

Findings from the New Mexico Early Childhood Education and Care Department's 2024 Family Engagement and Satisfaction Survey

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Early Childhood

Education & Care Department



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In collaboration with the New Mexico Department of Early Childhood Education and Care under the leadership of Secretary Elizabeth Groginsky, Project ECHO Education Team and MediaDesk

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Executive Summary

The Early Childhood Education and Care Department (ECECD) conducts an annual New Mexico Family Engagement and Satisfaction Survey to measure parents' and caregivers' awareness of early childhood programs, the availability and use of these programs, and for parents and caregivers who use these programs, their overall satisfaction. Additionally, ECECD measures the level of need for early childhood services and parents and caregivers experiences related to access to food, housing, and medical care. The survey was first administered in 2022. This report outlines the findings from the third administration of the survey in 2024. Each year, the survey is distributed to families with children aged 0–5 throughout New Mexico. We are reporting trends across all three years of the survey administration in this 2024 report. The structure of the survey report remains constant from 2023 to 2024, with an increased focus on the four core programs supported by ECECD, and an additional section. The four core programs are Child Care, PreK, Home Visiting, and the Family Infant Toddler program. The additional section is on disability and language, which was included to increase our understanding of composition and needs of families with children of early childhood age in New Mexico.

In 2024, there were 3,202 responses to the survey This was slightly lower in comparison to the 3,551 responses received for the 2023 survey, which represented a significant increase from the 1,549 responses collected in 2022. In 2024 and 2023, all counties in New Mexico were represented. In 2024 the results demonstrate high levels of program awareness and positive impacts on family wellbeing sustained from 2023. The Department saw measurable improvement in the satisfaction of respondents in the early childhood programs and services that they use. There are overall high levels of need captured in the 2024 survey, but need has declined as measured by decreases in child care, food, housing, and health care insecurity. Between the 2022 and 2023 data points, the overall awareness, usage, and satisfaction of child care programs increased across the state, alongside an increase in need and demand for these programs.

Below are the year-over-year increases in awareness, usage, impact on well-being, and satisfaction averaged across all programs and services.

Awareness

80% awareness over all programs

Usage

From 2022–2024, 21% increase in child care services and 14% increase in the Child Care Assistance program.

Impact on Well-Being

89% reporting increased well-being — a 3% increase from 2023.

Satisfaction (Net Promoter Scores)¹

10 point increase on average across all programs from 2023 to 2024.

1. Net Promoter Scores (NPS) measure the loyalty of consumers to a program or organization and are a good proxy for overall satisfaction with programs. NPS scores are obtained through a single question and reported as a number within the range of -100 to +100. Any score above 0 indicates that the program has significantly more promoters—those who rate their likelihood of recommending the service to a friend or colleague at 9 or 10 out of 10—than detractors, who rate their likelihood of recommendation at 6 or less. Any NPS of 25 or above is considered to be good.

As seen above, ECECD has experienced a notable and encouraging positive increase in the four areas it can influence: awareness, usage, impact on well-being, and satisfaction. These findings serve as integral indicators of the Department's effectiveness and impact on the community.

The strong level of awareness is evidence that ECECD's communication efforts related to sharing program information and promoting the importance of early childhood education and care. Furthermore, the observed increase in usage signals a positive shift in the community's engagement with early childhood programs. The rise in satisfaction signifies that the Department's focus on continuous quality improvement, technical assistance, and professional development is creating positive experiences and garnering the community's trust and approval.

However, it is crucial to acknowledge that amidst these achievements, a distinct trend emerges: the overall need for early childhood education and care programs remains high, despite a slight decline between 2023 and 2024. While the department might not wield direct influence over the extent of this need, it remains positioned to respond dynamically and proactively. This necessitates a continual assessment of the evolving demands and challenges within the community and an agile approach to crafting innovative solutions that address these demands effectively.

- Child care insecurity: 71% experienced in the past 12 months, 25% experienced often and always.

The following report expands on the trends and nuances we've found while analyzing data from 2024 alongside the 2023 and 2023 data sets. Below are the key takeaway findings from the report

Key Findings

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

- Ongoing high levels of program awareness at 80%
- Program familiarity scores continue increasing year-over-year, indicating steady increases in the amount of knowledge families have of early childhood programs and services
- Despite small metro areas having the least overall awareness of programs in both 2023 and 2024, they have significantly increased knowledge in seven out of nine programs between 2023 and 2024
- Three out of four respondents learn about early childhood programs and services from trusted messengers

Program usage, impact on well-being, and satisfaction of parents and caregivers:

- 89% of respondents who used a program or service reported an increase in family well-being on average
- There was a 21% increase in respondents using child care services between 2022 and 2024, from 51% to 72%, making it the most-used program
- Strong gains in overall usage of child care services reflect strong increases in child care use by lower and middle income families
- There is currently a comparatively lower use of the Child Care Assistance program by Native American and Hispanic families compared to White families
- In 2022, the most used service was food support; in 2024, the most used service is child care
- The percentage of families indicating that expense is a barrier to accessing child care services dropped from 28% in 2023 to 23% in 2024
- Those with the lowest education levels use special education, family support, and early intervention services at a lower rate than any other group levels of need for child care and early childhood services, as well as experiences with food and housing insecurity and access to medical care:
- Between 2023 and 2024 there was a drop in need averaged across all areas
- Between 2023 and 2024 there was 5.3% drop in intermittent child care insecurity and a 2.3% drop in chronic child care insecurity
- Food insecurity: 67% experienced in the past 12 months; 18% experienced often and always



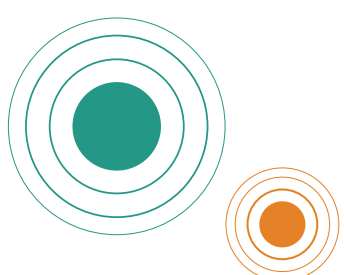
- Health care access and health insurance insecurity: 56% experienced in the past 12 months; 17% experienced often and always
- Housing insecurity: 52% experienced in the past 12 months; 16% experienced often and always

Disability and language:

- Language accessibility is the least cited barrier by families to accessing early childhood programs and services, cited by only 6% of respondents
- Disabilities in the family are reported at a far higher rate in metro areas (21%) compared to small metro areas (14%)

The responses across all three years of collection are roughly proportional to the state’s population in terms of educational attainment, income levels, race/ethnicity, and geography, however there is a more nuanced picture at the granular level. For representativeness, the survey sample is compared to available data about US and NM parents in the categories of education and income, but to the general population in the categories of race/ethnicity and geography, due to the unavailability of parent/caregiver data. The survey sample closely mirrors the general population of US parents for graduate education (22% vs.

23%) but somewhat underrepresents those with only a high school education (37% vs. 43%) and overrepresents those with undergraduate degrees (41% vs. 35%). Income distribution aligns well, with the survey capturing 21% of respondents under the Federal Poverty Level compared to 23% of families in the state who earn under the poverty level according to 2020 census data. For race/ethnicity, the sample shows some variance, with Native Americans slightly underrepresented (7% vs. 9%), Hispanics or Latinos underrepresented comparatively although still forming a statistically significant portion of the sample (38% vs. 48%), and Whites overrepresented (50% vs. 37%). The “Other races” category is notably higher in the survey compared to census (14% vs. 4%), complicating representativeness conclusions. Geographically, the sample aligns well with county populations, with slight overrepresentation from Bernalillo County and underrepresentation from San Juan County. Grouped into metropolitan, small metropolitan, mixed rural and urban, and rural categories, the sample shows slight overrepresentation in metropolitan and rural areas and underrepresentation in small metropolitan and mixed areas, but broadly reflecting demographic distributions within the state. For a more detailed account of the representativeness of the survey sample see [Appendix 2. Demographics of survey respondents.](#)



Program Summaries of ECECD Four Core Programs²

Child Care Services

- Reported usage rates of child care services in 2024: 72%
- Change from 2023 to 2024: 7% increase
- Change from 2022 to 2023: 14% increase

The 2024 three most reported valuable aspects of child care services to families who use them are:

1. Ability to use services when families need them (54%)
2. Signing up for the services was easy (33%)
3. Not feeling judged for using services (31%)

Key areas for improvement for child care services identified in 2024 by families who used them:

1. The services were expensive (17%)
2. Signing up for the services was too complex or time-consuming (15%)
3. I had to wait too long to use services my family needed (12%)

Respondents identified the same key areas for improvement for child care services as in 2023.

Notably, 32% of respondents indicated that no improvements are necessary.

Reasons respondents could not access child care services reported as a percentage of those who could not access services in 2024:

1. I am not aware of services like this in my area (27%)
2. The services are too expensive (23%)
3. Wait times to use the services are too long (17%)

In 2023, respondents identified expense as the strongest barrier to accessing child care services, which improved by five percentage points between 2023 and 2024. This was followed by awareness of services in the area and the complexity of signing up for the services.

Impact on family well-being:

- 87% of respondents reported a positive impact on family well-being from using child care services, which was a 2% increase from 2023.

For detailed demographic breakdown of selected results see [Appendix 5. Usage of Specific Programs by Race/Ethnicity, Household Income, and Geography.](#)

2. One page summaries of other programs connected to early childhood but outside of the four core programs can be found in Appendix 3.

Preschool Programs

- Usage rates of preschool programs in 2024: 62%
- Change from 2023 to 2024: 2% increase
- Change from 2022 to 2023: 13% increase

Most valuable aspects of preschool programs identified by families who used them in 2024:

1. Ability to use services when families need them (38%)
2. Signing up for the services was easy (36%)
3. Not feeling judged for using services (30%)

Respondents identified the same aspect of preschool programs as most valuable in 2023 in first and third place, with services offered at convenient times in second place.

Key areas for improvement for preschool programs identified by families who indicated that they use them identified in 2024:

1. The services were expensive (13%) and signing up for the services was too complex or time-consuming (13%)
2. I had to wait too long to use services my family needed (12%) and I had trouble getting transportation to use the services (12%)

Respondents identified the same key areas for improvement for preschool programs as in 2023, in a slightly different order.

- 34% of respondents indicated that no improvements are necessary

Reasons respondents could not access preschool programs reported as a percentage of those who could not access services in 2024:

1. I am not aware of services like this in my area (20%)
2. I do not have time to use the services available in my area (17%)
3. Wait times to use the services are too long (16%), signing up for the services is too complex or time-consuming (16%), services too expensive (16%), and services not offered at a time my family can use them (16%)

In 2023, respondents identified the strongest barrier to accessing preschool programs as the same, followed by expense and services not offered at a time family can use them.

New Mexico Pre-K

Program awareness:

- Percent of all respondents aware of program 2024: 86%
- Change in program awareness from 2022 to 2024: 14% increase

Impact on family well-being:

- 91% of respondents reported a positive impact on family well-being from using NM PreK, a 3% increase from 2023

For detailed demographic breakdown of selected results see [Appendix 5. Usage of Specific Programs by Race/Ethnicity, Household Income, and Geography.](#)



Family Support and Early Intervention Services

- Reported usage rates of family support and early intervention services in 2023: 41%
- Change from 2022 to 2024: 0% increase
- Change from 2022 to 2023: 4% increase

Most valuable aspects of family support and early intervention services to families reported in 2024:

1. Ability to use services when families need them (45%)
2. Signing up for the services was easy (38%)
3. Not feeling judged for using services (33%)

Respondents identified the same aspect of child care services as most valuable in 2023 in first and second place, with affordability and the services were offered at convenient times in third place.

Key areas for improvement for family support and early intervention services identified by families who indicated that they use them in 2024 are:

1. Signing up for the services was too complex or time-consuming (12%) and the services were expensive (12%)
2. It takes too much time to use the services in my area (11%)

In 2023, respondents identified the same key areas for improvement in first and second place, with I had trouble getting transportation to use the services in third place.

- 49% of respondents indicated that no improvements are necessary

Reasons respondents could not access family support and early intervention services reported as a percentage of those who could not access services identified in 2024:

1. I am not aware of services like this in my area (24%)
2. Signing up for the services is too complex or time-consuming (16%)
3. I do not have time to use the services available in my area (15%)

For detailed demographic breakdown of selected results see [Appendix 5. Usage of Specific Programs by Race/Ethnicity, Household Income, and Geography.](#)

Home Visiting Services

Program awareness:

- Average awareness of program: 73%
- Change in program awareness from 2022 to 2024: 15% increase

Impact on family well-being:

- 91% of respondents reported a positive impact on family well-being from using home visiting services, a 5% increase from 2023

Family Infant Toddler Program (FIT)

Program awareness:

- Percent of all respondents aware of program 2024: 66%
- Change in program awareness from 2023 to 2024: 18% increase

Impact on family well-being:

- 90% of respondents reported a positive impact on family well-being from using the FIT program, a 4% increase from 2023

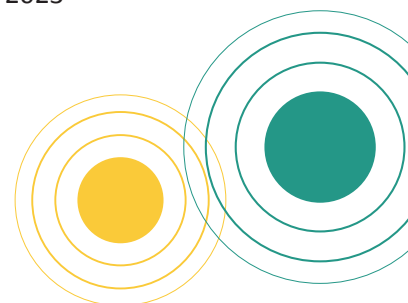
Families FIRST Program

Program awareness:

- Percent of all respondents aware of program 2024: 61%
- Change in program awareness from 2022 to 2024: 16% increase

Impact on family well-being:

- 89% of respondents reported a positive impact on family well-being from using the Families FIRST program, a 7% increase from 2023



Program Familiarity

The first section of the survey aimed to assess respondents' familiarity with selected programs that provide essential services for families with young children. The primary goal was to measure awareness of early childhood programs among parents and caregivers. Data was collected on respondents' familiarity with nine programs:

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

For each of the nine programs, respondents were asked to rate their familiarity on a scale of one to five. A response of one indicated that the respondent had never heard of the program and knew nothing about the services it provided, while a response of five indicated that the respondent was very familiar with the program and the services it provides. Additionally, the survey asked respondents to specify the source from which they initially heard about the programs they were familiar with.

Responses were compared among various subgroups based on race/ethnicity, geography, household income levels, and educational attainment to gain deeper insights into program familiarity.



Familiarity Scores

In terms of familiarity scores, the average ratings for the programs presented in the survey in 2024 ranged from a high of 3.87 (out of five) for the WIC program to a low of 2.48 for the Families FIRST program. This means that the average level of familiarity of respondents with these programs is having heard of the program and knowing basic information about the services it provides. Familiarity is an overall measure on how much knowledge respondents have about programs. From 2022 to 2024 we see an annual overall increase in familiarity across all programs, with the highest- and lowest-scoring programs remaining the same in each year. Between 2022 and 2023, we see an average increase in familiarity across all programs of 0.28, with the 2023 to 2024 average increase in familiarity slowing to .1. However, program awareness for the least familiar of the programs, the Families FIRST program, dropped slightly from 2023 to 2024.

Figure 1. Average familiarity scores for selected early childhood programs, 2022, 2023, and 2024

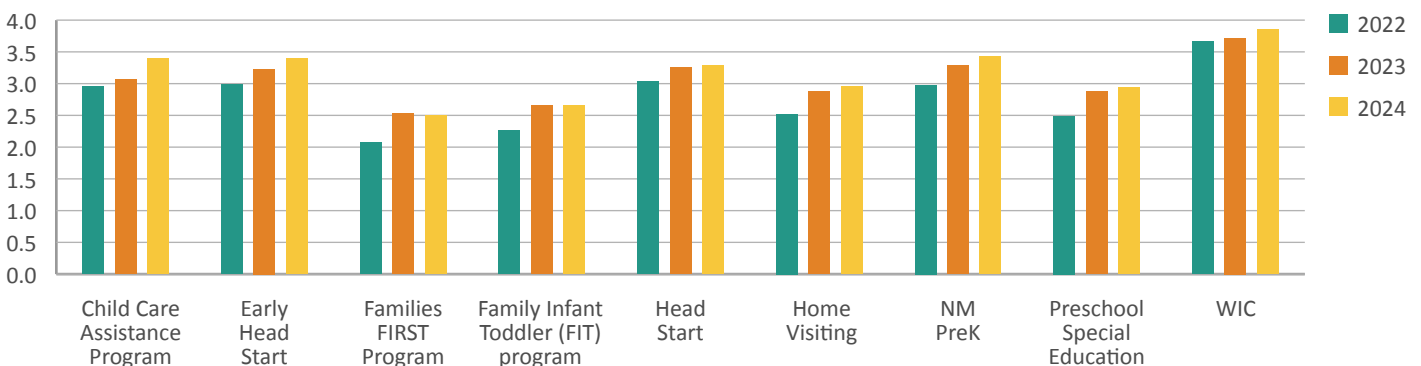
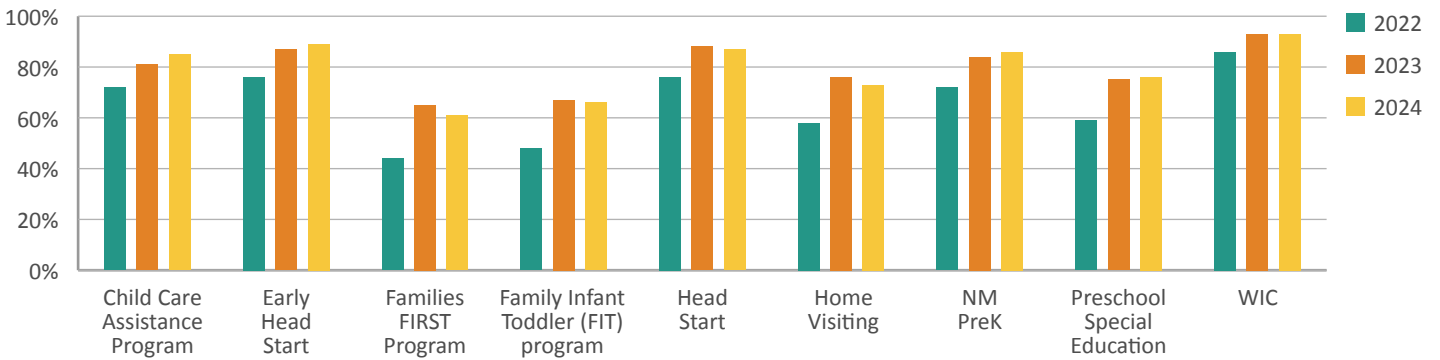


Figure 2. Percentage of respondents who have at least some awareness of selected early childhood programs, 2022, 2023, and 2024



Program Awareness

In addition to providing average familiarity scores, the survey also assessed the percentage of respondents who reported having at least some knowledge of each program (rating their familiarity with the program as at least a two on the five-point scale), which is a measure of respondents’ awareness of programs. This analysis closely resembled the results of the average familiarity scores. For example, the WIC program was the most widely recognized program among the respondents, with 93% of respondents indicating awareness of it, and serves as a benchmark for the most well-known program in this area. As a federally sponsored program that has been running for 50 years, the WIC program demonstrates how high levels of awareness can spread for programs over time. In comparison, only around two out of every three respondents reported having awareness of the FIT programs, resulting in a notable difference in levels of awareness between the FIT program and the WIC program.

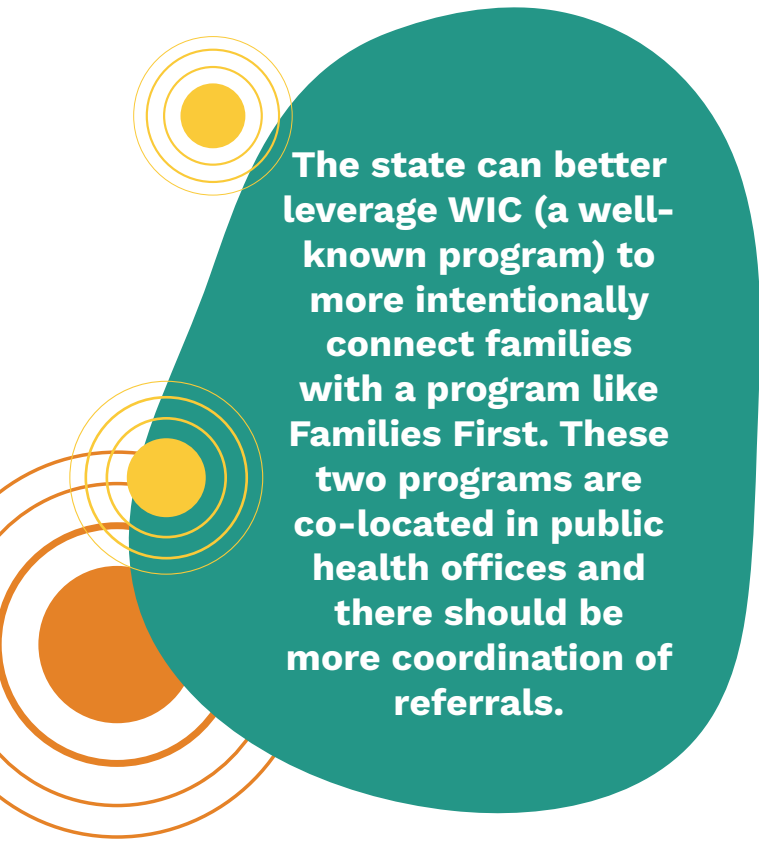
From 2022 to 2023, we saw a significant jump in program awareness from an average of 71% in 2022 to 83% in 2023 on average across all programs. In 2024, we see this gain being sustained, with an average of 80% of respondents across all programs reporting having at least some awareness of the programs. During this period, ECECD continued its investment in community outreach through Moments Together, Developing Futures, and the Early Show with Alax public awareness campaigns amongst other efforts. Over these three years, the relative order of programs ranked by level of awareness has remained largely unchanged. We see no significant increases in awareness of programs from 2023 to 2024 and a slight decline in awareness for the Home Visiting program and Families FIRST program in 2024. The flattening of this trend should not be overly concerning as overall rates of basic awareness of early childhood programs are high, with only one in five people (20%) not indicating basic awareness

of the programs. The strong ongoing level of awareness of the programs will naturally limit the possibility of large increases in awareness.

We see a difference in awareness trends among ECECDs core programs. Note that child care is not included in the data collection for program knowledge and familiarity as it is not a specific named program, but rather a disparate set of services offered across the state within the category of child care. The average awareness of the most popular of the core programs, NM PreK was 72% in 2022, increasing by 14% to 86% in 2024, with an increase of 4% from 2023 to 2024. The average awareness among the two least familiar programs of the core four (Home Visiting and the FIT program) was 53% in 2022, increasing by 18% to 71.5% in 2023. In 2024, the average awareness of these two least familiar programs was 69.5%, a 2% decrease from 2023.

In 2022, the gap between the program with the highest awareness, WIC, and the program with the lowest awareness, the Families FIRST program, was 42%. By 2023, this gap had decreased to 28%, closing the awareness gap between the most and least familiar programs by 14%. In 2024, we see a slight increase in this gap with it widening to 38% due to a decrease in awareness of the Families FIRST program (although it remains 12% less than the baseline gap of 2022). In 2024, the primary sources of awareness about the Families FIRST program were Childcare organizations (12% of respondents familiar with the FIRST program), friends or family members (12%), and healthcare providers (7%).

Ongoing high levels of program awareness at 80%



The state can better leverage WIC (a well-known program) to more intentionally connect families with a program like Families First. These two programs are co-located in public health offices and there should be more coordination of referrals.

The pattern of awareness that we see between the programs with the most and least basic awareness could, in part, be explained by the differing service mandates of the programs. Amongst the five most familiar programs, Head Start, Early Head Start, and New Mexico PreK are preschool educational programs broadly available throughout New Mexico. The WIC program is income-limited but supported by a large national promotional effort and has been nationally implemented for the past 50 years. The Child Care Assistance program subsidizes the cost of child care for New Mexican families at or below 400% of the federal poverty level with some requirements. As a program that has recently expanded, it has received a lot of publicity.

In contrast, the four least familiar programs tend to have more limited-service mandates, which may explain the broad differences in awareness between these two groups of programs. Home visiting encompasses a wide variety of programs for families with children aged 0–5 years, many (although not all) of which have income eligibility guidelines. The Family Infant Toddler program serves children aged 0–3 years in need of early intervention services under the Individuals with Disability Education Act (IDEA) part C. As children begin school, they come under the umbrella of IDEA part B and are served by preschool special education programs. The Families FIRST program serves Medicaid-eligible pregnant women and children aged 0–3 years.

Program Awareness by Race and Ethnicity

When examining basic program awareness by race, there is no statistically significant difference in awareness of the Early Head Start, Head Start, and WIC programs. Of the remaining programs, White respondents were more likely to have awareness of these programs, particularly the Families FIRST, FIT, and Special Education programs. Hispanic and Native American respondents reported significantly less familiarity than White respondents with the FIT, Families FIRST, and Preschool Special Education programs. There is less of a racial and ethnic disparity in awareness of New Mexico PreK and the Child Care Assistance program, but it is still notable. With 32% of Native Americans in New Mexico living in poverty, a rate substantially higher than any other group, it is particularly concerning that only 48% of Native American respondents indicate basic awareness of the means-tested Families FIRST program, the lowest rate for any program or group, and only 75% are aware of the Child Care Assistance program, another crucial support.

We see the greatest differences in program awareness by race/ethnicity in three of the four least familiar programs: the FIT program, the Families FIRST program, and Preschool Special Education. The greatest difference is for the Families FIRST program, with only 48% of Native American respondents reporting awareness compared with 52% of Hispanic and 66% of White respondents. There is higher overall awareness of Preschool Special Education but also a large awareness gap, with only 64% of Native American respondents reporting awareness compared with 70% of Hispanic and 81% of White respondents. There is a slightly different pattern of awareness with the FIT program, where 56% of Hispanic respondents report awareness, alongside 57% of Native American respondents, compared to 70% of White respondents. Overall, there are significant differences in awareness by race/ethnicity over many valuable programs, which may be cause for concern.



Opportunity to raise awareness of the Families FIRST program through channels reaching Native American and Hispanic families

No statistically significant racial or ethnic difference in awareness of Early Head Start, Head Start, or WIC programs

Figure 3. Percentage of respondents who indicated at least some awareness of programs, by race/ethnicity, 2024³

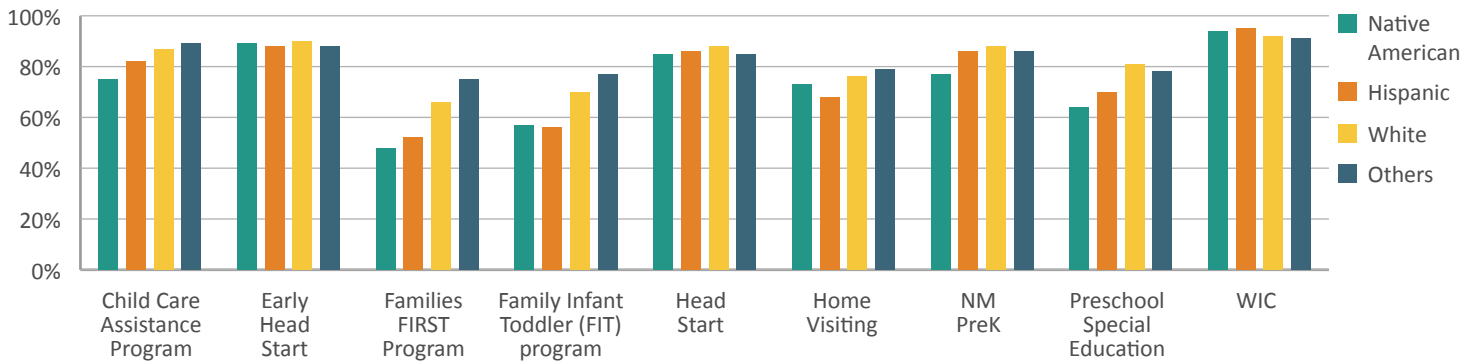
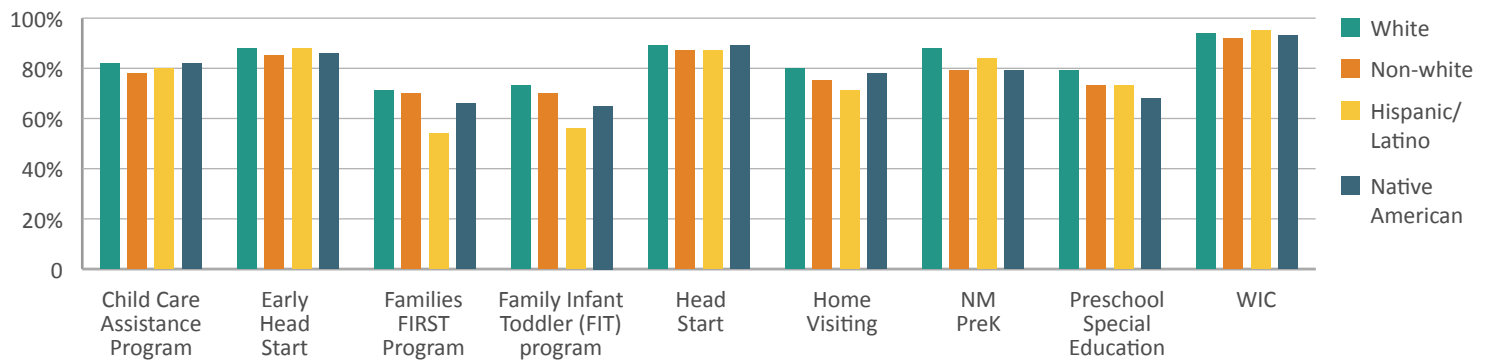


Figure 4. Percentage of respondents who indicated at least some awareness of programs, by race/ethnicity, 2023



Program Awareness by Location Type

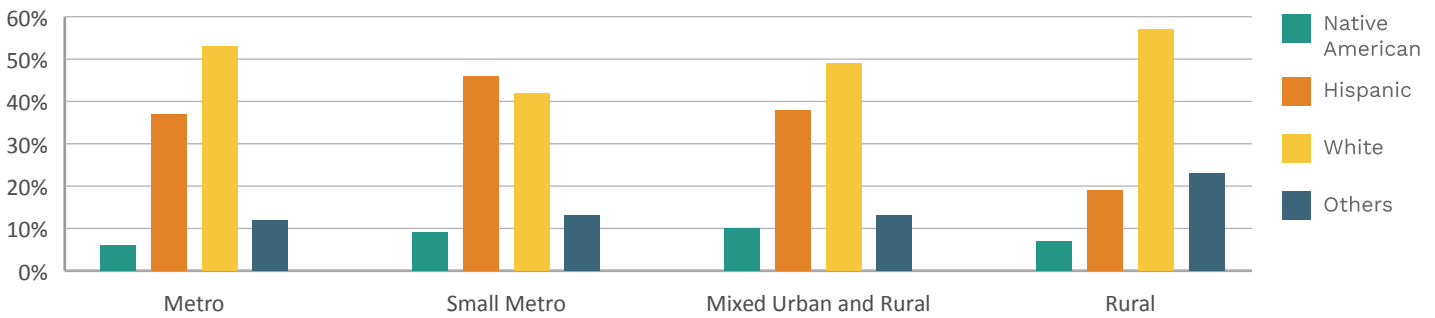
To understand the impact of location type on awareness levels, respondents were categorized into four groups based on county classification: metropolitan (urban), small metropolitan, mixed rural and urban, and rural, using the New Mexico Department of Health’s classification system. Metropolitan counties include Bernalillo, Sandoval, Torrance, and Valencia. The small metro counties comprise Doña Ana, San Juan, and Santa Fe. The mixed urban/rural counties include Cibola, Chaves, Curry, Eddy, Grant, Lea, Los Alamos, Luna, McKinley, Otero, Rio Arriba, Roosevelt, San Miguel, and Taos. The rural counties are Catron, Colfax, De Baca, Guadalupe, Harding, Hidalgo, Lincoln, Mora, Quay, Sierra, Socorro, and Union.⁴

Rural areas have the highest overall average awareness of all programs at 85%

3. The ‘Hispanic’ category includes all respondents identifying as Hispanic/Latino; ‘Others’ includes respondents who selected Black, Asian, or Other as their race/ethnicity.

4. Between 2022 and 2023, changes were made to the methodology for analyzing the geographical location of respondents to gain deeper insights from the data. In 2022, respondents were compared based on their urban or rural classification. Urban respondents were defined as those living in the Albuquerque, Las Cruces, Santa Fe, or Farmington metropolitan areas, while all other respondents were considered rural. In 2023, a more granular methodology was implemented based on the New Mexico Department of Health’s four category approach using county level classification, which continues into 2024.

Figure 5. Location of respondents by race/ethnicity, 2024



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

Proportionally, we see a higher frequency of white respondents in rural, mixed and metro areas, with Hispanic respondents the most frequently represented in small metro areas. The rate of respondents of other races/ethnicities is fairly stable in metro, small metro and mixed areas at around 13%, but jumping up to 23% in rural areas. Native American respondents comprise a greater proportion of the sample in mixed and small metro areas at around 10%, compared to only 6% in metro areas. Hispanic respondents are the least prevalent in rural areas, comprising only 19% of the sample.

