

# Annual Outcomes Report

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**Fiscal Year 2023**

July 1, 2022 - June 30, 2023



NEW MEXICO  
**Early Childhood**  
Education & Care Department

MICHELLE LUJAN GRISHAM  
GOVERNOR

HOWIE MORALES  
LIEUTENANT GOVERNOR



ELIZABETH GROGINSKY  
CABINET SECRETARY

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CABINET SECRETARY

COTILLION SNEDDY  
ASSISTANT SECRETARY for Native  
American Early Education and Care

Dear Governor Michelle Lujan Grisham and New Mexico State Legislators,

New Mexico continues to make historic investments in early childhood care and education, firmly establishing our state as a national leader. In fiscal year 2023, New Mexico implemented the most expansive child care assistance program in the nation, administered one of the top PreK programs, and ranked number-one in early intervention. **Thanks to a bold vision and wise investments by our state's leaders, New Mexico has set the bar for what it means to build a comprehensive, aligned, and equitable prenatal-to-age five system.**

Expanding income eligibility for child care assistance to 400 percent of the federal poverty level and waiving copayments for eligible families has led to 4,547 New Mexico families qualifying for free child care. This initiative supports parents and fosters the development of children, laying a strong economic foundation for thousands of families across our state.

ECECD's Family Infant Toddler (FIT) early intervention program rose two spots in its rankings to become first in the nation for identifying children who are experiencing—or are at risk for—developmental delays, and New Mexico's home visiting program grew its reach by nearly seven percent. Keeping up with the growth in child care capacity, ECECD's Child and Adult Care Food Program (CACFP) served 13 percent more meals in congregate settings and our Summer Food Service Program ensured school children remained fed in summer, serving nearly 800,000 meals across the state. Last, but not least, the Families FIRST perinatal case management program increased service by 31 percent over FY22 and experienced a 40 percent increase in referrals.

As New Mexico continues to expand, improve, and better align our prenatal to age five system, we approach the day when every New Mexico family will have access to high-quality, programs and services that support them in preparing their children to enter Kindergarten ready to succeed. We have much to do before we fully realize our shared vision of a free, high-quality, universal early childhood system – but providers and communities can already see how these investments are changing the lives of children and families across our state. Thank you for your steadfast leadership and continued investments in early childhood education and care.

Sincerely,

Elizabeth Groginsky,

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

ECECD Cabinet Secretary

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# Executive Summary

Throughout Fiscal Year 2023 (FY23), the New Mexico Early Childhood Education and Care Department (ECECD) has built upon the progress and innovation that established the department as a national leader in early childhood education and care. ECECD has continued to expand access to programs and services, improve child care affordability, enhance quality, raise wages for the early childhood workforce, and increase family and community engagement across the state. These investments are already having a significant impact on families and young children across the state, and will benefit the health, well-being, and educational success of children in our state for generations to come.

This Annual Outcomes report, as mandated by state law, captures the progress that ECECD made in building the state's early childhood system in FY23. ECECD administers, monitors, and supports a statewide continuum of programs from prenatal-to-age-five. ECECD also administers the child care and family nutrition programs that serve older children. The continuum of programs includes: Child Care Services; New Mexico PreK and Early PreK; Family Nutrition; Home Visiting; Family Infant Toddler (FIT); Families FIRST; and the Head Start State Collaboration Office. ECECD is also responsible for providing the professional development and technical assistance needed to ensure quality services.

Over the last year, child care assistance enrollment continued to expand to historic highs. **In FY22, New Mexico established the most expansive child care assistance program in the nation, doubling income eligibility from 200 percent Federal Poverty Level (FPL) to 400 percent FPL** (approximately \$120,000 a year for a family of four). Simultaneously, ECECD waived parent copayments, making child care free for most New Mexico families. Due to new sources of funding available through New Mexico's Land Grant Permanent Fund and the Early Childhood Trust Fund, ECECD announced in FY23 that it will continue expanded eligibility and waived copays through FY24. Alongside increasing enrollment, licensed child care capacity has increased from 63,648 in FY23, an increase of 3,475 new slots.



**3,475**  
*increase in  
licensed child  
care capacity  
in FY23*

**7,000**

*\$3/hr increase to  
over 7,000 child care  
workers across the  
state.*

ECECD also took steps in FY23 to advance a diverse, well-compensated, and credentialed workforce. **ECECD implemented the Competitive Pay for Professionals (CPP) Grant, a groundbreaking wage enhancement program which offered a \$3/hr increase to over 7,000 child care workers across the state.** This allowed child care providers to offer a base wage of \$15/hr for entry level workers and \$20/hr for lead teachers, greatly improving providers' ability to recruit and retain staff. With the advent of New Mexico's opportunity

scholarship, which provides free in-state tuition to New Mexico state universities, ECECD adapted its scholarship program to include a cost-of-living stipend for students pursuing early childhood degrees. **In FY23, ECECD also launched Developing Futures, a public education campaign that builds awareness about early childhood career paths, changes public perceptions about the value of early childhood professionals,** and helps recruit new talent into the profession.

**New Mexico PreK continued expanding, reaching a new high of 14,440 funded slots.** This continues the growth trend that has seen total funded slots

nearly double since the 2018 school year. In FY23, the National Institute for Early Education Research (NIEER) again ranked New Mexico among the top states in PreK access for 4-year-olds and 3-year-olds. During the 2023 Legislative Session, the New Mexico State Legislature approved a nearly \$100 million increase in funding for NM PreK in FY24. During the NM PreK grant application period, ECECD allocated all new funding, creating capacity for an additional 3,000 3- and 4-year-olds for School Year 2023.

**14,440**

*New Mexico PreK  
reached a new high  
of funded slots.*

## New Mexico's Early Childhood Continuum

Prenatal	Birth to 1 year	1 year	2 year	3 year	4 year	5 years and older
Early Head Start				Head Start		
Families FIRST						
Home Visiting						
	Child Care					
	Family Nutrition Bureau					
	Individuals with Disabilities Education Act (IDEA) PART C - Early Intervention NM FIT Program			Individuals with Disabilities Education Act (IDEA) PART B - Early Childhood Special Education		Individuals with Disabilities Education Act (IDEA) PART B -
				Early PreK, New Mexico PreK		

### In FY23, thousands of children and families benefited from early childhood services:

- **8,795** children funded to receive Head Start and Early Head Start
- **5,444** families contacted by Families FIRST nurses
- **7,228** children served by home visiting
- **25,839** children, on average, received a monthly child care subsidy
- **30,851** children and adults, on average, received meals in care each month
- **14,865** children served by the Family Infant Toddler Program (FIT)
- **14,440** 3- and 4-year-olds funded to receive NM PreK and Early PreK

In New Mexico PreK, **65 percent of 4-year-olds met or exceeded an “Accomplished for 4s” standard** in mathematics and 58 percent of 4-year-olds met or exceeded an “Accomplished for 4s” standard in literacy. Concurrently, 88 percent of PreK 3-year-olds met or exceeded an “Accomplished for 3s” in mathematics standard in numeracy, while 75 percent of PreK 3s met or exceeded an “Accomplished for 3s” standard in literacy. As the state expands access to PreK, ECECD is focused on measuring and improving quality through family engagement, the use of research-based curricula, access to high-quality professional development, consultation, and practice-based coaching.

ECECD provided nutritious meals to children through the Child and Adult Care Food Program (CACFP) which increased the monthly average of meals served in congregate settings by 13 percent over FY22, reflecting the growth in child care enrollment statewide. ECECD’s Summer Food Service Program for Children, which serves meals during summer months to fill the nutrition gap left by public school lunch programs, served 795,588 meals in FY23 – down from 1,388,827 in FY22. This significant drop was due to a temporary expansion of the program outside traditional summer months in FY21 and FY22 to provide meals throughout the school year during school closures caused by the COVID-19 pandemic.

**Home visitors provided 78,344 direct services to families—a 6.8 percent increase over the previous year**—with 81.5 percent of families demonstrating new parental competencies in teaching skills that are predictive of better cognitive and social development in young children. ECECD collaborated with the Human Services Department (HSD) to improve the onboarding process for Medicaid-funded home visiting programs, creating a manual that details the step-by-step process for becoming a Medicaid provider for home visitation. At the start of January 2023, ECECD also partnered with the Department of Health (DOH) to implement Family Connects, the light touch model, serving 200 families and 205 children at the Eubank University of New Mexico (UNM) Women’s Clinic in Albuquerque.

The Home Visiting system also prepared for the incorporation of two additional evidence-based models in FY24, Healthy Families America and Child First. The new models are designed to prevent child abuse, neglect, and recidivism within the child welfare system by addressing behavioral health and trauma.

ECECD's Family Infant Toddler (FIT) program rose two places in FY23 to rank **number one in the nation for identifying children who could benefit from early intervention services**. Families continue to report extremely high satisfaction with their FIT services with nearly 100 percent of families participating in FY23 Annual FIT Family Survey agreeing that FIT services helped them know their rights, helped their family effectively communicate their children's needs, and helped their family support their children's learning and development.

The Families FIRST perinatal case management program reached 5,447 families in FY23, an increase of 30.8 percent from FY22, and experienced a 40 percent increase in referrals. This led to a 11 percent increase in access to postpartum care for enrolled pregnant mothers (97 percent) compared to 86 percent in FY22. Of the 247 recorded births in FY23, 86 percent (214) spent no days in the Neonatal Intensive Care Unit (NICU) and 55 percent (137) were born after 39 weeks.

Finally, ECECD spent much of FY23 actively investing in improvements to data infrastructure, integration, and analytical capabilities in order to provide a clearer picture of how early childhood programs and services are impacting school readiness. The Department will continue to strengthen data linkages and integration between the early childhood, public education, and health systems to better measure and report on kindergarten readiness and the immunization rates as is required by statute. While available data on these metrics are limited for some programs, this report does include data on immunizations for Home Visiting and Families FIRST and kindergarten readiness data for NM PreK.

In FY23, ECECD maintained the significant advances from its first two years as an agency and continued expanding access and innovating new approaches to meeting the needs of families and young children. With new dedicated and sustainable sources of funding, ECECD is well-positioned to continue building the state's prenatal-to-five system beyond the expiration of the emergency federal funds that fueled much of this work in the first years of the department's existence.



**5,447**

*families reached by  
the Families FIRST  
perinatal case  
management program*

**VISION: All New Mexico families and young children are thriving.**

**MISSION: Optimize the health, development, education, and well-being of babies, toddlers, and preschoolers through a family-driven, equitable, community based system of high-quality prenatal and early childhood programs and services.**

## Introduction

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

[See appendix A for ECECD Organizational Chart.](#)

## ECECD is comprised of four divisions:

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

The Communications Department, Office of General Counsel, and Information Technology Department are housed within the **Office of the Secretary (OTS)**, which provides program support across the agency's divisions. OTS also houses the work of the Chief Health Officer, who leads a team that supports local early childhood system building coalitions and the integration and alignment of early childhood programs and services with the state healthcare system.

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

## Annual Outcomes Reporting Requirements

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

### Data Constraints

ECECD welcomes the legislature's scrutiny with respect to outcomes accountability. The Department's data systems cannot yet connect children's child care assistance data with measures of learning and development from other public systems. For FY24, ECECD is prioritizing data connections through the Early Childhood Integrated Data System (ECIDS), which provides integrated, cross-program data that inform decisions about early childhood policies, services, and education.

For FY23, ECECD can report on 9 of the 10 data requirements of the Early Childhood Care Accountability Act. For items 7, 11, and 12, which deal with school readiness, developmental screenings, and referral to services, the Department does not yet have the data infrastructure needed to meet these reporting requirements.

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

**Table 1.** Annual Outcomes Reporting Requirements

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



For FY23, ECECD can report on 11 of the 13 data requirements for the Home Visiting Accountability Act. The data not available are the percentage of children enrolled in high-quality licensed child care and kindergarten readiness. After ECIDS is completed in FY24, the previously unavailable data will be accessible.

**Table 2.** Number and Type of Early Childhood Programs Funded by the Department

<b>Early Care, Education, and Nutrition Division</b>		
<b>Program</b>	<b>Number of Providers</b>	<b>Number of Children Served</b>
<b>Child Care</b>	<ul style="list-style-type: none"> <li>983 licensed homes and centers</li> <li>1,006 registered homes</li> </ul>	25,839 (monthly average)
<b>NM PreK</b>	<ul style="list-style-type: none"> <li>249 school-based sites</li> <li>216 community-based sites</li> </ul>	14,440
<b>Family Nutrition</b>	<ul style="list-style-type: none"> <li>31 Summer Food sponsors</li> <li>402 Summer Food meal sites</li> <li>2,231 CACFP providers</li> </ul>	30,851 CACFP meal recipients (monthly average)

<b>Family Support and Early Intervention Division</b>		
<b>Program</b>	<b>Number of Providers</b>	<b>Number of Children Served</b>
<b>Home Visiting</b>	30	25,839 (monthly average)
<b>Family Infant Toddler (FIT)</b>	35	14,440
<b>Families FIRST</b>	19 ECECD nurses	5,444 families

<b>Head Start State Collaboration Office</b>		
<b>Program</b>	<b>Number of Providers</b>	<b>Number of Children Served</b>
<b>Early Head Start</b>	<ul style="list-style-type: none"> <li>14 grantees</li> <li>7 Tribal grantees</li> </ul>	25,839 (monthly average)
<b>Head Start</b>	<ul style="list-style-type: none"> <li>13 grantees</li> <li>17 Tribal grantees</li> <li>1 Migrant/Seasonal grantee</li> </ul>	6,433



**Table 3.** Number of Children Served by County

County	Child Care Assistance	Family Infant Toddler	Families FIRST	Home Visiting	NM PreK	Head Start
Bernalillo	10,343	3,692	838	1,031	4,128	1,203
Catron	-	10	-	-	20	-
Chaves	1,243	664	429	324	572	256
Cibola	232	120	45	143	95	472
Colfax	30	65	-	62	40	70
Curry	823	690	254	242	407	166
De Baca	1	9	-	4	15	17
Doña Ana	5,192	3,423	1,170	1,723	2,416	1,056
Eddy	340	431	353	65	298	403
Grant	184	269	85	161	303	148
Guadalupe	12	28	3	40	28	49
Harding	-	2	-	1	22	-
Hidalgo	19	56	5	80	40	48
Lea	936	552	480	443	338	312
Lincoln	113	102	123	117	128	159
Los Alamos	31	117	-	149	155	-
Luna	202	271	177	555	317	181
McKinley	127	331	103	261	371	655
Mora	12	15	-	11	30	45
Otero	584	399	265	91	415	253
Quay	36	65	19	66	30	85
Rio Arriba	185	220	3	98	233	419
Roosevelt	180	179	87	119	138	93
San Juan	1,501	805	243	198	1,039	503
San Miguel	479	99	1	71	96	176
Sandoval	1,043	703	163	64	785	702
Santa Fe	652	744	12	363	720	464
Sierra	68	87	29	201	104	25
Socorro	58	119	42	142	87	184
Taos	155	128	1	175	196	214
Torrance	99	43	32	-	142	164
Union	-	20	4	11	36	-
Valencia	959	407	281	204	696	273
Unassigned	-	-	197	13	-	-
<b>Total</b>	<b>25,839</b>	<b>14,865</b>	<b>5,444</b>	<b>7,228</b>	<b>14,440</b>	<b>8,795</b>

# Early Care, Education, and Nutrition Division

## Child Care Services

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



### Child Care Accountability Act Reporting Requirements

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

### Child Care Licensing

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

### Types and Capacity of Child Care Providers

Child care in New Mexico is diverse, ranging from providers who care for their own children or grandchildren in their homes to larger child care centers serving multiple classrooms and age groups. New Mexico has three types of child care licenses (see table 4). Home-based providers can be licensed as family homes or family group homes, depending on the number of children they serve.

New Mexico licensed **983 child care providers in FY23**, an increase of 47 providers (five percent) over the 936 providers who were licensed in FY22. Of the 983 licensed providers, 77 percent (757) were child care centers, 13 percent (124) were licensed group homes, and 10 percent (102) were licensed family homes. These licensed providers had a combined capacity to serve 63,648 children if they operated at their legal maximums for licensure. Most licensed capacity (more than 96 percent) is in child care centers.

