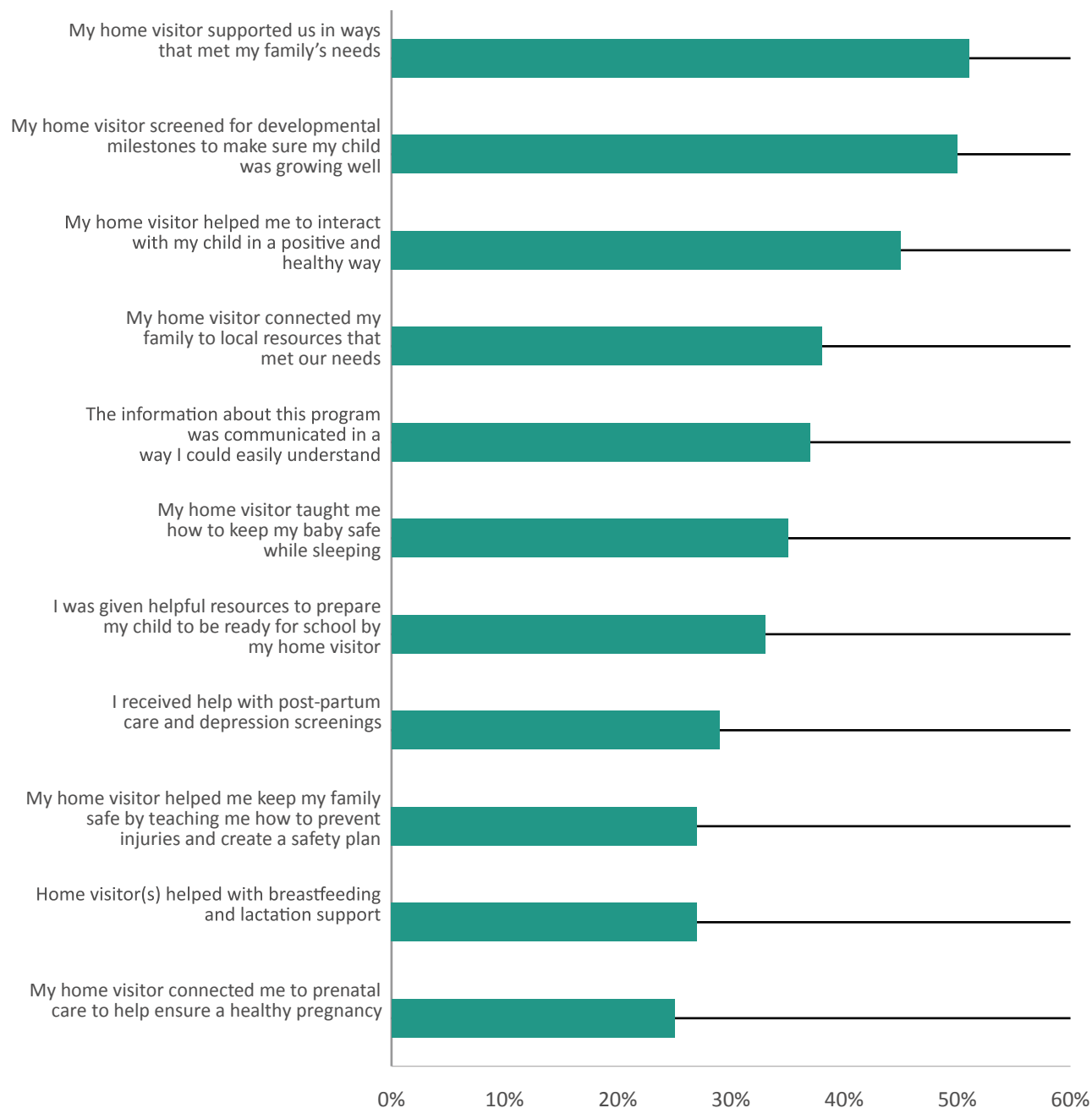
10. For FIT, respondents currently using the program were asked: “What was most valuable to your family about the [service area] you used?” Respondents could select all that applied from a list of program outcomes specific to FIT:

- I feel more confident in helping my child grow and learn
- I trusted the people who visited us and helped with my questions about my child
- I feel closer to my child because I learned new ways to help them
- I learned how to share my child's needs with teachers, care providers, and doctors through this program
- I watched my child make progress
- I can now go places and do things with my child that used to be too hard
- I met other parents who have similar experiences to mine

It became easier to help my child with daily activities like eating, sleeping, playing and going out  
I got help in places and at times that worked best for my family  
I learned new things from the people who visit us  
The information about this program was communicated in a way I could easily understand  
Other (with space for open-ended response)  
Because the question specifically asked families to reflect on services they had personally used, their responses represent actual experiences and outcomes rather than hypothetical or theoretical preferences. The percentage of respondents selecting each response option reflects the proportion of families who reported experiencing that particular outcome as valuable to their family as a result of using this program/ service.



Figure 37. Most valuable aspects of the Home Visiting program 2025 (n= 629)<sup>11</sup>



11. For Home Visiting, respondents currently using the program were asked: “What was most valuable to your family about the [service area] you used?” Respondents could select all that applied from a list of program outcomes specific to Home Visiting:

- My home visitor supported us in ways that met my family’s needs
- My home visitor taught me how to keep my baby safe while sleeping
- My home visitor connected me to prenatal care to help ensure a healthy pregnancy
- I received help with post-partum care and depression screenings
- My home visitor screened for developmental milestones to make sure my child was growing well
- My home visitor helped me to interact with my child in a positive and healthy way.
- Home visitor(s) helped with breastfeeding and lactation support.
- I was given helpful resources to prepare my child to be ready for

school by my home visitor.

- My home visitor helped me keep my family safe by teaching me how to prevent injuries and create a safety plan.
- My home visitor connected my family to local resources that met our needs.
- The information about this program was communicated in a way I could easily understand
- Other (with space for open-ended response)

Because the question specifically asked families to reflect on services they had personally used, their responses represent actual experiences and outcomes rather than hypothetical or theoretical preferences. The percentage of respondents selecting each response option reflects the proportion of families who reported experiencing that particular outcome as valuable to their family as a result of using this program/ service.



“

***“The evaluator identified areas where my child needed support and connected us with local resources... empowered us to advocate for my child’s needs.”***

**—Parent accessing FIT sharing impact of the program on their family**

”

“

***“Our Home Visitor became like part of the family...a trusted resource who provided support and care, even during the uncertain times of COVID.”***

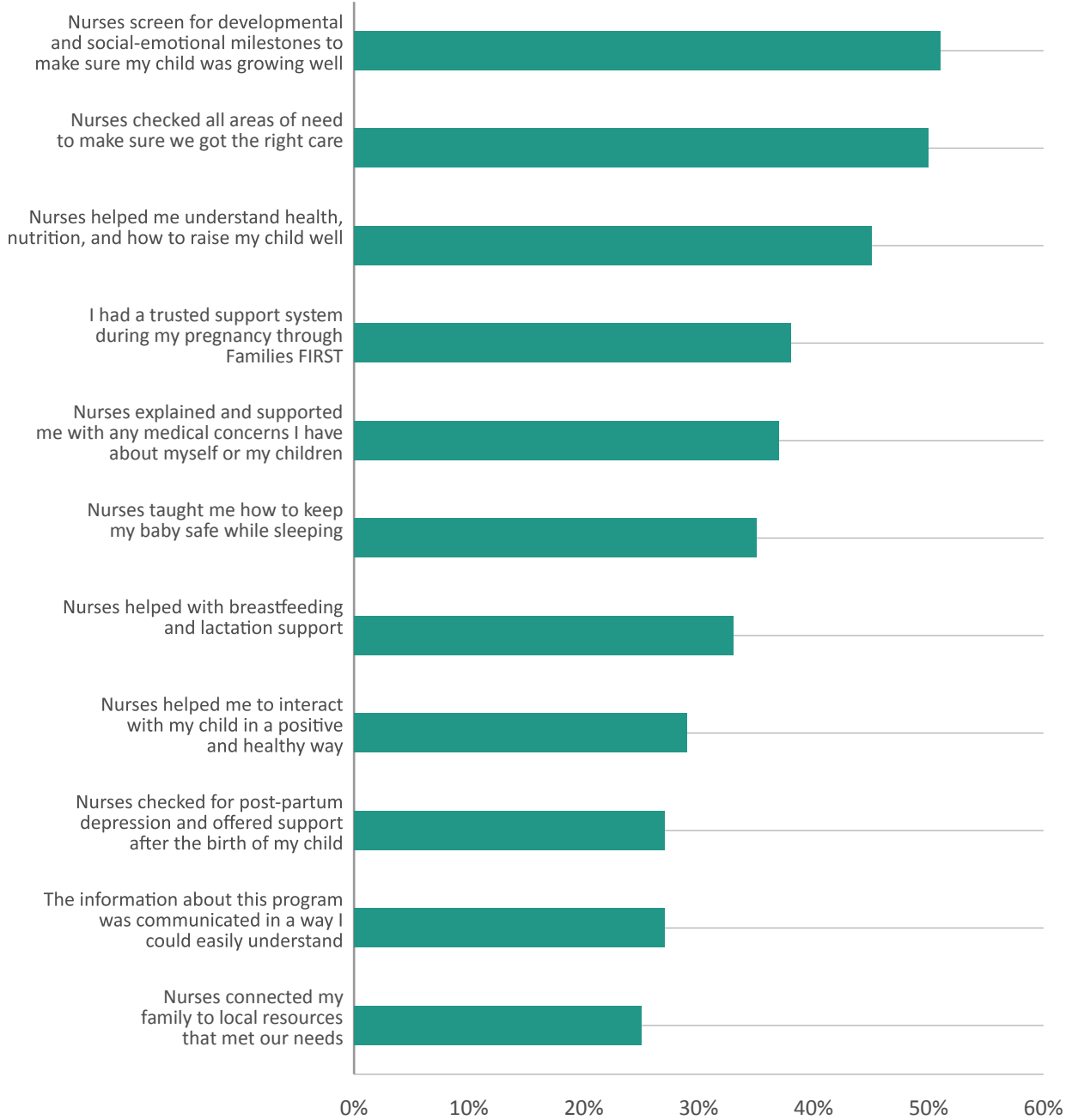
**—Parent sharing the impact that Home Visiting has had on their family**

***“Home Visiting gave us personalized support during pregnancy and early childhood, helping us with parenting skills, child development, and access to resources. The visits made us feel more confident and prepared as parents.”***

**—Parent sharing the impact that Home Visiting has had on their family**

”

Figure 38. Most valuable aspects of the Families FIRST program 2025 (n= 331)<sup>12</sup>



12. For Families FIRST, respondents currently using the program were asked: “What was most valuable to your family about the [service area] you used?” Respondents could select all that applied from a list of program outcomes specific to the Families FIRST program:

- I had a trusted support system during my pregnancy through Families FIRST
- Nurses checked all areas of need to make sure we got the right care
- Nurses helped me understand health, nutrition, and how to raise my child well
- Nurses explained and supported me with any medical concerns I have about myself or my child/ren
- Nurses helped with breastfeeding and lactation support
- Nurses taught me how to keep my baby safe while sleeping
- Nurses screen for developmental and social-emotional milestones to make sure my child was growing well

Nurses helped me to interact with my child in a positive and healthy way

Nurses checked for post-partum depression and offered support after the birth of my child

Nurses connected my family to local resources that met our needs

The information about this program was communicated in a way I could easily understand

Other (with space for open-ended response)

Because the question specifically asked families to reflect on services they had personally used, their responses represent actual experiences and outcomes rather than hypothetical or theoretical preferences. The percentage of respondents selecting each response option reflects the proportion of families who reported experiencing that particular outcome as valuable to their family as a result of using this program/ service.



**A parent accessing Families FIRST shared: “Families FIRST helped us during one of the most stressful times in our lives. When I was pregnant, they connected me with a caring home visitor who checked in regularly and made sure we had access to health care, nutrition support, and parenting resources.”**



The 2025 survey asked respondents to choose from the same response set across all questions when identifying areas for improvement in programs. Satisfaction with family support and early intervention services increased significantly from 2023 to 2025. The proportion of respondents indicating that no improvements were necessary increased from 42% in 2023 to 50% in 2025, reflecting a steady rise in overall satisfaction across all programs.

While overall satisfaction increased, some logistical challenges emerged in 2025. Among families using services, the proportion identifying transportation barriers rose to 12% from 9% in 2024, and the time required to use services increased to 15% from 11% in 2024—the highest level in three years. Although sign-up complexity as an area for improvement had dropped from 18% in 2023 to 12% in 2024, it ticked up slightly to 13% in 2025. These trends suggest that while families continue to find services meaningful and impactful, issues of convenience and logistics may warrant renewed attention.

A distinct subset of respondents—those who reported needing family support and early intervention services but being unable to access them—identified different barriers from the generic set of barriers to program access introduced earlier. For these 386 respondents with unmet needs, the most frequently cited barrier was lack of awareness: 30% reported they did not know services like this existed in their area. This represents a six-point increase from 24% in 2024, underscoring the importance of sustained investment in outreach and availability of services.

Additional barriers for respondents with unmet needs included the complexity of signing up (23%), long wait times (19%), transportation limitations (16%), and services not offered at times they could use them (16%). A smaller but important share reported that services were too expensive

**In 2025, 50% of respondents using family support and early intervention services reported that no improvements were necessary, up from 42% in 2023, reflecting steadily increasing satisfaction with these core programs.**

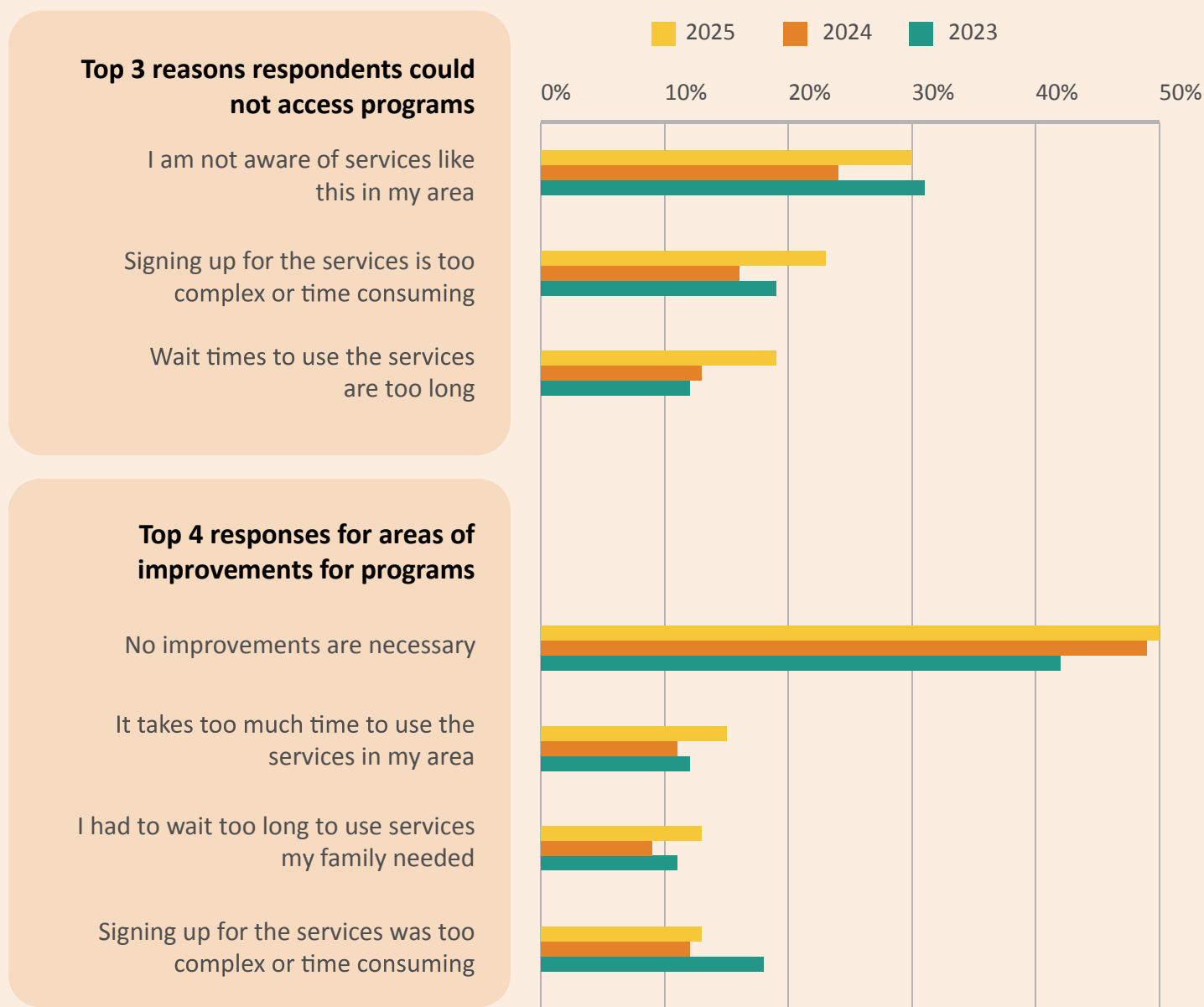
(15%). Notably, among respondents with unmet needs, 14% reported feeling judged for using services, a slight increase from 13% in 2024, suggesting that even as stigma decreases in many areas, it remains a concern for some families seeking support.

In contrast, among respondents currently using services, concerns about these barriers were significantly lower, reflecting the actual experiences of families with access. For example, while 23% of respondents with unmet needs cited sign-up complexity as a barrier, this issue affected a much smaller proportion of families who successfully enrolled and are using services.

In the open-ended responses collected, respondents consistently described FIT, Home Visiting, and Families FIRST as most valuable when they delivered caring, in-home guidance that boosted parents’ confidence, monitored children’s development, and connected households to health, nutrition, and mental-health resources; many also highlighted the relief of having a trusted partner who celebrated their culture and reduced social isolation (n=60 open-ended praises). Against these strengths, families also called for



Figure 39. Family support and early intervention services, areas of improvement, and reasons for lack of access, 2024 and 2023 (No access: n 2023= 462, n 2024= 439, n 2025= 386; Improvements: n 2023= 1430, n 2024= 1316, n 2025= 1526)



quicker and more consistent service delivery, as well as stronger staffing: 36% of suggestions cited therapist or home visitor shortages, turnover, or limited session time (24 of 66 improvement comments). They also requested smoother logistics—clearer eligibility rules, simpler paperwork, and schedules that accommodate working parents (32%, n=21)—and for programs to adapt as children’s needs evolve, noting gaps when they aged out or required different therapies (26%, n=17). Barriers to access echoed these themes: over half of the prevention comments pointed to confusion about how to enroll, re-enroll, or even learn about the programs (56%, n=32), while 38% cited outright service gaps or waitlists, especially for speech or other specialists (n=12). Transportation hurdles, inconvenient hours, and discomfort with in-home visits further limited participation for a smaller group. Together, the feedback affirms the high impact of family-centered, culturally responsive early-intervention supports, while underscoring the need for a larger, well-trained workforce, streamlined processes, and flexible delivery options so that every family can benefit. In line with ECECD’s focus on equity and family partnership, these programs offer high-quality, relationship-centered support; however, continued work is needed to reduce access barriers related to information, time, and logistics. More detail appears in Appendix 4.

**Despite overall satisfaction, 30% of respondents reported in 2025 that they were unaware of family support and early intervention services in their area, highlighting a persistent need for improved outreach and communication.**



# Net Promoter Scores

Net Promoter Score (NPS) measures respondent satisfaction and loyalty by asking how likely they are to recommend a program to a friend or family member on a scale of 0–10. Scores above 0 indicate more promoters (those rating 9–10, indicating strong satisfaction and willingness to recommend) than detractors (those rating 0–6, indicating lower satisfaction). Higher NPS scores indicate stronger advocacy for a program. A higher score in this measure is considered desirable. However because early childhood services lack established NPS benchmarks, these scores are primarily valuable for tracking change over time rather than comparing to external standards.

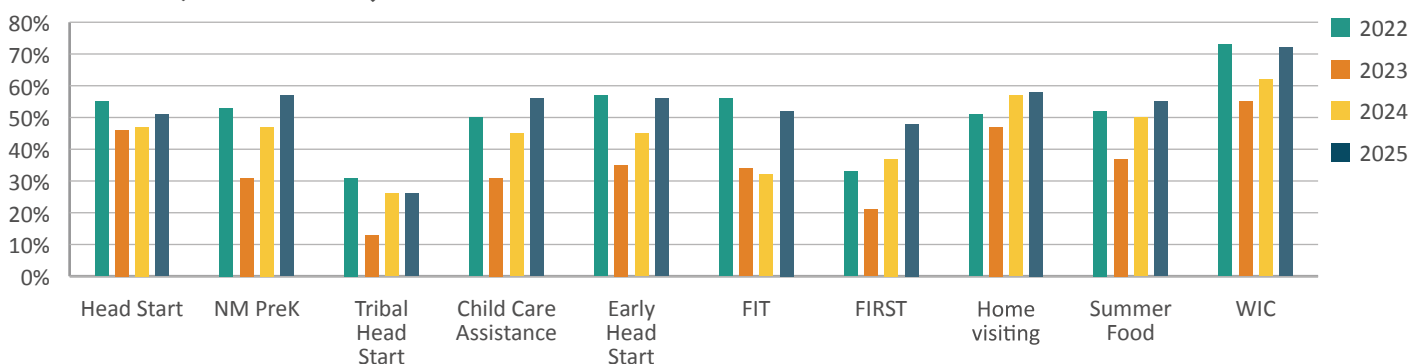
As a part of this survey, NPS scores are only collected for named programs, including three key programs administered by ECECD: New Mexico PreK (NM PreK), Home Visiting, and the Family Infant Toddler (FIT) Program.

Across all programs measured, NPS scores show a small upward trend of 2.2 points from 2022 to 2025. However, the 2022 survey presents a methodological consideration: it had a smaller sample (n=1,549), was conducted early in the year, and captured experiences during the COVID-19 pandemic, when program operations and family circumstances differed significantly from subsequent years. The 2023 survey (n=3,495) reflected experiences from a period when operations had returned to normal. Across these three programs, significant improvements emerged from 2023 to 2025. The most substantial increases were for FIT (20-point improvement from 2023 to 2025) and NM PreK (10-point improvement from 2023 to 2025).<sup>13</sup> From



**Net Promoter Scores in 2025 improved over 2023 for 9 out of 10 services and remained level for the tenth.**

**Figure 40. Program-level net promoter score comparison, 2022–2025 (n 2022= 1549, n 2023= 3495, n 2024= 3201, n 2025= 3449)**



13. Caution should be exercised when interpreting these results, as in some cases, such as WIC, respondents are rating a single program. In contrast, respondents in the case of Head Start and preschool programs experience different specific preschool and Head Start centers that may implement programs that vary. Only subsets of the survey sample that indicated use of a program or service area were asked this question, so the n for different programs/survey areas varies from 167 respondents for Tribal Head Start to 1,314 respondents for the Child Care Assistance program. Details for all subsets can be found in Appendix 1.

this 2023 baseline, 2025 shows a substantial increase, with an average NPS of 56 across these three programs.

In 2025 and 2024, nine out of ten programs measured in the broader survey showed increases in NPS, with one program remaining flat. This pattern suggests a consistent upward trend in family satisfaction and advocacy across key programs and services.

**FAMILIES ARE MORE LIKELY TO RECOMMEND PRESCHOOL WHEN MORE HOURS ARE AVAILABLE**

Family satisfaction with preschool programs as measured by NPS scores varies significantly based on schedule length. In 2025, NPS rose steadily as the length of the preschool day increased.<sup>14</sup>

Schedule	Promoters (9-10)	Detractors (0-6)	NPS
Half-day (3–4 hours)	58 %	12 %	47
Full-day (6.5–7 hours)	62 %	10 %	52
Full-day plus (6.5–8 hours with wrap-around)	75 %	10 %	65

Full-day plus options generate the strongest family advocacy. Nearly three-quarters of families (75%) using an extended schedule are promoters, producing an NPS of 65—thirteen points higher than full-day and eighteen points higher than half-day schedules.

These patterns are consistent across Head Start, NM PreK, and Tribal Head Start, suggesting that expanded hours better align with work schedules, reduce daily transitions, and provide children with more uninterrupted learning time. These findings align with earlier survey results showing that families consistently value services they can “use when needed.” By continuing to invest in full-day and wrap-around schedules—especially in rural and Tribal communities where limited options may constrain family choice—ECECD can strengthen equity, improve kindergarten readiness, and enhance family satisfaction across New Mexico.

**A full-day plus schedule for preschool programs increases parent satisfaction with programs as measured by Net Promoter Scores (NPS). Full-day plus schedules’ NPS is 65, 13 points higher than full-day and 18 points higher than half-day, suggesting that families are more satisfied with programs that offer extended hours.**



14. NPS = % Promoters (9–10) – % Detractors (0–6). Respondents selecting 7–8 are considered neutral.



# Respondent Needs

## Understanding Basic Needs Insecurity

The Family Engagement and Satisfaction Survey measures several forms of basic needs insecurity to understand how families' access to essential resources influences their well-being and their ability to benefit from early childhood programs and services. All 3,449 respondents were asked to report how frequently they faced or were worried about specific challenges related to child care, food, housing, and health care within the past 12 months.<sup>15</sup>

Responses were measured on a five-point scale: Never, Rarely, Sometimes, Often, or Always. Responses were grouped into two categories:

- **Any concern reported** (Rarely, Sometimes, Often, or Always combined): Respondents who reported at least occasional concern about a particular need, including those who worried once or twice in the past year as well as those facing ongoing, persistent challenges.
- **Chronic insecurity** (Often or Always): Respondents who reported facing the challenge persistently—regularly or constantly—indicating ongoing, substantial difficulty.

These two measures capture different aspects of family stability: occasional worry reflects awareness of vulnerability and periodic stress, while chronic insecurity reflects persistent, ongoing struggle. Both are important for understanding family circumstances, though they represent different levels of hardship.

## Four Areas of Basic Needs Insecurity

**Child care insecurity** refers to families' difficulty accessing or maintaining the child care they need to support their children and household stability. In the survey, it is measured through three indicators: whether families worried about missing work due to child care responsibilities, whether finding child care was a major factor enabling adult employment, and whether families worried about getting adequate services or support to care for their child effectively.

**Food insecurity** refers to families' difficulty consistently accessing enough nutritious food for all household members. In the survey, it is measured by how often families worried about running out of food or having

insufficient resources to purchase more.

**Housing insecurity** describes families' difficulty securing safe, consistent, and affordable housing. In the survey, it is measured by how often families worried about losing housing, being unable to pay rent or mortgage, or needing to move because of financial strain.

**Health care insecurity** refers to families' challenges accessing needed medical care, health insurance, or support for maintaining family health. In the survey, it is measured by how often families worried about affording care, lacking insurance coverage, or being unable to access health services when needed.

## Trends in Basic Needs Insecurity, 2022–2025

From 2024 to 2025, overall trends indicate continued but modest improvements across all types of basic needs insecurity. The 2022 survey had a smaller sample (n=1,549) and was conducted during the COVID-19 pandemic; subsequent years (2023 n=3,495; 2024 n=3,201; 2025 n=3,449) reflect more comparable conditions and larger samples.

In 2025, child care insecurity remained the area of highest concern:

- **Child care insecurity:** 69% reported at least occasional concern; 25% experienced chronic insecurity
- **Food insecurity:** 62% reported at least occasional concern; 15% experienced chronic insecurity
- **Housing insecurity:** 48% reported at least occasional concern; 14% experienced chronic insecurity
- **Health care insecurity:** 56% reported at least occasional concern; 17% experienced chronic insecurity

This means that while nearly 7 in 10 respondents had some worry about child care in the past year, approximately 1 in 4 faced ongoing, persistent child care challenges. Similarly, while about 6 in 10 respondents reported food-related worry at some point, only about 1 in 6 experienced chronic food insecurity.

From 2024 to 2025, changes were modest across all categories, indicating a slight overall improvement but limited progress. Any concern reported (Occasionally

15. The question asked of respondents was "Please indicate how frequently each of the following situations occurred for you *within the last 12 months*." They were presented with situations ranging from "The food our family bought just didn't last and we didn't have money to get more." to "I worried about getting services or support to effectively care for my child." Full details of answer options are in Appendix 10.

or Chronically): Food insecurity decreased slightly from 67% to 62% (-5 points). Housing insecurity improved notably from 52% to 48% (-4 points). Child care insecurity remained relatively stable at 69% (virtually unchanged from 2024's combined rate). Health care insecurity remained stable at 56%.

Chronic insecurity (Often or Always): Chronic food insecurity decreased slightly from 17% to 15% (-2 points). Chronic housing insecurity remained stable at 14%, as did chronic child care insecurity at 25%, and chronic health care insecurity at 17%.

The most significant improvement was in respondents experiencing any concern at all around housing insecurity overall, with respondents having any concern at all about not having a safe place to sleep declining 7 points from 45% in 2024 to 38% in 2025. However, persistent concerns about finding child care being a major factor in whether or not an adult in a family was able to work outside the

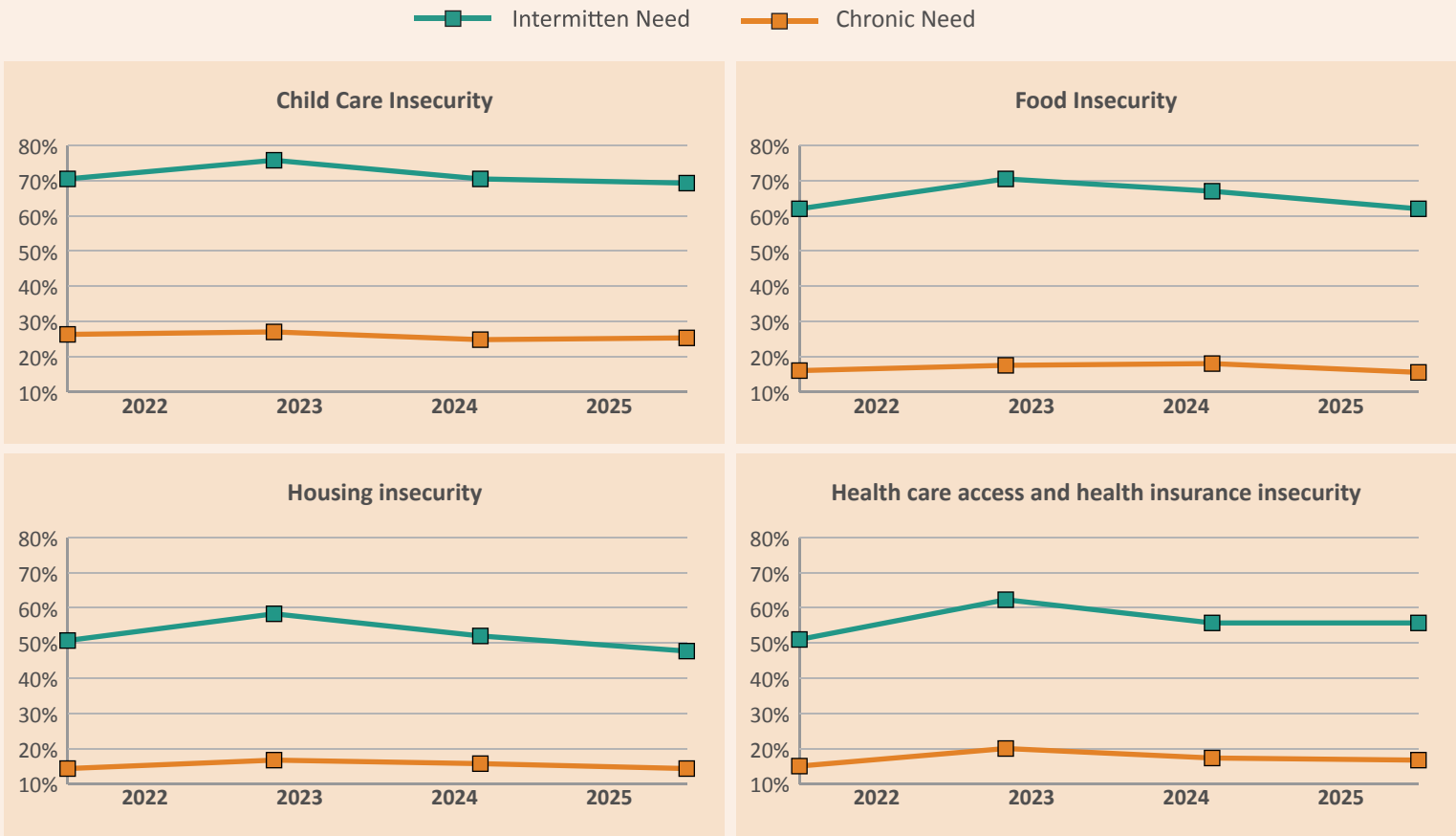
home—the most substantial chronic need—rebounded slightly to 34% in 2025 from 32% in 2024, returning to 2022 and 2023 levels.

**CHILD CARE INSECURITY AS THE HIGHEST AREA OF NEED**

Child care stands out as the most persistent challenge for New Mexico families. In 2025:

- 74% reported that they were concerned at least once during the year because finding child care was a major factor in whether or not an adult in their household could work outside the home
- 34% reported this need on an ongoing basis (Often or Always)
- 69% expressed at least occasional concern about child care access or arrangement
- 25% faced chronic child care insecurity averaged across all child care need questions

**Figure 41. Basic needs across child care, housing, health, and food insecurity experienced by responding New Mexican families with children aged birth to five, from 2022 to 2025 (n 2022= 1549, n 2023= 3495, n 2024= 3201, n 2025= 3449)**



The chronic child care insecurity rate—25%—exceeds the next-largest chronic need (worry about providing adequate care and support without help, at 21%) by 4 points. This indicates that roughly one in four New Mexico families with young children experience persistent, substantial difficulty with child care access, affordability, or arrangement.

### OTHER AREAS OF ONGOING NEED

While child care insecurity is most prevalent, substantial portions of families also face other persistent challenges:

- Chronic health care insecurity affects 17% of families
- Chronic food insecurity affects 15% of families
- Chronic housing insecurity affects 14% of families

When combined, approximately two-thirds of New Mexico families with young children report at least occasional worry about at least one of these basic needs, indicating that instability across multiple domains is common.

**Child care remains the highest area of need for families for the 4th consecutive year. In 2025, 69% of respondents experienced at least one concern about child care insecurity during the year, with 25% experiencing it often or always.**

**From 2024 to 2025, food insecurity declined 5 points and housing insecurity declined 4 points.**

## Analysis of Additional Needs for Early Childhood Services

In addition to the structured basic needs questions, all 3,449 respondents were invited to answer the following question: “Are there any other services that you need to care for your children aged five or younger that have not been mentioned in the previous sections? If so, please list those needs here.” This question is a path to identifying any additional early childhood needs not captured in the survey’s core items.

Of the full survey sample, 321 respondents (9%) provided open-ended responses detailing unmet needs. While this represents a smaller portion of respondents, the themes that emerged highlight gaps in current early child services. Thematic analyses of these open-ended responses are located in Appendix 4.

**Mental and behavioral health support.** Roughly one in ten of those providing open-ended responses requested easier access to counseling, family therapy, and child-focused behavioral health services. This suggests that while early childhood programs address developmental and educational needs, family mental health and child behavioral support remain underserved and represent a significant unmet need.

**Flexible, non-traditional child care hours.** Many families asked for early-morning, evening, weekend, or drop-in options to balance shift work or unpredictable schedules. This directly aligns with quantitative findings: 74% of respondents indicated that finding child care was a major factor in adult employment, and 69% reported at least occasional concern about child care. These open-ended responses suggest that current program offerings—even when available—may not match the schedules of families who work non-standard hours, leaving some, if not all, of their child care needs unmet.

**More affordable, high-quality child care and preschool.** Beyond existing subsidies, families continue to seek lower tuition, higher quality standards, and additional full-day options. This directly reflects affordability barriers documented in the access section of this report, where cost remained the top barrier to accessing services for families with unmet needs across multiple program areas. The persistence of this request suggests that current cost-reduction efforts, while helping some families, do not fully address affordability for all.

**Transportation assistance.** Respondents in both rural and urban areas pointed to limited or unreliable transport between homes, child care centers, health appointments, and work sites. Transportation barriers appear across both

quantitative and qualitative data throughout this report, underscoring their significance as a persistent obstacle to equitable access across multiple domains—child care, health care, and employment.

**Specialized support for children with disabilities or developmental delays.** Parents cited long waitlists for autism evaluations, limited speech-language therapy, and a shortage of inclusive child care placements. This reflects particular challenges families with children with disabilities or developmental delays face in accessing timely, appropriate services—a barrier documented in quantitative findings on special education and family support services access.