In 2024, we see a mixed picture of the influence of location type on basic program awareness, which may be connected to variations in the representation of respondents by race/ethnicity in the four location types. At the broadest level, we continue the trend of the past two years with, on average, a higher percentage of rural respondents reported having basic awareness of programs compared to other groups, and we note that white respondents comprise a majority of this group. Across all programs, rural respondents report an average program awareness of 85%, compared to 80% for metro,

79% for small metro, and 77% for mixed rural and urban counties. These averages hide notable differences in specific program awareness. For the WIC program, 94% of metro respondents report awareness compared to 89% of rural respondents, with the other two groups in the middle. We are seeing some shifts in patterns of awareness in 2024, most notable for Head Start. In 2023, we saw a 10% difference in awareness of Head Start between metropolitan and rural respondents. In 2024, this gap has reduced to 2%, with 88% of metro and 86% of rural respondents being aware of Head Start programs. Any gap above 2% is statistically significant in this analysis.

We see the greatest difference in program awareness by location type for the FIT program, Home Visiting, Families FIRST program, Preschool Special Education, as well as the four programs with the least overall awareness. For the FIT program, small metro respondents have an awareness level of 62%, compared to 80% for rural respondents, a gap of 18%. We see awareness of Home Visiting for metro and mixed respondents at 71%, with rural at 83%. For the Families FIRST program, awareness amongst small metro respondents at 57% is 20% less than rural respondents at 77%. Note that in 2023, the gap between small metro and rural respondents was 33%, showing a strong reduction in disparity. Metro respondents are also comparatively low in awareness of the Families FIRST program at only 60%.

Figure 6. Percentage of respondents who indicated at least some awareness of programs, by geography, 2024

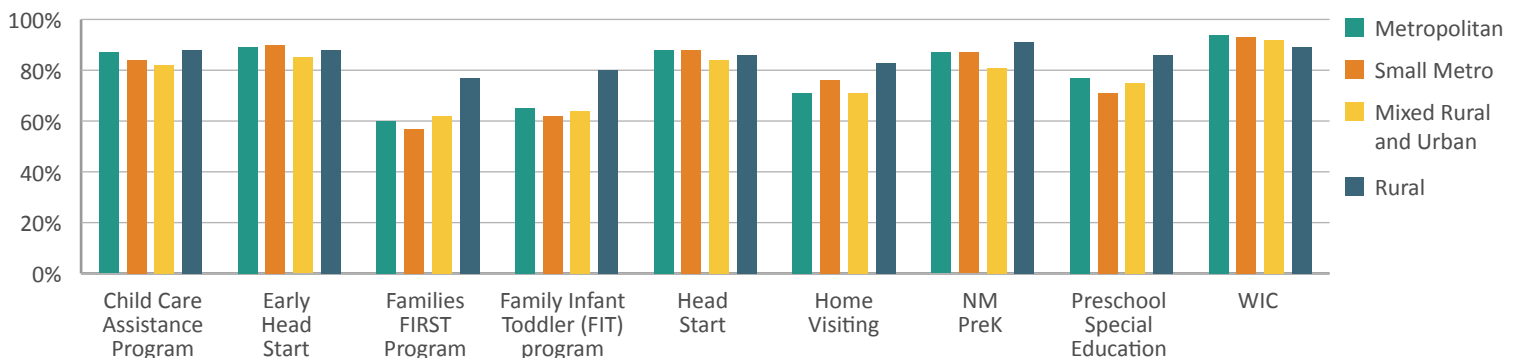
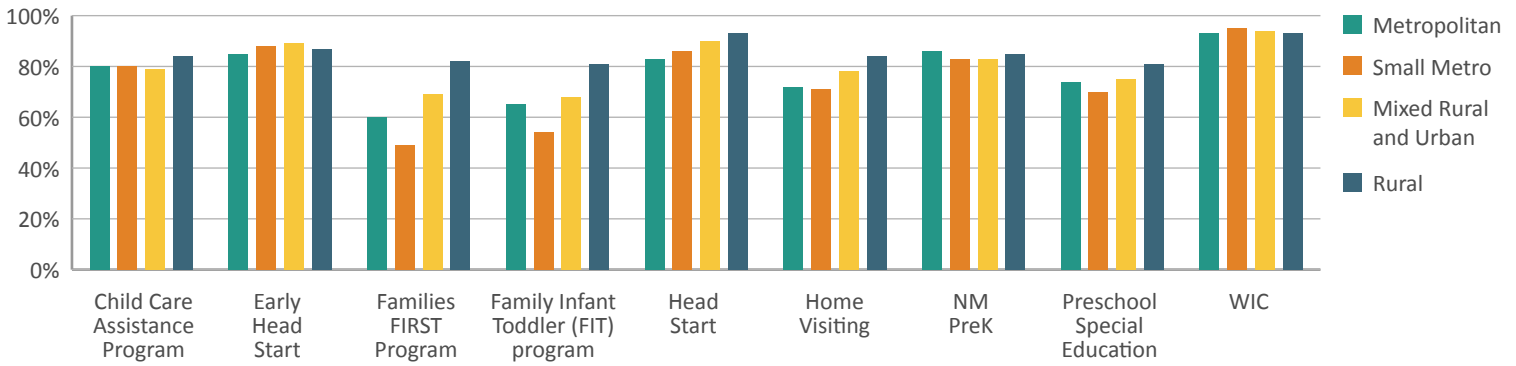


Figure 7. Percentage of respondents who indicated at least some awareness of programs, by geography, 2023



Despite overall lower levels of awareness across programs for small metro areas, there is a trend of increasing awareness. Small metro awareness of the Families FIRST and the FIT program increased the most, an 8-point increase from 49% in 2023 to 57% in 2024 for Families FIRST and an 8- point increase from 54% in 2023 to 62% in 2024 for the FIT program. This trend continues for Head Start and Early Head Start with a 2% increase, Home Visiting with a 5% increase, and New Mexico PreK and the Child Care Assistance program with a 4% increase.

Despite small metro areas having the least overall awareness of programs in 2023 and 2024, they have significantly increased awareness in seven out of nine programs, including FIT and Home visiting



“ At the time I was a young single parent, parenting was new to me and I learned a lot of things about my child’s development that helped me grow as a parent.

—Survey respondent on home visiting ”

Program Awareness by Income

Respondents were asked to report household income levels. When analyzing household income levels, responses were split into three groups: under \$50,000, \$50,000 to \$99,999, and \$100,000 and over. Over all three years, we observed a pattern where respondents in the middle-income group (\$50,000 to \$99,999) tend to report the highest level of awareness of programs. This pattern was most pronounced in 2022 when the middle-income group reported awareness levels 10–15% higher than other groups. This trend was particularly notable in the Family Infant Toddler, Home Visiting, and Families FIRST programs. However, among the 2023 and 2024 data, this pattern has significantly flattened. In 2023 we observed a 4-5% difference between the awareness of the middle-income group and the other two groups. In 2024 the results are far more mixed, with the upper-income group (Over \$100,000) reporting the greatest awareness of the New Mexico PreK and Preschool Special Education programs. The lowest income group reports the highest awareness of the WIC program at 97%. Across all programs, the average variation amongst income groups in basic program awareness is 5%. The flattening of this pattern suggests that awareness

with the programs has become more evenly distributed across income groups in 2024 compared to previous years. Notably, the difference in income explains very little about differences in awareness between the four least familiar programs (FIT program, Home Visiting, Families FIRST program, and Preschool Special Education). The overall distribution of awareness of these programs when broken down by income reflects the overall distribution of awareness of these programs in the whole data set. To see the percentage of respondents who indicated at least some awareness of programs in relation to poverty levels, 2024, go to [Table 19. in Appendix 4. Supplemental Charts and Tables.](#)

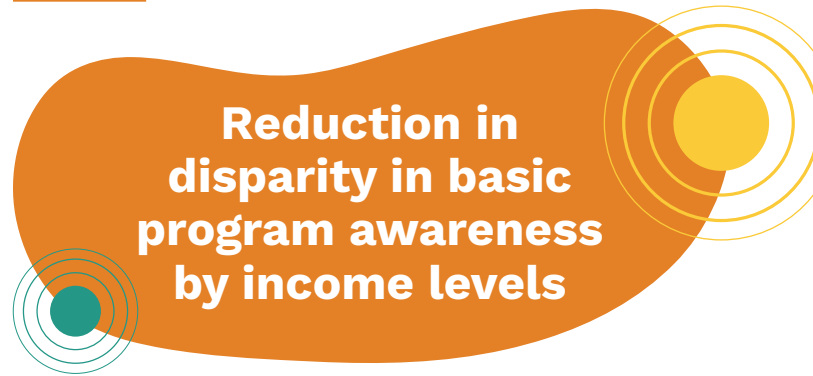


Figure 8. Percentage of respondents who indicated at least some awareness of programs, by household income, 2024

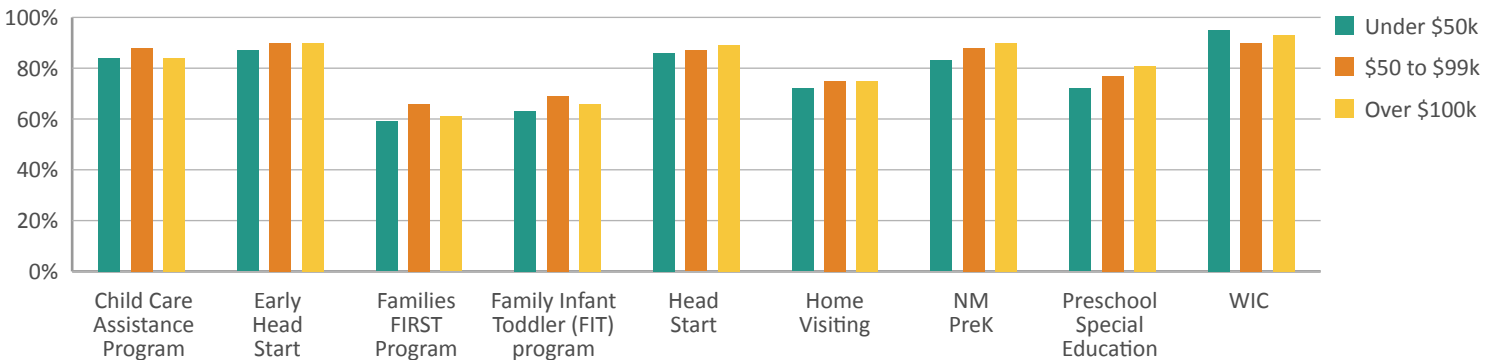
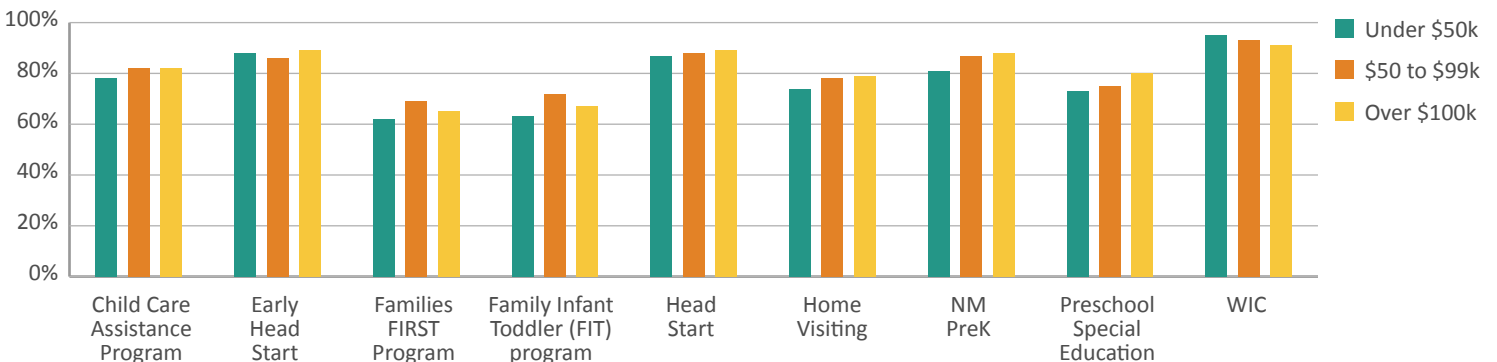


Figure 9. Percentage of respondents who indicated at least some awareness of programs, by household income, 2023



Program Awareness by Education Level

Basic program awareness varies by education level, with respondents whose highest education level is high school consistently showing lower program awareness across most programs compared to other groups. In 2024, we see the greatest difference in awareness over the FIT program, Home Visiting, and Preschool Special Education, with a 12-point difference in awareness between those whose highest education level is high school and those with a graduate degree. There is less disparity in program awareness among respondents whose highest education level is an undergraduate degree compared to those who have a graduate degree. The average range of difference in awareness among these three groups is 8.4%. It is clear that participant education levels can be used to understand some differences in levels of program awareness. However, education levels align with lower levels of differences in awareness than other variables such as race/ethnicity and location. Between 2023 and 2024, we see a relatively similar distribution of awareness of programs by education level, with a trend of evenly distributed increases.



Figure 10. Percentage of respondents who indicated at least some awareness of programs, by education level, 2024

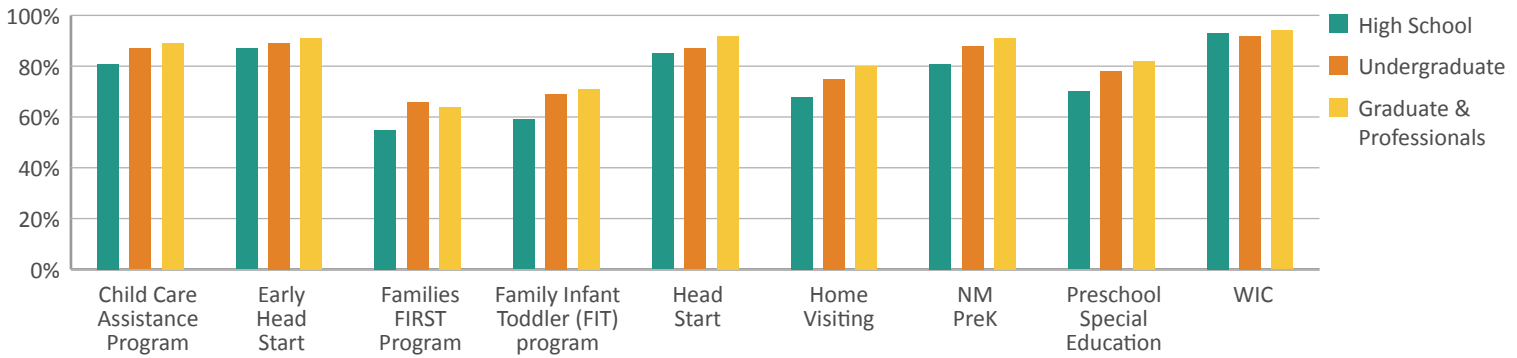
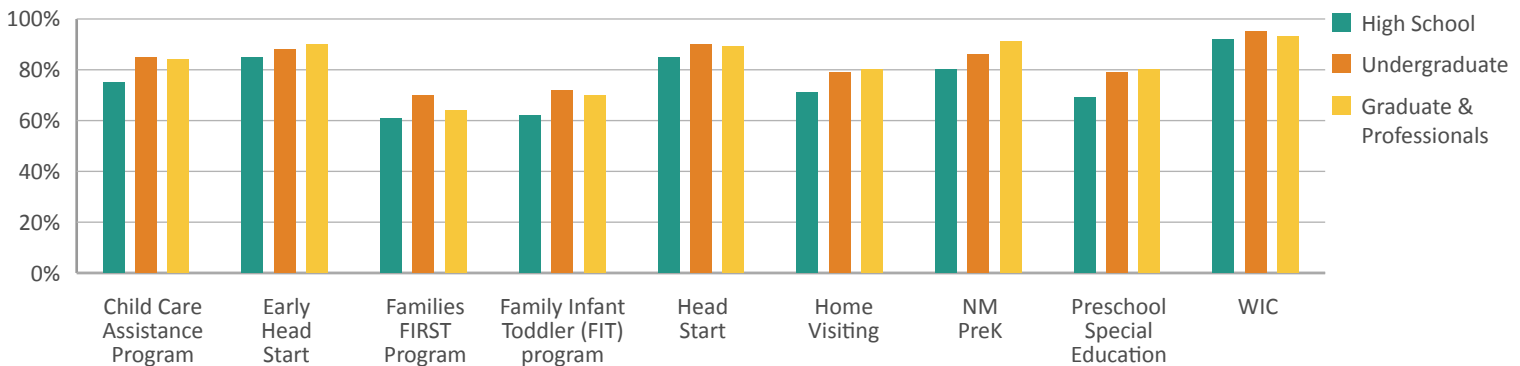


Figure 11. Percentage of respondents who indicated at least some awareness of programs, by education level, 2023



Sources of Knowledge about Programs

The sources for learning about programs are consistent across all programs and years of the survey. The highest percentage of respondents reported learning about the programs from family or friends for every program, child care organizations come a very close second in 2024 demonstrating families receive recommendations/referrals for other services through child care. Healthcare providers are the next most significant sources of knowledge about programs across all years.

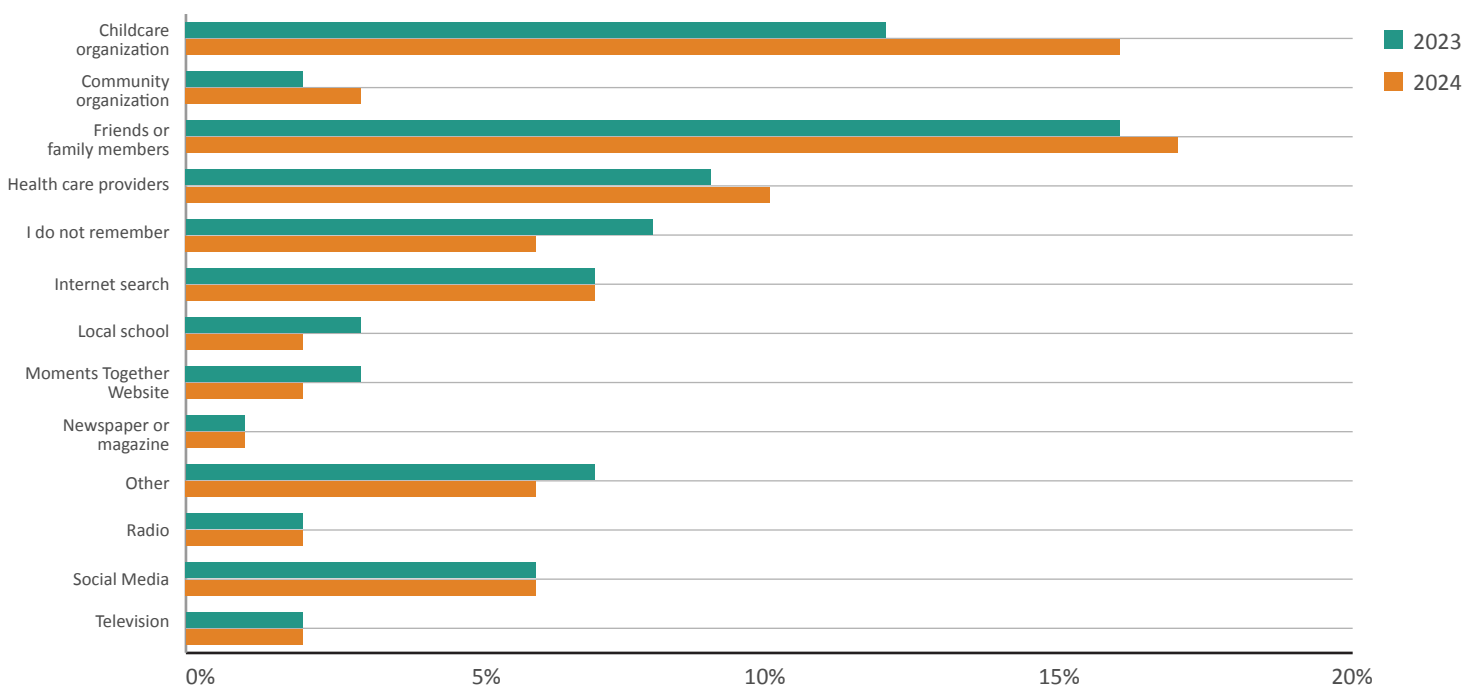
Respondents consistently reported the lowest rates of learning about programs from traditional forms of advertising among all the options presented. This trend was evident across all years, declining to 1% for radio and 2% for newspapers, magazines, and television in 2024. The Moments Together website was cited by five percent of respondents in 2022, and this percentage dropped to 2.5% in 2023 and 2% in 2024 consistent with reduced traditional ad spends for the Moments Together campaign. Internet searches and social media were sources of knowledge for 6% of respondents in 2024. This is an outlier amongst all of the other significant sources of knowledge that fall into the category of ‘trusted messengers’, schools, child care organizations, health care providers, and friends and family. It is clear from this data that in 2024 trusted messengers are by far the most significant source of

information about early childhood programs and services, as was the case in 2022 and 2023.

It is worth noting that the Early Show with Alax was not included in the list of outreach efforts asked about in the survey. The show was launched after the survey was designed and was not represented in the survey.



Figure 12. Source of knowledge about programs (all programs combined), 2023 and 2024



Program Usage and Impact

The second section of the survey asked about respondents' utilization of selected early childhood programs and the effects these programs had on their family's well-being. It also sought feedback on the aspects of these programs that were most valuable to families and areas that could be improved. Additionally, respondents who reported not having access to a specific type of program were prompted to provide a reason why they have been unable to access those programs.

The programs/services are divided into two categories for analysis. Universal services are those that provide services that all families could use: child care, preschool (Head Start, New Mexico PreK, and tribal), food support (Summer Food Service Program and WIC), and the Child Care Assistance program. Targeted services are those that serve children and families with special needs and include family support and early intervention services (Early Head Start, Families FIRST, FIT, and Home Visiting), and Special Education. We expect to see lower overall usage rates amongst targeted services compared to universal services. Within these groupings, the core four programs that ECECD focuses on are child care services and preschool among the universal services, and family support and early intervention services (which include both Home visiting and the FIT program) among the targeted services.

Usage Rates by Program

In all years of the survey, we see much stronger use of universal services in comparison to targeted services, as we would expect. The highest level of usage of any category reported is child care services, used by 72% of respondents. This is a stark contrast to 2022 where the most used services were food support services, used by 56% of respondents. This is a strong indicator of the well-being of the state, as child care is the work that allows for all other work. We also see a much higher use of preschool services reported by 62% of respondents in 2024. Across all programs, we see a trend of increasing or sustained levels of program usage. The one exception was a 3% drop in the use of food support services from 56% in 2022 to 53% in 2023, which rebounded to 57% in 2024. The most significant increases reported are in the usage of child care, preschool, and the Child Care Assistance program between 2022 and 2024. The use of child care services increased by 14% between 2022 and 2023 and a further 7% from 2023 to 2024. This is an overall increase of 21% in the use of child care services since 2022. Preschool services increased by 13% from 2022 to 2023 and a further 2% into 2024, for a total two-year increase of 15%. These increases appear aligned with the increases seen in the use of the Child Care Assistance program, which increased by 10% from 2022 to 2023 and a further 4% into 2024. These increases are likely to be the result of strong uptake of recent changes in the Child Care Assistance program beginning in April 2022 and finalized into regulation in 2023.⁵ The Child Care Assistance program serves the 68%⁶ of New Mexicans who earn 400% of the federal poverty level or below to pay for child care, including before or after care, which may also improve access to preschool services.

There is a 21% increase in respondents using child care services between 2022 and 2024, from 51% to 72%, making it the most used program

Life-changing, we wouldn't have such a wonderful and functional child without the help of these services.

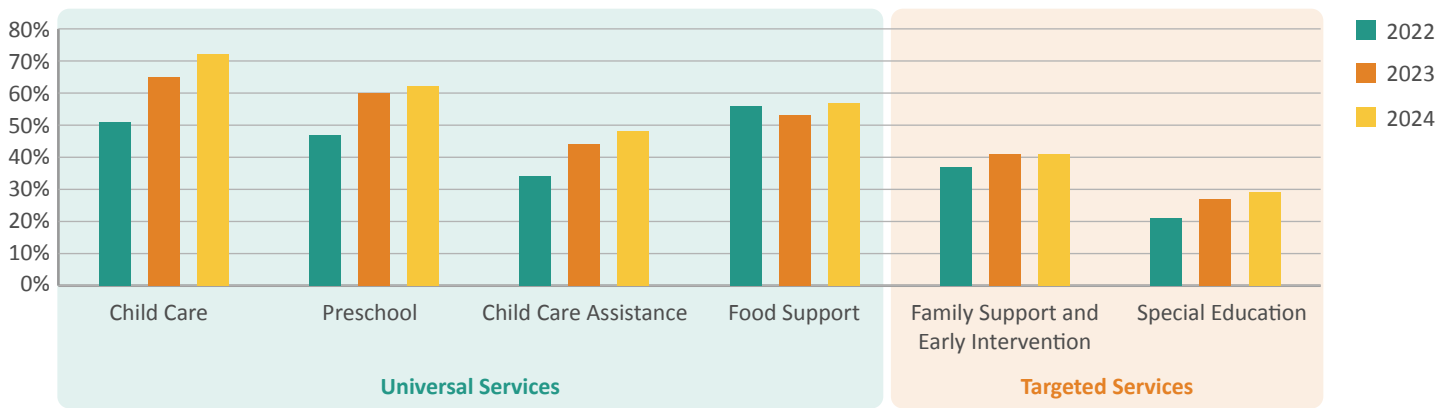
—Survey respondent on Special Education services

41% of families increase their well-being by using family support and early intervention services

5. <https://www.nmcecd.org/2023/07/20/ececd-finalizes-child-care-regulations-to-make-child-care-affordable-for-most-new-mexico-families/>

6. B.U.S. Census Bureau. "Poverty Status in the Past 12 Months." American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1701, 2022, https://data.census.gov/table/ACSST1Y2022.S1701?q=Poverty rates by state&g=010XX00US_040XX00US35. Accessed on May 14, 2024.

Figure 13. Program usage, 2022, 2023, and 2024



Program Usage by Race/Ethnicity

To better understand program usage and impact, responses were compared among subgroups based on race/ethnicity, geography, household income levels, and educational attainment. Subgroups were created to ensure large enough numbers of responses to allow for analysis.

In 2024 we see the highest proportion of usage of any service by others, the group of Black, Asian, and other respondents, with 84% using child care services. Child care services are also the most used category for White (77%) and Hispanic (63%) respondents. However, Native American respondents use food support services (65%) at a higher rate than child care services, (62%). Overall, we see the highest average rate of use of universal services among other respondents at 65%, White respondents at 62%, Native American respondents at 57%, and Hispanic respondents at 56%. Universal services are those that serve all children and families, child care, preschool, the Child Care Assistance program, and food support. The lowest level of usage of universal services is Native American use of the Child Care Assistance program at 42%, closely followed by Hispanic use of the Child Care Assistance program at 43%.

There is currently comparatively lower use of the Child Care Assistance program by Native American and Hispanic families compared to other groups

Figure 14. Usage of types of programs by race/ethnicity, 2024

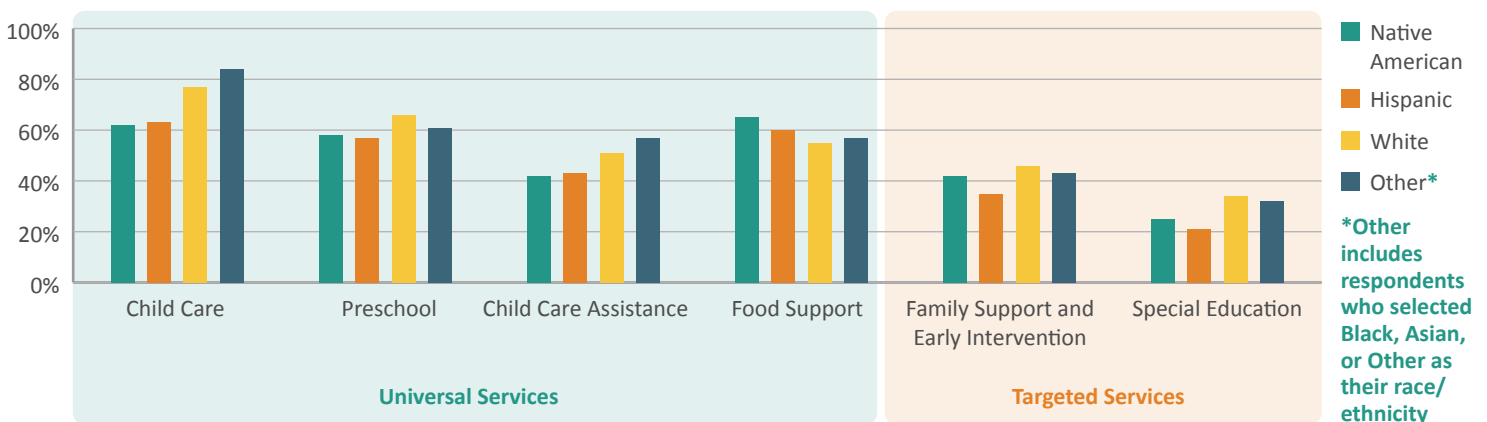
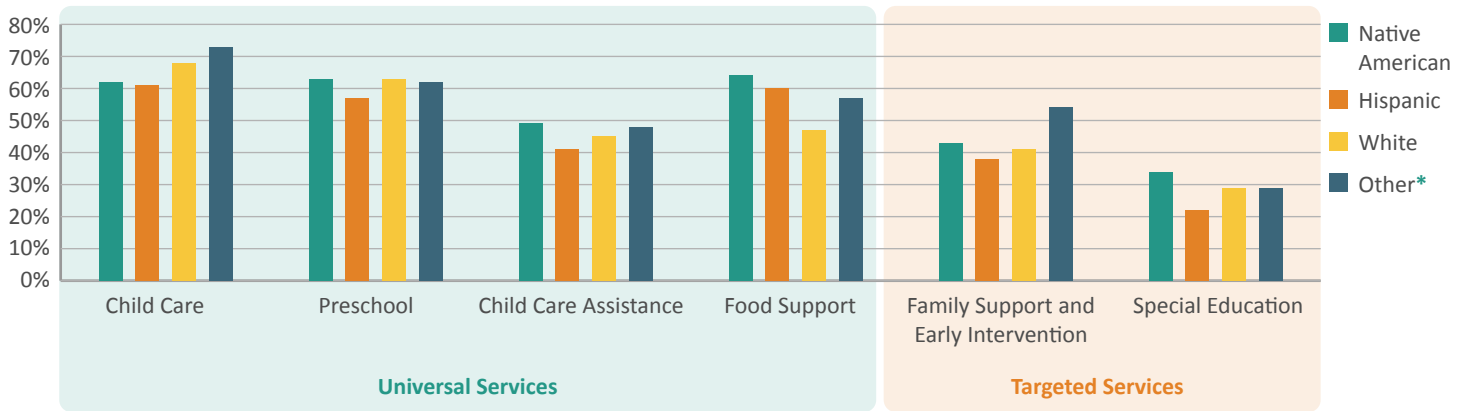


Figure 15. Usage of types of programs by race/ethnicity, 2023



For each type of program, we analyzed the width of the range in usage among racial/ethnic subgroups. Range in usage is a proxy for racial/ethnic equity in the use of these services. Between 2023 and 2024, we see a 5% reduction in the width of the range in use for family support and early intervention services. In contrast, there is an increase in the width of the range of usage by race for the Child Care Assistance Program, child care services (an 11% increase), and preschool services with a 3% increase. The table depicting all shifts in range is Table 22. Trends in racial/ethnic differences in usage of types of programs by race/ethnicity, 2022, 2023, and 2024, and can be found in Appendix 4. Supplemental Charts and Tables.

54% of rural respondents report using Family Support and Early Intervention Services

Program Usage by Location Type

When looking at program usage through the lens of location type—metropolitan, small metro, mixed rural and urban, and rural—for all programs, excluding food support, we see a similar pattern of usage. Rural respondents reported utilizing programs and services at a higher rate than other groups, while small metro respondents reported the least program usage. This pattern holds for both 2024 and 2023.⁷ Between 2023 and 2024, we see an increase in the use of food support services in all groups, with the largest increase observed for rural respondents, who use food services at a rate of 50% in 2023 jumping to 65% in 2024. Use of preschool services remained relatively flat for those living in metropolitan and mixed areas but increased by seven points for those located in small metro and rural areas to 58% and 74%, respectively. We also see the greatest increase in use of the child care assistance program by those living in small metro areas, from 36% in

2023 to 45% in 2024. For child care services, small metro respondents make a greater leap, increasing usage by 11 percentage points from 58% to 69%, surpassed only by rural respondents who increased use by 14 percentage points to 84% use in 2024. We see far smaller gains in use by those in small metro areas of targeted services, averaging a 3% increase from 2023 to 2024.

