



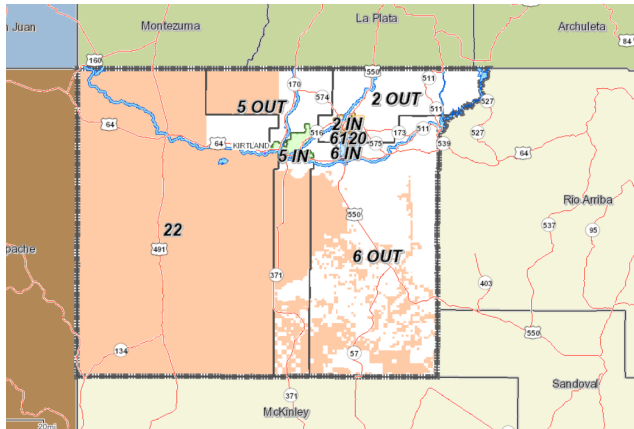
San Juan County Early Childhood Coalition
Community Needs Assessment
September 2022

This report is dedicated to Wendy Prouse, a beloved and passionate founding member of the San Juan County Early Childhood Coalition, partner, caregiver, community member and friend.

Overview

The San Juan Early Childhood Coalition (SJCECC) is an emerging coalition in San Juan County, NM, recently re-established during the covid-19 pandemic. The purpose of SJCECC is to engage multiple stakeholders and community voices to work collaboratively and collectively in support of children and families within our community. We believe our shared strengths allow us to create a transformative vision for our community. SJCECC is an action network that engages a broad base of childhood leaders and families from the county to create a common vision, common outcomes, and comprehensive aligned strategies to ensure all young children thrive in strong families and in healthy neighborhoods. We strive to create a community of partnership that is elevated and at the center of all decision making.

Background



San Juan County, New Mexico spans 5,538 square miles and is composed of 63.4% tribal lands, including the Navajo Nation and Ute Mountain Tribal Reservation. Eighteen Navajo Nation Chapters housed under 5 regional agencies are represented within San Juan County. San Juan County has three rivers: San Juan River, Animas River, and La Plata River. The Chuska Mountain Range and Shiprock Pinnacle are situated in the western part of San Juan County.

This geographic diversity of volcanic structures, buttes, mesas, badlands, and a fertile river valley makes this northwest region of New Mexico the home of the largest acreage of farmland in the state, as well as many oil and gas reserves, resulting in economic opportunities in both agriculture and some natural resources.

San Juan County is the fifth highest populated county in New Mexico. The population in 2019 was estimated at 127,455 down from 130,044 a decade earlier. COVID-19 and the downsizing/closure of power plants and coal mines are the main cause of the continuing population decline. According to Annie E. Casey Foundation Kids Count and San Juan Regional Medical Center Health Data Report (March 2020), there are 9,028 children aged zero to four-years-old, with 2,496 living at or below the poverty level (28%). Annually, there are approximately 1,500 births, including 146 to teenage mothers (1%). Additionally, an estimated 613 grandparents are the primary guardians raising young children within the county.

The demographic makeup of San Juan County includes 41.6% Native American, 37.5% White (non-hispanic), 20.6% Hispanic, 2.8% Two or more races, and less than 1% each among African American, Asian, and Native Hawaiians, Pacific Islanders and Other races. The largest municipality is Farmington, followed by the towns of Aztec, Bloomfield, Farmington, and

Shiprock. The region encompasses and spans several small communities, as well, including Beclabito, Blanco, Burnham, Cedar Hill, Crystal, Flora Vista, Hogback, Huerfano, Gadi'ahii, Kirtland, La Plata, Lake Valley, Lee Acres, Nageezi, Naschitti, Navajo Dam, Nenahnezad, Newcomb, Ojo Amarillo, Sanostee, Sheep Springs, and Upper Fruitland.