**Additional financial relief and material goods.** Families mentioned the rising cost of essentials—diapers, clothing, and healthy food—and the need to raise income-eligibility thresholds for assistance programs. This extends beyond early childhood services to broader family economic stability and reflects the interconnected nature of poverty and ability to access services. Families struggling with basic material needs face additional barriers to consistently using and benefiting from early childhood programs.

“

***“We need to expand the mental health capacities in New Mexico...My son has been on a waiting list for seven months to see a therapist. He is acting out, and the people I have talked to say they cannot help me unless he hurts somebody or himself—that is just ridiculous!”***

**—Caregiver responding to question on unmet early childhood needs**

”





# Language and Disability

The New Mexico Early Childhood Education and Care Department (ECECD) is committed to delivering equitable and inclusive services to all families participating in early childhood programs. In alignment with Title VI of the Civil Rights Act of 1964 and Title II of the Americans with Disabilities Act of 1990, ECECD services need to be accessible and responsive to the diverse needs of our community. This section of the survey report presents data on the language and communication access needs, as well as the disability status, of caregivers of children from birth to age five in New Mexico. This data collection is a critical component of ECECD’s ongoing efforts to enhance access and ensure that no individual faces barriers due to language or disability when encountering early childhood services in New Mexico.

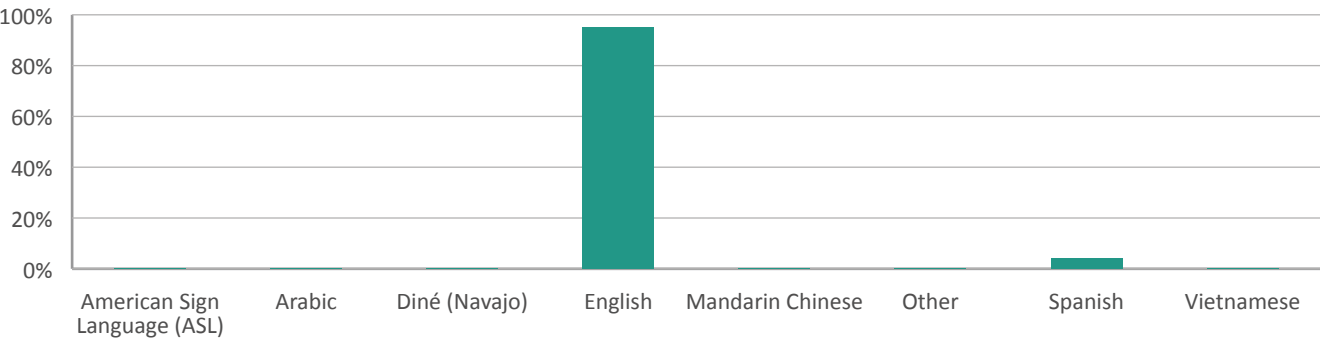
The ECECD Language Communication Access Plan (LCAP) is a regularly updated document that reflects the changing demographics and needs of New Mexico families. The LCAP includes a public assessment of need for services and a plan to meet those needs. Findings from this survey will inform the continual development of ECECD’s dynamic LCAP. By understanding the specific language and accessibility requirements of caregivers, ECECD can tailor its programs to serve all children and their families. Questions on language and disability were added to the survey in 2024, in consultation with ECECD, to meet evolving needs and were continued in 2025.

## Language and Communication Accessibility

All 3,449 respondents were asked: “Do you speak more than one language at home?” and “What is the main language you speak at home?” Respondents also indicated all languages they speak at home. However, the survey itself was administered primarily in English and Spanish, and respondents were recruited through social media (in English and Spanish), child care centers, Family and Child Education (FACE) organizations, and other community organizations with translation capacity. This methodology has important implications for interpretation: despite efforts for linguistic inclusivity the survey likely underrepresents families whose primary language is not English or Spanish. Additionally, families from non-dominant linguistic communities are likely underrepresented in the sample itself, so the language findings presented below should be interpreted as reflecting the experiences of the survey’s respondent population rather than fully representing New Mexico’s linguistic diversity.

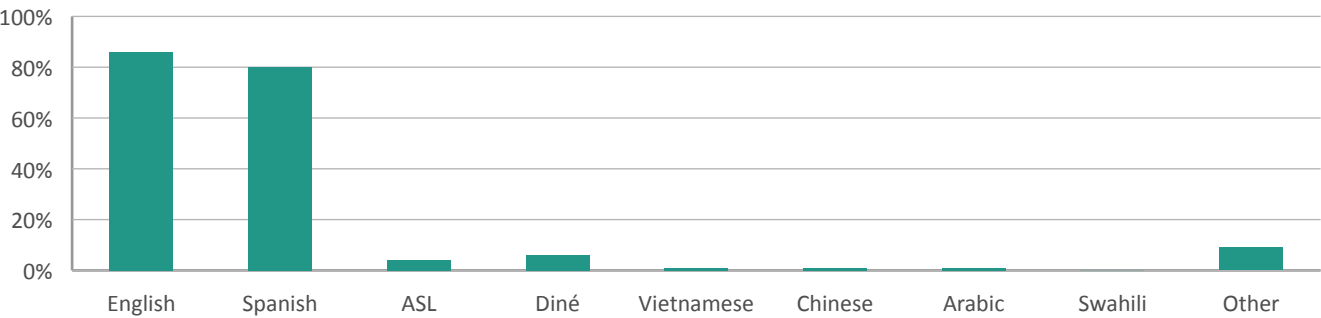
Among the 3,449 respondents, 63% (n=2,185) identified as monolingual speakers, speaking only one language at home. Among the 38% (n=1,214) of respondents who identified as multilingual, speaking two or more languages at home, the most prevalent languages were English (86%) and Spanish (80%).<sup>16</sup>

Figure 42. Languages spoken by monolingual speakers, 2025 (n= 2185)



16. Some respondents did not answer this question, so these percentages do not sum to 100

Figure 43. Frequency of languages spoken for speakers of two or more languages, 2025 (n= 1214)



“Multilingual and bicultural families are experiencing their languages affirmed in early childhood settings. Families reported: *“Our child was able to adapt to the classroom, increase her verbal skills in both English and Navajo”* and *“The program connected our family to bilingual resources, helping us navigate education in a multilingual household.”*”

Among monolingual respondents, 95% reported English as their main language, followed by 4% reporting Spanish. This distribution of monolingual English and Spanish speakers remained consistent between 2024 and 2025.

Respondents had the opportunity to report languages not included in the standard response list. While no monolingual respondents indicated a main language outside the provided list, 106 multilingual respondents (representing 8% of multilingual respondents) cited 50 additional languages spoken at home, including indigenous languages such as Keres (n=16), Zuni (n=8), Tewa (n=6), and Tiwa (n=3), as well as languages including French, German, Portuguese, Korean, Russian, Ukrainian, Urdu, Japanese, Chinese, Punjabi, and 11 other Native American languages. The presence of these languages in open-ended responses, despite the survey’s English and Spanish focus,

suggests that linguistic diversity in New Mexico exceeds what the structured response options capture—a finding that underscores the importance of ECECD’s commitment to communication access for all families.

Respondents using programs were asked three separate questions about communication: whether clear, easily understood communication was one of the most valuable aspects of services they used; whether communication issues represented an area needing improvement; and—separately, among those unable to access services—whether difficulty understanding program information was a barrier to access. In 2025, question wording was adjusted from asking if respondents could “fully access information” to “easily understand information” to improve clarity.

Overall, the percentage of service users citing clear communication as a most valuable aspect was modest: Home Visiting respondents reported the highest rate at 47%, followed by Head Start and New Mexico PreK (NM PreK) at 28% each, and the Family Infant Toddler (FIT) Program at 25%. Preschool services overall saw an increase

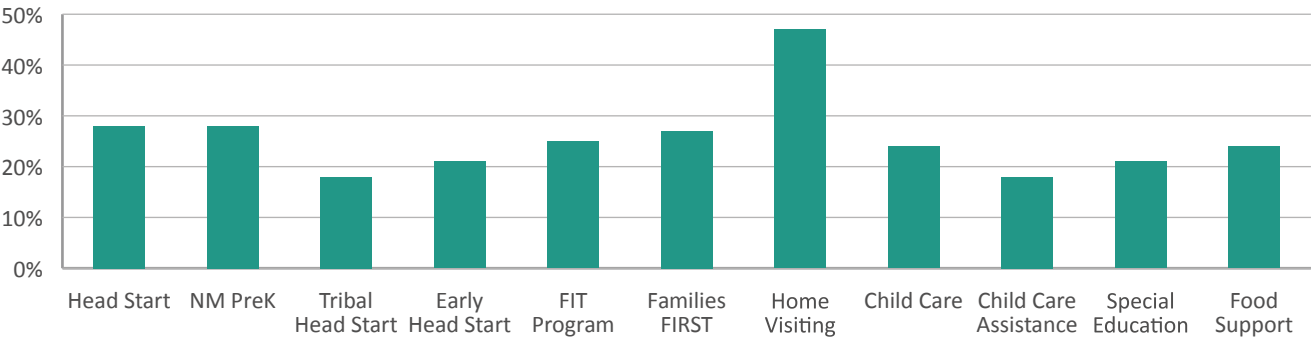
Among service users within the survey sample, communication clarity remains the least frequently reported barrier to accessing early childhood programs and services (8%)

from 14% in 2024 to 24% in 2025 of respondents citing communication clarity as valuable. These rates were lower than most other program attributes measured, suggesting that while communication clarity is valued, other aspects of programs are prioritized more frequently.

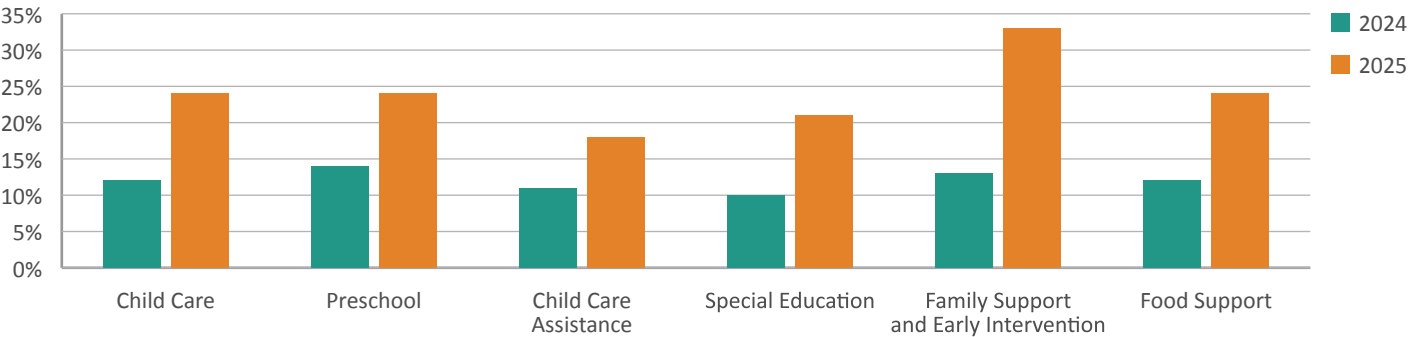
When asked about improvements needed in programs they used, the percentage of respondents identifying communication clarity as an issue remained low, ranging from 4% to 7% across programs—among the lowest across

all measured areas. However, among respondents unable to access services, the proportion citing communication barriers as a reason for non-access increased slightly from 2024 to 2025. For preschool services, this increased from 5% to 10%; for family support and early intervention services, from 6% to 9%. Note that this increase may in part reflect the change in question wording between 2024 and 2025 (from “could not fully access” to “could not easily understand”), making year-to-year comparison less direct.

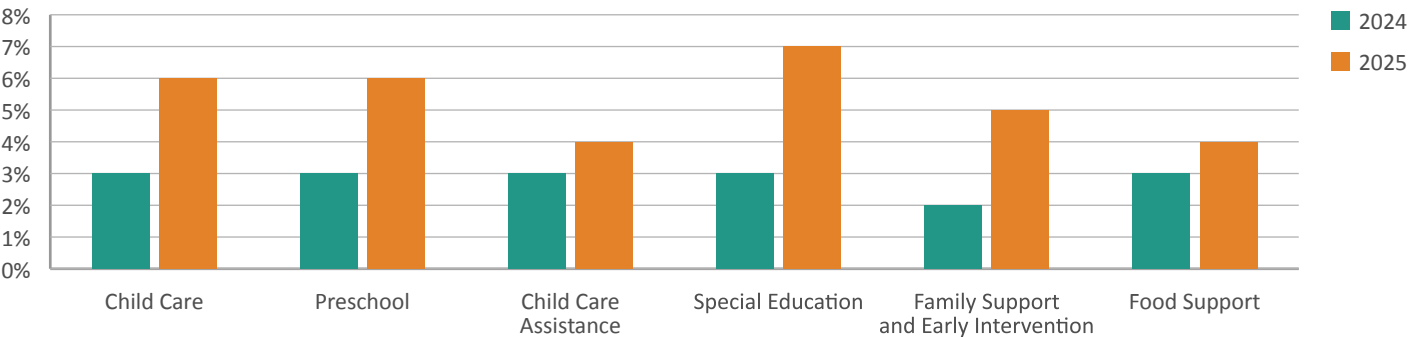
**Figure 44. Percentage of respondents using programs indicating that one of the most valuable aspects of the program was that the information about this program was communicated in a way I could easily understand, 2025**



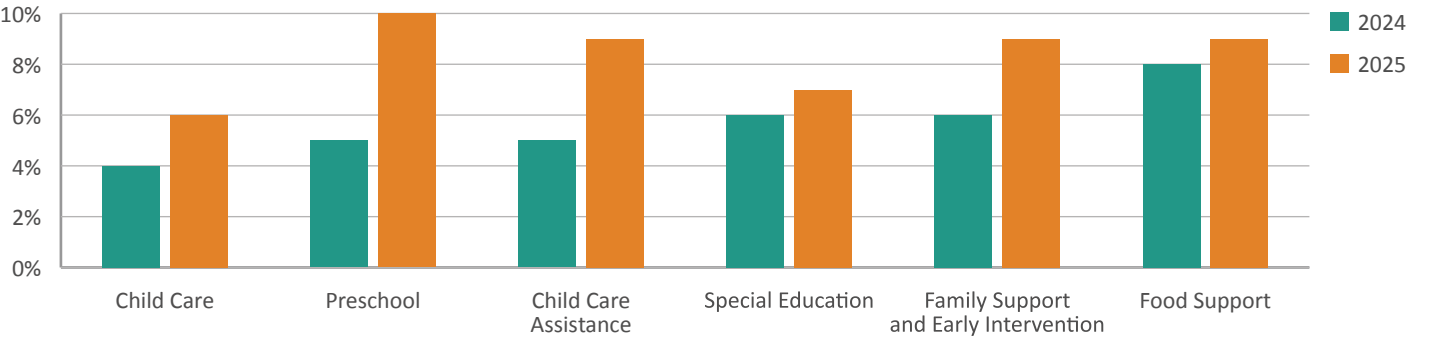
**Figure 45. Most valuable aspects of programs: The information about this program was communicated in a way I could easily understand, 2024 and 2025**



**Figure 46. Improvements to programs: The information about this program was communicated in a way I could not fully understand, 2024 and 2025**



**Figure 47. Barriers to accessing programs: The information about this program was communicated in a way I could not fully understand, 2024 and 2025**



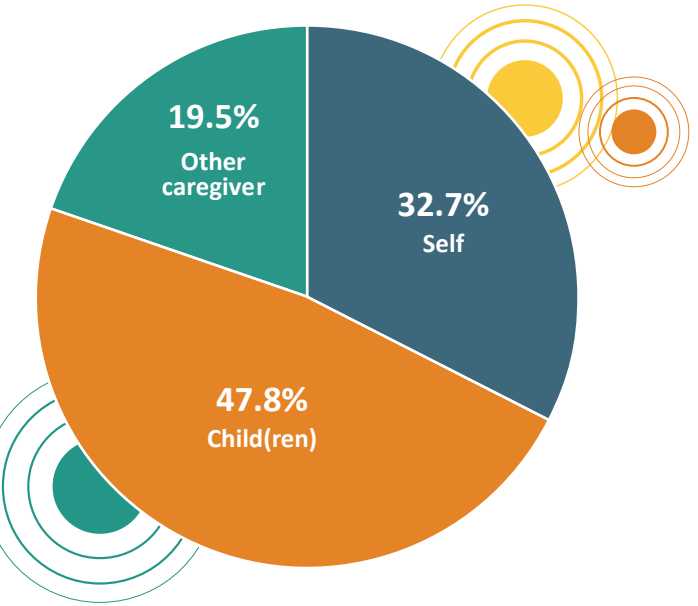
We should treat all the language-based analyses presented here with caution, however, as the survey itself was primarily communicated in English and Spanish through social media, although there was also robust outreach through community organizations with translation capacity. Thus, although the respondents comprising the survey sample are similar in their racial and ethnic distribution to the residents of the state of New Mexico, this does not guarantee that they are fully representative of the state’s linguistic makeup.

**Disability Prevalence**

Among all 3,449 respondents, 82% indicated that neither they nor any family member experiences disability, 15% (n=520) reported the presence of disability in their family, and 3% declined to answer. Among the 520 respondents reporting disability, the largest group identified children as

**48% of children reported as having a disability have autism in 2025, up from 43% in 2024. This increasing prevalence suggests the need for continued expansion of autism screening, evaluation, and specialized early intervention services and the continued necessity for special education preschool services (Part B).**

**Figure 48. Those experiencing disability 2025 (n= 520)**

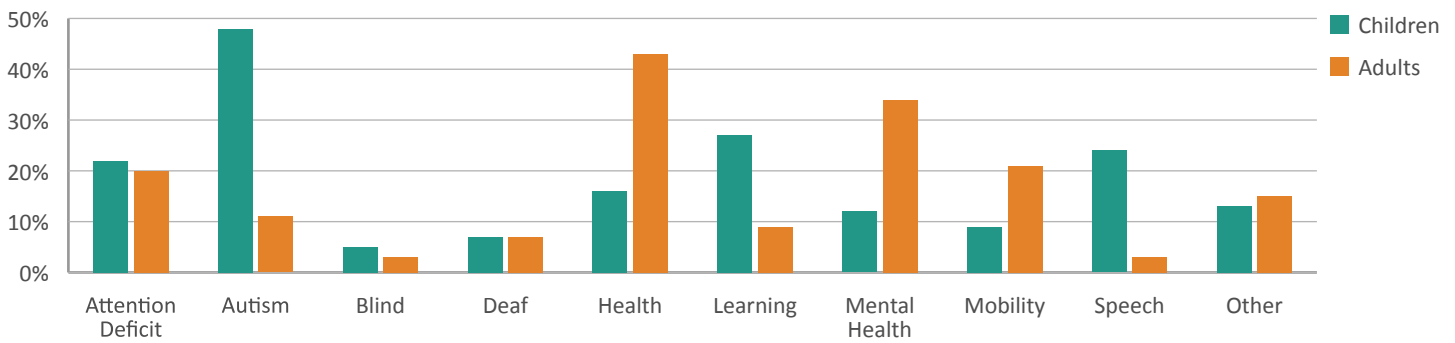


experiencing disability (54%), followed by self (37%) and other caregivers in the household (22%). Note that these categories are not mutually exclusive; some respondents reported disability across multiple household members.

Among children reported as having a disability, autism is the most prevalent, identified in 48% of children with disabilities in 2025 (up from 43% in 2024). The next three most prevalent disabilities for children are learning disabilities (27%), speech-related disabilities (24%), and attention deficit disorder (22%). For adults (respondents themselves or other caregivers), the most prevalent disabilities are health-related (43%), mental health conditions (34%), mobility-related disabilities (21%), and attention deficit disorder (20%). The difference between the types of disabilities reported for adults and children is striking in all groupings except for attention deficit disorder, blindness, and deafness, where the numbers for all three groups are within two points. Note that these categories will not sum to 100 as respondents could select multiple categories.



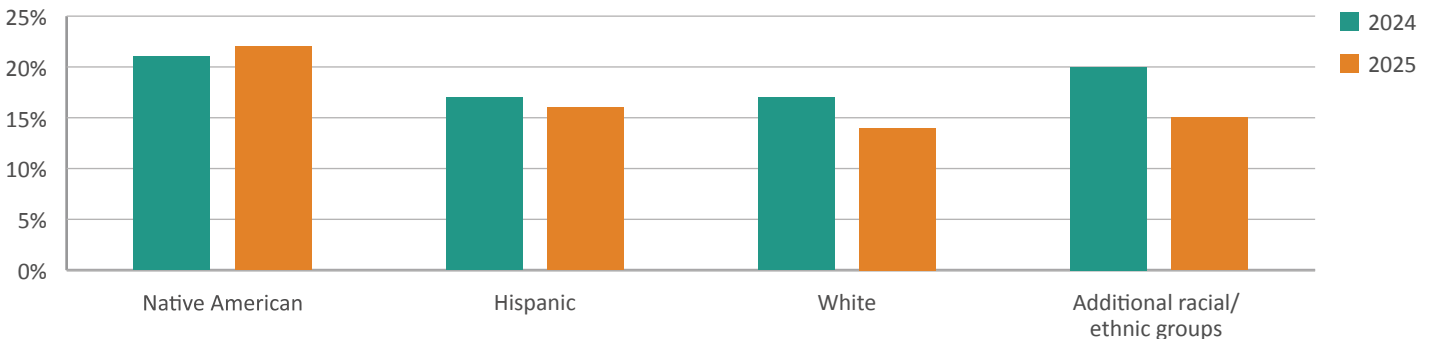
**Figure 49. Types of disability identified by child and adult, 2025 (n= 520)**



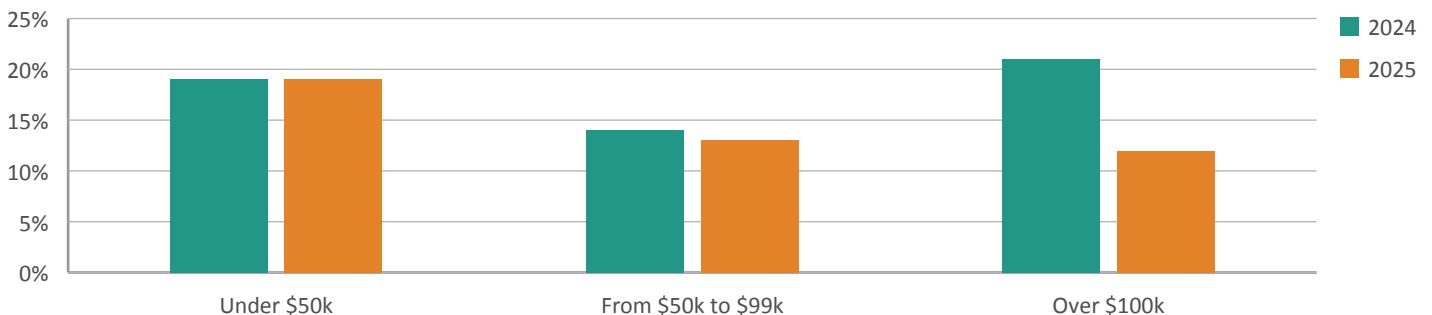
The distribution of reported disability across racial and ethnic groups shows variation, though sample size differences should be considered when interpreting results. Among respondents, 22% of Native American respondents (n=303) reported disability in their family, compared to 16% of Hispanic respondents (n=1,470), 14% of White respondents (n=1,611), and 15% of Black, Asian, and additional racial/ethnic respondents (n=439). The percentage for Native American respondents increased slightly from 2024, while reported percentages for other

groups decreased. Because Native American respondents and Black, Asian, and additional racial/ethnic respondents represent smaller portions of the survey sample, these percentages should be interpreted with greater caution than findings for Hispanic and White respondents, who comprise larger shares of the overall sample. The higher reported disability rates among Native American respondents may reflect actual differences, measurement variation, or differences in how respondents from different cultural backgrounds interpret and report disability.

**Figure 50. Percentage of racial/ethnic group reporting at least one disability in family with child(ren) birth to five, 2024-2025**



**Figure 51. Percentage of income group reporting at least one disability in family with child(ren) birth to five, 2024-2025**



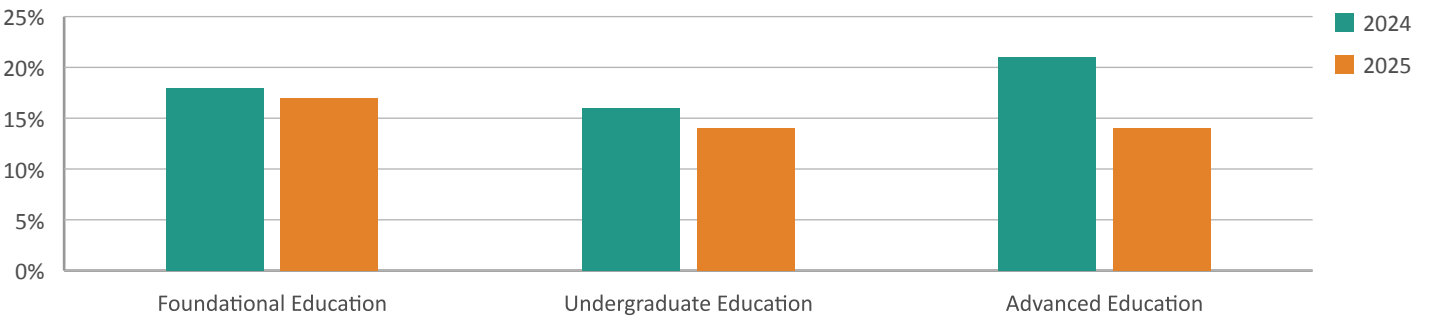
Variation in disability reporting by income level persisted in 2025, with higher percentages among respondents in lower income brackets. Nineteen percent of those earning under \$50,000 (n=1,278) reported having a family member with a disability, compared to 13% of those earning between \$50,000 and \$99,999 (n=1,380), and 12% of those earning over \$100,000 (n=650). The gap between the highest and middle income brackets narrowed significantly from 7 percentage points in 2024 to 1 percentage point in 2025, suggesting a shift in the pattern from the prior year which may be due to sampling variation.

In 2025, variation in reported disability by educational attainment narrowed across all groups. 17% of respondents with a high school education or less (n=1,267) reported at least one family member with a disability, compared to 14% of those with an undergraduate degree (n=1,530) and 14% of those with a graduate degree (n=617). This represents a significant shift from 2024, when respondents with graduate degrees reported substantially higher disability rates than other education groups. The convergence of rates across education levels in 2025 likely reflects dependencies between income and education, though the pattern warrants monitoring in future years to determine whether this represents a genuine trend.

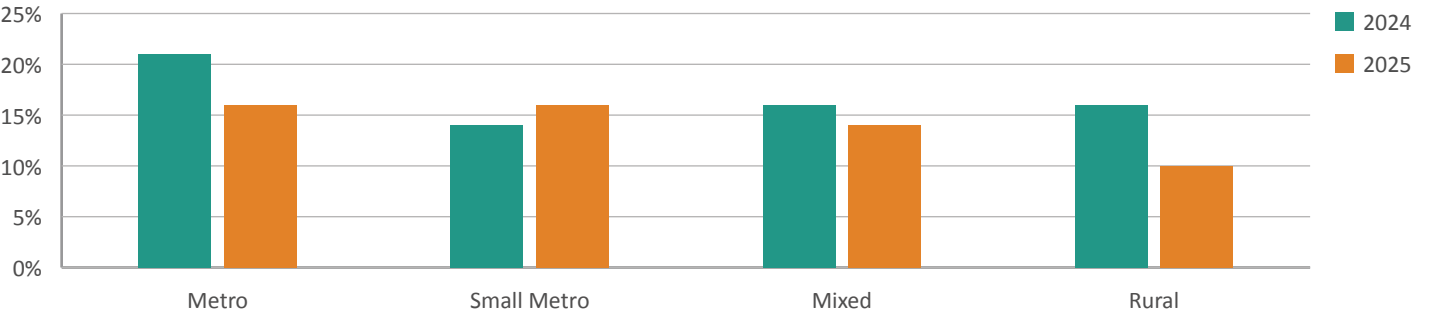
The pattern of reported disability by geographic location shifted notably in 2025. Respondents in both metropolitan areas (n=1,698) and small metropolitan areas (n=634) reported disability at the same rate of 16%, a change from 2024 when metropolitan areas had the highest prevalence. Reports from mixed urban and rural areas (n=822) declined slightly to 14%. Rural areas (n=278) saw the most significant decrease, with only 10% of respondents reporting disability in the family—the lowest among all area types. Given that rural respondents comprise only 8% of the overall survey sample, this finding should be interpreted with particular caution, as smaller sample sizes allow for wider variation that may not reflect actual population differences.

Survey respondents are predominantly from dominant cultural groups (47% White, 43% Hispanic), which may affect interpretation of disability findings. Disability prevalence, recognition, and reporting vary across cultural contexts; differences observed in this survey may reflect not only actual epidemiological differences but also variations in how different cultural groups recognize, define, and report disability. The relatively lower disability rates reported in rural areas and by higher-income respondents may reflect actual differences, survey methodology limitations, or differences in how disability is understood and reported across communities.

**Figure 52. Percentage of education level group reporting at least one disability in family with child(ren) birth to five, 2024-2025**



**Figure 53. Percentage of location type group reporting at least one disability in a family with child(ren) birth to five, 2024-2025**



# Acknowledgments

This report reflects the shared effort of many partners committed to supporting New Mexico’s families and young children. The *2025 Family Engagement and Satisfaction Survey* was a collaborative project between the **New Mexico Early Childhood Education and Care Department (ECECD)**, **Project ECHO** at the **University of New Mexico Health Sciences Center**, and **MediaDesk**.

**Project ECHO** led the survey development, analysis and writing for this report.

- **Dr. Soraya Gollop** served as project lead and primary report author.
- **Germain Degardin** managed the survey instrument and conducted the data analysis.
- **Clarissa Franco and Jacquelyn Chasteen** coordinated survey outreach and engagement with ECECD’s early childhood network.
- **Jacquelyn Chasteen** and **Beth Mercer** provided project management support.

MediaDesk led the design, communications, and statewide outreach strategy for the survey.

- Under the leadership of **José Viramontes, Chase Barnes, Pilar Monfilletto**, and the MediaDesk team developed the report’s design language, managed survey communications, led outreach to families statewide, and designed this report and accompanying materials.

From **ECECD**, **Colleen Lambert** supported coordination between departmental teams and external partners throughout the project.

ECECD extends deep gratitude to the **families, early childhood professionals, Tribal partners, and community organizations** who shared their time, perspectives, and experiences. Their voices guided this work and continue to shape New Mexico’s early childhood system.



# Appendices

## Appendix 1. Methodology

### Survey Instrument and Development

The survey was developed collaboratively between Project ECHO and ECECD staff in 2021-2022 and was first administered in Spring 2022. To connect with families representing New Mexico's diverse population, the survey was made available in three languages: English, Spanish, and Vietnamese. Additionally, community partners with the capacity to provide translation and assist with completion were involved in the survey distribution efforts. In 2022, screening questions were included in the electronic version to ensure respondents lived in New Mexico, were parents or caregivers of children from birth to age five, and were taking the survey in good faith. In 2023, with the introduction of Qualtrics as the survey platform, screening questions were removed and replaced by embedded data directly collected by Qualtrics, a trend that continued into 2024 and 2025. These embedded data include device longitude and latitude location, duplicated response scores, fraud scores, and CAPTCHA (an automated check to prevent bot responses) scores. These measures were implemented to detect and eliminate suspicious activities, ensuring the validity and reliability of the collected surveys. As bot-driven answers have become more prevalent from 2023 to 2025, we have implemented additional data security strategies, including hand-reviewing survey responses using multiple indicators to distinguish high-quality responses from actual eligible individuals, and confirming a subset of surveys as coming from real respondents through direct contact.

To assess the survey's validity and reliability before its initial deployment, the ECHO team conducted focus groups with a sample of the target population. A total of four online focus groups were conducted via Zoom, involving 27 participants over a period of ten days, from January 28 to February 9, 2022. Among these focus groups, three were conducted in English with 18 participants, while one was conducted in Spanish with 9 participants.

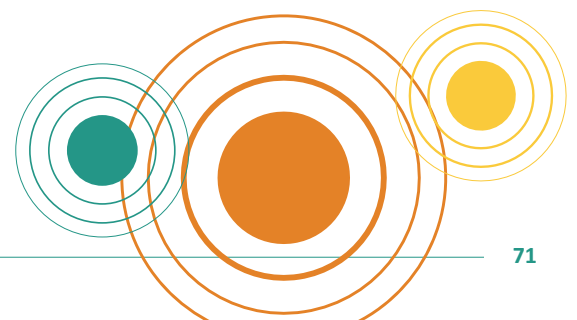
Each focus group commenced with a brief description of the survey and its purpose. Participants were then directed to complete the survey in real-time and were encouraged to ask questions or seek assistance through the "chat" feature or by unmuting themselves if they encountered any challenges during the survey. After completing the survey and recording survey-taking times, the participants were asked the following open-ended questions, with additional prompts to facilitate the flow of discussion:

- Were there any parts of the survey that were unclear or where you didn't understand what was being asked of you?
- Did you find yourself "running out of steam" at any point while taking the survey?
- Is there anything relevant about early childhood services that we didn't ask about but should?
- Are there any other challenges you faced in taking this survey that we haven't addressed so far?
- Do you have any other thoughts about this survey that we haven't addressed so far?

Based on the feedback received from these focus groups, duplicative survey questions and sections were removed, and one section was reorganized to ensure a better experience for participants while taking the survey. Moreover, several questions were rewritten to enhance clarity and understanding. The survey design was maintained consistently from its initial 2022 deployment to the 2023 deployment to ensure the validity of the instrument in measuring trends over time.

In 2024 several additional questions were added to the survey to capture more information around language and disability, to identify the prevalence of languages spoken, and disabilities amongst families with children from birth to age five.

In 2025, efforts were made to better capture the most valuable aspects and the impact of the preschool programs, the Families Infant Toddler (FIT) program, the Families FIRST Program, and Home Visiting services. The process was twofold. First, unique lists of response items were created for each program in collaboration with ECECD. Additionally, open-ended questions were added to ask respondents to elaborate on the impact of the programs. Second, two focus groups, conducted in English and Spanish, were held with members of the New Mexico Family Leadership Council to assess their comprehension of the new response items and the survey flow. Feedback from the focus groups helped improve the survey language and flow.





## Timeline

A research timeline was developed in collaboration with ECECD. The timeline includes a strategic outreach planning phase from November 2024 to January 2025, a survey, platform, and outreach materials review and update phase from January to March 2025, and a distribution and outreach phase from March to April 2025. After the survey was closed, the data was cleaned, and we proceeded with analysis and reporting. More information about the steps within each phase can be found in the table below.

Table 36. Outreach and Research Timeline, 2025

Outreach and Research Timeline, 2025	
Dates	Activities
November to January	Strategic planning for survey outreach in partnership with MediaDesk and ECECD  Update of preschool services, FIT, Families FIRST, and Home Visiting programs and services most valuable aspect response items  Additional open-ended questions to capture preschool services, FIT, Families FIRST, and Home Visiting programs and services impact on respondents and their families.
March 27	Bulk mailing of 16,500 survey promotional flyers to 365 Early Childhood organizations serving demographics in harder to reach areas based on previous survey administrations
March 10	Silent Launch
March 14	Media launch of survey
April 24	First batch of gift card distribution
April 15th	Survey closed
April 15th to April 21st	Data cleaning and survey response validation
April 21st to May 23rd	Data analysis
May 12 to June 2nd	Drafting of report
June 6	Delivery of draft report to ECECD for review and approval

## Survey Outreach and Distribution

For the 2023, 2024, and 2025 editions of the Family Engagement Survey, the planning and execution of survey outreach and distribution were carried out in collaboration with MediaDesk and ECECD. The primary strategic goal was to ensure that the Family Survey captures diverse

responses that represent New Mexico’s population both demographically and geographically. The main target audiences were parents and primary caregivers of young children, service providers and professionals working with young children, as well as ECECD leadership and state legislators.

To achieve this goal with the established audiences, MediaDesk focused its efforts on core tactics, starting with the development of a strong visual identity, a media outreach kit, a stand-alone website, and a social media campaign. After the survey launch, MediaDesk provided support by implementing targeted tools and strategies to reach specific demographic segments. These tools and strategies included a texting campaign, a digital ad campaign, and the development and procurement of branded swag for use at in-person outreach events.

To ensure a sufficient response rate to the 2025 survey, we launched the survey, offering a \$10 electronic gift card to New Mexico-based families who complete the survey. The \$5 increase compared to last year was decided upon in collaboration with ECECD to motivate survey respondents at a time when other state and nationwide surveys with incentives are common, competing for the same demographics. Additional incentives, including swag such as stickers and mugs, were provided to respondents who completed the survey or shared the information within their communities at in-person events. Our survey outreach strategies enabled us to reach our goal of 3,449 high-quality surveys completed by our target demographics.