Note that proportionally, we see a higher frequency of white respondents in rural, mixed and metro areas, with Hispanic respondents the most frequently represented in small metro areas. The rate of respondents of other races/ethnicities in fairly stable in metro, small metro and mixed areas at around 13%, but jumping up to 23% in rural areas. Native American respondents comprise a greater proportion of the sample in mixed and small metro areas at around 10%, compared to only 6% in

7. This pattern cannot be compared to 2022 data, as location was coded differently in 2022, separated into only rural and urban settings. This was not judged to be granular enough so has been updated for the 2023 and 2024 results.

metro areas. Hispanic respondents are the least prevalent in rural areas, comprising only 19% of the sample there. Meaning that the data on program usage rates by location is not independent of program usage rates by race/ethnicity. More details can be found in [Figure 5. Location of respondents by race/ethnicity, 2024 on p. 13](#)

Use of services by those living in small metro areas continues to lag behind those living in other locations

Figure 16. Usage of programs by location type, 2024

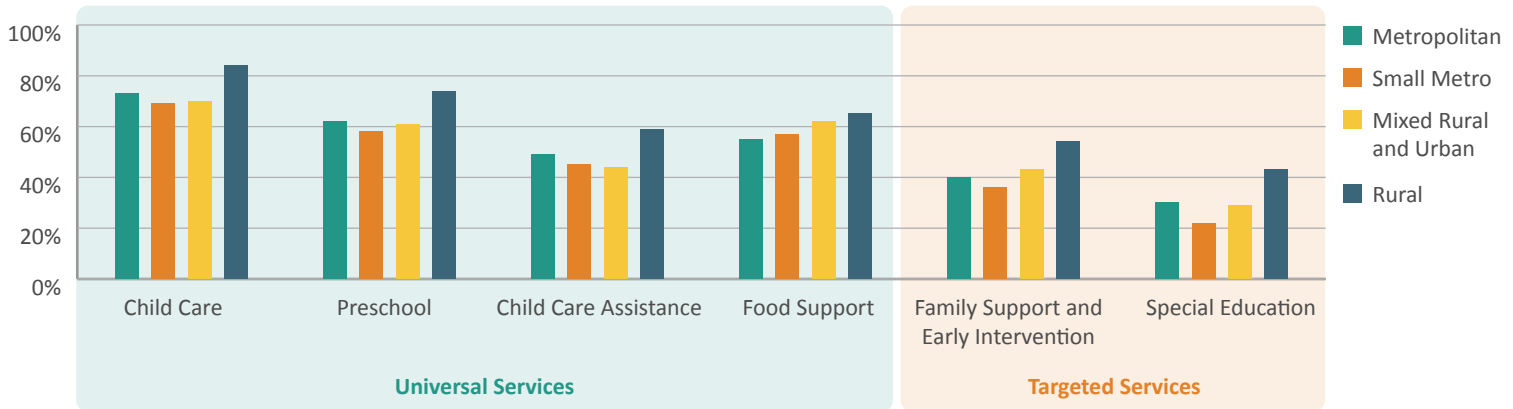
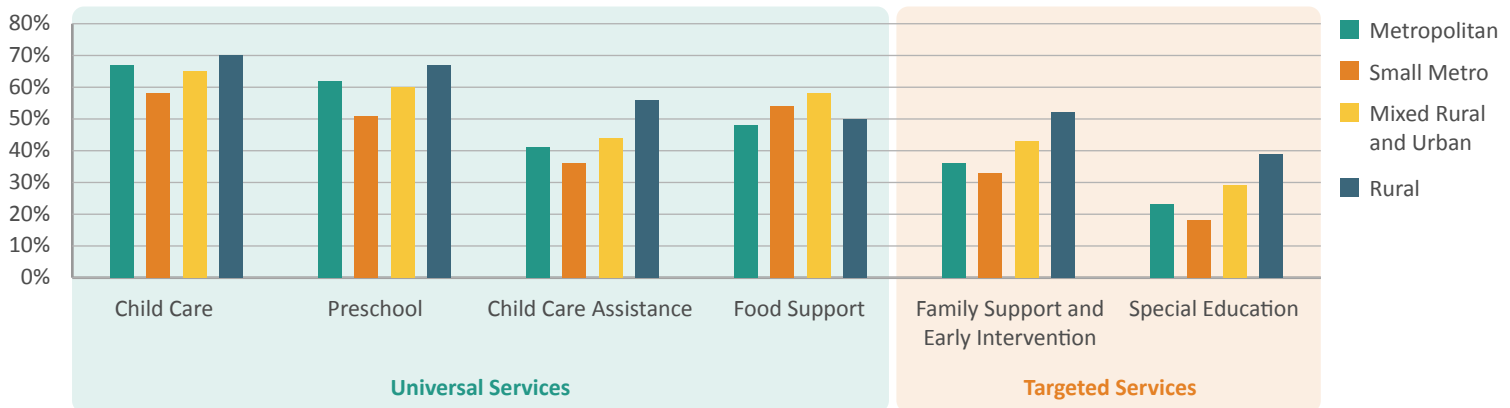


Figure 17. Usage of programs by location type, 2023



From 2023 to 2024 there are significant increases in the use of preschool and child care services by those in small metro and rural areas

Program Usage by Household Income Level

Usage of universal services among subgroups based on household income followed expected trends. Assistance programs, which typically have income ceilings, including the Child Care Assistance program and food support services, were utilized at the highest rates by lower-income households in 2024. Interestingly, child care services were used at the highest rate of 78% by the middle-income band, those whose household income is between 50k

and 99k, rather than the group with the greatest financial need. Amongst the universal services, preschool services show the greatest variation in usage by income. Those earning over 100k use preschool services at a rate of 72%, 13% higher than the rate of use of those earning under 50k, at 59%. In contrast, the gap between the highest and lowest users of child care services is only 6%.

There are greater average usage differences between the lowest and highest income groups for targeted services than universal services. This is not explained by cost, as many of these services are entitlement programs under IDEA Part C and Part B, provided free of charge to families or through state programs. Family support and early intervention services are used at the highest rate by those earning over 100k at 50%, which is 12% higher than the 38% usage in the lowest income group. Special education services show the largest gap with the usage rate for the highest income group, 50%, being 14 percentage points higher than the lowest income group at 38%, with the middle-income group at 42%.

There is high use of child care services across lower, middle and upper income families in New Mexico

Figure 18. Usage of types of programs by household income, 2024

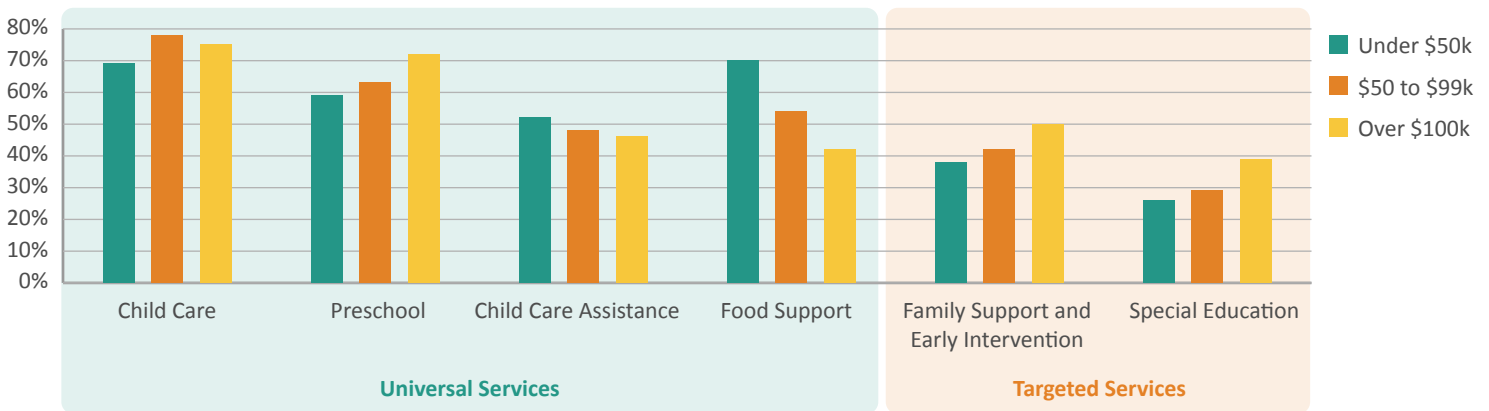


Figure 19. Usage of types of programs by household income under 50k, 2022-2024

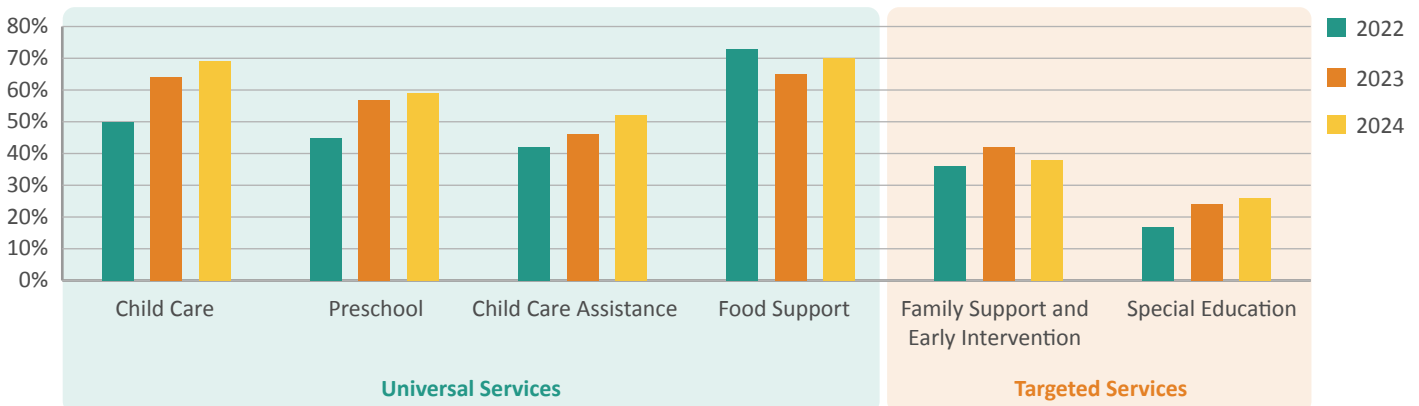


Figure 20. Usage of types of programs by household income 50k to 99k, 2022-2024

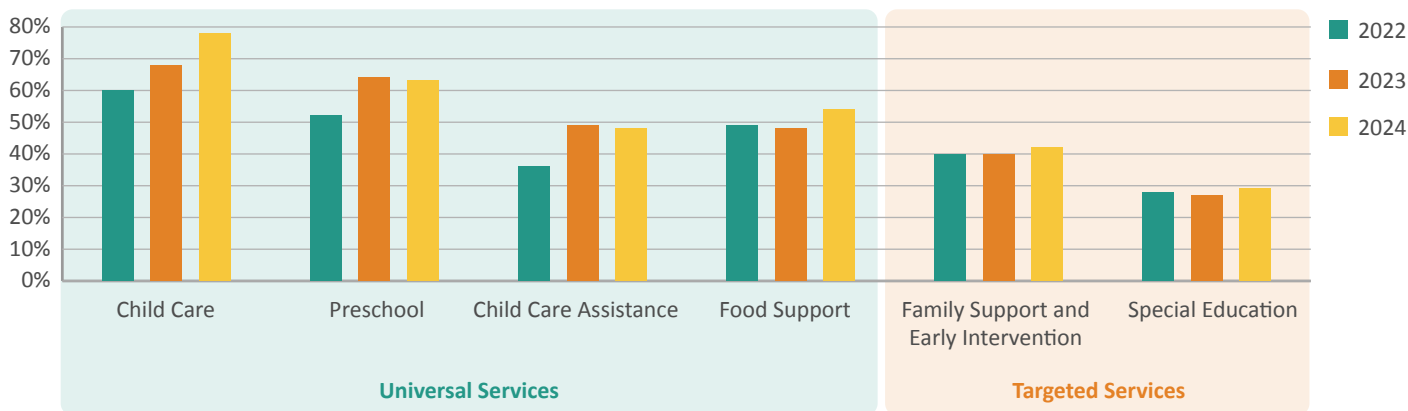
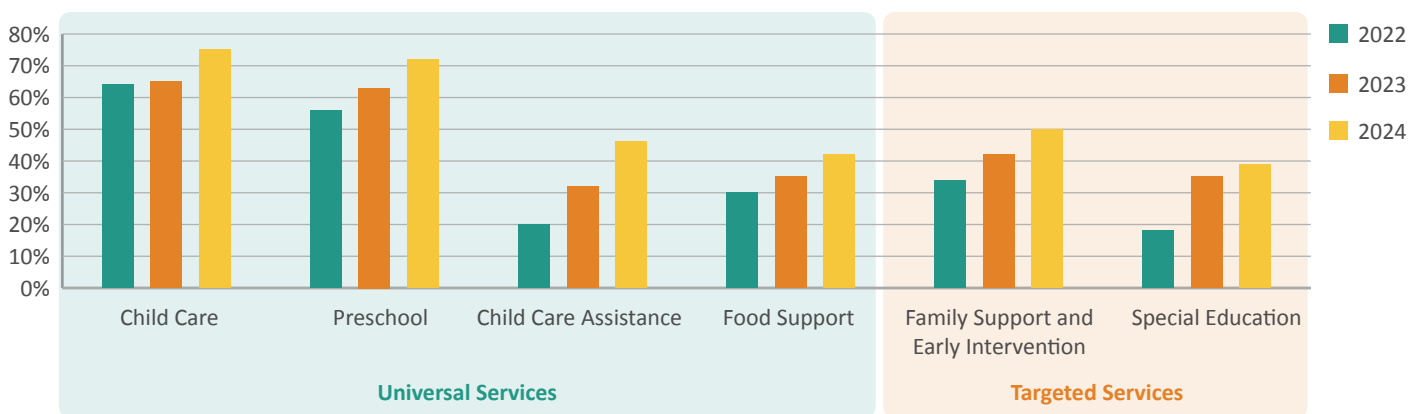


Figure 21. Usage of types of programs by household income over 100k, 2022-2024



For all income levels, we see an increase in usage year over year for child care services. We see almost identical strong gains for the lower- and middle-income groups, who have increased their usage of child care services since 2022 by 19 and 18 percentage points, respectively. The current 11-point difference in usage between these two groups is explained by the lower-income group starting at a lower level than the middle-income group. The highest income group increased their usage of child care services by 11 points over the same period. One of the largest increases in usage we see over the past two years is a 26 percentage point increase in the use of the Child Care Assistance program by those with a household income over 100k. This coincides with an increase in the income limits for access to this program. At the same time, we see a year-over-year increase in the use of food support services by those in the highest income group, compared to mixed trends in the lower two income groups. This may be the result of current inflationary trends. Lower- and middle-income use of family support and early intervention services are remaining relatively flat over time, while we see an increasing trend in lower and higher income use of special education services.

“

The curriculum that my child care provider had was spectacular
 —Survey respondent on child care

The Child Care Assistance program allows both my husband and I to work without worrying about how we’re going to pay for child care.
 —Survey respondent

”

Program Usage by Education Level

Usage of programs by income and education level subgroups is aligned; however, usage by education levels exhibits greater linear linkage with variations in program usage than that of income in 2024. For all services except food support services, we see higher usage in each increasing level of education. For food support services, we see the reverse, with increasing use the lower the education level. Respondents with a high school education used significantly more food support (68%) compared to other education groups. The largest gaps in usage by education level occur in the targeted services, with an average 20 percentage point lower rate of use by those with a high school-only education compared to those with a graduate degree. It may be that there are greater levels of self-referral for these services in higher education and income groups, as well as a greater facility for navigating systems required to qualify for services. We see the same, if less exaggerated pattern for child care services, preschool services, and the Child Care Assistance program.

Those with the lowest education levels use special education and family support and early intervention services at a lower rate than any other group

Figure 22. Usage of types of programs by education level, 2024

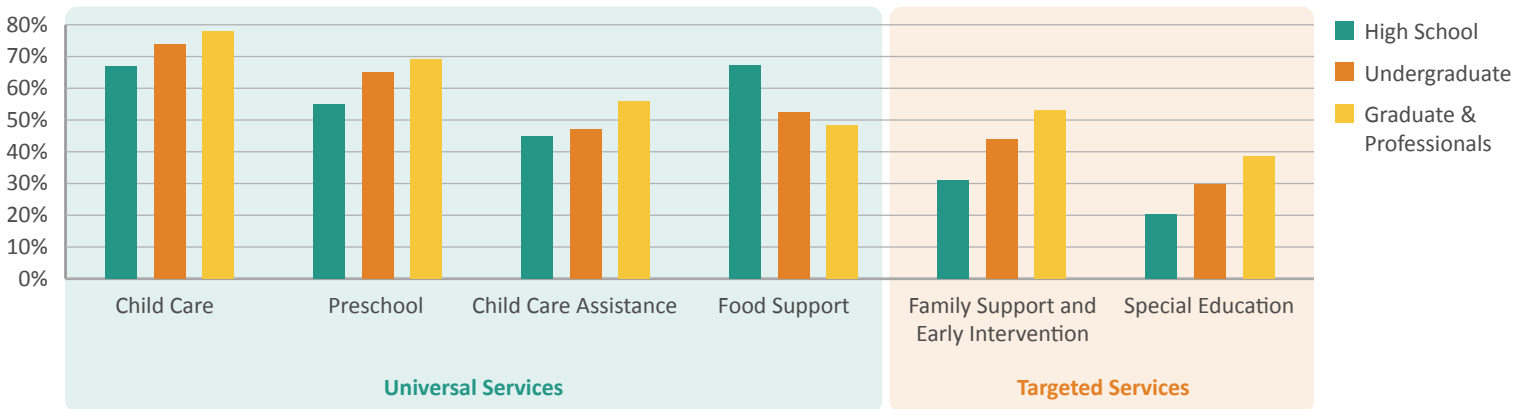
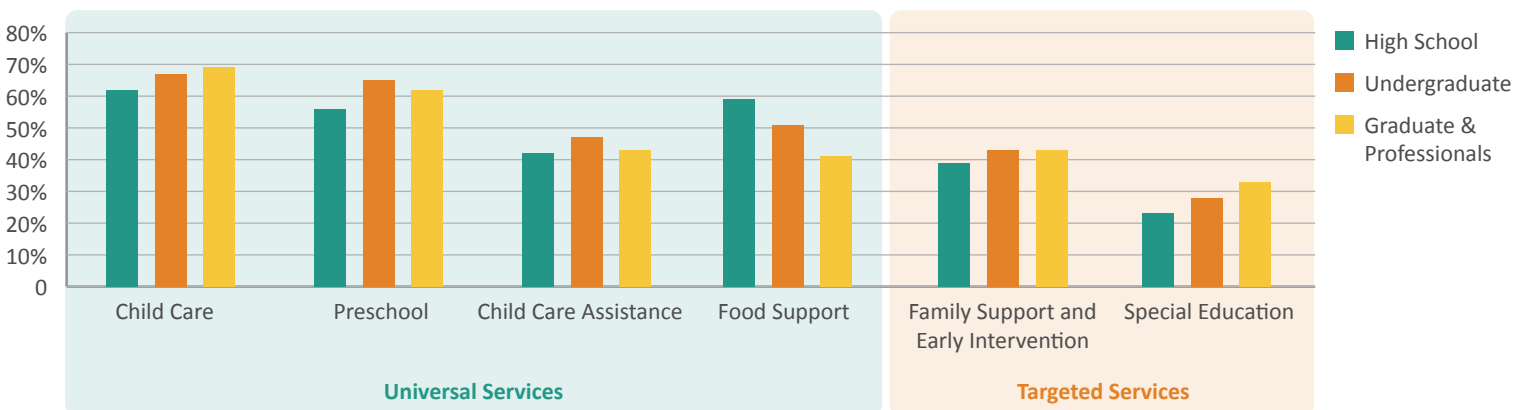


Figure 23. Usage of types of programs by education level, 2023



Between 2023 and 2024, we see the same rough pattern of usage for targeted services; however, the gap in usage by the lowest and highest education levels significantly expanded from 2023 to 2024. In 2023, we see a 10-point gap in usage for special education services and a 4-point gap in usage for family support and early intervention services, compared to a 22-point gap in usage for special education services and 18 points for family support and early intervention services. Between 2023 and 2023, the usage of family support and early intervention services used by those with an undergraduate degree remained static, the difference lying in a 10-point increase in use by those with graduate degrees and an 8-point drop in use by those with a high school only education. In special education use, the difference lies in an increase in use by those with more education, while the lowest education level remains roughly static at 23% and 21% usage for 2023 and 2024, respectively.

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

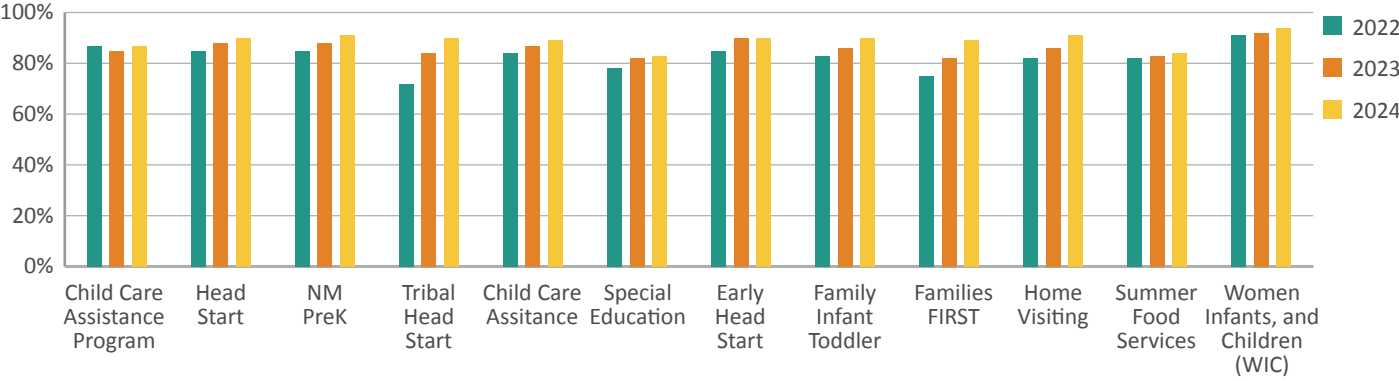
Impact on Family Well-Being

Respondents were asked to rate the impact of the programs and services they used on a five-point scale that ranged from “significantly decreased family well-being” to “significantly increased family well-being.” Responses were coded on a negative two to positive two scale to reflect the positive or negative tone of the answer choices.

Overall, in 2024 the impacts on family well-being remained very high and slightly increased for most programs compared to 2022 and 2023. The most substantial improvements in impacts from 2023 to 2024 are Families FIRST which increased seven percentage points to 89%, and Tribal Head Start, which increased by six percentage points to 90% in 2024.

Across all programs and services, at least 83% of respondents who used the program or service reported an increase in family well-being due to their participation, with seven programs at 90% or higher. This trend remained consistent across all racial/ethnic, income-based, and geographic subgroups where there were sufficient responses for analysis. In other words, once someone used the program, they were overwhelmingly likely to report a positive impact on their family resulting from that program.

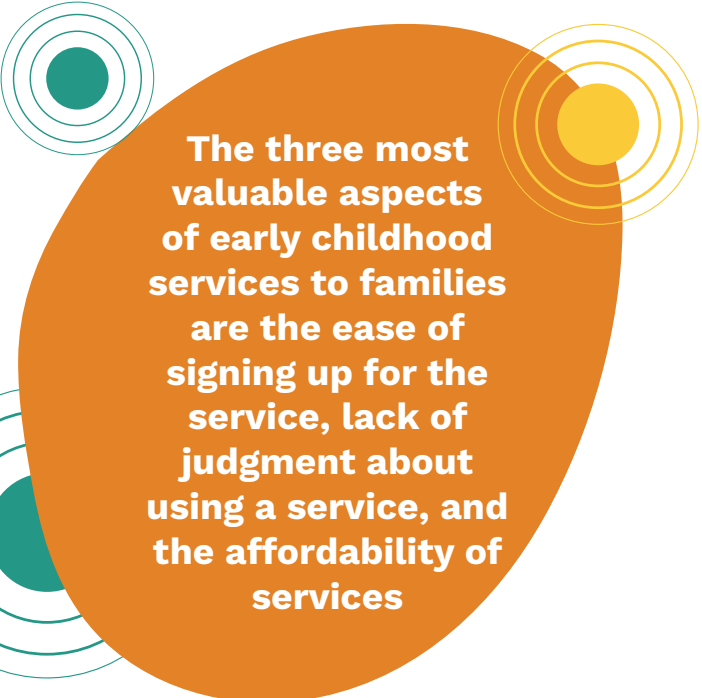
Figure 24. Percentage of respondents reporting increase in family well-being from program participation, 2022-2024 comparison.



Value of Programs

In 2022 and 2023, respondents were asked to identify the most valuable aspects of the programs and services they used from a list of 10 options, including an “other” answer choice for providing open-ended responses. In 2024, this list comprised 11 options with an additional question on how the program information was communicated in a fully accessible way. The frequency of responses for each option and set of programs and services is provided in the figure below.

For every type of program or service, the frequency of aspects selected as most valuable is remarkably consistent in 2024. Respondents consistently indicated that the ability to use the services when needed was the most valuable aspect. Following this, over all programs in descending order of frequency of selection as most valuable, respondents identified ease of signing up for the service, lack of judgment, affordability and timing, then transportation and before- and after-care options, and finally accessibility of communication. The frequency of the selection of certain aspects for several programs varied in 2023, but the overall pattern was the same. A detailed table ranking each aspect for every program or service (child care services, preschool, family support and early intervention services, the Child Care Assistance program, special education, and food support services), can be found in [Appendix 4. Supplemental charts and tables, Table 20. Most valuable aspects of programs used by respondents \(reported as percent of respondents who reported using the program\), 2024.](#)



The three most valuable aspects of early childhood services to families are the ease of signing up for the service, lack of judgment about using a service, and the affordability of services

Responses were analyzed across subgroups, but no significant differences were found among racial/ethnic, household income, and geographic subgroups.

In addition to selecting from a list of 11 aspects that could be selected as most valuable, participants were given the opportunity to share other valuable aspects that were not listed. The open-ended findings from participants who shared additional valuable aspects about the programs can be found in [Appendix 4. Supplemental charts and tables](#). Overall, respondents highlighted the quality of care received through the services used. Specifically, parents recognized the positive impact of the services used on their child’s development. In addition, parents were appreciative of the support received, including financial support, emotional support, or support with work scheduling.

Improvements Identified

Respondents were also asked to identify areas most in need of improvement among the programs and services they used. The same 10 answer options were used in 2023, but the meaning of each option was shifted to the negative (see figure below for examples of the language used). In 2024 we added an 11th question on the accessibility of program communications. The frequency of responses for each option and set of programs and services is provided in [Appendix 4. Supplemental charts and tables, Table 21. Areas of improvement for programs used by respondents \(reported as percent of respondents who reported using the program\), 2024.](#)

In both 2023 and 2024, improvements identified by respondents were more varied than the aspects they found valuable. However, by far the most frequently selected answer is that no improvements are necessary. The complexity of signing up for programs or services stood out as the most frequently cited improvement in 2022, 2023 and 2024. In 2024 we see significant reductions in five out of six programs in the percentage of respondents citing complexity of signing up for services as an area for improvement. Family support and early intervention services are most improved with a one third reduction in those indicating this as an area for improvement. The price of child care services was identified as an area for improvement by 17% of respondents, which is high in comparison to other aspects but a significant reduction from 2023, where nearly one in four respondents (23%) indicated expense as an area of improvement. Other commonly cited areas of improvement across all programs included wait time and expense, followed by the time it takes to use services, transportation challenges, and services offered at inconvenient times.

The areas with the lowest needs for improvements across all programs were the feeling of judgment, the lack of responses to family's culture and language, and offering services at inconvenient times. In 2023, the average percentage of respondents across all programs selecting 'no improvements necessary' was 38%; this increased by five percentage points in 2024 to 43%. In addition to selecting from the list displayed above, participants also had the opportunity to share other areas of improvement that were not listed. These open-ended findings from participants who shared additional areas of improvement about programs can be found in [Appendix 4. Supplemental charts and tables, Tables 7-12](#). The most common themes across all services are program access and program availability. Areas of improvement in program access ranged from information and resources access to the complexity of the application process and the lack of transportation. Regarding the need for program availability improvement, respondents highlighted the long wait times and programs' low capacity as the main factors. Lastly, programs' communication needs to be improved, specifically around sharing information and resources with parents and reaching out to parents about new programs or openings.

The most cited area for improvement was the complexity of signing up for programs for 2022, 2023 and 2024, although overall numbers have decreased each year

From 2023 to 2024 there was a five-point increase to 43% in respondents indicating that there were no improvements necessary across all programs

In 2024, there was a one third reduction in those indicating that complexity of signing up for services is an improvement needed for family support and early intervention services

Reasons for No Access to Programs and Services

Respondents were also asked if they needed a program or service but faced challenges in accessing it. For this question, 11 answer options were provided, including the same 10 options from the previous question along with an additional choice indicating that the respondent did not believe the program or service would improve their family's well-being. All 11 response options are provided in the figure below.

The majority of respondents (an average of 23% over all programs) indicated that the primary reason that they could not access programs and services is that they were not aware of services like this in their area. The next most frequent reason cited for a lack of access is that signing up for these services is too complex or time consuming (an average of 18%). The other main reasons for their inability to access needed programs and services cited were: time services are offered, expense (especially for child care services), and transportation concerns. Additionally, a significant number of respondents cited other reasons for not having access to needed programs and services, particularly in the Child Care Assistance and food support programs. Most respondents who mentioned another reason explained that their family did not qualify for these services due to the income ceilings set by the programs.

Child care services and Child Care Assistance both had the highest percentages for lack of awareness of services in the area at 27% and 26%, respectively. Child care services received the highest percentage of those responding that expense is a barrier to access at 23%, which is a five-point reduction from 2023. Wait times to use services was the third most frequently cited barrier to accessing services, at 16% on average across all programs. We see wait times as a barrier increasing from 2023 across all programs except child care services, with a 6% increase for Special Education services. The least frequently cited barrier to access, with an average of 6% respondents selecting this aspect, was accessibility of information about programs. Sensitivity to participants' culture and language was the second least frequently selected reason for not being able to access services, with an average of 7%, and only 4% for child care services. A detailed table outlining these findings can be found in [Appendix 4 Supplemental charts and tables, Table 22 Reasons respondents could not access programs and services 2024](#). You can also find a table listing the shift in frequency with which each aspect is selected for each program/service area between 2023 and 2024 can be found in [Table 23 Difference in reasons respondents could not access programs and services \(reported as percentage point difference\) between 2023 and 2024, also in Appendix 4](#).

The percentage of families indicating that expense is a barrier to accessing child care services dropped from 28% in 2023 to 23% in 2024

Top three reasons for inability to access services:

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

In addition to selecting from the list displayed above, participants had the opportunity to share other reasons for not having access to services. These responses are summarized in [Appendix 4, Tables 13-18](#). The most prominent reasons for which respondents could not access service concerns the complexity of the application process. Respondents explained having difficulties accessing information and lacking the knowledge to register their children for programs. In some situations, income restrictions and service costs left respondents stuck between not being eligible for some services and not being able afford to access others, resulting in preventing them from accessing services.

Value, Improvements and Barriers to Access for Child Care Services, Preschool, and Early Intervention and Family Support Services

Child care services

For child care services, we see an overall improvement in almost all aspects of these services. From 2023 to 2024 we see a strong increase in those indicating that they did not feel judged for using these services, (+7 points), and that signing up for the services was easy (+7 points). Those indicating that they were able to use the services when their family needed them remain high and stable from 2023 to 2024 at 55% and 54% respectively.

We also see significant reductions in the number of respondents selecting the most frequent areas for improvement for child care services. From 2023 to 2024 those indicating that no improvements are necessary increased 5 points from 32% to 37%. Those indicating that the services were too expensive dropped 4 points, those indicated that signing up for the services was too complex dropped 4 points and wait time as an area for improvement dropped 2 points. Where we see some more stability from 2023 to 2024 is in the reasons given by respondents for lack of access to child care services. Respondents citing that they are not aware of services in their area increased from 25% in 2023 to 27% in 2024. Expense as a barrier to access dropped 5 points from 28% in 2023 to 23% in 2024, a significant drop. Wait times as a barrier to access remained stable at 17% over 2023 and 2024.