**Table 4.** Types of Child Care Settings in New Mexico

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

**Table 5.** Number and Capacity of Licensed Child Care Providers, FY23

Type of Care	Count	Percentage
Child Care Centers	757	77%
Licensed Group Homes	124	13%
Licensed Family Homes	102	10%
<b>Total</b>	<b>983</b>	<b>100%</b>

Type of Care	Capacity Under 2	Capacity Over 2	Total Capacity
Child Care Centers	10,432	50,288	61,599
Licensed Group Homes	494	1,469	1,469
Licensed Family Homes	226	575	580

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



## Quality of Licensed Child Care Programs

The **FOCUS tiered quality rating and improvement system (TQRIS)** is

New Mexico’s framework for defining and incentivizing high-quality child care that supports children’s development and readiness for school. FOCUS includes a tiered system of ratings, ranging from two to five stars, each associated with a progressively more robust set of quality standards.

The requirements of FOCUS include maintaining specific teacher to child ratios, engagement in continuous quality improvement, an annual self-assessment of practices related to family engagement and support of all children, developmental screenings of children, ongoing professional development, and use of the New Mexico Early Learning Guidelines. Rating criteria mirrors successful elements of New Mexico’s PreK program. Child care providers work with ECECD through a voluntary process of continuous improvement and verification to earn higher ratings within FOCUS. Providers can also receive a 5-Star rating under FOCUS if they are accredited by a national entity that has been approved by ECECD. [Chart 1](#) (page 10) shows the distribution of accreditation by New Mexico child care providers as of June 2023, including the 33 percent of providers who have obtained their 5-Star rating through New Mexico’s FOCUS pathway.

4-, and 5-Star ratings entitle programs to increasingly higher rates of reimbursement through child care assistance (i.e., tiered reimbursement). **In July 2021, New Mexico became the first state to base its child care assistance rates on a cost estimation model**, a step that helps ensure rates reflect the true cost of quality care, rather than the price families are able to pay. [Table 6](#) (page 10) shows the distribution of providers at the close of FY23 in June 2023, by type, quality rating, and capacity. Forty-seven percent of

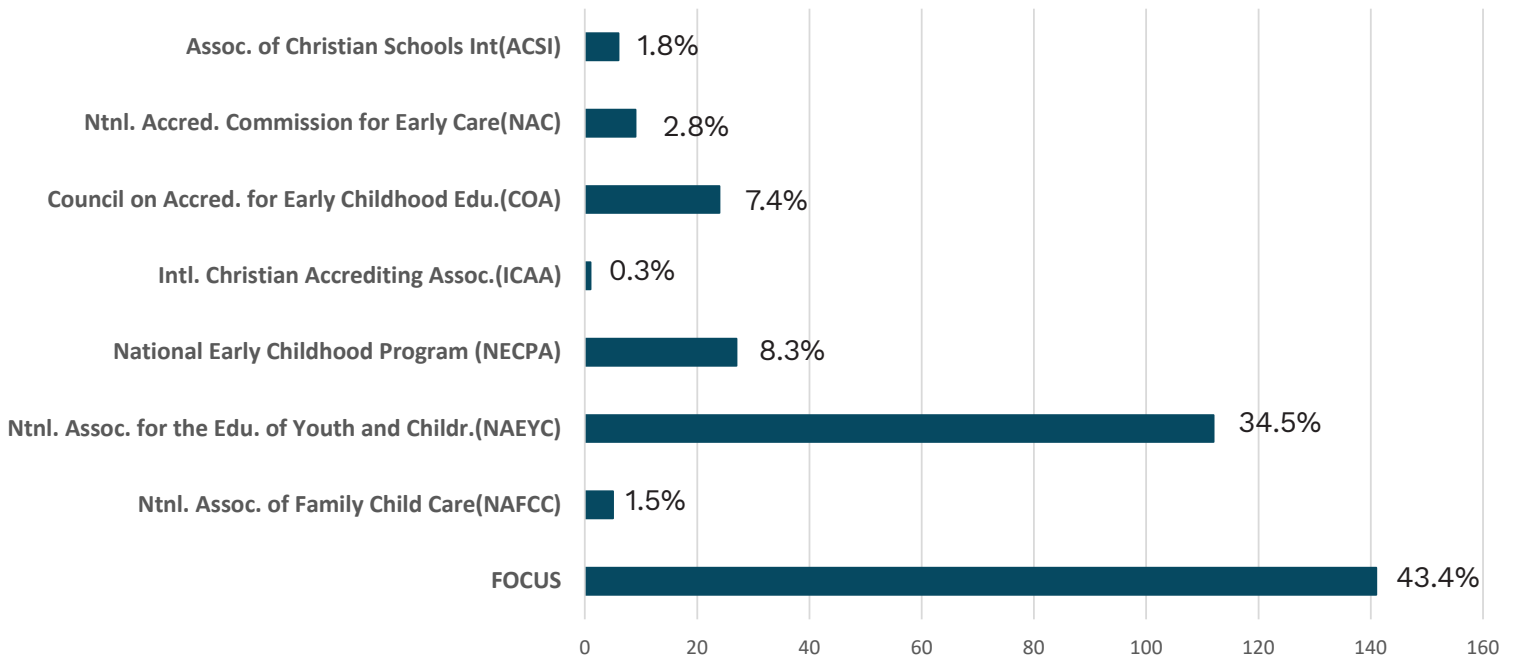
the state’s licensed child care capacity was in 5-STAR FOCUS centers and homes in FY23 (a three percent increase from FY22), meaning nearly half of all licensed child care slots in New Mexico were at the highest level of quality. The percentage of providers with a high quality rating has increased year-to-year since the implementation of FOCUS, though the percentage decreased slightly in FY22 before resuming an upward trajectory in FY23. In FY23, the largest area of quality growth was from three to four stars, demonstrating a continuing shift towards higher quality in licensed settings.

Charts 3 and 4 (page 12) show where children who received child care assistance were cared for in FY23. Chart 5 (page 12) shows the care type and quality level of providers who care for children from birth to five years, and Chart 6 (page 13) shows the same indicators for school-age children, aged six and older. In both age groups, a plurality of children receiving subsidies were cared for in the highest rated 5-STAR FOCUS child care settings. Although Charts 3 and 4 show only children served in licensed settings, families can also use their child care assistance benefits with a registered home provider. **In June 2023, 472 young children and 584 older children used their child care subsidy for registered home care.**

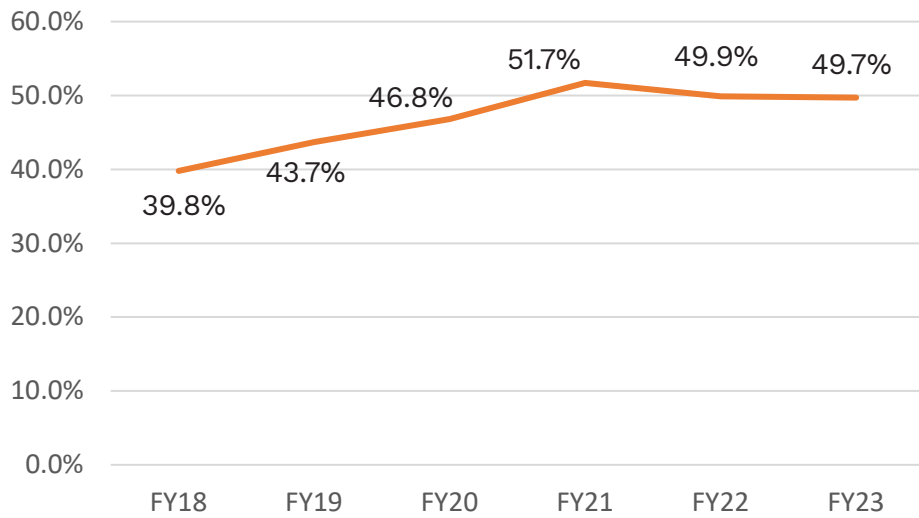
**Table 6. Number and Capacity of Licensed Providers by Type and Quality Level, June 2023**

<b>Child Care Centers</b>				
<b>Quality Level</b>	<b>Number of Providers</b>	<b>Capacity Over 2</b>	<b>Capacity Under 2</b>	<b>Total Capacity</b>
1 Star	13	818	149	1,067
2 Star	219	12,484	1,480	13,964
2+ Star	96	6,249	1,024	7,259
3 Star	92	5,708	1,512	7,805
4 Star	50	3,228	855	4,086
5 Star	287	21,801	5,412	27,418
<b>Total</b>	<b>757</b>	<b>50,288</b>	<b>10,432</b>	<b>61,599</b>
<b>Licensed Group Home</b>				
<b>Quality Level</b>	<b>Number of Providers</b>	<b>Capacity Over 2</b>	<b>Capacity Under 2</b>	<b>Total Capacity</b>
1 Star	2	24	8	24
2 Star	54	641	214	641
2+ Star	21	242	84	242
3 Star	6	72	24	72
4 Star	7	84	28	84
5 Star	34	406	136	406
<b>Total</b>	<b>124</b>	<b>1,469</b>	<b>494</b>	<b>1,469</b>
<b>Licensed Family Home</b>				
<b>Quality Level</b>	<b>Number of Providers</b>	<b>Capacity Over 2</b>	<b>Capacity Under 2</b>	<b>Total Capacity</b>
1 Star	1	6	2	6
2 Star	64	368	138	370
2+ Star	24	131	58	131
3 Star	6	32	14	32
4 Star	3	14	4	17
5 Star	4	24	10	24
<b>Total</b>	<b>102</b>	<b>575</b>	<b>226</b>	<b>580</b>

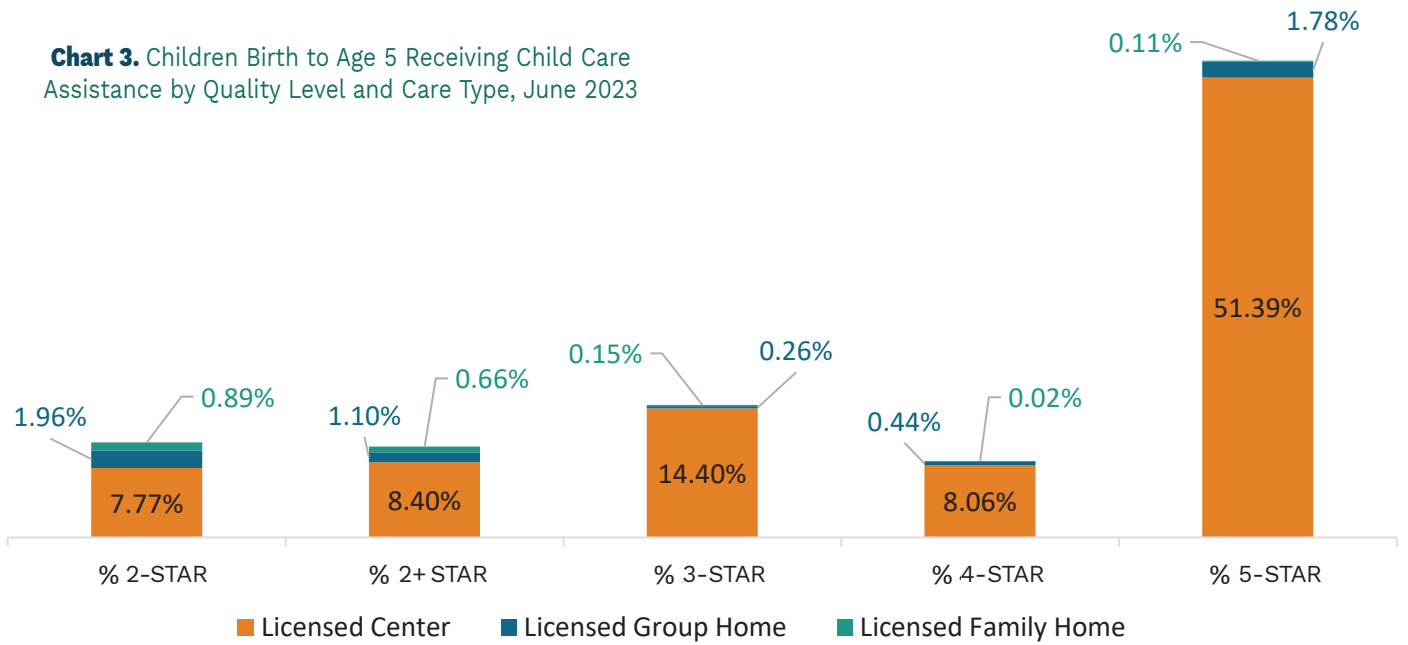
**Chart 1.** Distribution of Pathways to 5-STAR FOCUS Designation, June 2023



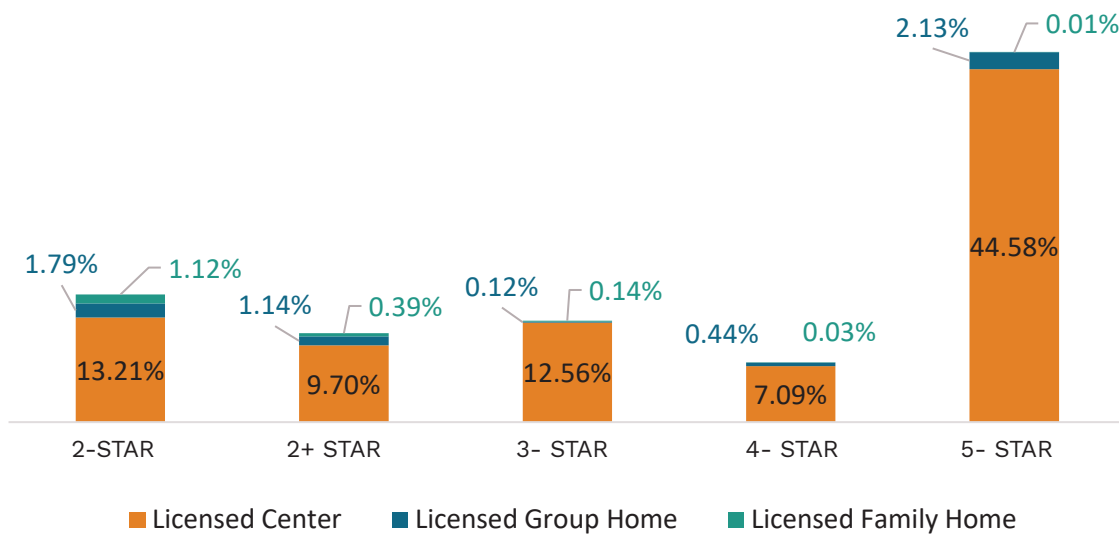
**Chart 2.** Percentage of Licensed Providers with a 4- or 5-STAR rating, FY18 to FY23



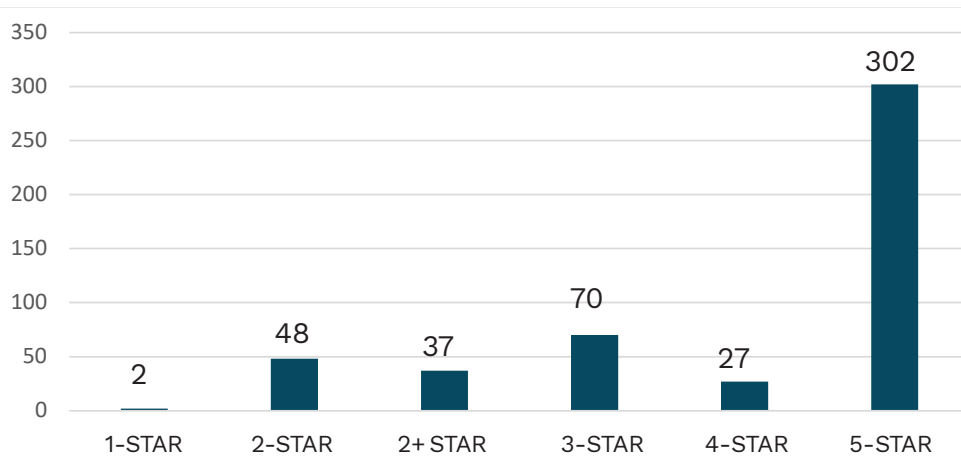
**Chart 3.** Children Birth to Age 5 Receiving Child Care Assistance by Quality Level and Care Type, June 2023