This year, we included a strategy to provide stipends to community-based organizations (CBOs) in hard-to-reach communities and counties based on the review of last year’s demographic data and better understanding of collaborator needs. These CBOs agreed to conduct outreach about the survey to parents and caregivers of children aged five years and younger. Each organization was provided with a \$500 stipend to support an existing event in their community, allowing them to effectively promote the survey. This shift builds on the 2024 opportunity for CBOs to develop a strategy to engage their community members in completing the survey through in-person events, email campaigns, and/or other outreach efforts. Two CBOs received stipends by request:

- San Miguel County Early Childhood Coalition
- San Juan County Early Childhood Coalition

Following the completion of the data analysis, MediaDesk further assisted in communicating the results to partners, policymakers, and respondents through post-survey briefs.

They also provided support with the design of the final report and outreach efforts to effectively disseminate the survey findings. The partnership between Project ECHO and MediaDesk around the Family Engagement survey will be reconducted for subsequent surveys.

To assess the evolution of survey demographics and response rates, the teams at Project ECHO and MediaDesk held weekly meetings. During these meetings, the Project ECHO team presented recent changes in survey completion and demographics evaluation, while the MediaDesk team shared insights on social media and website traffic. With this information exchange, both teams were able to communicate effectively and make necessary adjustments to the outreach campaign strategy. Additionally, in 2025, the survey team met biweekly, as needed, with ECECD family and community engagement coordinators to ensure alignment in messaging and collaboration among ECECD-funded early childhood coalitions.

Within each pathway, multiple outreach channels and activities were conducted, including social media advertising, phone calls, emails, and distribution of flyers and papers. Additionally, multiple information sessions were organized. For detailed information about each outreach pathway, channel, and activity, please refer to the table below.

As part of one of the program's objectives, Project ECHO and MediaDesk collaborated closely with ECECD to plan outreach to the early childhood community and promote family engagement for the annual survey. The partnership with the ECECD communications team was highly effective and responsive. Together, the teams coordinated social media outreach and worked with ECECD to directly communicate with the public and early childhood professionals through their channels.

## Data Analysis

Electronic survey responses were collected via Qualtrics, an online survey program licensed through the University of New Mexico. Data were compiled and validated after the survey was closed. Responses were filtered to exclude automatically generated responses and those that did not fall within the target respondent group. Participants' locations were verified by matching the provided county and zip codes. We removed responses that did not meet eligibility or location checks (for example, IP address outside the United States) and excluded responses containing nonsensical open-ended text.

A final dataset containing a total of 3,449 valid responses was created in Excel and formatted to allow for uploading into R. Descriptive statistics were generated for key survey items, with cross-tabulations carried out using subgroups based on race/ethnicity, geography, household income, and educational attainment. Multiple categories within a subgroup were combined in cases of low response numbers to facilitate analysis (e.g., urban and rural subgroups for geography). A combination of R, and Excel were used to complete the data cleaning, filtering, and analysis.



**Table 37. Survey outreach and distribution activities, 2025**

Survey Outreach and Distribution			
Outreach Pathways	Outreach Channel	Outreach Activities	
Electronic	Social Media	<ul style="list-style-type: none"> <li>• Social Media Campaign <ul style="list-style-type: none"> <li>◦ Reach (Individual People): 369,567</li> <li>◦ Impressions: 2,748,637</li> </ul> </li> <li>◦ Ad Views: 1,240,268</li> <li>◦ Link Clicks: 42,394</li> <li>• Community Organization Social Media shares</li> </ul>	
Electronic	Emails	<ul style="list-style-type: none"> <li>• 10,696 individual and organization contacts were emailed multiple times about the survey.</li> </ul>	
Electronic	Newsletters	<ul style="list-style-type: none"> <li>• ECECD Newsletter</li> <li>• Project ECHO for Education Team Newsletters</li> </ul>	
Electronic	Texting	<ul style="list-style-type: none"> <li>• Direct texting to NM parents and caregivers <ul style="list-style-type: none"> <li>◦ Wave 1 <ul style="list-style-type: none"> <li>▪ Sent to: 203,537</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Clicks: 10,234</li> <li>◦ Wave 2: <ul style="list-style-type: none"> <li>▪ Sent to: 198,005</li> <li>▪ Clicks: 4,756</li> </ul> </li> </ul>
Mail	United States Postal Service mailings (flyers)	<ul style="list-style-type: none"> <li>• 16,500 survey flyers mailed to 365 early childhood and community organizations statewide.</li> </ul>	
In Person Events	ECHO Team attended various events across NM to encourage communication with providers, as well as with parents directly	<ul style="list-style-type: none"> <li>• Grandparents/Kin Raising Children Day at the Roundhouse March 14, 2025</li> <li>• Bernalillo County Coalition Convening March 25, 2025</li> <li>• Early Childhood Education and Care Advisory Council Meeting March 26, 2025</li> <li>• Valencia County Early Childhood Partnership Coalition Meeting March 27, 2025</li> </ul>	<ul style="list-style-type: none"> <li>• New Mexico Association for the Education of Young Children (NMAEYC) Annual Conference March 28-29, 2025</li> <li>• Gallup/Navajo Nation Week of the Young Child Kick-Off April 4, 2025</li> <li>• San Miguel County Noches de Familia April 8, 2025</li> <li>• Coalition for Science Learning (CSLEC) Family Science Night April 9, 2025</li> </ul>
Virtual Events	Virtual speaking engagements and meeting presentations reaching early childhood providers and families.	<ul style="list-style-type: none"> <li>• ECECD Coalition Office Hours February 12, 2025</li> <li>• ECECD Monthly Community Call March 4, 2025</li> <li>• ECECD Coalition Office Hours March 12, 2025</li> <li>• Early Childhood</li> </ul>	<ul style="list-style-type: none"> <li>Comprehensive Systems (ECCS) Advisory Council March 20, 2025</li> <li>• BabyNet Coalition Meeting March 25, 2025</li> <li>• ECECD Monthly Community Call April 1, 2025</li> </ul>

## Appendix 2. Demographics of survey respondents

Respondents were asked to complete demographic questions about themselves and their households. Overall, 3,449 participants from all 33 counties of New Mexico completed the Family Engagement survey. All submissions were made electronically through Qualtrics.

In 2025, the methodology used to assess the representativeness of Family Engagement Survey responses across New Mexico’s diverse communities was updated. As in previous years, families from all 33 counties participated, with 3,449 completed responses submitted electronically through Qualtrics. To improve the accuracy of demographic comparisons, the Department replaced the previous 2020 Census data with the 2023 American Community Survey (ACS) 5-Year Estimates.<sup>17</sup> Unlike the ACS 1-year or supplemental 1-year estimates, which reflect 12 months of data and are limited to larger population areas (20,000+ for supplemental and 65,000+ for standard), the ACS 5-year estimates aggregate data collected over 60 months and include all geographies—providing the most reliable, statistically stable source for small and rural areas. While 5-year estimates are less current than 1-year data, they are better suited for ensuring accuracy when analyzing smaller counties and communities, which is essential in New Mexico’s mixed urban-rural landscape.

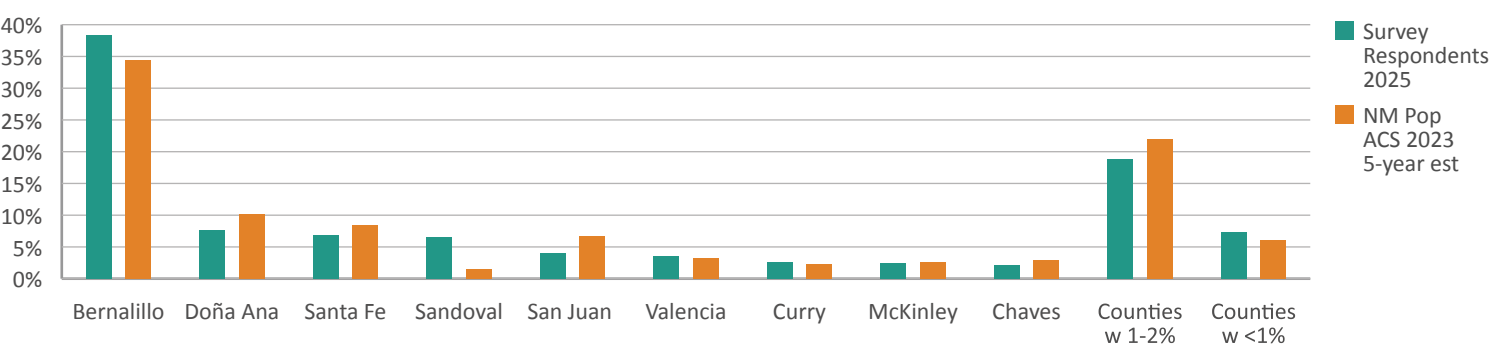
In addition to updating the data source, the method for estimating the number of families with young children in each county was also revised. Previously, comparisons were made using the total number of families per county. In 2025, this was refined to focus specifically on families with children under age 18, providing a more meaningful benchmark for evaluating engagement with early childhood programs. Together, these changes ensure that the survey’s demographic comparisons are both more precise and better aligned with the populations most likely to use ECECD services.

### Geography

Percentages of survey responses in the following 25 counties align to within one percentage point of the ACS 2023 5-year estimates: Colfax, Guadalupe, Harding, Mora, Quay, San Miguel, Taos, Torrance, Union, Cibola, Los Alamos, McKinley, Rio Arriba, Santa Fe, Valencia, Curry, De Baca, Lincoln, Roosevelt, Catron, Grant, Hidalgo, Luna, Sierra, and Socorro. On the other hand, we observe a slight overrepresentation of respondents from Bernalillo county (38% respondents compared to 33% population) and a slight underrepresentation of respondents from the following seven counties: San Juan (4% of respondents compared to 5.5% population), Sandoval (6.6% to 7.7%), Chaves (2.1% to 3.5%), Eddy (1.9% to 3.6%), Lea (2% to 4.4%), Otero (1.9% to 3.3%) and Doña Ana (7.7% to 10.9%). Overall, we observe a high level of geographic representativeness in the survey sample, with 25 (76%) of counties represented in the sample to within one percentage point of their representation in the New Mexico population, and a further five (15%) of counties represented to within 2 percentage points.

For comparative purposes, participants’ locations were grouped into four categories following New Mexico’s Health Indicator Data and Statistics guidelines. Counties were grouped into four categories: metropolitan, small metropolitan, mixed rural and urban, or rural, based on their population. According to this classification, 50% of respondents lived in metropolitan areas, 22% lived in small metropolitan areas, 22% lived in mixed urban areas, and 15% lived in rural areas. Compared to the census data, respondents from the metropolitan and rural areas are slightly overrepresented (metro: 50% respondents compared to 44% population - rural: 7% respondents compared to 4% population) and respondents from small metropolitan and mixed rural and urban areas are

Figure 54. Number of survey responses by county in New Mexico



17. US Census Bureau. (2024). American Community Survey (ACS) (No. 2023 5-year estimates) [Dataset]. <https://data.census.gov/>. gov/.



slightly underrepresented (small metro: 22% respondents compared to 24% population - mixed: 22% respondents compared to 28% population).

Counties with < 1% include: Taos, Torrance, Socorro, Roosevelt, De Baca, Guadalupe, Hidalgo, Sierra, I prefer not to respond, Harding, Quay, Mora, Union

Counties with 1 to 2% include: Lea, Eddy, Otero, Cibola, Luna, Rio Arriba, Los Alamos, San Miguel, Grant, Lincoln, Colfax, Catron

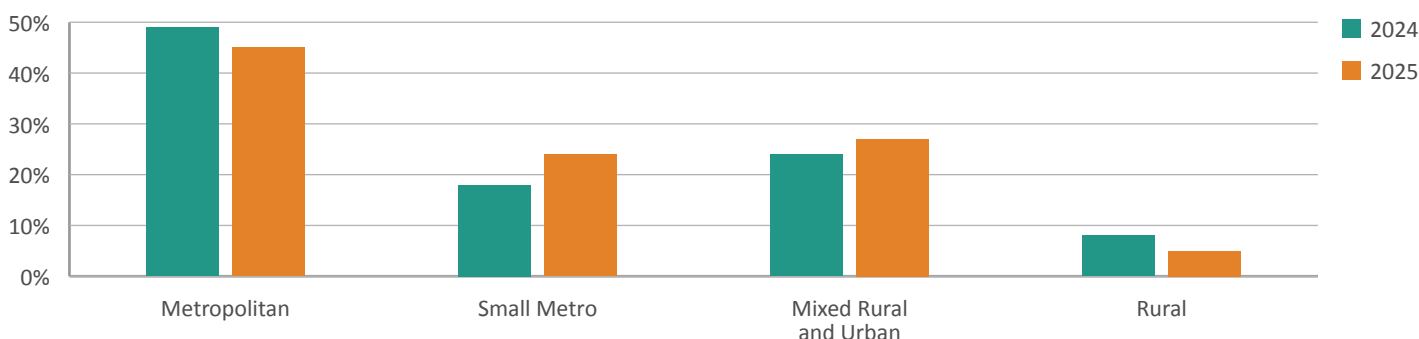
Metropolitan includes: Bernalillo, Sandoval, Torrance, Valencia

Small Metro includes: Doña Ana, San Juan, Santa Fe

Mixed Rural and Urban includes: Cibola, Chaves, Curry, Eddy, Grant, Lea, Los Alamos, Luna, McKinley, Otero, Rio Arriba, Roosevelt, San Miguel, Taos

Rural includes: Catron, Colfax, De Baca, Guadalupe, Harding, Hidalgo, Lincoln, Mora, Quay, Sierra, Socorro, Union

**Figure 55. 2025 Survey responses by geographical area compared to the NM population from ACS 2023 5-year estimates**



## Survey Responses by race/ethnicity, education, and income

Interpreting the representativeness of survey responses by demographic characteristics other than location requires an understanding of the demographic characteristics of those in the US who are likely to be the primary parent or caregiver of children aged birth to 5. The family structure of minor children has remained stable within the last 10 years. The majority of children in the US live with at least one biological parent – 96%.<sup>18</sup> Which means that understanding the demographics of biological parents is a reasonable proxy for the demographic makeup of all parents and caregivers in New Mexico. We note that biological parenthood is not the only parental or caregiver relation that exists for children aged birth to 5. When

considering other caregiver relationships, in 2021, the most recent data available, 8% of grandparents aged 40 and older resided with their grand(children), which is an upper limit to place on the proportion of grandparents who stand in a primary caregiver relationship to their grandchildren.<sup>19</sup> Of the 8% of children residing with a grandparent in the 0-6 age group, only 17% do not also have a parent present in that household. This means that only 1.4% of children in the US have grandparents as their sole primary caregivers.<sup>20</sup> Another family structure is that of adoption, which also affects a very small proportion of children in the US. The estimated number of children who join families through adoption is 2%. Adoption within family groups – relative adoption – is the most common form of adoption, comprising 73% of all adoptions.<sup>21</sup>

18. Children's Family Structure, 2021 (Family Profiles FP-21-26). (2021). National Center for Family & Marriage Research. <https://doi.org/10.25035/ncfmr/fp-21-26>

19. Westrick-Payne, K. K. (2023). Grandparenthood in the U.S.: Residence Status of Grandchildren (Family Profile FP-23-03). National Center for Family & Marriage Research. <https://doi.org/10.25035/ncfmr/fp-23-03>

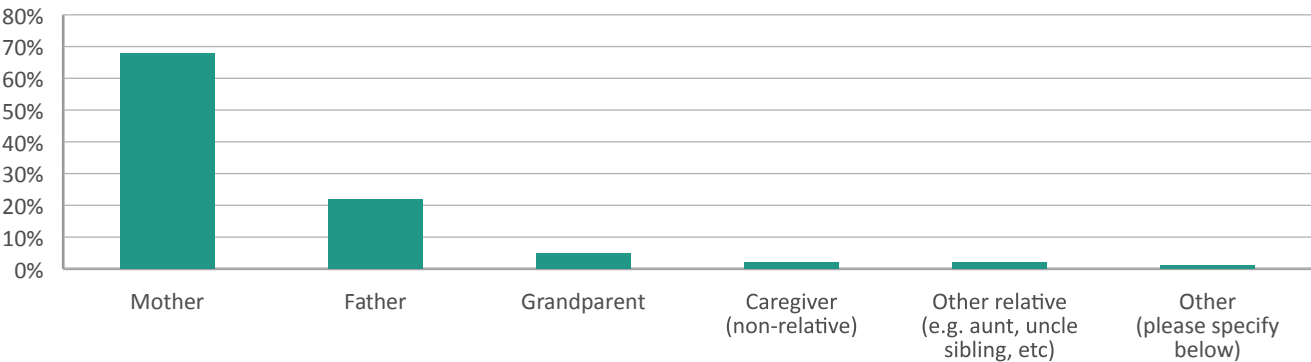
20. Carlson, L. (2021). Grandchildren Living in Grandparent-Headed Households, 2019 (Family Profiles FP-21-07). National Center for Family & Marriage Research. <https://doi.org/10.25035/ncfmr/fp-21-07>

21. Vandivere, S., & Malm, K. (2009). Adoption USA. A Chartbook Based on the 2007 National Survey of Adoptive Parents. U.S. Department of Health and Human Services. <https://aspe.hhs.gov/reports/adoption-usa-chartbook-based-2007-national-survey-adoptive-parents-0>

In 2025, a new demographic question was incorporated into the survey to better ascertain the representativeness of our sample, specifically regarding caregivers of children aged birth to five. This question focused on identifying the respondent’s role or relationship to the child they were referencing in their survey answers. In the survey sample, 90% of responses came from mothers or fathers, which is close to the national average of 96% for children cared for by at least one biological parent. There is a close to 3:1 ratio of responses from mothers to fathers in the sample, which likely represents the culturally dominant gendered caregiving roles, where the physical and cognitive labor

of caring for children, especially young children, is overwhelmingly done by women. Our sample comprises 5% grandparents, who may or may not be the sole caregivers or adoptive parents, falling within the national range of grandparents raising children, which spans from 1.4% of sole caregivers to 8% of collaborative and sole caregivers. We also have 5% of respondents who do not identify as mothers, fathers, or grandparents. Overall, these percentages of family origins are close to national averages, which may or may not represent the realities of New Mexico. Given the challenges and pitfalls of creating excessively granular demographic categories, the

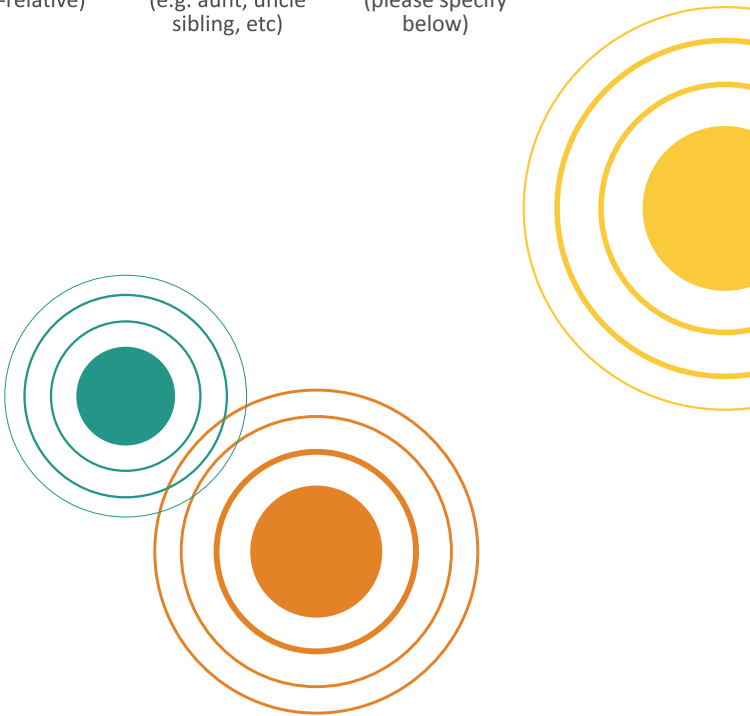
**Figure 56. Survey respondents’ (n = 3449) role, or relationship to children as parents or caregivers, 2025**



response set adequately represents the expected range of family types within New Mexico. To create a demographic picture of parents we rely on the 2023 National Health Statistics report “Fertility of Men and Women Aged 15-49 in the United States”, and the annual National Center for Education Statistics “Condition of Education Report”, in addition to Census data and the American Community Survey for the statistics that follow.<sup>22, 23</sup>

**RACE/ETHNICITY**

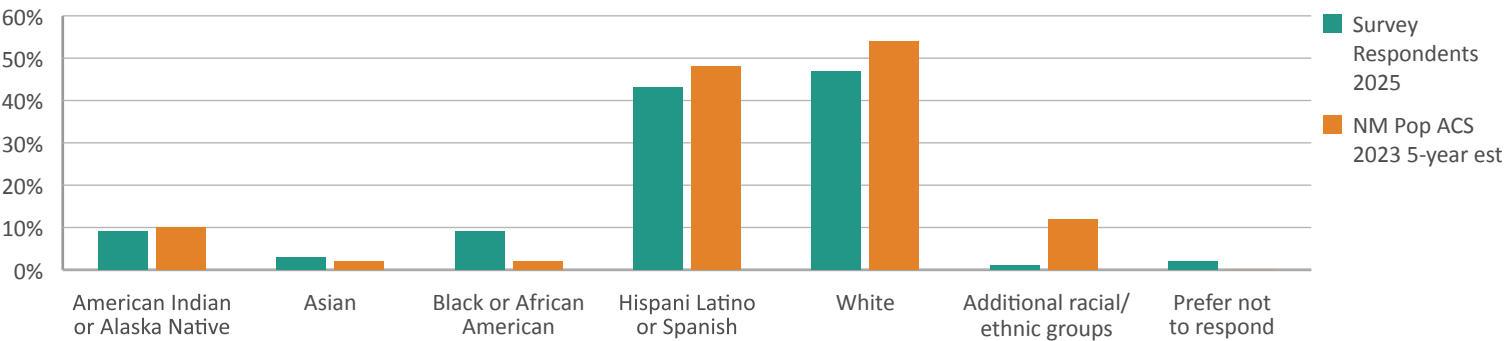
Among the 3,449 respondents, the most represented races and ethnicities were White, at 47%, followed by Hispanic, at 43%. Native American participants had the opportunity to identify their tribal affiliations. Among the 303 respondents who identified as Native Americans, the most frequently cited tribes are Navajo (n=131), Zuni (n=12), Laguna (n=9), Acoma (n=8), and Isleta (n=8). Additional tribes included the Cherokee, Ohkay



22. Martinez, G., & Daniels, K. (2023). Fertility of Men and Women Aged 15–49 in the United States: National Survey of Family Growth, 2015–2019. National Center for Health Statistics (U.S.). <https://doi.org/10.15620/cdc:122080>, <https://www.cdc.gov/nchs/data/nhsr/nhsr179.pdf>

23. National Center for Education Statistics. (2024). Characteristics of Children’s Families. In Condition of Education. U.S. Department of Education, Institute of Education Sciences. <https://nces.ed.gov/programs/coe/indicator/cce>

**Figure 57. Representativeness of survey sample by race/ethnicity compared to NM population race/ethnicity as reported in ACS 2023 5-year estimates**



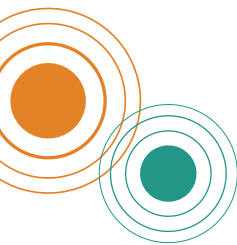
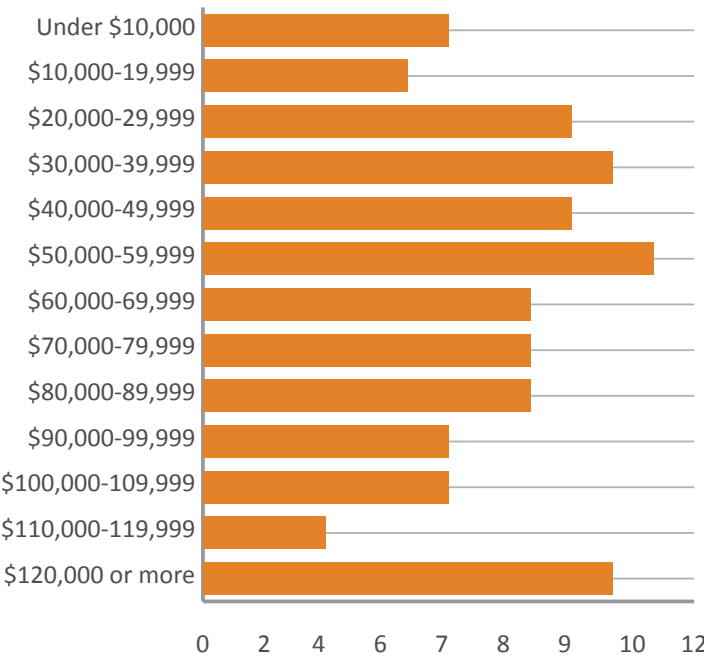
Owinge, and Santa Clara Pueblo. When compared to the distribution of race/ethnicity reported in the 2023 5-year American Community Survey (ACS) estimates for all New Mexicans, we observe some variation among our respondents, who are part of the subset of New Mexicans who are parents or caregivers of children aged birth to five years old. The ACS identifies 10% of New Mexicans as Native American, compared to 9% within the survey sample. Hispanics or Latinos make up 43% of the survey sample, which is underrepresented compared to the ACS data, which indicates 48% of New Mexico residents are of Hispanic or Latino descent. Compared to census data, White respondents are underrepresented in the survey sample at 47%, compared to 54% identified in the ACS data. However, the overall distribution curve of survey respondents by race/ethnicity roughly matches that of ACS data, with two outliers. The “Black, Asian, and additional racial/ethnic groups” category accounts for 12% in the ACS data, but only 1% in the sample. In the survey data, those who selected black are significantly overrepresented at 9% of the sample, compared with 2% in the ACS data. It is hard to draw concrete conclusions about the representativeness of the sample given the focus of this survey on parents of children birth to five, compared to the focus of the ASC data on all residents of New Mexico, however the overall mirroring of the distribution pattern across race and ethnicity gives reasonable evidence for good representativeness.

**INCOME**

The detailed distribution of survey respondents by income increments shows an irregular distribution across all levels. The three most represented income categories were \$50-59k, \$30-39k, and \$120k or more, each accounting for 11% and 10% of the participants, respectively.

For comparative purposes, participants’ incomes were categorized into three distinct groups: Under \$50k, from \$50k to \$99k, and over \$100k, which can be compared for representativeness of the sample with 2020 Census data reporting the distribution of income for all New Mexicans across these ranges. Among the survey respondents grouped into these three categories, 39% of participants belonged to the first category, while 42% and 20% belonged to the second and third categories,

**Figure 58. Survey responses by income, detailed, 2025**



respectively. This distribution amongst survey respondents roughly mirrors the income distribution amongst all residents of New Mexico. Note that we expect to see some variation, as the demographics of parents and caregivers do not precisely match those of the state as a whole, and parenting clusters are more prevalent in certain age groups of the population. We observe a match between the survey sample and census data in those earning under 50k. There is a greater proportion of survey respondents (42%) compared to census respondents (31%) in the \$50k to \$99k category. We see 20% of survey respondents in the \$100k and over category compared to 36% of census respondents. This may partially be explained by the concentration of wealth in older individuals, while the majority of parents and caregivers of children birth to 5 fall into the 15-49 age group.

When we focus on income data specific to parents, we see an almost exact match on one measure of income distribution between the survey sample and New Mexico income data. According to the 2024 National Center for Education Statistics report, which covers the characteristics of children’s families, 23% of New Mexico families fall under the Federal Poverty Level, compared to 20% of survey respondents. A difference that is within the margin of error for the survey, indicating a sample that is representative of the demographic characteristic of income.

EDUCATION

Regarding participants’ educational attainment, the most prominently represented levels were bachelor’s degrees, accounting for 28% of participants, and individuals with some college experience but no degree completion, accounting for 21%. In total, 63% of all participants had attained a post-secondary degree, encompassing associate’s, bachelor’s, master’s, professional, or doctorate degrees.

For comparative purposes, participants were grouped into three distinct categories based on education attainment levels: high school, associate’s and bachelor’s degrees, and graduate and professional degrees. The high school category includes participants with limited high school education or less, those with a high school diploma or GED, and those with some college education but no degree. Participants in the graduate and professional degrees category are participants with a master’s, doctorate, or professional degree. At this more aggregate level of education attainment, we observe a match between the

Figure 59. Representativeness of survey sample by income compared to income of NM families as reported in the ACS 2023 1-5 year estimates, 2025

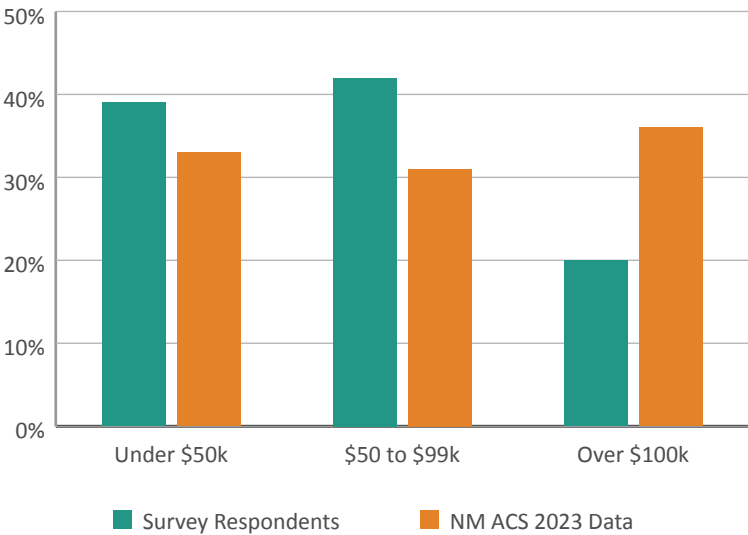
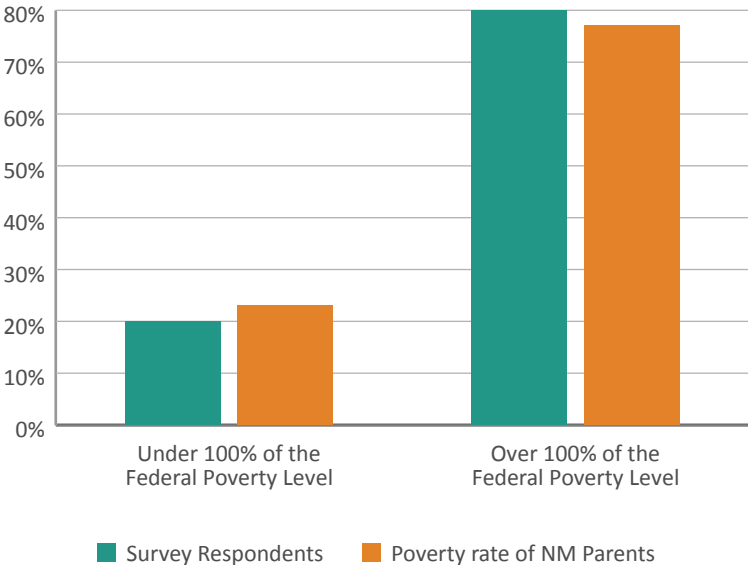


Figure 60. Representativeness of survey responses by poverty level threshold, 2025 <sup>24</sup>

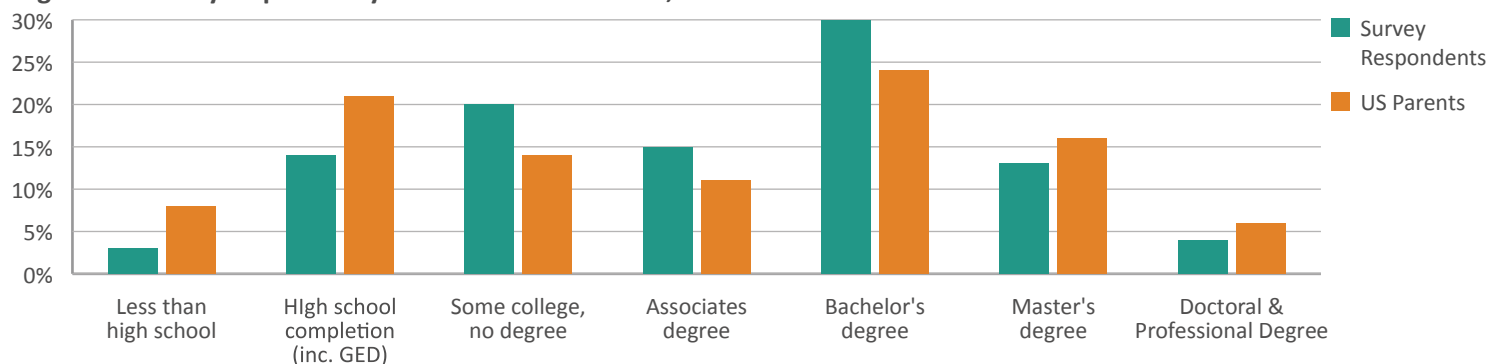


survey sample (18%) and US parents in general (23%) in terms of graduate education. The sample slightly underrepresents parents with a high school educational attainment at 37%, compared to the 43% US average. At the undergraduate level, the survey sample is over-representative to the same degree (45%), compared to the US average of 35%.

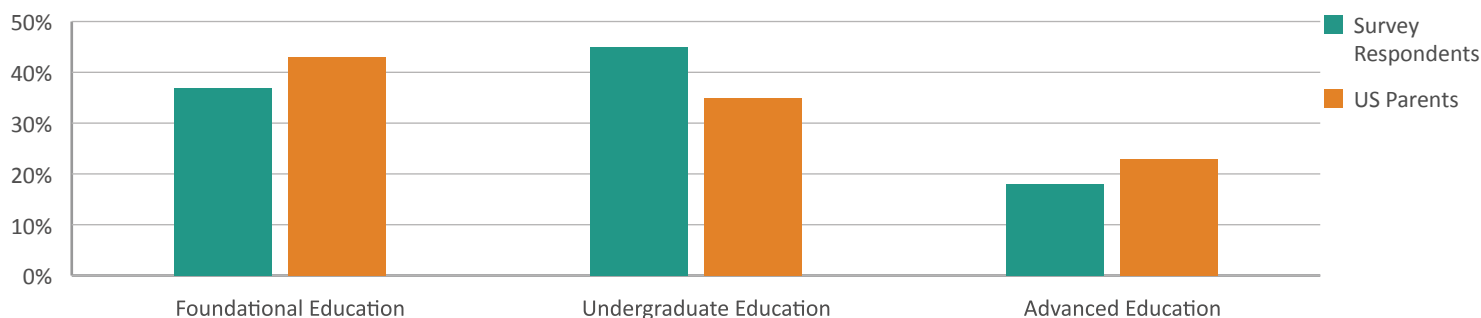
24. National Center for Education Statistics. (2024). Characteristics of Children’s Families. In Condition of Education. U.S. Department of Education, Institute of Education Sciences.



**Figure 61. Survey responses by educational attainment, 2025 <sup>25</sup>**



**Figure 62. Representativeness of survey sample by aggregate educational attainment of parents, 2025**

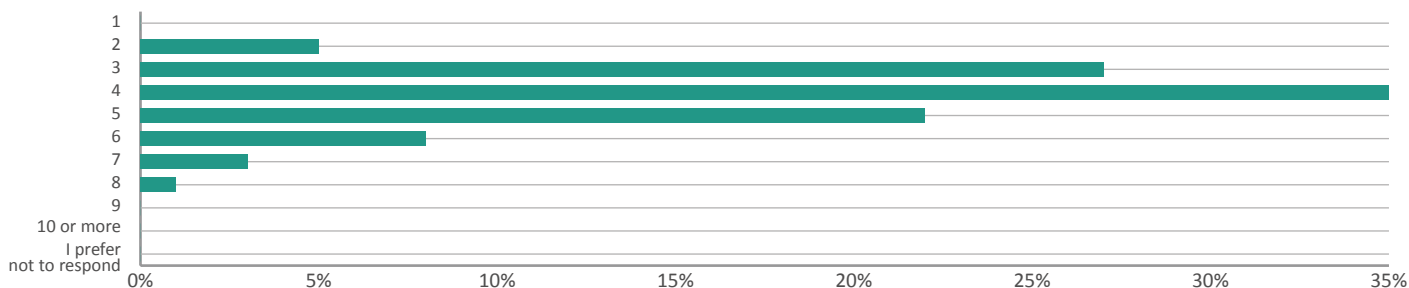


## HOUSEHOLD SIZE

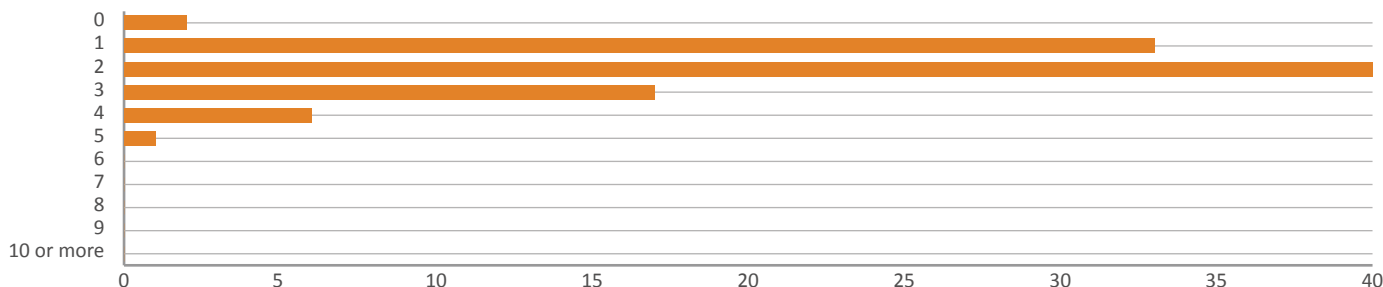
Participants were asked to report the number of people living in their household, including both relatives and non-relatives. Overall, 35% of participants reported living with four household members, 27% with three household members, and 22% with five household members. The

average household size of the participants was 4.1. Regarding the number of children under 18 currently living in respondents' households, 33% reported having one child, 40% reported having two children, and 17% reported having three children. The average number of children under 18 was 1.97.