Figure 25. Child care services, three most valuable aspects 2024 and 2023

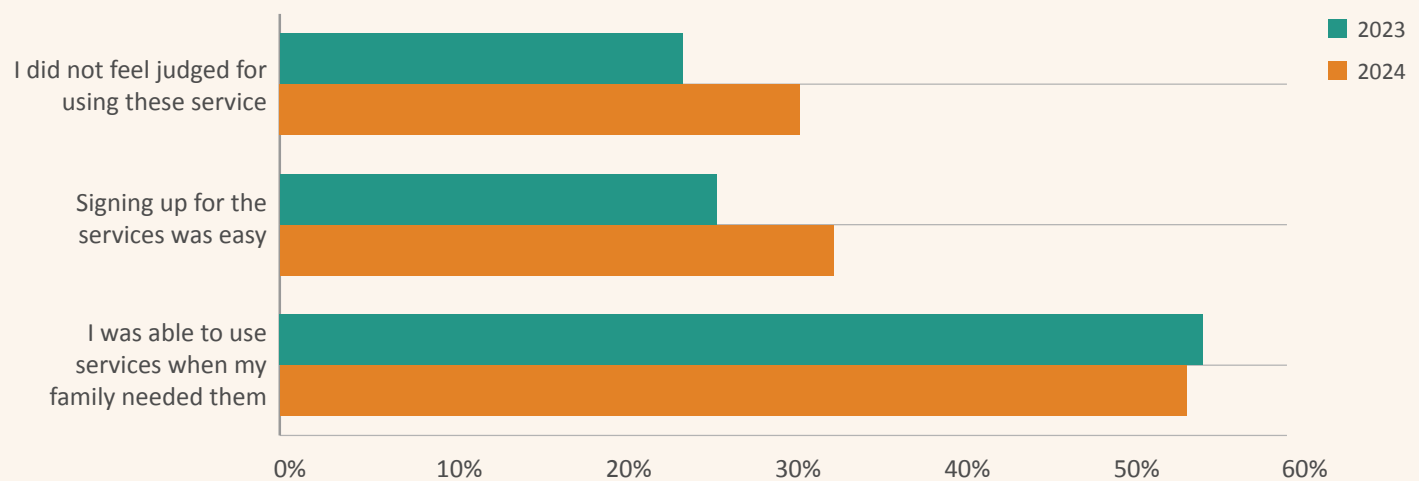
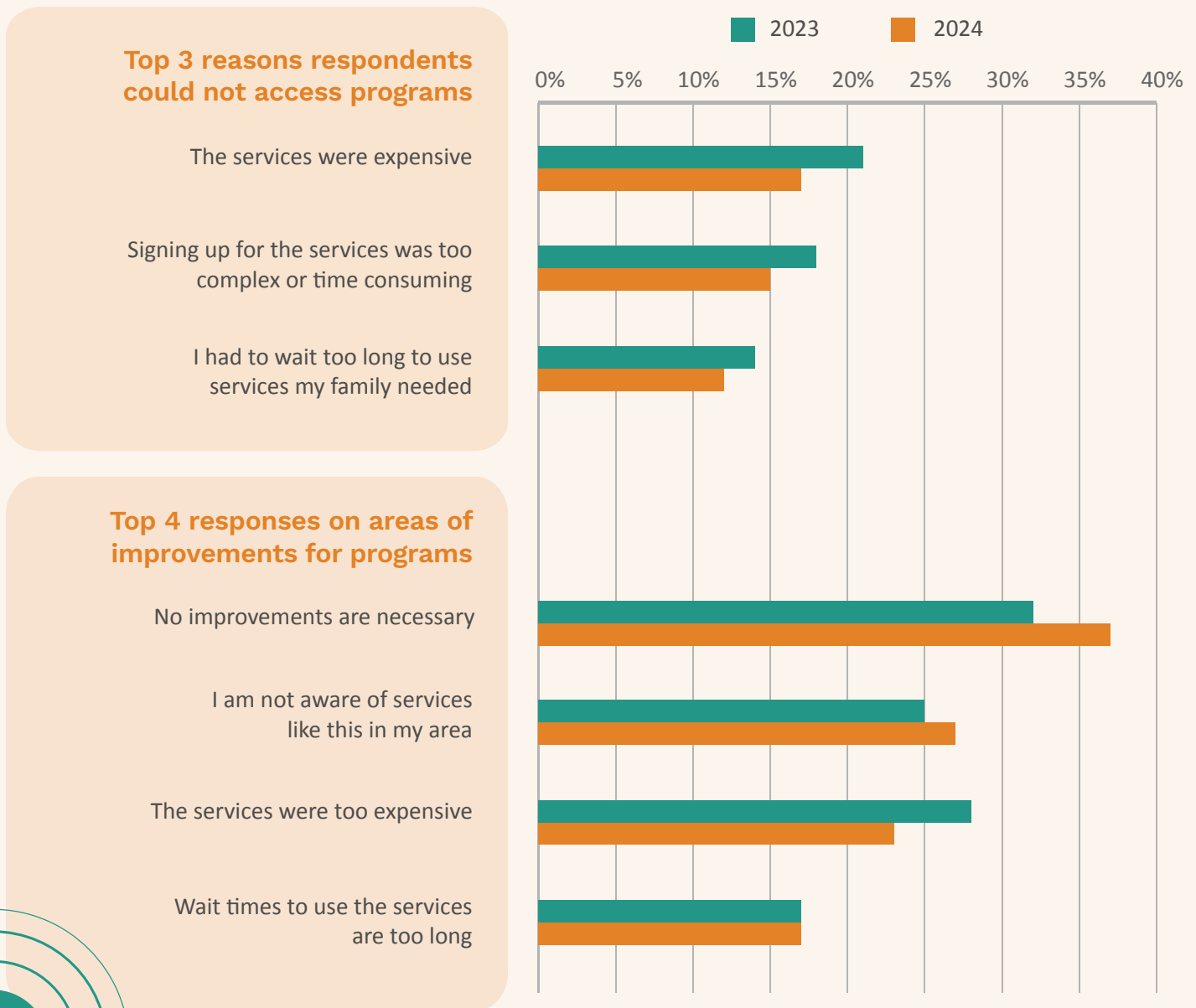


Figure 26. Child care services, areas of improvement and reasons for lack of access 2024 and 2023



Preschool

For preschool programs, we see an overall improvement in almost all aspects of these services. From 2023 to 2024 we see a strong increase in those indicating that they did not feel judged for using these services, from 25% to 30%, and a stronger increase that signing up for the services was easy from 24% to 36%. Those indicating that they were able to use the services when their family needed them were high and has increased significantly from 2023 to 2024 at 38% to 50% respectively.

The range of reported frequency of usage by race was 9% wide in 2024, increasing 3% from 2023. Between 2022 and 2023 there was a 2% decrease in variance of use by race. Both numbers are close to the margin of error for the survey, so may indicate a steady state in levels of racial equality in use of these services.

We also see significant reductions in the number of respondents selecting the most frequent areas for improvement for preschool programs. From 2023 to 2024 those indicating that no improvements are necessary increased 7 points from 34% to 41%, a significant increase. Those indicating that the services were too expensive dropped 3 points, those indicating that signing up for the services was too complex dropped 4 points and wait time as an area for improvement dropped 3 points. Where we see some more stability from 2023-2024 is in the reasons given by respondents for lack of access to Preschool services. Respondents citing that they are not aware of services in their area decreased from 22% in 2023 to 20% in 2024. Expense as a barrier to access dropped 3 points from 19% in 2023 to 16% in 2024. Not using services available due to time constraints held steady at 17% over 2023 and 2024.



“
Preschool is valuable to us because of the way our child has been able to grow in a positive learning environment.
 —Survey respondent”

Figure 27. Preschool, top 3 most valuable aspects 2024 and 2023

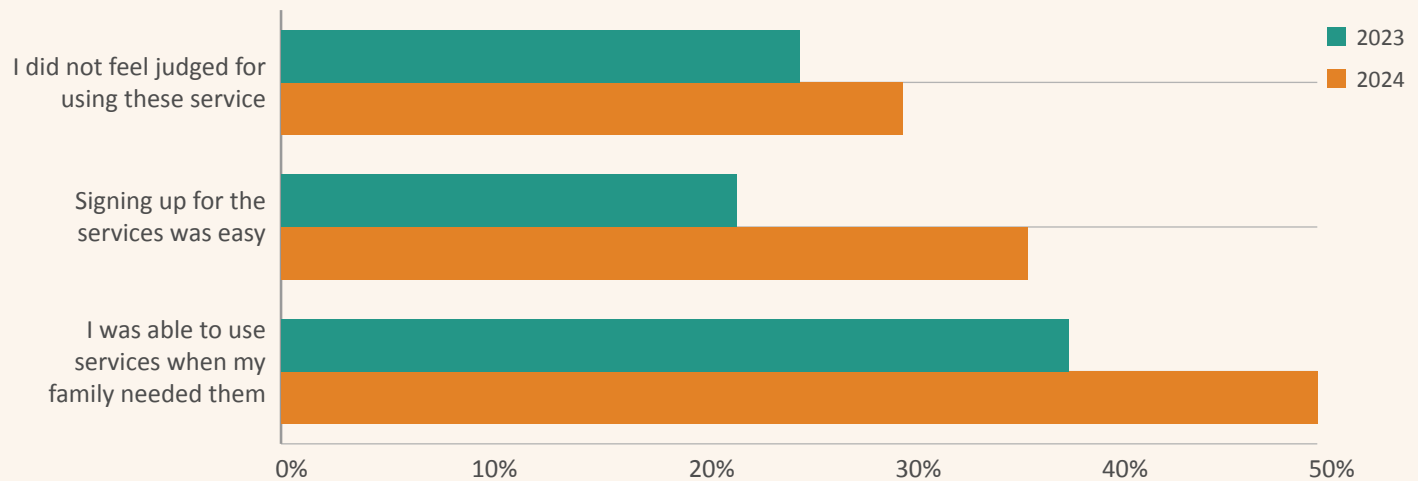
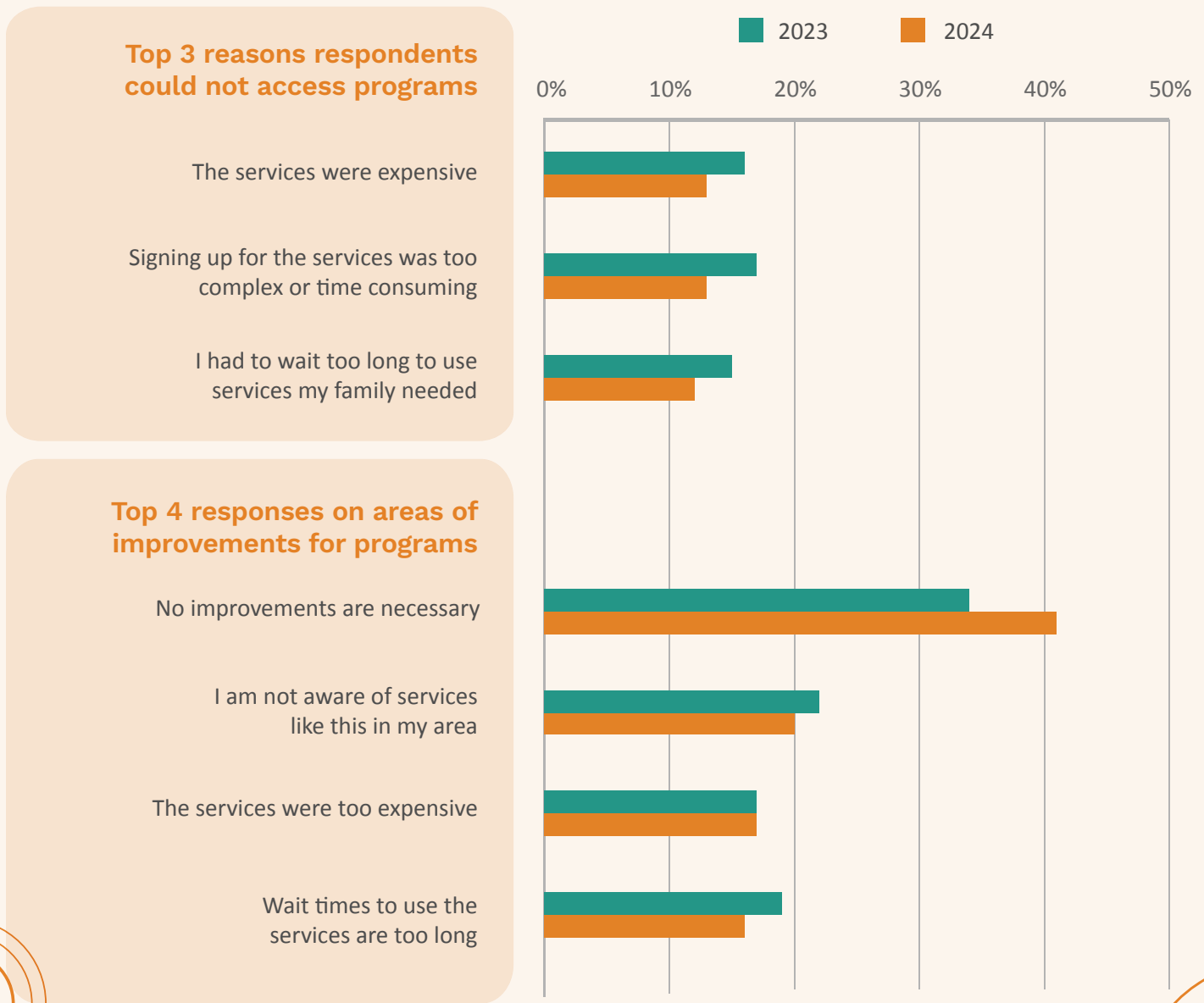


Figure 28. Preschool, areas of improvement, and reasons for lack of access 2024 and 2023



Family Support and Early Intervention Services

For family support and early intervention services we see improvement in two of the three most valuable aspects. From 2023-2024 we see an increase in those indicating that they did not feel judged for using these services, (+3 points), and a strong increase in that signing up for the services was easy (+5 points). Of note, those indicating that they were able to use the services when their family needed them decreased from 2023 to 2024 at 51% to 45% respectively.

The range of reported frequency of usage by race in 2024 was 11% wide, decreasing 5% from 2023. Between 2022 and 2023, there was a 5% increase in variance of use by race, indicating no net changes in racial inequality in use over the past two years.

We also see significant reductions in the number of respondents selecting the most frequent areas for improvement for family support and early intervention services. From 2023 to 2024 those indicating that no improvements are necessary increased 7 points from 42% to 49%. Those indicating that the services were too expensive dropped 2 points, those indicating that signing up for the services was too complex dropped 6 points and those indicating that it takes too much to use services dropped 1 point. We also see significant changes in the accessibility of family support and early intervention programs. Respondents citing that they are not aware of services in their area dropped from 31% in 2023 to 24% in 2024. The time it takes and the complexity of signing up for services decreased from 19% in 2023 to 16% in 2024. Lastly, time to use the services available dropped from 20% in 2023 to 15% in 2024.



“**At the time I was a young single parent, parenting was new to me and I learned a lot of things about my child’s development that helped me grow as a parent.**

—Survey respondent on family support and early intervention services

”

Figure 29. Family support and early intervention services, three most valuable aspects 2024 and 2023

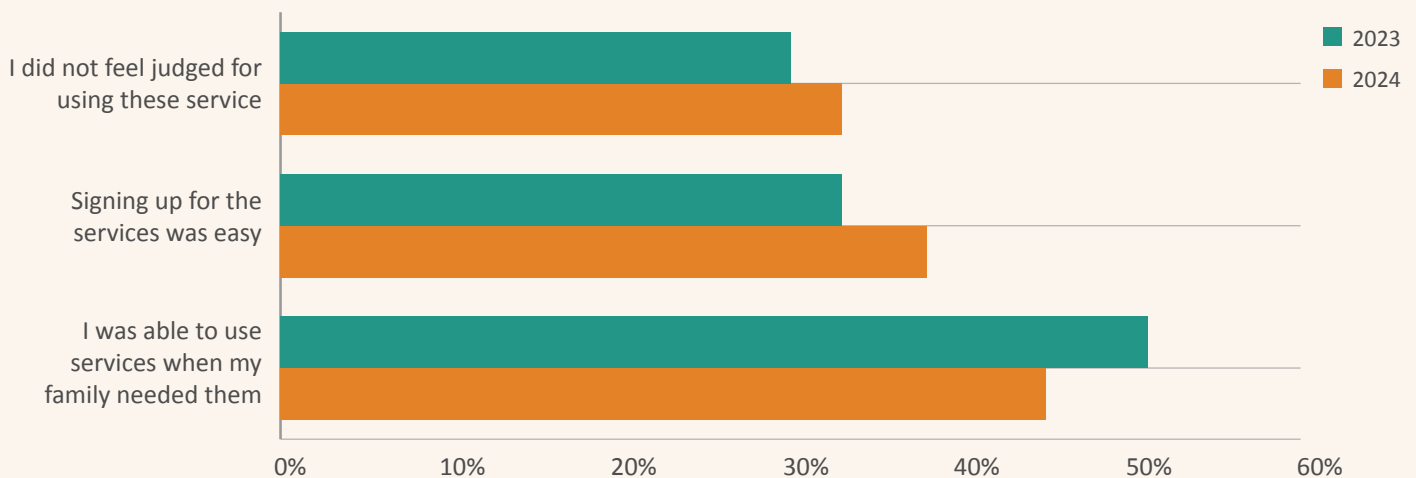
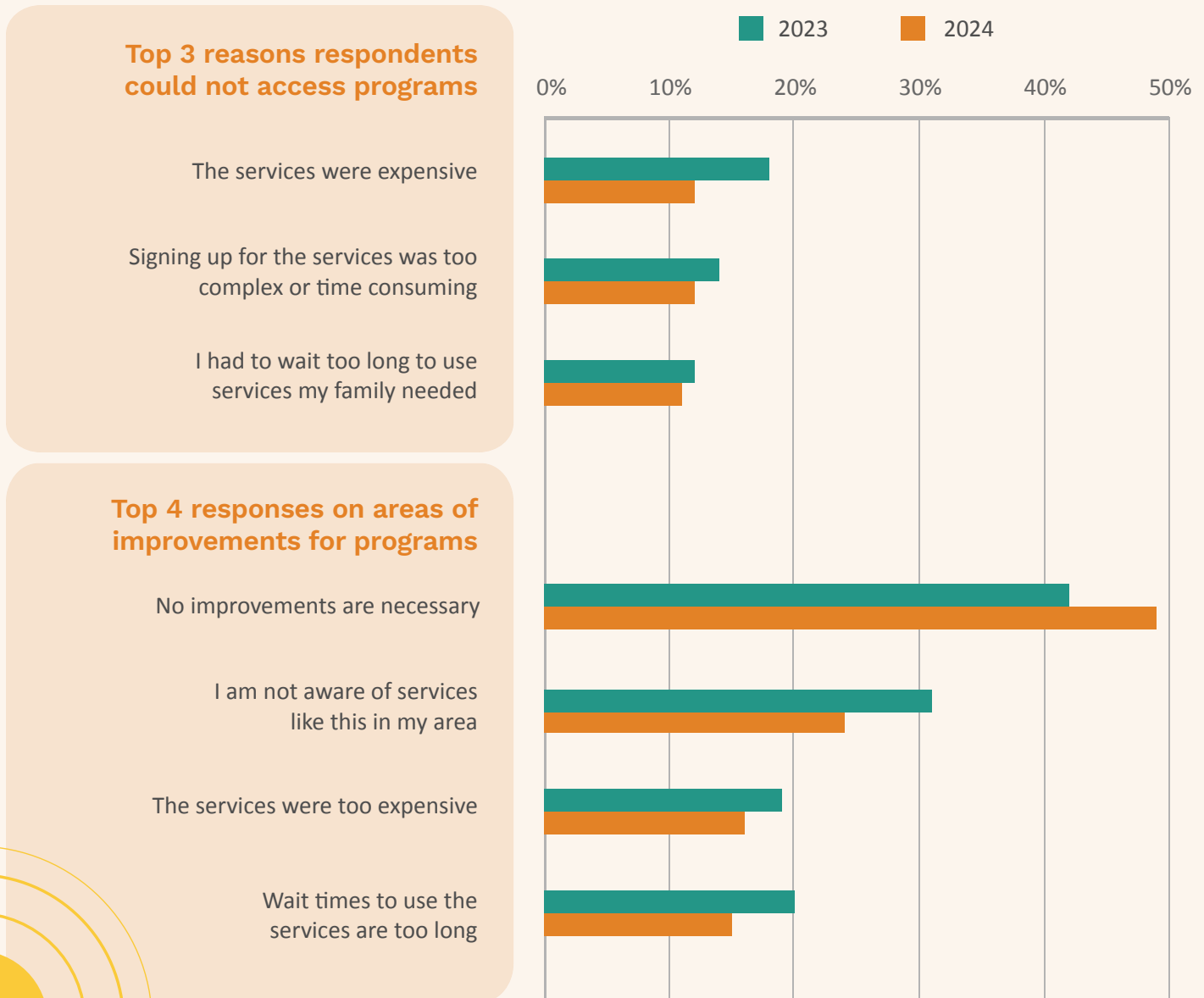


Figure 30. Family support and early intervention services, areas of improvement and reasons for lack of access 2024 and 2023



Net Promoter Scores

Net Promoter Scores (NPS) measure the loyalty of consumers to a program or organization and are a good proxy for overall satisfaction with programs. NPS scores are obtained through a single question and reported as a number within the range of -100 to +100. Any score above 0 indicates that the program has significantly more promoters—those who rate their likelihood of recommending the service to a friend or colleague at 9 or 10 out of 10—than detractors, who rate their likelihood of recommendation at 6 or less. A higher score in this measure is considered desirable. Amongst ECECDs core four programs, the largest increases are for the New Mexico PreK at 16, with preschool programs increasing by 13.

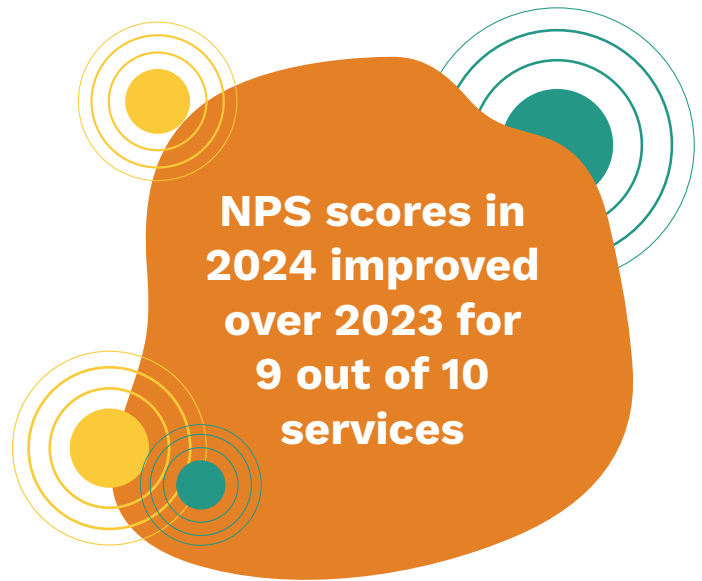
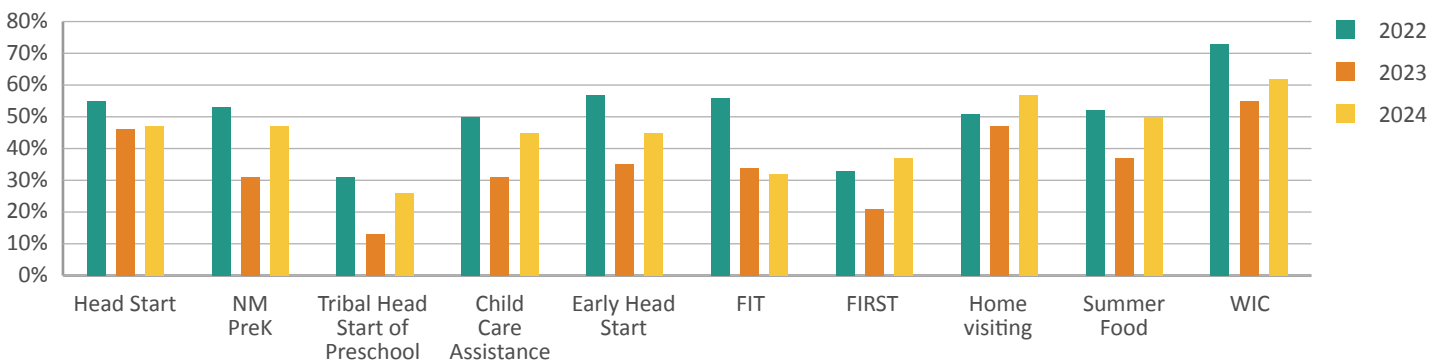


Figure 31. Program-level net promoter score comparison, 2022, 2023, and 2024



There are no readily available industry benchmarks for NPS scores in early childhood services, so the primary use of these scores is to observe trends over time. Across all programs, there is a downward trend in NPS scores from 2022 to 2023. The 2022 survey was conducted at the beginning of that year, capturing experiences from 2021 and early 2022—a period that coincided with the COVID-19 pandemic. This situation may have influenced people’s willingness to recommend programs and services. In contrast, the 2023 survey collected experiences from 2022 and early 2023, when life and operations had returned to normal. In 2024, there is an increase for 9 out of 10 programs, which may be part of a more stable trend of increasing satisfaction levels with these programs and services.

Caution should be exercised in interpreting these results, as in some cases—like WIC—respondents are rating a single program, while in the case of Head Start and preschool programs, respondents experience different specific preschool and Head Start centers that implement a particular type of program.



Respondent Needs

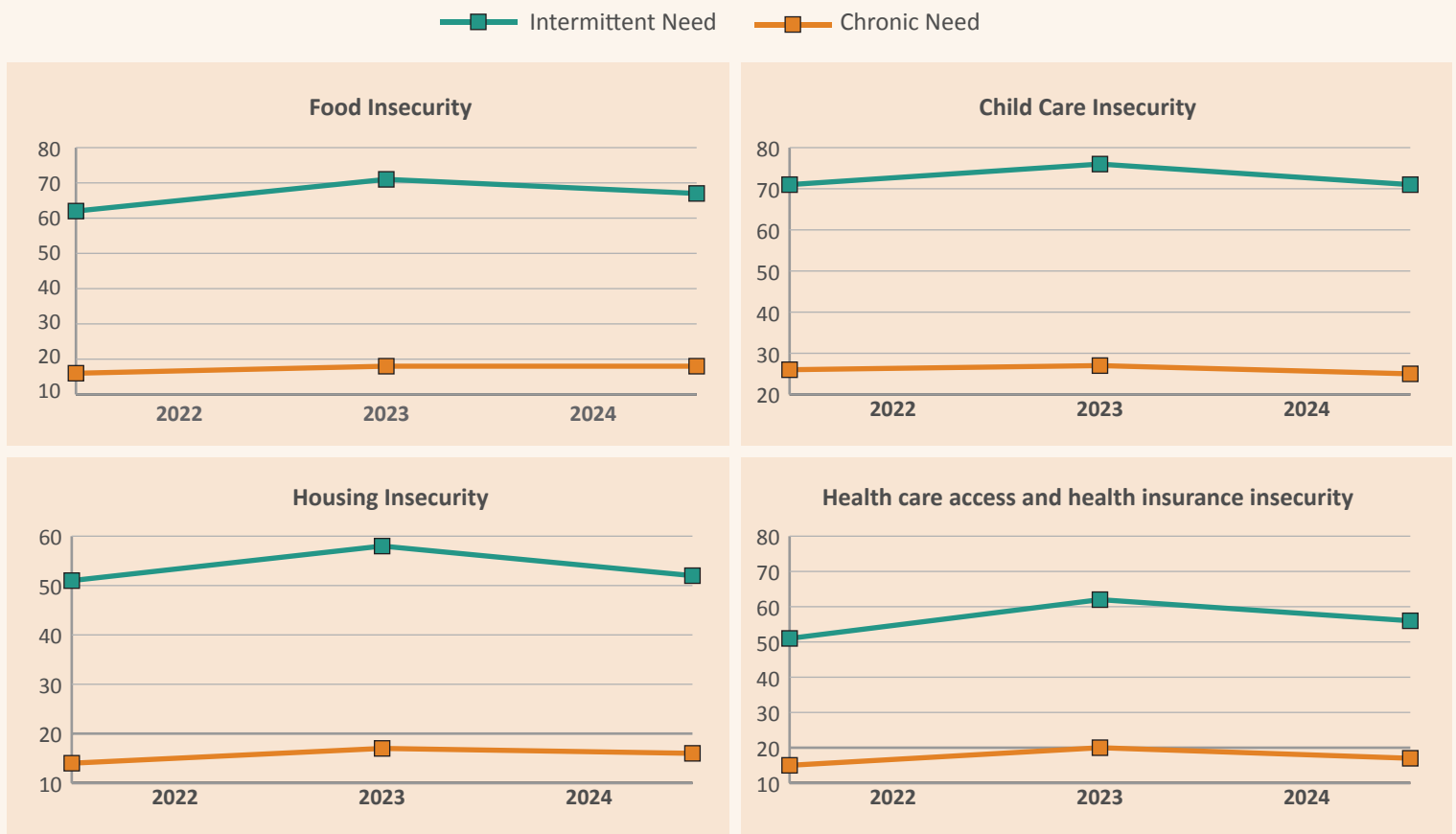
Scale of Needs

In the third section of the survey, respondents were asked about specific needs related to child care, early childhood services, food and housing insecurity, and access to medical care and insurance. The complete list of needs presented to respondents is listed in the figure below. Respondents indicated the frequency with which they experienced each need in the last 12 months on a five-point scale that ranged from never to always. The “% Experienced” column indicates the percentage of respondents who indicated they had experienced that need at any point during the past 12 months (intermittent need), while the “% Often or Always” column indicates the percentage of respondents who reported experiencing that need often or always during the past 12 months (chronic need).

In the comparison between the 2023 and 2024 data on intermittent needs, we observe decreases in all areas, ranging from an 8% decrease in some housing needs to a 3% decrease in a food insecurity item for an average decrease of 5.6%. There is an overall, if less pronounced, decrease in chronic need between 2023 and 2024, with need decreasing by two percentage points on average. This reflects less improvement in chronic need compared to intermittent need.

Child care is the area where there is the highest levels of need being reported. In the past year, 71% of respondents experienced child care insecurity some of the time, with 25% experiencing it often or always. Food insecurity is the next most common area of need, followed by health care and health insurance, with housing insecurity coming in last. One in five New Mexicans report experiencing need on average across all areas often or always. Three out of five New Mexicans report experiencing need on average across all areas at least once during the past 12 months.

Figure 32. Intermittent and chronic need across child care, housing, health and food insecurity experienced by responding New Mexican families with children aged birth to five 2022 to 2024



The most frequently experienced need among respondents in 2022, 2023, and 2024 was the need for child care to allow an adult to work outside the home. In 2023, 79% of respondents indicated that finding child care was a significant factor in enabling an adult in the household to work outside of the home. This figure decreased by six points to 73% in 2024. One in three respondents (32%) indicated this need occurred often or always remained consistently high from 2022 to 2024. Similarly, a comparable number of respondents indicated that they experienced worry that adults in the household would have to miss work to care for a child who was not sick at least once in the past 12 months, although only 23% of respondents experienced this worry often or always.

Health care access and health insurance insecurity showed the greatest decrease on average between 2023 and 2024. Those who experienced the need some of the time declined by 6.7 points to 56%, while those who experienced the need often or always declined by 2.7 points to 17%. However, 45% of respondents indicated that their family was not covered by health insurance at least once in the past 12 months, with 14% indicating that they were not covered by health insurance often or always. Two out of three New Mexican families participating in this survey experienced food insecurity at some time in the past 12 months, with 18% reporting experiencing chronic food insecurity.



Between 2023 and 2024 there was a drop in need averaged across all areas

45% of respondents lacked health insurance at some point in 2023

The greatest decrease in need we observe from 2023 to 2024 is in housing insecurity, with two of the three items decreasing by 8%. However, more than half of the respondents (52%) experienced intermittent housing insecurity, and 16% experienced chronic housing insecurity. For a more detailed table including responses to all items on the need scales surveyed from 2022 to 2024, see [Table 25. Comparison of 2022–2024 needs experienced by respondents in the past 12 months, reported as percent of respondents experiencing need.](#)

Analysis of Open-Ended Needs Answers

In addition to the items included in the scale of needs questions mentioned earlier, respondents were given the opportunity to provide an open-ended response detailing any additional needs they were experiencing. These open-ended responses can be found in Appendix 4. Supplemental Charts and Tables, Table 19. Thematic analysis of open-ended needs responses. Child care need was the prevalent focus of the open ended responses:

- *“Closer child care facilities. Nearest daycares are half an hour to an hour away.”*
- *“Affordable child care without the long waitlists. Was a state employee before having to quit my job because we had no options for child care. Now looking at preschools and the research having to do is crazy. Everyone has a waitlist or it’s a lottery.”*
- *“Need options for child care programs during the summer to help support working parents.”*
- Access to health and mental health care the next most prevalent
- *“Medical care access is a challenge in this state. Wait-list of a year for a provider is too much.”*
- *“We need to expand the mental health capacities in New Mexico and especially the Albuquerque and Rio Rancho areas. My son has been on a waiting list for seven months to see a therapist. He is acting out, and the people I have talked to say they cannot help me unless he hurts somebody or himself and that is just ridiculous!”*
- Access to early intervention services and special needs support where families live
- *“Special needs services are extremely limited in Valencia County. Services such as OT, SLP, and ABA are nearly impossible to access due to long wait times and traveling to Albuquerque is not realistic with a special needs toddler.”*



Language and Disability

The New Mexico Early Childhood Education and Care Department (ECECD) is committed to providing equitable and inclusive services to all families engaged with early childhood programs. In alignment with Title VI of the Civil Rights Act of 1964 and Title II of the Americans with Disabilities Act of 1990, ECECD services need to be accessible and responsive to the diverse needs of our community. This section of the survey report presents data on the language and communication access needs and disability status of caregivers of children aged 0-5 in New Mexico. This data collection is a critical component of ECECD's ongoing efforts to enhance access and ensure that no individual faces barriers due to language or disability when encountering early childhood services in New Mexico.

The ECECD Language Communication Access Plan (LCAP) is a document regularly updated to reflect New Mexico families' changing demographics and needs. The LCAP includes a public assessment of need for services and a plan to meet those needs. Findings from this survey will inform the continual development of ECECD's dynamic LCAP. By understanding the specific language and accessibility requirements of caregivers, ECECD can tailor its programs to serve all children and their families better. Questions on language and disability were added to the survey in 2024 in consultation with ECECD to meet evolving needs. As such, we do not have comparative data for these questions over time.