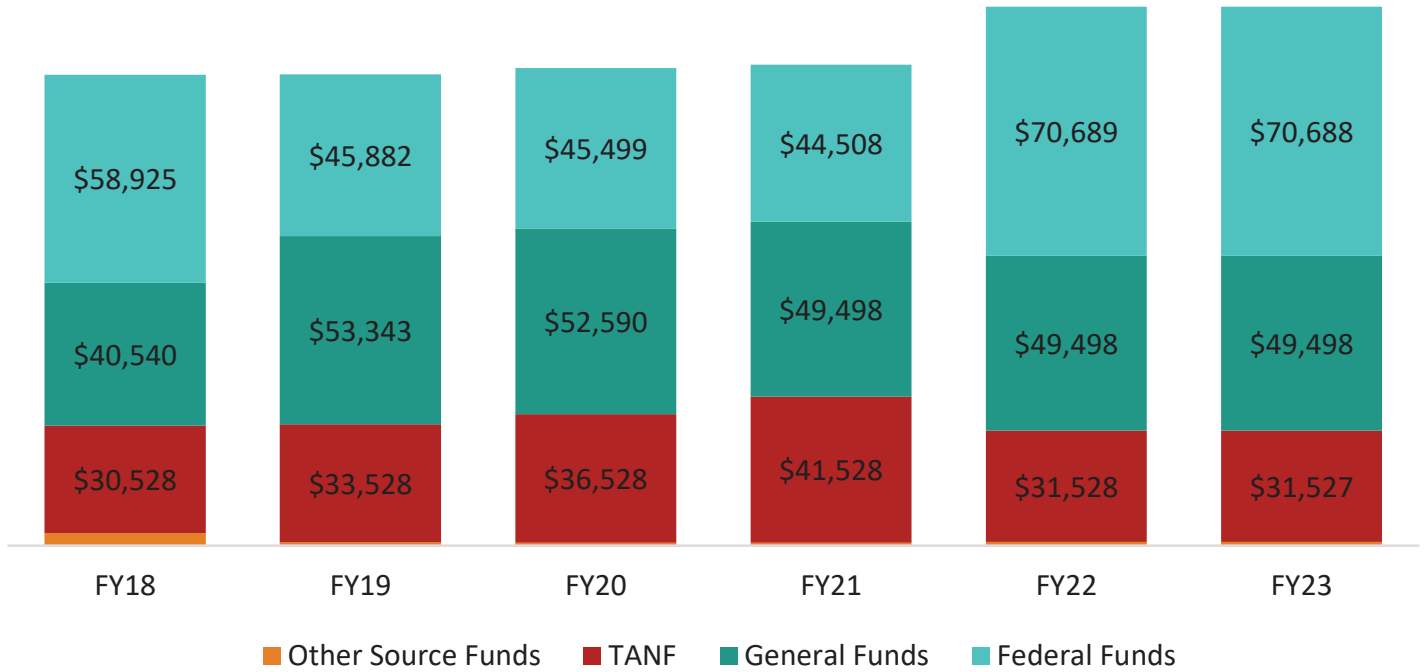
**Chart 4.** Children Age 6 and Older Receiving Child Care Assistance by Quality Level and Care Type, June 2023



**Chart 5.** Total Validated Incidents by STAR Level, FY23



**Chart 6.** Child Care Funding by Source, Excluding COVID-19 Relief Funds, FY18-FY23



**Table 7.** Total Complaints and Substantiated Incidents by STAR Level, FY23

Quality/Star Level	Substantiated Complaints	Validated Complaints	Substantiated Incidents	Substantiated Complaint and Incident	Validated Complaint and Incident
<b>1 STAR</b>	0	0	0	0	0
<b>2 STAR</b>	19	8	18	12	3
<b>2+ STAR</b>	21	2	15	21	1
<b>3 STAR</b>	27	2	26	13	7
<b>4 STAR</b>	6	0	12	7	2
<b>5 STAR</b>	43	12	89	36	17
<b>Total</b>	<b>116</b>	<b>24</b>	<b>160</b>	<b>89</b>	<b>30</b>

## Monitoring the Health and Safety of Child Care Settings

Health and safety are key components of quality child care. Children learn best when they are healthy and safe and quality care settings can help meet those needs. ECECD conducts a minimum of two unannounced inspections annually to ensure the safety of licensed child care facilities and a minimum of one visit per year for registered child care homes. ECECD also investigates complaints and incidents in child care settings and requires child care providers to notify parents or guardians in writing of any incident, including notifiable illnesses, that have threatened the health or safety of children in their care. Results of these visits and investigations are available to families and the public within the [New Mexico Child Care Finder website](#).

### Key Terms

**Incident:** Anything self-reported to ECECD by the provider

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

**Substantiated:** Provider found to be in violation of a regulation

**Validated:** Incident occurred, but no violation of a regulation



## Nutrition

In New Mexico, child care providers play a key role in ensuring children have access to nutritious meals and snacks. Licensed and registered providers can receive reimbursement through the federal Child and Adult Care Food Program (CACFP) for the cost of serving food that meets nutritional requirements. The CACFP is especially vital in New Mexico, where about one in five children experience food insecurity (Feeding America, 2022). In FY23, an estimated 41,140 children enrolled in licensed child care programs were served by CACFP.

## Child Health and Development

ECECD supports children's health and development through FOCUS, which requires programs at higher levels of quality to support age-appropriate learning for children while in care and to support screenings and referrals. ECECD requires developmental screenings and follow-up for children in programs with a 3-STAR rating or higher. This means that over half (52 percent) of licensed providers in New Mexico are required to provide developmental screenings. These higher-rated providers account for 62 percent of the state's licensed child care capacity and nearly three-quarters (72 percent) of children enrolled in child care assistance are served in a program with a rating of 3-STAR or higher. With parental consent, these programs use information from screenings and assessments to provide appropriate referrals while supporting the full participation of each child and family. In addition to developmental screenings, FOCUS programs with a 3-STAR rating or higher are required to ensure that pediatric well-child checks are up to date. Those with a 4-STAR rating or higher are required to ensure that children are current with dental screenings. Some early evidence suggests that **New Mexico children enrolled in child care assistance are more likely to receive their well-child check-ups and dental care than children enrolled in Medicaid who do not receive assistance** (New Mexico Legislative Finance Committee, 2019).

## Engaged Families

Child care programs at a 3-STAR rating and above care required to actively engage families through strategies that include encouraging family members to share cultural heritage, stories, and language in daily classroom activities. Other requirements at the highest quality levels include parent participation in program self-assessments for quality improvement and establishing program policies and philosophies that promote family engagement at all levels of the program, including engagement aimed at fathers. Programs provide evidence of their engagement activities and family participation levels when their STAR level is verified and monitored by ECECD, and when they are visited by contracted FOCUS consultants who support providers in understanding and complying with quality criteria.

**In New Mexico in FY22, 7,162 professionals benefited from the Competitive Pay for Professionals (CPP) grant.**

Data collected through the EPICS Dashboard – CPP Grants module

## Child Abuse and Neglect

A high-quality child care industry also supports children's safety in home environments. Research has shown links between child care access and lower rates of child abuse and maltreatment in communities. The U.S. Centers for Disease Control and Prevention reports that child care access is associated with decreased maternal depression and parental stress, which are both risk factors for abuse and neglect (Fortson et al., 2016). In New Mexico in FY23, less than two percent (1.25%) of young children receiving child care assistance were involved in a substantiated investigation by Child Protective Services (CPS). Specifically, 437 children ages birth to five who receive assistance (12.46 per thousand) had a CPS substantiation in FY23. This is similar to, but slightly lower than, the overall rate of child victimization in the New Mexico population, which is about 16.56 children per thousand (U.S. Department of Health and Human Services, 2022).

**Table 8. Credentials and Wages of Child Care Professionals Supported by CPP Funding**

Education	Teaching Assistant	Average Hourly Wage	Substitute and Floater	Average Hourly Wage	Teacher	Average Hourly Wage	Director	Average Hourly Wage	Total
High School/ GED Graduate	975	\$13.16	507	\$14.06	1,063	\$14.15	29	\$18.64	2,574
45 Hour Certificate	365	\$14.80	130	\$13.95	655	\$14.43	46	\$26.18	1,196
Child Development Associate (CDA)	15	\$14.36	3	\$13.62	88	\$15.71	32	\$22.39	138
Child Development Certificate (CDC)	74	\$14.63	40	\$14.61	323	\$16.39	96	\$20.19	533
Associate's Degree in Unrelated Field	43	\$14.98	18	\$14.36	56	\$15.67	26	\$21.52	143
Associate's Degree in Early Childhood	42	\$15.69	12	\$16.64	167	\$18.03	55	\$23.68	276
Bachelor's Degree in Unrelated Field	63	\$15.68	37	\$14.44	128	\$18.50	50	\$23.94	278
Bachelor's Degree in Early Childhood	20	\$15.31	11	\$15.45	94	\$20.25	24	\$25.87	149
Master's Degree in Unrelated Field	11	\$15.43	8	\$17.35	32	\$21.01	22	\$33.42	73
Master's Degree in Early Childhood	3	\$13.45	2	\$16.25	20	\$22.23	33	\$28.61	58
<b>TOTAL</b>	<b>1,611</b>		<b>768</b>		<b>2,626</b>		<b>413</b>		<b>5,418</b>

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

## Child Care Professionals

High-quality early childhood education is only possible through the efforts of dedicated professionals. Like many other industries, child care faces a workforce shortage. ECECD has established a number of initiatives to support recruitment and retention of caregivers, including an FY23 initiative funded by the American Rescue Plan Act (ARPA) to support \$3 per hour wage increases, the Competitive Pay for Professionals (CPP) grant. Child care programs were eligible to receive CPP from Nov 1, 2022 through August 31, 2023. During this time, 7,162 professionals benefited from the program. Child care providers who applied for CPP funding were required to provide information about their employees' wages and qualifications, which allowed the state to collect data on a large portion of the child care workforce. It also shows the average hourly wages before the \$3 per hour increases. The data demonstrates a wide range of qualifications among child care educators (see Table 8 for the qualifications of CPP participants).

The Department also provides ongoing wage supplements to early childhood educators based on their level of education and one-time payments of \$1,500 to caregivers who are certified as bilingual educators. In FY23, ECECD awarded 503 wage supplements to child care professionals and 230 bilingual incentive

payments across the early childhood system. These supplements are part of ECECD’s strategy to increase compensation for child care professionals, whose pay has not historically matched the importance of their work. ECECD also provides scholarships to support early childhood educators to earn new credentials and build new skills in child development and care. The Department awarded **scholarships to 561 child care professionals for the 2022 summer term, 966 for the fall 2022 semester, and 869 for spring 2023.**

To complement the New Mexico Opportunity Scholarship, which was created in early 2022 to provide tuition-free higher education for most New Mexico residents, ECECD used federal relief funds for the Early Childhood Educator Student Success Grant. These grants were awarded to institutions of higher education, which administer stipends to students in early childhood programs that they used to cover non-tuition expenses such as rent, gas, food, and other needs. For the fall 2022 and spring 2023 semesters, ECECD awarded 2,960 Student Success grant stipends to early childhood professionals who were enrolled in an Associates or Bachelor’s early childhood degree program.

### Child Care Assistance

Child care assistance provides subsidies to families to help them afford child care. Qualifying families can use their subsidy in a child care setting of their choosing to receive free or discounted services, depending on their income and household size. Typically, the program is funded largely as a federal block grant through the Child Care and Development Fund (CCDF), with New Mexico providing required matching funds to draw down federal funds. Although federal law sets the broad parameters for child care assistance, states have considerable discretion in how they administer the program.

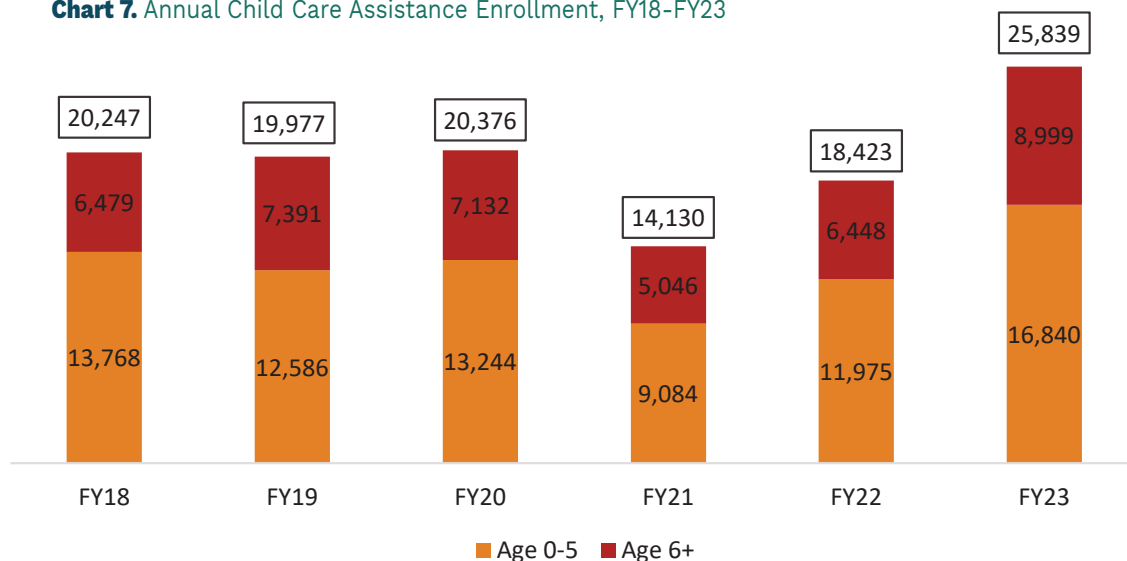
**25,838**  
*children per month  
 enrolled in child care  
 assistance in FY23*

In FY22, ECECD expanded income eligibility for child care assistance to 400 percent federal poverty level (\$120,000/year for a family of four in 2023) and waived all family copays, making child care free for New Mexico families. This expansion was largely funded by federal COVID-19 relief dollars, much of which expired in early FY24. **In FY23, ECECD announced it would continue expanded child care assistance eligibility and waived family copays using new funding from the Early Childhood Trust Fund.**

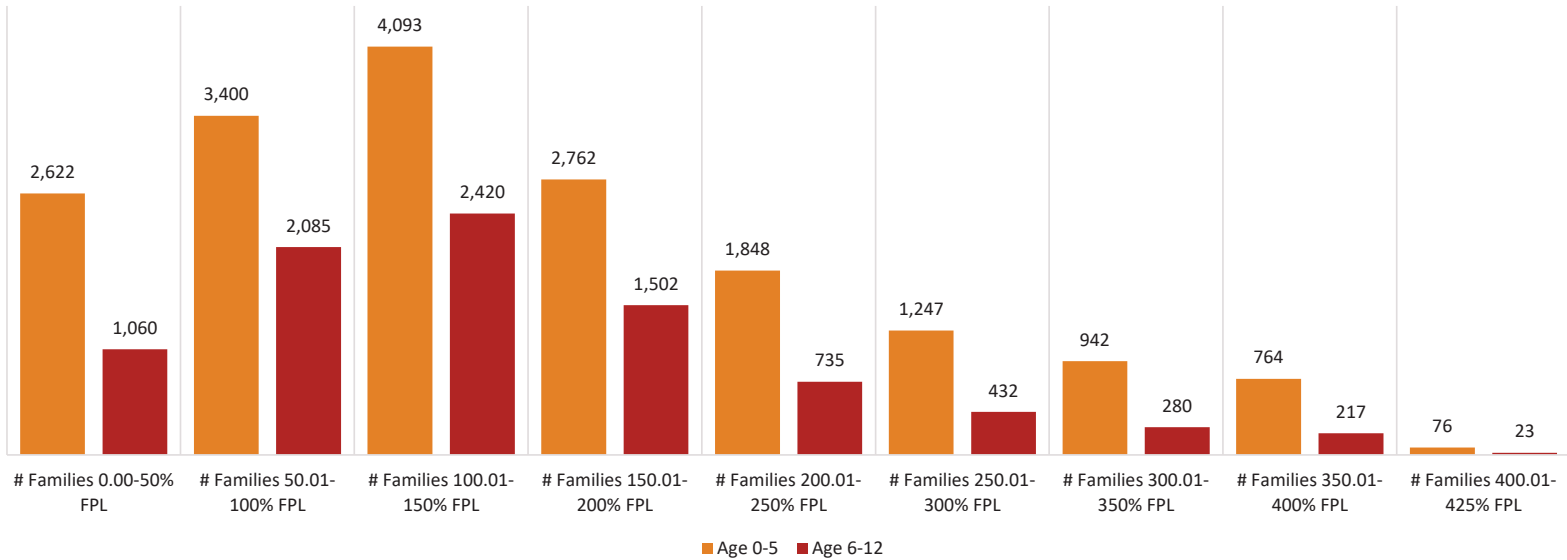
### Families and Children Receiving Child Care Assistance