**Figure 63. Survey responses by household size, 2025**



**Figure 64. Survey responses by number of children under 18 currently living in the household, 2025**



25. National Center for Education Statistics. (2024). Characteristics of Children's Families. In Condition of Education. U.S. Department of Education, Institute of Education Sciences. <https://nces.ed.gov/programs/coe/indicator/cce>

## SURVEY SAMPLE COUNTS BY PROGRAM, SERVICE AREA, AND DEMOGRAPHIC GROUPS

The 2025 Family Engagement and Satisfaction Survey collected responses from 3,449 parents and caregivers of children aged birth to five. The following tables show the number of respondents who reported using each program and service area, which represents the base n for analyses related to that program or service area. The demographic breakdown of the full survey sample is also provided to show the diversity of families represented.

**Figure 65. Survey responses by number over all demographic categories, programs and service areas, 2025**

Survey Sample Counts by Program, Service Area, and Demographic Groups	
Demographic Group	Number of Respondents
<b>Race/Ethnicity</b>	
Native American	303
Hispanic	1,470
White	1,611
Black, Asian, and additional racial/ethnic groups	439
<b>Disability Status</b>	
Family member with a disability	520
No disability in family	1,929
<b>Educational Attainment</b>	
Foundational education (high school or less)	1,267
Undergraduate education	1,530
Advanced education (graduate degree)	617
<b>Income Level</b>	
Under \$50,000	1,278
\$50,000–\$99,999	1,380
Over \$100,000	650
<b>Geographic Location</b>	
Metropolitan areas	1,698
Mixed urban and rural communities	822
Small metro areas	634
Rural areas	278

## Survey Sample Counts by Program, Service Area, and Demographic Groups cont.

Program	Number of Respondents
Head Start	805
New Mexico PreK (NM PreK)	1,406
Tribal Head Start	167
Child Care Assistance Program	1,314
Special Education services	660
Early Head Start	686
Family Infant Toddler (FIT) Program	491
Families FIRST Program	331
Home Visiting Program	629
Summer Food Service Program	999
Women, Infants and Children (WIC) Program	1,185
<b>Service Area</b>	
Preschool services	2,185
Family support and early intervention services	1,526
Child care services	2,113
Child Care Assistance Program	1,314
Special Education services	660
Food support and nutrition services	1,864

Note on Figure 65: Respondents could indicate use of multiple programs and service areas. The n for each program or service area represents families who reported using that specific program or service area. Analyses specific to each program or service area are based on responses from these subsets of the full survey sample. When examining barriers to access, the base n reflects only those respondents who reported having unmet needs in that program or service area. When examining what families found most valuable about services, the base n reflects only those respondents who reported currently using the program or service area.

## Appendix 3. Additional Program and Service Summaries

Including Head Start, Early Head Start, Families FIRST, Child Care Assistance Program, Special Education Services, and Food Support Services

### Other Preschool Services

Preschool services include NM PreK,<sup>26</sup> Head Start, and Tribal Head Start programs.

Key areas for improvement for preschool services identified by families who indicated that they use them were identified in 2025:

1. I had to wait too long to use the services my family needed (15%),
2. Signing up for the services was too complex or time-consuming (15%)
3. I had trouble getting transportation to use the services (12%)

For both 2024 and 2025, respondents indicated similar areas needing improvement in preschool programs, though the frequency of these issues was slightly lower in 2024. The most common concerns were cost, followed closely by long waiting times and transportation difficulties, which were equally cited.

- 42% of respondents indicated that no improvements are necessary

Reasons respondents could not access preschool programs reported as a percentage of those who could not access services in 2025:

1. I am not aware of services like this in my area (22%)
2. Signing up for the services is too complex or time-consuming (19%)
3. The services are too expensive (19%)

In 2024, respondents identified the strongest barrier to accessing preschool programs as the same, followed by services not offered at a time when the family can use them, and then expense.

### Head Start

#### Program awareness:

- Percent of all respondents aware of program 2025: 87%

- Change in program awareness from 2024 to 2025: no change
- Change in program awareness from 2022 to 2025: 11-point increase

Most valuable aspects of Head Start to parents and caregivers, 2025:

1. I felt confident that my child was ready for kindergarten and excited to learn (62%)
2. My child learned through fun, hands-on activities that supported their growth (62%)
3. I enjoyed watching my child learn about emotions, make friends, and work with others (55%)

#### Impact on family well-being:

- 89% of respondents reported a positive impact on family well-being from using Head Start, a 4-point increase from 2022

NPS Score 2025 Head Start: 51

### Tribal Head Start or Preschool Program

Most valuable aspects of Tribal Head Start and preschool programs to parents and caregivers, 2025:

1. My child learned through fun, hands-on activities that supported their growth (50%)
2. I felt confident that my child was ready for kindergarten and excited to learn (49%)
3. I enjoyed watching my child learn about emotions, make friends, and work with others (49%)

#### Impact on family well-being:

- 84% of respondents reported a positive impact on family well-being from using Tribal Head Start, which was a 12-point increase from 2022

NPS Score 2025 Tribal Head Start: 26

For a detailed demographic breakdown of selected results, see Appendix 3. Usage of Specific Programs by Race/Ethnicity, Household Income, and Geography.

26. The information for NM PreK can be found in the opening section of the report.

## Child Care Assistance Program

### Program awareness for the Child Care Assistance Program:

Percent of all respondents aware of program 2024: 85%

- Change in program awareness from 2024 to 2025: no change
- Change in program awareness from 2023 to 2024: 4-point increase
- Change in program awareness from 2022 to 2023: 9-point increase

Most valuable aspects of the Child Care Assistance Program identified by families who used it in 2025:

1. Ability to use services when families need them (55%)
2. Services were affordable (41%)
3. Signing up for the services was easy (36%), and not feeling judged for using the services (36%)

Respondents identified the same aspect of the Child Care Assistance Program as most valuable in 2023, with signing up for the services being the most valuable, followed by ease of use, and the services not taking much time to use in my area, in third place.

Key areas for improvement for the Child Care Assistance Program identified by families who indicated that they use it in 2025 are:

1. Signing up for the services was too complex or time-consuming (15%)
2. I had to wait too long to use the services my family needed (10%)
3. The services were expensive (9%)

In 2024, respondents identified the same key areas for improvement in the same order.

- 42% of respondents indicated that no improvements are necessary

Reasons respondents could not access the Child Care Assistance Program reported as a percentage of those who could not access services in 2025:

1. I am not aware of services like this in my area (27%)
2. Signing up for the services is too complex or time-consuming (24%)

### 3. The services are too expensive (20%)

In 2024 and 2023, respondents identified the same barriers to accessing Child Care Assistance as in 2025, with slight increases in all areas for 2025, most notably a 4-point increase in the complexity of signing up for services.

### Impact on family well-being:

- 91% of respondents reported a positive effect on family well-being from using the Child Care Assistance Program, representing a 7-point increase from 2022.

NPS Score 2025 Child Care Assistance Program: 58

For a detailed demographic breakdown of selected results, see Appendix 3. Usage of Specific Programs by Race/Ethnicity, Household Income, and Geography.

## Family Support and Early Intervention Services

Key areas for improvement for family support and early intervention services identified by families who indicated that they use them in 2025 are:

1. It takes too much time to use the services in my area (15%)
2. I had to wait too long to use the services my family needed (13%) and signing up for the services was too complex or time-consuming (13%)

In 2024, the most frequently identified areas for improvement were the complexity of signing up for services, the costs of services, and the time it took to use services.

- 50% of respondents indicated that no improvements are necessary

Reasons respondents could not access family support and early intervention services reported as a percentage of those who could not access services identified in 2025:

1. I am not aware of services like this in my area (30%)
2. Signing up for the services is too complex or time-consuming (23%)
3. Wait times to use the services are too long (19%)

In 2024, the first and second barriers were the same as those in 2025, but the third barrier was the lack of time to utilize available services.



## Families FIRST Program

### Program awareness:

- Percent of all respondents aware of program 2025: 62%
- Change in program awareness from 2022 to 2025: 18-point increase

### Impact on family well-being:

- 89% of respondents in 2025 reported a positive effect on family well-being from using the Families FIRST Program, a 14-point increase from 2022

NPS Score 2025 Families FIRST: 48

For a detailed demographic breakdown of selected results, see Appendix 3. Usage of Specific Programs by Race/Ethnicity, Household Income, and Geography.

## Special Education Services

Most valuable aspects of Special education services to families reported in 2025:

1. Ability to use services when families need them (49%)
2. Not feeling judged for using services (36%)
3. Signing up for the services was easy (33%)

Respondents identified the same two aspects of child care services as most valuable in 2024: it does not take much time to use the services in my area, and the services were offered at convenient times, in second and third place, respectively.

Key areas for improvement for Special education services identified by families who indicated that they use them in 2025:

1. I had to wait too long to use the services my family needed (15%)
2. Signing up for the services was too complex or time-consuming (13%), and it takes too much time to use the services in my area (13%)

In 2024, respondents most frequently identified the complexity of signing up and trouble accessing transportation as areas for improvement in Special education services, followed by wait times to use services.

- 43% of respondents indicated that no improvements are necessary, a 4-point increase from 2024

Reasons respondents could not access Special education services reported as a percentage of those who could not access services identified in 2025:

1. I am not aware of services like this in my area (25%)
2. Signing up for the services is too complex or time-consuming (24%)
3. Services are too expensive (22%)

In 2024, respondents identified some of the same barriers to accessing Special education services as in 2025, with the complexity of signing up and not being aware of services in the area being the strongest barriers, followed by wait times to use services.

### Impact on family well-being:

- 84% of respondents reported a positive impact on family well-being from using Special education services, which was a 6-point increase from 2022

## Special Education Services Program

### Program awareness:

- Percent of all respondents aware of program 2025: 76%
- Change in program awareness from 2024 to 2025: no change
- Change in program awareness from 2022 to 2024: 17-point increase

## Early Head Start Program

### Program awareness:

- Percent of all respondents aware of program 2025: 88%
- Change in program awareness from 2024 to 2025: 1-point decrease
- Change in program awareness from 2022 to 2024: 13-point increase

### Impact on family well-being:

- 89% of respondents reported a positive impact on family well-being from participating in an Early Head Start program, a 4-point increase from 2022

NPS Score 2025 Early Head Start: 56

For a detailed demographic breakdown of selected results, see Appendix 3. Usage of Specific Programs by Race/Ethnicity, Household Income, and Geography.

## Food Support Services

Food support services include the Women, Infants, and Children (WIC) Program; Child and Adult Care Food Program (CACFP), Summer Food Service Program, and Supplemental Nutrition Assistance Program (SNAP).

Most valuable aspects of food support services to families reported in 2025:

1. Ability to use services when families need them (62%)
2. Signing up for the services was easy (40%)
3. Not feeling judged for using services (39%)

Respondents identified the same aspects of food support services as most valuable in 2024.

Key areas for improvement for food support services identified by families who indicated that they use them in 2025 are:

1. Signing up for the services was too complex or time-consuming (12%)
2. I felt judged for using these services (9%)
3. I had to wait too long to use the services my family needed (8%)

In 2024, respondents identified two aspects of food support services as key areas for improvement, which were also identified in 2025. The complexity of signing up was ranked first, followed by the time it took to use the services, and the services being too expensive, in second place.

- 57% of respondents indicated that no improvements are necessary, an 8-point increase from 2024

Reasons respondents could not access food support services reported as a percentage of those who could not access services reported in 2025:

1. Signing up for the services is too complex or time-consuming (25%)
2. I am not aware of services like this in my area (21%)
3. Wait times to use the services are too long (15%)

In 2024, respondents identified the same barriers to accessing food support services in the same order of priority. The second and third barriers were identified

at the same rate. However, the frequency with which the complexity of signing up for services was mentioned increased from 20% in 2024 to 25% in 2025.

## The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

### Program awareness:

- Percent of all respondents aware of program 2025: 93%
- Change in program awareness from 2024 to 2025: no change
- Change in program awareness from 2022 to 2024: 7-point increase

### Impact on family well-being:

- 95% of respondents reported a positive impact on family well-being from using the WIC program, a 4-point increase from 2022

NPS Score 2025 WIC: 72

## Summer Food Service Program

### Impact on family well-being:

- 89% of respondents reported a positive impact on family well-being from using summer food services, a 7-point increase from 2022

NPS Score 2025 Summer Food Service Program: 55

For a detailed demographic breakdown of selected results, see Appendix 3. Usage of Specific Programs by Race/Ethnicity, Household Income, and Geography.



## Appendix 4. Supplemental Charts and Tables

In the following tables of open-ended responses, tables 1-19, each table represents the open-ended responses to one question within the survey. The main themes listed in each table are listed in descending order of their frequency within the results. Where it enhances the clarity of the results, an additional column of subthemes is included. Representative quotes for each theme are included in the next column. In the final column the number of responses that fall into each theme are listed as the “n”, and the

percentage indicated the percent of open-ended responses for that question that fall under the listed theme. Note that the n for open-ended responses for every question is far lower than for the overall survey, as respondents are only prompted to give open-ended responses if they select “other” as a response to a question with multiple answers. The n for each set of open-ended responses is calculated separately for each question.

**Table 1. Child Care Services – Most Valuable Aspects Open-Ended Findings**

Themes	Subthemes	Quotes	Frequency
<b>Access and Affordability Challenges</b>	<ul style="list-style-type: none"> <li>No financial assistance/paid out of pocket</li> <li>Ineligible due to income or other reasons</li> <li>Long waitlists/delays in enrollment</li> </ul>	“We use child care but receive no relief, help, or benefits in paying tuition”	<b>24% (n=8)</b>
<b>Impact on Family Wellbeing</b>	<ul style="list-style-type: none"> <li>Helped parents work or attend school</li> <li>Offer family support and resources</li> </ul>	“I’m a single parent was able to go work to provide for my child.”	<b>12% (n=4)</b>
<b>Program Strengths and Services</b>	<ul style="list-style-type: none"> <li>High quality care and learning environment</li> <li>Caring and Communicative Staff</li> <li>Provided Meals/Snacks</li> <li>Access to services was easy/process was smooth</li> </ul>	“Home cooked meals (breakfast and lunch) and snacks were provided. The staff is very caring and communicates very well.”	<b>9% (n=3)</b>
<b>Concerns with Program Quality</b>	<ul style="list-style-type: none"> <li>Program or Staff Quality Concerns</li> <li>Health or Safety Concerns</li> </ul>	“The center was not high quality and did not properly care for my infant”	<b>6% (n=2)</b>
<b>Other/Not Applicable</b>	<ul style="list-style-type: none"> <li>Did not use/NA/nothing to add</li> <li>Strong negative experiences or dissatisfaction</li> <li>Positive Experience/no issues</li> </ul>	“All my needs were met”	<b>33% (n=11)</b>

**Table 2. Child Care Assistance – Most Valuable Aspects Open-Ended Findings**

Themes	Quotes	Frequency
Relieved Financial Stress	"The assistance program allowed us to send our kids to preschool that we otherwise couldn't afford."	20% (n=1)
General Satisfaction	"Yo recomiendo el servicio a los padres de familia."	10% (n=1)
Suggestions for Improvement	"Program requirements are complicated to follow because they involve to many people"	10% (n=1)
Support for Working Parents	"Knowing the cost would be covered and going to work worry free helped me focus in my work, available emotionally to my children, and able to further my education."	10% (n=1)
Access to Child Care	"The assistance program allowed us to send our kids to preschool that we otherwise couldn't afford."	10% (n=1)
No benefit/suggestion for improvement		60% (n=6)

**Table 3. Special Education – Most Valuable Aspects Open-Ended Findings**

Themes	Subthemes	Quotes	Frequency
Impacts of Services on Child	<ul style="list-style-type: none"> <li>Child received helpful services</li> <li>Services supported development / growth</li> <li>Thorough evaluation process</li> </ul>	<p>"The testing was extensive and complete to determine if services are even needed, rather than just enrolling anyone referred for testing"</p> <p>"Services supported my daughter's needs and we could see her growth"</p> <p>"We were able to get our son help with speech through his school"</p>	22% (n=5)
Service Access and Timing	<ul style="list-style-type: none"> <li>Still in process or qualifying</li> <li>Services not yet received / inaccessible</li> </ul>	<p>"Was not able to access after years of paying for our own intervention"</p> <p>"We are in the process of qualifying my soon to be 3 yo"</p>	22% (n=5)
Provider Experience	<ul style="list-style-type: none"> <li>Communication issues or unprofessional behavior</li> <li>Delay in services</li> </ul>	<p>"Lack of staff ended in waitlist"</p> <p>"The IEP took way too long."</p>	17% (n=4)

<b>Family Voice and Systemic Gaps</b>	<ul style="list-style-type: none"> <li>• Parent felt unheard / unsupported</li> <li>• Lack of access to specialized programs</li> </ul>	<p>“Gifted services are difficult to get aside from initial testing.”</p> <p>“It’s ridiculously hard to get services needed and feel unheard by those providing the services.”</p>	<b>17% (n=4)</b>
<b>Other / Positive / Not Applicable</b>	<ul style="list-style-type: none"> <li>• Positive general feedback</li> <li>• Nothing / Not applicable</li> </ul>	<p>“Every thing was offered”</p> <p>“Helped staff better understand my child’s needs”</p>	<b>39% (n=9)</b>

**Table 4. Food Support – Most Valuable Aspects Open-Ended Findings**

<b>Themes</b>	<b>Subthemes</b>	<b>Quotes</b>	<b>Frequency</b>
<b>Financial Relief</b>	<ul style="list-style-type: none"> <li>• Helped when income was low or during hardship</li> <li>• Reduced burden of food costs</li> <li>• Supplemented household groceries</li> <li>• Supported during COVID/ pandemic</li> </ul>	<p>“When we were on one income it was very helpful to have some food when we couldn’t afford much.”</p> <p>“It helps ease the financial food burden of kids being home more.”</p>	<b>24% (n=6)</b>
<b>Access Pathways</b>	<ul style="list-style-type: none"> <li>• Available at child care/pre-K</li> </ul>	<p>“It was provided where my child goes for daycare”</p> <p>“This was provided through Growing Up NM Pre-K for my children’s breakfast, lunch and snacks.”</p>	<b>10% (n=3)</b>
<b>Health &amp; Nutrition</b>	<ul style="list-style-type: none"> <li>• Supported child nutrition/ health</li> <li>• Provided formula</li> </ul>	<p>“I appreciated the health screenings such as iron check for postpartum mom and infant.”</p> <p>“It paid for formula for my eldest child.”</p>	<b>10% (n=3)</b>
<b>Logistics Support</b>	<ul style="list-style-type: none"> <li>• Convenient—less to pack/plan</li> <li>• Reimbursed providers</li> </ul>	<p>“This program reimburses our daycare, so they are able to provide snacks during the day, this helps because we only have to send lunch and don’t have to worry about snacks.”</p>	<b>10% (n=3)</b>
<b>Negative Experience/ Not Enough Support</b>	<ul style="list-style-type: none"> <li>• Negative Experience/ Not Enough Support</li> </ul>	<p>“The SNAP benefits were extremely helpful but for reasons we could not understand and could not get answers for, during COVID our benefits stopped without any communication of the reason. I reapplied 5 times and never received a response. That was a hardship for my family.”</p> <p>“I could not get the formula my son needed because it was not offered even with a letter from the doctor.”</p>	<b>21% (n=6)</b>
<b>Positive Experience/ No Value/ Not Applicable</b>	<ul style="list-style-type: none"> <li>• Positive Experience</li> <li>• None</li> <li>• Not used or no value</li> </ul>	<p>“The benefits supported me and my children”</p>	<b>41% (n=12)</b>



**Table 5. Child Care Services – Areas of Improvements Open-Ended Findings**

Themes	Subthemes	Quotes	Frequency
<b>Access and Affordability</b>	<ul style="list-style-type: none"> <li>• Access limitations due to eligibility, income, or legal status</li> <li>• Waitlists or difficulty enrolling</li> <li>• Financial burden/ out-of-pocket cost</li> <li>• Limited hours or coverage (eg.g. early release, closures)</li> </ul>	<p>“It was difficult to determine if my family qualified for child care assistance .”</p> <p>“I appreciate the child care assistance we receive, which is 19 hours per week, but other expenses like the high cost of living and my student loans, we are still struggling to pay even half the daycare tuition.”</p> <p>“Make services available for families that have legal guardianship without income requirements.”</p>	<b>32% (n=21)</b>
<b>Quality and Staffing</b>	<ul style="list-style-type: none"> <li>• Low quality of care, cleanliness, or safety issues/ not a good fit</li> <li>• Lack of communication or rude staff</li> <li>• Not enough qualified staff/ need for training</li> <li>• Need for improved developmental, mental health, or inclusion supports</li> <li>• Need to increase the number of child care workers</li> <li>• Meals Provided</li> </ul>	<p>“Social emotional education would have been helpful to the program, and easier access with proximity to elementary schools would be helpful.”</p> <p>“More staff education in child development and how to work with/interact with young children.”</p>	<b>31% (n=20)</b>
<b>Administrative and Logistical Barriers</b>	<ul style="list-style-type: none"> <li>• Difficult application/renewal/or unclear requirements</li> <li>• Services not offered near home or school/transportation issues</li> </ul>	<p>“Better communication to understand limits and assistance with helping to qualify.”</p> <p>“Recertification takes so long contracts end and the daycares will not allow the children to attend until the contract is renewed so full price care has to be paid by self pay.”</p> <p>“We were unable to sign up right away. We are on waiting lists and I fear we have been forgotten. Now, I must start the process all over again. I am exhausted and it feels nearly impossible to begin the sign up process again.”</p>	<b>22% (n=14)</b>
<b>Other/ Not Applicable</b>	<ul style="list-style-type: none"> <li>• Services were helpful/ no improvements needed</li> <li>• Did not use/not applicable</li> </ul>	<p>“My child wasn’t ready to be in a day care yet.”</p> <p>“Overall its been a good experience, renewal process can improve.”</p>	<b>17% (n=11)</b>

**Table 6. Preschool Services – Areas of Improvements Open-Ended Findings**

Themes	Subthemes	Quotes	Frequency
<b>Access &amp; Availability</b>	<ul style="list-style-type: none"> <li>• Waitlists or No Available Slots</li> <li>• Lack of Full-Day or Half-Day Options</li> <li>• Transportation Challenges</li> <li>• Limited Geographic Coverage</li> <li>• Should be available regardless of special education status</li> </ul>	<p>“There was only one facility in my area that provided after school care options that were adequate to support my work schedule.”</p> <p>“La falta de autobús nunca me la proporcionaron por la distancia donde vivo.”</p> <p>“I would have liked the half day preschool option.”</p> <p>“It is difficult to find a placement for my non-prek small children (0-3) because daycares switched more classrooms to pre-k and I had to have my children at multiple locations for months before I was able to get daycare and pre k and aftercare all in the same location. I almost lost my job because I was late every day.”</p>	<b>15% (n=16)</b>
<b>Quality &amp; Staffing</b>	<ul style="list-style-type: none"> <li>• Inadequate Teacher Training or Retention</li> <li>• Negative Staff Behaviors</li> <li>• Need for More Staff or Better Ratios</li> <li>• Lack of Trauma-Informed or Inclusive Practice</li> <li>• Not enough food/lack of nutritious meals / food allergies</li> </ul>	<p>“Son muchos niños para solo 2 maestros.”</p> <p>“Snacks were very limited, repetitive, and highly processed with a large amount of sugar.”</p> <p>“Would love a lower student to teacher ratio.”</p> <p>“I feel the thing that stands out is the teachers in the classroom were not consistent. My children had many different teachers throughout their school year.”</p>	<b>33% (n=35)</b>
<b>Communication &amp; Administration</b>	<ul style="list-style-type: none"> <li>• Poor Communication from Program</li> <li>• Complicated Enrollment or Renewal</li> <li>• Lack of Awareness or Outreach</li> <li>• Administrative Challenges or Inconsistencies</li> <li>• Offer more information about the benefits/provide resources</li> </ul>	<p>“As a new parent, I had to figure out deadlines to enroll by myself. Resources were not readily provided and I had to seek out all of the information myself.”</p> <p>“Pro-actively engaging families to help them understand the resources available instead of relying on them to approach the school/teacher.”</p> <p>“Signing up for the program has been easy, but renewing our contract always seems to have issues and it is really stressful. streamlining the renewal process would really help. Access to easier communication with our caseworker would also help.”</p>	<b>18% (n=19)</b>

Themes	Subthemes	Quotes	Frequency
Program Design & Curriculum	<ul style="list-style-type: none"> <li>• Need for Social-Emotional, Behavioral Support, Speech Therapy Support</li> <li>• Concerns About Use of Technology or Pedagogy</li> <li>• Inflexible or Excessive Hours</li> <li>• Lack of Age-Appropriate or Enriching Content</li> </ul>	<p>“More timely communication, more spots for care during the school breaks.”</p> <p>“Having the ability to have different stages of education available for my child. For example our child new her ABC, shapes, colors etc ... but she was not challenged past that to help her improve her educational performance.”</p> <p>“Incorporating more hands-on, interactive activities to make learning more engaging and effective.”</p> <p>“The amount of days they have early releases. This affects me as I am the primary caregiver for my daughter and I work full-time.”</p>	15% (n=16)
Affordability & Equity	<ul style="list-style-type: none"> <li>• Over Income Threshold for Support</li> <li>• High Cost of Before/After Care</li> <li>• Inconsistent Financial Eligibility Criteria</li> </ul>	<p>“Before and after school care was lacking and expensive for working families.”</p> <p>“I am a disabled Mom, and I wanted my child to be socialized 2-3 days a week at the child care program. But with my fixed income but no job it was a bit difficult to get care for my child’s wellbeing. I know I didn’t need the child care but he needed the socialization.”</p> <p>“Although they offered before and after programs the cost was too expensive for me to afford.”</p> <p>“We do not qualify for any of the services based on income, yet daycare tuition is still a significant financial burden. Ironically, if one of us just didn’t work we would meet criteria and have free daycare. Which doesn’t make sense because that would mean one of us could stay home and watch kids. The income limits need to take into account other considerations like student loans that impact overall financial situation.”</p>	7% (n=7)
None/Other		<p>“I am please with the services that are offered.”</p>	26%

**Table 7. Child Care Assistance – Areas of Improvements Open-Ended Findings**

Themes	Subthemes	Quotes	Frequency
<b>Accessibility &amp; Communication</b>	<ul style="list-style-type: none"> <li>• Difficulty contacting caseworkers</li> <li>• Case management inconsistency</li> <li>• Lack of clear process information</li> <li>• Professionalism/ quality concerns</li> <li>• Process length/ time</li> </ul>	<p>“It is very hard to get a hold of someone and paperwork is constantly ‘lost’.”</p> <p>“It was hard at first to get a contract for my child because my schooling was not through a university. It was online courses at my own pace.”</p> <p>“I don’t qualify anymore because we now make to much money. However, with inflation the cost of living is very high and child care is expensive. Child Care assistance was very helpful. The other thing that needs some work is communication. When my case worker quit no one let me know. So when I sent in my renewal information they never received it.”</p>	<b>38% (n=18)</b>
<b>Eligibility &amp; Income Guidelines</b>	<ul style="list-style-type: none"> <li>• Income calculation issues</li> <li>• Need for higher income caps</li> <li>• Inflexibility in renewal &amp; guidelines</li> </ul>	<p>“They need to check debt to income ratio. Some people don’t qualify because they “make too much money” but they never check debts, they go off gross income which in unrealistic. Services should be available to those that need it.”</p> <p>“Income brackets are a disappointment because since everything is expensive, just because there are two incomes it doesn’t mean we are wealthy. We pay for child care out of our pockets.”</p>	<b>23% (n=11)</b>
<b>Special Needs &amp; Equity</b>	<ul style="list-style-type: none"> <li>• Support for special needs children</li> <li>• Language access support</li> <li>• Guidance on developmental delays</li> </ul>	<p>“They need to start providing information about schools who handle food, allergies really well this is a special ed level issue as well as life-threatening.”</p> <p>“No Spanish teachers to continue with my childslarning.”</p> <p>“There is no guidance on services for kids with developmental delays.”</p>	<b>9% (n=4)</b>
<b>Satisfaction or Neutral Feedback</b>	<ul style="list-style-type: none"> <li>• Positive/neutral feedback</li> <li>• Appreciative comments</li> </ul>	<p>“As previously answered, we appreciate the 19 hours of assistance we receive for my son’s daycare tuition but affording to pay the other half is still a struggle. But I greatly appreciate the help we do receive!!”</p>	<b>13% (n=6)</b>

Themes	Subthemes	Quotes	Frequency
Program Coverage & Structure	<ul style="list-style-type: none"> <li>Limited hours/full-day coverage</li> <li>Waitlists &amp; availability issues</li> <li>Postpartum/job search coverage</li> </ul>	<p>"I had no maternity leave at my job at the time. I did not go back to that job and needed to continue paying for my daughter's 2 year old child care class while job searching. I was out of work for the year, but I think these funds should cover a little more time for job search when someone also does not have paid leave. I couldn't take my daughter out of her daycare school program for a little time and hope to get back on the list. I had hoped be out of work for 6 month MAX but it took a year to get my son into a daycare. So, more coverage if someone just had a baby, has no paid leave, and has another child in daycare. 3 month job search is great but could be a way to support for a month or 2 more."</p> <p>"Child care in this area has a high volume wait list."</p>	17% (n=8)
None/ NA	<ul style="list-style-type: none"> <li>None/NA</li> </ul>		15% (n=7)

**Table 8. Special Education – Areas of Improvements Open-Ended Findings**

Themes	Subthemes	Quotes	Frequency
Access and Service Gaps	<ul style="list-style-type: none"> <li>Delays or challenges accessing services</li> <li>Lack of staff or resources</li> <li>Provider professionalism or interaction issues</li> <li>Inadequate service availability</li> <li>Parent / Family / Community training</li> </ul>	<p>"I use a private therapist in ABQ instead of public programs due to quality and individualization"</p> <p>"Advocates or parent education programs for IEPs should be considered and readily available so child and their parents can appropriately address issues and have clear expectations"</p> <p>"Aun se necesitan mas recursos y tambien educar a los padres sobre las obligaciones de tener un IEP"</p> <p>"There were not enough speech therapists to help and sometimes my son would go unseen and would have to make up hours virtually which was a waste"</p>	86% (n=42)



Themes	Subthemes	Quotes	Frequency
<b>Supportive Services and Outcomes</b>	<ul style="list-style-type: none"> <li>Services are helpful and responsive to child's needs</li> <li>Process is ongoing</li> </ul>	<p>"Services that my county has for a special education is useful due to amplify therapy, able to go to homes to make it easier for families versus having to take the child to a fill facility to get assistance"</p>	<b>8% (n=4)</b>
<b>Family Voice and System Experience</b>	<ul style="list-style-type: none"> <li>Parent feels unheard or the process is difficult</li> <li>Systemic barriers</li> </ul>	<p>"No issues when he has his IFSP. But currently in outpatient services and the times available are inconvenient currently."</p> <p>"The most stressful process and barriers to access and place services for my son."</p>	<b>29% (n=14)</b>
<b>Other / Positive / Not Applicable</b>	<ul style="list-style-type: none"> <li>Positive feedback / No issues</li> <li>No response or unclear</li> </ul>	<p>"Grateful for what we have, more would always be appreciated :-)"</p> <p>"The net result was just a 30-60 minutes a week of help. We appreciated the process but wish the result would have more time each week to help our child."</p>	<b>39% (n=19)</b>

**Table 9. Family Support and Early Intervention – Areas of Improvements Open-Ended Findings**

Themes	Subthemes	Quotes	Frequency
<b>Service Delivery and Staffing</b>	<ul style="list-style-type: none"> <li>Staffing shortages / turnover</li> <li>Provider professionalism / quality concerns</li> <li>Program structure and content improvements</li> <li>Access to services / delays / not enough sessions</li> </ul>	<p>"Workers are not taken care of and over worked. While it was never mentioned the stress of case loads was noticeable when trying to schedule."</p> <p>"We couldn't establish a relationship with a home visitor due to continued staff rotation."</p> <p>"There are not enough staff to support the number of appointments we'd like"</p>	<b>36% (n=24)</b>
<b>Program Logistics and Continuity</b>	<ul style="list-style-type: none"> <li>Scheduling / format issues</li> <li>Lack of program continuity</li> <li>Covid restrictions / policies</li> </ul>	<p>"Offering a lot of telehealth services which is hard for young children"</p> <p>"When our child hit certain milestones, we were discontinued. Later, additional issues arose. It has felt cumbersome to sign up again."</p> <p>"Times were inconvenient and required only in house option. Preferences should have been available for parks or local facilities to show family friendly options &amp; activities"</p>	<b>26% (n=17)</b>

Themes	Subthemes	Quotes	Frequency
<b>Access, Awareness, and Communication</b>	<ul style="list-style-type: none"> <li>• Communication problems</li> <li>• Referral or eligibility complexity</li> <li>• Lack of awareness of programs or support</li> </ul>	<p>“Habrir mas centros de cuidado infantil como Plaza Feliz y PB&amp;J , para reducir el tiempo de espera y entrar a estos lugares, reducir el numero de hojas en el llenado de documentos para tener este servicio.”</p> <p>“Maybe learning more about available support services from healthcare providers at prenatal visits.”</p> <p>“Not needing referrals for some programs”</p>	<b>32% (21/66)</b>
<b>Family-Centered Practices</b>	<ul style="list-style-type: none"> <li>• Lack of father inclusion / cultural sensitivity</li> <li>• Family preferences not accommodated</li> <li>• Parent / Family / Community Training</li> </ul>	<p>“Family outreach services could improve by providing more training and community resources opportunities for parents.”</p> <p>“I am a father - making a father feel like part of a home visiting program is something that should be emphasized more. Our home visitor eventually cut me out of communications after initially including me on everything (this also could have been because of the pandemic).”</p> <p>“I could use more help but I don’t know what is available or what questions to ask”</p>	<b>9% (n=6)</b>
<b>Positive / No Issues / Not Applicable / Unclear</b>	<ul style="list-style-type: none"> <li>• Positive experience</li> <li>• No suggestions for improvement</li> <li>• Unclear response or not applicable</li> </ul>	<p>“Excellent with what I receive for my child and my self”</p>	<b>36% (n=24)</b>

**Table 10. Food Support – Areas of Improvements Open-Ended Findings**

Themes	Subthemes	Quotes	Frequency
<b>Benefit Design</b>	<ul style="list-style-type: none"> <li>• Inadequate benefit amount</li> <li>• Limited eligibility (over income thresholds)</li> <li>• Benefit restrictions (e.g. food types, age limits)</li> <li>• Program discontinued or limited duration</li> </ul>	<p>“The food options are very limited in my area. Sometimes I have to go to three different stores just to find the eligible cereal or milk.”</p> <p>“I only qualified for SNAP when I was on maternity leave. As soon as I went back to work, I was disqualified due to my income. SNAP needs to consider the cost of living when it comes to qualifying.”</p> <p>“More information on the food that is covered by the wic program. When going to checkout I would get many items that would say wic eligible but would not be covered after card was used.”</p>	<b>29% (n=26)</b>