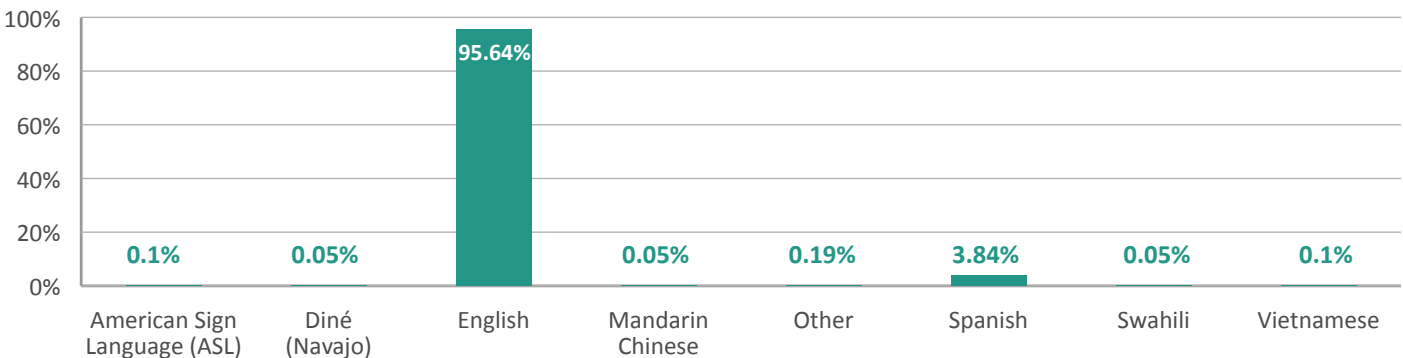


Languages Spoken and Impact on Accessibility

Among the 2024 survey respondents, 65% indicated that they were monolingual speakers, while 35% indicated that they spoke more than one language. By far the most prevalent language spoken by monolingual speakers is English, reported by 95.64% of respondents, followed a distant second by Spanish at 3.84%.

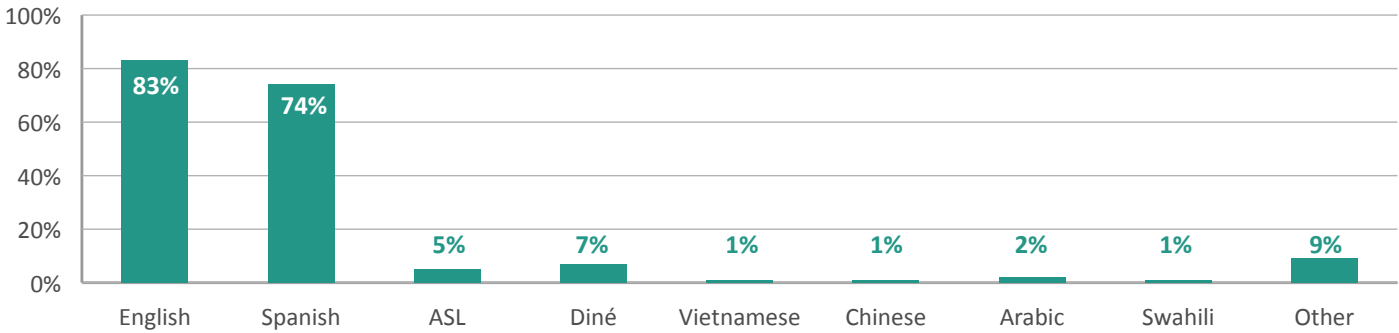
Amongst the 35% of respondents who identified as speaking more than one language, the most prevalent language was English at 83%, followed by Spanish at 73% (note that these numbers will not sum to zero as multilingual respondents are indicating all of the languages that they speak).

Figure 33. Languages spoken by monolingual speakers 2024



Languages of monolingual speakers

Figure 34. Frequency of languages spoken for speakers of two or more languages 2024



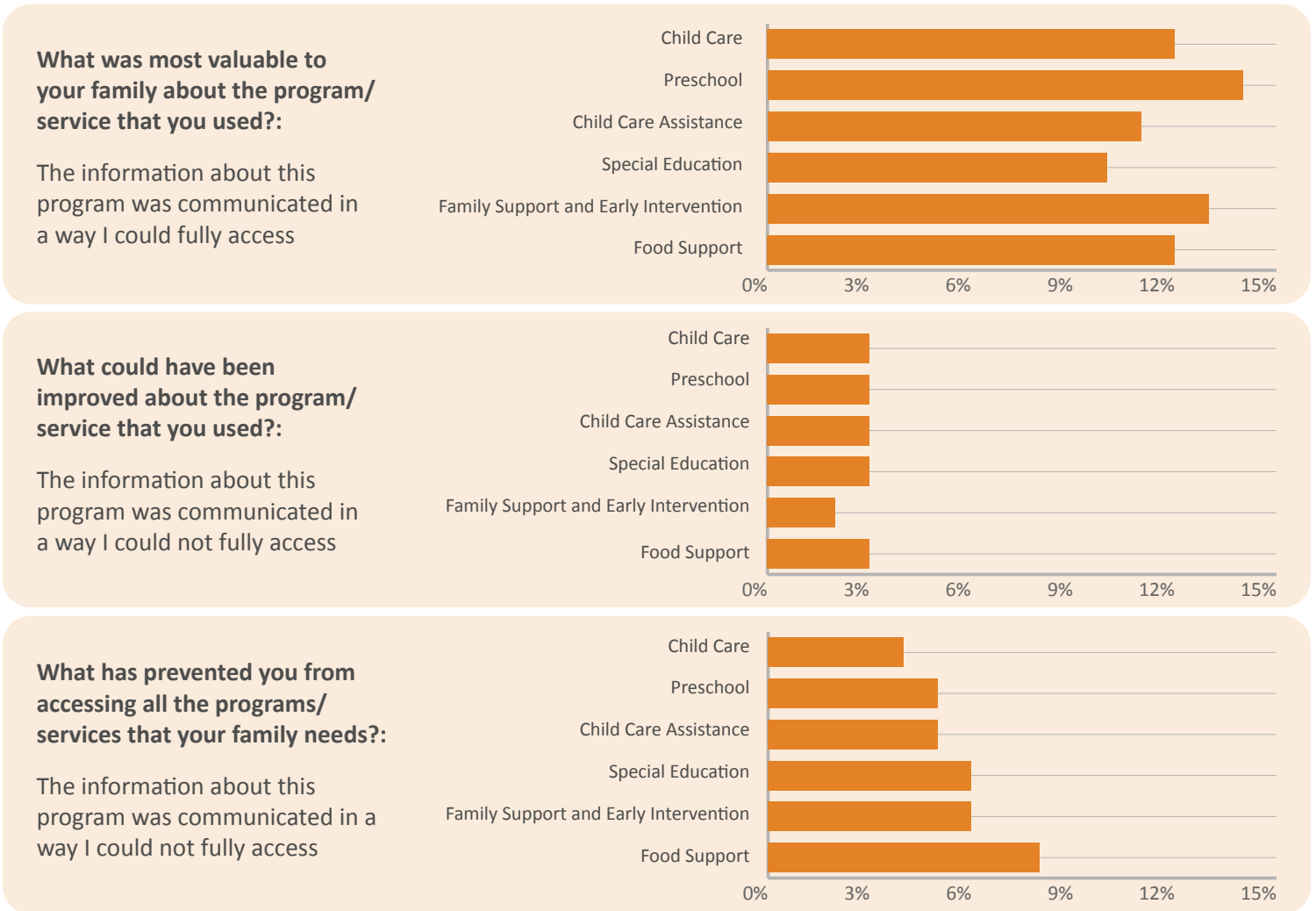
Respondents had the opportunity to share languages that are spoken at home and that were not offered in the response list. Four respondents selected speaking uniquely Bengali (n = 2) and Keres (n = 2) at home, while respondents who speak two or more languages at home other than the ones listed (n = 83) cited Keres (n = 12), French (n = 8), Tewa (n = 7), German (n = 5), Tagalog (n = 3), and Zuni (n = 3). Other languages mentioned include Japanese, Chinese, Russian, and Hindi (n < = 2).

Respondents were asked about whether the way in which program information was communicated impacted how they value programs, what could be improved about programs, and whether it interfered with accessing programs. In all three of these areas, accessibility of communication was the least impactful of the 11 areas covered. However, they were still selected by a statistically significant group of respondents. The greatest impact reported on language accessibility is positive. An average of 12% of respondents across all programs selected this as the most valuable aspect of the program to them and their families. The highest-rated program for language accessibility as a valuable aspect is preschool services, but there is not much variation among programs. Only 3% of respondents across all programs indicate that language accessibility is an area for improvement for programs and services, compared with 43% of respondents indicating that no improvement is necessary and 14% identifying the complexity of signing up as the most important improvement. We see language accessibility cited least frequently as a barrier to accessing programs and services needed, at an average of 6% across all programs, which lags significantly behind the barriers of no services in area (23%) and complexity of signing up (18%).

We should treat this analysis with caution, however, as the survey itself was communicated primarily in English and Spanish through social media, although there was also robust outreach through community organizations with translation capacity.

Language accessibility the least cited barrier to accessing early childhood programs and services (6% of respondents)

Figure 35. Impact of language accessibility on programs/services



Disability

Four out of five respondents indicate that neither they nor a family member experience disability. Amongst those who indicate the presence of disability, the largest group identified as experiencing disability is child(ren), followed by self and other caregivers.

Amongst those persons reported as disabled, there is a wide range of types of disability experienced. The most prevalent disability reported amongst children is autism, with 43% of children with disabilities identified as having autism. The next three most prevalent disabilities-in the low twenties-are attention deficit disorder, health-related disabilities, and learning disabilities, followed by speech difficulties at 17%. For adults-self and other caregivers-the most prevalent disabilities are health (34%) and mental health (31%), followed by mobility and other at around 20%. The difference between the types of disabilities reported for adults and children is striking in all groupings except for blindness and deafness, where the numbers for all three groups are within one percent. Note that these categories will not sum to 100 as respondents could select multiple categories.

Figure 36. Those experiencing disability 2024

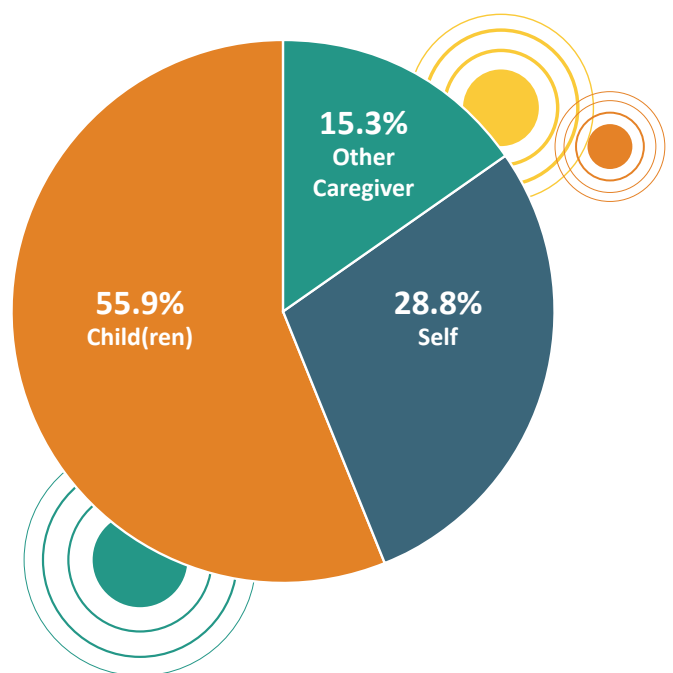
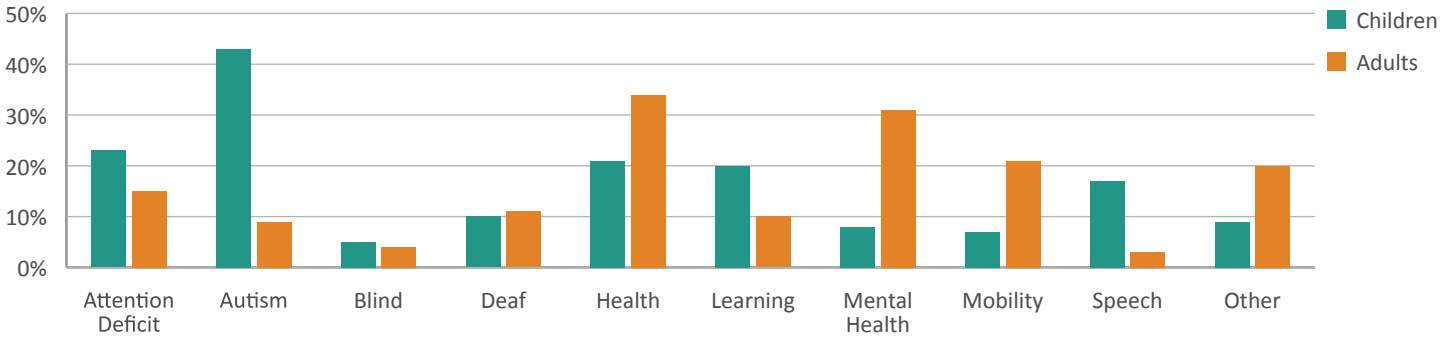


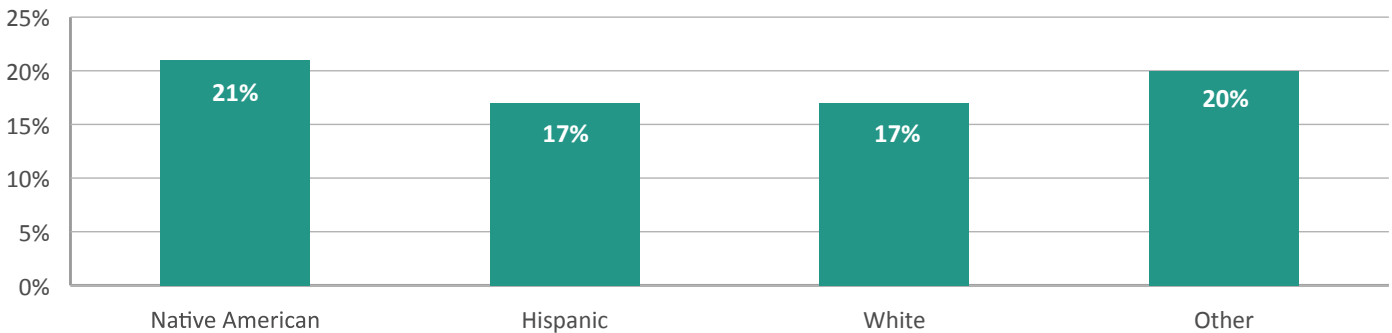
Figure 37. Types of disability identified by child and adult 2024



43% of children reported as having a disability have autism

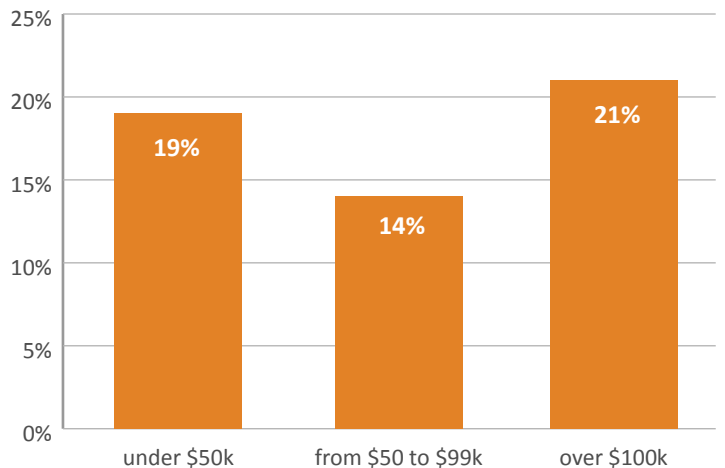
The distribution of reported disability across racial and ethnic groups is somewhat close, with 21% of Native American respondents reporting disability in their family, 17% of Hispanic respondents, 17% of White respondents, and 20% of respondents from other racial/ethnic groups. Note that because of the relatively lower number of Native American and other racial/ethnic respondents to the survey, these percentages may be less representative of the overall population than those for Hispanic and White respondents.

Figure 38. Percentage of racial/ethnic group reporting at least one disability in family with child(ren) 0-5



There is greater variation in the reporting of disability by income level, with levels of respondents skewing higher in the lowest and highest income brackets. The seven-percentage point gap in reported disability between those earning over 100k and those earning from 50k to 99k is notable.

Figure 39. Percentage of income group reporting at least one disability in family with child(ren) 0-5



We also see variation between the middle and highest education level grouping of respondents, with 21% of those with a graduate level of education reporting at least one family member having a disability, compared with 16% of those with an undergraduate level of education.

Interestingly, those living in metropolitan areas report a disability in the family at higher rates than all other areas (21%), with the lowest prevalence of disability being reported in small metro areas (14%).

Figure 40. Percentage of education level group reporting at least one disability in family with child(ren) 0-5

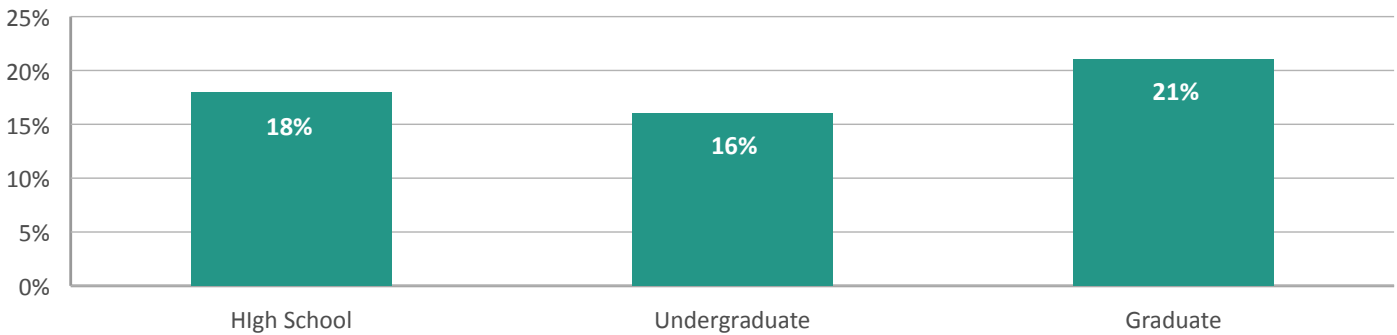
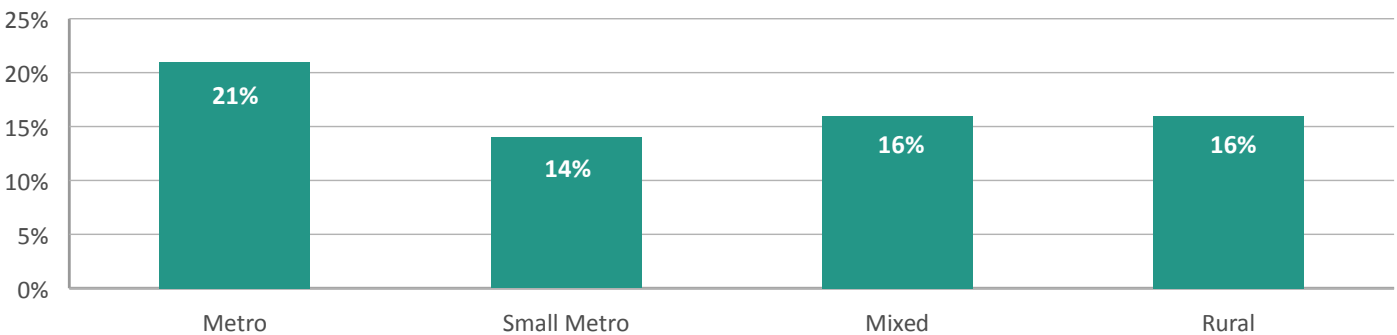


Figure 41. Percentage of location type group reporting at least one disability in family with child(ren) 0-5



Disabilities in the family are reported at a far higher rate in metro areas (21%) compared to small metro areas (14%)

Appendices

Appendix 1. Methodology

Survey Instrument and Development

The survey was developed collaboratively between Project ECHO and ECECD staff in 2021-2022 and was first administered in Spring 2022. To connect with families representing New Mexico's diverse population, the survey was made available in three languages: English, Spanish, and Vietnamese. In addition, community partners with the capacity to provide translation and assisted completion were engaged in the survey distribution efforts. In 2022, screening questions were included in the electronic version to ensure respondents lived in New Mexico, were parents or caregivers of children aged 0-5, and were taking the survey in good faith. In 2023, with the introduction of Qualtrics as the survey platform, the screening questions were removed and replaced by embedded data directly collected by Qualtrics, which has been continued into 2024. These embedded data include device longitude and latitude location, duplicated response scores, fraud scores, and captcha scores. These measures were implemented to detect and eliminate suspicious activities, ensuring the validity and reliability of the collected surveys. As bot-driven answers have become more prevalent from 2023 to 2024, we have implemented additional data security strategies including hand review of survey responses using multiple indicators to distinguish high-quality responses from actual eligible individuals, and confirming a subset of surveys as coming from real respondents through contacting them directly.

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

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

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

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

In 2024 several additional questions were added to the survey to capture more information around language and disability, to identify the prevalence of languages spoken, and disabilities amongst families with children aged 0-5.

Timeline

A research timeline was developed in collaboration with ECECD. The timeline includes a strategic outreach planning phase from December 2023 to January 2024, a survey, platform and outreach materials review and update phase from February to March 2024, and a distribution and outreach phase from March to April 2024. After the survey was closed, the data was cleaned, and then we proceeded with analysis and reporting. More information about the steps within each phase can be found in the table below.

Table 28. Outreach and Research Timeline, 2024

Outreach and Research Timeline, 2024	
Dates	Activities
December to January	Strategic planning for survey outreach in partnership with MediaDesk
February to March	Additional language and disability question development and integration into survey
March 27	Bulk mailing of 16,500 survey promotional flyers to 365 Early Childhood organizations serving demographics in harder to reach areas based on previous survey administrations
March 28	Community-focused soft launch of survey
April 6	Media launch of survey
April 24	First batch of gift card distribution
May 7	Survey closed Second batch of gift card distribution
May 18-25	Data cleaning and survey response validation Data analysis
May 13-31	Drafting of report
June 2	Final batch of gift card distribution

Survey Outreach and Distribution

For the 2023 and 2024 editions of the Family Engagement Survey, the planning and execution of survey outreach and distribution were carried out in collaboration with MediaDesk. The primary strategic goal was to ensure that the Family Survey captures diverse responses that represent New Mexico's population both demographically and geographically. The main target audiences were parents and primary caregivers of young children, service providers and professionals working with young children, as well as ECECD leadership and state legislators.

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

To ensure sufficient response rates to the survey, we launched the survey offering a \$5 gift electronic gift card for New Mexico-based families completing the survey. The \$5 gift cards were first implemented partway through the data collection window for the 2023 survey, with great success. The gift card amount was determined collaboratively with ECECD in 2022. Additional incentives, including swag such as stickers and mugs, were provided to respondents who completed the survey at in-person events. During the 2024 survey window, the team discovered that there were multiple state and national level surveys competing for responses from the same demographic, offering a more valuable gift card for respondents. Due to lagging numbers in survey completions likely attributable to this competition, we increased the gift card amount to \$10 for the weekend of May 3-6th, resulting in us reaching the goal of 3,201 high-quality surveys completed by our target demographic.

This year, we included a strategy to provide mini-grants to community-based organizations (CBOs) in hard-to-reach communities and counties based on the review of last year's demographic data. These CBOs agreed to conduct outreach about the survey to parents and caregivers of children aged five years and younger. Each organization was provided with outreach materials, and they created a strategy to engage their community members in completing the survey through in-person events, email campaigns, and/or other outreach. The three CBOs were:

- McKinley County Early Childhood Coalition
- NGAGE New Mexico in Doña Ana County
- San Miguel County Early Childhood Coalition

Following the completion of the data analysis, MediaDesk further assisted in communicating the results to partners, policymakers, and respondents through post-survey briefs. They also offered support with the final report design and outreach efforts to effectively disseminate the survey findings. The partnership between Project ECHO and MediaDesk around the Family Engagement survey will be reconducted for subsequent surveys.

In order to assess the evolution of survey demographics and response rates, the teams at Project ECHO and MediaDesk held weekly meetings. During these meetings, the Project ECHO team presented recent changes in survey completion and demographics evaluation, while the MediaDesk team shared insights on social media and website traffic. With this information exchange, both teams were able to communicate effectively and make necessary adjustments to the outreach campaign strategy.

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

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

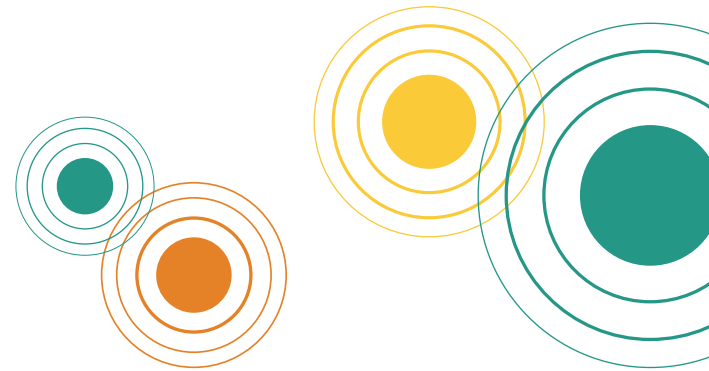


Table 29. Survey outreach and distribution activities, 2024

Survey Outreach and Distribution			
Outreach Pathways	Outreach Channel	Outreach Activities	
Electronic	Social Media	<ul style="list-style-type: none"> Social Media Campaign Community Organization Social Media shares 	
Electronic	Emails	<ul style="list-style-type: none"> 1,069 organizations contacted several times via email regarding survey outreach 	
Electronic	Newsletters	<ul style="list-style-type: none"> Survey sent to all Health Sciences Center UNM employees on April 28, 2022 	
Media	Radio and Print	<ul style="list-style-type: none"> Earned media Free radio PSAs 	
Paper	Paper Distribution	<ul style="list-style-type: none"> 16,500 survey flyers mailed to 365 early childhood serving organizations across the state 	
In Person Events	Tabling at events reaching child care providers to encourage communication to providers, as well as to parents directly	<ul style="list-style-type: none"> New Mexico Association for the Education of Young Children (NMAEYC) Conference April 5-6, 2024 	<ul style="list-style-type: none"> Family Safety Summit – April 9-10, 2024 Choose Resilience Conference – April 15, 2024

Data Analysis

Electronic survey responses were collected via Qualtrics, an online survey program licensed through the University of New Mexico. Data was compiled and validated after the survey was closed. Responses were filtered to exclude automatically generated responses and those not within the target respondent group. Participants' locations were verified by matching the provided county and zip codes. Additionally, open-ended answers were reviewed by multiple researchers, with any responses that were comprised of nonsensical responses (strings of characters that did not create words, responses that clearly did not respond to the prompt, etc.) were excluded from the final analysis.

Multiple sample subsets were created, each with their own set of filtering criteria. The main filtering difference lay in Qualtrics' built-in fraud score: the most conservative sample subset only retained a fraud score of zero while the least conservative sample subsets retained a wider range of fraud scores. Following the data cleaning and filtering, key items on all three different subsets were compared using Tableau, a data visualization software. Based on this preliminary analysis, it was concluded that all three subsets followed similar patterns on all key items analyzed. Therefore, the least conservative subset with the largest number of surveys was retained for the final analysis. A final data set containing a total of 3,201 valid responses was created in Excel and formatted to allow for uploading into Tableau and SPSS. Descriptive statistics were created for key survey items, with cross-tabulations carried out using subgroups based on race/ethnicity, geography, household income, and educational attainment. Multiple categories within a subgroup were combined in cases of low numbers of responses to allow for analysis (urban and rural subgroups for geography, for example). A combination of SPSS, R, and Excel were used to complete the data cleaning, filtering, and analysis.



Appendix 2. Demographics of survey respondents

Respondents were presented with demographic questions about themselves and their households. Overall, 3,201 participants from all 33 counties of New Mexico completed the Family Engagement survey. All submissions were made electronically through Qualtrics.

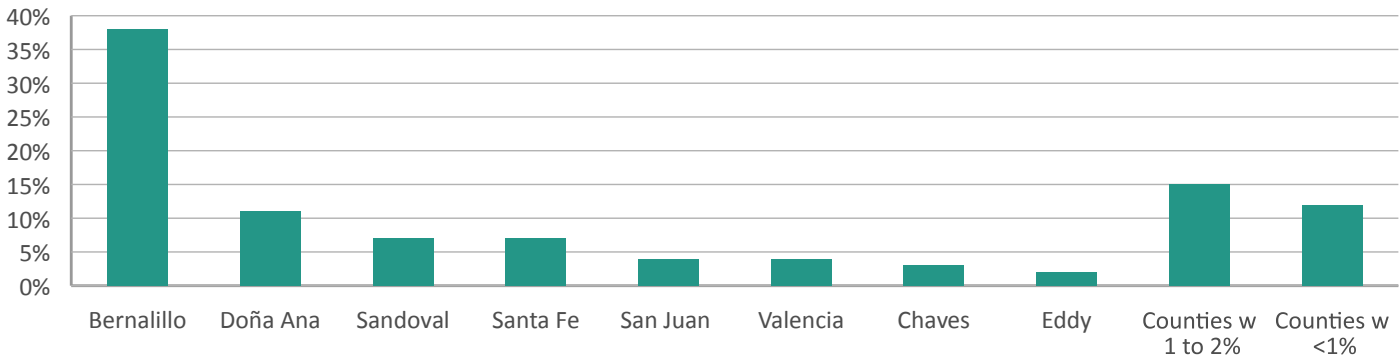
Geography

According to the 2020 Census data, percentages of survey responses from Doña Ana county, Santa Fe county, Sandoval county, Valencia county, and Chaves county align perfectly with the county’s population. On the other hand, we observe a slight overrepresentation of respondents from Bernalillo county (38% respondents compared to 32% population) and a slight underrepresentation of respondents from San Juan (4% respondents compared to 6% population). For comparative purposes, participants’ locations were grouped into four categories following New Mexico’s Health Indicator Data and Statistics guidelines.

Counties were grouped as either metropolitan, small metropolitan, mixed rural and urban, or rural based on their population. According to this classification, 50% of respondents lived in metropolitan areas, 22% lived in small metropolitan areas, 22% lived in mixed urban areas, and 15% lived in a rural area. Compared to the census data, respondents from the metropolitan and rural areas are slightly overrepresented (metro: 50% respondents compared to 44% population - rural: 7% respondents compared to 4% population) and respondents from small metropolitan and mixed rural and urban areas are slightly underrepresented (small metro: 22% respondents compared to 24% population - mixed: 22% respondents compared to 28% population).

(United States Census Bureau. Annual Estimates of the Resident Population: April 1, 2020 to July 1, 2023. U.S. Census Bureau, Population Division. Web. March 2024. <http://www.census.gov/>)

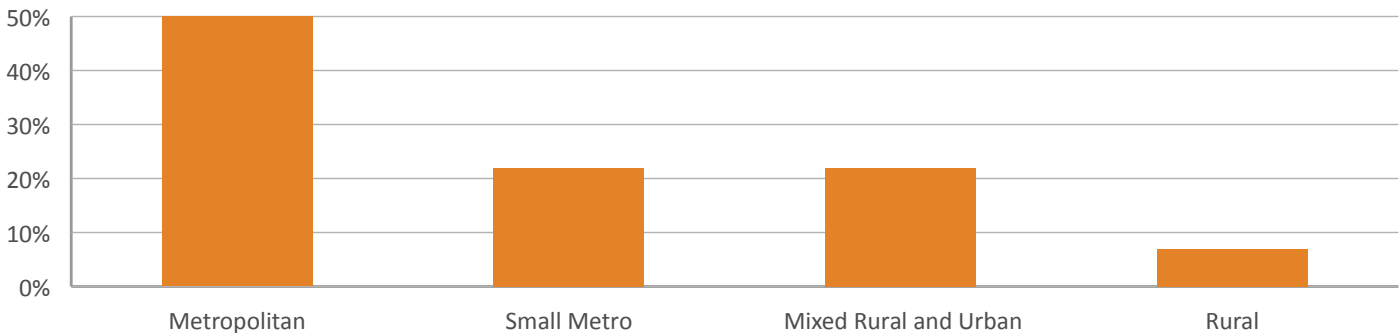
Figure 42. Number of surveys by county



Counties with < 1% include: Colfax, Luna, Taos, Socorro, Mora, Torrance, Quay, Sierra, Union, De Baca, Roosevelt, Guadalupe, Hidalgo, Harding, Lincoln, Grant, Socorro

Counties with 1 to 2% include: Lea, San Miguel, Los Alamos, Otero, Rio Arriba, Catron, Cibola, McKinley, Curry

Figure 43. Survey responses by geographical area



Metropolitan includes: Bernalillo, Sandoval, Torrance, Valencia

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

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

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

Survey Responses by race/ethnicity, education, and income

Interpreting the representativeness of the survey responses by demographic characteristics other than location requires an understanding of the demographic characteristics of those in the US likely to be the primary parent or caregiver of children aged birth - 5. The family structure of minor children in the US has remained stable within the last 10 years. The majority of children in the US live with at least one biological parent – 96%.⁸ Which means that understanding the demographics of biological parents is a reasonable proxy for the demographic makeup of all parents and caregivers in New Mexico. We note that biological parenthood is not the only parental or caregiver relation that exists to children aged birth – 5. When considering other caregiver relationships, in 2021, the most recent data available, 8% of grandparents aged 40 and older resided with their grand(children), which is an upper limit to place on the proportion of grandparents who stand in a primary caregiver relationship to their grandchildren.⁹ Of these 8% of children who reside with a grandparent in the 0-6 age group, only 17% do not also have a parent present in that household. This means that only 1.4% of children in the US have grandparents as their sole primary caregivers.¹⁰ Another family structure is that of adoption, which also affects a very small proportion of children in the US. The estimated number of children who join families through adoption is 2%. Adoption within family groups – relative adoption – is the most common form of adoption, comprising 73% of all adoptions. Thus, the share of children with grandparents as sole caregiver may well overlap with the share of children who are adopted. Only 27% of children who are adopted are aged 0 to five, further shrinking the proportion of adopted children within this sample. At least 85% of adoptive parents are under the age of 50, aligning the demographics

of adoptive parents with the upper average age range of biological parents, 15-49.¹¹ As these percentages of alternative family origins is within the statistical margin of error in this survey, combined with the difficulty of carving demographic categories too narrowly, we rely on the demographics of biological parents as a measure of the representativeness of the response set.