San Juan County is home to four school districts covering 48 public schools: Farmington Municipal Schools (19 schools), Bloomfield Public School District (7 schools), Aztec Municipal Schools (7 schools), and Central Consolidated School District (15 schools). San Juan County has three charter schools: Dream Dine Charter School in Shiprock, Mosaic Academy in Aztec, and Career Prep High School in Farmington. There are nine private schools in the county, and two Bureau of Indian Education (BIE) Schools (Shiprock Associated Schools Inc. and Dziłth-Na-O-Dith-Hle Community School). San Juan County has fifteen (Early) Headstart programs that will be served by SJCECC. Four in Farmington, three in Bloomfield, two in Shiprock and one each in Aztec, Kirtland, Nageezi, Naschitti, Nenahnezad, and Newcomb.

Coalition Summary

SJCECC is a group of organization and community representatives who voluntarily come together to work for systems change in our community. The mission of SJCECC is to create a coalition to improve equity, communications, and initiate a transformative process for our community. With guidance and consultation from the University of New Mexico Family Development Program during our first year of operation, we have begun the process of establishing a coalition of learners and visionaries. Partners and members of SJCECC represent early intervention agencies, New Mexico School for the Blind & Visually Impaired, New Mexico School for the Deaf, New Mexico Department for Health, Home Visiting program staff, public school district employees, staff from Bureau of Indian Education, Regional Education Cooperative #1, Head Start Staff, private child care staff/owner/directors, and the Indian Health Service. We also have coalition members who dually participate in the McKinley County Early Childhood Coalition, Navajo Nation Early Childhood Coalition, and SJCECC. This partnership has provided support and guidance during these early stages of the coalition's development. SJCECC strives to establish a culture for community conversation and strategic dialogue where every person is valued and heard. Using a shared leadership model for the coalition supports the democratic vision of the coalition.

SJCECC is currently funded exclusively through the Early Childhood Education and Care Department (ECECD) Systems Building Grant under the fiscal sponsorship of Northwest New Mexico First Born. As an emerging coalition, long term sustainability and funding are important issues that we will be working on over the course of this grant. The coalition will use strategic planning activities to ensure stability and opportunity to sustain our momentum into future fiscal years.

Purpose

This San Juan County Community Needs Assessment (CNA) was conducted by the SJCECC in order to collect and review quantitative and qualitative data specifically related to early childhood. This data will be used to help paint a current picture of early childhood indicators, resources, challenges and opportunities for improvement within San Juan County. This data will be discussed and analyzed by SJCECC members and will be used to develop a Strategic Plan to address the opportunities presented within the CNA. Data will be disseminated among coalition members, community members, and other partners.

Methodology

A mixed methods approach was used for this CNA. Quantitative data was collected by coalition members through publicly available secondary data sources, including the US Census Bureau, San Juan County Partnership, Navajo Nation Epidemiology Center, Kids Count New Mexico, New Mexico Department of Health, NM HSD, and others. Support in identifying relevant sources and analyzing results to fit the needs of the CNA was provided by the Policy Equity Group. Additionally, local representatives and technical assistance providers from the New Mexico Department of Health (NMDOH) met with the coalition and helped identify data indicators. The latest available data (post-covid, within the last 3 years) was collected and presented in Appendix A (attached below).

In an effort to build upon quantitative findings, descriptive qualitative data collection was conducted simultaneously. Family Dialogue Circles were used to facilitate community conversations with local families. University of New Mexico Family Development Program provided training and technical assistance in the development and implementation of Family Dialogue Circles. Two formal in-person Family Dialogue Circles (10 families each) were held in Farmington in late July and early August. Additionally, 27 one-on-one, survey-style qualitative data gathering was done in person at rural, frequented locations on the Navajo Nation, including: Sheep Springs Gas Station, Nageezi Chapter House and Beclabito Gas Station. Therefore, qualitative data was collected from 37 unique families across urban, rural and tribal communities across the county, thus providing a comprehensive and representative pool of participants.

SJCECC coalition members joined quantitative and qualitative data work groups, voluntarily meeting regularly throughout July, August and September to collect, organize and analyze data from both data collection methods. Feedback was tracked in a shared Google Drive and updated/finalized in a shared leadership style of feedback and incorporation.

Key Findings

While conducting secondary quantitative data collection and analysis, several indicators emerged as priorities under each category (Demographic, Health, Program Inventory and Other Inventory).