Themes	Subthemes	Quotes	Frequency
Food Quality and Options	<ul style="list-style-type: none"> <li>Poor food quality</li> <li>Dietary/health needs not accommodated</li> <li>Inadequate healthy/fresh options</li> <li>Inadequate resources for breastfeeding moms/ Infants</li> <li>Lack of options</li> </ul>	<p>"Guidelines for kids need to be able to be adjusted if they have doctor recommendations."</p> <p>"Unfortunately the wic program is outdated it dosent account for preemie children. They need to consider dietary issues like diabetes when making packages. Instead of high in carbs we need high in protein."</p> <p>"The nutritional content is lacking severely in the meals that are offered."</p>	26% (n=24)
Service Experience	<ul style="list-style-type: none"> <li>Poor staff behavior or service</li> <li>Poor communication</li> <li>Complex or inconsistent eligibility process</li> <li>Poor user experience with system or appointments</li> </ul>	<p>"The WIC office that I visited would not respond to my calls and I could not update my card. My friend had a similar issue and was not able to receive services."</p> <p>"WIC is an amazing resource. The issue is how complex it is to keep the services, in comparison to other resources. I understand educating the applicant is important. However, the renewal process and time frames are not very ideal for every family due to different dynamics we all have in our households."</p>	23% (n=21)
Accessibility and Availability	<ul style="list-style-type: none"> <li>Lack of transportation</li> <li>Limited hours or inconvenient scheduling</li> <li>Not enough locations or accepting vendors</li> <li>Difficulty accessing/ Barriers to accessing</li> </ul>	<p>"They don't have a lot of availability and require the child to be present. The funds are helpful but it would be more helpful to have more flexibility and a larger selection of items."</p> <p>"During the pandemic, we could pick up meals for our child. Now, we must go to a school to use the service which conflicts with my work schedule."</p> <p>"Hard to find consistencies on what time and where to take the kids for lunch. My only days off are holidays and no services present on those days."</p>	14% (n=13)
Outreach and Information	<ul style="list-style-type: none"> <li>Lack of awareness or outreach</li> <li>Difficulty accessing information</li> <li>Miscommunication on qualifications or requirements</li> </ul>	<p>"i wish i would have known about the services sooner."</p> <p>"Communication on when benefits expire needs to be explicit on the website and other places as the USPS is unreliable at best in New Mexico."</p>	4% (n=4)
None/ NA/ Positive/ Negative	<ul style="list-style-type: none"> <li>None/ NA</li> <li>Positive Experience</li> <li>Negative Experience</li> </ul>	<p>"A mi me a ayudado."</p> <p>"Every time it has been helpful."</p>	25% (n=23)

**Table 11. Child Care Services – Access Prevention Open-Ended Findings**

Themes	Subthemes	Quotes	Frequency
<b>Eligibility and enrollment barriers</b>	<ul style="list-style-type: none"> <li>Denied or ineligible due to income</li> <li>Ineligible due to documentation or technicalities</li> <li>Temporary guardianship or custody situations not accommodated</li> <li>Not currently enrolled/ n/a/ no need</li> </ul>	<p>“My family was denied assistance when I tried to sign up because my husband works nights and they said that meant we didn’t need assistance because he was at home during the day, even though that’s when he sleeps. I had to turn down job opportunities because of our denial and have had to be the sole child care provider for my child.”</p> <p>“I was only able to receive child care when I was going to school now that I’m not in school anymore I could really use the help with child care but it’s not offered.”</p>	<b>46% (n=27)</b>
<b>Provider Access and Appropriateness</b>	<ul style="list-style-type: none"> <li>Insufficient centers available</li> <li>No local providers or limited access in rural areas</li> <li>Child’s special needs not accommodated in</li> <li>Provider quality or safety concerns</li> <li>No flexibility or drop-in options</li> </ul>	<p>“I would prefer more flexibility with child care facilities. I don’t want to be forced into putting both children full time.”</p> <p>“My daughter is special needs and I cannot find a daycare that can accommodate her.”</p>	<b>31% (n=18)</b>
<b>System-level and logistical barriers</b>	<ul style="list-style-type: none"> <li>COVID-19 disruption/pandemic closure</li> <li>Job search, nontraditional hours, or care mismatch</li> <li>Waitlists, time delays or full capacity</li> </ul>	<p>“Very hard to find covered and available summer programs.”</p> <p>“This is for my other child that is not part of the child care program due to being on the wait list another agency that is close distance where I work. But we had no chance of my kids attending this child care agency.”</p>	<b>19% (n=11)</b>
<b>Knowledge, Fit, or Preferences</b>	<ul style="list-style-type: none"> <li>Lack of knowledge about how to access programs or services</li> <li>Hard to qualify or requalify</li> <li>Preference for home care/ couldn’t find an alternative</li> </ul>	<p>“Being able to qualify easier for the child care assistance and want to stay at the current preschool but making it very difficult to qualify and discouraging.”</p>	<b>5% (n=3)</b>
<b>General Statements/other</b>			<b>3% (n=2)</b>

**Table 12. Preschool Services – Access Prevention Open-Ended Findings**

Themes	Subthemes	Quotes	Frequency
<b>Eligibility &amp; Income</b>	<ul style="list-style-type: none"> <li>• Over income threshold</li> <li>• Unclear qualification or age rules</li> <li>• Ineligible due to special needs or IEP status</li> <li>• Application process too complex or no support</li> <li>• Does not qualify</li> </ul>	<p>“Tried using services but barely did not qualify.”</p> <p>“We live in one of the MOST expensive cities and barely make ends meet but our income is still “too high” to qualify.”</p> <p>“We never qualify. Barely over income on everything.”</p>	<b>39% (n=19)</b>
<b>Availability &amp; Access</b>	<ul style="list-style-type: none"> <li>• No available slots / long waitlists</li> <li>• Program not offered / discontinued</li> <li>• No services in area or public school</li> <li>• Transportation or geographic barriers</li> <li>• Difficulty accessing services</li> </ul>	<p>“Not enough PreK programs to serve children not on IEP that are not expensive. I’m a stay at home mom, one child is on IEP and got into PreK no problem because of it. My 3 year old cannot get into PreK because he’s not on IEP and less-intensive programs are too expensive when we just need the socialization aspect of school, not child care.”</p> <p>“No services in area for age”</p> <p>“There are no spots available. On 6 waiting lists”</p> <p>“No seats available. My special needs child has been wait listed.”</p>	<b>27% (n=13)</b>
<b>Program Quality</b>	<ul style="list-style-type: none"> <li>• Low instructional or developmental quality</li> <li>• Staff capacity or professionalism concerns</li> <li>• Program not inclusive or welcoming</li> <li>• Food Allergies</li> </ul>	<p>“The services do not include contemporary best practices for pedagogy”</p> <p>“We never qualify. Barely over income on everything”</p> <p>“El nivel de enseñanza es bajo por ser demasiados niños”</p> <p>“The lack of quality care. The lack of staff that has a heart of servitude. The lack of staff that values, respects and knows the community they are serving.”</p>	<b>18% (n=9)</b>



Themes	Subthemes	Quotes	Frequency
Program Fit & Structure	<ul style="list-style-type: none"> <li>Limited hours / schedule conflicts</li> <li>Part-time only / need full-day care</li> <li>Program doesn't match child or family needs</li> <li>Language or communication barriers</li> </ul>	<p>"The lack of school and afterschool programs on Fridays prevent my husband from working full time."</p> <p>"Hours did not work for me."</p> <p>"All the activities are during the work day which make them hard to attend. I strive to be an active and involved parent but getting over to the school for a two hour window is not always easy. I would appreciate if the teacher could come in late and stay a little bit after school."</p> <p>"Worried about the well being of my son because the other kids were high needs."</p> <p>"The services do not include contemporary best practices for pedagogy."</p>	16% (n=8)
Knowledge & Navigation	<ul style="list-style-type: none"> <li>Lack of awareness of options</li> <li>No follow-up or help from program staff</li> <li>Confusion or lack of information</li> <li>Other / not specified</li> <li>Does not wish to access services</li> </ul>	<p>"I do not know enough about these services"</p> <p>"Not ready to put my child in school yet"</p>	8% (n=4)

**Table 13. Child Care Assistance – Access Prevention Open-Ended Findings**

Themes	Subthemes	Quotes	Frequency
Income Eligibility and Financial Thresholds	<ul style="list-style-type: none"> <li>Over income threshold</li> <li>Barely over income / ineligible but struggling</li> <li>Income eligibility rules lack nuance (e.g., debt, net vs. gross, student loans)</li> </ul>	<p>"According to my family's income, we only qualify for 19 hours of assistance. But due to other expenses, especially my student loan payments, we are still struggling some months."</p> <p>"We make not enough to pay comfortably, but too little to qualify for help."</p> <p>"We live in Santa Fe and make just above the qualifying threshold for support, but after student loans and our living expenses (food, housing etc.) we did not have enough to pay for daycare so we had to take out a loan to pay for daycare."</p>	39% (n=37)

Themes	Subthemes	Quotes	Frequency
Employment and Work Circumstances	<ul style="list-style-type: none"> <li>Self-employed / non-traditional work complications</li> <li>Variable / inflexible work hours</li> <li>No job yet / job search barrier</li> </ul>	<p>"I'm unemployed due to little home support and my child's disabilities."</p> <p>"We both have variable work hours and the child care coverage offered to us is inflexible and not enough."</p>	8% (n=8)
Administrative and Access Barriers	<ul style="list-style-type: none"> <li>Documentation barriers / application process</li> <li>Communication issues with caseworkers</li> <li>Lack of awareness / program understanding</li> </ul>	<p>"I cant afford anything. I dont know how to access services. I dont know how they can help me."</p> <p>"They make it very difficult for self employed people to prove their income and need for child care. Jumping through so many hoops and coming back with a denial because the proof was not what they require. Very frustrating and discouraging in so many ways. Shouldn't be this hard to qualify when I am in need of help with paying for child care. The back and forth it takes to get what is asked is very time consuming and frustrating when you are told what you gave me doesn't work for qualifying you. Shouldn't be that hard to be able to get help."</p> <p>"We just don't qualify for the financial support, although I was very confused about the whole thing and never got a clear understanding of the income threshold."</p> <p>"The caseworker did not communicate information clearly and my then employer never reveived a request for information. The caseworker stated that they would contact me again for further information. When i called back after not hearing from them they stated that they gave me a deadline to respond but never communicated that by phone or email. So because i missed a made up deadline we were denied assistance woth child care. Which resulted in job loss due to a lack of child care."</p>	13% (n=12)
Service Preferences and Suitability	<ul style="list-style-type: none"> <li>Services not needed / alternative preference</li> <li>Services not sufficient / partial assistance only</li> </ul>	<p>"The percentage of support offered was so small that it still would have cost me money to work due to income potential vs child care cost."</p>	7% (n=7)
Equity and Fairness Concerns	<ul style="list-style-type: none"> <li>Systemic inequity (e.g., middle class excluded)</li> <li>Discrimination / unfair treatment perceived</li> </ul>	<p>"Services don't cater to middle class."</p> <p>"You promised we qualified then denied us later; we felt judged based on our color. It's not fair"</p> <p>"We were told we did not qualify although we knew others within the same income bracket that did."</p>	7% (n=7)

Themes	Subthemes	Quotes	Frequency
<b>System Capacity and Special Circumstances</b>	<ul style="list-style-type: none"> <li>Waitlists or provider capacity issues</li> <li>Special family circumstances (e.g., night shift, temp guardianship)</li> </ul>	<p>“Our family was denied assistance because my husband works nights, we couldn’t afford daycare and they said he didn’t need to sleep he was home during the day he could provide care which is absurd. I have had to turn down job opportunities because of this denial.”</p> <p>“Providers that accept the subsidy are often only able to take a limited # of kids from each age group so my multiple children would have to go to separate locations.”</p>	<b>6% (n=6)</b>
<b>Positive/ Negative/ Other</b>	<ul style="list-style-type: none"> <li>Positive comment / receives assistance</li> <li>Other/ Negative Comment</li> </ul>	<p>“The assistance was not offered to a household with only one child at our income level. It would be extremely helpful if the income thresholds were adjusted. I do not expect free child care (although that would be ideal), but even half or part of the costs would allow us to send our child to daycare for more than 2 days a week. At this time, we can only afford 2 days.”</p> <p>“We don’t qualify for child care assistance somehow even though putting both kids in the child care if our choice costs my entire salary for the year.”</p>	<b>15% (n=14)</b>
<b>Ineligible- No reason provided/ None/ NA</b>	<ul style="list-style-type: none"> <li>Ineligible- No reason provided</li> <li>None/ NA</li> </ul>		<b>29% (n=28)</b>

**Table 14. Special Education – Access Prevention Open-Ended Findings**

Themes	Subthemes	Quotes	Frequency
<b>Availability and Capacity Barriers</b>	<ul style="list-style-type: none"> <li>Lack of available services</li> <li>School / district restrictive policies or refusals</li> <li>Services not available in the community or school</li> <li>Long waitlist for services</li> </ul>	<p>“The school district is restrictive and does the bare minimum and refuses a lot of parent requests and continued evaluations.”</p> <p>“Services had a 8 month wait list for speech and ot therapy.”</p> <p>“School was not allowing services outside of school that my child was already receiving come into the school”</p>	<b>58% (n=18)</b>

Themes	Subthemes	Quotes	Frequency
<b>Access and Communication Barriers</b>	<ul style="list-style-type: none"> <li>• Lack of knowledge about how to access services</li> <li>• School staff lack training or awareness</li> <li>• Difficulty reaching or communicating with providers</li> <li>• Confusion about qualification or evaluation criteria</li> </ul>	<p>"I'm not sure how to access them except asking at the school which I have done I'm still struggling to get access too"</p> <p>"School staff not being aware or knowledgeable of special education rights and laws"</p> <p>"I do not know what is offered that doesn't cost a lot."</p>	<b>42% (n=13)</b>
<b>Mismatch with Family or Child Needs</b>	<ul style="list-style-type: none"> <li>• Medical or special needs not adequately supported</li> <li>• Conflict with existing outside services or program restriction</li> <li>• Parent chose private or alternative option</li> </ul>	<p>"We went with a private company threw Medicaid to help us. We needed more freedom of choice."</p> <p>"I don't believe there is any type of daycare for medically complex children and it would be exceedingly helpful for families of special needs kids if there was. Many of us are the sole caregiver, single parents that need this resource."</p> <p>"There are not enough before/after/ summer programs for children with behavioral issues."</p>	<b>23% (n=7)</b>
<b>Other / Not Applicable</b>	<ul style="list-style-type: none"> <li>• Not currently needed / Not applicable</li> <li>• General dissatisfaction or frustration</li> </ul>	<p>"They said my daughter would grow out of her speech impediment and that was 3 years ago and she still have the same issue."</p> <p>"Child needs special attention but schools are short staffed"</p> <p>"The program did not work with the school I wanted to transfer services too"</p>	<b>23% (n=7)</b>

**Table 15. Family Support and Early Intervention – Access Prevention Open-Ended Findings**

Themes	Subthemes	Quotes	Frequency
<b>Service Gaps and Mismatches</b>	<ul style="list-style-type: none"> <li>• Lack of service availability</li> <li>• Services do not meet individual needs</li> <li>• Program eligibility barriers</li> <li>• Program ended or discontinued</li> </ul>	<p>"I don't qualify income based for these programs so I was placed at the end of the wait list , it was a disappointment and depressing to know this especially when I feel the programs will benefit my child and I"</p> <p>"More therapists are needed."</p> <p>"Not enough speech therapist in our area"</p>	<b>38% (n=12)</b>

Themes	Subthemes	Quotes	Frequency
Logistical Barriers	<ul style="list-style-type: none"> <li>Transportation barriers</li> <li>Scheduling and hours do not work</li> <li>Timeliness of services and enrollment</li> </ul>	<p>"It would be helpful to have all day programs or offer before and after school"</p> <p>"No tener carro para poder llevarlo"</p>	16% (n=5)
Access and Information Barriers	<ul style="list-style-type: none"> <li>Lack of awareness or information</li> <li>Confusion about how to access or re-enroll</li> <li>Learned too late / aged out</li> </ul>	<p>"I don't know how to proceed to re-enroll in the program. Also the needs have changed. Before we needed support with our child's physical development. Now, his speech is the area where we need support."</p> <p>"I just have a lot of to-dos right now and was interested in these programs but wasn't sure where to go beyond getting my child care assistance approved"</p> <p>"Medicaid is not working well with us. We applied, provided the requested documents, yet were still denied for not providing required documents. I don't understand."</p>	56% (n=18)
Perceptions and Preferences	<ul style="list-style-type: none"> <li>Distrust or discomfort with service delivery</li> <li>Restrictions/Limitations of service</li> </ul>	<p>"I do not want people coming to my house, and i dont know how to access services"</p> <p>"Covid restrictions"</p>	9% (n=3)
Other / Positive / No Response	<ul style="list-style-type: none"> <li>Positive Feedback</li> <li>No reason given / not applicable</li> </ul>	<p>"I have had lots of support and the programs are great"</p> <p>"Finally started FIT program, evaluation got scheduled within 2.5 weeks"</p>	16% (n=5)

**Table 16. Food Support – Access Prevention Open-Ended Findings**

Themes	Subthemes	Quotes	Frequency
Ineligible Due to Income	<ul style="list-style-type: none"> <li>Just above income limit</li> <li>Doesn't account for expenses (e.g. taxes, medical, child care)</li> <li>Fluctuating income or misclassification</li> <li>Denied despite hardship</li> <li>Income too high for eligibility</li> <li>Debt and financial stress not considered</li> </ul>	<p>"According to my income, I make too much money to qualify for these programs but there are many months we still could've used help buying groceries due to the high cost of living."</p> <p>"They said I didn't qualify. That I made too much money for family of four. But they look at gross pay and not take home pay after taxes and health insurance is removed."</p> <p>"We do not qualify, but cannot afford nutritious groceries on top of the cost of child care."</p>	45% (n=41)



Themes	Subthemes	Quotes	Frequency
<b>Administrative and Logistical Barriers</b>	<ul style="list-style-type: none"> <li>• Application difficulties or missing documents</li> <li>• Poor communication or late notifications</li> <li>• Long waitlists or lack of follow-up</li> </ul>	<p>“Getting access to people in charge of food programs so that I can explain my family’s situation has become tough.”</p> <p>“I’m having problems getting the corresponding papers to qualify for the programs.”</p>	<b>7% (n=6)</b>
<b>Lack of Information or Support</b>	<ul style="list-style-type: none"> <li>• Lack of awareness of programs</li> <li>• Language or immigration-related barriers</li> <li>• Mixed household complications</li> <li>• Separate household complications</li> </ul>	<p>“Our children have two households as parents are separated but only one parent claims as dependents. The second household pays child support but cannot receive SNAP benefits without also claiming the children as dependents.”</p> <p>“Me juzgan por mi situacion migratorio.”</p> <p>“We always need food support but don’t know where to access such help.”</p>	<b>4% (n=4)</b>
<b>Inadequate Program Design</b>	<ul style="list-style-type: none"> <li>• Benefits don’t meet family needs</li> <li>• Poor quality or limited food options</li> <li>• Shortage at food banks or inconsistent access</li> </ul>	<p>“Long wait line at food banks . &amp; not enough to go around. They tend to run out early. Times &amp; days are often not adequate.”</p> <p>“Personalized support for families navigating life’s milestones, including pregnancy, postpartum care, and caregiving for my loved one.”</p> <p>“Need more fresh, healthy foods, including gluten-free, dairy-free and organic options.”</p> <p>“The assistance is not enough to feed my family for the month.”</p>	<b>8% (n=7)</b>
<b>Don’t Qualify/ Negative Experience/ None/ NA</b>	<ul style="list-style-type: none"> <li>• Don’t Qualify</li> <li>• Negative Experience</li> <li>• None/ NA</li> </ul>	<p>“Never received my snap card.”</p> <p>“The calculations of how much benefits shouldn’t change so much.”</p>	<b>39% (n=36)</b>

**Table 17. Percentage of respondents who indicated at least some awareness of programs in relation to poverty levels, 2025**

Program Name	Under poverty level 100%	Over poverty level 100%	Under poverty level 200%	Over poverty level 200%
Child Care Assistance program	84%	87%	85%	87%
Early Head Start	87%	88%	86%	89%
Families FIRST program	57%	64%	60%	64%
Family Infant Toddler (FIT) program	62%	68%	65%	68%
Head Start	86%	87%	85%	89%
Home Visiting	75%	76%	76%	76%
New Mexico PreK	85%	89%	87%	89%
Special Education services	73%	77%	74%	79%
WIC	96%	92%	95%	91%

**Table 18. Most valuable aspects of programs used by respondents (reported as percent of respondents who reported using the program), 2025**

	Child Care	Child Care Assistance	Early Head Start	Food Support	Special Education
I did not feel judged for using these services	34%	36%	37%	39%	36%
I was able to use services when my family needed them	53%	55%	55%	62%	49%
It does not take much time to use the services in my area	27%	29%	33%	36%	27%
It was easy to get transportation to use the services	20%	19%	29%	19%	22%
Signing up for the services was easy	37%	36%	39%	40%	33%
The services are responsive to my family's language or culture	26%	24%	33%	23%	26%
The services provided before- and after-school care options	30%	0%	0%	0%	0%
The services were affordable	36%	41%	41%	32%	29%
The services were offered at convenient times	34%	31%	35%	33%	33%
The services did not help my family	5%	5%	6%	4%	8%
The information about this program was communicated in a way I could fully access	24%	18%	21%	24%	21%

**Table 19. Most valuable aspects of Preschool programs used by respondents (reported as percent of respondents who reported using the program), 2025**

	Head Start	New Mexico Prek	Tribal Head Start
I felt confident that my child was ready for kindergarten and excited to learn	62%	66%	49%
My child learned through fun, hands-on activities that supported their growth	62%	65%	50%
Through our PreK program I had access to screenings to catch any possible delays or disabilities early	39%	41%	40%
I enjoyed watching my child learn about emotions, make friends, and work with others	55%	59%	49%
I felt more confident in helping my child learn and grow	49%	51%	44%
Our PreK program connected my family to local resources that met our needs	31%	32%	37%
I know my child's teachers were trained in early childhood education and are always learning more	40%	42%	32%
I felt included when I saw our language and culture in the classroom	29%	28%	34%
My child had access to healthy and nutritious meals	40%	37%	41%
I was connected to resources to make sure my child got regular health check-ups, vision, dental and hearing screenings	31%	24%	20%
The information about this program was communicated in a way I could easily understand	28%	28%	18%

**Table 20. Most valuable aspects of Families FIRST program used by respondents (reported as percent of respondents who reported using the program), 2025**

	Families FIRST
I had a trusted support system during my pregnancy through Families FIRST	38%
Nurses checked all areas of need to make sure we got the right care	50%
Nurses helped me understand health, nutrition, and how to raise my child well	45%
Nurses explained and supported me with any medical concerns I have about myself or my child/ren	37%
Nurses helped with breastfeeding and lactation support	33%
Nurses taught me how to keep my baby safe while sleeping	35%
Nurses screen for developmental and social-emotional milestones to make sure my child was growing well	51%
Nurses helped me to interact with my child in a positive and healthy way	29%
Nurses checked for post-partum depression and offered support after the birth of my child	27%
Nurses connected my family to local resources that met our needs	25%
The information about this program was communicated in a way I could easily understand	27%

**Table 21. Most valuable aspects of Family, Infant, Toddler FIT program used by respondents (reported as percent of respondents who reported using the program), 2025**

	FIT
I feel more confident in helping my child grow and learn	53%
I trusted the people who visited us and helped with my questions about my child	55%
I feel closer to my child because I learned new ways to help them	49%
I learned how to share my child's needs with teachers, care providers, and doctors through this program	45%
I watched my child make progress	56%
I can now go places and do things with my child that used to be too hard	29%
I met other parents who have similar experiences to mine	24%
It became easier to help my child with daily activities like eating, sleeping, playing and going out	37%
I got help in places and at times that worked best for my family	32%
I learned new things from the people who visit us	33%
The information about this program was communicated in a way I could easily understand	25%

**Table 22. Most valuable aspects of Home Visiting programs used by respondents (reported as percent of respondents who reported using the program), 2025**

	Home Visiting
My home visitor supported us in ways that met my family's needs	73%
My home visitor taught me how to keep my baby safe while sleeping	43%
My home visitor connected me to prenatal care to help ensure a healthy pregnancy	31%
I received help with post-partum care and depression screenings	37%
My home visitor screened for developmental milestones to make sure my child was growing well	60%
My home visitor helped me to interact with my child in a positive and healthy way	55%
Home visitor(s) helped with breastfeeding and lactation support	32%
I was given helpful resources to prepare my child to be ready for school by my home visitor	43%
My home visitor helped me keep my family safe by teaching me how to prevent injuries and create a safety plan	34%
My home visitor connected my family to local resources that met our needs	47%
The information about this program was communicated in a way I could easily understand	47%

**Table 23. Areas of improvement for programs used by respondents (reported as percent of respondents who reported using the program), 2025**

	Child Care Assistance	Child Care	Family Support and Early Intervention	Food Support	Preschool Services	Special Education
I felt judged for using these services	5%	4%	7%	9%	7%	5%
I had to wait too long to use services my family needed	10%	10%	13%	8%	15%	15%
I had trouble getting transportation to use the services	9%	7%	12%	8%	13%	10%
It takes too much time to use the services in my area	10%	9%	15%	7%	12%	13%
Signing up for the services was too complex or time consuming	15%	14%	13%	12%	15%	13%
The services did not offer before- and after-school care options	0%	7%	0%	0%	13%	0%
The services were expensive	9%	17%	8%	3%	10%	8%
The services were not responsive to my family's language or culture	5%	5%	7%	4%	5%	8%
The services were offered at inconvenient times	8%	7%	9%	7%	8%	11%
The information about this program was communicated in a way I could not fully access	6%	4%	5%	4%	6%	7%
No improvements are necessary	52%	47%	50%	57%	42%	43%

**Table 24. Reasons respondents could not access programs and services by service or program area (reported as percent of respondents who reported not having access in order of importance for each) 2023 - 2025**

**Table 24. Top 3 reasons respondents could not access programs or services by program or service area, 2023-2025**

Child Care Assistance program	2023	2024	2025
I am not aware of services like this in my area	31%	26%	27%
Signing up for the services is too complex or time consuming	19%	19%	24%
The services are too expensive	22%	18%	20%
Wait times to use the services are too long	13%	14%	17%
Other			15%
I would feel judged for using these services	12%	12%	14%
The services are not offered at a time my family can use them	13%	11%	12%
I do not have access to transportation needed to use the service	12%	11%	9%
I do not have time to use the services available in my area	13%	10%	9%
I do not think the service would improve my family's well-being	10%	10%	9%
The information about this program was communicated in a way I could not easily understand	NA**	0.05*	9%
The services are not responsive to my family's language or culture	6%	5%	7%



<b>Child care services</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>
The services are too expensive	28%	23%	27%
I am not aware of services like this in my area	25%	27%	25%
Wait times to use the services are too long	17%	17%	19%
Signing up for the services is too complex or time consuming	18%	16%	17%
The services are not offered at a time my family can use them	14%	15%	16%
I do not have access to transportation needed to use the service	14%	14%	13%
I do not have time to use the services available in my area	16%	10%	12%
I would feel judged for using these services	12%	12%	11%
Other			11%
The services did not provide before- and after-school care options	10%	8%	11%
I do not think the service would improve my family's well-being	13%	9%	7%
The information about this program was communicated in a way I could not easily understand	NA**	0.04*	6%
The services are not responsive to my family's language or culture	8%	4%	6%
<b>Family support and early intervention services</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>
I am not aware of services like this in my area	31%	24%	30%
Signing up for the services is too complex or time consuming	19%	16%	23%
Wait times to use the services are too long	12%	13%	19%
I do not have access to transportation needed to use the service	19%	13%	16%
The services are not offered at a time my family can use them	18%	13%	16%
The services are too expensive	13%	12%	15%
I would feel judged for using these services	17%	13%	14%
I do not have time to use the services available in my area	20%	15%	12%
The services are not responsive to my family's language or culture	8%	10%	12%
The information about this program was communicated in a way I could not easily understand	NA**	0.06*	9%
I do not think the service would improve my family's well-being	15%	11%	8%
Other			8%
<b>Food support services</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>
Signing up for the services is too complex or time consuming	22%	20%	25%
I am not aware of services like this in my area	23%	21%	21%
Wait times to use the services are too long	13%	15%	18%

<b>Food support services</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>
I would feel judged for using these services	16%	15%	16%
The services are not offered at a time my family can use them	15%	14%	16%
I do not have access to transportation needed to use the service	14%	13%	11%
I do not have time to use the services available in my area	15%	13%	11%
The services are too expensive	10%	7%	11%
The information about this program was communicated in a way I could not easily understand	NA**	0.08*	9%
The services are not responsive to my family's language or culture	9%	5%	9%
I do not think the service would improve my family's well-being	12%	10%	7%
Other			22%
<b>Preschool services</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>
I am not aware of services like this in my area	22%	20%	22%
Signing up for the services is too complex or time consuming	18%	16%	19%
The services are too expensive	19%	16%	19%
Wait times to use the services are too long	15%	16%	19%
I do not have access to transportation needed to use the service	16%	14%	16%
The services are not offered at a time my family can use them	19%	16%	15%
The services did not provide before- and after-school care options	11%	13%	14%
I do not have time to use the services available in my area	17%	17%	10%
I would feel judged for using these services	14%	14%	10%
The information about this program was communicated in a way I could not easily understand	NA**	0.05*	10%
Other			9%
I do not think the service would improve my family's well-being	13%	11%	7%
The services are not responsive to my family's language or culture	11%	8%	7%
<b>Special Education services</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>
I am not aware of services like this in my area	20%	21%	25%
Signing up for the services is too complex or time consuming	22%	22%	24%
The services are too expensive	16%	12%	22%
Wait times to use the services are too long	12%	18%	21%
I would feel judged for using these services	15%	14%	17%
The services are not offered at a time my family can use them	18%	18%	16%

Special Education services	2023	2024	2025
The services are not responsive to my family's language or culture	10%	9%	14%
Other			12%
I do not have access to transportation needed to use the service	16%	16%	11%
I do not think the service would improve my family's well-being	18%	14%	9%
I do not have time to use the services available in my area	22%	12%	8%
The information about this program was communicated in a way I could not easily understand	NA**	0.06*	7%

\* In 2024, the response option was "The information about this program was communicated in a way I could fully access"

\*\* Response options not offered in 2023



In the table below, negative values indicate a decrease in the rate at which respondents select a particular aspect of a program as a barrier to access.

#### Program access comparison 2024-2025\*

**Table 25. Difference in reasons respondents could not access programs and services (reported as percentage point difference) between 2024 and 2025**

	Child Care Services	Preschool Services	Child Care Assistance	Special Education	Family Support and Early Intervention	Food Support
I am not aware of services like this in my area	-2%	2%	1%	4%	6%	0%
I do not have access to transportation needed to use the service	-1%	2%	-2%	-5%	3%	-2%
I do not have time to use the services available in my area	2%	-7%	-1%	-4%	-3%	-2%
I do not think the service would improve my family's well-being	-2%	-4%	-1%	-5%	-3%	-3%
I would feel judged for using these services	-1%	-4%	2%	3%	1%	1%
Signing up for the services is too complex or time consuming	1%	3%	5%	2%	7%	5%
The services are not offered at a time my family can use them	1%	-1%	1%	-2%	3%	2%
The services are not responsive to my family's language or culture	2%	-1%	2%	5%	2%	4%
The services are too expensive	4%	3%	2%	10%	3%	4%
The services did not provide before- and after-school care options	3%	1%	NA	NA	NA	NA
Wait times to use the services are too long	2%	3%	3%	3%	6%	3%
The information about this program was communicated in a way I could not fully access	2%	5%	4%	1%	3%	1%

(\* Note for interpretation – scores represented as negative indicate a drop in the number of people agreeing with the statement on the left for the program indicated by the column. Those indicated as a positive number indicate an increase in the number of people agreeing.)

**Table 26. Trends in racial/ethnic differences in usage of types of programs by race/ethnicity, 2022-2025**

**Range of reported frequency of usage by race: gap in usage between lowest and highest racial group using program/service expressed as difference in usage reported by respondents**

	2022	2023	2024	2025	Trend
<b>Child Care Assistance Program</b>	12%	8%	15%	7%	↓ 8%
<b>Child Care Services</b>	27%	11%	22%	19%	↓ 13%
<b>Family Support and Early Intervention Services</b>	11%	16%	11%	11%	0%
<b>Food Support Services</b>	17%	11%	10%	16%	↑ 6%
<b>Preschool Services</b>	8%	6%	9%	3%	↓ 6%
<b>Special Education services</b>	7%	12%	11%	4%	↓ 7%

**Table 27. Comparison of 2022–2025 needs experienced by respondents in the past 12 months, reported as percent of respondents experiencing need**

	Experienced					Often and Always				
	2022	2023	2024	2025	Changes 2024-2025	2022	2023	2024	2025	Changes 2024-2025
The food our family bought just didn't last and we didn't have money to get more.	62%	70%	67%	62%	-5%	14%	16%	17%	15%	-2%
I worried whether our food would run out before we got money to buy more.	62%	71%	67%	62%	-5%	18%	19%	19%	16%	-3%
I worried that an adult in our family would have to miss work in order to look after a child who was not sick.	73%	76%	72%	69%	-3%	26%	25%	23%	22%	-1%
Finding child care was a major factor in whether or not an adult in our family was able to work outside the home.	74%	79%	73%	74%	1%	34%	34%	32%	34%	2%
I worried about getting services or support to effectively care for my child.	70%	76%	71%	69%	-2%	23%	26%	24%	24%	0%
I worried that my child needed care and support that I could not provide without help.	65%	72%	66%	65%	-1%	22%	23%	20%	21%	1%
I worried that our family wouldn't have a place to sleep that met our basic needs.	46%	53%	45%	38%	-7%	13%	14%	12%	11%	-1%
I worried about being forced to move from the place where we were living.	47%	54%	46%	42%	-4%	12%	15%	13%	13%	0%
I worried that the cost of housing would force me to not buy or cut back on my family's necessities (food, clothing, etc.).	59%	68%	65%	63%	-2%	18%	21%	22%	19%	-3%
I worried that my family would not have access to medical care in case of illness or emergency.	54%	65%	58%	58%	0%	15%	21%	17%	16%	-1%
I worried about paying for medical care in case of illness or emergency.	58%	70%	64%	65%	1%	18%	23%	21%	21%	0%
My family was not covered by health insurance.	41%	52%	45%	44%	-1%	12%	16%	14%	13%	-1%



Out of the 472 participants who responded to the question, 230 simply replied with “No” or “None,” making their responses unanalyzable. Therefore, the analysis focused on 242 responses. A table displaying the breakdown of themes from these responses can be found below. The most common additional need for respondents is the access and availability to services. This includes geographical and physical access, financial access, access to resources and materials, and more

availability and options for minorities such as multilingual and multicultural children or undocumented families. In addition, respondents are also interested in more flexible options that would align with parents’ work schedules, such as after-school programs, summer and holiday programs, and community programs. Additional respondents’ needs to care for their children can be found in the table below.