In FY23, an average of 25,838 children per month were enrolled in child care assistance – **a 40 percent increase over FY22.** Of these, about 16 percent were infants, 13 percent were toddlers, 37 percent were preschoolers and 34 percent were school-aged. The increase in overall program enrollment was largest for infants and toddlers, with a 41 percent increase from FY22 to FY23. [Chart 7](#) shows the average monthly

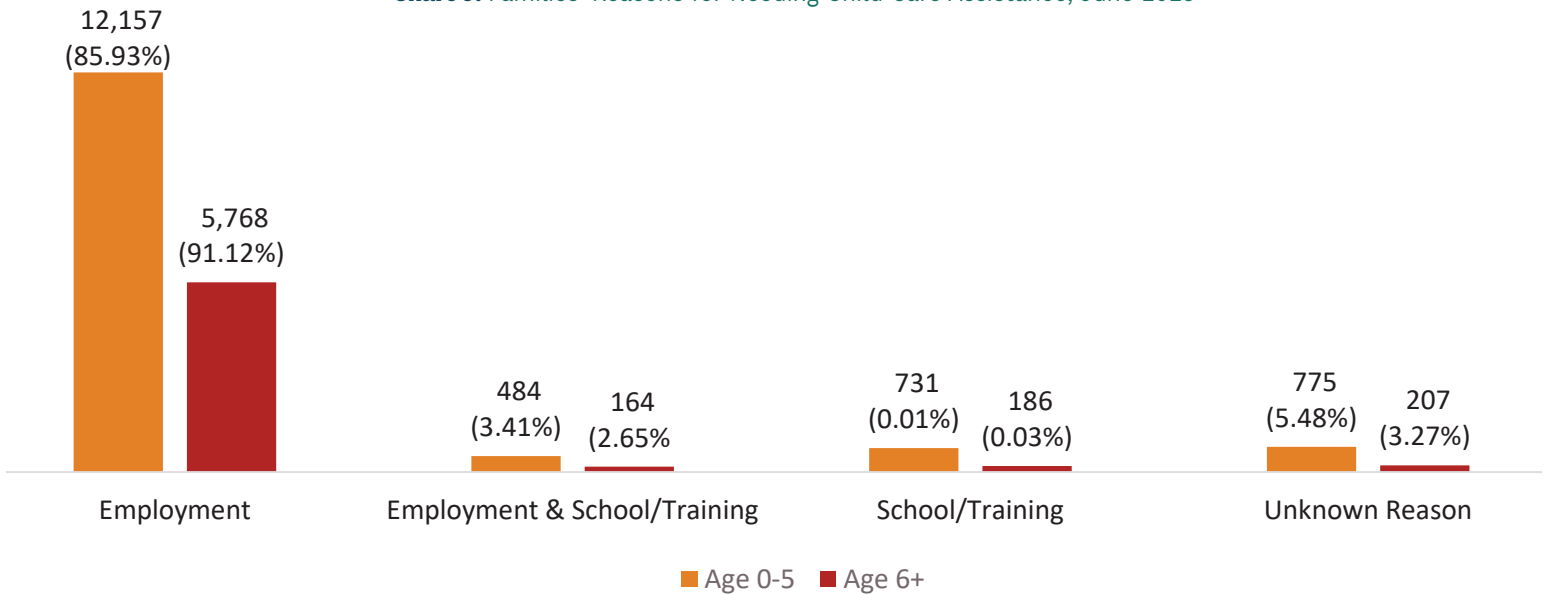
**Chart 7. Annual Child Care Assistance Enrollment, FY18-FY23**



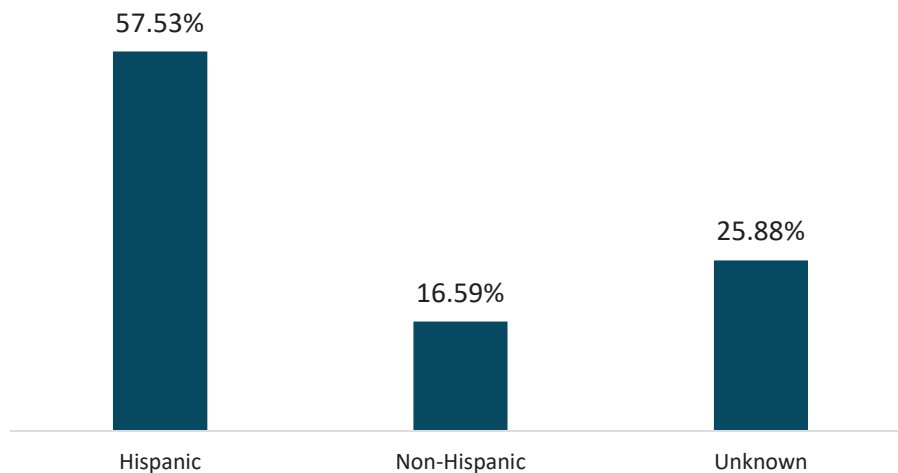
**Chart 8.** Number of Families Receiving Child Care Assistance, by Income and Child Age Group, June 2023



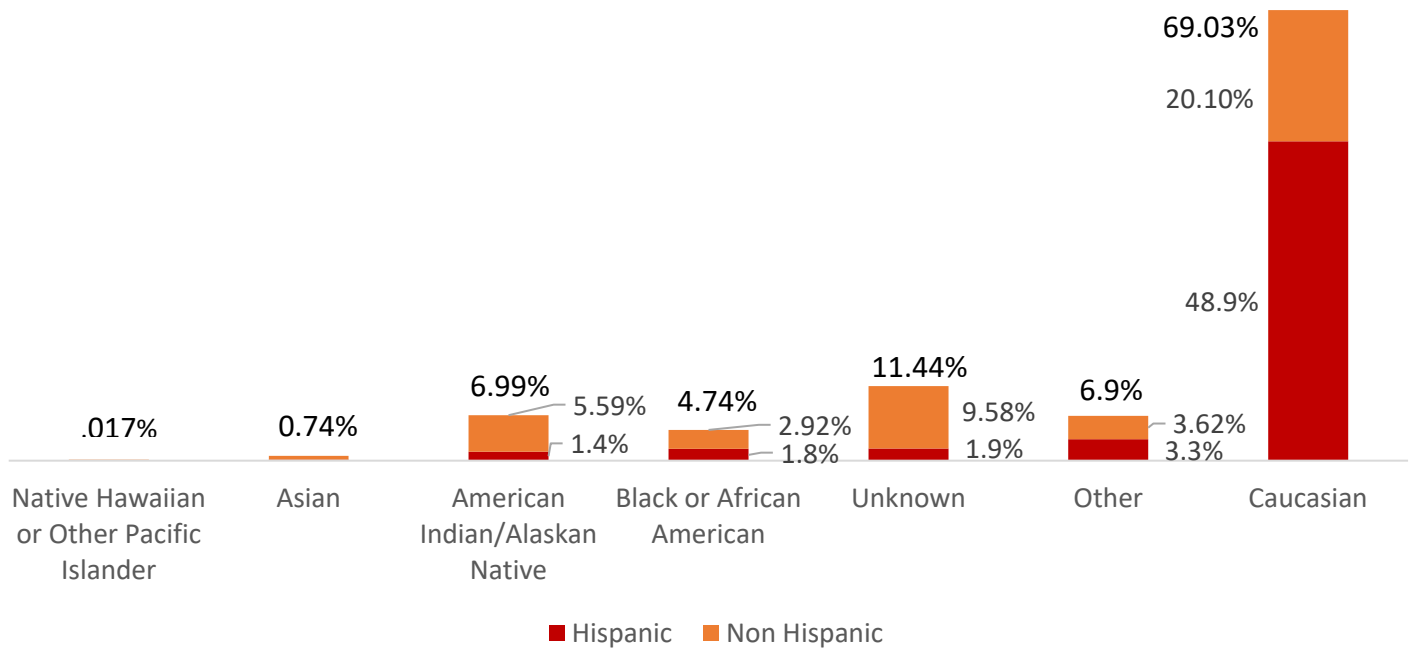
**Chart 9.** Families' Reasons for Needing Child Care Assistance, June 2023



**Chart 10.** Children Receiving Child Care Assistance, by Hispanic Ethnicity, FY23



**Chart 11.** Children Receiving Child Care Assistance by Race and Hispanic Ethnicity, June FY23



number of children served by assistance for FY18 to FY23, by age group. In June 2023, at the close of the fiscal year, more than half of families receiving assistance (57 percent) earned incomes below 150 percent of FPL (\$45,000 for a family of four). See [Chart 8](#) for the complete income distribution.

Although a majority of families use their child care assistance to support employment, families can qualify for assistance through other activities as well. [Chart 9](#) shows that in June 2023, **86 percent of families with children birth to age five and 91 percent of families with school-aged children used assistance to pay for care while they worked.** Smaller percentages of families relied on care so they could attend school or job training, or for a combination of schooling and employment.

The children served by child care assistance in New Mexico reflect the diversity of the state’s communities. Across racial groups, 57 percent of children served by assistance in June of 2023 were Hispanic (see [Chart 10](#)). More details about the racial and ethnic composition of children served by assistance are shown in [Chart 11](#). These data almost certainly undercount the representation of Native American children in child care, many of whom are served through Tribal CCDF. Tribal CCDF funds flow directly to Tribal nations to provide child care subsidies, and those funds are not reflected in this report.

### New Mexico PreK

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

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



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

### New Mexico PreK Funding

The state has provided PreK to four-year-old children for more than 15 years. Services began as half-day programs, with extended day programs offered beginning in the 2014-2015 school year and extended plus day programs offered beginning in the 2023-2024 school year.

In 2015, legislators funded Early PreK services to three-year-old children in community-based settings and in 2018 they began funding Mixed Age PreK, which allows both three- and four-year-olds to be taught together in smaller programs. The state has steadily increased funding for extended day programs and further increased access with the new extended plus option.

Funding for the state's PreK programs reached \$108,528,168 in SY23, with \$54,639,185 budgeted for school-based PreK and \$53,888,983 budgeted for NM PreK, Early PreK, and Mixed Age PreK. According to the National Institute for Early Education Research (NIEER) annual The State of PreSchool report, New Mexico:

- **meets 9/10** benchmarks for PreK quality;
- **ranks 10th** in the nation for its per-child PreK funding;
- **ranks 13th** in the nation for four-year-old PreK access; and
- **ranks 10th** in the nation for three-year-old access.

### By the Numbers

**FY23 Funding: \$104.2 million**  
**Funded Enrollment:**

- **11,188 NM PreK students (4-year-olds)**
- **1,919 Early PreK students (3-year-olds)**
- **1,333 Mixed Age PreK students**

### PreKindergarten Act Reporting Requirements

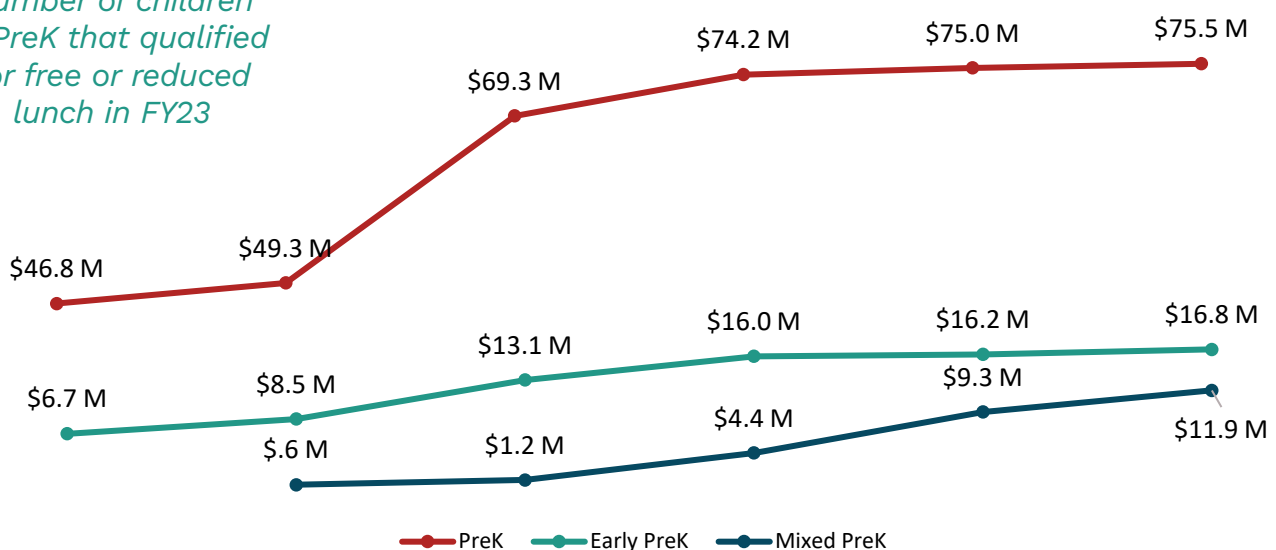
The percentage of program participants who:

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

# 5,670

*Number of children in PreK that qualified for free or reduced lunch in FY23*

**Chart 12.** NM PreK Funding, SY18-23



## New Mexico PreK Providers

ECECD funds PreK through a competitive grant process. Grants are scored based on specific criteria and in FY23 priority was given to programs in communities with public elementary schools designated as Title 1 and who were not reaching 75 percent of 4-year-olds or 25 percent of 3-year-olds. ECECD offers a unified application process for both public school and community-based providers, applying a community-level formula to calculate appropriate saturation of services.

### Lead Teachers

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

School-based PreK programs employed 421 lead teachers in SY23. Ninety six percent of lead teachers in public school PreK settings hold at least a bachelor's degree or higher (see Chart 14 on page 20).

Community-based NM PreK programs employed 545 lead teachers. Data on educational attainment were reported on roughly 70 percent (see Chart 17). Of those teachers with data reported, 32 percent hold a bachelor's degree or higher. Another 29 percent hold an associate degree and 33 percent hold an early childhood certification (Child Development Associate credential or Child Development Certificate).

### Educational Assistants

Each classroom in NM PreK is required to have an educational assistant with an associate's degree in early childhood or who are working towards this degree. In SY23, there were 402 licensed educational assistants in school-based NM PreK classrooms. Eight percent held bachelor's degrees and 10 percent held associate degrees. A total of 386 assistant teachers were employed in community-based PreK. Data on educational attainment were reported for slightly more than half (see Chart 17 on page 21). Of those reporting, nearly 30 percent had an associate degree. Another 9.3 percent held a bachelor's degree and nearly 14 percent had not earned a degree, while 19 percent hold an early childhood certification (Child Development Associate credential or Child Development Certificate).

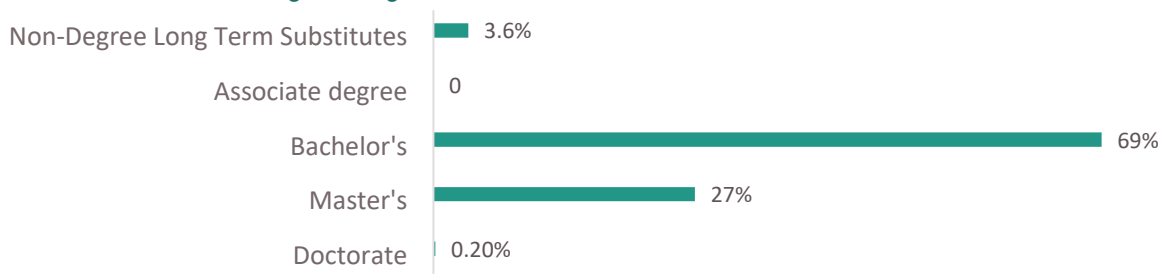


Seventy-two percent of education assistants do not hold a degree (see Chart 16 on page 21). **The average salary reported by school-based PreK educational assistants is \$22,099.** A total of 359 assistant teachers were employed in community-based PreK. Data on educational attainment were reported for slightly more than half (see Chart 19). Of those reporting, 39 percent had an associate degree. Another 10 percent held a bachelor's degree and nearly four percent had not earned a degree, while 14 percent hold an early childhood certification (Child Development Associate credential or Child Development Certificate.)