<i>Priority</i>	<i>Highlighted Quantitative Findings</i>
Demographic, cultural, and social indicators	<ol style="list-style-type: none"> 1. ~43% Native American (Navajo majority, Ute) 2. 6.2% unemployment rate, compared to 4.4% statewide average 3. 17.70% Percent of grandparent(s) raising children, compared to 10.9% statewide average 4. 92.3% percent of children under age 5 who are covered by health insurance and by Medicaid (leaving 7.7% children uninsured, compared to 5.7% statewide average)
Health indicators	<ol style="list-style-type: none"> 1. 18.2% Reported child abuse and neglect rate 2. 83.7% children under age 5 who are receiving regular well-child check-ups statewide 3. 58.8% of children under 5 attend dental visits 4. 66.1% of women attend Prenatal Care 5. 36.9% of children under 3 have developmental screening
Inventory of ECECD home visiting and early learning programs	<ol style="list-style-type: none"> 1. Early Intervention is limited, particularly specialists 2. Home based care providers are limited (10 registered for the county, none on tribal lands)
Inventory of other early childhood programs and service	<ol style="list-style-type: none"> 1. Women, Infant and Children (WIC) offices/programs are scattered across the county, but not necessarily accessible 2. Two birthing hospitals for the entire county (one tribal, one private), no birth centers or home based midwifery programs
Other	

During the two Family Dialogue Circles, hosted in Farmington in late July and early August, 10 family participants during each event shared insights into their fears, hopes, ideal community characteristics, and other lived experiences. Some of these experiences aligned with the quantitative data, while others brought additional priorities to the forefront. Multiple respondents at each dialogue circle agreed on the following items:

Fears and current challenges:

- ***Safety***: Gun violence, presence of drugs/alcohol within homes/families and communities, outdated or non-existent play areas for young children, inability of young children to go outside and play for an extended period of time due to lack of designated area and community trust.
- ***Trauma in Tribal Communities***: Trauma that is passed down (generational trauma) and not addressed between generations, chronic alcoholism, lack of trust among community or family members to care for children and play together outside.
- ***Socioeconomic Status***: Lack of financial resources to support basic needs,

inability to qualify for or upkeep social support programs (EBT, WIC, etc.), desire to provide more for children but only having enough funds to pay bills.

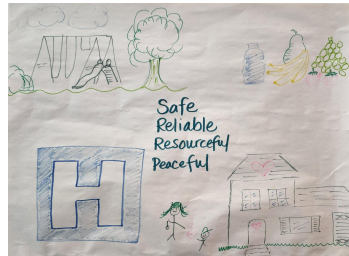
- **Fostering and adopting caregivers:** Foster and adoptive parents report judgment in public, especially if children are of different racial backgrounds; caregivers aren't always aware of or connected
- **Transportation:** Families typically reported having one vehicle per household with far distances to travel to access food, healthcare and economic opportunities.
- **Mental/Behavioral Health:** Lack of support postpartum resulting in postpartum depression and poor breastfeeding outcomes. Lack of early childhood/infant mental health providers.

Hopes for the next generation:

- **Skill-Building:** Children have skills necessary to be employed in the future, understand how to do taxes, drive safely, register to vote, etc.
- **Education:** Children complete high school, talk with educators, seek guidance and financial support to attend college and take college courses.
- **Healing:** Children have a healthy mind and body, have compassion for others, an understanding of where they came from and acceptance of others, and the ability to travel and see different perspectives

An Ideal Community includes:

- Self sufficiency to grow/access food
- (24 hour/accessible, non-judgemental) Childcare
- Healthcare specialists available locally
- More healthcare options (smaller clinics in more places)
- Family/Community involvement and trust
- Safe outdoor spaces for play
- (Acceptance and Celebration of) diversity
- Affordable housing
- Respect
- Peace



After the family dialogue circles were complete, the coalition felt it was necessary to conduct 1:1 verbal survey-style qualitative data collection in targeted rural communities in outlying areas of the Navajo Nation, given the large concentration of indigenous-identifying community members within San Juan County. Therefore, the Coalition Coordinator, in partnership with coalition members, conducted interviews with 27 families in Sheep Springs,

Beclabito and Nageezi. During these interviews, nearly all families with grandparents as primary caregivers of young children shared a similar narrative: living on a fixed income with little financial support, high school education or no HS degree/GED, limited understanding of how to obtain proper documentation for children or apply for/maintain additional social services, lack of reliable transportation and long distances (between 50-70 miles on average) to access healthcare, food and other services. Grandparents experiencing housing insecurity or homelessness reported “waiting for the chapter house to find [them] a home” and lack of confidence to complete necessary paperwork (online or in person) to access resources. Grandparents shared some awareness of food distribution programs and local farmers markets, but seemed unaware of how to utilize EBT or WIC for fresh local produce. Storing fresh produce was also another concern by a couple of older caregivers, as it was unlikely they had cold storage or consistent electricity at home.