**Table 28. Thematic analysis of open-ended needs responses**

Themes	Subthemes	Quotes	Frequency
Access to and availability of services	<ul style="list-style-type: none"> <li>Geographically accessible child care (tribal and rural areas)</li> <li>More affordable child care options</li> <li>Increased options for quality child care and preschool</li> <li>Support classes for parents</li> <li>Support with material goods (e.g., clothing, diapers)</li> <li>Multilingual and cultural support services</li> <li>Support for those without legal status</li> <li>Family/children fitness programs</li> </ul>	<p>“Closer child care facilities. Nearest daycares are half an hour to an hour away.”</p> <p>“Affordable child care without the long waitlists. Was a state employee before having to quit my job because we had no options for child care. Now looking at preschools and the research having to do is crazy. Everyone has a waitlist or it’s a lottery.”</p> <p>“More PreK programs with qualified teachers. Large teacher turnover and lack of teachers is an issue.”</p> <p>“My child is two years old and cannot access any programs due to his immigration status. We lived in Los Angeles and had WIC and Medicaid, but here those services have been denied, as well as early childhood care.”</p>	84 (34%)
After-school care, activities, additional summer and holiday break programs, and community programs	<ul style="list-style-type: none"> <li>Flexible options for full-time and weekend working parents</li> <li>Summer and holiday coverage</li> <li>Community programs for toddlers, children, and parents</li> <li>Family fitness programs</li> </ul>	<p>“It would be nice to have a 24/7 public child care option. Also, it would be nice to have an option for child care if the child is a little sick.”</p> <p>“Need options for child care programs during the summer to help support working parents.”</p> <p>“More community programs for children under three. Our local library offers one reading class for free. Our aquatic center offers a parent and child class for \$90. That’s it”</p> <p>“I need a fitness center that offers children’s yoga classes for my child to exercise.”</p>	33 (14%)

Themes	Subthemes	Quotes	Frequency
Access to medical services and specialty providers	<ul style="list-style-type: none"> <li>Medical Services</li> <li>Psychological, mental health, and behavioral health support</li> <li>Counseling services</li> <li>Speech and OT therapy providers</li> </ul>	<p>“Medical care access is a challenge in this state. Wait-list of a year for a provider is too much.”</p> <p>“We need to expand the mental health capacities in New Mexico and especially the Albuquerque and Rio Rancho areas. My son has been on a waiting list for seven months to see a therapist. He is acting out, and the people I have talked to say they cannot help me unless he hurts somebody or himself and that is just ridiculous!”</p> <p>“Social/emotional-mental health providers and behavior support specialists.”</p> <p>“Speech therapy with ASL support, child care with ASL support.”</p>	21 (9%)
Financial assistance	<ul style="list-style-type: none"> <li>Higher earning threshold for eligibility for services</li> <li>Financial assistance programs for daycare</li> <li>Housing</li> <li>Utility assistance</li> <li>Healthcare costs</li> </ul>	<p>“Most of the services that we need we don’t qualify income-wise, yet we don’t get paid enough to cover the expenses ourselves. It seems better to not work and try and earn a living so that I can get the services.”</p> <p>“Sliding scale for those who don’t meet requirements for child care assistance.”</p> <p>“I need help to pay my rent; they are about to evict me.”</p> <p>“Need services for water, electric, propane. These are to assist with daily living essentials.”</p>	34 (14%)
Support and services for special needs children	<ul style="list-style-type: none"> <li>Daycare/preschool for special needs children</li> <li>Early intervention services</li> <li>Therapy services (PT, OT, SLP, ABA)</li> <li>Training and support for child care providers</li> <li>Support for parents of children with special needs</li> </ul>	<p>“I need child care that can support my son’s special needs.”</p> <p>“Early intervention services: Provides early intervention and support for children with special needs or developmental delays.”</p> <p>“Special needs services are extremely limited in Valencia County. Services such as OT, SLP, and ABA are nearly impossible to access due to long wait times and traveling to Albuquerque is not realistic with a special needs toddler.”</p> <p>“I’m worried about training in daycare programs and high ratios not being able to meet his needs or services being unaffordable.”</p>	15 (6%)

Themes	Subthemes	Quotes	Frequency
Nutrition-related services and access	<ul style="list-style-type: none"> <li>• Healthier and/or more varied food options for allergies etc.</li> <li>• More food assistance</li> <li>• Special dietary needs support</li> </ul>	<p>"Better food for summer food program."</p> <p>"We are failing to meet our children's food and nutritional needs on our own and with the help of WIC. But we do not qualify for SNAP."</p> <p>"My four-year-old is on a special diet. The food she needs is expensive. I do receive SNAP and use it with caution and barely get through the month, and when she starts kindergarten, I'll have to send her lunch and am afraid I won't be able to afford it."</p>	22 (9%)
Improved access to information about services	<ul style="list-style-type: none"> <li>• Lack of information and communication about available services</li> <li>• Difficulty accessing and navigating services</li> <li>• Request for better distribution and accessibility of information</li> </ul>	<p>"I don't know about many of these services and what they help with. More information could be provided at a doctor's office."</p> <p>"Wanted to use the home visit program, but could not easily complete the sign-up process."</p>	11 (5%)

## Appendix 5. Qualitative Impact Data for Key ECECD Programs

**Table 29. Preschool Programs – Head Start – Impact on families**

Themes	Subthemes	Quotes	Frequency
<b>School Readiness and Early Learning</b>	<ul style="list-style-type: none"> <li>Improved early literacy and numeracy skills</li> <li>Children are learning and preparing for school/building a strong educational foundation</li> <li>Smooth transition to kindergarten/elementary</li> <li>Individualized support for children</li> <li>Inspired joy of learning/confidence in child(ren)</li> <li>Skilled and caring educators</li> <li>Supported learning at home/increased parent involvement in education</li> </ul>	<p>“It helped my child get school ready, i was able to work while my child was at school, and she was able to get a head start with recognition of how to spell her name and spell it.”</p> <p>“The Head Start Program has helped me better understand my children’s needs and interests, allowing me to provide them with a more suitable learning environment.”</p>	<b>50% (n=234)</b>
<b>Child Development, Socialization and Wellbeing</b>	<ul style="list-style-type: none"> <li>Gains in social-emotional development / socialization</li> <li>Speech and language improvements</li> <li>Safe/good learning environment</li> <li>Identification of developmental/learning difficulty and appropriate supports</li> <li>Confidence in parenting and understanding of developmental needs</li> <li>Supported child health and nutrition</li> <li>Culturally responsive/relevant education</li> <li>Strengthened parent child communication</li> </ul>	<p>“Head Start helped my child develop social skills and confidence, making the transition to kindergarten much smoother.”</p> <p>“I stated my grandkids when they were 2 and 3. The headstart helped with potty training. And also with teaching the younger one with dealing with her emotions. Both kids are comfortable in a classroom environment and are learning to become independent. Great program.”</p> <p>“My daughter was really behind in her social skills, and I was worried she wouldn’t be ready for school. Head Start gave her the chance to interact with other kids, and now she’s much more comfortable in group settings.”</p>	<b>51% (n=239)</b>
<b>Family Support and Resources</b>	<ul style="list-style-type: none"> <li>Access to resources for the family</li> <li>Positive impact on family wellbeing</li> <li>Connection to local services/resources</li> <li>Wrap around services supporting family and child</li> <li>Welcoming community through our center</li> <li>Provided parenting support and education</li> <li>Reduced financial burdens on families</li> </ul>	<p>“The staff I encountered at the moriarty location, was absolutely amazing. They gave me reading materials to understand where my child was supposed to be developmentally. They were always supportive of my children as well as myself. They allowed me to come volunteer in the classroom as much as I wanted, and truly wanted to be there. You could tell their hearts were in their jobs and with the families. It was sad to age out and leave. They felt like family, and that fostered a trust that made it easy to go to work without worrying for my child.”</p>	<b>29% (n=135)</b>

Themes	Subthemes	Quotes	Frequency
<b>Practical Benefits for Working Parents</b>	<ul style="list-style-type: none"> <li>• Support for working parents</li> <li>• Reliable child care</li> <li>• More time for parents to work or study</li> </ul>	“Head Start was a blessing for my family. As a single mom working long hours, I found it difficult finding affordable child care for my twins. When they got into Head Start, it changed everything. They had a safe place to learn, play, and grow while I worked to provide for the family. The teachers were patient and supportive, helping them build confidence and social skills. They even connected me with resources for parenting and financial assistance. By the time they started kindergarten, they were ready, and I felt more stable knowing they both had a strong foundation.”	<b>8% (n=35)</b>
<b>Long-Term Outcomes of Early Childhood Education</b>	<ul style="list-style-type: none"> <li>• Long-lasting benefits of early education</li> <li>• Continued social and academic development</li> </ul>	“My daughter who is 11 years old now benefited from the Early Childhood programs and pre-K. She loved going to “class” everyday and playing with her teachers and classmates. She attended since 1 and a half year old, and moved up to the Pre-K at 3 years old. When she started Kindergarten it was an easy transition and now she loves going to school.”	<b>3% (n=16)</b>
<b>Negative/neutral experience with Head Start</b>		“My child was constantly bored because the curriculum moves too slow. Other kids in the class already knew the basics, but nothing challenged him. It’s wasted potential.”	<b>2% (n=9)</b>

**Table 30. Preschool Programs – New Mexico PreK – Impact on families**

Themes	Subthemes	Quotes	Frequency
<b>School Readiness and Early Learning</b>	<ul style="list-style-type: none"> <li>• Improved early literacy and numeracy skills</li> <li>• Children are learning and prepared for school/ kindergarten</li> <li>• Individualized support for children</li> <li>• Inspired joy of learning/ confidence in child(ren)</li> <li>• Skilled and caring educators</li> <li>• Supported learning at home</li> <li>• Learning Routines</li> </ul>	<p>“When my grandson gets out of school he is proud of his schoolwork and shows it off!! He likes to play school when we work on his alphabet and he mimicks his teach in such a positive manner!! He gets so excited!”</p> <p>“The teachers shared tips with me during family engagement events, like how to read to my child in a way that boosts her learning. I feel more confident as a parent”</p>	<b>45% (n=437)</b>



Themes	Subthemes	Quotes	Frequency
Child Development, Socialization and Wellbeing	<ul style="list-style-type: none"> <li>• Gains in social-emotional development / socialization</li> <li>• Speech and language improvements</li> <li>• Safe/good learning environment</li> <li>• Identification of developmental/learning difficulty and appropriate supports</li> <li>• Confidence in parenting and understanding of developmental needs</li> <li>• Supported child health and nutrition</li> <li>• Culturally responsive/relevant education</li> <li>• Strengthened parent child communication</li> <li>• Created/ taught routine and structure</li> <li>• Socializing with peers/making friends</li> </ul>	<p>“While our preschooler scored exceptionally in almost all areas, there was one area she showed an extensive delay in: social/behavior. When she started the NM Pre-K program, she struggled immensely with her social and communication skills. Her NM Pre-K teachers were so patient and understanding with her when other daycares had thrown up their hands. She has now made extensive gains in her social/behavioral skills. We will be eternally grateful to NM Pre-K as we were struggling on our own to support her needs. Thank you for giving families this opportunity. Our daughter is now ready for Kindergarten (whereas without NM Pre-K, she would not have been).”</p>	<b>33% (n=321)</b>
Family Support and Resources	<ul style="list-style-type: none"> <li>• Access to resources for the family</li> <li>• Positive impact on family wellbeing</li> <li>• Connection to local services/ resources</li> <li>• Wrap around services supporting family and child</li> <li>• Welcoming community through our center</li> <li>• Provided parenting support and education</li> <li>• Positive impact on finances</li> <li>• Transportation services were helpful</li> <li>• Fostered connections with other parents</li> <li>• Opportunity for parent involvement</li> <li>• Low cost/No cost PreK</li> <li>• Information about programs are communicated appropriately and easily understood</li> <li>• Support to go back to school or other</li> </ul>	<p>“The PreK program also provided me with valuable support and resources as a parent. The teachers and staff were always available to answer my questions, provide guidance, and offer reassurance.”</p> <p>“The program connected our family to bilingual resources, helping us navigate education in a multilingual household.”</p> <p>“Through New Mexico Prek, I was connected to early childhood education resources and received assistance with child care costs. This allowed me to maintain a stable employment while ensuring my children had access to quality preschool.”</p>	<b>17% (n=167)</b>

Themes	Subthemes	Quotes	Frequency
Practical Benefits for Working Parents	<ul style="list-style-type: none"> <li>Support for working parents</li> <li>Reliable child care</li> <li>More time for parents to work or study</li> </ul>	<p>“With my child in New Mexico PreK, I was able to take on a full-time job because the program’s hours gave me the child care I needed. It’s been a game-changer for our family’s finances”</p> <p>“New Mexico PreK has impacted my family by helping us balance work and family responsibility more effectively.”</p> <p>“New Mexico PreK has given our children an educational and safe environment to learn, receive care, and have fun so both my spouse and I are able to work and support our family’s needs.”</p>	6% (n=59)
Positive experiences with NM PreK		<p>“As a father, I’ve seen firsthand the incredible impact that New Mexico PreK has had on my family.” My first daughter, Sophia, attended New Mexico PreK when she was five years old. At the time, she was shy and struggled with social interactions. But after just a few months in the program, I noticed a significant change in her.”</p>	12% (n=119)
Negative/neutral experience with Head Start		<p>“We were promised free transportation, but the van arrived late twice a month, making me late for work. When I complained, they blamed “traffic” without apology. The reliability issues stressed me and disrupted our routine.”</p> <p>“The biggest change was getting a monthly newsletter, but the content lacked actionable insights. My child’s teacher rarely communicated individually, and the classroom activities-like coloring worksheets.”</p>	2% (n=16)
Long-Term Outcomes of Early Childhood Education	<ul style="list-style-type: none"> <li>Long-lasting benefits of early education</li> <li>Continued social and academic development</li> </ul>	<p>“I’m confident the knowledge my children gained through New Mexico Pre-K have a lasting impact future”</p> <p>“The New Mexico PreK program has been a game-changer for my family, and I’m grateful for the opportunity it provided my daughter. It’s a testament to the power of high-quality early childhood education and its lasting impact on young children and their families”</p>	1% (n=14)

**Table 31. Preschool Programs – Tribal Head Start – Impact on families**

Themes	Subthemes	Quotes	Frequency
<b>Child Development, Socialization and Wellbeing</b>	<ul style="list-style-type: none"> <li>• Gains in social-emotional development</li> <li>• Speech and language improvements</li> <li>• Safe nurturing learning environment</li> <li>• Identification of developmental/learning difficulty and appropriate supports</li> <li>• Confidence in parenting and understanding of developmental needs</li> <li>• Supported child health and nutrition</li> <li>• Culturally responsive/relevant education</li> <li>• Strengthened parent child communication</li> </ul>	<p>“The program’s curriculum, which included traditional tribal teachings, helped my child develop a strong sense of identity and pride in our heritage, something I value deeply.”</p> <p>“Ever since joining Tribal Head Start, my child has become a little storyteller. They share legends and tales from our tribe, and it has sparked many meaningful conversations in our family. It’s a great way to pass down our history.”</p>	<b>62% (n= 62)</b>
<b>Connected us with our cultural heritage</b>		<p>“Tribal Head Start has been a vital part of our family’s journey, helping my niece connect with our Native American heritage and culture. As her uncle and caregiver, I’ve seen her thrive in the program’s nurturing environment, which honors our tribal traditions and values. The teachers incorporate our native language, stories, and customs into the curriculum, helping her develop a strong sense of identity and pride. Tribal Head Start has also provided our family with essential support services, like health screenings and parenting workshops, which have helped us build a stronger, healthier family. It’s more than just a program.”</p>	<b>55% (n=55)</b>
<b>Family Support and Resources</b>	<ul style="list-style-type: none"> <li>• Access to resources for the family</li> <li>• Positive impact on family wellbeing</li> <li>• Connection to local services/ resources</li> <li>• Wrap around services supporting family and child</li> <li>• Welcoming community through our center</li> <li>• Provided parenting support and education</li> </ul>	<p>“The program offered parenting classes and support services, empowering the mother to become more involved in my child’s education and better equipped to support their development. As a result, my child thrived academically and socially, and felt more confident and connected to my community.”</p>	<b>28% (n=28)</b>

Themes	Subthemes	Quotes	Frequency
Practical Benefits for Working Parents		"It keeps me from having to worry about my children's education. I have more energy to deal with work and housework."	3% (n=3)
Negative/neutral experience with Head Start		"They promoted a "cultural festival" but didn't invite elders from our community. Instead, they hired outsiders to dress up in stereotypical outfits. My family felt mocked—not celebrated."	1% (n=1)

## Family Support and Early Intervention Services Programs: Parent and caregiver reflections on the impact of programs on their families

**Table 32. Family Support and Early Intervention - Early Head Start – Impact on families**

Themes	Subthemes	Quotes	Frequency
Prenatal, Post partum & Infant Support	<ul style="list-style-type: none"> <li>• Prenatal health &amp; education</li> <li>• Breastfeeding &amp; lactation support</li> <li>• Healthy infant routines &amp; safety</li> <li>• Parental/maternal mental-health support</li> <li>• Parent-child attachment &amp; responsive caregiving</li> <li>• Home Visits really helped us</li> <li>• Increased my confidence, knowledge and skills in parenting</li> </ul>	<p>"The program's comprehensive services including parenting classes and mental health support have helped us cope through the challenges of parenting a young child"</p> <p>"The program connected us to prenatal care resources, ensuring a healthy pregnancy and postpartum support."</p>	16% (n=72)
School Readiness and Early Learning	<ul style="list-style-type: none"> <li>• Improved early literacy and numeracy skills</li> <li>• Language &amp; communication</li> <li>• Cognitive/problem-solving</li> <li>• Motor development</li> <li>• Social-emotional</li> <li>• Early education/school preparation</li> <li>• Smooth transition to kindergarten</li> <li>• Individualized support for children</li> <li>• Inspired joy of learning/ confidence in child(ren)</li> <li>• Skilled and caring educators</li> <li>• Supported learning at home</li> </ul>	<p>"My boys were ready for kindergarten. They went in thriving. I was shocked at how much they had learned. The charter school the attend advised me that my boys are advanced and continue to stay advanced. Very proud that i was able to take advantage of the headstart services. Great curriculum!"</p> <p>"New Mexico PreK helped our child develop social skills, early literacy, and confidence while easing our financial burden."</p>	52% (n=241)

Themes	Subthemes	Quotes	Frequency
<b>Child Development, Socialization and Wellbeing</b>	<ul style="list-style-type: none"> <li>• Safe and nurturing learning environment</li> <li>• Identification of developmental/learning difficulties and appropriate supports</li> <li>• Confidence in parenting and understanding of developmental needs</li> <li>• Supported child health and nutrition</li> <li>• Strengthened parent child communication</li> </ul>	<p>“The Early Head Start program has been a tremendous support for my family. It has provided my child with a nurturing learning environment that has helped improve his social and communication skills. The program’s resources, including access to early childhood education and family support services, have also given me the tools to better support my child’s development at home. Knowing that he is in a safe, caring, and educational setting gives me peace of mind while I work. I am truly grateful for the positive impact Early Head Start has had on our lives.”</p>	<b>20% (n=94)</b>
<b>Family Support and Resources</b>	<ul style="list-style-type: none"> <li>• Access to resources for the family</li> <li>• Positive impact on family wellbeing</li> <li>• Connection to local services/ resources</li> <li>• Wrap around services supporting family and child</li> <li>• Welcoming community through our center</li> <li>• Provided parenting support and education</li> <li>• Staff–family trust &amp; coaching</li> <li>• Reduced parental isolation/ anxiety / worries</li> <li>• Economic / education advancement</li> <li>• Access to affordable high-quality early childhood education</li> </ul>	<p>“The Early Head Start program has provided my family with essential resources and support that we wouldn’t have had access to otherwise. The home visits have helped me feel more confident in my parenting skills and provided valuable tips on child development.”</p>	<b>48% (n=223)</b>
<b>Practical Benefits for Working Parents</b>	<ul style="list-style-type: none"> <li>• Support for working parents</li> <li>• Reliable child care</li> <li>• More time for parents to work or study</li> </ul>	<p>“I was a working grandmother when my daughter had her first child when he became the age to go into daycare or early childhood education, we were able to sign him up. My daughter was able to continue working and I was able to continue working as well, I would highly recommend early childhood education.”</p>	<b>9% (n=40)</b>
<b>Long-Term Outcomes of Early Childhood Education</b>	<ul style="list-style-type: none"> <li>• Long-lasting benefits of early education</li> <li>• Continued social and academic development</li> </ul>	<p>“Early Head Start has been a game-changer for our family, especially with its focus on early childhood development. It’s prepared my child for school and life.”</p>	<b>5% (n=22)</b>
<b>Supported our culture</b>	<ul style="list-style-type: none"> <li>• Cultural &amp; linguistic continuity</li> <li>• Peer family networks &amp; social capital</li> <li>• Culturally responsive/relevant education</li> </ul>	<p>“The program introduced my baby to different cultures and traditions.”</p> <p>“Our child was able to adapt to the classroom, increase her verbal skills in both English and Navajo.”</p>	<b>3% (n=15)</b>



Themes	Subthemes	Quotes	Frequency
Negative experiences with Early Head Start	<ul style="list-style-type: none"> <li>Program access barriers</li> <li>Service quality concerns</li> </ul>	“The staff turnover is crazy high at our center. My kid got attached to three different teachers who all left within six months”	3% (n=13)

**Table 33. Family Support and Early Intervention – Family, Infant, Toddler (FIT) – Impact on families**

Themes	Subthemes	Quotes	Frequency
Child Development, Socialization and Wellbeing	<ul style="list-style-type: none"> <li>Gains in social-emotional development</li> <li>Speech and language improvements</li> <li>Motor skills/mobility development</li> <li>Safe learning environment</li> <li>Identification of developmental/learning difficulty and appropriate supports</li> <li>Confidence in parenting and understanding of developmental needs</li> <li>Supported child health and nutrition</li> <li>Culturally responsive/relevant education</li> <li>Strengthened parent child communication</li> </ul>	“The FIT program allowed our 18 month old to receive speech therapy as she wasn’t hitting milestones. Over the course of 1 year her speech exploded and we are so happy to be able to communicate with her, and to hear her express her feelings and ideas. We’re unsure if this would have happened anyway without the therapist’s visits to our home (extremely helpful for us and always at a time allowing for naps to not be skipped) and all her teaching me/us how to help our child, but we’re still grateful for the free assistance. We are happy our child doesn’t need therapy anymore but we do sometimes miss our therapist, she was great.”	62% (n=201)
Family Support and Resources	<ul style="list-style-type: none"> <li>Access to resources for the family</li> <li>Positive impact on family wellbeing</li> <li>Connection to local services/ resources</li> <li>Wrap around services supporting family and child</li> <li>Welcoming community through our center</li> <li>Provided parenting support and education</li> </ul>	“Yes, our family has benefited from the Family Infant Toddler (FIT) program. When our daughter, Maya, was two years old, we noticed some delays in her speech development. We connected with the FIT program, and a professional evaluator assessed Maya’s development. The evaluator identified areas where Maya needed support and connected us with local resources, such as speech therapy service. The program also provided us with a family services coordinator who helped us navigate the system, access resources, and develop strategies to support Maya’s learning and development. The coordinator was knowledgeable, supportive, and empowered us to advocate for Maya’s needs”	33% (n=105)
School Readiness and Early Learning	<ul style="list-style-type: none"> <li>Children are learning and preparing for school</li> <li>Smooth transition to pre-kindergarten</li> <li>Individualized support for children</li> <li>Inspired joy of learning/ confidence in child(ren)</li> <li>Skilled and caring educators</li> <li>Supported learning at home</li> </ul>	“My 3 - year - old’s Head Start classroom was decorated with art from different cultures. It was like a mini - museum. She would come home and talk about the different symbols and colors she saw. The free health screenings provided by the program were a huge plus. We got to know about my child’s dental and vision health early on, and it was all covered by Head Start.”	11% (n=37)

Themes	Subthemes	Quotes	Frequency
General positive statements		"I'm so grateful for what FIT did for me and my kids"	6% (n=18)
Long-Term Outcomes of Early Childhood Education		"Our PT noticed when our son needed orthotic support, our SLP helped so much with infant feeds she was able to write a recommendation to have his feeding tube removed. Our coordinator connected us to ECEP when our son was showing a signs of autism and all our therapists from EI got involved with his IEP meeting before his first year at Shining Stars. I would have been flying blind without this program. This was a hugely valuable resource for us that is still benefiting us going forward. Without the autism diagnosis, I would still be wondering what I'm doing wrong."	1% (n=3)
Negative experiences with FIT		"We waited 6 months to get evaluated, only to be told we don't qualify because my daughter's delays weren't severe enough."	1% (n=4)

**Table 34. Family Support and Early Intervention – Families FIRST – Impact on families**

Themes	Subthemes	Quotes	Frequency
Family Support and Resources	<ul style="list-style-type: none"> <li>• Becoming more knowledgeable and confident parents</li> <li>• Personalized support</li> <li>• Personalized resources (workshops, classes, services, housing)</li> <li>• General support</li> <li>• Increased parental knowledge</li> <li>• Parenting techniques and support (i.e. breastfeed)</li> <li>• Community Networking</li> </ul>	<p>"The Families FIRST program has made a big difference for us. When our child needed specialized medical care, the program helped cover travel and lodging expenses for out-of-state treatments. Without this support, we would have struggled to afford the trips. Additionally, the case manager connected us with local resources, such as support groups and financial assistance programs, which eased our stress. Thanks to Families FIRST, we were able to focus on our child's health without worrying about the financial burden."</p> <p>"It has greatly helped our family learn ways to help our baby and toddler sleep and eat safely. I have been given resources and support all throughout my pregnancy and my child's development."</p>	54% (n=105)
Health-related Support for children and parents	<ul style="list-style-type: none"> <li>• Parents mental health support</li> <li>• Diet and nutrition support</li> <li>• Personalized Medical support</li> <li>• Post-partum depression support</li> <li>• Emotional support</li> </ul>	<p>"Families FIRST helped us during one of the most stressful times in our lives. When I was pregnant, they connected me with a caring home visitor who checked in regularly and made sure we had access to health care, nutrition support, and parenting resources."</p> <p>"Allowed easier access to outreach programs focused on improving the health and wellbeing of my child."</p>	28% (n=54)

Themes	Subthemes	Quotes	Frequency
Family Bonding and Communication	<ul style="list-style-type: none"> <li>Children expression and communication</li> <li>Healthy parental communication techniques</li> <li>Healthy parents children relationship</li> </ul>	<p>"The nurse helped me understand the importance of positive self - talk when parenting. Now, I try to use positive affirmations with my child, and it's made a big difference in our relationship and our family atmosphere."</p> <p>"I developed healthier parenting skills, which improved my relationship with my child"</p>	
Prenatal, Post partum & Infant Support	<ul style="list-style-type: none"> <li>Pregnancy and Prenatal support</li> <li>Post partum support</li> </ul>	<p>"Families FIRST was incredibly helpful to my family, especially during pregnancy and after our baby was born. Our care coordinator helped us find a doctor, schedule appointments, and understand what to expect throughout the process."</p> <p>"Families FIRST has been a huge support for my family, helping me navigate prenatal care and ensuring my child gets the medical and developmental care they need. Their guidance has made everything from doctor visits to parenting resources so much easier and less overwhelming."</p>	10% (n=19)
Financial Support		<p>"She connected us with a community resource that offers free baby clothes. This was a huge help to our family, especially when our child was growing so fast."</p> <p>"When we couldn't afford car seats for the triplets, Families FIRST connected us with resources - didn't even know that help existed before them."</p>	10% (n=19)
Children growth development and socialization milestones	<ul style="list-style-type: none"> <li>Support with language and speech development</li> <li>Support with socialization with other children</li> <li>General functioning development support</li> </ul>	<p>"Without having the family's first and getting the resources we needed to start the Early Child Development could have resulted in very big delay in my grandson's speaking. It has done so much that I thought was Far Out Of Reach and here we are 2 years later and he is doing amazing"</p>	10% (n=19)
Parents work-life balance support		<p>"Helps parents better balance work and family responsibilities"</p> <p>"Families FIRST offers parenting support and case management services, helping me balance work and family life while providing me with strategies to strengthen my family dynamic"</p>	2% (n=4)
Negative		<p>"Nurse checked on kids &amp; oxygen issues. Only assist w/kids. No help to mom, no location support no screening for postpartum issues"</p>	3% (n=6)

**Table 35. Family Support and Early Intervention – Home Visiting – Impact on families**

Themes	Subthemes	Quotes	Frequency
Family Support	<ul style="list-style-type: none"> <li>• General Support</li> <li>• Parenting techniques</li> <li>• How to best support children</li> <li>• 1:1 support</li> <li>• Safe environment to ask questions</li> <li>• Networking community</li> <li>• Information access</li> <li>• Financial benefits</li> </ul>	<p>“Home Visiting gave us personalized support during pregnancy and early childhood, helping us with parenting skills, child development, and access to resources. The visits made us feel more confident and prepared as parents.”</p>	<b>57% (n=225)</b>
Family Resources	<ul style="list-style-type: none"> <li>• Local and Community Resources</li> <li>• Parental educational resources</li> <li>• Support programs</li> <li>• Therapy resources</li> </ul>	<p>“It was such a wonderful program. Monica, our home visitor through UNM Parents as Teachers, was always professional, very helpful, and provided resources I didn’t know about. She connected us to receive free books through Dolly Parton’s Imagination Library. When COVID hit. We stopped having in home visits but continued to have televisit sessions. She connected us with an early learning program where they provided a laptop and my son completed 15 minutes per day x 5 days per week of age-appropriate learning activities. I forget the name of the program but it was very beneficial. My son is now in kindergarten and is reading fully. It gave him a strong foundation and I’m forever grateful. I would highly recommend this program.”</p>	<b>26% (n=102)</b>
Children growth development and socialization milestones	<ul style="list-style-type: none"> <li>• Support with children development</li> <li>• Support with identifying delays and developmental screenings</li> </ul>	<p>“All Nations Home Visiting has been amazing! I love the activities they bring to home visits to do with my daughter, and the development screenings help me assess how my child is doing and where her target growth is in all areas.”</p> <p>“We absolutely love our home visitor. She helps do milestone screenings and then brings supporting activities to help in the areas that need strengthening.”</p>	<b>27% (n=109)</b>
Family Bonding and Communication	<ul style="list-style-type: none"> <li>• Healthy family relationship</li> <li>• Family activities and games</li> <li>• Close relationships between families and home visitors</li> </ul>	<p>“We started with Day One Home Visiting when my child was six weeks old and continued until he graduated from the program. Our Home Visitor became like part of the family. She was a trusted resource who provided support and care, even during the uncertain times of COVID. She helped connect us with affordable carseats, educational activities, and more. We are very grateful for the time we had with Day One!”</p>	<b>11% (n=45)</b>
Negative		<p>“Can’t believe we signed up for this - the visitor kept suggesting expensive resources when she knew we were struggling financially.”</p>	<b>3% (n=11)</b>

# Appendix 6. Program Usage by Demographic Groups in Survey Sample

## Family Support and Early Intervention Programs

Figure 66. Family support and early intervention programs usage, 2025

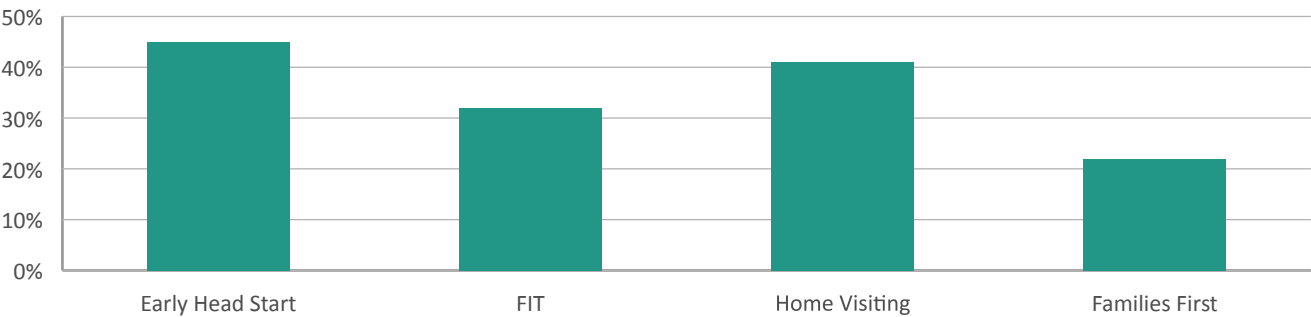


Figure 67. Usage of family support and early intervention programs by race/ethnicity, 2025

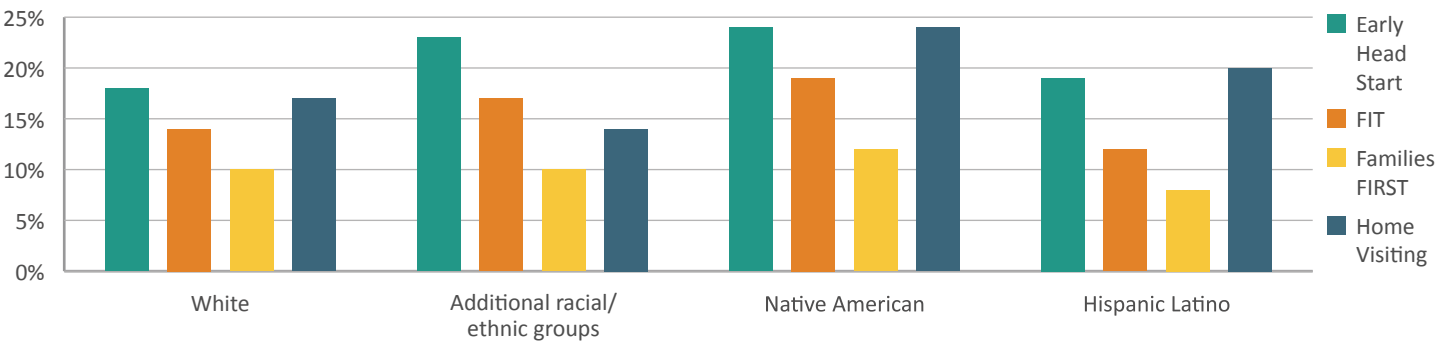


Figure 68. Usage of family support and early intervention programs by household income, 2025

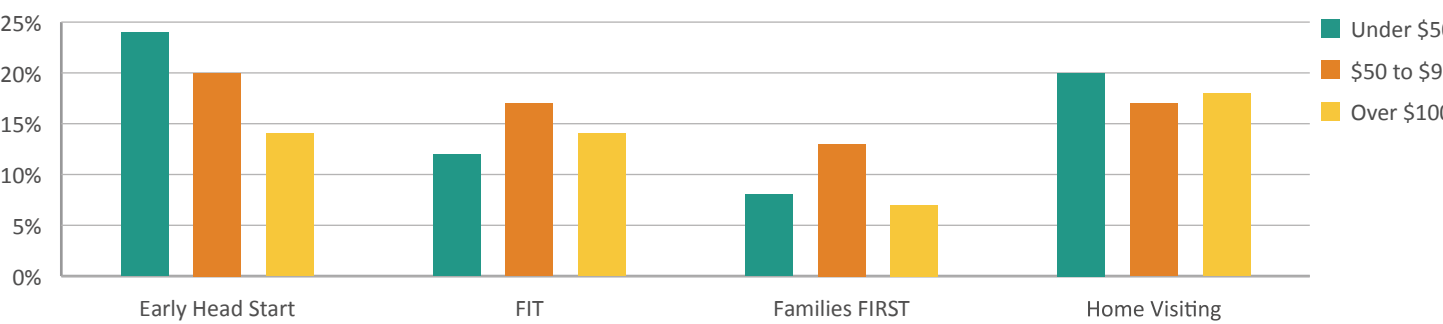
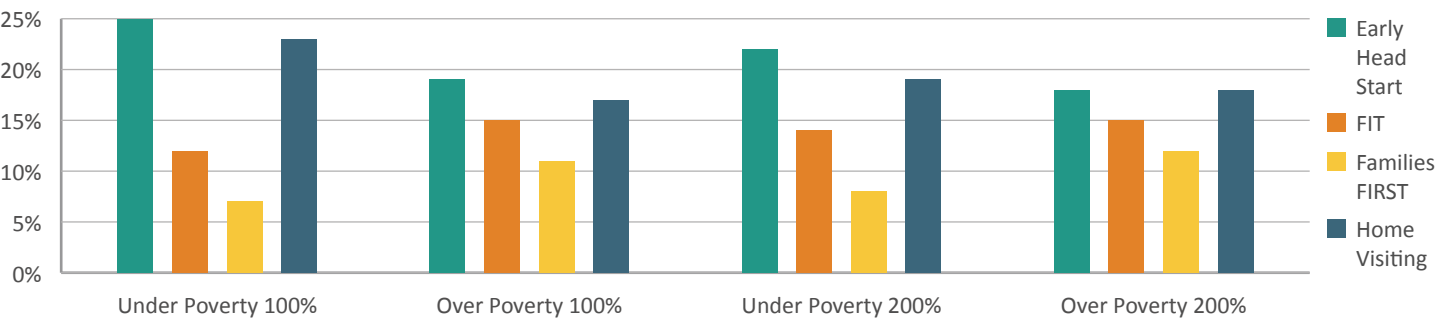
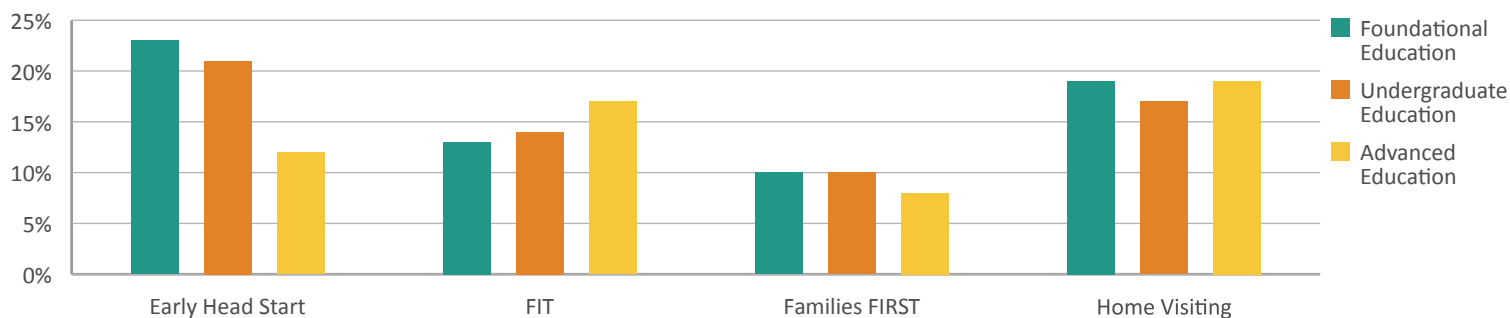