In order to create a demographic picture of parents we rely on the 2023 National Health Statistics report “Fertility of Men and Women Aged 15-49 in the United States”, and the annual National Center for Education Statistics “Condition of Education Report”, in addition to Census data and the American Community Survey for the statistics that follow.^{12, 13}



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

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

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

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

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

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

RACE/ETHNICITY

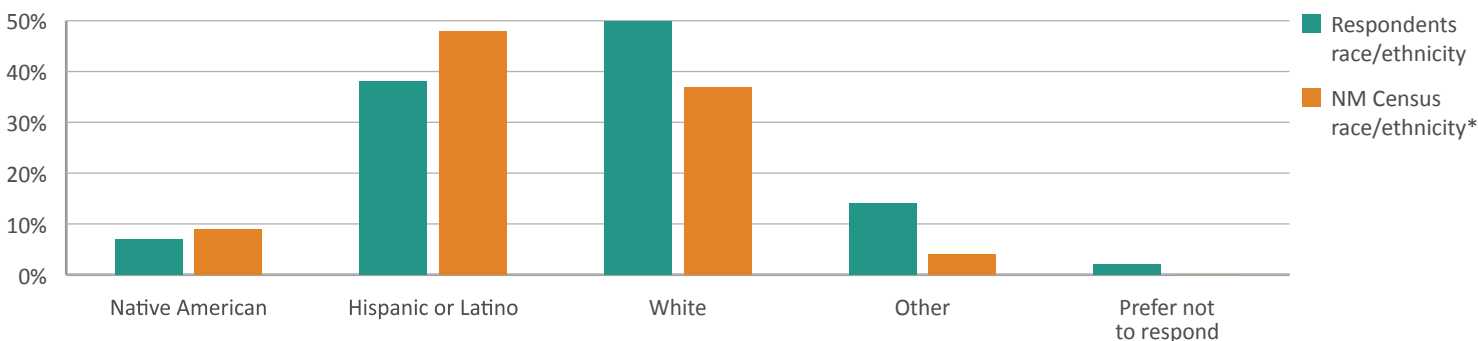
Among the 3,201 respondents, the most represented races and ethnicities were White with 50%, followed by Hispanic with 38%. For comparative purposes, participants identifying as Black, Asian, or other ethnicities were categorized as Other. Lastly, Native American participants had the opportunity to specify their tribes. Among the 152 Native Americans, the most cited tribes are Navajo (n = 106), Apache (n = 9), Zuni (n = 8), and Santo Domingo (n = 7). Additional tribes included San Felipe Pueblo, Isleta Pueblo, and Cochiti Pueblo. When compared to the distribution of race/ethnicity reported in the 2020 census for all New Mexicans, we see some variation amongst our respondents, who come from the subset of new Mexicans who are the parents or caregivers of children aged birth to five. The census identifies 9% of New Mexicans as Native America, compared to 7% within the survey sample. Hispanic or Latinos make up 38% of the survey sample, which is underrepresented compared to the census data at 48% of New Mexico residents. Compared to census data White respondents are overrepresented in the survey sample at 50%, compared to 37% identified in the census. However, the overall distribution curve of survey respondents by race/ethnicity roughly matches that of census data, with one outlier. The “Others” category comprising those who selected Black, Asian, or Other for race/ethnicity is 14% in the survey sample, which is far higher than the 4% in the census data. It is hard to draw concrete conclusions about the representativeness of the sample given the focus of this survey on parents of children birth to five, compared to the focus of the census on all residents of New Mexico.

INCOME

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

For comparative purposes, participants’ incomes were categorized into three distinct groups: Under \$50k, from \$50k to \$99k, and Over \$100k, which can be compared for representativeness of the sample with 2020 Census data reporting the distribution of income for all New Mexicans across these ranges. Amongst survey respondents grouped into these three categories, 42% of participants belonged in the first category, while 37% and 21% belonged in the second and third categories respectively. This distribution amongst survey respondents roughly mirrors income distribution amongst all residents of New Mexico. Note that we expect to see some variation as the demographics of parents and caregivers do not exactly match the demographics of the state as a whole, and parenting clusters in certain age groups of the population. We see a match between the survey sample and census data in those earning under 50k. There is a greater proportion of survey respondents (37%) compared to census respondents (29%) in the \$50k to \$99k category. We see 21% of survey respondents in the \$100k and over category compared to 28% of census respondents. This may partially be explained by the concentration of wealth in older individuals, while the majority of parents and caregivers of children birth to 5 falls into the 15-49 age group.

Figure 44. Representativeness of survey sample by race/ethnicity compared to whole NM population race/ethnicity as reported in 2020 census¹⁴



14. U.S. Census Bureau. “RACE.” Decennial Census, DEC 118th Congressional District Summary File, Table P8, 2020, <https://data.census.gov/table/DECENNIALCD1182020.P8?g=040XX00US35>. Accessed on July 3, 2024.

When we focus on income data specific to parents, we see an almost exact match on one measure on income distribution between the survey sample and New Mexico income data. In the National Center for Education Statistics 2024 report that covers the characteristics of children’s families, 23% of New Mexico families fall under the Federal Poverty Level, compared to 21% of survey respondents. A difference that is within the margin of error for the survey, indicating a sample that is representative for the demographic characteristic of income.

EDUCATION

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

For comparative purposes, participants were grouped into three distinct categories by education attainment levels: high school, associate’s and bachelor’s, and graduate and professional degrees. The high school category includes participants with limited high school education or less, those with a high school diploma or GED, and those with some college education but no degree. Participants in the graduate and professional degrees category are participants with a master’s, doctorate, or professional degree. At this more aggregate level of education attainment, we see a match between the survey sample (22%) and US parents in general (23%) at the level of graduate education. The sample slightly underrepresents parents with an education level of high school only at 37%, compared to 43% US average. At the undergraduate level, the survey sample is over representative to the same degree (41%), compared to the US average of 35%.

15. U.S. Census Bureau. “Income in the Past 12 Months (in 2022 Inflation-Adjusted Dollars).” American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1901, 2022, <https://data.census.gov/table/ACSST1Y2022.S1901?g=040XX00US35>

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

Figure 45. Survey responses 2024 by income, detailed.

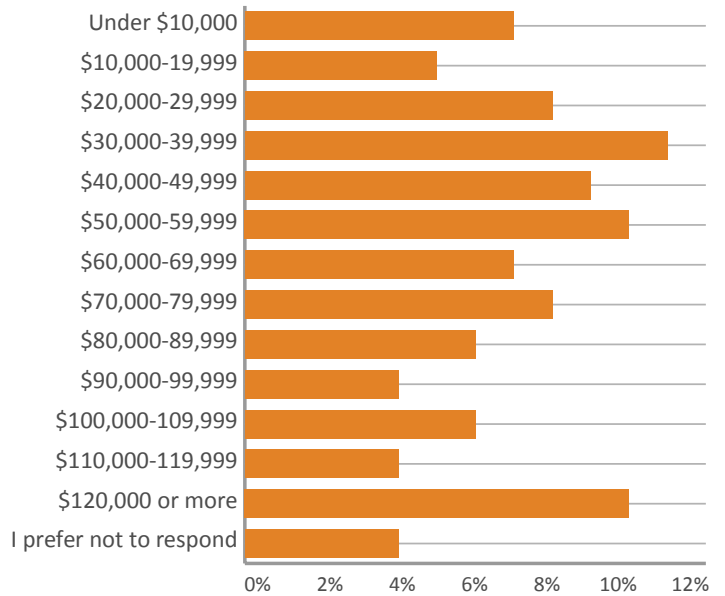


Figure 46. Representativeness of survey sample by income compared to whole NM population race/ethnicity as reported in 2020 census¹⁵

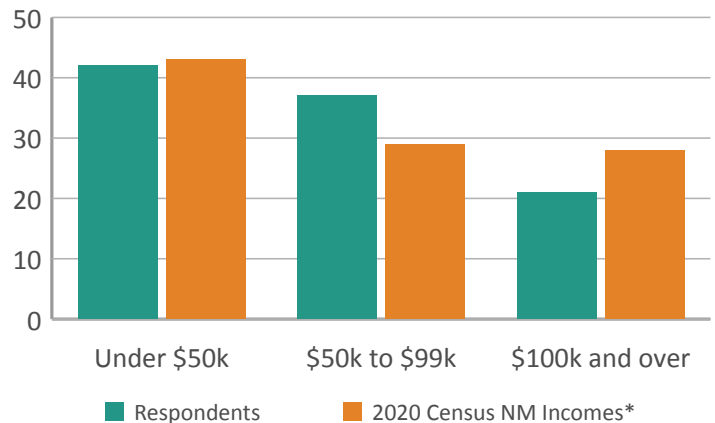


Figure 47. Representativeness of survey responses by poverty level threshold¹⁶

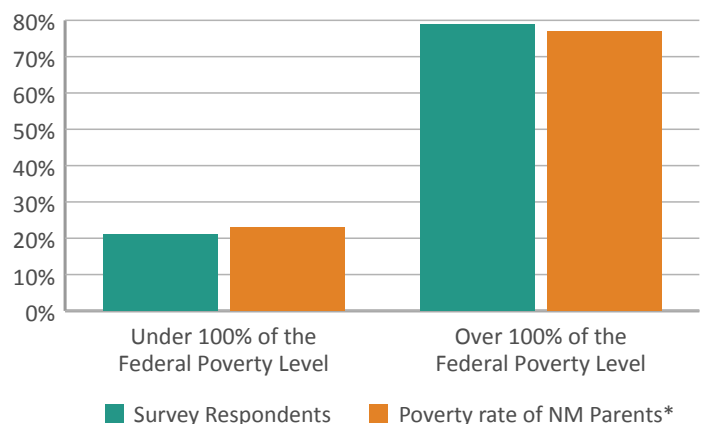
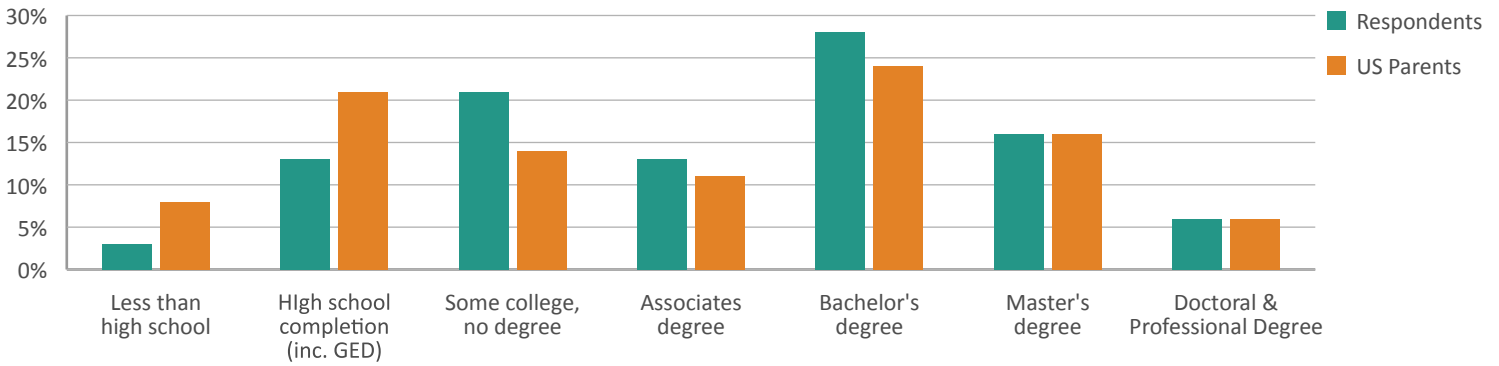


Figure 48. Survey responses by educational attainment¹⁷



HOUSEHOLD SIZE

Participants were asked how many people lived in their household, including both related and unrelated household members. Overall, 30% of participants responded living with four household members, 30% responded living with three household members, and 20% responded with five household members. The average participants' household size was 4.1. Regarding the number of children under 18 currently living in respondents' households, 35% responded with one child, 35% responded with two children, and 16% responded with three children. The average number of children under 18 was 1.96.

Figure 49. Representativeness of survey sample by aggregate educational attainment of parents (n=3201)

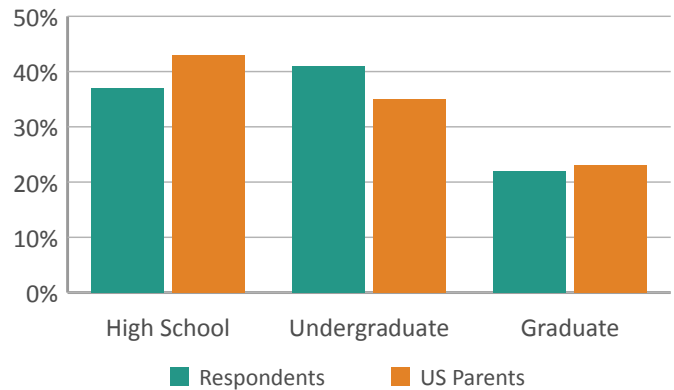


Figure 50. Survey responses by household size

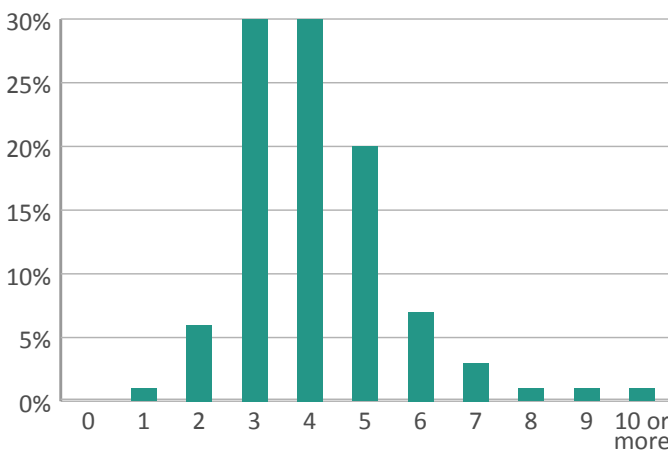
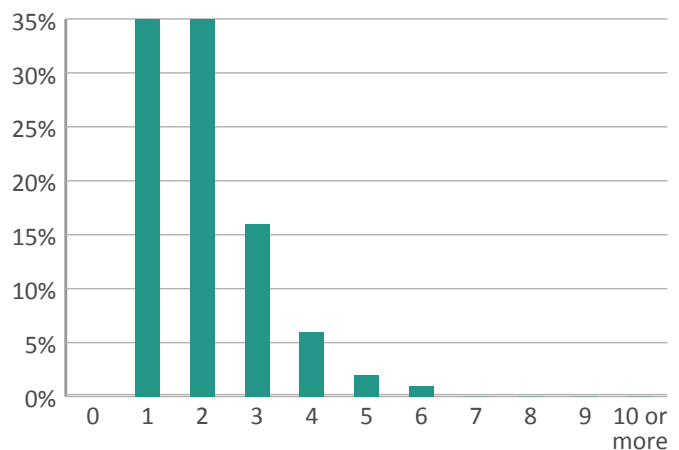


Figure 51. Survey responses by number of children under 18 currently living in the household



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

Appendix 3. Program Summaries of Additional Early Childhood Services including Head Start, Early Head Start, Families FIRST, Child Care Assistance Program, Special Education Services, and Food Support Services

Head Start

Program awareness:

- Percent of all respondents aware of program 2024: 87%
- Change in program awareness from 2022 to 2024: 11%

Impact on family well-being:

90% of respondents reported a positive impact on family well-being from using Head Start, a 2% increase from 2023

Tribal Head Start or Preschool Program

Impact on family well-being:

- 90% of respondents reported a positive impact on family well-being from using Tribal Head Start, which was a 6% increase from 2023

Child Care Assistance Program

- Usage rates of the Child Care Assistance program in 2024: 48%
- Change from 2022 to 2024: 4% increase
- Change from 2022 to 2023: 10% increase

The range of reported frequency of usage by race was 15% wide in 2024, an increase of 7% from 2023. Between 2022 and 2023, there was a 4% decrease in variance of use by race, indicating a possible trend toward greater racial in use, which reversed in 2024. This may be connected to changes in eligibility for the program and awareness of these changes amongst various groups.

Most valuable aspects of the Child Care Assistance program identified by families who used it in 2024:

1. Ability to use services when families need them (50%)
2. Services were affordable (33%)
3. Signing up for the services was easy (32%) and not feeling judged for using services (32%)

Respondents identified the same aspect of child care services as most valuable in 2023 in first place, with signing up for the services being easy in second place and it does not take much time to use the services in my area in third place.

Key areas for improvement for the Child Care Assistance program identified by families who indicated that they use it in 2024 are:

1. Signing up for the services was too complex or time-consuming (15%)
2. I had to wait too long to use services my family needed (13%)
3. The services were expensive (12%)

In 2023, respondents identified the same key areas for improvement: the Child Care Assistance program came in first place, the services were too expensive in second place, and it took too much time to use the services in my area.

- 37% of respondents indicated that no improvements are necessary

Reasons respondents could not access the Child Care Assistance program reported as a percentage of those who could not access services in 2024:

1. I am not aware of services like this in my area (26%)
2. Signing up for the services is too complex or time-consuming (19%)
3. The services are too expensive (18%)

In 2023, respondents identified the same barriers to accessing Child Care Assistance as 2024, with the expense being a slightly stronger barrier than the complexity of signing up.

Program awareness:

- Percent of all respondents aware of program 2024: 85%
- Change in program awareness from 2023 to 2024: 4% increase
- Change in program awareness from 2022 to 2023: 9% increase

Impact on family well-being:

- 89% of respondents reported a positive impact on family well-being from using the Child Care Assistance program, which was a 2% increase from 2023.

For a detailed demographic breakdown of selected results, see [Appendix 5. Usage of Specific Programs by Race/Ethnicity, Household Income, and Geography.](#)

Special Education Services

- Reported usage rates of Special Education services in 2024: 29%
- Change from 2023 to 2024: 2% increase
- Change from 2022 to 2023: 6% increase

Most valuable aspects of Special Education services to families reported in 2024:

1. Ability to use services when families need them (43%)
2. Signing up for the services was easy (30%)
3. Not feeling judged for using services (29%)

Respondents identified the same aspect of child care services as most valuable in 2023 in first and second place, with it does not take much time to use the services in my area and the services were offered at convenient times in third place.

Key areas for improvement for Special Education services identified by families who indicated that they use them in 2024:

1. Signing up for the services was too complex or time-consuming (13%) and I had trouble getting transportation to use the services (13%)
2. I had to wait too long to use services my family needed (12%) and the services were expensive (12%)

In 2023, respondents identified the same key areas for improvement in Special Education services in a slightly different order.

- 39% of respondents indicated that no improvements are necessary

Reasons respondents could not access Special Education services reported as a percentage of those who could not access services identified in 2024:

1. Signing up for the services is too complex or time-consuming (22%)
2. I am not aware of services like this in my area (21%)
3. The services are not offered at a time my family can use them (18%) and wait times to use the services are too long (18%)

In 2023, respondents identified some of the same barriers to accessing Special Education services as in 2024, with not having time to use available services and the complexity of signing up being the strongest barriers, followed by awareness of services in the area.

Impact on family well-being:

- 83% of respondents reported a positive impact on family well-being from using Special Education services, which was a 1% increase from 2023

For a detailed demographic breakdown of selected results, see [Appendix 5. Usage of Specific Programs by Race/Ethnicity, Household Income, and Geography.](#)

Preschool Special Education Program

Program awareness:

- Percent of all respondents aware of program 2024: 76%
- Change in program awareness from 2022 to 2024: 17% increase

The range of reported frequency of usage by race was 11% wide in 2024, a 1% decrease from 2023. Between 2022 and 2023, there was a 5% increase in variance of use by race. Overall, the racial equity in usage of this program remains about the same, with an overall 10-point gap between the highest and lowest rates of usage by race/ethnicity.

Early Head Start Program

Program awareness:

- Percent of all respondents aware of program 2024: 89%
- Change in program awareness from 2022 to 2024: 13% increase

Impact on family well-being:

- 90% of respondents reported a positive impact on family well-being from participating in an Early Head Start program, the same rate as 2023

Food Support Services

Reported usage rates of food support services* in 2024:
57%

** Includes Women, Infants and Children (WIC) Program; Child and Adult Care Food Program, Summer Food Service Program, and Supplemental Nutrition Assistance Program (SNAP)*

Change from 2023 to 2024: 4% increase

Change from 2022 to 2023: 3% decrease

The range of reported frequency of usage by race was 10% wide in 2024, a 1% decrease from 2023. Between 2022 and 2023 there was a 6% decrease in variance of use by race, indicating a strong trend for increasing racial equity in the use of these services.

Most valuable aspects of food support services to families reported in 2024:

1. Ability to use services when families need them (55%)
2. Signing up for the services was easy (36%)
3. Not feeling judged for using services (36%)

Respondents identified the same aspects of food support services as most valuable in 2023.

Key areas for improvement for food support services identified by families who indicated that they use them in 2024 are:

1. Signing up for the services was too complex or time-consuming (14%)
2. It takes too much time to use the services in my area (12%) and I had to wait too long to use services my family needed (12%)

In 2023, respondents identified the same aspects of food support services as key areas for improvement in first and second place, with I had trouble getting transportation to use the service in third place.

- 49% of respondents indicated that no improvements are necessary

Reasons respondents could not access food support services reported as a percentage of those who could not access services reported in 2024:

1. I am not aware of services like this in my area (24%)
2. Signing up for the services is too complex or time-consuming (16%)

3. Wait times to use the services are too long (15%) and I would feel judged for using these services (15%)

In 2023, respondents identified the same two strongest barriers to accessing food support services as 2024, with the addition of not the services not being offered at a time my family can use them and I do not have time to use available services in joint third place.

For a detailed demographic breakdown of selected results, see [Appendix 5. Usage of Specific Programs by Race/Ethnicity, Household Income, and Geography](#).

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

Program awareness:

- Percent of all respondents aware of program 2024: 93%
- Change in program awareness from 2022 to 2024: 7% increase

Impact on family well-being:

- 94% of respondents reported a positive impact on family well-being from using the WIC program, a 2% increase from 2023

Summer Food Service Program

Impact on family well-being:

- 84% of respondents reported a positive impact on family well-being from using summer food services, a 1% increase from 2023

Appendix 4. Supplemental Charts and Tables

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

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

Table 1. Child care most valuable aspects open-ended findings

Themes	Quotes	Frequency
Quality of Care	<p>“High quality, had confidence they were benefiting my child and treating her well.”</p> <p>“The curriculum that my child care provider had was spectacular.”</p>	51% (n=34)
Reducing Parental Burden	<p>“It’s a stress relief to know my child is being taken care of and taught many things.”</p>	22% (n=15)
Resources	<p>“Transportation services”</p>	15% (n=10)
Access	<p>“The coverage of care and options to various schools has been helpful.”</p>	12% (n=8)

Table 2. Preschool most valuable aspects open-ended findings

Themes	Subthemes	Quotes	Frequency
Education Quality	<ul style="list-style-type: none"> • Program quality • Learning environment 	<p>“The way our child has been able to grow in a positive learning environment.”</p>	35% (n=6)
Teachers	<ul style="list-style-type: none"> • Teachers’ community 	<p>“Great program and teachers.”</p>	12% (n=2)
Others	<ul style="list-style-type: none"> • Safety • Availability • Schedule 	<p>“Safety and community in the teachers that are there.”</p> <p>“Availability of after school care.”</p> <p>“Allow for me to go to work.”</p>	24% (n=4)

Table 3. Child Care Assistance most valuable aspects open-ended findings

Themes	Quotes	Frequency
General Satisfaction	"Service is always great."	32% (n=15)
Program Efficiency and Staff	"Case worker worked diligently to assist in any way they could. I felt seen and taken care of while applying for services."	21% (n=10)
Relieved Financial Stress	"The Child Care Assistance program allows both my husband and I to work without worrying about how we're going to pay for child care."	19% (n=9)
Child Development	"My son's communication skills were improved."	15% (n=7)
Support for Working Parents	"As a full-time working mom, I am extremely grateful for this support. It has provided me with the opportunity to seek my goals along with providing my boys with a setting that allows them to grow and learn."	11% (n=5)
Access to Child Care	"Accessibility. Thank you very much for providing early education to our young children. Very very valuable and important as a basis for holistic development."	6% (n=3)

Table 4. Special Education most valuable aspects open-ended findings

Themes	Quotes	Frequency
Positive Experience	"I didn't realize how much my child needed the support until he got it. The SLPs have been fantastic. I loved that Alta Mira providers would come to our house, and they were so good at working at a developmentally appropriate level."	63% (n=29)
Improvement in Family Affairs and Child Development	"Life-changing, we wouldn't have such a wonderful and functional child without the help of these services."	28% (n=13)
Felt Supported	"Even though my child was referred for a specific reason, I felt supported in other areas as well."	20% (n=9)
Building Connections	"Personal interaction, building relationships between my child and providers."	9% (n=4)
Helped Financially	"Services are free."	4% (n=2)

Table 5. Family support and early intervention most valuable aspects open-ended findings

Themes	Subthemes	Quotes	Frequency
Resources		“At the time I was a young single parent, parenting was new to me and I learned a lot of things about my child’s development that helped me grow as a parent.”	41% (n=22)
Experience	<ul style="list-style-type: none"> • Staff • Child Improvement 	“It is nice to have someone who understands the development of my child and is able to help me find activities that will help me and my son have fun and learn.”	74% (n=40)

Table 6. Food support services other most valuable aspects open-ended findings

Themes	Subthemes	Quotes	Frequency
Services provided benefit(s) to the family	<ul style="list-style-type: none"> • Essential assistance provided • Positive customer service experience • Financial relief for families • Accessibility of food services • Emotional and practical support 	<p>“We would be hungry without the support we get from SNAP.”</p> <p>“Helpful. Felt no shame.”</p> <p>“Having WIC cover formula for my daughter when I could no longer breastfeed was the difference between having a roof over our head and going completely broke. Formula coverage saved my entire budget.”</p> <p>“Flexible and accessible.”</p> <p>“WIC teams across the state are always so supportive of us mothers and children. They are always there when we need them.”</p>	81% (n=51)
Other	<ul style="list-style-type: none"> • Comparative effectiveness of support programs 	“Outside services were more helpful than the Tribal WIC program.”	3% (n=2)

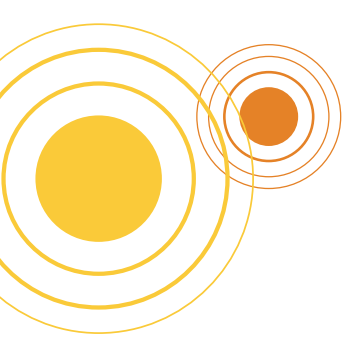


Table 7. Child care services identified areas for improvements open-ended findings

Themes	Subthemes	Quotes	Frequency
Quality of Care	<ul style="list-style-type: none"> • Staff • Health and Safety • Communication • Organization 	<p>“Direct care staff seemed burnt out. Administrative staff seemed unaware of basic child safety and child well-being regulations and overall general practices. Their operations staff are business-centric first and child need, child safety second.”</p>	43% (n=13)
Access	<ul style="list-style-type: none"> • Staff • Application process • Information • Resources • Organization 	<p>“Extremely confusing sign-up procedure for NM PreK.”</p>	27% (n=8)
Availability		<p>“I cannot find a daycare that had availability so I did not use services.”</p>	17% (n=5)
Inclusion	<ul style="list-style-type: none"> • Special needs care 	<p>“There are not enough programs for kids with special needs.”</p>	7% (n=2)

Table 8. Preschool services identified areas for improvements open-ended findings

Themes	Subthemes	Quotes	Frequency
Availability	<ul style="list-style-type: none"> • Overly competitive • Restrictions and requirements 	<p>“The amount of slots within our area are hard to get into.”</p> <p>“Lots of competition for programs and not offered in convenient places for my family.”</p> <p>“The hours are inadequate.”</p>	32% (n=16)
Communication	<ul style="list-style-type: none"> • Outreach • Sharing information 	<p>“I happened to find out about NM PreK through an acquaintance, it was luck. I wish I would have known about the program in a public setting. Feels like parents have to do their own research but what do we even look for? We don’t know what questions to ask or to whom.”</p>	21% (n=11)
Service Quality		<p>“Preschool services with discovery were highly unsatisfactory but all other services for my children have been great.”</p>	18% (n=9)

Themes	Subthemes	Quotes	Frequency
Access	<ul style="list-style-type: none"> Lack of transportation 	“Offer transportation.”	11% (n=6)
Offer services for minorities	<ul style="list-style-type: none"> Bilingual students Students with disabilities 	<p>“For preschool I would confirm what language the child speaks and if they are allowed to be in a bilingual class. Not being informed of this was an issue.”</p> <p>“Special needs kids aren’t welcome.”</p>	11% (n=6)

Table 9. Child Care Assistance identified areas for improvements open-ended findings

Themes	Quotes	Frequency
Challenges with Caseworkers and Administration	“Getting hold of our case worker was complicated, as was getting phone calls returned.”	36% (n=8)
Flexibility and Accessibility	“The child care programs are not reliable in terms of operating times. They are closed so often that we have to get other child care services. Single moms are never going to get ahead in this circumstance, because they have to take too much time off work. Daycares should have to operate on the same schedules as the banks.”	23% (n=5)
Availability and Capacity Issues	“More available spots so that the wait list isn’t so long for kids to attend their center base.”	23% (n=5)
Income and Financial Concerns	“I utilized this program as I became unemployed and it helped our family. However, once I got a job we didn’t qualify anymore, yet all of my check went to child care. I felt I was just working to pay for daycare. It would be helpful if there was at least partial assistance for families.”	14% (n=3)

Table 10. Special Education identified areas for improvements open-ended findings

Themes	Quotes	Frequency
Other Wait Time Dissatisfied with Service	“There is need for improvement on prompt response to the clients.”	47% (n=8)
Access to Services	“My child was denied a spot at her closest school.”	24% (n=4)

Themes	Quotes	Frequency
Limited Providers	"Non-existent. Our public school says they are short staffed and cannot provide services for preschool."	18% (n=3)
Communication	"My son has a high IQ and I wasn't able to get information when moved schools."	18% (n=3)

Table 11. Family support and early intervention services identified areas for improvements open-ended findings

Themes	Subthemes	Quotes	Frequency
Information	<ul style="list-style-type: none"> Access to program information 	"The initial sign up process was not clearly explained by healthcare provider."	40% (n=6)
Staff	<ul style="list-style-type: none"> Communication Limited staff 	"The Home Visiting program had a high turnover rate but it was a hard time during and following COVID."	40% (n=6)
Availability		"My daughter was not able to be seen by our family service coordinator or developmental specialist very often and then we aged out."	33% (n=5)
Services		"Required multiple phone calls and follow ups to get connected to EI services; tricky to get reevaluated when new need emerged due to arbitrary six month wait time in-between evaluations."	13% (n=2)

Table 12. Food support services identified areas for improvements open-ended findings

Themes	Subthemes	Quotes	Frequency
Food Quality and Variety	<ul style="list-style-type: none"> • Food Quality and Health • Special Dietary Needs and Allergies: • Cultural Sensitivity in Food Choices 	<p>“The products that I was able to access were often low quality and less nutritious than what I would have preferred. The budget for fruits and vegetables was way too low.”</p> <p>“My son has dairy, egg, and peanut allergies. It’s pretty sad that alternative options are not available. Especially because those with true dairy allergies should not intake soy either.”</p> <p>“Providing more options for different cultural backgrounds. There were ‘ethnic’ fresh fruits or veggies that our household was unable to access because it didn’t ‘qualify,’ but they are healthier than standardized western vegetables.”</p>	26% (n=12)
Barriers to accessibility	<ul style="list-style-type: none"> • Access to information • Service usability and comfort • Program permanence 	<p>“Difficulty finding updated information about where and when it was provided.”</p> <p>“The Tribal WiC programs was too inconvenient with times and limited access to food packages.”</p> <p>“Make the Pandemic benefits for kids permanent. I only got stamps money for my son because he was enrolled in school but my daughter wasn’t when she was too young.”</p>	20% (n=9)
Financial Assistance and Eligibility for Assistance	<ul style="list-style-type: none"> • Inadequate Income Qualification and Fluctuating Income • Inconsistent or Insufficient Assistance 	<p>“I could not get any help when i worked under 10 hours a week at a part time job, so i had to quit and stay home with my daughter to be able to get assistance. at a part time”</p> <p>“Living at home doesn’t allow you to get SNAP even if you pay bills and etc. that’s ridiculous you’re telling me because I can barely afford my parents rent I can’t eat? And neither can my child? Or we can only have fruits and vegetables with no protein and even then \$26 worth of fruits of veggies isn’t lasting a long time.”</p>	9% (n=4)