Families with mother and/or father caregiving for children shared a slightly different experience. The majority of parents also had low education level, but were currently pursuing a GED or aspired to obtain an advanced degree. They also had transportation issues, long drives to access economic opportunities, healthcare, social services and food. Interestingly, breastfeeding seemed to be a very polarized experience—birthing parents either experienced no breastfeeding at all (due to drug/alcohol dependency, access to “free samples” of formula at local hospitals/in the mail, or lack of support from a lactation counselor or family), or breastfeeding for several years at a time (due to family expectation/support, cost effectiveness, or understanding of nutritional benefits). There was very little middle ground around breastfeeding, and clearly different experience in accessing lactation support and formula samples. Lastly, also different from the grandparent caregiver experience was discussion around prenatal care. The majority of interview respondents who had been pregnant reported missing prenatal care appointments mainly due to lack of transportation or gas money to get to the medical facility, which was reported on average as 55-75 miles away from home. Parental caregivers reported attending more vaccine/well child visits for the child than prenatal care (perhaps assuming that well child visits are more of a priority than prenatal/maternal health visits).

Conclusion

After carefully collecting and analyzing both quantitative and qualitative data, the SJCECC has seen a number of trends emerge. **Transportation** and increasing cost of gas has greatly impacted people’s ability to attend medical appointments, access (fresh) foods and social services appointments. A large majority of **WIC** eligible interviewees shared that they were unable to use WIC because they could not make their appointments that were on average 50+ miles away due to insufficient funds or lack of access to a vehicle. Women shared that they had forgone prenatal visits during pregnancy as well as well-child check ups due to similar reasons. There are also very clear differences between private **healthcare** and public, Indian Health Service healthcare. Nearly all respondents noted that they received calls or texts to schedule or send reminders for upcoming appointments at private facilities, as opposed to the majority of IHS patients who claimed they did not have anyone contact them for scheduling or that they only received a letter in the mail. This is an insufficient way to contact people, as most have PO boxes that are checked sporadically or collected by other family members. **Farmers markets** seemed to be well known, especially in the Farmington, Bloomfield and Kirtland area. Some knew about the Shiprock farmers market, and a small number knew that EBT and WIC provided additional funds during the summer for fresh produce from farmers markets. The majority of the county

seemed to travel to Farmington to do the majority of their household shopping on a weekly/bi-weekly basis, noting that food prices in tribal communities were more expensive. **Breastfeeding** appears to be very polarized in the community, either barely/not at all initiated or exclusive feeding, lasting for several years. Local facilities are lacking lactation counseling positions and there is little knowledge in the community about local breastfeeding coalitions and independent lactation specialists. There was a strong consensus that **mental health services** were inaccessible or insufficient, particularly during the postpartum period. A majority of respondents discussed their experience with postpartum depression, and their inability to access mental health services due to transportation, financial and other reasons. Lastly, families **adopting and fostering** children expressed that additional support is required, particularly for grandparents or more elderly caregivers who need help navigating social support systems and accessing resources. They also stated that adopted or fostered children experience more discrimination and judgement in school or other public settings.

Recommendations

After completing the quantitative and qualitative data collection and analysis, the San Juan County Early Childhood Coalition would like to recommend the following priority areas for early childhood in San Juan County:

1. Address barriers to accessing **mental health services** postpartum
2. Mitigate **transportation** barriers among rural and tribal community members
3. Standardize the quality of **healthcare** provided across private and public (IHS) facilities
4. Improve accessibility of **social services**, particularly for older caregivers, lower literacy levels and families living in rural/tribal areas
5. Improve awareness of and accessibility to **fresh and locally grown foods**

Next Steps

In an effort of shared leadership, the SJCECC plans to take the following steps to implement the findings from this community needs assessment.