Figure 69. Usage of family support and early intervention programs by poverty levels, 2025

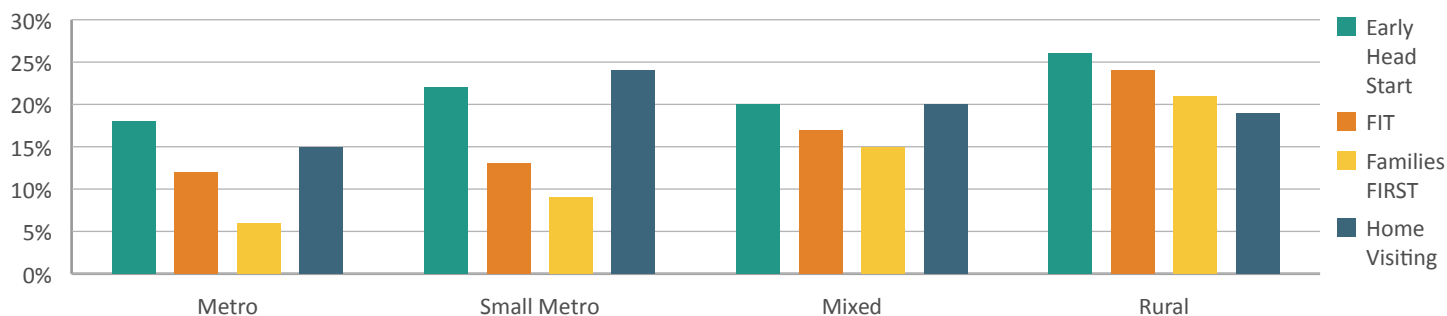




**Figure 70. Usage of family support and early intervention programs by educational attainment, 2025**

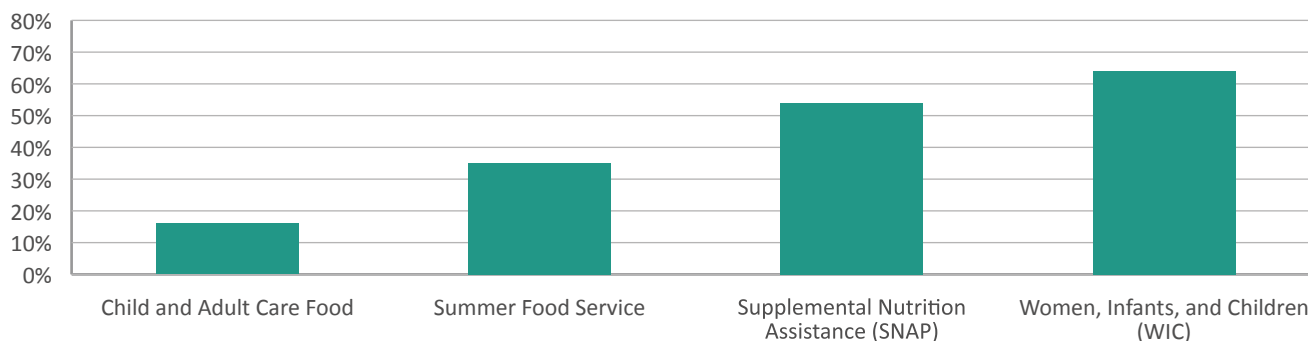


**Figure 71. Usage of family support and early intervention programs by location, 2025**

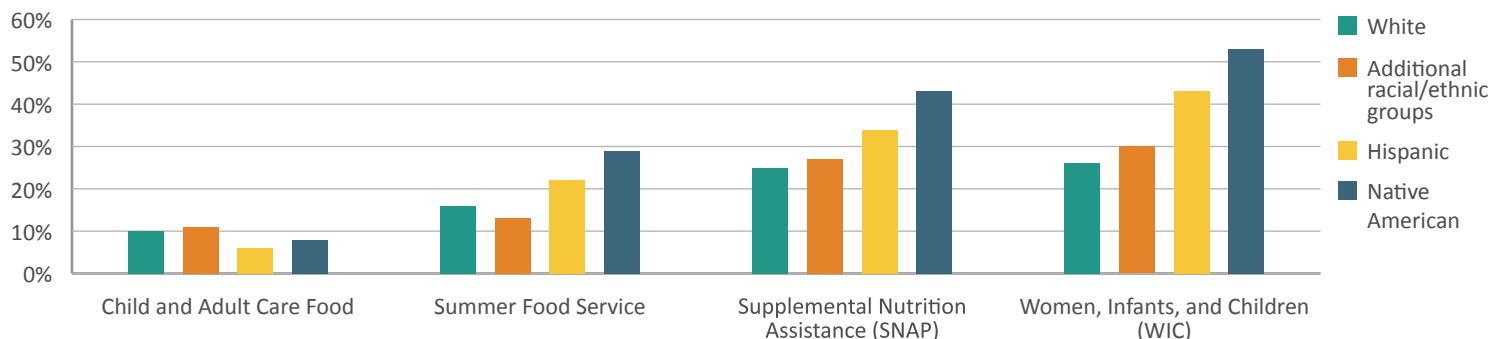


## Food Support Programs

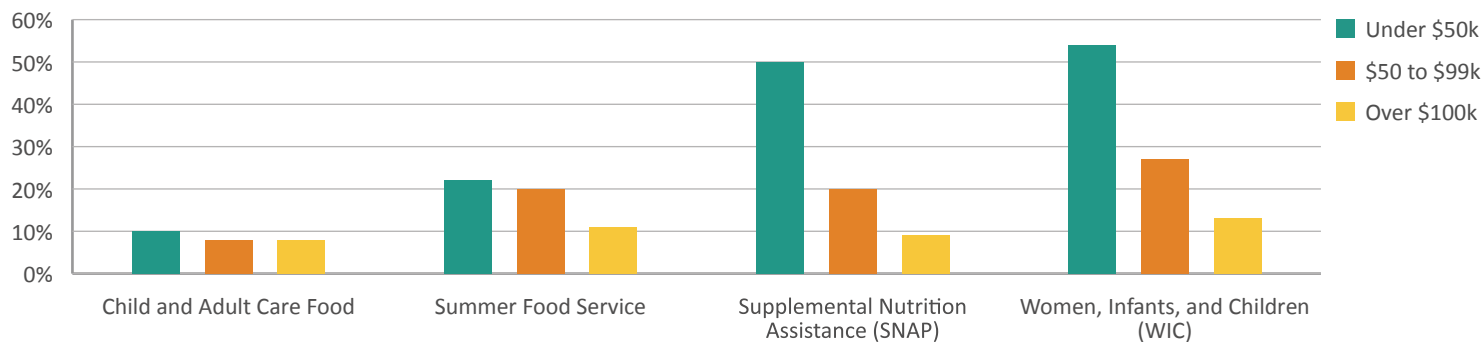
**Figure 72. Usage of food support programs, 2025**



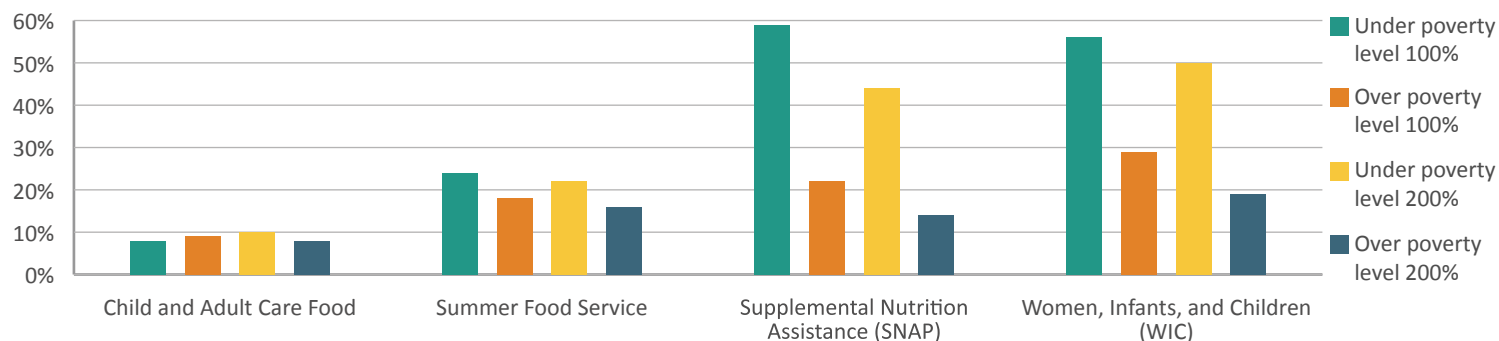
**Figure 73. Usage of food support programs by race/ethnicity, 2025**



**Figure 74. Usage of food support programs by household income, 2025**



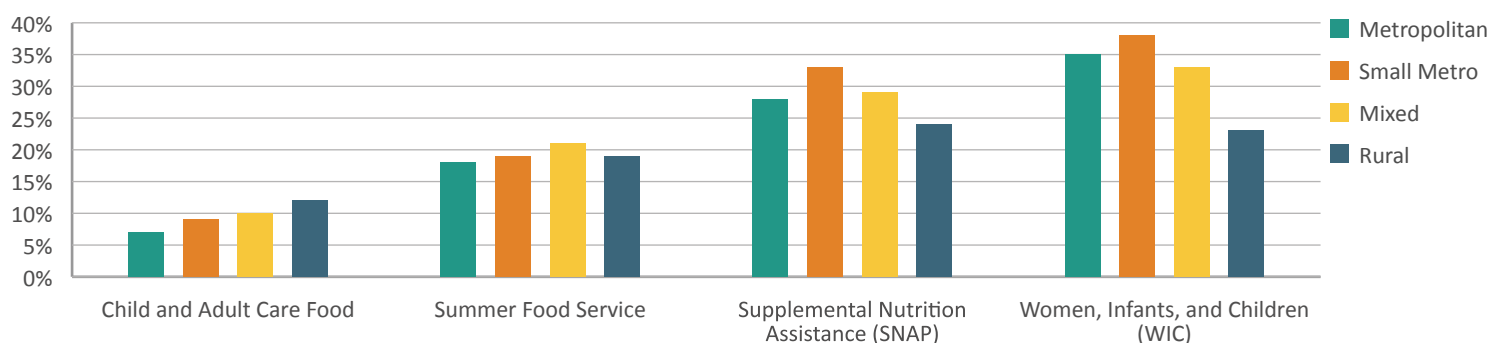
**Figure 75. Usage of food support programs by poverty levels, 2025**



**Figure 76. Usage of food support programs by educational attainment, 2025**



**Figure 77. Usage of food support programs by location, 2025**



# Preschool Programs

Figure 78. Usage of preschool programs, 2025

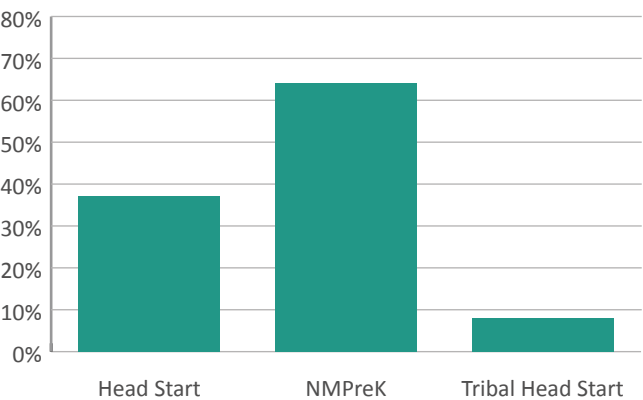


Figure 79. Usage of preschool programs by race/ethnicity, 2025

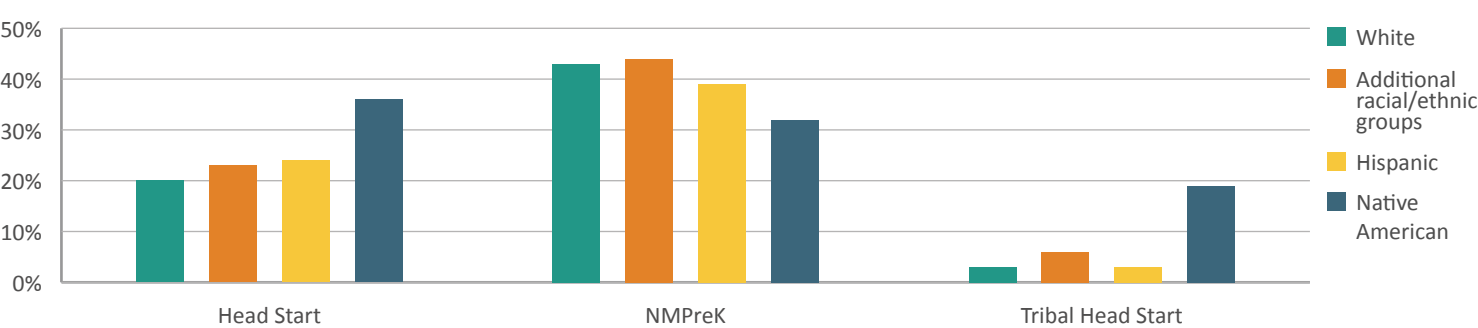


Figure 80. Usage of preschool programs by household income, 2025

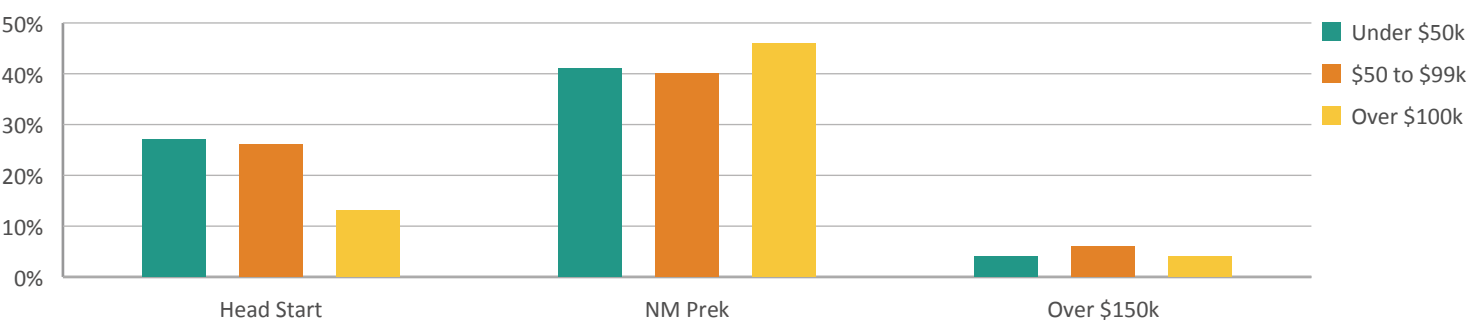


Figure 81. Usage of preschool programs by poverty levels, 2025

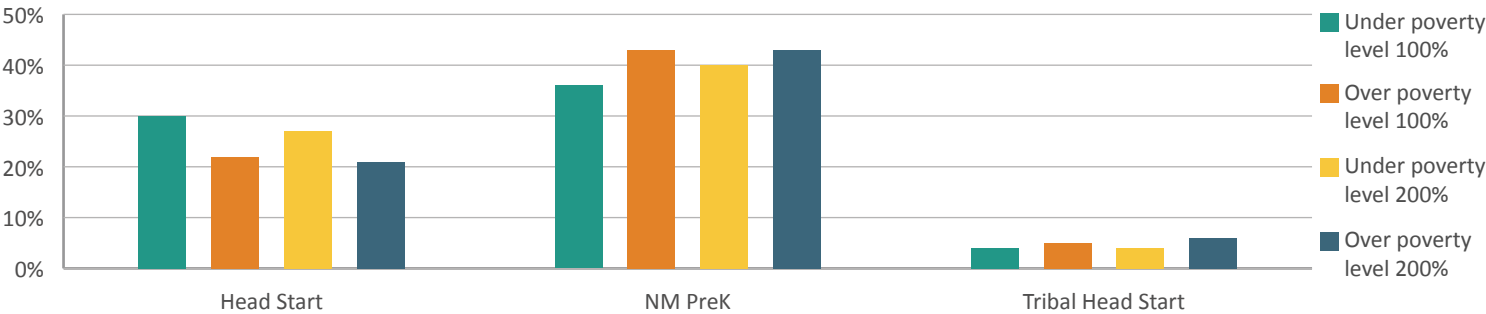


Figure 82. Usage of preschool programs by educational level, 2025

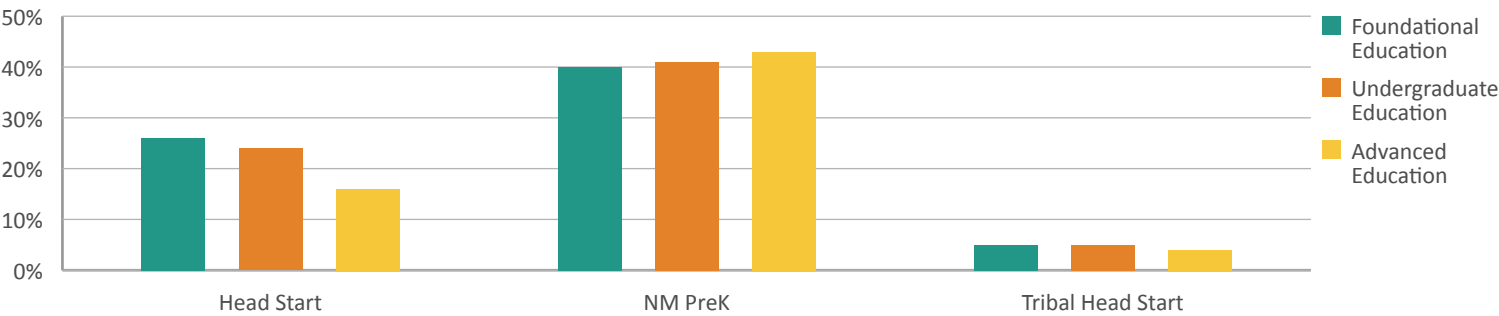
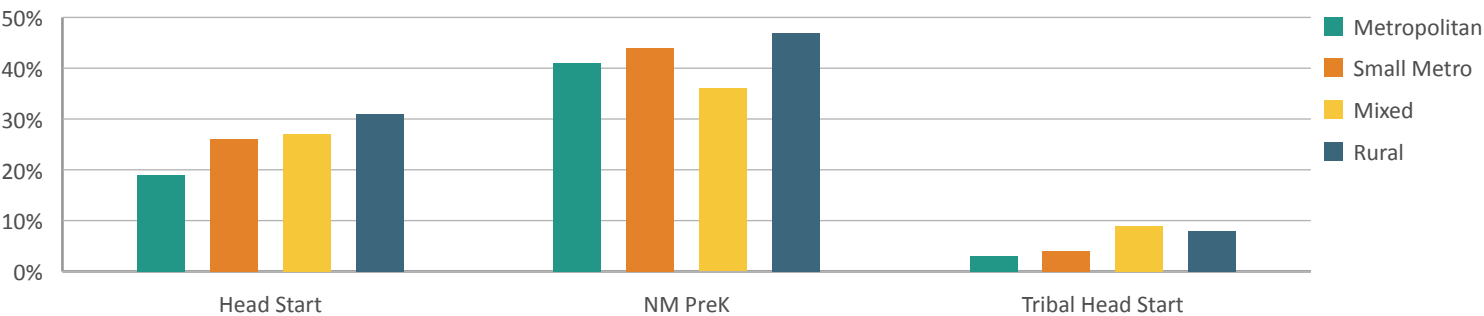


Figure 83. Usage of preschool programs by location, 2025



## Appendix 7. List of Figures

- |    |  |    |  |
|----|--|----|--|
| 11 | <b>Figure 1:</b> Families using child care reporting improved well-being   | 23 | <b>Figure 16:</b> Percentage of respondents who indicated at least some awareness of programs by race/ethnicity, 2023 (n= 2495)  |
| 11 | <b>Figure 2:</b> Three most valuable things to families about child care   | 24 | <b>Figure 17:</b> Location of respondents by race/ethnicity, 2025 (n= 3449)  |
| 12 | <b>Figure 3:</b> Do you and your family have additional needs that aren't being met by the child care services you use?  | 25 | <b>Figure 18:</b> Difference between the highest and lowest levels of awareness of programs by location type of respondents by year 2023-2025 (n 2023= 3495, n 2024= 3199, n 2025= 3449) |
| 13 | <b>Figure 4:</b> The most valuable things to families about NM PreK  | 26 | <b>Figure 19:</b> Percentage of respondents who indicated at least some awareness of programs by geography, 2025 (n= 3449)   |
| 13 | <b>Figure 5:</b> Families using NM PreK reporting improved well-being  | 26 | <b>Figure 20:</b> Percentage of respondents who indicated at least some awareness of programs by geography, 2024 (n= 3201)   |
| 15 | <b>Figure 6:</b> Families using FIT Program reporting improved well-being  | 27 | <b>Figure 21:</b> Percentage of respondents who indicated at least some awareness of programs by geography, 2023 (n= 3495)   |
| 16 | <b>Figure 7:</b> The three most valuable things to families about FIT  | 27 | <b>Figure 22:</b> Percentage of respondents who indicated at least some awareness of programs by household income, 2025 (n= 3449)  |
| 16 | <b>Figure 8:</b> Does your family have needs that aren't being met by the family support and early intervention services you use?  | 28 | <b>Figure 23:</b> Percentage of respondents who indicated at least some awareness of programs by household income, 2024 (n= 3201)  |
| 17 | <b>Figure 9:</b> Families using Home Visiting reporting improved well-being  | 28 | <b>Figure 24:</b> Percentage of respondents who indicated at least some awareness of programs by household income, 2023 (n= 3495)  |
| 17 | <b>Figure 10:</b> The three most valuable things to families about Home Visiting:  | 30 | <b>Figure 25:</b> Percentage of respondents who indicated at least some awareness of programs by educational attainment, 2025 (n= 3449)  |
| 18 | <b>Figure 11:</b> Does your family have needs that aren't being met by the family support and early intervention services you use?   | 30 | <b>Figure 26:</b> Percentage of respondents who indicated at least some awareness of programs by educational attainment, 2024 (n= 3201)  |
| 20 | <b>Figure 12:</b> Average familiarity scores for selected early childhood programs, 2022-2025 (n 2022= 1549, n 2023= 3495, n 2024= 3199, n 2025= 3449)                       | 30 | <b>Figure 27:</b> Percentage of respondents who indicated at least some awareness of programs by educational attainment, 2023 (n= 3495)  |
| 20 | <b>Figure 13:</b> Percentage of respondents who have basic awareness of selected early childhood programs 2022-2025 (n 2022= 1549, n 2023= 3495, n 2024= 3199, n 2025= 3449) | 31 | <b>Figure 28:</b> Source of knowledge about programs (all programs combined), 2023 -2025 (n 2023= 3495, n 2024= 3201, n 2025= 3495)  |
| 22 | <b>Figure 14:</b> Percentage of respondents who indicated at least some awareness of programs by race/ethnicity, 2025 (n= 3449)  |    |  |
| 23 | <b>Figure 15:</b> Percentage of respondents who indicated at least some awareness of programs by race/ethnicity, 2024 (n= 3199)  |    |  |



- 34** **Figure 29:** Increase in family well-being from participating in ECECD administered key program and service areas (child care services, NM PreK, FIT, and Home Visiting), 2022-2025
- 35** **Figure 30:** Percentage of respondents reporting positive impacts on family well-being due to participation in a program or service, 2022 - 2025
- 39** **Figure 31:** Respondents indicating they have additional needs that aren't being met by the early childhood services currently used, 2022-2025
- 43** **Figure 32:** Child care services, the three most valuable aspects, 2023-2025 (n 2023= 2273, n 2024= 2320, n 2025= 2113)
- 44** **Figure 33:** Child care services, areas of improvement, and reasons for lack of access 2023-2025 (No access: n 2023= 863, n 2024= 746, n 2025= 558; Improvements: n 2023= 2273, n 2024= 2320, n 2025= 2113)
- 47** **Figure 34:** Preschool – Most valuable aspects of preschool services, by program, 2025 (n Head Start 2025= 683 ,n NM PreK 2025= 1406, n Tribal Head Start 2025= 167)
- 48** **Figure 35:** Preschool, areas of improvement, and reasons for lack of access, 2024 and 2023 (No access: n 2023= 657, n 2024= 532, n 2025= 517; Improvements: n 2023= 2100, n 2024= 1984, n 2025= 2185)
- 51** **Figure 36:** Most valuable aspects of the Family Infant Toddler (FIT) program 2025 (n= 491)
- 52** **Figure 37:** Most valuable aspects of the Home Visiting program 2025 (n= 629)
- 54** **Figure 38:** Most valuable aspects of the Families FIRST program 2025 (n= 331)
- 56** **Figure 39:** Family support and early intervention services, areas of improvement, and reasons for lack of access, 2024 and 2023 (No access: n 2023= 462, n 2024= 439, n 2025= 386; Improvements: n 2023= 1430, n 2024= 1316, n 2025= 1526)
- 58** **Figure 40:** Program-level net promoter score comparison, 2022-2025 (n 2022= 1549, n 2023= 3495, n 2024= 3201, n 2025= 3449)
- 61** **Figure 41:** Basic needs across child care, housing, health, and food insecurity experienced by responding New Mexican families with children aged birth to five, from 2022 to 2025 (n 2022= 1549, n 2023= 3495, n 2024= 3201, n 2025= 3449)
- 64** **Figure 42:** Languages spoken by monolingual speakers, 2025 (n= 2185)
- 65** **Figure 43:** Frequency of languages spoken for speakers of two or more languages, 2025 (n= 1214)
- 66** **Figure 44:** Percentage of respondents using programs indicating that one of the most valuable aspects of the program was that the information about this program was communicated in a way I could easily understand, 2025
- 66** **Figure 45:** Most valuable aspects of programs: The information about this program was communicated in a way I could easily understand, 2024 and 2025
- 66** **Figure 46:** Improvements to programs: The information about this program was communicated in a way I could not fully understand, 2024 and 2025
- 67** **Figure 47:** Barriers to accessing programs: The information about this program was communicated in a way I could not fully understand, 2024 and 2025
- 67** **Figure 48:** Those experiencing disability 2025 (n= 520)
- 68** **Figure 49:** Types of disability identified by child and adult, 2025 (n= 520)
- 68** **Figure 50:** Percentage of racial/ethnic group reporting at least one disability in family with child(ren) birth to five, 2024-2025
- 68** **Figure 51:** Percentage of income group reporting at least one disability in family with child(ren) birth to five, 2024-2025
- 69** **Figure 52:** Percentage of educational attainment group reporting at least one disability in family with child(ren) birth to five, 2024-2025
- 69** **Figure 53:** Percentage of location type group reporting at least one disability in a family with child(ren) birth to five, 2024-2025
- 75** **Figure 54:** Number of survey responses by county in New Mexico

76	<b>Figure 55:</b> 2025 Survey responses by geographical area compared to the NM population from ACS 2023 5-year estimates	129	<b>Figure 71:</b> Usage of family support and early intervention programs by location, 2025
77	<b>Figure 56:</b> Survey respondents' (n=3449) role, or relationship to children as parents or caregivers, 2025	129	<b>Figure 72:</b> Usage of food support programs, 2025
78	<b>Figure 57:</b> Representativeness of survey sample by race/ethnicity compared to NM population race/ethnicity as reported in ACS 2023 5-year estimates	129	<b>Figure 73:</b> Usage of food support programs by race/ethnicity, 2025
78	<b>Figure 58:</b> Survey responses by income, detailed, 2025	130	<b>Figure 74:</b> Usage of food support programs by household income, 2025
79	<b>Figure 59:</b> Representativeness of survey sample by income compared to income of NM families as reported in the ACS 2023 1-5 year estimates, 2025	130	<b>Figure 75:</b> Usage of food support programs by poverty levels, 2025
79	<b>Figure 60:</b> Representativeness of survey responses by poverty level threshold, 2025	130	<b>Figure 76:</b> Usage of food support programs by educational attainment, 2025
80	<b>Figure 61:</b> Survey responses by educational attainment, 2025	130	<b>Figure 77:</b> Usage of food support programs by location, 2025
80	<b>Figure 62:</b> Representativeness of survey sample by aggregate educational attainment of parents, 2025	131	<b>Figure 78:</b> Usage of preschool programs, 2025
80	<b>Figure 63:</b> Survey responses by household size, 2025	131	<b>Figure 79:</b> Usage of preschool programs by race/ethnicity, 2025
80	<b>Figure 64:</b> Survey responses by number of children under 18 currently living in the household, 2025	131	<b>Figure 80:</b> Usage of preschool programs by household income, 2025
81	<b>Figure 65:</b> Survey responses by number over all demographic categories, programs and service areas, 2025	131	<b>Figure 81:</b> Usage of preschool programs by poverty levels, 2025
128	<b>Figure 66:</b> Family support and early intervention programs usage, 2025	132	<b>Figure 82:</b> Usage of preschool programs by educational level, 2025
128	<b>Figure 67:</b> Usage of family support and early intervention programs by race/ethnicity, 2025	132	<b>Figure 83:</b> Usage of preschool programs by location, 2025
128	<b>Figure 68:</b> Usage of family support and early intervention programs by household income, 2025		
128	<b>Figure 69:</b> Usage of family support and early intervention programs by poverty levels, 2025		
129	<b>Figure 70:</b> Usage of family support and early intervention programs by educational attainment, 2025		

## Appendix 8. List of Tables

86	<b>Table 1.</b> Child care services most valuable aspects open-ended findings	106	<b>Table 19.</b> Most valuable aspects of Preschool programs used by respondents (reported as percent of respondents who reported using the program), 2025
87	<b>Table 2.</b> The Child Care Assistance Program most valuable aspects open-ended findings	106	<b>Table 20.</b> Most valuable aspects of Families FIRST program used by respondents (reported as percent of respondents who reported using the program), 2025
87	<b>Table 3.</b> Special Education most valuable aspects open-ended findings	107	<b>Table 21.</b> Most valuable aspects of Family, Infant, Toddler FIT program used by respondents (reported as percent of respondents who reported using the program), 2025
88	<b>Table 4.</b> Food support services most valuable aspects open-ended findings	107	<b>Table 22.</b> Most valuable aspects of Home Visiting programs used by respondents (reported as percent of respondents who reported using the program), 2025
89	<b>Table 5.</b> Child care services, areas of improvement open-ended findings	108	<b>Table 23.</b> Areas of improvement for programs used by respondents (reported as percent of respondents who reported using the program), 2025
90	<b>Table 6.</b> Preschool services, areas for improvements open-ended findings	108	<b>Table 24.</b> Reasons respondents could not access programs and services (reported as percent of respondents who reported not having access) 2025
92	<b>Table 7.</b> The Child Care Assistance Program, areas for improvements open-ended findings	112	<b>Table 25.</b> Difference in reasons respondents could not access programs and services (reported as percentage point difference) between 2024 and 2025
93	<b>Table 8.</b> Special Education, areas for improvements open-ended findings	113	<b>Table 26.</b> Trends in racial/ethnic differences in usage of types of programs by race/ethnicity, 2022-2025
94	<b>Table 9.</b> Family support and early intervention services, areas for improvements open-ended findings	113	<b>Table 27.</b> Comparison of 2022–2025 needs experienced by respondents in the past 12 months, reported as percent of respondents experiencing need
95	<b>Table 10.</b> Food support services, areas for improvements open-ended findings	114	<b>Table 28.</b> Thematic analysis of open-ended needs responses
97	<b>Table 11.</b> Child care services, barriers to access open-ended findings	117	<b>Table 29.</b> Parent and caregiver reflections on the impact of Head Start on their families
98	<b>Table 12.</b> Preschool services, barriers to access open-ended findings	118	<b>Table 30.</b> Parent and caregiver reflections on the impact of New Mexico PreK on their families
99	<b>Table 13.</b> The Child Care Assistance Program, barriers to access open-ended findings	121	<b>Table 31.</b> Parent and caregiver reflections on the impact of Tribal Head Start on their families
101	<b>Table 14.</b> Special Education services, barriers to access open-ended findings		
102	<b>Table 15.</b> Family support and early intervention services, barriers to access open-ended findings		
103	<b>Table 16.</b> Food support services, barriers to access open-ended findings		
105	<b>Table 17.</b> Percentage of respondents who indicated at least some awareness of programs in relation to poverty levels, 2025		
105	<b>Table 18.</b> Most valuable aspects of programs used by respondents (reported as percent of respondents who reported using the program), 2025		

122	<b>Table 32.</b> Parent and caregiver reflections on the impact of Early Head Start on their families
124	<b>Table 33.</b> Parent and caregiver reflections on the impact of the Family Infant Toddler Program on their families
125	<b>Table 34.</b> Parent and caregiver reflections on the impact of the Families FIRST Program on their families
127	<b>Table 35.</b> Parent and caregiver reflections on the impact of Home Visiting on their families
72	<b>Table 36.</b> Outreach and Research Timeline, 2025
74	<b>Table 37.</b> Survey outreach and distribution activities, 2025





## Appendix 9. Glossary of Terms

This glossary provides clear definitions of key terms, programs, and service areas used throughout the Family Engagement and Satisfaction Survey Report. It is designed to help readers understand how ECECD describes and measures early childhood programs, family experiences, and system-wide outcomes. The glossary supports transparency, accessibility, and consistency—ensuring that all readers, from families to policymakers, can interpret the report’s findings with confidence and clarity.

### Core Survey and Data Terms

#### High-quality responses

Responses that were rigorously screened and verified to ensure participants were parents or caregivers of children aged birth to five living in New Mexico. This ensures findings accurately reflect the families ECECD serves.

#### Basic Needs

A section of the survey that captures how worried respondents’ are about meeting their families’ essential needs such as child care, food, housing, and health care, highlighting barriers to stability and well-being.

#### Basic needs: any concern reported

(Rarely, Sometimes, Often, or Always combined): Respondents who reported at least occasional concern about a particular need, including those who worried once or twice in the past year as well as those facing ongoing, persistent challenges.

#### Basic needs: chronic insecurity

Families who reported worrying about meeting their families’ basic needs often or always within the past 12 months.

#### Child Care Insecurity

Child care insecurity refers to families’ difficulty accessing or maintaining the child care they need to support their children and household stability. In the survey, it is measured by how often families worried about missing work, finding care, or meeting their child’s care needs.

#### Food Insecurity

Food insecurity refers to families’ difficulty consistently accessing enough nutritious food for all household members. In the survey, it is measured by how often families worried about running out of food or having insufficient resources to purchase more.

#### Housing Insecurity

Housing insecurity describes families’ difficulty securing safe, consistent, and affordable housing. In the survey, it is measured by how often families worried about losing housing, being unable to pay rent or mortgage, or needing to move because of financial strain.

#### Health Care Insecurity

Health care insecurity refers to families’ challenges accessing needed medical care, health insurance, or support for maintaining family health. In the survey, it is measured by how often families worried about affording care, lacking insurance coverage, or being unable to access health services when needed.

#### Net Promoter Score (NPS)

A measure of family satisfaction and advocacy. Families rate how likely they are to recommend a program to others on a scale of 0 to 10. Scores are used to calculate overall satisfaction and loyalty.

#### Promoters / Detractors

Categories within the NPS scale. Promoters rate a program 9 or 10, indicating strong satisfaction and willingness to recommend. Detractors rate 0–6, indicating lower satisfaction or barriers to access.

#### Focus groups

Small, structured discussions with families used to test survey questions, ensuring they are clear, culturally appropriate, and relevant.

#### Qualtrics

The secure digital platform used to administer and manage the Family Engagement and Satisfaction Survey since 2023.

#### Embedded data

Information collected automatically within the survey platform (such as IP Addresses or device identifiers) to verify that responses are authentic.

#### Fraud scores / Captcha scores

Data quality tools used to prevent invalid or automated survey submissions, protecting the accuracy of the survey results.

### Programs

#### Child Care Assistance Program (CCAP)

A program that helps income-eligible families pay for child care while parents work, attend school, or look for

employment. The program supports access to licensed and registered child care providers and aims to make quality care affordable for all New Mexico families.

### **Early Head Start (EHS)**

A federally funded program serving pregnant women, infants, and toddlers up to age three. Early Head Start promotes healthy prenatal outcomes, early learning, and family well-being through home- and center-based services that include developmental screenings, health and nutrition supports, and parent education.

### **Families FIRST**

A case management program whose care coordinators are registered nurses that serves Medicaid-eligible pregnant women and families with children aged 0–3. Families FIRST supports healthy pregnancies, early developmental screening, and connects families with services such as Home Visiting and the Family Infant Toddler (FIT) Program.