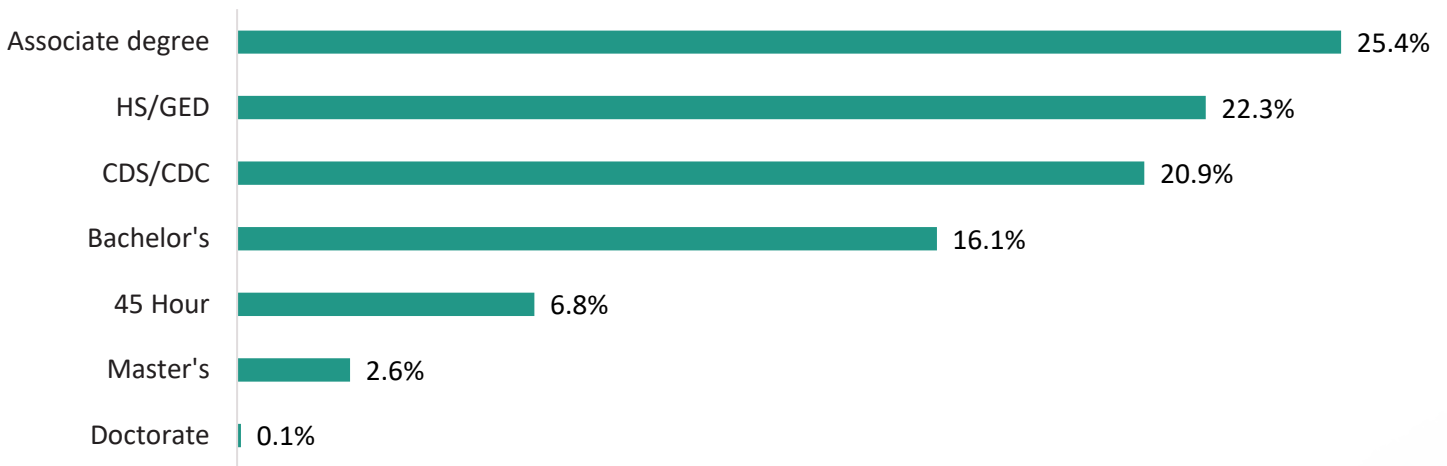
**Table 9.** School and Community Based Tribal Headstart

Program	Number of Providers	Number of Children
NM PreK	249 school based sites	7,557
	216 community-based sites	6,883
<b>Total NM PreK</b>		<b>14,440</b>
Early Head Start	6 Tribal grantees	320
Head Start	13 Tribal grantees	1,048

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



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



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



### Children Served

ECECD allocated funding in FY23 to support the enrollment of 11,188 four-year-old children, 1,919 three-year-old children, and 1,333 children in mixed-age programs, with a total of 14,440 funded openings (see Chart 20 and Table 6). **Actual enrollment in programs was 12,890**, with a total of 6,817 four-year-old children enrolled in NM PreK in public school settings, and 3,629 in community-based NM PreK programs. Early PreK had an actual enrollment of 1,997 and 1,152 attended a Mixed Age PreK program. While NM PreK is not specifically designed as a program for children living in poverty, it primarily serves New Mexico’s lower-income population. In public school settings, 83 percent of students (5,670) of children in PreK qualified for free or reduced lunch program.

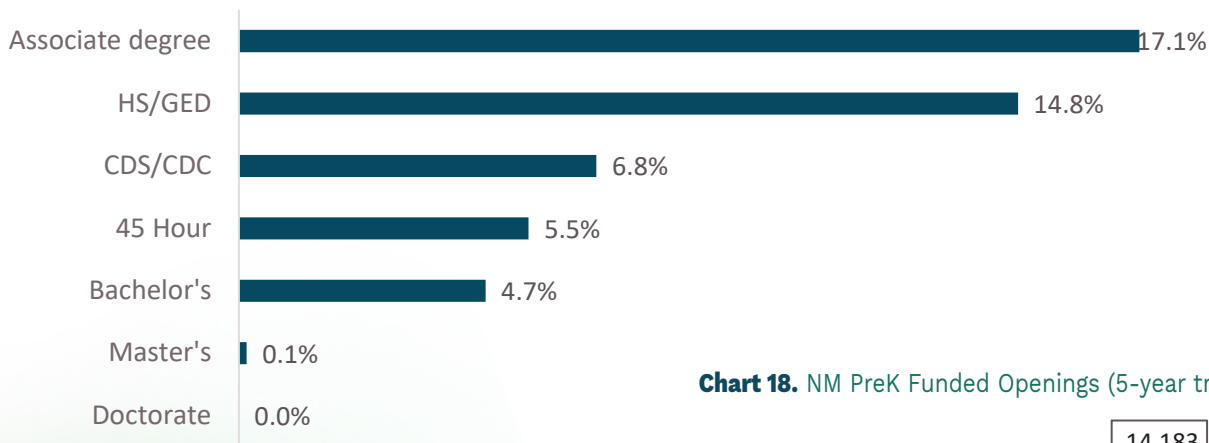
All PreK programs are required to include children with delays and disabilities, striving for a ratio of one child who receives special education services to three children who are typically developing. In SY23, **1,544 children who qualified for special education services were included in PreK classrooms**. This included 44 four-year-olds and 17 three-year-olds in community-based settings, and 1,483 four-year-olds in school-based NM PreK classrooms. This placement ensures that all children have access to the general education curriculum in compliance with federal and state law.

### PreK Quality Standards

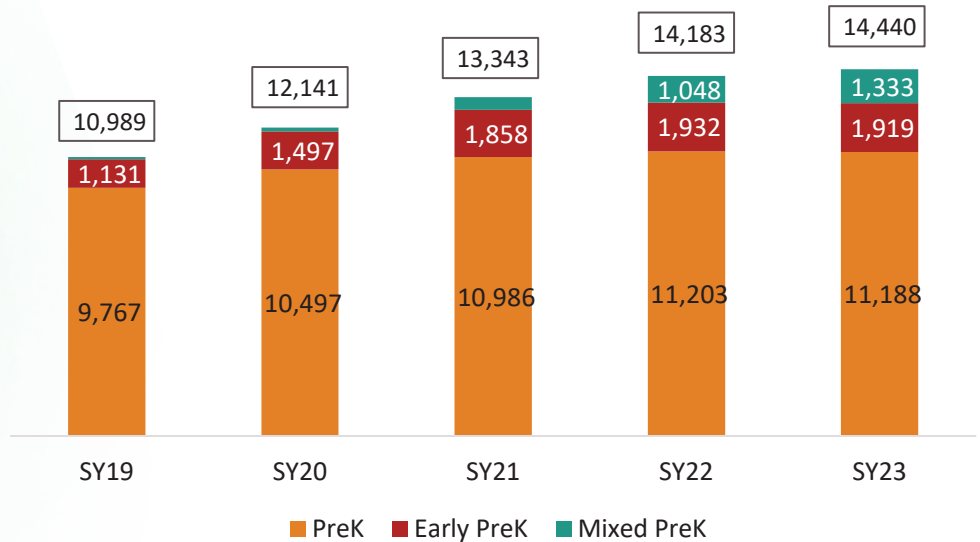
National research shows that positive outcomes for children in PreK depend on states establishing and maintaining high standards for quality (Phillips et al., 2017; Hustedt et al., 2020). NM PreK standards are high quality, meeting nine of 10 research-based preschool benchmarks related to quality, as determined by the National Institute of Early Education Research (Friedman-Krauss, 2022).



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



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



The New Mexico PreK Program Standards articulate what programs must do as part of NM PreK, including educator degree requirements, minimum number of hours, and requirements for utilization of a research based curriculum. These standards are the same regardless of PreK setting (i.e., community- or school-based), ensuring that New Mexico has one standard of excellence for all PreK programs. PreK educators are supported in delivering this standard of excellence as well through aligned professional development requirements and practice-based coaching supports in both public school and community settings.

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

**PreK Student Outcomes**

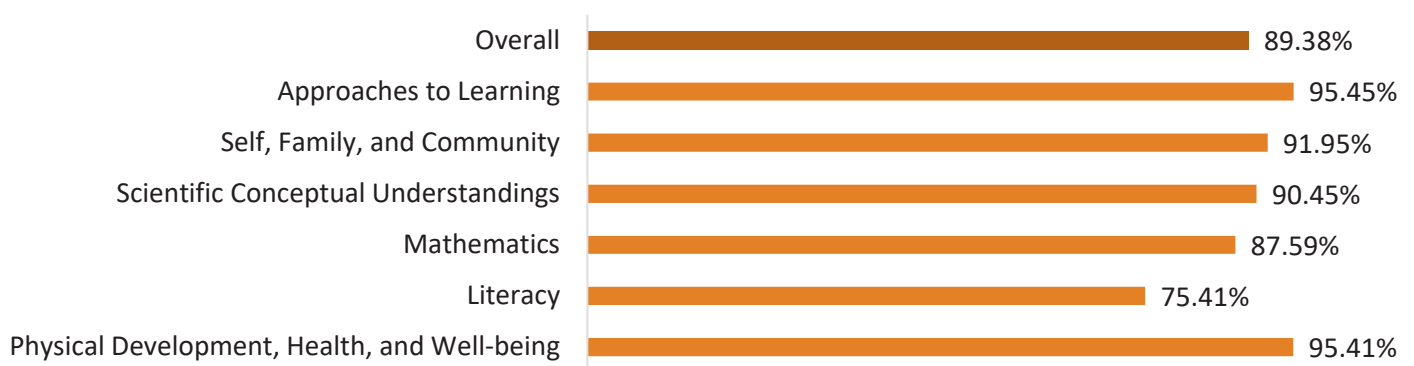
NM PreK focuses on school readiness through requiring a research-based curricula and the use of the Early Childhood Observation Tool, noted below, requiring LETRS-EC training for lead teachers and supporting teachers through practice-based coaching. Programs must address all areas of the New Mexico Early Learning Standards: literacy; mathematics; scientific conceptual understanding; awareness of self, family, and community; and approaches to learning.

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

**Chart 19.** All NM PreK (4-year-old) Students Scoring “Accomplished for 4s/First Steps for K or Higher,” End of SY23



**Chart 20.** All NM PreK (3-year-old) Students Scoring “Accomplished for 3s/First Steps for 4s or Higher,” End of SY23



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

The data above shows overall progress across multiple learning domains for SY23 NM PreK and Early PreK students (see Table 7 on page 24 and Chart 18 on page 22). The small number of children who attended a Mixed Age PreK program are included with their age peers. A total of 57 percent of NM PreK 4-year-old students met the end of the year overall benchmark of “Accomplished for 4s/First Step for K” or higher. A total of 60 percent reached the “Accomplished for 4s” benchmark for mathematics, and 51.42 percent for literacy.

### Student Health and Developmental Outcomes

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

### Nutrition

Each PreK program provides meals for children during their PreK day that meet federal nutritional requirements for children aged three to four. These programs participate in either the USDA School

Lunch Program or the Child and Adult Care Food Program.

### Engaged Families

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

**Table 7.** NM PreK, Early PreK, and Mixed Age PreK Funded Slots by County, SY23

County	Community Based			School Based	Total
	Early Prek	Mixed Prek	NM Prek	NM PreK	
Bernalillo	604	378	1,595	1,551	4,128
Catron				20	20
Chaves	40	32	50	450	572
Cibola		10		85	95
Colfax				40	40
Curry	30	6	34	337	407
De Baca				15	15
Doña Ana	568	277	809	762	2,416
Eddy		48		250	298
Grant	69	32	60	142	303
Guadalupe				28	28
Harding				22	22
Hidalgo				40	40
Lea	32		60	246	338
Lincoln		16	20	92	128
Los Alamos				155	155
Luna	47		65	205	317
McKinley	32	16	40	283	371
Mora				30	30
Otero	44	28	212	131	415
Quay				30	30
Rio Arriba	45		91	97	233
Roosevelt				138	138
San Juan	78	92	216	653	1,039
San Miguel		16		80	96
Sandoval	32	67	100	586	785
Santa Fe	76	110	66	468	720
Sierra	16	16	20	52	104
Socorro	16		18	53	87
Taos	38		49	109	196
Torrance		48		94	142
Union				36	36
Valencia	152	141	126	277	696
<b>Total</b>	<b>1,919</b>	<b>1,333</b>	<b>3,631</b>	<b>7,557</b>	<b>14,440</b>

**Table 8.** Average Monthly Number of People Served CACFP Meals in Centers, by County and Type of Setting, FY23

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

## By the Numbers

**35,854 CACFP meal recipients per month, on average 795,588 meals served through Summer Food Service Program for Children (SFSP)**

### Family Nutrition Services Bureau (FNB)

The Family Nutrition Bureau administers two federal programs focused on ensuring children have access to nutritious meals and snacks. The Child and Adult Care Food Program (CACFP) supports meals and snacks served as part of other early childhood programs, such as in PreK, Head Start, and child care. The Summer Food Service Program for Children (SFSP) provides meals during the summer months and other times when school meals are not available through a variety of community partners including summer school sites, nonprofits, and local governments.

### Summer Food Service Program for Children (SFSP)

Eligibility is set at the community level for each site and the determination is based on either U.S. Census data or on the percentage of children in the local school who qualify for free or reduced-price lunch. An area qualifies if at least 50 percent of local school children receive free or reduced-price school meals.

Cumulatively in FY23, 795,588 total meals and snacks were served through the program. Children are not required to register or otherwise provide paperwork to receive their meals, therefore the summer food program counts the number of meals served, but not the unique number of children served.

### Child and Adult Care Food Program (CACFP)

CACFP is focused on ensuring children have access to nutritious meals and snacks, and is provided across care settings including child care centers and homes, Head Start, PreK, emergency housing shelters, after-school programs, and adult daycare settings. Statewide in FY23, an average of 35,854 participants per month were fed meals reimbursed by CACFP – a 13 percent increase over FY22. Of those, about 30,670 per month were in center-based facilities, and about 5,184 per month were in home-based child care.

## Family Support and Early Intervention Division

### Home Visiting

Home visiting is one of New Mexico's leading strategies for improving the well-being of the state's youngest children for more than a decade. The home visiting system is designed to support important long-term goals for the state's children and families, namely that **1)** babies are born healthy; **2)** children are nurtured by their parents and caregivers; **3)** children are physically and mentally healthy; **4)** children are ready for school; **5)** children and families are safe; and families are connected to community supports.

Local organizations use standards-based practices and evidence-based home visiting models to support families in laying the foundation for their children's well-being and success. Home visitors encourage prenatal care and healthy pregnancy practices to promote a healthy birth; teach positive parenting skills such as reading, playing, and praising good behaviors; and provide information on topics such as breastfeeding, safe sleep, preventing child injuries, and developing early language and learning at home. Home visitors work with families to set goals for the future to support positive behavioral health, and screen for risks, and connect families to resources in their community.

The Home Visiting Accountability Act (NMSA 1978, Section 32A-23B-3), enacted in 2013, requires reporting on the specific data elements listed on page 27.



## Home Visiting Reporting Requirements

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

## FY23 Funding

New Mexico has significantly increased annual state funding for home visiting (see Chart 23). ECECD has also receives federal grants through the Health Resources and Services Administration (HRSA) as part of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. In FY23, cumulative funding across state and federal streams was \$20.8M, and in FY24 funding was increased to \$33.54M, which includes \$3M from the state's Early Childhood Trust Fund.

In FY23, programs funded through state general funds were contracted at a base rate of \$4,500 per family opening per fiscal year. Programs funded through the MIECHV program were contracted at a rate of \$6,000 per family. Programs were able to apply to receive an additional \$500 per family for documented special circumstance costs, such as travel to serve rural families.