1. Review the findings from the report with families who participated in the family dialogue circles and interviews to confirm that our interpretation of the data is accurate.
2. Review the findings from the report with coalition members and families together at upcoming monthly coalition meetings to brainstorm ways to apply the key findings and recommendations into coalition work moving forward.
3. Utilize the community needs assessment key findings and recommendations to develop a written strategic plan for the coalition. The strategic plan will be drafted by the coalition coordinator, with continued input from families and coalition members. The strategic plan will describe, in detail, the steps that the coalition is planning to take to address the aforementioned recommendations. The strategic plan will include an emphasis on equity, sustainability and fundraising components, and will outline expectations for the next 5 years of coalition operation.
4. Collaborate and partner with McKinley County Coalition to strengthen cross-sector initiatives and leverage funding for strategic planning and project initiation.

5. Research and support the development of a comprehensive and accurate list of open programs and agencies to ensure our community has access to accurate information post pandemic.

Appendix A
San Juan County Early Childhood Coalition
Major Data Indicators

September 2022

Indicator	Number or %	Data Source	Data Date
I. Demographic, Cultural and Social Indicators			
Number of Children Under Age 5	5.8%	US Census Bureau	2020
Per Capita Income	San Juan County: \$22,840 Navajo Nation: \$7,269	US Census Bureau Navajo Business	2020
Median Household Income	San Juan County: \$48,643 Navajo Nation: \$20,005	US Census Bureau Navajo Business	2020
Poverty Rate	21.5%	US Census Bureau	2020
Households Speaking a Home Language other than English in the Home (List Each Language)	30.6%	US Census Bureau	2021
Percent of Families Experiencing Unemployment	8.9%	San Juan County Partnership	2020
Families with Children in which No Parent is Working	13%	Kids Count 2020 Report	2020
Percent of Teenage Pregnancies	7.9% (teen mothers ages 15-19)	San Juan County Partnership	2020
Percent of Grandparent(s) Raising Children Under Age 5	5% (statewide)	Kids Count Data Center	2019
Percent of Single	26.5%	NM-IBIS	2016-2020

Female Head of Household			
Reported Crimes for Community Residents	2,026 per 100,000	San Juan County Partnership	2020
Percent of Residents for Each Race and/or Ethnicity	52.7% White; 36% White, alone (non-Hispanic) 21.8% Hispanic or Latino 42.9% American Indian and Alaskan Native .8% Black or African American .6% Native Hawaiian and Pacific Islander .1% Two or More Races	US Census Bureau	2021

Indicator	Number or %	Data Source	Data Date
II. Health Indicators			
Percent of Infants Born with Low Birth Weight	6.7%	2020 NM Vital Records statistics; San Juan County Partnership	2020
Percent of Mothers Receiving Prenatal Care	66.1%	2020 NM Vital Records statistics; NM-IBIS; San Juan County Partnership	2020
Percent of Mothers Breastfeeding	89.6%	Breastfeeding Initiation Rates by County or County Equivalent in New Mexico Breastfeeding / CDC	2019
Infant Mortality Rate	6.7%	2016-2020 NM Vital Record statistics, NM IBIS; San Juan	2020

		County Partnership	
Percent of Children Under Age 5 with Special Healthcare Needs	0.4%	American Community Survey US Census	2020
Percent of Children Under Age 5 Who Are Receiving Regular Medical Check-Ups	83.7% Statewide	2019-2020 National Survey for Children's Health (NSCH)	2020
Percent of Children Under Age 5 Who Are Receiving Dental Care	58.8% Statewide	2019-2020 National Survey for Children's Health (NSCH)	2020
Percent of Children Under Age 5 Who Are Covered by Health Insurance and by Medicaid	92.3%	2019 US Census Bureau, Small Area Health Insurance Estimate (SAHIE)	July 2022
Percent of Children Under Age 5 Who Are On a Regular Immunization Schedule	96.0%	2021 NM immunization Program	FY 21/FY22 July 2022
Percent of Children Who Have Received Developmental Screening by Age 3	36.9% Statewide	2019-2020 National Survey for Children's Health (NSCH)	2020
Percent of Families Who Have Alcohol or Drug Addictions	1 in 8 children age 17 and under (nationally) live with at least one parent who had a substance use disorder (SUD).	SAMHSA	2017
Percent of children experiencing food insecurity (defined by USDA/Feeding America as "lack of	24.5% (compared to 22% NM and 14% US) New Mexico is ranked #1 for food insecurity in the United States	San Juan County Partnership	2019

consistent access to enough food for every person in a household to live an active, healthy life”			
Reported Child Abuse and Neglect Rate	18.2%	NM-IBIS 2020	July 2022