### **Family Infant Toddler (FIT) Program**

New Mexico's early intervention system (Part C) for children from birth to age three who have, or are at risk for, developmental delays or disabilities. FIT services help families support their child's growth through individualized, family-centered plans that emphasize collaboration between families and professionals.

### **Head Start (HS)**

A federally funded comprehensive preschool program for children ages 3–5 and their families. Head Start promotes early learning, and family well-being through home- and center-based services that include developmental screenings, health and nutrition supports, and parent education.

### **Home Visiting**

A program for families with young children, prenatal to age five. Home visitors provide individualized guidance on parenting, child development, health, and safety while connecting families to community resources.

### **New Mexico PreK (NM PreK and Tribal PreK)**

A voluntary preschool program for three- and four-year-old children designed to increase school readiness funded by the State of New Mexico through ECECD. NM PreK is offered in community-based, Tribal, and public-school settings and focuses on early literacy, math, social-emotional development, and family engagement.

### **Special Education services**

A system that provides early intervention and educational services for children ages 3–5 with identified disabilities

or developmental delays, under the Individuals with Disabilities Education Act (IDEA) Part B. These services support inclusion, individualized learning, and readiness for kindergarten.

### **Tribal Head Start**

A federally funded comprehensive preschool program designed and operated by New Mexico's Tribes, Pueblos, and Nations in collaboration with ECECD and the Office of Head Start to provide culturally and linguistically responsive early learning, health, and family support services for Native children and families.

### **Women, Infants, and Children (WIC)**

The Special Supplemental Nutrition Program for Women, Infants, and Children provides nutritious foods, breastfeeding support, and nutrition education for income-eligible pregnant, postpartum, and breastfeeding women, infants, and children under age five. WIC promotes healthy development and strengthens family health and nutrition.

## **Service Areas**

### **Child care services**

Child care is a foundational part of New Mexico's early childhood system, providing safe, nurturing, and high-quality environments where children can learn and grow while families work, attend school, or pursue training. This service area includes all licensed and registered home- and center-based care options for children from 6 weeks to 13 years old in New Mexico.

### **Family support and early intervention services**

Family support and early intervention services work together to strengthen family well-being, support early development, and connect families with health, education, and community resources. This service includes the Home Visiting, Family Infant Toddler (FIT) Program, and Families FIRST programs.

### **Preschool services**

Preschool services offer early learning experiences for children ages 3–5 that support school readiness and whole-child development. The preschool service area includes the New Mexico PreK, Head Start, Tribal PreK programs, as well as community-based preschool programs.

### **Food and Nutrition Programs**

Food and Nutrition Programs ensure that New Mexico's young children and families have access to healthy, nourishing meals year-round. This service area includes the Child and Adult Care Food Program (CACFP), the Summer



Food Service Program (SFSP), the Supplemental Nutrition Assistance Program (SNAP), and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) programs.

## Equity and Accessibility Terms

### Language and Communication Access Plan (LCAP)

ECECD's framework for ensuring that all families can understand and participate in programs and services regardless of language or communication barriers. LCAP is guided by Title VI of the Civil Rights Act and the Americans with Disabilities Act.

### Accessibility

The degree to which all families can easily understand, navigate, and use early childhood programs and services, including those with disabilities or who speak languages other than English.

### Multilingual respondents

Families who indicated speaking more than one language at home, reflecting New Mexico's linguistic diversity and cultural strength.

### Disability inclusion

ECECD's commitment to ensuring that children and families with disabilities can fully participate in and benefit from early childhood programs and supports.



## Appendix 10. Survey Instrument

### **New Mexico Early Childhood Family Engagement and Satisfaction Survey**

**Share your voice to shape early childhood services in New Mexico.**

Do you care for a child (or more than one child!) 5 years old or younger?  
We want to hear from you!

By answering this short survey, you can help improve programs that support families in your community. The New Mexico Family Engagement and Satisfaction Survey from the Early Childhood Education and Care Department (ECECD) helps us learn how families use early childhood programs.

Your answers will help improve:

Language support, diverse materials, and financial help  
The number of programs available in different communities  
Access to programs for children with disabilities or developmental delays  
How families learn about these programs

How it works:

You must care for a child ages 0–5 and live in New Mexico to take the survey.  
The survey takes about 10–15 minutes.  
At the end, you can choose to enter your contact information to get a \$10 electronic gift card if your response qualifies.

Thank you for sharing your experience!

1. Please choose the language in which you would like to take the survey.
  - a. English
  - b. Español
  - c. Tiếng Việt
2. Do you identify as a parent, legal guardian, or primary caregiver for at least one child age five or younger?
  - a. Yes
  - b. No
3. Do you currently live in New Mexico?
  - a. Yes
  - b. No

If you answered YES to BOTH questions, please continue with survey on next page.

If you answered NO to EITHER question, please do not complete the survey. Thank you for your time.

4. How many children five years old or younger currently live in your household?
  - a. 0
  - b. 1
  - c. 2
  - d. 3
  - e. 4
  - f. 5
  - g. 6 or more

5. How many children between six and 13 years old currently live in your household?
  - a. 0
  - b. 1
  - c. 2
  - d. 3
  - e. 4
  - f. 5
  - g. 6 or more
6. How many children between 14 and 17 years old currently live in your household?
  - a. 0
  - b. 1
  - c. 2
  - d. 3
  - e. 4
  - f. 5
  - g. 6 or more

### **Awareness of Early Childhood Programs and Services**

Please rate your familiarity with the following programs and services using the five-point scale below. Then, answer any questions that follow.

7. Child Care Assistance program
  - a. 1 - I have never heard of the program and know nothing about the services it provides.
  - b. 2
  - c. 3 - I have heard of the program and know basic information about the services it provides.
  - d. 4
  - e. 5 - I am very familiar with the program and the services it provides.
8. Early Head Start program
9. Families FIRST program
10. Family Infant Toddler program
11. Head Start program
12. Home visiting program
13. New Mexico PreK program
14. Special Education services programs
15. Women, Infants and Children (WIC) program

If all programs and services rated 1, then go to Question 16.

If any programs and services are rated 2-5, then go to the next question.

16. Where did you learn about the Child Care Assistance Program? Choose all that apply.
  - a. Child care organization
  - b. Community organization
  - c. Friends or family members
  - d. Health care provider
  - e. Internet search

- f. Local school
  - g. Moments Together website ([www.momentsnm.org](http://www.momentsnm.org))
  - h. Newspaper or magazine
  - i. Radio
  - j. Social media
  - k. Television
  - l. I do not remember
  - m. Other
17. From which community organization did you hear about the Child Care Assistance Program?
  18. Please indicate from which other source you learned about the Child Care Assistance Program.
  19. Where did you learn about the Early Head Start program? Choose all that apply.
  20. From which community organization did you hear about the Early Head Start program?
  21. Please indicate from which other source you learned about the Early Head Start program.
  22. Where did you learn about the Families FIRST program? Choose all that apply.
  23. From which community organization did you hear about the Families FIRST program?
  24. Please indicate from which other source you learned about the Families FIRST program.
  25. Where did you learn about the Family Infant Toddler program? Choose all that apply.
  26. From which community organization did you hear about the Family Infant Toddler (FIT) program?
  27. Please indicate from which other source you learned about the Family Infant Toddler (FIT) program.
  28. Where did you learn about the Head Start program? Choose all that apply.
  29. From which community organization did you hear about the Head Start program?
  30. Please indicate from which other source you learned about the Head Start program.
  31. Where did you learn about the home visiting program? Choose all that apply.
  32. From which community organization did you hear about the home visiting program?
  33. Please indicate from which other source you learned about the home visiting program.
  34. Where did you learn about the New Mexico PreK program? Choose all that apply.
  35. From which community organization did you hear about the New Mexico PreK program?
  36. Please indicate from which other source you learned about the New Mexico PreK program.

37. Where did you learn about Special education services? Choose all that apply.
38. From which community organization did you hear about Special education services programs?
39. Please indicate from which other source you learned about Special education services programs.
40. Where did you learn about the Women, Infants and Children (WIC) program? Choose all that apply.
41. From which community organization did you hear about the Women, Infants and Children (WIC) program?
42. Please indicate from which other source you learned about the Women, Infants and Children (WIC) program.

Please click the check mark below to continue.

### *Preschool Programs*

Preschool programs include services provided by:

- After school programs (for five-year-old children)
  - Child care centers (both non-profit and for-profit)
  - Head Start
  - In-home child care providers (including licensed family care providers or registered providers)
  - New Mexico PreK
  - Tribal Head Start or preschool programs
1. Have you used preschool programs to meet the needs of you and your children age five or younger?
  2. Please indicate if your children have participated in any of the listed programs. Choose all that apply. If your child(ren) has not participated in any of the PreK programs listed below, leave the responses blank.
    - a. Head Start
    - b. New Mexico PreK
    - c. Tribal Head Start or preschool program
  3. Does your child(ren) attend a half-day, full-day or full-day plus PreK program?
    - a. Half-day (3-4 hours per day)
    - b. Full-day (6.5-7 hours per day)
    - c. Full-day plus (6.5-8 hours per day)
    - d. I am not sure
  4. How many of your child(ren) attended the half-day (3-4 hours per day) PreK program?
    - a. 1
    - b. 2
    - c. 3
    - d. 4
    - e. 5
    - f. More than 5
  5. How many of your child(ren) attended the full-day (6.5-7 hours per day) PreK program?
    - a. 1
    - b. 2
    - c. 3

- d. 4
  - e. 5
  - f. More than 5
6. How many of your child(ren) attended the full-day plus (6.5-8 hours per day) PreK program?
- a. 1
  - b. 2
  - c. 3
  - d. 4
  - e. 5
  - f. More than 5

For each program selected, complete the following questions. If you selected none, please go to Question 34.

7. How likely are you to recommend the Head Start program to another family? (1=not at all likely, 10=extremely likely)
8. How has the Head Start program impacted your family's well-being?
9. How likely are you to recommend the New Mexico PreK program to another family? (1=not at all likely, 10=extremely likely)
10. How has the New Mexico PreK program impacted your family's well-being?
11. How likely are you to recommend the Tribal Head Start or preschool program to another family? (1=not at all likely, 10=extremely likely)
12. How has the Tribal Head Start or preschool program impacted your family's well-being?
13. What was most valuable to your family about the preschool programs you used? Choose all that apply.
- a. Feeling more confident in my ability to help my child develop and learn
  - b. Building a trusting relationship with the person who visits me regularly to address my concerns about my child
  - c. Feeling more connected to my child as I learn how to help him/her/them in new ways
  - d. Learning to communicate my child's needs to important people in his/her/their life such as teachers, care providers, and doctors
  - e. Watching my child make progress
  - f. Being able to go places and do things with my child that it was too hard to do before
  - g. Meeting other parents who have similar experiences to mine
  - h. Having an easier time helping my child participate in daily routines like eating, sleeping, playing, and going places
  - i. Getting the help I need in the places and during the times that are best for my family
  - j. Learning new things from the people who visit me regularly
14. Please indicate anything else not mentioned above that was valuable to your family about the preschool programs you used.
15. What could have been improved about the preschool programs you used? Choose all that apply.
- a. I felt judged for using these services
  - b. I had to wait too long to use services my family needed

- c. I had trouble getting transportation to use the services
  - d. It takes too much time to use the services in my area
  - e. Signing up for the services was too complex or time consuming
  - f. The services did not offer before- and after-school care options
  - g. The services were expensive
  - h. The services were not responsive to my family's language or culture
  - i. The services were offered at inconvenient times
  - j. No improvements are necessary
  - k. Other
16. Please indicate anything else not mentioned above that could have been improved about the preschool programs you used.
17. Do you and your family have additional needs for preschool programming that aren't being met by the services you currently use?
18. Have you and your family needed preschool programs but been unable to access them?
19. What has prevented you from accessing all the preschool programming your family needs? Choose all that apply.
- a. I am not aware of services like this in my area
  - b. I do not have access to transportation needed to use the service
  - c. I do not have time to use the services available in my area
  - d. I do not think the service would improve my family's well-being
  - e. I would feel judged for using these services
  - f. Signing up for the services is too complex or time consuming
  - g. The services are not offered at a time my family can use them
  - h. The services are not responsive to my family's language or culture
  - i. The services are too expensive
  - j. The services did not provide before- and after-school care options
  - k. Wait times to use the services are too long
  - l. Other
20. Please indicate any reason not mentioned above that prevented you from accessing preschool programs.

### *Family Support and Early Intervention Services*

Family support and early intervention services help caretakers ensure they have the resources and support needed to ensure their child(ren)'s healthy learning and development. Family support and early intervention programs include:

- Early Head Start programs serve children under the age of three and pregnant women, providing child development and family support services to low-income families.
- The Family Infant Toddler (FIT) program provides professional evaluation of a child's development and a family services coordinator who connects families with resources to enhance a child's learning and development.
- The Families FIRST program connects families with a nurse in their area who provides support, advice, and connections to resources through a child's first three years of life.

- Home visiting programs provide trained professionals who come to families' homes to provide parenting support and information, answers to parenting questions, and connections to resources.
1. Have you used any of the family support and early intervention services listed above to meet the needs of you and your children age five or younger?
  2. Which family support and early intervention services have you used?
    - a. Early Head Start program
    - b. Family Infant Toddler (FIT) program
    - c. Families FIRST program
    - d. Home visiting program
  3. How likely are you to recommend the Early Head Start program to another family? (1=not at all likely, 10=extremely likely)
  4. How has the Early Head Start program impacted your family's well-being?
  5. How likely are you to recommend the Family Infant Toddler (FIT) program to another family? (1=not at all likely, 10=extremely likely)
  6. How has the Family Infant Toddler (FIT) program impacted your family's well-being?
  7. What was most valuable to your family about the Early Head Start services you used? Choose all that apply.
    - a. Feeling more confident in my ability to help my child develop and learn
    - b. Building a trusting relationship with the person who visits me regularly to address my concerns about my child
    - c. Feeling more connected to my child as I learn how to help him/her/them in new ways
    - d. Learning to communicate my child's needs to important people in his/her/their life such as teachers, care providers, and doctors
    - e. Watching my child make progress
    - f. Being able to go places and do things with my child that it was too hard to do before
    - g. Meeting other parents who have similar experiences to mine
    - h. Having an easier time helping my child participate in daily routines like eating, sleeping, playing, and going places
    - i. Getting the help I need in the places and during the times that are best for my family
    - j. Learning new things from the people who visit me regularly
  8. How likely are you to recommend the Families FIRST program to another family? (1=not at all likely, 10=extremely likely)
  9. How has the Families FIRST program impacted your family's well-being?
  10. How likely are you to recommend the home visiting program to another family? (1=not at all likely, 10=extremely likely)
  11. What was most valuable to your family about the Families FIRST program? Choose all that apply.
    - a. Provide a go to support system during pregnancy
    - b. Nurses perform holistic assessments to ensure all areas of need are addressed in plan of care
    - c. Nurses provide education and support regarding health, nutrition and nurturing their child/ren
    - d. Nurses provide education and support on medical complexities they or their child/ren may be experiencing
    - e. Nurses provide education and support on breastfeeding and lactation
    - f. Nurses provide education and support on safe sleep practices for their newborn
    - g. Nurses perform developmental and socioemotional screenings to identify any potential or present developmental benchmarks and/or delays
    - h. Nurses provide support and guidance on positive parenting skills and interactions to ensure a healthy and happy environment
    - i. Nurses perform postpartum/depression screenings and provide support and guidance during postpartum period
    - j. Nurses connect families to resources within their communities to address their unique needs
  12. How likely are you to recommend Home Visiting to another family?
  13. How has the home visiting program impacted your family's well-being?
  14. What was most valuable to your family about Home Visiting? Choose all that apply.
    - a. Home visitors meet families where they're at, providing support tailored to the individual needs
    - b. Provide guidance on a Safe Sleep environment for families
    - c. Connect families to prenatal care to ensure babies are born healthy
    - d. Post-partum care and depression screenings
    - e. Developmental screening to help families identify developmental benchmarks and/or delays
    - f. Encourage and promote positive parenting interactions and skills
    - g. Breastfeeding and lactation support
    - h. Support families to ensure children are prepared and ready for school
    - i. Injury prevention and safety plans to keep families safe
    - j. Connecting families to formal and informal supports in the community
  15. Please indicate anything else not mentioned above that was valuable to your family about the family support and early intervention services you used.
  16. What could have been improved about the family support and early intervention services you used? Choose all that apply.
    - a. I felt judged for using these services
    - b. I had to wait too long to use services my family needed
    - c. I had trouble getting transportation to use the services
    - d. It takes too much time to use the services in my area
    - e. Signing up for the services was too complex or time consuming
    - f. The services did not offer before- and after-school care options
    - g. The services were expensive
    - h. The services were not responsive to my family's language or culture
    - i. The services were offered at inconvenient times
    - j. No improvements are necessary
    - k. The information about this program was communicated in a way I could not fully access
    - l. Other



17. Please indicate anything else not mentioned above that could have been improved about the family support and early intervention services you used.
18. Do you and your family have additional needs for family support and early intervention services that aren't being met by the services you currently use?
19. Have you and your family needed family support and early intervention services but been unable to access them?
20. What has prevented you from accessing all the family support and early intervention services your family needs? Choose all that apply.
  - a. I am not aware of services like this in my area
  - b. I do not have access to transportation needed to use the service
  - c. I do not have time to use the services available in my area
  - d. I do not think the service would improve my family's well-being
  - e. I would feel judged for using these services
  - f. Signing up for the services is too complex or time consuming
  - g. The services are not offered at a time my family can use them
  - h. The services are not responsive to my family's language or culture
  - i. The services are too expensive
  - j. The services did not provide before- and after-school care options
  - k. Wait times to use the services are too long
  - l. The information about this program was communicated in a way I could not fully access
  - m. Other
21. Please indicate any reason not mentioned above that prevented you from accessing family support and early intervention services.
3. What was most valuable to your family about the child care services you used? Choose all that apply.
  - a. I did not feel judged for using these services
  - b. I was able to use services when my family needed them
  - c. It does not take much time to use the services in my area
  - d. It was easy to get transportation to use the services
  - e. Signing up for the services was easy
  - f. The services are responsive to my family's language or culture
  - g. The services provided before- and after-school care options
  - h. The services were affordable
  - i. The services were offered at convenient times
  - j. The services did not help my family
  - k. The information about this program was communicated in a way I could fully access
  - l. Other
4. Please indicate anything else not mentioned above that was valuable to your family about the child care services you used.
5. What could have been improved about the child care services you used? Choose all that apply.
  - a. I felt judged for using these services
  - b. I had to wait too long to use services my family needed
  - c. I had trouble getting transportation to use the services
  - d. It takes too much time to use the services in my area
  - e. Signing up for the services was too complex or time consuming
  - f. The services did not offer before- and after-school care options
  - g. The services were expensive
  - h. The services were not responsive to my family's language or culture
  - i. The services were offered at inconvenient times
  - j. No improvements are necessary
  - k. The information about this program was communicated in a way I could not fully access
  - l. Other
6. Please indicate anything else not mentioned above that could have been improved about the child care services you used.
7. Do you and your family have additional needs for child care services for your children age five or under that aren't being met by the services you currently use?
8. Have you and your family needed child care services for your children age five or under but been unable to access them?
9. What has prevented you from accessing all the child care services your family needs? Choose all that apply.
  - a. I am not aware of services like this in my area
  - b. I do not have access to transportation needed to use the service
  - c. I do not have time to use the services available in my area
  - d. I do not think the service would improve my family's well-being
  - e. I would feel judged for using these services
  - f. Signing up for the services is too complex or time consuming
  - g. The services are not offered at a time my family can use them
  - h. The services are not responsive to my family's language or culture
  - i. The services are too expensive
  - j. The services did not provide before- and after-school care options

### Use of and Need for Early Childhood Services

This section focuses on early childhood programs and services that you and your family have used or have a need. On the following pages, please answer the questions about the indicated services.

#### Child Care Services

Child care services include child and day care centers, registered child care providers, and other child care provided outside your home. Please do not include family members who provide child care, in-home nannies, or babysitters as you answer this question.

1. Have you used child care services to meet the needs of you and your children age five or younger?

Answer questions below.

Go to Question 20.

2. How have the child care services your family has used impacted your family's well-being?
  - a. Significantly increased family well-being
  - b. Increased family well-being
  - c. No impact on family well-being
  - d. Decreased family well-being
  - e. Significantly decreased family well-being

- k. Wait times to use the services are too long
  - l. The information about this program was communicated in a way I could not fully access
  - m. Other
10. Please indicate any reason not mentioned above that prevented you from accessing child care services.
  11. Do your children age six to 13 use child care services (after school care, etc.)?
  12. Please describe any notable positive or negative experiences you had while accessing and using child care services for your children age six to 13.
  13. Have you and your family needed child care services for your children age six to 13 but been unable to access that support?
  14. Please describe any challenges or barriers that have prevented you from accessing child care services for your children age six to 13.

### Child Care Assistance Program

The Child Care Assistance Program provides subsidies to income-eligible families to pay a portion of child care costs. The subsidies are provided by the New Mexico Early Childhood Education and Care Department.

1. Have you used the Child Care Assistance Program to meet the needs of you and your children age five or younger?
2. How has the Child Care Assistance Program impacted your family's well-being?
3. How likely are you to recommend the Child Care Assistance Program to another family? (1 = not at all likely, 10 = extremely likely)
4. What was most valuable to your family about the Child Care Assistance Program? Choose all that apply.
  - a. I did not feel judged for using these services
  - b. I was able to use services when my family needed them
  - c. It does not take much time to use the services in my area
  - d. It was easy to get transportation to use the services
  - e. Signing up for the services was easy
  - f. The services are responsive to my family's language or culture
  - g. The services provided before- and after-school care options
  - h. The services were affordable
  - i. The services were offered at convenient times
  - j. The services did not help my family
  - k. The information about this program was communicated in a way I could fully access
  - l. Other
5. Please indicate anything else not mentioned above that was valuable to your family about the Child Care Assistance Program.
6. What could have been improved about the Child Care Assistance Program? Choose all that apply.
  - a. I felt judged for using these services
  - b. I had to wait too long to use services my family needed
  - c. I had trouble getting transportation to use the services
  - d. It takes too much time to use the services in my area
  - e. Signing up for the services was too complex or time consuming
  - f. The services did not offer before- and after-school care options
  - g. The services were expensive
  - h. The services were not responsive to my family's language or culture
  - i. The services were offered at inconvenient times
  - j. No improvements are necessary
  - k. The information about this program was communicated in a way I could not fully access
  - l. Other
7. Please indicate anything else not mentioned above that could have been improved about the Child Care Assistance Program.
8. Do you and your family need additional financial support to pay for child care services you're your children age five or under that isn't being provided by the Child Care Assistance Program?
9. Have you and your family needed financial support to pay for child care services for your children age five or under but been unable to access that support?
10. What has prevented you from accessing all the financial support your family needs to pay for child care services for your children age five or under? Choose all that apply.
  - a. I am not aware of services like this in my area
  - b. I do not have access to transportation needed to use the service
  - c. I do not have time to use the services available in my area
  - d. I do not think the service would improve my family's well-being
  - e. I would feel judged for using these services
  - f. Signing up for the services is too complex or time consuming
  - g. The services are not offered at a time my family can use them
  - h. The services are not responsive to my family's language or culture
  - i. The services are too expensive
  - j. The services did not provide before- and after-school care options
  - k. Wait times to use the services are too long
  - l. The information about this program was communicated in a way I could not fully access
  - m. Other
11. Please indicate any reason not mentioned above that prevented you from accessing financial support to pay for child care services for your children age five or under.
12. Do you receive subsidies from the Child Care Assistance Program to pay for child care for your children age six to 13?
13. Please describe any notable positive and/or negative experiences you had while utilizing the Child Care Assistance Program for your children age six to 13.
14. Have you and your family needed financial support to pay for child care services for your children age six to 13 but been unable to access that support?
15. Please describe any challenges or barriers that have prevented you from accessing financial support to pay for child care services for your children age six to 13.

### Special Education Services

Special education services include enrollment in programs that provide special education for your child, which may include the development of an Individualized Family Service Plan (IFSP), Individualized Education Plan (IEP), or 504 plan.

1. Have you used special education services to meet the needs of you and your children age five or younger?
2. How have the special education services your family has used impacted your family's well-being?
3. What was most valuable to your family about the special education services you used? Choose all that apply.
  - a. I did not feel judged for using these services
  - b. I was able to use services when my family needed them
  - c. It does not take much time to use the services in my area
  - d. It was easy to get transportation to use the services
  - e. Signing up for the services was easy
  - f. The services are responsive to my family's language or culture
  - g. The services provided before- and after-school care options
  - h. The services were affordable
  - i. The services were offered at convenient times
  - j. The services did not help my family
  - k. The information about this program was communicated in a way I could fully access
  - l. Other
4. Please indicate anything else not mentioned above that was valuable to your family about the special education services you used.
5. What could have been improved about the special education services you used? Choose all that apply.
  - a. I felt judged for using these services
  - b. I had to wait too long to use services my family needed
  - c. I had trouble getting transportation to use the services
  - d. It takes too much time to use the services in my area
  - e. Signing up for the services was too complex or time consuming
  - f. The services did not offer before- and after-school care options
  - g. The services were expensive
  - h. The services were not responsive to my family's language or culture
  - i. The services were offered at inconvenient times
  - j. No improvements are necessary
  - k. The information about this program was communicated in a way I could not fully access
  - l. Other
6. Please indicate anything else not mentioned above that could have been improved about the special education services you used.
7. Do you and your family have additional needs for special education services that aren't being met by the services you currently use?
8. Have you and your family needed special education services but been unable to access them?
9. What has prevented you from accessing all the special education services your family needs? Choose all that apply.
  - a. I am not aware of services like this in my area
  - b. I do not have access to transportation needed to use the service
  - c. I do not have time to use the services available in my area
  - d. I do not think the service would improve my family's well-being
  - e. I would feel judged for using these services
  - f. Signing up for the services is too complex or time consuming
  - g. The services are not offered at a time my family can use them
  - h. The services are not responsive to my family's language or culture
  - i. The services are too expensive
  - j. The services did not provide before- and after-school care options
  - k. Wait times to use the services are too long
  - l. The information about this program was communicated in a way I could not fully access
  - m. Other
10. Please indicate any reason not mentioned above that prevented you from accessing special education services.

### Food Support Services

Food support services aim to make sure every family has proper nutrition available to them. Food support services include:

- The Child and Adult Care Food Program is a federal program that provides reimbursements for meals and snacks to eligible children and adults who are enrolled at participating child care centers and family care homes.
  - The Summer Food Service Program provides nutritious meals to children during the summer months.
  - The Supplemental Nutrition Assistance Program (SNAP) is a federal program that provides food-purchasing assistance for low- and no-income people. SNAP is sometimes referred to as food stamps.
  - The Women, Infants and Children (WIC) Program provides free healthy foods, ideas for healthy eating and maintaining good health habits, support for nursing families, and connects families with other community services.
1. Have you used food support services to meet the needs of you and your children age five or younger?
  2. Which food support services have you used?
    - a. Child and Adult Care Food Program
    - b. Summer Food Service Program
    - c. Supplemental Nutrition Assistance Program (SNAP)
    - d. Women, Infants and Children (WIC) Program
  3. How likely are you to recommend the Summer Food Service Program to another family? (1=not at all likely, 10=extremely likely)
  4. How has the Summer Food Service Program impacted your family's well-being?
  5. How likely are you to recommend the Women, Infants and Children (WIC) Program to another family? (1=not at all likely, 10=extremely likely)
  6. How has the Women, Infants and Children (WIC) Program impacted your family's well-being?
  7. What was most valuable to your family about the food services you used? Choose all that apply.
  8. Please indicate anything else not mentioned above that was valuable to your family about the food support services you used.
  9. What could have been improved about the food support services you used? Choose all that apply.

10. Please indicate anything else not mentioned above that could have been improved about the food support services you used.
11. Do you and your family have additional needs for food support services that aren't being met by the services you currently use?
12. Have you and your family needed food support services but been unable to access them?
13. What has prevented you from accessing all the food support services your family needs? Choose all that apply.
14. Please indicate any reason not mentioned above that prevented you from accessing food support services.

### Other Early Childhood Needs

Are there any other services that you need to care for your children age five or younger that have not been mentioned in the previous sections? If so, please list those needs here.

If you have no additional needs, please leave this box blank and click the check mark below to proceed.

If you have no additional needs, please leave this box blank and proceed to the next question.

1. Open-ended response

### Other Household Needs

Please indicate how frequently each of the following situations occurred for you within the last 12 months.

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Always
2. The food our family bought just didn't last and we didn't have money to get more.
3. I worried whether our food would run out before we got money to buy more.
4. I worried that an adult in our family would have to miss work in order to look after a child who was not sick.
5. Finding child care was a major factor in whether or not an adult in our family was able to work outside the home.
6. I worried about getting services or support to effectively care for my child.
7. I worried that my child needed care and support that I could not provide without help.
8. I worried that our family wouldn't have a place to sleep that met our basic needs.
9. I worried about being forced to move from the place where we were living.
10. I worried that the cost of housing would force me to not buy or cut back on my family's necessities (food, clothing, etc.).

11. I worried that my family would not have access to medical care in case of illness or emergency.
12. I worried about paying for medical care in case of illness or emergency
13. My family was not covered by health insurance.

### Information About Your Household

Please provide information about your household below. Any information collected below will help understand the needs for early childhood services across the state. The answers you provide will not be used in any way to identify you.

1. What is the ZIP code of the home where you and your children primarily reside?
2. Choose the county where your home is located.
  - a. I prefer not to respond
3. How would you describe yourself? Choose all that apply.
  - a. American Indian or Alaska Native
  - b. Asian
  - c. Black or African American
  - d. Hispanic, Latino, or Spanish
  - e. White
  - f. Some other race or ethnicity
  - g. I prefer not to respond
4. Please indicate your tribal affiliation. If you are not affiliated with a tribe or choose not to respond, please leave this question blank.
5. How would you describe yourself other than the options provided in the previous question?
6. Do you speak more than one language at home?
  - a. Yes
  - b. No
  - c. Prefer not to respond
7. What is the main language you speak at home?
  - a. English
  - b. Spanish
  - c. American Sign Language (ASL)
  - d. Dine (Navajo)
  - e. Vietnamese
  - f. Mandarin Chinese
  - g. Arabic
  - h. Swahili
  - i. Other
  - j. If the main language you speak at home is not listed above, please describe it here:
8. What are the different languages you speak at home?
  - a. English
  - b. Spanish
  - c. American Sign Language (ASL)
  - d. Dine (Navajo)
  - e. Vietnamese
  - f. Mandarin Chinese
  - g. Arabic
  - h. Swahili
  - i. Other
  - j. If one of the languages you speak at home is not listed above, please describe it here:

9. What is the highest degree or level of school you have completed?
  - a. Some high school or less, no diploma received
  - b. High school diploma or GED
  - c. Some college, no degree received
  - d. Associate's degree (AA, AS, etc.)
  - e. Bachelor's degree (BA, BS, etc.)
  - f. Master's degree (MA, MS, MEng, MEd, MSW, MBA, etc.)
  - g. Professional degree (MD, DDS, DVM, LLB, JD, etc.)
  - h. Doctorate degree (PhD, EdD, etc.)
  - i. I prefer not to respond
10. How many people currently live in your household? Please provide the total number including all adults and children.
  - a. 1
  - b. 2
  - c. 3
  - d. 4
  - e. 5
  - f. 6
  - g. 7
  - h. 8
  - i. 9
  - j. 10 or more
  - k. I prefer not to respond
11. Do you, your child(ren), or another primary caregiver for your child(ren) identify as a person with a disability or other chronic condition(s)?
  - a. Yes
  - b. No
  - c. Prefer not to respond
12. How many children in your household identify as a person with disability or other chronic condition(s)?
13. If anyone in your household identify as a person with disability or other chronic condition(s), please identify who. Select all that apply
  - a. Yourself
    - i. How would you describe your disability or chronic condition(s)? Select all that apply
      1. Attention Deficit
      2. Autism
      3. Blind or visually Impaired
      4. Deaf or hard of hearing
      5. Health-related disability
      6. Learning disability
      7. Mental health conditions
      8. Mobility-related disability
      9. Speech-related disability
      10. Other
        - a. If your disability or chronic conditions is not listed above, please describe it here:
  - b. Your Children
    - i. How would you describe your child(ren)'s disability or chronic condition(s)? Select all that apply
      1. Attention Deficit
      2. Autism
      3. Blind or visually Impaired
      4. Deaf or hard of hearing
      5. Health-related disability
      6. Learning disability
7. Mental health conditions
8. Mobility-related disability
9. Speech-related disability
10. Other
  - a. If your children's disability or chronic conditions is not listed above, please describe it here:
- c. Other caregiver(s) in your household
  - i. How would you describe the other caregiver(s) in your household's disability or chronic condition(s)? Select all that apply
    1. Attention Deficit
    2. Autism
    3. Blind or visually Impaired
    4. Deaf or hard of hearing
    5. Health-related disability
    6. Learning disability
    7. Mental health conditions
    8. Mobility-related disability
    9. Speech-related disability
    10. Other
      - a. If the other caregiver(s) in your household's disability or chronic conditions is not listed above, please describe it here:
14. What is your approximate total household income, counting all sources of income from all household members?
  - a. Under \$10,000
  - b. \$10,000-19,999
  - c. \$20,000-29,999
  - d. \$30,000-39,999
  - e. \$40,000-49,999
  - f. \$50,000-59,999
  - g. \$60,000-69,999
  - h. \$70,000-79,999
  - i. \$80,000-89,999
  - j. \$90,000-99,999
  - k. \$100,000-109,999
  - l. \$110,000-119,999
  - m. \$120,000 or more
  - n. I prefer not to respond
15. Where did you hear about the New Mexico Early Childhood Family Engagement and Satisfaction Survey?
  - a. Social Media
  - b. Community Organizations
    - i. If you heard about the New Mexico Early Childhood Family Engagement and Satisfaction Survey from a community organization or a child care provider, please select from the list below:
      1. NGAGE
      2. McKinley County Early Childhood Coalition
      3. San Miguel County Coalition
      4. Other
        - i. If you heard about the New Mexico Early Childhood Family Engagement and Satisfaction Survey from another community organization or child care provider, please enter their name below:
  - c. Child care provider



- d. Friends/Family
- e. News Organizations
- f. Email
- g. Flyer
- h. Other
- i. If you heard about the New Mexico Early Childhood Family Engagement and Satisfaction Survey from another source, please describe it here:

16. If you would like to receive a \$5 gift card for participating in this survey, please indicate how you would like to receive the gift card. To receive the gift card, you will need to provide either an email address or phone number. This information will be used only for sending the gift card and will not be shared for any purposes.

- a. Email
- b. Phone
- c. I do not wish to receive a gift card

17. Optional: Please provide the email address where you would like to receive your electronic gift card.

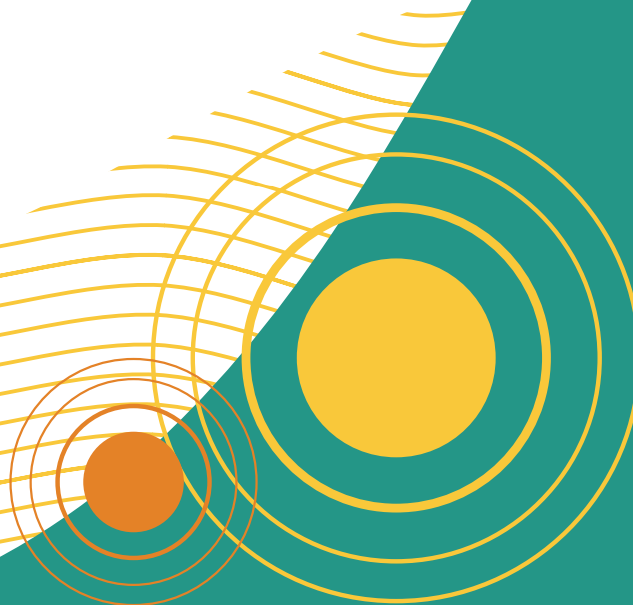
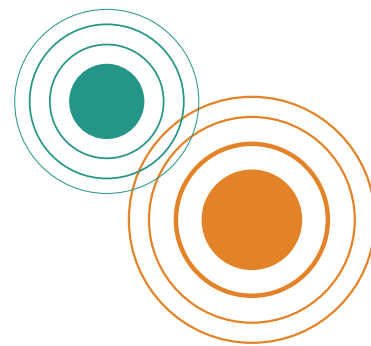
18. Or: Please provide the phone number where you would like to receive your gift card via text.

19. To receive the gift card, you will need to provide either an email address or phone number. This information will be used only for sending the gift card and will not be shared for any purposes. This is optional.

### Survey Conclusion

Thank you for completing the survey.

To learn more about early childhood programs and services offered the New Mexico Early Childhood Education and Care Department (ECECD), please visit their website at <https://www.nmececd.org/>.



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