Themes	Subthemes	Quotes	Frequency
Service Issues	<ul style="list-style-type: none"> • Lack of information • Issues with distribution sites • Issues with processing time 	<p>“Difficulty finding updated information about where and when it was provided.”</p> <p>“The requirement to stay on location to eat for summer food program in our remote area is frustrating especially because it interferes with summer camps using that same location.”</p> <p>“I genuinely feel like the entire health care department needs to be better at processing and getting in people’s applications in a timely manner. They don’t know people’s situations and what they are going through. Sometimes not to hear back for 1-2 months if not longer can be a real burden.”</p>	33% (n=15)
Inefficiency and Inadequacy of Support Programs	<ul style="list-style-type: none"> • Accessibility of usability issues • Inadequate Benefits and Resources • Program limitations 	<p>“WIC did not always work at Walmart, and it was confusing. I ended up not using it because I would often get stuck at the register and it was embarrassing.”</p> <p>“The products that I was able to access were often low quality and less nutritious than what I would have preferred. The budget for fruits and vegetables was way too low.”</p> <p>“We need to expand the food support as NM has the 7th highest food cost in the nation.”</p>	28% (n=13)

Table 13. Reason for no access to child care services open-ended findings

Themes	Subthemes	Quotes	Frequency
Availability	<ul style="list-style-type: none"> • Hours • Age limit 	“There are no available openings anywhere near me that are convenient to our house or work.”	44% (n=11)
Application Process	<ul style="list-style-type: none"> • Cost • Income requirements 	“The ECECD has been so hard to work with. The process has been long, frustrating, and difficult to access. The communication from ECECD has been confusing, inconsistent, and unhelpful!”	40% (n=10)
Quality of Care	<ul style="list-style-type: none"> • Health and safety • Accommodations 	“Afterschool care is poor quality. The activities for the kids and classroom management is not monitored, and I see frequent incidents occur from overcrowded facilities or lack of knowledge of classroom management.”	20% (n=5)

Table 14. Reason for no access to preschool programs open-ended findings

Themes	Subthemes	Quotes	Frequency
Availability	<ul style="list-style-type: none"> • Scheduling • Cost • Wait times 	<p>“Times are limited for my schedule and do not work with me and my family as a single parent.”</p> <p>“We chose a program that felt good to our son but the hours it’s open are limited plus closed for all public school breaks and holidays.”</p>	55% (n=12)
Lack of Teachers		<p>“Not enough teachers or ask for too much and schedules vary.”</p>	9% (n=2)
Complex Registration Process		<p>“I attempted to enroll in APS PreK but the process was unreliable and complex.”</p>	9% (n=2)
Other	<ul style="list-style-type: none"> • Transportation • Facilities • Vaccines • Communication • Embarrassment 	<p>“I was never contacted by the service.”</p> <p>“They do not accept un-vaccinated even while it is a part of our beliefs.”</p> <p>“The school keeps shutting down for the same reasons, instead of taking care of issues to prevent them from getting shut down again.”</p>	27% (n=6)

Table 15. Reasons for no access to Child Care Assistance programs open-ended findings

Themes	Subthemes	Quotes	Frequency
Ineligibility Due to Income		<p>“We do not qualify due to our income even though the expense for two children in child care is exorbitant and we still live paycheck-to-paycheck.”</p>	36% (n=4)
Financial Strain		<p>“As previously stated, it looks like we can afford child care based on gross income, but because my spouse and I both have higher education degrees, we are swamped in student loans, making it difficult to pay for child care.”</p>	36% (n=4)
Other	<ul style="list-style-type: none"> • Availability of Providers • Application Process 	<p>“Not enough providers in our area.”</p>	18% (n=2)

Table 16. Reason for no access to special education programs open-ended findings

Themes	Quotes	Frequency
Lack of Knowledge Regarding Programs and Application Process	"We don't know how to apply for special education services, and it seems like a complicated process."	55% (n=12)
Access to Services	"I wish child care was provided for children with disabilities. Some of us cannot stay home; we unfortunately do it on our own and cannot afford to find care. There are no resources available."	9% (n=12)
Financial Stress	"Lack of funds."	9% (n=12)

Table 17. Reason for no access to family support and early intervention programs open-ended findings

Themes	Quotes	Frequency
Services	"They do not offer the services I needed because of a lack of early intervention therapists."	44% (n=7)
Available Information	"No information on how to enroll or use."	19% (n=3)
Communication	"Agency scheduled appointment to set up services but was no-call/no-show. My child aged out of EI by the time they responded."	19% (n=3)
Income	"Our income is too high."	13% (n=2)
Lack of Accommodation	"I needed speech therapy assistance and could not determine how to access it."	13% (n=2)

Table 18. Other reason for no access to food support services

Themes	Subthemes	Quotes	Frequency
Eligibility	<ul style="list-style-type: none"> • General Eligibility • Income specific eligibility • Processing time • Income guidelines and cost of living 	<p>“My husband’s fluctuating checks prevent us from qualifying.”</p> <p>“Income guidelines being almost impossible to meet without being on the verge of being homeless.”</p> <p>“I applied for SNAP and it took over four months to get an interview.”</p> <p>“The income guidelines and increase of cost of food do not match.”</p>	83% (n=34)
Access to Resources, Services, or Information	<ul style="list-style-type: none"> • Customer service accessibility • Transportation barriers 	<p>“Impossible to reach case workers.”</p> <p>“For the time being distance and transportation.”</p>	12% (n=5)
Limitations on Food Options	<ul style="list-style-type: none"> • Healthy foods not available 	<p>“Healthy foods are not easily accessible.”</p>	5% (n=2)
Other	<ul style="list-style-type: none"> • Desire for food service expansion 		5% (n=2)



Table 19. Percentage of respondents who indicated at least some awareness of programs in relation to poverty levels, 2024

Program Name	Under poverty level 100%	Over poverty level 100%	Under poverty level 200%	Over poverty level 200%
Child Care Assistance program	83%	86%	84%	87%
Early Head Start	87%	89%	87%	91%
Families FIRST program	57%	63%	60%	64%
Family Infant Toddler (FIT) program	61%	67%	64%	68%
Head Start	88%	87%	86%	88%
Home Visiting	72%	74%	72%	75%
New Mexico PreK	82%	87%	83%	89%
Preschool Special Education	71%	77%	73%	80%
WIC	97%	92%	93%	92%

Table 20. Most valuable aspects of programs used by respondents (reported as percent of respondents who reported using the program), 2024

	Child Care	Preschool*	Child Care Assistance	Special Education	Family Support and Early Intervention	Food Support
I did not feel judged for using these services	31%	30%	32%	29%	33%	36%
I was able to use services when my family needed them	54%	50%	50%	43%	45%	55%
It does not take much time to use the services in my area	24%	24%	27%	26%	30%	30%
It was easy to get transportation to use the services	20%	17%	21%	25%	22%	20%
Signing up for the services was easy	33%	36%	32%	30%	38%	36%
The services are responsive to my family's language or culture	23%	24%	22%	23%	28%	22%
The services provided before- and after-school care options	24%	18%	NA	NA	NA	NA
The services were affordable	30%	27%	33%	25%	30%	26%
The services were offered at convenient times	27%	28%	24%	26%	30%	26%
The information about this program was communicated in a way I could fully access	12%	14	11%	10%	13%	12%
The services did not help my family	3%	3%	3%	4%	3%	3%

Table 21. Areas of improvement for programs used by respondents (reported as percent of respondents who reported using the program), 2024

	Child Care	Preschool Services	Child Care Assistance	Special Education	Family Support and Early Intervention	Food Support
I felt judged for using these services	5%	5%	4%	7%	3%	7%
I had to wait too long to use services my family needed	12%	12%	13%	12%	9%	12%
I had trouble getting transportation to use the services	10%	12%	9%	13%	9%	8%
It takes too much time to use the services in my area	10%	11%	9%	11%	11%	12%
Signing up for the services was too complex or time consuming	15%	13%	15%	13%	12%	14%
The services did not offer before- and after-school care options	8%	10%	NA	NA	NA	NA
The services were expensive	17%	13%	12%	12%	12%	7%
The services were not responsive to my family's language or culture	5%	4%	4%	6%	6%	4%
The services were offered at inconvenient times	8%	7%	7%	10%	7%	7%
The information about this program was communicated in a way I could not fully access	3%	3%	3%	3%	2%	3%
No improvements are necessary	37%	41%	45%	39%	49%	49%

Table 22. Reasons respondents could not access programs and services (reported as percent of respondents who reported not having access) 2024

	Child Care	Preschool	Child Care Assistance	Special Education	Family Support and Early Intervention	Food Support
I am not aware of services like this in my area	27%	20%	26%	21%	24%	21%
I do not have access to transportation needed to use the service	14%	14%	11%	16%	13%	13%
I do not have time to use the services available in my area	10%	17%	10%	12%	15%	13%
I do not think the service would improve my family's well-being	9%	11%	10%	14%	11%	10%
I would feel judged for using these services	12%	14%	12%	14%	13%	15%
Signing up for the services is too complex or time consuming	16%	16%	19%	22%	16%	20%
The services are not offered at a time my family can use them	15%	16%	11%	18%	13%	14%
The services are not responsive to my family's language or culture	4%	8%	5%	9%	10%	5%
The services are too expensive	23%	16%	18%	12%	12%	7%
The services did not provide before- and after-school care options	8%	13%	NA	NA	NA	NA
Wait times to use the services are too long	17%	16%	14%	18%	13%	15%
The information about this program was communicated in a way I could not fully access	4%	5%	5%	6%	6%	8%

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

Program access comparison 2023-2024*

Table 23. Difference in reasons respondents could not access programs and services (reported as percentage point difference) between 2023 and 2024.

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

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

Table 24. Trends in racial/ethnic differences in usage of types of programs by race/ethnicity, 2022, 2023, and 2024

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

	2022	2023	2024	Trend
Child Care Assistance Program	12%	8%	15%	↑ 7%
Child Care Services	27%	11%	22%	↑ 11%
Family Support and Early Intervention Services	11%	16%	11%	↓ 5%
Food Support Services	17%	11%	10%	↓ 1%
Preschool Services	8%	6%	9%	↑ 3%
Preschool Special Education	7%	12%	11%	↓ 1%

Table 25. Comparison of 2022–2024 needs experienced by respondents in the past 12 months, reported as percent of respondents experiencing need

	Experienced				Often and Always			
	2022	2023	2024	Changes 2023-2024	2022	2023	2024	Changes 2023-2024
The food our family bought just “didn’t last and we didn’t” have money to get more.	62%	70%	67%	↓-3%	14%	16%	17%	↑1%
I worried whether our food would run out before we got money to buy more.	62%	71%	67%	↓-4%	18%	19%	19%	0%
I worried that an adult in our family would have to miss work in order to look after a child “who was not sick.”	73%	76%	72%	↓-4%	26%	25%	23%	↓-2%
Finding child care was a major factor in whether or not an adult in our family was able to work outside the home.	74%	79%	73%	↓-6%	34%	34%	32%	↓-2%
I worried about getting services or support to effectively care for my child.	70%	76%	71%	↓-5%	23%	26%	24%	↓-2%
I worried that my child needed care and support that I could not provide without help.	65%	72%	66%	↓-6%	22%	23%	20%	↓-3%
I worried that our family wouldn’t have a place to sleep that met our basic needs.	46%	53%	45%	↓-8%	13%	14%	12%	↓-2%
I worried about being forced to move from the place where we were living.	47%	54%	46%	↓-8%	12%	15%	13%	↓-2%
I worried that the cost of housing would force me to not buy or cut back on my family’s necessities (food, clothing, etc.).	59%	68%	65%	↓-3%	18%	21%	22%	↑1%
I worried that my family would not have access to medical care in case of illness or emergency.	54%	65%	58%	↓-7%	15%	21%	17%	↓-4%
I worried about paying for medical care in case of illness or emergency.	58%	70%	64%	↓-6%	18%	23%	21%	↓-2%
My family was not covered by health insurance.	41%	52%	45%	↓-7%	12%	16%	14%	↓-2%

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

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

Table 26. Thematic analysis of open-ended needs responses

Themes	Subthemes	Quotes	Frequency
Access to and availability of services	<ul style="list-style-type: none"> Geographically accessible child care (tribal and rural areas) More affordable child care options Increased options for quality child care and preschool Support classes for parents Support with material goods (e.g., clothing, diapers) Multilingual and cultural support services Support for those without legal status Family/children fitness programs 	<p>“Closer child care facilities. Nearest daycares are half an hour to an hour away.”</p> <p>“Affordable child care without the long waitlists. Was a state employee before having to quit my job because we had no options for child care. Now looking at preschools and the research having to do is crazy. Everyone has a waitlist or it’s a lottery.”</p>	34% (n=84)
After-school care, activities, additional summer and holiday break programs, and community programs	<ul style="list-style-type: none"> Flexible options for full-time and weekend working parents Summer and holiday coverage Community programs for toddlers, children, and parents Family fitness programs 	<p>“It would be nice to have a 24/7 public child care option. Also, it would be nice to have an option for child care if the child is a little sick.”</p> <p>“Need options for child care programs during the summer to help support working parents.”</p> <p>“More community programs for children under three. Our local library offers one reading class for free. Our aquatic center offers a parent and child class for \$90. That’s it”</p> <p>“I need a fitness center that offers children’s yoga classes for my child to exercise.”</p>	14% (n=33)

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

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

Table 27. Impact of language accessibility on programs/services

	Child Care	Preschool	Child Care Assistance	Special Education	Family Support and Early Intervention	Food Support
What was most valuable to your family about the program/service that you used?: The information about this program was communicated in a way I could fully access	12%	14%	11%	10%	13%	12%
What could have been improved about the program/service that you used?: The information about this program was communicated in a way I could not fully access	3%	3%	3%	3%	2%	3%
What has prevented you from accessing all the programs/services that your family needs?: The information about this program was communicated in a way I could not fully access	4%	5%	5%	6%	6%	8%

Appendix 5. Usage of Specific Programs by Race/Ethnicity, Household Income, and Geography

Family Support and Early Intervention Programs

Figure 52. Family support and early intervention programs usage

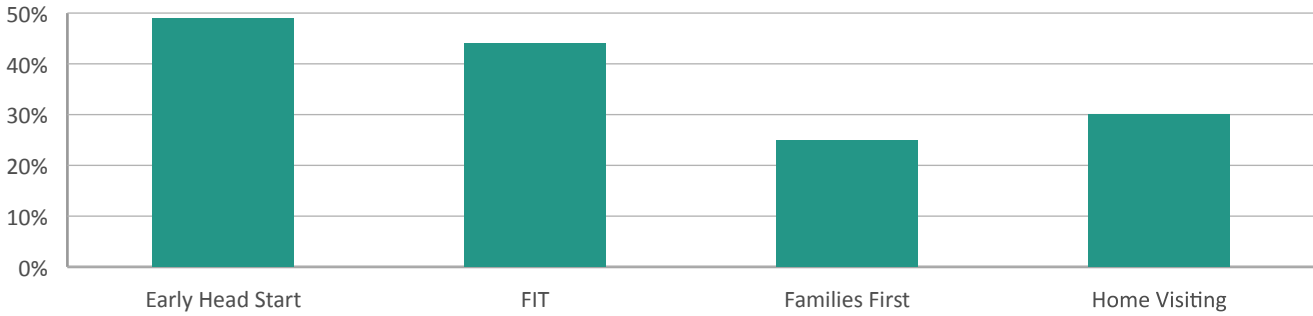


Figure 53. Usage of family support and early intervention programs by race/ethnicity

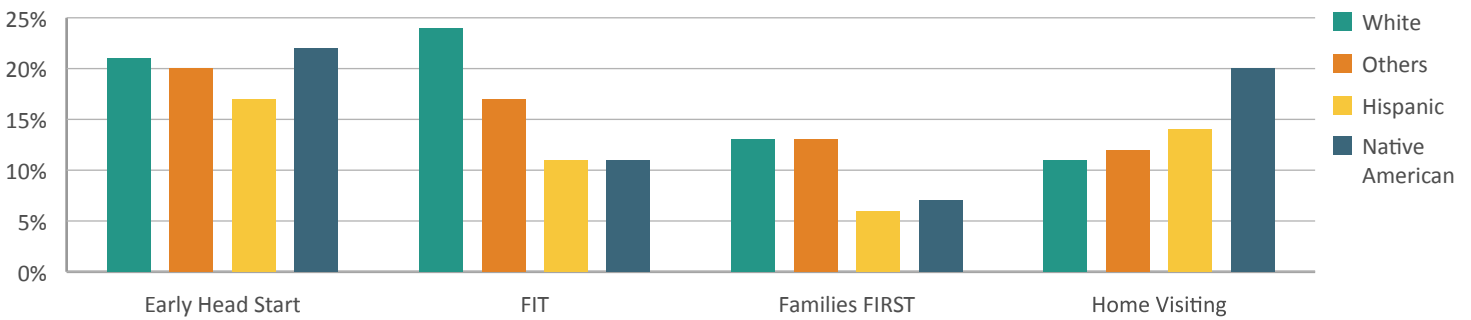


Figure 54. Usage of family support and early intervention programs by household income

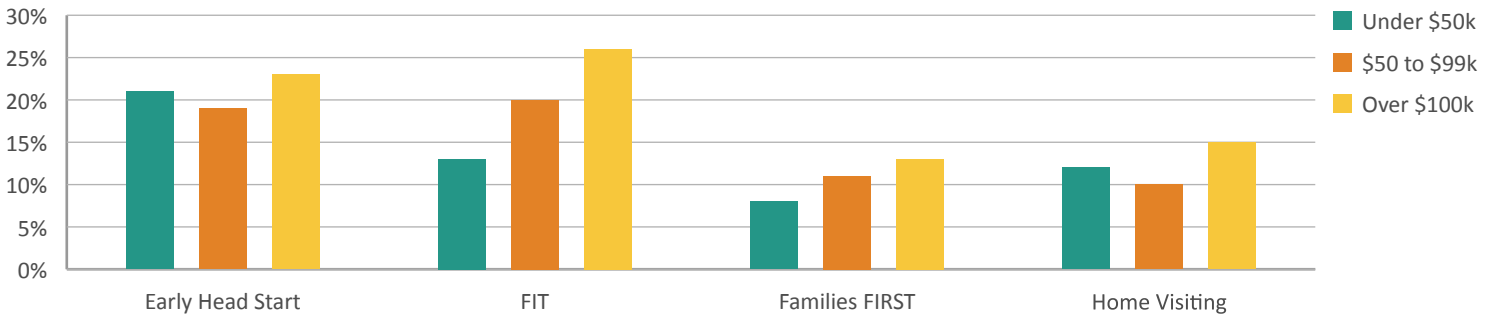


Figure 55. Usage of family support and early intervention programs by poverty levels

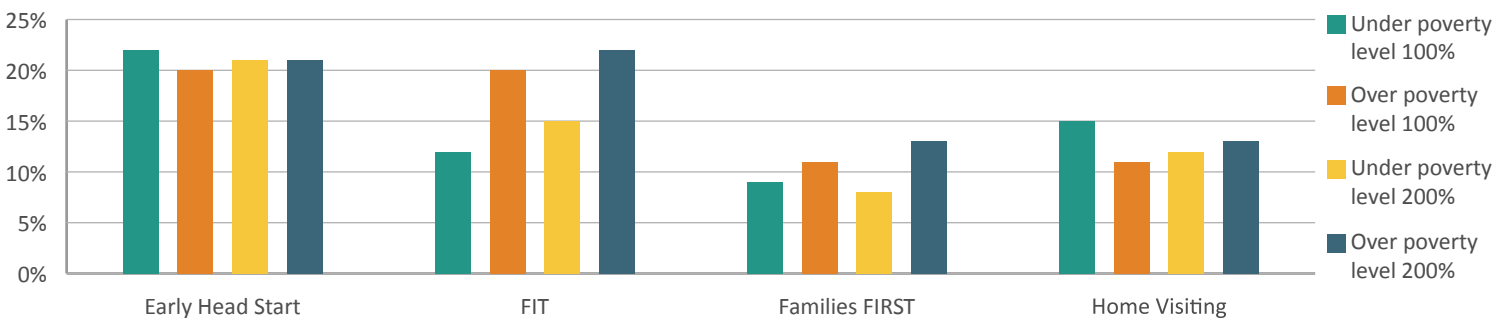


Figure 56. Usage of family support and early intervention programs by education level

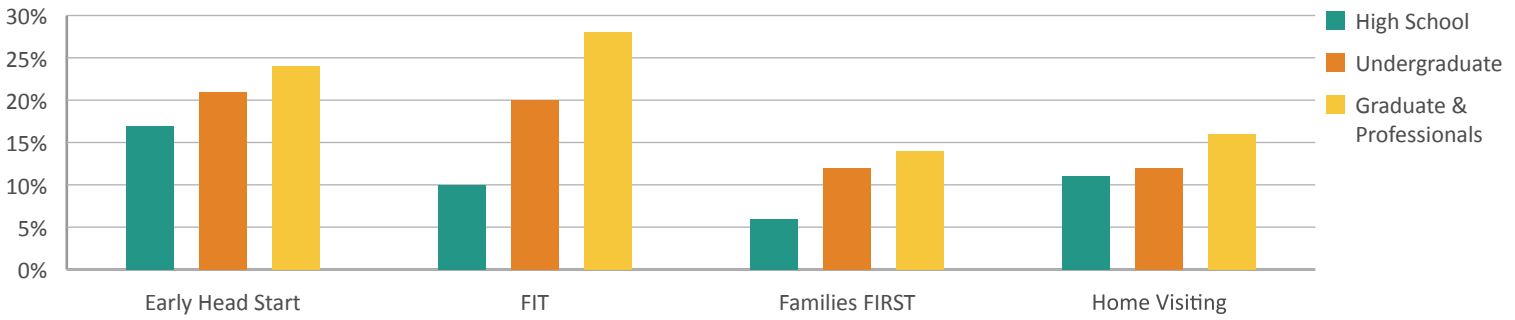
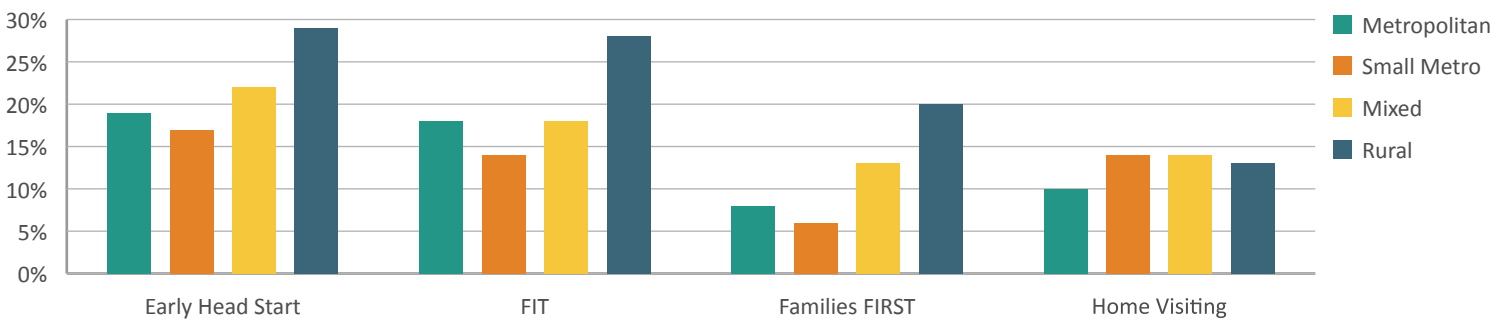


Figure 57. Usage of family support and early intervention programs by location



Food Support Programs

Figure 58. Usage of food support programs

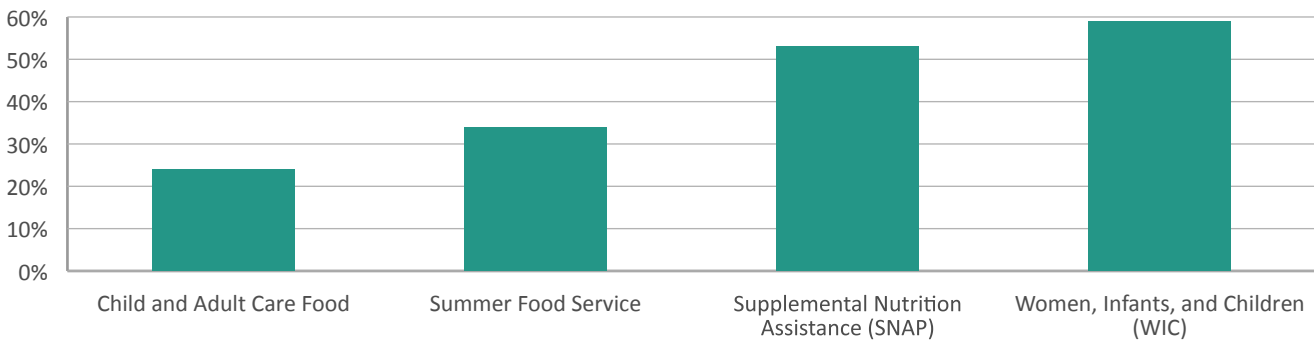


Figure 59. Usage of food support programs by race/ethnicity

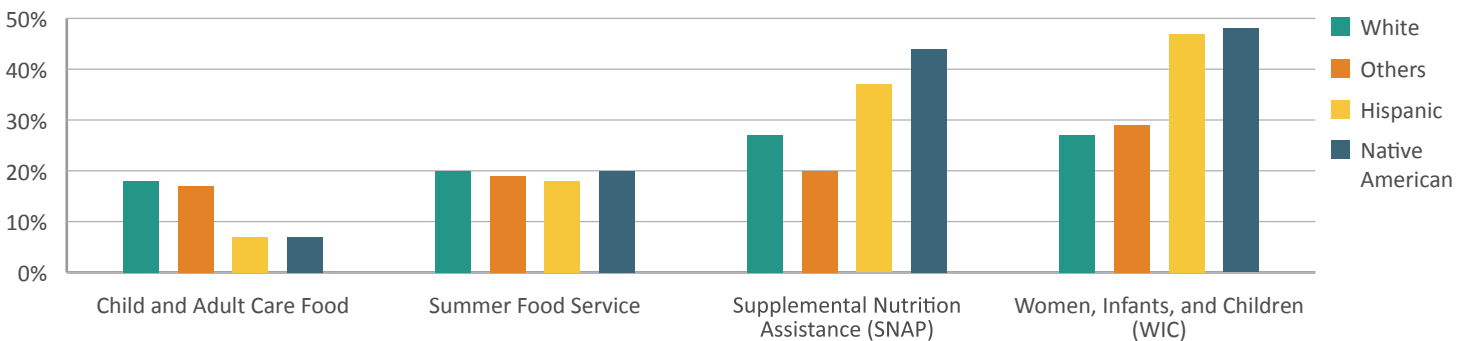


Figure 60. Usage of food support programs by household income

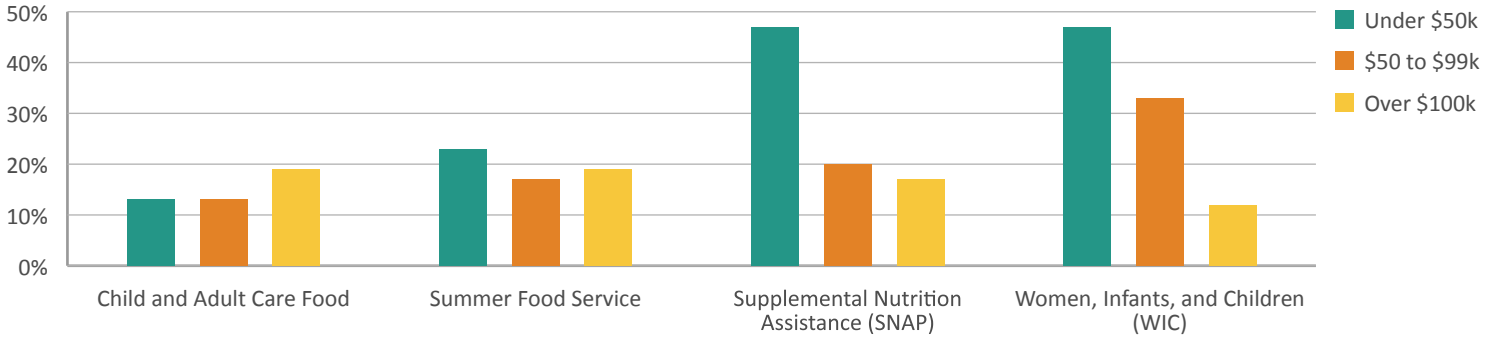


Figure 61. Usage of food support programs by poverty levels

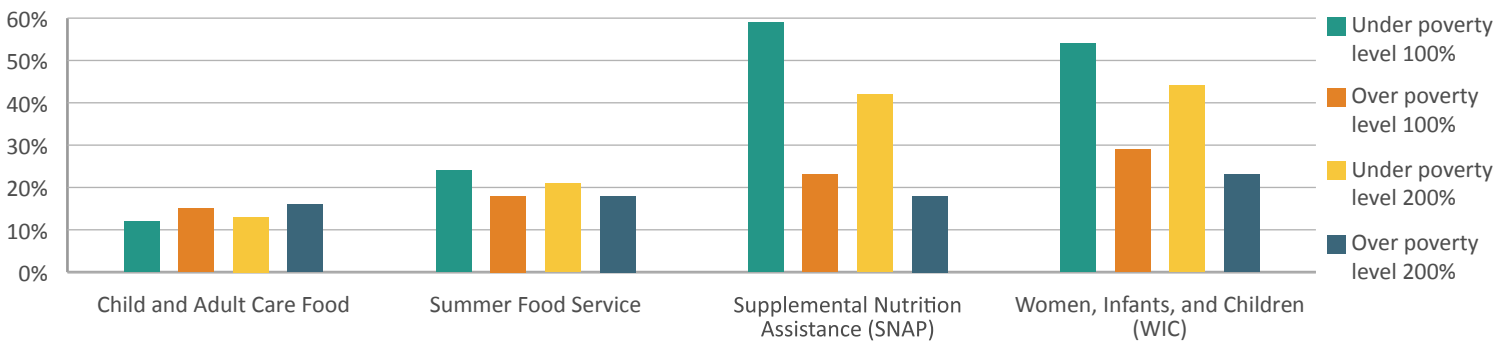


Figure 62. Usage of food support programs by education level

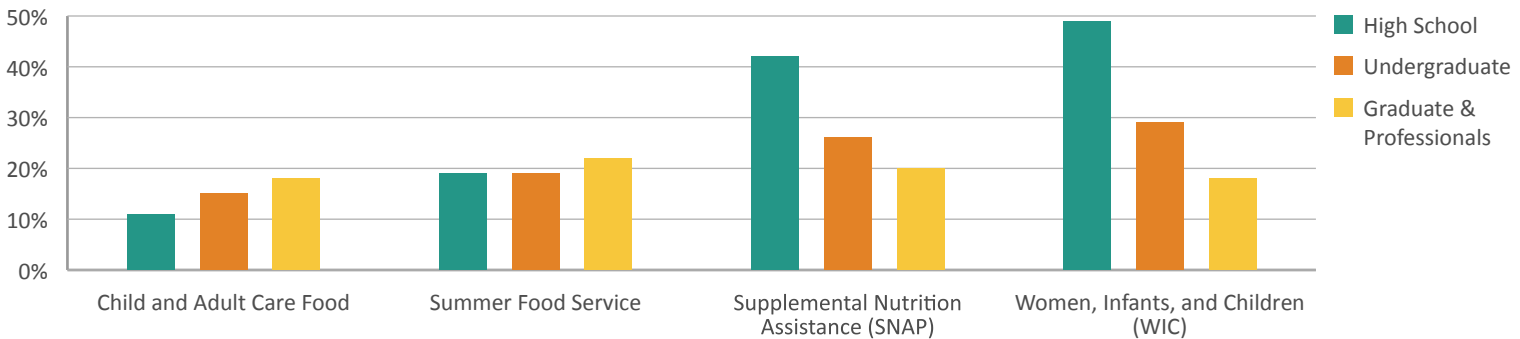
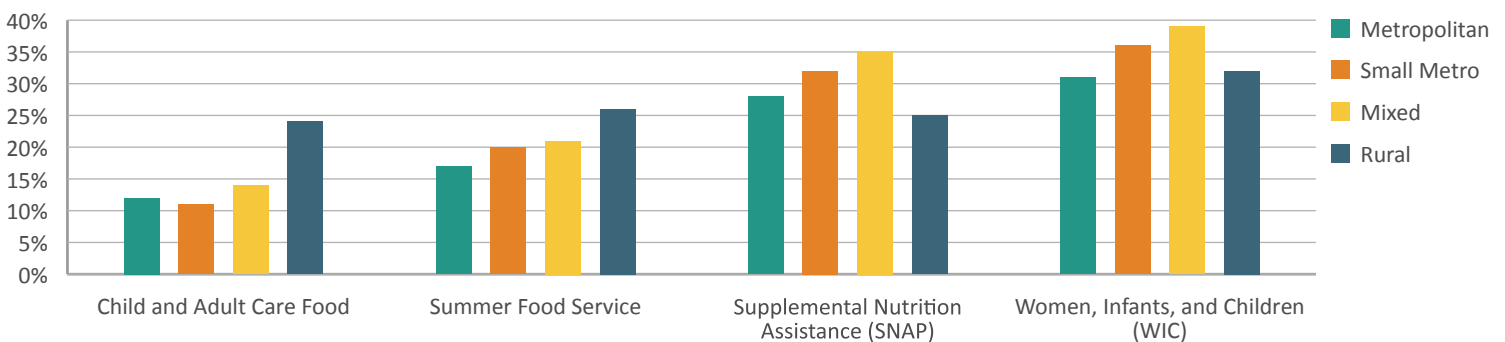