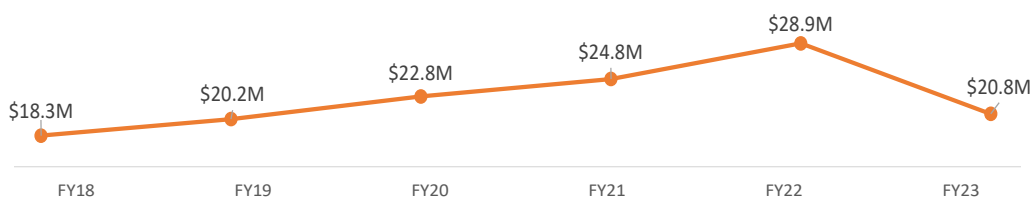
In FY23, ECECD-funded 5,107 year-round family slots, which served 6,598 families and 7,228 children. Almost 73 percent of families received services paid for with state general fund or TANF dollars. Another 20 percent of families received services through federal MIECHV funding, and 6 percent through federal Centennial Home Visiting (CHV) Medicaid reimbursement. 0.8 percent of families served were unidentified in the data system and therefore, unable to determine the funding source for approximately fifty-five families.

## Home Visiting Program Models

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

Two of these models—Nurse-Family Partnership and Parents as Teachers—are federally designated as evidence-based models. Models granted this designation are eligible for additional federal funding streams and can be reimbursed by Medicaid. The state also supports First Born, a New Mexico homegrown model actively pursuing evidence-based status, having demonstrated improved

**Chart 21.** Home Visiting Funding, FY18-23



### Home Visiting Program Models

First Born	prenatal-age 5	for first-time pregnant women or families enrolled before child reaches 2 months of age; some programs provide “First Born and More” services to families who don't meet these eligibility criteria but would still benefit from services
Nurse-Family Partnership	prenatal (prior to 28 weeks)-age 2	for first-time mothers enrolled prior to 28th week of pregnancy who meet income eligibility; evidence-based model is delivered by nurse home visitor
Parents as Teachers	prenatal-age 5	for all pregnant women or primary caregivers and children, using evidence-based model
Partners for A Healthy Baby/ Nurturing Parenting	prenatal-age 3	for all pregnant women or primary caregivers and children, following research-based curriculum

child outcomes in a randomized control trial. Other programs have adopted the widely used Partners for a Healthy Baby or Nurturing Baby curricula, which follow New Mexico’s research-based Home Visiting Program Standards.

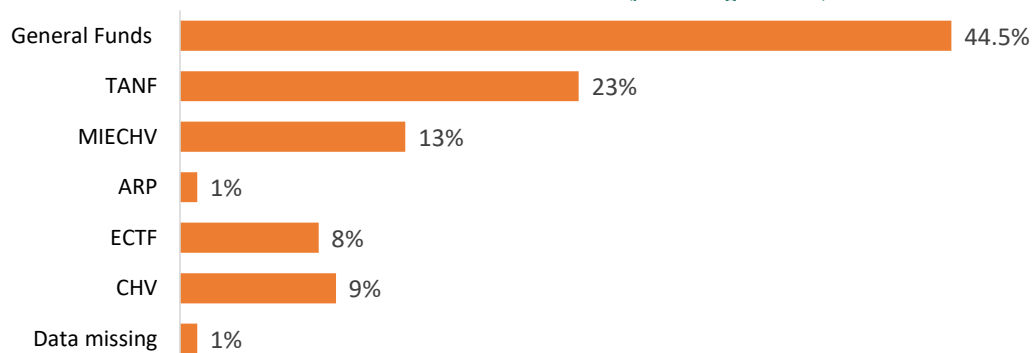
State-administered funding supported 33 home visiting provider agencies within 32 counties to offer—5,107 annual family openings statewide in FY23.

### Home Visiting Professionals

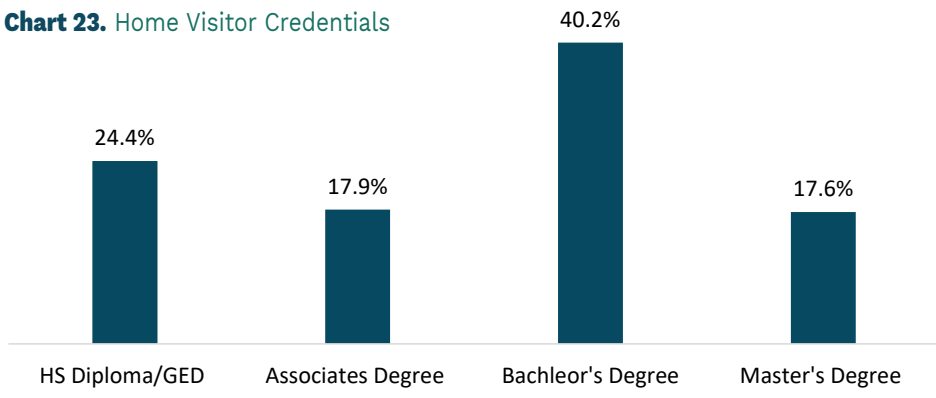
Home visiting programs are staffed with a combination of degreed and non-degreed professionals who have knowledge of early childhood development, child health, and early childhood mental health principles and practices, and strong relationship-building skills. In FY23, educational credentials were reported for 92 percent of a total home visiting staff workforce of 421. Of these, 76 percent had an associate’s degree or higher, and 58 percent had a bachelor’s degree or higher. Higher degrees are required for home visitors providing specialized services, and all programs must have access to a master’s-level, licensed mental health professional for consultation.

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

**Chart 22.** Percent of Families Served by Funding Source, FY23



**Chart 23.** Home Visitor Credentials



**58%**  
of home visiting staff have a bachelor's degree of higher

## Children and Families Served

### Participating Families

In FY23, a total of 7,225 children in 6,598 families received New Mexico home visiting services. Of these families, 2,582 (41 percent) enrolled prenatally and 1,425 (23 percent) enrolled as first-time parents seeking support and guidance. The majority (73 percent) of clients were caregivers of a single child. One in four (1,684) were connected to home visiting programs through a medical provider, an increase from one in five last year. Others were referred through family, friends, and community partners such as schools, social service providers, and child protective services.

### Family Demographics

The demographics of families served closely match the racial and ethnic makeup of New Mexico's population. Of clients who reported race and ethnicity data, 64 percent were Hispanic, 32 percent were non-Hispanic white, 9 percent were Native American, 3 percent were African American, 2 percent were mixed race, and 2 percent were Asian. Home visitors served families speaking 36 home languages, with 23 percent speaking Spanish, 0.1 percent Indigenous languages, and 3 percent other languages.

The median age of primary caregivers was 30. Teens represented 8 percent of mothers enrolled, with a total of 490 teen parents served. A total of 75 percent of all primary caregivers had less than a bachelor's degree.

While home visiting programs are not required to collect data on family incomes, more than 73 percent of families voluntarily reported this information. 76 percent (3,469) of families receiving home visiting in FY23 had annual incomes below \$40,000, and close to half of families (47 percent) had incomes below \$20,000.

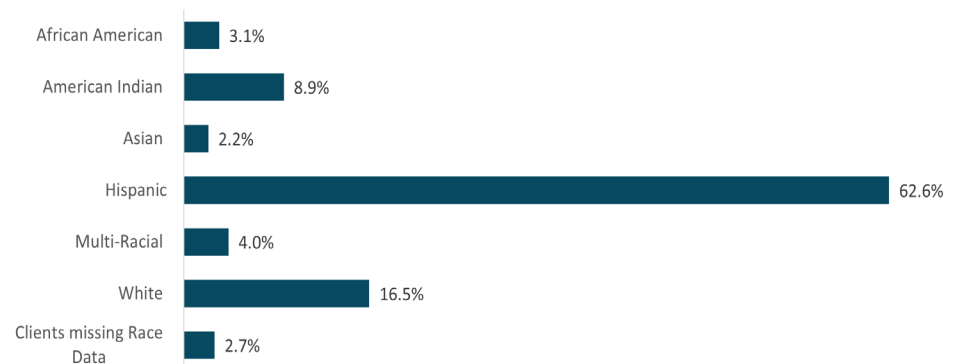
Close to a third of clients served in the fiscal year were prenatal

mothers (30 percent). Roughly one fourth of clients were children between the ages of birth to one year (24 percent), one fifth between ages one and two, slightly less than one fifth between ages two and three (18 percent), and 35 percent between ages three to five.

**Table 9.** Home Visiting Funding and Children Served, FY18-23

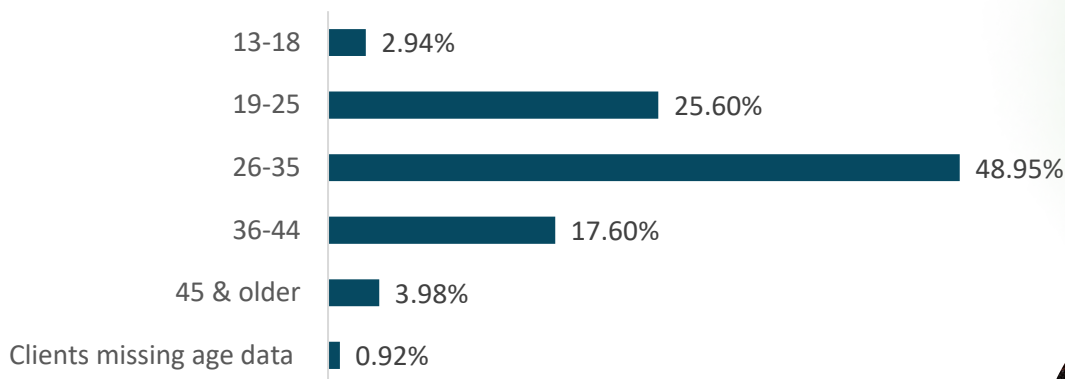
Fiscal Year	Children Served	Funding (State and Federal)
FY19	4,613	\$18.7M
FY20	5,227	\$20.2M
FY21	6,456	\$24.8M
FY22	6,766	\$28.9M

**Chart 23.** Clients by Race

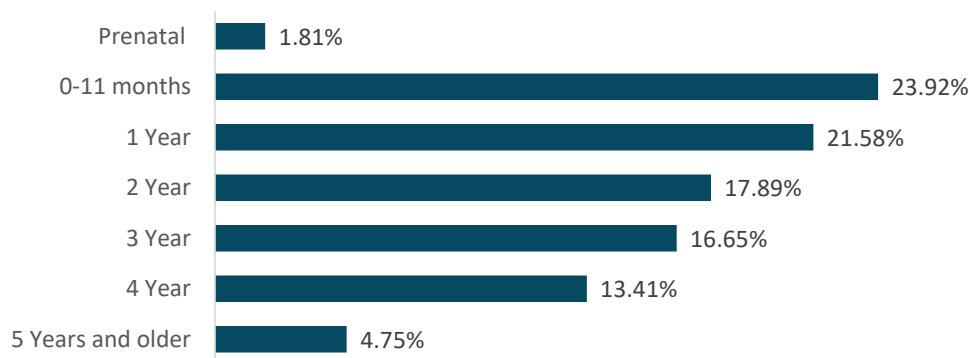




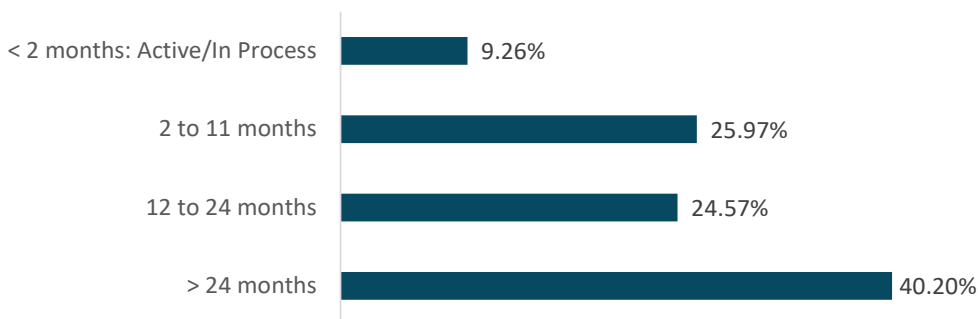
**Chart 24. Caregivers by Age**



**Chart 25. Age of Children Served**



**Chart 26. Length of Enrollment for Participating Families, FY23**



## Family Engagement

Historically, family engagement patterns have remained relatively stable from year to year. In FY23, 42 percent of families served (2,637) were new to home visiting, with 58 percent continuing from the prior year. Of families who were discharged during the fiscal year, about 13 completed their program.

Overall, nearly half of the families served during the fiscal year (50 percent) have participated in home visiting for more than one year, with those participating for at least two years at 26 percent. The average total length of enrollment across families served during FY23 was 17.52 months.

**Families received a total of 79,039 direct services from their home visitors this fiscal year**, nearly a 8 percent increase in direct services from last year. On average, families received 25.2 direct services this year, with nearly 24 percent of families receiving 20 or more direct contacts and enrolled between 1-2 years in home visiting. Most families received both in-person and virtual service visits during this fiscal year, with 60 percent of visits on average delivered in-person and 40 percent delivered virtually. This year again, nearly 81 percent of families demonstrated new parental competencies in teaching skills that are predictive of better cognitive and social development.



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

Screening for potential risk of developmental delay remained high (91 percent), as did rates of referral (94 percent) to and engagement (69 percent) with early intervention services. A similarly high rate of 87 percent of eligible children were also screened with the ASQ-SE, which indicates potential risk of social-emotional delay.

Several measures related to efforts to reduce child maltreatment and injury also showed positive results. 50 percent of mothers using illegal substances quit before giving birth. Home visitors referred 91 percent of eligible caregivers for risk of intimate partner violence. In addition, the percentage of at-risk clients with a safety plan in place climbed to 85 percent. Finally, rates of families with a substantiated abuse or neglect with six months of home visiting services remained below one percent, at 0.87 percent.



### Healthy Births

FY23 data show the impact of home visitors' work with families to improve prenatal and birth outcomes for both babies and mothers. Home visitors bring a wealth of research-supported strategies to families to promote optimal health during pregnancy and after a baby's birth, including the use of prenatal care, discontinuation of substance use during pregnancy, initiation of breastfeeding, on-schedule childhood immunizations, and preventing and treating maternal depression. Home visitors make appropriate referrals to supportive services when further need or risk in these areas is identified.

#### Prenatal Care

Mothers in home visiting consistently access prenatal care more often and earlier than pregnant women statewide. All 1,021 prenataly enrolled mothers with a birth in FY23 had data on the use of prenatal care. Approximately 94 percent (957) reported receiving prenatal care. Care in the first trimester of pregnancy was accessed by 91 percent (633) of prenataly enrolled mothers with a birth this year. This exceeds the statewide rate of 75 percent of pregnant people reporting first-trimester prenatal care (New Mexico Department of Health, 2022). Of mothers who enrolled prenataly 50 percent discontinued illicit drug use by the end of pregnancy. 60 percent of mothers who reported using tobacco discontinued use during pregnancy. 67 percent of mothers discontinued using alcohol.

#### Postpartum Care

23 percent of clients (1,505) had a birth this fiscal year. Of these, 78 percent (764) reported accessing a postpartum check-up after birth.

#### Postpartum Depression

Rates of screening for postpartum depression saw a slight increase — 88 percent of eligible mothers screened in FY23 using the Edinburgh Postnatal Depression Scale, up from 85 percent in FY22. Referrals and family engagement in behavioral health services, however, increased. Of the 4,510 of mothers identified as having symptoms of postpartum depression (“at-risk”), 95 percent (4,298) were referred for services where available. These referrals resulted in an increase from 50 percent in FY22 to a 56 percent rate of engagement in supports.

#### Breastfeeding

Of the 1,021 children born this year to mothers enrolled prenataly, all had data on breastfeeding initiation. Caregivers initiated breastfeeding with an increase of 86 percent, up from FY22 where it stood at 80 percent, which is an important protective factor for infant health. This is a lower rate than the pre-pandemic statewide rate of 89 percent (New Mexico Department of Health, PRAMS 2017-19), likely reflecting

parental uncertainty about COVID-19 transmission via breastfeeding as well as disruptions to in-person breastfeeding supports (Brown and Shenker, 2021).

Of the children born this year whose mothers reported initiation, 66 percent (743) were still being breastfed at six months (down from 72 percent last year).