ECECD Programs and Services	Total Number of Children Served	List of Programs
III. Inventory of ECECD Home Visiting and Early Learning Programs		
Early Head Start: Center Based	140	<p>Presbyterian Medical Services: Aztec, Carlton, Little Feet, Bloomfield EHS, Rocinate, Cottonwood</p> <p>The Navajo Nation Tribal Government: Shiprock</p> <p>https://eclkc.ohs.acf.hhs.gov/center-locator?latitude=36.388&longitude=-108.238&county=San%20Juan%20County&state=NM</p>
Head Start	374	<p>Presbyterian Medical Services: Carlton, Kirtland, Cottonwood</p> <p>The Navajo Nation Tribal Government: Aztec, Nenahnezad, Nageezi, Newcomb, Sanostee, Two Grey Hills, Shiprock, San Juan, Crystal, Upper Fruitland</p> <p>https://eclkc.ohs.acf.hhs.gov/center-locator?latitude=36.388&longitude=-108.238&county=San%20Juan%20County&state=NM</p>
ECECD Early Pre-K	Early Pre-K 78	<p>Just Us Kids Big Kids, Smiling Faces, A Gold Star Academy, McCoy Elementary School</p> <p>https://www.nmececd.org/wp-content/uploads/2022/02/2021-ECECD-Annual-Outcomes-Report_FINAL_021622.pdf (Page 18)</p>
ECECD Pre-K		Mesa Elementary, Kirtland EC Center, Bloomfield

	NM Pre-K 196 School Based NM Pre-K 653	Early Childhood Center, Farmington Preschool West, Farmington Preschool East, Lydia Rippey Elementary School, Nizhoni Elementary, Just Us Kids Aztec Preschool and Daycare, Newcomb Elementary, Just Us Kids Farmington PreSchool & Daycare, Naschitti Elementary, Eva B. Stokely Elementary School, Ojo Amarillo Elementary, A Gold Star Academy - Crouch Mesa, HI Way Kiddie Kamp – Aztec, PMS Early Head Start Farmington, Love The Children Learning Center - Aztec https://www.nmececd.org/wp-content/uploads/2022/02/2021-ECECD-Annual-Outcomes-Report_FINAL_021622.pdf (Page 18)
ECECD Home Visiting Programs	153	Central Consolidated School District #22 Parents As Teachers, Presbyterian Medical Services (PMS) Parents As Teachers, Northwest New Mexico First Born, Roundtree Children's Developmental Services, Navajo Nation Growing in Beauty, Shiprock Associated Schools Inc, FACE Program, San Juan County Home Visiting Program
ECECD Licensed Child Care Programs	2935 1329 subsidy	PMS Headstart – Cottonwood Early, Love the Children Learning Center, Love the Children Learning Center - Big Kids, Kiddie Kamp, Hi Way Kiddie Kamp – Aztec, Kiddie Kamp Pre- K, Imagination Station Preschool, Kids Corner Learning Center, First United Methodist Church of Farmington, Echo Aztec Preschool, PMS Head Start – Aztec, PMS Early Head Start Farmington, PMS Headstart – Bloomfield Early, PMS Headstart – Kirtland, San Juan College CFDC, Summit Child Development Center, Pinon Hills – Promiseland, Casa Montessori, Childcare Castle, The Learning Circle Daycare, A GOLD STAR ACADEMY, Smiling Faces, Just Us Kids Big Kids, Just Us Kids Aztec Preschool & Daycare, Just Us Kids Farmington PreSchool & Daycare, Career Prep High School Learning Center, Farmington Crossroads - First Steps, NUMC New Beginnings, PMS Headstart - Rocinante EHS, Fundamentals CDC, Children's Discovery Place, A Gold Star Academy - Crouch