Figure 63. Usage of food support programs by location



Preschool Programs

Figure 64. Usage of preschool programs

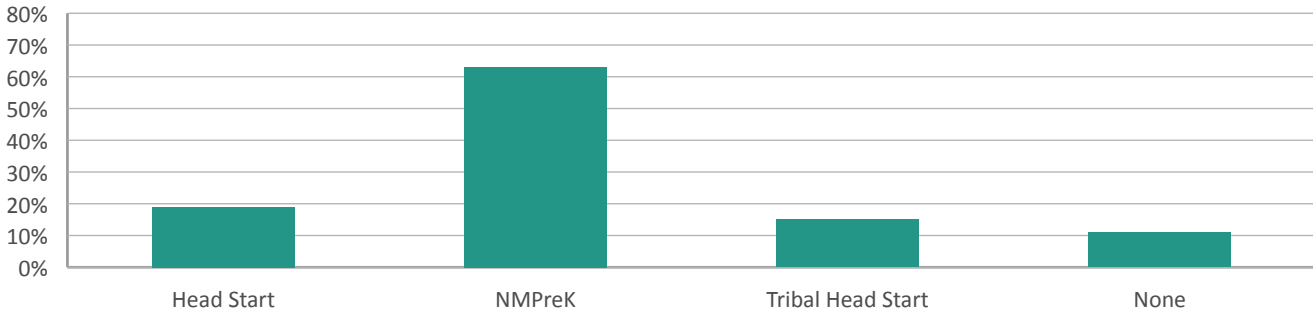


Figure 65. Usage of preschool programs by race/ethnicity

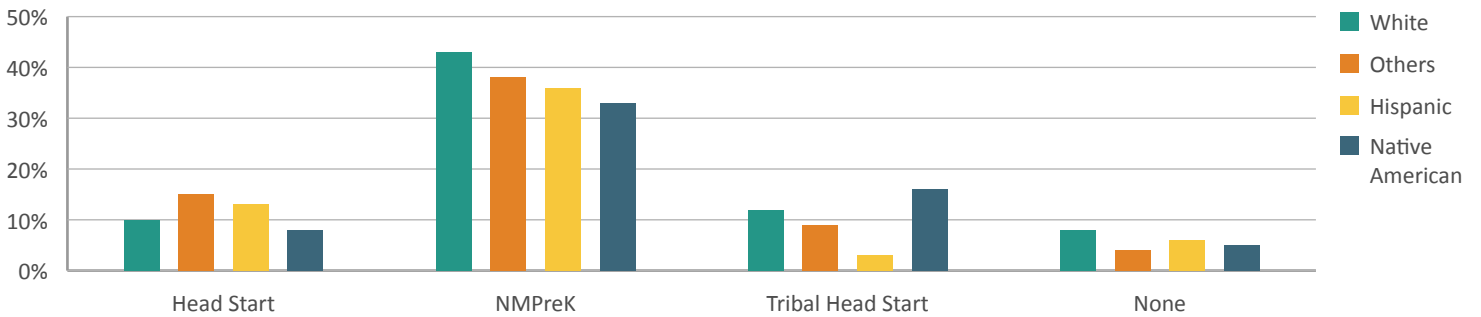


Figure 66. Usage of preschool programs by household income

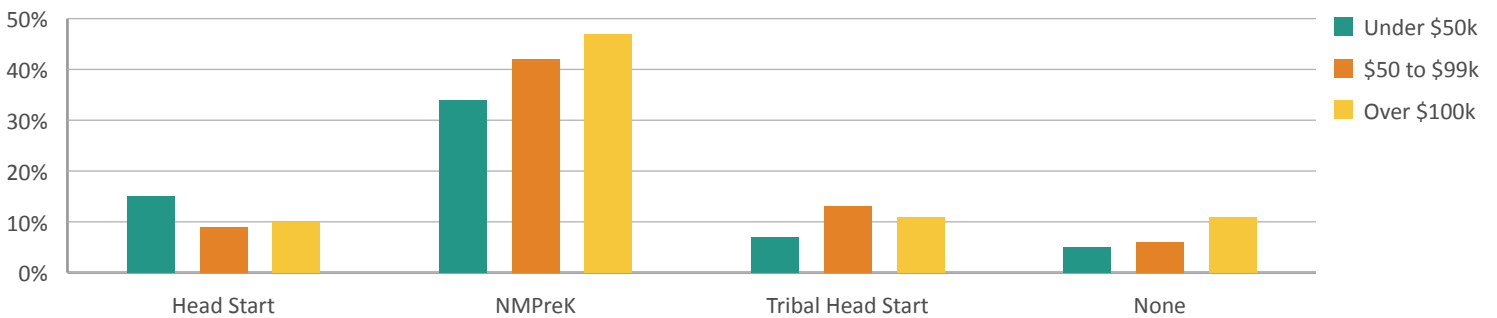


Figure 67. Usage of preschool programs by poverty levels

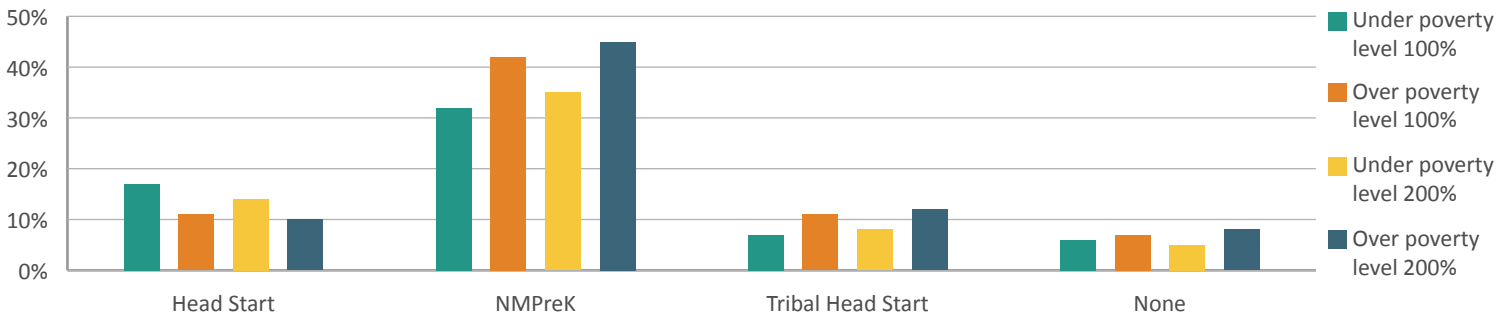


Figure 68. Usage of preschool programs by educational level

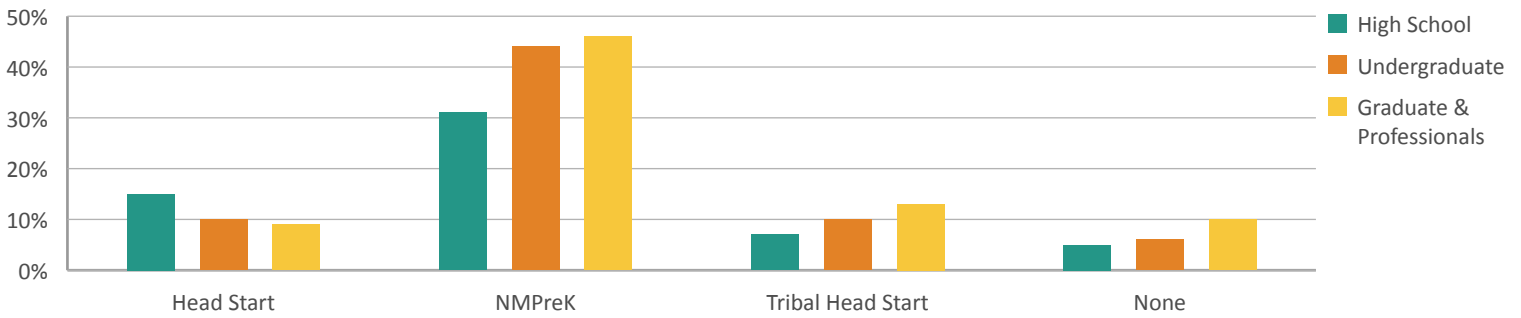
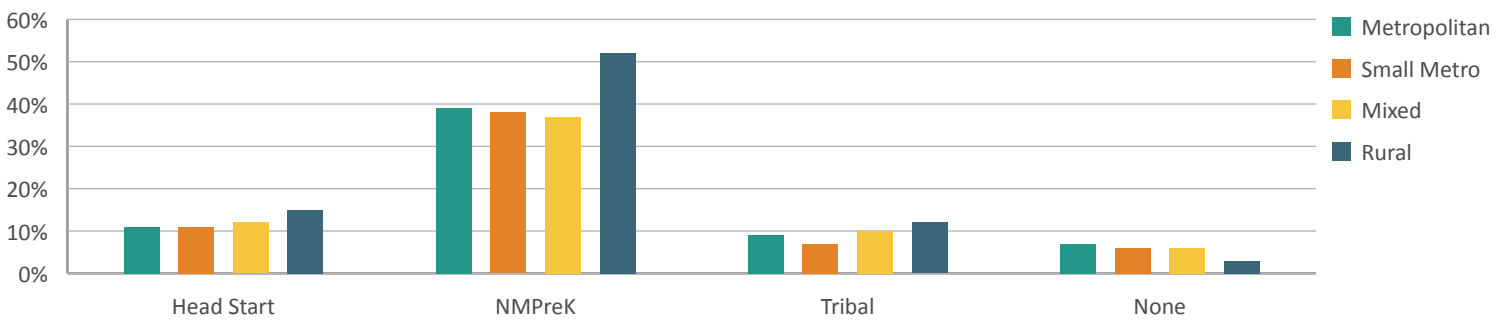


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Appendix 8. Survey Instrument

New Mexico Early Childhood Family Engagement and Satisfaction Survey

Share your voice to shape early childhood services in New Mexico.

For instruction in languages other than English, please scroll down.

Thank you for sharing your voice as a parent, guardian or caregiver to child(ren) five years old or younger. This survey will help shape the future of early childhood care and services in New Mexico.

This survey will take 10-15 minutes to complete.

When you complete the survey, you will have the choice to enter your email address or phone number to be eligible to receive a \$5 gift card. The first 3,000 respondents will be sent an electronic gift card after the survey closes. Your contact details will only be used to distribute gift cards, and will not be included in any further analysis of survey responses.

To respect the privacy of everybody who takes this survey, individual responses to the survey will not be shared. Survey information reported publicly will be pooled so that no individuals can be identified from the information.

If you would like to complete the survey in electronic form, please scan this QR code:

1. Please choose the language in which you would like to take the survey.
 - a. English
 - b. Español
 - c. Tiếng Việt
2. Do you identify as a parent, legal guardian, or primary caregiver for at least one child age five or younger?
 - a. Yes
 - b. No
3. Do you currently live in New Mexico?

If you answered YES to BOTH questions, please continue with survey on next page.

If you answered NO to EITHER question, please do not complete the survey. Thank you for your time.

4. How many children five years old or younger currently live in your household?
 - a. 0
 - b. 1
 - c. 2
 - d. 3
 - e. 4
 - f. 5
 - g. 6 or more
5. How many children between six and 13 years old currently live in your household?
6. How many children between 14 and 17 years old currently live in your household?

Awareness of Early Childhood Programs and Services

Please rate your familiarity with the following programs and services using the five-point scale below. Then, answer any questions that follow.

7. Child Care Assistance program
 - a. 1 - I have never heard of the program and know nothing about the services it provides.
 - b. 2
 - c. 3 - I have heard of the program and know basic information about the services it provides.
 - d. 4
 - e. 5 - I am very familiar with the program and the services it provides.
8. Early Head Start program
9. Families FIRST program
10. Family Infant Toddler program
11. Head Start program
12. Home visiting program
13. New Mexico PreK program
14. Preschool special education programs
15. Women, Infants and Children (WIC) program

If all programs and services rated 1, then go to Question 16.

If any programs and services are rated 2-5, then go to the next question.

16. Where did you learn about the Child Care Assistance Program? Choose all that apply.
 - a. Child care organization
 - b. Community organization
 - c. Friends or family members
 - d. Health care provider
 - e. Internet search
 - f. Local school
 - g. Moments Together website (www.momentsnm.org)
 - h. Newspaper or magazine
 - i. Radio
 - j. Social media
 - k. Television
 - l. I do not remember
 - m. Other
17. From which community organization did you hear about the Child Care Assistance Program?
18. Please indicate from which other source you learned about the Child Care Assistance Program.
19. Where did you learn about the Early Head Start program? Choose all that apply.
20. From which community organization did you hear about the Early Head Start program?

21. Please indicate from which other source you learned about the Early Head Start program.
22. Where did you learn about the Families FIRST program? Choose all that apply.
23. From which community organization did you hear about the Families FIRST program?
24. Please indicate from which other source you learned about the Families FIRST program.
25. Where did you learn about the Family Infant Toddler program? Choose all that apply.
26. From which community organization did you hear about the Family Infant Toddler (FIT) program?
27. Please indicate from which other source you learned about the Family Infant Toddler (FIT) program.
28. Where did you learn about the Head Start program? Choose all that apply.
29. From which community organization did you hear about the Head Start program?
30. Please indicate from which other source you learned about the Head Start program.
31. Where did you learn about the home visiting program? Choose all that apply.
32. From which community organization did you hear about the home visiting program?
33. Please indicate from which other source you learned about the home visiting program.
34. Where did you learn about the New Mexico PreK program? Choose all that apply.
35. From which community organization did you hear about the New Mexico PreK program?
36. Please indicate from which other source you learned about the New Mexico PreK program.
37. Where did you learn about preschool special education? Choose all that apply.
38. From which community organization did you hear about preschool special education programs?
39. Please indicate from which other source you learned about preschool special education programs.
40. Where did you learn about the Women, Infants and Children (WIC) program? Choose all that apply.
41. From which community organization did you hear about the Women, Infants and Children (WIC) program?
42. Please indicate from which other source you learned about the Women, Infants and Children (WIC) program.

Use of and Need for Early Childhood Services

This section focuses on early childhood programs and services that you and your family have used or have a need. On the following pages, please answer the questions about the indicated services.

Please click the check mark below to continue.

Child Care Services

Child care services include child and day care centers, registered child care providers, and other child care provided outside your home. Please do not include family members who provide child care, in-home nannies, or babysitters as you answer this question.

1. Have you used child care services to meet the needs of you and your children age five or younger?

Answer questions below.

Go to Question 20.

2. How have the child care services your family has used impacted your family's well-being?
 - a. Significantly increased family well-being
 - b. Increased family well-being
 - c. No impact on family well-being
 - d. Decreased family well-being
 - e. Significantly decreased family well-being
3. What was most valuable to your family about the child care services you used? Choose all that apply.
 - a. I did not feel judged for using these services
 - b. I was able to use services when my family needed them
 - c. It does not take much time to use the services in my area
 - d. It was easy to get transportation to use the services
 - e. Signing up for the services was easy
 - f. The services are responsive to my family's language or culture
 - g. The services provided before- and after-school care options
 - h. The services were affordable
 - i. The services were offered at convenient times
 - j. The services did not help my family
 - k. The information about this program was communicated in a way I could fully access
 - l. Other
4. Please indicate anything else not mentioned above that was valuable to your family about the child care services you used.
5. What could have been improved about the child care services you used? Choose all that apply.
 - a. I felt judged for using these services
 - b. I had to wait too long to use services my family needed
 - c. I had trouble getting transportation to use the services
 - d. It takes too much time to use the services in my area
 - e. Signing up for the services was too complex or time consuming
 - f. The services did not offer before- and after-school care options
 - g. The services were expensive
 - h. The services were not responsive to my family's language or culture
 - i. The services were offered at inconvenient times
 - j. No improvements are necessary
 - k. The information about this program was communicated in a way I could not fully access
 - l. Other

6. Please indicate anything else not mentioned above that could have been improved about the child care services you used.
7. Do you and your family have additional needs for child care services for your children age five or under that aren't being met by the services you currently use?
8. Have you and your family needed child care services for your children age five or under but been unable to access them?
9. What has prevented you from accessing all the child care services your family needs? Choose all that apply.
 - a. I am not aware of services like this in my area
 - b. I do not have access to transportation needed to use the service
 - c. I do not have time to use the services available in my area
 - d. I do not think the service would improve my family's well-being
 - e. I would feel judged for using these services
 - f. Signing up for the services is too complex or time consuming
 - g. The services are not offered at a time my family can use them
 - h. The services are not responsive to my family's language or culture
 - i. The services are too expensive
 - j. The services did not provide before- and after-school care options
 - k. Wait times to use the services are too long
 - l. The information about this program was communicated in a way I could not fully access
 - m. Other
10. Please indicate any reason not mentioned above that prevented you from accessing child care services.
11. Do your children age six to 13 use child care services (after school care, etc.)?
12. Please describe any notable positive or negative experiences you had while accessing and using child care services for your children age six to 13.
13. Have you and your family needed child care services for your children age six to 13 but been unable to access that support?
14. Please describe any challenges or barriers that have prevented you from accessing child care services for your children age six to 13.

Preschool Programs

Preschool programs include services provided by:

- After school programs (for five-year-old children)
 - Child care centers (both non-profit and for-profit)
 - Head Start
 - In-home child care providers (including licensed family care providers or registered providers)
 - New Mexico PreK
 - Tribal Head Start or preschool programs
1. Have you used preschool programs to meet the needs of you and your children age five or younger?
 2. Please indicate if your children have participated in any of the listed programs. Choose all that apply.
 - a. Head Start

- b. New Mexico PreK
- c. Tribal Head Start or preschool program
- d. My children have not participated in any of these programs

For each program selected, complete the following questions. If you selected none, please go to Question 34.

3. How likely are you to recommend the Head Start program to another family? (1 = not at all likely, 10 = extremely likely)
4. How has the Head Start program impacted your family's well-being?
5. How likely are you to recommend the New Mexico PreK program to another family? (1 = not at all likely, 10 = extremely likely)
6. How has the New Mexico PreK program impacted your family's well-being?
7. How likely are you to recommend the tribal Head Start or preschool program to another family? (1 = not at all likely, 10 = extremely likely)
8. How has the tribal Head Start or preschool program impacted your family's well-being?
9. What was most valuable to your family about the preschool programs you used? Choose all that apply.
10. Please indicate anything else not mentioned above that was valuable to your family about the preschool programs you used.
11. What could have been improved about the preschool programs you used? Choose all that apply.
12. Please indicate anything else not mentioned above that could have been improved about the preschool programs you used.
13. Do you and your family have additional needs for preschool programming that aren't being met by the services you currently use?
14. Have you and your family needed preschool programs but been unable to access them?
15. What has prevented you from accessing all the preschool programming your family needs? Choose all that apply.
16. Please indicate any reason not mentioned above that prevented you from accessing preschool programs.

Child Care Assistance Program

The Child Care Assistance Program provides subsidies to income-eligible families to pay a portion of child care costs. The subsidies are provided by the New Mexico Early Childhood Education and Care Department.

1. Have you used the Child Care Assistance Program to meet the needs of you and your children age five or younger?
2. How has the Child Care Assistance Program impacted your family's well-being?
3. How likely are you to recommend the Child Care Assistance Program to another family? (1 = not at all likely, 10 = extremely likely)

4. What was most valuable to your family about the Child Care Assistance Program? Choose all that apply.
5. Please indicate anything else not mentioned above that was valuable to your family about the Child Care Assistance Program.
6. What could have been improved about the Child Care Assistance Program? Choose all that apply.
7. Please indicate anything else not mentioned above that could have been improved about the Child Care Assistance Program.
8. Do you and your family need additional financial support to pay for child care services you're your children age five or under that isn't being provided by the Child Care Assistance Program?
9. Have you and your family needed financial support to pay for child care services for your children age five or under but been unable to access that support?
10. What has prevented you from accessing all the financial support your family needs to pay for child care services for your children age five or under? Choose all that apply.
11. Please indicate any reason not mentioned above that prevented you from accessing financial support to pay for child care services for your children age five or under.
12. Do you receive subsidies from the Child Care Assistance Program to pay for child care for your children age six to 13?
13. Please describe any notable positive and/or negative experiences you had while utilizing the Child Care Assistance Program for your children age six to 13.
14. Have you and your family needed financial support to pay for child care services for your children age six to 13 but been unable to access that support?
15. Please describe any challenges or barriers that have prevented you from accessing financial support to pay for child care services for your children age six to 13.

Special Education Services

Special education services include enrollment in programs that provide special education for your child, which may include the development of an Individualized Family Service Plan (IFSP), Individualized Education Plan (IEP), or 504 plan.

1. Have you used special education services to meet the needs of you and your children age five or younger?
2. How have the special education services your family has used impacted your family's well-being?
3. What was most valuable to your family about the special education services you used? Choose all that apply.
4. Please indicate anything else not mentioned above that was valuable to your family about the special education services you used.
5. What could have been improved about the special education services you used? Choose all that apply.

6. Please indicate anything else not mentioned above that could have been improved about the special education services you used.
7. Do you and your family have additional needs for special education services that aren't being met by the services you currently use?
8. Have you and your family needed special education services but been unable to access them?
9. What has prevented you from accessing all the special education services your family needs? Choose all that apply.
10. Please indicate any reason not mentioned above that prevented you from accessing special education services.

Family Support and Early Intervention Services

Family support and early intervention services help caretakers ensure they have the resources and support needed to ensure their child(ren)'s healthy learning and development. Family support and early intervention programs include:

- Early Head Start programs serve children under the age of three and pregnant women, providing child development and family support services to low-income families.
- The Family Infant Toddler (FIT) program provides professional evaluation of a child's development and a family services coordinator who connects families with resources to enhance a child's learning and development.
- The Families FIRST program connects families with a nurse in their area who provides support, advice, and connections to resources through a child's first three years of life.
- Home visiting programs provide trained professionals who come to families' homes to provide parenting support and information, answers to parenting questions, and connections to resources.

1. Have you used any of the family support and early intervention services listed above to meet the needs of you and your children age five or younger?
2. Which family support and early intervention services have you used?
 - a. Early Head Start program
 - b. Family Infant Toddler (FIT) program
 - c. Families FIRST program
 - d. Home visiting program
3. How likely are you to recommend the Early Head Start program to another family? (1 = not at all likely, 10 = extremely likely)
4. How has the Early Head Start program impacted your family's well-being?
5. How likely are you to recommend the Family Infant Toddler (FIT) program to another family? (1 = not at all likely, 10 = extremely likely)
6. How has the Family Infant Toddler (FIT) program impacted your family's well-being?
7. How likely are you to recommend the Families FIRST program to another family? (1 = not at all likely, 10 = extremely likely)
8. How has the Families FIRST program impacted your family's well-

being?

9. How likely are you to recommend the home visiting program to another family? (1 = not at all likely, 10 = extremely likely)
10. How has the home visiting program impacted your family's well-being?
11. What was most valuable to your family about the family support and early intervention services you used? Choose all that apply.
12. Please indicate anything else not mentioned above that was valuable to your family about the family support and early intervention services you used.
13. What could have been improved about the family support and early intervention services you used? Choose all that apply.
14. Please indicate anything else not mentioned above that could have been improved about the family support and early intervention services you used.
15. Do you and your family have additional needs for family support and early intervention services that aren't being met by the services you currently use?
16. Have you and your family needed family support and early intervention services but been unable to access them?
17. What has prevented you from accessing all the family support and early intervention services your family needs? Choose all that apply.
18. Please indicate any reason not mentioned above that prevented you from accessing family support and early intervention services.

Food Support Services

Food support services aim to make sure every family has proper nutrition available to them. Food support services include:

- The Child and Adult Care Food Program is a federal program that provides reimbursements for meals and snacks to eligible children and adults who are enrolled at participating child care centers and family care homes.
 - The Summer Food Service Program provides nutritious meals to children during the summer months.
 - The Supplemental Nutrition Assistance Program (SNAP) is a federal program that provides food-purchasing assistance for low- and no-income people. SNAP is sometimes referred to as food stamps.
 - The Women, Infants and Children (WIC) Program provides free healthy foods, ideas for healthy eating and maintaining good health habits, support for nursing families, and connects families with other community services.
1. Have you used food support services to meet the needs of you and your children age five or younger?
 2. Which food support services have you used?
 - a. Child and Adult Care Food Program
 - b. Summer Food Service Program
 - c. Supplemental Nutrition Assistance Program (SNAP)
 - d. Women, Infants and Children (WIC) Program
 3. How likely are you to recommend the Summer Food Service

Program to another family? (1 = not at all likely, 10 = extremely likely)

4. How has the Summer Food Service Program impacted your family's well-being?
5. How likely are you to recommend the Women, Infants and Children (WIC) Program to another family? (1 = not at all likely, 10 = extremely likely)
6. How has the Women, Infants and Children (WIC) Program impacted your family's well-being?
7. What was most valuable to your family about the food services you used? Choose all that apply.
8. Please indicate anything else not mentioned above that was valuable to your family about the food support services you used.
9. What could have been improved about the food support services you used? Choose all that apply.
10. Please indicate anything else not mentioned above that could have been improved about the food support services you used.
11. Do you and your family have additional needs for food support services that aren't being met by the services you currently use?
12. Have you and your family needed food support services but been unable to access them?
13. What has prevented you from accessing all the food support services your family needs? Choose all that apply.
14. Please indicate any reason not mentioned above that prevented you from accessing food support services.

Other Early Childhood Needs

Are there any other services that you need to care for your children age five or younger that have not been mentioned in the previous sections? If so, please list those needs here.

If you have no additional needs, please leave this box blank and click the check mark below to proceed.

If you have no additional needs, please leave this box blank and proceed to the next question.

Other Household Needs

Please indicate how frequently each of the following situations occurred for you within the last 12 months.

1. The food our family bought just didn't last and we didn't have money to get more.
 - a. Never
 - b. Rarely
 - c. Sometimes
 - d. Often
 - e. Always
2. I worried whether our food would run out before we got money to buy more.
3. I worried that an adult in our family would have to miss work in

- order to look after a child who was not sick.
4. Finding child care was a major factor in whether or not an adult in our family was able to work outside the home.
 5. I worried about getting services or support to effectively care for my child.
 6. I worried that my child needed care and support that I could not provide without help.
 7. I worried that our family wouldn't have a place to sleep that met our basic needs.
 8. I worried about being forced to move from the place where we were living.
 9. I worried that the cost of housing would force me to not buy or cut back on my family's necessities (food, clothing, etc.).
 10. I worried that my family would not have access to medical care in case of illness or emergency.
 11. I worried about paying for medical care in case of illness or emergency.
 12. My family was not covered by health insurance.

Information About Your Household

Please provide information about your household below. Any information collected below will help understand the needs for early childhood services across the state. The answers you provide will not be used in any way to identify you.

1. What is the ZIP code of the home where you and your children primarily reside?
2. Choose the county where your home is located.
 - a. I prefer not to respond
3. How would you describe yourself? Choose all that apply.
 - a. American Indian or Alaska Native
 - b. Asian
 - c. Black or African American
 - d. Hispanic, Latino, or Spanish
 - e. White
 - f. Some other race or ethnicity
 - g. I prefer not to respond
4. Please indicate your tribal affiliation. If you are not affiliated with a tribe or choose not to respond, please leave this question blank.
5. How would you describe yourself other than the options provided in the previous question?
6. Do you speak more than one language at home?
 - a. Yes
 - b. No
 - c. Prefer not to respond
7. What is the main language you speak at home?
 - a. English
 - b. Spanish
 - c. American Sign Language (ASL)
 - d. Dine (Navajo)
 - e. Vietnamese
 - f. Mandarin Chinese
 - g. Arabic
 - h. Swahili
 - i. Other
 - j. If the main language you speak at home is not listed above, please describe it here:
8. What are the different languages you speak at home?
 - a. What are the different languages you speak at home?
 - b. English
 - c. Spanish
 - d. American Sign Language (ASL)
 - e. Dine (Navajo)
 - f. Vietnamese
 - g. Mandarin Chinese
 - h. Arabic
 - i. Swahili
 - j. Other
 - k. If one of the languages you speak at home is not listed above, please describe it here:
9. What is the highest degree or level of school you have completed?
 - a. Some high school or less, no diploma received
 - b. High school diploma or GED
 - c. Some college, no degree received
 - d. Associate's degree (AA, AS, etc.)
 - e. Bachelor's degree (BA, BS, etc.)
 - f. Master's degree (MA, MS, MEng, MEd, MSW, MBA, etc.)
 - g. Professional degree (MD, DDS, DVM, LLB, JD, etc.)
 - h. Doctorate degree (PhD, EdD, etc.)
 - i. I prefer not to respond
10. How many people currently live in your household? Please provide the total number including all adults and children.
 - a. 1
 - b. 2
 - c. 3
 - d. 4
 - e. 5
 - f. 6
 - g. 7
 - h. 8
 - i. 9
 - j. 10 or more
 - k. I prefer not to respond
11. Do you, your child(ren), or another primary caregiver for your child(ren) identify as a person with a disability or other chronic condition(s)?
 - a. Yes
 - b. No
 - c. Prefer not to respond
12. How many children in your household identify as a person with disability or other chronic condition(s)?
13. If anyone in your household identify as a person with disability or other chronic condition(s), please identify who. Select all that apply
 - a. Yourself
 - i. How would you describe your disability or chronic condition(s)? Select all that apply

1. Attention Deficit
 2. Autism
 3. Blind or visually Impaired
 4. Deaf or hard of hearing
 5. Health-related disability
 6. Learning disability
 7. Mental health conditions
 8. Mobility-related disability
 9. Speech-related disability
 10. Other
 - a. If your disability or chronic conditions is not listed above, please describe it here:
- b. Your Children
- i. How would you describe your child(ren)'s disability or chronic condition(s)? Select all that apply
 1. Attention Deficit
 2. Autism
 3. Blind or visually Impaired
 4. Deaf or hard of hearing
 5. Health-related disability
 6. Learning disability
 7. Mental health conditions
 8. Mobility-related disability
 9. Speech-related disability
 10. Other
 - a. If your children's disability or chronic conditions is not listed above, please describe it here:
 - c. Other caregiver(s) in your household
 - i. How would you describe the other caregiver(s) in your household's disability or chronic condition(s)? Select all that apply
 1. Attention Deficit
 2. Autism
 3. Blind or visually Impaired
 4. Deaf or hard of hearing
 5. Health-related disability
 6. Learning disability
 7. Mental health conditions
 8. Mobility-related disability
 9. Speech-related disability
 10. Other
 - a. If the other caregiver(s) in your household's disability or chronic conditions is not listed above, please describe it here:
14. What is your approximate total household income, counting all sources of income from all household members?
- a. Under \$10,000
 - b. \$10,000-19,999
 - c. \$20,000-29,999
 - d. \$30,000-39,999
 - e. \$40,000-49,999
 - f. \$50,000-59,999
 - g. \$60,000-69,999
 - h. \$70,000-79,999
 - i. \$80,000-89,999
 - j. \$90,000-99,999
 - k. \$100,000-109,999
 - l. \$110,000-119,999
 - m. \$120,000 or more
 - n. I prefer not to respond
15. Where did you hear about the New Mexico Early Childhood Family Engagement and Satisfaction Survey?
- a. Social Media
 - b. Community Organizations
 - i. If you heard about the New Mexico Early Childhood Family Engagement and Satisfaction Survey from a community organization or a childcare provider, please select from the list below:
 1. NGAGE
 2. McKinley County Early Childhood Coalition
 3. San Miguel County Coalition
 4. Other
 - i. If you heard about the New Mexico Early Childhood Family Engagement and Satisfaction Survey from another community organization or childcare provider, please enter their name below:
 - c. Childcare provider
 - d. Friends/Family
 - e. News Organizations
 - f. Email
 - g. Flyer
 - h. Other
 - i. If you heard about the New Mexico Early Childhood Family Engagement and Satisfaction Survey from another source, please describe it here:
16. If you would like to receive a \$5 gift card for participating in this survey, please indicate how you would like to receive the gift card. To receive the gift card, you will need to provide either an email address or phone number. This information will be used only for sending the gift card and will not be shared for any purposes.
- a. Email
 - b. Phone
 - c. I do not wish to receive a gift card
17. Optional: Please provide the email address where you would like to receive your electronic gift card.
18. Or: Please provide the phone number where you would like to receive your gift card via text.
19. To receive the gift card, you will need to provide either an email address or phone number. This information will be used only for sending the gift card and will not be shared for any purposes. This is optional.
- ### Survey Conclusion
- Thank you for completing the survey.
- To learn more about early childhood programs and services offered the New Mexico Early Childhood Education and Care Department (ECECD), please visit their website at <https://www.nmeccd.org/>.

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