## Immunizations

Data on child receipt of recommended immunizations are by parent report, with data missing for almost 5 percent (307) of families with children served in FY23. Of the 6,498 children with data, 95 percent report that their children are up to date with recommended immunizations—an increase from 94 percent FY22. (Note: data are reported for the immunization status of all children in home visiting, per the enabling act that established ECECD, ‘rather than only for infants and toddlers as required by the Home Visiting Accountability Act.)

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

## Parenting Practices

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

Home visitors use validated observational tools to develop parental capacity and measure increases in nurturing behavior with children. Most programs use the Parent Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO), designed for home visitors to evaluate healthy parenting practices and relationships (Roggman et al., 2013a, 2013b). Based on the results, home visitors help families implement specific strategies to foster daily nurturing parenting behaviors that are known to support children’s early development. One state-supported home visiting program model, Nurse-Family Partnership, uses an alternative observational tool, called the Dyadic Assessment of Naturalistic Caregiver-Child Experiences (DANCE). In total, 3,903 families were screened this fiscal year with one of these observational tools.

Initial observations of parenting behavior using the PICCOLO can be completed once children are at least four months old. Then, after six months of parenting curriculum and activities have been delivered, follow-up screenings are given. These follow-up screenings measure the development of new strengths in parenting behaviors over time. In FY23, parents of 2,820 children had completed both an initial and a follow-up screening.

Observational screens are scored in “low,” “medium,” or “high” categories, with scores in the “low” range signaling areas of opportunity for growth in healthy parenting practices. The four research-based domains of parenting behavior are: teaching, affection, encouragement, and responsiveness. Through home visitor direct work with parents on these supportive parenting practices, 2,758 parents showed growth in at least one domain:

- **2,437** children (81 percent) experienced parental improvement in teaching. An emphasis and supports provided to home visitors helped to increase this percentage significantly from FY22 where it stood at 60 percent.



# 95%

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



- **2,510** children (84 percent) experienced parental improvement in encouragement.
- **2,487** children (83 percent) experienced parental improvement in responsiveness.
- **2,591** (87 percent) experienced parental improvement in affection.

The results were significant this year with improvement rates increasing year after year, particularly in the teaching and affection domains. A total of 72 percent of families engaged and received the parent-child interaction or DANCE observation tool within the past twelve months.

### Child Physical and Mental Health

Early childhood cognitive and physical development is influenced by a host of individual, family, and systemic factors. Home visitors discuss a wide range of these development-related issues with caregivers, such as nutrition, the importance of well-child visits, monitoring for developmental milestones, and social-emotional development. They teach parents new strategies to monitor their child’s growth, and home visitors are prepared to discuss feeding and developmental or behavioral concerns. When concerns regarding the child’s growth, development, or health are noted, home visitors will make referrals to appropriate providers. FY23 data documents the connection of children in home visiting to these key supports for healthy, on-track development.

#### Well-Child Visits

Home visiting programs work with families to understand the importance of regular and preventive well-child health visits for infants and young children. Well-child health screenings allow pediatricians and other health professionals not only to ensure that a child’s health and development are on track, but also to help fill in gaps in a family’s support system (Polacheck and Gears, 2020).

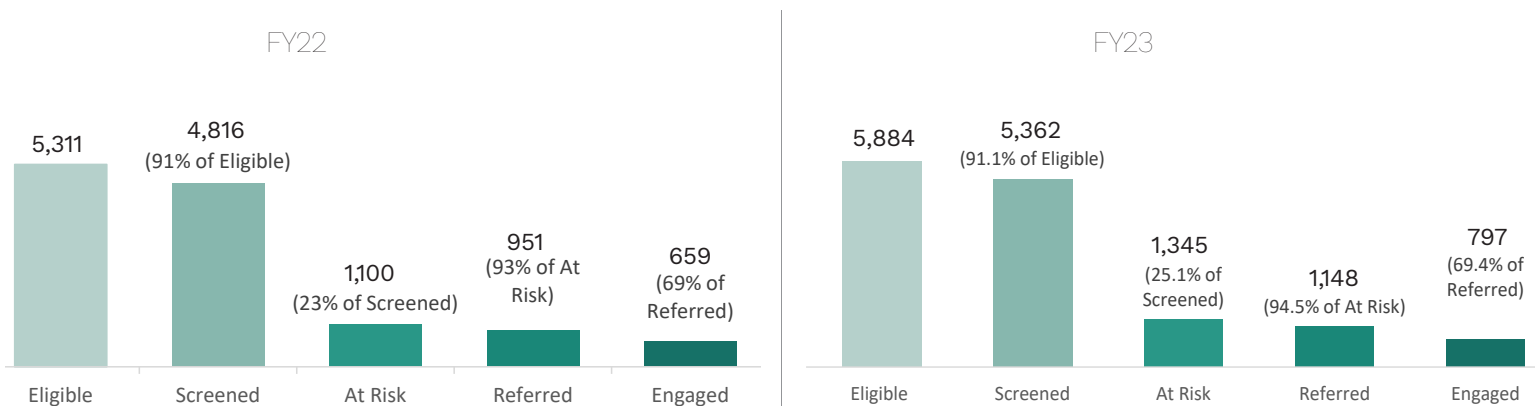
**In FY23, 81 percent of children served were reported by their parents as being up to date on recommended well-child visits**, an increase from 76 percent in FY22 and 75 percent in FY21.

#### Children Screened Using the Ages and Stages Questionnaire

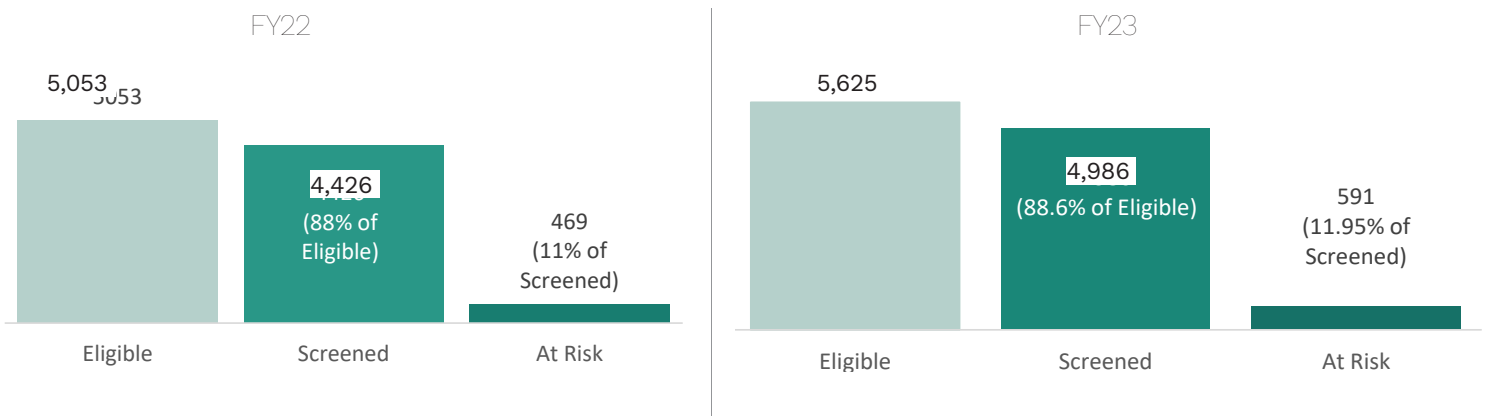
The American Academy of Pediatrics recommends all children receive developmental screenings at nine months, 18 months, and 30 months of age to ensure the early detection of developmental concerns. Home visitors use the Ages and Stages Questionnaire, Third Edition (ASQ-3), to track and monitor development milestones and social-emotional development. Timely screening ensures that children identified with possible delays are referred in a timely manner to professional early intervention services (Guevara et al. 2012) that can help improve the outcomes of a delay or disability.

Rates of home visitor-conducted screenings of children for potential developmental delays were comparable to last year’s, as were rates of children referred to and engaged in early intervention services. However, in FY23 the number of children screened exceeded last year’s by 546, with a FY23 total of 5,362.

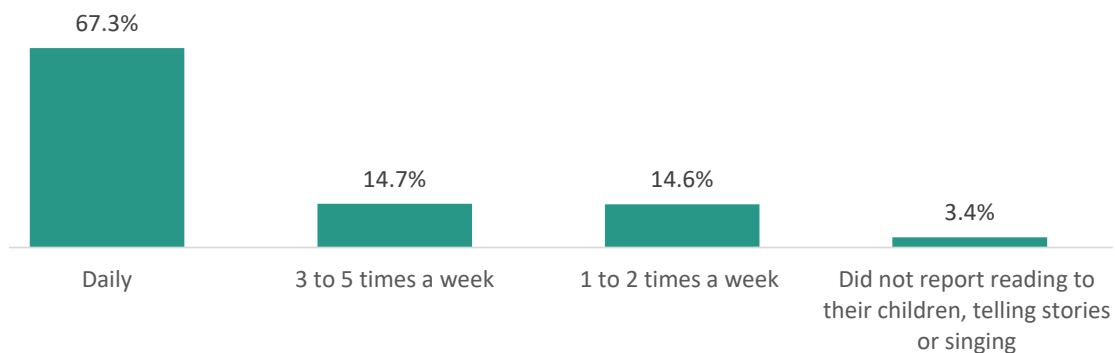
**Chart 27. Children Screened for Potential Delay in Development (ASQ-3) and Connected to Early Intervention Services**



**Chart 28.** Children Screened for Risk of Social-Emotional Delay (ASQ-SE)



**Chart 29.** Percentage of Families Reading, Singing, or Telling Stories to Their Child



This was of a total of 5,884 children old enough (four months of age) and in home visiting long enough (five visits) to receive the first ASQ-3 screen. Children receiving early intervention services before initiation of home visiting do not receive the screen.

Of these children, 91 percent (5,362) had received at least one ASQ-3 screen. Roughly 25 percent, or 1,345 were identified by the screen, as having characteristics of a delay in development, and therefore in the category of “identified for referral (at-risk).”

A total of 1,148, or 94 percent of children identified for referral through the ASQ-3, were referred to FIT early intervention services. This represents a sustained increase in referral rates to FIT, up from 93 percent last year and 94 percent in FY21. Of those referred, 69 percent (797) engaged in early intervention services—a higher rate than in past years (69 percent in FY22 and 69 percent in FY21) as well as a numerical increase from FY23’s 659.

## School Readiness

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

## Social-Emotional Development

The ASQ-Social-Emotional questionnaire was administered to 4,986 (89 percent) of FY23's 5,625 eligible children since their enrollment in home visiting. Of these, 591 (12 percent) scored below cutoff. Scores on the ASQ-SE guide home visitors' work with families in preventive interactions designed to address children's social and emotional development difficulties. When scores indicate possible risk for delayed development, home visitors discuss early intervention with families and provide referrals to FIT early intervention services and mental health providers, as appropriate.

## Early Language and Literacy

Programs also promote the development of language and early literacy activities in the home. Home visitors work with families to track the number of days in which a caregiver reads, tells stories, or sings to an infant or child in a typical week. Data reported by 100 percent of families served in FY23 shows that 97 percent read, sing, or tell stories to their child at least once a week, with 100 percent doing so daily—this significantly surpasses last year's reporting data by 34 percent.

## Family and Child Safety

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

## Intimate Partner Violence Prevention

Among FY23 active families, 6,598, 83 percent of were screened (5,479 families) for potential risk of intimate partner violence using the Relationship Assessment Tool (RAT) or Hurt, Insult, Threaten or Scream (HITS) Tool for Intimate Partner Violence Screening.

When screened, 8 percent (422) scored as potentially at risk. Of those at risk, 91 percent (384) were referred to available behavioral health services. This represents a stable referral trend, from a low of 60 percent in FY19 to last year's 91 percent. The percentage of families who engaged in services as a result of the referral was 34 percent (130), slightly higher than last year's 31 percent. Of the 422 families who scored as at-risk on an intimate partner violence screen, 85 percent (361) are recorded as having a safety plan in place. This is an increase from 79 percent in FY22.

## Injury Prevention

Home visitors' discussions with parents about safety in the home are important to the prevention of unintentional child injury. Recorded rates of discussion of home injury prevention were at 88 percent. This rate was at 74 percent in FY22.

## Safe Sleep Practice

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

Data on safe sleep practices were available for close to 82 percent of families with infants participating in home visiting during FY23. Home visitors completed 8,937 visits where sleep education was provided. Overall, 64 percent of families reported that they placed their children to sleep safely.

**82%**

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

## Home Visiting Outcomes for FY23

<b>Healthy Births</b>	
Received Prenatal Care	94 percent
Received First Trimester Prenatal Care	85 percent
Initiated Breastfeeding	86 percent
Screened for Perinatal Depression	88 percent
Referred to Depression Supports	95 percent of those at-risk
Engaged with Depression Supports	56 percent of those referred
Up-to-Date Immunizations	95 percent

<b>Parental Nurturing</b>	
Improved Parenting Skills	2,758 parents (in at least one domain as measured by the PICCOLO tool)
Improved Ability to Teach Children	81 percent
Improved Ability to Encourage Children	84 percent

<b>Child Physical and Mental Health</b>	
Screened for Healthy Development	91 percent (as measured by the ASQ-3 tool)
Referred for Early Intervention Supports	94 percent of those at potential risk of delay
Engaged with Early Intervention Supports	69 percent of those referred
Up-to-Date Well-Child Checks	81 percent of parents reporting

<b>School Readiness</b>	
Screened for Social-Emotional Development	89 percent (as measured by the ASQ_SE tool)
Any Weekly Reading, Singing or Storytelling	97 percent
Daily Reading, Singing or Storytelling	100 percent

<b>Safety of Families and Children</b>	
Screened for Intimate Partner Violence	83 percent
Referred for Intimate Partner Violence Supports	91 percent
Engaged with Intimate Partner Violence Supports	34 percent
Family Safety Plan in Place	85 percent
Referral for Child Maltreatment or Abuse	Less than 1 percent (0.77) of families in home

<b>Connections to Community Supports</b>	
Risk Factors Identified through Screenings	2,253 children or their caregivers (19.85 percent of families) based on screening tools for child development, perinatal depression, and intimate partner violence.
Referred to Supports	92 percent
Engaged with Supports	53 percent of those referred



## Child Abuse Prevention

ECECD also tracks data that examines the relationships between home visiting services and the prevention of maltreatment. Of those families receiving home visiting services for at least six months in FY23, .062 percent had one or more protective service substantiated abuse or neglect referrals during their participation period.

## Connection to Community Supports

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

## Family Support Referrals

Nearly 95 percent of families enrolled in FY23 have been referred to a total of 43,529 family support services during their time in home visiting, with 8,282 referrals initiated this year. Of referrals ever made to FY23 families, 9 percent were to behavioral health services, 9 percent were for basic needs, 8 percent were to family and social support services, and 9 percent were to early intervention (FIT) services. Home visitors referred 6 percent of families to nutrition supports such as Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP).

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

**The 6,598 families served this fiscal year have received a total of 1,650 referrals from their home visitors to child care centers since their initial enrollment in the program.**

# Family Infant Toddler Program (FIT)

## Overview

The Family Infant Toddler (FIT) Program provides early intervention services to children who have, or are at risk for, developmental delays or disabilities. Early intervention services include service coordination, developmental instruction, speech and language, physical, and occupational therapies, and family driven supports to maximize a child's ability to fully participate in family and community life.

FIT emphasizes strengthening the capacity of families to meet their children's health and developmental needs. Services are provided at no cost to families for children from birth to age three. Services are typically provided on-site with the child and caregiver, either at their home or in their child care setting.