		Mesa, Copperridge Preschool, Love The Children Learning Center – Aztec, Kiddie Kamp Big Kids https://www.nmececd.org/wp-content/uploads/2022/02/2021-ECECD-Annual-Outcomes-Report_FINAL_021622.pdf (Page 11)
ECECD Registered Family Child Care Homes	Capacity of 48	Aretta Smiley, Lillian Escojeda, Roseann Rivas, Linda Crabtree, Velma Trillo, Rita Acosta, Catherine Nunez, Rhiannon Vialpando, Julie Atcitty, Julie Chapman, Phoebe Nelson, Janice Etcitty
ECECD Early Intervention Services	735	Presbyterian Medical Services (PMS)- Roundtree Developmental Services, Growing in Beauty, Amplified Therapy, NMSBVI, NMSD https://www.nmececd.org/wp-content/uploads/2022/02/2021-ECECD-Annual-Outcomes-Report_FINAL_021622.pdf (Page 25) https://www.nmececd.org/early-childhood-professionals/
Other ECECD Programs and/or Services		NMDOH Family Connects Program

Other Early Childhood Programs and Services	Total Number of Children Served	List of Programs
IV. Inventory of Other Early Childhood Programs and Services		
Mental Health Services for Children and Families		San Juan County Mental Wellness Resource Center, Desert View Counseling, Choices Counseling, Totah Counseling, Northern Navajo Medical Center, Presbyterian Medical Center, San Juan Health Partners Behavioral Health, Mission Impossible Counseling, Grace Hill Counseling Center, Family Crisis Center, Angel Peak Counseling, Child Haven Inc, Four Winds Recovery Center
PED Early Pre-K and/or Pre-K	767 slots	PED PreK 2018–2019 School Districts and Charter Schools with Funded Sites and Students Aztec Municipal School District: Lydia Rippey

		<p>Elementary (40) McCoy Elementary (40)</p> <p>Bloomfield School District: Bloomfield Early Childhood Center (118)</p> <p>Central Consolidated Schools: Kirtland Early Childhood Center (124) Mesa Elementary (45) Naschitti Elementary (15) Newcomb Elementary (20) Nizhoni Elementary (60) Ojo Amarillo Elementary (45)</p> <p>Farmington Municipal Schools: Farmington Preschool South (97) Farmington Preschool West (163)</p> <p>https://webnew.ped.state.nm.us/wp-content/uploads/2020/08/PreK-2018-19-Annual-Report.pdf</p>
PED Special Education Preschools		<p>Aztec Municipal Schools, Farmington Municipal Schools, Central Consolidated Schools, Bloomfield Consolidated Schools.</p> <p>https://search.newmexicokids.org/</p>
DOH WIC Programs		<p>WIC Program (Farmington), Navajo Nation WIC, Bloomfield WIC, San Juan County Public Health WIC</p>
Community Health Centers		<p>Farmington Community Health Center, San Juan County Public Health, Farmington Community Health, San Juan County Health Partners Midwifery and Women's Health, San Juan County Indigent Health, Presbyterian Medical Center, Northern Navajo Medical Center, Dziłth-na-o-dith-hle Community Health Center</p>
Pediatric Practices		<p>San Juan Health Partners Pediatrics, Animas pediatrics Associates, San Juan Health Partners Family Medicine, Presbyterian Medical Services, Northern Navajo Medical Center, Dziłth-na-o-dith-hle Community Health Center</p>
Birthing Hospitals		<p>Northern Navajo Medical Center, San Juan Regional Medical Center</p>

Breastfeeding Support and Services	276	Grace Place Pregnancy & Health Center, New Mexico First Born, New Mexico Breastfeeding Task Force, DOH WIC, Navajo Nation WIC (Farmington & Shiprock), San Juan Regional Medical Center Breastfeeding Support Team, Dine Nation Breastfeeding Coalition
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Appendix C
Acknowledgements

THANK YOU

With gratitude to all community and professional partners who effortlessly supported this plan and its development.

The entire San Juan County Early Childhood Coalition
UNM Family Development Program
NM Department of Health
Policy Equity Group
NM Early Childhood Education and Care Department