## By the Numbers

**FY23 Funding: \$73,845,449.00**

**35 provider organizations**

**14,901 children served**

**508,046 service hours**

## FY23 FIT Funding by Source

General Fund: \$23,220,400.00

ECECD Medicaid Match Fund: \$6,401,600.00

Medicaid: \$39,143,789.00

Federal Fund Part C IDEA: \$3,045,060.00



**Table 11. FIT Professionals by Role, Statewide FY23**

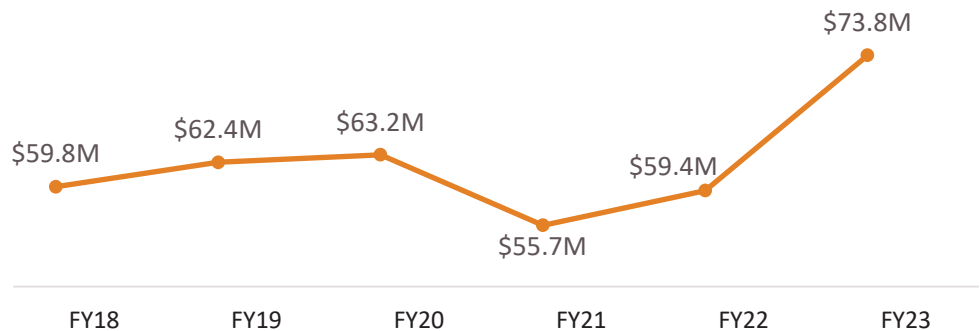
Professional Role	Number of Individuals	Average Salary/Wage	Turnover Rate
Audiologist	5	\$81,115	0 percent
Developmental Specialist	365	\$49,258	18 percent
Family Service Coordinator	117	\$45,961	29 percent
Family Therapist	19	\$70,327	6 percent
Nurse	13	\$85,192	13 percent
Nutritionist	22	\$127,238	0 percent
Occupational Therapist	148	\$74,895	9 percent
Orientation and Mobility Therapist	2	\$44,591	21 percent
Paraprofessional	14	\$101,082	10 percent
Physical Therapist	98	\$63,282	45 percent
Psychologist	3	\$72,370	67 percent
Social Worker	61	\$59,519	5 percent
Speech and Language Pathologist	239	\$77,678	6 percent
<b>Total</b>	<b>1106</b>		



\*It is important to note that a percentage of the people in these roles also serve as Developmental Specialists and they are counted in the total number of Developmental Specialists.

FIT is an entitlement program administered under the Individuals with Disabilities Education Act (IDEA) Part C: Early Intervention Services for Infants and Toddlers. All families with qualifying children are entitled to receive services. The program is funded by a mix of state general funds, federal grants, and Medicaid dollars. For FY23, FIT had an operating budget of over \$73 million, of which about \$23.2 million came from state general funds. Chart 30 shows FIT funding over time combining state general funds, Medicaid funds, and state Medicaid matching funds.

**Chart 30. FIT Funding Trend, FY18 to FY23**



## FIT Providers

FIT services are provided by 35 community-based organizations throughout New Mexico, serving all counties and regions of the state. These organizations employ professionals with a variety of skills and backgrounds, ranging from broad family support experience to specialized medical knowledge. Table 11, shows the number of professionals by type who were employed by FIT programs in FY23.

During the summer and fall of 2022, in partnership with a national consulting firm, FIT completed an Early Intervention Cost Study. The study revealed that rates for reimbursement were below market rate which likely contributes to high turnover rates and challenges with recruitment and retention of the FIT workforce.

## Children Served

All families with qualifying children are entitled to receive FIT services free of charge, regardless of family income. The FIT Program bills Medicaid and private insurance with the written consent of the parent and does not charge copays or deductibles. A New Mexico law passed in 2005 requires that all health insurance plans cover up to \$3,500 per year in FIT services. In FY23, 70 percent of families receiving FIT services had Medicaid, 13 percent had private insurance, and 16 percent had no insurance. **FIT served a total of 14,865 children in FY23, providing about 505,046 service hours.**

New Mexico is a national leader in providing early intervention services to young children. In FY23, New Mexico's FIT program became the top state in the nation for identifying children who are at risk for or experiencing developmental delays.

Families with young children may qualify for early intervention services if evaluation by professionals finds the child has an established medical condition or a known developmental delay of at least 25 percent or is at risk for disability or delay due to biological, medical, or environmental conditions. New Mexico is one of several states that offers qualification through assessment of biological or environmental risk. This allows for early intervention when factors such as prenatal drug exposure, a history of abuse or neglect, caregiver use of drugs or alcohol, domestic violence, or depression or psychiatric disability in a caregiver are present. [Table 12](#) shows the eligibility categories for total children served in FY23.

FIT is also working to align the health sector with early childhood needs by increasing awareness among pediatricians around the state to increase referrals to the program. [Tables 13 and 14](#) contain the demographics of the children served by FIT in FY23. The white racial category in [Table 14](#) is not disaggregated by ethnicity, and therefore includes children of white race and Hispanic ethnicity.

Empowering families is central to FIT's mission. FIT operates under a core belief that parents and caregivers are the most powerful agents of change in a young child's life. Therefore, FIT provides early intervention services to children by building the capacity of the most important adults in the child's life, which allows intervention to happen during daily routines instead of only a few times per month. In addition, FIT contracts with key community organizations to help families navigate special education systems. These organizations (Parents Reaching Out and Education for Parents of Indian Children with Special Needs) specialize in empowering families who have children with special needs to act as a key advocate for their child throughout their child's education.

To measure family engagement and impressions of efficacy, FIT conducts an annual family survey that assesses whether and how participating families believe FIT services have helped them. For FY23, this survey found:

**Table 12.** Participants per Eligibility Category, FY23

Category	Number of Children
At-Risk Environmental	461
At-Risk Medical/Biological	638
Developmental Delay	10,709
Established Condition	230
Multiple Categories with Developmental Delay	5,905
Multiple Categories without Developmental Delay	777
<b>Total</b>	<b>18,720</b>

**Table 13.** Race of Children Served by FIT, FY23

Race	Number of Children
American Indian/Alaska Native	1,232
Asian	187
Black or African American	471
Native Hawaiian or Pacific Islander	19
White	11,849
Two or More Races	454
Unknown	657
<b>Total</b>	<b>14,869</b>

**Table 14.** Ethnicity of Children Served by FIT, FY23

Ethnicity	Number of Children
Hispanic	9,729
Non-Hispanic	4,483
Unknown	657
<b>Total</b>	<b>14,869</b>

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

### Key Outcomes

The FIT program tracks children’s developmental progress over time using validated evaluation/assessment tools. The information gathered from these tools is used to measure children’s progress in three broad areas of development: establishing positive social relationships, acquiring and using new knowledge and skills, and taking appropriate actions to meet needs. Helping children progress toward on-time development supports their readiness for school and helps decrease the likelihood that they will need more intensive interventions later.

**In FY23, 3,439 children exited the program** and had data collected on their overall progress while enrolled. Of those, 3,137 had an identified developmental delay, disability, or an established condition. Another 267 were originally found eligible because of environmental or biological risk. [Tables 15 and 16](#) summarize the percentages of these children who made different levels of progress across developmental domains.

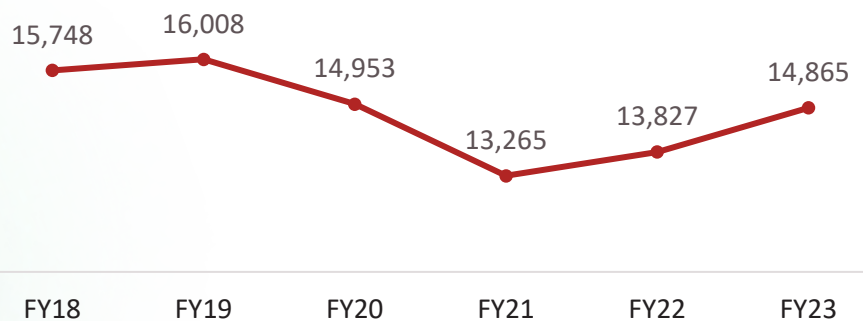
**Table 15.** Outcomes for Children with Developmental Delays/Established Conditions who Exited FIT in FY23

Summary Statement	Social Emotional Skills	Acquiring and Using Knowledge	Taking Appropriate Action to Meet Needs
Of those children who entered the program below age expectations in (outcome), the percent that substantially increased their rate of growth in (outcome) by the time they exited.	73 percent	76 percent	76 percent
Percent of children who were functioning within age expectations in (outcome) by the time they exited.	47 percent	49 percent	48 percent

**Table 16.** Outcomes for Children At Risk of Developmental Delay (Environmental/Medical Biological) who Exited FIT in FY23

Summary Statement	Social Emotional Skills	Acquiring and Using Knowledge	Taking Appropriate Action to Meet Needs
Of those children who entered the program below age expectations in (outcome), the percent that substantially increased their rate of growth in (outcome) by the time they exited.	71 percent	75 percent	76 percent
Percent of children who were functioning within age expectations in (outcome) by the time they exited.	70 percent	73 percent	71 percent

**Chart 31.** Children Served by FIT, FY18-FY23



# Families FIRST

## Overview

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

## Families FIRST Nurses

Unlike other ECECD programs that operate through contracts and agreements with community organizations and schools, Families FIRST is operated by a small team of state employees. In addition to the care coordinator nurses, the team includes financial support staff and medical secretaries. The administration support provided by the non-clinical team supports the daily operations of the program and outreach to families across the state.

The 15 care coordinators in the program are all registered nurses and hold a mix of bachelor's degrees and two-year degrees and they earn hourly wages that range from \$31 to \$48 per hour. Regional Coordinators are registered nurse supervisors, with hourly wages that range from \$34 to \$50 per hour. Non-clinical administration staff pay rates range from \$17 to \$31 per hour.

In FY23, nurses have embarked on a new delivery of care model that takes their work out of the clinic and into the field to provide more hands-on care to families in the program, with the goal of improving outcomes even more. **In FY23, a focus for the program was preparation for expansion into the Northeast Region. The region received 1,669 referrals during the fiscal year.**

## Families Served

The Families FIRST program is for pregnant women and their children up to age three. To be eligible, families must either receive or be eligible for Medicaid, which for pregnant women means their income does not exceed 250 percent of the Federal Poverty Level (\$62,150 annually for a family of three). Families can earn slightly more (up to 300 percent of the Federal Poverty Level) once children are born. Families FIRST supports women in reaching positive birthing and parenting outcomes, ensuring families are connected to needed services, and helping prevent pre-term births and other adverse outcomes. If families are eligible for Medicaid but not enrolled, a Families FIRST nurse will help them with the enrollment process.

In FY23, Families FIRST contacted 5,447 families who were potentially eligible and interested. This resulted in program enrollment of 1,023 clients this fiscal year, of whom 491 enrolled prenatally and 524 received pediatric services after birth. [Tables 17 and 18](#) (page 42) show the demographics of Families FIRST clients. Note that the white racial category is not disaggregated by ethnicity and includes both Hispanic white and non-Hispanic white clients.

## FY23 By the Numbers

**Total Funding: \$2,865,300**

- **5,447 clients contacted**
- **1,023 clients enrolled**
- **247 newborns delivered to enrolled mothers**

## Funding Sources

FY23 Total Funding: \$2,865,300

General Fund: \$601,812

EC Trust: \$1,367,488

Other State Funds: \$900,000



## Families FIRST Services

Families who receive services through Families FIRST attend a series of clinic visits during their time with the program. Pregnant women attend three appointments (one in each trimester), as well as a postpartum visit. At a woman's first visit, the Families FIRST nurse conducts a comprehensive and holistic nursing assessment that includes her medical history, her economic status, social situation, support system, substance or drug use, and any behavioral health needs. This assessment helps the nurse identify and make appropriate referrals as well as provide appropriate education to meet the family's specific needs. At subsequent visits in the second and third trimesters, nurses follow up on referrals from earlier visits and provide education about emerging topics such as gestational diabetes or preparing for labor. At the postpartum visit, nurses will reassess the family and provide services such as screenings for depression and breastfeeding supports. They also provide education on postpartum topics such as newborn care, safe sleep practices, and birth control options.

After the postpartum visit, families transition into the pediatric portion of Families FIRST. Pediatric services consist of about 12 appointments that take place four times per year for the child's first three years of life. During these pediatric appointments, nurses conduct developmental screenings to identify developmental delays and refer families as needed to the Family Infant Toddler (FIT) Program (see page 37). They also continue connecting families to any needed social and economic support during this time.

## Key Health and Development Outcomes

A total of 82 percent of Medicaid-eligible expecting mothers that were enrolled in Families FIRST and home visiting accessed prenatal care in their first trimester of pregnancy, an important support to ensure healthy birth outcomes. A total of 97 percent of Medicaid-eligible mothers who delivered while enrolled received a postpartum care visit with their health care provider. Families FIRST collects data on several outcomes related to these healthy births (see see box on following page). Once children were born, the program supported their ongoing health and development in a variety of ways, including:

- **Conducted 443 developmental screenings** using the Ages and Stages Questionnaire (ASQ) to identify children with developmental delays and disabilities. These screenings usually start at four months of age.
- **Referred 13 children** identified as at risk of developmental delay or disability to early intervention services through the Family Infant Toddler (FIT) Program. Being connected with FIT early in childhood can help children reach key developmental milestones that support school readiness.
- Ensured **99 percent of children were up to date on immunizations.**
- **Referred 152 clients to home visiting programs**, which provide long term comprehensive family supports for positive parenting and child well-being. Eighty-six of these referrals were to pregnant mothers and 66 were to families with infants.

## Births in FY23

In FY23, 247 newborns were delivered to mothers enrolled in the Families FIRST program. Of those newborns:

- 94 percent were born after 37 weeks
- 87 percent did not spend any time in the special care nursery
- 81 percent weighed more than 6 lbs. at birth
- 64 percent had no major complications
- 73 percent were breastfed
- 67 percent had a vaginal delivery

**Table 17. Race of Families FIRST Clients, FY23**

Race	Percentage
American Indian/ Alaska Native	6 percent
Asian	.8 percent
Black or African American	3 percent
Native Hawaiian or US Territory Islander	.6 percent
Other	7 percent
White	76 percent
Unknown	6 percent

**Table 18. Ethnicity of Families FIRST Clients, FY23**

Ethnicity	Percentage
Hispanic or Latino	63 percent
Non-Hispanic or Non- Latino	21 percent
Unknown	16 percent

- Connected families to needed services and supports **933 times** to address identified needs of each family.
- Provided families with support around feeding and food insecurity. This included education and promotion around breastfeeding, as well as referrals to nutrition support programs such as Supplemental Assistance Program (SNAP) or Women, Infants and Children (WIC).

# Head Start State Collaboration Office

## Overview

Head Start and Early Head Start are key partners in the early childhood education system working to give every vulnerable preschool-age child in low-income families an opportunity to succeed in school and life ahead. These federal to local funded programs make an impact on communities by providing comprehensive educational, emotional, social, health, nutritional, family engagement, community, and psychological services that support thriving children and their families. Head Start has been providing services for 58 years in New Mexico, since the program's beginning in 1965, with Early Head Start services added in 1995. Both Tribal and Regional entities offer Head Start and Early Start programs in New Mexico.

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

## Head Start Professionals

Early Head Start and Head Start classrooms were staffed in FY22 with 2,240 teaching professionals. A total of 31 percent of Head Start teachers have a bachelor's degree or higher, while 48 percent hold an associate degree, and 5 percent hold a Child Development Associate Credential (CDA). Almost half of teaching assistants (48 percent) reported no educational qualifications, while 35 percent hold a CDA, 15 percent have an associate degree, and 2 percent have a bachelor's degree or higher. Among the state's Early Head Start teaching professionals, 14 percent have a bachelor's degree or higher, 27 percent have an associate degree, and 38 percent have a CDA. Another 19 percent reported no qualifications.

## Head Start State Collaboration Office Five-Year Priorities

The HSSCO will follow seven priorities into FY23:

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

Head Start participates in ECECD's scholarship and wage supplement programs. The Department awarded 138 scholarships to Head Start professionals in fall 2022, 104 scholarships in spring 2023, and 63 scholarships in summer 2023. ECECD awarded 92 wage supplements in FY22 to Head Start and Early Head Start teachers. Additionally, 927 Head Start teachers and teaching assistants are enrolled in Quorum online training and have completed 1,021 courses.

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

### **Funded Enrollment**

In FY23, total funding for Head Start and Early Head Start in New Mexico was \$107,916,929. This total includes federal funding for both Regional and Tribal programs. Note that funding and enrollment totals do not include the Navajo Nation, whose service area crosses multiple states. This federal funding is awarded directly to grantees, with total funded enrollment of 2004 Early Head Start and 4,439 Head Start slots, and 1,432 American Indian and Alaska Native Head Start Programs.



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# Appendix A: ECECD's Organizational Chart



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**New Mexico Early Childhood  
Education and Care Department  
Annual Outcomes Report  
for Fiscal Year 2023  
July 1, 2022 - June 30, 2023**

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